

PORTFOLIO COMMITTEE NO. 2 - HEALTH

Thursday 5 September 2019

Examination of proposed expenditure for the portfolio areas

HEALTH AND MEDICAL RESEARCH

CORRECTED

The Committee met at 9:30

MEMBERS

The Hon. Greg Donnelly (Chair)

The Hon. Mark Banasiak

Ms Cate Faehrmann

The Hon. Wes Fang

The Hon. Courtney Houssos

The Hon. Emma Hurst (Deputy Chair)

The Hon. Trevor Khan

The Hon. Natasha Maclaren-Jones

The Hon Matthew Mason-Cox

The Hon. Walt Secord

PRESENT

The Hon. Brad Hazzard, *Minister for Health and Medical Research*

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**

The CHAIR: Welcome to the public hearing for the inquiry into the budget estimates 2019-2020. Before I commence, I acknowledge the Gadigal people who are the traditional custodians of this land. I pay respect to the Elders past and present of the Eora nation and extend that respect to other Aboriginals present, or who may join us later today. I welcome Minister Brad Hazzard, and accompanying officials to the hearing. Today the Committee will examine the proposed expenditure for the portfolio of Health and Medical Research. Today's hearing is open to the public and is being broadcast live via the Parliament's website. In accordance with the broadcasting guidelines, while members of the media may film or record Committee members and witnesses, people in the public gallery should not be the primary focus of any filming or photography.

I also remind media representatives who are here, and those who may join us later on, that they must take responsibility for what they publish about the Committee's proceedings. The guidelines for the broadcast of proceedings are available from the secretariat. All witnesses in budget estimates have a right to procedural fairness according to the procedural fairness resolution adopted by the House in 2018. There may be some questions that a witness could only answer if they had more time or with certain documents to hand. In those events, witnesses are advised that they can take a question on notice and provide an answer within 21 days. Any messages from advisors or members' staff seated in the public gallery should be delivered through the Committee secretariat. I remind the Minister and the officers accompanying him that they are free to pass notes and refer directly to his advisers seated at the table behind him.

Transcripts of this hearing will be available on the web from tomorrow morning. Finally, could everyone please turn their mobile phones to silent for the duration of the hearing. All witnesses from departments, statutory bodies or corporations will be sworn prior to giving evidence. I remind Minister Hazzard that he does not need to be sworn, as he has already sworn an oath to his office as a member of Parliament. I also remind Ms Koff, Dr Lyons and Mr Minns from NSW Health, that they do not need to be sworn, as they were sworn at an earlier budget estimates hearing.

ELIZABETH KOFF, Secretary, NSW Health, on former oath

DANIEL HUNTER, Chief Financial Officer, NSW Health, sworn and examined

KERRY CHANT, Chief Health Officer, NSW Ministry of Health, sworn and examined

CARMEN RECHBAUER, Chief Executive Officer, Health Share NSW, sworn and examined

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

PHIL MINNS, Deputy Secretary, People, Culture and Governance, Ministry of Health, on former oath

NIGEL LYONS, Deputy Secretary, Health System Strategy and Planning Division, NSW Ministry of Health, on former oath

The CHAIR: I declare open the proposed expenditure for the portfolio of Health and Medical Research hearing. Questions on this portfolio will now begin. All witnesses, including the Minister, will be questioned during this morning session. After a lunch break we will continue questioning government witnesses. The Minister will not be present for questions during the afternoon and evening sessions. As per the opening statement, there is no provision for any witness to make an opening statement before the Committee commences questioning and we will begin with questions from the Opposition.

The Hon. WALT SECORD: Yesterday on ABC TV, the Australian Associated Press in *The Sydney Morning Herald* quoted a spokesperson from your office saying that your office was working on two amendments involving the abortion bill before Parliament. What are those two amendments?

The Hon. TREVOR KHAN: Point of order—

Mr BRAD HAZZARD: I do not mind. I indicate, Mr Secord, that I understand your request. If you do not mind I am going to decline to comment on that because the bill that is being produced for the House—I think you are broadly supportive of the bill—

The Hon. WALT SECORD: More than that, I supported the previous bill too. I was one of the 14 people who voted for the original bill and I will be voting for the bill again.

Mr BRAD HAZZARD: Thank you for that. Mind you, I also respect the fact that this is a conscience vote and, of course, your conscience and mine—at least on this occasion—have coincided, which is very pleasant. But I also recognise that other people's consciences—they are entitled to their private views and some of those matters that I am working on reflect trying to find a balance for people who have different views from you and me. At this point, respecting that it is a challenging issue for some—I think it is a challenging issue for all of us—I do not think it is appropriate. If you do not mind, I am going to pass on that question.

The Hon. WALT SECORD: I ask just one follow-up question. You said that you are working on the amendments. Are you working on the amendments or is it in concert with your department?

Mr BRAD HAZZARD: I am working on the amendments. I am not working with the department as such, but I have asked if there are any individuals within the department who are prepared to help. There have been a few, so it has been quite good. Obviously not officially, in a sense, as a Minister.

The Hon. WALT SECORD: Without going into detail, when will the community know the contents of those two amendments?

The Hon. TREVOR KHAN: Point of order: I am going to raise it now—

The Hon. WALT SECORD: I am asking a timetable question, I am not asking a content question.

Mr BRAD HAZZARD: I am happy to answer.

The Hon. TREVOR KHAN: It is outrageous to use budget estimates for this, Walt. It really is.

The CHAIR: That is a statement, Minister.

Mr BRAD HAZZARD: I do not know that the Hon. Walt Secord is being political about it. I think he is asking genuine questions. It is a struggle at the moment, to be honest. I am still working on it—as late as yesterday afternoon I was hand writing amendments and changes and trying to work out how I would accommodate, at least from my point of view. But then, of course, there are a group of other people who will be involved as well at some point. It is a bit hard to put a time frame on it.

The Hon. WALT SECORD: To please the Deputy President—

The CHAIR: Order! You do not need to editorialise. Just proceed with your question. It is not a case of pleasing anyone.

The Hon. WALT SECORD: Thank you, Chair.

Mr BRAD HAZZARD: Chair, I do not have a problem being asked about it.

The CHAIR: No, sorry, I was not reflecting on you, Minister. It was just the editorialising about pleasing people around the committee table.

The Hon. WALT SECORD: No, I understand that it is a very important issue. It has been 119 years—

The Hon. TREVOR KHAN: Stop it, Walt. You really do not contribute.

The CHAIR: Please, gentlemen.

The Hon. WALT SECORD: Are you finished?

The CHAIR: I am trying to enable this to be done in a respectful way.

The Hon. WALT SECORD: I will switch to another bracket of questioning. Are you comfortable with the activity and the conduct of the NSW Health Care Complaints Commission [HCCC]?

Mr BRAD HAZZARD: Am I comfortable with it?

The Hon. WALT SECORD: With its activities, the way in which it conducts itself.

Mr BRAD HAZZARD: First of all, let me say—and I raise this only in passing because I intend to answer your question—that you are asking for an opinion, which, I think, under Standing Order 65 of the upper House, is not appropriate. I am going to give it to you, anyway. I think it is a tough gig. It has had an increase in the number of complaints and I think that there is a greater awareness in the community of an entitlement to complain, if people perceive that there is something going wrong for them personally or with the health system more broadly.

The HCCC was established with bipartisan support, as you would recollect, and I think the staff there do a really tough job. They have been trying to deal with such a range of issues. I think this year, Mr Secord, from memory, its budget was increased by another \$1.3 million to \$1.5 million so it could employ another 10 to 12 full-time equivalent staff. That is helping because there has been such an increase in complaints that it was finding it a struggle to get through them. The last I saw they had dropped their time for reviewing each of the complaints quite well. Each of the matters—some of them are fairly straight forward, some of them are very complex.

The Hon. WALT SECORD: Because of the volume of complaints have you had to hire more investigators?

Mr BRAD HAZZARD: That is what I just said. I did not hire them obviously because it is an independent body; it is an independent body that is in a bit of twilight zone as to how it operates with the Government. It is not something I can ask them and if you were the health Minister you could not either. You have to allow them to operate in the way of any other independent body. They have found it such a struggle and I know that because of the increase in the number of complaints. I am pretty sure it was a \$1.3 million to \$1.5 million increase over and above the normal increases. I think Health generally last year had an increase of 4.5 per cent; its increase is more like 6 or 7 per cent. I know they were able to employ another 10 to 12 staff.

The Hon. WALT SECORD: As part of the increasing and hiring of more staff, has it had to drop the standards or drop the qualifications or drop the checks on staff being hired for the organisation to increase volume?

Mr BRAD HAZZARD: I cannot comment on that because as an independent body the HCCC employs its staff. I would imagine they have qualifications that are approved by the head of the Health Care Complaints Commission.

The Hon. WALT SECORD: Are you familiar with a ABC investigative report last month—18 August, 19 August—involving a particular investigator for the HCCC?

Mr BRAD HAZZARD: Can you prompt my memory on which one you are talking about?

The Hon. WALT SECORD: I am talking about the hearing of a convicted sex offender to investigate patient claims. There is a quote here from your office where it says:

... except to confirm Minister Brad Hazzard had demanded the HCCC provide 'a full report of the circumstances' surrounding the man's employment.

Mr BRAD HAZZARD: I remember the one you are talking about. What is your question?

The Hon. WALT SECORD: What is the status of that person who was in the HCCC?

Mr BRAD HAZZARD: The last I heard, I think the ABC suggested that he had been guilty of a sexual offence of some sort from memory.

The Hon. WALT SECORD: In a car park in the Sutherland shire.

Mr BRAD HAZZARD: That is what I read in the media. I certainly did raise it with the HCCC and I was told that they were currently reviewing his employment. I have not had any further updates but I know they were concerned about the issue.

The Hon. WALT SECORD: What is the status of the full report?

Mr BRAD HAZZARD: I have not seen a full report but what I have been told is that he was stood down from his tasks while an investigation was being undertaken.

The Hon. WALT SECORD: With or without pay?

Mr BRAD HAZZARD: One of the joys of the public sector is that it is very rare someone is stood down without pay. I would imagine, but I do not know, that he is on pay until there is a conclusion.

The Hon. WALT SECORD: Ms Koff, are you familiar with this report? Have you had discussions with the HCCC about this?

Ms KOFF: No, the HCCC is an independent agency. It reports directly to a parliamentary committee and to the Minister.

The Hon. WALT SECORD: Who requested this full report?

Mr BRAD HAZZARD: I did.

The Hon. WALT SECORD: You request a full report and then you don't receive a full report. Where is the full report?

Mr BRAD HAZZARD: Mr Secord, have you ever been in government?

The Hon. WALT SECORD: Yes, many years.

Mr BRAD HAZZARD: You were, yes, with Bob.

The Hon. WALT SECORD: State, Federal and local, all three spheres of government.

Mr BRAD HAZZARD: You would know these things take time and what the time factor usually is.

The Hon. WALT SECORD: Usually about a week, two weeks.

Mr BRAD HAZZARD: Not at all.

The Hon. WALT SECORD: Something like this you would get a quick turn around.

Mr BRAD HAZZARD: Not at all, Mr Secord. I can remember your former boss, who I still have a high regard for, but many things took many, many months to get answers for.

The Hon. WALT SECORD: Keneally, Rudd or Carr?

Mr BRAD HAZZARD: I was taking about Carr actually, Bob Carr.

The CHAIR: Can we focus on the answer and question?

Mr BRAD HAZZARD: I do not mind Mr Rudd either.

The Hon. WALT SECORD: What has happened to this report?

Mr BRAD HAZZARD: Let me finish. My belief was that the last time I had any indication was that they had stood him down and they were reviewing the circumstances. I think he had differing views on what the circumstances were, as you would expect. That is why I conclude that he is more than likely to be on salary, if he is still there. I think a report will come in due course. One of the issues I have found in my parliamentary life, and particularly in this very sensitive Health portfolio, is that NSW Health and other allied agencies are usually extremely sensitive to the possibility of somebody mentally not being well. They make sure that everything is

done, as you would I am sure, to support due process and make sure the person, whoever it is being looked at, is also getting the appropriate support. I would think that is highly likely.

The Hon. WALT SECORD: The person involved was convicted following an incident in August 2000 at Cronulla beach car park. I want to jump ahead. Have you or your department satisfied themselves that the Health Care Complaints Commission is doing the proper background checks on investigators in that agency?

Mr BRAD HAZZARD: Can I say to you, one of the issues is that those bodies are independent, but I am also the Minister to which they are accountable. I am not prepared to say anything further than this: I am satisfied that the head of the HCCC has taken appropriate steps and is currently taking those steps both in the interests of making sure that people who are under investigation have appropriate staff investigating them and also recognising the need for due process about the particular individual involved.

The Hon. WALT SECORD: Back to the HCCC. There are concerns that the internal investigation at the HCCC is not about whether the appropriate background checks were made involving this particular person, but about the time occupying the HCCC in finding out who uncovered the person in the department who did not have the proper background checks. The investigation is into the whistleblower, rather than who actually hired this person. What is your response to that?

Mr BRAD HAZZARD: My response to that is that the HCCC has a statutory duty to ensure that its processes are entirely appropriate for investigation of the various complaints that are made. I think last year it was over 7,000 complaints, 7,300 from memory.

The Hon. WALT SECORD: Do you think that it is appropriate that the HCCC is concentrating on who revealed the sex offender, rather than who hired the sex offender?

Mr BRAD HAZZARD: One of the things about the upper House that I respect greatly is the fact that your standing orders require you not to interrupt me when I am trying to answer.

The Hon. WALT SECORD: Please answer my question?

Mr BRAD HAZZARD: What I was saying is that I am satisfied that the HCCC are carrying out an investigation and the investigation will look at all matters that are relevant, as would be expected. I am not going to, if you like, get in to the whys of somebody making an assertion about other aspects. I am sure the HCCC will appropriately investigate all matters. Can I say, I do not know whether you are on the committee.

The Hon. WALT SECORD: I am on the committee.

Mr BRAD HAZZARD: Could I suggest your questions might be better directed to Ms Dawson from the Health Care Complaints Commission at an appropriate time.

The Hon. WALT SECORD: I just think this goes to—

The Hon. TREVOR KHAN: Ask a question, do not make a statement.

The CHAIR: Is that a point of order?

The Hon. TREVOR KHAN: It is.

The Hon. WALT SECORD: You have to say the phrase "point of order".

The CHAIR: Excuse me. There is only one Chair at the table.

Mr BRAD HAZZARD: I appreciate the point of order and I appreciate the interest, but I do not have any problem at all with what Mr Secord is asking about because it is a matter that exercised my mind as well. You can ask but I, as Minister, have to be more cautious in what I say. I can say to the Committee that I am satisfied that the processes are underway to look at all aspects, but if you think that there are some other aspects, Mr Secord, I strongly suggest that you do raise them in the committee. That is the benefit of having an oversight committee.

The Hon. WALT SECORD: Earlier in the hearing you talked about the increase in the volume of complaints to the HCCC. They have now created a new category at the HCCC, which is called "Discontinue with comment".

Mr BRAD HAZZARD: I am sorry, discontinue—

The Hon. WALT SECORD: These are investigations. Are you comfortable with the creation of a new category?

Mr BRAD HAZZARD: Again, Mr Secord, I do not think it is appropriate—

The Hon. WALT SECORD: So why do we have an HCCC if you—

The Hon. TREVOR KHAN: Point of order: The witness was seeking to answer and the Hon. Walt Secord interrupted him again.

The CHAIR: The Minister.

Mr BRAD HAZZARD: I do not think it is appropriate, to be honest, Mr Secord, that you would expect a Minister to somehow impose their views on an independent body. I think that leads down a very dangerous path. Both Houses of Parliament established the process of a review committee for the HCCC and I would strongly encourage you to raise those issues, but also if you do want to ask the questions I encourage you to send me any correspondence on it and I will ask the HCCC to respond to your inquiries.

The Hon. WALT SECORD: What are the protocols involving your office and the HCCC? How do you engage? What are the procedures that you go through involving the HCCC?

Mr BRAD HAZZARD: Like any other department, all these wonderful people sitting around the table come and sit and talk to me from time to time about issues. From time to time the HCCC would come in and talk about its need for funding and the extra reports on the complaints that they are getting. So they will sit with me. But you are welcome to come and sit with me if you like—you have never taken up that opportunity; many of your colleagues do, by the way—and on such a matter I share the desire to make sure that the HCCC is supported well, is investigating well, is concluding fairly and reasonably, but also making sure that it does what is expected of it through its legislation.

The Hon. WALT SECORD: Through you to Ms Koff, what are the protocols and arrangements that you have with the HCCC? How do you communicate?

Mr BRAD HAZZARD: Can I suggest that you have only got me for two hours, why do you not ask me? You can ask Ms Koff anything you like this afternoon.

The Hon. WALT SECORD: I would like to ask her now.

Mr BRAD HAZZARD: But I would like you to ask me now.

The Hon. WALT SECORD: I would like her to answer what are the protocols—

Mr BRAD HAZZARD: You and I have had this discussion before. I think Mr Donnelly also agreed on the last couple of times he has had the great pleasure of chairing this Committee that whilst my colleagues are here—that is, the staff of the ministry—if I choose to take a question I will take it and they will not because that is the way it works.

The Hon. WALT SECORD: Does the HCCC update you on investigations? Do you get a weekly, monthly, quarterly—

Mr BRAD HAZZARD: No, not at all, and that would be very, very inappropriate.

The Hon. WALT SECORD: Why would that be inappropriate to find out—

Mr BRAD HAZZARD: Have you had a look at the legislation?

The Hon. WALT SECORD: Yes, I have.

Mr BRAD HAZZARD: What particular part of the legislation do you say gives them—

The CHAIR: Order! It is question and answer, question and answer.

The Hon. WALT SECORD: This goes to the heart of why I am asking these questions. A convicted sex offender was hired as an investigator at the HCCC and you do not seem to have followed it up. You said you have asked for a full report; you do not have the full report.

The Hon. TREVOR KHAN: Point of order—

The Hon. WALT SECORD: I tried to direct questions to your director-general and you do not allow it.

The CHAIR: A point of order has been taken.

The Hon. TREVOR KHAN: My point of order is that the Hon. Walt Secord is engaging in simply making a speech. He is quite right, he is the one who asks the questions. That is what he should do.

The CHAIR: I think the question has been asked, so it is back to the Minister to answer as he sees fit.

Mr BRAD HAZZARD: Can I say, Mr Secord, this is an opportunity for you to ask such a range of questions and you are asking me something that really—

The Hon. WALT SECORD: You do not think this is important? This is not important to you?

The CHAIR: Order! I do not like to raise—

The Hon. WALT SECORD: Mr Chair, he is belittling very important questions.

The CHAIR: That will be in *Hansard* tomorrow. The Minister can answer the question as he sees fit.

Mr BRAD HAZZARD: Mr Secord, I am not in the habit of having you attack me and I do not intend to start now. I will answer your questions politely, courteously and professionally but I would appreciate you not interrupting me when I am answering questions.

The Hon. WALT SECORD: And I would appreciate—

The Hon. TREVOR KHAN: Point of order—

Mr BRAD HAZZARD: I have the power, as the Chair has said, to give the answer as I think is appropriate. I earnestly believe that the answer I am giving is the right answer because it is an independent body.

The Hon. WALT SECORD: Do you think that you have investigated or responded, or has the HCCC, in the appropriate manner?

Mr BRAD HAZZARD: I have done what a Minister should do and they are being investigated. I understand that the complaint has also been referred to another tribunal, which you may not be aware of. I do not intend to enunciate the details of that for other very good reasons.

The CHAIR: Thank you, Minister.

The Hon. MARK BANASIAK: My first question goes to seeking some clarification on some of the information you have provided under Standing Order 52 regarding your attempts to employ some obstetricians and anaesthetists at Parkes Hospital and Lachlan Health Service. There are a few clarifying questions. Would you like me to go through them all? You can either taken them all on notice or how would you like to do this?

Mr BRAD HAZZARD: Can you ask me one at a time and I will try and answer you? Can I say to you again, I am more than happy to answer any other questions on notice in due course as well, so no problem.

The Hon. MARK BANASIAK: How were these positions advertised? More specifically, what publication sites or mediums were these positions advertised in?

Mr BRAD HAZZARD: Let us just clarify the background to I think what you are talking about. It is the issue of the maternity, is it?

The Hon. MARK BANASIAK: Yes.

Mr BRAD HAZZARD: I am sorry to ask this but I just do not recollect the precise questions you had already asked because I get thousands of those submissions every week. What were your questions—

The Hon. MARK BANASIAK: The questions were asked by the member for Orange.

Mr BRAD HAZZARD: Not by you?

The Hon. MARK BANASIAK: Yes, and then we sought some answers through a Standing Order 52, which you kindly provided some information, but we have further clarifying questions specifically that did not come through the standing order.

Mr BRAD HAZZARD: How about I try and give you what I know and then you can ask me any further questions that you like? Is that okay with you?

The Hon. MARK BANASIAK: Yes, that is fine.

Mr BRAD HAZZARD: Parkes and Forbes hospitals are within the Western NSW Local Health District [LHD]. Parkes and Forbes are roughly 22½ minutes apart driving time. The ideal position of both hospitals would be to have a full range of maternity services if at all possible. In fact, in this very room I had the pleasure of catching up with the mayors of both Parkes and Forbes a few months ago now and they raised this issue with me. At that point I was not aware that, as you refer to it, the Lachlan Health Service, which is a subset of Parkes and Forbes, of the Western LHD, was having so much difficulty although it did not surprise later on when I found out that they were having problems because—

The Hon. MARK BANASIAK: As a former history teacher I do love the long historical diatribe but I have got limited time so I want to get to the specific questions that I want to ask.

Mr BRAD HAZZARD: So you do not want me to—

The Hon. MARK BANASIAK: I do not want the long historical diatribe; I just want the specifics.

Mr BRAD HAZZARD: Actually I do not think it is a diatribe, I object to that term. You asked a question and the Committee members are entitled to hear the detail. But if you choose not to accept that, I will happily sit back. You ask your questions and the other Committee members will just have to work out which I am answering.

The Hon. MARK BANASIAK: What publication sites or mediums were these positions advertised in?

Mr BRAD HAZZARD: If you were to have written to me about that matter I would have let you know after I inquired from Mr Scott McLachlan, who is the chief executive responsible for those matters. You would be surprised to know that as Minister I do not advertise for positions such as the maternity positions, GP positions or any others in papers, that is not my job, but I will find out for you.

The Hon. MARK BANASIAK: Thank you. Can you also find out for how long on each occasion these positions were advertised? How many applications were received in response to these advertisements—

The Hon. WES FANG: Point of order: In the pre-emptive discussions the Minister had asked the Hon. Mark Banasiak to ask the questions one at a time so that he had an opportunity to answer each question. Instead of reeling them off, the Minister should have an opportunity to answer each question as they are being asked.

The CHAIR: I think they were being bulked up to present a package, but if one at a time helps.

Mr BRAD HAZZARD: Thank you, Mr Fang. The whole issue was to get some clarity but I do not mind if Mr Banasiak asks the whole lot. My answer will be to these that you are asking minutia details. I am not saying it is a bad thing because obviously you are entitled to do that. And I have to say if Mr Donato had asked me I would have asked anyway from Mr McLachlan. I actually understood that he had quite a good relationship with Mr McLachlan. I am a bit dumbfounded that they are being asked in here but you bundle them up and I will ask him for answers to be sent to you or to the Committee. Mr Donnelly will pass them to you.

The Hon. MARK BANASIAK: Thank you. Just to go back, how long on each occasion were these positions advertised for? How many applications were received in response to these advertisements? How many inquiries or interviews have been conducted with applicants for these positions and, if so, what have been the results?

Mr BRAD HAZZARD: No problem.

The Hon. MARK BANASIAK: Thank you very much.

Mr BRAD HAZZARD: Can I say from the Government's point of view, I am on behalf of the Government very keen to see full maternity services at both hospitals at both Parkes and Forbes but Mr McLachlan has indicated that is very problematic. Unfortunately, right across Australia in regional hospitals, in conversation with the Labor and Liberal ministers around the country, it has been very problematic getting people with appropriate obstetric qualifications into regional hospitals. Most of the really smaller regional hospitals these days are actually managed obstetric-wise by a GP obstetrician, a GP who has a diploma in obstetrics. If a GP retires—I believe I think it was in Parkes a couple of the GPs were no longer available and I think that is what initiated a problem. I will find out specifically on your questions.

The Hon. MARK BANASIAK: Thank you. Sticking with Orange, can you tell us what the staffing full-time equivalent or hours per week is dedicated specifically to lymphoedema management in the Orange Health Service? Another fairly specific question, so you might need to take it on notice.

Mr BRAD HAZZARD: Very specific. Let me say that lymphoedema is a huge challenge and obviously comes particularly post-treatment for cancer. It is a very painful disorder. And again anything that the Government can do to try and work with our 15 separate local health districts to improve services for lymphoedema we would very much do. But I understand it is still a moot point as to what is the best treatment for lymphoedema. In fact, I was delighted last year at the Medical Devices Fund research awards to see that there were some new possible med tech devices that are coming forward to treat lymphoedema. I will take that one on notice too and happily get that back to you.

The Hon. MARK BANASIAK: While you are taking that on notice, this is another specific one. What is the annual budget at Orange Health Service for providing lymphoedema services in terms of dollar amount.

Mr BRAD HAZZARD: Let's ask. I would be interested to know that too.

The Hon. MARK BANASIAK: Just touching on some of your comments—

Mr BRAD HAZZARD: Can I just explain why. The budget for Health this year is about \$27 billion including about \$2.4 billion for infrastructure, so about \$24 billion. That is divided up by the Ministry of Health into each of the 15 local health districts. That becomes then the responsibility of the executive of the local health district, who Phil Donato knows very well. I would have thought just a phone call to him would have got the answer to that.

The Hon. MARK BANASIAK: I just want to briefly touch on some of your comments you just alluded to about challenges of employing obstetricians and other medical staff. Randwick and Westmead obviously have had some very public issues regarding their staffing issues. Wollongong Hospital has an EEG machine—

Mr BRAD HAZZARD: Regarding obstetricians?

The Hon. MARK BANASIAK: Well, not obstetricians, hospital staff in general. Let's just say that. It has been in the media.

Mr BRAD HAZZARD: Mr Banasiak, there are 132,000 staff with the biggest service agency in the country. It is bigger than defence by about 50,000 people. Of course there will be challenges.

The Hon. MARK BANASIAK: Can I get to my question?

Mr BRAD HAZZARD: Yes.

The Hon. MARK BANASIAK: Thank you. There are some challenges there. You have got a hospital in Wollongong that has an EEG machine that sits idle six out of seven days because there are not enough qualified staff to operate the equipment.

Mr BRAD HAZZARD: What is the equipment?

The Hon. MARK BANASIAK: An EEG machine.

Mr BRAD HAZZARD: E-E-what?

The Hon. MARK BANASIAK: Measuring brainwaves.

Mr BRAD HAZZARD: Oh yes.

The Hon. MARK BANASIAK: It sits idle six out of seven days.

Mr BRAD HAZZARD: An electroencephalograph.

The Hon. MARK BANASIAK: Thirty-seven years ago you could have got the procedure done—

Mr BRAD HAZZARD: I was not around 37 years ago.

