

PORTFOLIO COMMITTEE NO. 2 - HEALTH

Tuesday 2 December 2025

Examination of proposed expenditure for the portfolio area

HEALTH, REGIONAL HEALTH, WATER, AND MENTAL HEALTH

UNCORRECTED

The Committee met at 9:15.

MEMBERS

Dr Amanda Cohn (Chair)

The Hon. Mark Buttigieg

The Hon. Susan Carter (Deputy Chair)

The Hon. Greg Donnelly

Ms Cate Faehrmann

The Hon. Wes Fang

The Hon. Tania Mihailuk

The Hon. Emily Suvaal

PRESENT

The Hon. Rose Jackson, *Minister for Water, Minister for Housing, Minister for Homelessness, Minister for Mental Health, and Minister for Youth*

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**

UNCORRECTED

The CHAIR: Good morning. Welcome to the third 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 Jackson and accompanying officials to this hearing.

Today the Committee will examine the proposed expenditure for the portfolios of Health, Regional Health, Water and Mental Health. I note that the Committee has determined to examine these portfolios concurrently, which is a somewhat unconventional choice. To explain the rationale of the Committee, in the absence of Minister Park, we had a witness list for Health and Mental Health. With a significant number of witnesses overlapping, the Committee elected to examine all of these portfolios together in one day rather than have a separate hearing for Health on a different day. That hopefully explains the very large number of people in this room.

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 of 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.

I welcome our many witnesses today. Thank you for making the time to give evidence. All witnesses will be sworn prior to giving evidence. Minister, I remind you that you do not need to be sworn, as you have already sworn an oath to your office as a member of Parliament. Witnesses who have already been sworn before this Committee during this inquiry do not need to be sworn again. I will now call on only those who have not yet been sworn. I note that there are witnesses in the overflow seating area. I would like to remind you that if you come forward to answer a question, please bring your nameplate with you and place it in front of you at the table. This assists Hansard in ensuring that the correct witness is identified in the hearing transcript.

UNCORRECTED

Ms JENNIFER BLACK, Mental Health Commissioner, Mental Health Commission of NSW, affirmed and examined

Ms EMMA SKULANDER, Deputy Secretary, Infrastructure and Asset Management Division and Chief Executive, Health Infrastructure, NSW Health, affirmed and examined

Ms AMANDA LARKIN, Acting Chief Executive, Western Sydney Local Health District, sworn and examined

Ms JILL LUDFORD, Chief Executive, Murrumbidgee Local Health District, affirmed and examined

Adjunct Professor ANTHONY SCHEMBRI, AM, Chief Executive, Northern Sydney Local Health District, sworn and examined

Mr MARK DYKGRAAF, Chief Executive, Far West Local Health District, sworn and examined

Dr JEREMY McANULTY, Executive Director, Environmental Health Branch, Health Protection NSW, affirmed and examined

Ms ELIZABETH WOOD, Deputy Secretary, Health System Strategy and Patient Experiences, NSW Health, on former oath

Mr ALFA D'AMATO, Deputy Secretary, Financial and Corporate Service and Chief Financial Officer, NSW Health, on former oath

Dr MURRAY WRIGHT, Chief Psychiatrist, NSW Ministry of Health, on former oath

Dr BRENDAN FLYNN, Executive Director, Mental Health Branch, NSW Ministry of Health, on former affirmation

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

Mr MATTHEW DALY, Deputy Secretary, System Sustainability and Performance, NSW Health, on former oath

Dr KERRY CHANT, AO, PSM, Chief Health Officer and Deputy Secretary, Population and Public Health, NSW Health, on former affirmation

Mr LUKE SLOANE, Deputy Secretary, Rural and Regional Health, NSW Health, on former affirmation

Mr RICHARD GRIFFITHS, Acting Deputy Secretary, People, Culture and Governance, NSW Health, on former oath

Mr VINCE McTAGGART, Executive Director, Strategic Capital Planning and Asset Management, NSW Health, on former affirmation

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

Ms JENNIFER HAYES, Acting Chief Executive Officer, Hunter Water, affirmed and examined

Ms AMANDA JONES, Deputy Secretary, Water Group, Department of Climate Change, Energy, the Environment and Water, on former affirmation

Mr ANDREW GEORGE, Chief Executive Officer, WaterNSW, on former affirmation

Mr DARREN CLEARY, Chief Executive Officer, Sydney Water, on former affirmation

Mr GRANT BARNES, Chief Regulatory Officer, Natural Resources Access Regulator, on former affirmation

The CHAIR: Today's hearing will be conducted from 9.15 a.m. to 5.30 p.m. We are joined by the Minister for the morning session from 9.15 a.m. to 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 Opposition and crossbench members only, and then 15 minutes allocated for Government questions at 10.45 a.m., 12.45 p.m. and 5.15 p.m. We will begin this morning with questions from the Opposition.

The Hon. GREG DONNELLY: Point of order: The point of order goes to the sticker on your laptop. It is an overtly political sticker, designed to be provocative. It is seen by everyone in this room, plus those that are joining the telecast. If I can read it, it says, "Health workers"—I can't quite see it, but it was clear on my screen before—"deserve a raise and not just praise." The implication there is that the Government is providing only praise to health workers and not a raise. The reality is that the Government provides both raise and praise. You are in the

UNCORRECTED

very honoured position of being the Chair of this Committee. You are chairing this Committee and you are taking advantage of that chair position to clearly demonstrate or place before this Committee, and the population at large, an overtly political sticker. I take a point of order in terms of you doing that. It is deliberate and it is conscious. I will be looking for a ruling and guidance from the Committee's secretariat in regards to the use of that sticker. I know there's one over there which says "Nationals", but there is no implicit or explicit political message. But yours is not just implicit—

The CHAIR: Are you going to allow me to rule on the point of order?

The Hon. GREG DONNELLY: No. It is not just implicit but it is explicit. I will be looking for guidance from the Committee secretariat in regards to the display of that sticker.

The Hon. WES FANG: To the point of order: As much as I may agree or disagree with the statement that is on your laptop, it has always been the practice that our devices may carry symbols or stickers that we support. In relation to your sticker, I note that that was a phrase that was used by the Government when they were in opposition. I don't think there's any offence that can be taken from that. They used to use it against our side of politics, so I don't see a problem with it. It's clearly annotated with The Greens logo. If we go down this path, then I would oppose any censoring of people's devices.

The Hon. GREG DONNELLY: Further to the point of order—

The CHAIR: Can I rule on the point of order?

The Hon. GREG DONNELLY: No. Further to the point of order—

The Hon. WES FANG: The Chair can—

The Hon. GREG DONNELLY: Further to the point of order: The reality is that political messaging is political messaging. It can be used in the political domain or at large, but to deliberately use it in the context of a budget estimates hearing, as the Chair of the Committee, is just unacceptable. The fact of the matter is that political slogans do get used in political campaigns. This is not a political campaign. This is a budget estimates hearing. I will be asking for the Committee secretariat to provide advice on this.

The CHAIR: Mr Donnelly, I disagree with some of the inferences you have made about the intention and what should be drawn from the sticker. In response to your request about guidance from the secretariat, this issue was discussed at length at the most recent meeting of the chairs committee.

The Hon. GREG DONNELLY: I'm aware of that.

The CHAIR: It determined not to make any resolution in relation to stickers. I would also add that this particular sticker has been on my laptop for more than 12 months, during not only budget estimates hearings but a variety of unrelated inquiries. It has never before drawn the attention of the Committee. On the basis that the chairs committee did not make any ruling about stickers on laptops or other types of slogans during hearings and on the basis that this is the first time that this sticker has been a problem in the more than 12 months that it has been there, I rule against your point of order and would like to get started with questioning. I go to the Opposition.

The Hon. SUSAN CARTER: Good morning, Minister. Good morning, everyone. Thank you for being here. Minister, one of the greatest challenges in mental health, especially for our young people, is what they encounter in the online environment. You would be aware of Federal moves in this space in terms of the social media ban. Are you supportive of this? Is New South Wales working together with the Federal Government on this initiative?

The Hon. ROSE JACKSON: Yes. I think you would probably be familiar with the fact that the New South Wales and South Australian governments co-hosted a social media summit to inform the views of the New South Wales Government on this matter. It is fair to say that as part of that summit, one of the roles that I played as the Minister for Youth was to facilitate the Advocate for Children and Young People hosting a specific youth engagement opportunity. In that forum, different views were put by young people, and I have always acknowledged that. But, on the basis of the overwhelming weight of information and evidence provided both in Sydney and in Adelaide, the view of the New South Wales Government is that the delay in accessing social media is in the interests of young people. It's not that it's not complicated or not going to be challenging, but that it is worth having a crack at trying to delay young people's access to social media because of some of the negative mental health implications. Obviously the Commonwealth is leading that, but, yes, the New South Wales Government supports giving that a go.

The Hon. SUSAN CARTER: And you would be aware of the work done by a Legislative Council committee recently in relation to pornography and its effects on children and the online issues that present there, and the need for us to look carefully in that space, as well?

UNCORRECTED

The Hon. ROSE JACKSON: Yes, I am familiar with that Legislative Council inquiry.

The Hon. SUSAN CARTER: Minister, I'm just curious—is the South Eastern Sydney Local Health District website covered by the social media ban?

The Hon. ROSE JACKSON: I don't think so. My understanding is that the social media delay covers a limited number of social media platforms, in which I don't think LHD websites are included.

The Hon. SUSAN CARTER: I'd like to table a screenshot of a Google search in relation to that website. The material is so distressing that I've put the copies I've made in envelopes, because I don't expect the secretariat to have to look at it. It's available for people should they choose to look at it. I am not prepared to read out what's there, only to say that it very clearly lists a number of sites accessed and apparently hosted through the South Eastern Sydney Local Health District dealing with a range of pornographic interests. I am sure that as a parent you are concerned about your children's web searches. How do you, as Minister, address the concerns of mothers and parents who believe that their children would be safe searching on a NSW Health website and could be exposed to explicit pornographic links?

The Hon. ROSE JACKSON: Well, I haven't seen anything that you're referring to.

The Hon. SUSAN CARTER: I apologise for having to put this in front of you, Minister, and I only do that because I know it has been publicly available, accessible through Google searches and Bing searches and has, I believe, been available since about July. It is material that certainly if a child—and, frankly, most adults—stumbled across they would see it as very concerning.

The Hon. EMILY SUVAAL: Chair, it would be great, procedurally, if members of the Committee could have a copy of what's just been referred to.

The CHAIR: Thank you. Sorry, I have just agreed for the witnesses and members to be provided with a copy of this. The Committee will have to deliberate later about the publication or tabling status of this, noting in particular, Mrs Carter, it's not dated. But to facilitate the questioning I am very happy for the witnesses and Committee members to have a copy of what you're talking about.

The Hon. ROSE JACKSON: Sure. As I said, I've not seen this before. I can't verify it. But I think Secretary Pearce was just commenting to me that she has some knowledge of this issue.

SUSAN PEARCE: Yes, it is something that we are aware of, Ms Carter. What I can advise you is we've advised media outlets that, like all websites, there is a risk that bots can infiltrate websites. It's not something that's specific to NSW Health. It is certainly not something that was facilitated or generated by NSW Health. The files were indexed and discoverable via search engines, but they couldn't be accessed via the website. Our chief information officer has confirmed that.

The Hon. SUSAN CARTER: Can I just confirm what you just said: that they could be discoverable. So a ten-year-old on Google could discover these pages? And any careful parent would think, "Oh, my child was searching on Google. We could have safe filters on that would admit South Eastern Sydney Local Health District." Even if they can't access the sites, they can access the words describing the sites.

The Hon. ROSE JACKSON: I understand. The word is "sex". The word is "porn". Now, I don't necessarily want—

The Hon. SUSAN CARTER: There are other words that I do not choose to use that describe—

The Hon. ROSE JACKSON: "Hot"?

SUSAN PEARCE: Could I just continue, please, Chair, to answer the question, if that's okay—

The CHAIR: Mrs Carter, could you please allow the witness to at least start answering?

SUSAN PEARCE: —before this becomes something that it's not? It's a common issue for anyone who runs a website. This is not something that is specific to NSW Health. I think we need to be very clear about that. Spam bots can be used to trawl the internet for misconfigured web—

The Hon. SUSAN CARTER: Excuse me, Mrs Pearce.

SUSAN PEARCE: Can I just finish, please, Mrs Carter? It's not an example of a data breach and no sensitive information was impacted. As soon as the district became aware of it, it responded to appropriately remove the files and disable the ability to upload as soon as they became aware, as I said, in July. All I'm saying is that—

UNCORRECTED

The Hon. SUSAN CARTER: With respect, Ms Pearce, I'm not asking about standard data protocols. In fact, I hope to come to those later because there are significant questions that are raised by this. Yes, it is a known risk, but since it is a known risk, what is—I mean, Minister, as a female leader in this Government, what's your responsibility to make sure that the Government is part of the solution, not part of the problem with our children being exposed to what we acknowledge can be very harmful material?

The Hon. ROSE JACKSON: I assure you male leaders in the Government take these issues very seriously too.

The Hon. SUSAN CARTER: I hope they do too.

The Hon. ROSE JACKSON: Our obligation is, when things like this occur—as Ms Pearce said, there are thousands and thousands and thousands of New South Wales government webpages, not just in Health but across the entire New South Wales Government. If you're on the internet, you are exposed to these kinds of bots. Our response is, when these issues are brought to our attention, we deal with it swiftly and expeditiously. That's exactly what we've done.

The only way to avoid this happening in any way, shape or form is to not be on the internet, is to not be in that occasional cesspit of the online world. But there's a lot of good that comes from the online world because we're able to share information freely and accessibly for people. Yes, we want to be out there. We want to be providing information to people. We want to have good systems in place to identify these issues and deal with them. That's exactly what has happened. Just to reiterate, as the secretary said, you couldn't actually click on these links. You couldn't actually access this information. Yes, it was available in this searchable form. As soon as that was brought to the attention of Health, they responded to that.

The Hon. SUSAN CARTER: I think there are questions that we can explore later about the promptness of any response to this. I suppose my concern is—what I'm hearing today is, "Oh well, this is inevitable. What do you expect? This is going to happen." I wonder, frankly, whether this is part of a pattern, because you would be aware of the New Street Services and the Safe Wayz programs that are run through NSW Health through the child and young people's sexual safety unit. They provide services for children and young people who have displayed problematic or harmful sexual behaviours.

Professor Dale Tolliday has said that they are so hopelessly under-resourced and—to quote him—"We cannot come close to meeting the demand." In fact, there isn't even a waiting list kept for children seeking to access these services or needing to access these services, often as a result of exposure to pornography. Is your Government simply not concerned about our children being exposed to pornography? There aren't the resources for the support services afterwards. It seems a very cavalier approach—"Oh well, they see what they see. It's part of being on the internet." Where is your concern for our children and what they're being exposed to?

The Hon. ROSE JACKSON: Of course, we're concerned about that. As I said, this is a particular instance where a bot has been able to create inaccessible links on the South Eastern Sydney LHD website, as the secretary said. We run tens of thousands of websites. Okay, this issue occurred. It was identified and addressed. As you identified in your preliminary question—

The Hon. SUSAN CARTER: With respect, Minister, the question really went to this, coupled with the fact that New Street Services and Safe Wayz are under-resourced and cannot meet the demand to deal with children who need these services. This seems to be part of a pattern of not treating exposure to pornography and its harm seriously by your Government.

The Hon. ROSE JACKSON: As I said, the administration of that service is the responsibility of Minister Park. I'm not specifically familiar with the demand for it. But, like many of our services, I'm sure that it is under pressure—doing what we can to ensure that it's accessible to people. Is your suggestion seriously that there is a direct link between accessibility of that service and a bot that infiltrated the South Eastern Sydney LHD website and for a short period of time generated inaccessible links? As soon as we identified that, we dealt with it. Ms Carter, honestly—

The Hon. SUSAN CARTER: No, the question is, Minister—

The Hon. ROSE JACKSON: Yes, our Government takes young people's access to pornography seriously. Of course we're concerned about that. That's why, when you started this line of questioning, I indicated that we were supportive of things like the Federal Government's delaying access to social media, because that can be another place where young people are accessing inappropriate information. Yes, we do, although I—

The Hon. SUSAN CARTER: With respect, "of course" is not an answer. Resources in programs is an answer. Prompt action in relation to this is an answer. There are real questions as to how promptly that action was taken, but we can explore those later. Perhaps I can turn to something else. In June this year, you said that if

UNCORRECTED

somebody walked into a Sydney hospital, you could guarantee that they would get the mental health help that they needed. Are you prepared to repeat that guarantee today?

The Hon. ROSE JACKSON: Yes.

The Hon. SUSAN CARTER: You acknowledged at the same time that people were waiting days for urgent psychiatric care in emergency departments. What is your definition of getting help within an acceptable time frame?

The Hon. ROSE JACKSON: We do have guidelines that we follow in relation to what the acceptable time frames for accessing care in an emergency department setting are. We do our best to ensure that those are met. Currently, I think it's around 70 per cent of people who access an emergency department for mental health care are met within those time frames. Is 70 per cent good enough? No. I've never in any of my comments suggested that what we're doing is meeting the needs of everyone. We'd like that to be 100 per cent, but we are doing decently in terms of giving people access to the timely care that they need. It's cold comfort for people who wait in emergency departments. Minister Park and myself have always called out that challenge. But New South Wales is actually the best performing jurisdiction in the country in terms of wait times for accessing care in emergency departments.

I only make that comment not to suggest that, for example, 70 per cent is an acceptable threshold, but just to say that this is a national challenge. Right across the country there is pressure on emergency departments. The issues that we face in New South Wales—and I'm not trying to shy away from them—are actually indicative of the best performing system for ED wait times for accessing care in the country. But because we still do hear of instances of people who wait beyond those acceptable time frames, we're going to keep going with all of the work that we're doing to try to take pressure off our emergency departments. I'm happy to talk about what that looks like in mental health, because that's an area that I'm particularly leading in. Examples of that are things like—

The Hon. SUSAN CARTER: Can I just ask you a question? For the ED figures you were talking about, were you separating those out? Because we were talking about the response to needing psychiatric support in an emergency department. Are you talking about ED generally, or do you have specific figures for psychiatric care response times in ED?

The Hon. ROSE JACKSON: No, my understanding is that the figure is either 70 per cent or just below 70 per cent.

The Hon. SUSAN CARTER: For psychiatric care?

The Hon. ROSE JACKSON: For mental health presentations in emergency departments. As I said, I'm not defending 70 per cent as the end of our work; 100 per cent is the end of our work. But 70 per cent is a decent effort in the context of the national pressure on emergency departments.

The Hon. SUSAN CARTER: The guarantee you made was with respect to Sydney hospitals. Can you make the same guarantee about timeliness and adequacy of care for people presenting outside of Sydney?

The Hon. ROSE JACKSON: As we've discussed previously, not every regional hospital delivers the high level of specialist care that may be required in the context of a mental health crisis. That's not just the case for mental health, as we know. Not every regional hospital offers the full suite of specialist care. They don't all offer birthing and maternity. They don't all offer oncology.

The Hon. SUSAN CARTER: Thank you for the tutorial about the difference between regional and Sydney hospitals. I'm simply asking: Can you guarantee that people who live outside of Sydney can get timely access to the mental health care that they need? It's a yes or no question.

The Hon. ROSE JACKSON: Yes.

The Hon. SUSAN CARTER: There was no allocation in the most recent budget for the pay rise of 20 per cent to staff specialist psychiatrists. How will that be funded?

The Hon. ROSE JACKSON: NSW Health has made arrangements to fund that 12-month temporary boost from existing resources.

The Hon. SUSAN CARTER: Are any programs going to be cut to fund it?

The Hon. ROSE JACKSON: No.

The Hon. SUSAN CARTER: Will positions be left unfilled to meet those salary costs?

The Hon. ROSE JACKSON: No.

UNCORRECTED

The Hon. SUSAN CARTER: So there was just a hollow log sitting in Health that could be tapped?

The Hon. ROSE JACKSON: In the context of a—what is the Health budget? \$30 billion?

SUSAN PEARCE: Thirty-five.

The Hon. ROSE JACKSON: It's a \$35 billion budget. A 12-month temporary contingency for that is able to be managed.

The Hon. SUSAN CARTER: If it's so easy to find that money, why did you fight so hard that psychiatrists actually left their positions, rather than meet their pay demands earlier?

The Hon. ROSE JACKSON: Because there's a massive difference between finding a 12-month temporary contingency to cover a 12-month boost than baking in a 25 per cent increase per FTE over the forward estimates and the planning years. If that difference is not obvious to you, then I don't know how else to explain how budgeting works.

The Hon. SUSAN CARTER: Psychiatrists hear that your Government sees this as a 12-month one-off rather than a permanent increase in salary going forward.

The Hon. ROSE JACKSON: Psychiatrists should hear that we've agreed to meet the findings of the Industrial Relations Commission. Obviously, the further finalisation of the ASMOF award is as yet unresolved.

The Hon. SUSAN CARTER: So you're budgeting for a 20 per cent one-year one-off and it could disappear next year. Is that what I'm hearing?

The Hon. ROSE JACKSON: No. You're hearing that we have made arrangements to fund the Industrial Relations Commission outcome and then to engage in the finalisation of the broader ASMOF award for staff specialists. We can't make budgetary decisions about what that might be yet, because we don't know what it is yet. Just like in this instance, when we had that finalised by the Industrial Relations Commission, we were able to make that work. Once the ASMOF staff specialist award is finalised, we will revisit what that looks like and make that work too.

The Hon. SUSAN CARTER: Is one of the hollow logs you've found to tap the super-profits that you're making from increased parking charges on the people of Western Sydney and south-western Sydney?

The Hon. ROSE JACKSON: No.

The Hon. SUSAN CARTER: Are you happy that, for example, if you look at the increases, there's a whopping \$20 million in parking revenue from the people of Western Sydney? How do you explain taking that money with what your own Government was calling a "sick tax" before the election?

The Hon. ROSE JACKSON: Because we've increased the number of car parking spots. When you increase the number of car parking spots, you're going to increase the revenue that you get from car parking.

The Hon. SUSAN CARTER: Even though you condemned asking sick people and their visitors to pay for parking before the election, you're now happy to just say, "It's parking. You should be paying for it"?

The Hon. ROSE JACKSON: What you're referring to is the fact that under the previous Government, user pays for hospital car parking was the case across every single public hospital in New South Wales. We called for that to be suspended in the context of COVID, which occurred. The comparisons that you are referring to are between a particular point in time when COVID occurred.

The Hon. SUSAN CARTER: With respect, Minister, the comparisons and the uplift of \$6 million in Western Sydney alone last year is not from pre-COVID to now. It's not from COVID to now. It is from last year to this year—a \$6 million increase from the people of Western Sydney just for parking. How do you justify that?

The Hon. ROSE JACKSON: Because we increased the number of car parking spots. There are two fundamental questions here. Do we have a user-pays system for hospital car parking? Is there a framework—

The Hon. WES FANG: It's the frontline workers that are paying for it. It's the nurses. You're charging nurses for this.

The CHAIR: Mr Fang, I think that was a comment rather than a question. We'll now turn to crossbench questioning, and I will start with a few questions. Good morning, Minister. Continuing on from the line of questioning around the psychiatrists, following on from the excellent IRC determination, what has happened? Are psychiatrists returning to staff specialist positions?

The Hon. ROSE JACKSON: Yes, they are. We've seen a net increase of six FTE in the last few months. I'm obviously pleased to see that there has been some FTE increase. The overall numbers are relatively low and

UNCORRECTED

so six may not sound much, but in the context of overall numbers being relatively low, I'm pleased to see that. That six FTE, I'd have to check the number of individuals. I think that's more than six people that have come back into the system. I guess what I'd say, Dr Cohn, is I think it has been well received. I think you can see people coming back into the system, but it doesn't really avoid the fact that there are still ongoing challenges with the recruitment of staff specialists, not just in psychiatry but more broadly. We do await the finalisation of the ASMOF award for those kind of more fundamental, long-term solutions.

The CHAIR: While it's positive that some people have come back, I'm sure you'd agree that six FTE is a very low number when we were talking about two-thirds of staff specialist psychiatrists being involved in either threatened or actual resignations. What's your understanding of the barriers to more of those psychiatrists coming back to permanent positions?

The Hon. ROSE JACKSON: Again, to be clear, my understanding is that since the dispute commenced, the number of FTE separations that have been finalised is 56 FTE. I'm just trying to give you some context there. So 56 FTE separations finalised as a result of this dispute, and that's a shame. We don't want to lose anyone to our system. Since this issue has been resolved, we've seen a six FTE net increase. I'm not trying to avoid the fact that there are still gaps there, but, positively, people have responded well.

My understanding of some of the barriers are that in some circumstances, people's roles have been filled by others or that there are VMOs who are performing that work and districts are making decisions at the district level about how to put together their workforce. But we have met with the college of psychiatrists about some of those barriers that people who do want to return might be facing. As I said, it's very much at the district level, and we've done work, through myself and Dr Wright and Dr Flynn, to try to work with LHDs to encourage them, to have people who wish to re-engage be able to do that in a straightforward and expedited way.

The CHAIR: I'm particularly interested in that last part in terms of what you're doing to support LHDs to bring people back. Six FTE out of about 56, that's nearly 90 per cent of people not coming back. Could you speak in more detail to what you're doing to actually support LHDs to bring people back to those roles where they want to come back?

The Hon. ROSE JACKSON: Sure. Working with them on best practice—I'm not responsible for individual employment at the LHD level, and nor should I be. In fact, it's quite inappropriate, I think, for the Minister to be case-managing individual employment pathways. Whilst I am more than happy to provide clear leadership on our expectations, to talk about best practice, to work with LHDs to show them what other LHDs are doing and is working and encourage them to follow similar models—other than that sort of leadership to demonstrate to them our expectations and what best practice looks like, I'm not going to get involved in individual employment decisions. I think that work that we have done is a good example of how we can be encouraging them to follow through on the opportunity that this presents.

The CHAIR: I'll come to a different topic that I'm sure you anticipated I would ask about. The health-led response to mental health emergencies has seemingly been in the works for a year or even two years now. I note that there's been no community consultation process since our last budget estimates hearing. Where is that work up to within government?

The Hon. ROSE JACKSON: The community consultation process is still ongoing. The time period for that was extended. I understand, Dr Cohn, that may have potentially been based partially on your representations—but others as well—to make sure that that was adequate. I appreciate your interest in this area—and we have talked before at both of the other budget estimates that I've done this year—and your enthusiasm to see it progressed quickly, and that's my interest too. But we do have to make sure that these new models are put together properly. The progress that we have made since the last time we had this conversation is that community consultation process—bringing those stakeholders and concerned community members into this conversation. And that is occurring. I don't have it on me, although perhaps Ms Wood or someone else may have information about how many people have participated in that process. We are encouraging them to do that. That work is ongoing. Once that is finalised, obviously we will take all of the work that we did internally with government agencies and complement that with the feedback that we received from the community and from stakeholders and look to finalise the model next year.

The CHAIR: The consultation is certainly welcome. It's my understanding that closes today, so what are the next steps for this work?

The Hon. ROSE JACKSON: To do the work to analyse what that consultation brought to our attention and do the work to go through those survey responses. We had online surveys but we also did one-on-one dialogue, round tables, focused groups—we have key concerned individuals and stakeholders—so take all of that information, bring it together, see the key themes, the key messages that that dialogue puts in front of us. Then,

UNCORRECTED

as I said, once we've done that, complement that with the work that we did internally from New South Wales government agencies and finalise a package—finalise an approach. That's work that we'll be doing next year.

The CHAIR: What's your anticipated timeline for that work now, noting that I think you told us in September 2024 that there would be a new model going through Cabinet by the end of last year?

The Hon. ROSE JACKSON: What I intended to convey with those comments was that the decision to do this work, to engage in this dialogue, was to go through Cabinet and that has happened. We wouldn't have done all of the work between the government agencies with the consultation if there had not been a decision to engage in this process. That is what I was referring to with those comments and, as I said, that has occurred. My anticipation is that we will need to—I don't want to give a specific time frame on when next year we will come out with a finalised model, partly because that's not a decision that I'll be making on my own. There is obvious and significant interest from police and from ambulance, who are more directly the responsibility of Minister Park. There are budgetary implications that will have to be worked through as part of the budget next year, so those things will take some time in 2026. But it is my expectation that Minister Catley, Minister Park and I will work together on that next year, engage in the budgetary process to support this reform work, and that we will have that finalised in 2026.

The CHAIR: I understand there's been significant work underway in the transition of the Mental Health Line. Certainly in areas where that was previously privatised or outsourced, you have my enthusiastic support to bring that in house. What are you doing to make sure that that transition doesn't result in additional inefficiencies or duplication—for example, people having to tell their whole story to a Mental Health Line worker and then having to be re-triaged or reassessed by the local team they're then referred to?

The Hon. ROSE JACKSON: The work that you're referring to, the single mental health front door, was a budgetary commitment and is something that I agree with you has a lot of potential. Brendan, are you able to give an update on that work and specifically answer Dr Cohn's question around ensuring that it's an efficient trauma-informed system?

BRENDAN FLYNN: Good morning, Dr Cohn and Committee. The whole point of the new single front door—and it's got a working title of ConnectMH—is to achieve just what you outlined, which is to minimise the number of times that people, or a carer, would have to tell their entire story as part of a triage. It does go to the really important question around what are we doing around the clinical service, so that's some work that is underway with healthdirect as our delivery partner, but specifically the triage policy for NSW Health is being revised. Clinicians who utilise it will need to make sure that they're adherent to the new triage policy as a part of that. There is significant work to do, but it's progressing well.

Ms CATE FAEHRMANN: Good morning, Minister and everybody. Minister, I just want to turn first of all to the PFAS issues in the Blue Mountains. I'll go straight to the Cascade Water Filtration Plant there. How much of the water for Blue Mountains residents does the Cascade filtration plant filter currently for PFAS?

The Hon. ROSE JACKSON: Darren, do you have a percentage of how much water the Cascade water treatment plant is providing for the Blue Mountains catchment area?

DARREN CLEARY: Regarding the filtration, we do have a plant that is coming to remove PFAS, and I'll have to get the percentage of exactly how much that treats of the overall supply that's provided to the customers, but I can say that the water that is provided to customers does meet the current Australian Drinking Water Guidelines.

Ms CATE FAEHRMANN: To be clear, you're talking about the mobile treatment plant that was brought in?

DARREN CLEARY: That is correct, yes.

Ms CATE FAEHRMANN: Does it vary according to any given day and what water supply is brought in, or can you get me an exact percentage overall?

DARREN CLEARY: I'll take that on notice and provide the information.

Ms CATE FAEHRMANN: Because I do understand—just to at least get this on record today—it's not all of the water that's being filtered for PFAS?

DARREN CLEARY: That's my understanding—that we do provide treatment to ensure that the water that is provided to customers meets the Australian Drinking Water Guidelines.

Ms CATE FAEHRMANN: Minister, around this time last year there was an ABC media story in relation to \$80 million to \$100 million being spent on a water treatment plant for the Blue Mountains at the

UNCORRECTED

Cascade filtration plant expected to come online in 2026-27. What is the update on that? How much is being spent on that this financial year, and is it on track?

The Hon. ROSE JACKSON: Darren, do you have an update on the broader redevelopment of Cascade?

DARREN CLEARY: We are certainly delivering that ongoing upgrade. It is on track. I will have to take on notice the amount that is spent this financial year to date.

Ms CATE FAEHRMANN: The ongoing upgrade, the report was that it was going to be a new water treatment plant. Is that correct?

The Hon. ROSE JACKSON: Yes, the entire water treatment plant at the Cascade facility is being rebuilt. We have bolted on a mobile treatment unit as a temporary solution, but all of our public commentary has acknowledged that that is a temporary solution. We have a broader, much more expensive plan to upgrade the entire water treatment facility there, as Darren has indicated. We don't have an exact figure of how much was spent this financial year on that, but that work is occurring. It is ongoing and it is on track.

Ms CATE FAEHRMANN: Thank you, Mr Cleary. If you could perhaps ask whoever is in the back room sending you information for this budget estimates to perhaps get that figure, because I assume that's quite easy to obtain today.

DARREN CLEARY: Yes, we'll provide that for you today.

Ms CATE FAEHRMANN: Who's responsible for remediating Medlow Dam and Greaves Creek Dam—WaterNSW, I assume?

The Hon. ROSE JACKSON: Is that you, Mr George, or is that the EPA or another department?

ANDREW GEORGE: It's an open question as to whether or not the dams themselves will be remediated. The detailed site investigation is now underway, as recommended by the EPA. That investigation will provide recommendations to government as to what the options are for remediating or isolating the PFAS.

Ms CATE FAEHRMANN: That investigation you just referred to, Mr George—who is undertaking that?

The Hon. ROSE JACKSON: The EPA.

Ms CATE FAEHRMANN: What's the time frame for that?

ANDREW GEORGE: That has just commenced. It's about 12 months. We are coordinating that on behalf of the New South Wales Government, working closely with a number of agencies, including the EPA, NSW Health, the Cabinet Office, RFS and multiple other agencies.

Ms CATE FAEHRMANN: So an investigation led by the EPA into—

The Hon. ROSE JACKSON: Sorry, apologies. You're coordinating that, are you, Andrew?

ANDREW GEORGE: We're coordinating it on behalf of the agencies.

Ms CATE FAEHRMANN: Is the primary objective of that investigation to assess whether the dams can be remediated or assess where the contamination is coming from?

ANDREW GEORGE: The source of the contamination, recognising the earlier findings that the source was on the highway from those tanker accidents and finding those drainage paths, noting those drainage paths do cross land and properties that are not owned by WaterNSW—they're outside of the catchment, including private land. That's why it needs a multi-agency response and a coordinated approach to exploring the remediation options that might be available.

