The Estimates Committee convened at 8.30 am.

Mr CHAIR: Ladies and gentlemen, welcome to the Estimates Committee hearing. I acknowledge the Larrakia people and pay my respects to elders past and present.

MINISTER FYLES' PORTFOLIOS

HEALTH
NATIONAL RESILIENCE

DEPARTMENT OF HEALTH

Mr CHAIR: This morning we have the Department of Health and Minister Fyles. Minister, I welcome you to today's hearings and invite you to introduce the officials accompanying you.

Ms FYLES: I too acknowledge the Larrakia people and pay my respects to elders past, present and emerging.

I have with me Dr Frank Daly, the Chief Executive of the Department of Health; the NT Deputy Chief Executives at the table, Mr David Braines-Mead and Adjunct Professor Joanne Norton; and Ms Michelle McKay in the side room. I also have our Chief Health Officer, Dr Hugh Heggie, with me at the table today.

Mr CHAIR: Minister, I invite you to make a brief opening statement. I will then call for questions relating to the statement. The committee will then consider any whole-of-government budget and fiscal strategy-related questions before moving on to output-specific questions and finally, non-output specific budget-related questions.

I will invite the shadow minister to ask questions first, followed by committee members. Finally, other participating members may ask questions. For expedience, the committee has agreed that other members may join in on a line of questioning pursued by a shadow minister, rather than waiting until the end of the shadow's questioning on the output.

Minister, do you wish to make an opening statement regarding the Department of Health?

Ms FYLES: Yes. As Minister for Health I am incredibly proud of our public servants, frontline workers and community health professionals. I take a minute to thank all of our frontline staff who have worked tirelessly over the last year and throughout this pandemic.

So much of what we know has changed during the pandemic, but it is our frontline staff who have navigated the ever-changing landscape to manage the virus effectively and safely on our behalf. The endless PPE, distancing themselves from their families to treat others, the long hours—I could go on. I sincerely thank everyone.

Their extraordinary work speaks for itself. The Territory is the envy of the nation. We are the safest place in Australia from the virus and Australia's comeback capital. We have led the nation with the health response, gold-standard quarantine and are now leading the nation with the vaccine rollout. This success has occurred in Australia's most vulnerable jurisdiction.

We knew from day one that we could not afford to take risks with the virus. From day one, we did whatever it took to keep Territorians safe. The most important factor for the Territory's success against COVID-19 is that we have always taken the advice of our experts, led by our Chief Health Officer and his team. I thank them.

We implemented the early lockdown, which included new border arrangements, then implemented a staged reopening. We responded rapidly to community outbreaks interstate and quickly introduced hard borders to declared hotspots, with mandatory quarantine for any arrivals from those areas. We have implemented border screening processes, contact tracing measures with QR codes and check-ins, testing and vaccination services. That is all based on evidence and expert advice. That approach has kept the Territory safe.

On the subject of listening to advice, it is important to note that today marks exactly one year since the Leader of the Opposition took the opposite approach, when she said, 'If I was Chief Minister I would be reopening the Northern Territory's borders to the rest of the nation on the 22 June'. We all know what happened after that: the deadly, disastrous second wave of COVID hit Victoria and the Leader of the Opposition was

prepared to allow to spread throughout the Territory. I hope that when she is asking her questions and lecturing others today she reflects on that appalling failure of judgment a year ago. If we had listened to her, it would have been a catastrophe. Thank goodness we did not.

Throughout the pandemic, NT Health and our National Critical Care and Trauma Response Centre have provided high-quality quarantine at Howard Springs. It is the highest quality, recognised throughout the country as the gold standard.

NT Health has provided a service for domestic quarantine for people arriving from interstate and essential workers for the NT's operation. I thank the individuals who gave up their freedom to go into quarantine to keep our community safe.

The National Critical Care and Trauma Response Centre has provided the quarantine program for international repatriation of vulnerable Australians, funded by the Australian Government, known as the Centre for National Resilience. They cared for more than 7,000 people repatriated from October through to 25 May.

Our combined capability in managing high-risk quarantine is evidenced by the Australian Government's $513m agreement to expand the Centre for National Resilience to up to 2,000 people and transition to an integrated service model overseen by NT teams.

The Commonwealth funds 100% of the cost of international repatriation quarantine and operations based on operational activity and actual costs incurred. This is under a subclause of the National Partnership Agreement on Health Services.

We are well-progressed with the expansion of the centre to receive up to 2,000 repatriated Australians per fortnight. The handover of operations for international repatriation from AUSMAT to NT Health occurred on 15 May, with the first flight from India after the national pause in early May.

The centre uses high-standard practices for infection control to protect staff and the community. Staff are tested daily in compliance with the CHO direction and go through continuous rigorous training.

The Centre for National Resilience is fenced into 13 zones, preventing resident movement between each zone and each zone has its own clinical and support team led by experienced nurses.

On-site, there is a medical services team, a specialist allied health and interpreter team. Offsite, we support them with telehealth wellbeing making regular contact with residents. A vaccination clinic operates on site for staff from all agencies and contractors required to come on-site.

The clinical safety and governance remains the highest priority as we deliver this high-level quarantine at Howard Springs. This change is being successfully achieved through using evidence-based practices and being agile in responding as we need to Coronavirus.

The quarantine program is an excellent example of how Territorians have come together to help others in need and it is a credit to all involved. I am proud to highlight the strong collaboration that continues to ensure the further development of our world-class Centre for National Resilience.

Many of us want life to go back to pre-COVID; I am sure it is all of us. We know that the best tool to achieving that is the vaccine. This is another exemplary contribution that Northern Territory Health has made with the COVID-19 vaccine rollout across the Northern Territory. We have prioritised unique, targeted support for remote and vulnerable communities and worked in partnership with the Commonwealth. Just last week, it was announced that the Northern Territory is the first jurisdiction to expand eligibility for the vaccine to all adults, leading the nation once again. This is a good sensible outcome based on a number of factors—our high Indigenous population—which is more vulnerable to health issues—and our mobility. We thank the Australian Government for agreeing to it.

We now have a fantastic opportunity to lead the way on vaccination rates in the same way we have led the public health and economic response to the pandemic.

The vaccination program commenced in February this year and to date has provided in excess of 70,700 doses to Territorians across all providers. We now have a strong program for all urban and regional centres in Darwin, Alice Springs, Katherine, Tennant Creek and Nhulunbuy as well as in-reach teams going to all

remote communities, including Borroloola, Engawala, Impana, Jabiru, Daly River, Numbulwar, Pirlangimpi and Warruwi.

We are doing a good job of vaccinating our communities and that work will continue in partnership with the Aboriginal medical NGOs.

We are doing a good job of vaccinating our frontline workers and our most vulnerable, which has helped us lead the nation on vaccination rates, but we must not become complacent. We will continue to work with the community. We have seen excellent take-up rates in some communities, while others have shown some hesitancy. Strategies to ensure high vaccine uptake will continue, including the use of interpreter services, videos in local languages and engagement with community elders and leaders to act as local advocates.

Remote communities are being offered the Pfizer vaccination as a whole community by NT Health or the Aboriginal health organisations following extensive engagement and consultation.

Rollout of the vaccinations will continue and we expect a steady supply of vaccines from the Commonwealth and we will work closely with them. We are expecting significantly more Pfizer in July, which means we will be able to provide more appointments for Territorians to get vaccinated. NT Health has dedicated 60 FTE to the vaccination program. These are pharmacists, nurses, Aboriginal health practitioners and administration staff, including logistics. I thank those staff who are working in an ever-changing space.

As at 14 June 2021 we have had significant uptake of the vaccine and we will continue. More than 17,000 people have been fully vaccinated, or 9.2% of people over the age of 16. Those numbers are the best in Australia. But we must not become complacent.

There are sites across Darwin, in the regional areas and we have a number of sites in Alice Springs. We are working with our GP partners in Darwin, Palmerston, Humpty Doo and Alice Springs, as well as Aboriginal community controlled health services, including Danila Dilba—which is offering vaccines in Darwin and Palmerston—Congress, Miwatj, Katherine West and Sunrise. Malal'a in Maningrida will soon rollout the vaccine.

An example of strengthening our pandemic response is through the Hazard Management Authority, a multi–disciplinary team introduced during 2020 which now leads important functions to keep Territorians safe, including:

- border controls
- airport health screening—domestic and international
- COVID-19 hotline and call centre
- management of exemptions and COVID management plans
- compliance checking
- Territory Check In app monitoring
- COVID data analytics and databases
- working on our sea ports.

I will step away from COVID for a moment and talk about Better Together. While unprecedented in many ways, COVID-19 has enabled us to strengthen important areas of the health system and introduce contemporary redesign and a refreshed structure to reinforce:

- our health and community services and systems
- our preparedness for disaster and emergencies
- our ability to introduce innovation that creates a strong nexus between pandemic response and core essential services
- our ability to work together with other government and private-sector partners

- our personal and collective resilience that ensures the consistent provision of high-quality care.

The Department of Health services function in an extremely complex environment. The pandemic has highlighted opportunities to strengthen governance and redesign essential clinical services to ensure all Territorians have access to high-quality health services.

For example, with the restrictions to travel, the use of telehealth has dramatically increased since 2018. From 2018–19 to 2019–20, telehealth occasions of service increased by 130% in the Top End and 80% in Central Australia. This was an overall increase in the Northern Territory of 87%, going from a total of approximately 19,200 to nearly 36,000 occasions of service. The improved utilisation has continued with an estimated further increase of 30% for 2020–21. This allows Territorians to get high-quality healthcare as close to their home clinic as possible.

To maximise these opportunities, as members of the committee would be well aware, we introduced a Health Services bill in the parliament. That legislation has passed and prepares NT Health for an improved, integrated structure into the future.

Planning for this opportunity occurred between December 2020 and June 2021 through the Better Together program. The program has been supported by a specialist team who have focussed on:

- how the Territory's health system responds successfully within the Territory's unique context
- the development of a system-wide approach to driving better health outcomes for all Territorians
- improving access to safe and quality care
- achieving long-term sustainable reform
- strengthening Territory-based leadership and expertise.

The single entity that supports the integrated services will be led by a new executive team from 1 July 2021. The new executive will leverage regional knowledge and capability to improve and standardise care at a local level whenever it is safe to do so. The new structure will more effectively incorporate clinical leadership into all decision-making.

One organisation working Better Together will ultimately support the new system-wide governance framework established in the legislation and significantly improve the performance, sustainability and equitable delivery of health services across the whole of the Northern Territory.

Through the lived experience of the pandemic there has been an extraordinary need to become more responsive and innovative across the health system. The ongoing risk from COVID-19 has enabled our professionals and teams to identify a range of improvement opportunities that will contribute to ensuring system and service sustainability into the future.

The key areas of focus include:

- the development of a contemporary approach to ambulatory care—outpatients, as it is more commonly known
- the introduction of a NT \-wide virtual care strategy
- investigating new opportunities for child and adolescent mental health
- travel cost analysis to introduce enhanced system redesign
- review and reset for patient flow and access across Royal Darwin and Palmerston hospitals in particular.

Given there has been a need to prioritise work to keep Territorians safe during the pandemic, I will take this opportunity to highlight some consequences of the COVID-19 pandemic.

Elective surgery was suspended under a National Cabinet directive between April and June 2020. This impacted on the availability of operating theatres in NT acute hospitals with some patients now experiencing longer than usual time frames for surgery. I can assure the committee that there is increased focus on

individualised assessment across each clinical stream to ensure that patients experience minimal delays to care.

Another key impact has and will continue to be in the area of community mental health and wellbeing. Social and economic stressors have caused substantial disruption and distress for many Australians as well as Territorians, and we have had to align our mental health services to care for this.

We have increased linkages between hospital and community services. An example being an increase to telehealth services that continue to be provided to remote communities during high-risk periods or to people in an urban setting so that they do not have face-to-face contact, particularly when we are in lockdown.

We developed information materials and messages to support people's wellbeing, and I acknowledge TeamTALK, which is run by TeamHEALTH, which was a new local initiative providing an important service.

The importance of healthcare is evidenced through the allocation in the budget papers. It is important to our government. We believe in the fundamental right of all Territorians to access high-quality healthcare. The over $2bn health budget for 2021–22 is a record investment in the health of Territorians. It reflects the re-structure of the Department of Health, Top End Health Service and Central Australia Health service into one agency and delivers on our commitments to invest in the future of healthcare while providing culturally appropriate, safe and effective care close to home.

One of the key aspects is infrastructure in the Health budget. Health budget 2021 includes $25m in repairs and maintenance; $126m in capital works; $2m in capital grants and $27m in minor works. Upgrades to the mental health facilities at Royal Darwin Hospital and the central sterilisation services departments at the Royal Darwin, Alice Springs, Katherine and Gove District hospitals as well as a new renal facility at Alice Springs Hospital are just some of the significant projects. There will also be the continuation and completion of a number of multi-year projects at our hospitals across the Territory.

Mental health is a serious issue nationally and in the Northern Territory. The recently released report from the Productivity Commission has made a number of recommendations for priority actions across all levels of government. I am pleased to confirm that the NT Government is taking action aligned with this evidence to improve our mental health services and care for those within the system.

During 2021–22, NT Health will deliver on the priorities outlined in Labor's Plan for Building Resilience In Future Generations & Investing in Mental Health policy this includes:

- working with Neami National to improve access to whole of life community mental health services through the new adult community mental health centre

- continuing the successful co-responder model in Darwin for 000 health-related call-outs to better assess and meet patient needs and ensure that we do not send those that can stay in the community to hospital

- focusing on partnerships with other providers of mental health services including the Darwin Private Hospital mental health unit and the veteran wellbeing centre when operational

- expanding the range of subacute residential supported places with our NGO providers.

Will also see through the Better Together restructure improved alignment for our specialist mental health clinical services, with Territory-wide services being established for forensic mental health and forensic disability services, child and adolescent mental health and Alcohol and Other Drugs.

Suicide prevention also continues as a key commitment in the 2021–22 budget. NT Health chairs the whole-of-government suicide prevention coordination committee that requires all frontline agencies to report on their responsibilities and actions outlined in the Suicide Prevention Strategic Framework.

Over the past three years, 92 projects have been funded in community organisations under the Suicide Prevention Community Grants program to assist in raising awareness about suicide and suicide prevention. In this coming year, we have added a second stream to the grants. In partnership with the Northern Territory Primary Health Network, organisations can also apply to provide suicide prevention training for their frontline workers, such as teachers, early childhood workers and sports coaches, just to name a few.

Current funding provided by the Department of Health to non-government service providers for suicide prevention activities is close to $2m annually.

There are a number of key programs in NT Health that focus on supporting our child health development plan. We need to deal with the acute and deal with the issues now, but we also need to make sure we plan for future generations.

Our early childhood plan funding continues for:

- the implementation of the Maternal Early Childhood Sustained Home Visiting Program—or MECSH, as it is more commonly known—by four Aboriginal community-controlled organisations: Anyinginyi in the Barkly Region; Katherine West and Sunrise in the Big Rivers region; and Miwatj in the East Arnhem region

- provision of the universal program Healthy Under 5 Kids partnering with families in urban and remote primary healthcare centres across the Territory

- employment of community hearing worker positions in the Department of Education's Families as First Teachers Program

- a grant to Menzies School of Health Research to research the Hearing for Learning Program in 20 remote communities.

NT Health continues to prioritise efforts across the continuum of care. Prevention and management of chronic conditions is a significant focus for our health services to support Territorians and avoid the need for emergency acute care.

The evaluation of the Chronic Conditions Prevention and Management Strategy 2010–2020 confirms the persistent and significant challenges that exist in addressing chronic conditions. The Department of Health is working through the evaluation recommendations to inform the development of a new chronic condition prevention framework.

The Northern Territory has led many initiatives of ground-breaking alcohol reform and NT Health has been significantly involved in this. Based on the Riley review, we have:

- worked with remote Aboriginal communities to support community projects with alcohol action initiative funding

- provided funding to five Aboriginal community-controlled organisations to employ FASD coordinators in their region

- implemented the Cardiff model within our emergency departments in Darwin and Alice Springs to capture the evidence so we can drive policies for change

- provided alcohol and drug treatment care services across the Northern Territory including assessment and residential rehabilitation, withdrawal management, counselling, support and case management, information and education.

We also made sure in Budget 2021–22 that we continue the government's investment in youth alcohol and other drug treatment and care services across the Northern Territory, with investment in:

- residential rehabilitation

- counselling, education and information activities

- the really important program of small grants to community organisations

- money to enhance youth drug and alcohol rehabilitation.

By the end of 2021, the government will have delivered a new rehabilitation service for young people in East Arnhem, which is built on family and cultural healing approaches.

As I draw to a close on my opening statement, I highlight our government's commitment to local decision-making and community controls. I had the privilege of being in Barunga over the weekend. This is one of the iconic festivals of the Northern Territory and an historic site of acknowledging that we need Aboriginal leadership—and nowhere more than in health. Local communities should be in control of their healthcare.

Budget 2020–21 invests across NT Health for the Pathways to Community Controls. This funding facilitates NT Health to implement a framework which supports Aboriginal community control during the planning, development and management of primary healthcare services.

In 2021–22, we will continue working with Red Lily Health Board and Central Australia Aboriginal Congress to support the transition of primary healthcare services in West Arnhem and Central Australia to community control. The first of the four West Arnhem health centres to transfer to Red Lily is Minjilang in the coming weeks.

To support the transition of health services to community control we are working collaboratively with the Australian Government Department of Health and AMSANT, representing ACCHOs, to strengthen the governance and process. I acknowledge the Commonwealth Government's efforts and funding in this space.

In addition to the Pathways to Community Control program the Department of Health will also work with community organisations that identify health as a priority service within their local decision-making agreements. This further develops community understanding of the pathways to community control process. Consultations with Anindilyakwa Land Council are scheduled this month to work together on the development of the implementation plan for the community control of services on Groote Eylandt.

The NT Government is also committed to transfer the delivery of primary healthcare services within the NT's youth detention facilities to Aboriginal community-controlled organisations. Don Dale transferred to Danila Dilba Health Service from 1 July 2020. The Alice Springs Youth Detention Centre is planned to transfer to Central Australia Aboriginal Congress in the first half of this financial year.

Delivering safe and high-quality healthcare will remain a priority. We will continue to invest in efficient models of care to manage patient flow and growth in our activity with expanded virtual care and care closer to home.

Importantly, Health Services have created flexibility and responsiveness in service configuration across hospitals, primary healthcare and community care that will support the strengthening of the health services through the refreshed integrated entity.

I acknowledge the efforts of staff who work at all levels within NT Health. They have collectively worked not only to keep Territorians safe during the pandemic but provided life-saving care and cared for people.

I am happy for the opportunity, along with the officials from the Department of Health, to now take questions.

Mr YAN: I also thank our frontline staff within our health agencies for the work they are doing. It has been a torrid time for the last 12 months dealing with COVID and everything else happening in the Territory. The staff have gone above and beyond to provide services to Territorians in such difficult times.

Regarding our testing regimes through the Howard Springs facility, under AUSMAT our facility was classed as the gold standard. It ran two testing regimes to maintain that gold standard, which was the rapid antigen and the polymerase chain reaction testing.

There has been a large amount of consternation from the Nursing & Midwifery Federation about the changes in that testing. Can you explain why we have stepped away from what was considered the gold standard of testing by AUSMAT and changed it now that the Territory has taken over?

Ms FYLES: It is important that, as we move through the Coronavirus, that we are agile and respond at the time. I asked our Deputy Chief Health Officer, Dr Pain, to join me. Up until this week he has been the Acting Chief Health Officer. He can provide detail to your question. Hugh Heggie is also available, but Charles is best place to respond to that.

Just before I hand to Charles, I acknowledge the expertise and clinical leadership of Charles and the team, the work of the Australian Nursing & Midwifery Federation and the people with a clinical background, who I very much respect. They have been working through the question you asked. I will ask Charles to provide further explanation.

Dr PAIN: This question has been raised with us a number of times in the last few weeks. The Chief Health Officer—I have been acting in that position for Dr Heggie over the last eight weeks—has a responsibility to protect the community and has put in place directions over several months to make sure that we use every means possible to protect our community.

When it came to the transition for Howard Springs from the AUSMAT team to the NT Government team, we applied essentially the same standards. We considered a range of measures that we needed to adapt given that standards change and there are more virulent versions of the virus around. Through our expert committee, which I Chair, we considered what testing regime we should have.

Some weeks prior to that—acting on the advice of the Public Health Laboratory Network and the AHPPC, which is the national committee that advises on quarantine standards—the Chief Health Officer advised that PCR testing, which is acknowledged to be the gold standard, should be used for quarantine workers. We have seen a number of breaches around Australia relating to quarantine workers being infected in the course of their work. We already considered this matter.

Then our committee considered what would be the best, safest and most rigorous regime. The testing of this kind, when we have people exposed to potential positive cases—we have had a large number of positive cases come through Howard Springs. The validity question is whether it is sensitive or how sensitive it is. PCR testing is the most sensitive test we have. Rapid antigen testing, by comparison—and is a variety of rapid antigen tests—has much lower sensitivity. That means that they are more likely to miss positive cases by getting false negatives, which is a critical thing for any testing regime. We cannot afford, as we have seen around Australia, to have positive people going undetected. That false negative rate is a critical issue for us with rapid antigen testing.

Based on that advice and on our own expert advice we introduced a regime of weekly nasopharyngeal PCR testing and daily saliva testing using the same method, which is PCR testing. That is the accepted standard. On two occasions I have checked with the AHPPC that they are happy and that it remains the best advice. They confirmed that about a week ago. I am very confident that is the right testing regime and the safest one for us to use in the context of quarantine.

I will say one final thing about rapid antigen testing, because I know it is being suggested as a regime we should be using in Australia. It is intended for and appropriate for use in high-prevalence transmission in a community. For example, in the UK and the US where they have had large-scale community transmission, it is useful in interrupting that transmission. It is not useful for us in the context of a surveillance system where we are trying to pick up the few likely positive cases of transmission within a high-risk community. It is not the appropriate test. A clear national position has been taken on that now.

Ms FYLES: Shadow minister, I note in your question on the Nursing & Midwifery Federation—Dr Pain and the federation have met and will meet again. This is about a collaborative approach and that they understand the clinical evidence. I reassure you that those conversations have happened and are continuing. I am sure you have more questions on this.

Mr YAN: AUSMAT stated that it was delivering the gold service by using rapid antigen and polymerase chain reaction testing combined. Are you saying they were not doing it to the gold standard and we are doing it better?

Ms FYLES: I will ask David Braines-Mead if he can make room for Professor Len Notaras to join us. It is important in this forum for Territorians and you to hear how we had these regimes implemented so they can have that surety to their safety. Bear with us while Professor Notaras comes in.

Do you mind repeating your question?

Mr YAN: Dr Pain stated that the changes were made to remove rapid antigen in favour of polymerase chain reaction testing. Are you saying that AUSMAT, which was using the combination or RAT and PCR testing, was not doing it to the gold standard and that what you are doing now with PCR testing is the gold standard?

Professor NOTARAS: This has been an evolving circumstance and situation. Since the time of the evacuation of Wuhan and the *Diamond Princess*—which goes back to the beginning of last year—it has been an evolving circumstance that the whole world has been feelings its way along since the beginning of 2020/late 2019.

When we evacuated from Wuhan and the *Diamond Princess*, we did not use rapid antigen; we used other testing. As the evolution has occurred and things have moved further forward—it is important that we have a number of vaccines now. The vaccination rate in the Northern Territory and the nation is going extremely well and will continue to do well. That is a critical factor.

The second point is to ensure we maintain social distancing and all those social mores that are incredibly important. The third is the way in which we evaluate people being repatriated from other places and coming into quarantine, whether they be vulnerable Australians or people coming from other hot zones and other states.

When we started at the beginning of last year with the hottest of hot zones, we were not using rapid antigen; it came to us early in November 2020. Even though our linchpin—for want of a better word—was PCR, the real linchpin is PCR nasopharyngeal testing. There is no doubt about that. Rapid antigen was very handy as an adjunct to that. We used that simply as a chosen adjunct to it.

Regarding the gold standard, we provide a standard that has been recognised across the world. But I will not detract from the standard that has been set by the rest of the NT. That is from the time we moved out after Wuhan and the *Diamond Princess* and NTG moved in, then the time we subsequently moved in and since moved out since approximately 23–25 May.

Do we have a gold standard? Yes. Is that gold standard continuing? I believe that to be the case. I believe that the standard of protection for staff, travellers—particularly the vulnerable ones—and our community remains at the highest possible level. I will not enter into a competition as to who is doing it the best or not, because as a jurisdiction the Territory is complemented by AUSMAT. That is a great benefit.

A lot of our AUSMAT learnings and findings have been adopted by Great Britain. I had the great honour of talking to Great Britain's Secretary of State and a number of other important politicians there to give advice as to what we might help them do better. We passed that on. The same learning has been shared with the team working there. While it is not an AUSMAT team, there are people who have had AUSMAT training in the past. Our operational plans have been passed on.

Yes, the Territory has a gold standard. AUSMAT and the NT have gold standards. The fact there has been no leak here and that the world looks to us—not just the rest of the nation but the world—is a great privilege. It is a privilege for me to be a part of that.

Rapid antigen has a place; there is no doubt about that. As the Deputy Chief Health Officer, Charles Pain said, there is a place—and we agree with that—for AHPPC in other places as well. But that place is different to where we find ourselves today. The choice of not using rapid antigen is one that has been made by the team which has taken over. It is a choice that I have no disrespect for.

Ms FYLES: There is gold in the paper today with the Deputy Chief Minister; there is gold standard at AUSMAT; and there is gold standard with NTG.

Dr PAIN: I will add to Professor Notaras' comments and acknowledge how vital AUSMAT has been to the standards that have been inherited, not just by us but the whole of Australia and the world. There is no contention here. AUSMAT set the standard kept us safe. We have taken on those standards and, inevitably, evolved them. We have to evolve and keep ahead. We have to evolve just as the virus is evolving. We have to evolve as the technology evolves. The testing regimes have become much more widely and more quickly available. PCR is, undoubtedly, the gold standard for testing. That does not detract from the gold standard of all the systems put in place by AUSMAT that Professor Notaras referred to.

Mrs FINOCCHIARO: What evolved between 25 May and the day you took over?

Ms FYLES: I think the Territory took over on 15 May. You just heard from the head of the AUSMAT operation and the Deputy Chief Health Officer—who was the Chief Health Officer during this period—about the clinical evidence for the decisions which were made.

Mrs FINOCCHIARO: How did the clinical evidence change literally the day after Health took over?

Ms FYLES: We have spent 10 minutes outlining the response to that. I know you find this …

Mrs FINOCCHIARO: Apparently the availability of testing changed. I wonder how—to use the word 'rapid'—did the science, strains and the change in clinical procedure change so quickly. It is not like you had the facility for a matter of months and then it shifted, it shifted overnight.

Ms FYLES: I know you find the estimates process a little dull and you were just playing on your phone, but we have spent 15 minutes talking with two clinical experts.

Mrs FINOCCHIARO: Answer my question.

Ms FYLES: We have answered the question and you chose not to listen.

Mrs FINOCCHIARO: Dr Pain, would like to answer the question?

Ms FYLES: We will provide you with more information but this is clinical evidence from clinical experts and—unlike yourself, who would have opened borders and put the Territory at risk—we listen to clinicians when we make these decisions.

Mrs FINOCCHIARO: Let us hear it.

Dr PAIN: I will comment on the timing. The Chief Health Officer issued a direction in February that PCR testing should be introduced. It did not happen suddenly at takeover.

Mrs FINOCCHIARO: I understand the PCR testing; that is not what I am saying.

Dr PAIN: There was not a sudden transition in that respect. The PCR testing was introduced and this was based on advice. That regime was put in place and then the rapid antigen testing was ceased once the NT Government took over. The principle reason was that we were reliant on a better regime in terms of its reliability and did not want a dual system as there would be ambiguity about which you would act on. There is an issue about false positives, but it is a minor issue. False positives are an inconvenience; false negatives are a disaster. That is why we go for the PCR testing.

Mrs FINOCCHIARO: Health took over and scrapped rapid antigen testing, even though AUSMAT was delivering both streams of testing. Why did the government not resource the lab to be able to turn around every PCR test within an hour? Staff are being sent home not knowing their results.

Ms FYLES: I do not know what you do not understand. The Chief Health Officer just explained that Health directions changed in February and the regime …

Mrs FINOCCHIARO: PCR testing?

Ms FYLES: You are looking at it in a very simplistic way, without listening to the clinical evidence. That is where you have form and you would have opened borders.

Mrs FINOCCHIARO: I know you do not want to answer these questions, but this is at the forefront of Territorians' minds. People want to know why we cannot continue to do both tests, which is why I am asking questions. You can talk all the garbage you want to distract and make me look like an idiot; you are the one with egg on your face. Let me ask the questions to satisfy Territorians on what is important to them.

Ms FYLES: We are answering them and you just heard …

Mrs FINOCCHIARO: From February to May we had dual testing. In May you took over and scrapped rapid antigen …

Ms FYLES: The Chief Health Officer, with respect, just said it was about ambiguity and that this was …

Mrs FINOCCHIARO: My next question is—that question was answered thank you Dr Pain—why was the lab not adequately resourced to pump out PCR tests as soon as possible? Staff are leaving the facility without having test results, is that true?

Ms FYLES: This is where you show your complete ignorance for science and clinical knowledge, because you do not understand the processes behind it, or the sensitivity of the testing regime. The testing used is so sensitive it can pick up cases when there are very low amounts of the virus in an individual. Our laboratories have the capacity to test thousands each day. It is not appreciated that you provide comment that we do not capacity in our labs. That is spreading mistruths and putting fear into Territorians.

Mrs FINOCCHIARO: That is not a comment, it is a question. How quick does a PCR test come back?

Ms FYLES: We will answer that question, but you need to make sure you do not spread mistruths and put fear into Territorians about their laboratory capabilities. We have a capable lab that …

Mrs FINOCCHIARO: Why do you not set the record straight?

Ms FYLES: … turns around thousands of tests.

Mr CHAIR: Order, honourable members! Standing Order 109: questions cannot be debated. Let us go back to questions.

Mrs FINOCCHIARO: Just answer the question.

Mr CHAIR: Leader of the Opposition, as I outlined yesterday afternoon …

Mrs FINOCCHIARO: With respect, Mr Chair, I am not debating the question, she is debating mine.

Mr CHAIR: Leader of the Opposition, if I have to call order three times, it is a warning. The next time, you can have a spell. You can all have a spell if you want. We went so well yesterday, yet at 9.15 am today we have descended to me reading Standing Order 109: manner and form of questions. Questions cannot be debated.

Minister for Health, please do not debate the questions with the Leader of the Opposition. Leader of the Opposition, please do not debate the questions. Let us not get into arguments, inferences, imputations, insults or hypothetical matters. Let us not ask for opinions.

Minister, you have the call. How quickly can a PCR test come back?

Ms FYLES: In answering the question, I am sorry if I highlight the Leader of the Opposition's ignorance and she gets upset and wants to debate.

Mr CHAIR: Minister, please do not revert to that. Answer the question.

Ms FYLES: At Howard Springs, the workers get tested; I have been tested when I visited the facility. People go through an area, are given their self-test kits and go to another area to perform the self-test. The tests are placed into refrigeration and are routinely taken to the laboratory and processed.

I will get the Chief Health Officer to explain once again to the Leader of the Opposition about the sensitivity of the test and how, because the test we are using is so sensitive—whether the time frame is half-an-hour or three hours—we have time on our side. The point he made about false positives and more importantly false negatives is so important. This regime of testing is the highest standard.

Dr PAIN: I will comment on the availability of testing. One of the things that has been transformed in Australia since the beginning of the pandemic is the availability of testing. In the early days we were lucky to be able to do 100 tests in our laboratory locally, we can now do over 2,500 tests in a day. That is a vast increase in our capacity. The turnaround time for those tests has increased a lot. It has reduced in terms of the time frame and the speed at which they are being produced has greatly increased.

That is one of the reasons we are able to rely on these tests—because of the turnaround times. A PCR test can be turned around within hours if we need to. In a routine system with the regime we have in place, which is weekly nasopharyngeal testing and daily salivary testing—when you have a regime like that, we are able to pick up the earliest sign of the rise of the virus in the respiratory tract. We are picking up pre-symptomatic individuals, whereas rapid antigen testing picks up symptomatic individuals, which is later on in the course of the illness.

The timing has been better because of our increased capacity and turnaround time, which makes our regime we have put in place—and has been put in place across Australia—the most reliable, efficient, quickest and earliest way of picking up the rise in the virus in an individual.

Ms FYLES: Does that make sense?

Mrs FINOCCHIARO: Hours is the earliest?

Ms FYLES: The Chief Health Officer is saying that the testing capacity is there and it is turned around quickly. It is the test you are doing and the test with the PCR picks up the earliest sign of the virus before any symptoms. The RAT testing—rapid antigen—picks it up once you are symptomatic, so you have time on your

side and when you have a thorough testing regime, like we do for everyone at the Howard Springs facility where they are tested daily and weekly, that is how we can be assured we are keeping the community safe.

Mr YAN: Dr Pain will probably be able to answer this. I read evidence in some articles recently on the saliva testing—it is self-administered. If the test is not appropriately done, for example the person self-administering the test does not do it properly, the effectiveness of that test can be diminished to 60%. Is that the case?

Ms FYLES: This is one of the issues we are facing. Everybody is an expert on COVID; we have all had a test and all have a story to tell.

Mrs FINOCCHIARO: Including you, I might add.

Ms FYLES: Mr Chair, I am trying to respond to the question, I am not sure the interjections from the Leader of the Opposition add a bit of interest.

Mr CHAIR: You have the call, minister.

Mrs FINOCCHIARO interjecting.

Ms FYLES: I appreciate the compliment, Leader of the Opposition. There are a lot of opinions out there, but the testing regime—these people are undertaking this test every time they leave the facility. We make sure they are trained in the test so there is no compromise. As the Leader of the Opposition said, I have had a few. It is a fairly simple process to administer, particularly when you are doing it regularly. These people are clinical professionals—not all of them but the majority are.

Dr PAIN: Our staff are clinical staff and are trained in the application of the test, which is relatively simple to do. Some people might wish to avoid doing it properly but if they were to do that, they would be caught out because we can tell whether or not the test contains human genetic material and if the test has been done properly. That is a way of avoiding that problem.

Ms FYLES: To add further, I am not sure why anyone who is working in a quarantine facility would want to play with their tests so that it potentially had a null result.

Mr YAN: I am not stating that anyone would knowingly not do the test correctly. But if someone unknowingly does not do the test properly and, as Dr Pain has stated, it may be contaminated, there would be a delay in results.

My information comes from the Public Health Laboratory Network, which has done a study into saliva testing and how the testing is done. If it is not done correctly, you will not get a correct result. It will be a diminished result. We are relying on the individuals testing themselves. I am not saying anything about their capacity or capability, but if they inadvertently do something wrong, does that pose a risk to the result and pose a risk of the virus escaping Howard Springs?

Ms FYLES: All staff can complete their own test, but if they would like guidance or testing to be completed by Health staff, that can be taken into account. Each staff member has an orientation that includes education on the swabbing. There is a thorough process involved in that. As Dr Pain pointed out, when it goes to the laboratory, it can be picked up if they have not done the test correctly. That issue has not been raised. There is a testing regime. It is happening multiple times each week. People can be assured that the process is thorough.

Mr YAN: I will go back to my original question, minister. If someone does not do the test correctly and, through no fault of their own—they are tired; they have been doing X number amount of shifts—they make a mistake, the test is compromised and it is not picked up until the test is processed, they may have to do another test. That delays the time that a notification of a positive or a negative maybe received.

Ms FYLES: There is a thorough and rigorous process around the daily swabbing to make sure it is undertaken and that no-one inadvertently leaves the building without it. Staff use their ID cards to tap in and tap out. They are given kits to do the test. As Dr Pain just said, if someone for some reason—which I find hard to believe as they have been educated and trained. There is the option to have a health professional conduct the test if they wish, but these people do this regularly.

These are the same processes AUSMAT was undertaking. Once people have done a test a couple of times, they become rigorous at doing it. If there were no human cells, that would be picked up by the lab. But it is a very small chance.

Mr YAN: AUSMAT was using this as well but was backing it up with rapid antigen testing, which gave a result on the day before somebody left the facility. AUSMAT was also backing it up with the weekly nasopharyngeal testing which we are doing.

Ms FYLES: Coming back to the point about the rapid antigen test, that test picks up when someone is starting to become unwell and symptomatic. This test picks it up at the very earliest signs of the presence of the virus.

There are clinical views that have shown you that what we are doing is based on clinical evidence and is to the highest standard to keep workers safe. These are people who want to go home and keep their families safe. They understand the environment they are working in and what they need to undertake. There is test training and auditing of the PPE and other processes within the facility. It is a very tightly run facility. People working in that facility know they are working in a risky environment; they undertake every measure to keep themselves safe, which will keep our community safe.

Mr YAN: You may have to humour me here. I will put a scenario to you. I am working at Howard Springs and finished my shift. I am doing my saliva test. I make a mistake—through no fault of my own—I am tired and made an error. I have not done the test properly; effectively I have compromised my test. How long is it before that is picked up? Once it is picked up, what is your procedural process for that individual from there?