The Hon. MARK BANASIAK: I was and I had a procedure there on the day of presenting. You have got other high-profile examples where staffing is an issue and you have just referenced it yourself that hiring staff is a problem. Is New South Wales suffering from a staffing crisis in terms of health?

Mr BRAD HAZZARD: No.

The Hon. MARK BANASIAK: How can you explain that comment when you just said yourself there are challenges Australia-wide. I have just outlined some of them and you are saying that we are not in a staffing crisis?

Mr BRAD HAZZARD: It is not a crisis.

The Hon. MARK BANASIAK: Not a crisis? How would you describe it?

Mr BRAD HAZZARD: We have amazing staff right across the entire health system. As I said, we have the biggest single health service in the country, in fact one of the biggest in the world. There are 220 hospitals, a total of 400 health facilities. There are 119,000 full-time equivalents [FTE] or nearly 140,000, or close to it, in terms of staff and they do an incredible job. But from time to time there are issues, as you would expect in any major organisation. I do not know what your background is but I can tell you that even in a small business of 20 people you have staffing issues from time to time. Is that a crisis? No, that is not a crisis. It is something that needs to be managed on a day-to-day basis. The analogies that you have drawn to the obstetrics are quite wrong. For example, you did not refer specifically to Randwick but I assume you are talking about Randwick Children's Hospital and the Children's Hospital at Westmead which are entirely different, completely different on the obstetrics issues. So no, there is no crisis. In fact, the people who are sitting at this table do an amazing job managing the health system. Anyway, what is next?

The Hon. MARK BANASIAK: I was not challenging that, just for the record.

The Hon. EMMA HURST: Good morning, Minister. On 30 July this year the New Zealand Ministry of Health published a report recommending that New Zealand citizens reduce their meat and dairy consumption due to concerns that its production is resource intensive, produces a larger carbon footprint compared to plant-based protein alternatives and is not sustainable. The report also recommends that the health sector work to encourage plant-based diets. Does the NSW Health department plan to make similar recommendations and, if not, why not?

Mr BRAD HAZZARD: I could not comment on whether or not the health department intends to do that. We have a range of highly qualified medical practitioners who are very capable in determining the range of dietary requirements for the range of people in New South Wales, and they can be obviously very different. It may be that having a diet that involves dairy is in fact critical for some people, particularly for youngsters but also people who, for example, have calcium issues. I think that to have a statement as broad as that would be very unlikely. So at this stage all I can really say to you is that I doubt very much a broadbrush approach. While I respect our New Zealand colleagues, love them dearly except in rugby, I doubt whether we will have such a direction.

The Hon. EMMA HURST: You mentioned dairy specifically. There is a huge amount of research coming out that links dairy to serous ovarian cancer—

Mr BRAD HAZZARD: To which ones?

The Hon. EMMA HURST: With serous ovarian cancer and also prostate cancer. Does that concern your department?

Mr BRAD HAZZARD: Anything that is well researched and evidence-based, scientific certainty would be a matter for consideration by various partners. As I said earlier, there are 142,000 staff inside NSW Health and they would of course be looking at those issues. But it is not as simple as perhaps the question suggests.

The Hon. EMMA HURST: More broadly, considering Australia is the third-fastest growing vegan market in the world and that there is a huge body of research that shows that plant-based diets are indeed healthier, is there anything that the Government is doing to promote and support the health and other benefits of vegan lifestyles in New South Wales.

Mr BRAD HAZZARD: No.

The Hon. EMMA HURST: Over 50 per cent of Australians 18 years and older do not eat the recommended serve of fruit and 90 per cent do not eat enough vegetables. What steps is the Government taking to ensure all residents of New South Wales, irrespective of their location, ability, status or income, have access to affordable fruit and vegetables?

Mr BRAD HAZZARD: There are two separate parts of the question. The last question puts a different context on "affordable". I am going to leave that out and deal with the issue of fruit and vegetables rather than affordable because, obviously, it depends on the market. I remember a few years ago bananas were so expensive no-one could buy them after cyclones and then they were cheap. So it is not really the issue. The issue I think you are emphasising is a relevant issue for the NSW Health department and all other health departments. I thank you for raising the issue.

Certainly I would say that I had a banana as I walked in this morning. I had a choice between a doughnut and a banana; I took the banana—which is always the case, I have to say, as evidenced by my physique. But having appropriate vegetables and having appropriate fruit is certainly a message that each and every one of the local health districts works on from time to time and tries to get those messages out through a range of activities that promote health with youngsters, young people, but also adults more broadly. I think you would be quite happy with some of the programs that are going on. I will get you some information about the range of programs that NSW Health is doing to encourage a balanced diet, including fruit and vegetables.

The Hon. EMMA HURST: Thank you. I appreciate that. Going back to affordability, I note in your example you are talking about the fluctuation of prices of particular fruits and vegetables. Obviously that will continue to happen—different seasons, for example. If you look at the cost of a Happy Meal in comparison to the cheaper fruit and vegetables, there is still an affordability issue. Could you respond more generally regarding anything the department is doing?

Mr BRAD HAZZARD: It is a long while since I have had a Happy Meal. What is a Happy Meal worth?

The Hon. EMMA HURST: I do not know; something like \$2.95.

The Hon. COURTNEY HOUSSOS: A bit more than that.

The Hon. EMMA HURST: A bit more than that now. Ms Houssos can tell us.

Mr BRAD HAZZARD: What is it worth?

The Hon. WALT SECORD: Ask the mum here.

The Hon. COURTNEY HOUSSOS: I do not know.

Mr BRAD HAZZARD: You must still have kids.

The Hon. MARK BANASIAK: I reckon \$4.95.

Mr BRAD HAZZARD: I do not know. I am not sure what a Happy Meal is worth.

The Hon. EMMA HURST: That was just an example. I was just saying that fast food still tends to be cheaper than fresh fruit and vegetables.

Mr BRAD HAZZARD: I remember those Happy Meals used to give out little plastic things.

The Hon. COURTNEY HOUSSOS: They still do.

Mr BRAD HAZZARD: My kids, who are now 30 and 28, were always wanting the plastic things. Anyway, that is by the by.

The CHAIR: Really it was you that wanted the plastic things, Minister.

Mr BRAD HAZZARD: I wanted less junk around the house actually. I do not know the answer to that but the NSW Health can give you the information, Ms Hurst, in regard to the programs. I know they have got a really good range of programs. I regularly sit with Dr Chant and another lady, Jo Mitchell. This is their bailiwick. They love it. We will get you in writing all the issues that they are currently working on.

On the other side—probably where I should be—we have actually established a couple of obesity clinics. The last one was in the Nepean area. It is fascinating because they have a whole range of specialists there, including psychologists, dietitians, gastroenterologists and endocrinologists. They are actually teaching people. They do not rush into giving them surgery. They teach them exactly what you are talking about, which is trying to make sure that people recognise the need to eat healthily and to lose weight appropriately. You are particularly looking at the vegetable and fruit aspects, but Health looks at it not only from that aspect but also the fact that if we do not do more of this then the cost to taxpayers is enormous because of renal problems, dialysis and so on that tend to come with the obesity problem. NSW Health is doing a lot of work on it and I will get you the information.

The Hon. EMMA HURST: From a slightly different angle, is NSW Health doing anything to address the concerns about the impact of antimicrobial resistance, particularly as a result of consumption of animal products where animals are fed large amounts of antibiotics on New South Wales farms?

Mr BRAD HAZZARD: I have not got a clue. Now that we have got down to microbes, I will pass to Dr Chant. Dr Chant, can you answer that question or give us some indication?

Dr CHANT: As you correctly illustrate, there are growing concerns about antimicrobial resistance and the fact that our antibiotics may not work progressively. We are taking a national approach to this. There is also national leadership at the Commonwealth level. From the perspective of NSW Health, we are making a number of antimicrobial resistant organisms notifiable. That allows us to collect a lot more surveillance and contextual information about them.

We are also developing standardised response processes in hospitals for looking at clusters of antimicrobial resistance and we are doing some very clever genetic testing to further understand how those microbes are transmitted and their origin. They are very clever because sometimes the antimicrobial resistance can be transmitted across different bugs. Notwithstanding it could be a different bacteria, it still has the same antimicrobial gene that has been transmitted.

We are working very much in partnership with academic partners, particularly The University of Sydney and the University of Technology Sydney. They have a particular interest in this area. We are also working in the One Health forum with the NSW Department of Primary Industries and others to understand the implications of, for instance, antibiotic use in agriculture and how that might affect us. We are very much concerned about antimicrobial resistance. We are really strengthening our notification systems and our identification and our understanding of how these bugs are transmitted. We are certainly promoting good hand hygiene and some of the basic hygiene messages which will help us prevent transmission in a hospital setting.

The Hon. EMMA HURST: Do you have any more information about that One Health system, particularly about trying to remove or reduce the amount of antimicrobial use in agriculture?

Dr CHANT: I would be very happy to give you a briefing on the way the Commonwealth and States work in that One Health environment.

The Hon. EMMA HURST: That would be useful. Thank you.

Mr BRAD HAZZARD: You obviously have some specialised knowledge in some of these areas. The NSW Health staff are here to help and are happy to brief any members who are particularly interested. Arrange it through me and I will get it for you.

The Hon. EMMA HURST: Thank you.

The CHAIR: Thank you, Minister and Dr Chant.

The Hon. COURTNEY HOUSSOS: Minister, are you aware of a Channel 7 report earlier this week about convicted murderers living in a government-run aged care facility?

Mr BRAD HAZZARD: Yes.

The Hon. COURTNEY HOUSSOS: Have you sought advice on this case?

Mr BRAD HAZZARD: I have had oral advice. I do not think I have had written advice.

The Hon. COURTNEY HOUSSOS: Have you conducted an audit of how many convicted murderers are currently living in government-run centres in New South Wales?

Mr BRAD HAZZARD: That is a very broad question. What do you mean by that?

The Hon. COURTNEY HOUSSOS: How many murderers are living in the community in government-run aged care facilities?

Mr BRAD HAZZARD: No.

The Hon. COURTNEY HOUSSOS: Given this report, will you conduct an audit?

Mr BRAD HAZZARD: I need to take you back to the basics of this so that you can understand what I am about to say. That report referenced three persons at the Garrawarra Centre that is located in the council area of Wollongong. By definition, its residents or patients have particular challenging behaviours, largely due to cognitive disorders, including dementia, Alzheimer's disease and so on. A person can be referred there by a number of pathways. The staff are trained to deal with people with those sorts of challenging behaviours. Each of those patients requires respect and recognition that they have a medical disorder.

The Mental Health Review Tribunal is an independent tribunal. People who come before the courts who are considered unfit to stand trial for a range of reasons—for example, cognitive disorders or mental health issues—are eventually dealt with by that Mental Health Review Tribunal. In the criminal arena, if a person is considered unfit to be tried at the time of the offence or at the time they come before the court, there is normally a special hearing—not a full hearing where it is a case of having to prove their guilt. The special hearing results in a period of incarceration but not necessarily in a jail. Those people can find themselves in an appropriate medical facility. The Mental Health Review Tribunal is the independent body that makes the decision on whether or not those persons should go to such a facility like Garrawarra, the one you are talking about.

The Hon. COURTNEY HOUSSOS: Minister, I have limited time so I am going to stop you there.

The Hon. TREVOR KHAN: Point of order: The Minister was being generally relevant—in fact, specifically relevant—and should be entitled to finish his answer.

The CHAIR: I am very conscious. I am trying to get balance here. Of course, the Minister is entitled to answer the question as he sees fit. He said he was going to set up some context, which he was doing, but he was taking some time. I am conscious that it is down to 16 minutes now.

The Hon. TREVOR KHAN: I am in your hands, Chair.

Mr BRAD HAZZARD: I am not meaning to head off.

The CHAIR: I know you are not running the clock down, Minister.

The Hon. COURTNEY HOUSSOS: I have been patient; I have listened to the answer carefully. I do have some follow-up questions and I would like to draw you to those. Minister, you said that there were three inmates, but there were two in particular who were previously in the Long Bay jail facility. Is that correct?

Mr BRAD HAZZARD: I cannot answer that specifically because I am the health Minister; I am not the Attorney General or justice Minister.

The Hon. COURTNEY HOUSSOS: Let me ask you then—

Mr BRAD HAZZARD: I know that under the Mental Health Review Tribunal they were referred to Garrawarra.

The Hon. COURTNEY HOUSSOS: A South Eastern Sydney Local Health District spokeswoman said that the centre had accepted two men from Long Bay Hospital and that—this is what I would like to draw your attention to, Minister—in the unlikely event their risk assessment changes, they would be returned to the forensic system. In effect, the local spokesperson said there were no plans to return them to the forensic system. Will you overturn that decision today?

Mr BRAD HAZZARD: There are two things: One, I cannot because it is the Mental Health Review Tribunal—it is like saying a Minister should override the court. I am sorry, I do not know whether you are a lawyer, but that is a ludicrous proposition. Secondly, these people are entitled to the treatment that is necessary for them. Thirdly, there are privacy issues that preclude me from going into the details of each of those people.

The Hon. COURTNEY HOUSSOS: Minister, one of the biggest decisions that a family is going to make—a heartbreaking decision—is to put them into an aged care facility. The families of the other residents of this facility were not aware that there were murderers who were living amongst their parents and their loved ones. Do you think that this is appropriate?

Mr BRAD HAZZARD: What you think and what I think are not relevant. What matters is that there is a process in place that this Parliament has actually put in. It is the Mental Health Review Tribunal. I will say this: I am extremely sympathetic to concerns of families who may not be aware, but that happens in hospitals and other health-related facilities. You do not necessarily know—I am going to finish this regardless; I am sorry—what the person in the next room is there for and nor should you. It is a case that we rely on the Garrawarra staff to appropriately manage the people. I am aware of one instance; you said you were aware of two.

I am aware of a third one where the individual went to Garrawarra and, within a few months—this is back in 2016—there were behaviours that were considered by the Garrawarra staff to be non-appropriate and so the Mental Health Review Tribunal was asked to review the circumstances. That particular individual who suffered dementia, but had behaviours that were highly challenging, was then reviewed by the tribunal and sent back to jail. Within a relatively short period of time he was killed by another inmate. There are very complex issues and I think to try to politicise it is very inappropriate.

The Hon. COURTNEY HOUSSOS: Minister—

Mr BRAD HAZZARD: I am not going to answer any more questions on that; I have given you all of it. Ask me something else.

The CHAIR: Order! Minister, we are balanced and fair here. It is not for you to tell members around this table what they can ask or not ask.

Mr BRAD HAZZARD: I did not; I just said I am not going to answer.

The CHAIR: I think it was a direction, Minister. I just draw that to your attention.

Mr BRAD HAZZARD: I certainly would not seek to impose not putting any questions she wishes to put to me. I am simply putting—

The CHAIR: Minister, do not talk back to me. I have indicated what you did and I am asking the Hon. Courtney Houssos to continue with the questions.

Mr BRAD HAZZARD: Are you approving of what I am saying?

The CHAIR: No, I do not approve of what you are saying at all. You effectively directed the member not to ask a particular line of questions. You have no authority to do that.

Mr BRAD HAZZARD: I will draw on the standing orders in a minute, Mr Donnelly, if you seek to pursue that, but anyway—

The CHAIR: Minister, I will pursue what I want to pursue if I think you are out of order.

Mr BRAD HAZZARD: You still have to comply with the standing orders.

The CHAIR: If I think you are out of order, Minister—

Mr BRAD HAZZARD: You have to comply with the standing orders.

The CHAIR: Minister, you are out of order.

Mr BRAD HAZZARD: Do not do that to me. You have to comply with the standing orders.

The CHAIR: You are out of order, Minister.

Mr BRAD HAZZARD: Continue, Ms Houssos.

The Hon. COURTNEY HOUSSOS: I will take my directions from the Chair, not from the Minister.

The CHAIR: Hang on. Minister, you are here to answer questions; not to direct people.

Mr BRAD HAZZARD: No, I am here to determine answers that I will answer.

The CHAIR: No, you are not here to determine anything, Minister. You are way out of your league, mate. You are here to answer questions—

Mr BRAD HAZZARD: You tell me that?

The CHAIR: —promptly put to you by members of the committee. The Hon. Courtney Houssos.

The Hon. COURTNEY HOUSSOS: Thank you, Mr Chair. Minister, do you think it is appropriate that families of other—

Mr BRAD HAZZARD: I have answered that.

The Hon. COURTNEY HOUSSOS: You ask me to not to interrupt you and I will not, and I ask that you show me the same courtesy. Minister, do you think it is appropriate that families of other patients at the Garrawarra Centre were not notified of the two inmates—and now you have revealed that there was a third inmate—at the centre. Do you think that is appropriate? What is the notification process? Is there a notification process?

Mr BRAD HAZZARD: The Mental Health Review Tribunal is a tribunal that was established under legislation in this Parliament and the processes that are there are done in a judicial way. Once they arrive at the environment of Garrawarra, they are dealt with as they should be in a medical context. I have complete confidence that that has been done.

The Hon. COURTNEY HOUSSOS: Would you feel comfortable putting your parent in this facility?

Mr BRAD HAZZARD: Under the standing orders that Mr Donnelly, I am sure, will eventually agree with, I do not have to be asked about my opinion; I have given you the facts.

The Hon. COURTNEY HOUSSOS: I am asking on behalf of these families who have patients in this facility—

Mr BRAD HAZZARD: I said earlier that—

The Hon. WES FANG: Point of order: The Minister is right—asking an opinion of the Minister is outside the standing orders. I would ask you to rule that question out of order.

The CHAIR: I do not think she is asking the opinion; I think she is directing a question to the Minister.

Mr BRAD HAZZARD: She is asking for my opinion.

The CHAIR: I do not think she said to you, "Minister, can you tell me your opinion?" I do not think she has done it at all.

Mr BRAD HAZZARD: She does not require to say that to ask for my opinion.

The CHAIR: I will ask the honourable member to continue.

The Hon. COURTNEY HOUSSOS: I will instead ask for some information from the Minister. How many other criminals—serious offenders—are there in government-run aged care facilities in New South Wales?

Mr BRAD HAZZARD: Ms Houssos, quite apart from—

The CHAIR: Order! It is not "Ms Houssos", it is the Hon. Courtney Houssos, please.

Mr BRAD HAZZARD: That is what I just said.

The CHAIR: No, you said "Ms Houssos". We accord respect to people around this table, Minister.

Mr BRAD HAZZARD: You are not according very much respect to me at the moment.

The CHAIR: Minister, it is "the Hon. Courtney Houssos", please.

Mr BRAD HAZZARD: The Hon. Courtney Houssos, the answer to your question is that that information is something that would be privy to various establishments and would be private, and would not be available for this hearing.

The Hon. COURTNEY HOUSSOS: So you are refusing to release that information to the public.

Mr BRAD HAZZARD: No, I am not; I do not have the information. That is not something I would have.

The Hon. COURTNEY HOUSSOS: You just revealed that you know a third case.

Mr BRAD HAZZARD: I told you the one I know. I do not know—I cannot answer your question.

The Hon. COURTNEY HOUSSOS: Do you know of any further cases?

Mr BRAD HAZZARD: No.

The Hon. WALT SECORD: Does your department know of any further cases?

Mr BRAD HAZZARD: I do not—Can I say—?

The Hon. WALT SECORD: There are 800, or more than 800 nursing homes—

Mr BRAD HAZZARD: It is not your turn; it is her turn.

The CHAIR: Order! Hang on. We know how this rolls: The question followed by the answer followed by the question.

The Hon. WALT SECORD: Minister, there are more than 800—actually, almost 900—nursing homes in New South Wales. I think there are three or four that are government run. How many former convicted criminals are in the New South Wales nursing homes system?

Mr BRAD HAZZARD: That is—

The Hon. WALT SECORD: If you do not know, take it on notice because I am sure that information is held because you said earlier that this decision is by the Mental Health Review Tribunal.

The Hon. TREVOR KHAN: Point of order—

The CHAIR: Order! The question has been asked. The Minister can answer that as he sees fit.

Mr BRAD HAZZARD: They are not convicted criminals. Because of their mental health situation or their cognitive disability they were not convicted criminals.

The Hon. COURTNEY HOUSSOS: Can you take this on notice then, Minister: How many other patients have been transferred from Long Bay or other correctional facilities into government-run facilities in New South Wales?

Mr BRAD HAZZARD: What sort of facilities?

The Hon. COURTNEY HOUSSOS: Into government-run aged care facilities.

Mr BRAD HAZZARD: Over what period?

The Hon. COURTNEY HOUSSOS: Over the past 12 months, over the 12 months before that, over the 12 months before that.

Mr BRAD HAZZARD: I will take it on notice, but I have to say I am not sure that it is an appropriate answer to be given because of the privacy of the individuals.

The Hon. WALT SECORD: We are not asking about individuals.

The CHAIR: Order, please.

The Hon. WALT SECORD: We are not asking about—

The CHAIR: Order! The question is from the Hon. Courtney Houssos; the Minister is trying to answer it. He is going through the three—

The Hon. WALT SECORD: May I ask a follow-up?

The CHAIR: No, you cannot at this stage. The Minister should answer the question and then it could be followed by a further question. Minister, you are explaining about the request over three periods. Please continue.

Mr BRAD HAZZARD: Let me say, I will take advice from the relevant people to determine whether or not the information is available first of all; and, secondly, whether it is appropriate to give out that information because I am very conscious of the fact that individuals within these facilities may be there for a whole variety of reasons. But the real reason they are in particular facilities like Garrawarra is that they generally have cognitive issues or mental health issues and they are still entitled to their privacy. I need to understand that. I am just putting that on notice, but I am happy to try and I will try.

The CHAIR: I presume it is de-identified information that is requested.

The Hon. WALT SECORD: To assist the Minister, we are just looking for raw data. We do not want to know the names of the institutions. We just want to know in the past 12 months—the raw data. It can have no indication whatsoever or geographical location, just the raw data.

Mr BRAD HAZZARD: I will try. I just do not know.

The Hon. WALT SECORD: Okay. Thank you very much.

The CHAIR: Please continue.

The Hon. WALT SECORD: Minister, are you happy with the public-private partnership [PPP] model that exists in New South Wales involving the provision of health care?

Mr BRAD HAZZARD: Which PPP?

The Hon. WALT SECORD: Well, I will jump right to it—the Northern Beaches Hospital? Are you comfortable with the way that hospital is functioning and running?

Mr BRAD HAZZARD: That hospital and the staff there are currently doing an amazing job. I think the issue of PPPs is always a challenging one. Why does government use PPPs? Why did the Labor Government use a PPP for the Forensic Hospital at Long Bay, which is a topic under discussion? Why did the Labor Government use a PPP for North Shore hospital? Why did the Labor Government use a PPP for Hawkesbury hospital? Because—

The Hon. WALT SECORD: And are you comfortable with the PPP—

The Hon. TREVOR KHAN: Point of order—

The Hon. WALT SECORD: Okay, that is not fair.

The Hon. TREVOR KHAN: My point of order is the that Minister was still answering the question and he should be entitled to.

The Hon. WALT SECORD: I know you are sensitive, Trevor, about the earlier exchange but back in your box.

The CHAIR: Those sorts of comments do not help us. Everyone should return to their boxes, if they are outside their boxes. I think most people are in their boxes. Please continue, Minister. If that is the end of the answer, back to the member.

The Hon. WALT SECORD: I was asking about the Northern Beaches PPP?

Mr BRAD HAZZARD: I was saying to the Hon. Walt Secord that I think it is horses for courses and I think the Northern Beaches Hospital PPP has certainly got challenges. But when you build a new hospital—when we built the publicly funded ones like the South East Regional, Tamworth—there are issues when you are establishing a new hospital. It is like building 10 aircraft carriers and trying to get them all to operate. I have to say I am a little disappointed. I understand why you have done it because you are in opposition and you have got to do it, but I am a bit disappointed that you have been so critical of the Northern Beaches Hospital because they really are trying very hard.

The Hon. WALT SECORD: Not critical of the staff, Minister.

Mr BRAD HAZZARD: Well, the staff have felt aggrieved. I have sat with them in the coffee shop there and they have felt very aggrieved at what you have said. I think that they generally feel that they are working—I am serious—really hard. They have got all their accreditations—I am sorry; I missed that.

The CHAIR: I think that might have been an interruption but I might have misheard so please continue.

Mr BRAD HAZZARD: They are aggrieved. There were definitely some issues in the first few weeks—the first couple of months actually—and you have got the upper House inquiry. You are asking all those same questions. You would have seen a lot of people supportive; some people not. It provides opportunities to build bigger and better hospitals in circumstances where, as the Labor Party realised on those ones I just mentioned plus a host of others, that you can actually achieve a lot more for taxpayers, so it is horses for courses.

The Hon. WALT SECORD: Minister, I wish to correct the record. The only person—

The Hon. TREVOR KHAN: Point of order—

The Hon. WALT SECORD: He was the one who called staff up there "whingers", not me, and he put something on the *Hansard* that was a lie.

The CHAIR: There has been point of order, which has probably been compounded now. The Hon. Trevor Khan on a point of order.

Mr BRAD HAZZARD: Actually, can I just say that is complete—

The CHAIR: Please, let us not compound this.

Mr BRAD HAZZARD: I stopped.

The CHAIR: Yes, thank you. You bite your lip.

The Hon. WALT SECORD: Do you want me to show you the edition of *The Manly Daily* where you attacked staff?

The CHAIR: Listen!

Mr BRAD HAZZARD: No, I didn't—never.

The CHAIR: Listen, please, please, please.

Mr BRAD HAZZARD: And in fact that is a complete lie, let me say. What the situation was is that I referred to the union that you have been dealing with and I referred to them in particular terms—

The CHAIR: *Hansard*, could you just please stop at that point. Thank you, *Hansard*.

Mr BRAD HAZZARD: That means me too, I assume.

The CHAIR: You can keep talking. It won't be recorded, that's all. We need to pull our heads in, okay? Right?

Mr BRAD HAZZARD: Hear, hear!

The CHAIR: The Hon. Trevor Khan had a point of order.

The Hon. TREVOR KHAN: I think that is dealt with, Chair.

The CHAIR: Thank you. So let us just return to the proper exchange of question and answer. You were asking a question. I think you then were making a point. Now let us return to the question and allow the Minister to answer.

The Hon. WALT SECORD: So whose turn is it, Mr Chair?

The CHAIR: Well, you were asking the questions. Present the question and let the Minister answer it, please.

The Hon. WALT SECORD: Minister, do people with cardiac problems go to the Northern Beaches Hospital if they are near there or do they go to Royal North Shore Hospital?

Mr BRAD HAZZARD: They can go to either.

The Hon. WALT SECORD: We had evidence at the parliamentary inquiry that paramedics and doctors were told to take patients to Royal North Shore Hospital.

Mr BRAD HAZZARD: There is a matrix that operates for ambulance and it depends on the nature of the cardiac issue.

The Hon. WALT SECORD: The operators of the hospital told us under sworn evidence that patients with cardiac problems were taken to Royal North Shore Hospital.

Mr BRAD HAZZARD: It depends on the urgency and the matrix of the ambulance. I think what you are trying to say—

The Hon. WALT SECORD: What am I trying to say, Minister?

The CHAIR: Please!

Mr BRAD HAZZARD: It is probably good, Walt, that you are now in Treasury and not in Health. Cardiac services could include a whole plethora of different issues. One of the issues that is at Northern Beaches is cardiac intervention, so they have the catheter labs—

The Hon. WALT SECORD: Sorry, that was not to you?