Ms CATE FAEHRMANN: Is there a reason why that's taken so long?

ANDREW GEORGE: So long? Sorry?

Ms CATE FAEHRMANN: You're saying that investigation has just commenced.

ANDREW GEORGE: The next stage of investigation—that's right. That was a recommendation that came out of the initial work that was undertaken last year and earlier this year. We adopted those recommendations, and that's been coordinated. We undertook a tender to find the experts to assist the agencies in undertaking that work.

Ms CATE FAEHRMANN: Who won that tender?

ANDREW GEORGE: I'll take on notice exactly who's won that.

UNCORRECTED

Ms CATE FAEHRMANN: Just to be clear, this is going to take another year, is that correct?

ANDREW GEORGE: That's the expectation at this stage.

Ms CATE FAEHRMANN: So another year to make recommendations to the Government or to WaterNSW around whether or not Medlow Dam and Greaves Creek Dam can be remediated and what the source is. Can I just check, because I thought the Jacobs report was actually undertaking the work to identify the source. What did the Jacobs report do, if it wasn't that?

ANDREW GEORGE: It identified the likely drainage path, being Adams Creek, that led into the catchment area. We also traced it back to the location of the accidents on the highway that caused the initial PFAS to enter the catchment area. This detailed investigation will go further into actually identifying, beyond the catchment area, where those drainage paths are—looking into the soil samples, looking into the ground water, better understanding the concentration of PFAS in the sediments at the bottom of the dams—and whether there should be remediation. For example, with the sediment at the bottom of the dams, it might be better to leave it inert—not to try to touch it—because the sediment is not contributing to the PFAS in the water. But we need to better understand the contribution of surface water and groundwater to what's causing the elevated levels of PFAS in the dams.

Ms CATE FAEHRMANN: Minister, does it concern that you this was—I've got the Jacobs report here, presented to WaterNSW PFAS advisory on 31 January 2025 per the date here. We are here on 2 December 2025 and we're just hearing about another investigation into the sources of that. Shouldn't WaterNSW staff and other agencies that have been out on the ground from the date that report was released, if they needed to verify that report, have done the work then?

The Hon. ROSE JACKSON: They have been doing work. As Mr George has indicated, and based on what Mr Cleary has said as well, we've managed to isolate that contamination site so that there is no longer any water that is being provided to the Blue Mountains that that is outside the Australian Drinking Water Guidelines. In those circumstances, the detailed work that Mr George has outlined does take time.

This is a large area. It crosses over, as he has indicated, public land, private land and multiple New South Wales government agencies. Yes, we want to do that detailed examination but, rightfully, we also don't want to rush that. In circumstances where the contamination is now isolated, there is no water that is outside the Australian Drinking Water Guidelines. I would rather we got that process right, rather than rush it and make decisions that were not informed by the evidence on the ground. Just to be clear, it's not as though that work has not been occurring. There has been work that is occurring. It's just that it has been informed by that preliminary investigation and it has been finalising what the scope of other research and investigations need to be.

Ms CATE FAEHRMANN: In response to the Jacobs report that identified particular areas as a potential source of contamination, there's a map here with different points of potential contamination, including the two known vehicle accidents, Medlow Bath RFS and the secondary source of contaminated sediment. Since this was released, what work has WaterNSW done in relation to the findings of this report in particular?

The Hon. ROSE JACKSON: They have been examining the implications of those findings and working with other New South Wales government agencies to explore what is a meaningful next step. Do they need to do immediate remediation work? Are they able to isolate those water sources so that the drinking water in the Blue Mountains is within the Australian Drinking Water Guidelines? I make no apologies about the fact that the primary focus of our work has been to ensure that the drinking water that has been provided to Blue Mountains residents is within the Australian Drinking Water Guidelines, and it is. But that does mean that some of that more detailed, down-the-line examination work on soil composition and those matters has not been our immediate priority, because our immediate priority was what do we need to do right now to fix the issues in relation to drinking water. That's what has been occurring.

The Hon. SUSAN CARTER: I have a quick follow-up about parking, if I may, Minister. You indicated that there had been an increase in parking places. My understanding is that Nepean Hospital's multistorey car park opened in 2019 and Blacktown Hospital's car park opened in 2018. How many more car parking spaces have come online in the Western Sydney health district this year?

The Hon. ROSE JACKSON: Ms Pearce, do you have that information?

The Hon. SUSAN CARTER: I'd be very happy for you to take that on notice, and perhaps we could have a list of how many car parking spaces have come online this year in each of the health districts where parking is charged and in each of the health districts where parking is not charged for people visiting hospitals.

The Hon. ROSE JACKSON: Sure.

UNCORRECTED

The Hon. SUSAN CARTER: If we could get those by this afternoon, that would be very helpful.

The Hon. WES FANG: Can I follow on from that very briefly? Is it the case, Minister, that you're asserting it's an increase in the number of parking spaces that are available that has resulted in the increase in revenue, not an increase in the prices that are charged or an increase in turnover and use?

The Hon. ROSE JACKSON: My understanding is that the cost per use has increased by CPI only. No, there has not been a significant increase in the cost per use. A standard CPI increase is the only increase that has occurred there. I don't know whether or not there has been a change in the number of instances of use, as you have referred to again. We could see whether that is something that we tracked and whether we have information on that. But, fundamentally, it is my assertion that, yes, a decision was made to not charge hospital staff for car parking during COVID. It is now the case that in the Sydney metropolitan area, there is a user charge for car parking, although it is heavily subsidised for health worker staff and registered carers. But, yes, there is a user pays charge. That is not the case for rural and regional hospitals, as I am sure you know, Mr Fang.

The Hon. WES FANG: I'm very well aware.

The Hon. ROSE JACKSON: Again, I'm very proud that my Government revised the hospital car parking policy to exclude rural and regional hospitals. But the increase in the overall figure that Ms Carter referred to is a result of an increase in the overall number of car parking spaces available. But we've taken on notice trying to provide that detail.

The Hon. WES FANG: Because I would assert that it's more likely that the increase in the revenue that you've generated is from frontline workers and your removing of the free parking that was provided to nurses under our side of politics when we were in government, that you've now removed. Effectively, you're making revenue off frontline workers. Would that be a fair assertion?

The Hon. ROSE JACKSON: Your assertion is wrong.

The Hon. WES FANG: How much are you making from staff parking?

The Hon. ROSE JACKSON: I don't know if we have a breakdown of the revenue that is generated from staff vis-a-vis other users. Is that something that either we have or could take on notice?

SUSAN PEARCE: We can take that on notice.

The Hon. ROSE JACKSON: Just to be clear, staff are heavily subsidised—

The Hon. WES FANG: I understand that.

The Hon. ROSE JACKSON: —when they access car parking.

The Hon. WES FANG: I noted that from your earlier answer but, in the circumstances when we have seen massive increases in the revenue that's generated from parking, it's got to come from somewhere. It's either from additional parking spaces, an increase in the fees or an increase in the charges and the usage. In those circumstances, we know you've removed free parking for frontline workers such as nurses. That is most likely going to be where you're generating that revenue. Is that correct?

The Hon. ROSE JACKSON: As I said, that decision to pause user charges—car parking fees for staff—was during COVID only. It is not the case, as seems to perhaps be the basis of your assertion, that there was a long-running policy from, say, 2011 onwards that health workers did not pay. That's not the case, Mr Fang. During COVID specifically, the staff were provided with a pause on car parking fees.

The Hon. WES FANG: I'm aware of this, Minister.

The Hon. ROSE JACKSON: We have now reverted to a heavily subsidised model. The increase that you have been referring to is primarily as a result of a larger number of car parks being available. But, as I said, I am acknowledging the fact that, during COVID, health workers did not have to pay for car parking. We are now post-COVID and they are once again—except, I should say, in rural and regional hospitals where we specifically revised the policy to exclude them.

The Hon. WES FANG: You've already said that, Minister. I want to move on from that.

The Hon. ROSE JACKSON: Well, of course you do.

The Hon. WES FANG: All right. Minister, what is the total cost to the budget to implement the IRC changes for psychiatrists?

The Hon. ROSE JACKSON: The cost, including the 3 per cent wage increase—which was obviously part of the government wages framework—the 10 per cent onerous duties allowance that we had, prior to the IRC

UNCORRECTED

dispute, already agreed to pay and were paying, and the 10 per cent recruitment and retention allowance for the 2025-26 budget period is \$22.6 million.

The Hon. WES FANG: Can you recall the figure you gave in an answer around what the projected cost was in the forward estimates, had you provided the psychiatrists with what they asked for in relation to their pay rise?

The Hon. ROSE JACKSON: I could look up what those figures were.

The Hon. WES FANG: I'm asking you the figure that you provided in answers previously.

The Hon. ROSE JACKSON: As I said, I'm happy to—I don't recall everything I've ever said on the record, but I'm happy to look up the information that I was provided as to what those cost estimates were, if that would be—

The Hon. WES FANG: We might do that a little bit later. I'm running out of time, which is why I want to move on, if that's okay.

The Hon. ROSE JACKSON: Sure.

The Hon. WES FANG: We're looking at \$22.6 million. You said that since that time you've had six FTEs rejoin as staff specialists within the psychiatry cohort. Is that correct?

The Hon. ROSE JACKSON: That's since June 2025.

The Hon. WES FANG: Are you able to tell me how many of those six FTEs were previously employed as staff specialists, or are they new psychiatrists who have either entered Australia, if they are overseas trained, or just newly graduated?

The Hon. ROSE JACKSON: I don't have that, but I'm happy to take that on notice and see if we have that information.

The Hon. WES FANG: There were 56 separations. That is the answer you gave my colleague earlier.

The Hon. ROSE JACKSON: It's 56 FTE, yes.

The Hon. WES FANG: Even if we are to assume that those six who have joined since June 2025 have been returning staff, there are still 50 of those psychiatrists who are not within the staff specialist system. How many of those have become VMOs? How many are on locums and providing services back to the hospital? Do you know that?

The Hon. ROSE JACKSON: I might have to take that on notice. I do know that there is a corresponding increase in VMO hours equivalent to 114 FTE. As I have indicated, whilst we would love people to work as staff specialists in our system, and we want to facilitate that outcome, it is not the case that care is not being provided. Care is being provided by psychiatrists using VMO models. I don't have in front of me the exact breakdown of what pathways those individuals have chosen to use, and I'm happy to take it on notice if you're able to provide that.

The Hon. WES FANG: It's not the assertion that I was making. I am purely looking at the numbers and breaking them down. In circumstances where perhaps the 56 psychiatrists have separated and may still be providing services, albeit as a VMO or on locum services, how much are we spending for VMOs and locums compared to the 2023-24 and 2024-25 financial years?

The Hon. ROSE JACKSON: I'm happy to take that on notice and try to provide that breakdown for you. I would note that there is an increase in VMO and locum costs. I don't have those exact dollar figures. I am happy to try to get that for you. But the point you are making is valid. I would say this though, Mr Fang: That increase is not merely as a result of the dispute we have had with psychiatrists over the past 12 months. This is a trend that has been going on for some time within NSW Health. My understanding is, since 2019, 2020 and, yes, up to and including 2025-26, there are steady increases in the cost of locums and VMOs year on year.

The Hon. WES FANG: Minister, I appreciate that. Can you now admit that you should have just paid the psychiatrists what they were asking for initially? It would have been cheaper. It would have been a lot less stress, and we would have had a lot better service. But you dug your heels in, and now it's going to cost us more in the long run to try to implement what has been, effectively, a second-rate service. You have alienated pretty much half of the workforce.

The Hon. ROSE JACKSON: Allow me to assure you that, whilst I really value our psychiatrists, there are around 400 FTE psychiatrists in our system, albeit a number of those positions are unfilled. I think there are around 18,000 people who provide mental health care in the system, so half of the workforce is not entirely

UNCORRECTED

accurate. And, no, I don't admit that, Mr Fang, because, first of all, I don't even know what your government's policy is, considering your position was a 2.5 per cent wages cap.

The Hon. WES FANG: We are not in government. You are in government, Minister. This is on you.

The Hon. ROSE JACKSON: We are trying to negotiate with our valued nurses, with our valued peer workers, with our valued allied health professionals and with a range of our valued frontline health workers and other public service workers. We need to have a meaningful framework that we can use to engage across all of those valued disciplines. Our nurses are just as valuable. Our peer workers are just as valuable.

The Hon. WES FANG: I appreciate that. That's not what I was asking Minister.

The Hon. ROSE JACKSON: So to say to them—

The Hon. WES FANG: I'm just going to—

The Hon. ROSE JACKSON: No, let me finish.

The Hon. WES FANG: You are now traversing into areas that I did not even ask about.

The Hon. MARK BUTTIGIEG: Point of order: The member makes various political points laced in with the question, which is fine. The Minister addresses those points, and she has a right to do that without interruption. If the member wants to stick purely to questions and answers, that is fine, but he is not doing that.

The CHAIR: There is a requirement for procedural fairness on both sides. The Minister needs to be given a reasonable opportunity to answer the question, and the Minister is also required to answer the question that is being asked.

The Hon. WES FANG: I appreciate that. She was traversing to nurses that I wasn't asking about. I was asking about the psychiatrists.

The CHAIR: I've given the reminder to both sides that constant interruptions that don't allow the Minister to answer the question are out of order. The Minister is also required to answer the question that's been asked in a reasonable amount of time.

The Hon. ROSE JACKSON: The question was do I admit it was a mistake not to agree to a 25 per cent wage increase, with no negotiation, that was a demand of our psychiatric staff specialists. My answer to that is no. But the context for that answer, Chair, is that, rightfully, our nurses and our peer workers and our allied health professionals also have aspirations for their pay, and not just praise. The Government is trying to engage with that in a meaningful way that respects their claims and works through them. That doesn't look like giving a 25 per cent pay increase to a small group of relatively highly paid workers, compared to some of the other health workers that I just mentioned, with no negotiation and no dialogue.

The Hon. WES FANG: Minister, I want to draw you back to the figure you gave me. You said the 3 per cent wage increase plus the 10 per cent onerous plus the 10 per cent increase that the IRC granted—for this financial year that cost is \$22.6 million. The figure you gave previously in answer to the media and also to the Parliament was \$700 million in forward estimates. If I was to roughly multiply \$22.6 million over one year by four, I don't even get to \$100 million. Double that and we're at \$200 million. Where did \$700 million come from when, at best, a 23 per cent increase that has been granted costs \$22.6 million?

The Hon. ROSE JACKSON: That figure was over the forward estimates and planning years, and that included the full cost of the—

The Hon. WES FANG: How many years is in the planning years?

The Hon. ROSE JACKSON: I understand that's six years.

The Hon. WES FANG: Even then, Minister, how do we get to \$700 million?

The Hon. ROSE JACKSON: I'm trying to explain that. The way that we calculate the cost of that claim is not on the existing workforce; it is on the full FTE, because we have to assume that the full FTE would be paid at that level. That cost of \$22.6 million is the cost right now to people that we have working as staff specialists in the NSW Health system—admitting, as I have repeatedly, that we have a high number of vacancies. I am not trying to hide that. There are a large number of unfilled positions. We're working through trying to fill them. But we do not assume that the costs of wage claims will only be at a point in time. We assume that the full FTE will be beneficiaries of that increase, so we have a much larger number of FTE that we are applying that across. Of course we also apply it to on-costs and superannuation and leave and all of those matters. And, yes, it was applied over a longer period of time. I am happy to provide and, in fact, table the information—I don't have it on me—

UNCORRECTED

that was provided to me by NSW Health that outlined those figures. I am not trying to hide it. It is information that I was advised by NSW Health and I'm happy to provide it to the Committee.

The Hon. WES FANG: If you could provide that perhaps by the end of the session today, that would be much appreciated.

SUSAN PEARCE: Mr Fang, it that's okay, we will provide it on notice. We'd like to give it—but I can confirm that the Minister was provided that information by NSW Health. It does take into account the range of factors the Minister has outlined, but we will certainly provide you more detail on notice. Thank you.

The Hon. WES FANG: Minister, when you were providing that figure, were you making it clear that it was over 10 years, not four?

The Hon. ROSE JACKSON: I'm happy to make that clear.

The Hon. WES FANG: Ms Black, I note that you were sworn in today. Is this the first budget estimates you have appeared at?

JENNIFER BLACK: It is, yes.

The Hon. WES FANG: When were you appointed?

JENNIFER BLACK: In September 2024.

The Hon. WES FANG: Just doing a quick count back. You have missed at least three budget estimates sessions in your time as the Mental Health Commissioner? Would that be reasonable?

The Hon. ROSE JACKSON: I think it is two, Mr Fang.

The Hon. WES FANG: Plus there was a supplementary hearing—much like we're having now—last year for Health and Mental Health.

The Hon. ROSE JACKSON: I don't recall that. I recall there have been two hearings this year. One of those hearings was rescheduled because of Ex-Tropical Cyclone Alfred. I suppose I thank the Committee for that, although my recollection, Ms Black, is that you were able to attend the initial hearing as scheduled but that when the date changed it conflicted with prearranged annual leave.

JENNIFER BLACK: Yes, that's correct.

The Hon. WES FANG: It's unusual for somebody in a senior position like yours to miss that many budget estimates. How involved were you in relation to the psychiatrist issue that the Government has been facing recently?

JENNIFER BLACK: I think that's a matter for the Government. We weren't involved in that decision-making or any of those negotiations.

The Hon. WES FANG: You were effectively hands-off. You didn't have involvement?

JENNIFER BLACK: No. Our role is to look at setting strategies and plans for improvement in systemic issues relating to mental health and suicide prevention. We look to work constructively where we can to do that.

The Hon. WES FANG: Would it be a fair assumption to say that, in circumstances where the Government lost quite a number of its psychiatry staff specialist workforce, that would potentially have an impact on mental health services in New South Wales? Would that be fair?

JENNIFER BLACK: That's not really for me to comment on.

The Hon. WES FANG: Why would you say that? Why is it not for you to comment on?

JENNIFER BLACK: Because our role is to set the strategy for mental health and wellbeing and suicide prevention. Since my time in office, I have been involved in a consultation with the community around that and, whilst we've heard some feedback about the impacts of that, we are working with the Government to think through what that means for the strategy going forward.

The Hon. WES FANG: You would accept that, at the time and even now, there is clearly a high amount of media coverage and exposure about the fact that the Government was continually losing quite a number of psychiatrists. You don't think that, as the Mental Health Commissioner, you had a role in working with the Government to try to resolve that matter to ensure that the provision of mental health services and suicide prevention was adequate in New South Wales?

UNCORRECTED

JENNIFER BLACK: Like I said, my role is in working on plans and strategies and working with the Government. The issue of the pay dispute was not something that I was involved in to do that.

The CHAIR: Minister, a couple of years ago I asked about the sexual safety policy for New South Wales mental health facilities. That was in the context of a distressing ABC investigation that shone a light on people's experiences of sexual assault as inpatients in mental health units. At that time, you advised that the policy directive—which is very out of date, being from 2013—was being reviewed. I understand that was due for publication last month. What work has been done to update that?

The Hon. ROSE JACKSON: I might ask Dr Wright to comment. That work has been slightly delayed. It is ongoing. You are correct that you asked about it and I indicated that it would be reviewed. That work has been ongoing. We want to make sure that all of the different perspectives—the voices of clinicians, people with lived experience and other stakeholders—are included comprehensively in that. Dr Wright, do you want to provide an update as to where that is up to and why there has been a slight delay in finalising that updated policy?

MURRAY WRIGHT: Certainly. We have talked about this before, and we all agree that it's an important update of the existing policy. There are a number of stakeholders that have been really important to participate in the development of the guidelines and also the consultation. As I understand it, it was due in November this year and the revised timeline is to finalise it by March 2026. The reason for the extension is, as the Minister suggested, to enable broad and meaningful consultation. Proper consultation takes more time than you anticipate when you put it on paper. You've also got to respond to the issues that are raised in the process of that consultation and to then respond in terms of the policy. There's also the issue of engaging and resourcing within the ACI and within our PARVAN services, and they're both very significant contributors to the process. My expectation is that it will be delivered in March next year.

The CHAIR: Thank you for that update. Are you able to let me know who are the people that have been involved in that consultation?

MURRAY WRIGHT: I'd have to take that on notice.

The CHAIR: Minister, I have a few questions for you about Albury-Wodonga. I wrote to you about a year ago about the issue with the lack of an eating disorder coordinator for people who live in Albury-Wodonga, as a result of our unique cross-border circumstances. You very kindly wrote back about a year ago to say that you were actively working with Albury Wodonga Health, including consideration of a co-funded eating disorder coordinator position. Has that work progressed at all?

The Hon. ROSE JACKSON: Yes, I did do that, and I recall having a dialogue with perhaps Dr Flynn about that, although I have not very recently asked him for an update. Are you able to provide that information, Dr Flynn?

BRENDAN FLYNN: We certainly have been involved in correspondence with Albury Wodonga Health. My understanding—and I can come back and check this later today—is that the funding arrangements have been put in place. What I don't know is whether Albury Wodonga Health have recruited to that position, but I should be able to get that advice today.

The CHAIR: I'll come back to this today, Dr Flynn. While we're on Albury-Wodonga, Minister, I've previously asked you about the design of the Nolan House inpatient unit that's part of the Albury hospital redevelopment. I've had a look at the most recent design for that unit, which is now on level 8 of the new building. Some of the stated goals of the design are connecting with broader views and connection to nature as part of healing. The two large courtyards—one for intensive care and one for general care—are actually fully internal courtyards with no connection to views, and the two external courtyards appear to be entirely concrete with an ornamental tree. Does that meet your expectations for best-practice design or, I suppose, even for its own stated aims of connecting with nature and connecting with views?

The Hon. ROSE JACKSON: I haven't seen those updated designs, Dr Cohn. To be perfectly honest, the New South Wales Government alone is spending \$700 million on updating mental health infrastructure; that doesn't even include the Albury Wodonga Health project. I don't want to pretend to you that I go over the design specifications of each of those facilities. However, it is the case that I was advised that one of the reasons that the new facility at Nolan House was not on the ground floor—and was in fact, as you say, elevated—was so that there could be courtyards and open space that were not viewable from above. If that is not what the final designs have delivered and they have delivered open spaces that are fully enclosed—I'm not sure how that is even possible—I will have to take on notice looking at that. But my expectation, when I was advised as to why these decisions were made, is that there would be outdoor space—open space—that was available. It would not be able to be viewed or looked down upon by others. If that is not what has been delivered then, no, that doesn't meet my expectations.

UNCORRECTED

The CHAIR: I appreciate your attention to that, on notice. I've also previously asked you about the membership of the lived experience working group. Since our last conversation, I have been made aware of at least one individual who was explicitly rejected from taking part in that group because of their stated comments that they don't agree with the approach of the redevelopment. What action have you taken in response to this limitation on the working group?

The Hon. ROSE JACKSON: You're correct that you have raised it before, and I've indicated that that does not seem consistent with my understanding of best practice for lived experience engagement. I did write to Albury Wodonga Health, on your behalf but also on my own behalf, to raise those concerns that I didn't want to see, in particular, New South Wales residents who would be using these health services and who had lived experience and a perspective to bring excluded simply because they had a different view about some of the decisions that were being made. I did write to the management of Albury Wodonga Health. They wrote back acknowledging my correspondence, not particularly responsive to the concerns that I had raised. I continue to be of the view that, as you know, NSW Health is not running or responsible for those groups. It is not as though I'm in a position to say, as the Minister for Mental Health, that my expectation is that individuals are included, that it's run along these terms or that these are the policies that are implemented, and then there would be an agency response, as there would be in other areas of the State.

I readily accept that from your point of view, and from the point of view of the Albury community, that's a problem and that's a concern. In light of that, we have had some dialogue around some of the limitations that the governance model provides in Albury-Wodonga. The finalisation of that more broad conversation is a little bit above my pay grade, merely to the extent that Minister Park has to be intimately involved in that. It's not just a Mental Health issue. But he is aware of it too. We have put our concerns in writing. We have now commenced a process of dialogue about how we might overcome some of these governance challenges, where we're just not seeing the kind of responsiveness and accountability for decisions made impacting New South Wales residents that we might expect and see in other districts.

The CHAIR: Thank you, Minister. I appreciate your really genuine consideration of this. I am very confident that Minister Park is also aware of my concerns around Albury hospital. Can I specifically clarify my understanding regarding that lived experience engagement piece. The response from Albury Wodonga Health didn't indicate any change to their current approach in response to the concerns that you've raised.

The Hon. ROSE JACKSON: Yes, that is accurate. That is their response. They acknowledged my correspondence. But, no, I'm not going to pretend to you that there was any agreement to revise their approach.

The CHAIR: I know that you have a very strong commitment to consultation and engagement in your role as Minister for Mental Health. There's longstanding community concern in Albury-Wodonga about the way that Albury Wodonga Health and NSW Health Infrastructure have engaged with the redevelopment process, which resulted in a whole chapter of the special commission of inquiry report about Albury Wodonga Health, criticising, amongst other things, the consultation piece. The board chair and CEO have an invitation-only event. Quoting from their invitation, "It offers a unique opportunity for local industry leaders to gain firsthand insights into the redevelopment project"—they've called this the boardroom briefing—while at the same time refusing to meet with various representative groups of staff and the broader community. Does that meet your expectations for engagement?

The Hon. ROSE JACKSON: The existence of a boardroom briefing for a targeted number of local industry leaders is potentially a meaningful way to bring those people into the conversation. The contrast point that you have identified—which, I have to say, I'm not clear on—where others who may want to be part of the dialogue are excluded raises concerns for me. Not all consultation is going to be open forum, all in, come one come all, town hall type dialogue. You are going to have smaller groups with particular individuals who want to talk about particular elements of a project, and I'm fine with that. But I think that everyone who wants to be part of that conversation should have their opportunity for input. If it is indeed the case—and I just don't know, Dr Cohn, but I take your word for it in a way, because I know how embedded you are in that community—that there are people who want to have a say and want to be engaged and they don't have a forum for that, that's not particularly acceptable to me. I think that everyone should have their moment and their opportunity to have their say.

Ms CATE FAEHRMANN: Minister, I want to turn to environmental water, if we can. In August 2025 a couple of fact sheets were released by DCCEEW in relation to environmental water deliveries. In one of them, it talks about the fact that as of August 2025, 56 sites where environmental water would normally be delivered don't yet meet metering requirements. It goes on to say that the department has a metering implementation plan. I am wondering whether that plan is going to be released.

UNCORRECTED

The Hon. ROSE JACKSON: I don't have any objection to the plan being released. Amanda, is it currently your intention to publicly release that work?

AMANDA JONES: I will take that on notice. We can come back to that today. I'm not aware if it's released at the moment.

Ms CATE FAEHRMANN: I don't think it has been released. That's the point. The question is whether it will be released.

The Hon. ROSE JACKSON: Can you check, Amanda, whether it is the intention to publicly release it?

AMANDA JONES: Yes, will do, Minister.

The Hon. ROSE JACKSON: As I said, I don't have any objection to that occurring.

Ms CATE FAEHRMANN: It also mentions the fact that, out of those 56 sites, works were starting in early September to install meters at 11 sites in the Millewa and Werai forests. How is that going?

The Hon. ROSE JACKSON: I don't know, although that may be work that the environmental water holder is doing. As you probably know, Ms Faehrmann, the New South Wales environmental water holder sits within Minister Sharpe's portfolio. Again, we can take on notice to ask our colleagues in the CPHR division of DCCEEW how that work is progressing, but that is work that they are undertaking.

Ms CATE FAEHRMANN: So the flows and the delivery they are undertaking. Is the installation of the meters their work as well?

The Hon. ROSE JACKSON: Yes, it is.

Ms CATE FAEHRMANN: Minister, I want to go back to something that you promised during the last estimates which was around the legal advice from the Crown Solicitor regarding the objects of the Water Management Act. I think you said that would be released, but I am not sure whether it has. In fact, it was something like a plain English version would be released. Have we seen that?

The Hon. ROSE JACKSON: If I can clarify, my recollection is that it was information in relation to the legal advice that led to the pause on environmental watering. Is that the legal advice that you are referring to?

Ms CATE FAEHRMANN: That's right.

The Hon. ROSE JACKSON: As you know, in general, we don't seek to permanently and categorically waive our legal privilege by releasing publicly all of our legal advice. That puts us in a pretty difficult position. We did, I understand, provide some, as you say, plain English—or try to provide a version of what occurred and the advice that we received as a fact sheet or an update. My understanding is that was provided. Is that right, Ms Jones?

AMANDA JONES: That's correct. I think it is the fact sheet that you are referring to. That was the explanation of the circumstance.

Ms CATE FAEHRMANN: I think my question last estimates was in relation to the objects of the Water Management Act. I'm not sure whether the fact sheets that I have before me really talk about the objects of the Water Management Act and clarify.

The Hon. ROSE JACKSON: Apologies, Ms Faehrmann, because we are referring back to previous estimates, I can't recall. We did talk about the legal advice that we received that led to a pause in environmental watering. We also potentially talked about legal advice more broadly in relation to the interpretation of the objects of the Water Management Act.

Ms CATE FAEHRMANN: That is the same advice?

The Hon. ROSE JACKSON: No, there are two separate pieces of advice. There was some specific legal advice that was provided. Quite a technical interpretation was provided of taking water from one water source to another, and that led to the pause on environmental watering by the Commonwealth Environmental Water Holder. That particular decision was made based on particular legal advice. There is also in existence broader legal advice that speaks to the way that the department interprets the Water Management Act and provides advice to me in the creation of water sharing plans and other instruments. There are two separate pieces of legal advice—

Ms CATE FAEHRMANN: Let me clarify.

UNCORRECTED

The Hon. ROSE JACKSON: —neither of which we are particularly willing to release publicly holus-bolus. As I said, they are covered by legal professional privilege.

Ms CATE FAEHRMANN: That's fine. I've got a question about that. Last time it was basically asking the NRC in relation to whether they got legal advice regarding the water management principles. I was told by the Chief Scientist and Engineer that that advice was initially given to the water department and they subsequently shared it. I asked whether that advice had been made public and the chief scientist said no. It was then referred to you, Ms Jones, and you said, "What we've done is actually ask the Crown Solicitor to draft a guidance so that that could be made public". I understand the fact sheet—that's been done—but my question is can you confirm that that advice by the Crown Solicitor clarified the objects of the Water Management Act for you?

The Hon. ROSE JACKSON: It did.

Ms CATE FAEHRMANN: Okay Minister, so can you confirm if it clarified that the objects of the Water Management Act give primacy to the protection of the water source and its dependent ecosystems?

The Hon. ROSE JACKSON: Yes. That's clearly stated in the Water Management Act.

Ms CATE FAEHRMANN: So that's what the Crown Solicitor's legal advice confirmed, not the other way around?

The Hon. ROSE JACKSON: Yes. Do you want to add anything, Ms Jones?

AMANDA JONES: It does confirm that. It also confirms that there are also other considerations to take into account.

The Hon. ROSE JACKSON: Which are also clearly listed in the Act.

AMANDA JONES: Yes, in sections 9 and 5.

Ms CATE FAEHRMANN: Other considerations to take into account—just to clear, because that's the whole point of the legal advice, that the legal advice said the primacy must be given to protection of—

AMANDA JONES: There is a need to consider a range of principles, including that protection of water sources and the environment. The guidance that you referred to that we were seeking from the Crown Solicitor so that we could publish we have just received, so we will be looking to publish that guidance shortly.

Ms CATE FAEHRMANN: The guidance being the legal advice?

The Hon. ROSE JACKSON: Guidance on elements of the legal advice that we're able to publicly release.

AMANDA JONES: Guidance how to use the legal advice.

Ms CATE FAEHRMANN: I just got some conflicting responses there. Just to be clear, I asked the Minister whether the legal advice from the Crown Solicitor confirmed that the objects of the Water Management Act 2000 give primacy to the protection of the water source and its dependent ecosystems. I do think that was an emphatic yes. Ms Jones, you then jumped in—

AMANDA JONES: The Minister is correct.

Ms CATE FAEHRMANN: —just to be clear, and added additional principles. In your view, are you saying that it doesn't give primacy?

AMANDA JONES: It does when you're looking at water sharing, and then there are also other principles that you need to address, other objectives that you need to address in addition. I'm not countering what the Minister says; it's just that the entire consideration is that and then, in addition—

Ms CATE FAEHRMANN: You do know what the word "primacy" means though? In terms of objects, primacy, one, is the most important. Is that right?

AMANDA JONES: It's the most important in looking at water sharing, and then there are other principles and objectives that you need to take into account, as well.

Ms CATE FAEHRMANN: Of course.

AMANDA JONES: The advice from Crown sols does look to that balance.

Ms CATE FAEHRMANN: When will the Government response to the NRC's review of the Gwydir regulated water sharing plan be published? Is that published yet?

The Hon. ROSE JACKSON: I'm not sure. Amanda, has that been published yet?

UNCORRECTED

AMANDA JONES: Those recommendations, I understand—and I will have this corrected if it's not the case—are being considered at the moment and will be ready probably in the next few months. But I will confirm the timing.

Ms CATE FAEHRMANN: Okay. So it's currently before you, considering the recommendations?

AMANDA JONES: That's what I understand.

Ms CATE FAEHRMANN: Okay. Just going back to the legal advice, in the last couple of seconds I have, have you considered or received advice on the possibility of, in terms of the lapsed plans, a legal challenge on those lapsed plans when they're remade?

The Hon. ROSE JACKSON: No, I haven't received any advice on that.

AMANDA JONES: No, neither.

Ms CATE FAEHRMANN: Are you seeking legal advice about it? No?

The Hon. ROSE JACKSON: Our focus is finalising those plans.

The CHAIR: Are there any questions from the Government?

The Hon. EMILY SUVAAL: No questions, Chair.

The Hon. GREG DONNELLY: We reserve our position.