Dr PAIN: I will go back to the regime. We test daily, so if someone did not do the test properly—if it was a salivary test and they had not taken a proper sample. It is hard not to give a proper sample.

Mr YAN: The evidence is there that it is possible to make a mistake.

Dr PAIN: Yes. The safeguard against that is the repeated testing. The fact that we do it every day by PCR means we are picking up the earliest stages of the infection. That is the only safeguard I can give you.

Mr YAN: In the case where someone has not done the test properly and it is found to be compromised, would you require someone to come back and be re-tested?

Dr PAIN: They are automatically tested every day, anyway.

Mr YAN: I am sorry to throw scenarios at you, but I am trying to get this clear in my head. What if someone was on the last day of their five days of shift and they are not back for four or five days? They could be four or five days in the community with possibly a compromised test. I am not having a go at the testing regime; I am talking about protecting our community to make sure that we do not have any leaks from Howard Springs.

Dr PAIN: That scenario would apply to any test regime that you had. This is the best regime we can come up with in the Australian context. It is probably world-leading in terms of its capacity to do the tests, the reliability of the tests and the speed with which we can get the results.

Mr YAN: You spoke earlier about the committee that you chair, or it might be the Chief Health Officer. Who is on that committee?

Dr PAIN: The National Committee, the HPPC?

Ms FYLES: No, the Territory Medical …

Dr PAIN: Yes. I chair that committee in my role as Deputy Chief Health Officer, supporting the Chief Health Officer. We have three infectious diseases physicians. There are people representing the Hazard Management Authority and a range of clinicians—the head of the Public Health Laboratory in the Territory. He is an infectious diseases physician himself and an acknowledged expert on this issue.

In summary, it is the best expertise we have in the Territory. The experts we have in the Territory in relation to infectious diseases are amongst the most acknowledged experts in Australia, if not the world. They come from the Menzies Institute.

Mr YAN: Does the Nursing & Midwifery Federation have a say on that committee?

Mrs FINOCCHIARO: Would not Dr Pain know, if he is chair of the committee?

Ms FYLES: I am not even going to comment on that.

Mrs FINOCCHIARO: Stop hazarding a guess; I am pretty sure he would know.

Ms FYLES: Nurses are on that committee. If they are a member of the Australian Nursing & Midwifery Federation—which a large number of our nurses and midwives are—that is fine, but they are the professional union body that represents the views. People are in this clinical group through the roles they play. It is not that we have the Nursing & Midwifery Federation—there could be members who are in that group, but it is not a group for the professionals.

Mr YAN: I understand how it works, minister, and I have worked in that context before. But if you consider the Australian Nursing & Midwifery Federation …

Ms FYLES: There are other avenues for the Nursing & Midwifery Federation to raise their voices.

Mr YAN: They are major stakeholder in Howard Springs and they are on the front line.

Ms FYLES: No. I need to make it clear to you. Their members are on the front line, exactly the same as the AMA members are on the front line.

Mr YAN: Their members are on the front line. As long as the members and the organisation gets to have a say in what takes place in testing regimes and what is happening at Howard Springs I am happy with that. Recently there was a meeting between you and representatives of the Nursing & Midwifery Association about the rapid antigen testing and a decision came out of that. Can you advise me where that decision is now?

Ms FYLES: There were a couple of meetings—and the Nursing & Midwifery Federation has spoken about this in the media, so I feel comfortable. Dr Pain met with Cath Hatcher, the Secretary of the Australian Nursing & Midwifery Federation and I had a separate meeting. In my meeting the conversation was that they had a very positive meeting with Dr Pain. He presented the evidence—I suggest that is the large part of the evidence that we have been talking about today—and the Nursing & Midwifery Federation was very positive about that meeting.

There was a subsequent meeting held and I think another meeting is planned for later this week. I will hand to Dr Pain to talk about what was discussed in that meeting, but we do need to be careful. Cath is a clinical nurse and Dr Pain is a clinical expert. We do not want to pit our clinical professionals against each other, but as minister I have the role to ensure that there is communication and they understand—my recollection and what has been said to me is that those meetings were very positive.

Mrs FINOCCHIARO: You are right, we do not want to pit them against each other but that is exactly what you are doing by failing to take leadership as the minister. The Chief Minister outlined yesterday that the Cabinet makes the final call on these things. By saying that Dr Pain has to go head to head …

Ms FYLES: Yes, based on the clinical evidence. Do not twist the Chief Minister's words. I was listening yesterday and he explained the SEMSC process, which listens to the Chief Health Officer. As you clearly articulated a year ago today, you would not have listened to it you would have opened our borders.

Ms FYLES: Do you apply the same standard to ministers as you do me, Mr Chair?

Mr CHAIR: Order!

Ms FYLES: Sorry. I could not even get my question out.

Mr CHAIR: Order! The question is, there was meeting with the ANFM NT—which is the union for the nurses—where are the decisions out of that meeting at now? The minister outlined that Dr Pain met with Ms Hatcher and the minister was continuing to outline the answer to the question.

Mrs FINOCCHIARO: I asked a new question.

Mr CHAIR: Which was an interjection into the answer of the original question …

Mrs FINOCCHIARO: No, that answer was finished.

Mr CHAIR: … and therefore I will give the call to the minister and representatives. Minister, you have the call.

Ms FYLES: There is a constructive working relationship. We respect the Nursing & Midwifery Federation and the clinical view it brings to the table. I commend Dr Pain for the effort and time he has taken, and the time the federation has taken, to work through these issues. As I pointed out earlier to the shadow minister, COVID is all we have heard about for the past 18 months. We are all an expert in some way, but it is really important that they have the evidence that these decisions are based off and that is what Dr Pain has shared with the federation, and we will continue to work with them so they can fully understand and explain that to the members.

Mrs FINOCCHIARO: Right! May I ask my question now?

Mr CHAIR: Leader of the Opposition, you have the call.

Mrs FINOCCHIARO: Minister, you said that you do not want to pit health professionals against each other, but in reality that is exactly what you are doing, you are forcing …

Ms FYLES: No, that is what you are doing.

Mr CHAIR: Minister, please allow the Leader of the Opposition to finish her question.

Mrs FINOCCHIARO: In reality what you are doing is pitting the nursing community against Dr Pain. You are making them go head to head to try to work it out and washing your hands of it. The Chief Minister very clearly explained that the buck stops with the Cabinet. If the Cabinet wanted to reinstate the rapid antigen testing it could do that tomorrow. Instead of showing leadership and doing that you are making the Nursing federation go head to head with Dr Pain, which is unreasonable for both of them. Clearly this matter has been going on for a number of weeks now and is not resolved.

Ms FYLES: I completely disagree with the premise of the question. You show your ignorance in this space. We have been talking about this for about 40 minutes now and to make that statement is gob-smacking.

Mrs FINOCCHIARO: Has it been resolved though? No, it is not resolved.

Ms FYLES: We have continued to work with …

Mrs FINOCCHIARO: You have not resolved it; you have left this to Dr Pain.

Ms FYLES: Because I will not overrule the Chief Health Officer, which is exactly what you would do. A year ago today, probably about now, you came out with your famous statement that if you were the Chief Minister, you would open the borders. If you were the Health minister, you would not listen to the professionals sitting at this table, you would go right ahead and make decisions because you are the Health minister.

I am very proud that my background is as a schoolteacher. I am also very proud to be a minister who listens to health professionals and can put that in place. Do not come in here to try to stir mud and work through this issue. We are working with this professional body and our health professionals. They understand the evidence that has been presented to them. The premise of the question—there is no fact to it and I ask that we move on to the next question.

Mrs FINOCCHIARO: Minister, you can try to obfuscate the situation all you like. You are sitting here for a very long time today. Unfortunately for us we get to ask all the questions. You can try to throw mud and hope that it sticks and get your glossy grab on the TV—that is all really great for you—but at the end of the day, Territorians are concerned about this. Whether you like it or not, the issue has not been resolved. You have not resolved it.

You pitted the Nursing Federation against Dr Pain. You said, 'I do not want to deal with this. I am washing my hands of it. You guys go and work it out.' It clearly has not been worked out because this drama is ongoing. It is an important issue. You can try to obfuscate this all you want; the reality remains the same. Has there been a resolution between Dr Pain and the Nursing Federation?

Ms FYLES: I have answered the question numerous times. We have just had about …

Mrs FINOCCHIARO: The answer is no? Thank you; I rest my case.

Ms FYLES: … 45 minutes now of information presented. The Leader of the Opposition chooses, once again, to ignore clinical information. It was just outlined to her. I think the shadow minister accepts the information that when you have as PCR test, it picks up any sign of the virus at the early possible moment, potentially days before you become symptomatic. The rapid antigen testing picks up on symptomatic. We have just explained it and the shadow minister seems very comfortable. I do not know why the Leader of the Opposition does not like clinical professionals and will not listen to their views.

We saw it a year ago today when she made her famous statement, that if she was the Chief Minister, she would open the borders on 22 June. Thank goodness she was not the Chief Minister, because soon after that there were hundreds of cases of Coronavirus. This might be part of the issue in the Territory. We have led the nation in protecting Territorians and not having community transmission of the virus. We are now leading the nation in rolling out the vaccine. I know that must be frustrating for the Leader of the Opposition because she is irrelevant in this space. We will continue to listen to health professionals.

We have just outlined in great detail—we heard from Professor Notaras, who runs the AUSMAT centre; our Chief Health Officer; and the Deputy Chief Health Officer, who made this decision. He explained the clinical governance behind that. To have the Leader of the Opposition come in here and try to throw mud is disrespectful to our health professionals.

Mr MALEY: Minister, the expert committee—you have outlined who is on that—obviously make the decisions about specific testing regimes. Is that the case?

Ms FYLES: The expert committee provides the clinical evidence to the Chief Health Officer, yes.

Mr YAN: As far as the testing regimes go, or changes to those testing regimes, they provide evidence to the Chief Health Officer, who then makes a decision by himself, or is it a consensus decision?

Ms FYLES: I will get Dr Pain to speak. It might be appropriate at this point to bring Dr Heggie back. Our clinicians work collaboratively. They bring together all the different points of view. They have done this throughout COVID. They do it for every decision. They look at the evidence from AHPPC. They take it to their clinical governance group and work through it robustly and advise Cabinet. It is important to understand that these are not easy decisions. They look at all the evidence and factors in making them.

Dr PAIN: The nature of the committee is an expert advisory group. I have outlined the membership. I acknowledge the points you make about nursing representation. There is a nurse director from Howard Springs who is an expert in this field—and is a member of AUSMAT—and is part of that committee. There is another senior nurse on the panel.

I acknowledge that we have considered recent advice from the Commonwealth Chief Nurse that we should add to our nursing representation, so we will do that.

Regarding the comment on the Nursing Federation meetings and our process there, we have had a very positive and constructive engagement with them. We welcome the concerns they are raising—of course we need to be open to the concerns being raised. The next stage in the process is that we meet with some experts they have been in touch with. That will hopefully take place this week.

A representative of the laboratory network, Professor Marylouise McLaws, is an epidemiologist, who has spoken in the media, advocating to advance the case for rapid antigen testing, perfectly legitimately. We have differences in view about the appropriateness and will deal with and resolve them. We are very happy to engage in that debate and review the evidence, as we have done throughout this.

Ms FYLES: We will keep engaging with the nurse federation and any staff at Howard Springs, because they need to be reassured that the strictest regimes are in place to protect them, their families and our community. This will be ever evolving and agile, but they have the pathway to a voice, to question these decisions and have the information provided to them. It is not some type of regime where a decision is made and that is it. We back our clinical advice and the evidence we use to make these decisions and we are happy for it to be discussed in a robust manner.

Mr YAN: Going back to my question, the expert committee will provide advice to the Chief Health Officer, who will then make the decision. I am not specifically talking about testing; I could be talking about anything as far as Howard Springs goes. That committee will provide advice to the Chief Health Officer who will then make the decision—from what you have said, minister—in consultation with Cabinet. Is that correct?

Ms FYLES: The process is a collaborative approach. I will hand to Dr Heggie to talk about how he leads that approach, taking the information out of AHPPC and the Chief Health Officers and their teams interstate—the robust process it goes through. It is then presented. If appropriate and if a decision needs to be made and a direction needs to be enacted, the Chief Health Officer has that ability or it can go to SEMSC for a decision to be made.

Dr HEGGIE: The first thing is, AHPPC reports to National Cabinet. On the AHPPC there are the CHOs of the jurisdictions, the CMO of the Commonwealth and other representatives of subcommittees, including experts in infection control measures: the Public Health Laboratory Network; the Communicable Diseases Network Australia; and many others, such as epidemiologists. We have the privilege of some of our experts in the Territory being on—and/or chairing—some of the subcommittees.

The Chief Health Officer and the deputy—yes, I have been on leave and for a little break in Howard Springs—get the information from the AHPPC. We also take issues to AHPPC for its consideration. The AHPPC debates these, sometimes over many meetings, to come to a consensus. Usually, it is a full majority consensus of how we approach the pandemic, the virus and the things we did not know or understand early on.

As part of this—and this is true locally—the expert panel provides advice to the deputy CHO and the CHO about local issues, including quarantine. Around the country we are all taking part in continuous quality improvement. Every day of the week there is something new to learn or understand: things we did not know about, including that aerosol transmission is a reality; and that fomite, as in surfaces where someone has been, is a reality.

Testing regimes have been looked at over time and we have adopted the national approach to that. Rapid antigen testing does have a role, particularly when there is an expectation of high numbers of positive cases. If we were to have an outbreak in Alice Springs or in a remote community, we might use that testing to very quickly identify those people who are positive and separate them.

What the minister said is true. Whilst the rapid antigen testing might produce a result through a small device in a matter of hours, the PCR testing is much more sensitive. As Dr Pain noted, it can detect the presence of the virus before the person is symptomatic and infectious.

This quality improvement extends to all other infection prevention measures, particularly the use of PPE and the observation of people who are donning and doffing PPE. It is incredibly important. This has been noted by the Commonwealth Chief Nursing and Midwifery Officer, who came to do an audit. Our own team did an audit on the use of observers.

Most importantly, as we agreed to do at AHPPC, is that frontline workers in quarantine facilities should be vaccinated first. The persons who were first vaccinated at Howard Springs were the cleaners who clean the rooms, not the clinical staff. That is because they were going to be most exposed to fomites when they entered a room, particularly on the international side, where there was a high risk of positivity. We had many positive cases come in. Now we have less because they have to have a negative test before they leave.

Importantly, vaccination and the use of appropriate infection control measures are the main gold standard. Our outdoor facility, its ventilation and its wellness approach—because it is a wellness environment; these are not ill. They are people who have needs; they might be missing their family where they have come from or disappointed they are cannot see their family when they arrive here. I can personally vouch for the support they get from the whole team at Howard Springs, including the Health team. I commend all of the people who have contributed to this.

It is a very important conversation. We get representations from many interested parties, including the ANMF, on a regular basis on a range of issues. Commonly, it is an email or a letter; sometimes it is a phone call. We take our stakeholders seriously. Whether it be the Aboriginal community-controlled health sector, the AMA or individuals, we take their concerns seriously. That includes businesses, because it is not just the fact we have not had an outbreak here. It is because our community has had a lived experience better than elsewhere. Also our economy is rebounding in a way that has not been seen around the rest of the world.

It is an important conversation. I just wanted to clarify all of that in one go. Thank you for your indulgence.

Mr YAN: Howard Springs is being held up as the best facility in the country. I just want to make sure that we stay on top of our game in the Territory because I would hate to see anything happen in our facility or in our community.

I will go back to the committee which makes the decisions and reports through the minister. It does not have to be a unanimous decision as to what takes place. People can put forward their views; they may be taken on board or may not be taken on board. Is that correct?

Dr PAIN: We try to reach consensus and it has not been difficult, because the evidence is usually so overwhelmingly in a particular direction. As far as I am aware—I am the Chair and it would be a criticism of me if I had not realised there was any dissent—there has not been any dissent on this issue within the committee. I think the support for this position has been universal.

Mr YAN: I have spoken with the federal Health minister, Minister Hunt, and he does not know why a successful and proven regime was changed. Frankly, I do not understand. I get the clinical side, but there are some things I do not know. As far as the change in this testing regime to remove the rapid antigen testing on a daily basis, was there complete consensus across this committee for that change?

Dr PAIN: Yes, as far as I am aware. I have not heard of any dissent from that view on our committee—our local expert committee—and the AHPPC had a consensus view as well.

Mr YAN: Minister, did you support the decision to change from rapid antigen testing to daily saliva testing—PCR?

Ms FYLES: I support our health officials, the Chief Health Officer, his deputies and the teams that make these decisions. In the Territory, because we have been agile and had experience throughout the pandemic—we were the first jurisdiction to have repatriations of Australians from high-risk areas—we have led the way. I outlined that in my opening statement. I am happy to go back over the areas we led. Yes, I support our clinicians and the decisions they make every day to keep Territorians safe.

Mr YAN: You sort of answered my question. I asked, did you support it? You said you supported the health officials but did you support it?

Ms FYLES: The health officials made the decision and I support them. Yes.

Mr YAN: I could go on about the testing regime for hours. I have a couple more points I would like to cover.

Ms FYLES: Please, we are happy to keep explaining it and maybe you will be convinced and understand it.

Mr YAN: I have a fairly good understanding.

Ms FYLES: Do you disagree with the health officials that are before you—the experts?

Mrs FINOCCHIARO: That is not what he said.

Mr CHAIR: Minister!

Ms FYLES: I am suggesting …

Mrs FINOCCHIARO: It is not us who need to be convinced, it is Territorians.

Mr YAN: Dr Pain may be able to answer as you touched on this earlier. We talked about the rapid antigen testing and the false negative rate. Do you know what that false negative rate is?

Dr PAIN: It is variable. Different tests have different rates, but it is up to 30%. If you take the sensitivity as the key measure of the accuracy of this test—there are other measures of accuracy—some are as low as 30% and some up to 70% or more. They are nowhere near as sensitive as the PCR testing.

Mr YAN: I agree. There is no doubt that PCR is the most accurate. Unfortunately, Professor Notaras is not here—if there is such a variance from 30% to 70% in those testing regimes, why was AUSMAT using it?

Ms FYLES: That is a question for Professor Notaras. He is still here.

Mr YAN: Maybe …

Ms FYLES: No, you asked a question and you need to hear the answer.

Mr CHAIR: Welcome back, Professor Notaras.

Mr YAN: I was talking to Dr Pain about the false negative rates with rapid antigen testing. There can be up to 30% to 70% variance. If there was such a variance, why was AUSMAT using that testing regime?

Professor NOTARAS: It was brought to our attention in November that this test was available. We had not considered it before that time. Going back to the early days of Wuhan and so on, we had not used it and just used the PCR. It was brought to our attention and we decided to trial it initially because, as Dr Pain said, at the height of infectivity, the test would rapidly come back positive. We decided we would give it a trial and use it as an adjunct to, not in place of, the PCR. We were testing new waters. We trialled it and decided to retain it because it was convenient rather than something that would substitute or replace another test.

What is important now is that things have changed dramatically. As the minister said, while we might have left the facility in a physical sense on the 25th, the changeover was on the 15th. From that time on, the numbers going through the facility have increased—that is an important consideration—and will continue to increase appropriately because of the confidence the nation has in the facility. The second part about it is vaccination; people are vaccinated now. A third component is that the testing regime on point of departure—being where people are coming from—is now much more accurate than it was before.

To answer your question more specifically, we ran it in the beginning as a trial to see how it operated. We found it to be convenient at that stage. The committee Dr Pain chairs is a very representative one, as is AHPPC. I sit on both committees and have been part of both series of debates. We have come to the opinion that there is a specific place of high incidence occurrence for the rapid antigen, but the much more appropriate, accurate and important test is the PCR.

That was a trial we decided to continue. The fact that a change has occurred is something I support. I can see this is a change in terms of the approach, numbers and the whole environment we are confronting at the moment is a lot different to that of about 16 months ago.

Mr YAN: Thank you for that very succinct answer. During your trial of the rapid antigen testing, were you able to note any of the numbers that Dr Pain mentioned—that 30% to 70% rate of errors?

Professor NOTARAS: We did have false positives. We were very fortunate there were only two false positives. I place the surveillance and the strict regimes that were in place—and continue to be in place—as testament to being able to pick up those and deal with them.

With the false positives, we immediately conducted the PCR tests. The PCR tests—and the question was raised earlier in terms of turnaround—were turned around by the fine people at NT Pathology within an hour. That was a substantial move. Having turned those tests around very rapidly we conducted a second PCR test, which took a few hours, to make sure we had the right results. We did have false positives, but it was something we used to our advantage and maintain the stance that the PCR nasopharyngeal test, along with the saliva test, is the standard we would recommend.

Ms FYLES: Dr Pain will add some comments about the sensitivity to make sure that it is fully understood.

Dr PAIN: I acknowledge Professor Notaras' explanation. I acknowledge there is a false positivity rate, but in my earlier comments I said that while false positives, although inconvenient and may set us off on the wrong path but have to retest—that is not the issue. This is very important to understand; the false negatives are the critical issue. If we miss true positives through the test, that is where the risk lies.

You can have a belt-and-braces approach, but we have such a reliable system now that we do not need the belts and braces. That is essentially the position. To continue to do that was felt to potentially create ambiguity about which test to go with. I reiterate that the expert advice is overwhelmingly in favour of the position we have taken. I am happy to continue to explain this and to meet with others who have concerns about this. We will continue to do that until we can be satisfied on all sides that we have the right approach to this.

The emerging consensus is very strong in Australia about this approach. About that I have no doubt in my mind and I think the Chief Health Officer has given a good account of this. I thank Professor Notaras for his comments as well.

Mrs FINOCCHIARO: What consideration is your committee giving to public confidence, Dr Pain? For example, when immunisations first came out for COVID the Chief Minister and other leaders said to the community, 'We are getting it; it is safe'.

In regard to community confidence, this rapid antigen issue is alive and well. A lot of people are not convinced. Dr Pain, your committee is obviously clinical. What consideration, if any, do you have for the community confidence concern versus where government has a role in leadership to play? Government has to look beyond the clinical advice to a lot of other considerations. One of those would be confidence in the community that everything at Howard Springs will be okay.

If we do not have that—say, with mines and gas and other things. They are talking about a social licence. Howard Springs is no different and had to earn that over a period time. What consideration, if any, does your committee have to community confidence? Minister, you have a role in that.

Dr PAIN: The confidence in the Chief Health Officer, his decisions and public health advice has been pivotal to the management of this pandemic. Any undermining of that confidence is potentially damaging. The Chief Health Officer is conscious of that; I am also conscious of that, as is the committee. We have information in that committee that the nurses at Howard Springs are broadly confident in their approach. There are some who are not, but in terms of the balance of opinion we are informed that it is not a great concern. The Nursing Federation will conduct a survey, so there will be further information from that and we will respond to it.

We are very conscious of the issue of confidence and do not want to be undermined. In my view—if I can give a personal view—it is potentially very undermining of confidence in decision-making if the decision we made with all the advice we received at a national and a local level were to be overturned.

Ms FYLES: We are fairly conscious of community concern and have been throughout this. That is why, as a government, we listened to our health professionals and our CHO and the team that supports him. We implemented the early lockdown, which included the new border arrangements we have all become familiar with. We acted rapidly when community outbreaks occurred interstate. We have implemented border screening processes, contract chasing with the QR code check-ins, testing and vaccinations. It has all been based on evidence and expert advice. That has given the Territory such confidence. That approach has kept the Territory safe.

I again draw the committee's attention to the fact that one year ago today the Leader of the Opposition made her now infamous comments that if she was the Chief Minister, she would be reopening the Northern Territory's borders to the rest of the nation on 22 June.

Mr YAN: A point of order, Mr Chair. I have sat here all morning and listened to the minister state what the Leader of the Opposition may have done, might have done—supposition. Frankly, I am over it.

Ms FYLES: Speaking to the point of order, Mr Chair. I was asked about community confidence.

Mr CHAIR: One moment, minister. As I have said a few times, can we keep it to Standing Order 109. Let us not branch too far off into narratives and other areas that may not need to be discussed.

Ms FYLES: This is very relevant. I was asked a question about community confidence. The shadow minister just said that this 'may' or 'might'—it was a very clear quote: 'If I was Chief Minister, I would be reopening the Northern Territory's borders to the rest of the nation on 22 June'. There was no 'may', 'might' and no room to move there. It was a very clear direction. That was exactly a year ago today. We know what happened after that: the deadly, disastrous second wave in Victoria.

This comes back to the question I was asked about the community's confidence. The community has confidence in our health professionals. The community has confidence in our government. We will continue to act to keep everyone safe.

Mrs FINOCCHIARO: Dr Pain, at the conclusion of your comments, you said—and I am not trying to verbal you—words to the effect that there would be a community confidence issue if the decision was to be overridden. Can you explain what you mean by that? There is digging your heels in and there is doing what is right. Do you mind fleshing out what you meant when you said that?

Ms FYLES: Leader of the Opposition, you have dug your heels in. You made your point clear, which is not listening to clinical evidence. We are trying to explain the rationale and clinical evidence behind the decisions that have been made. You have dug your heels in and does not want to listen.

Mrs FINOCCHIARO: I am giving Dr Pain an opportunity to flesh out what he meant so that it is not interpreted that he would not want to see a backflip of the decision. I am giving him the opportunity to explain that, because, on the face of it, it can sound very defensive.

Ms FYLES: For the last hour-and-a-half we have presented you with piece after piece of clinical evidence about the regime that is implemented. We acknowledge that you and the shadow minister have dug your heels in. You do not want to see any changes in this regime. We have explained the clinical evidence behind the decisions that have been made.

Mrs FINOCCHIARO: Are you not going to allow Dr Pain to clarify his comments?

Ms FYLES: He can speak, but I am just pointing out the fact that you have dug your heels in and you must start to question your role to play in community confidence because you are not listening to clinical professionals. We heard the shadow minister say that he has done a bit of research. You have come up with an opinion. You certainly have a role to play in community confidence as well.

Mrs FINOCCHIARO: Thank you very much for that garbled verballing. We get all our information from Territorians. That is our job. We are the opposition and we have to ask you the questions you do not like. I would like Dr Pain …

Ms FYLES: That is exactly the point you made!

Mrs FINOCCHIARO: I thought there was no debating a question, Mr Chair. My question is so simple …

Ms FYLES: Mr Chair, I am just answering the question.

Mr CHAIR: Order!

Mrs FINOCCHIARO: Dr Pain, what did you mean when you made the comment about there being a lack of community confidence overriding that decision to scrap rapid antigen …

Mr MONAGHAN: A point or order, Mr Chair! My understanding of the process is the questions go to the minister and the minister determines who answers them.

Mrs FINOCCHIARO: That is right. Then she said, 'He can answer …

Mr MONAGHAN: That was to the Chair.

Mr CHAIR: Honourable members, on the point of order, Member for Fong Lim, I believe you are correct, but the minister has indicated that Dr Pain can speak for himself. I am happy to continue the line of questioning.

Dr PAIN: It is clear on a point of principle that if the evidence we have all seen and heard is overridden, it would fundamentally be undermining of confidence. It has been so important throughout this pandemic that we make our decisions on the basis of evidence. If that evidence is challenged, we need to make sure we have solid foundations for that but if the evidence is overridden, that is undermining. That is the point I was trying to make.

Ms FYLES: Leader of the Opposition, that is exactly what you are doing. You are undermining the confidence of Territorians by not listening to the clinical evidence that has been presented to you.

Mr YAN: Minister, based on the evidence we have heard this morning from the health professionals, we have had no leaks of COVID-19 so far from Howard Springs under AUSMAT. The Territory government is now in charge of Howard Springs. We have made changes to our testing regimes. Are you confident and can you provide reassurance to Territorians that with the changes in the testing regimes, there will be no leaks from Howard Springs into the community?

Ms FYLES: In answering that question, I will point to the track record to date. The Territory is the envy of the nation. We are the safest place in Australia and one of the safest places in the world.

We have not had community transmission or death from Coronavirus in our community, but we have a huge task to uphold. That is what our government is focused on and this budget is about, which is keeping Territorians safe as we go forward. We have highly vulnerable population. We will continue to be agile and to listen to these amazing clinicians I have the privilege of getting advice from every day. We will continue to implement that as a government. You outlined this morning that you would not be listening to these clinicians in making decisions.

Mrs FINOCCHIARO: Mr Chair, the minister cannot come in here and put incorrect words in the mouths of the opposition. That is not what estimates is about. It is unparliamentary, completely inappropriate and untrue. I ask that you caution her to stick to answering the questions and not rewrite history.

Mr CHAIR: Minister, you have the call and please consider your remarks.

Ms FYLES: I believe that if there was anyone who wishes they could rewrite history, it would be the Leader of the Opposition and those infamous comments that she made, 'If I was the Chief Minister, I would be reopening the Territory's borders to the rest of the nation on 22 June'. Those comments were made a year ago, today.

What I was saying in answering the question to the shadow minister is that we will continue to listen to our health professionals who, each day—we just had a long weekend. Every day, Dr Pain and Dr Heggie were participating in AHPPC getting the latest information so that we can make the decisions to keep Territorians safe. These decisions are not easy.

When I go back to a year ago when we had borders closed and we had to look at how we could reopen them, even when we have to declare hotspots now, the vaccine rollout—these are difficult decisions we are making to keep our community safe. I point to that and upholding that track record is what drives me as Minister for Health each day.

Mr YAN: You went around the question a couple of times. We have not seen a leak under AUSMAT with its testing regimes. We have made some changes to our testing regimes. Can you give reassurance Territorians that with these changes in the testing regimes, we will not see leaks of COVID-19 from Howard Springs?

Ms FYLES: I again point to the comments I made that we have led the nation and will continue to lead the nation because we are listening to clinical professionals. We are rolling out the vaccination regime and will continue to strive to be the best.

Mr MONAGHAN: A point of order, Mr Chair! The question is hypothetical.

Mr CHAIR: Thank you, Member for Fong Lim. You caught me on the hop there.

Mr YAN: Speaking to the point of order, Mr Chair. I do not think that the question is hypothetical at all. There is a real possibility of COVID-19 getting out of Howard Springs if our testing regimes are not robust enough. That is fairly simple and straightforward, and it not hypothetical. It is a legitimate issue.

Mr MONAGHAN: That was not the question.

Mr CHAIR: Member for Fong Lim, what was your point of order?

Mr MONAGHAN: The question asked the minister to look into the future.

Mr CHAIR: Thank you, Member for Fong Lim.

Mr CHAIR: I need rule on the point of order that has been heavily debated. We do use Standing Order 109 about questions; however, if the minister is happy to answer the question, that is okay. Are you happy with that, Member for Namatjira?

Mr YAN: Thank you, yes, I am happy.

Ms FYLES: I will try to convince the opposition. The Centre for National Resilience has led the nation. It provides quarantine services for persons required to quarantine, either under the Northern Territory Chief Health Officer Directions or those who arrive from an international destination under the Commonwealth repatriation program. The team at the Centre for National Resilience is supported by the Territory and

Commonwealth agencies, including NT Police; Department of Infrastructure, Planning and Logistics; Australian Federal Police; and the Australian Defence Force. We also have Wilson Security, Northern Rise facilities management and Karen Sheldon Catering contracted to provide services.

As I outlined in my opening speech, it is fenced into 13 zones preventing movement between the zones and each zone its own clinical and support team led by nurses. One of the zones is referred to as the red zone. It cares for people who are COVID-19-positive residents.

We have an on-site medical services team, which has a specialist allied health interpreter team. Off-site is the telehealth wellbeing team, which makes regular contacts with residents. These teams work together to provide care and support for residents over their quarantine period. Since July 2020 when Northern Territory Health commenced providing domestic quarantine, over 10,000 people have exited the Centre for National Resilience. Since going to one model in mid-May over 850 people have complete quarantine.

When you ask me about hypotheticals—and I agree with the Deputy Chair and the hypothetical of that question—I can assure Territorians through the response, the multi-agency team, the dedicated clinical professional, the testing regime enacted by our CHOs and the numbers we will continue to strive every day to provide the safest gold standard quarantine in the world as well as managing our community. We are rolling out a vaccination program—and we will continue to listen to our health professionals through this. I hope that gives you some comfort.

I take the chance today to provide you, with these amazing experts who surround me, with more information. Perhaps you could jump out of the sand where you have dug in your heals, listen and change your minds.

Mr YAN: I do not agree with your comments; I have not dug in my heels. I am very open and appreciate the knowledge of our health professionals here today. It is not me and the opposition you need to convince, it is the Territorians, because they are the ones who want assurance and the answers. I will listen and take advice from the health professionals, but you have to convince Territorians.

Yesterday we told in estimates that we were looking at 2,000 people per fortnight repatriating at Howard Springs. What are the current numbers being repatriated on a fortnightly basis?

Ms FYLES: I will get some advice on the specific numbers now, but I can say that we have worked closely with the Commonwealth Government on this program. From the time of the first flights from Wuhan and the *Diamond Princess*, through our AUSMAT team—I should point out that the AUSMAT team is made up of Territorians as well as people from around Australia, but it is based here. It is largely our people; it is a privilege to have the centre.

I acknowledge Professor Notaras who was acknowledged in the Queen's Birthday Honours List for his efforts. They also showed footage of the Bali bombings nearly two decades ago. Because of our isolation, the Northern Territory—and this was spoken about yesterday in estimates of our processes for disasters—we learned these processes off the back of Cyclone Tracy. We have the TEMC structure in place with the Territory Controller, so through that facility we have been able to provide a service to vulnerable Australians. We also deployed domestically for the first time through that service.

We went to Victoria and assisted with the aged care. Before that, people were stranded on a cruise ship in the Fremantle Harbour and there was the situation with the hospital in Tasmania. We have been able to step up and play a role nationally. That has been wonderful for our health professionals and those who support our health services—its cleaners, PCAs, the administration. There are so many roles to play and they have been able to shine. Health in the Territory has been talked down for far too long. Comments such as, 'When in pain get on a plane'. It has provided an opportunity to highlight the clinicians and those who support them and have dedicated their lives, in some cases.

We had the initial flights from Wuhan and *Diamond Princess* and worked closely with the Commonwealth Government. I acknowledge Len, his team and the domestic deployments. They have since deployed to PNG and there are more deployments in the pipeline. They are the Territorians who work in our hospital; we need to remember that. A number of those people have transitioned to this one model Centre for National Resilience.

We are well progressed for the expanded capacity at the Centre for National Resilience, to take up to 2,000 repatriated Australians per fortnight. Yesterday, in comments from the Department of the Chief Minister, you heard a little on the contract negotiations. The Commonwealth paid $513m. Under the National Health Reform Agreement, it is paid on invoice. If we were cheap on the services we cannot pocket the difference;

we have to show the Commonwealth the cost of delivering those services. They fund 100% of the cost of the international repatriation. It is based on that operational activity and the actual costs occurred. It was negotiated with the Commonwealth Government and we have a guided transition plan, which has a formal structure with the Territory Controller.

There have been changes over recent months. India was in the midst of its outbreak and we had a flight with over 50 infected cases—Professor Notaras is nodding his head—which pushed our infectivity rate a lot higher than we anticipated and had planned for. At that time there was a new strain of the virus; we did not know how it would evolve or how critically unwell those individuals may be. We worked with the Commonwealth and those flights were deferred. It would have put pressure on the Northern Territory health system and the Australian health system.

With the impact of the PNG outbreak on the northern Queensland health system, and around Australia, many of our hospitals are at capacity. We worked with the Commonwealth to defer the flights and put in place additional measures, such as pre-screening. We had anticipated that we would hit 2,000 during June but these factors have led to that not being achieved.

DFAT also does a wonderful job. Many people say, 'Why are these people not home? This has been going on for a year, they have had plenty of time to get home.' Many people tried to get home but they may have been caught up. Some people were hiking in remote parts of India and by the time they came out, a week later, the situation had rapidly evolved.

Think back to the National Cabinet in March last year. At the start of the Cabinet meeting they had some advice and by lunchtime that advice had changed significantly. Sunday evening was when the Prime Minister announced that the nation was going into a lockdown. These things evolved rapidly.

A Darwin family were visiting family in Germany and on an extended working holiday. They decided to stay. They thought that it would come through and a few months later we would emerge on the other side, but it has not. Over a year later our international borders remain shut. This family, through no fault of their own, has been stranded and isolated overseas. They were able to work with DFAT—the family said they were wonderful—who got them on a flight from Germany direct to Darwin. Their care was provided for.

I do not think Darwin Airport ever expected we would be getting so many international flights from America, South America, Europe, India and the subcontinent. DFAT worked through these locations where Australians were stranded. There were three flights from London rolled into one for capacity. DFAT is working on where we can get these flights to Darwin from, to get vulnerable Australians home.

There have been some factors with the numbers of Australians, where they are stranded and how they would like to get home. The India outbreak impacted our flights. I ask Professor Notaras if he would like to add some commentary. It is important for people to understand the figures and why we seeing those numbers.

Professor NOTARAS: As Territorians we should be immensely proud of what has been achieved. The minister said that from July the NT took over what we colloquially refer to as the domestic side of the facility. We still had international people coming in, particularly fruit pickers and the occasional workers. At that stage slightly different protocols were used than what was used by AUSMAT when it took over the international side on 23 October. That remains safe; there were no leaks during that period. I commend that as well.