The CHAIR: Sorry, I was just directing the member.

Mr BRAD HAZZARD: They have 15 operating theatres, they have a couple of cardiac catheter labs and they can do interventions there. The arrangements though, when the contract was entered, were reflecting some concerns of the North Shore cardiologists. So private patients at the Northern Beaches were able to have those services but the North Shore cardiologists and cardiac surgeons were not wanting to actually see that extended to the Northern Beaches Hospital. Now that is a valid view if they think that because, as you would appreciate, there are specialised services at each individual hospital—hospitals are networked. But as soon as I became Minister I expressed a concern about that and I directed NSW Health to enter negotiations with the provider to extend the services to public patients as well. I have met with cardiologists up there. It has been variable. Sometimes they have had up to about 11 patients a month being dealt with as public patients for cardiac interventional services, but as recently as I think about the last week the secretary sent me a letter confirming that they were in negotiations with Healthscope to finalise what I had instructed Health to do—to make sure those services were broadened.

Ms CATE FAEHRMANN: My first question is to Dr Kerry Chant. Has the Premier asked you for advice regarding pill testing?

Mr BRAD HAZZARD: Can I say anything on that should be directed to the public servants this afternoon. While I am here I will answer the questions, unless I direct them.

Ms CATE FAEHRMANN: Minister, has Dr Kerry Chant been asked by the Premier for advice regarding pill testing?

Mr BRAD HAZZARD: I doubt whether Dr Chant has had any direct communications with the Premier on it.

Ms CATE FAEHRMANN: Minister, Dr Chant is here in the room. It is budget estimates. I am entitled to ask Dr Chant—

Mr BRAD HAZZARD: But when I am here the questions have to come through me.

Ms CATE FAEHRMANN: —whether she has provided any advice to the Premier regarding pill testing?

Mr BRAD HAZZARD: As I said, you can ask that this afternoon. I am happy to answer that the Government opposes the use of pill testing.

Ms CATE FAEHRMANN: That is not the question I asked, Minister. The question was: Has NSW Health or the Chief Medical Officer been asked by the New South Wales Premier for advice regarding pill testing?

Mr BRAD HAZZARD: But I have just answered that the Government opposes pill testing.

Ms CATE FAEHRMANN: Minister, with respect—

Mr BRAD HAZZARD: If you want to ask me some questions about pill testing I am not going to answer them.

Ms CATE FAEHRMANN: With respect, that is not answering the question I asked.

Mr BRAD HAZZARD: I have answered the question.

Ms CATE FAEHRMANN: No, you didn't.

Mr BRAD HAZZARD: I did.

Ms CATE FAEHRMANN: You said the Government is in opposition to pill testing but the question—

Mr BRAD HAZZARD: Can I say the value of pill testing—

The CHAIR: Order!

Ms CATE FAEHRMANN: Excuse me, Minister.

Mr BRAD HAZZARD: If you want me to give a dissertation on pill testing, I am happy to do it?

Ms CATE FAEHRMANN: Yes or no, Minister?

Mr BRAD HAZZARD: I am happy to give a dissertation.

Ms CATE FAEHRMANN: Has the NSW Health Department or Dr Kerry Chant, as the New South Wales Chief Medical Officer, provided advice to the Premier regarding pill testing, yes or no?

Mr BRAD HAZZARD: Dr Chant and I have certainly had discussions about pill testing and I would give the advice to the Premier.

Ms CATE FAEHRMANN: So Dr Chant has given you advice regarding pill testing?

Mr BRAD HAZZARD: We have discussed it, yes.

Ms CATE FAEHRMANN: And you have conveyed that advice to the Premier?

Mr BRAD HAZZARD: No, I did not say that. I said I would if I wanted to, but I am not going to indicate to you what I talk to the Premier about.

Ms CATE FAEHRMANN: This is outrageous. I have got the Health department in front of me and the health Minister—

The Hon. WES FANG: Point of order: The Minister is correct in saying that a member of this Committee is able to ask a question but, while the Minister is in the chair, the Minister is able to either answer the question as he or she sees fit or to direct the question on. In this instance the Minister has elected to answer the question and has provided an answer to the question. The member may ask questions of the bureaucrats this afternoon when the Minister is not here, which is what the Minister also indicated. However, the member can only ask the question and let the Minister elect how and who answers the question.

Ms CATE FAEHRMANN: That was a very long point of order, Wes.

The CHAIR: A long point of order.

The Hon. WES FANG: Also a correct point of order.

Ms CATE FAEHRMANN: It is fine, I will move on. It is a very interesting response.

Mr BRAD HAZZARD: I am happy to discuss pill testing with you. I have discussed it with some of your Greens colleagues. You have just never asked me.

Ms CATE FAEHRMANN: Minister, are you aware—

Mr BRAD HAZZARD: I am more than happy to discuss it.

The CHAIR: Order!

Ms CATE FAEHRMANN: I am here asking you a question now, if you would let me ask it. Are you aware of what N-Ethylpentylone is?

Mr BRAD HAZZARD: What?

Ms CATE FAEHRMANN: N-Ethylpentylone. I just saw Dr Chant nod.

Mr BRAD HAZZARD: Did she?

Ms CATE FAEHRMANN: Perhaps now is the time for the Chief Medical Officer to answer a questions. Minister, this is a serious question. Are you aware of what is N-Ethylpentylone is? If not, perhaps Dr Chant does?

Mr BRAD HAZZARD: At this point I am going to concede defeat and say, since Dr Chant nodded—

Dr CHANT: I did not nod.

Mr BRAD HAZZARD: Can you please tell us what that thing is she raised?

Dr CHANT: It is a substance that has been raised as a potential contaminants in pills. As we have indicated in some of the evidence we have seen in relation to the current inquest, we have seen some cases of that contaminant and I am aware of the results of the pill testing in the ACT pilot. It has not been a predominant when we look at the harms that we have seen around drug-related harms and, particularly at the music festivals, it has more been related to MDMA toxicity. I am very conscious that those deaths are currently being examined by the

Coroner, who will ascertain cause and manner of death. We have information about that substance on our Your Room website.

Ms CATE FAEHRMANN: N-Ethylpentylone can be a deadly substance if it is found in MDMA, yes?

Dr CHANT: The issue is that all drugs are associated with harms and that is a substance that can have harm. The point that I would very much like to get across is that MDMA toxicity alone is a major contributor to the review that NSW Health has done. I am conscious that some of the deaths are currently being reviewed by the Coroner, who will ascertain cause and manner of death.

Ms CATE FAEHRMANN: I am aware that you have been provided with—

Mr BRAD HAZZARD: Is this to Dr Chant or to me?

Ms CATE FAEHRMANN: —with briefing Doctor Chant with a—there was a brief provided to you that I received from a GIPA that strangely took eight months or something to get to me. It is a briefing titled *Meeting with Harm Reduction in Australia about Pill Testing*. It tells you that in one case—this was the result from Groovin the Moo—N-Ethylpentylone was detected with a high-purity score of 919. This drug recently emerged and being responsible for mass casualties, overdoses and deaths in New Zealand. You are aware of that? Groovin the Moo has detected from its pill testing—this was in 2018—one case. Are you aware of how many cases, how many results of N-Ethylpentylone were detected in the 2019 Groovin the Moo trial?

Mr BRAD HAZZARD: Can I say—and I do not mean to be disrespectful, Ms Faehrmann, because I obviously have an issue here—my thoughts on this as the Minister and trying to be respectful, is that Her Honour Harriet Grahame is currently reviewing six deaths from about September through to May and I do not think it is appropriate for us to be digging into that at the moment—

Ms CATE FAEHRMANN: With respect, Minister, I am not digging into the deaths. I have a briefing before me—

Mr BRAD HAZZARD: Who is the briefing from?

Ms CATE FAEHRMANN: I have a GIPA. I have advice and briefing notes provided to yourself, as well as to the Chief Health Officer. I am referring to those and I am referring to the substances that were tested for at the Groovin the Moo festival. I have not spoken about deaths. I think we can agree that we can talk about pill testing and MDMA without saying that it is about the coronial inquest.

Mr BRAD HAZZARD: I agree. As long as it is not the coronial thing, I am happy.

Ms CATE FAEHRMANN: No.

Mr BRAD HAZZARD: Okay, that is fine. Sorry, I thought that was what you are asking.

Ms CATE FAEHRMANN: No. Dr Kerry Chant, are you aware of the 2019 results from Groovin the Moo and how many MDMA pills were detected with N-Ethylpentylone?

Dr CHANT: I will have to clarify because I have read the ACT pill testing review—I will have to check which year that was. The other issue I need to clarify, just to be accurate, is whether—my recollection of the pill testing is that it did not go to the concentration of that substance, the N-Ethylpentylone. It was really around a detection. I am happy to re-review that report, but that was my recollection. One of the considerations is the amount of that substance in the pills. We are aware that there is variety of substances that do enter the system, but one of the messages that we were keen to get around is that a variety of substances—from our observations and our reviews, MDMA toxicity has been the major contributor to that.

We are very conscious. Some work that the ministry is doing is enhancing our work with police to understand the nature of the substances in the illicit drug supply. We are also setting up some toxicological surveillance systems through our intensive care units [ICUs] and emergency departments [EDs]. We do testing on those substances and we also investigate unusual clusters—so we have intelligence and we work with our New South Wales Users and AIDS Association [NUAA] and other partners to get that information out, as well as to emergency departments, so that information is available.

Ms CATE FAEHRMANN: I have another briefing note that I think the Minister noted on 21 September 2018 which was after some of the Defqon 1 deaths; the two Defqon 1 deaths.

Mr BRAD HAZZARD: I noted?

Ms CATE FAEHRMANN: It says that in terms of results of toxicological testing, which I believe you read, there is currently no evidence to suggest that a single or unusual substance was the cause for the cluster of hospital presentations following Defqon 1. Of the three drug-related ICU admissions, among people that attended

Defqon 1, two have positive results for MDMA and two for methamphetamine, one for both. Benzodiazepines were also detected for some cases, but it is not yet clear whether this was related to their medical management. The responses were all about MDMA, at that time. Is that correct?

Mr BRAD HAZZARD: I am not sure, I think you are looking at more broadly. I think it is fair to say that at any music festival it is really complex as to the range of drugs that are used, but clearly there is fairly high drug usage. I am not sure that the pill testing is statistically significant anyway. I spoke to the former Labor health Minister in the ACT and, from memory, which only had 183 or 83—I cannot remember which—but it was a handful compared to the 15,000 or 16,000 people who were there, who went in for pill testing. There were only about two or three who actually handed their pills in and the pill testing, as I recollect, was only doing a superficial laser analysis—or an analysis of the outside.

With the deaths, I can say this—I am not going to pre-empt what the Coroner is doing, but certainly I said publicly and I will repeat it publicly—the issues seem to be, from talking to the doctors, the ED specialists, what was actually a major contributor to those deaths, and I put a caveat on this—it obviously has to be looked at by the Coroner, as is appropriate—indicated that MDMA was the single biggest factor. MDMA, as I understand it, the problem was, particularly on hot days, the internal body organs can heat up to over 40 degrees. On a hot day, people who have taken it do not realise that their internal organs are heating up and effectively melting. That is why I initiated what had never been done before, which was to get high-level ED specialists into the subsequent festivals so that they could make that analysis, have the experience and intubate patients and move to ECMO—extracorporeal membrane oxygenation—if necessary, as soon as possible. Once we did that, those fatalities concluded. It is complex and we would be better off not going into too much detail at this stage and waiting for the outcome of the Coroner's hearing.

Ms CATE FAEHRMANN: Are you aware that the pill testing service such as that provided by The Loop in the United Kingdom also provides information to the festival goers of the dangers of taking MDMA in very hot environments.

Mr BRAD HAZZARD: I am aware that there is a slightly different model in each of the places in Europe where they have it—whether it is Holland or Britain and so on. I think none of the governments, including the Labor governments in Victoria or Queensland—Steven Miles, the Labor Minister in Queensland, has been very strong opposing pill testing. Can I say?

Ms CATE FAEHRMANN: You have answered the question. In relation to the most recent Groovin the Moo pill testing trial in Canberra, the findings were that 170 substances were tested for 234 participants. You have to remember that everybody that goes into a pill testing trial is probably with a group of friends who are potentially going to be taking the same things. It was twice the number of tests that were conducted at the pill testing pilot the year before. I understand that the tent itself was not advertised and was tucked away, so people were searching it out. Seven dangerous substances containing n-ethylpentylone were identified. Dr Chant, is n-ethylpentylone more dangerous than MDMA?

Dr CHANT: Again that is a complex answer because it really goes to the dose and what drugs are mixed with it.

Ms CATE FAEHRMANN: So a normal dose of, say, 100 milligrams—

The Hon. TREVOR KHAN: Point of order: Dr Chant is answering the question. The member should allow Dr Chant to finish answering the question before asking the next one.

Ms CATE FAEHRMANN: I thought she had finished.

The CHAIR: Dr Chant, I think you were answering the question. Please complete it as you see fit and it will then be followed by further questions.

Dr CHANT: Apologies, if I have repeated it. The issue really goes to the dose of the substance consumed. Obviously it has got some characteristics that are associated with harms and deaths, as does MDMA and other drugs. We are clearly concerned also about the impact of mixing, certainly poly drug use also increases the risk of harms, and the addition of alcohol.

Ms CATE FAEHRMANN: If MDMA is present in a 100 milligram pill and there is n-ethylpentylone in that pill, that pill is more dangerous?

Dr CHANT: Yes. Mixing drugs is more dangerous but I think one of the messages we want to convey is that it is really around the dose. Notwithstanding there can be idiosyncratic or other reactions, and people can have other drugs on board or other pre-existing medical conditions, the dose consumed is a key risk factor for most drugs and mixing drugs adds to that risk.

Ms CATE FAEHRMANN: People taking two or three tablets at once, for example, increases the risk, MDMA?

Dr CHANT: Yes, based on toxicological advice whilst, as I said, you can have pre-existing conditions, be on other medication through your pre-existing conditions, but generally the more you take and the more frequently you take them it is going to add to your risk. These matters are being considered by the Coroner. I am conscious I am giving evidence to the Deputy State Coroner, Harriet Grahame. I am very conscious of not pre-empting the conclusions of the Coroner. I know that she has also done testing on one of the earlier cases, which NSW Health has not had full visibility of. In that circumstance there was a trace contaminant but we are working through what the quantity of the contaminant was in that earlier case.

Ms CATE FAEHRMANN: Minister Hazzard, if somebody goes into a pill testing tent in Canberra at Groovin the Moo, they test a substance that they were going to take anyway and they are told that it has a deadly substance, n-ethylpentylone in a dangerous amount and they should not take it, and they discard it in the amnesty bin, as do seven other people. If they go out and tell their friends who may have the same pill to do the same, is that not potentially saving lives?

Mr BRAD HAZZARD: On the basis of what you just said, obviously, yes. I think it is far more complex than you are presenting.

Ms CATE FAEHRMANN: But that is what happens.

The Hon. WES FANG: Point of order—

The CHAIR: It is important that we have the exchange and answers to questions. The Minister was answering and you jumped in. Let the Minister continue.

Mr BRAD HAZZARD: I am not being difficult, I am trying to answer the question. I have a slightly different view from you. Can I say that I have had numerous discussions about this with numerous other specialists, including Dr Chant. I have to say that I will pick up on one issue here. You asked a specific question: If you have more pills could it be more dangerous? Yes. But one thing I would like to say to the Committee is: One pill can kill, and it does. It depends on the individual. To send any message to anybody anywhere in our community that taking a pill is safe; it isn't.

Ms CATE FAEHRMANN: There are thousands of young people who are getting into these festivals, which is clearly what the Groovin the Moo festival proved when they were testing MDMA. Thousands of people are getting in anyway. Once they are in there, they have the pills anyway. You will agree that they are not being stopped at the festival gates, so isn't it saving lives if some of those pills are tested, they are found to have dangerous substances, they are discarded and festival goers are alerted about that dangerous substance in circulation?

Mr BRAD HAZZARD: I am happy to discuss this with you at great length, but not here.

Ms CATE FAEHRMANN: This is budget estimates.

Mr BRAD HAZZARD: Yes, but it is far more complex than what you are presenting. I think the basic message as Health Minister I would give any young person is: Do not take pills, they can kill you. One pill can kill you.

Ms CATE FAEHRMANN: How is that working for you, Minister?

Mr BRAD HAZZARD: For me?

Ms CATE FAEHRMANN: Thousands of them are still taking pills, are they not?

Mr BRAD HAZZARD: You want everybody to be able to take pills?

Ms CATE FAEHRMANN: They are taking pills.

Mr BRAD HAZZARD: I have just said to you what my position is. I am very concerned about young people taking pills. Now you have taken me down this path, my recollection is that you went public and made comments publicly that would, in my view, have encouraged people to take pills. I am now saying to you, clearly and unequivocally: Do not take pills. To you personally and to everybody else: Do not take pills!

Ms CATE FAEHRMANN: I think there were clearly enough people taking pills already. I doubt anything I said would have influenced—

Mr BRAD HAZZARD: Gee whiz, because there are a few people robbing the banks we go and say: Rob a bank! I am sorry: Don't not take pills!

Ms CATE FAEHRMANN: —the millions and millions who are already—

The CHAIR: The Minister has been very emphatic about that position.

The Hon. WALT SECORD: The World Health Organization has released what it believes will be the next 10 greatest threats to global health. The outbreak and increase of influenza around the world is one of the 10 that they have nominated. I just checked the NSW Health website and as at the end of August there have been 96,000 cases of influenza in New South Wales. Was NSW Health caught unprepared?

Mr BRAD HAZZARD: This year?

The Hon. WALT SECORD: Yes.

Mr BRAD HAZZARD: No. I will let Dr Chant comment on this but I will say to you, the Hon. Walt Secord, that 2017 was a shocker. Last year was a lot better because people were a lot more alert coming off the back of 2017. They were washing their hands and doing what they needed to do, sneezing into their arms—I have seen a lot more of that recently, which is great. It was a bit more relaxed in 2018 because people were doing that. In 2019 there was an expectation worldwide that it would not be such a bad season. I remember we kicked off the season, it would have been the second week of May when the Premier and I announced—Dr Chant, were you there?

Dr CHANT: I was.

Mr BRAD HAZZARD: We announced that we were making people aware of the flu season, to go and have their flu shots, particularly for the over 65s and vulnerable ones—pregnant women and so on. What happened? It looked pretty good initially but then it suddenly started to kick up, then it dropped and in the last few weeks, probably the last six weeks, it has kicked up again rather ferociously. We have had massive numbers coming through the emergency departments. I cannot remember the number of deaths but it is quite substantial. People should know that it is a serious issue. I am particularly delighted also that Minister Hunt has just announced in the last couple of weeks that babies from six months to five years are now going to have free influenza injections. It is always tricky because there are obviously a range of viruses that make up flu. The year before last, 2017, there was a lot of public commentary about the fact that they got the wrong mix in the quadrivalent and trivalent vaccines, and it is always a bit of guesswork. I share your concerns. What particular issue are you concerned about?

The Hon. WALT SECORD: I am interested to hear what Dr Chant has to say about the response and then I will ask my supplementary questions.

Mr BRAD HAZZARD: I do think that NSW Health was really well prepared. Again, talking to all the Labor and Liberal Ministers around the country, they have all had a pretty tough season and it is really tough because it means that ambulances are backed up and that emergency departments are full. Dr Chant, would you like to add anything more on the medical side?

Dr CHANT: I suppose it is important to recognise—and I really support the World Health Organization identifying influenza as a major threat—year on year it is a tricky disease to control. Whilst vaccines are one of the most effective arms we have got, they still do not produce long-lasting immunity. The vulnerable groups, elderly people, do not have as good a response to the vaccine. Vaccine efficacy can be as low as between 30 and 60 per cent depending whether you have got pre-existing disease or not and, as you aware, you have to get vaccinated every year. It is also infectious prior to disease onset. Also, what we have understood increasingly is that there has probably been a lot more flu around year in year out than we ever realised until we have had such massive increases in testing.

Also, the spectrum of flu is very variable, so it can be anything from very mild and people might have put it down to the common cold, all the way through to a more severe case. This is because we have now learnt to do point-of-care testing or our doctors are doing more testing. For instance, we have had a 300 per cent increase in testing by general practice, which reflects the greater awareness of flu activity and it also accounts for some of the increase in the notifications. Our clinicians are also recognising the contribution of influenza to ICU admissions and doing more sophisticated testing to diagnose that. So in terms of the response it is also impossible to predict year in year out the nature of the impact of flu, and everyone asks us at the beginning of the season. We have a very significant surveillance system. I am pleased to note that you go to the website, the Hon. Walt Secord, to look at the data that we present. We have emergency department presentations, admissions to hospital and ICU surveillance as well as a comprehensive lab surveillance and we also supplement that by data which reflects some GP data.

The nature of the flu that transmits each year can be variable. For instance, this year we have seen H1N1, H3N2 and, as the Minister described, we have seen an upswing of cases of influenza type B recently, which has

seen increased cases in young children. In terms of the response, the State Government provided free vaccine for children and we are pleased to see that there has been a great response from parents in relation to that. The total numbers of vaccination coverage for that age group will be informed by the updated Commonwealth data because that data is uploaded from GPs to the Commonwealth and we will be publicly reporting that. It is pleasing to see that we continue to have very high rates of coverage in our elderly over-65s and we are increasingly seeing better uptake in those under-65 at-risk groups. I just want to acknowledge the hard lifting that our GPs as well as our pharmacists do in vaccinating the community.

Our emergency departments [EDs] do see an increased stress in this time of year but similarly we are working strongly with our EDs with things like point-of-care, more rapid testing, cohorting of patients, use of antivirals and appropriate use of antibiotics for treatment of patients with secondary pneumonia. The campaigns around awareness, around the hygiene messages, handwashing, have also resonated well with the community and I think that we have had a very strong presence. I do not think any member of the community could have watched the news without our weekly press release on Fridays to update the community about where we are travelling with the flu season, getting out key messages. We have certainly seen a lot of aged care outbreaks and our public health units have certainly responded in those public health outbreaks to support antiviral use and other containment strategies in that aged care setting.

The Hon. WALT SECORD: The Minister in his answer mentioned that something happened in the last six weeks. What was he referring to? Was there a major spike?

Dr CHANT: What he was referring to was that there are two types of flu—flu A, flu B—and we have just seen an increase in flu B, particularly in children. What has been unusual about this season is it started early and it has been a prolonged season. We are hoping that we are seeing some pleasing decline, as we would expect as we move into the warmer months. But at the moment we are getting conflicting patterns in the data and, as I said, we have seen some upswing in the influenza B strain and that has particularly been present in young children. As you are aware, we upload those reports every week and there is comprehensive data that indicates where we are in the flu season and we generally announce every Friday key messages and where we think we are travelling.

The Hon. WALT SECORD: Is NSW Health modelling what you are going to do in 2020? If you look at the Northern Hemisphere and what happens there it is usually replicated here. What is NSW Health's prediction or modelling for 2020?

Dr CHANT: Again, as I have indicated, it is impossible to tell with great precision. We can say some generalisations but if we have actually had a milder flu season one year, potentially the next year we have got more susceptibles in the population because they have not been covered. We mitigate that with vaccination. It is pleasing to see the Commonwealth has accepted the evidence around the efficacy of the children and children play a key role because they both share their secretions with less inhibition—

The Hon. WALT SECORD: You are such a doctor.

Mr BRAD HAZZARD: She is such a doctor.

Dr CHANT: —but also share it with others that come closer to them. So we are very pleased at that. Some of the key strategies we were hoping to see for 2020, we will continue to work with parents to increase uptake. I suspect the data will show that there is room for improvement in our child uptake, and whenever you implement a new vaccination program it is really important that we work with the community, particularly with young parents.

The Hon. WALT SECORD: How many deaths have we had this year in New South Wales?

Mr BRAD HAZZARD: Kids or all up?

The Hon. WALT SECORD: All up.

Dr CHANT: I will have to look. I think we uploaded the data.

The Hon. WALT SECORD: Was there a spike in the number of children?

Dr CHANT: From my latest briefing there has not been a spike in the number of child deaths but obviously a child death is catastrophic. We have child deaths. We have also enhanced our surveillance system for deaths. We do a data linkage between our death data and our notification data to improve it and there is work nationally at standardising the way in which deaths are reported across each of the States and Territories.

Mr BRAD HAZZARD: I have got the answer here. Thank you for asking a question I could use the folder for; that will make all the staff very happy. By 4 August over 69,000 confirmed cases and 127 adult deaths have been linked to influenza this year.

The Hon. WALT SECORD: One last question, Dr Chant, before I hand to my colleague the Hon. Courtney Houssos. Have there been concerns about the anti-vaccination movement warning people or trying to discourage people from getting the flu shots?

Mr BRAD HAZZARD: Yes.

The Hon. WALT SECORD: Minister, do you want to answer that one?

Mr BRAD HAZZARD: I am concerned about it. I think the anti-vaxxers forget—I am a bit older than you, Walt, but I remember when we still had people who were suffering, and we still have some, post-polio syndrome, muscular atrophy because they had polio. I just do not get the fact that these anti-vaxxers think that you should not be vaccinating your children. But I will ask Dr Chant, do you have a different or a view on this?

Dr CHANT: I think that we need to increasingly work at supporting parents to understand the benefits of vaccination. We have got extremely high rates of vaccination, so I think we should acknowledge that the vast majority of the residents of New South Wales support and understand the benefits of vaccination and we need to support our general practitioners in providing advice to those who might be hesitant and support them with quality information to support vaccination. But I am pleased to see that we have exceedingly high rates of vaccination in New South Wales. I do not think we should be complacent but I think it is about giving accurate factual information and supporting health professionals in dialogue with parents and the broader community.

Mr BRAD HAZZARD: There are some areas, though, that are still problematic. On The North Coast, for example, parts of northern Sydney actually—

The Hon. WALT SECORD: Your area.

Mr BRAD HAZZARD: Yes.

The Hon. WALT SECORD: Your stomping ground.

Mr BRAD HAZZARD: Yes, that is true. But I think overall it is up over 95 per cent. Also, in Aboriginal communities, they actually now lead, they have incredible levels of vaccinations. There have been some real successes.

The Hon. COURTNEY HOUSSOS: Minister, there have been a number of well-publicised cases of people seeking assistance and sometimes this has actually been for mental health and presenting at New South Wales emergency departments, and then some truly tragic incidences. Are you confident in the Government's response to the mental health issues being faced by the New South Wales community?

Mr BRAD HAZZARD: I think that there are challenges, obviously. The mental health presentations to EDs are particularly challenging. The Government is spending, I think it is \$2.8 billion this year or around about nearly \$3 billion on mental health services and another \$700 million to improve the infrastructure for it. But the challenge is when people come into EDs there is a range of views by the emergency department specialists. Some argue that, and this is part of the problem as how do you do it, how do you manage this issue? Some argue that there should be a separate emergency entry for mental health patients. A lot of ED specialists, though, that have said to me when I have asked that question that there are comorbidities and therefore the patient needs to come through the normal emergency department.