The CHAIR: There being no questions from the Government, we will now break for morning tea and will recommence at 11.15 a.m. Thanks, everyone.

(Short adjournment)

The CHAIR: Welcome back. Minister, would you like to go ahead with some additional information?

The Hon. ROSE JACKSON: Yes, I wanted to provide some additional information that went to a question that I think Mr Fang was asking. Of the 56.9 FTE psychiatrists who had their resignations finalised, the headcount was 106. Of those, 42 have returned. The six FTE increase was only referencing the start of this financial year to October 2025. Of the 42 who have returned, 10 have returned as staff specialists in their former district, seven have returned as staff specialists in a different district and 25 have returned as VMOs in their former district—just to provide that clarification.

The Hon. WES FANG: So I can make sure I've got the figures right, the 56.9 that separated, those were FTE?

The Hon. ROSE JACKSON: Yes.

The Hon. WES FANG: But the headcount of those was 106?

The Hon. ROSE JACKSON: Yes.

The Hon. WES FANG: Forty-two—

The Hon. ROSE JACKSON: Have returned.

The Hon. WES FANG: Headcount came back?

The Hon. ROSE JACKSON: Yes, headcount.

The Hon. WES FANG: Of those, there was 10 headcount in the same district, seven headcount in other districts?

The Hon. ROSE JACKSON: Yes.

The Hon. WES FANG: And you said there were how many—

The Hon. ROSE JACKSON: Twenty-five as VMOs in their former district, the same district.

The Hon. SUSAN CARTER: Do you have the FTE for those headcounts?

The Hon. ROSE JACKSON: I don't. I'm happy to take that on notice.

The Hon. SUSAN CARTER: The other follow-up question I had for that, if you can take it on notice—it was my understanding that there was an opportunity for people who separated to have a VMO contract. I'm wondering whether any of those 25 headcount VMOs had been working as VMOs during the period of the dispute.

UNCORRECTED

The Hon. ROSE JACKSON: I'll take that on notice.

The Hon. SUSAN CARTER: Minister, if we could turn to Northern Beaches Hospital, it's currently a public-private partnership and it is going to be taken over by the Government. Will there be any reduction in the current level of mental health service provided there?

The Hon. ROSE JACKSON: No, that's not my expectation. In fact, I would hope there might be an opportunity for increased mental health service provision. But obviously the details of that are still being finalised.

The Hon. SUSAN CARTER: When will the details be finalised?

The Hon. ROSE JACKSON: Susan, are you able to provide an update on the time frames?

SUSAN PEARCE: Yes. The team are working on this, Mrs Carter, day and night, to be honest. We expect that those details will be finalised—at least insofar as the contractual arrangements—in the next week or two. The clinical services planning associated with the Northern Beaches is obviously something we're very keen to continue to work on with clinicians, and obviously community. That will continue to flow. To Minister Jackson's point, there is no expectation on my part either that there will be any reduction in mental health services and, in fact, we would like to see an increase in those in the coming period.

The Hon. SUSAN CARTER: How exactly will the mental health services, which are currently privately provided, be retained at the Northern Beaches Hospital?

SUSAN PEARCE: The entire hospital, as I'm sure you're aware, will be transitioning back to the New South Wales public health system over the coming months and into next year. That will mean that the services that are currently provided in the hospital—and there are obviously public services and private services in the hospital—will transition across to the public system. We are also working through—

The Hon. SUSAN CARTER: Can I just clarify that? To make it easier for me to work out the maths, assume there is 20 hours a week public mental health services and 20 hours a week private mental health services currently provided. Is it your advice that, after the transition is completed, there will be 40 hours a week of mental health services provided publicly?

SUSAN PEARCE: I won't speculate on hypothetical numbers. Matthew, are you able to perhaps comment on this?

The Hon. SUSAN CARTER: Perhaps we can come back to the details this afternoon. The question really is, will the private capacity be retained in terms of the services available to patients? Perhaps we can come back to that this afternoon in detail. That would be useful.

SUSAN PEARCE: It is our expectation, to be clear, that the range of services that are available in the hospital will continue to be available to that community.

The Hon. SUSAN CARTER: And the same quantum?

SUSAN PEARCE: We can come back this afternoon on detail.

The Hon. SUSAN CARTER: Quantum is not really a detail if we're talking about service provision, is it?

The Hon. ROSE JACKSON: Both myself and the secretary have already indicated that it is our expectation that there will be no diminution of services. In fact, there may be the opportunity, as the public system takes over the provision of all of the services in the hospital, for them to be enhanced. But the contractual arrangements have not been finalised, as the secretary has said. We're hoping to do that soon.

The Hon. SUSAN CARTER: Wonderful. Currently Northern Beaches Hospital offers 61 mental health beds across four specialised wards. This includes 20 public and 20 private beds, and six beds for short stay crisis health admission. Can you guarantee that there will be no reduction in those bed numbers when the transition is complete?

The Hon. ROSE JACKSON: Yes. It is our expectation that there is no diminution in services that are provided.

The Hon. SUSAN CARTER: I hate to quibble, but is an expectation the same as a guarantee?

The Hon. ROSE JACKSON: The details are being finalised, Ms Carter. I assume you're asking these pointed questions because you object to bringing back this service—that you privatised—into the public health system. That's okay.

UNCORRECTED

The Hon. SUSAN CARTER: No, I am asking these questions on behalf of the people of the northern beaches.

The Hon. ROSE JACKSON: You are entitled to defend your Government's position that the private provision was preferable.

The Hon. SUSAN CARTER: Minister, thank you for the editorial. It's not helping. I'm sorry you're so defensive about what is happening. With respect to youth mental health beds at Northern Beaches, the Coalition Government committed to provide four of these at Northern Beaches Hospital. You scrapped these. Now that you're planning to take over the hospital, will you commit to reinstating these youth mental health beds at Northern Beaches Hospital?

The Hon. ROSE JACKSON: To be clear, the reason that we couldn't provide those beds is because a privately run hospital could not be directed to provide services to the public health system in the way that we expected.

The Hon. SUSAN CARTER: Could you clarify that, Minister? In your announcement when you said that you were scrapping those beds, you didn't mention that as a reason at all. In fact, what you said was that you were redirecting the funding for those beds into mental health in the community. That other reason you've just given us now wasn't mentioned. Part of this mental health in the community was the Brookvale Safe Haven. What happens if a young person needs emergency psychiatric support at 8.30 at night?

The Hon. ROSE JACKSON: I was extremely clear in all of my public commentary at the time we redirected that funding into community mental health service provision that the reason that was happening was because, despite numerous meetings between myself, NSW Health, Mr Schembri and the private providers who ran Northern Beaches Hospital, they would not provide the service that we were asking them to provide. We said to them, "Here is the funding. Will you please provide this service for adolescent mental health patients in your hospital?" The answer was, essentially, "No, we will not." It blew my mind at the time. I couldn't believe we were in this position where money was being put on the table to provide a service and, because of the decision to privatise the hospital, our hands were tied.

The Hon. SUSAN CARTER: Does that mean that, now that the hospital is coming back into public hands, those beds will now be provided?

The Hon. ROSE JACKSON: We will explore that. They're the potential enhancements that I've referred to—although, unfortunately, we have already redirected that funding into community mental health.

The Hon. SUSAN CARTER: With respect to that redirection, I don't believe you've answered the question I asked: What happens if a young person needs emergency psychiatric support at 8.30 at night?

The Hon. ROSE JACKSON: They are able to access care in the Northern Beaches Hospital. As I said, we are ensuring that the care that's provided at the hospital 24/7 through the emergency department is still there. But it is true that there are no dedicated adolescent acute inpatient beds in the hospital. That is not because we did not want to deliver that. We did. We put the money on the table. Your decision to privatise the hospital made that impossible, leaving us with no choice but to redirect that money to community mental health.

The Hon. SUSAN CARTER: We look forward to those beds being available when that's back in public hands. In February this year, at the same time, you announced that you'd be opening a youth mental health hub on the northern beaches. Ten months later, consultation for that hub is still ongoing. When will it open?

The Hon. ROSE JACKSON: Mr Schembri might be able to provide an update on that timing.

ANTHONY SCHEMBRI: Those capital works at the Brookvale Community Health Centre are currently underway.

The Hon. SUSAN CARTER: The consultation is ongoing but the capital works have started?

ANTHONY SCHEMBRI: The consultation for the design works has been completed. The contracts have been issued.

The Hon. SUSAN CARTER: What's the consultation that is still ongoing?

ANTHONY SCHEMBRI: Around the ongoing model of care with some of the community mental health providers.

The Hon. SUSAN CARTER: When will care commence?

ANTHONY SCHEMBRI: I believe in the middle of the year next year, but I'll confirm that today.

UNCORRECTED

The Hon. SUSAN CARTER: If you could confirm that today, thank you. While we're talking about confirmation, do we have those parking figures available—the number of new car parking spaces added this year?

The Hon. ROSE JACKSON: I don't think we have that yet, Ms Carter.

The Hon. SUSAN CARTER: But they were the justification for the increased revenue from parking.

The Hon. ROSE JACKSON: I was able to provide the figure, I recall, of 850 new car parking places available, which is a not insignificant increase. We do not have the district-by-district breakdown at our fingertips.

The Hon. SUSAN CARTER: Are those parking spaces available across every LHD or only certain LHDs?

The Hon. ROSE JACKSON: As I said, I don't have a breakdown of that.

The Hon. SUSAN CARTER: Minister, do you want to amend the answer you gave earlier that the reason for the revenue is because you've increased car parking spaces?

The Hon. ROSE JACKSON: Absolutely not. The increase in individual per-use cost has only been by CPI. I've been absolutely clear on that.

The Hon. SUSAN CARTER: Minister, I understand, from a quick look at the annual report—and I'd be happy to get further detail—that there have been two parking stations opened in LHDs this year. One of those was at Concord. Is that in the Western Sydney, the South Western Sydney or the Nepean Blue Mountains local health districts?

The Hon. ROSE JACKSON: No, I don't believe it is.

The Hon. SUSAN CARTER: It might explain the 185 per cent change in revenue for the Sydney health district, but it can't explain revenue increases in those Western Sydney and south-western Sydney districts. I believe that the Dragonfly parking was opened at Westmead. Is that in the Western Sydney health district?

The Hon. ROSE JACKSON: Yes, it is.

The Hon. SUSAN CARTER: Could that explain the \$6 million increase in revenue from parking in that local health district?

The Hon. ROSE JACKSON: It could potentially have contributed to that.

The Hon. SUSAN CARTER: And there are no others that have been opened in that district that you can tell us about?

The Hon. ROSE JACKSON: Not that I'm familiar with.

The Hon. SUSAN CARTER: Is the Dragonfly parking staff parking for nurses primarily?

The Hon. ROSE JACKSON: I'm not familiar with that car park.

The Hon. SUSAN CARTER: Can anybody else help us? Is the Dragonfly for nurses or is that for visitors?

SUSAN PEARCE: Mrs Carter, we will certainly provide as much information to the Committee as we can, if you could give us some time to collate this around some of the questions you'd asked this morning.

The Hon. SUSAN CARTER: Ms Pearce, you'll understand that we're being told that we are looking at massive increases in revenue for parking.

The Hon. ROSE JACKSON: Are you suggesting that I'm lying—that we haven't increased per-use charge by only CPI?

The Hon. SUSAN CARTER: You're telling us that these increases—

The Hon. ROSE JACKSON: That's a huge thing to say about my answer. I am telling you that—

The Hon. SUSAN CARTER: I'm asking for the facts to substantiate your answer.

The Hon. ROSE JACKSON: —per-use charge has increased by CPI only.

The Hon. SUSAN CARTER: You're also saying that the reason to explain this massive uplift—we're talking about an increase in revenue of 58 per cent for the Western Sydney LHD, 49 per cent for south-western Sydney and 60 per cent for Nepean Blue Mountains. That is way above CPI, I think you'll agree.

The Hon. ROSE JACKSON: I agree with that.

UNCORRECTED

The Hon. SUSAN CARTER: These are the year-on-year increases in revenue figures. You're telling us it's because of increased parking spaces but can't tell us where these parking spaces are.

SUSAN PEARCE: Mrs Carter, if I may—through you, Chair—we will certainly provide further detail, but I wish to be categorical with you about this point: There has been an increase in car parking spaces. The figures that you are comparing are not equal. In the 2023-24 financial year, for seven months of that year there was still free parking available to staff.

The Hon. SUSAN CARTER: Can I stop you there, Ms Pearce, because the figures I'm using are the 2024-25.

SUSAN PEARCE: That's right. But compared to the previous year, for seven months of that year there was free parking for staff, which was associated with the tail end of COVID. They are not equal years to compare. There is that factor. There is the factor of the CPI increase. There is the factor of an increased number of car spaces. I can tell you, categorically, that any suggestion that there has been a dramatic increase in the cost of parking for staff compared with, say, 2018-19, pre-pandemic, is not true.

The Hon. SUSAN CARTER: I look forward to getting those figures.

SUSAN PEARCE: Happy to provide it.

The Hon. SUSAN CARTER: Perhaps we could turn to eating disorders. Minister, the first five-year plan for eating disorders was established in 2013. This was evaluated and served as the foundation for the current service plan for people with eating disorders, which runs 2021-25. What work is underway for a new five-year plan?

The Hon. ROSE JACKSON: We just finalised the evaluation of the most recent plan that you referred to. My understanding is that that has now been finalised and will be used to inform the development of a new plan in the coming year.

The Hon. SUSAN CARTER: What's the timeline on that? When can we expect that?

The Hon. ROSE JACKSON: I think next year, 2026. I don't have an exact time frame. I don't know if someone's able to provide a more detailed time frame on the finalisation of that plan. As I said, the evaluation has just been completed, and that will commence next year.

The Hon. SUSAN CARTER: And the evaluation will be made public?

The Hon. ROSE JACKSON: I don't have an objection to that. We can take that on notice, but it's not something that I have a problem with. Either the evaluation is positive, in which case we'll be continuing with service models similar to those that we've used in the current service plan, or the evaluation will indicate that there were gaps or shortcomings, in which case I think we should just be open about that and make revisions.

The Hon. SUSAN CARTER: Are you aware whether the evaluation has looked at differences across LHDs?

The Hon. ROSE JACKSON: I'm not aware of the detail. Is someone else more across the detail of whether it looked at LHD comparative information?

The Hon. SUSAN CARTER: Just a quick yes or no would be great.

BRENDAN FLYNN: My understanding is yes, and it's particularly looking at access to tertiary services.

The Hon. SUSAN CARTER: Great, thank you very much. I think that'd be very helpful. Minister, is Justice Health part of Health, DCJ or both? Where does Justice Health sit?

The Hon. ROSE JACKSON: It sits within NSW Health. Although obviously it has a very close relationship with DCJ through the Corrections portfolio.

The Hon. SUSAN CARTER: What's the designated number of mental health staff employed by Justice Health and how many of those are staff psychiatrists?

The Hon. ROSE JACKSON: I'd have to take that on notice or ask if someone might look that particular figure up so that I can provide it to the Committee.

The Hon. SUSAN CARTER: That'd be helpful. Do you know how many staff specialists employed in Justice Health resigned and how many may have rejoined? Do we have figures about that?

The Hon. ROSE JACKSON: There are figures that are available. I can look that up. That will take some time for me to find it. I can ask the team to look it up and provide it to you. Yes, there are staff specialists

UNCORRECTED

employed as psychiatrists within Justice Health. Yes, a number resigned; my recollection is that it was a small number and that a number have rejoined. But exactly what those numbers are, we will get for you.

The Hon. SUSAN CARTER: My question relates directly to Justice Health because of the particular forensic specialty which those staff psychiatrists had. But also more broadly, when I look at these figures of a 106 headcount leaving as staff psychiatrists and then, was it—I can't do the maths quickly.

The Hon. ROSE JACKSON: Around 40 per cent returned.

The Hon. SUSAN CARTER: Thank you—around 40 per cent returning. What work is being undertaken to develop the specialist knowledge and skills that were lost during the resignation? It was particularly acute in Justice Health but I'm sure just as relevant across eating disorders, juvenile psychiatry and a whole range of other areas.

The Hon. ROSE JACKSON: We've had a couple of conversations with the college around some of those specialisations and our desire, in particular, to ensure that that's not lost. Dr Wright has really been leading on that. Do you want to comment, Dr Wright, on some of the work that we have been doing to ensure that specialisation is retained in the system?

MURRAY WRIGHT: Certainly. I think that some of the strategies that we had to put in place in the early parts of this year to manage the loss of the workforce have proven to be transformational in terms of where we want to go in the future. For instance, the setting up of the virtual psychiatry hub, which provides in-reach into emergency departments across the State, initially was there to support in the loss of workforce so that people would still get access to care. That, we believe, is an initiative for the future.

The Hon. SUSAN CARTER: I'm very grateful for the general description but the question was quite specific. It was on rebuilding specialist capacity that's been lost.

The Hon. ROSE JACKSON: One of the additional things that we've done, Ms Carter, is identify the areas where that specialisation is particularly relevant. You mentioned Justice Health. Another example would be perinatal mental health. We have identified where those facilities are delivered and then worked specifically with either those districts or networks to ensure that they have particular plans to bring back online those specialties. An example would be Justice Health; an example would be Sydney LHD. As Dr Wright said, there's been a range of other initiatives that have been undertaken.

The Hon. SUSAN CARTER: In terms of specialist skills, I'm wondering what input Justice Health has had in the development of programs in Moree—and it's just been announced in Kempsey and Tamworth—for young offenders.

The Hon. ROSE JACKSON: I'm not familiar with the direct engagement of Justice Health on that. That piece of work is being coordinated by the Premier's Department as a whole-of-government priority. I don't know whether any witness here would be able to provide information in relation to Justice Health's engagement, but we could take that on notice.

The Hon. SUSAN CARTER: I have a question about Junee jail, which I believe has come back into public hands. How many additional staff did Justice Health employ in connection with the re-acquisition, if you like, of Junee jail?

The Hon. ROSE JACKSON: Again, I'm not sure we have that. I'm happy to take that on notice.

The Hon. SUSAN CARTER: And perhaps you could take on notice what the wait time is per jail for an inmate to be able to see a psychiatrist.

The Hon. ROSE JACKSON: Sure. I'm happy to take that on notice.

The Hon. SUSAN CARTER: Minister, you've employed five mental health housing liaison officers. Are they clinical or administrative staff?

The Hon. ROSE JACKSON: My understanding is that the skill set that we were looking for was varied. They are largely clinical staff, so people like social workers and other allied health professionals were the bulk of the staff that were employed in those roles. I could take on notice the exact skill set and qualifications, but that was the purpose and intention of those roles.

The Hon. SUSAN CARTER: If it is possible to provide more information and where each of the five is located, I'd be very grateful.

UNCORRECTED

The Hon. ROSE JACKSON: We definitely have the information about where they're located. Again, I can look that up and provide that. As I said, my understanding—having met with a number of those staff—is that their backgrounds are allied health and social work in particular.

The CHAIR: I have some questions about the NSW Health social media policy, noting that the final policy has now been released and that some changes were made between that document and the earlier draft. I'm happy for the Minister or Ms Pearce to take this question. The definition of social media under that policy includes programs such as WhatsApp and iMessage, which are commonly used by people to communicate directly with one another using a personal mobile number. Why was it necessary for NSW Health to seek oversight of people's private communication on those platforms?

SUSAN PEARCE: If it's okay, Dr Cohn, I might ask Richard Griffiths to come up and respond. I will say, though, that we have done a lot of consultation around this policy. It is not a new policy. It is the whole-of-government position with respect to the use of social media. I'm aware, and we have had some concerns raised with us from staff who are part of WhatsApp groups, that some of the commentary in them at times is less than desirable and that people are exposed to those things through their workplace. We're not interested in personal WhatsApp arrangements. What we are interested in is our staff, who are at times exposed to those types of communications. Richard, did you wish to add to that?

RICHARD GRIFFITHS: Yes, thanks. Morning, Committee. In terms of the use of WhatsApp, some of those WhatsApp groups have numbered into the several hundreds, so it was appropriate that we build that into the definitions of the policy, simply because the reach of those groups was so wide. We wanted to ensure that we gave guidance to staff around how to appropriately use it. The intent of the social media policy is not to restrict social media; it's to give guidance around how to ensure that they protect both themselves but also the reputation of NSW Health.

The CHAIR: How do you differentiate then in a WhatsApp chat that might have two or three people who are on a shift together and one that's got 700 people on it? There's obviously a subjective assessment here of what you're deciding is social media.

RICHARD GRIFFITHS: I think that's exactly the point, Dr Cohn. It's quite subjective so we put it into the reach of the policy as general guidance.

The CHAIR: Does that mean it's your intention for that to then apply to all WhatsApp communication, including those smaller groups?

RICHARD GRIFFITHS: From our position in NSW Health, we think it's wise for everyone to apply the principles in the use of WhatsApp groups associated with the work environment.

The CHAIR: The policy includes carve-outs, for example, for union delegates to speak publicly, which is extremely welcome. Does that mean that employees have to be members or delegates of their union to be able to advocate for improvements in their workplace?

RICHARD GRIFFITHS: It was a very extensive consultation process, as I'm sure you're aware, and we did take on board feedback from a range of stakeholders, including the unions. So, yes, there is a carve-out in relation to union participation and comment, but the principles apply to everyone—not just to union members—around the appropriate use of social media.

The CHAIR: I appreciate the consultation was extensive. You would be aware that that extensive consultation also resulted in a reasonable amount of pushback from some staff and their representatives?

RICHARD GRIFFITHS: Yes.

The CHAIR: We debated the draft policy in the Legislative Council, which I'm sure you're aware of, and the Government took the position at that time that employees should be able to share:

... their personal views about social and political issues, provided this is done respectfully and in a way that does not breach their existing obligations under the Code of Ethics and Conduct for NSW Government Sector Employees and the NSW Health Code of Conduct.

In that context, why was it actually necessary to bring in a social media policy in addition to those existing codes of conduct for government sector employees and Health?

RICHARD GRIFFITHS: The principles in the social media policy are longstanding principles in the Government and Government policy. The Public Service Commission put out some updated guidance mid this year, and our policy replicates the guidance associated with the Public Service Commission. Everyone's—I'm sure—aware that we've had some issues with unfortunate commentary on social media. The intent of this is to reinforce to people that it is not a restriction. It is not a ban on social media; it is guidance to protect everyone.

UNCORRECTED

Importantly, it's designed to ensure that the public knows that they can come into NSW Health facilities and receive apolitical service and that they feel welcomed, that there's no concern in terms of accessing our facilities around views held by our staff.

The CHAIR: Without getting into the issue that you're alluding to, there's obviously existing protections against hate speech or discrimination against a wide range of groups in the community for good reason. If this isn't a ban and it's not a restriction, what then happens to a staff member who has breached this guideline by expression of their social or political views, particularly if they're not in breach of those other existing guidelines or legislation?

RICHARD GRIFFITHS: The other policies you're referring to—things like our code of conduct and the disciplinary policies—will provide guidance around the actual process for addressing breaches of the policy. But the intent of this is case by case. We know that there's an element of subjectivity in terms of use of social media. In terms of reasonable use, that's in itself rather subjective so we can really only address it case by case.

SUSAN PEARCE: If I could add, Dr Cohn, to what Richard has already said, it is that there is also a different view of this. That is that our staff have been targeted at times because of their views. We've had various elements of society and media trawling social media pages and then asking questions of our staff in respect of their views and also then in respect of their position within NSW Health, so there are a number of elements that we need to take into consideration. The other thing I really would like to be clear with you about is that in the almost 40 years that I've been working in the New South Wales health system, there has always been the opportunity for people to raise their issues through their unions—through many mechanisms.

The annual report has been referred to here this morning. In the annual report I made it very clear once again that we want our staff to speak up. Social media is one element of that. It is not the be-all and end-all for how people should raise their issues. There are many other ways for people to do that, including coming to me, and many people do do that. We really encourage our staff to speak up. This is not about restricting their views, but we really do have to maintain the trust of our community in the institution that is the New South Wales public health system. At times that has been challenging. It was particularly challenging, as you know, earlier this year with a video that was circulated widely on a social media platform that created enormous angst across our system in regard to this. We are balancing the need for our staff to have that opportunity to raise their views by whatever means—simply providing guidance—but also advising them that there are other avenues and mechanisms for them to do so.

The CHAIR: In my last couple of minutes, Ms Pearce, I want to ask you about the situation at Calvary Mater with the mould, particularly in the ducts on the cancer ward. It's my understanding that questions that were directed to NovaCare were directed back to the State Government, and previous questions that have been asked of the local health district have been bumped to NovaCare. Who's actually responsible or accountable for fixing this problem?

SUSAN PEARCE: We always take very seriously, of course, our responsibility and the elements that we are responsible for in any situation where there are patients receiving care and there are public moneys going into that care. The local health district is working very closely with the providers there. We are also looking at the cladding on that building, which has been a substantial part of the problem. We did have some difficulty with some of our partners in respect of that, but we are working through that. Ms Skulander may be able to give some further detail. We can perhaps also take anything else on notice because it's a rather complex issue. Over to you, Emma.

EMMA SKULANDER: The complexity of the arrangements with the PPP provider does mean that we don't have the direct control over the fix as required in relation to that. The Hunter New England Local Health District is absolutely working very closely on the ground there, in addition to working very closely to manage with NovaCare how that issue gets resolved. I think that, at the present time, we're comfortable that the risk on the ground is very minimal, and that is allowing us the time to make sure that we effectively work through that problem for a long-term solution and not a short-term fix that is not effective.

The CHAIR: Thank you. I'll come back to this later. I'm out of time.

Ms CATE FAEHRMANN: Mr Cleary, regarding Sydney Water, I wonder about the impending changes in relation to PFAS in biosolids. I would like an update in terms of what Sydney Water is bringing on in terms of technology to treat biosolids better. Is that what you are doing, firstly?

DARREN CLEARY: Yes, we are working with the EPA, firstly, providing advice to the EPA as part of their review of the guidelines and how they're bringing them into effect in New South Wales. Those guidelines haven't been finalised. Our understanding at this point is that there will still be the ability to beneficially use biosolids. That's something that, certainly, as long as it's done in a way that protects the environment and can be

UNCORRECTED

done safely, we would clearly support. It's an important way of returning nutrients and organic matter back to productive farmland. We are constructing a carbonisation facility at Riverstone—a water recycling facility—which will provide treatment for PFAS.

That is the facility which currently has higher levels of PFAS in the wastewater coming into that facility than we are detecting elsewhere across our area of operations. As everyone is well aware, PFAS is ubiquitous, so it has the potential to be across our entire area of operations, but the levels that we detect are different depending upon the wastewater catchment that we are talking about. We will put this technology in, and then we will continue to evaluate the guidelines and the requirements to ensure that we can safely deal with our biosolids products.

Ms CATE FAEHRMANN: The technology that is going on, to be clear, is in relation to Richmond but not elsewhere?

DARREN CLEARY: Riverstone.

Ms CATE FAEHRMANN: My bad. In terms of where the biosolids—the treated effluent—are going at the moment, I have seen the emails where it says that Sydney Water was considering bringing in new technologies to address the need to increase the treatment of biosolids. You're saying that this necessarily won't happen across all of Sydney Water's treatment plants at this point, even though it has been identified for quite a few years now that a regulation will come in, in terms of PFAS in biosolids?

DARREN CLEARY: No, you're right. We don't have immediate plans to upgrade all of our biosolids treatment facilities. I think it's important to note that, even though you are right to flag that there will be changes in guidelines, those guideline changes are still being worked through. I think our number one priority is to ensure, clearly, that biosolids that are beneficially used are done in a safe way. It does not necessarily follow that all biosolids must have a high level of treatment to remove all of these compounds. We certainly strongly support trade waste controls and treating at the source. That is the most cost-effective solution. We are also revising or continuing to work with our commercial industrial customers on trade waste controls.

We are seeing a number of our catchments have very low levels of PFAS. We are taking an approach that's based on the evidence we are seeing. It's also important to note that our number one priority is that we will provide safe biosolids and deal with them in a safe way. The treatment technology that we are dealing with at Riverstone is certainly important for that facility, but it's important to note that those treatment technologies do come with a significant cost. Our first priority is to make sure that the biosolids production is safe. But, beyond that, we certainly also want to make sure that we are not spending more than we need to to safely manage our biosolids. It's not a given that the treatment would be across all of our operations.

Ms CATE FAEHRMANN: Is there public reporting of the PFAS levels in biosolids that are reapplied to agricultural land, for example?

DARREN CLEARY: I'll have to take on notice exactly what has been made publicly available. It is complex about where the application sites are, so I don't have at hand exactly what has been made publicly available. I'll take that on notice.

Ms CATE FAEHRMANN: Minister, in relation to the water access licences for Aboriginal legal entities, which we have spoken about before, I understand there are transfers that have either begun or are being contemplated in relation to transferring water access licences to First Nations people and entities. What consultation, specific to this transfer process of water access licences, has taken place with Aboriginal people, entities and parties?

The Hon. ROSE JACKSON: It was contemplated alongside the development of the recently released Aboriginal Water Strategy as a practical application or implementation of that policy. There was an incredibly detailed consultation process that informed that strategy, in particular focusing on our regional Aboriginal water committees. I can ask for a breakdown of how many we have of them and who's engaged with them, but they're a very comprehensive network of Aboriginal people interested in water policy.

We then did some particular consultation with First Nations people about how to make sure that the process for the transfer of water access licences was done in the right way, and some very prominent and well-regarded First Nations Aboriginal policymakers and advocates were involved in that. We are now in the process, as you say, of registration of interests from Aboriginal entities as to their interest in receiving the transfer of those licences. It has been a process that's been subject to very comprehensive consultation and engagement with Aboriginal people.

Ms CATE FAEHRMANN: I have heard feedback that there's confusion about who can and should legitimately apply for water access licences under this scheme in different areas and, importantly, who has primacy. There are concerns that someone could just set up a company, for example, give 51 per cent of shares to

UNCORRECTED

an Aboriginal person and be eligible. There are also concerns around the assessment criteria that there's no assessment or ranking around connection to country or the status of the group applying. I have no doubt how complicated, and understand how complicated, it is, but there are concerns that there wasn't wide consultation with a lot of groups around how this transfer would be undertaken. Is there any way that can be improved?

The Hon. ROSE JACKSON: I'm happy to take that on. I think one of the challenges here, Ms Faehrmann, is—my view is we have to do something to actually transfer ownership to Aboriginal people. We're not about to make the transfers. We're in a registration of interest process. As you rightly identified, things like the New South Wales Government ranking connection to country of Aboriginal people is highly fraught. I know that's not what you were suggesting, but those kinds of decisions are complicated. To be honest, there was advice that I received not to do this—that it was too hard, that trying to actually practically implement this policy was going to raise all these questions and all these objections and it would be easier not to do it, not to wade into this challenging and contested space.

I made a call that actually this was worthwhile doing. Now, that doesn't mean that, as an entirely new process, there won't be some bumps along the road, and some of those concerns that you raised are entirely valid. But I want to assure you we have a very comprehensive process to work through those. There was a lot of consultation that was done and continues through the registration of interests process. I don't apologise for actually trying to finally set up a system where we might be able to transfer some water access licences to Aboriginal people, despite the fact that that could be a complicated and contested space.

Ms CATE FAEHRMANN: In the time I've got left, I understand also that during a webinar an official maybe confirmed or indicated that the Government would pay the NSW Land Registry Services for the cost of registering the water access licence to the successful applicants. This is the cost of registering specific purpose water access licences, \$350 per licence. Has that been confirmed that that will be the case—the Government will do that?

The Hon. ROSE JACKSON: Yes. I understand that is confirmed that we have indicated that we will cover those costs.

The Hon. WES FANG: Minister, there's been a lot of speculation about the Commonwealth Environmental Water Holder having taken water illegally from its licence that it holds at Toorale Station. Can you confirm if the Natural Resources Access Regulator has treated its investigation in exactly the same way as it would treat a private entitlement holder?

The Hon. ROSE JACKSON: Yes, I can confirm that, and I can ask Mr Barnes, as the chief regulatory officer of NRAR, to confirm that as well.

GRANT BARNES: I can confirm that the operations of Toorale are compliant with New South Wales water laws.

The Hon. WES FANG: So there was nothing found that was of issue.

The Hon. ROSE JACKSON: There clearly was something that was found that was of issue, which is why NRAR took the step of issuing the stop work order or whatever that particular regulatory action that you took was.

The Hon. WES FANG: Stop work order, yes.

The Hon. ROSE JACKSON: Clearly that was the case, but NRAR has then worked with the water holders at Toorale to resolve those issues.

The Hon. WES FANG: What penalties were applied?

GRANT BARNES: We've worked with the approval holder, who has the legal obligation to record, report and debit water diverted from the western access into the western wetlands in accordance with the principles of the Act. We've also found, though, that the way they operated those works were in accordance with the licensed approvals. One can't move into an enforcement and, therefore, application of sanctions when there is no finding of wrongdoing. We have, however, in concluding our investigation, identified matters that might be of interest to the Inspector-General of Water Compliance, and we will be making a referral to the Hon. Troy Grant in the coming weeks.

The Hon. WES FANG: In answer to the question that I asked, what penalties were applied?

The Hon. ROSE JACKSON: No penalties were applied.

GRANT BARNES: No penalties were applied because no laws were broken.

UNCORRECTED

The Hon. WES FANG: No penalties were applied. Thank you. You understand, in circumstances where private water licence holders feel as if the Commonwealth Environmental Water Holder has escaped sanction here, that there is, I guess, a two-stage penalty enforcement system where—

The Hon. ROSE JACKSON: No. We completely reject that. Many of the questions that we receive are about how NRAR's initial investigatory activity should focus on education and ensuring compliance. That is what they do for everyone. I completely reject, and Mr Barnes would completely reject, any assertion—

The Hon. WES FANG: Mr Barnes can speak for himself, Minister.