A lot of this evolved over a number of years. The lessons learned with the Bali bombings and Ashmore Reef, with the attempted assassination of His Excellency Ramos-Horta, and lots of other events—so much so that the National Critical Care and Trauma Response Centre was situated in Darwin. I believe that to be pivotal. While AUSMAT is a national resource drawn from people across the nation, I would be cautious to say, from the other colony, New Zealand—they come from a whole host of areas.

We have had people come in from Great Britain, the United States, the subcontinent, South Africa, Paris, Frankfurt—the flights have come from all around the world. It is incredibly important to underline that they are vulnerable Australians. These are not Australians who could afford a first-class trip, had been skiing in Aspen and happen to be caught. They are vulnerable Australians who could not afford to come back, who have also been in some of the hottest of hot zones.

At one stage when flights were coming out of the subcontinent where we anticipated a 2%, 4% or 5% infective rate, but were looking at 17% at one stage. The hot zone, as we call it—the culmination of very active cases and cases that were less active was up to about 54%. The fact they were managed so well and scrupulously by the team is a great accolade to what they were doing. Some of those folks who were managing those

people have decided to transfer over, with our encouragement, to the new NT organisation. They will carry on that same work.

We should all be immensely proud of bringing people back. As the Prime Ministers has said on regular occasions—and every Premier and the leader of the other territory have all said publicly that this model is what they want. The model we have is about the Howard Springs site. It is not just about the site, it is about the NT and AUSMAT staff, the systems and the way in which we professionally conduct ourselves. We are all very proud.

A significant number of people who have been working there under both organisations are Territorians. We do not want to see something come into our community that will place at risk our families or the families of those most vulnerable Territorians who live in communities remotely. We want to make sure they remain safe.

Having brought people from the hottest of hot zones around the world—if I take it all the way back to when we started with Wuhan and the *Diamond Princess* we were still evolving at that time. We were still able, through our other processes, to do what we have done and ensure safety.

The minister has also said—and people say, 'Why has AUSMAT moved out now?' AUSMAT moved out because this is not necessarily our day job. To clarify that, as the minister has already alluded, during this time we have been in PNG, people are still in Timor-Leste and we are talking about the south-west Pacific as well—we may be called upon in the next few days to have a significant presence there.

I was deeply moved as the Prime Minister moved up and down the ranks with our Chief Minister and asked various individuals where they were from, to hear that so many were from the Territory. There were also many from other states working closely with Territorians. We as Territorians should hold that with great pride.

Dr PAIN: It is worth illustrating the role of that expert committee, given that there have been some questions relating to its role. In relation to the pause that occurred—Professor Notaras mentioned that we had up to 54 people who were positive from India—it was that committee which gave the advice that the risks were too great with the number of positives because of the burden it places on our capacity and the risk to the health service. They were the ones who advised of that pause, which the national government responded to.

I want to illustrate the influence and importance of an expert group that, based on their assessment, gives its advice on the risks.

Mr YAN: I go back to my question from before—you were going to get some advice for us on how many people were actually in the facility. We were talking about 2,000 per fortnight. How many are we receiving at the moment? We still have not got to that one. Are you happy to take that on notice?

Ms FYLES: No, I have the information here and I apologise, I was getting to that. We have seen from changes in people wishing to come from DFAT locations and then from the new strains out of India—we have 200 people in the international section and 524 in the domestic. We are expecting a flight today from New Delhi.

The way the facility runs is we expect flights of around 200 people, but know those numbers drop off for various reasons, either it is pre-screening or a number of other factors. We are expecting flights—they come in waves—today, then the 21st, 23rd, 24th and 30th. The numbers may seem low now, but they will rise again and dip down.

We are negotiating with the Commonwealth—it is not so much a negotiation where we say yes or no, but we are working with the officials on the July schedule. The commonwealth is working with DFAT officials abroad to work out where flights need to come from. We do not want Australians to have to travel. If they are caught in the Middle East, we do not want them to travel to Singapore and potentially get trapped there. We want to get Qantas planes as close as we can to Australians caught overseas. We have worked through some of the larger locations and DFAT is now working through the locations where they can get Qantas in on the Dreamliner and get as many Australians—clearly there is a regime for India and Europe continuing, but there is a drop in some of those locations which initially had quite a lot of capacity. We will work with them.

Mr YAN: Have we started moving flights from the RAAF base to the main airport in Darwin?

Ms FYLES: The chief nurse audit Howard Springs, including AUSMAT and the Territory side welcomed that. It is always good to have fresh eyes take a look. You can always have new processes and should not be scared of change.

One of the audits highlighted that we could look at using Darwin International Airport—the civilian side—but there would need to be rectifications made to make sure there was a separate airflow, the flooring could be cleaned easily and some physical partitioning. It could not be a temporary arrangement. Darwin International Airport has been looking at those rectifications. The Commonwealth has indicated it will pay for the changes that need to be made. That is to provide a better flow for those people arriving off those flights.

No flights have come through the domestic side; they have all been gone through the RAAF side. There have been changes to the RAAF side and the flow as we learned more about the virus. When the first planes came in—Len could probably speak a little more about this—from Wuhan and the *Diamond Princess*, we got on the planes and said, 'Welcome. Welcome to Australia. Welcome to Darwin.' Now we look at that and think, 'My goodness! What were we doing?' Yes, PPE was worn, but we have changed our practices so much and they continue to evolve. That is where that change came from.

Professor NOTARAS: I said a little earlier that it has been an evolving situation. We did not really know any of this in this nation, or in WHO. I was in Geneva in January last year. At that stage Geneva was still holding back on calling it a pandemic and were still talking about an epidemic, an outbreak—whatever else. It took a while to get around to calling it a pandemic and realising the sheer magnitude of what we were up against.

As the minister said, our processes have changed significantly over that time. In the early days, we sent AUSMAT teams—spotters, clinicians, et cetera—to collect the individuals from Wuhan and *Diamond Princess* on the flights to welcome them back. We made a very specific and focused choice of RAAF Darwin for the arrivals in those days because there was a great unknown and we wanted to separate it from the domestic airport and ensure safety.

Our processes have changed. Professor Alison McMillan, who is long-term colleague of mine, did an audit. She suggested that it would be good if we moved from RAAF Darwin to the domestic in time, when the domestic was ready. Listening to the flights each night of the RAAF trials and exercises, RAAF needs that site for its own purposes. Having 4,000 a month—2,000 a fortnight or 1,000 a week—is significant coming through there when RAAF and Defence need those facilities.

However, the Centre for National Resilience will not move to accept people on that site until such time as they are entirely satisfied that the flooring can be cleaned and there is separation, so that people arriving from other parts of Australia are kept safe.

It has evolved. We treat the situation a lot differently to how we treated it in the beginning. If it is any solace, we have done our very best from day one to keep people in the community informed. Many of you will remember that before Wuhan or *Diamond Princess* occurred, we met with everybody. I can remember meeting with Independent members, such as Gerry Wood and others, going to various schools and adjoining neighbourhoods to reassure people of what we were about to do. Early last year there was an enormous amount of fear that we had to allay and say that we would do our best.

Federal Minister Hunt came to Darwin with Minister Fyles and played a very significant part, along with now Director-General Murphy, who also came as Chief Health Officer. We have evolved and changed our methods; we adopted and adjusted. The vaccine and our lessons learned over that period have been critical.

As to the way in which people are screened upon leaving, we have done an enormous amount of work with Qantas. We have to acknowledge the inspiring sight of the Dreamliners arriving in Darwin. Who would have expected this? We worked closely with Professor Ian Hosegood, the Chief Health Officer of Qantas on things like wastewater on aircraft. That has been used to complement what we are doing to detect how many cases there might be on a flight.

There are changes in the way screening occurs on the subcontinent. One of the providers was disenfranchised by DFAT because a number of people were taken off that flight before it left. There are a lot of people doing a lot of work on this. Community consultation is imperative and we endeavour that all levels would do that. That development is one that has set the world standard.

Ms FYLES: There have been commercial flights—namely Dili—using the DIA side. Your question was specifically about international repatriation flights, but in regard to openness, Dili and workers from the oil rigs go to Howard Springs to undertake quarantine but arrive through the DIA side, which is managed …

Mr YAN: We have non-repat international flights coming through the Darwin International Airport.

Ms FYLES: Yes, not regularly, but mainly Dili. Similarly, Cairns has that PNG link, so we have had the Dili link the whole way through.

Mrs FINOCCHIARO: Why do the Dili flights not go through the RAAF base?

Ms FYLES: Because the RAAF base is for the repatriation flights and the large numbers. The Dili flights have always gone through the DIA side of the airport.

Mrs FINOCCHIARO: Why is it treated any differently if it is an international flight?

Ms FYLES: It is no different to other airports around Australia. For example, if you are flying in from the United States on a commercial flight you will go through Sydney airport. It is a commercial flight arrangement between DIA and the flight operator. There are COVID protections in place, but they have been there right the way through. It grew organically, essentially from Wuhan and *Diamond Princess*, that they went through the RAAF side and that has been maintained, but for longevity we will shift that across when appropriate to the DIA side.

Mr YAN: Minister, I need to speak about our vaccination program, as you discussed in your opening statement.

Ms FYLES: Can I pause for a second. I sincerely thank Professor Notaras and Charles Pain. Do you have further questions for our CHO and deputy, so I can give them an indication?

Mr YAN: Maybe a little later.

Ms FYLES: We will change officials if we are shifting to vaccination.

Mr CHAIR: We will have a short break and come back in a couple of minutes.

The committee suspended.

Mr CHAIR: Welcome back everybody to estimates hearings. This morning, we have had questions about the Department of Health. We are on the opening statement. The Member for Namatjira is asking a series of questions on the vaccination program.

Ms FYLES: I will quickly introduce Michelle McKay, Executive Lead for COVID-19 vaccinations, from Health. We still have Dr Charles Pain.

Mr YAN: Thank you to the officials for being here. I will talk about some of the vaccination rollout stuff. Specifically, I am interested in our remote and regional rollout. minister, I noted from your opening statement that there was 8% or 9% total rollout for the Territory, which is great to see. I note that a lot of the rollout has been urban just recently, after the outbreak in Victoria. It seems that drove a lot of people to get vaccinated. You stated that 17,000 people are fully vaccinated.

Ms FYLES: Yes, 17,565 people over the age of 16 in the Northern Territory are fully vaccinated.

Mr YAN: Do you have a breakdown of where the vaccinations have occurred by location, as in urban—Darwin and Alice Springs: regional—Katherine and Tennant Creek and remote—into our other communities?

Ms FYLES: Can I add a figure? 53,213 people—around 28% of people—over the age of 16 have had at least one dose. The figure for Northern Territory Government delivery in remote areas—remembering that the Commonwealth Government is supplying directly to Aboriginal medical organisations and there is also the Commonwealth aged-care program—is 23% of NTG remote clinics people have received a first vaccination.

Mr YAN: Are those clinic workers or people in communities, minister?

Ms FYLES: It is 23% of remote community members and that is a mixture of workers and residents of remote communities.

Mr YAN: What clinics are those numbers coming from?

Ms FYLES: We have about 50 remote clinics that are NTG and about 30 are Aboriginal medical organisations. I am only speaking of the 50 remote clinics that are NTG-controlled. Those figures represent every clinic except for—there is one clinic that has not had a visit. I will get some clarity on which community that is.

Mr YAN: Minister, you may have to take this question on notice, because I would like a breakdown of the vaccination rates for all of those 50 remote clinics.

Ms FYLES: I will take on notice what we can provide you. In remote clinics we go in as NTG and talk to the community and the leadership in the community about the vaccination. In some communities—and it is safe to point to the Tiwi Islands—there has been a very welcoming reception. People have understood the importance of the vaccination. Within a couple of visits we were able to establish the vaccination centre and deliver vaccine there.

There are other communities that have vaccine hesitancy. I pointed to that in my opening statement. The role in those communities is to go back in, work with leadership and provide vaccinations for those who choose. The Territory-wide change for everyone over 16 to be vaccinated has been helpful. The communities accessing the same vaccine has also been helpful.

I will ask Michelle to tell you a little detail about the remote communities and the work we are doing to get people vaccinated and understand the importance of the vaccination, considering the vulnerable population.

Ms McKAY: In remote communities the Northern Territory Government is providing vaccinations, also ACCHO partners are providing some and in some of the towns you mentioned, for example Tennant Creek and Katherine, the Commonwealth has done some vaccinating because those towns have residential aged-care services. It is a complicated mix of vaccine providers.

In remote communities there are different levels of acceptance and hesitancy. We engage with thse communities where we are the primary care provider. In some others—I will use Maningrida as an example—we are working with Mala'la, which is the Aboriginal medical service, to support their vaccination rollout. In other communities the ACCHO provider is able to do that. It is a mixed model based on the needs of each community.

We are able to monitor data for the communities where the Northern Territory Government is the provider and keep a closer eye on how many people are being vaccinated, because it is sitting in our data systems. We can look at how that number compares to the whole of the Northern Territory population, so we are able to see how we are travelling across the mix of vaccinations.

Some communities are keener on vaccination and we are seeing really good turnout in those. In some there is more hesitancy. As a general statement, the longer the program has gone on, more people are keen to have the vaccine, which is great. Community members are also seeing that friends and family have the vaccine, which is helping to address some of that hesitancy.

Ms FYLES: Because I know you are the shadow minister for health, and that represents the whole Territory—as an urban/bush member, the figures from 14 June are that the Aboriginal health services in the Territory have delivered nearly 5,000 vaccinations. This is a true partnership with the Commonwealth, which is providing vaccination in the Territory and some direct vaccinations in aged-care facilities and with our Aboriginal medical organisations.

I am proud of the statistics to date, but we must not become complacent. That is why you will see Health on using different modes and getting the message across that the vaccine is safe. It has been rigorously tested and people should roll up their sleeves.

Mr CHAIR: We need to do the question on notice.

Question on Notice No 2.1

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: Can I have a breakdown of the vaccination deliveries to people on the 50 remote communities that NT Health manages?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes, for the Northern Territory Government locations, we will provide whatever information we can.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated number 2.1.

Mr MONAGHAN: Minister, I acknowledge the hard work of your team and executive leaders. You spoke about the update of the rollout of the COVID-19, what can we expect in the coming months?

Ms FYLES: As mentioned in my opening statement, we have done a lot of work in urban and remote areas to give Territorians confidence in the vaccine. Collapsing the tranches Territory-wide has been an important step. People over 16 years are making bookings; thousands of bookings were made last week.

Going forward, we are delivering the vaccine into communities. Where there is hesitancy in some communities, we can work on a plan as to how we can work with them. We have always said that the Territory's challenge will be those sparse, remote areas and getting people vaccinated.

I compliment Territorians. Across the Territory, whether it is with Aboriginal medical organisations or the NTG, people are putting their hands up to be vaccinated. There will be an increase in Pfizer doses from the Commonwealth in July, which will help those numbers.

I congratulate Mala'la, which has been doing a great deal of work on educating the Maningrida community—the vaccine will be out there next week—and sharing the message on social media. This is in partnership. Make sure you get your information from a source of truth as there is a lot of misinformation out there. The vaccine has been rigorously tested by national bodies.

Across our regional and remote areas, about 25% of the population have had their first dose. Some of my information is from the Commonwealth and some is collected by the NTG. We also have our GP practices and it is important to acknowledge them. Across the Territory there is 25, as well as the Commonwealth Respiratory Clinics in Palmerston and Alice Springs. Community pharmacies are progressing through the approval processes to be able to offer vaccinations. As more vaccines are available, they will be an important partner. They already deliver the flu vaccine.

I am pleased that in excess of 70,000 doses have been delivered across the Territory. We must not ease off just because we are doing okay. It is a lot of work and I acknowledge Michelle and her team working with other stakeholders. We are nearly at 10% of the population fully vaccinated, but we need to keep going until we get as close to 100% as we can.

Mr YAN: At the commencement of the vaccine program, I received a briefing from your department on how we were looking at administering across the Territory—1A, 1B, 2A, 2B and so on—and how we would engage with the communities to get the message to them. Sadly, in the communities I have visited, the communication leading in has not been great and some has been non-existent. As such, the vaccine take up has been poor and doctors have had to meet with some community members. How much money have you spent so far on your community information campaign?

Ms FYLES: I will seek some advice, but there have been nearly 5,000 vaccinations by the Aboriginal medical organisations. We acknowledge that there is hesitancy in some communities and we need to work through that and work with local leadership. The solution for one community will not be the same for another. Social media has a key part to play, but it is also local leadership. A big step forward, when we first started to roll out the vaccine was that everyone in the community receives the same vaccine. From the community we heard things like, 'I want the same vaccine that my mum receives'. We were able to implement that working with the Commonwealth.

I am happy to take on notice your question about budgetary expenditure. We can also provide information on what we are doing. Before I take it on notice, I will hand to Michelle to see if she has anything to add.

Ms McKAY: It is important to note that we—not just the Territory, but the whole country—had to recalibrate the entire approach as a result of the ATAGI advice. It was quite clear Pfizer was the preferred dose for people under the age of 50. It is important to the discussion about remote vaccination, because the ACCHO providers were—and still are—only being provided with AstraZeneca by the Commonwealth.

The fact we were able to get agreement to do whole communities at once and not worry about all those different phases you referenced earlier—initially, for all our remote and very remote areas, but now for the whole Territory—has meant we needed to work very closely in partnership with our ACCHO providers and dose-share the Pfizer allocations the Northern Territory Government gets with those organisations so they are able to vaccinate their communities.

Through July and onwards, the ACCHO providers will start to get direct allocations of Pfizer from the Commonwealth, so that will make it easier as well.

Question on Notice No 2.2

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: How much has the Department of Health, or the Northern Territory Government, spent on community information rollout for COVID vaccinations to date?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: I am happy to accept the question.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated the number 2.2.

Mr GUYULA: Most remote communities are still trying to get a grip on whether to go ahead and get the vaccines now or give it a bit of time. In remote communities, if there is an outbreak of COVID, for example, in places like Galiwinku, what is the plan to deal with it? How will they have the manpower to address that crisis?

Ms FYLES: That is an incredibly important question and something we have considered and done scenario testing for over many months. In terms of the vaccine, we urge all community members to be vaccinated, particularly our most vulnerable population, who are our Aboriginal Territorians. We are working with the Aboriginal health organisations, particularly in your electorate around East Arnhem Land. I am happy to provide whatever information from these experts I can to you. You know your community best.

If we were to see an outbreak—we have done the scenario testing working with our Aboriginal medical organisations across the Territory. AUSMAT has done some road trips and looked at it. It would depend on the scenario and the situation. I suggest we would go into an immediate lockdown. We would need to quickly verify the numbers of cases we were potentially dealing with.

Early on we thought we would evacuate people out of a community, but as we have learned more about the virus, we know that people react differently, so it would depend on their clinical care. Some people could be cared for within their home, making sure isolation is provided. We would be able to deploy the National Critical Care and Trauma Response Centre. I encourage you to visit Len and his team at the airport. They have resources to set up tents and field hospitals to allow space for community members to isolate.

We would look at that community by community. But it would be an immediate lockdown so that we can do contact tracing. That is so important to work out. We have a very transient population. Whether it is the whole Territory or a particular region, that is the type of scenario you would see.

Charles chairs the groups which look at these situations and regularly updates them as we learn more about the virus. I ask him to provide further comment.

Dr PAIN: The rollout of the vaccination is the first point you made. We expect the demand for vaccination will go up in those communities and we would wish to respond to that. In terms of its protection, vaccination would be somewhat delayed; it would not provide immediate protection. Even after the first dose, it would take at least 10 days to get some degree of protection. It is not really going to help us a great deal in an urgent situation of an immediate outbreak but, if there was sustained outbreak, we would want to get the highest possible rates of vaccination in those communities. As you have seen in Victoria recently, people would most likely come forward in those circumstances.

To support the minister in terms of the planning, we have been undertaking this planning for outbreak for at least the last 18 months. We had pre-existing plans but we have adapted those and gone into great detail to exactly what we would do in those circumstances. We are confident that we have the plans in place but we would have to adapt to whatever the situation was and the scale of the outbreak.

Ms FYLES: Member for Mulka, we have the rapid response team. That team would look at the situation that is rapidly evolving. We would need to get testing resources in there quickly so that we could test and see what the situation is on the ground. Be reassured that there has been a lot of thought and work done in this space. Each time we learn more about the virus and change our thinking on it, we go back and look at those plans and make sure that we make adaptations there.

Mr YAN: On vaccinations in remote communities—I have witnessed this—the take up in those remote communities is predominantly by the government workers living in those communities. Do you keep figures or statistics of government workers versus community members who are being vaccinated in those remote communities?

Ms MCKAY: The data that the minister referred to before for the NTG primary care delivered to remote communities uses the denominator of all people registered in our PCIS health system. People who live in the community will be registered there. People who are in and out infrequently for work will not be registered there. It is the people who live in that community, a proportion of which will be government workers who live there. I do not believe we are able to split those numbers out further than that, but because that is the denominator we are using; it is people who are living in the community. In a vaccination sense, we need as many people in a community as possible vaccinated regardless of what their particular role is in that community.

Mr YAN: Minister, are we able to get a breakdown of those numbers?

Ms FYLES: We have just explained that when someone is vaccinated, we identify whether they are from that community in our public information system. I do not think we can break that down further.

Mr YAN: I understand that. There are those who are living in the community or transient. Are we able to get that breakdown?

Ms FYLES: If they are considered to be a part of that community, they will be recognised as such in that statistic. If they are a nurse who has been living there for two years, they are a part of that community. But if they are a nurse who has come in from Alice Springs or Darwin to deliver some services for a couple of weeks, get caught up in that and get vaccinated, they are not considered as a part of it.

When I provide you with that breakdown of location, you can know that they are genuinely people who are part of that community. Remembering that we want to get the whole Territory vaccinated, we are not discriminating against people. If they are in a community and the vaccine is there, we will offer it to them.

Equally, that is why anyone in the Territory can receive the vaccination. You do not have to be an Australian citizen or a Medicare card holder. It is quite broad, but to give you assurance that we are vaccinating Territorians from remote communities, they are identified on our health system as from that community. We do not understand the nature of why they are identified, they are just from that community; that is how you have those statistics.

Mr YAN: I understand that. I will give you the example of a remote community where the team travelled out and there were 12 vaccinations delivered and six or eight of those vaccinations were for NT Government workers who lived on that community. The communication campaign to the other residents in that community has not been particularly good, which is why they are not taking up the option of vaccinations. What is your time frame between the health professional going to a community to engage with the community about the vaccination and going back to do the vaccinations?

Ms FYLES: It varies greatly. We find that within a couple of visits to a community—remembering we work with the community on their receptivity to the vaccination and a safe location to deliver the vaccine. The last thing we want to do is cause a spread—of potentially COVID—at the point of vaccination, so that work is undertaken. Some communities are very receptive, other communities will take multiple visits and multiple modes of information to get people vaccinated. We have not underestimated the challenge of vaccinating Territorians.

Mrs FINOCCHIARO: How many communities have had multiple engagement visits prior to the vaccine visit?

Ms FYLES: I will ask Michelle to add more to what I have said. You have to remember that these communities have a health clinic that is part of their community. The workers there are undertaking this information just as they do with any vaccination. You go in for a certain check-up and they remind you that you can get vaccinated for this and ask if they want it now. It is the same practices our health professionals use, in a different context.

Ms McKAY: There is no one-size-fits-all model. Because we recognise the challenge and the need to have as higher vaccination rate as possible in our remote communities, the NTG teams for communities where we are working in partnership, we will continue to work with community until we maximise the vaccination rate for that community in whatever way that looks like. That is what we have been doing. Different communities have different concerns from others. People within community have different views. It really is more of an ongoing process.

For our bigger communities where we have thousands of people, we have a regime of when the team goes in to do vaccinations—we touched on Maningrida earlier. For some of our smaller communities it is much more of a case-by-case basis.

Mr YAN: Following up on that, you speak about the clinic engagement with those communities, how are you engaging with the communities where the clinics have been closed or had their services cut—Hassts Bluff, Epenarra, Engawala—I have forgotten the name of the fourth one. How are you then engaging the communities that do not have a permanent health presence anymore?

Ms FYLES: You need to put the question into context. We have had a challenge, particularly in Central Australia in staffing our remote clinics. There has been a significant reduction, around 40%, in available staff. That is happening across Australia, in terms of health professionals. We did not realise how reliant we were on certain visa class holders to provide services, but we have ensured there is a continuing delivery of primary healthcare. It is important for people to understand that these clinics are a primary healthcare so they make sure the day-to-day provision of services—yes, they absolutely fill an emergency in an acute setting—and we have been working through those issues.

The decision is not made lightly when a clinic has a reduction in services. I do not think there are any clinics that are closed, as such. Their presence might be reduced but they still provide services.

Vaccination is very important. We are still delivering primary healthcare services and vaccination information.

Mrs FINOCCHIARO: Either you guys do not understand what we are saying or you do not want to get into that level of specificity, but the reality is health professionals working in remote clinics are busy delivering health services on the ground. If patient X comes in to have some sort of check-up, for example, the nurse and health staff might ask if they want their COVID jab. That is quite different to winning the hearts and minds of a community.

The very strong feedback we have been hearing in the Barkly, Central Desert and Central Australian region is that someone from Health came out about a week before the vaccine was administered. They had a community meeting where the doctor talked all about the vaccine; they disappeared back to whatever regional hubs that came from and a week later a team rolled out with the vaccine and if anyone rocked up they rocked up, and if they did not they did not.

That is clearly not an effective engagement strategy. I am sure a lot of work is going into this, but it is not very helpful for you to sit here today and say, 'We are working with each community and each community is different'. What we are trying to ascertain is what those exact strategies are. The strategy I just outlined clearly has not worked. That community had about 10% of people roll up to get vaccinated that day—and we do not know if they were predominantly government staff, like the Member for Namatjira and shadow minister has said.

We are very keen to understand what that advance party looked like, if there was one. Are there follow-ups and is there more than one opportunity to be vaccinated, or are you relying on the health professionals on the ground to do all the comms and win the hearts and minds to get people comfortable to have the vaccine.

Ms FYLES: You have just highlighted the complexity of the challenges that we face each day when we deliver health services.

I have an answer to a question that was taken on notice.

Answer to Question on Notice No 2.2

Ms FYLES: I understand that in Budget 2021 there is $500,000 for communications, and my understanding is, year to date, approximately $230,000 has been spent on comms and marketing.

Mr CHAIR: Member for Namatjira, are you comfortable with that answer?

Ms FYLES: In response to the question from the Leader of the Opposition, it is complex in that it is a very simplified view. It is great to be the shadow minister, turn up for a visit to a clinic and hear from the community. These are the complexities of the issues we are facing in rolling out the vaccine and making sure people have the information and are available to come to the clinic when we show up. We have the utmost respect for this challenge and we are dealing with it every day.

Ms McKAY: As I touched on earlier, our ACCHO partners have only had access to the AstraZeneca vaccine for the early part of the program until we started dose-sharing. The description you gave of the doctor going to the community, talking to them and vaccinating a couple of people was in fact many of our ACCHO's original models. We had the ATAGI advice come through. We knew they would not be able to vaccinate a large proportion of that community, because the age dispersal is such that many members are under 50. That may well have been the circumstances you are describing.

Mrs FINOCCHIARO: The example I described was an NT Government-controlled clinic.

Ms FYLES: In regard to marketing, the ATAGI advice that changed from AstraZeneca to Pfizer, and after listening to the community feedback that they wanted the one vaccine—throughout the month of May that had an impact on the vaccination. I believe, particularly with the numbers coming through now, that we have recalibrated that plan. I expect throughout July, when we see that significant increase in Pfizer, that those number will strengthen once again.

Mr COSTA: I know we are talking about community engagement and that type of stuff. We have not talked about Aboriginal health workers in those communities. A lot of those Aboriginal health workers are the ones who actually engage with our communities, because they know their community. I am pretty sure that would happen in your area as well, Member for Namatjira, with your local people. It definitely happens in my electorate.

Can you talk about the importance of the Aboriginal health workers who are out there battling and doing things for us mob in the bush?

Ms FYLES: We recognise the role that our Aboriginal health workers have to play in healthcare. As a government we have professionalised them. They have an enterprise bargaining agreement that is, as I understand, one of the best in the country. They are paid professionally, recognising the professional work they do every day.

Our teams that go out there value that role. We put that at the centre. You have seen the recognition of local community leadership through the transition of clinics. Mala'la, the service in Maningrida, is the biggest remote clinic; it is huge. To trust the community to deliver their healthcare shows our leadership.

Aboriginal health workers have a key role to play in delivering the vaccine and that message because they are trusted by community.

Mrs FINOCCHIARO: That is what we are trying to unpack. They are the questions we are trying to ask. Who is responsible for this? Is it the nurses and clinics on the ground, the Aboriginal health workers, or a different team in the department going out and doing this outreach-type service, flying in and providing consultation and coming back? This is literally what we are trying to unpack.

Ms FYLES: It is a combination of all of that. We rely on the teams that are on the ground. Clearly, we take the vaccination out to them. We work with the community about what messaging they might need and how we can support them with that information. It is complex and multifaceted and all of those elements you just spoke about.

Mrs FINOCCHIARO: How often will you be going back? For example, in any number of communities they have had their first opportunity—I suppose you could call it—and there is low take-up. When will the next opportunity be? How regularly will that cycle happen?

Ms FYLES: It is consistent. We will keep working as much as we need to with that community to provide them with the information so that they can receive the vaccination. It is not just that we simply turn up on one day and if you do not show up on that day you do not get vaccinated. It is not as simple as that.

In some communities we are seeing significant uptake, so we are able to vaccinate significant numbers. In other communities it is slow, grinding hard work. But it will be done until the whole of the Territory is vaccinated.

Mrs FINOCCHIARO: Do some clinics get to keep the vaccine and they can just administer as they go?

Ms McKAY: It depends on a number of factors. It is quite community specific. The community needs a vaccine fridge that will enable storage of the vaccine for the required number of days once it is defrosted. These are all multi-dose vials. Depending on which vaccine it is and which country it has come from, they have six, eight or 10 doses per vial. It is quite complicated. Some communities store the vaccine in community and in others the vaccine will go in on the day of the clinic and come out—if that makes sense.

Mrs FINOCCHIARO: Could we get a breakdown of which clinics are able to store and administer their own vaccine as demand arises, and which clinics require teams to be brought in on specific days?

Ms FYLES: The advice I have is that, for the vast majority, the vaccination teams go out and provide support to the clinic staff by taking the vaccine in, delivering it and administering it. If you would like that level of detail, we are happy to take it on notice.

We are focused on a vaccination program and you should have confidence in that program, through the numbers, that the Territory is leading Australia in rolling out vaccination. We will try to find what information we can provide to you. We have about 50 remote communities. We would deliver vaccinations at most of those communities. There are supply interruptions to the vaccination fridges from time to time, which is to do with remote infrastructure, but we are happy to provide what high-level information we can on notice.

Question on Notice No 2.3

Mr CHAIR: Leader of the Opposition, please restate the question for the record.

Mrs FINOCCHIARO: Of the 50 community clinics controlled by the Northern Territory Government, please provide a breakdown of which of those clinics are able to store and administer the COVID vaccine on an as-needed and demand-driven basis, and which communities require outreach by the department to deliver vaccines to communities on specific days.

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes.

Mr CHAIR: The questions asked by the Leader of the Opposition has been allocated number 2.3.

Mr YAN: How many vaccines have been delivered to the Territory? I am after a breakdown whether they are AstraZeneca or Pfizer.

Ms FYLES: We can provide the NTG, remembering that the Commonwealth Government is providing to aged care, GPs and Aboriginal medical organisations. The vials, as you heard from Michelle McKay, some are six, eight and 10. We will endeavour, whilst we are talking, to get that information to you and if we cannot get it we will take it on notice. It varies from week to week. It is not like you get 500 a week and that is it. It comes in waves from the Commonwealth.

Mr YAN: I have a follow-up with that, and the reason I am asking this question when looking at our rollout and some of these vaccines are quite critical as far as their storage and delivery goes. How many vaccination shots have been wasted because they are either unused or expired?

Ms FYLES: Very low numbers are wasted. We make sure that we plan to deliver—we know how many doses we have, so we have very low numbers of wastage. We also have very low numbers of stockpiling. The only times you might see that is if we know we are going to a community the following week, we need to make sure we have enough for that visit, so there might be minimal fluctuations, but we do not have high levels of wastage or stockpiling.

Mr YAN: Do you keep a record of how many doses have been disposed of?

Ms FYLES: Yes, we report that nationally to the Commonwealth, we have an obligation to do so, so we will be able to get that data.

Mr YAN: Yes, if you can provide that data, please.

Question on Notice No 2.4

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: Can you please advise how many vaccines have been disposed of because they were either unused or expired?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes.

Mr CHAIR: The questions asked by the Member for Namatjira has been allocated the number 2.4.

Mr YAN: You mentioned that you do not stockpile vaccines. I have it on authority that at one point up to 1,000 AstraZeneca vaccines sitting unused at Maningrida, is that still the case?

Ms FYLES: The Mala'la Aboriginal medial organisation provides the service there so it would be a question for them, we do not have that detail.

Mr YAN: Earlier, you spoke of vaccinations by GPs and other clinics. When will pharmacies in the Territory be able to administer the vaccine?

Ms FYLES: Pharmacies play an important role in providing healthcare. Personally—sometimes on a Sunday afternoon you realise you need some medication and pharmacists provide you with educated advice, so we acknowledge the work they do each and every day across the Territory. They have played a role in vaccinations and traditionally deliver the flu shot—that is a timely reminder to anyone having such a dull day that they are tuning in to parliamentary estimates that you can get your flu shot. It only has to be two weeks either side of a COVID vaccination; please get your flu shot this year.

The role of pharmacies is really important in delivering vaccinations and no more so than with the COVID vaccine, particularly as we see planned increases in the vaccination quantities coming into Australia. My understanding in working with the Commonwealth is that we will start to those pharmacies delivering COVID vaccines in July. That is dependent on supply from the Commonwealth. They have to sign off on them as being in a location to deliver vaccine.

Mrs FINOCCHIARO: What is the target of vaccination for the Territory? What percentage do we need?

Ms FYLES: We would like to see 100%, so every Territorian vaccinated. We have a very high compliance rate traditionally with vaccines in the Northern Territory. People listen to the clinical medical advice not to open borders and they get vaccinated.

Some people in the community do their own research and Google has a role to play in that, but we have high rates of compliance with vaccine. We are striving to have as close to 100% as we can get.

Mrs FINOCCHIARO: Does the Territory government have a target it is trying to reach? It is 80%, 70%?

Ms FYLES: There is no magic figure. We would like to see as close to 100% of the community vaccinated.

Mrs FINOCCHIARO: There is no target? It is just as many as possible?

Ms FYLES: Territorians need to understand that if they want to go back to the pre-COVID ways, the key is being vaccinated. If they want to protect themselves and their loved ones, particularly with such a vulnerable population—if they want to protect their community—the vaccine has been rigorously tested. Australia has one of the highest standards in the world for medication and vaccinations. These vaccines have been through the processes. They are safe, rigorously tested and are available to everyone.

I get questions from time to time where people say that someone was not eligible because they are not an Australian citizen. The Commonwealth Government has made it so that anyone in Australia can access the vaccine free of charge. We want to see as close to 100% of our population vaccinated.

Mr YAN: While 100% would be the ideal, we may never get there. More importantly, for Territorians is time lines. What are your time lines for vaccination rollout? We are at 9% now and we have been doing vaccinations since February. We only have 250,000 people. What are your plans into the future and time lines for vaccination rollout? Do you have specific targets that you will try to meet?

Ms FYLES: There are a few points to articulate in answering that question. We have 190,000 people over the age of 16 who we need to vaccinate. We have delivered over 70,000 doses. Yes, we do provide the vaccine to people who may be in the Territory for a second vaccine. We are not encouraging vaccine tourism, but it is the Dry Season and the Territory is the place to be so we can understand that.

In terms of our time lines, the Commonwealth Government had the original plan of everyone being vaccinated by October—and then the first dose—but the change and the ATAGI advice about AstraZeneca impacted that significantly.

I am not sure if Michelle or Charles from AHPPC would like to add further to that, but we are just getting on with the job of vaccinating the community. We want it done as quickly as possible, but we need to do it clinically safely and we also need to manage supplies. When you point to the numbers, the fact that we have 190,000 people to vaccinate and there has been 70,000 doses delivered—over 55,000 have had one dose and around 15,000 have had a second dose.

Ms McKay: There is an increase in the supply volumes coming in, as well. We expect to see an up-tick in supply in July and another in September. Each week the vaccine program has been running since toward the end of February, more doses have been delivered in the current week than all the previous weeks. That is continuing to increase. Regularly, around 2,000 doses are given across the Territory per day. We are confident that the program is escalating to match the increased supply coming in, and there is increased demand. We will continue to match those together so we can get people vaccinated as quickly as we can.

Mr YAN: Picking up on the increase in vaccination deliveries. With that increase in delivery capability to the Territory, will you consider opening up more vaccination centres? There is a call for walk-in vaccination centres in all sorts of places and pharmacies as well. Will that take place?

Ms FYLES: Yes. We announced that in the Darwin area we are working on a mass vaccination clinic location—somewhere centrally located where we can do significant numbers each day. Of course, we will respond to the community if we need to open in different locations for vaccinations, even if they are temporary. Supporting our pharmacists and GPs is a key role. It has been an enormous effort on their part to take on board their patients and other patients. We are supporting GPs. There are 25 locations across the Territory where GP practices offer the vaccination. Multiple locations—acknowledging the Aboriginal medical organisation—are accepting non-clients so people can get vaccinated.