I think it is challenging. It is extremely challenging. It reflects a growing awareness and I think the actual number of people with mental health issues in the community. It is not easy, but I am satisfied the health department is doing everything possible, but there will be more because, obviously, we are looking at all of these issues constantly. I work with my colleague Minister Bronnie Taylor because of the interface between community health and public health. I think one of the challenges in a busy ED, too, is to make sure that when someone comes in—we have had some recent cases where the people, the individuals were sitting in the ED and as I said there are issues with comorbidities and so on—but perhaps there needs to be some better way of recognising someone who is seriously at risk and trying to get support to them, but it is difficult because it is an emergency department, by definition, emergency.

I have been in emergency departments, watched what they do. There can be people who have just come in from some, for example, massive cardiac event, car accidents and so on where they have to prioritise, so it is very difficult. I think one of the things I would like to see happen is that there be more community management of people with mental health so that if someone comes in we make sure that they are connected to either an NGO or another government community health facility and then try to get it as a norm for them not to come into the

ED, but to be taken to the community health facility. In fact, in a number of jurisdictions overseas that is what they are now working on. I think we have a bit of work to do on that.

The Hon. COURTNEY HOUSSOS: You seem to be saying that there might be a need for more specialised mental health workers within emergency departments, is that right?

Mr BRAD HAZZARD: That is a possibility, but no, that is not what I was saying. What I was saying was to make sure that somebody who comes in with a mental health issue, when they are being managed in the crisis moment, that they are not—and generally this happens anyway, but not always and not very well—that person can be connected to a community health facility that specialises in mental health so that when they leave they have that connection. Having said that, I know what does happen in many instances, not always. And then I have seen the reports where they leave, the community health team tries to contact the person, and I have seen reports where three, four, five, six phone calls are made, visits to the house—no response, and then something really bad happens. So it is very hard. It is a challenge in mental health. I am happy if you want to ask Dr Chant anything on this too because it is complex.

The Hon. COURTNEY HOUSSOS: So there is a need for better communication—

Mr BRAD HAZZARD: Dr Lyons, sorry.

The Hon. COURTNEY HOUSSOS: —better communication and better coordination at the point of presentation with the New South Wales—

Mr BRAD HAZZARD: Preventative. If you can get the work going where the community health teams have the resources. One of the issues that worries me is that in some areas the community health teams tend to operate in business hours when in fact it is after hours that there is an issue, and obviously that is part of each local health district trying to manage its budget. But we are already spending almost one-third of the State budget so I get that, but I would like to see more work done on that. I am happy if you want to continue the question, and I do not know who is coming up next, but if Dr Lyons wants to add to that, because that is his bailiwick.

The Hon. COURTNEY HOUSSOS: Are you looking at any innovative programs or different ways of connecting community health to emergency departments? It seems like this lack of communication is a very serious issue for the community.

Ms KOFF: As I indicated in evidence we gave at the Mental Health budget estimates on Tuesday, we are looking at different ways to provide access. As we talked about, the activity increases of mental health patients through emergency departments has risen at a greater rate than the rest of the attendances and that is reflecting some of the information that came out of the Bureau of Health Information review, which looked at how people access mental health care. They have good access in business hours, usually through their general practitioner and know that that is the person who coordinates the care. The issue is what happens after hours. We are trialling different ways of providing better access. There are mental health access lines, there are community access teams—there probably needs to be enhanced and extended hours—there are also models undertaken at the moment looking at putting nurse practitioners in emergency departments and seeing whether that can improve access to care in those. They are trialled at the moment across a number of our emergency departments.

Mr BRAD HAZZARD: Can I add to that? Bronnie Taylor and I have had quite a few discussions, obviously, as you would expect, two Ministers responsible on the integration. And one of the things that we determined in the past two or three weeks was that perhaps we should bring together, as we did with palliative care, and I think some of your colleagues attended that last year and saw really positive things happen right across the State, we had 20 forums across the State. We are thinking that we will hold at least one and maybe more depending on the outcome of that one to look at mental health issues. I am a little concerned that if we hold just one that may not work because in different areas, regional areas, there are the challenges, but we are starting off and we agreed. Only last week or the week before, we asked the secretary—asked, we did not direct—whether she would agree with that and I think you have agreed with that, haven't you?

Ms KOFF: Yes. Certainly.

Mr BRAD HAZZARD: Everybody is on board with that outcome and if you wanted to come to that you would be most welcome. I will talk to Bonnie Taylor about it. We had Labor members the other day at the forum on the two campuses at Randwick and Westmead who have differences of opinion about their paediatric cardiac surgery. We have invited palliative care. I see health as being, as far as possible, bipartisan so you are most welcome to come along.

The Hon. COURTNEY HOUSSOS: Would you be open to a trial of a separate mental health entranceway as part of the response?

Mr BRAD HAZZARD: I personally have argued that case. In fact, the new Northern Beaches Hospital has that for mental health patients in acute care. There is also a slight variation at Nepean. Having said that, there is a whole variety of clinicians who have different views.

The Hon. COURTNEY HOUSSOS: I appreciate that.

Mr BRAD HAZZARD: But I personally think there is some merit in it. I think having a roundtable forum and bringing the clinical experts together and talking about it would be a good way forward. I am happy to chat to you about that. If you are interested in that come and talk to me because I am really interested in that issue.

The CHAIR: Thank you very much for the detailed answer, Minister.

The Hon. EMMA HURST: As Minister for medical research, have you invested any resources in the development of alternatives to animal testing such as in vitro methods or in silica methods that have proven to be more effective in some cases than animal models?

Mr BRAD HAZZARD: The Office of Health and Medical Research is the independent—well, not independent in the sense that it is within the ministry, but that office looks at the requests for research projects around the State and I can find that out for you. But generally the office has both an initiator and a responder role. Generally what we see is that the requests for research can be either in the, for example pharma area or the medical advice area. And they tend to be on a whole range of issues including, for example, we announced \$150 million over 10 years, I think, a few months ago, for cardiovascular research. I think there is a couple of hundred million dollars going to medical research either directly or indirectly through the clinician researchers this year. There is another \$15 million for spinal research. There is a whole lot of different areas, but whether or not there is a specific topic that has been asked for by any researchers in that area, I cannot answer that. But if you want, I will take it on notice and I will get you an answer from the office of medical research.

The Hon. EMMA HURST: That would be great. Thank you, Minister. Obviously, animal welfare in medical research falls under the agriculture ministry.

Mr BRAD HAZZARD: It crosses over I think.

The Hon. EMMA HURST: Yes. Can you explain that crossover to give me an idea of what falls under your department for the use of animals in medical research and what falls under the agriculture Minister's department?

Mr BRAD HAZZARD: It depends on the particular research projects and what is being done. Sadly, sometimes animals are used for training purposes. For example, researchers sometimes use pigs when training doctors in the use of linear accelerator equipment to accurately target cancers in a patient's body without damaging any other organs. I know that the pigs are well treated. I asked about that and they said they are well treated but they are used for those purposes. I think it just depends on the particular area of research but I will take that on notice.

The Hon. EMMA HURST: Thank you. In recent years the Australian Medical Association [AMA] has called on the Government to increase its investment in preventative health. You and I have had some discussions about my personal interest in health promotion, given that I did my masters on that subject. In a 2016 report the AMA noted that Australia as a whole spends considerably less on prevention and public health than countries like New Zealand and Canada and that, with the exception of tobacco, there has been little or no progress against national targets for preventing and controlling risk factors for chronic disease. In light of this background, can you tell me how much of the NSW Health budget is dedicated specifically to preventative health as opposed to traditional investment in hospital and other health infrastructure in a more reactive way?

Mr BRAD HAZZARD: It is difficult for me to answer that question because the budget is allocated across the 15 LHDs. A local health district prioritises preventative work depending on the particular issues in that local health district. For example, as I said earlier, obesity is a big issue in western and north-western Sydney and in the south-west as well I think. The local health district has put in a lot of money, supported by the Minister. The central ministry can and did support the obesity clinic and the functioning of that clinic. Where is the other obesity clinic? There are two of them now.

Dr CHANT: There has been one at Hornsby.

Mr BRAD HAZZARD: I will ask Dr Chant because she may have more of a handle on it. If she cannot answer then we can get a better answer for you.

Dr CHANT: That goes to some definitional issues of what you are capturing in that amount of money. We can certainly provide the funding that is going into some key prevention programs. That would be around cancer prevention for tobacco, the campaigns that we run in our promotion of physical activity and healthy

nutrition. Our local health districts engage with the early childhood settings through our programs in early childhood. We also fund education with Live Life Well in schools to promote physical activity and nutrition. We also work across agencies in these areas because, as you realise, the settings that promote physical activity and good nutrition lie across a whole-of-government domain, so we work with planning around the urban built environments and we also work with our colleagues in education through enabling the curriculum that we teach our children in Personal Development, Health and Physical Education, for example, in high schools.

We also recognise that we have lots of opportunities in NSW Health to engage with people around prevention. For instance, in our community health centres or in our clinical services we have statewide programs called the Get Healthy Information and Coaching Service. It is a free coaching service that is telephone based and evidence based where people are supported to achieve their goals in terms of weight reduction and increased physical activity. In those circumstances we often link that by getting doctors who might be seeing people in outpatient settings, in orthopaedics and other things to refer to that. We also recognise the effectiveness of health professionals in terms of brief interventions. One of our strategies is to embed that. That is hard to capture as a system but it is actually very powerful if all our health professionals do both alcohol and tobacco brief interventions and link people into care.

We are also doing things around our environments in hospitals—for instance, removing sugary, sweetened drinks from our health facilities and improving the range of healthy foods that are provided in hospitals, as part of our contribution to making the environment in which people are engaging support healthy eating and living. We can give you a range of program cuts but one of the challenges is actually capturing that whole. It is important that all parts of the system actually play into promoting prevention. I really support the question about shifting the focus onto prevention and also the opportunities for secondary prevention.

We are also doing some really good work with pregnant women. We have created a program called Get Healthy in Pregnancy. The aim of that program is to support healthy weight gain in pregnancy and to look at all the various things you can do in pregnancy to impact on both the baby and the maintenance of your own health. Again, that is a telephone-based referral service. There is some follow-up work that is looking at how we can better support women in those early years. We know behaviours are set very early, so it is important that we support families and young people and that we work very much in that early childhood setting.

The Hon. EMMA HURST: Thank you. Looking back in history, usually the percentage of the split is hugely reactive and a very small amount of funding goes towards those preventative programs.

Mr BRAD HAZZARD: It is really tricky to give you a specific answer on that but they are doing a lot on it. For example, an absolutely enormous amount of money goes into cervical screening and breast screening, all those preventative things. But you are right, it tends to be the treatment rather than the prevention that takes up the massive amount. I am not sure how I can actually get you a precise figure but we will do our damndest.

The Hon. EMMA HURST: Thank you. Do you have any plans in the future to try to start to shift that so that more money is going into prevention?

Mr BRAD HAZZARD: As I said before about mental health issues, for example, I have had discussions with the ministry and the LHDs trying to look at the preventative work. It is the same issue, trying to get people into community health centres, supporting them and screening them and giving that support up-front. That is a challenge for every government right across the country and right across the western world.

The Hon. EMMA HURST: Earlier this week the Australian Medical Association formally declared climate change a health emergency for the people of Australia and noted that the health effects of climate change are already being felt by Australians. The NSW Health website also acknowledges that some of the likely health impacts of climate change in New South Wales include a greater risk of incidents of infectious, respiratory and cardiovascular disease, physical injuries and mental health issues. The website also acknowledges that these issues will disproportionately impact the most vulnerable groups in society, such as those with disabilities, remote Aboriginal groups, children and lower socio-economic groups. What are you doing to protect the people of New South Wales from the adverse health effects of climate change both now and in the future?

Mr BRAD HAZZARD: My views may not be shared by everybody in the Coalition or the Labor Party. I personally think that climate change is real. What the factors are in terms of the human contribution to that I am not sure but I know that it is very real. Wherever you go in the world we are seeing more and more of that: changing weather patterns and obviously the terrible drought that we are seeing here, probably the worst on record, in my living memory anyway. Looking at the circumstances of the drought across the entirety of New South Wales, I think we are about 95 per cent or 96 per cent drought covered now.

I am 100 per cent with you on this. You have taken some of that information from the AMA and from the NSW Health website. NSW Health is looking at all of those issues trying to work out how it will address them.

The challenge for governments across the world is to work out how to deal with those issues. For example, the likelihood of increased respiratory impacts is huge. NSW Health is doing its bit looking forward. Nobody yet knows for certain the extent of the impact of climate change but NSW Health is certainly on high alert about it.

The Hon. EMMA HURST: The World Health Organization has classified processed meats—ham, bacon and sausages, for example—as a Group 1 carcinogen. There is convincing evidence to show that it causes cancer. Those meats have been put in the same category as tobacco. The Australian Burden of Disease Study found that a diet high in processed meats contributes to 14 per cent of coronary heart disease. What is the NSW Health department doing to notify the public of those risks and to encourage citizens of New South Wales to reduce their consumption of specifically Group 1 carcinogen meats?

Mr BRAD HAZZARD: I must say that I am aware of those issues and perhaps will ask Dr Chant what NSW Health is doing about it. Unfortunately, I did like Devon, but nevertheless, it is not good.

The Hon. EMMA HURST: People used to like cigarettes too.

Mr BRAD HAZZARD: Yes, I do not want to smoke Devon, though. I am not going to smoke Devon.

The Hon. TREVOR KHAN: Devon falls into a different category.

The Hon. MARK BANASIAK: Smoked meats.

Mr BRAD HAZZARD: Actually, you will probably find that is not good for you either because smoke is not good for you, generally.

Dr CHANT: The National Health and Medical Research Council [NHMRC] produces the *Australian Dietary Guidelines*. We reference that in all of our work and we abide by that. We have tended to take the key messages, which are increasing fruit and vegetable consumption, reducing a consumption of processed foods, smaller plate size and promoting water as your first drink. The approach that we are very keen to take is to support the community with those key messages, rather than taking a specific "do not eat this" or "do not eat that" but with reference to additional information, should people need it, around certain products. I think that the messages we are putting out in our early childhood, our schools, as I said, our Get Healthy service and our broader social marketing—to promote less processed foods, eating your serves of fruit and vegetables and drinking water as your first drink—really will go to improving the health.

I think it is a little bit tragic if you look at the statistics on how we are doing with particularly adults in fruit and vegetable consumption. We have a lot of room to move. We are very keen to improve the diet. I think one of your earlier questions highlighted the incredible contribution that diet does have. If we look at basically tobacco, alcohol, physical activity and nutrition, those four risk factors account for a significant burden of the disease. I would be very happy if we could move the dialogue in improving the health of New South Wales residents and reducing those harms.

The Hon. EMMA HURST: On the same topic, does the NSW Health School Canteen Strategy still allow processed meats to be served to children in schools?

Dr CHANT: I would have to check that. As you know, we have been doing an initiative with the Department of Education where we use the star rating system. It has been a balance to improve, whilst maintaining choice to reduce the proportion of unhealthy foods in school canteens. It has not been more of a banning approach; it has been to shift the proportion to healthier food options and using the star rating system. I would have to take that on notice about the specifics of what is in and what is out.

The Hon. EMMA HURST: What about processed meats in hospitals? Are processed meats still being served to patients in hospitals or are there any moves to change that as well?

Dr CHANT: I would again defer to Ms Carmen Rechbauer from HealthShare but there are a set of food standards that underpin the nature of food we provide so it is compliant and meets those nutritional standards.

Ms RECHBAUER: I would have to get specific advice on that but it is minimised.

Mr BRAD HAZZARD: Generally in the hospitals, for patients' meals—whilst they have been starring in the papers recently—each patient is actually, in terms of their clinical need, determined as to what they should or should not be having. For example, somebody should have potato; for others it might not be appropriate to have potato. It may be that someone has meat. Most of the meats that I have seen have been in the order of not processed meats in the hospitals. I think it is less likely that they would be the hospitals but we will find out for you whether there is a particular direction. It is a balancing act, I think.

The Hon. EMMA HURST: If you do not mind taking them on notice, that would be fantastic.

Mr BRAD HAZZARD: I would be interested to find out, actually.

The Hon. WALT SECORD: Can I slip in one medical research question? It will be a gentle one.

The Hon. WES FANG: All your questions are gentle, Walt.

Mr BRAD HAZZARD: I do not mind because, as I said, I have taken your advice that I should answer it in the way that I think is appropriate. I will happily answer the question.

The Hon. WALT SECORD: Minister, last month a delegation of the American Chamber of Commerce—

Mr BRAD HAZZARD: AmCham.

The Hon. WALT SECORD: AmCham made a plea asking that there be a streamlining of clinical trials. Because of our unique population composition in Australia you can conduct world trials of drugs in Australia.

Mr BRAD HAZZARD: It is a very multicultural mix, for example.

The Hon. WALT SECORD: It is very multicultural. They asked if I would ask you if there was any way that you could streamline or work to increase the access to clinical trials in New South Wales?

Mr BRAD HAZZARD: The answer is I would like to be able to do that. We are encouraging clinical trials in a whole range of areas in New South Wales; indeed, all the other Ministers in the country are as well. It is always difficult to get the necessary numbers even here; you get the mix but not necessarily the numbers. I would be fascinated if you want to come and have a chat about it later. Let me have a look and I will see what I can do. It is fascinating. We were in China the year before last talking to people in Guangzhou about these issues. They have a whole lot of work. They have some limits for us to be able to get in to do clinical trials in China but in India we can; we have a better relationship there to be able to do it because of their particular laws. It works in a small world, which it now is. It makes sense to be able to do it across country boundaries. I am more than happy to look at that. In fact, I would be delighted to look at that.

The CHAIR: Thank you very much, Minister, for your appearance this morning. It has been a very full and frank provision of information and detail. Thank you very much for appearing.

Mr BRAD HAZZARD: Could I thank you? Other than about 30 seconds, you did a great job, Mr Donnelly. That is pretty good for me to say that.

The CHAIR: Thank you. I will put that on my curriculum vitae.

Mr BRAD HAZZARD: Yes, put that on your CV. I thank each member of the Committee and the staff.

(The Minister for Health and Medical Research withdrew.)

(Luncheon adjournment)

The CHAIR: Thank you all for coming back this afternoon. It is much appreciated. I am conscious that we have a three-hour session so it is quite a long period of time. There will be afternoon tea. We will get things underway with questions from the Opposition. We know how to behave and how to proceed—questions followed by answers.

The Hon. WALT SECORD: Ms Koff, in the budget papers and during his budget speech the Treasurer said there would be 2,500 job cuts. New South Wales is the largest employer in Australia, and of the 330,000 full-time equivalent people employed in New South Wales there are 117,957 people working in Health according to the Public Sector Commission's *State of the NSW Public Sector Report 2018*. Almost 35 per cent of the New South Wales public sector is in Health. Therefore, under those calculations about 875 jobs should go from the Health part of the public service. To comply with the Treasurer's directive, where will the 875 jobs come from?

Ms KOFF: Mr Secord, it is our understanding Health was exempt from those savings or condition reductions as identified. You are quite right in that Health does have the biggest workforce in government and part of the commitment of the Government in that budget announcement was no loss of frontline services—teachers, nurses, doctors, police force, et cetera. We do not have a target for reduction in FTE.

The Hon. WALT SECORD: I spent a long time as a ministerial staffer at the State and Federal level. I have worked at all three spheres of government and there is always a footnote or an asterisk—an exemption. Are there any exemptions or qualifications where job cuts will occur in Health that are not front line but administrative positions?

Ms KOFF: No, we have no asterisks down the bottom as to any qualification as you described.

The Hon. WALT SECORD: I take you to another area, and you can direct it to the appropriate person. Who has responsibility or could assist with inquiries about cross-border issues involving the operation of Victoria's euthanasia laws?

Ms KOFF: I think both Dr Kerry Chant or Dr Nigel Lyons look after euthanasia or palliative care and end-of-life care.

The Hon. WALT SECORD: Dr Chant?

Dr CHANT: Perhaps if you frame your question and we can most appropriately answer.

The Hon. WALT SECORD: I would like to know how the Albury Wodonga Health service works and how it applies to cross-border jurisdictions?

Dr LYONS: I might take that response. Albury Wodonga Health is an arrangement that New South Wales and Victoria have for the operational management of the services on the border. For a number of years now there has been agreement between New South Wales and Victoria that Victoria would be responsible for managing the services in Albury Wodonga Health, so they are managed as one, as the border towns are basically on either side of the river. The hospital and hospital services are managed as one service and that is managed through an arrangement that Victoria operates on behalf of New South Wales.

Dr CHANT: Could I just clarify that your point goes to the access to euthanasia and its relevance?

The Hon. WALT SECORD: Yes.

Dr CHANT: I would have to be cautious. I am not a lawyer and I am not absolutely familiar with the Victorian Act.

The Hon. TREVOR KHAN: There is a residency requirement.

Dr CHANT: There is a residency requirement in relation to it and I think there has to be a period of time of residency specified in the Victorian Act.

The Hon. TREVOR KHAN: I could have answered it.

The Hon. WALT SECORD: I didn't ask you.

The CHAIR: Order! We have not been going 10 minutes. Please continue. It is going to be a long afternoon if you behave this way.

The Hon. WALT SECORD: May I ask Ms Koff the definition of a suicide cluster? How do you define a suicide cluster? This came up several days ago.

Ms KOFF: Yes, it did come up in Mental Health and my recollection is that Professor Murray Wright, the Chief Psychiatrist for New South Wales, indicated caution in definition of the cluster and interpretation as such because of the various reasons associated with those definitions and descriptors. I will pass to Dr Lyons who can assist with the definitional issues.

Dr LYONS: As Dr Wright, the Chief Psychiatrist, indicated on Tuesday, we need to be very careful and cautious about defining suicide as clusters. There have been some examples of where there have been a number of suicides in a geographical or community area but on the mental health side of things we are loath to actually label things as clusters. We do not usually define them in that way. We look for patterns and where we need to intervene if there are rates of suicide which increase over periods of time and we look at what we need to do in response. As we talked about on Tuesday there are some examples of where we have worked with other organisations to look at geographical responses and community-based responses. We talked about the response of Our Healthy Clarence as an example of one that works really well where there was a community response, led by the community, supported by health professionals and other non-government organisations but a whole-of-community response, which was very successful and very positive and has been sustained.

The Hon. WALT SECORD: You guys would be very well aware that I am now the shadow Treasurer and some months ago relinquished shadow Health so please bear with me. I have taken a particular interest in paediatric cardiac services at Westmead and Randwick. Has the disagreement between the two jurisdictions been resolved?

Ms KOFF: No, it has not. It is a longstanding disagreement between both facilities and I think it is important to understand the long chronology of the association of the children's hospitals. We will not go way back to the mists of time when it was Royal Alexandra, went to Camperdown and Sydney Children's Hospital—that is too long ago and over many, many years. However, the two children's hospitals came together as a network in 2010. Their coming together as a network really was in response to the report done by Commissioner Garling

into acute services in 2008. Part of the recognition of that report was the importance of paediatric or child hospital services to have a strength in size. Because of the ageing of the population, because of the distribution of health services, children's health services were not often seen to be as prioritised as much when they are competing for the ageing population and other services across the system.

So they were brought together in 2010 and then the Government progressed to form specialty health networks run by boards and by local executives of which Sydney Children's Hospitals Network was one. Even then coming together, both sites understood that cardiac surgery was a contentious territory between the two sites and there is an extensive body of international literature on how the configuration of cardiac surgery services should occur. I emphasise most importantly that we are talking about cardiac surgery. Sometimes it seems to be getting mixed in the media that we are talking about cardiac services. Cardiac services can consist of cardiology, interventional cardiology—extracorporeal membrane oxygenation [ECMO] is part of the supportive package of services—and cardiac surgery. But it is the cardiac surgery that is the real high end, complex component of work that requires specialist cardiac surgeons.

When the Network was formed there was quite a bit of concern from both sides as to what the model of service delivery would be for cardiac surgery between the two children's hospitals. There was an international-led review panel brought together to provide the Network with some advice as to the best configuration of cardiac surgery across the Network. That was led by Professor Brawn from the UK and done about 2012. That review provided recommendations to the Network and the Network Board on the decision-making as to what the configuration of cardiac surgery should be for the Network.

The board then made a decision that it would be a networked service over two sites—a single director of cardiac services with cardiology and cardiac surgery delivered at both sites, with both sites working collaboratively as a team. That recommendation was put forward and the network was working to implement and progress that. It would be fair to say that, over time, that model has not been delivered, as was anticipated or expected. It has created a significant amount of acrimony, which has played out quite publicly—it was even touched on this morning.

We have very strong differing clinical opinions on the configuration of cardiology or cardiac services across both sites. There was a subsequent piece of work done with the cardiac services planning committee, facilitated by Professor Mick Reid, to bring the parties together to see if there could be a resolution. It would be fair to say that the opinions were still firmly divided and each party is entrenched in their opinion. The Minister, in an attempt to have a circuit-breaker and resolve some of this, then organised a round table. People needed to hear the opinions of all involved. The round table that was conducted not only involved clinicians from both Randwick and Westmead, but also involved paediatricians from other health services such as John Hunter Hospital and from rural areas and from interstate—from Queensland and Victoria. It also had consumers in attendance.

Most importantly, it had a very good cross-section of nursing and allied health staff because this is not only a medical issue, it is a clinical issue of many teams. The Minister indicated at the round table that it would not be the last opportunity for people to provide contributions. We have been working with a number of groups that have made more representations—I think at last count we were up to over 250 pieces of correspondence or submissions that we are reviewing. We will come to a decision and make a determination, from the Ministry, as to the optimal model of delivery of cardiac surgery across the children's hospitals.

The Hon. WALT SECORD: Do you have a timetable for when the report will be delivered?

Ms KOFF: No, there is no timetable.

The Hon. WALT SECORD: In your answer you referred to consumers. Who are consumers? Are they patients?

Ms KOFF: Yes, patients or patients' parents. The ones who were too young, there were definitely some parents. I spoke to one of the parents at the forum, who found it most enlightening to hear the difference of opinions.

The Hon. WALT SECORD: Several days ago there was a public airing that there was a spectacular transport of a child about 43 kilometres across the city because there was not a doctor available. Has that been resolved? Are there paediatric surgeons available at Randwick 24 hours a day now?

Ms KOFF: I understand the surgeon was on annual leave when that occurred. That issue was reviewed and I will pass to Ms Pearce.

Ms PEARCE: We do not have the outcome yet, Mr Secord, with regard to that particular matter. We are aware of it and there is an independent review that will be conducted as to the care of that child.

The Hon. WALT SECORD: Is there a surgeon? You said the person was on annual leave. Is there a paediatric cardiac surgeon at Randwick now?

Ms PEARCE: The paediatric cardiac surgeon at Randwick is Dr Peter Grant, who is most frequently there. I could not tell you whether he is there right now. Certainly across that network they do share information as to availability of their specialist staff so that the team is aware of who is present on both campuses—as I understand it.

The Hon. WALT SECORD: If there was an emergency at Randwick now, would the child have to be taken to Westmead?

Ms PEARCE: I cannot answer that. I can check right now to see who was on duty and who was available. However, as I understand it, the advice from the network is that when they have children with those highly specialised needs, the team come together to discuss the care of the child and which is the most appropriate location to care for that child. That may be at Randwick and it may be at Westmead.

The Hon. COURTNEY HOUSSOS: Ms Pearce, can I clarify that you said if this circumstance arose again the same thing would occur. Is that right?

Ms PEARCE: No, that is not what I said.