The Hon. ROSE JACKSON: I will allow him to speak in a minute. I would completely object to any assertion that water holders have been treated differently in the application of their licence conditions. However, NRAR always rightfully focuses on ensuring compliance. They don't come in heavy-handed. They don't come in with a big stick with anyone.

The Hon. WES FANG: Are you sure of that, Minister?

The Hon. ROSE JACKSON: Absolutely.

The Hon. WES FANG: Are you sure of that?

The Hon. ROSE JACKSON: Yes, I am sure of that because I talk constantly to NRAR about how our focus is ensuring compliance with water law.

The Hon. WES FANG: What about the people on the ground, Minister? Do you speak to them as well?

The Hon. ROSE JACKSON: Absolutely. I do.

The Hon. WES FANG: What do they say to you? Has nobody raised with you that they believe NRAR is over-regulating and comes in with—I'm just trying to remember the words you used—a heavy hand, in effect, when looking at issues of compliance?

The Hon. ROSE JACKSON: Individuals who have been subject to NRAR regulatory action often aren't particularly big fans of that.

The Hon. WES FANG: So people have raised it with you. Is that correct?

The Hon. ROSE JACKSON: As I said, individuals who are subject to regulatory action often aren't particularly big fans of that. But, by and large, the vast majority of water users do the right thing, and they are extremely supportive of having a strong cop on the beat.

The Hon. WES FANG: I agree with you, Minister. I 100 per cent agree with you. It is interesting that you say you don't believe that NRAR acts in a certain way. That's okay. I'm going to move on now. Does the Water Management (General) Amendment (Water Return Flow Rules and Exemptions) Regulation 2025 exempt any prescribed licence holders from metering or otherwise measuring and reporting the take?

The Hon. ROSE JACKSON: Amanda, do you want to provide information on that?

AMANDA JONES: No, is the answer.

The Hon. WES FANG: Okay. What about when a licence holder takes or moves water around, such as the Commonwealth Environmental Water Holder?

The Hon. ROSE JACKSON: They are required to meter that. That was the issue.

The Hon. WES FANG: So have they been doing that at all stages now, Mr Barnes?

GRANT BARNES: The mechanism here is by the approval, not by the licence. It's an important distinction to make. The work is approved, and then associated with that will be water access licences. In some cases, they are not the same entity. With respect to Toorale, it is an investigation of the approval holder, not the Commonwealth Environmental Water Holder. When it comes to moving water around the landscape for the purpose of e-watering, it is through works. Those works are approved. Those works are not licensed. So what we do is ensure that the works' approval holder understands their rights and obligations, and we assist them into compliance. That is not a matter for the environmental water holder, whether it is the New South Wales Government or the Commonwealth. They are the works' approval holder. In this instance, that means NRAR has worked very closely with my colleague Andrew George at WaterNSW, who often hold those approvals.

The Hon. WES FANG: A lot of different answers there from three different people. But I will ask it in plain language. Is all the water that's being moved around Toorale being metered?

UNCORRECTED

GRANT BARNES: As a result of a lengthy investigation by NRAR, my assurance to you is that the water that is diverted is recorded, reported and now debited against a water access licence. That is an obligation that is longstanding and has been imposed across most water users in the State of New South Wales, unless it's BLR or unless it's excluded.

The Hon. WES FANG: Mr Barnes, I asked whether it was metered.

The Hon. ROSE JACKSON: Not all environmental water is metered. That is what Ms Faehrmann was referring to earlier. There are specific carve-outs that reflect the differential nature of water that is taken for environmental purposes and consumptive use.

The Hon. WES FANG: Now we are going around in circles. I specifically ask whether there were exemptions, and the answer was no, Ms Jones. Is that right?

AMANDA JONES: That's correct.

The Hon. WES FANG: So then how is it that environmental water can be moved around without it being metered?

AMANDA JONES: Mr Barnes might—

The Hon. WES FANG: If you can't measure it, you can't—

AMANDA JONES: That doesn't mean it's not measured. It's measured.

The Hon. WES FANG: So can we not then apply the same measuring requirements to everybody else? Why does one licence holder get one—

AMANDA JONES: It depends on the physical conditions and the topography and just how you can form that measurement. Sometimes, if you've got a pump, a meter works. If you've got an expanse where a regulator might release water onto an open flood plain, then you need a methodology to measure that water, because you can't meter it.

The Hon. WES FANG: You understand, though, that this is part of the issue of why people have concerns around the water space. The Commonwealth Environmental Water Holder is allowed to do one thing that private water holders aren't.

The Hon. ROSE JACKSON: Mr Fang, if you can't understand the difference between a public—

The Hon. WES FANG: Minister, don't try and patronise me. I'm asking you, if there are no exemptions in place, why are you allowing one government body to do something that you won't allow private citizens to do?

The Hon. ROSE JACKSON: Because government bodies manage environmental water, which is not water that is intended for profit-making productive use. It is a different thing. There is a difference between environmental water and water taken for private consumptive use. There is. And, as Ms Jones has indicated, our effort is to have maximum metering and measuring. That is what we would like to see. But there is a difference between a giant pump that is pumping water to make profit, for private consumptive use, and can be easily metered, and water released through a regulator, over a wetland expanse, that is almost physically impossible to meter. That is the reason for the difference.

The Hon. WES FANG: Almost physically impossible? So it can be done?

The Hon. ROSE JACKSON: It cannot be metered in the same way as water through a pump can be metered. It is physically impossible to meter those two things in the same way.

AMANDA JONES: It is still measured, though, using different methodologies, not a meter.

The Hon. WES FANG: Pending the 2028 delivery of a new funding model for local water utilities, has the Government indicated or sought any advice or additional funding needed for the Safe and Secure Water Program?

The Hon. ROSE JACKSON: No, because we are pending that review.

The Hon. WES FANG: Is the current policy to refer new town water and wastewater works fundings to the National Water Grid Fund, with co-funding from local water utilities and no co-funding from New South Wales?

The Hon. ROSE JACKSON: Some projects we support and sponsor for National Water Grid funding, but others we fund directly. We want the Commonwealth to contribute as much as they can through the National Water Grid.

UNCORRECTED

The Hon. WES FANG: So you're engaging with the Commonwealth Government in relation to the budget that they should expect they will need to set aside for those programs?

The Hon. ROSE JACKSON: Of course we are. I have a ministerial council meeting on water coming up at the end of next week where we will be strongly advocating for Commonwealth financial support for New South Wales water utilities.

The Hon. WES FANG: Minister, how much will you be asking for?

The Hon. ROSE JACKSON: I will not be providing that kind of detail to this Committee. I will be reserving that for private dialogue with the Commonwealth water Minister and my colleagues from other States.

The Hon. WES FANG: As much as you laughed when I asked the question, this is budget estimates. I'm seeking to understand what you'll be asking for from the Federal Government in relation to their budget. This is quite literally the place to ask these questions. Minister, how much will you be asking for from the Federal Government?

The Hon. ROSE JACKSON: It's quite literally the place to ask me about New South Wales Government budgetary allocations from the recent 2024-25 budget. This is now the third budget estimates hearing that I have appeared at this year, and I am happy to answer those questions. I would hope that you could understand that the advocacy that States do to the Commonwealth on behalf of, in this instance, myself and the people of New South Wales for local water utilities is not something that is aired, blow by blow, in public budget estimates hearings. I can assure you I will be seeking the maximum Commonwealth contribution for New South Wales local water utilities, but I'm not going to go through the details of that advocacy in a public forum.

The Hon. WES FANG: Do you think it's unreasonable that I ask you how much money you'll be seeking from the Federal Government in relation to this program?

The Hon. ROSE JACKSON: Yes, I do. As I just said, how I do that advocacy is a matter for me and the Commonwealth. I'm not going to be foreshadowing that, blow by blow, in this forum.

The Hon. WES FANG: Minister, this is the forum where I ask you what you're asking for from the Federal Government.

The Hon. ROSE JACKSON: No, it's not the forum for that. It's the forum where you ask me about the 2024-25 New South Wales budget.

The Hon. WES FANG: I'm also asking about the forward estimates. I'm seeking to understand how much money you'll be asking for from the Federal Government in relation to that budget.

The Hon. ROSE JACKSON: A very large amount—as much as they can possibly contribute.

The Hon. WES FANG: Do you know how much you're going to be asking for? Is the fact that you can't give me a figure representative of the fact that you don't know how much you'll be asking for yet?

The Hon. ROSE JACKSON: Mr Fang, I have been clear to you that we have the first ministerial council meeting on water in a long time next week. The subjects of the future of the Commonwealth National Water Grid, the future of the National Water Agreement and the future of the Murray-Darling Basin Plan—all contentious topics, interjurisdictionally and between the States and the Commonwealth—are on the agenda. I'm not going to be airing all of the details of my negotiating strategy here, a week before the meeting. That's not in the interests of New South Wales.

The Hon. WES FANG: How can the people of New South Wales judge whether you've been successful in your advocacy to the Federal Government if we don't know what you're asking for before you go to the meeting?

The Hon. ROSE JACKSON: The Commonwealth is going to make its decisions about what it thinks is in its policy interests, and we will be putting forth—

The Hon. WES FANG: I don't disagree with you, but if you don't—

The Hon. MARK BUTTIGIEG: Point of order: This is now probably the fifth iteration of the same question, where the member is attempting to extract an answer that has already been given ad nauseam—that is, that it would prejudice the negotiations. The question has been answered. I ask that you ask the member to move on.

The CHAIR: The last couple of questions were very cleverly just different enough from the previous ones, but Mr Fang is skating very close to repeating the same question.

UNCORRECTED

The Hon. WES FANG: I appreciate that, but I make the point that a Minister, before they go into one of these Federal meetings with other Ministers, will often say, "We're going to be asking for \$4 billion from the Federal Government for education" or "We want this amount of money for health". You're going into this meeting. I'm asking you how much you'll be asking for from the Federal Government, and you're refusing to provide a figure.

The Hon. ROSE JACKSON: I ask you to table the transcripts of previous budget estimates hearings in which my colleagues have provided that information. I don't consider it to be in the interests of New South Wales for me to prejudice negotiations—

The Hon. WES FANG: How can we judge whether you have been effective in advocating for New South Wales if we don't know what you're going to be asking for when you walk into that meeting?

The Hon. EMILY SUVAAL: Point of order—

The CHAIR: I suspect the point of order is going to be repetition, and that question was actually the same one.

The Hon. EMILY SUVAAL: It's actually not. It's hypothetical.

The Hon. ROSE JACKSON: I don't actually mind. I'm not for moving here. I will not be giving the Commonwealth and the other States advance warning of New South Wales strategy in a contentious ministerial council by airing that information here. You can ask me that question 20 times. I know what is in the interests of New South Wales, which is not to air this information and give everyone advance warning of our negotiating strategy a week before the meeting. I'm not going to do it, so keep asking the question.

The Hon. WES FANG: Does the National Water Grid Fund have a designated budget allocation for New South Wales?

The Hon. ROSE JACKSON: I don't know. Text one of your Commonwealth colleagues and ask them to ask Senator Watt. I don't know how the National Water Grid works.

The Hon. WES FANG: On 7 October 2025 you said to Broken Hill ABC you won't "bullshit people" when you were asked about the Wilcannia Weir project, saying that the Government needs the Federal Government's help to fund it.

The Hon. ROSE JACKSON: Yes.

The Hon. WES FANG: What's the latest cost to build Wilcannia Weir, as proposed by the community?

The Hon. ROSE JACKSON: The cost estimate—and this is not a cost that has been subject to a rigorous final business case—is between \$120 million and \$130 million.

The Hon. WES FANG: How much funding has the New South Wales Government previously allocated to the Wilcannia Weir project?

The Hon. ROSE JACKSON: I understand that we have previously allocated up to \$70 million for the project. Some of that money has been and is being expended right now on other elements, such as the upgrade of the water treatment plant and the provision of emergency bores. I'll have to take on notice exactly how much is remaining. There is still a significant budgetary allocation that is apportioned from the New South Wales Government for the Wilcannia Weir but, as you can see from those figures that I've provided, not enough to cover the entire cost of that project.

The Hon. WES FANG: I'm about to circulate some photos, Minister. If we could have those circulated one to the Minister first so she can have a look at that.

The Hon. EMILY SUVAAL: Point of order: Chair, procedurally, it should be tabled through you first as a tabled document, not to the Minister first. As a committee process, procedurally, it should go through the Chair and then the Committee members.

The Hon. GREG DONNELLY: And then a copy to members before the questioning starts.

The Hon. WES FANG: No, that has never been the case.

The Hon. GREG DONNELLY: Yes, it has.

The Hon. EMILY SUVAAL: It's always the case.

UNCORRECTED

The CHAIR: Images have just been shown to me by the secretariat. I think all of that was happening at once. It is appropriate for things to be tabled through the Chair to members and to the witness. There's very little context for these images—

The Hon. WES FANG: I'm about to give the context.

The CHAIR: —and the Committee will have to discuss publication or tabling status later. But I'm happy for members and the witness to have a copy.

The Hon. WES FANG: Minister, would you drink that water?

The Hon. ROSE JACKSON: Sorry?

The Hon. WES FANG: Would you drink the water that is shown in the photos?

The Hon. ROSE JACKSON: It doesn't look very nice. I agree with that. I probably wouldn't prefer to.

The Hon. WES FANG: Minister, that's the water that is currently available to Narrandera residents. Do you agree that that water treatment plant in Narrandera needs urgent attention?

The Hon. ROSE JACKSON: I think it probably does require an upgrade. I would agree with that. My understanding is that it's not just the water treatment plant but potentially the pipes. But I would agree that an upgrade, it looks like, is required.

The Hon. WES FANG: Is the State Government prepared to deploy a mobile or temporary water treatment plant to Narrandera and assist with the cleaning of those pipes to ensure that the people in Narrandera get appropriate drinking water before we hit summer?

The Hon. ROSE JACKSON: Potentially. We can see whether some kind of mobile treatment solution would assist. My understanding is, whilst that water doesn't look particularly palatable, that it is drinkable. It's not as though—clearly, aesthetically, it's less than ideal, but it is drinkable. If there is a mobile treatment option that can improve the quality of the water, we can look into that.

The Hon. WES FANG: Minister, if we saw this sort of water in Newtown or Sydney city, do you think the member for Sydney would be allowing his residents to be drinking this?

The Hon. ROSE JACKSON: I'm sure any local member who had issues with water quality would make representations to me, absolutely. And they do.

The Hon. WES FANG: Minister, why is it acceptable for Narrandera to have this sort of drinking water when you wouldn't allow it to occur anywhere else in the State?

The Hon. ROSE JACKSON: I just completely reject the premise of your question.

The Hon. WES FANG: You reject the premise of the question?

The Hon. ROSE JACKSON: Yes.

The Hon. WES FANG: Why is that?

The Hon. ROSE JACKSON: Because there are circumstances across the State where local water utilities who manage water provision in regional areas have water quality challenges; that does happen. In each and every one of those instances—

The Hon. WES FANG: You're saying that this is safe to drink? That this water here in Narrandera is safe to drink and you've got no issue with this sort of water coming out of Narrandera?

The Hon. ROSE JACKSON: No, that's not what I said. I said it is within drinking water guidelines. I also said that clearly, aesthetically, it's not acceptable and that yes, an upgrade of the facilities in order to improve that is necessary.

The CHAIR: We're back to crossbench time. Coming to a very different topic away from the water portfolio, *The Sydney Morning Herald* reported a few months ago about rare occasions where children have been used in operations to investigate illegal tobacco operations. There was a statement from NSW Health at that time that:

In very specific, highly controlled compliance and enforcement operations, our enforcement officers can coordinate enforcement activities involving attempted purchases by people under the age of 18.

My question about that is whether or not NSW Health seeks Working with Children Checks for the compliance officers who are involved in working with, in this case, teenagers?

UNCORRECTED

KERRY CHANT: I would have to specifically look at that, but that's my understanding. I will confirm that with the Committee. There are quite a lot of procedural issues around that compliance monitoring. It certainly hasn't been a focus of our activities in recent years, as we've shifted our enforcement to tackle the growth in illicit tobacco and vapes, but there is a quite significant policy framework around the use of minors.

The CHAIR: If you're taking this question on notice, I'm interested in understanding if NSW Health currently seeks Working With Children Checks and, if so, has that always been the case for these types of operations.

KERRY CHANT: I will triple-confirm that, Dr Cohn.

The CHAIR: Thank you, Dr Chant. Minister, are you aware of the restructure of mental health services that's taking place in the Mid North Coast Local Health District?

The Hon. ROSE JACKSON: Yes.

The CHAIR: What's your understanding of the rationale for the change that's seeing the closure of the inpatient beds at Kempsey District Hospital?

The Hon. ROSE JACKSON: That the provision of voluntary mental health services in a community or home-based setting is preferable—where that is possible—to be delivered in that form.

The CHAIR: What consultation was undertaken with that local community or local staff before that decision was made?

The Hon. ROSE JACKSON: My understanding is that comprehensive consultation with staff, with the local council and the local member, with local Aboriginal health organisations and with consumers was undertaken. I know that I have a list in my notes of those organisations. I can either bring that up now or I can provide that to you on notice. But I have asked about consultation and I have been assured that it has occurred with a wide range of relevant stakeholders.

The CHAIR: Could you please provide that list on notice?

The Hon. ROSE JACKSON: Yes.

The CHAIR: I understand that there is a reasonable investment in community-based mental health services—which of course from my perspective is always very welcome—in particular, with the Safe Haven service that has relatively limited opening hours. I know this isn't only an issue in Kempsey, but how can people access Mental Health support outside of the opening hours of the Safe Haven?

The Hon. ROSE JACKSON: They are still able to access the hospital. What has changed is that, previously, voluntary acute inpatient services were delivered in a hospital-based setting—in a hospital ward. Those services are still available, but are being delivered in a home-based environment. That, to me, is preferable. People can still access the hospital and can still receive the full suite of services that the hospital was providing. The setting of some of those services has changed to a home-based environment. For people who still require hospital admission, they are able to access that in Port Macquarie. I appreciate if you're from Kempsey you may not want to go to Port Macquarie, but if you're from Kempsey you may well prefer to receive acute inpatient services in a home-based environment than a hospital environment. In fact, as you're alluding to, my view is that moving towards those community settings is preferable where we can try that, and that is what we are trying in Kempsey.

The CHAIR: I had a couple of questions about this proposed Hospital in the Home model. My first question was really what I think you were alluding to, that if it were you or I who needed acute mental health care we would prefer to receive those services in-home. But there's a wide variety of people who might be experiencing homelessness or who might be transient or have a domestic violence situation or another reason that it's actually not safe for them to receive care at home. How are you accounting for those populations in this new model?

The Hon. ROSE JACKSON: As I said, they are able to receive hospital-based care in Port Macquarie. There is another significant group of people, Dr Cohn, for whom home-based care is far more preferable. It's First Nations people, who are a high proportion of the Kempsey community and of the mental health consumers there, where, in particular, as you know, a hospital-based environment carries an additional layer of trauma because of some of the history of discrimination and racism in hospital-based care. That cohort, in particular, has given feedback that community-based care is preferable. Hospital care is still available for people who require that for the reasons that you have identified. But, fundamentally, we are trying to move mental health services into a community setting.

UNCORRECTED

The CHAIR: The proposed model has talked about home visits potentially two or three times a day, so it's quite an intensive program. How can you guarantee the resourcing that's needed for that to happen, particularly in a context where existing community-based mental health services are not resourced to do these kinds of proactive or assertive visits?

The Hon. ROSE JACKSON: Because some of the resources are being diverted from care that is currently provided in a hospital to care that is provided in the home. It's not as though that hospital in the home care falls on top of the additional case load of the existing community mental health system. That is going to be complemented and enhanced by resources that were previously in a hospital environment. But, also, one of the things that I've been very clear about with the district is wanting to ensure that, if this is something that we are going to try, indeed, that level of care that you have articulated is, in fact, what's received. If there are concerns that that is not what's occurring, I've also said we're open to revisiting this.

I'm not interested in making this transition only to have feedback that what was articulated, what was committed to, isn't what eventuated. In that circumstance, we'll revisit it, but I would be very hopeful. My sense is that the district really get this and are really committed to it and—alongside the Agency for Clinical Innovation and other innovative work that is looking at the way our models of care work for mental health—are trying to get this right and trying to do this properly. That is my genuine sense, and no resources are being taken away or removed from the district as part of this. It's just that they're being redirected so that care is being delivered in a different way and hopefully a better way.

The CHAIR: You've led quite neatly into my last question, which was going to be about evaluation of this new model. You've said that you're open to revisiting it. What evaluation framework have you put in place or what information are you gathering? What would need to happen for you to reconsider it if it's not working?

The Hon. ROSE JACKSON: Dr Wright, could you talk about the evaluation framework and the monitoring that we'll be doing of how this works?

MURRAY WRIGHT: Can I preface it by saying that this model is one that we are very interested in seeing how it works. I think that the ability to have a position between ambulatory care and inpatient care—the hospital in the home—is one which is really quite exciting for mental health services. Absolutely, there is going to be a robust evaluation, not just for the local community in Kempsey and for the Mid North Coast, but that's going to tell us on a statewide basis whether this is a model that we can look at in other settings for the future. I can't give you the specifics; we can give you that information on notice. But we are very interested in how this plays out. If it's not working, we will address that. But we are also interested—and it's not a model that we've invented; it's a model that's been based on a very careful evaluation of the international literature and it's a model that has quite a lot of success elsewhere. We think it's something which would enhance the complement of services that we have in mental health in New South Wales.

The CHAIR: Thanks, Dr Wright. I anticipate you will need to take this on notice as well. In terms of that robust evaluation framework, I'm interested to know what the outcome measures are or what the performance indicators are.

MURRAY WRIGHT: I'll take that on notice.

The CHAIR: Thank you very much. I've only got 22 seconds—apologies for the hospital pass, Ms Pearce. What's the status of the review of the framework for termination of pregnancy?

SUSAN PEARCE: Ms Wood, can you answer?

ELIZABETH WOOD: Absolutely. We are actually doing all of the revisions to the policy in line with what's come through the legislation. There is work happening at the moment on the actual requirements for New South Wales health services in terms of provision of care and also the element around conscientious objection specifically. We've done the initial work. That's been completed to align with the legislative changes as they are. The next piece of work is underway, and we expect that to be completed in 2026.

The CHAIR: I'll come back to that this afternoon.

Ms CATE FAEHRMANN: Dr Chant, if I could ask you about pill testing at music festivals—has any report been released by NSW Health about the results and how it is tracking?

KERRY CHANT: NSW Health has tendered for an external evaluation. The successful tenderers for that were Sydney university. The timeline for completion of that report is to us in around March. That really gives enough time to cover the summer festivals to allow there to be a sufficient sample size of festivals involved to reflect on the learnings and a variety of festivals.

UNCORRECTED

Ms CATE FAEHRMANN: Does NSW Health, after each music festival—are there any reports provided for the public, or is it only if something dangerous, for example, has been found that the public is alerted?

KERRY CHANT: We have embedded, as part of the process for patrons of the service coming in, to ask them some questions which form the basis of understanding the use of it and also inform the discussion by the peer workers supported by our scientists. We do only release information in relation to anything that is notable that we find. We have an assessment panel with NUAA and other experts. We decide whether there is any indication that we need to alert the community for broader public health risk. We also routinely get asked questions from the media around the number of transports and some other general information around what's occurred after some of the major events. At the moment, that's the nature of the reporting. It is largely only community reporting if there is something of salience in terms of the findings.

Ms CATE FAEHRMANN: How many festivals so far have had pill testing services there? Is it five or something?

KERRY CHANT: I'd have to confirm that, but a relatively small number. We're expecting over the summer break that there will be additional festivals where the pill testing—I can look that up if you would like.

Ms CATE FAEHRMANN: I think the number that I got overall—I think you were aiming for 12 before the report is undertaken. Is it your expectation that the review is being given to Government in the expectation that it will be continued in the way that it's being undertaken?

KERRY CHANT: I think it's important that we've commissioned an independent review. It's appropriate that that independent review takes place. They will provide advice to NSW Health, who has contracted it, and then we will overlay with any additional information we've got and provide that to Government for consideration.

Ms CATE FAEHRMANN: At any of the festivals so far, has NSW Health had to alert festivalgoers, outside of the people who have had their substance tested, about something being in circulation? Has that method of communication to patrons had to be deployed?

KERRY CHANT: I would just have to check. I vaguely recall that there may have been an issue where there was a dissemination. Clearly there is a process whereby, if there is a requirement to anything that is of concern, we can escalate that and have announcements on the stage. We've worked with the festival organisers so that on the apps that patrons use to get their ticketing, we can also send messages. Those mechanisms are in place should we find something that would raise that threshold of concern that we needed to have that event. We also have a toxicologist or a more senior person available that can assist in making some of those risk assessments as well.

Ms CATE FAEHRMANN: I'll come back later today, if I need to, on that issue. Mr Barnes, last time we spoke about the ongoing investigations that NRAR was undertaking in relation to some water compliance issues with blueberry farms on the Mid North Coast. I think you said at the time that there were four investigations ongoing. You've then clarified in an updated letter that it was three. Where are they up to now?

GRANT BARNES: Getting close. I appreciate that when I answered your questions previously—it is always a matter of progress. That's the case on this too. I am confident that soon these cases will resolve appropriately. In addition, it's worth noting that our efforts on the Mid North Coast in relation to blueberries are increasing. We are taking a stronger enforcement stance where we are encountering persistent noncompliance. To that point, we've just commenced two prosecutions in relation to blueberry growing. It's typically where infrastructure has been constructed without approval or where water being retained on site is well in excess of the maximum harvestable right. For NRAR, it remains a focus for us to address some of the longstanding and systemic noncompliance with the industry.

Ms CATE FAEHRMANN: You said an additional two. Was that as a result of a new compliance audit on top of the 2020 audit?

GRANT BARNES: On top of. Yes, correct.

Ms CATE FAEHRMANN: The three, though, that you referred to are from 2020.

GRANT BARNES: Yes. They remain in progress.

Ms CATE FAEHRMANN: There was a new audit, so it's still a priority. So it's ongoing?

GRANT BARNES: We've got ongoing campaigns up on the Mid North Coast. The two that I have referenced are in relation to those campaigns. As we're out engaging with landholders—and to the previous point, most of the engagement we have is the preferring of advice and guidance but, in some circumstances, we do

UNCORRECTED

encounter wilful noncompliance, which, in this instance, up on the Mid North Coast, has resulted in two prosecutions being commenced. One is in the Land and Environment Court and one is in the Local Court.

Ms CATE FAEHRMANN: Are they similar compliance tools that you're using, for example, in the northern basin satellite mapping surveys to assess, on different pieces of land, the 10 per cent and how much they're taking in terms of their maximum harvestable right?

GRANT BARNES: Correct.

Ms CATE FAEHRMANN: Is that what is being undertaken on the Mid North Coast?

GRANT BARNES: We use that intelligence to identify hotspots and then to deploy our officers.

Ms CATE FAEHRMANN: And that is continuing, which is a very good thing. Dr Chant, I want to go back to the music festival notifications. After something is found at a festival, how long does NSW Health then take to notify the general public? By what means is that happening? I think I've raised some concerns in the past about them being on the NSW Health website and maybe the NSW Health social media channels, and the delay in terms of notification. Are they still taking a few days?

KERRY CHANT: I think it's really important to differentiate between the range of pill testing and what information is known at a particular point in time. I can confirm that there have been six drug checking events to date. We have issued on-the-spot warnings. As you're aware—

Ms CATE FAEHRMANN: By on-the-spot warnings, that's not—

KERRY CHANT: During the festival.

Ms CATE FAEHRMANN: To other patrons outside of—

KERRY CHANT: To other patrons, yes. It's important to understand the limitations of the testing that is done, and that's why we also have information and consent so that patrons are really understanding that there are limitations to the test devices that we use. We do confirmatory testing. Sometimes that confirmatory testing will give us additional information that was not available to us due to the nature of the technology we use. I want to just thank the scientists at FASS, who use the best machines, but there are limitations to that testing. We then take those pills and get confirmatory testing on different machines that can sometimes find substances that may be a smaller constituent of the sample or we might be able to get better characterisation of the amount of MDMA.

When there is a process where there has been concern raised, and that may be through the drug testing service or where patients may have presented to the medical tent, all of that intelligence determines whether we have sufficient information and alarm to raise an issue at the event. There is going to be an inherent delay because we find something when we do the confirmatory testing, but we're really always happy to learn how we can do that more effectively. I'm really, really pleased working with NUAA and the festival organisations to really refine how we get those warnings.

The Hon. WES FANG: Minister, in relation to the issue of PFAS in Wagga Wagga, why did the New South Wales Government respond to the issue by creating a 14,000-megalitre special purpose access licence, which impacts all the general security entitlement holders, when the Commonwealth identified that PFAS in other locations such as Oakey in Queensland and Katherine in the Northern Territory were a Commonwealth issue?

The Hon. ROSE JACKSON: It is a Commonwealth issue, but we responded to it in that way because nothing is more important to me than ensuring a fabulous town like Wagga Wagga has access to water that's within the Australian Drinking Water Guidelines. Clearly, Commonwealth defence assets are broadly responsible. That's good to lay blame. It's good to indicate that we expect them to do something about it. But my responsibility is to make sure that the town has secure access to clean drinking water, and that's why we took that action.

The Hon. WES FANG: I accept that. But in circumstances where we can walk and chew gum as well, why is it that general licence security holders have paid the heavy price for that?

The Hon. ROSE JACKSON: They haven't. That SPAL is only to be activated in the very limited circumstances where the current water sources indicate PFAS levels above Australian Drinking Water Guidelines, which has not occurred. But I am clear that it is a "break glass in case of emergency". In that emergency situation, I have to be able to ensure that the town of Wagga Wagga has access to clean drinking water.

The Hon. WES FANG: And I thank you for that.

The Hon. ROSE JACKSON: We don't intend to use the SPAL, but we will if we need to, and of course we'll continue to work with the Commonwealth. But having identified that they're responsible, the next question is what do we expect them to do about it?

UNCORRECTED

The Hon. WES FANG: I accept that. There could have been other places that that allocation of water came from.

The Hon. ROSE JACKSON: Well, you tell me what they could be. Genuinely, I don't know what you're referring to.

The Hon. WES FANG: Minister—

The Hon. GREG DONNELLY: Saved by the bell, Wes.

The Hon. WES FANG: No. I think the Minister was saved by the bell.

The Hon. ROSE JACKSON: Please—magic water!

The CHAIR: In my last couple of minutes, I'll just come back to—

The Hon. WES FANG: I mean if we want to—

The CHAIR: Mr Fang, we're now in crossbench time. I will come back to Ms Wood, because we were cut off before. In your answer you said "the element around conscientious objections". Can I clarify that you're referring to the greater clarity for conscientious objections that was recommended by the statutory review?

ELIZABETH WOOD: Yes, that's correct, Dr Cohn.

The CHAIR: Does the review of the framework also include allowing nurse practitioners and endorsed midwives who are employed by NSW Health to exercise their extended scope that's now permitted?

ELIZABETH WOOD: It does, yes. The review will incorporate all elements that are in the legislative reform. We did a very quick update in response to it coming down. We're now doing a more fulsome update to include those items that you've just referenced and also to be very clear on the role of NSW Health in providing termination of pregnancy services, as well as their responsibility to ensure the referral pathways are in place at a site that may not provide that service. In terms of the NPs and also the endorsed midwives, we're also doing a piece of work at the moment of offering scholarships to provide that training. We've had over 200 applications. We expect that that will all come together fulsomely in early 2026.

The CHAIR: Over 200 applications for how many places?

ELIZABETH WOOD: I'll take that on notice. We will make sure that we can actually accommodate through that process, because we do want to ensure we get as many people through that program as possible.

The CHAIR: I had one more question about the Supporting Safe Access to Abortion Care Grant Fund, which is an extremely welcome initiative. Specifically, there was a criteria that, in designing the proposed service model, respondents must ensure that any eligible provider billing an MBS service, such as a GP, is not receiving money from another source for a salary or a proxy salary. Can I clarify whether it's the intention of the grant program that this means any GP providing care through a grant can only be remunerated through MBS bulk-billing rates, or have I misread this?

ELIZABETH WOOD: I would need to take that on notice. I'll clarify that over lunch and come back to you. As you've explained it is my understanding, but I'll clarify that for you.

The CHAIR: I appreciate that. Are there any questions from the Government?

The Hon. EMILY SUVAAL: No, Chair.

The CHAIR: That brings us to lunch, there being no questions from the Government. Thank you very much, Minister, for your time this morning. We will resume at two o'clock.

(The Minister withdrew.)

(Luncheon adjournment)

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

The Hon. WES FANG: I address these questions to Mr Cleary and Mr George. The Government says it has an infrastructure plan. It would seem that some of that infrastructure plan is being held back by infrastructure from Sydney Water and WaterNSW. In relation to Windsor Road and properties that could be built around there, are you aware of any works that are being held up that are stopping the construction of more housing in the north-west part of Sydney?

UNCORRECTED

DARREN CLEARY: Specifically regarding Windsor Road, I'll take that on notice, whether there's any particular works. Broadly, we have a \$9 billion capital program to service growth—\$13 billion all up. We are certainly focused on delivering that, and we're on track to deliver \$3 billion of investment this year. So, broadly, we certainly have the investment we need to service growth. With specific issues, I might have to take that on notice.

The Hon. WES FANG: In relation to the north-west, has the Minister asked you to examine what potential hold-ups there are in relation to the release of land for housing?

DARREN CLEARY: I've had no specific requests regarding any of our growth areas at this point in time from the Minister, but the Minister has certainly made it clear—as the Government has—that housing is a priority. That's something that we're certainly focusing on, making sure we can work with the Government, local council and developers to release as much housing as possible.