Mr YAN: I will move on from vaccination to our capacity and capability to manage people who are ill with COVID. How many ICU beds have we reserved for COVID patients at RDH?

Ms FYLES: I will take the opportunity, shadow minister, to thank Michelle McKay, the Executive Lead for COVID-19 Vaccinations for her and her team's significant work, which is ongoing.

I welcome Allison Grierson, Acting Chief Operating Officer, Top End Health Service and acknowledge her and her team's work, particularly over the last 12 months.

The question asked of me was about capacity. We have a number of redundancies we can implement. I spoke briefly about them in remote communities; that we could deploy resources. The same situation goes for Royal Darwin Hospital.

When the virus first emerged and the global pandemic was called, we went through a number of scenarios on how we could provide care if we were to see significant numbers of COVID patients. There were thoughts about whether we have one hospital—Palmerston perhaps—as non-COVID and RDH as COVID. There were different ideas thrown around.

We have a COVID management plan. In the intensive care unit at Royal Darwin Hospital we can ventilate up to 12 patients under normal conditions. We can have two COVID patients. We would then start to change our footprint and work flow. We could isolate a more significant number of patients if the need arose.

We could then deploy the resources of AUSMAT and the National Critical Care and Trauma Response Centre. They have a number of field hospitals, including intensive care units with ventilators that can be air conditioned. You could see redundancies, whether you would have it set up at Howard Springs, or car parks at Royal Darwin or Palmerston Regional. Equally, we could deploy those resources to our regional towns.

We have been very fortunate in the Territory not to need to provide significant numbers of critical care. I reassure Territorians that if the need arose and we had many ICU patients who were COVID-positive, we could provide that care for them.

Mrs FINOCCHIARO: We can have 12 non-COVID patients on ventilators and two COVID-ventilated patients at one time in ICU?

Ms FYLES: That is under normal conditions. We can quickly change the flows and patterns at Royal Darwin Hospital to deal with increased numbers of COVID patients who would be considered as an intensive care patient, which would mean they were ventilated.

Mrs FINOCCHIARO: We can comfortably handle two COVID patients in ICU?

Ms FYLES: No, it is not a matter of what we can comfortably handle, it is about the flows and workflows of the hospital. COVID management plans have been developed that would cater for a range of scenarios and redundancies we might see across the Territory and Royal Darwin Hospital.

Mrs FINOCCHIARO: If five people had COVID and needed to go to ICU, what would we do?

Ms FYLES: We would enact our plans and we can ventilate many patients in providing intensive care. It would impact across the flow of the hospital, but we can manage those numbers.

Mrs FINOCCHIARO: Would other ICU patients have to be bunked out of the ward?

Ms FYLES: You need to remember, we are not going to suddenly wake up tomorrow and have five people who need to go to ICU with COVID. This is an illness, like the cold and flu, which starts its onset and then people end up being critically unwell. We have been fortunate in Australia. Last year in Victoria, it was interesting when they were dealing with hundreds of cases a day and the number of ICU presentation numbers—there were some studies undertaken.

We would start to see this build across our health system and would be able to enact our COVID management plans and deploy the resources to appropriately care for people. Territorians should have confidence in the system that there is multiple-bed capacity within the structure of Royal Darwin Hospital and we have the additional resources of AUSMAT if required.

Mrs FINOCCHIARO: If someone on a repatriation flight—or an Australian on the other side—tests positive at Howard Springs, where do they go? Do they stay at Howard Springs?

Ms FYLES: It would depend on what clinical care is needed. A large majority stay at Howard Springs and go into the red zone or the hot zone. Even when we were dealing with over 50 cases of COVID infectivity from the India flight in early May, we did not end up seeing those numbers in intensive care. Only one or two would have been transported to Royal Darwin Hospital. The large majority had a mild illness and were able to be in isolation and quarantine at Howard Springs.

Mrs FINOCCHIARO: If someone gets very sick from COVID and it is deemed not safe to stay at Howard Springs, do they go straight to Royal Darwin Hospital?

Ms FYLES: Correct. If someone is in Howard Springs, becoming critically unwell and needs to be ventilated they would not remain at Howard Springs. No-one has been ventilated at Howard Springs. If there were significant numbers, for example 50 people all became critically unwell, a decision could have been made to deploy a field hospital and resources to Howard Springs. That may have been the best situation as that was unique because the people were repatriated.

If it was spreading across our community, we would use the provision of services at Royal Darwin Hospital. This is not unique to the Northern Territory; it would happen at any hospital. It has happened in Victoria and overseas. Care that can be deferred would be deferred and resources would be freed up within the health system to step up for that COVID response.

Mrs FINOCCHIARO: How many ventilators do we have? At the start of COVID we were buying time to get ventilators. That was around the country, not just here. What does our ventilator capacity look like?

Ms FYLES: I will take that on notice to find out the numbers at the Royal Darwin Hospital. We also have the ability to use ventilators from the National Critical Care and Trauma Response Centre. Clearly, if we were to see an outbreak, as in Victoria last year, other states and territories checked their resources so they could deploy to that jurisdiction. You cannot just pin one number but I will take that on notice.

Question on Notice No 2.5

Mr CHAIR: Leader of the Opposition, please restate the question for the record.

Mrs FINOCCHIARO: How many ventilators does the Northern Territory Government have and how many could it draw upon from the National Critical Care and Trauma Response Centre?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes.

Mr CHAIR: The question asked by the Leader of the Opposition has been allocated the number 2.5.

Mr YAN: Following up on ICU, and knowing the layout of the RDH a little, with positive COVID patients in ICU what flow-on effects does that have specific to our cardiology capacity?

Ms FYLES: We would provide CCU services elsewhere in the hospital to provide the COVID-19 response on the same floor. As we reach different thresholds, the actions to be taken are all in the COVID-19 Management Plan.

Mr YAN: I raise it because we only have a small capacity in cardiac and it is quite critical. Issues have been raised on our capability to provide services to cardiac patients should we see a surge in COVID-19 patients in ICU.

Minister, is there the ability to use a step-down facility for positive patients other than Howard Springs, such as the Lorraine Brennan Centre?

Ms FYLES: We considered that. At the Royal Darwin Hospital campus, we had the Lorraine Brennan Centre, which was famously, under the CLP, repurposed to become an alcohol mandatory unit. I digress. I have some sparks from the Member for Araluen; I have been worried about you this morning. You have been very …

Mrs LAMBLEY: (inaudible – microphone off).

Ms FYLES: We can share that, that it is hard work being a Health minister. I'll acknowledge that.

The Lorraine Brennan Centre is part our plan. It has been utilised. We have a green zone and an orange zone, which is where some people returning to the Northern Territory need to go to quarantine if they have been receiving health services interstate. They may be there; they are not COVID-19 positive. It is part of our COVID-19 Management Plan. We have what we refer to as the orange zone. They are undertaking quarantine; they are COVID-19 negative, but they need the care of the hospital.

That has been a challenge during COVID-19 times. People still need to receive medical care interstate, sadly, and then need to return to the Territory. For the safety of our community, we need them to undertake quarantine and they do so with the medical care appropriate for them at the Lorraine Brennan Centre.

Mrs FINOCCHIARO: How many people are there at the moment?

Ms FYLES: My understanding is there are four people in the orange zone of the Lorraine Brennan Centre. They would be returning health patients.

Mr YAN: I will dart back as this leads into another question about capacity at RDH. How many people are required to effectively run Howard Springs? If my memory serves me correctly, is it 440?

Ms FYLES: It depends on the capacity—the number of people in the facility. It clearly correlates that the number of zones have open and the number of people there dictates number of staff. The last staffing numbers I saw was that approximately 350 people had been employed there.

Mr YAN: To run at full capacity, which was 4,000 …

Ms FYLES: No, it is 2,000 people—450 was the number. Remember, that is a range of positions from gate keepers, cleaners and people shuffling resources around, through to doctors and nurses. In terms of the 13 zones, the red zone—the hot zone—is a different capacity because those people are COVID-19 positive but the other areas have a layer. They will have an N1 and N4. They are structured similarly to what you would see for a ward in a hospital.

Mr YAN: If we were running at capacity of just on 2,400 people?

Ms FYLES: Two thousand people would require 450 staff.

Mr YAN: Two thousand people means 450.

Ms FYLES: That varies significantly. There is the nursing director, the medical director and the overall centre management. Then within those pods, are the N2, N3, N4, N5, N6, N7 and N8 as well as admin support.

Mr YAN: As of today, you said there were 340 staff employed?

Ms FYLES: There are 372 as of yesterday.

Mr YAN: They are across a range of fields?

Ms FYLES: Correct.

Mr YAN: Could I get a breakdown of those different fields?

Ms FYLES: I am happy to take on notice what we can provide to you operationally.

Question on Notice No 2.6

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: Of the 372 staff employed to date at the Howard Springs facility, can I have a breakdown of their positions by specialty?

Ms FYLES: They are nominal positions—the management plan classification.

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated 2.6.

Mr YAN: Three hundred and seventy-two today—I take it we are accommodating quite a number of those employees at the Quest Berrimah, is that correct?

Ms FYLES: I am not aware of that operational requirement. Across the Territory, Health—as with other departments such as Education—provides accommodation for individuals who are providing services. It might be that they are interstate specialists who come here once a month or on a regular basis and we provide them accommodation, or it could be a nurse going to a remote location. We have contracts with a number of providers to provide accommodation to help our staff do the job of caring for Territorians.

Mrs FINOCCHIARO: How can you not be aware of the operational requirement your department has hired out the entire Quest building?

Ms FYLES: We have provided a comment on the Quest location, but I said that we have a number of contracts in place across the Territory to provide accommodation to people who work in the Department of Health.

Mrs FINOCCHIARO: Why do you not answer questions about the Quest? Your CEO is sitting right there; if you do not know, he definitely does.

Ms FYLES: I have answered your question. We have a number of contracts in place across the Territory to provide accommodation to the people who work in the Department of Health. Whether it is a specialist locum visiting an urban area or a position being filled in a remote location temporarily, we have a number of contracts in place.

I will cut to the chase. We did not ask the Quest to cancel bookings, so we apologise to those who were impacted. We negotiated a commercial arrangement with the provider, as we do across our health system. We negotiate a range of contracts. We have a contract with Quest to provide accommodation, just as we have other contracts in place to provide accommodation.

I am not sure what the excitement is about this topic, or what you are alluding to in your questioning.

Mrs FINOCCHIARO: The excitement was the fact you tried to pretend it was not happening for days, when you could have come forward and said, 'Yes, the Department of Health hired the Quest to house health professionals'. The intrigue around it was generated by your own inability to deal with the issue. Is it the staff from Howard Springs who were staying at the Quest accommodation?

Ms FYLES: As I have outlined to the committee, the Quest Berrimah has been booked for the ongoing provision of accommodation, as we do with a number of facilities across the Territory. Yes, there are personnel from the Centre for National Resilience there. In regard to accommodation across the Territory there are a number of contracts in place.

I need to respect the privacy of the staff who fill these roles. This is not unusual in the delivery of health services. It is not unusual in terms of government departments providing services and accommodation.

Mr YAN: The staffing of Howard Springs can directly affect our primary healthcare capacity across our entire healthcare sector for the Territory, which is why am asking the questions. Specifically for Howard Springs—I will come back to the Quest—of those 372 staff employed, how many of those would be FIFO?

Ms FYLES: We would have to take that on notice. I am not sure what detail we can provide. A number of those staff worked at the previous facility when it was operated by AUSMAT. A number were Territorians who were in other roles and have gone over—because we have that in place for a period of time, so their roles will be backfilled going forward.

I am happy to provide the information, but I do not have the specifics in front of me.

Question on Notice No 2.7

Mr CHAIR: Member for Namatjira, please restate your question for the record.

Mr YAN: Of the 372 staff employed at the Howard Springs facility, how many are FIFO workers?

Ms FYLES: To clarify, I do not think any are fly-in fly-out; I think they have taken a contract for a period of time. Is that what you mean?

Mr YAN: I am asking if any are specifically fly-in fly-out workers.

Ms FYLES: I and happy to provide that response.

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes.

Mr CHAIR: The question asked by the Member for Namatjira is allocated the number 2.7.

Mr YAN: Even if we had staff who had come in on short-term contracts, one would expect they would need somewhere to live. Of course, you have stated that the government has negotiated a commercial agreement with the Quest Berrimah. How long is that contract in place for?

Ms FYLES: My understanding is that contract is in place until September 2021.

Mr YAN: How many other contracts does Health have similar to the one at the Quest—with motels.

Ms FYLES: I would have to take that on notice. We have contracts across the Territory for the provision of accommodation. I explained that criteria to you previously.

Question on Notice No 2.8

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: How many other contracts, similar to the one with the Quest for accommodation, does the Northern Territory Government have with motels?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: That is for Northern Territory Health? Yes, of course.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated number 2.8.

Mrs FINOCCHIARO: Does the contract that expires in September 2021 have an option for an extension? Quest Berrimah is not accepting bookings until next year.

Ms FYLES: I am not aware of that detail, but I am happy to take that on notice if you would like.

Question on Notice No 2.9

Mr CHAIR: Leader of the Opposition, please restate the question for the record.

Mrs FINOCCHIARO: Does the commercial arrangement with Quest Berrimah have an option for an extension beyond September 2021?

Mr CHAIR: Minister, do you accept the question.

Ms FYLES: Yes.

Mr CHAIR: The question asked by the Leader of the Opposition has been allocated number 2.9.

Ms FYLES: I have an answer to a question on notice.

Answer to Question on Notice No 2.4

Ms FYLES: This is about the number of doses of Pfizer and AstraZeneca have been received to date in the Territory and any wastage. We have received 74,880 Pfizer doses and 9,100 AstraZeneca. NT Health has not reported any significant wastage, which is five vials or more in the definition by the Commonwealth. We are below the percentage in line with the international standards.

Mrs FINOCCHIARO: Sorry, to clarify, could you read that last bit. Five vials or more is how you determine wastage?

Ms FYLES: Correct. The Commonwealth Government has a definition of significant wastage which is five vials or more.

Mrs FINOCCHIARO: Has the Territory recorded significant wastage?

Ms FYLES: NT Health has not recorded any significant wastage.

Mrs FINOCCHIARO: What is the step down from significant wastage? What about other wastage?

Ms FYLES: You asked me about that and I got that. I am happy to provide you with some more steps down, but the fact that we have not reported five vials or more—maybe one or two vials—if you really want the department to …

Mrs FINOCCHIARO: Is that per time or is that cumulative?

Ms FYLES: I have given you the doses we have provided into the Territory and I have given you the wastage. If you would like to ask further questions, I am happy to come back with more information.

Mrs FINOCCHIARO: It is just that you are saying the Northern Territory has not recorded any instances of significant wastage …

Ms FYLES: Under the Commonwealth definition. I know you do not like the answer, but just because you do not like it does not mean you have to question it.

Mrs FINOCCHIARO: No, I am sorry, there is no reason to be …

Ms FYLES: Well, you do not like it, so then you …

Mrs FINOCCHIARO: Mr Chair, she is arguing …

Mr CHAIR: Order! Answer or take it on notice. It is easy.

Ms FYLES: I have answered it. She does not like the answer, so she is asking it again. I have provided the answer.

Mrs FINOCCHIARO: It has nothing to do with not liking the answer. I am trying to understand the answer, and your belligerence. I do not know what kind of royal princess you think you are, but …

Ms FYLES: Mr Chair, I ask you to call the Leader of the Opposition. It is not appropriate. I have ignored a few snide remarks.

Mr CHAIR: Order!

Mrs FINOCCHIARO: I am trying to ask a straightforward question. You are happy to throw stones but people in glass houses should not do that.

Ms FYLES: Mr Chair, I ask you—there have been a couple of comments that have not been very respectful.

Mr CHAIR: Order! Leader of the Opposition, could you ask the question again. We will go back to the question answer and the process of estimates.

Mrs FINOCCHIARO: Yes, I am just trying to understand the answer. If significant wastage is five vials or more, is that significant wastage in one event? For example, NT Health is not recording any significant wastage because it has not had an instance where five or more vials were disposed of, as opposed to collectively.

Ms FYLES: What I am giving you is the answer to your question, which is a Commonwealth definition. The Commonwealth has a definition of significant wastage which is five or more vials. The Northern Territory has not reported any of that significant wastage.

Mrs FINOCCHIARO: Is it five or more vials in one go, or is that a cumulative figure?

Ms FYLES: My understanding is that it is five or more vials over the vaccination program.

Mrs FINOCCHIARO: That was not so hard, was it? I think you are wrong. Do you want to …

Ms FYLES: No, I have answered the question.

Mrs FINOCCHIARO: Dr Pain just said something different to that.

Ms FYLES: I have answered the question, but she does not like the answer.

Mrs FINOCCHIARO: I would like to take that on notice.

Ms FYLES: I have provided the response to a question on notice. Just because she does not like it, does not mean she gets to re-put it on notice.

Mrs FINOCCHIARO: You should take the advice of Dr Pain, who is literally whispering to the official next to you—I will just ask my question on notice. If you do not want to answer that, it is fine.

Mr CHAIR: Leader of the Opposition, if you want to ask your question again then the minister can choose if she takes it on notice.

Mrs FINOCCHIARO: In respect to how wastage of vaccines is recorded, is significant wastage five vials or more in one event—one period of administering of the vaccine—or is it cumulative wastage across the entire period since the commencement of the vaccine rollout?

Ms FYLES: No, I do not take it. I provided a response to her question. I cannot help that she does not like it.

Mrs FINOCCHIARO: It is not about not liking it. It is about understanding. Dr Pain literally just said to Dr Daly that you are wrong.

Ms FYLES: You do not know what he said.

Mrs FINOCCHIARO: I heard it. You did not hear it. Let him answer.

Ms FYLES: I have answered the question. I am happy to move on.

Mr CHAIR: Honourable members!

Mrs FINOCCHIARO: Why can you not take the question on notice? If I am so wrong, why would you not take the question on notice?

Mr CHAIR: We were going so well.

Ms FYLES: It is close to lunch time.

Mrs FINOCCHIARO: Why will you not take the question on notice? What are you hiding? It is a pretty simple question.

Mr COSTA: She answered it.

Mrs FINOCCHIARO: She did not answer it.

Ms FYLES: You did not like the answer.

Mrs FINOCCHIARO: Just because you do not understand my question does not mean it is not a valid question.

Mr CHAIR: Order! Please, honourable members, we were going so well.

Mrs FINOCCHIARO: You are rejecting my question on notice?

Ms FYLES: I have answered your question.

Mr CHAIR: Leader of the Opposition, you have asked the question and the minister has answered it in the way she sees fit. You have asked it again and she has indicated she has answered the question which means I delete that. Any further questions?

Mr YAN: We were discussing matters relating to the Quest. I probably already know the answer, but I will ask it anyway. What is the cost of the contract with the Quest that is going through until September 2021?

Ms FYLES: I will take that on notice because obviously with all contracts there are variables, so it would be most appropriate to get the correct advice.

Question on Notice No 2.10

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: What is the cost to the Northern Territory Government of the contract with the Quest that is ending in September 2021?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: I am happy to accept the question.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated the number 2.10.

Mr YAN: Do you know how many rooms are covered under that contract?

Ms FYLES: I provided the advice that I have. This is a contractual arrangement. Some elements, I imagine, are commercial-in-confidence. I am happy to take that question on notice and if the department can provide something, it will.

Question on Notice No 2.11

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: How many rooms at the Quest are covered under the contract ending on September 2021?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: I am happy to accept the question.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated the number 2.11.

Mr YAN: I understand there will be health staff staying at the Quest and in other contracted areas. Is there a capacity or requirement for the Northern Territory Government to get payment from those residents for the room or are the rooms provided as part of a contract?

Ms FYLES: I will take that on notice and seek advice.

Question on Notice No 2.12

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: Are the rooms at the motels currently under contract by the Territory government— people staying in those rooms have to reimburse the Territory or are those rooms provided as part of employment or their contracts?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated the number 2.12.

Mr GUYULA: Minister, could you advise what is being done in relation to funding issues experienced by Danila Dilba, which has had to close their doors to countrymen? This will have impact on emergency services in Darwin and puts the lives of many people at risk, who do not have a Darwin address. Is there anything in this budget that will resolve this crisis. That goes with getting prepared and equipped while we are going through this time of COVID-19.

Ms FYLES: Danila Dilba and our other Aboriginal medical organisations do a wonderful job across the Northern Territory. They provide specialist primary healthcare and we have a strong working relationship with them; we have so many clinics that have Aboriginal medical organisations controlling them and we are transitioning more.

We have heard the concerns from Danila Dilba and I have met with them. They have been working with the Commonwealth about the significant increase in people wishing to receive their services. Everyone deserves access to healthcare and we particularly note the importance of primary healthcare to stop people getting unwell and ending up in the hospital system.

The Commonwealth has the responsibility of providing that primary healthcare and is working with Danila Dilba on these concerns and what support can be provided going forward.

Mr MONAGHAN: Thank you, member, you touched on something that is important to me. Minister, I think you touched on a community-controlled initiative, could you update us on that?

Ms FYLES: When we came to government we said that we would transition services to Aboriginal community control. We do not want communities to fail; we want to set them up to succeed in the delivery of healthcare and they need to have strong governance. I acknowledge the Commonwealth Government, which has been partners. Recently close to $10m was announced by the Commonwealth Government to continue the transition of services in the Northern Territory to Aboriginal medical control. That takes a lot of work. You only have to look at the work that Miwatj in your community does. Looking at the transition that Mala'la—talking to the traditional owners out there, it some years ago when they identified that they want to be in control of their health services.

Transitioning healthcare to Aboriginal control is a priority of our government. We built on the success of Aboriginal community control, including Danila Dilba, Miwatj, Congress, Katherine West, Sunrise and Red Lily to name a few. Earlier this year we had the full handover of Mala'la Health clinic in Maningrida. It was wonderful to be there that day. It was a lot of hard work and I congratulate the board.

We will continue transition of services. I mentioned that the services within the Don Dale youth detention centre have been transitioned to Danila Dilba. Red Lily Health Board is providing some services in Jabiru and West Arnhem, doing work in health promotion and alcohol and other drug space. We will continue to work with them to transition more services across.

We have Minjilang, Warrawi, Gunbalanya and Jabiru clinics that are looking at transitioning. Congress is looking at that work in Central Australia and providing support to transition services. But in this year's budget there is $656,000 for pathways to community control. Member for Mulka, this is something we agree on and can work together on. There is money in this budget to transition the services.

Mr MONAGHAN: Is there a standard before we go to community control, like we had in Maningrida? Is there a basic standard before government will enter into any agreement?

Ms FYLES: We want this to succeed, so we work with communities. We have to identify that they want to transition the services. They need to set up the board structure. I acknowledge Greg Hunt, it was $8.75m over the next four years to transition these services. That can be used to make sure there is a strong governance structure in place, then we start to transition some of the services across. I named a couple that have been transitioning with Red Lily, then we work in more detail to fully—we do not want to set them up for failure; we want this to succeed, so it will take time. That way the voice and leadership of community can come through.

Mr GUYULA: Danila Dilba might not be in a remote community or area, but it is an Aboriginal organisation I believe. Remote communities have not had much in the way of promises of funding and services towards them. If it is being looked after by federal as well, is the NT Government able to support and encourage the federal government to look into these issues where organisations are having difficulties?

Ms FYLES: Correct. Primary healthcare is the responsibility of the federal government. Some people receive that care when they go to a GP and it might be bulkbilled; some people receive that care when they go to a private GP and pay the difference, in that the GP get some back from Medicare. I do not want to speak specifically about Danila Dilba because it is not my job operationally to understand how it runs. But the provision of services is funded by the federal government, which provides funding back to organisations when they provide that healthcare.

We hear the concerns from Danila Dilba. I have met with the Danila Dilba team and heard the concerns firsthand. It is working with the Commonwealth, which has the responsibility of providing primary healthcare.

Mr GUYULA: Danila Dilba is not in my electorate, but a lot of people from my electorate are affected by this. When they come here, they want to go to Danila Dilba for medication to get fixed there instead of going to emergency services in Darwin hospital. They can go to Danila Dilba as they are equipped and ready to support the people who do not have an address here.

Ms FYLES: Danila Dilba is working with the Commonwealth; we will make sure those conversations continue.

Mrs LAMBLEY: You mentioned Better Together, your centralising of the Department of Health into a Darwin-centric model. How much will this cost the Northern Territory and why did you decide do it in the middle of a pandemic after five years of working with the former CLP's structure of devolved management?

Ms FYLES: I disagree with the premise of the question, which probably does not surprise anyone listening in. In the Northern Territory, we are a very small jurisdiction of approximately 240,000 people and it was identified when the National Health Reform Agreement was signed in 2011 that the Northern Territory had a unique situation. We had a shift nationally to health services. In a big jurisdiction, such as New South Wales, I think there are 17 different health services that provide umbrella services to the hospitals and the primary healthcare.

In the Territory, we have the two health services but a very small population. You are correct. I do not think you were the minister. I think we had moved on to Minister Tollner in July 2014.

Mrs LAMBLEY: It was me.

Ms FYLES: It was you as the minister in July 2014? I thought you had left the team by then.

Whilst the current system has served us reasonably, we identified that we need to ensure that with our system going forward, particularly with COVID-19, that we have a strong ability to deliver services within the Territory. We saw the restrictions of travel. That had a significant impact on the delivery of services. It is not a Darwin-centric model. I can assure you of that, Member for Araluen. I probably cannot convince you here today but I hope over time you can see that.

We will have the five regions. They will be Central Australia, Alice Springs, Barkly, Katherine-Big Rivers and Nhulunbuy-Arnhem Land as well as Darwin. They will each have direct leadership to our Chief Executive, Dr Frank Daly. I want to see more services, as many services as possible, delivered in regional areas. I think Central Australia leads in some areas. We need to look at implementing that in the Top End.

Some practical examples that we saw during COVID-19 includes huge increases in telehealth which I spoke about in my opening statement. We saw some innovation where we had doctors taking services to the regions. It was commonplace to just get people to come in from Nhulunbuy, 'Member for Mulka, come to Darwin. Do your surgery.' When we had the original biosecurity zones, we could not do that. We started taking services to the regions. It has certainly delivered better care closer to home. That is what coming together under the Better Together program is about.

I note your comments. I wish to reassure you that it is not about a Darwin-centric model. It is about making sure we deliver what we can in the Territory, are utilising the expertise within the Territory and making sure that every dollar possible can go into frontline health services.

Mrs LAMBLEY: How much is it costing Territorians for this complete restructure of the biggest government department in the Northern Territory?

Ms FYLES: We have the act that passed in parliament in May. The program of change commenced in November 2020 with the purpose to improve performance in health service delivery in a sustainable and equitable way and to make sure that people across the Territory get care close to home.

The Better Together board oversights the program and meets weekly. That is an internal group. We also have some internal work streams to make sure that those services, as they transition, are done appropriately. Consultation and engagement began last year and key stakeholders, such as the unions and clinical groups, have all been consulted. I believe it was approximately $900,000 for that program over that approximate 12-month period to implement those changes.

Mrs LAMBLEY: Why did you not consult the public?

Ms FYLES: In terms of these changes, we believe—and it was acknowledged in the 2011 partnership agreement—that the Northern Territory had a different context. I think Tasmania is the other jurisdiction. Please do not quote me. We want to make sure that we can deliver as much in the regions as possible and have direct leadership in to our chief executive.

Mrs LAMBLEY: But why did you not consult the people of the Northern Territory? I remember when the former CLP government implemented the devolved restructure of Health, there was extensive consultation done with the people throughout the Northern Territory, not just with clinicians, health professionals and health executives. The whole of the Northern Territory was asked to contribute to the process. You did not ask any members of the public that I am aware of.

Ms FYLES: We have shown leadership in this space. We believe it is the best way to deliver health services. I can assure the community that each region will have direct leadership in the chief executive so that we can see a health service in that region that meets the needs of the community it is delivering care for.

Mrs LAMBLEY: You think you know best, not Territorians knowing best about what health services …

Ms FYLES: Territorians want us to deliver high-quality healthcare as close to home as possible. We had a unique situation during COVID where we could not keep doing business the way we used to; we had challenges. While dealing with those challenges we created new ways of delivering services.

We are building on that. We want to see services in Nhulunbuy and Tennant Creek. You would have visited those facilities. We do not want people having to travel to Darwin or interstate to receive care. We want people to be able to receive that in their home area if it is safe to do so. We want to utilise the resource of telehealth and the deployment of resources out of Darwin and into Nhulunbuy, for example.

Mrs LAMBLEY: When you restructure a government department as large and significant as the Department of Health, which has reaches throughout the length and breadth of the Northern Territory, 101 of politics would suggest that you ask the people. I find it incredible that you have undertaken this enormous restructure of a government department and you have not asked the people what they envisage their health services to look like in the future. Is that not rather arrogant, to exclude Territorians from this major change you are about to implement?

Ms FYLES: I remind you that when we had the boards in place—which were disbanded a couple of years ago—and the health advisory committees in the regions, they were consulted on this change.

Mrs LAMBLEY: How many people lead talking about there? Twenty?

Ms FYLES: The representatives. There is one in Central Australia and the Top End, and they were consulted on these changes.

Mrs LAMBLEY: How do you intend to include and bring along the people of the Northern Territory in this major restructure of how you will be providing healthcare in the Northern Territory? What future plans do you have to include Territorians in this major decision you have made?

Ms FYLES: That is in the outcomes; it is the delivery of high-quality healthcare as close to home as possible, the expansion of services into communities where people have to travel to receive a service—how can we deliver that service in community? That is where the proof in the pudding will be over time.

Mrs LAMBLEY: I am talking about consultation, which is always a part of governments that are elected by the people, for the people, on behalf of the people, use public money to provide services. You are telling me that you know best and there will be no consultation at any point in this process. You know best and you will just be delivering the services you think are best for the people in all parts of the Northern Territory. Am I hearing you clearly?

Ms FYLES: I have provided an answer to the member about some of the community groups that were consulted. We debated this recently in the House. I feel like it is Groundhog Day; these are some of the questions we had during that debate. It is a structure we have confidence in going forward. We believe it will deliver more services close to home for Territorians.

Mrs LAMBLEY: What are you changing exactly?

Ms FYLES: As I just outlined, regional areas will have leadership directly to the chief executive. You will see that in Central Australia, Alice Springs, Barkly, Tennant Creek, Katherine—Big Rivers Region—Nhulunbuy—the Arnhem area—and Darwin. That matches other areas of government where we have regional leadership. We encompass local decision-making. That will go straight to the chief executive so there is a direct link between your community—in this case, Alice Springs—and the chief executive.

It will not be a centralisation of services in Darwin. I have met with clinical leads at Alice Springs Hospital, and they are willing to try this. They excel in the type of medicine that is delivered—we have desert medicine versus tropical medicine, but I can assure people that regional leadership is so important. That is what this structure sets up and allows to happen.

Mrs LAMBLEY: Minister, it is a costly, unnecessary and indulgent restructure of the Department of Health. From where I sit, there will be little gain for people in my part of the world in Central Australia, given that they do not know the restructure is happening and you have not asked them what they think and want. You have steamrolled ahead, bulldozed through and decided what is best for them. Good luck to you minister, I hope it goes well for you. That is not how you do politics.

Ms FYLES: I appreciate the feedback from the Member for Araluen. I do not think there was a question, just a bit of grandstanding, but I am willing to cop it.

Mrs LAMBLEY: It was grandstanding and my opinion. Thank you for indulging me.

Given what you said minister, what is your actual commitment to local decision-making when it comes to a place like Alice Springs on the delivery of health services?

Ms FYLES: When you talk about local decision-making, it is about community and acknowledging the large number of communities and their wish to provide healthcare for the people who live in those communities. That is a part of our transition to community control.

It is also about making sure that Alice Springs has services that match the response and need for the community and more services, as close to home as possible, and follow-up care. Member for Araluen, you would know as you have worked in a hospital, people need to travel for care but to shorten that length of care. The clinical volume needed to provide some services is not possible in a regional area in the Territory. We need to get people home as quickly as possible. The aim is for more care as close to home, as clinically safe as possible.

Mrs LAMBLEY: Community control in remote communities is about including people in the decision-making, planning and delivery of health services. If you live in Alice Springs, we do not get that, because you know better.

Ms FYLES: Member for Araluen, we have health advisory groups that have provided feedback. We set up health advisory groups and had the paid structure when we stepped away from the boards. I am sure you remember questioning me on those at some point. Those groups have provided feedback.

Mrs LAMBLEY: I do—inconsistencies. I see that in remote communities—which I thoroughly support. I was a part of initiating a lot of the work that you are doing on community control of health services in remote areas. But I cannot see the consistency in how you are approaching towns like Tennant Creek. Have they been included in a mechanism to have input into the control of their health services or are you saying that people you select to go on the advisory committee and that will suffice?

Ms FYLES: We have the structure and I am happy to delve into that but the views of people across the Territory are important and have been included in this change. The proof will be in the delivery of the health services. We can both agree, Member for Araluen, that Tennant Creek has had significant investment from governments of all persuasions at the Territory and Commonwealth level. We need more services delivered for the residents of Tennant Creek and the surrounding communities. That is what I set out to achieve.

Mrs LAMBLEY: There is no denying that. I am asking you about the process you are using and how you are defining community control and local decision-making for one group but not necessarily carrying it over to another group. We all want to be a part of controlling our services and having input into the delivery of health services, whether you live in Alice Springs, Tennant Creek. Papunya or Maningrida. I cannot see any consistency in how you are approaching this.

Agency-Related Whole-of-Government Questions on Budget and Fiscal Strategy

Mr CHAIR: The committee will now proceed to consider the estimates and proposed expenditure contained in the Appropriation Bill 2021–22 that relates to the Department of Health. Are there any agency-related whole-of-government questions on budget and fiscal strategy?

That concludes consideration of agency-related whole-of-government questions on budget and fiscal strategy.

OUTPUT GROUP 1.0 – COMMUNITY SERVICES
Output 1.1 – Community Services

Mr CHAIR: We will now move on to consider Output Group 1.0, Community Services, Output 1.1, Community Services. Are there any questions?

That concludes consideration of Output 1.1 and Output Group 1.0.

OUTPUT GROUP 2.0 – DISEASE PREVENTION AND HEALTH PROTECTION
Output 2.1 – Disease Prevention and Health Protection

Mr CHAIR: We will now move to Output Group 2.0, Disease Prevention and Health Protection, Output 2.1, Disease Prevention and Health Protection. Are there any questions?

Mr YAN: Many other jurisdictions around the country have been using wastewater testing for COVID quite regularly and with effect. Why has it taken so long to approve wastewater testing for the Territory?

Ms FYLES: As you would know, shadow minister, the Northern Territory is in a unique place and we have not had community transmission of COVID. Initially, wastewater was used as a tool to detect the fragments of the virus across the community. It has been useful. Hugh Heggie regularly reports areas of concern interstate where wastewater testing has picked up fragments of the virus.

The Northern Territory has now commenced a three-month trial as part of a national trial, as a further surveillance system to complement the existing testing regime we have. It is based on the national project, Water Research Australia's Collaboration on Sewage Surveillance of SARS, COVID-2 project.

We are working with Power and Water, which has identified sites across suburban areas that target high-volume tourism and event locations, such as Mindil Beach and the CBD, for example. Wastewater test

results so far, as we expected and hoped for, have only found fragments of COVID-19 around Stow Road, which is near the Howard Springs facility. That is the catchment to the Howard Springs quarantine facility. That is very positive. Recently, when Victoria had an outbreak in May, and we knew we had had a number of visitors from Victoria, it was reassuring to see that was the only detection.

Should detection of COVID-19 fragments in the sewerage network occur, it will inform our public health authorities about geographical locations that require an increase in clinical testing and any subsequent request for community testing.

As we continue to sample the wastewater testing, we are expecting to pick up positive fragments. That could be because people are shedding the virus for some time after an illness. There was a recent Victorian outbreak. Someone could come here in a couple of weeks who is not infection or a risk to our community, but those fragments will shed and end up in our wastewater testing.

Mr YAN: I am pretty happy with how the testing works. What are the 10 locations we are considering for testing?

Ms FYLES: The locations are the Ludmilla sewage treatment plant inlet; Stuart Highway; Darwin CBD; Mindil Beach; the Leanyer Sanderson sewage treatment plant number one, which has an inlet form the western area; the Leanyer Sanderson sewage treatment plant number two, from the inlet from the northern suburbs—you know there are the big ponds out there; Rocklands Drive, Tiwi—we are able to isolate that to the RDH campus; the Palmerston sewage treatment plant inlet and the Bridle/Catalina Roads intersection and the Stow Road pump station, which is isolated to the Howard Springs quarantine facility.

Mr YAN: What will be the basis for the three-monthly review? How will we determine whether it has been a success or not?

Dr HEGGIE: We partnered with other jurisdictions to establish a standard approach to wastewater testing. As part of that, it is a research and partnership program to develop the technology, regime, testing locations—when I say regime, it is the frequency of testing. As you do with any activity, you should have various points in time you look at the regime. It is not a single point or time. It is a collection over a period of time.