The Hon. COURTNEY HOUSSOS: Can you please repeat what you said?

Ms PEARCE: I said that when a child is critically unwell, the teams come together to determine the most appropriate location for the services to be delivered—it may be Randwick, it may be Westmead. That is dependent on a whole range of factors, such as which procedure is required, the availability of staff and so on. In regard to that particular case, that is being reviewed, as you would expect, so that the team at the network can understand if it could have been done differently or better.

The Hon. WALT SECORD: Have there been any changes or work done on restoring maternity services at Yass District Hospital? Or is it still the position of NSW Health that it is too difficult to do it there?

Ms KOFF: I think it is important to say that it was touched on this morning by the Minister that the safety of the services we provide across the whole of the State are critically important, and in some rural areas in particular, as was prosecuted this morning in the inquiries about recruitment of obstetricians at another health service. In terms of the Yass maternity service, the census data for the local government areas indicated Yass has 185 births per year. Currently there are three maternity care options located less than an hour from Yass—the Centenary Hospital for Women and Children in the Australian Capital Territory [ACT], Calvary Public Hospital Bruce in the ACT and Goulburn Base Hospital. The Yass Outreach Program for maternity services is the model that is deployed to support women who have babies in the antenatal and postnatal period, with the view that delivery should occur in the safest environment, which is in one of those aforementioned facilities.

The Hon. COURTNEY HOUSSOS: Have you conducted an audit of public hospitals in New South Wales to check if there is any flammable cladding on any of them?

Ms KOFF: Yes, certainly.

The Hon. COURTNEY HOUSSOS: Are there any hospitals that still have flammable cladding on them today?

Ms KOFF: In October 2017 NSW Health, in partnership with the New South Wales Government Cladding Taskforce, carried out a review of all New South Wales health registered assets. The review was focused on cladding products, which I am advised are commonly referred to as aluminium composite panels [ACP]. The review found that five hospitals contained the ACP cladding and, obviously, the flammability of those and our concerns with patients in hospital beds, who may not be ambulatory, was our highest priority. The four hospitals that were identified were Queanbeyan Hospital; Armidale Hospital, the ambulatory care building in particular; John Hunter Hospital, Royal Newcastle Centre building; and John Hunter Hospital clinical services building.

The Hon. COURTNEY HOUSSOS: What was the fourth one again?

Ms KOFF: John Hunter Hospital clinical services building.

The Hon. COURTNEY HOUSSOS: And the one before that?

Ms KOFF: John Hunter Hospital Royal Newcastle Centre building. Work has all been done on those and the cladding removed. It is important to note that the cost of the cladding removal has been approximately \$19 million to remove that cladding. We were highly conscious of the risk associated with having flammable cladding on hospital buildings, as discussed. There was a fifth building, St Vincent's Hospital O'Brien Building.

Due to the relationship between St Vincent's and health services, St Vincent's being an affiliated health organisation, they are responsible for their buildings. However, we have supported them financially to have the cladding removed and their expected completion date for their cladding is June 2020. However, what we sought from St Vincent's, given that time frame, was an assurance that there were interim fire safety measures in place before the work was to be completed. We met about St Vincent's last week and they indicated that that process was well underway and on track.

Ms CATE FAEHRMANN: Dr Chant, has the Premier asked you for advice regarding pill testing?

Dr CHANT: No.

Ms CATE FAEHRMANN: Since all of the music festival deaths, the New South Wales Premier did not seek advice from the Chief Medical Officer regarding pill testing?

Dr CHANT: I have not directly spoken to the Premier in regard to pill testing. I cannot confirm any other conversations that may have occurred.

Ms CATE FAEHRMANN: You were on the expert panel into safety at music festivals?

Dr CHANT: That is correct.

Ms CATE FAEHRMANN: Did you look at pill testing while you were on that expert panel?

Dr CHANT: That was specifically excluded from the terms of reference for that panel.

Ms CATE FAEHRMANN: How was it excluded?

Dr CHANT: I would have to go back but my recall was in terms of the terms of reference for that panel it did exclude pill testing from the considerations of that panel. That is my recollection. I would have to go back to the terms of reference.

Ms CATE FAEHRMANN: It is your understanding that the panel was specifically requested not to look at pill testing?

Dr CHANT: My understanding is that in setting up the panel it was looking at the current environment of the New South Wales government and we were specifically not looking at pill testing.

Ms CATE FAEHRMANN: When I asked the Premier earlier today why she asked the expert panel looking into safety at music festivals not to look at pill testing she said that you were able to look at pill testing, that was not correct?

Dr CHANT: That was not the focus or the purpose of the music festivals panel, to the best of my knowledge.

Ms CATE FAEHRMANN: You were told?

Dr CHANT: My understanding is that our focus was otherwise. It was a quick process where we had to rapidly bring forward our comments. I am happy to go back to the terms of reference. Certainly that was my understanding that there was a narrower scope we were looking at.

Ms CATE FAEHRMANN: Has the health Minister asked you for advice regarding pill testing?

Dr CHANT: I have not conducted any formal request for a briefing on pill testing but as the Minister indicated this morning there has been a variety of discussions around the types of presentations and the range of risk reduction measures.

Ms CATE FAEHRMANN: Within NSW Health broadly have you undertaken any research or sought information regarding the benefits or otherwise of pill testing?

Ms KOFF: As an introduction I would say we have been afforded the opportunity to hear from the pill testing in the Australian Capital Territory [ACT] at the COAG Health Council. The COAG Health Council is the national health council where all ministerial representatives from every jurisdiction are in attendance, including the Commonwealth Minister for Health, and we have updates on the initiative in the ACT at that level.

Dr CHANT: NSW Health continues to review the evidence. You probably saw from the Government Information (Public Access) [GIPA] that I had actually met with the pill testing lobby. I have certainly discussed pill testing with the NSW Users and Aids Association [NUAA] and some of the other advocacy groups. We have engaged in monitoring the evidence and engaging with advocates for pill testing. A member of my office attended the Groovin the Moo pill testing in the ACT and briefed me subsequent to that. We have also kept abreast of other initiatives.

Ms CATE FAEHRMANN: Has NSW Health received evidence therefore from people or organisations or experts who say that pill testing would not work? You said you have met with NUAA, you have met with Pill Testing Australia. What about on the other side of the debate?

Dr CHANT: We have had discussions with broad groups of clinicians as we have been engaging in the development of the music festival guidelines. There has been a broad range of clinicians. There will be different perspectives. For instance, some toxicologists will understand and put forward very robustly the limitations of pill testing. I suppose, just to take you back, one of the challenges is that pill testing is not one thing. As you are probably aware there are a variety of different forms of pill testing or drug checking used and each of those models has its own limitations and strengths. There is onsite drug checking, there is offsite and there is leveraging of the surveillance mechanisms. The international evidence is different for different models. Certainly we have engaged in active discussions with a variety of people, as we do, in developing the music festival guidelines and other things around those different models and the strengths and weaknesses and the nature of the intervention in each of those models is different.

Ms CATE FAEHRMANN: You said you had a member of staff who saw the pill testing trial at the most recent Groovin the Moo festival in Canberra. Did they report back that some of the festival goers discarded pills after they were told that they contained N-ethylpentylone?

Dr CHANT: They were briefed. The way it was hosted was that they were briefed prior to it actually activating and then subsequently the report has been made available. I have read the report from the pill testing forum, but they were briefed at the beginning of the pill testing—so more around the process, the capability of the machine, the types of information that was transmitted to participants. And then subsequently we reviewed the outcomes. I understand there is also an independent evaluation being undertaken by, I think, the Australian National University [ANU] that is being conducted as well.

Ms CATE FAEHRMANN: Have you advised the health Minister that pill testing can detect dangerous substances? If you are advising after meeting with, I am assuming, Pill Testing Australia, what have you thought about the work they do? I am assuming that you are then providing advice to the health Minister regarding that.

Dr CHANT: As I said, I have not provided the health Minister with formal advice in relation to the critique of each of the different models of pill testing. I think you are going to the fact that depending on the types of machines and the types of pill-testing model they can detect a range of substances; sometimes it is just about detection. For instance, in the Canberra trial, as I understand it, the machinery checks the presence of the substance, it does not actually detect the concentration of the substance. So again, depending on the different models, the different equipment, all of that has different ramifications for how many people can get processed, timeliness and the nature of the information that you can provide back to participants in the time frame.

Ms CATE FAEHRMANN: I will move on in a second, but just so I have got this straight, the health Minister and the Premier have never requested formal advice from the health department or the Chief Medical Officer regarding pill testing?

Dr CHANT: I have not provided a formal written advice to the Minister in relation to pill testing but obviously the Minister and others have met with proponents of pill testing.

Ms CATE FAEHRMANN: Ms Koff, nothing within the department?

Ms KOFF: No.

Ms CATE FAEHRMANN: Extraordinary. Dr Chant, this is not supposed to look like I am personally asking you all the questions but the next one is for you as well on a different issue. In 2014 I understand you called for a ban on the installation of new wood heaters in urban areas. Do you recall this?

Dr CHANT: I am not sure that I would have.

Ms CATE FAEHRMANN: And for existing wood heaters to be removed.

Dr CHANT: Wood heaters are significant contributors to particulate pollution, particularly in the Sydney metropolitan area and even in some rural communities. I think NSW Health has always acknowledged that being cold is also a risk factor, so there will be some needs for affordable heating. But I think Health has always highlighted that it is a major contributor to particulate pollution. I would have to refer to the exact correspondence that you are referring to to know how I actually framed any advice we provided, but anything would be consistent with that, the fact that wood-burning stoves contribute significantly to particulate pollution and particularly in built-up areas.

The Hon. EMMA HURST: We were talking before the break about processed meats. I am just wondering if there are any plans to prevent advertising of harmful animal products like processed meats, especially to children?

Dr CHANT: We have a national food regulatory system, Food Standards Australia New Zealand, and it basically will indicate the source of warnings and other labels and nutritional values on products. So any approach would be a national approach.

The Hon. EMMA HURST: That is specifically for labelling. There is nothing in advertising?

Dr CHANT: Labelling but also health claims or the nutritional content. We have a national approach to food standards because it does not make sense for it to be State by State given the food supply system.

The Hon. EMMA HURST: Aside from the animal welfare issues that are associated with the production of dairy, and I mentioned a little bit before about some of the research linking the consumption of milk and dairy products being a significant source of saturated fats contributing to heart disease, type 2 diabetes, Alzheimer's and it is also linked to an increased risk of breast, ovarian and prostate cancers, are you aware of any programs in place or any further research on this link between the consumption of dairy products and disease going forward?

The Hon. MATTHEW MASON-COX: I am choking on my Cheezel all of a sudden.

Dr CHANT: As I indicated in my answer earlier this morning, we go by the National Health and Medical Research Council's *Australian Dietary Guidelines*, which incorporate dairy as a good source of protein and essential vitamins and calcium. I am not particularly aware of any funded research we undertake but we have a rich and vibrant research community and I am sure that they are undertaking a variety of research on the contribution of various components of nutrients on health. As I have said, our approach is trying to encourage a balanced diet, very much an increase in fruit and vegetable consumption, water as the first drink and reducing alcohol consumption as important elements of building a healthier community.

The Hon. EMMA HURST: On a similar note, red meat—beef, lamb and pork—have been classified as probable causes of cancer by the World Health Organization and also, particularly, a closer link to bowel cancer and heart disease. Is that recognised by NSW Health?

Dr CHANT: The national guidelines for which we reference, and we have a lot of websites that include dietary advice for adults but also a great website for parents and children, will indicate a link to the authoritative guidelines, which is the National Health and Medical Research Council's *Australian Dietary Guidelines*.

The Hon. EMMA HURST: Hormonal growth promotants have been used in Australia since 1979. Six hormones such as oestrogen, aesthetic alternatives et cetera are used in cattle to accelerate weight gain. In the European Union [EU] the use of those growth promotants have been banned since 1988 and the EU will not import meat from cows that have been given hormonal growth promotants, and that is based on the EU risk assessment on hormone residues in meat and meat products. They found a substantial body of evidence suggesting that some hormones are a complete carcinogen, a tumour initiator and promoter. In Australia in 2011, in the statistics that I found, about 40 per cent of cows are still being farmed using hormones. Do you know if there are any moves to reduce the amount of hormones that are being used in this farming, particularly given the links that have been found with human health?

Dr CHANT: This would be a matter more appropriately addressed to the Department of Primary Industries and the NSW Food Authority. The NSW Food Authority is the food regulator and the role of NSW Health is in terms of foodborne disease outbreaks. We obviously work in close partnership with them on food policy issues, but, again, we have a national food policy framework in Australia.

The Hon. EMMA HURST: But considering the carcinogenic potential is associated particularly with hormone compounds in the growth promotants, is NSW Health at least making the public aware of the use of hormones so that consumers can make informed choices?

Dr CHANT: I am sorry, I am not familiar with the concentration of hormones that would be in meats and the use of growth promotants, so I would not want to say anything in error to this Committee. As I said, the Department of Primary Industries and the NSW Food Authority would be more appropriate in understanding that. We work in partnership on a range of issues and, again, some of those issues are also dealt with through food labelling and other ways in which we inform consumers.

The Hon. EMMA HURST: We did talk a little bit before about antimicrobials that are used and, for me, probably the most obvious one is the use of coccidiostats. Coccidiostats are used in the broiler meat industry to treat coccidiosis. Hens are farmed in inside conditions where they are living in their own faeces for weeks on end, so they are very likely to get a disease called coccidiosis. To prevent that they are given coccidiostats, which

is an antimicrobial, and when it comes to eating chickens that are given antimicrobials, Dr Sandro Demaio, who specialises in disease prevention, nutrition and global health, says it can disrupt the microbe living in the gut, which plays a crucial role in our physical and mental health. Is anything being done or can you give a bit more information about what NSW Health is doing in regards to antimicrobials finding their way into food and affecting human health?

Dr CHANT: Just extending from my answer this morning, again these issues around the use of antibiotics in animals, there is a general principle of trying to use antibiotics that are not used in humans or spare particular antibiotics that are used in humans. As I said, the NSW Food Authority would be able to answer this question much better, but I am aware of the fact that the NSW Food Authority and the Department of Primary Industries look at practices in agriculture that promote a reduction in both the disease burden and microbial burden in animal flocks and look at best practice techniques for growing and raising livestock. I would refer that question to the NSW Food Authority.

The Hon. EMMA HURST: We have seen some reports in the media recently, and I know we talked a little bit about New South Wales hospitals earlier and the serving of processed meats in New South Wales hospitals, but some of the media reports were talking about people who were trying to get plant-based meals in hospitals and struggling to have anything to eat. Do you know if there are hospitals that do have plant-based options available to patients in New South Wales?

Dr CHANT: The NSW Health service food supplier actually tries to cater for a variety of needs across cultural and other different preferences for food. Carmen could talk to the range of food, and the vegan and the other options available.

Ms RECHBAUER: We have. Our own food production units make about nine different varieties of vegetarian meals. We also have a couple of varieties that we purchase from outside suppliers. We also have a range of salads, sandwiches and other foods that can be produced on site. And it does vary from hospital to hospital.

The Hon. EMMA HURST: At the moment the nine varieties of vegetarian rather than vegan, is that what the issue is?

Ms RECHBAUER: Yes. Vegan is much more difficult. There is not such a big demand on vegan and that needs to be treated very carefully because, as you probably are aware, you cannot bring the products in contact with meat products. It is not dissimilar to preparing kosher meals; we do not prepare kosher meals for that reason.

The Hon. EMMA HURST: Okay. Thank you. My last question is about allowing to bring companion animals into hospitals. I understand that there are some programs to bring therapy animals in, but are there any moves to allow people to bring companion animals in that are providing emotional support to people within hospitals?

Ms KOFF: I think we touched on the companion animals when we had the Mental Health session last week—on Tuesday, sorry. Time flies quickly

The CHAIR: And next week will feel like this week.

Ms KOFF: It might do. Sorry about that. And Dr Nigel Lyons provided some commentary and we did have some examples.

Dr LYONS: I might add a little bit. In addition to what I provided on Tuesday, there is a range of different approaches to providing therapy supports with animals in health settings, but there are some limitations as well. We talked about some of the examples in different settings for mental health services, but also the NSW Ambulance Sydney control centre has a therapy dog in residence for the ambulance control because the controllers have quite a stressful environment in responding to 000 calls and the like. That has been very well received by staff and the therapy dog there regularly visits other locations where a control centre management might also be deployed.

There are issues about animal visitations in the health context though because of issues around animals potentially being a vector for infections and in particular for multi-resistant organisms potentially posing a risk of cross-contamination. There are some areas where animals would be unsuitable to be present—sterilised areas, patient treatment areas, patient or ward isolation units, kitchen food preparation areas, intensive care and high dependency areas, for example, are not appropriate environments, and we need to be very careful of immunosuppressed patients, and sometimes it is not clear what patients are immunosuppressed and if there is an animal present it could be a risk to some of those patients. There are a number of policies in place to support that, including facility infection control guidelines but there are animal assistant therapy programs for sites where it is appropriate to consider those, particularly in community-based settings as I indicated on Tuesday.

The CHAIR: Thank you.

The Hon. COURTNEY HOUSSOS: Ms Koff, I wanted to come back to the issue of flammable cladding. You outlined that there was an October 2017 audit, is that correct, which identified that there were only five locations across the State that had the flammable cladding?

Ms KOFF: Yes. With the aluminium composite panels [ACP].

The Hon. COURTNEY HOUSSOS: Okay. Are you confident that that means that there are no other sites under the control of NSW Health that have flammable cladding on them?

Ms KOFF: As I understand it, and I might go to the technical person in terms of Dan Hunter, there are other types of cladding. The one specifically that was prioritised was the ACP, as I described, the aluminium composite panels. But also then, going through the process, there is potentially other type of building cladding, which is known as expanded polystyrene [EPS]. That was identified on two further buildings. Those two locations were Royal Prince Alfred Centenary Institute and Coffs Harbour Health Campus pharmacy building. The rectification of Coffs Harbour was completed in mid-July and those buildings that were scoped, as I mentioned earlier, had the remediation measures in place to ensure their safety. If I could hand to Dan Hunter, who manages the assets—

The Hon. COURTNEY HOUSSOS: Just before you do. Coffs Harbour pharmacy building was remediated in mid-July.

Ms KOFF: Yes.

The Hon. COURTNEY HOUSSOS: Royal Prince Alfred, has that been remediated?

Ms KOFF: No. As I understand not yet.

The Hon. COURTNEY HOUSSOS: That has not been remediated.

Ms KOFF: The Royal Prince Alfred Centenary Institute, and that is a research institute not a patient care area.

The Hon. COURTNEY HOUSSOS: Have the staff at that location been notified?

Ms KOFF: I would have to take that on notice.

The Hon. COURTNEY HOUSSOS: Okay. Do you have a plan for remediation of that site?

Dr LYONS: I have a note here, a note that says that the building is currently being scoped for remediation and the work is expected to be completed by the end of 2019, and in addition to that interim safety measures are in place at both the Coffs Harbour and the Royal Prince Alfred sites to reduce the fire safety risk until the works are completed.

Mr HUNTER: We put local management plans in place whenever we identify these sorts of risks. And just to be clear, that is a different type of cladding to that ACP cladding that we identified separately. The other point to note is that we make sure that we provide adequate funding so that work can be done and scoped as quickly as possible. At some of those areas outside of Sydney when the work needs to be done it can be difficult to find contractors and we have to, under Government tenders, put that work to market and get tender responses. But we have, as the secretary said, remediated completely the five sites and there was some partial remediation needed on a couple of others, which is all complete. And then there is this other material, that EPS material, that we have discovered, scoped out and provided funding for if it has not been completed already.

The Hon. COURTNEY HOUSSOS: Sorry Mr Hunter, you said that there were five sites and then there was partial remediation required?

Mr HUNTER: There was partial remediation required on eight.

The Hon. COURTNEY HOUSSOS: One eight. Can you give me those eight locations? Are they eight further locations on top of the five, is that correct?

Mr HUNTER: Yes. Actually it was seven. That was St George, Kogarah, building 10—these are really confined, small parts—St George Hospital building 10; Putney, that has been completed in April 2019; Grafton Hospital main building, completed in April 2019; Gosford Hospital main building, completed in November 2018—

The Hon. COURTNEY HOUSSOS: Is that the public hospital or the private hospital?

Mr HUNTER: It would be the public. Concord Hospital building 5, completed June 2018; Coffs Harbour main building, completed in May 2018; Prince of Wales Psychiatric Emergency Care Centre [PECC] building, completed June 2018; and the Raymond Terrace Healthone facility, completed in March 2019. That was the partial remediation.

The Hon. COURTNEY HOUSSOS: Can you just give me number four again? I missed number four.

Mr HUNTER: Concord, building 5.

The Hon. COURTNEY HOUSSOS: Concord. Thank you. There were five sites that required remediation?

Mr HUNTER: A complete remediation. And St Vincent's is still outstanding on that one.

The Hon. COURTNEY HOUSSOS: That is right. Then there are the seven sites that required partial remediation. That has all been completed.

Mr HUNTER: Yes.

The Hon. COURTNEY HOUSSOS: Going back to Ms Koff, you are confident in saying that there is no further flammable cladding on any other sites on NSW Health property? Is that correct?

Mr HUNTER: Health Infrastructure NSW undertook a complete assessment of over 4,600 Health buildings and structures across the State as part of the New South Wales Government's Cladding Taskforce. Those were the only ones that were identified as part of that process. I understand that was a very rigorous process.

The Hon. COURTNEY HOUSSOS: I want to come back to Ms Koff. Initially I asked you about flammable cladding and you said that there was ACP. When I asked a follow-up question you said that there was EPS cladding. Is there any other form of cladding that you are concerned about or that you are currently undertaking audits for?

Ms KOFF: No, not to my knowledge.

The Hon. COURTNEY HOUSSOS: Mr Hunter?

Mr HUNTER: Not to my knowledge. Under our devolved system we have very good local asset management plans in place and that is tracked through an online system. Those assets are continually inspected and continually looked at. There is no other flammable cladding to my knowledge.

The Hon. COURTNEY HOUSSOS: Have you checked your records against the local council records in terms of the information that they are collating around cladding?

Mr HUNTER: I would have to take that question on notice. I am happy to do that. If it is part of the New South Wales Cladding Taskforce work that the council is doing, then I would think that has been cross-checked but I can take that on notice and check for sure.

The Hon. COURTNEY HOUSSOS: That would be useful. In a different forum we are pursuing the New South Wales Government's piecemeal approach to flammable cladding. I will continue that in a separate forum. I understand that it limits your ability to do what you are doing. Ms Koff, are you confident that there is no flammable cladding on Liverpool Hospital?

Ms KOFF: I would have to take that on notice. I would not be able to comment. Given that we have been through the process, and that is what I am saying—we went through the process of looking at the ACP and then, also, the EPS was identified. On the basis of that survey, it was not identified as one facility.

The Hon. COURTNEY HOUSSOS: Mr Hunter, you are confident as well?

Mr HUNTER: Liverpool is not one that has been identified as part of our investigations, but I can take that on notice and we can have a more extensive look.

The Hon. COURTNEY HOUSSOS: Are you able to tell me whether Liverpool Hospital was part of the audit process undertaken in October 2017?

Mr HUNTER: I can check that, but, given that we did inspect all assets that we have, which was over 4,600 buildings across the State, I would think that Liverpool, as one of our major hospitals, would have been inspected as part of that. We will check Liverpool as a question on notice, specifically, and come back.

The Hon. COURTNEY HOUSSOS: Thanks very much. I will move to the issue of hospital security guards. Ms Koff, I am told that around 40 assaults are reported in public hospitals every month. Do you accept that figure is correct?

Ms KOFF: I will hand this to Mr Minns, who has the portfolio responsible for workforce and security.

Mr MINNS: The figure of 40 that is often quoted in the media comes from a Bureau of Crime Statistics and Research [BOCSAR] information source. That represents any incident reported to police that is not domestic violence related in a public or a private hospital across the local government precincts that they record it against. Some of those could be incidents that happen in the hospital grounds or precincts that had nothing to do with either hospital patients or hospital staff. It is not easy for us to reconcile that BOCSAR data to the data that we collect.

The Hon. COURTNEY HOUSSOS: Do you collect data?

Mr MINNS: Yes.

The Hon. COURTNEY HOUSSOS: What do your figures show?

Mr MINNS: Strangely enough, we record data in our information management system which is about all the incidents that amount to assault or striking incidents on staff. Whilst it would not be your expectation, more than 91 per cent of those are actually occurring in in-patient scenarios. They are admitted patients in wards and a very large proportion of them are wards associated with dementia care and other conditions. The prevalence of incidents that give rise to the potential for injury in our system is actually a lot higher in our general and specialised wards than it is anywhere else.

The Hon. COURTNEY HOUSSOS: Perhaps this is a question for Ms Koff. You would accept that an assault anywhere on hospital grounds would or could require the response of security staff, whether that assault was on a staff member or unrelated to staff and their work?

Ms KOFF: Yes. The safety of both the staff who are working for us and providing high-quality care to the community and of patients and visitors is absolutely paramount.

The Hon. COURTNEY HOUSSOS: Have you provided any advice to the Minister around additional powers and training that could be provided to security staff?

Ms KOFF: I will hand to Mr Minns.

Mr MINNS: We have done a significant amount of training associated with TAFE for security staff since the roundtable on hospital and ED security in 2016. I think we have put more than 1,000 security staff through a three-day program that is specifically tailored to the security role in a health setting. It focuses, particularly, on de-escalation skills. That measure has been very successfully rolled out across the State following the 2016 roundtable. There was another aspect to your question that I have forgotten.

The Hon. COURTNEY HOUSSOS: Have you provided any advice to the Minister around additional powers for security staff?

Mr MINNS: Yes. On the additional powers matter, there is an argument expressed in the wider community about the fact that security guards might benefit from having special constable powers. Our point would be that what we want security to do in our hospitals and our EDs and other places is, essentially, provide the safest possible environment while we call police and wait for their arrival. We do not want an advancing security capacity. We want to secure the area and retreat and protect staff and other patients. Some of our historical incidents are associated with an advancing security presence and the evidence is that it is not particularly successful.

The one power that then arises for special constables, compared to our security guards, is that a special constable may have the power to search someone. Our point would be that we can request that a visitor or patient submit to a search and if they decline we can ask them to leave our hospital environments. If they decline to do that, we would isolate, retreat and call the police. We do not think that there is a significant advantage associated with extending special constable powers and we have made that point, as a health system, for some time and, particularly, since the special constable arrangements were reformed in New South Wales. I would need to check, but I think that occurred in about 2012.

The Hon. COURTNEY HOUSSOS: That is right. You are aware that there are staff and, indeed, the Health Services Union [HSU], who are advocating for this?

Mr MINNS: On the matter of powers?

The Hon. COURTNEY HOUSSOS: Yes.

Mr MINNS: Some quarters of the HSU, yes, but I do not know that it is a universal view.

The Hon. COURTNEY HOUSSOS: Have you provided any advice to the Minister around a trial for body cameras on security guards?

Mr MINNS: Not on security guards. There is a trial being planned with respect to paramedics. That trial is designed to commence before the end of this year. We have had to go through the appropriate processes with the Attorney General's department to establish that we have dealt with the relevant privacy issues that might arise.

The Hon. COURTNEY HOUSSOS: That leads me to my next question, which is: How many paramedics are assaulted each month in New South Wales?