The Hon. WES FANG: Moderinn Pty Ltd—there's a Sydney Water reference, 181938. They're awaiting connection to Sydney Water and wastewater networks. That hasn't been raised with you?

DARREN CLEARY: No.

The Hon. WES FANG: Is Sydney Water able to exercise its right of access under the Sydney Water Act 1994 if a landholder is refusing to connect adjacent blocks to the network and that is the hold-up for releasing further land?

DARREN CLEARY: My understanding is it probably is, but I'll have to confirm that. Certainly I understand that our approach is always to try to work with landholders in the first instance to try to come to an agreement, and the exercising of the Act to allow access is always the thing that we do as a last resort. We'd rather try to get to an agreement. Specifically in that circumstance, I'd have to confirm.

The Hon. WES FANG: How long does it take before you exercise the rights available to you under that Act?

DARREN CLEARY: As you'd appreciate, this is my third week in the chair, so I can't talk historically to what has been done, and clearly the context matters about the issue that's being spoken about, so I'm not sure I can give you a general answer for all circumstances. As I said, the general approach is to try to work with all of our stakeholders to come to agreement, and in most cases we can.

The Hon. WES FANG: Maybe after your first month in the job, I'll come back to you with some other questions about that. In relation to the Western Sydney rivers swimming spots, can you confirm if the Government's formally considered the 22 river spots that Business Western Sydney has in the Our Rivers report? Is anybody familiar with that? Ms Jones, I think it defaults to you in circumstances where nobody's jumping to answer my question.

AMANDA JONES: The planning department probably has been involved in considering the places to swim. They run the Places to Swim program, so I would assume that those spots might have been considered by them.

The Hon. WES FANG: In circumstances where the planning department has carriage of that, surely they would be consulting with your department in relation to issues around access. Actually, to be honest all of the—

AMANDA JONES: Not necessarily. They can be working with local councils like Parramatta council, as well, or Penrith council.

The Hon. WES FANG: Then I might save those questions for Thursday, when we have Planning here. How many developments across Sydney are currently unable to obtain a section 73 compliance certificate?

DARREN CLEARY: How many developments are unable to?

The Hon. WES FANG: Yes, due to unresolved issues with Sydney Water.

DARREN CLEARY: Due to unresolved issues with Sydney Water—I'll take on notice the issues. I'm aware of some areas where we are working with developers, particularly around the greater Macarthur area, where infrastructure does need to be delivered, obviously, given it's very remote. I'll come back to you with the number of lots that are waiting on that infrastructure.

The Hon. WES FANG: Whilst you're coming back to me with those lots, are you able to tell me—on notice, potentially—of those, how many are fully constructed and sitting empty because residents cannot legally take occupancy because of the certificates not being issued? Do you know that figure as well?

UNCORRECTED

DARREN CLEARY: No, I'd have to take that on notice.

The Hon. WES FANG: If you could, that would be much appreciated. Can you provide a list of all developers where section 73 certificates are overdue?

DARREN CLEARY: We can take that notice. Just to be clear, we have 40,000 applications a year for developments, 80 per cent of which are done within five days. In terms of the numbers of inquiries that are overdue, it depends upon the nature of them. There can be also issues where, for the more complex developments, we are interacting with a developer on design issues and strategy issues around how they service developments. That's important to understand—that there can absolutely be issues that need to rightfully be resolved with developers prior to them connecting.

The Hon. WES FANG: You said there were 40,000 but 80 per cent of them are resolved. That would leave only 8,000.

DARREN CLEARY: Yes, about 8,000 per year.

The Hon. WES FANG: I'm sure you can provide a list of those that are overdue.

DARREN CLEARY: We can provide a list. I'm just pointing out it might take some time for us to go through and do that.

The Hon. WES FANG: That's all right. We've actually given you extra time, given this return period will be over the holidays, so I'm sure you can provide that list. What is the average processing time for a section 73 certificate?

DARREN CLEARY: As I've said, for 80 per cent they're within five days. Where we have the more complex interactions with respect to infrastructure having to be delivered, then we issue a notice of requirements. The median time was 133 days in June of this year.

The Hon. WES FANG: How many staff do you have allocated in the section 73 assessment area? Has that number changed since March 2023?

DARREN CLEARY: I'll take that on notice.

The Hon. WES FANG: What's the longest outstanding section 73 certificate that you have currently?

DARREN CLEARY: I'll take that on notice.

The Hon. WES FANG: How many project completion packages have been submitted but not yet assessed?

DARREN CLEARY: Again, I'll take that on notice.

The Hon. WES FANG: How many projects are currently experiencing delays because Sydney Water has requested redesigns or resubmissions of water mains or infrastructure plans?

DARREN CLEARY: I'll take it on notice.

The Hon. WES FANG: I will turn back to issues with Wilcannia Weir. The Minister indicated that \$70 million was the last cost. When we addressed this earlier, I think the Minister indicated a figure of \$70 million. The Minister has also said a further \$30 million to \$40 million was needed to achieve the design the community wanted. In terms of Wilcannia Weir now, are you able to provide what the cost would be for the people of New South Wales if we were to deliver it?

AMANDA JONES: Just to recap, the Minister this morning, I think, said that the current forecast estimate for the community-preferred solution is between \$130 million and \$140 million. I think she also confirmed that the State has about \$70 million available. Some of that has already been spent. The preferred option that was considered following the EIS process that the department has worked on is around \$77 million. The current situation is that the Minister has written to the Commonwealth Minister asking if the Commonwealth would provide any additional funding to bridge that gap.

The Hon. WES FANG: Is it fair to say that there is an allocation in the New South Wales budget for Wilcannia Weir of around \$70 million?

AMANDA JONES: That's roughly correct, yes.

The Hon. WES FANG: Which line item would that be sitting in?

AMANDA JONES: I'm not sure that it's in a line item so much as it's probably rolled up in program reporting for the Safe and Secure Water Program.

UNCORRECTED

The Hon. WES FANG: So it doesn't have a specific line item; it's just captured in the Safe and Secure—

AMANDA JONES: I'd have to take on notice if it has a specific line item. I doubt that. I think it's probably rolled up in program reporting.

The Hon. WES FANG: But it is in the budget?

AMANDA JONES: We have the allocation for the weir, yes.

The Hon. WES FANG: How much has been spent since it was announced in 2018?

AMANDA JONES: About \$23 million.

The Hon. WES FANG: Is that \$23 million included in the \$70 million, or is the \$70 million in addition to what has already been spent?

AMANDA JONES: It's included in the \$70 million at the moment.

The Hon. WES FANG: How much funding has the Commonwealth already committed to? Do you know?

AMANDA JONES: The Commonwealth committed to—I'd have to check the figure—I think about \$15 million.

The Hon. WES FANG: How much of that has been spent?

AMANDA JONES: The Commonwealth has not paid \$7 million of that \$15 million.

The Hon. WES FANG: So they have paid \$8 million. Is that right?

AMANDA JONES: Correct.

The Hon. WES FANG: Is that \$8 million included in the \$23 million, or is that additional?

AMANDA JONES: I think it's included in \$23 million. I'll have to take that on notice.

The Hon. WES FANG: When did the New South Wales Government request the additional funding from the Commonwealth Government to complete Wilcannia Weir?

AMANDA JONES: I believe the Minister wrote to her colleague in Canberra last month, in November.

The Hon. WES FANG: Has there been any indication yet from the Commonwealth Government as to when they're going to stump up the funds?

AMANDA JONES: I'm not sure about that.

The Hon. WES FANG: Do you know how much we asked for, or is that a State secret like everything else the Minister asks for from the Federal Government?

AMANDA JONES: I would have to check what was in the letter, but I think the position is that the State has a limited budget and the Commonwealth would be being asked to make up the rest of the funding.

The Hon. WES FANG: Presumably, if the Government was going to implement the plan that the community wants, and it's somewhere around \$130 million or \$140 million, and the Government's got \$70 million on the books, one could reasonably expect that they're asking for between \$60 million and \$70 million from the Commonwealth Government.

AMANDA JONES: Potentially, although there is an issue of a redesign having to be tested through an EIS and be able to be approved. There is a concern with the community-preferred option that it might not be able to be approved in that form.

The Hon. WES FANG: Which is a beautiful segue for my next question. What will the environmental offsets cost, and where is that budget?

AMANDA JONES: That depends what's constructed, and they're aquatic offsets, so it's a matter of fisheries policy.

The Hon. WES FANG: I'm sure the Commonwealth Government will be extremely quick in providing us with an answer on the funds. Have they given us an indication as to how quick they'll be?

AMANDA JONES: I'd have to follow that up.

UNCORRECTED

The Hon. WES FANG: In the time that I tabled some photos and asked the Minister about the Narrandera issue with the water, has the Minister gone away and considered the matter of doing something for Narrandera? Has any work been done in relation to helping out our good friends in Narrandera?

AMANDA JONES: The department is already assisting with Narrandera with operational support, which is something our agency does. We are also looking at developing a business case to assist in the upgrade for the treatment plant.

The Hon. WES FANG: The Minister spoke about magic water. I didn't get to finish the question in relation to the issues around Wagga. But in circumstances where there are 14,000—

AMANDA JONES: It's 14 megalitres.

The Hon. WES FANG: yes—being taken out of the general security allocation, the question really is who's paying for it?

AMANDA JONES: There's a couple of points there. As the Minister said, this SPAL is available to the local water utility, but only to be drawn on in the case of a crisis where the aquifer providing water for Wagga is unable to provide water. I should point out, just to give you context, there are 2.2 million shares in the Murrumbidgee and this SPAL for PFAS only equates to 0.6 per cent of those shares. It would be a situation dependent as to whether general water security users were affected at all. It would depend on how much water was available. There are a few things there. As the Minister said, this is a "break glass" option, should it be needed. If there was an impact on general water security, water users is actually going to be a matter of circumstances at that time. As you can see, it's a very low percentage of the actual total shares in the Murrumbidgee.

The Hon. WES FANG: Be that as it may, I think there is some concern in relation to the fact that where the Federal Government has accepted responsibility for these matters, in other jurisdictions they have purchased the water as opposed to taking the water. That is, I think, where some of the stakeholders have raised concerns with us that this is certainly an issue. Has the Minister sought to ask the Commonwealth Government to purchase that allocation so that there's not a take-out of the general security area?

AMANDA JONES: The circumstance is hypothetical. The Minister's not asked to do that, and the Department of Defence is working on remediating the site that's caused the contamination.

The Hon. WES FANG: Fair enough. Narrabri is currently on level 3 water restrictions with summer just beginning. Has the shire received the \$4 million in funding for a mobile temporary water plant for the PFAS in their bores?

AMANDA JONES: It hasn't received the funding yet. The funding has been approved. Our department has worked closely with the council to assist them in being able to make sure that their water is safe, and we're continuing to do that.

The Hon. WES FANG: When can they expect that funding?

AMANDA JONES: I'd have to take that on notice.

The Hon. WES FANG: Once the funding is received, how long would it take to have the temporary water plant up and running?

AMANDA JONES: That will be a matter of what the council selects in terms of the provider for the plant, but that should be achievable within months. There would potentially also need to be some distribution network, but it depends on the option the council prefers, really.

The Hon. WES FANG: In a media release on 10 November, the Minister said work had started on finding alternative PFAS-free bore sites "and this funding will support that work". Does that mean the \$4 million is both for a temporary water filtration plant and the initial work on alternative bore sites, or is there additional funding for the work the Minister referred to?

AMANDA JONES: No. It's all part of the \$4 million. The work to find additional bores is already underway. The department also funded an upgrade to pumps in place. That's been put in place. We've been actively managing the situation with the council—with the local utility.

The Hon. SUSAN CARTER: I have a quick question for Ms Wood, if I may. I understand that you've been in conversation with the Shepherd Centre. I'm just wondering where the decision-making is at and what the timeline is? They're keen to get an understanding and to be able to plan.

ELIZABETH WOOD: I personally haven't been in conversations with the Shepherd Centre, but our chief allied health officer has been. We're currently looking at the information that we've just received from the

UNCORRECTED

Shepherd Centre around their costings for service provision, to work out what we can do for future years' budgets. That is well underway.

The Hon. SUSAN CARTER: When you say currently looking, when might they expect an answer?

ELIZABETH WOOD: I think it relates to next year's budget, Mrs Carter, so I'm not sure of the timing exactly.

The Hon. SUSAN CARTER: So they should think about an answer received in next year's budget?

ELIZABETH WOOD: We're working through it at the moment, so I don't have a timeline. I can take it on notice.

The CHAIR: My first question is for Ms Pearce and then I've got a few for Mr Griffiths, if you wanted to make your way towards the hot seat. The Government announced in August the new position of Chief Midwife, which was one of the recommendations of the birth trauma inquiry. What's the status of recruitment for that role?

SUSAN PEARCE: We're currently out for recruitment to the role, aren't we, Richard—or about to be?

RICHARD GRIFFITHS: We are.

SUSAN PEARCE: We are.

RICHARD GRIFFITHS: We are. We're out for recruitment at the moment. The role closes this week. We anticipate interviews to be held the week commencing 12 January.

The CHAIR: What's the expected commencement of the new role?

SUSAN PEARCE: It'll depend on the successful applicant, in respect of any notice periods and the like, but as soon as possible. As far as we're concerned, we're very keen to get that position started.

The CHAIR: Mr Griffiths, I have some questions about the Employment Arrangements for Medical Officers in the NSW Public Health Service policy directive and procedures. My questions are particularly around fatigue. It's my understanding that, under that policy, the maximum consecutive rostered hours is 14, but the policy itself doesn't refer to unrostered overtime. From speaking to junior doctors, it's my understanding that things have substantially improved in recent years in terms of their claims for overtime being paid, which is excellent. Why is overtime not counted towards maximum hours in terms of fatigue prevention?

RICHARD GRIFFITHS: You're correct in your observation. We've done quite a bit of work in terms of improving payment of unrostered overtime. It was part of a 10-point plan to improve JMO wellbeing. In terms of why it doesn't count, I might need to take that on notice. But I will just say we're in discussions with ASMOF at the moment around some fatigue management. Those discussions at the moment are underway, and that will address some of those issues around safe hours and gaps between shifts.

The CHAIR: I appreciate you've just taken that on notice. My own observation was that it shouldn't matter whether the overtime was rostered or not, in terms of its contribution to fatigue, and the risk to work health and safety and patient safety that then comes from that. As a follow-up question, if someone is working overtime on a regular basis—if there's a role that clearly is requiring significant overtime, and you would know that because the overtime is now being paid—is there any monitoring to then follow up whether that overtime should then become rostered or the role should be changed?

RICHARD GRIFFITHS: Again, you're talking specifically medical?

The CHAIR: Yes.

RICHARD GRIFFITHS: The answer to that is, yes, it is monitored and, yes, there are processes to look at the workforce levels within that particular area. The challenge, of course, is whether there's supply. All of those are very pragmatically taken into account in terms of whether we can lift workforce in those particular areas and supply the workforce that would be necessary. I can assure you that DMSs—directors of medical services—are very heightened about JMO fatigue and wellbeing. While we've got some practical challenges at times around some supply, it is an area of focus and concern for the directors of medical services.

The CHAIR: I'm pleased to hear that it's a focus area for the team. In terms of the argument that there might not be supply to fill the roster without the overtime, is there any modelling or testing to underpin that argument? Are there examples of places where positions are advertised and they're vacant, for example?

RICHARD GRIFFITHS: I'd probably have to take that on notice to give you some specifics.

UNCORRECTED

The CHAIR: While I'm with you, Mr Griffiths, I had some questions about the use of locums. I've asked about this previously. I understand that in 2024 there were 59 different medical locum agencies contracted by NSW Health.

RICHARD GRIFFITHS: Yes.

The CHAIR: When I asked about this in August, you confirmed that there were 62 agencies on the register. Based on the NSW Health website, we're now up to 64. Given the work that's underway, with my enthusiastic support, to bring the management of that contingent workforce in house, why is the number of external locum agencies being contracted actually increasing?

RICHARD GRIFFITHS: I think, with the market as it was, there was opportunistic suppliers seeing a gap in the market and wanting to tap into some of that market share. We're very open in terms of communicating with the market around where we're headed, in terms of the locum work. If we have access to suppliers that meet the standards under our policy, we, of course, will welcome them, in terms of supplying staff in the meantime, until we get our internal service up and running. That's slated to go live mid-2027. So we're in the design and building process at the moment. But, in the meantime, if we've got agencies who meet those minimum standards and are prepared to supply at the prices that we require, then we will take the staff.

The CHAIR: Have you got an updated figure, for the last financial year, of what the total costs were on the agency commission fees?

RICHARD GRIFFITHS: I do. If I can take it on notice—but I'll come back to you this afternoon with an answer. I've got it here. I'll just find it in my papers.

The CHAIR: That's no problem. Thank you. Dr Flynn's still at the table. I might come back to him with a couple of things from this morning. There were two things that we cut short this morning. The first one was you were talking about the triage processes being revised. It was in the context of my question to the Minister about changes to the Mental Health Line. Could you elaborate further on that revision of the triage process and what that's for?

BRENDAN FLYNN: Yes. Thanks, Dr Cohn. The triage policy for NSW Health clinicians is being revised, and that process is expected to be complete approximately somewhere between February and April of next year. We are, as mentioned this morning, making sure that our partners in the delivery of the new single front door or ConnectMH are aware of the importance of this revised instrument so that we—I guess we're trying to make sure that the timelines match. As the policy's revised, that can be, I guess, lined up with the software build for the new system. So, yes, it's—I think it would be already familiar. The plan is to use the IAR-DST tool, which is a standardised instrument that is used for first contact for people with mental ill health or psychological distress. And then there's an urgency rating scale then that's applied by the districts. And that urgency rating scale is where the NSW Health policy comes in.

The CHAIR: Can you just explain a bit further in practice how this will work? I'll put the problem to you that's been put to me, which is these sort of mental health lines, "single front door" sorts of ideas—someone can ring one of those programs, be assessed, be triaged, potentially be referred to a local community mental health service, where their first phone call from that service is then also an assessment and a triage process. So you've ended up with two qualified clinicians. The patient's had to then tell their story twice, and they still haven't received any care or support yet. This is still just an assessment or a triage process. So my question is really around where things are going, in terms of being able to be integrated or streamlined so that this doesn't keep happening.

BRENDAN FLYNN: To be really specific, a major part of our work, in partnership with the districts, will be encouraging their clinicians to trust and utilise the assessment that's already happened. I suspect you're well aware of this clinical reflex that clinicians have, which is to make sure they've got the story right for themselves. There's an element of safe practice in doing that, but we really want to make sure that the bulk of the information is collected at the first single point of contact and that, rather than set up a sort of duplicated local intake, this service can provide the team with the information they need to get going, in terms of somebody's care. I think you'd be familiar with trying to balance that out against clinicians' often natural instinct to try to make sure they're not missing something. But we need to really think about what that means for people who are distressed and how to minimise that process that is very difficult.

The CHAIR: As you've accurately predicted, I was trained to always start again from the beginning not only for good clinical practice but also in a particularly heightened medicolegal context. What support will you provide for clinicians following that new system? If there is an adverse outcome because they've trusted somebody else's initial assessment, will NSW Health then back them in because you're the ones instructing them to do that?

UNCORRECTED

BRENDAN FLYNN: There are a couple of parts to that question. I might answer the last one first. Our mental health clinicians, like all of our clinicians, make difficult decisions all the time with the information that they've got. Health will always support people who have done the job to the best of their ability and documented that. When we talk about the poor outcomes that can happen sometimes in mental health care, usually there is also a clinician involved who has done their very best to ensure that that didn't happen. Our clinicians should expect that if they do their role to the best of their ability, they will be supported.

It's not just a mental health issue. An issue for all of us in complex health systems is the extent to which we need to accept certain information as given before another clinical assessment happens. For that reason, an ED physician does not take the 50 minutes that they might have been trained on originally to assess someone with a clinical condition. They have to accept certain information and really focus on what they need to know to manage. The same thing happens in mental health. We can accept some things, but there are some things that the clinician will need to check. We will support people with training, supervision and policy support around that work.

The CHAIR: This morning we also touched on the eating disorder coordinator position at Albury-Wodonga. Are you able to update further on that?

BRENDAN FLYNN: I can update on that, with thanks to colleagues who provided this information. I was inaccurate this morning. I was aware there was a letter that went from Minister Jackson around co-funding of the eating disorder position at Albury. That position has actually now been funded entirely by Albury-Wodonga. But the important thing about that is that position works in partnership with the Murrumbidgee Local Health District eating disorder coordinator in particular. It's not called an eating disorder coordinator. There is someone in this role who is an expert in helping Albury locals to navigate the system, but the term is the Early Intervention and Integration Lead.

The CHAIR: Is that a position or advice that can be accessed by a member of the public or a patient or their families directly?

BRENDAN FLYNN: I don't know exactly the nature of how that service is delivered within Albury-Wodonga, but I suspect it's a bit of both. If it's similar to eating disorder coordinators, they largely help other clinicians but certainly do get to know some consumers quite well and can sometimes help them navigate and problem-solve. If we're talking about care navigation, by definition, that means a member of the public is likely to be able to access them. But I really can't speak for Albury-Wodonga Health in the sense that it's a Victorian Government clinical service.

The CHAIR: I've heard that before. My last question for you, Dr Flynn, is about community mental health teams. It's my understanding that, broadly, they're enormously under the pump. They're trying to care for far more people than they're easily able to. What do you see as an ideal staff-to-patient ratio, specifically for psychiatrists? How many people should each psychiatrist have under their care to ensure that that's actually being done safely?

BRENDAN FLYNN: It's a reasonable question. I don't think there's an answer that will accurately reflect the different sorts of work that different community teams do. If I'm working in an adult community team, then that might mean that I am involved more frequently with a lesser number of consumers. If you work, as I do, in a rural local health district doing older person psychiatry, I tend to see people who have already been seen by the team and rely on a fair bit of the information, but then, essentially, the team choose who needs to be reviewed.

We're really cautious around the notion of ratios, because not everybody who's referred to a community mental health team needs to see a psychiatrist. The other thing we're trying very hard to do is to equip all of our clinical staff—our nursing staff, allied health staff, junior and senior medical staff—with a greater degree of autonomy around their clinical practice and their ability to delegate so that the whole community gets the full value of this workforce's training. That might mean that it is actually not necessarily required for a psychiatrist to see everybody. If they're happy that the case manager is confident and the consumer is confident, that is not necessarily required.

The CHAIR: I'm aware of at least one location where the workforce situation has meant that no patients are actually seeing the psychiatrist directly; they've limited psychiatrists to only secondary consultation to support existing staff. Surely there are still patients who are complex enough in any community mental health service that they should be able to see the psychiatrist directly if they need to.

BRENDAN FLYNN: There are. Because of that very issue—we are concerned about that, and we agree with you. There's one silver lining from what has been a very tough year in New South Wales psychiatry and mental health circles, which is the virtual psychiatry hub. That actually means that there is a cohort of psychiatrists now who can see anybody across the State for any team that is in the situation that you describe. We'd be keen to

UNCORRECTED

hear about that team and if we can assist them with the virtual psychiatry hub, because we recognise that it's difficult to distribute the resources.

The CHAIR: In my last few minutes, I might come to Ms Black. At last estimates, I asked about the SafeWork notice that the commission had received, and you provided an update on some of the workplace culture improvements that were underway. Can you speak to the progress of that work since our last hearing?

JENNIFER BLACK: So they were the original SafeWork notices that you got an update on?

The CHAIR: That's right—the three improvement notices, particularly psychosocial hazards.

JENNIFER BLACK: That was closed in June 2024, before I arrived. But during the 12 months that I have been here, we've engaged in a really significant cultural program with the staff, which has included facilitated workshops over an 18-month period. That's still going on, as we speak, and a leadership development program to ensure capability building of our leadership group, which has also included some coaching of leadership and executive staff. We worked with staff to identify two key issues, which were psychosocial safety and enacting a vision and purpose for the commission. Some of the commentary was around not having a clear purpose and understanding the role of the commission. We've worked with staff around a psychosocial safety working group and a vision and purpose working group to make improvements and feed into our PMES action plan. We've developed a new vision and purpose for the commission, and that includes a clear vision for our work and strategic actions that will guide our work over the next five years.

The CHAIR: You mentioned at the start of your answer the facilitated workshops. Was that to do with the vision and purpose of the commission, or was that for a different subject?

JENNIFER BLACK: No, that was to do with the culture—to build our culture and to work with the staff around what that would look like and what that would take. That's still work in progress, because, as I'm sure you appreciate, culture doesn't change overnight. It takes some time.

The CHAIR: Absolutely. That's why I ask for an update each time I see you. What are the actions that have arisen out of that workshop? What changes have been identified, moving forward?

JENNIFER BLACK: We're focused on ways of working and ways of being with each other. Two of the actions that were identified were that we needed to focus on psychosocial safety, and vision and purpose. The one action that's complete is actually having a strategic plan for the internal purpose of the commission. We're almost at the end of the short-term psychosocial safety group, and we've got a list of key psychosocial risks and we've got actions against those and we're working our way through them.

The CHAIR: Following on from the passage of the Suicide Prevention Act, you've obviously taken on a big part of the responsibility for that. How has that changed the way that the commission is working?

JENNIFER BLACK: We have been through a realignment process to ensure that we're best positioned to be able to do that really important work for the people of New South Wales. We've created separate teams to drive the key pieces of work, which for us now are the Mental Health and Wellbeing Strategy and the suicide prevention work.

The Hon. SUSAN CARTER: Perhaps, Ms Larkin, if you're available, I might start with you. At the previous budget estimates we were asking Mr D'Amato a number of questions. You may have seen the transcript. He didn't have the level of detail that we were looking for, so I'm hoping you'll be able to assist. The initial budget allocation for 2025-26 for Blacktown Mount Druitt Hospital is just over \$514 million, I believe. That's correct?

AMANDA LARKIN: Correct.

The Hon. SUSAN CARTER: The allocation for Blacktown Mount Druitt was over \$598 million in 2024-25. Can you explain to us why there's an \$89 million decrease this financial year in the initial budget allocation?

AMANDA LARKIN: I believe that the director of finance, Alfa, gave some detail around how the budget was allocated—

The Hon. SUSAN CARTER: I think what he did, from memory, is offer theories as to how that would happen, but that's why I'm hoping you could tell us exactly why there was a decrease in budget allocation in your LHD.

AMANDA LARKIN: Can I just refer to Alfa on this one, in that regard? When I say that—

The Hon. SUSAN CARTER: Sorry, am I hearing that you can't answer this question?

The Hon. EMILY SUVAAL: Point of order—

UNCORRECTED

AMANDA LARKIN: It's not that I can't answer it. I've been in Western Sydney since June 2025 and have been working through the details of a very significant and large budget for Western Sydney. There were some changes in terms of how that budget was allocated this year, and that's something that the director of finance and I have been working through that would be good for Alfa to actually talk to with us.

The Hon. SUSAN CARTER: Great. I'm just a little perplexed, because these are the questions I asked last time. But I'm keen to get the answers.

ALFA D'AMATO: The answer is the very simple. As I mentioned last time, I suspected that they made some changes in their technical—

The Hon. SUSAN CARTER: I guess this is what I'm looking for. You had theories as to why that might have happened. Who can answer it for us?

ALFA D'AMATO: We investigated these, and I'm about to answer the question. The original approach was developed on a fully absorbed methodology, which means—

The Hon. SUSAN CARTER: Sorry, what does fully absorbed methodology mean?

ALFA D'AMATO: I'm about to describe what that is. It means the full cost of the overheads of the district were fully allocated to each individual hospital. Therefore, all the overheads to run the district were also incorporated into their local budgets for Blacktown and Mount Druitt. The previous methodology didn't include that, so as a result there is a change. What we did ask then—

The Hon. SUSAN CARTER: Sorry, if we can go a bit slowly so I can really understand you. You're saying the reason for what looks like a decrease in funding is a change in methodology?

ALFA D'AMATO: Correct.

The Hon. SUSAN CARTER: What was the reason for the change in that methodology?

ALFA D'AMATO: It was a local decision. The districts seem to have approached these slightly differently, but there was a local decision made to fully—

The Hon. SUSAN CARTER: What was reasoning for that local decision?

ALFA D'AMATO: It wasn't my decision.

The Hon. SUSAN CARTER: Who can help us answer that question?

AMANDA LARKIN: In conjunction with the director of finance in terms of how we were allocating the budgets across the district—and, as I've indicated, I had just arrived in the district in relation to that allocation—with the director of finance, those changes were made.

The Hon. SUSAN CARTER: Why?

AMANDA LARKIN: In terms of a better presentation in relation to what was actually the budget for Blacktown and the resources that were required to deliver services in that area.

The Hon. SUSAN CARTER: Is it possible, on notice, to provide us with a like-for-like figure adjusting for the different methods of calculation?

AMANDA LARKIN: Yes, absolutely.

SUSAN PEARCE: I think, Mrs Carter, it's important to note there has been no reduction in funding to Western Sydney at all.

The Hon. SUSAN CARTER: This is exactly what we're trying to actually see.

SUSAN PEARCE: In fact, there has been an increase in our budget this year compared to last year for Western Sydney Local Health District.

The Hon. SUSAN CARTER: To be honest, that's exactly why I'm hoping to get that like-for-like comparison—so we can see that.

SUSAN PEARCE: We'd be very happy to provide it, because it got a significant budget uplift in this financial year.

The Hon. SUSAN CARTER: At first glance, without an explanation of the different methods of calculation, it actually looked like a significant decrease, which is what was concerning to us.

UNCORRECTED

SUSAN PEARCE: We can categorically confirm to the Committee that there has been no decrease in the budget for Western Sydney Local Health District.

The Hon. SUSAN CARTER: I look forward to getting the figures that make that very clear. Is that the same reason or explanation for why the FTE budget for Blacktown Mount Druitt appears to have been reduced in 2025-26?

ALFA D'AMATO: That's correct.

The Hon. SUSAN CARTER: Can you produce like-for-like figures so we can just track exactly—

ALFA D'AMATO: Yes, absolutely, and we'll also update the information on the website to provide further explanations why the two figures cannot be compared year on year, because of the change in methodology.

The Hon. SUSAN CARTER: Did this happen for any other LHDs in terms of—

ALFA D'AMATO: No, this was a bit of an outlier, and we only identified this recently. All other districts tend to use the same methodology, which is a direct budget allocation.

The Hon. SUSAN CARTER: Can you explain why car parking revenue for the LHD rose from \$11 million in 2024 to \$17.6 million in 2025, Ms Larkin?

AMANDA LARKIN: My understanding is that between 2023 and 2024, there was a proportion of that—

The Hon. SUSAN CARTER: Sorry, I'm looking at the 2024 to 2025 figure—from the \$11 million to the \$17.6 million.

SUSAN PEARCE: You did ask for a comparison to the previous year, didn't you?

The Hon. SUSAN CARTER: From the 2024 to 2025, yes.

AMANDA LARKIN: I'm just saying that from 2024 to 2025 the difference is in terms of the proportion of allocations that came in for staff car parking fees. Then there was a full allocation in 2025, is my understanding.

The Hon. SUSAN CARTER: What do you mean by "allocation"?

SUSAN PEARCE: Mrs Carter, if I might just add here, sorry, I did clarify this in broad terms prior to the lunchbreak around car parking, and the same applies here. There has been a combination of factors. One, in the 2023-24 year, which is being compared to the 2024-25 year—in that previous year, in seven months of the 12, our staff were still getting free car parking as a consequence of the pandemic.

The Hon. SUSAN CARTER: Sorry, if we can just go through this slowly—

SUSAN PEARCE: So they're apples and oranges.

The Hon. SUSAN CARTER: I'm just trying to understand this.

SUSAN PEARCE: Happy to. So 2023 to—

The Hon. SUSAN CARTER: Sorry, I understand that bit. When you're talking about partial allocation and proportional allocation, we're talking about—

SUSAN PEARCE: That's right.

The Hon. SUSAN CARTER: So what we're really saying is that staff were still getting concessional parking for part of the 2023-24 year?

SUSAN PEARCE: Free parking.

The Hon. SUSAN CARTER: But now staff are paying for parking.

SUSAN PEARCE: Still heavily discounted but, yes, it has returned to pre-pandemic arrangements.

The Hon. SUSAN CARTER: I recognise and would advocate for the discount on staff parking. In Western Sydney, we're talking about a more than \$6 million increase in revenue year on year. That \$6 million is coming from parking paid for by nurses. Is that right?

SUSAN PEARCE: I think there are a combination of factors, which I also outlined.

The Hon. SUSAN CARTER: So we're talking about parking paid for by nurses, and the other factors are?

UNCORRECTED

SUSAN PEARCE: The increase in parking spaces and a CPI increase to parking rates.

The Hon. SUSAN CARTER: In terms of increasing parking spaces, do we have the list of where increased parking spaces have been provided?

ALFA D'AMATO: I have the list across the State, yes. That has been provided—

The Hon. SUSAN CARTER: Through each LHD?

ALFA D'AMATO: Yes.

The Hon. SUSAN CARTER: Has there been additional parking in each LHD?

ALFA D'AMATO: No, it's spread across a number of LHDs, and it depends on which year.

The Hon. SUSAN CARTER: At which LHDs have there been an increase in parking spaces?

ALFA D'AMATO: It depends on which year. If you're looking only at—

The Hon. SUSAN CARTER: No, 2024-25. If part of the reason for what looks on paper to be a huge increase in revenue from parking is increased parking spaces, exactly where are those parking spaces in the last budget year? How many more are at Westmead, for example?

ALFA D'AMATO: We don't have any at Westmead. I need to confirm—

The Hon. SUSAN CARTER: All right, so other places in Western Sydney. How many more—

SUSAN PEARCE: Ms Carter, could you just allow Mr D'Amato to answer the question please. It's not just Westmead. There are—

The Hon. SUSAN CARTER: I am looking for answers, but it seems to be global and I'm asking for particular. I've asked all morning for particular.