The review is not the review of whether we would do the testing or not, it is whether we have all the parameters right. This is a partnership between all of the other public health authorities and other agencies around the country. It is an important tool that you can use to detect unexpected viral fragments. From time to time, we may have people who are returning from other places in Australia, but if we have positive cases coming back on repatriation flights and they have moved back to their home in the Territory, we might expect testing.

Stow Road, which is right beside the Howard Springs facility has, importantly, been used as a test site for positive tests.

Mr YAN: I am being quite self-serving here. Considering that Alice Springs is another gateway into the Territory by road from some southern states, was there any consideration to doing wastewater testing there?

Ms FYLES: I will hand back to Dr Heggie to answer that, but I should also acknowledge Power and Water because it is working with the Department of Health—so where credit is due—to provide that. I will ask Dr Heggie about other locations in the Territory and his thoughts based on clinical advice.

Dr HEGGIE: The reason we established this—and it was well constructed—was to consider exactly that. It is important because if Alice Springs is to be a place of quarantine for seasonal workers, that is another good reason you would test there. This was to get the technical aspects established because the samples have to be sent interstate for testing as well. It is a very important question and also, from time to time we have flights coming in through Nhulunbuy.

Mr YAN: I pick up that this is a national initiative. Are we picking up the tab for it in the Northern Territory or is this being funded federally?

Ms FYLES: The cost is through the NTG. Power and Water is providing in-kind support and there is a budget allocation from NT Health.

Mr YAN: Do you have that budget allocation?

Ms FYLES: We estimate $20,000 for this financial year and $100,000 going forward. I do not have a further breakdown on that, but that is the budget allocation that has been provided.

Dr HEGGIE: This was a little while ago, but it is probably relevant—a single test, as in a site over a particular time, was around $7,000. We have a project officer who has been employed for a period of time who has the expertise when it comes to wastewater testing. We use wastewater testing for other purposes, including the taking of controlled drugs in the Territory and other places, and have done so for a long time.

Ms FYLES: Just to reiterate, it is not a cost-factor for us. It is based on, 'Is the information useful going forward?' and particularly, the opportunity to participate in the national study. To elaborate further, you often see, once or twice a year, the wastewater sampling for alcohol and drugs and they pick up illicit substances. It is not an uncommon practice as long as you know the clinical criteria and ethics.

Mr YAN: How many PCR tests are you doing per day and where are testing facilities located? I am also looking for a breakdown of the number of PCR saliva and nasopharyngeal.

Ms FYLES: As we heard this morning, testing has increased significantly. In in the early days we would do 500 tests and now we have increased to 2,500 a day. There have been over 224,000 tests since the COVID pandemic began. The laboratory results are generally available within 48 hours to Territorians.

There is point-of-care testing at 34 remote locations. We acknowledge that the Commonwealth assisted with the rollout last year. We have testing sites across the Territory. The Royal Darwin Hospital pandemic clinic, Howard Springs and the Marrara netball stadium sites have popped up as needed.

We also have Truck Central testing station, which is for the transport and freight operators, remembering that they need a regular testing regime; the Palmerston GP Super Clinic; the Todd facility drive-through; the Central Clinic in Alice Springs; Central Australian Aboriginal Congress clinic; the Nhulunbuy Hospital pandemic clinic; the Katherine Hospital pandemic clinic; and the Tennant Creek pandemic clinic.

Bookings are super easy if you head to the NT COVID-19 website. You are able to make bookings there or through the hotline.

Mr YAN: How any tests are we doing per day? I am after a breakdown of PCR saliva and nasopharyngeal.

Ms FYLES: I will have to take it on notice to get you the breakdown that you require.

Question on Notice No 2.13

Mr CHAIR: Member for Namatjira, please restate your question for the record.

Mr YAN: How many PCR tests are you doing per day? What number of tests are PCR saliva and what number are PCR nasopharyngeal?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes.

Mr CHAIR: The question asked by the Member for Namatjira is allocated the number 2.13.

Mr YAN: What is the Medicare rebate to the Territory for PCR testing?

Ms FYLES: I do not have that number before me. I might be able to get it while we continue on or I am happy to take it on notice.

Question on Notice No 2.14

Mr CHAIR: Member for Namatjira, please restate your question for the record.

Mr YAN: What as the Medicare rebate to the Territory per PCR test?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes.

Mr CHAIR: The question asked by the Member for Namatjira is allocated the number 2.14.

Mr YAN: Do you know what the cost is for the rapid antigen testing? Is there a rebate on that test?

Ms FYLES: I will take that on notice as well. I am sure we can get that on the lunch break.

Question on Notice No 2.15

Mr CHAIR: Member for Namatjira, please restate your question for the record.

Mr YAN: What is the cost is for the rapid antigen testing? Is there a Medicare rebate on that test?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes.

Mr CHAIR: The question asked by the Member for Namatjira is allocated the number 2.15.

Mr YAN: Another one on testing; it is about time limits. The turnaround on PCR testing has been touted as about 12 hours unless there is a specific request to rush or push attest through. In what circumstances would you be requesting to expedite a test?

Ms FYLES: There is routine testing, which we say is 48 to 72 hours. If we have strong clinical belief that someone would have COVID, who perhaps has been a hotspot or had recent contact with a close contact, we would rush it. We provide our health workers with an asymptomatic test for the return to work if they have been interstate. The tests for someone who is fulfilling an important role or is a health worker—if there is a likelihood they have genuinely been in contact we would expedite the test for those individuals.

Mr YAN: You stated that the capacity at RDH for testing is 2,500 per day in the pathology department.

Ms FYLES: Correct.

Mr YAN: That is while everything is hunky-dory and we do not have too many issues floating around. Has the Northern Territory Government considered using private pathology services to assist in testing? This is being done in other states.

Dr HEGGIE: We have very little in the way of intra-Territory private pathology testing. They have collection centres and basic tests are done here but most of the others send specimens interstate. We have quite good capacity in the public health laboratory and surge capacity if needed.

If it was a significant outbreak in the Territory, we would do urgent tests locally and we have arrangements to send routine specimens to South Australia or Victoria to the VDRL laboratory.

Mr YAN: I ask the question for future planning. If, for instance, in a worst-case scenario we ended up in a position or our testing capacity was overwhelmed—it may be me planning head from my previous occupation, but I would be testing in all forms of capacity and capability with assistance, with government or private. Have we tested our capacity? Have we considered private capacity to assist the Territory should be required?

Ms FYLES: It would depend on the scenario facing us. When other states have gone into short, sharp lockdowns it is to allow contact traces to do their work and that allows individuals to get tested. Of course, we would prioritise the tests for people we genuinely believe would have been in contact with the virus, could potentially have it and would be at risk of transmission to others.

Each scenario we might face—recently we saw significant numbers of people from Victoria needing to be tested. I acknowledge the frustration of Territorians trying to book in for a test on the Friday. The department

responded very quickly in setting up the Marrara facility with drive-through testing. Thankfully, we do not have huge numbers but there a significant number of people, particularly on the Saturday, rolled up to get tested.

It would be the ability of us to set up a facility like that, wherever that may be—it may be in Central Australia. We would respond with testing, identifying those who may have been in contact with the virus. Yes, we could engage with other providers interstate if we were to see significant numbers.

Mr YAN: If we look at Howard Springs, pushed to capacity of 2,000 people travelling through every two weeks and the requirements for testing those people, plus the public and the staff members—there is the possibility our testing capacity will be pushed to the limit.

Ms FYLES: In the National Partnership Agreement with the Commonwealth for Howard Springs, we see when the flights are scheduled. We could defer flights if we needed resources, whether it is testing or other resources for Territorians. That is built into the National Partnership Agreement. It is not that they would get it over Territorians if we had to pivot because we were seeing a local outbreak. We could defer the flights.

Mr YAN: Has there been any consideration to develop or put in place a pathology laboratory at Howard Springs to service that facility specifically?

Ms FYLES: I think that the specialised equipment used in a pathology laboratory and the close proximity to Royal Darwin Hospital—the advice I have received is that presently the specimens are transported to Royal Darwin Hospital three times a day. It is pretty close proximity and that is what highlights why that facility is so good. It not in the middle of nowhere; it is in close proximity to a lab.

Mr YAN: Whilst all of that is well and great for Darwin, I now speak of Central Australia. I know of the difficulties faced there, particularly in the early parts of the pandemic, where testing results could be 72 hours plus because they were coming up on a plane and planes were not flying. I know that has changed somewhat but what does our capacity look like for people in Central Australia for testing facilities? Not specifically the testing facilities, but the testing of samples in our pathology laboratory?

Ms FYLES: We acknowledge the regional aspect, which is why the 34 point-of-care testing centres in remote locations are so important to give us an indication of whether we are genuinely dealing with the virus. They were the ones that were rolled out by the Commonwealth last year. We would have to look at how we could support a community if we have outbreaks and need to do large numbers of testing. We would not rule out flying tests to Darwin so that we could quickly get that information.

Mr YAN: In Central Australia in the early parts there was a quick test that could be done. I do not know if it was rapid antigen testing or not. It was a test where you could get a result back for members of the community very quickly, particularly for essential workers. Are we still using that testing capacity or capability?

Ms FYLES: Yes. That is the point-of-care testing, which is at 34 locations. If we genuinely believe there is a risk, we can utilise that test. I can get either of the experts beside me to speak about the accuracy. It is a first step, then we could do more testing if required.

Dr HEGGIE: The point-of-care testing uses a small device. We have used such devices over many years to test for a variety of conditions, including diabetes. These pieces of equipment are connected to a network and their performance is validated, but they are limited by the individual cartridge used to do a test. The person who is doing the test needs to be trained.

If you are looking at a situation in a remote community where there are symptoms and, more importantly, the likelihood of somebody being in contact with a COVID-19 positive person, you can use the point-of-care testing available in Alice Springs as well. It is more about the volume, because the technology is such that for specimens where you do not expect high positivity, you pool the specimens and run them over a device which may be done over a number of hours. If you believe there is a positive case or find a positive result, you draw that specimen out and run it separately. That is why we talk about the validated positive or negative.

The committee suspended.

Mr GUYULA: Minister, the highest known rates in the world for rheumatic heart disease have been found in Arnhem Land, according to research in an ABC article about Maningrida on 1 November 2008. This is a life-threatening disease that kills children and adults; it is rampant due to poverty. What funding is being provided

in this budget to assist with its eradication and prevention? I understand that at one time there were two NTG environmental health officers is based in Nhulunbuy but these positions no longer exist. How is the government working to address this issue?

Ms FYLES: You are correct; the Northern Territory has the highest burden of rheumatic heart disease and its precursor illness: acute rheumatic fever. A number of Territorians are impacted and the number is increasing.

Nationally there is the Rheumatic Heart Disease Endgame Strategy, which is the blueprint to eliminate rheumatic heart disease in Australia by 2031. It was released in September 2020 by the End Rheumatic Heart Disease Centre of Research and Excellence at the Telethon Kids Institute. The endgame strategy is a costed strategy to end rheumatic heart disease as a public health priority over a 10-year period. It provides modelling estimated that the strategies proposed would reduce acute rheumatic fever and, in turn, rheumatic heart disease.

In September 2018 in the Northern Territory, the Chief Minister and I committed to the development of an NT-wide strategy and action plan to prevent and manage acute rheumatic fever, which leads to rheumatic heart disease. The strategy is being created in collaboration with key agencies and partners, including Aboriginal community-controlled health services and Aboriginal peak bodies.

A whole-of-government cross sectional approach is required to address the social determinants of these illnesses. COVID has had an impact on these plans, but it is expected to be presented to government this year for its consideration. We are certainly committed to this.

Regarding your specific questions about the positions in Nhulunbuy, I will have to take it on notice. But I can say that there is a significant budget, close to $1m funding from the National Partnership Agreement, which is designed to address this issue in the Northern Territory.

I am happy to take on notice the specifics on the staff, as you claimed in Nhulunbuy. I can assure the community that we are looking at this issue and will have that strategy developed. It is certainly a whole-of-government issue. We know that overcrowding in housing is a key issue to rheumatic heart disease. We will continue to work in this space with the professionals and the Commonwealth to make sure we have the funding in place—and work through that strategy.

Question on Notice 2.16

Mr CHAIR: Member for Mulka, please restate the question for the record.

Mr GUYULA: The highest known rates in the world of rheumatic heart disease have been found in Arnhem land, according to research in an ABC article about Maningrida on 1 September 2018. This is a life-threatening disease that kills children and adults. It is rampant due to poverty.

What funding is being provided in this budget to assist with its eradication and prevention? I understand that at one time there were two NTG environmental health officers based in Nhulunbuy. These positions no longer exist. How is this government working to address this issue?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Thank you, I take that on notice.

Mr CHAIR: The question asked by the Member for Mulka has been allocated number 2.16.

Mr GUYULA: The agency KPIs have no way of recording how it is meeting prevention and eradication of environmental health issues like rheumatic heart disease. Why is government performance not being measured in this issue? It is a preventable illness that costs lives.

Ms FYLES: Perhaps this is something that can be considered in the new strategy being developed, regarding how it can be measured in terms of acknowledging the work we are doing and whether it is making an impact, particularly to those in remote communities—noting that with young children, acute rheumatic fever can lead to rheumatic heart disease, which has a lifelong, devastating impact.

I am happy to take that on board. In 2020 national RHD clinical guidelines were released. We made sure we are complying—updating the NT rheumatic heart disease register and patient lists for echocardiographic screening to review heart valve status prior to cessation of the monthly BPG injections that many people rely on and making sure this information is getting out stakeholders.

I take that question on board. It is not so much a question on notice but a comment for us as we develop the strategy and work going forward, that the community would like to see clear measures.

Mr YAN: Kidney disease is increasing across the Territory and in some of our remote regional locations it is reaching crisis point, particularly in the Barkly region and areas of Central Australia. This impacts upon families who are constantly having to travel to larger centres for treatment and visit and support their families. We are told that renal dialysis facilities are urgently needed in our regional areas. I will speak of my knowledge of Elliott, Canteen Creek, Atitjere and additional chairs and beds are needed in some of our larger regional centres of Tennant Creek, Borroloola and Ali Curung.

Is there any funding in the budget for dialysis facilities in regional and remote areas and those specific areas around Barkly and Central Australia?

Ms FYLES: Our government acknowledges that renal disease is a significant burden and we have launched the NT Renal Services Strategy 2017–2022, which has worked on the prevention of kidney disease, care closer to home, earlier intervention, coordinated treatment and making sure that we get consumer participation in service development. This has been an area of focus for our government. I acknowledge the Member for Arafura, who was my assistant minister for Health, in this area.

The Palmerston Regional Hospital was built without any renal treatment, which was a shame under the CLP leadership. It is a huge issue facing the Territory and it was not acknowledged in a brand-new hospital. Since we came to government, we provided eight chairs in that facility; they were relocated there last year.

We have expanded and refurbished the Nightcliff Renal Unit, which is now basically a new facility. It operates 32 chairs, six days per week. We also put renal services at Wurrumiyanga on the Tiwi Islands. It already had chairs and we provided a renal-ready room in July 2019. In Central Australia there will be a new $25m renal facility at Alice Springs Hospital.

We acknowledge that people want renal treatment on country, they do not want to leave their home community. We will continue to work with communities. In Central Australia we have the Purple House, which provides care and respite care for people to get back to country.

This is an area that is sadly growing. The prevalence of diabetes in Aboriginal Territorians, which is the precursor to kidney and heart disease, is significant and is increasing—in young people as well. The NT Diabetes Clinical Network, which is led by NT Health, connects clinicians across the sector to address these issues before they become a chronic disease and renal treatment and chairs would be required.

There are a number of factors, particularly in Central Australia, in providing those resources on country. A consistent and quality water supply is a factor. The Commonwealth Government increased the Medicare rebate on this treatment, acknowledging remote and very remote, and that rebate reflects the cost of delivery of service. We are working in Central Australia with Purple House on the provision of more services. We have done some work at Pirlangimpi and look forward to providing more chairs on country, particularly in some of the bigger clinics across the Territory.

I hope that provides you with some information on what we are doing in this space.

Mr YAN: I am specifically interested if there is any funding allocated in this budget cycle to increasing services for dialysis in remote communities? It does not have to be Barkly or Central Australia—anywhere across the Territory. You said the last investment by the sounds of it was Tiwi 2019?

Ms FYLES: The Nightcliff Renal Unit has had a complete rebuild since then. There is $25m on the table …

Mr YAN: That is in the city.

Ms FYLES: … for the Alice Springs Renal Unit. It is difficult to provide these services in remote areas but we are working with Purple House to deliver services at Galiwinku and will continue to do so. I understand that work is underway at Mutitjulu. We need acute facilities in our urban areas, but we are also working in community to provide that care. It is complex but it has to be achieved. It is lifesaving and for someone who

has to receive the treatment three times a week, they have to move to an urban area, but we want people staying in community.

Mr YAN: If we do not have any funding in this budget cycle, are we predicting budget in …

Ms FYLES: It is not that I said that there is not funding in this budget; I said that there is work under way at Alice Springs. I pointed to the Nightcliff renal unit, the Palmerston facility, Pirlangimpi, Galiwinku and Mutitjulu. This is a primary healthcare item, so it is a complex funding process. There is support from the Northern Territory for dialysis in remote communities.

Mr YAN: Can you provide details of environmental health incidents reported to the department and resolved within three months?

Ms FYLES: I will seek some advice. Can I get you to elaborate? We might need to take this on notice. Do you mean any notifications to environmental health?

Mr YAN: Environmental health incidents reported to the department and resolved within three months.

Ms FYLES: I am happy to take that on notice, Mr Chair.

Question on Notice No 2.17

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: There is a second part to the question which I will include with the first part. There were 15% of those health incidents not resolved within three months. Is it all right if I include that in the question on notice?

Ms FYLES: You are saying that 15% were not?

Mr YAN: Were not resolved within three months as per the report.

Ms FYLES: I am happy to take the question. Then when we answer that question, I am sure that will become evident. I am not sure where you get your stats from, but …

Mr YAN: Okay. Can you provide details on the environmental health incidents reported to the department and resolved within three months?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated number 2.17.

Mr YAN: What were the 15% of environmental health incidents not resolved within three months? Those details are not reported.

Ms FYLES: I am not sure where you get your statistics from, but I accept the premise of the question. I will seek the advice of my agency and provide that response.

Mr CHAIR: Do you want to take that one on notice?

Question on Notice No 2.18

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: What were the 15% of environmental health incidents not resolved within three months?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: I accept the premise, not necessarily the figure. It seems like the shadow minister has some interesting information there. I am happy to explore the three parts of the question he has outlined.

Mr CHAIR: The question asked by the Member for Namatjira of the minister has been allocated number 2.18 as a question on notice.

Mr YAN: Minister, you also estimate that you will exceed your 2020–21 budget target of 95% of children fully immunised at 12 months. Could you explain what is behind that increase in those figures?

Ms FYLES: I am happy to seek some advice from the agency. The reason we would have the KPI is we acknowledge that some people choose not to be vaccinated. It is very important, particularly for children, that some common childhood illnesses of the past have been overcome through a vaccination regime. I can have a guess that with COVID—we have always had as high rate of vaccination in the Northern Territory, but people have been paying particular attention to the fact that immunisations are important, and we have seen that increase.

Mr YAN: If the information comes to hand, I am happy to receive it later. The NT Diabetes network has looked at youth obesity as a major risk factor for youth type 2 diabetes. What is the prevalence of youth obesity in the Territory and what are the instances of youth type 2 diabetes?

Ms FYLES: This is an area of concern, particularly for me, as Minister for Health. I just mentioned that diabetes can lead to renal disease later in life, but it can also cause a number of health complications. We need to work closely with the Australian Government about people understanding what they are eating and particularly, what they are drinking. Through another role I had with the national food regulation we were looking at the labelling on products so people can clearly understand the amount of sugar in a product.

We also need to understand the burden of the disease, particularly in the Territory, which is at a higher rate, and working through remote stores to make sure there is the provision of healthy food at a reasonable price. We know that is a barrier. It was interesting to see the increase in payments through the Commonwealth Government over last year—COVID payment and people saying they had the additional money to provide fresh and healthy food for their families.

Healthy eating and obesity is a challenge for us in the Territory, as it is in Australia and around the world. We have a new NT-wide chronic condition strategy which provides us with an evidence-based strategic approach to tackling chronic conditions, of which this is one part.

I am happy to provide, if you want to question in more detail—or any other information that may help.

Mr YAN: I was interested in what programs are in place to tackle youth Type 2 diabetes and youth obesity? Are there any KPIs and how are they progressing?

Ms FYLES: I am just seeking advice from the health officials to see which one could join us to provide you with more information. Diabetes is a pre-cursor to kidney and heart diseases and for Aboriginal Territorians, diabetes continues to rise across all age groups. Tragically, particularly in young Aboriginal people, there has been a significant increase, especially for those living in remote areas.

We have the Northern Territory Diabetes Clinical Network, led by NT Health, which connects clinicians across this space to ensure there is effective and consistent critical care. In response to youth diabetes—which I am assuming is a link to your question—the Diabetes Clinical Network has developed screening, management and referral pathways to prevent young Aboriginal people from developing diabetes and to improve the management for those living with diabetes.

A youth diabetes care plan has improved the monitoring of young people with diabetes—a fact sheet to raise awareness of this issue. The next chronic conditions prevention framework will likely provide a stronger focus on that primary prevention work. We also have the work we are doing on child and adolescent health and wellbeing plans.

We are exploring our capabilities to undertake more work in this space, particularly about people understanding the cost over lifetime and making sure we do that work early so we can prevent these illnesses from taking place.

Mr YAN: I speak of a specific instance and a direct interaction with a community who were talking to their Northern Territory Government clinic people about developing healthy eating strategies and information through their stores. Unfortunately, they were not getting much success with their local clinic. They were asking me how they can develop that and do those things through their store. Community engagement is key to this. This was an NTG clinic in that community. I hope that, moving forward, those clinics will have direct input into the communities and their local government networks to drive some of this.

Ms FYLES: There are a few points I can make. Some work has been undertaken to look at the role of stores and the provision and replacement of products—going for sugar-free, not having larger soft drink products cold, having them warm and having the smaller products cold—and what benefit that is. You know better than me, shadow minister, the provision of stores across communities.

I met with Good Health Alliance NT yesterday. That is representations from Healthy Living and the Heart Foundation; it is something we would like to do more in. I do not know if it solely falls under the responsibility of Health—the understanding and information about healthy eating choices is there. We are working with stores and community so that they understand that the choices they make regarding their food and beverage products have an important impact on one's health.

Food security is defined by what was COAG. It was about the ability for individuals, households and communities to acquire appropriate and nutritious food. In December 2020 there was a federal parliamentary inquiry into food prices and food security. Recommendations were made on that.

This is something I pointed to and you were looking a bit puzzled; I apologise that I probably was not making sense. When there was an increase in COVID payments to some of the poorest in our country they had the ability to buy a different range of foods and, in some cases, to buy healthy choices. It is a complex issue, particularly when you overlay that with remote locations. Through that federal inquiry we saw the very poor products that are sold for extremely high prices in remote communities. This would be worked across government, Chief Minister and Cabinet and the Department of Health. Other opportunities are through the NT Child and Adolescent Health and Wellbeing Strategic Plan, which provides the best opportunities for young people in the Territory.

The Aboriginal Medical Services Alliance will be holding a food summit in the coming weeks. The Department of Health contributed to the cost of that summit. I think it will be really exciting to hear some of the solutions. There is a lot of work to do across agencies and Health often deals with it at the pointy end, when people are severely unwell but it comes back to a number of factors.

I thank you for your interest in this.

Dr HEGGIE: This is a very important discussion and issue. I have lived and worked in remote communities for the last 20 years. What the minister has described is the pointy end, which is when people end up with health conditions that relate to being overweight.

It is true that the reason people—this is across the whole population—increase their weight is when their body is not using up the energy they are eating. It is very important to understand that it is something as simple—and this is what we do in the government-funded health centres. We monitor and treat childhood anaemia, which is iron deficiency in the early years of a child's life, before the child was born. Whether the pregnant mother was iron deficient or in the early couple of years—that changes your genetic profile in your body's cells; thereafter, you are more inclined to store energy in the form of fat if you are eating food that has a lot of energy in it. I am talking about fatty foods or sugary foods.

It is the long-term approach and the shorter-term approach of people's choices. Having lived in communities where there has been a very good partnership with the store and how food is labelled and promoted—they are all part of it along with the collaboration with other agencies and other stakeholders.

Ms FYLES: I should clarify that it is not to place blame. It is not necessarily about people who are overweight; they could be undernourished. There is a range of factors. Across government we have a role to play. It is not about pointing blame on any one community.

Mr YAN: Agreed, minister. It is a whole-of-community, whole-of-Territory issue that we all need to be involved in tackling.

Ms FYLES: Yes.

Mr CHAIR: That concludes consideration of Output Group 2.0.

OUTPUT GROUP 3.0 – COMMUNITY TREATMENT AND EXTENDED CARE
Output 3.1 – Alcohol and Other Drugs

Mr CHAIR: The committee will now move on to Output Group 3.0, Community Treatment and Extended Care Output 3.1, Alcohol and Other Drugs. Are there any questions?

Mr YAN: We have heard numerous reports recently in the *NT News* that RDH is in crisis because of the lack of beds, which is placing extraordinary pressure on the emergency department, forcing doctors to use what has been labelled as 'distressing practices'. What current emergency department's pressures are referred to as distressing practices?

Ms FYLES: Royal Darwin Hospital emergency department is one of the busiest in the country; that has been a fact for some time. Cecelia Gore, Senior Director Mental Health, Alcohol and Other Drugs has joined me at the table. Our chief executive has a ready hit the ground running in this space.

Around Australia there is pressure on our emergency departments and hospitals. A number of factors lead to that. We have been doing intense work with RDH, looking at the emergency department and how we can see a better flow through the hospital. At Royal Darwin and Palmerston hospitals there is a 15-minute huddle every morning to discuss patient flow and resourcing. The incoming chief executive and I have attended multiple times over recent weeks. We are working on a range of measures to have short, medium and long-term approaches to take pressure off the emergency department at Royal Darwin Hospital. I acknowledge all our staff in that facility.

A number of factors are driving that. One is mental health, which I identified as a top priority as the Minister for Health, and we have invested in that.

In looking at what we can do in the short and long term, there is a lot of work being undertaken. I will hand to the chief executive, Frank Daly, to speak a bit about patient flow solutions. Allison Grierson has rejoined us, from Top End Health Service.

Dr DALY: Let me preface my statement by saying how privileged and honoured I am to be in this situation and in this new role. As we acknowledged in our banter prior to the opening of proceedings, this is my 10th day on the job, if you include the public holiday. I have been on the ground as much as possible in these 10 days to familiarise myself with the unique settings, challenges and opportunities in NT Health.

I have been working in the space of patient flow for nearly 20 years. My clinical background is that of emergency, medicine and clinical toxicology. Fifteen years ago I ran a very large emergency department. 'Patient flow' is not a term I like to use. Patient flow is the means to an end, and the end is patients receiving the right treatment in the right place at the right time with the right people looking after them.

Hospitals are incredibly complex systems of care. The emergency department at the Royal Darwin Hospital, like emergency departments nationally, often becomes the point of focus and sometimes the point of clinical risk for what is actually a system of care. Some people might know that I am a great advocate and was involved in the early days of the Western Australian and then National Emergency Access Targets. To me, they are not about patients being in or out of an emergency department in any particular time frame, but they speak to a system's ability to respond to the needs of patients who need unplanned or urgent care.

Those things are often focused on emergency departments, but we are looking at a whole system. Royal Darwin Hospital, like many others, is a complex system and the work that the chief operating officer of Top End Health Service has been leading over the last almost 12 months. That is not just looking at the processes within the emergency department but also at processes and the way clinical teams work across that system of care.

The pressures in the emergency department at Royal Darwin Hospital are not unique. Immediately prior to coming to do this wonderful job, I was working with a number of jurisdictions around Australia on patient flow and the quality and safety of care. There is a national discussion on the new demands since the initial work in COVID-19 last year.

Every jurisdiction is under immense pressure in their emergency departments; it has been reported almost everywhere. In the Northern Territory and at the Royal Darwin Hospital, my initial impression is that it is being handled quite well. We are not seeing some of crises being reported in other places. Nonetheless, there is

urgent work to understand that increase in demand and, in particular, looking at vulnerable cohorts of patients and psychiatry—and mental health patients was mentioned in the question—is part of that. We can talk in some detail about the things that are being rolled out there.

Across the hospital, there has been some analysis and lots of engagement with clinicians. There were over 24 workshops with clinicians from August to October 2020 to look at issues across multiple clinical streams. They derived some hospital-wide solutions, the first of which the minister has mentioned, which is a hospital-wide huddle.

This is an innovation spreading around Australia. There are a few hospitals doing it now. Royal Darwin Hospital is leading this. There are not too many other places doing it with the same rigour as Royal Darwin Hospital. This is about the key clinical leaders in the hospital getting together every day for a short stand-up action-orientated meeting to understand the clinical challenges of the day, reach a shared understanding of those challenges then a shared understanding about their responsibilities and accountabilities in managing the challenges together.

That is the hospital-wide huddle and it has been a success. It is usually run every day by the most senior person in the building with a clinical background. I think it has been very effective and engaging with clinicians. I have been to three or four huddles since I arrived at the beginning of last week and am familiar with the process.

There has also been other work done. There is clear evidence in the peer review literature that care is of a higher quality and is safer, staff have a better experience and, more importantly, patients have a better experience if it is delivered by teams of clinicians that work together in well-structured, supported high performing teams.

Work is happening at Royal Darwin Hospital to develop better communications between and within clinical teams on home-based wards, which is the concept of clinicians not doing safari ward rounds all over the place but, hopefully, having the majority of their patients in one place. There is literature showing that when patients are managed by their team on a home ward they have a better experience, the care is safer, it is more efficient and cost-effective and staff have a better experience.

Alison is leading some work in transitioning to home-based ward clinical teams over the coming months. It would have been implemented a little earlier if it had not been for some renovations that needed to be completed on one of the surgical wards.

In addition to supporting those teams, individual specialties have done some work in innovation regarding their clinical pathways to ensure that the patient groups they know well and see every day are fast-tracked to the correct definitive care as soon as possible. That includes the renal team. I applaud their leadership in looking after particular patient cohorts that go directly to the ward and bypass the ED and also the cardiology team in the way that they assess and manage relatively low-risk cardiology patients and, in particular, those referred to them from other areas, including Palmerston hospital.

I will go back, before Allison provides more finer, granular detail, to talk about psychiatry. Those patients are a particularly vulnerable cohort representing anywhere between 5% and 10% of presentations to the emergency department. They come to emergency departments because they are in crisis. They need a thorough psychiatric and medical assessment when they arrive. There is an issue with capacity within our system, particularly at the Top End Health Service. Allison has been leading a group to ensure we understand the demands we are having, which are increasing, and putting into place short, medium and long-term solutions to assist clinicians in managing the increase in demand.

I will hand back to the minister to provide more detail.

Ms FYLES: I will hand to Cecilia and Allison, who are doing significant work. We are putting in place a number of aspects to care for Territorians who have mental illness. There have been recent tenders for two key infrastructure projects. One is an 18-bed inpatient unit, which will bolster the mental health inpatient unit at Royal Darwin Hospital. We acknowledge the hard work of the staff in our current mental health inpatient units and emergency departments.

The other tender was for an SRA unit, which is a stabilisation referral area that will provide a far more therapeutic environment for mental health clients who need to be observed. As Dr Daly was just saying, in some cases we can look at a direct admission for known patients, but mental health patients need to be cleared. We need to observe them, which is what the SRA unit will do within the emergency department.

As well as these two changes to the infrastructure at Royal Darwin Hospital to care for people in an acute setting, we also have the adult community mental health facility coming online later this year. This is part of $50m we secured from the Commonwealth Government to upgrade infrastructure and for ongoing support. The adult community mental health facility has been developed by the Northern Territory PHN in consultation with NT Health. Neimi was the successful tenderer, which will partner with Larrakia Nation.

This will provide a one-stop shop for people who are suffering and require mild to medium support. Many of us are familiar with the headspace concept for young people. This is a similar concept for adults, to help people manage their health so they do not end up in the acute setting.

The other aspect we put in place was where we trialled a correspondent model in Darwin, which I spoke about in my opening speech. This is for 000-related mental health callouts. It provides an assessment without necessarily going to the emergency department. A medical health practitioner accompanies police or paramedics on crisis calls. They are able to de-escalate situations, understand what is happening and prevent hospital admissions. The trial finished in April and the evaluation is not far off. We will continue that model and are looking at expanding the hours and locations because of its value.

We have begun work on the *Mental Health and Related Services Act 1998*. It is a commitment under the NT Mental Health Strategic Plan 2019–2025. Since February last year the Department of Health has recorded over 100 engagements with targeted stakeholders to discuss the review and drafting. Our endgame is legislative change.

We put in place the HASI model—the Housing Accommodation Support Initiative. It was first trialled when we came to government in 2016 in the Darwin and Palmerston areas. It is an investment to support people with mental illness to live in public housing. If we can help them maintain a tenancy, they are far better off in the care they receive. It is being evaluated by Menzies. The program has been expanded to Alice Springs with the Mental Health Association of Central Australia. It commenced late last year and will run through to April.

The overall work we are doing—we acknowledge the need for this space. I will ask Allison from the acute setting before I hand to Cecelia. There has also be work with our community providers because often it is the flow of bed availability. We need to be able to safely assess people, which is what the SRA unit will do at Royal Darwin Hospital. We need the inpatient beds if they are required to be sectioned and admitted, which is 72 hours, if their illness presents in such a way. We also need the transition beds in our community to care for these people. Sometimes it might be a crisis brought on by alcohol and other drugs. It might be that someone is not taking their medication. It could be a family at crisis point. We need to put in place a number of supports to address these issues.

I congratulate the Darwin Private Hospital for its new mental health facility. That is another previously unmet need in our community. Mental illness does not discriminate. It is not something that just affects a certain socioeconomic level. We congratulate them on the foresight to develop that facility. It has done a significant body of work.

Ms GRIERSON: We are also increasing the number of mental health professionals based in the emergency department. As Frank alluded to, home-based wards are being established. They will have dedicated clinical teams and will be responsible for their bed stock.

Proving how we work together as teams, these transformations are clinically led and based on evidence. We have professional, dedicated and caring staff who are highly committed to make this work. We have seen improvements already—a credit to the staff for what they have achieved to date in what can be quite challenging circumstances.

Ms GORE: The other thing I wanted to add to what the minister already outlined is a lot of the work we are focusing on is how we keep people off campus. We probably will never have enough beds if people continue to become unwell. Some of the key initiatives in that space have included increasing the number of what is called the sub-acute space.

One of our strongest NGO residential providers is TeamHEALTH. In the last 12 months is has increased its capacity to take clients who are more complex but do not need a hospital admission, or they can be discharged from hospital earlier with greater supports. As Dr Daly was talking about regarding a system of care, it is about seeing the linkages that people who have mental illness often move between being well, to being not well, to being well. Having flexibility in our system to accommodate those needs is important.

We have been working with Neimi on—this was mentioned with the adult mental health centre—the other thing that will bring to our system of care in Darwin is an after-hours entry point, so that someone who is unwell can go somewhere which will hopefully be a more therapeutic environment than an emergency department, to have their initial assessment de-escalation and work out whether they need psychosocial supports, complex support around them or to see a clinician—but hopefully in the morning rather than in the emergency department. That will bring a great deal of capacity to our system.

Dr DALY: That was a wonderful summary of the complexity of this issue. I reiterate what has been said by the minister and Allison in congratulating the staff who work in these really difficult environments. They handle the pressures with aplomb, graciousness and compassion every day.

The unfortunate truth about these things is that these changes require considerable management because we are changing the way people work. It can take some time for these to manifest in how things are going. We will turn this around but it will take a little time.

The clinical engagement that we have seen and the collaboration with the staff has been first rate and fantastic.

Mr YAN: Interestingly, in my question I never mentioned mental health and we seem to have gone down the mental health path. I will continue with some questions specifically about mental health at RDH. We have seen a sharp increase in mental health presentations. What inpatient facilities are available in Darwin?

Ms FYLES: It has been a sustained increase and there are factors driving that. COVID has been a factor and hospitals around Australia have that. The present facilities are the Joan Ridley Unit, JRU, and Cowdy. I am not sure if you have been there but as the shadow minister you are more than welcome to have a site visit.

We have the youth inpatient unit and within our emergency department we acknowledge that we need more facilities for people coming in to make assessments. As we just heard from Cecelia, it is also about the investment to—the government funds a number of beds, and Cecelia will have the figures—sub-acute facilities. We do not want people in hospital. People often get caught up in hospital and are court sectioned; we want to provide them with the supports away from the acute setting.

Presently we have 18 beds in Cowdy, eight beds in Joan Ridley and five beds in the youth inpatient unit, but we are doing some work to reconfigure and provide additional beds in that space immediately. I will hand to Cecelia to talk about the funding we provide to sub-acute beds.

Ms GORE: People with mental illness are accommodated in a range of locations. One of the things which has also changed in the NT is the support that can be garnered through the NDIS for people who need longer-term supports to live in the community. In the last two years we have been able to shift additional funding as people have moved into supported independent living through the NDIS, we have been able to fund more intensive supports.