Mr MINNS: I might have to take that on notice or I may be able to answer it for you in 10 minutes when I find the right bit of paper.

The Hon. COURTNEY HOUSSOS: Fantastic. We will come back to you on that one.

The Hon. WALT SECORD: Mr Minns, did I hear correctly that you are looking at a possible trial of cameras on some paramedics? Is that correct?

Mr MINNS: Yes, paramedic trial, body-worn cameras. I think the aim would be in the range of 50 to 100 and the trial would run for 12 months and be fully evaluated. We know that Victoria has completed a trial. We are seeking to talk to Victoria to understand what its findings were as well, but at this stage it does not seem as if Victoria is moving to a widespread rollout of cameras.

The Hon. WALT SECORD: Has Victoria trialled it?

Mr MINNS: It has trialled it.

The Hon. WALT SECORD: What was the purpose of the trial? Did it record evidence or did it prevent—

Mr MINNS: I would need to review the terms of reference of the Victorian trial, but our trial is designed to see if it operates as an effective deterrent.

The Hon. WALT SECORD: Where would it be? Would it be a little camera on—

Mr MINNS: I suspect. That is a detail that I do not have, Mr Secord.

The Hon. WALT SECORD: Fifty to 100—where would that occur, in Sydney?

Mr MINNS: They would probably do what we normally do and try to make it a weighted trial across metro and regional.

Ms KOFF: I must admit, the Minister was very supportive of the trial of body cameras, given the number of incidents associated with paramedics. Mr Minns, in terms of the numbers I have in front of me, 300 offenders have been charged with assaults on paramedics since 2014. During the same period there have been 1,200 reports of occupational violence against them. It is quite a challenging area for the paramedics; they go into unknown territory. As mentioned by Mr Minns, it has been trialled by Ambulance Victoria. New South Wales police have also explored them and, believe it or not, from our advice, so has Parramatta city council parking. Sometimes it surprises you where occupational hazards may arise when people are unhappy.

The Hon. COURTNEY HOUSSOS: I want to move to the question of nurses and midwives. Ms Koff, you would be aware that during the recent election the Government said that it would hire an additional 5,000 full-time equivalent nurses and midwives.

Ms KOFF: Yes.

The Hon. COURTNEY HOUSSOS: You would be aware that the costing of the policy by the independent Parliamentary Budget Office revealed that more than 80 per cent of these "new hires" were already factored into the budget. Is that correct?

Ms KOFF: I do not know how the Parliamentary Budget Office costed that; I am sorry. It is at arm's length from anything we do in the ministry. The only point of contact with the Parliamentary Budget Office is via Finance and its secretariat. I do not have any contact.

The Hon. COURTNEY HOUSSOS: Can you tell me if 80 per cent of those new hires were already factored into your budget projections?

Ms KOFF: Mr Minns, I refer that to you.

Mr MINNS: The budget this year has a 4.5 per cent growth in Health funding. That growth enables us to respond to what we expect will be growing demand in the health system. As a result, we have funding that enables us to hire additional workforce. The question of where that workforce goes and what it does is a function of priorities that are determined by the local health districts, coming back to the ministry and also in some cases where the Government particularly indicated that it wanted certain aspects of the workforce to be supplemented. One example would be that it asked us to increase the nursing hours per patient day ratio in peer group B and C hospitals across the State from 5.2 to six hours and from 5.5 to six hours in those two classes of hospital. Those factored increases sit within that number of 5,000 additional nurses. There were also some specific announcements about palliative care nurses. If you did not have budget growth, there would not be workforce growth.

The Hon. COURTNEY HOUSSOS: Mr Minns, can you tell me how many new midwives will be hired over the next four years?

Mr MINNS: I do know the midwife number.

The Hon. COURTNEY HOUSSOS: Could you also find for me how many have been hired since the election?

Mr MINNS: I would not know that and it will be a struggle to find that out because the Health workforce pay period to pay period has people starting and people leaving. The expectation of the growth for the first year of the four-year period is that it will be achieved across the year commencing from 1 July.

The Hon. COURTNEY HOUSSOS: Can you tell me what the target is from 1 July?

Mr MINNS: For the year?

The Hon. COURTNEY HOUSSOS: Yes.

Mr MINNS: For midwives?

The Hon. COURTNEY HOUSSOS: Yes.

Mr MINNS: It is something that will be a bit more specific than my notes and it will come through in a text shortly.

The Hon. COURTNEY HOUSSOS: Thank you very much.

Ms CATE FAEHRMANN: Dr Chant, I will continue the discussion around woodfired heaters. It was in 2014 that you put a call out that there should be a ban on installation of new woodfired heaters in urban areas and made a recommendation that others be phased out.

Dr CHANT: As I have indicated before, I am interested whether that was a letter, a correspondence or a position.

Ms CATE FAEHRMANN: It is a *Sydney Morning Herald* article on 5 July 2014 with the heading "State's top doctor says we should consider banning wood fire heaters".

Dr CHANT: I suspect that I cannot control the headlines.

Ms CATE FAEHRMANN: Sure.

Dr CHANT: I suspect the narrative, as I have indicated before, would have been the fact that when we have been working with our partner organisations at mapping the contributors to pollution we have indicated that wood smoke is quite significant. Even in areas of the Hunter, some of the work, in particulate typing and testing where the particles are actually coming from, has identified that particularly in winter months wood smoke can contribute significantly to air quality in those settings, and clearly, the Sydney Basin. I know the policy for this sits in another government area, which is the former Office of Environment and Heritage.

Health's position would have been very much factual in the sense that wood smoke contributes a lot to pollution. As we indicate on our website and our fact sheets, air pollution does contribute to a significant burden of disease; there is no safe threshold and decreasing it would be optimum. In terms of inter-agency or inter-government and in that quote, I would have certainly put forward those views around challenging the community about what would be the appropriate settings to balance both of those in regional areas, where wood heating is actually an affordable heating option for people versus perhaps in other settings where we, as a community, could decide that wood heating is not what we need for the community overall, balancing those issues.

Ms CATE FAEHRMANN: Are you aware of an AECOM study commissioned by the Government that looked at the health burden of wood smoke emissions across urban, regional and rural areas and it estimated

it at \$8.1 billion over the next 20 years. Do you know whether any additional modelling has been undertaken by the New South Wales Government about the cost of the health burden of wood smoke emissions since then?

Dr CHANT: I suspect that that could be easily derived from other modelling work that we have done where we look at the overall burden of particulate pollution and then look at the attribution factor in a particular setting around how wood smoke contributes to that burden of particulates, particularly the PM2.5 ones. I would need to check. I know we have published additional information across our partner agencies and we have researched. Not to try to avoid the question, we may well have done overall air pollution burden, of which then you could impute the contribution of wood smoke as well as contributions where reducing the vehicular emissions could actually contribute to a reduction in air pollution.

Ms CATE FAEHRMANN: Your advice or recommendation to Government around woodfired heaters is that there should be greater standards in place for woodfired heaters.

Dr CHANT: My position would be that woodfired heaters contribute to air pollution. There are different drivers for the air pollution and there needs to be a balancing and a community discussion about the benefits and disbenefits of woodfired heating, but it does contribute significantly to particulate pollution.

Ms CATE FAEHRMANN: Do you know how significantly?

Dr CHANT: It varies from setting to setting. I am familiar with some of the Hunter work in terms of its contribution. Obviously it is seasonal. It contributes particularly to the burden in the winter months.

Ms CATE FAEHRMANN: Yes.

Dr CHANT: I would be happy to take that on notice and give you access to the reports that have been done. I am particularly aware of a characterisation study that was done, I think with the Office of the Chief Scientist, in relation to the Hunter.

Ms CATE FAEHRMANN: Yes. Particularly here I have that the NSW Environment Protection Authority [EPA] recognises—and I am aware that you are not from the EPA—that 85 per cent of the particulate pollution in Armidale is from wood heating?

Dr CHANT: That is right.

Ms CATE FAEHRMANN: Would that be accurate, do you think?

Dr CHANT: I am sure you have quoted from an accurate source. I would have to confirm that independently.

The Hon. TREVOR KHAN: Certainly in Armidale it would be right.

Dr CHANT: I mean, given the mix of vehicles versus wood smoke you might consider that accurate.

Ms CATE FAEHRMANN: You would also be aware then of the pollutants emitted from coal-fired power stations?

Dr CHANT: Yes.

Ms CATE FAEHRMANN: What are some of the worst?

Dr CHANT: Obviously it is sulphur-based dioxides and nitrous oxide. We are aware of those. The EPA, again the Environment portfolio, monitors them and there is reporting on the websites in relation to those. I would like to say that overall we do experience good air quality in New South Wales compared to other States and Territories, but I would not want to underestimate the burden. I have just been sent a text. We work closely with the EPA. Since that article new standards have been introduced in the Protection of the Environment Operations [POEO] Regulation. From this month new heaters must comply with 1.5 grams per kilogram. We have done modelling, presented at the New South Wales Clean Air Summit in 2017.

Ms CATE FAEHRMANN: When the 2014 study by ACON was conducted there were approximately 376,000 wood heaters in use in New South Wales. Those are obviously subject to a new standard though; they would still be a worry?

Dr CHANT: Certainly, and, as I said, it is about balancing. These are decisions for whole-of-government. Health has a role in highlighting the health impacts and the contribution, and then it requires a whole-of-government and whole-of-community approach.

Ms CATE FAEHRMANN: So back to the coal-fired power stations. Are you aware of a study conducted just last year by leading epidemiologist Dr Ben Ewald into the coal-fired power station emissions? Obviously you have just said that it is dangerous sulphur dioxides, oxides of nitrogen and fine particle pollution.

That study, published by Environmental Justice Australia—I remember there was media on it at the time actually—said that each year the five coal-fired power stations in New South Wales caused 279 premature deaths, 233 low birth weight babies—less than 2,500 grams—and 361 new cases of type 2 diabetes. Are you familiar with that study? Did you see that when it came out?

The Hon. TREVOR KHAN: Point of order: I am not being cruel but I note the resolution establishing—

The CHAIR: That is not a point of order.

The Hon. TREVOR KHAN: I would fail anyway. I note there is a resolution establishing this committee. Further, can I draw your attention to what I suggest changes how we have done these things in the past. It is the resolution of 25 May 2018, which adopted essentially the procedural fairness for inquiry participants—recommendations made by the Privileges Committee, and particularly in that regard point 9:

Chair to ensure relevance of questions

A committee chair will ensure that all questions put to witnesses are relevant to the inquiry.

Now what I put to you, Chair, is that in regard to questions such as being put, there needs to be, in a sense, some attempt to draw the questions into the framework of the budget rather than, in a sense, an esoteric discussion of whether it be wood fire or wood smoke or coal smoke.

Ms CATE FAEHRMANN: To the point of order: Mr Chair—

The Hon. WALT SECORD: My learned friend, a very good submission.

The CHAIR: Indeed, but I am happy to rule in favour. The budget estimates are broad ranging. Notwithstanding, that is noted, but the framework is the budget and it happens within the framework of the budget and I think that is where it was heading.

Ms CATE FAEHRMANN: Exactly, and you would hope that NSW Health is spending money on air pollution and we will talk about air pollution because air pollution impacts health.

The CHAIR: I thank the honourable member for his comment.

Ms CATE FAEHRMANN: Where was I? The study, yes, and Dr Chant?

Dr CHANT: I have not read that study directly, but I would like to say that with a lot of the modelling you actually need large populations exposed to air pollution to determine the effects and then often we model them and impute what the effects would be on smaller populations. I am sure that my branch, which has expertise in the literature and looking at the literature, may well have reviewed that and I will see if I get any text messages to confirm that whilst giving evidence. But clearly I think some of the issues you have raised there are known and probably reflected in the fact sheets of Health in relation to particulate pollution and its impacts on health.

Ms CATE FAEHRMANN: Thank you. Has NSW Health costed the impact of air pollution, the cost of air pollution in terms of the overall health burden on the taxpayer?

Dr CHANT: Not that I am aware of in recent years, but again that may well be sitting in the portfolio area in terms of the EPA or at the former Office of Environment and Heritage, which were the leads. Apparently we are familiar with the study—texting is coming through.

Ms CATE FAEHRMANN: This is great; I wish I had somebody texting me.

The CHAIR: We just need your login details, Dr Chant. It would save a lot of time, wouldn't it?

Dr CHANT: Yes, it would. I think the point I am trying to say is that the Office of Environment and Heritage has been the lead for doing this sort of work around air pollution and its impacts. I would need to take advice from my office about what additional work government has done.

Ms CATE FAEHRMANN: I am trying to get my head around this now. Within NSW Health you have a group of people who work on air quality and health, I am assuming, Ms Koff?

Ms KOFF: Yes, as part of Health and Protection.

Dr CHANT: We have a health protection unit, which covers environmental health, and clearly air pollution is a key issue, as is water, in terms of people's exposure to chemicals and other issues. That unit understands the literature and reviews the literature. We obviously input into whole-of-government decisions using that expertise. I actually host an expert advisory panel, of which we have representations from former members of CSIRO, which has expertise in their modelling. We have Professor Guy Marks, a respiratory clinician, and other experts on that committee who have particular areas of interest in terms of air pollution. I use that resource in us appraising particular proposals or any research. In the government role it is really EPA that manages

the risk from air pollution. It funds the research, but we are active participants in informing ourselves of the health effects of air pollution.

Ms CATE FAEHRMANN: Were you asked your advice or asked to submit or make a submission to the pollution licence renewals for coal-fired power stations, which was at the end of last year? The pollution licences that set the stack emission limits for coal-fired power stations were renewed at the beginning of this year. Do you know whether Health had input into that?

Dr CHANT: I would have to request more detailed information. I cannot answer that at this point. I am not aware that it did, but it may have been done at a branch level.

Ms CATE FAEHRMANN: In relation to the pollution licence renewals, Vales Point Power Station, for example, is allowed to emit 666 times more mercury than is allowed in the United States. Would that concern you as Chief Health Officer?

Dr CHANT: I would have to look at the context, what is the population exposed and what are the methods of exposure, so I would really need to understand the context. From a planning perspective, our local public health units and sometimes the ministry, depending if it is State significant, review the proposals and provide comments through the whole-of-government regulatory approach. I would have to look at the specifics of that before I could comment.

Ms CATE FAEHRMANN: To have 666 times more mercury is probably concerning, though.

The Hon. TREVOR KHAN: Was that an editorial comment?

Ms CATE FAEHRMANN: Something like that. Sodium in water. We know that as a result of the drought and an increasingly dry climate—climate change—towns are running out of water in parts of New South Wales and populations are having to rely on drinking bore water. There has been concern about the health of that water that some populations are drinking, particularly Aboriginal populations. What are the health impacts on regional populations whose drinking water at the moment contains elevated levels of sodium?

Dr CHANT: The major source of sodium in a person's diet is actually through the food as opposed to water. There will be patients who have a low sodium diet where particular advice is given in the context of if the water supply has higher levels of sodium. Are you talking about Walgett particularly?

Ms CATE FAEHRMANN: Yes.

Dr CHANT: In relation to the Walgett drinking supply, the public health units have followed up concerns in several towns, including Walgett, Wilcannia, Menindee, and noted that the drinking water supplies were safe, although they were affected by aesthetic issues such as unpleasant taste, odour and colour. The drinkability of the water is an issue as well. Historically, Walgett has drawn drinking water from the Namoi River and so the drought—as you have indicated. So salt in Walgett's water does not pose a general health risk but as I said, for those people who are managed on low sodium diets, we need to give them specific advice. Salt being present in some of the drinking water supplies does not present a risk for dialysis services because the dialysis units include reverse osmosis, which effectively removes the salt. We have been working very much with our local public health units which are based in these areas and they work very closely with the Aboriginal Community Controlled Health and other health services to make sure that in addition to the general community advice about the water supply that we can give that specific advice to people on low sodium diets.

Ms CATE FAEHRMANN: I was in Walgett a few months ago visiting the Dharriwaa Elders and heard some of their stories. One person I spoke with had a story about what happened to her and others told me stories about what had happened to somebody else—that they were getting rashes from showering in the water. Have you heard about rashes?

Dr CHANT: I have not. I think that may have been aired on an ABC report that I—

Ms CATE FAEHRMANN: I think it has made the media, yes.

Dr CHANT: I am happy to follow-up those concerns but the advice to me is that the water is safe. There have been no issues in relation to rashes that have come to my attention, other than the media report.

Ms CATE FAEHRMANN: Did you investigate after knowing the media report—

Dr CHANT: I believe that I raised that with my branch to follow-up, following that. I cannot recall the outcome of that feedback.

Ms CATE FAEHRMANN: In terms of rashes on people and your health background, what would likely cause rashes from showering in the water? Do you have any idea?

Dr CHANT: Nothing particular comes to mind. I would prefer to have the time to go back to my branch to seek advice about what the nature of the concerns were and what we think the causative factors were.

Ms CATE FAEHRMANN: There was something in the media. Several people who I have spoken to—and possibly more—said they had rashes. You heard that in the media and you requested your team to have a look at it and they have not reported back to you yet? That was months ago.

Dr CHANT: They may well have but I do not want to give you inaccurate information, so my preference would be to just check with the team and also to check whether there is any further information that has evolved. I would like to give you the most up-to-date information.

Ms CATE FAEHRMANN: Thank you. If somebody in Walgett or Wilcannia—or any of the other towns that are suffering extremely as a result of hardly any water—had a chronic disease such as diabetes or hypertension and needed to be very careful about drinking water with high sodium levels—

Dr CHANT: It goes back to the issue of those who need a diet low in salt. As I indicated, we have to understand that the most salt you get is through consumption of food as opposed to water. Water is a source and that is why I did not say overall. In the general community the issues in terms of salt levels does not pose a health risk, but for those on salt-restricted diets, it is important we support those individuals with additional information. I would also like to say that in July 2019 the Deputy Premier announced that the Government would provide reverse osmosis treatment to improve the quality of drinking water in Walgett and Bourke.

Ms CATE FAEHRMANN: Within houses?

Dr CHANT: A plant.

The Hon. COURTNEY HOUSSOS: I want to go to Mr Minns to see whether he has received any answers yet?

Mr MINNS: Yes, I can do that. The target for midwife position growth over the next four years is 300. The position at June 2019 was 2,954 full-time equivalent midwives in the system. The reason we do not have a yearly target is that the way we work out the resourcing for our midwifery and group practices is that we use the Birthrate Plus framework, which sits within the New South Wales nursing and midwifery award. Birthrate Plus is an international methodology where a survey is done for three to four months at least every three years. You look at all the pregnancies and births that have occurred through that practice group since the last survey, you look at care received in clinics and in hospitals before the birth, the labour care and the type of birth, the baby's health at birth, their term at birth, the weight, the Apgar score and any complications, et cetera, for either the mother or child. Then you look at the postnatal care that is required for the mother and baby both in hospital and at home.

It is a very comprehensive survey that is done for each of those midwifery practice groups. It takes three to four months of a survey window to say what is coming through the practice doors. Therefore, the way that we resource our midwifery workforce areas is based on that survey being done across time. It is possible to do it earlier than a three-year period if you think there has been a significant shift or change in the presentation of mothers and their babies at your facility. It is quite a precise formula to work out how many staff you need and that is why it does not lend itself to a mathematical exercise of growth across each of the four years.

The Hon. COURTNEY HOUSSOS: I take your point about it being a very scientific approach but there is a fairly blunt instrument here. The Government has committed to 5,000 additional full-time equivalent nurses and midwives. You are planning on implementing 500 of those?

Mr MINNS: No, 300.

The Hon. COURTNEY HOUSSOS: My apologies, 300 of those over four years. You do not have any kind of plan that you are working towards?

Mr MINNS: The plan we have is that for each local health districts that has a midwifery group practice, we will ensure that they do a Birthrate Plus re-survey at the appropriate time, or earlier if it is suggested that it is required.

The Hon. COURTNEY HOUSSOS: How often is the Birthrate Plus survey taken?

Mr MINNS: It should be done at least every three years.

The Hon. COURTNEY HOUSSOS: Three months, okay.

Mr MINNS: No, every three years.

The Hon. COURTNEY HOUSSOS: Sorry, it takes three to four months and it is done every three years?

Mr MINNS: Yes.

The Hon. COURTNEY HOUSSOS: When was the last time it was done?

Mr MINNS: It is done by facilities so that is why I could not talk to you about a year-one target. Each practice group will be on its own cycle of doing the survey.

The Hon. COURTNEY HOUSSOS: How confident are you that there will be 300 new midwives over the four-year period?

Mr MINNS: Quite confident. There will be challenges in some of our rural settings as we generally have with some of our workforce categories in rural and regional settings but that is well known to us. There is a large effort going on within the ministry and particularly the rural and regional chief executive community to focus on attraction strategies and retention strategies in some of those more challenging recruitment areas.

The Hon. COURTNEY HOUSSOS: How many vacancies are there at the moment for rural and regional midwives?

Mr MINNS: It is not a question that we can answer based on the way that our workforce is organised. If you talk to me about a particular site or practice group, for example, if I look at Nepean, we know in consultations with the Nurses and Midwives' Association that it felt that that was a practice area under pressure six months ago. They kept telling us that there were areas where they felt the system was under more pressure than others. We asked where they were. They worked with us, we went there and things have improved at Nepean and they have been able to recruit more permanent midwives and as they do that things improve.

The important thing to note is that, wherever we possibly can, if Birthrate Plus produces a certain staffing profile and we are short of permanent midwives to meet that profile then it is the role of the midwifery unit manager to secure alternative labour, so a locum or agency staff. The point that was made to us by the Nurses and Midwives' Association is that sometimes you get the numbers but you do not get the continuity of a team working together. It is always preferable to see if we can recruit enough permanent people to provide the service. That is the effort that went into Nepean-Blue Mountains to have a very targeted focused effort to improve its recruitment of permanent midwives and I think we have seen an improvement in that service in terms of its permanent staffing and that has paid off for everyone.

The Hon. COURTNEY HOUSSOS: Can you tell me how many full-time equivalent vacancies there are for nurses and midwives across the entire State right now?

Mr MINNS: No.

The Hon. COURTNEY HOUSSOS: You do not collect that data or just refer to your previous answer?

Mr MINNS: If I give you another example, if we talk about nursing hours per patient day, the ratio framework that is in the award, we do a weekly audit with all of the districts that have nursing hours wards. It changes from month to month but about 370 wards are governed by that framework. We would have a small number from week to week, month to month, that fail to exactly hit that target. We know that overall across the State we have 20,000 more hours being provided than the award minimum requirement.

It is not a helpful question to say how many vacancies have you got because we have, in fact, got an oversupply compared to the award of nursing hours to the tune, on average, of about 20,000 hours a month. There will be pockets where we have been unable to recruit and therefore we are either carrying a need to supplement with agency labour or locum labour and that is just the reality of it. We actually have more nursing hours in our system on the ground in those nursing hours wards than the New South Wales State industrial award requires.

The Hon. COURTNEY HOUSSOS: Mr Minns, do you have an answer on how many paramedics are one our—

Mr MINNS: I think the secretary provided that answer because she was more adept than me.

Ms KOFF: I did mention it.

The Hon. COURTNEY HOUSSOS: You said that since 2014, 300 people have been charged.

Ms KOFF: Yes, my recollection is that 1,200 incidents were reported.

The Hon. COURTNEY HOUSSOS: Since 2014?

Mr MINNS: If I may, there is one other piece of useful information that relates to these incidents. It is the workers comp claims that arise from workplace injuries that are coded as being violence-related. They are actually in decline. If we go back to 2012-13 we had 363 claims of that nature and in 2018-19 it was 187. If we

talk about security staff claims, it was 71 in 2012-13 and 25 in 2018-19. I do not raise that to say that we are not aware and do not share the concern of our staff and their union and others that we experience challenging situations in our hospital environments. We certainly do. The serious claims arising from them are actually declining and I think that reflects the work that has been done by staff and hospital operations teams and management in the last three years, particularly, to become more focused on security and to implement the strategies that came out of the round table on the 12-point plan.

The Hon. COURTNEY HOUSSOS: Do you collect at a central New South Wales Ministry of Health level the financial cost of damage to property resulting from violent incidents?

Mr MINNS: I am not aware. I will refer to my colleague Dan Hunter or take it on notice.

Mr HUNTER: Was the question to do with violent incidents?

The Hon. COURTNEY HOUSSOS: That is correct.

Mr HUNTER: If it is an insurable event we collect the data on damaged property.

The Hon. COURTNEY HOUSSOS: Are they coded?

Mr HUNTER: I do not believe they are coded as one is violent damage and one is non-violent damage. I think it is just damage. However, I can take that on notice.

The Hon. COURTNEY HOUSSOS: You talked about the workers compensation claims being in decline. Do you collate any other central data on injuries to staff?

Mr MINNS: Yes, I mentioned before that staff are encouraged to use the incident management system to record instances. That was where I made reference to the fact that about 91 per cent of the instances we face occur in—what's the Health language? Inpatient wards.

The Hon. COURTNEY HOUSSOS: Inpatient in wards, I understand. Can you give me the figures for how many in total assaults there were or injuries to staff in the last financial year and the previous financial year and the one before that?

Mr MINNS: To go back years I would need to take it on notice.

The Hon. COURTNEY HOUSSOS: You might need to take this on notice as well. For the same time periods, are you able to provide me with the amounts arising from any civil litigation costs for the department?

Mr MINNS: About this issue?

The Hon. COURTNEY HOUSSOS: Yes.

Mr MINNS: Yes, we can take that on notice.

The Hon. WALT SECORD: Dr Chant, can you tell me what are tourniquets?

Dr CHANT: Tourniquets are devices that are used where we particularly try to increase the pressure in the veins, particularly for venous excess. They are also used in emergency context when people are bleeding and for shark bites and others, you have probably seen them applied where they prevent further blood loss.

The Hon. WALT SECORD: How does NSW Health obtain them for hospitals?

Dr CHANT: We would procure tourniquets, I presume, on contract but there may be variability and preferences in certain settings in terms of the type of tourniquets used.

The Hon. WALT SECORD: Is NSW Health phasing in new ones or trialling new ones?

Dr CHANT: I do not have visibility of that.

The Hon. WALT SECORD: Is there anyone here that would be aware of procurement involving that area?

Ms RECHBAUER: That would be in my area and I would have to take that on notice.

The Hon. WALT SECORD: Can you also find out if there are new ones being introduced, if the new ones are being used at Royal North Shore Hospital and were they used on the leg of a man who was shot in a police stand-off and who died subsequent to that? I will move to a different topic. Ms Koff, are you familiar with Tomaree Hospital in Port Stephens?

Ms KOFF: Not very familiar with it but I know there is a Tomaree Hospital, yes.

The Hon. WALT SECORD: You know that it is a hospital that fluctuates in demand throughout summer and winter?

Ms KOFF: Yes.

The Hon. WALT SECORD: But there is a core community there that has to travel a considerable distance to get kidney dialysis?

Ms KOFF: No, I was not aware.

The Hon. WALT SECORD: Are you aware of a community-based campaign to have kidney dialysis at Tomaree Hospital?

Ms KOFF: No, I am not, but I will deflect this to Dr Nigel Lyons, who looks after the portfolio area and used to be the chief executive of Hunter New England.

Dr LYONS: I know Tomaree a little bit better. I have not been there for a while though.