ALFA D'AMATO: The particular answer that—

The Hon. EMILY SUVAAL: Point of order: I believe these witnesses have taken a large part of this question on notice. I am also concerned around procedural fairness for them being able to actually answer a question if they are continually interrupted.

The Hon. SUSAN CARTER: To the point of order: I've asked for specifics, and I'm being told general.

The Hon. EMILY SUVAAL: I think they've taken the details on notice, though.

The CHAIR: To the point of order, the member is entitled to ask for specific information. The witnesses are also able to take that on notice if they don't have that information.

The Hon. SUSAN CARTER: To clarify, can you now provide us with the hospital-by-hospital increase in parking spaces?

ALFA D'AMATO: Can I take it on notice?

The Hon. SUSAN CARTER: Yes. When would you be able to provide that do you think?

ALFA D'AMATO: I'd need to check with the team. The part I would like to stress one more time is that when you compare—

The Hon. SUSAN CARTER: I guess the challenge I have is that we're being told that part of the reason for the huge uplift in car parking revenue is increased spaces. Then we're being told, "But we can't tell you where the spaces are." It's difficult to reconcile these two pieces of information.

ALFA D'AMATO: Ms Carter, if I could just make a comment. In regards to the significant additional car spaces, there's been around 4,000 car spaces added over the course of the years. However, if you look back at 2018-19, which effectively was the only financial year—

The Hon. SUSAN CARTER: Sorry, no. We're comparing 2023-24 to 2024-25. That's the figures we're looking at.

SUSAN PEARCE: But it's an apples and oranges comparison.

ALFA D'AMATO: As we've mentioned several times, you can't compare it because it's only part of the end of 2023-24. Once we adjust for that—

UNCORRECTED

The Hon. SUSAN CARTER: Excuse me, Mr D'Amato, Ms Pearce said that there were multiple reasons, one of which was the change in charging nurses and another of which is the addition of car parking spaces. We're exploring all of these reasons.

The Hon. WES FANG: Could I seek to clarify a couple of points on this matter? When we asked the Minister about the story that was published in the Telegraph this morning about the increase in parking, the Minister clearly articulated that that was because the number of parking spaces available had increased. I contended that it was actually because we were now charging nurses for parking at hospitals, and that was likely to be the increase. Did the Minister, on seeing the article this morning, ask the department for any advice as to why parking revenue had increased? Was the advice given to the Minister that it was the number of parks that had increased, or was the advice given to the Minister that nurses being charged for parking was the reason for the increase?

SUSAN PEARCE: I know that I don't need to remind everyone here that we are under oath in this hearing. We are speaking the truth. Of course we provide our Minister with advice. It is the same advice as we have provided to this Committee. You're asking us for the specific details, Ms Carter, and I completely understand why you are asking for that. We are very happy to provide you a detailed list of the increase in car parking spaces that have contributed to this revenue figure that you're quoting.

We have also stated very clearly—you are referring to nurses. These parking arrangements apply across the board in our health system except for regional, as Minister Jackson outlined this morning. There is a CPI increase associated with car parking. In the grand scheme of things, it is a very small figure. It has gone up by around \$5 per week since 2018-19. Car parking charges are not a new concept in health. They have been occurring for many years. They were occurring prior to the pandemic. The reason that they were altered during that period, obviously, was the burden on our health system during the pandemic. That went on for quite a long time. We were then receiving complaints from carers and patients because they couldn't park in our—

The Hon. SUSAN CARTER: Ms Pearce—

SUSAN PEARCE: I'm sorry. You have spent a lot of time on this topic, and I think I should be entitled to provide a thorough response.

The Hon. WES FANG: I wasn't seeking to question—

SUSAN PEARCE: You are comparing the 2023-24 year to 2024-25. My response to you is that you are comparing two periods where they are unequal, with respect to free parking, for more than half of the former year. There is a genuine reason why there is an uplift in addition to the parking spaces.

The Hon. WES FANG: But it wasn't free parking for visitors. It was only free parking for the staff, is that correct? It's only the staff that are now paying that weren't paying previously.

SUSAN PEARCE: The staff were paying previously, Mr Fang. Of course they were.

The Hon. WES FANG: I'm talking about in 2023-24. The free parking only existed for nurses, cleaning staff et cetera. It's when the Government reintroduced staff paid parking that the figures shot up. Is that correct?

SUSAN PEARCE: What I'm saying to you is that we're comparing two periods.

The Hon. WES FANG: I appreciate that. What we're trying—

SUSAN PEARCE: One period was for the great part of the year—free parking for staff. What we saw in our car parks during that time was a lot of staff parking in them, understandably, because it was free. We received complaints. I understand the Minister's office has also received complaints from constituents that they couldn't find a car park in a hospital car park because they were occupied by staff. That balancing act for us is important. What I'm trying to describe to you is that if you're comparing one year, when for seven months of the year the staff were getting free parking, to the next year, when for the full year they weren't, it's not an equal comparison. Naturally, yes, there will be an uplift in those numbers. In addition, there are more car parking spaces that contribute to that calculation. And then there's the CPI increase. It's a combination of those things.

The Hon. SUSAN CARTER: I just want to confirm that the three factors are staff paying who previously were not—

SUSAN PEARCE: Can I just clarify—

The Hon. SUSAN CARTER: As a year-to-year comparison, there was the free period of parking for staff ending during the previous year and an additional increase in parking spaces. Are you able to provide those figures later today or any figures that you have—

UNCORRECTED

ALFA D'AMATO: I can confirm that additional car spaces were in south-eastern Sydney—

The Hon. SUSAN CARTER: Sorry, it's simply a question: Can you provide the list for me later today?

SUSAN PEARCE: We will take that on notice. We'll try to get back to you this afternoon, if we can—

The Hon. SUSAN CARTER: We would really appreciate it.

SUSAN PEARCE: —give you the clarity that you're looking for. Otherwise, we'll need to take it on notice and respond in the usual way. I have to restate my point again: There is no—

The Hon. SUSAN CARTER: The third factor is CPI.

SUSAN PEARCE: Yes.

The Hon. SUSAN CARTER: Are there any other factors that we should be taking into account? I just want to get the whole understanding of it.

ALFA D'AMATO: There is only one factor I want to mention to you—

The Hon. SUSAN CARTER: Sorry, Mr D'Amato?

ALFA D'AMATO: There is one more factor to take into account. A number of car spaces in the period where the policy was applicable—

The Hon. SUSAN CARTER: Are you able to bring the microphone a bit closer, Mr D'Amato?

ALFA D'AMATO: Sure. There were two hospitals that were under a concession arrangement whereby effectively we didn't receive revenue. We didn't receive revenue because a third party built the car parking.

The Hon. SUSAN CARTER: Which hospitals were they?

ALFA D'AMATO: There was St George and Canterbury. In the period where the policy was applicable—the COVID suspension policy—these arrangements terminated. As a result, that is now included in our revenue. It's purely technical.

The Hon. SUSAN CARTER: It helps to understand these things. If you don't understand it, you don't know. Ms Larkin, how much did the LHD spend on security services in 2025?

AMANDA LARKIN: I'd need to take that on notice.

The Hon. SUSAN CARTER: It appears, again, that it is spending less now than it was in 2024 and 2023. Do you have any explanation for why there has been a decrease in expenditure?

AMANDA LARKIN: There is some work being undertaken to look at trying to bring some of the security work from contract into staff. There has been ongoing work around that.

The Hon. SUSAN CARTER: You're saying you're moving from contractors to staff, and that's why the spending is decreasing?

AMANDA LARKIN: Yes.

The Hon. SUSAN CARTER: What is happening to the number of security personnel and hours of security?

AMANDA LARKIN: Can I take that on notice just to be sure in terms of what the figures are in response to that?

The Hon. SUSAN CARTER: Thank you. If you're doing that, can you also take on notice the number of incidents that security has needed to respond to, including knife incidents, particularly at Westmead?

AMANDA LARKIN: Sure.

The Hon. SUSAN CARTER: Ms Larkin, at Westmead Hospital, the median waiting time for non-urgent surgery is 389 days as of the last BHI quarter. In the March 2023 quarter, it was 276 days. Why are patients now waiting an additional 113 days for surgery at Westmead?

AMANDA LARKIN: Overall, our approach at Westmead in terms of surgery has been to—by June 2025, we hit 000 in relation to any overtime waits, which was a significant effort in relation to both inpatient work that was undertaken within the hospital but also we contracted work out. We are monitoring carefully that work at the moment. Right now, there are about 385 patients who, by the end of December, will be over the wait time.

UNCORRECTED

We are really working to understand what work we can contract out and get support to do that work, but also what our footprint is, to increase the inpatient surgery component.

The Hon. SUSAN CARTER: Sorry, but the question was why are patients waiting 113 days longer now than they were in 2023? I understand that what you said is you're doing work on this, but I don't believe I heard an answer to that question about why there is such a longer wait time now.

AMANDA LARKIN: There has been an increase in the volume of surgery that Westmead needs to complete, and we need to be sure that we've got the footprint to do the work within the hospitals and any additional that will work in terms of contracting out to get that work done.

The Hon. SUSAN CARTER: So if I can translate that, you're saying more people are coming to Westmead and therefore waiting times are blowing out.

AMANDA LARKIN: There has been an increase in terms of volume of work that we've needed to get through.

The Hon. SUSAN CARTER: Does volume mean more people or more complex presentations?

AMANDA LARKIN: No, more people also.

The Hon. SUSAN CARTER: Blacktown Hospital—we've all seen the reports of patients sleeping on the floor in the emergency department. What work is being done to address that?

AMANDA LARKIN: Significant work has been done both with the CC but also internally and also with the chief patient experience officer. That work has been very much targeted at patient experience, dealing with the volume of patients coming through the emergency department. There have been some specific issues that we've done in relation to patient experience, doing some patient journeys with people, looking at developing our models of care in the emergency department, such as the iGEM, which is aged care. A range of strategies are in place, and there is significant focus from the staff and clinicians at Blacktown to address that.

The CHAIR: Just before I go to my colleague Ms Faehrmann, the Committee has advised that we have no further questions for some of the witnesses, who can go. That's Andrew George, Darren Cleary, Amanda Jones and Grant Barnes. Thank you very much for making the time to come.

(Andrew George, Darren Cleary, Amanda Jones and Grant Barnes withdrew.)

Ms CATE FAEHRMANN: I have some questions for the Far West LHD.

SUSAN PEARCE: I just note, Ms Faehrmann, Mr Dykgraaf has just started in the role two months ago, so just so you know he's very new to the role.

Ms CATE FAEHRMANN: I have questions about Broken Hill and lead issues. Have you been advised that I'd probably ask some questions on that?

MARK DYKGRAAF: I've been so advised, thank you.

Ms CATE FAEHRMANN: There was a story recently. There have been a couple of stories in the *Broken Hill Times* about the issues around lead coming from mining activities there. There was a story on 8 August that refers to the fact that both the Far West and the Western NSW LHDs said that they would no longer make the lead reports public in the Broken Hill City Council papers. Firstly, are you aware of the lead reports that are being referred to there in terms of the lead reports from the Far West LHD? Have you seen those?

MARK DYKGRAAF: No, I haven't. I'm not aware of those reports.

Ms CATE FAEHRMANN: Let's take a step back, then. How is lead publicly reported in terms of the LHD?

MARK DYKGRAAF: Noting that I'm new to the district, I'm not aware of how we report lead levels publicly in the Far West. I would need to take that on notice.

KERRY CHANT: Ms Faehrmann, I can probably just indicate that nothing has been brought to my attention that the reports that are compiled by—there's a shared public health unit across Far West and Western NSW, and there is no intent not to publicly report those in the way that has been usually done. I can call upon Jeremy McAnulty, who can just clarify that.

JEREMY McANULTY: The reports continue to be produced by the Public Health unit on behalf of the district.

UNCORRECTED

Ms CATE FAEHRMANN: This article refers to an email from Melissa Welsh, who is still at the Far West Local Health District, isn't she?

JEREMY McANULTY: That's correct.

Ms CATE FAEHRMANN: That email asks that reports attached to the lead reference group's minutes submitted to the council be removed. Just to be clear, from your perspective, Dr McAnulty, they should not have been removed and they'll be included in the future?

JEREMY McANULTY: I don't know the detail of that particular email, but I do know that the Public Health unit has continued to publish those reports—publicly commit to a media release and put them on the website.

Ms CATE FAEHRMANN: Can I get an update about where the funding for the BHELP program is up to and the continuation of that program?

JEREMY McANULTY: I can't talk about the whole-of-government policy. It's the EPA's and the Premier's—

Ms CATE FAEHRMANN: Yes, but you do take a lead role.

JEREMY McANULTY: I can tell you about the NSW Health component of those. Health is responsible for the blood screening component of the lead program. In 2025-26 NSW Health, which includes both Far West and the Ministry, will provide \$571,739 to support the program, and the EPA will provide \$358,000 to support the Maari Ma program component.

Ms CATE FAEHRMANN: Did you say 2025-26, Dr McAnulty?

JEREMY McANULTY: I said 2025-26.

Ms CATE FAEHRMANN: So that's one year. You said that the NSW Health component was \$571,000?

JEREMY McANULTY: That's correct.

Ms CATE FAEHRMANN: And you've got in front of you the EPA's component, which was what?

JEREMY McANULTY: It's \$358,000.

KERRY CHANT: We should be clear that the EPA provides funding to Maari Ma to deliver the program. There'll be other EPA commitments to funding but that's particularly funding to Maari Ma.

Ms CATE FAEHRMANN: Does the \$571,000 goes to the LHD?

JEREMY McANULTY: Yes, to support the district's blood lead testing program and associated parts of that.

Ms CATE FAEHRMANN: That's all for lead testing?

JEREMY McANULTY: And associated parts supporting affected communities—families in the Far West.

Ms CATE FAEHRMANN: Is that an increase on the previous year or two? Or how does that compare to previous years, Dr McAnulty?

JEREMY McANULTY: I can't tell you that off the top of my head. I'd have to take that on notice.

Ms CATE FAEHRMANN: I have some documents to be handed around. My poor staff took the liberty of making up copies, so we won't delay even though Mr Donnelly isn't here. I did it so he wouldn't stop me.

The Hon. MARK BUTTIGIEG: Now, Cate.

Ms CATE FAEHRMANN: Well, it's true.

The Hon. WES FANG: I know. I was on the receiving end.

The Hon. MARK BUTTIGIEG: Are you suggesting I'm not going to do that?

Ms CATE FAEHRMANN: You're not going to because I've got all those copies. I did want to ask a general question to perhaps Dr Chant, Dr McAnulty or maybe even Mr Dykgraaf in terms of how you think the Broken Hill lead is tracking in the children population. Are you aware? Maybe I'll go you first, Mr Dykgraaf.

UNCORRECTED

MARK DYKGRAAF: Indeed, I'm aware of the program across the last number of years. We note that we got a high level of involvement, in participation, from our local community in terms of screening for the lead program. We note that whilst the levels have plateaued in children, there's been a downward trend on that up until the last couple of years in terms of lead levels more broadly.

Ms CATE FAEHRMANN: Let's turn to the first document in the bundle, which is an email in relation to the Broken Hill lead program review. It's from somebody within your section, I think, Dr McAnulty, in terms of Health Protection NSW.

JEREMY McANULTY: Yes, Dr Douglas was acting for me when I was on leave.

Ms CATE FAEHRMANN: Dr Douglas said:

... it is our belief that the level of lead contamination and the ongoing emissions means that this will be an ongoing health problem and long-term programs ... need to be implemented.

He also suggests that other initiatives, such as broader screening of age and mobile populations, be established. At the moment there's only screenings for under-5s. What's NSW Health doing in terms of looking at expanding the screening in terms of blood lead levels available in Broken Hill?

JEREMY McANULTY: We held an expert panel involving people from Maari Ma, the district and other experts in lead from around Australia, who concluded that the program was actually working well in terms of screening. It noted it had a high participation rate and didn't charge the target for the screening.

Ms CATE FAEHRMANN: What is that expert panel?

JEREMY McANULTY: I've forgotten the exact name, but it was Health's expert panel on lead in Broken Hill.

Ms CATE FAEHRMANN: Called an expert advisory panel?

JEREMY McANULTY: Words to that effect.

Ms CATE FAEHRMANN: Has that wrapped up?

JEREMY McANULTY: That has wrapped up, that's right. That met for about a year or so until the end of last year.

Ms CATE FAEHRMANN: Did you chair that?

JEREMY McANULTY: I did.

Ms CATE FAEHRMANN: I'm conscious of that panel. That panel also looked at issues such as the level of—it did say that there's limited capacity to remediate all children. This is meeting minutes from 14 May 2024. It said:

... there is limited capacity to remediate all children with elevated blood lead levels of 15 µg / d L and above.

Dr McAnulty, is that a concern for you?

JEREMY McANULTY: Yes, that is a concern. I understand the EPA, who is responsible for the remediation process, has been looking at how to make that more efficient and effective.

The CHAIR: Ms Ludford, thank you for making the time to appear before the Committee today. I understand from your recent appearance at the LHD AGM that there are no surgical abortion services in the Murrumbidgee LHD. Where are people directed to go when they're seeking a surgical abortion and they live in your LHD?

JILL LUDFORD: Thank you very much for the question. We have, of course, our NSW Pregnancy Choices Helpline as well as our district women's health service. Together they will advise women, based on their address, where their supports are and what is the most appropriate location for them to access that surgical termination of pregnancy. Our women's health service clinicians follow up women both before and after the procedure to provide that wraparound care for women.

The CHAIR: Can you clarify if people are still being sent to the Western NSW Local Health District or not? I ask because I know that residents were previously advised by the Pregnancy Choices Helpline that patients could go to Orange, but I'm now also advised that Orange is no longer seeing patients from outside of the Western NSW LHD.

UNCORRECTED

JILL LUDFORD: Yes, that's right. I am aware of one woman who was referred to the Western NSW LHD, to their service in Orange, but our usual referral pathways are actually to Wodonga and also to Canberra and Sydney.

The CHAIR: What are you doing to address that inequity? It's obviously not equitable for women living in Murrumbidgee to have to travel interstate for something that could arguably be provided within the LHD?

JILL LUDFORD: I absolutely agree with you, and we are absolutely committed to improving the equity for women. The issue that we're facing is that we introduced medical termination of pregnancy quite early, with the abortion reform bill, and we really focused on getting our clinicians working to provide that medical termination of pregnancy. That service is going really well. We're now focusing on the surgical termination of pregnancy. The issue that we have faced has been that our four specialist obstetricians and gynaecologists really have their personal beliefs and values where they'll only provide surgical termination of pregnancy to women who have got complex medical or fetal conditions. But I want to say that we understand now the importance of balancing the rights of clinicians with the rights of women to access care. We have made a commitment that we will now bring stakeholders together to work on a reproductive health plan that makes our responsibilities clear about how we are going to look to provide a service using an alternative workforce and looking to see where we can provide that. That's got to be balanced up, of course, with the priorities of the hospital at Wagga.

The CHAIR: I'm interested you mentioned the term "alternative workforce". What consideration have you given to bringing people in who could provide the service, noting that there is a legal right for an individual to have a conscientious objection?

JILL LUDFORD: On the back of the statutory review, of course we're looking at endorsed midwives and nurse practitioners. We've had a really good response rate, as Ms Wood noted earlier, to the availability of scholarships. Seven of our staff have put their hand up, which is really encouraging. But I do also want to talk about GP-obstetricians, because I think that is also a really important opportunity for us. What we are working on is how we can provide that escalation pathway, because they will still need the support from specialist obstetricians and gynaecologists should something outside of their scope of practice occur. I do know that we have a number of interested parties who could be credentialed to do work in this space, and we're just engaging with people at the moment. So it is early days, Dr Cohn, but I want to assure you it is a priority for us.

The CHAIR: I'm pleased to hear that reassurance. I have a couple of questions on a different topic for you, Ms Ludford. As I'm sure you're aware, John Stuchbery, a surgeon at Albury Wodonga Health, recently had his contract terminated by the health service with very short notice. He was one of only two providers of public breast cancer surgery at Albury Wodonga Health. What impact has that had on your services in the Murrumbidgee?

JILL LUDFORD: I'm aware of the matter that you are referring to. Obviously, breast surgeons are in high demand, and we're extremely fortunate that we have got some really good surgeons available, both in Wagga Wagga and also in Griffith. We've got three altogether who are doing this work. At this point in time we haven't noticed an impact on our own services, but I'd say to you it's probably early days at this stage.

The CHAIR: Similarly, the Ramsay Albury Wodonga Regional Cancer Centre in Albury is changing hands to Albury Wodonga Health on 23 January, and I understand that there's no transition plan and no guarantee of jobs for staff, moving forward. Have you been involved in conversations about that transition? What availability is there for support for cancer patients in Murrumbidgee LHD if those services aren't available at Albury?

JILL LUDFORD: I'll answer the first part of the question. I haven't really been advised around the transition of that service. Obviously, I have read about it in the media, so I am aware of it. In terms of capability within our own services, for people who would come from that Albury region, quite a few of those patients may live along the border in the Corowa-Deniliquin area. We've recently introduced a new service in Deniliquin where we've got capability to do additional work. Also we do our own chemotherapy service in Griffith, and also there's a third-party provider which we contract—the Cancer Care group—that provides radiotherapy. I believe there probably would be some capacity to absorb additional patients, should it be required.

The CHAIR: To follow up on that, there's a Premier's Award-winning clinical trials unit at the Albury Wodonga Regional Cancer Centre. I understand there's been a challenge with short time frames to redo things like ethics approval with the complex governance of clinical trials. I'm aware of some people being transferred to Melbourne to maintain continuity of care. Have there been any conversations with yourself from either Ramsay or Albury Wodonga Health about maintaining continuity for those patients?

JILL LUDFORD: I'll have to take that one on notice, because I am not aware of any matters that have been brought to our attention. But I could say that we've just got a new medical director in clinical trials, so I will check in with him because, in fact, he came from the Albury-Wodonga system.

UNCORRECTED

The CHAIR: Dr Morgan, just to follow up some previous questions I've asked about infrastructure upgrades—ambulance station upgrades—I understand that there are a number of new stations opening up on a regular basis, which I see in the news, but where is work up to in terms of addressing existing ambulance sites that are no longer fit for purpose?

DOMINIC MORGAN: Are you specifically referring to ones that we no longer work out of because we've built new ones?

The CHAIR: No. I'm referring to ones that you're still working out of where there's obviously work required. The one that most commonly comes to my attention is Campsie. I understand there are 36 staff using one toilet.

DOMINIC MORGAN: What I can tell you is Campsie station has only just reopened as one of our existing sites where staff begin and end their shift. In terms of the overall budget, we've been provided \$3.5 million for minor capital works this financial year. For that specific location and whether any of that has been allocated to them, I'd have to take that on notice.

The CHAIR: I understand that many paramedics are only receiving their nine-week roster a week in advance, although in some areas I hear that there's a level of goodwill that means people get their rosters earlier. What are the barriers, from your perspective, to being able to give greater notice of rosters?

DOMINIC MORGAN: Under the award, that is the award-stated time frame. I have been previously asked about the statewide rostering system that we brought in. We've literally only just completed it this year. One of their efforts is to put all of those rosters out two weeks in advance. Now, this is early days on being able to do that, but it's for exactly the reason you state: The more notice we can give people, the better. But the correct answer is that it's one week, in accordance with the award.

The CHAIR: Similarly, I understand all of the annual leave for the year is typically allocated in June, with some goodwill in some areas. What are the barriers to being able to be more flexible?

DOMINIC MORGAN: Some 6,367 staff requiring annual leave is a very complex thing for us to do. You can imagine that we need to make sure our rosters are done in such a way that, as far as possible, there's an even distribution across the year to ensure that we've got paramedics available at peak times—over school holidays and at Christmas time et cetera—so they have to plan well ahead. There is no barrier to people applying during the course of the year for leave that may become vacant because another person has swapped. It is quite dynamic. But you're entirely right: We do have a point where we do the statewide rosters, smooth out for service delivery and then make changes throughout the year.

The Hon. SUSAN CARTER: Ms Ludford, I noticed your comments about an alternative workforce. Does that mean that you'll be looking to employ people based on their conscientious objection—or not—to abortion services?

JILL LUDFORD: It's a delicate subject, as you'll appreciate. On the advice that I have received from my director of people and culture, I think if we are employing people to work in reproductive health, if we make it explicit in the position description what reproductive health services people would be providing, people would obviously be applying for roles based on that position description.

The Hon. SUSAN CARTER: That would exclude people from working in your health district in reproductive services who have a conscientious objection to abortion. Is that consistent with our understanding of the way conscientious objection works?

JILL LUDFORD: Obviously if somebody is working as a generalist obstetrician and gynaecologist and they have a conscientious objection, we absolutely respect that. But we also have to balance that with the rights of women, and the rights of women to access services. At the moment, we don't have any surgical termination of pregnancy in the Murrumbidgee Local Health District.

The Hon. SUSAN CARTER: At what week or period would a surgical termination normally occur?

JILL LUDFORD: From?

The Hon. SUSAN CARTER: Yes.

JILL LUDFORD: After 63 days.

The Hon. SUSAN CARTER: Which is how many weeks?

JILL LUDFORD: Nine weeks, plus zero.

UNCORRECTED

The Hon. SUSAN CARTER: If there was a woman with a complex pregnancy, is there capacity to support her the entire way through, or would she be sent to Canberra or Sydney, or some other place?

JILL LUDFORD: Just to be clear, our specialist obstetricians and gynaecologists will support women with medical complexities or fetal complexities, absolutely, and are doing so now.

The Hon. SUSAN CARTER: For example, are there any other surgical services that are not available or difficult to access in your LHD and for which patients would need to be transferred somewhere else?

JILL LUDFORD: Wagga Wagga Base Hospital—I guess, just to clarify—

The Hon. SUSAN CARTER: Some examples—neurosurgery?

JILL LUDFORD: Yes, neurosurgery. Cardiothoracic, for example, is probably a big one.

The Hon. SUSAN CARTER: They would have to be transferred somewhere else.

JILL LUDFORD: Yes, that's right.

The Hon. SUSAN CARTER: It's not unusual in your LHD that there are some surgical services that people have to travel for.

JILL LUDFORD: A very small number; yes, that's right.

The Hon. SUSAN CARTER: You're telling me that you would make it a condition of employment that somebody has to be prepared to perform termination services, so conscientious objectors should not apply. Is that really respecting conscientious objection?

JILL LUDFORD: Obviously, under the New South Wales Government, people who apply for jobs can do so under equal opportunities rights. People can apply and there would need to be discussions, I suppose, around the responsibilities of the role.

The Hon. SUSAN CARTER: Would you regard it as a responsibility of the role that would knock out a conscientious objector, if they did apply?

JILL LUDFORD: That's a question obviously based on a lot of complexities. I'll have to take it on notice because reproductive health is a large service. Surgical termination of pregnancy is only a very small part of that. There's also a lot of other reproductive health services, such as menopause and other things. I'll take it on notice so I can make sure that I get really good, clear workforce advice.

The CHAIR: In the short time I've got, Miss Pearce, under the LGBTIQ health strategy, there were 21 projects funded over the last two financial years. That's my understanding. Some of those were really excellent. As the short-term funding for those projects runs out, is there any work being done to evaluate and then expand or replicate the work where it's been successful?

SUSAN PEARCE: Thanks for raising that issue with us. It is something that's really deeply important to us as part of the work we're doing around diversity and inclusion generally. I have to take on notice the specifics, but suffice to say—unless one of my colleagues here can respond—it is something that we'll continue to work on and invest in. We've committed to this work, and we will be continuing to commit to it into the future.

The CHAIR: I appreciate that you've taken that on notice. Similarly, I've previously asked about improving data collection for LGBTIQ communities. In response, I was advised that that was potentially part of the Single Digital Patient Record upgrade—that there was the opportunity to do that work. Ms Wood is nodding at me like she wants to answer this question.

ELIZABETH WOOD: I am, yes. Sorry, Dr Cohn, I have been involved with this. Absolutely, improving the collection of data is very important. We do have a working group with community representation considering next steps to how we can improve that data collection, and it is working very closely with the Single Digital Patient Record, which does commence in March next year. We've worked very closely with community on that.

The CHAIR: March next year is obviously very soon.

ELIZABETH WOOD: Yes, it is.

The CHAIR: That working group looking at the LGBTIQ data collection is expected to be completed in time for March.

ELIZABETH WOOD: It will continue to be an ongoing piece of work, Dr Cohn, because I think when we go live in March with the first tranche of Single Digital Patient Record, each tranche beyond that will continue

UNCORRECTED

to evolve. So it will continue to be looked at and improved as we work through that piece of work with the working group.

The CHAIR: I have another question about the Single Digital Patient Record, while I've got you on this topic. It has been raised with me that the current electronic medical record systems can't issue e-scripts, and that's an issue in some contexts. Will the new record be able to produce e-scripts for patients?

ELIZABETH WOOD: I'm going to take that on notice, only because there are a couple of quite complex elements around that. So I will take it on notice.

The CHAIR: Dr Chant, you look keen to jump in.

KERRY CHANT: There are some particular considerations, and we are doing a piece of work on this. I know that there have been some issues particularly raised around scripts and who can write them. New South Wales and ACT are the two States and Territories that are not currently signatories to the pharmacy agreement. We are keen to be part of the pharmacy agreement, and we are working collaboratively with the Commonwealth to work through those issues because that is one factor that influences who can write them, where they can be transmitted to and our access for our patients for PBS scripts.

The CHAIR: I just want to double-check my understanding. There's a part of this question that's about the technical capability of the software to issue the script. Dr Chant, you're obviously talking about people's eligibility for writing PBS scripts.

KERRY CHANT: That's right, because currently we're not permitted, in many of our settings, to write PBS scripts because New South Wales is not a signatory to the pharmacy agreement.

The CHAIR: Understood. The separate part of the question was, will the new Single Digital Patient Record have the technical capability to do that, notwithstanding the pharmacy agreement.

ELIZABETH WOOD: I'll take that on notice, Dr Cohn. I'm not sure exactly at what point in it that becomes possible, so I'll take it on notice.

The CHAIR: That brings us to afternoon tea. We will have a short break for 15 minutes.

(Ms Jennifer Hayes withdrew.)

(Short adjournment)

The CHAIR: Welcome back, everyone. We're into our final session. We'll start again with questions from the Opposition.

The Hon. WES FANG: Ms Black, in relation to the Macleay area, my understanding is that there are going to be 10 beds from Kempsey moved to Port Macquarie and, in replacement, they are going to provide four Hospital in the Home beds for mental health. It's been suggested that you have told that local health district that that is best practice. Is that correct?

JENNIFER BLACK: No. Is that—

The Hon. WES FANG: Have you been engaged in providing, or have you provided, any advice to the Mid North Coast Local Health District around Hospital in the Home provision of services?

JENNIFER BLACK: No.

The Hon. WES FANG: The local health district has clearly said that the Mental Health Commissioner has provided advice and that you've said it is best practice for 10 of the beds that are being moved from Kempsey to Port Macquarie—that that is okay but then to have that replaced with Hospital in the Home instead.

JENNIFER BLACK: That's not advice I've given.

The Hon. WES FANG: I might seek some further advice, and I'll come back to this matter, because they've clearly provided advice to the local member.

JENNIFER BLACK: I haven't been asked for formal advice on that matter.

The Hon. WES FANG: So let me put the question another way, then. If you were asked to recommend that Hospital in the Home services replace inpatient care for mental health services, is that something that you would say is best practice?

UNCORRECTED

JENNIFER BLACK: I would say you need a continuum of care and that you need a variety of different choices, depending on the needs of the individual. What we hear in our consultations is that people are keen to see models that actually support them at home or in the community, but you need the whole continuum of care.

The Hon. WES FANG: I suspect that the local member up there might be asking some more questions of the local health district. In terms of Bathurst Health Service, there's a redevelopment that's occurring at the moment. I believe the community has indicated that car parking—and we're back at car parking now—is one of their top concerns. Ms Pearce, are you able to provide any advice as to why parking at Bathurst hasn't been addressed in the redevelopment?

SUSAN PEARCE: My understanding is that it is being addressed, but I'll ask Ms Skulander to answer that if that's okay.

EMMA SKULANDER: In relation to the parking at Bathurst hospital, we are aware, as with many of our redevelopments, that parking is of great interest to the local community. In relation to parking that we're providing on site, we will increase the parking by 46 spaces, and there'll be an additional 25 spaces on adjacent streets. With every redevelopment, we prepare traffic and parking impacts, and we're satisfied that the impact of the new redevelopment will be addressed by the increasing parking on that site.

The Hon. WES FANG: So there are 46 onsite additional parks that will be included?

EMMA SKULANDER: Correct.

The Hon. WES FANG: Then you said 26 additional—

EMMA SKULANDER: Twenty-five on adjacent streets. Sometimes we're able to change the street parking arrangements through agreements with council to be able to increase the number of parking spaces on the street—for example, by changing the angle of spaces or using verges.

The Hon. WES FANG: So it's fair to say there'll be 70-odd additional parking spaces. Well done.

EMMA SKULANDER: Thank you.

The Hon. WES FANG: Are there any job losses associated with the staff restructure that's occurring at Bathurst Health Service?

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

The Hon. WES FANG: If there are job losses, are you also able to take on notice how many are being lost? Are there any complaints against the general manager at the Bathurst Health Service? Has that been raised with you?

SUSAN PEARCE: We have been working with the local health district around some of the results associated with the staff surveys across a number of our hospitals. But any discussions around specific complaints are not something that I would be discussing in this forum.

The Hon. WES FANG: I understand that the PMES results are particularly low for Bathurst. Is that your understanding as well?