TeamHEALTH currently has 16 beds at Top End House and there are an additional five beds in the Kurrajong sub-acute program, which takes those who are more clinically complex. We also provide support through the HASI program for people to live in their own houses but are regularly outreached to; 65 people are being case managed in that setting. We also have Banksia House, which is a five-bed long-term residential rehabilitation for people with complex and enduring mental illnesses, and we are continuing to develop our models in other areas like Katherine and Alice Springs to have people living in the community with strong supports from funded non-government organisations.

Mr YAN: With the increase in presentations for mental health, are you able to provide me with some detail on that? How many presentations a day are you seeing at RDH for mental health issues?

Ms FYLES: We have a sustained increase. This is a daily average of the number of clients waiting for a bed in mental health inpatient units. That needs to be put into context. People may attend Royal Darwin Hospital, be assessed and be able to leave the facility. The average is 3.3.

Mr YAN: That means 3.3 admissions per day?

Ms FYLES: That is the daily average of the number of clients waiting for a bed in the mental health inpatient unit at RDH.

Mr YAN: Looking for a bed—that does not give us admissions or presentations?

Ms FYLES: You did not ask that? You asking how many …

Mr YAN: No, that gives us the people who are waiting. Initially I asked for how many presentations.

Ms FYLES: I apologise. I will see if we have that at hand. That is the outliers. We are at capacity. The youth inpatient unit operates at about 50% daily occupancy, but JRU and Cowdy operate at 100%, if not overcapacity. Then there are the outliers—the daily average is 3.3 waiting. I acknowledge that is a daily average; it has certainly been higher at times.

That is why we are looking at short-term solutions whilst the 18 beds come online. Cecelia's team has done some work and eight beds—just to come back, the tender has gone out for design for building 18 beds. We have the adult community space, which will hopefully open later this year. Hopefully that will alleviate people from needing the acute setting.

In the meantime we are trying to reconfigure the beds we have to provide more space in a short-term option plus the 18 beds are being built. We have also funded eight additional subacute beds with our NGO providers, so that we can care for people away from the acute setting.

Mr YAN: At this stage you do not have the figures to hand on presentations per day?

Ms FYLES: We will take that on notice.

Mr YAN: I am after presentations and admissions for mental health matters.

Question on Notice No 2.19

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: How many admissions and presentation for mental health matters are received at RDH each day?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes. You need to remember that Royal Darwin Hospital is our main tertiary hospital; it is one of the busiest. We had 89,000 ED presentations in 2019–20. Dr Daly had some figures for general ED admissions.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated number 2.19.

Dr DALY: The Royal Darwin Hospital sees approximately 180 patients per day presenting through the emergency department. The number at Palmerston is about half that, at about 90 per day, although numbers may fluctuate quite a bit day to day by up to 20 either way.

Mental health presentations at tertiary emergency departments such as Royal Darwin Hospital usually are between 5% and 10% of that total as a general rule. That will guide you as to the sort of figures we will provide on notice later.

Mr YAN: That is what I am interested in. Are we above or below average?

Ms FYLES: That is presentations, it is not necessarily admissions. But it certainly gives you an indication of how busy Royal Darwin is. Palmerston is a part of that.

Mrs LAMBLEY: This is from the Member for Nhulunbuy. What culturally appropriate alcohol and drug rehabilitation facilities and services are provided in remote communities or homeland centres for adults? How do remote community members access drug and alcohol rehabilitation if they want to try to manage their illness?

Ms FYLES: Just before I hand to Cecelia, we recognise as a government that alcohol-related harm is the biggest single social challenge we face in the Northern Territory. No government has done as much as we have in this space to control the supply—we have put in place measures.

Ms GORE: Across the Northern Territory there are 50 remote AOD workers funded under the National Partnership Agreement for Northern Territory Remote Aboriginal Investment. They are usually people from the communities in which they work. Their role is to provide culturally appropriate, brief intervention and supports for people who are seeking assistance to address alcohol misuse problems.

In our major regional centres of Nhulunbuy, Katherine, Alice Springs, Wadeye and here in Darwin, there are a range of programs in addition to those run through our primary healthcare clinics. What we have also seen through our Aboriginal community-controlled organisations is a growing workforce of social and emotional wellbeing workers. Those workers provide a culturally appropriate and holistic intervention in the location—working with people about cultural and community connection and the things which would enable them to make different choices and be supportive in that.

In addition, in Central Australia we have CAAPU, which is the Central Australian Aboriginal Alcohol Programmes Unit. This is an Aboriginal organisation running rehabilitation services. In Darwin we have FORWAARD, which is an Aboriginal organisation providing services for adults.

Our other funded NGOs that provide AOD rehabilitation in residential and community settings all undertake cultural security training. Most of them have Aboriginal staff proactively employed in their teams. We are constantly working with our providers on how they keep moderating their programs to make them suitable for the people who are coming to see them.

Mrs LAMBLEY: The question was specifically about remote communities or homelands, so services—which you have talked about—but alcohol and drug rehabilitation facilities in remote communities or homelands, are there any?

Ms GORE: We have been working with our Aboriginal medical services to focus on models of rehabilitation which can occur in-place. In East Arnhem we work closely with Miwatj Aboriginal Health Corporation to support people in their communities. Sometimes it is about going to homelands and being supported by elders and traditional healers. In Katherine there are places people can go.

We continue to work with the idea that most people will get the most benefit if they can get better and heal in-place, rather than going into an institutional environment—I am just talking about adults. I am sure the Member for Mulka would be interested to know that we are also working with Yolngu leaders in East Arnhem on the establishment of a dedicated facility for young people on country. We hope to have that in place by the end of this year.

We are trying to work with people where they are so they do not have to go away a place that is not safe or culturally secure for them.

Mrs LAMBLEY: What funds are being provided to communities to tackle the issue of drug and alcohol abuse in remote communities? Is that figure available—the specific remote community side of it?

Ms GORE: We have a range of programs which provide communities with the opportunity to address alcohol and other drugs issues. The biggest program is called the Alcohol Action Initiatives Program. It is funded through the National Partnership Agreement on Northern Territory Remote Aboriginal Investment. That program has funded more than 300 projects across 70 communities throughout the NT over the last three years.

I do not have the exact figure in front of me, but it is about $1.4m per annum. This is available for small community projects, only in remote communities, to work on demand and harm reduction. They are community-led projects, including everything from the Tiwi's canoe festival to women's healing circles in Katherine and programs for young people in connection to culture in Wadeye—we can provide a list of them, but it is a very large program in terms of engaging with remote community members directly.

Mrs LAMBLEY: Could you take that on notice and provide that information?

Ms GORE: Yes.

Question on Notice No 2.20

Mr CHAIR: Member for Araluen, please restate the question for the record.

Mrs LAMBLEY: What funds are being provided to communities to tackle the issue of drug and alcohol abuse in remote communities?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: I am happy to accept the question.

Mr CHAIR: The question asked by the Member for Araluen has been allocated the number 2.20.

Mr YAN: I would like to know how many patients—you were talking about 3.3 outliers on average—have had to have been sedated, intubated and placed on a ventilator in intensive care because they were too violent to be kept in the ED?

Ms FYLES: Patients are cared for as is clinically appropriate. Clinicians make decisions on what is the best for that patient. I do not think we have that breakdown. That patient information would go back through individual folders. Each patient is cared for in the best way possible to deliver them the best clinical care.

Mr YAN: I know that there are specific details that need to be met and dealt with when you intubate and sedate someone and then place them on a ventilator, particularly mental health patients. Are you saying that you would not have those figures to hand?

Ms FYLES: You asked a question and my response is that individuals are provided with the clinical care needed to care for their condition that is presented to those clinicians. The decisions are made clinically.

Mr YAN: I understand the clinical care for the individual. I am asking about the safety of other people. I do not think I can rephrase it to get an answer so I might just leave it at that. I have no more questions.

Ms FYLES: I can reiterate to the Territorians listening. The decision to intubate any person is based on clinical advice. It is a clinical decision made by our clinicians. I have heard the commentary but can reassure people that those decisions are made clinically.

Mr COSTA: Following on from what the Member for Mulka was saying in regard to remote communities, in a previous job I was working with mental health and drug and alcohol. The Aboriginal workers out there do a fantastic job.

One of the biggest problems currently on the Tiwi Islands, and it is probably going to other remote communities, is ‘chronic’. Are we looking at measures with regard to how we can try and combat chronic, or legislate it so that we can keep it out of communities?

Ms FYLES: I am happy to answer the first part of the question. Chronic is an artificial product and my understanding is that police have the responsibility in terms of legislation. But it is difficult because different substances are used in each variant, each time. We acknowledge it is an issue, particularly for some remote communities. I will ask Cecelia to provide further comment.

Ms GORE: What are the synthetic cannabises? Last year, we had some changes which specifically targeted five substances that communities said were of concern to them.

In the longer term we need to address the demand. We need to work with communities about why people are using these substances and educate them regarding the harms because we will probably never get ahead of the game in terms of stopping people from using each substance. We have increased education to communities and increased the engagement of elders in talking with young people and people in the communities. Part of the conversation about the alcohol action initiatives involves engaging with young people in diverting them into better and healthier choices. I think that will have an impact as well.

Mr YAN: I have a number of questions about the BDR and stuff like that. Are you willing to take those questions in this output or would you like to have them in Licensing?

Ms FYLES: Some to fit in this area; I am happy to try to answer them.

Mr YAN: There are plans to upgrade the BDR equipment at a cost of $135,000 so the machines can more easily scan licences from interstate. Would you not consider that this money could be better spent targeting problem drinkers rather than tourists to the Territory?

Ms FYLES: We need to establish that there is a point of difference. We believe in the BDR as a simple point-of-sale intervention; the CLP does not. Labor introduced it in 2010; it was scrapped in 2012. With the numbers of people who go on to the Banned Drinker Register, we believe it is a relatively small inconvenience that stops the supply of alcohol to people who cause harm.

In terms of your question, that is an important point for Territorians to understand. There is a difference, with all respect. We have had issues with scanning of new licences, which I think your question alludes to. The BDR identification system—and this should be under Licensing. We are working with Minister Kirby on procurement. I am happy to answer it here. The BDR identification system can read the information on the new NT licences if it is placed in a specific position. Licensing has done work with retailers on how they can successfully scan the new licences. It can also be entered manually if required. The process is under way to get new scanning hardware that will address this issue.

For those who have had to renew their licence—I remember when we got a little laminated licence in the Territory. I went to uni interstate and they did not think it was a real ID. They would be like, 'You just made that up'. How dare they pick on the Territory like that! The new licences have a number of technological safety and security advancements in them; that is been the issue. But in short, you can put them in a specific position; Licensing has held education with licensees; we are procuring new hardware to address this issue.

Mr YAN: The rates of domestic violence-related assaults across the Territory are absolutely shocking. For the year to the end of March 2021 there were 5,162 domestic violence-related assaults in the Territory. However, in April 2021 only 25 of the 3,519 people on the BDR were placed on it due to a DVO. Is this a failing of the BDR?

Ms FYLES: The process is that with certain offences, including alcohol-related domestic violence, police put people on a banned drinker order. It is not a failing of the BDR; there is a process in place.

Mr YAN: Is there a failing of the process then?

Ms FYLES: Can you repeat your question?

Mr YAN: The rates of domestic violence have increased. For the year to the end of March 2021 there were 5,162 domestic violence-related assaults in the Territory. However, in April 2021 only 25 of the 3,519 people on the BDR were placed on it due to a DVO.

Ms FYLES: I am not sure where your information is from. I have those on active bans—we well know the process and pathways for people to go on the Banned Drinker Register—2,043 from the police pathway. It would be breaking down that figure further. You are saying that only a handful were from domestic violence.

Mr YAN: Unfortunately, we all know too well that domestic violence is generally as a result of alcohol consumption. It seems that people committing offences, particularly domestic violence under the influence of alcohol, are not being placed on the Banned Drinker Register. Either there is an issue with the register or the process and policy that puts people on the register.

Ms FYLES: I am happy to take that question on notice. It is worth asking the Minister for Police, Fire and Emergency Services and the minister responsible for domestic violence services. I am always happy to look at those pathways. There are police, court-ordered and self-referrals. I am always happy to look at those processes for people going on. I can say that domestic violence is far more complicated than just alcohol. We know that alcohol is a huge factor in violence across the Territory. Whether it sits specifically with my agency, I am happy to get back to you.

Question on Notice No 2.21

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: For year-end up to March 2021, there were 5,162 domestic violence-related assaults in the Northern Territory, yet in April 2021, only 25 of the 3,519 people on the BDR were placed onto it due to a domestic violence order.

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated number 2.21.

Ms FYLES: People come on and off the Banned Drinker Register. As of 30 April there were 3,500 people on the BDR. In April alone we saw 457,000 takeaway sales of alcohol and 437 sales were declined. Since the BDR commenced in 2017, over 24,000 sales have been declined. This is people on the Banned Drinker Register who still try and purchase alcohol. We know that it has stopped those on the BDR from purchasing alcohol. It is a fairly small point-of-sale intervention that stops the supply of alcohol to people who cause harm.

In the space of alcohol policy, we have to be agile and have a number of mechanisms. That is why there are additional resources in this portfolio of Health like sobering-up shelters, detox, rehabilitation, treatment and the work we have undertaken with the floor price and the other Riley review recommendations. There is not one simple measure. To me, stopping people each month who are on the BDR, let alone those people who are on the BDR and do not attempt to purchase alcohol, is important.

We know we need to focus on secondary supply and we have given police additional resources and funding to do so. This is a complex area of public policy.

Mr YAN: We have been talking about alcohol-related assaults and in the Territory; they are up 31% from last year. In last year's budget you had a provision for 3,160 alcohol and other drug assessments undertaken in NGO treatment services. In the estimate for this year it is only 2,573, which is well short of the targeted figure. Can you explain what that shortfall is?

Ms GORE: For our NGO providers there was significant disruption with the biosecurity shutdowns from COVID in this period. We also saw services innovating as a result. We would expect those figures to go back up in the coming year. It was mainly about people not being able to physically attend in the services that they otherwise would have.

Mr YAN: I suppose we have these increases in alcohol-related offences which have been documented. Fewer people seem to be being treated for alcohol-related issues by government. How do people gain access to alcohol and other drug assessments? Is the system not working?

Ms FYLES: You can cherry-pick figures that you want but it takes a number of comprehensive policies to deal with alcohol-related harm. We put in place the Riley review which had a number of recommendations. We have put in place difficult measures and evaluation to go with them.

The floor price is one measure. We saw a review of the first 12 months of the floor price by Deakin University that showed a wide range of benefits, including significant declines in total alcohol wholesale supply per capita; alcohol-related assault offences and protective custody episodes; alcohol-related ambulance at attendance and emergency department presentations; and alcohol-related serious road traffic crashes.

We will continue to put in place measures. There is not one silver bullet that will deal with this. We have put in place the BDR, risk-based licensing, PALIs, given the director emergency powers and introduced the floor price. In the coming months we have the technical review of the *Liquor Act.* We have the Australian Research Council Linkage Program grant, which will do an evaluation of the Banned Drinker Register.

I meet regularly with Police and Health as well as the Director of Licensing to make sure we are putting in place a range of measures. Cecelia has some figures on treatment beds. There have been no cuts to alcohol and other drug treatment beds. Non-government organisations have clarity with five-year contracts in place.

Ms GORE: While we had a small downturn in our NGO treatment episodes, we had a significant increase in our government treatment episodes. Across the system for the 12 months to this reporting period we have had a 16% increase in people receiving treatment. The number of assessment episodes is just one part of the budget. But the picture which covers everything from assessment to counselling, rehab and withdrawal

management—we are seeing a greater demand in this last 12 months than we have had in previous years. I think that is really encouraging.

There is also the work being pushed through across the system in the regional areas, with the Aboriginal community-controlled sector partners and our very busy government services—from this data.

Mrs LAMBLEY: Can I have clarification, please? Are you saying that you have it all covered and are doing everything you can and there is nothing more you can do?

Ms FYLES: Absolutely not; I am not saying that at all.

Mrs LAMBLEY: What are you going to do? What more can you do?

Ms FYLES: I will put in place a range of measures. I will listen to clinicians. We will not have a hugely expensive model that failed, which was the alcohol mandatory treatment the CLP put in place.

Mrs LAMBLEY: It did not fail. That is your opinion.

Ms FYLES: It did fail.

Mrs LAMBLEY: My opinion is that it was successful.

Ms FYLES: In a report done—it failed. It cost a huge amount compared to community treatment.

Mrs LAMBLEY: Like the BDR has failed.

Ms FYLES: The BDR has not failed.

Mrs LAMBLEY: Like the floor price has failed. What has actually worked in the last 18 months to two years? Nothing. Assaults have gone through the roof, alcohol-related assaults are up by 31% across the Northern Territory. Tell me what is working, minister? Nothing!

Ms FYLES: In the 12-month review conducted by Deakin University on the floor price, it showed a significant range of benefits …

Mrs LAMBLEY: Have you read that report? They did not even take into account that, at the same time they measured it, PALIs were reinstated in Alice Springs. That research paper is despicable and appalling.

Mr CHAIR: The Member for Fong Lim has a point of order.

Mr MONAGHAN: Point of Order! Questions should not be debated.

Ms FYLES: It has been a bit dull here this afternoon, the Member for Araluen thought she would add a bit of spice to the afternoon.

Mrs LAMBLEY: My question is: what is working, minister? Tell me what is working.

Ms FYLES: You have asked the question four times; let me answer it.

Mr CHAIR: Minister, order! Let me deal with the point of order. The Member for Fong Lim raised Standing Order 109: questions should not contain arguments or imputations. I agree. Can we contain our questions to simple question and answer and not have …

Mrs LAMBLEY: It is the second question I asked in six hours. She has shot me down!

Mr CHAIR: It was not really a question and did not conform with Standing Order 109. Let us try to confirm with 109; we have been doing great today. The minister only has an hour …

Mrs LAMBLEY: I open my mouth and we are not doing great, is that the measure? Robyn Lambley asks a question and it is not great.

Ms FYLES: You keep opening your mouth so I cannot respond.

Mrs LAMBLEY: I will shut my mouth now and you can say what you like.

Mr CHAIR: Member for Araluen, thank you. I am still dealing with the point of order from the Member for Fong Lim. I ask that we continue in a—I like this word—civil manner.

Ms FYLES: I lost the question.

Mrs LAMBLEY: What is working, minister?

Ms FYLES: We talked about the floor price, which the Member for Araluen and I clearly have a fundamental difference on. We had a review undertaken by Deakin University. It is important to note that when these reviews are undertaken, for ethics, there is process for it. That report showed a wide range of benefits to the community, including significant declines in total alcohol wholesale supply per capita, alcohol-related assault offences, protective custody episodes, alcohol-related ambulance attendances and emergency department presentations and alcohol-related serious traffic crashes.

There will be a three-year floor price evaluation. This takes a lot of hard work and this is something that, as the minister responsible for alcohol policy within this government, we completely rewrote the *Liquor Act*. We brought in risk-based licensing, which supports retailers who do the right thing and adhere to the rules and we put in place measures that reduce the harm of alcohol in our community.

We cannot ignore the fact that alcohol costs our communities significantly each year. I believe $1.2bn is the latest figure estimated per year in the Northern Territory of alcohol-related harm. Those who do the right thing and share a few drinks socially and responsibly should be able to access alcohol, but look at the harm it causes. We have been talking this afternoon about how busy our emergency departments are. Alcohol is a factor in that. We have the Cardiff model in Alice Springs and Royal Darwin hospitals so we can look at that data and drive policy.

It is a multifaceted approach. We need risk-based licensing and the point-of-sale supply interventions. We need to look at secondary supply. We have given police additional resources and legislative powers. The treatment and co-locating facilities—we have been talking in detail about the wide range of supports and funding the Northern Territory Government provides across the board.

I will continue in this space to look at the evidence. I am sure the Member for Araluen and I will continue to debate it, but Territorians need to acknowledge the huge cost. We acknowledge the right of people who drink responsibly and socially to access alcohol, but we cannot ignore the harm it causes across our community—whether it is here in the Top End or Central Australia.

Mrs LAMBLEY: Minister, the harm that alcohol is causing in the community has increased significantly under your watch. We have not seen statistics like this in the Northern Territory for years—a 31% increase in alcohol-related assaults across the Northern Territory. You are pretty much telling me that you are not prepared to do a whole lot more in this space?

Ms FYLES: That is not what I am saying.

Mrs LAMBLEY: Well, what will you do about it?

Ms FYLES: I said we will continue to work in the space …

Mrs LAMBLEY: Clarify. Tell the people of the Northern Territory what you intend to do. You are saying you will consult with the experts and review in a couple of years. Is that really good enough, minister?

Ms FYLES: Mr Chair, with respect, I feel that I have answered the question. I have provided examples of the work that we are doing …

Mrs LAMBLEY: Well, that is sad.

Ms FYLES: We will continue to work in this space and look at the evidence that is before us and make policy decisions to keep Territorians safe.

Mrs LAMBLEY: Meanwhile, Territorians are killing themselves and each other. Great stuff!

Mr YAN: There has been much discussion on communities about this, with community groups. It falls into the local decision-making category. What is your view about restoring licensed premises to communities?

Ms FYLES: We have been on the record …

Mr MONAGHAN: A point of order, Mr Chair! I encourage the member to rephrase it so you are not getting a personal opinion, because the minister does not have to give an opinion. Rephrase that question. I am sure you did not intend it to be a personal opinion she wants to give.

Mr YAN: Discussions I have had with community members in local decision-making have been about returning licensed premises to communities. Do you and the government support returning licensed premises to communities?

Ms FYLES: As a government, we have a policy of local decision-making. We have been on the public record in this space. Presently, we have the Stronger Futures legislation, as you very well know. We need the federal minister to sign off on any liquor licences in remote communities.

It is a complex question. We need community safety and the community has to be at the forefront of that. If a community wishes to have that right, then as a government we should put in place the licensing processes. That is something we have been on the public record about.

The legislation ends in 2022, from memory. Communities have come to us. I understand that the previous Minister for Indigenous Affairs, Senator Scullion, had a strong view against it. We believe that community should be in control of those decisions, but it is complex. Community safety has to come first, particularly women and children.

Mr CHAIR: Are there any further questions? That concludes consideration of Output 3.1.

Output 3.2 – Mental Health

Mr CHAIR: I will now call for questions on Output 3.2, Mental Health. Are there any questions?

That concludes consideration of Output 3.2.

Output 3.3 – Aged Care

Mr CHAIR: I will now call for questions on Output 3.3, Aged Care. Are there any questions?

That concludes consideration of Output 3.3 and Output Group 3.0.

OUTPUT GROUP 4.0 – PRIMARY HEALTHCARE
Output 4.1 – Remote Primary Healthcare

Mr CHAIR: The committee will now proceed to Output Group 4.0, Primary Healthcare, Output 4.1, Remote Primary Healthcare. Are there any questions?

Mr YAN: I spoke earlier today about remote clinics. How many remote clinics have you reduced services to or closed in this reporting period?

Ms FYLES: I spoke earlier today about staffing. Whether it is acute facilities or remote primary healthcare clinics it is a challenge, not only for the Northern Territory Government but for health right across Australia. In Central Australia we are experiencing serious staff shortages, and this is the case across Australia with the ongoing closure of national borders and ongoing hotspots, meaning people are less likely to leave their home state.

I welcome Naomi, Acting Chief Executive Officer Central Australia Health Service to the table. CAHS has done a lot of work in this space. Recruitment and retention of staff is an ongoing issue for them and the primary and public healthcare team look for innovative ways to deal with that.

TEHS has tried, at times, to provide some support to Central Australia. It is traditionally an issue that we see usually through the Christmas and summer period each year, but we have seen it ongoing into the winter months. We are focused on how we can overcome that—but we have not closed any clinics permanently. That is very important to have on the record.

Central Australia public and primary healthcare supports 23 health centres across the Central Australia region, and we have seen services reduced temporarily at Yuelamu, Epenarra, Imanpa, Haasts Bluff whilst this issue has been ongoing.

Since 2017 we have a mandated policy that no clinician can work alone without the support of another clinician for more than five days due to clinical risk and fatigue. It takes us 55 FTE, I believe, where as previously it was 39 FTE to staff our clinics, but we have a strong plan in relation to recruitment. We also have a contingency plan to provide services to those clinics from a primary healthcare perspective. I will ask Naomi to elaborate a little further.

Ms HEINRICH: Yes, the recruitment program is very strong across Central Australia looking at innovative ways to continue into remote communities. In the meantime, we are very active in providing visiting services in to those communities. There's a strong assessment undertaken, a risk assessment of each of the communities and a continuation of visiting services into each of those communities.

We have a very clear process of how we provide that service. Given the unusual nature, as minister indicated that this would be something we might see over the Christmas period but not into these months. We have established a task force within Central Australia Health Service to monitor very closely the activity within each of those communities, be it the routine episodes of care or the emergency episodes of care.

Ms FYLES: To elaborate further, I can assure you, Member for Namatjira, not only as the shadow minister but as someone who represents a partially bush electorate, TEHS, CAHS and the department are doing everything they can to fill these remote area nurse positions. I cannot stress that enough. New chief executive Naomi and I have spoken about this many times. We have rolling recruitment; we have casual staff who we have requested to fill positions; agency staff currently on placement have been asked to extend contracts; nursing staff on and off tender have been contacted; and the Top End Health Service has been contacted to see what assistance we can provide.

These decisions are not made lightly. We understand how important this function is. It is remote primary healthcare, so we put in place alternatives if we cannot keep the clinic opened safely for our nurses.

Mr YAN: Following on from that, you said you have tried (inaudible). I have spoken to some agency RANs who are able to cover peak in positions and remote clinics and they have not been contacted.

Ms FYLES: You have my number; if you hear of that, please text me directly. I trust our agency and their work. I am provided with updates, so I feel that they have put significant effort in. But if that is what you are saying, we will take that away. We are asking at an agency level, but perhaps we can implement direct contact to nurses.

I am certain that the agency has worked very hard. The last thing they like doing is sending me a flash brief, telling me that services have to change temporarily, because they know that I do not accept that lightly. It is an issue that we continue to work through, and there are a number of factors outside our control, but we try to put measures in place.

Mr YAN: The provision of health services in those remote communities is critical. The clinic, like the store, as the hub of the community. There are places I have been to that have only been in service for eight hours twice a week. That is having a devastating effect.

Mrs LAMBLEY: How many remote clinical staff are now working at Howard Springs?

Ms FYLES: I am happy to take that on notice. We have not said to come from a remote clinic to Howard Springs; people are free to choose whichever contract they would like to fill. I am not sure if we asked them their previous employment when we employed them, but I am happy to find out if there is any information.

Question on Notice No 2.22

Mr CHAIR: Member for Araluen, please restate your question for the record.

Mrs LAMBLEY: How many remote clinical staff are now working at Howard Springs?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes.

Mr CHAIR: The question asked by the Member for Araluen is allocated the number 2.22.

Ms FYLES: I was just saying that one of our plans the to achieve and overcome their sustainability going forward is with recruitment of local community members, particularly Aboriginal health practitioners, in roles of administration, community workers and second responders. There is an ongoing focus on recruitment of Aboriginal health practitioner trainees and comprehensive support is being provided for existing health practitioners and trainees.

It is also identifying people in the community—I cannot think of which community it was in the Top End recently, but the person who came on board and became the driver for the clinic went on to complete their training as an Aboriginal health practitioner.

Healthcare can be very intimidating, especially the processes within it, so if someone can become comfortable in the space they are working in and have support—extra support for Aboriginal workers and pathways for them is very important. I spoke earlier about the EBA and making sure they are remunerated. Naomi, did you want to add anything further?

Ms HEINRICH: It as a broad brush in regard to the recruitment strategy. It is about training people in communities and looking at what we can do to relocate and rotate staff. We have a number of models internally within the hospital and are looking at options for how we can better support our remote teams.

The other aspect that is important to understand in regard to remote nursing is that there is a distinct skillset required for remote nurses. We need to look at how we continue to train people to work in the remote environments they are currently placed in.

Similar to establishing a task force to look at what is happening in the communities, to ensure that we can modify, adapt and continue to deliver care in communities, we are looking at the more comprehensive recruitment strategies so we can address everything. We will engage with the Chief Nursing and Midwifery Office to undertake that specific review ongoing. I agree that this is a very comprehensive process. It is significant and we are looking very closely at that.

Mrs LAMBLEY: It is about incentives, is it not? It depends where you want your staff most. Are you providing more incentives for them to go to Howard Springs or staying out in remote clinics potentially, if that is what we are seeing—a drift.

Ms FYLES: Since you raised it, I have been provided with some advice. We have asked the question, did Howard Springs have an impact? The answer is no; it is a different skillset and the shortage is not due to Howard Springs.

Mrs LAMBLEY: That is great news.

Ms FYLES: We typically saw this as an issue over the summer months. You know this, being a Centralian resident. Then it was COVID and some of those border restrictions. It is certainly a challenge right across the Territory as it is in remote areas of other jurisdictions.

Mr CHAIR: Do you have the numbers or would you like to answer the question on notice 2.22?

Ms FYLES: Is that the question that the member asked me?

Mr CHAIR: Yes. The question about the remote clinics.

Answer to Question on Notice No 2.22

Ms FYLES: The advice I have is none.

Mr CHAIR: Question on notice 2.22—the minister advised that there are no workers from remote clinics at Howard Springs currently. Is that correct?

Ms FYLES: That is not saying that anyone who has worked remote is not working at Howard Springs. The answer is no; they have a different skillset and the shortage is not due to the Howard Springs facility.

Mr YAN: Have you considered bringing in qualified staff from overseas? I know we have done it for other things. I am aware that Fijian RANs have very similar qualifications to Australia as an example. I would hazard a guess that there may be other countries as well. Has this been considered?

Ms FYLES: Part of the problem we are facing right now is COVID. With international borders closed we are not able to access—we have seen it in the hospitality and fruit-picking industries with seasonal workers. Anecdotally, New Zealand provided a number of our nursing staff in Central Australia. With the borders closed they have chosen to stay and work closer to home. Previously they could come here and do two months in a remote community and then go home for three or four weeks. That is not an option now.

Even with the border restrictions internally in Australia, someone who might want to live on the east coast and do two or three weeks of work and then return, those options are not there. We have looked at the skilled workers from overseas. That is part of the problem more broadly in our health system, as well as other areas; I do not think Australia realised how much we relied on skilled migration and people of certain visa categories. The Commonwealth Government is aware of our need to fill these positions to provide important services right across Australia not just within the health system.

Mr CHAIR: Are there any further questions? That concludes consideration of Output 4.1.

Output 4.2 – Urban Primary Healthcare

Mr CHAIR: The committee will now move onto Output 4.2, Urban Primary Healthcare. Are there any questions?

That concludes consideration of Output 4.2.

Output 4.3 – Territory-wide Community Services

Mr CHAIR: The committee will now move onto Output 4.3, Territory-wide Community Services. Are there any questions?

That concludes consideration of Output 4.3 and Output Group 4.0.

OUTPUT GROUP 5.0 – NATIONAL CRITICAL CARE AND TRAUMA RESPONSE
Output 5.1 – National Critical Care and Trauma Response

Mr CHAIR: The committee will now proceed to Output Group 5.0, National Critical Care and Trauma Response, Output 5.1, National Critical Care and Trauma Response. Are there any questions?

That concludes consideration of Output 5.1 and Output Group 5.0.

OUTPUT GROUP 6.0 – HOSPITAL SERVICES AND SUPPORT
Output 6.1 – Hospital Services and Support

Mr CHAIR: The committee will now proceed to Output Group 6.0, Hospital Services and Support, Output 6.1, Hospital Services and Support. Are there any questions?

Mr YAN: Can you provide an update on the security guard who was stabbed last month? What is his current health status? Was he hospitalised? Is he still off work?

Ms FYLES: I will take that on notice. I am not sure how much personal detail we can provide. I will take that on notice so the department can work through the appropriate employment matters in responding to you. I suspect it is personal information.

Question on Notice No 2.23

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: Can you provide an update on the security guard who was stabbed last month at Royal Darwin Hospital? What is his current health status? Was he hospitalised? Is he still off work?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes, within the criteria I mentioned.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated the number 2.23.

Mr YAN: Following on from that one, how many assaults by patients or their family members on staff have occurred at our five hospitals and health clinics in the reporting period?

Ms FYLES: It is really important that we have a zero tolerance policy. It is completely unacceptable when people who are trying to assist you are assaulted, whether it is verbally or physically. It is simply unacceptable. We see this, not just with our frontline health workers but our paramedics. We have the Hands Off campaign, which is run by the United Workers Union. We also see it, unfortunately, with our police and firies.

I am seeking some advice to see what statistics we have at hand about the specific numbers—if you give me a moment. Sorry, we will look for it.

As I mentioned, there is a zero-tolerance approach to aggression against employees, both verbal and physical. From 1 July 2020 to 31 March 2021 there were 311 reported incidents of aggression in that reporting period.

NT Health provides information sessions to encourage preventative practice through the provision of minimisation awareness sessions, facilitated by the NT Health department orientation program. In addition, a contract service provider that was engaged to provide specific training in managing violence and aggression within the workplace. Staff are actively encouraged, through their line managers, to report any physical aggression incidents to NT Police. There are also internal reporting mechanisms. That total is 311 across the Territory.

There is also the work we have done in remote area nurse safety with the review we conducted in 2016. There are some mitigation strategies for remote area nurses.

Mr YAN: I hope there are some strategies in place, minister. With 311 acts of aggression, that is nearly one a day.

Ms FYLES: It is completely unacceptable that the people who are meant to be caring for them then become the victim themselves.

Mr YAN: I can safely say that those figures for acts of aggression against Corrections officers are probably far lower than that. They would be lucky to be in the fifties, I suppose, for a one-year period, and we have 311.

Mr MONAGHAN: Minister, particularly with COVID, my assumption is that telehealth has had a very important role to play. Can you outline how we have used it and what the benefits it holds for delivering those health services?

Ms FYLES: The Territory has had a long history with virtual care and using telehealth. We were an early adopter of those models of care. It is basically using digital technologies to assist diagnosis, early intervention and treatment. In some cases, it prevents unnecessary hospital admissions and decreases the need for long-distance travel. It can also mean that when long-distance travel has to be undertaken, whether intra-Territory or interstate, it can be reduced to the minimum time frame. Throughout the COVID-19 there has been a significant increase.

We acknowledge the Commonwealth Government, which has increased services. Mainly in the primary healthcare space, you have only been able to access the Medicare item if it is a face-to-face consultation, it has extended the provision of telehealth services, which is wonderful and important in the Territory. There has also been innovation within our private GP practices where they use telehealth for private patients.

There has been a dramatic increase. I did mention these figures but I will mention them again. From financial year 2018–19 to 2019–20, telehealth occasions of service have increased by 130% in the Top End and 80% in Central Australia. That was a net increase in the Northern Territory of 87% from a total of 19,200 to almost 36,000 occasions of service. That increase utilisation has continued with, we estimate, a further increase of 30% during 2020–21.

For us it is about what policies and measures we can put in place to ensure people can access telehealth going forward, and what we can do in terms of our vision and planning. I outlined to you some of the intra-Territory and interstate where we can produce or disperse the need for travel.

We have the Northern Territory Health virtual care strategy, which guides how virtual care, including telehealth, can be used to complement and extend traditional models of care to increase accessibility for all Territorians. The implementation of the NT Health virtual care strategy will be ongoing and with oversight by a steering committee and executive sponsor. The strategy will be implemented in phases, with the initial focus in 2021 on expected outcomes, including more clients receiving virtual care closer to home, reduction in …

Mrs LAMBLEY: A point of order, Mr Chair! We really do not have time for Dorothy Dixers. There is obviously a written response there. Maybe the minister could provide her colleague the response and we can get on with spending the last 37 minutes of this very precious time asking questions that are probably of more interest to the Northern Territory.

Ms FYLES: I am nearly done with the question asked by the committee member. I would think that being from Central Australis the Member for Araluen would be very keen to hear.

Mrs LAMBLEY: This is not the place and time for the Dorothy Dixers, in my opinion.

Mr CHAIR: Thank you, Member for Araluen. The minister can answer the question. I think you indicated you would conclude shortly.

Ms FYLES: I have a couple more minutes and I think it is really important. I am surprised that the Member for Araluen, someone from Central Australia, is disappointed …

Mrs LAMBLEY: I am surprised that you waste precious time in estimates to ask Dorothy Dixers and read off a written response that you prepared prior.

Ms FYLES: You are wasting more time with your interjections. Do you want to let me get on with it?

Mrs LAMBLEY: Please yourself; you are in control. The government is in control of the whole thing.

Ms FYLES: Thank goodness! As long as it is not the Leader of the Opposition or else the borders would have been opened a year ago.

Mr CHAIR: Minister, please stop wasting time.

Mrs LAMBLEY: You have said that five times today, minister. Change your tune.

Ms FYLES: Five?

Mrs LAMBLEY: Yes; five times. It is a track record.

Ms FYLES: It is good to see you are keeping track.

This NT virtual healthcare strategy—the expected outcomes include more clients receiving virtual care closer to home, the reduction in low-priority medical retrievals and reduced waiting times for referred consultations.

We have the digital health strategy, which I was really pleased to launch. The Northern Territory Department of Health; the Aboriginal Medical Services Alliance NT, or AMSANT, as it is more commonly known; and the NT Primary Health Network formed this partnership with a shared purpose to strengthen the NT Health system using dual health capabilities and new ways of working.