Ms KOFF: Far better than my good self.

The Hon. WALT SECORD: You would be familiar with the community-based campaign to have kidney dialysis there?

Dr LYONS: From time to time there have been campaigns for a range of different services to be provided at Tomaree because of, as you say, the situation where they are about an hour's travel time from Newcastle hospitals and there is a community there that, as you say, fluctuates quite markedly, particularly during the summer holiday period when there is a significant influx.

The Hon. WALT SECORD: Are you aware of the most recent community-based campaign to—

Dr LYONS: Not the detail around the one for dialysis services, no.

The Hon. WALT SECORD: Have you provided any advice to the Minister's office in regard to this?

Dr LYONS: Not that I can recall, no.

The Hon. WALT SECORD: I will switch to a different topic. Due to climate change and unseasonably warm winters and extra-hot summers are we seeing the appearance of diseases that are usually related to northern Queensland appearing in the Northern Rivers of New South Wales?

Dr CHANT: We have seen Hendra virus cases come down lower than we would otherwise have seen. I am not aware of any other diseases that have been particularly brought to my attention.

The Hon. WALT SECORD: Dengue fever?

Dr CHANT: I will just have to check with dengue in terms of how far that is coming down.

The Hon. WALT SECORD: I will assume that you will take that on notice. If there have been any cases, I want to know the number of cases in New South Wales of Hendra and the number of cases of dengue in the last financial year and whether they were contracted locally or overseas.

Dr CHANT: Yes.

The Hon. WALT SECORD: Have smoking rates in New South Wales increased or decreased since the last reporting period?

Dr CHANT: They have remained stable and it has been very challenging. We now have a very hardcore group of smokers that we have to work harder to shift.

The Hon. WALT SECORD: Would those hardcore groups be Chinese and Arabic men?

Dr CHANT: Certainly there is a higher proportion of smoking in culturally and linguistically diverse communities as well as higher rates of smoking in patients with mental health and drug and alcohol disorders. As I said, we have to redouble our efforts in trying to reach those hard-to-reach communities.

The Hon. WALT SECORD: What are we doing to reach out to the mentally ill, Arabic men, Chinese men, those hard-to-get-at groups?

Dr CHANT: And also much higher rates of smoking in our Indigenous, Aboriginal populations. Our local health districts run a range of programs tailored to their diverse communities. The local health districts are very aware of the diversity in those communities and run a lot of programs in conjunction with those communities. We are also working very collaboratively with general practice about raising awareness around tobacco. Primary

care has a key role in terms of providing the opportunity of brief interventions to their patients. The Cancer Institute does some very effective tobacco control campaigns and year in year out the Cancer Institute draws on evidence from its social research to inform those campaigns. We are also using a lot of new technologies like the iCanQuit app and looking at other novel ways of engaging various communities in tobacco prevention.

The Hon. WALT SECORD: It has been some time since I have looked at vaping. I think the last time I looked at vaping Mrs Skinner was health Minister. Has there been a change in NSW Health's attitude towards vaping and has the advice to the Minister and to the community changed since then?

Dr CHANT: The overall evidence is that this is an area that is an international area and different countries across the world have taken different approaches. I think one of the important lessons is that the outcomes in those countries are even more complicated because they have all got different regulatory starting points. For instance, the UK was a highly regulated market and they have introduced e-cigarettes. America's experience is different because it did not have a lot of regulations in place around tobacco before introducing e-cigarettes. NSW Health is very engaged in reviewing the international evidence and we have recently engaged further discussions with the UK. We have reached out to Centers for Disease Control and Prevention [CDC], Canada and other countries to understand the latest evidence as well as drawn local experts. As you are aware, there is a variety of different views. We are committed to potentially looking at the option of building the evidence base for e-cigarettes particularly in those populations where the risks and benefits are very clear, particularly in a drug and alcohol population with a higher degree of addiction, and we are working up some potential research in that vein. Otherwise, our policy settings remain unchanged.

We support that if e-cigarette manufacturers want, there is a regulatory pathway that e-cigarette manufacturers can go and that is by getting their product registered through the Therapeutic Goods Administration and then they can be advised by health professionals based on that. Currently the e-cigarette manufacturers have not chosen that pathway. In the absence of that, nicotine-containing e-cigarettes are not sold routinely; nicotine is considered a poison, so it is a scheduled substance. We are doing also a lot of regulatory work because one of our concerns is that a lot of the e-cigarette liquids that have been seized have contained nicotine even though it may not appear on the label, and that is an important issue for consumer awareness but also a potential safety issue if those flavoured products are consumed by young children.

So we are very watchful and, I suppose, taking a very considered approach, but we are also engaging very much in national discussions around what is the optimum settings but looking to overseas experience. But the interpretation of that overseas experience has to be quite cautious. There also have been some recent publications. Whilst there has been a particular value attributed to the harm reduction attributed to e-cigarettes, unfortunately we have not had a long enough follow-up period and the sorts of cohort studies that you would need to look at the incidence of lung disease or other diseases in smokers of e-cigarettes, and we know many smokers of e-cigarettes are dual users of both tobacco and e-cigarettes, so again that confounds some of the understanding of the research.

Ms CATE FAEHRMANN: Who can I direct questions to regarding medical research?

Ms KOFF: Unfortunately, Dr Chant.

Ms CATE FAEHRMANN: I am trying to spread it around.

Ms KOFF: Medical research is within the Chief Health Officer's portfolio as is the Office of Health and Clinical Research, so Dr Chant is the appropriate person.

Ms CATE FAEHRMANN: How much money for research into mental health was allocated out of the medical research budget for either this year's budget or last year's budget?

Dr CHANT: Perhaps if I could take a step back. The predominant funding stream for medical research in Australia is the National Health and Medical Research Council and also the Medical Research Future Fund [MRFF], which has been established by the Commonwealth Government. The State governments fund a range of programs which are specific. For instance, we have a medical research infrastructure program to support the medical research institutes because the funding that they get from the NHMRC funds the research but it does not fund some of the back-end infrastructure needed to keep those medical research institutes operational. So we have a tiered system of funding for that. One of the challenges of cutting the research is that there will be mental health research in those institutes. For instance, Neuroscience Research Australia [NeuRA] and Sydney University—all of the universities—and the institutes may have some exposure to mental health research. So we do not cut it by topic area.

Ms CATE FAEHRMANN: How much is that funding? Is that the Medical Research Support Program [MRSP]?

Dr CHANT: That is correct. The Medical Research Support Program goes to the MRIs, the independent medical research institutes. For instance, in that period 2016 to 2020, \$23 million has been allocated to NeuRA and the Black Dog Institute as part of that MRSP.

Ms CATE FAEHRMANN: Are there any restrictions on the money that is provided through the Medical Research Support Program in terms of how the recipients can spend that money?

Dr CHANT: No, it is meant for the cost of the infrastructure, to enable them to have no disincentive for doing additional research through NHMRC and MRFF. But it is totally discretionary in terms of how those institutes use that support program money, but that is the concept. The concept is it provides funding to offset the indirect costs of doing research.

Ms CATE FAEHRMANN: How much is the total amount, and I do not have the budget papers in front of me so apologies for that, but how much is the total spend this financial year for medical research?

Dr CHANT: Again, this is the money that NSW Health puts—

Ms CATE FAEHRMANN: From NSW Health.

Dr CHANT: Yes. It is around \$108 million, but that does not include capital and it also does not include the money that the districts would be investing in medical research. A much more total spend in terms of health sector would be quite significant in terms of medical research.

Ms CATE FAEHRMANN: Do you have breakdown of what is spent on medical research into all other areas and medical research into mental health? Is that an easy thing to extrapolate?

Dr CHANT: That is not in easy program to cut. We can describe to you particular programs that might be mental health, or highlight particularly our investment in NeuRA, or our funding of the schizophrenia research fellow or our mental health Chair. But in terms of some of the other work that we do it would take a bit more because, for instance, we might do some omics research. I know that, for instance, there is some research being done on the first early years and that has a dimension of mental health, but that might be classified under a different setting that is the early years. There are some challenges of teasing out mental health research from others, and in terms of some of the biochemical, the more basic sciences research, that again is probably very early down, so some of the dementia research might be very basic sciences. But we could have a go at trying to highlight some of the major funding if you are looking at it from NSW Health in terms of its contribution.

Ms CATE FAEHRMANN: That would be good.

Mr HUNTER: I can list a little bit of that funding now if you would like.

Ms CATE FAEHRMANN: Yes. Great.

Mr HUNTER: The Medical Research Support Program, \$23 million for NeuRA and the Black Dog Institute; we also fund the Chair of Schizophrenia Research at NeuRA, which is \$1 million a year, committing more than \$10.5 million since 2010; the Black Dog Institute, NeuRA, University of NSW and South Eastern Sydney have also entered into a collaborative agreement to establish Mindgardens. The network, which is the Mindgardens Alliance, has requested around \$180 million. The other thing that we have is ministerial proof grant programs. We have NGO funding as well and I can go into the different details of what that is spent on, but we spend \$162 million a year funding 310 different NGOs. They are not all mental health NGOs, but there may be a research component to each of those NGOs.

Ms CATE FAEHRMANN: I have been informed by one mental health stakeholder, and this is what I suppose the questions are trying to get to, that in the past two State budgets there was no money for research into mental health and it compares that to in 2018-2019 there being \$150 million for cardiovascular research, for example. It also suggested that cardiovascular disease accounts for 15 per cent of the total burden of disease while mental health disorders, suicides, self-harm accounts for 14.6 per cent of the burden of disease. Is that information accurate in your view?

Dr CHANT: Cardiovascular research, because it covers so many disease systems it would also include the antecedents for dementia; there is a strong linkage. One of the major causes of dementia is actually vascular dementia. So in terms of the breadth of cardiovascular disease, I think 15 per cent, it is a significant burden of disease and the definition that is used for cardiovascular disease encompasses diabetes and other chronic risk factors that flow into it. In terms of the Government, it really is a matter for Government around the priorities it chooses in terms of where it sees opportunities and the opportunities in cardiovascular disease were very much a proposal to leverage off, to increase our research capacity into cardiovascular disease in New South Wales and to position us to leverage greater MRFF and NHMRC funding. The Commonwealth is the major funder of research and we run a variety of different programs that fit particular areas.

Ms CATE FAEHRMANN: Okay. Thank you. Is that true, though, that the burden of disease is 14.6 per cent? I am not sure where that is from. I am assuming you would know.

Dr CHANT: I would think that depending how you define cardiovascular disease it would have a slightly higher burden of disease, but I would just have to double-check that. The data I have here is cardiovascular disease is the single most expensive disease group for the health system costing Australian taxpayers \$8 billion annually in direct healthcare costs. Links between cardiovascular disease, diabetes and chronic disease mean that the size of the problem is currently underestimated. Again, it goes again to the data and how you want to frame the question. But I think it is a challenge when we pit one disease group against another in terms of funding. I think NSW Health recognises the importance of medical research and the fact that it is a core part of our roles of health systems.

Ms CATE FAEHRMANN: How is mental health medical research then adequately funded in New South Wales? Where does it go if the funding from NSW Health is too low, which is what I have been hearing from stakeholders? Is there anywhere else in New South Wales that they can go for mental health research funding?

Dr CHANT: There are other programs that we run that are agnostic of the disease group. For instance, one of those is the Translational Research Grant Scheme [TRGS]. It basically has statewide priorities and we fund the best initiatives under that and there have been a number of mental health projects that have got funding. For instance, about 3.1 per cent or 10 per cent of that TRGS budget has gone to mental health initiatives. We have also funded early to mid career PhDs and again, because they were agnostic of content area, mental health had 10 per cent of those. Also there have been some PhDs which again have gone to mental health and, as I said, the \$23 million in MRSP. The global burden of mental health by Australian reports is about 11 per cent, but about 10 per cent of the Office of Health and Medical Research programs have gone to mental health. It is about 10 per cent, it is a rough estimate that I would be happy to cross-check and get back to you and take that on notice.

Ms CATE FAEHRMANN: Thank you. I think it was in last year's estimates my former colleague Dawn Walker raised the issue of a woman who suffered an adverse drug reaction and she raised this issue with the Minister at the time. There was a promise by the Minister to hold a meeting, which I understand happened between this woman, Alison Vickery, and Professor Ric Day, with a view to pulling together an action plan on the lack of doctors trained in adverse drug reactions and pharmacogenetics in the Northern NSW Local Health District. I will just let you figure out whether or not you are aware of that situation. This was last estimates it was raised. The Minister promised to have a meeting. I understand the meeting happened and an action plan was promised to pull together. Their understanding is that since that meeting nothing has happened. I am sure you are aware that adverse drug reaction is the single largest cause of avoidable death and disability in Australia. Are you aware of whether that action plan is being progressed? And if not, what is the health department doing in that area?

Ms KOFF: I am certainly not aware of the action plan or that that meeting took place. I will quickly eyeball my colleagues. Sorry, we will have to take that on notice.

Ms CATE FAEHRMANN: Okay. What is the health department doing to ensure that there is adequate training for medical staff in adverse drug reactions and pharmacogenetics across NSW Health?

Dr CHANT: In terms of vaccination, I can speak to the fact that we fund the National Centre for Immunisation Research and Surveillance, co-located at the Children's Hospital at Westmead in the Westmead precinct, to actually provide expert advice should children or adults get purported adverse reactions to vaccines or if there are queries around whether the child is able to be vaccinated. In terms of other drug reactions—

Ms CATE FAEHRMANN: By the way, I understand I am asking about an adult, not a child.

Dr CHANT: I am not across the particular details of the case that you are talking about. I can just talk in general terms that we do have a toxicologist, we do fund a poisons information service, so there is the ability for that specialist input or advice to be sought across the State through that poisons information network. If it was an issue about drug interactions or toxicology or whether a drug would be appropriate, the issue of the genomics—I think you are raising the pharmacodynamics.

Ms CATE FAEHRMANN: Yes.

Dr CHANT: That is clearly an emerging area where we are understanding the role that genomics might play in prediction. I am peripherally aware that that is an emerging area. I would be happy to take that on notice to look at what services we have in place.

Ms CATE FAEHRMANN: Thank you. I have some questions about Tenterfield Hospital. I understand that nursing staff on shift have been cut by 33 per cent at Tenterfield Hospital, with only two nurses on site

sometimes. I have been told that this means that there is barely enough staff to provide the required care to inpatients on the ward and that when patients present to the emergency department the ward may be left with no nurses at all. Are you aware of this? How has NSW Health allowed the staffing levels at Tenterfield Hospital to get to this level? I think Mr Minns has just taken a break for two seconds.

Ms KOFF: Just when the workforce question arises.

Ms CATE FAEHRMANN: Yes.

Ms KOFF: I reiterate the position earlier of no reduction in frontline services, of which the nursing workforce is the most hands-on frontline service. I would be very concerned if there were any reductions in nursing. As Mr Minns described, the mechanism of determining how nurses staff the hospitals and facilities is well-developed. I am happy to take that one on notice because, personally, I have not been advised of any such reduction.

Ms CATE FAEHRMANN: All right. I might wait until Mr Minns comes back. My other question is also about staffing levels.

The CHAIR: He is here.

Ms CATE FAEHRMANN: I will keep going on that so we do not jump all over the place. Mr Minns, I was asking a question about Tenterfield Hospital. Sorry to put you on the spot so quickly after your return. I have been informed that nursing staff on shifts at Tenterfield Hospital have been cut by 33 per cent cut, with only two nurses on site sometimes, and that there is barely enough staff to provide the required care to inpatients on the ward, and when patients present to emergency departments sometimes that can leave the ward with no nurses at all. Are you aware of that cut to nursing staff at Tenterfield Hospital?

Mr MINNS: No, I am not. I do have a brief about particular sites where there have been recent conversations about staffing. I do not think Tenterfield is included in that, so it would have to be taken on notice.

Ms CATE FAEHRMANN: What is your response to a 33 per cent cut to nursing staff on shifts at Tenterfield Hospital, if indeed that is true?

Mr MINNS: I do not have a response. I do not know if it is true. I would need to check the facts.

Ms CATE FAEHRMANN: I have been informed by people there that that has happened.

Mr MINNS: I cannot comment until I do some work with the district.

Ms CATE FAEHRMANN: Is NSW Health overseeing similar cuts to nursing staff in other hospitals?

Mr MINNS: No. I had a peak industrial consultative committee meeting with the unions a week ago probably. They raised some concerns in some areas. In respect of some of those rumours they had heard, I was able to say that that was not at all the proposed plan. As I understand it, the budget supports growth in frontline services. There are no plans in a workforce sense or a finance sense that go to reducing frontline services. I cannot comment on it because it is quite contrary to my knowledge and expectations.

Ms CATE FAEHRMANN: It is one person's word against another, I suppose. That is probably all we can get to with that question for now.

The CHAIR: I do not think that is quite the way Mr Minns answered the question. Mr Minns's answer, with the greatest respect, was that he did not have the information before him. I think it is not fair to configure it that way.

Ms CATE FAEHRMANN: Sure. It is just that I had information from someone on the ground the other way. That is all I meant, Chair. Fair enough. I apologise.

The Hon. WALT SECORD: If the Government MPs were here they could take a point of order and help the bureaucrats.

Ms CATE FAEHRMANN: All good. No worries.

The CHAIR: I am just making sure that the answers are properly—

Ms CATE FAEHRMANN: Everyone has been so polite. I am fine. I can keep going. I have another question for you, Mr Minns. Under the 2019 policy directive, Employment and Management of Locum Medical Officers by NSW Public Health Organisations:

Locum Medical Officers may [only] be employed to fill casual, short term vacancies for periods not exceeding 13 weeks.

Is that correct?

Mr MINNS: I would need to refresh my memory of the policy.

Ms CATE FAEHRMANN: Right.

Mr MINNS: But if you are quoting from it, I imagine it is.

Ms CATE FAEHRMANN: Yes. The question was how many locum medical officers do you know who are being employed beyond the period of 13 weeks?

Mr MINNS: I would need to take it on notice. We would need to request that information from each of the local health districts.

Dr LYONS: I might be able to assist with that. The 13-week issue was around the fact that it is about ensuring, if there is a full-time position available that somebody could be employed into, that they are offered the opportunity to be employed on an ongoing basis. The 13-week issue is a boundary issue that has been agreed with the industrial associations around the time frame for a temporary employment, without actually having a permanent appointment considered. If there are locums who are being employed for longer than 13 weeks, it will be in areas of workforce shortage and where there is an inability to actually appoint an ongoing full-time employee.

Ms CATE FAEHRMANN: You are talking about some areas of regional New South Wales, for example?

Dr LYONS: That is right.

Ms CATE FAEHRMANN: According to NSW Health, I understand that locums account for 3.4 per cent of full-time equivalent medical staff working across the State in the public system. In western New South Wales the figure is 23 per cent. In southern New South Wales it is 38 per cent. What efforts is NSW Health making to try and reduce the number of locums in those areas of regional New South Wales and recruit permanent full-time doctors?

Dr LYONS: This is a massive issue for our regional services. It is an ongoing issue. Not only is there an issue of workforce shortage, but also there are issues about distribution and about attraction of particular categories of staff in those rural environments. Our rural services focus on this in an ongoing way. In fact, many of our rural services are involved in attempting to help recruit general practitioners into communities as well, which is actually not our core responsibility. But as we have a presence and a commitment to our rural communities, often the districts get involved in helping support recruitment of general practitioners into those environments as well. In fact, the general practitioners are often a core component of the medical contribution to the hospitals.

We had a conversation about Parkes and Forbes earlier on. There was a question about how much advertising had been undertaken by the local health district. In fact, those doctors would be GPs who would be recruited into a practice in the town, first and foremost, and if they had the skills and capabilities to deliver obstetric services, then they would be appointed to the hospital to provide the services. It is actually a complicated process around how the workforce is actually employed and how we contract.

The challenge for us now is that many GPs who were recruited to rural communities are indicating that they do not want to have an appointment at the local hospital. So they come into the community, they provide general practice services, but they do not desire an appointment at the hospital to provide after-hours care. This is the challenge that our rural services are facing each and every day, and often why they are required to go to a locum service to enable continuity of care for the community.

Every day we are looking at a range of strategies about how we make the services more attractive, how we create a pipeline of training with medical students who are actually offered opportunities to get rural experience—from rural clinical schools, from rural university placements and clinical placements in those environments. We have increased the numbers of junior doctors being appointed into rural. We have rural preferential schemes where they can be allocated directly to a rural site as an incentive to get junior doctors into those environments with the aim that we then have an opportunity to continue to train them to stay on those sites longer term.

Ms CATE FAEHRMANN: Are there financial incentives as well?

Dr LYONS: There are financial incentives for secondments of doctors who are metropolitan-based to rotate out to the rural environments but incentives themselves do not actually necessarily lead to ongoing recruitment. The Federal Government, for instance, has had programs from time to time where it has offered substantial incentives to GPs to relocate to rural communities; they do not work. It is about how you create an environment that has a whole range of factors that support people being able to live in a community, have access to a lifestyle that they are looking for and have access to education for their children. There is a whole range of factors that impact on whether or not people choose to relocate to rural or regional environments that is

independent of the remuneration they can make. Remuneration is not a major factor—many of these GPs are earning good money working in rural environments; the sorts of incentives we can offer would be only marginal.

The Hon. COURTNEY HOUSSOS: I come back to the issue of flammable cladding. Ms Koff, the audit was conducted in October 2017. Have there been any upgrades to Liverpool Hospital since then?

Ms KOFF: I would have to take that on notice. In terms of upgrades, we were investing a significant amount of new capital investment in Liverpool for which the planning is underway but the local health district would manage any facility upgrades as a local initiative.

The Hon. COURTNEY HOUSSOS: Is there no-one at the table who can tell us when the last upgrade happened to Liverpool Hospital?

Ms KOFF: No. With the devolved structure—I think Mr Hunter alluded to it—the governance and management of the assets is deferred to the local health district. When there is something of significant importance, such as the cladding issue, we do a statewide survey. Where there was significant investment required for remediation, the Ministry of Health and Health Infrastructure were involved. For any other initiatives that are below a threshold amount, it is a locally managed and directed initiative. We would have to take that on notice.

The Hon. COURTNEY HOUSSOS: Can you also take on notice as to whether or not you can advise that the newer parts of the hospital have been identified as having any type of flammable cladding?

Ms KOFF: Certainly.

Dr CHANT: Could I clarify an answer that I have given? I have got advice that we have not had any locally acquired cases of dengue in New South Wales for many years. In 2018 there were 288 cases of dengue notified in New South Wales but all were acquired overseas. In the past years we have rarely had cases acquired in far north Queensland. I spoke about Hendra. Just to be clear, there have been no human cases of Hendra. I am seeking advice about whether we have seen any cases of Hendra through the bat exposure—so it is back to horses—a bit further down than we would, and whether that is at all potentially linked to climate change. That is really a matter for the Department of Primary Industries in understanding bat ecology. I just wanted to clarify that.

The Hon. COURTNEY HOUSSOS: I want to ask a question about the planning that has gone into the public hospital facility for Great Lakes. Who is the appropriate person to direct that question to? Ms Koff?

Ms KOFF: Dr Lyons' portfolio looks after capital planning. I will defer to him.

The Hon. COURTNEY HOUSSOS: Can you tell me how that is progressing, Dr Lyons?

Dr LYONS: Is this about planning for a hospital at Forster-Tuncurry?

The Hon. WALT SECORD: Absolutely.

The Hon. COURTNEY HOUSSOS: That is correct. I should disclose an interest: I was born in Forster.

Dr LYONS: You have a personal interest. My understanding is that there have been some discussions with the local member and the chief executive about there being a desire, in addition to the upgrade of Manning Base Hospital, for a future planning of a facility in Forster Tuncurry. That is at the very early stages at this stage; it has not progressed much further than the very preliminary discussions.

The Hon. COURTNEY HOUSSOS: Are those discussions just between the local member and the chief executive?

Dr LYONS: As part of the district planning processes they will be working through, if they were to consider a hospital facility for that community, what impact it has on the services for the rest of the district and what changes they would need to make for services that are at Manning Base in particular, particularly since there is a significant capital upgrade to Manning Base underway at the moment. It would be a part of the planning for the service delivery across the whole community, the projections in population growth, what services should be provided there, where, and what sort of facility could be planned for that community to meet their needs.

The Hon. COURTNEY HOUSSOS: In terms of the Ministry of Health, you have not started the detailed planning of the scoping for works or finding a site.

Dr LYONS: No, not at this stage. Not at all. It is much earlier than that. It is in the preliminary phases of starting to think about what services would be required and thinking about a site, a size of facility and those sorts of things.

The Hon. WALT SECORD: We saw it: There is no budget line item relating to Forster-Tuncurry.

Dr LYONS: No. My understanding is that it is not on the forward program at this point. It is at a stage earlier than that, which is whether planning processes are considering what options might be available and what would be required for the community.

The Hon. WALT SECORD: It would at a very, very, very, very early stages.

Dr LYONS: Yes, very preliminary stages.

The Hon. COURTNEY HOUSSOS: That is very helpful. Thanks. Dr Lyons, I also want to ask you about the upgrade at Grafton Base Hospital. Could you give me a bit of an update on that one as well?

Dr LYONS: Grafton has a \$17.5 million contribution to an ambulatory care project upgrade.

The Hon. COURTNEY HOUSSOS: Sorry, I was talking about the promised, significantly bigger redevelopment.

Dr LYONS: You are talking about the larger one. Let me go to my details around the capital program and where it sits.

Mr HUNTER: The Grafton Base Hospital was announced by a local MP and currently that are still being looked at and scoped.

The Hon. COURTNEY HOUSSOS: Is that all you can say that it is being looked at and scoped?

Mr HUNTER: There has been no announcement on a commencement date for that, I assume.

The Hon. COURTNEY HOUSSOS: That is right. Can you give me an idea of what is being looked at in the scope? Does that mean that the Ministry of Health has started discussions or, as Dr Lyons outlined, it is the local member and the chief executive having a chat or is it—

Mr HUNTER: It is slightly more progressed than that. It is on the capital investment program, which is a 10-year view that we take for all facility planning. But there is no formal approval or source of funds for that yet and that is what is being worked on. It is slightly more advanced probably than Great Lakes.

The Hon. COURTNEY HOUSSOS: But it is still very early.

Mr HUNTER: It is still very early.

The Hon. COURTNEY HOUSSOS: I wanted to ask a couple of questions about Wollongong Hospital. Is there an unused ward at Wollongong Hospital—ward B7?

Ms KOFF: I would not know the specifics of unused wards but, quite clearly, all facilities are required to operate consistent with what their purchased activity level is from the service agreement. They operate in terms of what we call "swing beds" or when demand is high and they staff appropriately. I will ask Ms Pearce if she has any further idea.

Ms PEARCE: I am not aware of the ward B7 at Wollongong, no.

The Hon. COURTNEY HOUSSOS: Can you take that on notice for me?

Ms PEARCE: Certainly.

The Hon. COURTNEY HOUSSOS: Has the Illawarra Shoalhaven Local Health District submitted a funding application to renovate this ward?

Ms KOFF: No, not to my knowledge.