SUSAN PEARCE: Western NSW, as I've just said, is engaged with Bathurst and others as a consequence of the PMES, and Mr Griffiths may wish to comment further. Obviously, we always look for areas where there is any distortion in the results that we see and then seek to understand what the issues are. That would apply anywhere.

The Hon. WES FANG: It's my understanding that the local member has received quite a number of complaints from staff about some of the matters in the Bathurst Health Service. Has the Minister or the local health district sought advice on how they can best manage and see an uplift in the staff morale?

SUSAN PEARCE: Again, you'd have to direct your questions to the Minister and to the district. I can't speak third-hand on behalf of them.

The Hon. WES FANG: I know. I'm asking if the Minister has actually made representations to the department about making sure that the local member's concerns about what he's hearing from the staff are raised and addressed.

SUSAN PEARCE: The Minister certainly would pass on any concerns from any local member that he hears. He dutifully passes that on to us, and we respond accordingly.

The Hon. WES FANG: Am I best to direct my questions on the Grenfell MPS to you, Ms Pearce?

UNCORRECTED

SUSAN PEARCE: Yes. I'm not sure I can assist you, but yes.

The Hon. WES FANG: It's funded and licensed for nine beds. However, there's no physical capacity for the beds. Is that something that you've been made aware of?

SUSAN PEARCE: No, it isn't. I would need to take that on notice.

The Hon. WES FANG: Do you know if there has been any funding allocated in relation to—

SUSAN PEARCE: I beg your pardon, Mr Fang. It's remiss of me to forget that Mr Luke Sloane, our deputy secretary for regional, is in the room and can assist on that matter.

The Hon. WES FANG: He was hoping that he would hide right back in the corner.

SUSAN PEARCE: No, he put his hand up and leapt forward with a great deal of eagerness.

LUKE SLOANE: Thank you for your question. I think it's probably a bit of a conflation of issues there. There was an increase of residential aged-care beds approved by the Commonwealth. Quite often, a lot of the regional local health districts will submit for increased funding for residential aged-care beds in line with their MPS footprint. There's always the case of, once they're approved, ensuring that we can have the capital development to match that, which is often the case where it's out of sync with what the Commonwealth is putting out. We're working with the Commonwealth at the moment across all of the regional health districts to ensure that we're matching that capital investment of the Commonwealth with our own capital works program so that when we do apply for increased bed spaces, we are able to action those. There is a period of time, once they're approved by the Commonwealth, that we can actually work through and action them through the capital program. That will be a work in progress for Grenfell.

The Hon. WES FANG: My final question on this matter is when do you think Grenfell might see the works completed once the coordination is completed and that there will be the availability of those placements?

LUKE SLOANE: I don't think that's a question we can answer until we align the capital programs with those beds that now have been approved. Those nine beds are actually just the additional RAC-approved spaces, from the Commonwealth; it's not aligned with either the Commonwealth or NSW Health's capital program.

The Hon. SUSAN CARTER: Ms Pearce, I believe you'd be the right person, but please direct me if not. I have a couple of questions in relation to the forthcoming statutory review of the Voluntary Assisted Dying Act. Do they go to you?

SUSAN PEARCE: Dr Chant.

The Hon. SUSAN CARTER: Thank you. Dr Chant, I'm just wondering what the parameters of that review will be. Certain stakeholders have approached me. You'd be aware of the case, I'm sure, where the father of an abuse victim, in hospital, was able to take advantage of the VAD process. Questions have been asked whether this is a matter that can be considered in the statutory review, in terms of who is able to access VAD and whether it is appropriate for prisoners to have restrictions. Is that a matter that can be considered in that statutory review?

KERRY CHANT: The statutory review—we're welcoming all comments, and there's a series of webinars and engagement with a variety of different stakeholders. There'll also be a capacity to provide online submissions. I can make available to the Committee the processes and the planned meetings. There is an accompanying document that we're asking people to consider as part of it, but certainly we'd be happy to hear about any concerns or areas for improvement or where it's working well, in relation to voluntary assisted dying.

The Hon. SUSAN CARTER: Great. When will that public consultation begin?

KERRY CHANT: It's commencing now, as we speak. I can bring up my statement so I can provide a program of the dates that will be conducted, if you just give me a moment.

The Hon. SUSAN CARTER: Sure. Is there a website that I can direct people to?

KERRY CHANT: Certainly. We'll make available to the Committee the details of the website.

The Hon. SUSAN CARTER: That'd be very useful. There's a lot of interest. Thank you very much. Dr Chant, perhaps this question is for you as well. In the annual report that Health put out, there's a table at the back in relation to palliative care, and I notice that it talks about expenditure on end-of-life and palliative care. What's the difference?

KERRY CHANT: Just to clarify, which report? Is it the voluntary assisted dying—

The Hon. SUSAN CARTER: I'm looking at the 2024-25 annual report, and I'm looking at "Appendix 1 Health statistics—Palliative care". It talks about expenditure, and it helpfully provides a district-by-district

UNCORRECTED

breakdown from 2019 through to 2023-24. It talks about end-of-life and palliative care. I'm just wondering what the difference is.

KERRY CHANT: I would have to defer to the finance in terms of how the—

SUSAN PEARCE: Do you mean the difference between end-of-life and palliative care?

The Hon. SUSAN CARTER: Yes.

KERRY CHANT: "End of life" is a broad term that's used to factor in the period where a person is deemed to be approaching an end of life. We would use it in that broad, holistic sense. Obviously palliative care forms a particular subset of that, but within end-of-life care we would support things like having advanced care directives and making sure that your people around you were very clear about your limits of care that you wanted to take. That end-of-life process is when people have got a range of issues that might impact.

The Hon. SUSAN CARTER: In terms of the funding allocation, this table is only palliative care, and there is additional funding in the budget somewhere for end-of-life care?

KERRY CHANT: End-of-life care is woven into everything. Why I was hesitating and going to our finance colleagues—it's how we cut things. We would expect that end-of-life is a component of care that all clinicians in hospitals provide, even our ED colleagues and cardiologists. It's a component of care. Substantially, I suspect that that financial statement relates to palliative care expenditure, specifically. It may have some end-of-life coordinators, and so there may be some coordinators in our local health districts who support end-of-life or coordinated care.

The Hon. SUSAN CARTER: Who could provide the detail of how much of this is palliative care and how much is other types of care at end of life?

KERRY CHANT: We would have to take that on notice, but I would like to make the point that the funding for voluntary assisted dying is a separate bucket of money that has been provided to districts for that purpose.

The Hon. SUSAN CARTER: No, but that that wasn't my question. My question was to try and understand exactly what these figures were. If it could be taken on notice, that would be—

KERRY CHANT: I probably just would want to make the point that we do see good end-of-life care as embedded in everything we do, and a component of people's clinical responsibility and clinical teams. The definitions of what's included and what's not is probably, to some extent, a little arbitrary.

The Hon. SUSAN CARTER: Dr Chant, I'm not quibbling with that. What I'm trying to do is seek to understand exactly what these figures represent and what else is included in those figures, if anything. Ms Pearce, if I could come to you, you'd be aware of the Audit Office's *State finances 2025* report?

SUSAN PEARCE: Yes.

The Hon. SUSAN CARTER: One of the high-risk findings related to Health entities which had entered into non-standard arrangements with staff specialists and VMOs without the required delegation. How many of these arrangements were entered into, and by which Health entities?

SUSAN PEARCE: I'll have to ask Mr Griffiths, I think, to respond to that. What I can say broadly—and we gave this evidence to the special commission of inquiry as well, so that will be in those transcripts—there are a range of non-standard arrangements that exist, some of which date back 20 years across a range of our districts. Clearly, it's something that we've issued instructions on in regard to those arrangements. Richard, did you want to add?

RICHARD GRIFFITHS: Actually, Ms Pearce, I don't know that I can add a whole lot more without perhaps taking it on notice to give you some more detail around that matter.

The Hon. SUSAN CARTER: I'm happy for you to take it on notice so we can understand it. Perhaps this will also have to be taken on notice—the nature of the benefits that were given to the staff specialists or VMOs that were beyond what is provided for in the award or determination?

RICHARD GRIFFITHS: Yes.

The Hon. SUSAN CARTER: Thank you very much. Also, perhaps you can tell us—or on notice—what steps New South Wales is taking in responding to this finding.

SUSAN PEARCE: Yes, happy to do that.

UNCORRECTED

The Hon. SUSAN CARTER: In relation to security risks and the Auditor-General's report, the Auditor-General has flagged cybersecurity issues. Some 59 per cent of reporting agencies did not have independent assurance over their assessment of New South Wales's cybersecurity policy requirements in financial year 2024, for example. I'm keen to understand the cybersecurity incident in relation to the South Eastern Sydney Local Health District. How was that picked up, and what are the cybersecurity protections in place?

SUSAN PEARCE: I'll clarify this for certainty. I don't believe that we classify that issue with South Eastern Sydney and the website a "cyber incident" as such, as opposed to a bot—and I don't pretend to be an expert on this—

The Hon. SUSAN CARTER: No, neither am I.

SUSAN PEARCE: Our chief information officer would certainly be able to clarify this more fulsomely. We are aware of the findings of the Auditor-General's report. Obviously, earlier this year we've established a cybersecurity taskforce within Health that's looking at these issues. It's clearly important to us to protect our data systems. Patient privacy, fundamentally, is clearly something that we remain always alert to and concerned about. We would be happy to provide on notice a much more fulsome account of the efforts we're going to address these issues. I know that we are looking at increasing a budget allocation within this year to the tune of around \$12 million, if I'm not speaking out of turn—our chief financial officer will certainly correct me if I've got that wrong—to increase our efforts in that regard.

I will say that the report that the Auditor-General conducted earlier this year was based on some discrete units within Health. It certainly was not based on the whole of NSW Health, and it is a particular part of our system that we are paying active attention to. Yes, certainly it's something we're absolutely aware of and committed to continuing to address. I think, to be fair, it is something that all agencies across the country clearly would be alive to each and every day, because the maturity of those threats and the sophistication of those threats continue to grow and we're trying to keep one step ahead of them all the time.

The Hon. SUSAN CARTER: Are you satisfied that none of these links or sites were uploaded by anybody within Health?

SUSAN PEARCE: The South Eastern Sydney?

The Hon. SUSAN CARTER: Yes. Has it been investigated?

SUSAN PEARCE: The team have certainly had a look at that issue that you raised this morning. To be very clear with you, my advice is that it is likely to be a bot and, if not, an unknown person. We have not, certainly, located any individual responsible for that. We have not received any complaints from the public with respect to those issues that you've raised. I have no evidence that anyone has accessed them, including children.

The Hon. SUSAN CARTER: How long was it between the bot putting it up and Health taking it down, and how many repeat times have bots put these up?

SUSAN PEARCE: I'd have to take the second part of your question on notice. In respect to the first part, what I can say is that, as soon as the local health district became aware of it, they took it down immediately. They did take some time, however, to let eHealth NSW know about it. That, perhaps, is the gap that you've referred to this morning. They have then sought to obviously remove it and scrape it, as I think the term goes, from Google and other sites. But in respect of the document that you provided to Minister Jackson this morning, what was evident in that document in what had been included in the search bar was a very specific reference to South Eastern Sydney LHD. It was not something that you would google and it would take you there. So whoever provided that document had specifically searched for that with the known link. I make no assertion about that. I just make the point that, insofar as googling was concerned, it was not something that would be readily accessible unless you knew specifically where to look.

The Hon. SUSAN CARTER: I've got different information but my time has expired.

The Hon. TANIA MIHAILUK: Is Emma Skulander here?

SUSAN PEARCE: She is.

The Hon. TANIA MIHAILUK: Ms Skulander, at the estimates hearing on 10 September 2024, you provided evidence to the Committee that a combined hospital and TAFE at the Chapel Road site, Bankstown, was still in consideration as part of the business case. At what point in the planning process did Health Infrastructure determine that TAFE Bankstown would no longer be included as a funded component of the business case?

EMMA SKULANDER: You're testing my memory. You'll appreciate that's a little bit of time ago. But in 2024 we were preparing business case options. At the time, certainly, the amount of scope that we were seeking

UNCORRECTED

to achieve from the budget available for that project was challenging to be able to fit into the budget envelope. We prepared a series of options—we worked collectively with TAFE to do so—and we presented those options to Government.

The Hon. TANIA MIHAILUK: What month? When do you think you did that?

EMMA SKULANDER: I would have to take that on notice in terms of when the business case was submitted to Government.

The Hon. TANIA MIHAILUK: So you can't recall the exact month that came off?

EMMA SKULANDER: I genuinely cannot recall exactly when the business case was submitted.

The Hon. TANIA MIHAILUK: Can I put to you, Ms Skulander, that in the March budget estimates Mr Whan, the TAFE Minister, said, "Health Infrastructure is running the process. We don't want to have multiple bosses of this." Do you know who the boss is that made the decision?

EMMA SKULANDER: In relation to?

The Hon. TANIA MIHAILUK: He's referring to not having multiple bosses—"We want one." Who was making the decision within Health Infrastructure that Bankstown TAFE will no longer be at the Chapel Road site? Who made that call?

EMMA SKULANDER: In relation to the process that we lead, Health Infrastructure leads the planning and the delivery of that Bankstown hospital process. As part of that, we worked together with TAFE to prepare options to Government. Ultimately, they were presented as options to Government, and it was a decision for Government that would be Cabinet in confidence.

The Hon. TANIA MIHAILUK: It was a decision of the Government, but it wasn't a decision of the TAFE Minister. He made it clear: "Health Infrastructure is running the process. We don't want to have multiple bosses of this one."

EMMA SKULANDER: I'm not sure what he would be referring to, but I can confirm that I am running the process with Health Infrastructure. In relation to how that decision was made by Government, I'm not privy to that. It was a Cabinet-in-confidence—

The Hon. TANIA MIHAILUK: Could you take it on notice? I'd like to know what month.

EMMA SKULANDER: I wouldn't be able to—

The Hon. TANIA MIHAILUK: You can certainly tell me the month that decision was made.

EMMA SKULANDER: I can certainly take the month on notice, yes.

The Hon. TANIA MIHAILUK: You're saying it was a matter for Cabinet. Is that what you're suggesting?

EMMA SKULANDER: That's right. We present the business case. At the point that the business case is submitted, it then goes to the Expenditure Review Committee for decision. That would be the month I would be able to provide to you, when the decision was made.

The Hon. TANIA MIHAILUK: We know, roughly, it has to be after March 2025, because the TAFE Minister wouldn't have misled budget estimates.

EMMA SKULANDER: I don't disagree with you.

The Hon. TANIA MIHAILUK: June was the budget announcement, and TAFE was already given funding for a site—or certainly a temporary site—at Western Sydney University.

EMMA SKULANDER: I just don't have that exact information to hand.

The Hon. TANIA MIHAILUK: Are you responsible for or playing a role with the REF document?

EMMA SKULANDER: Yes.

The Hon. TANIA MIHAILUK: The REF document says on page 15—I'm interested in building D. On the current TAFE site, where the new Bankstown hospital will be, you're indicating that there's something called building D, which will still be used for education and training. Is that going to be some sort of a TAFE site or a temporary TAFE site? What does it mean by education and training? Does that mean TAFE or not?

EMMA SKULANDER: We have an agreement with TAFE for ongoing use of that building up to a period of time. TAFE is just working through—

UNCORRECTED

The Hon. TANIA MIHAILUK: Do you know how long the time is? It says here up to a further five years.

EMMA SKULANDER: Yes, that's right. TAFE is considering that proposal for its use of that building for that period of time.

The Hon. TANIA MIHAILUK: Do you know the number of students that are expected to be on that site?

EMMA SKULANDER: That would be a question for TAFE.

The Hon. TANIA MIHAILUK: Because in your document, on page 15, you're suggesting that there'll be 300 students there. But when you look at your construction traffic management attachment, it's down to 100 students.

EMMA SKULANDER: I would have to take that on notice.

The Hon. TANIA MIHAILUK: Could you take on notice which is the correct figure?

EMMA SKULANDER: Absolutely.

The Hon. TANIA MIHAILUK: Because it's in the same document and there are two different figures for the number of students there. I'd be interested to know.

EMMA SKULANDER: It sounds like an inconsistency that I can review.

The Hon. TANIA MIHAILUK: The demolition, I understand, is starting next year in February, right?

EMMA SKULANDER: Correct, yes.

The Hon. TANIA MIHAILUK: You're saying in your document that there'll be no traffic impact on Bankstown as a result of the works that you're—

EMMA SKULANDER: In relation to—

The Hon. TANIA MIHAILUK: During the demolition works. Is that—

EMMA SKULANDER: The demolition works—I'm happy to take it on notice to review the traffic plan in more detail. The information that I've been provided is sitting in that planning documentation.

The Hon. TANIA MIHAILUK: It's saying that trucks are going to be turning right out of Chapel Road onto the highway, exiting the site. At this point, there's no right-hand turn there. Do you know that, Ms Skulander? I'm wondering how the trucks are going to get past that.

EMMA SKULANDER: I don't know the detail of that. I will undertake to review it. Just to note, we do have to manage traffic impact all the way through construction. It's certainly something that we're very committed to in Bankstown. It's going to be something that we will keep an eye on—in terms of construction parking and construction traffic—all the way through construction, which is going to be a long period of time.

Ms CATE FAEHRMANN: Dr McAnulty, I'll just go back to the documents that I handed out before. Page 30 is actually the last page of some meeting papers from an expert advisory panel that start at page 21. This is different to the health expert advisory panel. Is that correct? Because at the bottom, it has the Premier's Department as a footer.

JEREMY McANULTY: I believe so, yes. That's different to the one we have.

Ms CATE FAEHRMANN: Page 21 has the start of those recommendations and key findings. It's "Meeting Paper 3.2".

JEREMY McANULTY: Yes, that's different to our health panel.

Ms CATE FAEHRMANN: That's different to the health expert advisory panel. Are you part of this expert advisory panel within the Premier's Department, or is that you, Dr Chant?

KERRY CHANT: No, it's not me. I'll have a look at the document, Ms Faehrmann. It could have been—

Ms CATE FAEHRMANN: I'm just wondering, because this document is dated 15 August 2024. The last paragraph states:

It is concerning that NHMRC levels—

which are the blood lead levels of five micrograms per decilitre—

UNCORRECTED

are continued to be treated as 'safe'. The expert panel has recognised there is no safe level of lead in a developing child and the NHMRC guideline is used to triage resources.

What is NSW Health's view on that?

JEREMY McANULTY: There were a number of panels that the Premier's Department convened. I don't recognise this as being one that I was on. However, the NHMRC has comprehensive guidance on lead management and screening, which was released in around 2016, I believe. We have written to the NHMRC asking them to consider updating the evidence around that and their advice. But their current advice—

Ms CATE FAEHRMANN: When was that, Dr McAnulty?

JEREMY McANULTY: When did we write to them?

Ms CATE FAEHRMANN: Yes.

JEREMY McANULTY: I think it was about a month or so ago. But the current advice, which was well researched, advises that with an action level of five micrograms per decilitre, if a child tests for that level, an investigation as to the potential source might be warranted. The evidence from that document of harm below 10 is unclear because of the available literature at the time.

Ms CATE FAEHRMANN: There are briefs, I understand—

KERRY CHANT: Ms Faehrmann, to summarise, reducing lead levels down to the lowest possible practical level is what's supported. The threshold in the NHMRC, including the levels set by the CDC, are basically set as action levels. I can confirm—and Mr Mark Dykgraaf might be able to assist as well—that information around reduction of lead levels is provided to all people, regardless of their lead levels. We recognise that factors change. People move within the community. In addition, we're very keen to even move further upstream and do our interventions into more of the antenatal pregnancy and maternal space. Mr Dykgraaf can probably comment on that if that's useful for you.

Ms CATE FAEHRMANN: That's fine, actually. I'm sorry, Mr Dykgraaf. I have quite a bit to ask questions about. I can see, within these documents, that NSW Health does appear to want to expand its testing. The funding that you mentioned before, Dr McAnulty, does seem to be just maintaining the status quo at best. The documents I have before me suggest that there was an attempt to get whole-of-government funding and increased funding to deal with the lead issue in Broken Hill. Is that correct? Was an increased funding bid put in to the last budget process or budget timeline and wasn't agreed to?

JEREMY McANULTY: In terms of the Health component, you asked earlier this morning whether—

Ms CATE FAEHRMANN: It used be \$13 million over five years.

JEREMY McANULTY: In terms of the Health component that I mentioned this morning, you asked how it changed from last year. I can confirm it was the same last year as this year. We intend to maintain the funding for the things we're responsible for in terms of lead screening into the future.

Ms CATE FAEHRMANN: Why isn't NSW Health asking for more money?

KERRY CHANT: In terms of more money, we have received some additional funding for a variety—Health's role in this is really around screening, assessment and making sure that we provide support for parents to remove their exposure risk. As I said, we've really recognised that that needs to be brought forward into the antenatal period. Far West has received funding for additional programs that touch pregnant women and their families, and what we're looking at is embedding this within those programs because we think it makes sense in a holistic way that many of the families that will be touched by those programs will be experiencing multiple elements. Mr Dykgraaf can talk about the source of funding that has increased for those programs, particularly the SNF.

Ms CATE FAEHRMANN: I'm particularly interested in that cross-agency bid that's referred to on page 36 of the documents. It is in the NSW Health expert advisory panel meeting minutes from 14 May 2024, Dr McAnulty. The point is made at the top of page 36 that there is limited capacity and resources to respond to all children who are over the NHMRC guideline of five micrograms per decilitre. Imagine if that was the case in Sydney, firstly. It goes on to say that at 10 micrograms per decilitre families receive home visits, but it really stresses the need for more resources. Then there's a cross-agency bid there, but there doesn't seem to be any evidence coming out from the Government right up until today in asking you the questions about increased funding that in fact that cross-agency bid has been successful to do what it says here, including things like wraparound services, co-designing the program with Aboriginal people, reducing emissions from mines importantly—I know that's an EPA issue. Was it unsuccessful? Is that fair to say?

UNCORRECTED

JEREMY McANULTY: My understanding is there are still discussions ongoing about how we can make sure that we have good, coordinated resources across government agencies at Broken Hill.

KERRY CHANT: Ms Faehrmann, there's a whole-of-government process that was led by Premier's. Probably these questions are best directed at Premier's. NSW Health is really committed to making sure that we have good coverage of our screening programs, that we're embedding the prevention into all of our programs and to make sure that the families in Broken Hill are supported. There have been some new investments in some of the early childhood, more intensive interventions, and we're really hoping to embed some of the prevention activities within those lead programs. If we do need to find some additional funding for our part of the program, we're really committed to the communities in Broken Hill. We recognise this is a complex—

Ms CATE FAEHRMANN: Are you committed given where we are with the budget cycle? Is NSW Health, and indeed the Far West LHD, putting in increased bids to deal with this terrible problem? It's a terrible problem in Broken Hill.

KERRY CHANT: The issue, as you know, is a complex one in terms of the need to secure alternate housing to remediate properties. It's a complex issue. We are looking at how some of those programs can be done in a more efficient way as part of whole of government, but that funding would probably accrue to other government agencies to deliver some of those strategies. From a Health perspective, as I said, Mr Dykgraaf can comment about the adequacy of the program elements from his perspective.

MARK DYKGRAAF: We believe that we have sufficient health resources at this time to support the lead screening and wraparound services, linking it to the Sustaining NSW Families program—that intensive program—for the first two years of life. We're also asking our community and family nurses to follow up with universal home visiting. That's a hand-off from our midwifery group practice as they exit their work at around six weeks post-birth, and our child and family health nurses are engaged in that program. We're also interested through our VAN program—violence and neglect out-of-home care program—to make sure that those children that are at particular risk are followed up in a comprehensive way. The other areas of partnership are working with Maari Ma, and they have a strong program of screening and detection and work well with our maternity services, saying, "What can we do with further work in those early years of life?"

We note that Maari Ma has recently secured funding for a childcare centre, which will open in 2027. We're expecting to work with them closely on the issues of health care generally, but specifically lead in those first few years of life. We're taking the available funding, which we believe to be meeting those needs around lead screening and lead programs in those early years.

Ms CATE FAEHRMANN: Has the funding increased significantly, then, to deal with lead issues in the Far West LHD, Mr Dykgraaf?

MARK DYKGRAAF: I can't comment on previous years. I would need to take that on notice and do that comparison, because I don't have that front of mind for past years. What I would say is I note the funding streams that are coming to us now through Sustaining NSW Families et cetera. We're using those funding streams as a way of dealing with what is a chronic health issue and saying, "Have we got the available resources deployed appropriately for what is a significant local health issue?"

Ms CATE FAEHRMANN: Up until last year at least—but possibly this is still the case—point-of-care blood lead testing machines, for example, were being used within the LHD. Do you have the modern blood lead testing equipment?

KERRY CHANT: Mr McAnulty had an expert panel on this issue.

JEREMY McANULTY: Yes, the point-of-care tests are still being used.

Ms CATE FAEHRMANN: Do you mean the point-of-care tests that have been suspended by the TGA?

JEREMY McANULTY: The TGA has a special arrangement with the district to enable those point-of-care tests to continue. They're very convenient, they're pretty accurate and they get followed up by a venous blood test if there's a high level.

Ms CATE FAEHRMANN: Are they being used in other parts of the country?

JEREMY McANULTY: I believe they are; I don't quite remember the answer to that. I believe they may be in other States, but I'd have to check on that.

Ms CATE FAEHRMANN: That's part of the issue with the ones that the TGA has essentially now cancelled, I think—not just suspended—other than in Broken Hill.

UNCORRECTED

JEREMY McANULTY: I've forgotten the exact terminology, but it was to do with a lack of data from the US manufacturer. However, based on some evaluations and some discussions with the TGA, our local and public health physicians have been able to enable a TGA process that enables those tests to be used. The feedback we had from both services that are offering blood testing in the local district was they were very effective. They were a one-stop opportunity to engage with families who were being tested without the need for recall when the level came back. All these things are a balance of what's best for the child and the family. With the TGA's permission, these machines have continued to be able to be used.

Ms CATE FAEHRMANN: On page 49 of my bundle is an email from Dr Byleveld responding to concerns about this testing. He's suggesting a response that says something like:

The TGA noted there was insufficient evidence to support the accuracy of results in relation to lead levels with capillary blood samples ... the TGA went back to the ... manufacturer of the LeadCare II and asked for evidence. This evidence was not provided.

So at this point, does it look like the evidence is there that those old point-of-care lead testing devices are testing 100 per cent accurately for levels of lead in Broken Hill?

JEREMY McANULTY: I don't believe "old" is the right term. I believe they're the currently available machines.

Ms CATE FAEHRMANN: The TGA doesn't think so, except in Broken Hill.

JEREMY McANULTY: When a new generation is produced by the manufacturer, I think we're looking to get one. No test is 100 per cent accurate. There are limitations. There are some data on the accuracy that have been published, I understand. But, again, it's this balance of whether do we make sure—screening tests are screening tests for further evaluation and, as I said, venous testing later on if they are indicating a higher level. The intelligence from the clinicians on the ground, based on feedback from the community, was that the point-of-care test was the best option for the Broken Hill community, given their limitations. But that is also given the limitations of other methods of doing blood testing, which might require a venous sample and a delay of getting the result, by which time the families may not come back easily for the follow-up.

KERRY CHANT: Ms Faehrmann, as soon as NSW Health was aware of the issue with the machine, an expert panel was set up that involved local clinicians as well as experts to work through this difficult issue. Screening tests such as point of care are often not as accurate, but we trade off that in terms of their detection, so if we have a very low threshold that if they detect something within a window, we then move to venous blood to validate it. The feedback I received from briefings from the work that had been undertaken said that it was considered very appropriate. But NSW Health took this matter seriously. We'll continue to reflect on any evidence available and continue to generate the evidence, but it was considered that the other options which were explored with other capillary tubes and other testing methods, including venous blood on all the children, we'd actually get lower uptake, and on balance it would be a worse outcome. We will continue to monitor this area very closely to ensure the right testing is available.

The Hon. WES FANG: In relation to the issue around the Macleay Valley area, the local member has raised some concerns about the moving of those mental health beds from Kempsey to Port Macquarie. Do you know if the local health district had a communication plan in place before they elected to tell the public about the change?

SUSAN PEARCE: I'll ask Elizabeth to respond to that.

ELIZABETH WOOD: Thank you, Mr Fang. Yes, they did have a consultation process in place. It was quite extensive from September, and certainly as late as today they're meeting with some of the local groups. I understand that some of the information provided could have been done so better. They have sought to work through that in recent days with specific groups. I've got the details of that that I'm very happy to table.

The Hon. WES FANG: That would be much appreciated, if you wouldn't mind. The local member has rightly raised some concerns about how the local health district is going to guarantee somebody who has suicidal ideations in the Macleay Valley is going to receive treatment in relation to the mental health aspects, given that a lot of the services are moving to Port Macquarie. Do you know if the local health district has considered the way that they've communicated to the local area about those matters?

ELIZABETH WOOD: Thanks, Mr Fang. I'll defer to Murray and Brendan as required, but I think most importantly, and really important for the Committee to understand, is that in terms of if people have any requirement for services, they still need to present to the hospital. It's probably also important to note that the volume of patients accessing Kempsey from Port Macquarie is nearly half, so actually half of those patients will now have care closer to home for them. In terms of the specifics for Kempsey, we will have obviously the Safe Haven that will be there, which we know from other districts has been incredibly positive for patients that don't

UNCORRECTED

necessarily want to present to hospital but provides them with a safe place to be. A lot of the work that we will be doing with the district is really about improving access to that model in that facility for patients who are currently potentially not accessing the service because of their fear of being in a hospital environment. So a lot of the work has really been about improving access for that community. Dr Wright or Brendan, I don't know if you want to add anything?

MURRAY WRIGHT: Ms Wood has covered most of it, but the point that I would make is that suicidal ideation is a condition which for a very significant number of people can be managed without having to resort to hospitalisation. By introducing a Hospital in the Home capability, we're probably going to increase the number of people who can be treated very close to their home in familiar surroundings. I would argue that that's a huge benefit for them. The point we made earlier in regards to this is that this is not a new model internationally, but it is a new model for us. We are very keen to evaluate it very carefully because we don't want there to be unforeseen consequences that disadvantage people. There's a genuine desire to see if this is an improvement to the range of services for that community.

The Hon. WES FANG: While I accept those answers and I appreciate everything's been done in good faith, what is of concern is that the advice that was provided to the local member clearly states that the Mental Health Commissioner has said it's best practice. The evidence that we got from the Mental Health Commissioner is that she wasn't asked for this advice at all. Given that it is a trial, and noting that, Ms Wood, you said that some of the patients from Port Macquarie were going to Kempsey, we've now got a situation where 100 per cent of the patients from the Macleay-Kempsey area are having to now travel to Port Macquarie. What's the guarantee that this Hospital in the Home is going to be supported by NSW Health so that we can adequately ensure that we have success here and we don't have to deem it a dismal failure, given people may not respond to it?

MURRAY WRIGHT: Can I comment on that? I'm not sure who said what to whom about what best practice is, but I think there is—this model emerged from a process, which was run by the ACI, looking at models of care that could be introduced in New South Wales mental health services, and they did do an international literature research. So the comment about best practice—there's a very strong evidence base about the benefits of Hospital in the Home. There's no doubt about that. Implementing it in a rural setting and implementing it for the first time in mental health services is not without challenges, but there is no doubt about the evidence base that supports this model. We wouldn't be running with this if we didn't think there was a net benefit to the community of that district. But all new models and all implementations have to be looked at carefully because there are often bits that we hadn't anticipated and they need to be either addressed along the way or the model needs to be revised. We need to be clear: There's a very strong evidence base supporting Hospital in the Home as an innovative and beneficial service.

ELIZABETH WOOD: If I may also add—and this came up earlier from Dr Cohn—there is actually an extensive monitoring and evaluation plan that has been developed. It has 29 indicators that really focus on patient experience outcomes, as well as any indication that patients are returning to hospital, where they could have otherwise been treated. We are very happy to provide that, Mr Fang, on notice, too.

The Hon. SUSAN CARTER: Mr Schembri, you'd be aware that doctors at Northern Beaches Hospital have indicated that they will leave if they have no certainty about ongoing provision of private services prior to Christmas. Are you going to be able to give them the assurances of what the future looks like within that time frame?

ANTHONY SCHEMBRI: What we are able to do is talk with the Northern Beaches clinicians about the refresh of the clinical services plan.

The Hon. SUSAN CARTER: So you have a plan you can discuss with them now?

SUSAN PEARCE: Sorry, can I just make a point? We're not in a position immediately—this is part of the challenge because the contracts haven't been signed. Mr Schembri—and also Mr Daley, who may wish to have some comments here in a general sense—can comment, Mrs Carter. But the challenge we've got at the moment is that we're still working through that contractual process. Once that's signed and dealt with, we will be able to have obviously much more detailed and fulsome conversations with the clinicians. That is certainly our intention. We are very acutely aware of the private service provision in the hospital and the desire for a number of our medical officer colleagues to continue. I wanted to make that bit clear. It's not that we're not wanting to sit down with them right now on the detail; it's just that we've got to work through the contract.

The Hon. SUSAN CARTER: Isn't there a significant risk that, because of the delay in providing certainty to these doctors, they may make alternative arrangements about practice and then simply not be available to continue providing services at Northern Beaches Hospital?

UNCORRECTED

MATTHEW DALY: Anthony is living it as closely as I have been with him for the last three months. I've got to just publicly call out the way his team has turned this process around—one that was contracted in the original deed to occur over three years has now occurred over four months. On that lack of certainty, yes, there will be some small business men and women who, to support their own practice, will opt for certainty. Does that generate any concern for the public component of it? No, it doesn't. If we were to lose clinicians, it's a very attractive part of Sydney to work in and I'm extremely confident, particularly talking to clinicians there, that there will be no problem maintaining rosters in terms of the public component. For the private component, which I think is more to your point, once the clinical services plan is finalised, it may well need to go to market for procurement. We've got an expert. The Government supported us in getting an independent expert adviser in around public-private interfaces.