We have the Strengthening Our Health System Strategy 2020–2025. This is very exciting along with the work we are undertaking: the significant investment by this Labor government in the Acacia digital patient records

system, which is world-leading technology that will ensure our patients—whether it is in a primary healthcare setting, a remote situation or an acute hospital in an urban area, the clinicians will have access to the information to provide the best care possible.

Mr CHAIR: Are there any further questions? That concludes consideration of Output Group 6.0.

OUTPUT GROUP 7.0 – CORPORATE AND SHARED SERVICES
Output 7.1 – Corporate and Governance

Mr CHAIR: The committee will now move onto Output Group 7.0, Corporate and Shared Services, Output 7.1, Corporate and Governance. Are there any questions?

Mr YAN: I have asked this question in a previous session, but I will check against last year's figures. What are the current overtime costs carried out by clinical staff at the Northern Territory's five main hospitals?

Ms FYLES: The advice I have—I will have to seek advice on whether I have Central Australia's figure—is for the hospital services for the Top End. I can give you a breakdown of total staffing costs and overtime for Royal Darwin and Palmerston.

Mr YAN: I would like it for the Territory if I can, please, so I can compare apples with apples from last year. I am happy if you take it on notice.

Ms FYLES: How about I give you an indication and then I can take it on notice? I have $118m—very close to $119m—in payroll for Royal Darwin and Palmerston. The overtime was $4.38m. When I get to Katherine and East Arnhem it is a breakdown of the regions, including hospital and primary care. I will have to take that on notice.

We have significantly reduced our reliance on agencies within our hospital system. That was a decision made a couple of years ago—to put investment into our staff and keeping a more permanent workforce. Agency labour for Palmerston and Darwin is only $700,000. I am happy to take it on notice to get the full breakdown and compare hospital by hospital.

Mr YAN: That would be good, thank you.

Question on Notice No 2.24

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: Minister, what are the current overtime costs carried out by clinical staff at the Northern Territory's five main hospitals?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated the number 2.24.

Mr YAN: In relation to our remote clinics, what is the turnover rate for medical staff at the department's remote clinics and can you break that down by region?

Ms FYLES: We would need to take that on notice. We would have to go back and look at how we can provide that information. The best estimate would be on permanent positions and separations from the department.

Question on Notice No 2.25

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: Minister, what is the turnover rate for medical staff at the department's remote health clinics and can you break it down by region?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated the number 2.25.

Mr YAN: What is the current vacancy rate for medical staff at the department's remote clinics? Can I also have that broken down by region?

Ms FYLES: In the interest of time, how about we take that question on notice? This is a technical question and I apologise that we do not have it here.

Question on Notice No 2.26

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: What is the vacancy rate for medical staff at the department's remote health clinics? Can you please break it down by region?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: I am happy to accept the question.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated the number 2.26.

Mr YAN: How many medical misdiagnosis complaints have there been in the reporting period?

Ms FYLES: I would suggest that is a question for the Health complaints commissioner. I am happy to go away and seek internal advice on our complaints, but the Health complaints commissioner does have a role to play here. I am happy to take it on notice from our perspective.

Mr YAN: I have a follow-up question that directly relates to it. If you could take that on notice, please?

Ms FYLES: What is your follow-up question?

Mr YAN: If there were substantiated and associated costs?

Question on Notice No 2.27

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: How many medical misdiagnosis complaints have there been in the reporting period? Of those complaints, how many were substantiated? What were the associated costs?

Ms FYLES: We will ask our clinical services legal team for that information.

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes, and we will make sure that it is de-identified.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated the number 2.27.

Mr YAN: I need to step back a bit. Can we go back to when the code yellow was declared at RDH in February? Exactly what is a code yellow and under what circumstances is a code yellow is declared?

Ms FYLES: A code yellow is a process that is a nationally defined situation to indicate a hospital has reached a capacity point. I will hand to Allison Grierson, Acting Chief Operating Officer for Top End Health Service. It is a very structured process that we report to if we reach a certain capacity.

Ms GRIERSON: We have a big capacity management plan at Royal Darwin Hospital. There are levels one to four depending on the occupancy and acuity at any point in time. Above level four is code yellow. That is an extreme state where we essentially have no bed movement and no capacity.

Leading into that process we establish an incident management team and have a very structured and methodical escalation process. The code yellow you referred to was 24 February. It lasted for about 48 hours. It is an emergency response where we channel all clinical resources dedicated to patient flow to relieve that pressure.

As I said before, our bed flow is routinely sustained at a high level. We are improving that process incrementally. It is complex and quite a journey to work through. We have a very methodical, structured approach to managing our bed flow and the escalation process.

Mr YAN: Why were people not told about it? It was kept awfully quiet.

Ms FYLES: Following that, we articulated it was not a deliberate move not to share it. We have enacted an internal policy now that if we were to go to code yellow, we will put out a media statement to alert the community. It was not deliberate—hindsight is a wonderful thing. At the time, I spoke about that and apologised to the community.

As Allison just articulated, it is about mechanisms within an incredibly busy hospital where there is no bed flow and what we need to do internally to deal with that. I accept the public's right to know what is happening, particularly with the main tertiary hospital for the Northern Territory. Going forward, if we reach a code yellow, a statement will go out from the department so that Territorians can understand that. That would go for any of our hospitals.

Mr YAN: How many code yellows have there been across the NT hospital system so far this financial year?

Ms FYLES: We think just that one, but we are happy to take that on notice. There certainly has not been one since because we would have issued that statement. It is very serious.

Question on Notice No 2.28

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: How many code yellows have there been across the Northern Territory hospital system so far this financial year?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: I can provide that Central Australia has had none. We think one, but will double check that and take it on notice, yes.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated the number 2.28.

Mr YAN: Minister, what other codes are there and how many have there been for the financial year?

Ms FYLES: There are a number of codes. Sometimes, if you are in the hospital, you will hear them call code blue. That is a medical emergency in a certain location of the hospital. As Allison articulated, we have the levels for bed occupancy. That code yellow was for bed occupancy. I guess you are asking about the overall structure of the hospital?

Mr YAN: Yes, not internal processes as far as code blue …

Ms FYLES: No, it is not like we would go from a code yellow to a code purple or pink.

Mr YAN: Okay, thank you. For RDH, what is the number of current FTEs and how does this compare with 2020–21?

Ms FYLES: I have the overall NT Health FTE to 31 March. I am not sure if I have a breakdown for RDH.

Mr YAN: I am after a breakdown for the five hospitals.

Ms FYLES: I might take it on notice because my brief has the current FTE cap at 31 March 2031.

Mr YAN: Outstanding! Back to the future.

Ms FYLES: We responded to a written question.

Question on Notice No 2.29

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: Shall I combine it with all five, minister?

Ms FYLES: Yes.

Mr YAN: Minister, what are your current FTEs for the five main Territory hospitals, and how does this compare to 2020–21?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: I will take the question on notice for the reporting period 1 July 2020 to 31 March 2021.

Mr YAN: That is fine.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated the number 2.29.

Mr YAN: What is the current bed capacity at RDH?

Ms FYLES: There is a figure, but we talked before about some renovations that are taking place. Obviously, we are agile to respond, so I will hand to Allison to provide you with detail.

Ms GRIERSON: In our annual report, we report 367 beds at Royal Darwin Hospital. However, we are agile and responsive to the needs of our patient flow. That depends on the acuity and the need of the patients at the time and, as we have talked about, the acuity and occupancy in the emergency department.

At the moment we have renovations on Ward 2B, so we have had to close part of that ward while that occurs and open other areas of the hospital. We also opened short-stay areas, to take patients who may need an overnight stay, to relieve the pressure. It is a very dynamic situation. We will take patients from the emergency department and move them into the ward. We will take patients who are discharging and refer them to the transit lounge ready for their discharge home.

It is quite an agile and flexible process. We are funded on activity, not beds, so over time our number of separations has increased our average length of stay has reduced considerably over time, so we are becoming more efficient and more effective.

Mr YAN: In effect, you have a surge capacity?

Ms GRIERSON: We do. We have surge capacity which we exercise day-in and day-out depending on the situation at hand, the time of day or night and what we might be presented with.

Mr YAN: With a bed capacity of 367 when the code yellow was declared, how much had that bed capacity been exceeded at the time?

Ms GRIERSON: We would have opened all of our surge capacity and that is also dependent on the staffing and capability we have available. I cannot give you an exact figure off the top of my head, but we would have been in a situation where we could not open more beds and, at that point, we did not have discharges. We focus on essential and critical services and over time work through that and give the best possible patient care that we can and look after our staff in regard to their fatigue and their safety.

Ms FYLES: Part of the implementation of the daily huddle is that short, sharp overview of the hospital. A senior clinician, nursing or medical, from each division will come to that and it is literally 15 minutes to give that snapshot of where the hospital is at so different people can understand the context that is currently being worked in, where the pressures might be, what they can do and to understand the role they play in reducing that. Off the back of the morning huddle, if there are key areas, they may reconvene at lunch time to see if that flow has been achieved.

We have the transit lounge to provide support, the Lorraine Brennan Centre. It is okay for those of us who live in an urban area because we can go home safely and be close to a hospital, but if you are heading to a remote community, the Lorraine Brennan Centre provides capacity if you do not need to be in an acute bed clinically but it is not safe for you to go. We have worked through all that. It also looks at staffing and other issues that might affect the bed flow, like repairs and maintenance in the hospital. I have seen firsthand that it brings the team at RDH together so that no division is feeling the impact of the pressures on the hospital.

Mr YAN: I go back to my original question. When the code yellow was declared, I understand it was quite a fluid environment, but what were your maximum numbers? You have a 367-bed capacity which is reported, and you have a surge capacity. I understand that. I have worked in those environments. What were your highest numbers during that code yellow period?

Ms FYLES: We are happy to take that on notice and provide that advice back to you. I should also point out that we have a strong relationship with the private hospital. Whether it is patients who have private coverage and could utilise that or whether we buy beds, that is not an uncommon thing across at the private hospital. I am happy to take that specific figure on notice.

Question on Notice No 2.30

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: During the code yellow in February this year, what was the maximum number of people in Royal Darwin Hospital?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated the number 2.30.

Mr YAN: During that point in time, did the ED have to turn away or redirect patients?

Ms FYLES: No. That is unique about the emergency department in the Territory. You probably saw on the news, overnight in South Australia they have had some pressures, and other jurisdictions are certainly experiencing this, but it is often called a drive-by', in ambulance speak. We do not have the ability to do that. Patients are admitted and we surge the capacity to admit them, but that means we put in place mechanisms to reduce the capacity as much as we can and get some bed flow happening in other areas.

Mr YAN: How many patients are being transferred between Palmerston Regional Hospital and Royal Darwin Hospital?

Ms FYLES: It is important to note that it is one service—one hospital, Darwin and Palmerston Regional together, but two campuses. It is not a surprise to see transfer between the two campuses.

Ms GRIERSON: We transfer between five and 15 patients from Palmerston to Royal Darwin in a 24-hour period.

Mr YAN: Do you have a cost for patient transfers for the reporting period between RDH and Palmerston—and maybe return?

Ms FYLES: We have a contract in place. I have declared conflict of interest with Care Flight; I will ask Allison to respond to that and I will not provide any comments.

Ms GRIERSON: The cost of road transport between Palmerston and Royal Darwin is $138,805 per month excluding GST, or $1.63m per year excluding GST.

Mr YAN: While I am on the train of patient travel, how many cardiac patients were flown to interstate hospitals in the reporting period? What was the total cost?

Ms FYLES: Both the Top End and Central Australia health services have indicated they would like to take that on notice.

Question on Notice No 2.31

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: How many cardiac patients were flown to interstate hospitals in the reporting period? What was the total cost of those transfers?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated the number 2.31.

Mr YAN: How much will we have spent on specialist training programs this year? How much is anticipated for the next financial year? Why do we see a substantial cut? What does that mean for specialist training for NT health professionals?

Ms FYLES: The officials with me are not aware of any substantial cuts in the information they have at hand. I am happy for you to interrogate that a little further.

Mr YAN: I believe I jumped forward. I am aware there have been some funding cuts and reduction of funding for specialist training services for health staff between this financial year and the last financial year.

Ms FYLES: Are you able to elaborate any further?

Mr YAN: I will have to go and find it somewhere in here. How about I send that through is a written question?

Ms FYLES: It could be a timing thing. Sometimes with agreements with NGOs or the Commonwealth funding, the timing falls slightly. You will write to me with more context?

Mr YAN: I will put it through as a written question as part of the estimates process. I have no more questions for that output, Mr Chair.

Mr CHAIR: We might get to the Major Events opening statement. We have 11 minutes left. That concludes consideration of Output 7.1.

Output 7.2 – Shared Services Received

Mr CHAIR: We will proceed to output 7.2, Shared Services Received. Are there any questions?

Mr YAN: What was the total spent on settling legal matters, paying judgements and/or satisfying legal costs and orders in the last financial year to 31 May 2021?

Ms FYLES: The officials with me do not have that information at hand. They would prefer to take it on notice so that they can provide you with a thorough response.

Question on Notice No 2.32

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: Minister, what was the total spent on settling legal matters, paying judgements and/or satisfying legal costs and orders in the last financial year to 31 May 2021?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated the number 2.32.

Mr YAN: A $220,000 consultancy was awarded to Sydney-based Diane Brown for the tender, Provision of Academic Leadership Support for the Implementation of a Graduate Diploma/Masters in Emergency Nursing Program at Fiji National University. What benefit will that deliver to Territorians?

Ms FYLES: (inaudible – microphone off.)

Mr YAN: I am unable to provide that at the moment, minister, but I have it on good authority …

Ms FYLES: (inaudible – microphone off) do not recall that? (Inaudible – microphone off) there is not some truth to the question you have asked. Perhaps you could put it in writing to me. I am wondering if it is nothing to do with the National Critical Care and Trauma Response Centre …

Mr CHAIR: Minister, please turn on your microphone. We were going great.

Ms FYLES: We have done so well. Sorry, Hansard. I was asking the shadow minister if you could provide some context, which he is not able to do. I mentioned maybe the National Critical Care and Trauma Response Centre, because its funding is from the Commonwealth but comes through the Territory.

Mr YAN: It could be.

Ms FYLES: It could be there.

Mr YAN: I will follow up on that, minister. I will provide that as a written—as part of the estimates process.

You have also placed a $1.16bn wages on the Department of Health. What guarantees are you able to provide that it will not blow out?

Ms FYLES: Health is an agency that works very hard to stay within its budget. I was very proud before COVID hit, that the work we had undertaken to provide high-quality healthcare across the Northern Territory and manage a budget. Then that pesky little thing called COVID came along, which has certainly had an impact.

In all seriousness, we take our financial responsibilities seriously. We deliver healthcare on the front line in an ever-evolving situation. It is the largest single component of the Northern Territory Government budget. We work together across the health services. The chief executive and I meet regularly. I meet with the chief executive on average every fortnight; sometimes we meet more regularly. Budget is a standing agenda item. We take our responsibilities seriously in managing the budget and delivering vital health services.

Mr YAN: Are you able to provide an updated breakdown of complaints to the Health complaints commissioner by region?

Ms FYLES: The Health complaints commissioner sits under the Department of the Attorney-General and Justice. I believe that you or one of your colleagues as shadow ministers will be able to ask questions of Mr Dunham, the Health complaints commissioner. Minister Uibo is up next week. I recommend that be asked then.

Mr YAN: I was not sure whether you would have the data or if it sits with Attorney-General and Justice.

Ms FYLES: I meet with the Health complaints commissioner. The previous chief executive and the incoming intends to have a strong working relationship. We value the work of the Health complaints commission office. We do not want matters to happen, but they do. We try to resolve them internally. If we cannot, it provides support and an avenue for people who may feel aggrieved or would like to see systemic change from the health services they have received.

Mr YAN: In relation to the changes to the overall management and amalgamation of our health services into one, how many executive contracts does the agency have? Can you provide a breakdown by level and cost?

Ms FYLES: The advice I have is that there is the equivalent of 30.82 FTE executive contracts in the Department of Health, the Top End Health Service and Central Australian Health Service.

Mr YAN: You may have to take this on notice, I am after a breakdown by level.

Ms FYLES: I will take that part on notice.

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Question on Notice No 2.33

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: Thank you for providing the number of FTEs at ECO level at 30.82. Could you provide a breakdown by level?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: Yes.

Mr CHAIR: The question asked by the Member for Namatjira has been allocated the number 2.33.

Mr YAN: For the last reporting period, how many executive contract officers were there across your agency?

Ms FYLES: I answered that. It was the 30.82 FTE.

Mr YAN: Is that the current reporting period?

Ms FYLES: I apologise, they were the categories as of 31 March.

Mr YAN: My first question was, how many ECOs does the agency have?

Ms FYLES: At 31 March it was 30.82 FTE. I am not sure how you get 0.82 of a person …

Mr YAN: I know how you get that—it is very odd. How many executive contract officers did the agency have for the previous reporting period? It would have been 31 March 2019.

Ms FYLES: Do you mean 2020?

Mr YAN: Yes, 2020. My mistake.

Ms FYLES: It was not a great year, so it is easily forgettable. I am happy to take that on notice, Mr Chair.

Mr CHAIR: It will almost be the last one.

Mr CHAIR: Member for Namatjira, please restate the question for the record.

Mr YAN: How many executive contract officers did your agency have for the period up to 31 March 2020?

Mr CHAIR: Minister, do you accept the question?

Ms FYLES: That was the question you just asked.

Mr YAN: The first question was how many do you currently have, which is up to 31 March 2021.

Ms FYLES: Which is 30.82.

Mr YAN: Yes. I am asking for how many there were for the period to 31 March 2020, the previous reporting period.

Ms FYLES: The advice I have is 34.82, it has reduced by four. That is at June 2020.

Mr YAN: Yes, 34.82. We might not need that on notice.

Mr YAN: I do not think we do.

Ms FYLES: It has come through at the last minute.

Mr CHAIR: Ladies and gentlemen—by a nose at 4 pm.

That concludes consideration in detail for the Department of Health and our time with the Minister for Health. On behalf of the committee, I thank you, Minister Fyles, and your team for your advice today. I thank all the officers who have provided support to you. To Dr Daly, welcome—day 10, I am sure it is memorable.

Thank you to you and your team and everyone who is keeping us safe and managing our extensive health network.

Ms FYLES: Thank you, Mr Chair. I acknowledge the officials from my other agencies who will not get the opportunity to speak today. A lot of effort has gone into the preparation and I look forward to some written questions from the shadow minister.

Mr CHAIR: We will take a short break for the changeover before we begin with the Department of Education, with Minister Moss.

The committee suspended.

MINISTER MOSS' PORTFOLIOS

DEPARTMENT OF EDUCATION

Mr CHAIR: Welcome back, everyone. We will move to the Department of Education. I welcome you, Minister Moss, to today's hearings and invite you to introduce the officials accompanying you. Once you have done that, I will invite you to make a brief opening statement. I will then call for questions relating to the statement.

The committee will then consider any whole-of-government budget and fiscal strategy-related questions before moving on to output-specific questions and, finally, non-output specific budget-related questions.

I will invite the shadow minister to ask their questions first, followed by committee members. Finally, other participating members may ask questions. The committee has agreed that other members may join in on a line of questioning pursued by the shadow minister rather than waiting until the end of the shadow's questioning on the output.

Ms MOSS: Mr Chair, I take the opportunity to introduce the officials who will be appearing with me today: Karen Weston, Chief Executive Department of Education; Susan Bowden, Acting Deputy Chief Executive; Brett Roach, Chief Financial Officer; Aderyn Chatterton, Executive Director Youth, Engagement and Partnerships; Tony Considine, Executive Director Early Years and Education Services; and Adam Walding, the DIPL representative, Acting General Manager Infrastructure Investments and Contracts.

In the interests of maximising time tonight, I am happy to go straight to questions.

Agency-Related Whole-of-Government Questions on Budget and Fiscal Strategy

Mr CHAIR: The committee will consider the estimates of proposed expenditure contained in the Appropriation (2021–2022) Bill as they relate to the Department of Education. Are there any agency-related whole-of-government questions on budget and fiscal strategy?

Mrs HERSEY: I take this opportunity to thank all the public servants for their work.

Minister, why has Labor cut the Department of Education's Infrastructure budget by $28.6m? It is a third from this year's budget.

Ms MOSS: We are happy to talk to the infrastructure budget. Obviously, we can talk in more detail about infrastructure at the relevant output with Adam Walding, from the Department of Infrastructure, Planning and Logistics, but I think it is incredibly important to note that we have a record amount of funding going directly to Territory schools this year. That has been successive over the last few years.

There have not been any cuts to delivery education in the Northern Territory. When it comes to the infrastructure budget, I think it is incredibly important to note that over the last few years, some of the projects that were under way, such as delivering the Zuccoli school—you do not build a new school every financial year. Sometimes we have bigger capital expenditures, but we have a very strong rolling program of repairs and maintenance and minor new works.

There is the Building for Inclusion program, the acoustic upgrades and the Building Better Schools program, which are the infrastructure projects for every Territory school. Those infrastructure projects continue to roll out, but it does change from year to year when you do things like delivering a new school, as we did in Zuccoli.

Mrs HERSEY: Being that there was no opening statement—as you are the Minister for Women, where is the budget output group for Women?

Ms MOSS: At the moment we are on the Department of Education, so when we have concluded the scrutiny for the Department of Education, Territory Families will be able to answer questions in relation to their specific outputs.

Mrs HERSEY: The budget for consultation on the Education Engagement Strategy has dropped significantly. Can you explain why?

Ms MOSS: Could you clarify the question, because the engagement strategy is a new initiative for this year.

Mrs HERSEY: In Budget Paper No 3, page 140, consultation on the Education Engagement Strategy is $460,000 and the budget is $291,000.

Ms MOSS: I understand that is just a timing issue. The consultation on the engagement strategy is a new initiative and it has not dropped as there was not any consultation previously on the strategy.

Mrs HERSEY: The Morrison government has committed a record $402m for schools in the Northern Territory in the next financial year. What programs will this money be used for—infrastructure improvements, curriculum or operational improvements. Can you explain?

Ms MOSS: I will ask Brett Roach, the Chief Financial Officer, to be at the table for this component. We share funding arrangements of our schools and the education system with the Australian Government. They provide a significant amount of funding to our non-government school sector in the Northern Territory as well.

It is anticipated that with Australian Government funding, through things like the National School Reform Agreement, it will be $415.1m, which is $227.3m for government schools; $187.9m for non-government schools; and $33.1m under other national partnerships, which includes NTRAI, the Remote Aboriginal Investment program which covers programs like RSAS, Families as First Teachers, universal access for early childhood education agreements and the National School Chaplaincy Program. There are a number of elements involved in the $415.1m across the National School Reform Agreement. It covers a number of those different priorities with the NT Government's funding.

Mrs HERSEY: Which schools will benefit from the increased funding commitment from the Commonwealth Government. Can you list them, please?

Ms MOSS: I will hand to Brett in a moment. With a record Territory government budget and the Australian Government funding, that is something that we distribute to all our Territory schools. All Territory schools benefit from record investment from the NT Government and increased investment from the federal government. There is more money going to all of our Territory schools directly as a result of our record Education budget.

Mr ROACH: Minister Moss has covered off the main points. There is $204.8m for non-government schools, which is a significant increase on the previous year from the Australian Government to do with the National School Reform Agreement. The Commonwealth Government uses what is called the Schooling Resource Standard and determine how much each non-government school will receive. They give us the money and we pass the money onto non-government schools as directed by the Commonwealth.

The Northern Territory Government has no discretion about those funding arrangements. We are directed how to pass that money on, whereas the $223.9m for government schools is at the discretion of the Northern Territory Government. We pool that with NTG appropriation and notionally that flows out to all of our schools through our school resourcing model.

Mrs HERSEY: Given that the Commonwealth Government has committed a record $402m, is it the case that the $28.6m that has been taken away is the portion of the NT Government's—it has not contributed that amount to the budget?

Ms MOSS: In terms of taking away—I am not sure what you mean, Member for Katherine. Can you clarify what you mean by 'taking away'?

Mrs HERSEY: Being that you received the $402m from the Commonwealth Government. When I asked about the $28.6m in the infrastructure budget that has been cut—is that the NT Government's portion that you did not contribute to the …

Ms MOSS: First of all, I reject the premise that there has been a funding cut, but no, the two are not linked at all.

Mrs HERSEY: Education is the lead agency for the emergency shelter groups. Under which output can we ask questions about emergency shelters or, given there was no opening statement, can I ask that question now?

Ms MOSS: I do not believe there is an output for that, but I am happy to take a question on it now as it relates to the Department of Education's delivery. Obviously, the broader emergency management is not managed by us; we play a broader role within a whole-of-government team, but we are happy to answer questions as they relate to the Department of Education's emergency management responsibility.

Mrs HERSEY: In a letter dated 19 January 2020 you advised feedback regarding the introduction of Coolalinga Central car park as a cyclone shelter had been provided to the department for consideration. What is the progress of that, and how long until we can expect a response?

Ms MOSS: I provided that advice and we fed that back to the Department of Education. A review has been committed to by DCMC, so the appropriate place for that question would be with that department. The Department of Education plays an important role in managing existing shelters, given the number of shelters in our schools.

Mrs HERSEY: What was the actual expenditure for government education?

Ms MOSS: Sorry, we have a bit of movement here; we will get Brett to the table.

Mr ROACH: If you are talking about 2020–21, although we are close to the end of the financial year we will not know what our actual expenditure is yet, but we are tracking to our revised budget. We expect to be between 1% and 2% under our expenditure budget come 30 June.

Mrs HERSEY: How many staff are there in the entire department? How many are teaching staff? How many are admin staff?

Ms MOSS: As at 31 March 2021, the number of full-time equivalent employees in the department was 4,379, which is an increase of 13 employees compared to the same period in 2020. The number of service-based employees was 3,934, which is almost 90% of the workforce. That is pretty much on par with what we spoke about last December—70.6% of those are teaching employees, 29.4% are in non-teaching roles—but that could be student support, professionals such as counsellors, psychologists, admin, et cetera—and the number of non-service-based employees was 446 FTE, which is just over 10% of the workforce.

Mrs HERSEY: In 2016 you made a pre-election promise that every school in the NT would receive $300,000 in upgrades. How many schools are still waiting for these upgrades?

Ms MOSS: If we could have that question in the infrastructure output, that would assist in having …

Mrs HERSEY: Output Group 1.0?

Ms MOSS: It would be Output 3.2.

Mrs LAMBLEY: In the 2019–20 Department of Education annual report, the very concerning rates of school attendance were revealed and reported in the media, particularly in remote schools. Can I ask this now? I think it is a whole-of-portfolio question.

The figures in Table 4 of that report show that you have five schools that have an attendance rate of less than 30%; 14 that have an attendance rate of less than 40%; and 15 that have an attendance rate of less than 50%, out of about 140 schools in total.

When kids are not going to school, we all know that is a problem for them socially, psychologically, mentally and economically. It puts them in an extremely disadvantaged position in society, with very few exceptions. I am wondering how you are approaching this. I have asked you about this several times. What are you doing to address the individual schools that come in under a 50% school attendance rate?

I would be really happy for you to go through each one and tell me exactly what your strategy is to deal with, for example, the problems at the Willowra School which sits below 30%. There have a 26.4% school attendance rate. What are you doing at Willowra School to address this problem of kids not attending school? Generally, what are you doing?

Ms MOSS: This is an incredibly important question. Each one of us cares about this deeply for exactly the reasons you said. Education as an important protective factor for young people and children and their families, and it is an important part of our communities. We need to make sure kids are attending school every day and are engaged in their learning.

We are very focused on this. Throughout 2020, COVID-19 added an additional layer to the complexities of student engagement and attendance, which was impacted on by many things, from housing to health and everything in between.

Throughout 2020 a lot of work was done by the department to identify not only children and young people who were already disengaged, but children and young people who were at risk of disengaging. They ran the Own our Own initiative, which goes to the heart of what you are talking about—working with individual schools and communities on strategies that would work best for that school cohort.

That happened throughout Term 2 in 2020; it was a tailored response. At Willowra School in particular—I will defer to other officials in a moment about that. In some of those remote schools there is an added complexity in regard to mobility, and that is a conversation we are having more and more as a department about how we address this factor of families moving around the Territory. They might be in community one week and in Alice Springs or Darwin the next. We are looking at how we can make sure those young people and children are still engaged in school.

Member for Araluen, you would be familiar with the KiTES program in Alice Springs. It is a very successful program which has seen an increase in a number of students attending. We are looking at how to expand that program, because we have to look at what has worked and take the lessons from that. We also have 21 frontline staff from across the department, including engagement offices and compliance officers, who are working with families at risk of disengaging or who are already disengaged. They are identifying young people out and about in the community who should be at school, finding out what their story is.

We are also working with police, particularly in Alice Springs, to make sure young people who come to the attention of police—that we have the education perspective as part of wraparound support. We are identifying young people who are not enrolled and should be enrolled in school.

Things like Learning on Country, which is happening in the Top End with the Northern Land Council, are very positive programs. They are looking at how they can expand that across the Central Australian region as well, with the Central Land Council. I hope we can support that expansion, because that kind of program which is rooted in country and culture is incredibly important.

We have to keep doing things like Clontarf, Stars, John Moriarty Foundation soccer program and those types of activities. This is why we are doing the engagement strategy. The department is currently doing a range of community consultation with families, community members, students and teachers to look at the next phase of our engagement and attendance strategy in the Northern Territory.

We need to have these honest conversations about what is happening in different communities so we can continue to target that funding. Aderyn, did you want to add to that?

Ms CHATTERTON: The work we did last year on Own our Own, which was focused on looking at the kind of data you referred to, and ensuring an agile response—the right people wrapping around our schools to have conversations about what the teaching and learning programs look like, what additional support may you require and how we can bring other agencies into the partnership. It is certainly a strong foundation that we are building on through the development of the engagement strategy.

With the engagement strategy, we have taken a different approach this time. It was really important for us to identify an expert advisory group and to have key partners with academic understanding and research background from both the Northern Territory and across Australia to help us take an informed approach from research and lived experience from people in the communities who have been involved in education for a very long time.

We have also established an education leaders reference group. Again, we are hearing from principals and school leaders, both Aboriginal and non-Aboriginal, across the Territory to help us shape the kind of questions that we are asking when we are doing our consultations across each of the key areas. We need to ask ourselves what our young people need to be learning, where they need to be learning.

Learning on Country is a great example of how doing things a little differently and seeing how that connects to the young people, we see great engagement. Maningrida is another great example. We have recently celebrated growth in attendance there.

It has been about reforms in teaching and learning, but also the way people are coming together—looking at individual young people's stories and developing responses, and working in partnership with families to reconnect and re-engage young people.

In relation to the schools you identified, it is about school improvement and leadership—people in the department who work closely with school principals and the conversations they are having. We have coordinated approaches in the agency, and every fortnight we are talking about the progress we are seeing happening in different focus schools and the kinds of resources we need to keep building on it.

Mrs LAMBLEY: Reading through this list is alarming, is it not? I hesitate to call it a crisis, but it is a crisis when you have so many schools with such low attendance rates. So many kids are not attending school. Are you taking a crisis intervention approach? Are you treating it as a high priority? I do not hear the minister talking about this much in parliament and I feel like it is one of those issues no-one really wants to take ownership of or be public about what they are doing in this space.

I think the opposite should be the case. I think this government needs to bring it out of the shadows and put a spotlight on it and throw whatever they can at trying to turn this around for the sake of future generations of Territorians.

Are you taking a crisis intervention approach? Are you allocating more money to this? What is the approach? I have heard that you are connecting and talking with people, which is absolutely essential, but what more are you doing? Give us some details. Give us some solace that you are actually treating this as a high priority.

Ms MOSS: First of all, in terms of having a public conversation about this, I do not think it could be claimed that we are shying away from this issue at all. I had an editorial in the *NT News* less than a week ago. We have certainly been out in communities having this conversation.

I went to the Darwin Engagement Strategy consultation. There were a number of people there. The issue around declining attendance particularly in remote and very remote schools was actively discussed within that forum. I understand it has also been discussed in Katherine and Alice Springs, and it will be at all of those consultation sessions because we have to understand and acknowledge the problem in order to have the conversation with stakeholders about what the future of engagement and attendance looks like in the Northern Territory.

We have an Indigenous education strategy, which is going into phase three. There is a review of that at the moment to make sure everything is targeted where it should be. We could not be taking this issue any more seriously. It is absolutely the main focus. We need to get kids to school every day.

Things like the review of flexible learning are incredibly important in this conversation, as are alternative education programs and our flexible learning centres. This is an important part of education. We need to get those settings right. We opened the youth skills centre at Palmerston the other day, which is incredibly important for students across the Territory for whom a traditional school setting is not the answer or the right place for them.

We need to be clear that when we are talking about increased focus on the early years, this is also the problem we are talking about. One of the big indicators for attendance and engagement of students later in their school journey is whether or not they attended preschool and whether they were in early childhood programs like FaFT or some of the mobile playgroups that are happening across the Northern Territory. Those things are about building habits and putting the value back on education. It is about teaching parents how they can support their child's development needs.

We are focused on getting the early years right for families across the Northern Territory. That is more complex the more remote you go. We have a commitment to expanding three-year-old preschool, which is active in a number of remote communities already. We will continue that work. Programs like FaFT are about building those habits early and creating structure and normality in their interaction with the education system.

When we talk about the early years, we are talking about setting up a learning journey for life. Do not get me wrong, it is tied to this issue.

Mrs LAMBLEY: This is not a new problem, is it? This has been a problem for a very long time, but I have never seen figures like this in my 11 years of being a Member of the Legislative Assembly. Things have deteriorated and I am wondering why.

You mentioned COVID. I recognise that could have easily been a problem, with people sending their kids to school, but there is no improvement with some of these schools, is there?

There was a feature in the paper the other day, which you mentioned—was it Maningrida?

Ms MOSS: Yes.

Mrs LAMBLEY: Yes, that is something to celebrate …

Ms MOSS: Absolutely.

Mrs LAMBLEY: … but the problem is widespread across the Northern Territory.

Ms MOSS: Member for Araluen, I will ask Karen to talk a little bit about the national context here in more detail about this.

Ms WESTON: I assure you that this is a very high priority for everyone in the department. We are trying to approach this in different ways at the school level, the regional level and the system level. This is a problem; across the whole of Australia there is generally a trend that as the year goes on, the attendance of students declines.

Every jurisdiction has had some impact from COVID. You might remember that last year we talked about how we have been very fortunate in the Territory to at least be able to continue face-to-face education. In some locations—location-specific—there are still issues with attendance that relate to being in groups. I assure everyone that this is the highest priority for us.

The minister has talked about the engagement strategy, the work we have started there and how we want to consult at the school and regional levels. I have spent time talking to the Northern Land Council, other land councils and other Aboriginal stakeholders because we want to hear the messages they might want to convey to us about education.

We have spent time reviewing some of the previous reviews into Aboriginal education which informed the engagement strategy discussion paper that is out at the moment. It is a genuine piece of work and we need to hear what we need to do at the local level.

When we look at the data, it is quite school-specific. There is a significant variation across location, and that plays out in funding models. It is a real challenge for our principals to respond to the complexity of the way in which the trends in attendance work in each jurisdiction.

At the local school level, you mentioned there have been some great stories from Maningrida and Palmerston. I have some other great stories—Alcoota's attendance rate in Term 1, 2021 was 64.6%, which is an increase of 16.6% on the same period last year. Mutitjulu's attendance rate for term one was 57%, which is a 13.4% improvement on the same period last year.

It is principal by principal working at the local level—Aderyn highlighted that we are looking at the data. In terms of how we are managing from a crisis point of view, the data has to be the first place we start. We are across the data at every school. Every principal is across the data and is working locally with their community.

I have received an update from the team about what we are doing at local schools, including the following:

- looking at rates of suspension and making sure we have more engagement and are responding to students' needs

- using restorative justice practices so that when there are issues in the school, we bring everyone together. Say there is an issue with bullying; we bring everyone in, because sometimes that is the point whereby children turn away from schools. We are trying to bring everyone together and resolve those issues

- hiring a teacher linguist

- being involved in matters across the whole community—for the Warlpiri education triangle trust, for example working together and employing a full-time school counsellor might be something a school would do

- the counsellor working in classrooms

- having Aboriginal traditional owners, educators or community members come in and sit beside students who are struggling with learning or behaviour issues

- more of our schools understanding and being trained in trauma-informed practice

- thinking about engagement for young men and how the school is structured, given some of the cultural differences for young men

- using engagement programs like Clontarf and STARS. There are other engagement programs across the Territory—Wanta run some of them. At Maningrida they run a sunrise and sunset academy which has a strong focus on sport

- having really strong relationships with community leaders. When I talk with the Northern Land Council, a lot of grandparents had a solid education, so how can we tap in to the grandparents' strong commitment to education? It is something they use every day.

One of the other challenges for us in the Territory is that decisions have been made in a policy sense in regard to secondary education—perhaps moving students off to boarding. More and more of our bigger schools in remote locations are starting to offer some Year 10, 11 and 12 subjects, using distance education if they need to. We are very much supporting them. We are also supporting VET in schools and more hands-on learning.

As more students stay in community and we see them complete their Northern Territory Certificate of Education, it gives our young people something to aspire to.

The minister mentioned what we are trying to do with early childhood. The evidence is very strong; if we can get kids attending preschool consistently, we will see better attendance. It is a multipronged attack and very much a focus.