Dr LYONS: I can answer that. There was a submission made—I do not know what ward it was; it may be B7—for two capital investments from Illawarra Shoalhaven about two to three months ago. One was for some additional funds to upgrade the maternity unit to enable some additional contemporary birthing infrastructure to be built and commissioned. There was a request to refurbish a ward, which may have been B7. Both of those submissions were made to the ministry. Neither of those was on our program for capital works. We were able to find some funding to enable the maternity upgrade to occur—it was out of a redeployment of contingency from other projects—but we were not able to find the additional funds to enable the refurbishment of the ward. But there was a request to refurbish the ward so that they could establish additional services there.

I think you would come back to the comments that were made around the level of activity that was being required to be delivered and whether or not it was being able to be delivered within the current capacity of Wollongong Hospital and whether or not that additional ward would be required is something that we would need to consider if they were not able to deliver the activity that was being purchased from them through the service agreements each year.

The Hon. COURTNEY HOUSSOS: Dr Lyons, do you know when the application was received?

Dr LYONS: I have not got the exact details, but it was in the past two or three months because the application came together with the maternity request and we wrote back and indicated we could fund the maternity refurbishment but we could not find the funds for the ward refurbishment in addition to the maternity.

The Hon. COURTNEY HOUSSOS: Do you know how much the application was for?

Dr LYONS: I cannot recall off the top of my head.

The Hon. COURTNEY HOUSSOS: Would you mind taking that on notice?

Dr LYONS: I am happy to. It was less than \$10 million though.

The Hon. COURTNEY HOUSSOS: I am happy for you to take this on notice as well. Do you know how many additional beds the renovation would have allowed to be opened?

Dr LYONS: I am happy to take that on notice.

The Hon. WALT SECORD: Mr Minns, in response to a question from Ms Faehrmann about Tenterfield Hospital you mentioned that you had a list of hospitals with staffing issues. Can you please read the list of those hospitals with staffing issues that you referred to?

Mr MINNS: I referred to the fact that I had a list of sites where the nurses association had made representations either locally or to us in the peak industrial committee. Now the Nurses and Midwives' Association would probably raise issues across our network half a dozen to a dozen times in a week or a fortnight. There is nothing especially troubling about that because the point of the provisions in the Nurses and Midwives' award is to encourage a discussion about workforce and resources, and we have reasonable workforce or workload committees that are designed to address issues as they arise. Since the question from the honourable Ms Faehrmann I have some further information about Tenterfield.

The Hon. WALT SECORD: Okay, but you can answer her question in her allotted time period.

Mr MINNS: Okay, I will do that, Mr Secord.

The Hon. WALT SECORD: Thank you. Now Mr Hunter, in response to Ms Houssos you said, in relation to Grafton hospital, that it was not on the 10-year forward program?

Mr HUNTER: No, I said it was on the 10-year forward program.

The Hon. WALT SECORD: It was?

Mr HUNTER: Yes.

The Hon. WALT SECORD: But that Forster-Tuncurry was not on the 10-year program?

Mr HUNTER: I am not sure if it is on the 10-year forward program or not.

The Hon. WALT SECORD: I am trying to determine whether it is actually 10 years from now or not? That is what I am trying to determine. If you cannot answer it now, can you in fact take on notice: Is in fact Forster-Tuncurry in the next 10 years or beyond the next 10 years?

Dr LYONS: My understanding is that it is not on the 10-year program at this point.

The Hon. WALT SECORD: Thank you very much.

The Hon. COURTNEY HOUSSOS: Can I ask one follow-up question? Dr Lyons, does the Ministry of Health currently own any property in Forster-Tuncurry?

Dr LYONS: I will have to take that on notice. I am not aware, sorry.

Mr HUNTER: Can I just clarify that? The 10-year program gets refreshed regularly. Just because something is not on the 10-year program does not mean that it is going to be 10 years away.

Dr LYONS: It won't come on to it.

Mr HUNTER: It gets refreshed every year, that 10-year program. It is a capital investment strategy and new things come on all the time.

The Hon. WALT SECORD: But I would like you to answer the question: As of today is Forster-Tuncurry on the next 10-year program or not—a yes or no answer?

Mr HUNTER: No.

The Hon. WALT SECORD: Thank you. Ms Koff, are you familiar with the *Community Pharmacies: Part of the Solution* policy paper that the Pharmacy Guild of Australia released in August?

Ms KOFF: No, I am not familiar with that.

The Hon. WALT SECORD: Is anyone at the table familiar with it?

Dr CHANT: If it is concerning increasing scope of practice for pharmacists—

The Hon. WALT SECORD: That is exactly what it is?

Dr CHANT: Yes. I cannot say I have read the paper, but I have certainly had dialogue with both the Pharmacy Guild and the pharmacies' society.

The Hon. WALT SECORD: They have put forward a number of suggestions to you—as you say, their scope of practice?

Dr CHANT: We are engaging with the pharmacies' society and the Pharmacy Guild in relation to looking at some of the concepts in that, particularly in relation to antimicrobial prescribing for urinary tract infections. The Minister has asked that we look at that. We raised that at a meeting that would have been held probably a few months ago—it was probably longer than a few months ago—but there is an upcoming meeting that is planned with the Pharmacy Guild and pharmacies' society. We have regular engagements with them around areas of drug and alcohol, vaccination and this piece of work.

The Hon. WALT SECORD: Is NSW Health changing its position or considering recommendations to change prescriptions involving urinary tract infections and the oral contraceptive pill?

Dr CHANT: At this point in time we are scoping the evidence and we have agreed to work productively with the Pharmacy Guild in looking at its proposals. We have not formed any view, but we have agreed to work together and scope the evidence.

The Hon. WALT SECORD: Are you aware that there is vicious, strong opposition from the Australian Medical Association, New South Wales, particularly its president, and the AMA national president, Dr Tony Bartone?

Dr CHANT: Look, I am aware that there are significant issues. There are clinical, quality and safety issues. There are a number of issues that have to be fully considered in terms of the proposal. I am not aware of the specific concerns raised by those individuals, but, as I said, we have agreed to look at it. We have not formed any view. It needs to be carefully considered. We are also doing additional work in relation to pharmacy vaccinations.

The Hon. WALT SECORD: I understand that in the next stage they are looking at travel vaccinations; that is the next cab off the rank?

Dr CHANT: Yes. There is currently a piece of work that is being done nationally looking to see if we can take a national approach to standardising the vaccines that are available through pharmacists. That piece of work is doing some risk assessment and it will be working through and reporting to the Australian Health Protection Principal Committee to see if we can get a core group of vaccines that are given by pharmacists.

The Hon. WALT SECORD: Dr Chant, are you familiar with the latest *Medical Journal of Australia* where there was discussion of concussions involving physical sport—head injuries and concussions?

Dr CHANT: I have not read the *Medical Journal of Australia's* article, but I am aware of the issues and concerns around concussion.

The Hon. WALT SECORD: Has NSW Health provided any advice or information to the Minister on this area involving amateur or professional sport in New South Wales?

Dr CHANT: I would have to take that on notice. It may well have come from other branches. I am not aware of having provided that information, but I will take it on notice.

The Hon. WALT SECORD: Are you also aware of a link between depression in young people and head injuries?

Dr CHANT: I am not aware of that specific research.

The Hon. COURTNEY HOUSSOS: I wanted to ask about a decline in breastfeeding rates. According to the *Mothers and Babies Report*, it shows that breastfeeding rates under this Government have declined 8.4 per cent, is that correct?

Dr CHANT: That would be Dr Lyons' portfolio.

Dr LYONS: Let me just have a look. So breastfeeding rates have reduced, is that what you are saying?

The Hon. COURTNEY HOUSSOS: That is right?

Dr LYONS: Is there a question that comes with it?

The Hon. COURTNEY HOUSSOS: I am just wondering, first, if you are aware of it and, second, whether the ministry is looking at alternative ways of perhaps providing midwife support or something else to increase that breastfeeding rate?

Dr LYONS: Let me just make some general comments while I am looking for a little bit more detail. As you know and you alluded to in the question, breastfeeding is a very important part of early childhood development.

The Hon. COURTNEY HOUSSOS: For those women who can, I will be very clear.

Dr LYONS: For those women who can, and we are very supportive of breastfeeding. There is a whole range of programs that are both in our midwifery services and early childhood services, including the home visiting following the birth of the baby. The rates are somewhat of a challenge. While we can support and encourage women to undertake breastfeeding, there is a whole range of factors that can impact on their desire and ability to do so, and we are looking at how we can continue to support that, particularly increasing the rates of breastfeeding post-six months or up to six months at least. One of the things that is being looked at is we have developed a whole framework around the first 2,000 days, which is highlighting the importance not just of breastfeeding, but breastfeeding as a component of a whole range of strategies to look at how we support mothers and young families with supporting the best chance and start in life for newborns, right from the time of conception through maternity care, after birth and then through to early childhood and the start of school.

There is increasing evidence now about the benefits of having a whole range of strategies to support the mother and the family, and how we can support the psychosocial care, breastfeeding and a whole range of strategies that will have lifelong benefits for the child, from the time of conception. It comes down to things such as stress in pregnancy, the level of care that is provided during pregnancy, how we can support people to give their child a supportive and loving environment, how we can address issues around mental health in the family that enable there to be a more protective environment for the child. All of those increase the potential for breastfeeding rates to increase, if you can introduce them from an earlier stage—highlight the benefits and offer support for families.

The Hon. COURTNEY HOUSSOS: As part of that consideration, have you looked at potentially providing—women obviously establish quite a relationship with the midwife if they have that care during their pregnancy. Have you pursued any options, or is the ministry considering any ideas, to continue that care postpartum, so that they would have the same midwife—

Dr LYONS: So continuity of care—

The Hon. COURTNEY HOUSSOS: That is right.

Dr LYONS: —postnatally is a challenge. There are some examples where that is occurring and some community midwifery models allow the continuity right through pregnancy to the early postnatal period. That allows a relationship to be built up between the healthcare professional and the mother, which is conducive and supportive to encouraging the best care we can possibly deliver. That cannot always be delivered, but where that can be, we support those models. We are very conscious of the need to think about how we can continue to support appropriate professional support in that early postnatal period, not just through universal home visiting—we are also thinking about targeted support, which would mean that for more vulnerable parents we might increase the level of support provided, to enable a greater level of professional support to care for the babies and give them the best chances for breastfeeding rates and other things to increase.

The Hon. COURTNEY HOUSSOS: On notice, could you provide where those continuity of care models are and how many people they are supporting? That would be really useful.

Dr LYONS: Sure.

Ms KOFF: If I may add to that, a parenting package was announced by the Government and includes a number of issues that would relate to breastfeeding. The Government works in partnership with organisations such as Tresillian and Karitane, which excel in the space of supporting mums and bubs. We have put on 35 additional child and family health nurses and they are out there to support care delivered by family nurses in the first week of life. We are partnering with Karitane in that process. The other partnership we have is with

Tresillian and we have provided funding to establish five new family care centre hubs in Queanbeyan, Coffs Harbour, Dubbo, Taree and Broken Hill, for \$2.2 million. We are highly conscious of those early years, and the importance of bonding and support for families to achieve the best outcome for the newborn.

Ms CATE FAEHRMANN: Further to the question the Hon. Courtney Houssos asked, what was the program you were saying was in partnership with Karitane?

Ms KOFF: The one with Karitane was the additional child and family health nurses, who partner with Karitane to provide virtual home nurse visits to new parents. We need to recognise that care delivery is changing in the digital environment that we are in. Personal preferences—and this is what we are really conscious of now—the patient experience or what the preference of some new mothers is. Some mothers are quite comfortable with someone knocking on the door saying, "I am here to visit and support you." In other regions, the touch is a little lighter and that is the conversation we are having. Is it really universal home visiting or is it proportionate universality—that we invest more in those who need it more? The virtual home visits are with Karitane, in addition to the other funding that we provide Karitane to provide its new mums and bubs support.

Ms CATE FAEHRMANN: Karitane is a company that has milk—

Ms KOFF: No, there is a baby formula that is Karitane—a commercial product for infant milk formula. But we are talking about Kartiane the NGO.

The Hon. COURTNEY HOUSSOS: Are those virtual visits in regional areas?

Ms KOFF: I will take it on notice, the geographic distribution.

The Hon. COURTNEY HOUSSOS: Are you looking at virtual home visits in metropolitan areas?

Ms KOFF: Anywhere where there is a preference for that type of visit. What we are finding—and the proliferation of apps now and video linkages—is that we can even link to nursing homes and have conversations that provide the level of support that is necessary. This is somewhere where the health system needs to go for the future, and it is well documented nationally and internationally that digital health management will be important for the future.

Ms CATE FAEHRMANN: I want to ask about childhood obesity. Does the department have a childhood obesity reduction target?

Dr CHANT: Yes. Whilst the childhood obesity target is no longer in Premier's Priorities, it is very much a NSW Health target. In our discussions with local health districts, everyone shares the view about the importance of addressing childhood obesity. We know that Health cannot deal with this alone—it requires work across various agencies and settings with local governments and communities to create an environment that promotes healthy, active children and appropriate nutrition—to allow children to grow and maintain a healthy weight.

Ms CATE FAEHRMANN: What are childhood obesity and overweight rates in New South Wales? Have they declined or decreased in recent years?

Dr CHANT: They are stable. We think they have probably stabilised, but it has stabilised at a level where you have one in four or one in five children overweight, above a healthy weight.

Ms CATE FAEHRMANN: Where it is unacceptable.

Dr CHANT: Clearly more action needs to be taken. We are also working to ensure that we have better data at a local health district level to inform local action around childhood overweight and obesity. Those numbers I refer to are State-level data.

Ms CATE FAEHRMANN: What has been the impact of the Premier announcing that the 5 per cent by 2025 is no longer in the Premier's Priorities list? Has that impacted resource allocation or prioritisation of this in the department in any way?

Dr CHANT: No, it has not at all. There is strong commitment from our local health districts that childhood obesity is a major initiative, the funding is running to those programs as previously, our work across government agencies is continuing and we are building on the hard work that has been done over a number of years.

Ms CATE FAEHRMANN: If the rates of childhood obesity and overweight are flatlining, what are you doing wrong? If it has been removed from the Premier's Priorities and they are flatlining—

Dr CHANT: I think I would use the term "stabilising". The trajectory was going upwards, so to even stabilise the rates of childhood overweight and obesity means that you are preventing new cases that you would otherwise see. I describe the fact that we have done some good work. We as a community, as a society, have to

continue to focus on childhood overweight and obesity, and it is a shared responsibility with government. As I understand, there are many factors that contribute to it and we all have a part to play. NSW Health is committed to working across settings, such as early childhood, with education, with new parents through our sustained home visiting programs and incorporating greater elements addressing childhood overweight and obesity within those programs. We are committed to continuing to focus on this.

Ms KOFF: If I could add, it is being addressed at the national level. The COAG Health Council agreed to the development of a national obesity strategy in October 2018 and the first phase of development of that was a national obesity summit, which was held in February 2019. The emphasis is on the collective responsibility of all to manage both adult obesity and childhood obesity.

Ms CATE FAEHRMANN: I will turn to ambulance services. It is my understanding that paramedics who are qualified as intensive care paramedics sometimes do not get that payment if they transfer to stations which currently do not have intensive care paramedics, is that correct? Sometimes they do not receive the same payment for their qualification if they transfer stations. Can you remind me what that situation is?

Mr MINNS: I think the key word is "sometimes". The issue that ambulance has in planning for the allocation of the intensive care paramedics across the network is that sometimes the desired location of allocation does not match the staff wanting to go to those place or shifting, or whatever. I would need to take it on notice and have an operational answer from ambulance. I do know that in some instances people have retained the status but I think it is a matter of discussion between ambulance, the Health Services Union [HSU] and the Australian Paramedics Association [APA].

Ms CATE FAEHRMANN: Is there a requirement for intensive care paramedics to be stationed at each ambulance station?

Mr MINNS: I would need to ask that question of ambulance operations.

Ms CATE FAEHRMANN: Are you able to answer questions about staffing levels generally in terms of ambulance?

Mr MINNS: At the macro level, I can.

Ms CATE FAEHRMANN: Or should we have invited NSW Ambulance to this budget estimates?

Mr MINNS: In terms of workforce generally and ambulance, I can talk about that.

Ms CATE FAEHRMANN: I have been told that there is a significant staffing shortfall within the south-east sector of New South Wales. The area that covers Batemans Bay down to Eden, Cooma, the snowfields, Queanbeyan—all of that area—has only three 24-hour stations, which is Merimbula, Queanbeyan and Goulburn. They say that the rest of the stations are staffed mainly during the day and then two officers, having worked a day shift, are on call to cover emergencies and do transfers of patients from smaller to larger hospitals. There are no hospital patient transport ambulances in any area after about 5.00 p.m. each day. Is there a dire need for more paramedics and ambulance vehicles in New South Wales?

Mr MINNS: The question about the specifics of the different regions would definitely be one that we need the operations leadership of ambulance to talk to. I can say that the Government announced an increase in paramedic numbers of 750.

Ms CATE FAEHRMANN: Is it 700 paramedics and 50 call centre staff?

Mr MINNS: That is approximately right, in that order. In year one, 2018-19, we had brought into the system 197 paramedics, of which 10 were the extended care paramedics. There were 13 call centre staff and 16 operational support positions. There is a list of sites where those people have been allocated which shows they have been rolled out across the State. There is not a kind of bias towards regions or metro. It has been a considered planned process. Ambulance is in the process of planning how to rollout the 221 that are in the plan for year two, 2019-20. The final allocations are the subject of completing the consultation with staff and unions. We would not be in a position to discuss those projected allocations.

Ms CATE FAEHRMANN: The allocations over those four years of 197 and 221 for now, was the 197 a number agreed to by the department, the HSU and the APA for that financial year? Is that what they said they needed?

Mr MINNS: The budget allocation was across four years. The ministry would have had conversations with ambulance about its budget. Then the question of where to put them across the network would be a function of ambulance operations management looking for the optimal result particularly taking into account issues like on call and fatigue that arises from the on-call arrangement, which was one of the particular objectives of the

workforce enhancement of 750. Certainly it is an issue given the culture within ambulance that requires some extensive and detailed consultation with the two unions and with staff and also aided by the Industrial Relations Commission on occasions.

Ms CATE FAEHRMANN: Where can we find or locate the list that details where the 197 new paramedics have been recruited or stationed?

Mr MINNS: I have it in an email. Bankstown received 12 additional—

Ms CATE FAEHRMANN: Where is the list located? Is it publicly available?

Mr MINNS: It is an internal operational list. There is an acronym; I do not know what it means. The Bay and Basin, 12; Berry, six; Northmead, 12; Wagga Wagga, 12; Blacktown, 12; Evans Head, seven; Liverpool, 12; Penrith, 12; Haberfield, 12; Dapto, 13; Bulli, 12; and another acronym. There are 10 extended care paramedics. Toronto, 12; Belmont, five; Kogarah, 12; and Ettalong, 12. That is the year one rollout of the 197.

Ms CATE FAEHRMANN: Did I hear anything there from the south-east?

Mr MINNS: There was Berry. There are projected rollouts in southern. I would not want to discuss those numbers because they are still the subject of a consultation process.

Ms CATE FAEHRMANN: We are hearing from the south-east sector of New South Wales and how stressed paramedics are in that region. Merimbula, Queanbeyan, Goulburn, anything there?

Mr MINNS: In total, there are 27 across the southern area.

Ms CATE FAEHRMANN: What were those areas?

Mr MINNS: All the different places in southern. In Illawarra there is 16.

Ms KOFF: I think it was quite clear that the commissioner for ambulance, in undertaking the staff enhancements, was consulting with unions and local regional management to determine where the prioritisation should occur. That was based obviously on the data of overtime worked and the stress that paramedics were under and promoting the wellbeing of staff for working reasonable shifts. They have been going through that process in a consultative way to make those allocations. I am sure they will be announced when they are confirmed.

Ms CATE FAEHRMANN: The 197 were stationed by the end of 2018-19 financial year?

Mr MINNS: That is correct.

Ms CATE FAEHRMANN: And the 221 are now undergoing training?

Mr MINNS: That 221 will again include some support positions and some call centre positions. They will not all be paramedic positions, but the vast majority of them will be.

Ms CATE FAEHRMANN: What is being done at the moment to assist paramedics with what we are hearing is an incredibly—the job has a lot of challenges in terms of it impacting on their mental health. What I have heard is that it is not so much the trauma of the job, that is significant of course in terms of what they see every day, and I understand it is worse for regional ambos in terms of the accidents and trauma that they have to cope with in their local communities. What is being done for their frustration and anxiety about having to work extra shifts and not taking crib breaks? What is being done for what they is frustration at being overworked? Is NSW Health providing paramedics with support in that way?

Mr MINNS: Yes. I am just looking for the relevant brief.

Ms PEARCE: While Mr Minns is finding that brief I might just add that it would appear that in the second year, and obviously it is subject to consultation, a large number of the enhancements are destined for rural and regional areas, so that is important. I think that the 24-hour station issue is obviously another important factor in what you are getting at around fatigue management and stress and the like, and that is another key piece of the enhancement of the 750 additional staff over the four years, which is proving, I know, in a number of areas to be very successful in reducing fatigue. The Ambulance Service, to my understanding, has undertaken a large range of actions to address fatigue-related issues, but also the workforce culture of the service, which I am sure Mr Minns can talk more about, and that has been a very dedicated focus of the organisation over the past few years.

Mr MINNS: There have been several inquiries and there has also been a roundtable about occupational violence against the ambulance workforce. It has been a significant focus for two years. It has a new package of safety initiatives, it has face-to-face violence prevention training, it has had its mobile data terminals updated and it has new in-vehicle radios to enhance reception and coverage. We have an arrangement in place with the New South Wales police around the potentially dangerous situations that ambulance officers may encounter. It

has recruited full-time occupational violence prevention officers, it has commenced and run since March 2018 wellbeing workshops with staff and it has purchased mobile phones for each duty paramedic as a secondary communication device, to improve coverage and safety.

As well as that, Ambulance has run, and I have been to its wellbeing and wellness all-of-service workshop, and has done a lot of work with communication and social media tools within Ambulance to promote the idea that it is okay to talk about stress and potential exposure to things that might lead to post-traumatic stress disorder [PTSD] over time and it has encouraged people to come forward and get support and it has done a lot of work to try to remove any sort of historic stigma associated with putting your hand up and saying, "I need support in the workplace." Those sorts of measures over a two- to three-year period have begun to flow through in the People Matter Employee Survey results for Ambulance. They were more significant last year than they are in the year just gone, but the ambulance culture has been pretty fixed and pretty immovable for a considerable time, and the movement that was achieved by the workforce and the executive team in the past two years reflects the fact that some of this work is starting to bear fruit.

Mr HUNTER: Just to add to what Mr Minns said, in 2017 the Government announced the dedicated wellbeing fund for ambulance, which was funded at \$30 million and has dedicated representatives from across government and staff from Ambulance and unions as well that allocate that spend specifically for paramedic health and wellbeing. So it has a number of programs that Mr Minns has mentioned, but there is a \$30 million dedicated health and wellbeing fund.

Ms KOFF: Mr Chair, can I provide a clarification on an earlier answer?

The CHAIR: You certainly can.

Ms KOFF: It relates to the question asked on Forster-Tuncurry Hospital. If I can confirm that an announcement for planning money was made in February. The way capital planning works, you cannot put hospital development on the future capital program unless you have an indicative estimate of the cost of building, the site, the location et cetera. In the sequencing of capital planning for hospitals and facilities we get advice from the district as to priorities and representations made for hospital development; we then provide planning money. So the planning money has been committed. The planning money explores what the clinical service profile of that hospital would be, the appropriate location for that hospital and if you are dealing with a greenfield site or a brownfield site. That usually takes 12 to 24 months at least. When that determination has been made then we have a better idea of what needs to go on the capital program for the future.

Dr LYONS: Can I also clarify about your letter from Wollongong about the money for the ward?

The Hon. COURTNEY HOUSSOS: Yes, that would be great.

Dr LYONS: The letter asked for \$2.2 million for maternity and \$1 million for the ward refurbishment of 35 beds. As we indicated, we had a conversation about the prioritisation with Illawarra Shoalhaven. Their preference was for the maternity—that was its first priority. We were not able to find the money for both so we provided the \$2.2 million for the maternity upgrade.

Ms CATE FAEHRMANN: Can I get the Tenterfield hospital response while we are doing that?

Mr MINNS: The information I now have to hand on Tenterfield Community Hospital indicates that the NSW Nurses and Midwives' Association did make representations locally. As a result of that, staffing has been increased to ensure a third nurse is rostered during peak presentation times. An additional nurse will therefore be rostered during the day on weekdays and on weekends. The district is currently providing the additional shifts using agency staff while recruitment is being finalised. Recruitment is almost complete for nurses to equal 3.5 full-time equivalent positions as registered nurses.

Ms CATE FAEHRMANN: Thank you. There was a 33 per cent cut though to nursing staff on shifts. Does that response account for the 33 per cent cut? It does not sound like it.

Mr MINNS: I have no awareness of the cut.

Ms CATE FAEHRMANN: I do not have it either. That is the end of my questions.

Mr MINNS: I also have a clarification about Aboriginal health workers. There are, in fact, 410, Mr Secord. We talked about this the other day. There are 410 in the system, but we have a much lesser number of the Aboriginal health practitioners, that is only at 14, and that is the area where we have a dedicated kind of project now to understand why growth in that part of the system is not as strong.

The Hon. WALT SECORD: Thank you.

The Hon. COURTNEY HOUSSOS: I am going to ask one final little batch of questions about Collarenebri hospital. Are you familiar with Collarenebri, Ms Koff?

Ms KOFF: Not in detail.

The Hon. COURTNEY HOUSSOS: It is a small town in the north-west of the State between Lightning Ridge, Moree and Walgett, but the local health service—effectively the district hospital—has run out of water. Are you aware that the health service has been reliant on not-for-profits to deliver water?

Ms KOFF: No, I was unaware of that issue.

The Hon. COURTNEY HOUSSOS: And the local community has had to resort to fundraising for a water filtration system to address poor-quality water issues?

Ms KOFF: No, but I will defer to Dr Chant, who looks after the Environment portfolio. If she is unaware of that situation, similarly, I will take it on notice.

Dr CHANT: Unfortunately, I have not been briefed about that issue, but I am happy to take it on notice.

The Hon. COURTNEY HOUSSOS: Just so you are aware, the dialysis services, because of the poor quality of the water that is available, are under threat.

Dr CHANT: Again, I will have to take that on notice. As I indicated in my previous answer, dialysis usually has the reverse osmosis capacity to cope with differing water. But, notwithstanding, let me take that on notice and get back to you.

The Hon. COURTNEY HOUSSOS: If you can come back on that and if you could explain what steps are being taken; as I say, the information provided to me is that not for profits are delivering water and that the local community is fundraising in order to address the issues. So if you can provide that.

Dr CHANT: I will take that on notice.

The Hon. COURTNEY HOUSSOS: And then what steps going forward are going to be taken to ensure that it has access to water and is appropriate.

Dr CHANT: Yes.

The Hon. WALT SECORD: How many nurse practitioners are there in New South Wales and are there any plans to change their scope of practice?

Mr MINNS: I will need to take the number on notice.

The Hon. WALT SECORD: And are there any plans to change their scope of practice?

Mr MINNS: I will consult with the Chief Nursing and Midwifery Officer, but I do not believe so.

The CHAIR: Thank you all very much for your patience and forbearance getting through a three-hour block. Thank you very much for coming along.

(The witnesses withdrew.)

The Committee proceeded to deliberate.