The Hon. SUSAN CARTER: Can I stop you there so I can understand exactly what you're saying?

MATTHEW DALY: Sure.

The Hon. SUSAN CARTER: When you say that for the private services you'll go to market for procurement, you're not intending to continue existing relationships with existing private providers?

MATTHEW DALY: From day one, there will be no change to the clinical profile of that hospital.

The Hon. SUSAN CARTER: But will there be a change to the people providing the clinical services in the hospital?

MATTHEW DALY: If they chose to leave, there's nothing we can do about that.

The Hon. SUSAN CARTER: If they have no certainty, why—as a rational human being—wouldn't they choose to leave?

MATTHEW DALY: We've given them certainty, and the Government has come out publicly and said that no beds will close.

The Hon. SUSAN CARTER: You said you've given the providers certainty, but then you're saying you're going out to market for procurement.

SUSAN PEARCE: Mrs Carter, I just have to restate that we cannot comment further about the specifics on this, other than what we've already said, because we haven't signed the contract. At the point at which that is all signed and secured—those negotiations have been intense; they have been going on over a number of months, and Mr D'Amato, Mr Daly and Mr Schembri have been knee-deep in them for some time—we will be in a much better position to give certainty. We do appreciate that it's difficult. Minister Park has certainly been to a round table up at the hospital with the clinicians only in the last few weeks. I know he continues to talk to the relevant representative groups in respect of the clinicians there. We're just not able, at this point in time, to talk about specifics because we do not have the contractual ability to do so.

The Hon. SUSAN CARTER: I fear I know the answer to this question: Do you have an anticipated cost of taking over all 494 beds at the Northern Beaches Hospital?

SUSAN PEARCE: We will take that on notice.

The Hon. SUSAN CARTER: I have some questions perhaps for Mr D'Amato and you, Ms Pearce, flowing from the 2024-25 annual Health report. At Liverpool Hospital, non-urgent surgery wait times rose to a median wait of 145 days in the June quarter of 2023, but they have now blown out to 381 days. Why are patients at Liverpool Hospital waiting an additional 236 days from 2023?

SUSAN PEARCE: Mr Daly will probably be able to provide more detail on this, because I think he's had a limited opportunity today to demonstrate his knowledge.

The Hon. SUSAN CARTER: Mr Daly, I'd be delighted to get an answer.

SUSAN PEARCE: But what I would like to say to commence, though—so we're clear—is you'll be aware that after the pandemic we were left with a very significant number of overdue patients. That number, which has been publicly reported—there was a very substantial effort on behalf of the system to bring that number down over the years. It does affect that 2023 year because of Omicron and the peak, and then bringing it back to pre-pandemic levels. The effect of dealing with the number of overdues that we had is that it does impact the median wait time. I need to be very clear about that. Obviously we want no-one waiting longer than they ought to for their surgery. I think it's been an enormous credit to the staff of the NSW Health system that they have been able to wrestle those numbers down in the manner in which they have, but it requires us to do more than 100 per cent of our usual work to get them down. Matthew and his team have led that work. We've got a surgical services taskforce and that's probably all I need to say on the matter. Matthew, over to you.

UNCORRECTED

The Hon. SUSAN CARTER: Just before I leave you and just for clarity, Ms Pearce, that would be the same in relation to my earlier question in Westmead.

SUSAN PEARCE: Indeed, yes. I did want to come back to that, so thank you, because I think it is reasonable. Western Sydney, as Ms Larkin said, did end the last financial year with triple 0. It is also incumbent on me to say, with some degree of pride—and it's not often that you get that opportunity in this job—that NSW Health is the best-performing jurisdiction in Australia in respect of elective surgery, and even the Grattan report has said that in the last couple of weeks. I've got some embargoed information that I can't provide to the Committee today that will be coming out in the next week, which will also demonstrate our very strong capability on our surgery performance. Over to you, Matthew.

MATTHEW DALY: I'm sorry, I should have been a bit more assertive when you asked me the same question of Amanda, so as to not waste the Committee's time. But in relation to median, we measure the median wait time at the time that the admission actually occurs for the surgery. As a result, when we take patients off the list who are waiting longest, which is obviously the objective, what we're measuring is measuring long waits in order to report a median wait time. We don't use median wait times, nor do the districts in terms of managing surgery, because what we do—and the AMA's very supportive of this—is ensure patients are treated within their clinically recommended time. When the median wait time goes up, that demonstrates that we are taking the patients with the longest wait times off first, principally those who have reached their clinically recommended time.

SUSAN PEARCE: And that's why the number of overdues is important to this response.

MATTHEW DALY: Yes.

The Hon. SUSAN CARTER: You say you don't report median wait times. It's in your annual report, so why are you—

SUSAN PEARCE: We focus on the clinical categorisation of patients. I think that is what Matthew is saying.

MATTHEW DALY: And that's all the clinical advice—to be treating patients within their clinically recommended time. That is the measure and that's the measure we measure the health system on. It's the national measure that the Australian Institute of Health and Welfare report nationally us on and how we compete against other States in that regard.

The Hon. SUSAN CARTER: Perhaps, Mr Daly, you can help me with hospital access targets and ED wait times. Would that be you?

MATTHEW DALY: Yes.

The Hon. SUSAN CARTER: As I understand it, the hospital access targets provide a more clinically meaningful and accountable measure of patient flow through the ED. Given that performance under these new measures was generally worse than last year, are these benchmarks more demanding than the old four-hour rule, or has system performance simply declined?

MATTHEW DALY: No. Those set of targets were targets that we developed on advice from the Australasian College for Emergency Medicine, who we have a partnership with and we work through. They demonstrated some research around how those wait times best translate to preferred patient outcomes. We accepted that research. We're the only jurisdiction in the country that took it. Yes, it is more demanding. We took the view that it was an opportunity—and we've got some chiefs around the table who may have a view as well, that this was another opportunity for us to engage more closely with our ED physician colleagues because these are their colleges' targets.

The Hon. SUSAN CARTER: Put simply, we are using a more demanding target and that's why the figures look worse.

MATTHEW DALY: It is, yes, and no other State uses them, but we place ourselves—

The Hon. SUSAN CARTER: Absolutely.

MATTHEW DALY: We're already the best performer and we want to keep it that way. This is the way of constantly improving.

The Hon. SUSAN CARTER: Can you help me with capital spend, or would that be Mr D'Amato?

ALFA D'AMATO: I can try.

UNCORRECTED

The Hon. SUSAN CARTER: I understand that \$2.6 billion was spent on capital in 2024-25, around 7.7 per cent of the Health asset base. How does that compare to what Treasury regards as a sustainable replacement rate?

ALFA D'AMATO: I'll ask Ms Skulander to answer.

EMMA SKULANDER: I will have to take that on notice in terms of Treasury's rate. It's a long way to walk to tell you that, sorry.

The Hon. SUSAN CARTER: That's all right. Sorry to drag you up.

EMMA SKULANDER: But I will take that on notice.

The Hon. SUSAN CARTER: Who can help me with increasing VMO costs? Maybe I'll read the question and we can tender for an answer.

SUSAN PEARCE: Yes, that's probably a good idea.

The Hon. SUSAN CARTER: Visiting medical officer costs increased by more than \$120 million this year, from \$1.19 billion to \$1.317 billion. Is there a reason for this? Is this the psychiatric dispute? What's the reason for this increase? There are no takers.

SUSAN PEARCE: No, we're working on it.

The Hon. SUSAN CARTER: Workshopping. I think it's probably because we needed more VMOs to replace the psychiatrists on strike. I don't know. What is it?

The Hon. WES FANG: It's definitely that. Apparently it's \$700 million over 10 years.

SUSAN PEARCE: Can I just make a point, while Mr Griffiths is taking his seat? I need to be clear about VMOs. I think, at times, there's a conflation with VMOS and locums.

The Hon. SUSAN CARTER: No, I'm very clear on the difference between a staff specialist, visiting medical officer and locum. I'm very clear on that.

SUSAN PEARCE: Terrific. What I would say, broadly speaking, is that staff do have a right to choose how they wish to work. What we are experiencing across some of our medical professions, and this is not just peculiar to New South Wales—I'm the chair of the Health Workforce Taskforce that reports to health Ministers, and one of the experiences that is occurring across the country is that medical professionals, in many cases, are choosing to work in a different way.

The Hon. SUSAN CARTER: I'm just trying to understand the budget, that's all.

SUSAN PEARCE: Yes.

RICHARD GRIFFITHS: Mrs Carter, you're right. There's definitely an element related to the psychiatry matter—obviously not to the full amount that you've quoted—but there's also been a higher reliance on VMOs associated with the locum workforce. Specialist locums, as you know, are remunerated as VMOs, so that is also factored into the overall expense. As we're proceeding through the industrial matter—the wages are being arbitrated as we speak this week—it will be some time before we receive a decision from the IRC. But there has been, as Ms Pearce has indicated, a bit of a movement towards VMO arrangements, particularly pending the outcome of the IRC hearing.

The CHAIR: I've got several questions, coming back to Albury Wodonga Health. I'm going to start with Ms Pearce, but could Ms Skulander and Mr McTaggart come up to the table in the interim. Ms Pearce, I want to put to you the transition of cancer care from the Albury Wodonga Regional Cancer Centre, which is run by Ramsay, to Albury Wodonga Health. It's my understanding that staff as senior as the chief executive only found out about the transition from the media and also that Albury Wodonga Health hasn't yet offered the current cancer centre staff jobs in the transition. As a result, people are actually leaving and taking employment elsewhere. What action are you able to take on behalf of the New South Wales patients and families who rely on the cancer centre?

SUSAN PEARCE: I'm very happy to look into it. I'll have to take it on notice, unless one of my colleagues can assist here. No, I'll need to take that on notice, but I'm very happy to look into it.

The CHAIR: I anticipate you'll also take this on notice, but have you seen or been involved in the independent review or the so-called Nous review of cancer care in the border region?

SUSAN PEARCE: I haven't, no—not to my knowledge anyway.

UNCORRECTED

The CHAIR: My related question speaks to the governance issues at Albury Wodonga Health. The senior staff medical association has had a more than 90 per cent vote of no confidence in the current board, chair and CEO. That sentiment has been shared by the local branch of the Nurses and Midwives' Association, the Health Services Union and the HACSU on the Victorian side. It is very difficult to run a health service without the support of your frontline staff. Similarly, what avenues, if any, are available to you on behalf of the New South Wales residents who rely on this service?

SUSAN PEARCE: I'm not sidestepping a question, because it is important for us to advocate and raise issues, given residents of New South Wales access those services. The hospital is run by Victoria Health, so clearly that is something that they would be well aware of. I'm happy to give you a commitment that I will raise that with the Victorian health secretary next week. I have indicated to Ms Atta that I'm hearing a range of concerns with respect to Albury Wodonga hospital or health service and that I would seek to discuss those with her next week, and I will.

The CHAIR: Coming to Ms Skulander, while you were on leave at the previous hearing, I asked Troy Harvey about the issue of poor soil being detected at the Albury hospital site. I got a very high-level answer, at that stage, that there is allowance for things like geotech and an ability to adapt, in terms of design. At this stage, now that design has progressed even further, what changes have had to be made as a result of that poor soil result?

EMMA SKULANDER: I'm just checking the notes because the team has provided me with an update on that. As part of the REF planning application, which we prepare across all our projects that require it, we do provide a number of technical documents. I think, from the information that I've got in front of me here, there is no unusual finding that would cause us to do anything different on this project in relation to the soil condition. Yes, as part of the initial investigation, we would have found some quality issues in the soil but, certainly, they get dealt with through the construction processes.

The CHAIR: I put this to your colleague at the previous hearing because those initial investigations got a "P" result for poor soil quality. Are you saying that that doesn't impact the project as planned at all and you're going to go ahead and build as if that result hadn't been found?

EMMA SKULANDER: We wouldn't build as if the result wasn't there. We deal with the result on the way through the construction process. We would be providing—when the building contractor prices the project, we provide available information to ensure that they had appropriate cost allocation and methodology to enable them to deal with that soil condition on the way through. I will say every single site, probably without exception, that we build on, when we're building on a brownfield site or a greenfield site—depending on the previous use of the site—we'll encounter something in the soil, either geotechnical or contamination. It really is a business-as-usual find.

The CHAIR: When you go through the tender process for construction, if that does come back higher than anticipated as a result of the poor-quality soil, how will that impact the project? Will you be able to build what's actually been planned?

EMMA SKULANDER: We will have a really good cost estimate on it, based on the investigations that we've done. The building contractors will price for that in what they do. Sometimes on the way through in a project, we encounter additional contamination that may not have been able to be foreseen. But, again, that happens on every project. So, no, it wouldn't preclude us from doing anything on the site.

The CHAIR: Just coming to Mr McTaggart, because otherwise you would have gone another session without getting any questions, I saw that you visited Albury at the start of October. It was good to see you in town. There were two social media posts, one by Albury Wodonga Health and one by the local member, saying that you'd met with Albury Wodonga Health. The posts were about how pleased they were to welcome senior leaders from the Ministry of Health. What did you discuss in those meetings?

VINCE McTAGGART: Basically, it was a visit with my colleague from Regional Health—she hadn't been to the Albury hospital site—basically taking her through the new emergency department, short-stay unit, key worker accommodation site and site for the new clinical services building.

The CHAIR: Did you or the other attendees from the Ministry of Health meet with anyone else while you were in Albury?

VINCE McTAGGART: No.

The CHAIR: Only with Albury Wodonga Health.

VINCE McTAGGART: That's correct.

UNCORRECTED

The CHAIR: With my remaining time, I might go to Mr Sloane. I've previously asked some questions around the IPTAAS scheme for travel and accommodation reimbursements. I understand that that's currently being reviewed or considered. I'd asked previously, specifically, about the opportunity to access GP specialists, particularly when that may be the closest available service. Has there been any progress with that work?

LUKE SLOANE: Yes, we have been working on that. It forms part of an ongoing policy review and consideration of that with regard to the budget going forward—the inclusion of those services into the policy for IPTAAS. Where they are the specialist referral site, we do include that. We do provide IPTAAS in order for people to seek that support as long as it complies with the other areas around the policy, like travelling over 100 kilometres or 200 kilometres cumulatively during the week.

The CHAIR: That's very good to hear. Is that reflected in the policy document now?

LUKE SLOANE: Not at the moment, no. We're still working through how we factor that in, because there have been several other inclusions. Of course, we have a finite budget for IPTAAS and for being able to offer that equity of access for people from rural, regional and remote areas. We need to make sure that the budget lines up with the policy and vice versa with regard to that going forward.

The CHAIR: It's good to hear that there has been progress in that regard. I also want to ask about access to dental services under IPTAAS. It's my understanding that oral and maxillofacial surgery, cleft lip and cleft palate services and only certain dental services in highly specialised oral health clinics are funded. Given that it's significantly cheaper to treat dental issues early, before they become complicated—as well as being better for people's dental health outcomes—has there been any consideration of including general dental services under IPTAAS too, in those rare instances where people are required to travel that far?

LUKE SLOANE: Again, it comes back to how people access their speciality services and over what distance they are travelling. We're trying to make sure that there's equity of access for people who do have to travel distances from rural, regional and remote areas and, where we can, we're looking at those within the policy as it evolves into the future as well.

The CHAIR: I'll come back to Ms Pearce in my last minute. I touched on this this morning and then we ran out of time. I was asking about the mould at the Calvary Mater, but I think it speaks to the broader accountability question when services are managed through a public-private partnership. What oversight mechanisms or safeguards do you have in place under these agreements to ensure patient safety?

SUSAN PEARCE: It is a very serious matter. I want to be clear with you as well, because we did run out of time on it this morning. The local health district inserted itself into those discussions many, many months ago and so did NSW Health more broadly. There are requirements on the PPP providers to deliver upon the services that they provide. I can't go into all of the specifics about Calvary, for example, but what I can tell you, given our experience in other quarters, is that there are abatement regimes and so on that get applied when they fail to live up to what they are required to do. We have certainly had to work very hard—and I'd like to acknowledge that the district has worked very hard—to bring them to the table to complete what is required of them in terms of their contract. The issue I mentioned this morning with respect to the cladding and the water supply was a very substantial part of that problem, and that work continues. We have now seen some progress, but we are very keen for all of those providers to live up to what are, in our view, their contractual requirements.

Ms CATE FAEHRMANN: I want to turn to the human health risk assessment that was undertaken by EnRiskS for the Bowdens Silver mine. I've asked about this before. Dr McAnulty, I might ask you some questions about this because it's about some emails from Health Protection NSW. It starts on page 66 of what I handed out and goes through to page 77. There are also a few more documents to be circulated. One of the documents to be circulated is something that I asked about before, which is from Tim Brokenshire from Western NSW Local Health District. This was basically the assessment from the LHD from NSW Health that says that they've noted the human health risk assessment and find no potential impact on community health. This email, I understand, is part of what makes up NSW Health's assessment of the human health risk assessment. I think you're aware of this, Dr McAnulty and Dr Chant. Is that correct?

JEREMY McANULTY: Yes.

Ms CATE FAEHRMANN: Because I have asked questions about it before?

JEREMY McANULTY: Yes.

Ms CATE FAEHRMANN: There is an email on page 66 in which there are concerns expressed from Health Protection NSW to Tim Brokenshire, saying that there are concerns from the community. It asks Tim whether "a full reading of the health risk assessment," was undertaken "including modelled exposure pathways and health risks associated with potential exposures?" Dr McAnulty, do you know just exactly how much was

UNCORRECTED

undertaken by NSW Health in terms of assessing the human health and risk assessment that enRiskS did in relation to Bowden silver mine?

JEREMY McANULTY: Could you just repeat that? Who did, sorry? Apologies.

Ms CATE FAEHRMANN: Have you undertaken your own investigation, research or inquiries to understand just how much assessment the NSW Health official—which is Tim Brokenshire, I think—undertook of enRiskS' human health and risk assessment?

JEREMY McANULTY: My team liaised, as you note from the email with Mr Brokenshire, to understand what happened. I'll have to get back to you exactly what the outcome of that conversation was, I think, but I'll have to confirm that he reviewed the documents that were presented to him. We will get back to you on that.

Ms CATE FAEHRMANN: There is another email on page 74, where the acting director at the time, Dr Paul Byleveld, says:

I discussed the Human Health Risk Assessment with Neil Hime who read the full report. I reviewed the conclusions and other key sections of the Human Health Risk Assessment report.

That's what the Health Protection New South Wales branch says.

JEREMY McANULTY: Yes. Thank you.

Ms CATE FAEHRMANN: I also want to get your view on the new information that I handed out to you. This is the enRiskS—you can see that there's a page, and at the top it has "Bowden Silver Pty Limited" and its specialist consultant studies. Can you see that? It's one page of enRiskS in the new document.

JEREMY McANULTY: The last page?

Ms CATE FAEHRMANN: Yes.

JEREMY McANULTY: Yes.

Ms CATE FAEHRMANN: The first dot point on that page is the only reference to Broken Hill in the human health and risk assessment that enRiskS undertook for a lead, silver and zinc open-cut mine near Mudgee, which is two kilometres from a primary school. What enRiskS said in relation to the Broken Hill operations was that they're very different. They also said:

Historical operations at these sites have meant that there has been a long time where dust management measures and pollution control technology was not available or used. This means here has been a long history of dust deposition within the towns, and the communities are exposed to both naturally elevated levels of lead and historical deposition.

Is the Broken Hill community exposed to anything else in terms of lead? You're on the health expert advisory panel for lead. What else are they exposed to?

JEREMY McANULTY: There are existing mines, there's historical additions, and there's also old paint.

Ms CATE FAEHRMANN: Exactly. That's enough. There are emissions from existing lead mining. This is the human health risk assessment undertaken by enRiskS for a new lead, silver and zinc mine at Mudgee, two kilometres from a school, and they've got here that at Broken Hill there are no issues to mention in terms of current lead mining.

JEREMY McANULTY: I think the way I read this is that Broken Hill is different because of that historical deposition of lead from mines, which operated without modern licences and controls in place as well as the natural lead near the surface, which means it's a very different environment, and modern controls over mining can have a very different impact to the historical—

Ms CATE FAEHRMANN: Why aren't the modern controls of mining being used, then? Broken Hill has underground mining—let's be clear. Mudgee is going to be open cut. Why would a human health and risk assessment not mention the fact that current mining activities are poisoning the blood of children? Thirty-three per cent of children under five in Broken Hill have blood lead levels over five, and 69 per cent of Aboriginal children. The human health and risk assessment here doesn't mention it. Do you think this needs to be redone?

JEREMY McANULTY: The risk assessment was reviewed by two external expert reviewers who are well qualified, Professor Drew and Professor Priestly, who reviewed the contents of them, as I understand it, and were satisfied that they had addressed the concerns. It was also reviewed by the Independent Planning Commission processes.

Ms CATE FAEHRMANN: But from NSW Health's perspective, there are concerns. There is another email in here. I don't know why all this bit is redacted, but I do want to assure you that I am going to try and get

UNCORRECTED

it un-redacted. There are concerns raised on pages 72 and 73 in relation to that same human health and risk assessment. There's been ministerial briefs about whether that human health and risk assessment was adequate. In fact, the ministerial brief which I handed out in the second round also states that the assessment was not comprehensive. That's also in here as well.

The community has been asking for and pointing out their extreme concerns about this human health and risk assessment that just completely disregards the fact that the New South Wales Government cannot get the lead in children in Broken Hill under control, and current mining activity—that's what Mark Taylor's report said very clearly—is a big part of it. They're frustrated and have been requesting for a new human health and risk assessment to be undertaken with Mark Taylor's research in mind. Is NSW Health going to—

KERRY CHANT: Perhaps we could just address the issues, because I know that this was raised previously.

Ms CATE FAEHRMANN: Not all of this.

KERRY CHANT: We have also met with representatives of the group. We have gone back over it, both Dr McAnulty and myself, and I think it's probably important to just highlight a couple of things. There were concerns, as you rightly pointed out, in the correspondence, before, that Professor Mark Taylor had raised concerns that the human health risk assessment did not follow the enHealth guidelines for health risk assessment, used thresholds of toxicity reference values for assessing lead impacts that were too high, and underestimated soil lead concentrations in dust deposition. We reviewed the planning process and we went back through the planning process to see if those issues were salient, and we can confirm that the HHRA has followed the enHealth guidelines for health risk assessments. The TRVs—the toxicity reference values—were 3.5 micrograms per decilitre, and the air modelling has followed the New South Wales EPO's approved methods for modelling and the assessment of air pollutants in New South Wales.

There is a point that we have engaged with Professor Taylor in conversations, and we do note that he has particular concerns about deposition and whether that needs to be incorporated into any other components. We have raised that issue with the EPA, and we know that the EPA is in discussions with Mr Taylor. It was important to note that Mr Taylor had actually presented to the planning commission—so the evidence of Professor Taylor was presented to the planning commission.

The planning assessment report indicates that the HHRA was peer reviewed by Professor Brian Priestly and subsequently by DPIE-hired Dr Roger Drew, both of whom we would see as pre-eminent in the area of toxicology. They were satisfied that the revised HHRA—and accepted the risks from the minor/low. In relation to Professor Taylor's comments, as I said, there is a point he is making in relation to deposited dust. As I said, we are really keen that we work with EPA to understand how that might be factored into future aspects and what that means and how that compares to relying on air modelling. But that's really the technical issues that need to be worked through with EPA.

We also do note—and we did follow up with Professor Taylor. He has highlighted the different constructs between Broken Hill and this setting. I just wanted to indicate that we have been conscious of the issues that the community have raised. We've been following them up to get to the bottom of it. I just wanted to say that we will continue to engage. We note that the current process is that it is going back to the planning assessment commission because there was something around a transmission line that was not considered in the initial EIS. We're really happy to continue to do this but, as you can see, we have done our due diligence in going back and checking on some of the elements that the community has raised with us.

The CHAIR: Are there any questions from the Government?

The Hon. GREG DONNELLY: Yes, I have a few questions Dr Chant, in regard to the NSW Voluntary Assisted Dying Board annual reports, what role does NSW Health have in terms of the preparation, review, commentary on those reports? Does it have any at all?

KERRY CHANT: It is a report of the board. We do provide some—within one of my branches, there is a section which is the Voluntary Assisted Dying Board secretariat. That is the group that supports the board, as well as processes the applications. We also have some support for the board through the Centre for Epidemiology and Evidence, which does a couple of pieces of work which look at some data matching. The website that supports the board's operation requires data to be extracted so that it can be used in a usable form and displayed. The Centre for Epidemiology and Evidence has got funding to support the development of the board's report. You can see that this year's report form is very much similar in format to last year's. But apart from those issues, it is very much a board process.

UNCORRECTED

The Hon. GREG DONNELLY: So the content of the document is ultimately the responsibility of the board?

KERRY CHANT: That's correct.

The Hon. GREG DONNELLY: I'd just like to ask a follow-up question in regard to the 2023-24 and 2024-25 annual reports. The secretariat will hand them to you. What I've done, Dr Chant—I've just got extracts from both of the reports. First of all, if we could deal with the 2023-24 report. That should be the one on the top that you've got. If you just open up to the page—the first page after the cover is page 13. Is that what you've got?

KERRY CHANT: Yes, I've got 13.

The Hon. GREG DONNELLY: This heading is "Voluntary assisted dying process". Then there's a heading, "First and consulting assessments". Can you see that?

KERRY CHANT: Yes, I can.

The Hon. GREG DONNELLY: If you turn over the page, you've got table 9 and table 10. Table 9 is headed "Reasons for ineligibility at first assessment for voluntary assisted dying, NSW, 28 November 2023 – 30 June 2024". That is obviously not a full 12-month period. The second table, table 10, is "Reasons for ineligibility at consulting assessment for voluntary assisted dying, NSW, 28 November 2023 – 30 June 2024". In those respective tables they've listed reasons for ineligibility. If we take table 9 for example—I won't read them all, but if I could just nominate two or three of them. This is from the tabulation of data. Looking at the first one, "Does not have a diagnosis that meets the eligibility criteria", there are 64; and "Does not have decision-making capacity" is 19. If you jump down to—which particularly caught my attention—"Is acting because of pressure or duress", there is three in that category. If you total out that column, there is a total of 80. You then go to the next table—

KERRY CHANT: Just to alert you, under that table there is a little section called "Notes", which says, "A patient may be ineligible for more than one reason."

The Hon. GREG DONNELLY: Yes, I understand that. Nevertheless, if you look at that first table, table 9, we've got, prima facie, three individuals identified as acting due to pressure or duress. That is in the board's report. We go to the next table, which is table 10. I won't read out the heading again, because I've done that already. If we look at the first line item, "Does not have decision-making capacity", 11; "Does not have a diagnosis that meets the eligibility criteria", nine. If we jump down to "Is not acting voluntarily" and to the next one, "Is acting because of pressure or duress", there is a total of four, prima facie, in those two line items. Can I take you now to the report for 2024-25, which is the second extract document I've given you. You have in front of you the cover page. We then turn to page 15. Is that what you have in front of you?

KERRY CHANT: That's correct.

The Hon. GREG DONNELLY: With page 15, you've got the heading "Voluntary assisted dying process". Then you've got the subheading, same as the previous year's report, "first and consulting assessments".

KERRY CHANT: Yes.

The Hon. GREG DONNELLY: You've got table 9 and table 10. On the bottom of the page, you've got some summary commentary which is equivalent to, if I take you back to the previous report, on the bottom of page 14—if you go to the previous summary extract, it's on page 14. I'll let you read it. It's just a couple of paragraphs of commentary. It's different words, but it's the commentary around the matter of ineligibility. If it helps, my questions aren't going to go to the wording per se; I'm just drawing them to your attention.

KERRY CHANT: That's fine.

The Hon. GREG DONNELLY: If you continue along the top of page 16 of the latest report, you've got the heading "final requests". Do you see that?

KERRY CHANT: Yes.

The Hon. GREG DONNELLY: What sticks out like the proverbial is, if we go back to last year's report of 2023-24, the two very significant tables that deal with ineligibility, the reasons for the ineligibility have been set aside—not included. In other words, in the 2024-25 report the board has deliberately, I would submit, excluded two critical tables which provide very significant pieces of information with respect to the practice of voluntary assisted dying in New South Wales. I submit, Dr Chant, that this is very critical and significant information for the public at large. There is a statutory review with respect to the Act underway. Parliamentarians themselves who participated in the debate and what might be subsequent debates on VAD are entitled to know this type of information, as are academics, those practising in the law and the medical profession at large.

UNCORRECTED

I find it extraordinary that the board could set out—because there could be no other reason to delete this information. It's not as if they have any problems with photocopying costs. These are two tables that are rich with information and very significant with respect to what they provide in terms of insight with respect to ineligibility, particularly with respect to matters of duress and not acting voluntarily. As you would be aware, Dr Chant, that was debated in great detail when the bill was before the Parliament. Dr Chant, I ask you the question: Were you aware that these two tables had been deleted from the latest report?

KERRY CHANT: This report went through the approval pathway. I glanced at the executive summary of the report but didn't particularly notice that issue. I would have to seek advice from the board about their thinking and rationale, but I highlight one point to you from my reading of this. It's on page 16. At the top of that page, it says:

In a small number of cases where a patient was found to not have decision-making capacity in relation to voluntary assisted dying, practitioners were unable to confirm that the patient was 'not acting because of pressure or duress' due to their loss of capacity ...

We have noticed that the way some of the questions were put into the forms could be misleading because they're saying they can't—

The Hon. GREG DONNELLY: If I could interrupt you, Dr Chant, at the bottom of page 14 of the previous report, the 2023-24 report, the penultimate paragraph contains basically the same messaging and the same language. In other words, it talks about the matter of being unable to fully assess all criteria because a patient has lost the decision-making capacity. We know that. That's not the point I'm making. I'm saying there has been a deliberate exclusion from the latest annual report of two highly significant tables that detail some very critical pieces of information in regard to any ineligibility with respect to VAD in this State. We're about to enter into the statutory review of this legislation. What I'd like to find out through you is who authorised those tables to be deleted.

KERRY CHANT: I'm happy to take that on notice, noting that the board will be the people who answer in relation to the report. I also say, in reading it myself, that one of the issues could have been that it was considered misleading because, in essence, perhaps it more correctly could have said "can't be determined whether they were acting due to pressure and duress because of loss of capacity". It may have been colouring the views of the board.

The Hon. GREG DONNELLY: Dr Chant, as I said, the issue is not the verbiage but the tables.

KERRY CHANT: I will take that on notice and find—

The Hon. GREG DONNELLY: Just to be clear, the verbiage on the bottom of page 14 of the 2023-24 report is essentially analogous to 2024-25. I won't quibble with the content. I want to know why the tables have been deleted. Why did the board decide to delete those tables?

KERRY CHANT: I will seek a response. I've just been provided advice that the data was easily misinterpreted in the tables, so it was included in the text so we could describe in more detail, but I will confirm that position of the board. That's my advice from the head of the area, but I will seek a response from the board.

The Hon. GREG DONNELLY: Can I just follow up, then. It's the wonders of instant technology and instant answers. I would like a detailed response why each and every one of these items—so in other words, you have two tables there, table 9 and table 10, and you have line items. In the first table 9—

SUSAN PEARCE: Mr Donnelly, I'm sorry, I do apologise but it is almost the end of the session. Can I just suggest—

The Hon. GREG DONNELLY: No, no, no, no, no, no—

SUSAN PEARCE: Dr Chant has already responded to say she will take this on notice.

The Hon. GREG DONNELLY: No, no, I want this very—

SUSAN PEARCE: I think it's unreasonable to be asking us questions of decisions that have been made by the VAD board at this point in time.

The Hon. GREG DONNELLY: No, please, I'm entitled to ask this question.

SUSAN PEARCE: I feel like you've asked it—

The Hon. GREG DONNELLY: No, I have not.

SUSAN PEARCE: —and we've given you a response.

UNCORRECTED

The Hon. GREG DONNELLY: No, I have just been given a response that has come through via text message, and that's fair enough. Just to be very, very clear, if you count the items in table 9, there's one, two, three, four, five, six, seven, eight—

The CHAIR: Mr Donnelly, your question has been taken on notice.

The Hon. GREG DONNELLY: No, no.

The CHAIR: And Government members made points of order this morning—

The Hon. GREG DONNELLY: No.

The CHAIR: —when Opposition members were repeating questions that had been taken on notice.

The Hon. GREG DONNELLY: No. The answer given is it may be misleading, if I'm not misquoting Dr Chant—that the representation in the tables may be misleading. I want to know, Dr Chant, through the secretary, the reasons why each one of these are potentially misleading because on the plain reading of it, for example, "not an adult"—that clearly can't be an issue of misreading or sort of being vague. Either a person's 18 or not. If the argument is that there's potential for confusion or potential misleading interpretation, I'd like the explanation, through you on the answers to questions on notice, why these items are misleading.

The CHAIR: That brings us to the end of today's hearing. Thank you again to all of our witnesses. I acknowledge again there were many of you in the room today and this was a supplementary hearing. We're very grateful on behalf of the communities that we represent that you've provided that time to give evidence today and acknowledge that many of you won't get a rest over the holidays, particularly at Health. Have a safe and happy holiday season.

SUSAN PEARCE: Can I just acknowledge that Dr McNulty is retiring at the end of this year, and after 40-something years of service, this will be his last appearance before this Committee.

The CHAIR: Congratulations.

The Hon. GREG DONNELLY: Thank you for your wonderful work.

The Hon. WES FANG: Thank you very much on behalf of everybody on the Committee.

The Hon. GREG DONNELLY: Hear, hear!

(The witnesses withdrew.)

The Committee proceeded to deliberate.