We hope that through the engagement strategy there will be other actions we might need to take, and that will lead to potentially moving some of our resources and budget around. We are doing a bit of that now. We

have hired some extra engagement officers. Some of our schools have the flexibility to hire school counsellors or extra engagement officers.

We are using the data to work more closely with the RSAS program, which is a Commonwealth program. I think it is commonly called the ''yellow shirts program. It is not one thing—but data is driving our management of it. Then we are trying to work at the school level. I can share with you that there is not a principal in the Territory who does not get that this is a priority for government.

I cannot tell you it will be quickly solved, but I have a little highlight that I want to share. The Term 1 attendance rate for this year is 80.4%. That is just a small improvement on last year. At this time last year it was 79.9%. I think we will only see a very gradual improvement. It is a piece of work that needs sustained effort for quite a period of time. We will still have some schools with really poor attendance, but we need to get in there and wrap around those schools and the community and solve those problems.

We need to try to work at the system level to make sure that if we need extra school counsellors, Allied Health or Territory Families support, we need to work at the system level across government. That is the aim.

Mrs LAMBLEY: Thank you for providing that information, because we need to hear what is going on in this space regularly. I am not hearing it from you, minister. Maybe I am not in the right place at the right time to hear from you. I do not hear about it in parliament.

Mr BURGOYNE: Picking up on that, if I may. In regard to attendance in my electorate of Braitling, one school has a much lower attendance rate than others. You know the one I am speaking about; we have spoken about previously. How is the review into school zoning going in Alice Springs? I believe that relates to school attendance. If we believe it is such an important issue, I want to make sure that review is moving along.

Ms MOSS: To my knowledge, the review is still under way. It is still the commitment of the department to review the zoning of primary schools in Alice Springs. There have been changes in Alice Springs, with Kilgariff coming online and things like that, which need to be taken into account with regard to school zoning. That is under way. Karen, do you have additional information to add, particularly on the rezoning in Alice Springs and Ross Park?

Ms WESTON: The update I have here is that we are reviewing the priority enrolment areas for Alice Springs in 2021. We need to complete a demographic study; I do not have the time line at hand for that. Then we need to head into consultation once we understand the demographics with key stakeholders. It is expected to be completed later in 2021, so probably in Term 3.

Mr BURGOYNE: In previous conversations we have had, my understanding is that it was hoped this would be implemented by 2022. Are we still on track for that?

Ms WESTON: That is my belief, yes.

Mrs HERSEY: How many attendance engagement officers does the department employ?

Ms MOSS: I understand we have a team of 21 who work with students and families; 12 of those are engagement officers. There are four regional managers on the ground with that program and five compliance officers across the Northern Territory.

Mrs HERSEY: Where are they located? What areas do they service? Can you provide the number of officers by region?

Ms MOSS: There are five engagement officers in Darwin and Palmerston; two in Katherine; one in Tennant Creek; six in Alice Springs; one in Nhulunbuy; and one in the Tiwi Islands. I understand that those in the greater Darwin region would also service surrounding regions—and in Alice Springs.

Mrs HERSEY: How many schools is each officer responsible for, and for some officers does this involve schools that are very distant from each other?

Ms MOSS: I will ask Aderyn to speak to this in a moment. I note that some of these engagement officers might be based around a certain cluster of schools. There is an engagement officer currently attached to Malak and Karama schools and Manunda Terrace.

Ms CHATTERTON: We have engagement officers based in our major regional offices. At the moment there are some focus schools and communities they are working with. They average about three communities each, but they also work collectively to respond to referrals that may come directly from any school or any other agency.

One innovation we brought in through our COVID work and Own our Own last year was that we now have eight school-based engagement officers. Rather than having engagement officers who are based in the regional office, we have supported schools across the Territory to have school-based engagement officers.

Katherine High School has a school-based engagement officer. In Alice Springs there is one starting at Gillen Primary, Centralian Middle and Senior, Tennant Creek Primary and High, Maningrida, Shepherdson and, as the minister referred to, Sanderson Middle and the local primary schools.

That is an example of how we become more sophisticated in looking at the data telling us where the greatest need is. If we position the resources in our schools and work alongside the wider team with families and elders in communities, the data is showing greater impact. We have a hybrid model which is increasing our ability to redeploy our resources.

This year we have employed two additional engagement officers in response to the data and the needs there, as well as ensuring that we have a full-time officer in Operation Lunar, because it is vital that we work alongside our partners in Police, and Territory Families, Housing and Communities.

Ms MOSS: I highlighted the 16 engagement officers previously, but there are an additional eight engagement officers who are school-based. There are three in Darwin and Palmerston, one in Katherine, one in Tennant Creek, one in Alice Springs, one in Galiwinku and one in Maningrida.

Mrs HERSEY: How much time do those engagement officers expended each of the schools they are allocated to?

Ms MOSS: I can confirm that they head out to different schools. In Darwin, when I visit schools in the region, I see a couple of them at different schools. In regard to specific time at every school, I imagine it would depend on the needs of the individual school. Some would require more of their time because they are working with a greater number of families or disengaged students than others. That is a determination for them to be making in their day-to-day work. I do not know if they have an arbitrary split of days between schools.

Mrs HERSEY: Do you have a breakdown or comparisons for attendance rates at schools when they are staffed with an engagement officer, compared to when they have not had one, or for attendance rates when the officer is physically located at the school as opposed to when they are working in other areas?

Ms MOSS: I understand your question, but realistically the way you would look at that—we publish the attendance data, so you would be able to look at year-on-year and compare previous years when they did not have an attendance officer to a year when they did. I would caution against direct comparison without also understanding other initiatives that might have been taking place in the school that are not necessarily just tied to that position, if that makes sense.

If you take into account Own our Own, for example—we could have been doing an Own our Own initiative with the school and a year later put in a school-based engagement officer. It would be hard in that sense to attribute it all to the position being in the school, but that being said, it definitely helps. I hear directly from schools who appreciate that resource, but yes it obviously works with different—yes, you could take attendance data from a previous year when they did not have an engagement officer and compare it to a year when they did.

Mrs HERSEY: Do the engagement officers work with KPIs?

Ms MOSS: I will ask Aderyn to answer that question, but I would imagine yes, like every other person within the department.

Ms CHATTERTON: Each of the engagement officers—whether they are part of our central team that are based in regions or school-based engagement officers—have young people that have been identified by the school as priority students to receive wraparound support. Then we look at the story and the data trends for each of those individuals. That is the only way we will change our data, by focusing on the young person and what their individual needs are.

We have a focus on looking at longitudinal data in particular—what trends do we see across a school year and what would it take for us as a system to start to turn that around. Yes, there are targets and chains of evidence we talk about because, as our CE said, this is a long-term piece of work. We look at the things we will have in place along the way.

Every school that has had one of these school-based engagement officers has not just been focusing on the role of that engagement officer, but they have been looking at teaching and learning and what other things could be going on to enhance–there are a number of dynamics at play in this space.

Mr COSTA: I know the person we have on Tiwi because he used to be at Gunbalanya as well. Just by having the engagement officer on Tiwi—what he has done there is amazing. Whereas in Wurrumiyanga, I think about 18 months ago their attendance rate was down to about 49%, but now it is back up to nearly 60% or 62%.

It is probably the same in Milingimbi and Milikapiti. They go beyond just being the engagement officer; they also get involved with the kids and their families in regard to other activities or other services that they can tap into, such as counselling and all that. They are at the forefront as far as I am concerned.

Ms MOSS: They absolutely are, Member for Arafura. They do not work in isolation either; there are a number of providers delivering Remote School Attendance Strategy programs across the Northern Territory, whether that is nutrition programs or transport programs, or the 17 schools with Clontarf academies, 16 schools with Stars academies. They play an important role because often—you would all know from visits to schools in your electorates that those mentors are often providing wraparound support for students and families, picking them up for training, making sure they have a belly full of food and are ready to learn. The engagement officers do not work in a vacuum.

Mrs HERSEY: Thank you for answering that, but what exactly are the KPIs that they work to?

Ms MOSS: Ultimately, it is re-engaging kids back in school. But in terms of the specific targets, I am not across that level of detail given that it is a HR matter.

Ms CHATTERTON: I will just add, it is a combination of the number of young people that they are case managing and interacting with. Some of our young people are long-term disengaged, so it is about reconnecting and working with the schools to put in place whatever is required to build on their success. It is not just about attending; it is about engaging and continuing to be involved in school. It is also about looking at a particular cohort of young people and what their collective average attendance was at the beginning of the term, and what it looked like at the end of the term.

Mr BURGOYNE: With regard to those engagement officers, you mentioned before that the one in Alice Springs is based out of Gillen.

Ms CHATTERTON: Yes, that is a new one, a school-based engagement officer.

Mr BURGOYNE: Could you give me the latest attendance data for Gillen compared with Sadadeen? Surely you have the breakdown. I know the Member for Araluen probably has them sitting on her desk, I just do not have them with me right now. I am interested how you decide the greatest need as to where these people are based.

Ms CHATTERTON: I should clarify, Gillen Primary is in the process of finalising the recruitment of their school-based engagement officer. I do not have the Gillen Primary attendance data on hand. A combination of things that informed Gillen Primary being identified was the fact that they have a strong focus on early childhood, so this was a resource that could enhance what was already occurring in that space and the work they had already commenced within their own resources to connect with families and build alternative programs for young people who were not regular attenders. It was an opportunity for us to support and strengthen the initiative that had already commenced. It is also about looking at the number of people who are longer-term disengaged from the school.

Ms MOSS: We can take on notice the data question you had. I can get the answer as quickly as we can.

Mr BURGOYNE: I am looking it up as we speak. That is why I am a bit curious as to why Gillen was chosen over Sadadeen. I can see that it was 70% for Gillen, whereas Sadadeen is down at 60%. When we are looking at the greatest need, which you spoke about earlier, how come Gillen was chosen to have that school-

based engagement officer over somewhere like Sadadeen, which has 10% less attendance? I am interested in that greatest need.

Ms MOSS: I appreciate where you are coming from. In terms of comparing the data that you are looking at, which I am assuming is one year of attendance or the latest attendance data, that is obviously one point in time and is not completely indicative of the level of need at a school. There are a range of things that go into resourcing a school in regard to additional needs, socioeconomic status, location and a range of other things. The department would not only go off attendance figures at one point in time to make that decision on what constitutes need.

Ms MOSS: You spoke about the KiTES program and how important it is. Would it not make sense to have the engagement officer based at the school that has the KiTES program attached to it?

Mr BURGOYNE: Not necessarily. That is one indicator, and the funding for the KiTES program is specifically to support that cohort of children and young people already. The KiTES program is targeted to a certain cohort of children and young people who are travelling into town to make sure that they are still engaged in school. My understanding is that involves transporting kids to school and a whole range of other things so there are staff already providing that support to that cohort of children and young people. That is not saying they could not benefit from an additional resource as well, but there is a targeted program to support that cohort. It would not necessarily be the indicator that that is where the school-based engagement officer should be.

Ms CHATTERTON: The other thing that happens is, while we do not have a school-based engagement officer based at Sadadeen Primary, we have our engagement officers based at our central office undertaking mobile engagement circuits. I am sure you know they are out and about and visible in the CBD.

A lot of their work is interacting with families and young people. In Term 1 they referred 80 young people and made sure families were aware of KiTES. That is a form of support that enhances the KiTES program that comes through the centrally-based engagement officer roles.

Ms WESTON: I can add a little to this discussion. The very nature of the KiTES program at Sadadeen has an effect on the overall attendance rate at that school. We tend to report attendance based on individual schools, but there is the added program of KiTES at Sadadeen, which is quite complex and, we all agree, very valuable.

I can also share that we have committed to funding an additional CT, a teacher, at Sadadeen to support engagement. It is a slightly different approach rather than an engagement officer. We are listening to each of our schools about what we think they need. Also, Sadadeen gets quite a lot of support from the engagement officers who are in the centre.

My understanding of the Gillen school's concerns is there has been a drop and they are a bit worried about that drop.

It is very much that we are trying to respond to each school. It will be somewhat within each school's budget and resources. Sadadeen has a separate way to be funded around the KiTES program. It complicates their attendance rates.

A colleague from South Australia recently came up and we made sure they understood that the KiTES program was delivering education to students from South Australia and WA as well—not just our own students.

The fact Alice Springs is a hub in the middle of Australia makes it fairly complicated for our schools. Sadadeen has a standout principle and the standout KiTES program trying to accommodate young people from all over Australia whose families come in, and make sure they are well fed. They try to work out where the kids are in their learning and deliver some level of education to them. They collect them every day. They do not know how many kids they will have.

What we have in the middle of Australia is a very unusual circumstance with Alice Springs and what goes on. We are committed to supporting all of our schools to try to raise attendance and engagement. Each context, as we have heard, is different. Gillen has an amazing set of early childhood programs. It is one of the schools in the Territory which has the highest improvement in NAPLAN results. We are keen to keep young people engaged there, particularly with the work they have been doing in the early years of primary

school, to make sure they have their literacy skills. We want to keep going with that growth in achievement for those young people.

As you have heard, it is a different response depending on what the school is telling us they need.

Mr BURGOYNE: You have hit the nail on the head there. I believe we have spoken in the past about the KiTES program reflecting—in some cases negatively—on the attendance rate for Sadadeen Primary School. As a result, is the department looking at removing the attendance from KiTES from Sadadeen school so it can better reflect the actual attendance rate at the school? Obviously, the way schools are funded now, it is attendance based—effective enrolment.

Ms MOSS: It is effective enrolment rather than attendance based.

Mr CHAIR: Minister, can I ask a question? I did my teaching rounds at Sadadeen Primary School in the early 2000s …

Mr BURGOYNE: The best school in Alice Springs.

Mr CHAIR: Yes. Could you expand a bit more on the KiTES program—because there are many people tuning in at 5 pm at estimates—but also to inform the committee. I remember when I was teaching there, we had a couple of young kids who were brothers—they were in the same grade—who were born very close together.

Their attendance was not a huge issue, but during my time there they were regularly late and had not eaten breakfast before they arrived. Regardless of whether they attended or not, my view was they were not learning because they did not have food in their stomachs. The job I took on as the student teacher was to make sure I looked after those kids in the first hour or so of school to get them something to eat and then get them on the journey.

Is it okay if I indulge the committee on expanding on the KiTES program a bit?

Ms MOSS: It is okay by me. The KiTES program has been in place for quite a long time. It is great to hear people's experiences with it, because generally it is overwhelmingly positive when you see it in action. For some further context, the teachers working in the KiTES program deserve a shout-out because they work in incredibly complex circumstances. From day to day, they probably do not know how many students will be in class because of the mobility factor and the nature of that. There is a nutrition element of that.

They can pick up students, bring them to class and assess where each student is at, making sure they have an engaging program for as long as they are in it. That could be any length of time until they go back home.

It is an important initiative. I understand that 80 kids were referred to them in Term 1, which is big. We are looking at potentially expanding at, but the elements of it can be seen across our education system. There are lots of organisations which are external to our education system and engage with the system, providing nutrition programs and things like that. There are also lots of schools that take that initiative themselves to do those sorts of things.

In the Top End, with the accommodation at Batten Road, there are students who need to be engaged in school there. There is an active conversation happening in the northern suburbs at the moment with some of the schools about how we use this model that is working well—which was a Territory Labor initiative long ago—to make sure we do the same thing in the Top End as well.

In regard to the funding question from the Member for Braitling, I will hand over to Karen in a moment. That funding model is funded on effective enrolment rather than attendance. We are having an in-depth conversation about some of the challenges with attendance in the Northern Territory. That effective enrolment model—we have been funding variations of that for some time across successive governments.

Mrs HERSEY: Still on the work in relation to engagement, does that drill down to whether children are attending and engaging and school for the whole day, as opposed to partial attendance, or will turning up and having attendance recorded before leaving for the day still be marked as a stat for attendance?

Ms MOSS: When we talk about whether the focus is attendance for part of the day or for all of the day, and engagement, I can categorically say it is our focus to have children and young people engaged for all of the

day, all of the week, at school or in an alternative learning program. Unless, of course, later in their journey they are engaged in a trade or another pathway.

When we talk about attendance and engagement, it is our aim to have students actually engaged in their learning. You touched on something really important, and I have made this very clear in my public commentary; we have to move away from conversations that are just about attendance. It is about more than just getting a kid to the school gate. It is about having them engaged in the content and the learning, making sure the curriculum is reflective of their needs and interests.

That is why programs like Learning on Country, community-led schools and LEAD committees are so important; it is about making sure the learning is engaging and that we are focusing beyond just the attendance question.

Mrs LAMBLEY: What do you mean by that, minister? We have just had an open and fruitful discussion about strategies to deal with what I think is a crisis—people have agreed with that. Now you are watering it down and saying what? That we should not be talking about it? What do you mean? Please clarify.

Ms MOSS: Member for Araluen, what I mean is exactly what I said. It is not just about marking somebody's name off on a roll. The conversation about attendance has to also be about engagement. It has to be about attendance and engagement. It is about more than just picking up a child and getting them to the school gate. It has to be about whether they are getting the educational outcomes that we want to see for students in our school system.

In terms of the Member for Braitling's question about KiTES attendance, I understand that it is not included in the Sadadeen school funding.

Mrs HERSEY: With the engagement officers, what powers do they have to boost the school attendance rates? What strategies do they employ?

Ms MOSS: I will ask Aderyn to speak to the engagement officer role. They do some intensive work with families and students who are disengaging from school.

Ms CHATTERTON: Our engagement officers work and undertake a range of activities along a continuum. It can start with connecting with families, checking to see where the young people are currently enrolled, and connecting with the school to obtain information about the learning needs of the young person and when they last attended school. It is also includes supporting the development of case management plans and what it would take.

Sometimes in the beginning young people may only attend for part of the day as they start to form relationships and feel connected, and that they belong. I was talking with one of the regional managers recently and he talked about some work he was doing in East Arnhem Land, where he was meeting with the schools and saying, 'We have done work with the families. The young person is ready to reconnect. What has been prepared? Do you have the programs in place? Who is the young person that will be welcomed?

They do the work with the families and have conversations with the teams at the school. They work with other agencies.

I heard a success story recently of a young person in Alice Springs who had 0% attendance. Through the partnership work we are doing with Lunar, and the three agencies which shared everything they could about the young person and the family, including mobility and where people were residing, that young person is now attending school 100% of the time.

There is also the interagency work done by the team. One element is having engagement officers who are authorised under the engagement. They may issue requests for compulsory attendance at case management meetings and, if required, go to the next step of issuing infringement notices in relation to attendance.

Mrs HERSEY: In relation to the parents who fail to send their children to school, what actions are taken against them, if any? Do they get a fine for not sending their children to school? Have any been cautioned or received warnings for the same?

Ms MOSS: Member for Katherine, the first approach from the department will always be to work as hard as possible with those families to re-engage children and young people in education. That has been proven to

be the most effective approach from the Department of Education's point of view. It is much easier to work with families in a strengths-based model than to be looking at compliance notices and further action.

There are compliance notices that can be issued if the department deems them necessary and are required. There are then further actions that the department can take. I will get Aderyn to speak to those in more detail. I want to note again that we do everything possible to avoid that, because it is the last resort. It is not as effective as the positive engagement work that happens at a school-based level, then a department level if that support is required by the school.

Ms CHATTERTON: The majority of the work is always about relationships and understanding the barriers for the young person and their family to connect with school. As a last resort, compliance notices can be issued under section 40 of the *Education Act*, and it is still about seeking a resolution to work in partnership. There are a number of steps in that. It starts with attempting to engage the families to come up with a solution, rather than what may have been previous models such as fines.

Mrs HERSEY: At what threshold with the Department of Education make a report to Territory Families if the re-engagement does not happen? How often does a child have to be absent to trigger a report to Territory Families?

Ms MOSS: I am not sure I have the exact figures. It would not automatically trigger a report to Territory Families in terms of child protection unless there was, I assume, an explicit or legitimate concern about that child's safety and wellbeing. That is a tough one but, in most cases, it does not trigger a child protection notification.

Ms CHATTERTON: Minister Moss' summary is accurate. There is no hard rule or clear benchmark to say that after this amount of time—we often find that when we are connecting with our schools to understand the story of young people who might be long-term disengaged, our schools understand. It might be mobility, young people involved with ceremonial business, which is important learning they are undertaking through their culture.

Because the schools, through their relationships with local communities and families, understand where that young person is, it may not necessarily trigger a report under mandatory reporting.

Ms MOSS: I will add that there has been the establishment of the MACCST committees—the Multi-Agency Community and Child Safety Teams—across the Northern Territory, whose predominant focus is on remote areas, but we also have one in the northern suburbs. Their role is to bring the agencies together and, in some cases, non-government stakeholders when there are concerns about certain families, and making sure the wraparound support is being provided. Everybody within that system is accountable to getting the outcomes needed for that child and family.

Those will be increasingly important ways of working across the Northern Territory for families that are disengaging. Often, disengagement from school can be symptomatic of something else going on within the family or the child's life. When there are those concerns across agencies, there is now the more effective framework for working together to get proper wraparound support.

Mrs HERSEY: Given there are not too many reports that happen, how many reports have compliance and engagement officers made to Territory Families for the last financial year, or have there been none?

Ms MOSS: I am not sure. Child protection notifications across the system would not always come through a compliance officer. If we are talking particularly in a compliance context, Susan Bowden will speak on that.

Ms BOWDEN: There are multiple ways that schools report. Often if teachers in particular, who are closest to the students, identify a level of vulnerability or neglect with children or young people, or are concerned about long-term disengagement, then it is generally the teachers who make it a report. They are required to mandatory report. They will engage support from their principal when they do it. It is not just through the engagement officers but the teachers themselves, who are very close to those children and young people with the principal to support them.

Ms MOSS: That mandatory reporting training happens twice a year for teachers so everybody is very clear on their reporting obligations. I know principals and teachers are making those reports. It would not necessarily be only where a compliance officer is involved.

Mrs HERSEY: I asked about a pre-election promise in 2016 that every school in the NT would receive $300,000 in upgrades and I asked how many schools are still waiting for their upgrades. You said Output 3.2 for that question; however, depending on what the answers are to that, it may affect some of those other questions down the line. That is a global government education output. How many schools are still waiting for those upgrades?

Ms MOSS: It is still my view that there are specific outputs for a reason. I cannot really control the fact that people just want to ask any and all questions now. It is probably a matter for the Chair to determine. It also depends who we have at the table. I ask the Chair for his call.

Mr DEPUTY CHAIR: The question you asked is in the Corporate and Shared Services output group, which comes in at Outputs 3.1 and 3.2.

Mrs HERSEY: Thank you. I will move on. What amount of funding do the executive education members receive in Katherine?

Ms MOSS: Can you clarify who you mean by executive members?

Mrs HERSEY: The department.

Ms MOSS: In terms of the corporate team within the regional office?

Mrs HERSEY: Yes.

Ms MOSS: I think that is probably Output 3.1 in terms of corporate and governance if we are talking about the corporate staff of the department.

Mr DEPUTY CHAIR: Correct. Are there any further questions?

Mrs HERSEY: Are remote schools in the NT still feeling the effects of COVID?

Ms MOSS: I cannot really speak for remote schools in this context but I would imagine the answer is yes. It has been a very challenging 12 months for everybody. During the COVID-19 response biosecurity zones were put in place early in the piece, which only impacted remote schools across the system.

In terms of whether we are still addressing the impacts of COVID-19 across the education system, the answer would be yes. Every school still has COVID-19 pandemic plans in place, including our remote schools. There is increased cleaning that goes on. There have been a lot of changes and adjustments to things like assemblies, large gatherings and excursions, not to mention teachers travelling in and out.

We spoke in December about increased support through the EAP, the mental health support and wellbeing program for remote teachers. We will continue to keep an eye on what impact COVID-19 has ongoing.

It is definitely worth noting that a number of schools—from memory it is 27, but I would double check that figure—within the last budget were identified by the hard work of the department and the schools as having a larger impact from COVID-19 on their budgets. That is in regard to attendance and a range of other things.

We stood by our commitment to make sure none of those schools were disadvantaged by COVID-19, so about 27 schools received a funding adjustment to make up for that impact, which is a positive thing. I thank everybody who was involved in helping schools get through COVID-19. There is still a way to go yet—the Minister for Health was in front of the committee today.

They were prepared to take school online if needed. They worked strongly with organisations like the NT School of Distance Education, which does a phenomenal job, to make sure they would be ready. Our jurisdiction had the least amount of non-contact time out of any jurisdiction in the country. We fared incredibly well as an education system through the early days of COVID-19. The teachers and principals were ready, and everybody was supporting each other, as they still do.

We will still feel the impacts of COVID-19 for a while to come and we will continue to provide support through the specialist cleaning services grants to cover additional costs until it, hopefully, passes.

Mr COSTA: Minister, you might want to touch on this—as soon as COVID has lifted in communities in my electorate, like Gunbalanya, will you go out there straight away to talk to the teachers, FaFT and principals to see and hear firsthand what they had to go through?

Ms MOSS: It is incredibly important to talk to everybody who was impacted at that time about what their needs were. The department talked to schools about what their needs were during that time. That helps to shape the response that we undertook.

That was particularly important for teachers. There was some nervousness among teachers, particularly those who are not from a community or are from interstate and were going to travel to see family, about what re-entry back into the community would look like after that, acknowledging the community's wishes. All anybody wanted, and still want, as to make sure communities are safe and have their wishes respected in regard to COVID-19 safety.

It was taken exceptionally seriously. The department had many conversations in remote communities about how to make sure any teachers who took leave had the appropriate quarantining, that the department knew where people were so we could provide support if they got caught in a hotspot. We could then provide assurance to schools in remote communities, and the communities in which they are based, that we were taking their safety seriously.

We will continue to do that. There have been lots of lessons learned by everybody through this pandemic, which is something that none of us ever planned for and would hope to never see again. It has taught us a lot. There was a lot of listening and acting occurring to make sure the processes were in line with what community wishes were.

Mrs HERSEY: I have just had clarification that infrastructure is not under Corporate and Shared Services. It is, however, under Government Education. I go back to my question …

Mr DEPUTY CHAIR: Member for Katherine, no, my understanding is it comes under Corporate and Shared Services, so you can ask the question there.

Mrs HERSEY: Minister, have all the boarding students still of school age re-enrolled and returned to school since COVID?

Ms MOSS: Are we talking about students enrolled in NT boarding schools or in interstate boarding schools?

Mrs HERSEY: In NT boarding schools.

Ms MOSS: We run two government boarding facilities. There is the one in Nhulunbuy and Callistemon House in Katherine. I understand 29 students were enrolled at our boarding facility in Nhulunbuy in Term 1, 2021, and 37 were enrolled in Callistemon House from 22 communities across the NT. We have a transition support unit in the department which works with students who are in boarding schools interstate. They have been focused on making sure students are re-engaging back into their education settings—whether it is a public education-run facility in the Northern Territory, boarding schools or non-government schools.

Mrs HERSEY: A consultancy contract has been awarded to the University of Melbourne for continuity of learning, a birth to Year 12 framework, for a period of 18 months. Can you say what that contract is for?

Ms MOSS: Member for Katherine, there is a specific output for procurement, which I think is at Output Group 3.0.

Mr DEPUTY CHAIR: That is correct. Are there any other questions on whole-of-government budget and fiscal strategy?

Mr BURGOYNE: Minister, you were talking earlier about school councils. We spoke about engagement officers. I am wondering whether there are any school counsellor positions that have not been filled in the last 12 months, because that is something that often comes up. Obviously, these things are budgeted for, but I know there is a struggle to fill these positions. I am wondering whether, in the last 12 months, there are any vacant positions that have not been filled for school-based counsellors?

Ms MOSS: Member for Braitling, I will ask at this point whether Tony Considine can join us at the table. While he is making his way into the room, there are 27 counsellor positions across the Northern Territory that every school can access. That is made up of 25 school counsellors who provide direct services to schools and two

senior counsellors who provide management and support to that team, as well as high-level consultations with schools and system leaders. They provide a really valuable service across the Northern Territory and work with other specialist teams and non-government organisations. Tony will add some detail there for you.

Mr CONSIDINE: Currently we can identify four positions in our counsellor group that are vacant. One of those is in the Palmerston regional office, two were in the Katherine regional office and one was in the Alice Springs regional office.

Mr BURGOYNE: How long has the Alice Springs position been vacant?

Mr CONSIDINE: The position was vacant from September 2020 where we had a nominal occupant resign from the position. We have advertised the position several times. We have not found any suitable applicants for that position. We support that with other counselling support from around the Territory. We will, in the future, consider other options, maybe an extended pool and try to service that a different way. You have to give opportunity for the position to be filled and we would have to go through a government process that allows it to be advertised, which we have done.

Mr BURGOYNE: Has that process been taking place for the last eight months? You said it has gone out on multiple occasions but has not been filled. Is that purely because we are not able to have anyone apply for the job or is no-one suitable?

Mr CONSIDINE: No, there were people applying for the job but no-one was suitable for the position. To have someone as a school counsellor they have to meet certain guidelines and the elements of the position description because it is a very responsible position working with young people. We need to make sure we have the right people undertaking that role.

Mr BURGOYNE: The other services you spoke about that are fulfilling that role in the meantime, where are they being drawn from?

Mr CONSIDINE: They are drawn from other offices around the Territory as we bring people in to cover that. I will go back a step if I can. When we seek to provide services to schools, school counsellors are one arm in providing that service. We also work closely with a range of other non-government services that provide counselling. We work with those groups to make sure that we can provide services. We look at the need that happens to be there and we try to service that.

Mr BURGOYNE: Effectively we have a fly-in fly-out counsellor servicing 25% of the Alice Springs need. Is that right? How many counsellors do we have in Alice Springs—four positions and one is vacant?

Mr CONSIDINE: Yes, that is correct. We have four positions and one vacant, but other services happen to be on the ground in Alice Springs already to fill that void.

Mr BURGOYNE: The two Katherine positions—how long have they been vacant?

Mr CONSIDINE: There are two that I can see in Katherine. One has been vacant since October 2020 and one has been vacant since March 2021.

Mr BURGOYNE: Have you gone to the same lengths to fill those positions?

Mr CONSIDINE: I can go through each one if you like.

Mr BURGOYNE: Yes, please, just so we understand why those positions are still vacant.

Mr CONSIDINE: In the Katherine regional office the nominal occupant resigned. The position was advertised several times and no suitable applicant was found in that process. We currently have the position advertised with the location as Darwin or Katherine to try to extend the pool of applicants to move that service in there. The second position in March 2021 in the Katherine regional office we have advertised a number of times and we are using the same mechanism to provide the service there.

Mr BURGOYNE: How many counsellors are there in Katherine?

Mr CONSIDINE: There are three.

Mr BURGOYNE: At the moment there are two vacancies?

Mr CONSIDINE: That is correct.

Mrs HERSEY: A media release dated 8 April 2021 stated that government schools are set to receive an additional $12.7m funding in 2021, with a total of $546.3m allocated to schools to provide quality learning environments for students. Can you please provide the details of the amounts given to each school?

Ms MOSS: Member for Katherine, I want to clarify if you are seeking the budgets for each of the 153 public schools across the Northern Territory?

Mrs HERSEY: The schools (inaudible – microphone off).

Ms MOSS: The $12m is across the system. It is an additional $12m into the bucket that is then distributed to the 153 schools based on the funding model of effective enrolment. Effectively, we would be talking about the budgets …

Mrs HERSEY: Do you have the amounts given to each school?

Ms MOSS: We do. That is what I am seeking clarity on. Are you asking for the budgets for the 153 public schools for this year?

Mrs HERSEY: That is correct.

Ms MOSS: I suggest that we might be able to table it.

Mr DEPUTY CHAIR: Minister, would you like to take that on notice?

Ms MOSS: I am happy to take it on notice. Mr Roach can speak broadly across the system and how the $12m is distributed, but in terms of budgets for every school, I am happy to take it on notice.

Mr DEPUTY CHAIR: Maybe the Chief Financial Officer can try that and if you still have a question on that we can put it on notice.

Mrs HERSEY: Can I put it on notice?

Question on Notice No 3.1

Mr CHAIR: Member for Katherine, please restate the question for the record.

Mrs HERSEY: A media release dated 8 April 2021 stated that government schools are set to receive an additional $12.7m funding in 2021, with a total of $546.3m allocated to schools to provide quality learning environments for students. Can you provide the details of the amounts given to each school?

Mr CHAIR: Minister, do you accept the question?

Ms MOSS: Yes.

Mr CHAIR: The question asked by the Member for Katherine has been allocated the number 3.1.

Ms MOSS: For some context, it is a net increase of $12m. When the information is forthcoming—which it will be—it will be based on last year or the year before. The figures change based on student need and the effective enrolment model and the additional funding I was talking about earlier for schools where the COVID-19 impact was quantified on the budget—that is also included. We can answer any further questions that come out of that once the information is provided.

Mrs HERSEY: One that question, there are some follow-up questions which I might need to add to the question on notice. Are there requirements on how this funding is to be spent? Does this include funding to independent schools?

Mrs HERSEY: This is our public school budget. When I talk about the 153 schools, they are the 153 public government-run schools. In terms how that is spent, there are set costs that schools have which remain

relatively stable year on year, but there has been a funding model in place for a number of years which has given schools greater autonomy. It came about in 2015. It gives schools greater autonomy around how they spend their funding.

It is the expectation of the Department of Education that the funding that is provided every year is spent on that year's cohort of students and their learning needs.

Mrs HERSEY: What are the report requirements for the schools receiving these funds?

Ms MOSS: I will get Brett to answer that, but there are a lot of different mechanisms in place within schools in relation to their financial governance.

Mr ROACH: Each school reports monthly to its school representative body about how things are going with their finances. On top of that, the department also monitors how schools are spending. We want to make sure that they spend their current resources on their current student cohort and if a small number of schools are struggling to manage within budget, we provide them with extra support.

Mrs HERSEY: Are those funds required to be spent in the coming financial year or can they be programmed for future years?

Ms MOSS: The idea is that funding is provided for that calendar year for that cohort of students. That is what we want schools to be doing because we fund based on that year's effective enrolment, need and the targeted funding provided on the needs of the cohort of students. It is intended to be spent on that calendar year on that cohort of students.

We will continue to have active conversations with schools about that. There are other programs in place across the department to support schools with other needs and programs—some of the other things that we will talk about later on—but it is intended that the money is spent on this year's cohort of students.

Mrs HERSEY: How many teachers and staff have been lost through redundancy, termination, retirement or resignation since the last estimates?

Ms MOSS: That is a Corporate and Governance question at Output Group 3.0, for determination by the Deputy Chair.

Mr DEPUTY CHAIR: Correct. That question can be asked under Output 3.1.

Mr COSTA: Going back to employment, I am talking on behalf of myself as the Member for Arafura and for the Member for Mulka. Schools in my electorate are fortunate to have some strong Aboriginal teachers and assistant teachers on staff. I also hear from community all the time that Aboriginal teachers make a big difference when it comes to engaging students. What is in the budget to support more Aboriginal people to become teachers?

Ms MOSS: That is an incredibly important conversation because it is an area that we are very passionate about—making sure that students see themselves reflected in classrooms and that we have local leadership because, ultimately, they are the people who will be making the best decisions on the ground for that school. Within this budget there is $650,000 for the re-establishment of the Remote Aboriginal Teacher Education program.

Mr COSTA: It was taken away.

Ms MOSS: It did stop, yes. It is interesting, lots of people across the Northern Territory still talk about it. I was in Yuendumu a few weeks ago and some of the original participants were talking about how important the program was for them in their teaching journey. They are now mentoring some of the participants who are coming through now, which is beautiful to see.

There is $650,000 for the re-establishment. There are around 21 students who have commenced that program. It has elements of learning on country, which I think is really important as well. They are in their community training and gaining their qualification. It is a very important network in the Northern Territory. It will become increasingly important, so we want to make sure that we have more local leaders in the classroom so Aboriginal children see that leadership across their schools. We will continue to support RATE through this budget and future budgets.

Mr GUYULA: The following questions relate to East Arnhem communities of my electorate, including Gapuwiyak, Maningrida and the associated homelands. Could you provide a comparison of how many principals in East Arnhem Land remote schools are employed and come from the local community compared with outside the community?

Ms MOSS: I think that probably comes under Output 3.1 but it is a question we will need to take on notice anyway. I do not think we have that detail on hand. I am happy to take that on notice now.

Question on Notice No 3.2

Mr DEPUTY CHAIR: Member for Mulka, please restate the question for the record.

Mr GUYULA: Could you provide a comparison of how many principals in northeast Arnhem Land remote schools are employed and come from the local community compared with from outside the community?

Mr DEPUTY CHAIR: Minister, do you accept the question?

Ms MOSS: Yes.

Mr DEPUTY CHAIR: The question asked by the Member for Mulka has been allocated the number 3.2.

Ms MOSS: Mr Deputy Chair, can I just make a comment there as well? While it is not a direct answer to the question, it is in line with the budget expenditure on RATE, which was the original question.

In relation to your electorate Member for Mulka, the pilot for RATE has commenced in Galiwinku, Milingimbi and Angurugu, and there are 14 participants in that. I just wanted to put that on the record because that is an important part of the question you are asking. Once we can provide that answer to you—this is about creating a pipeline of local teachers who can eventually take on those roles as well. We want to make sure we have more people from the local community upskilling and qualified and reaching their aspirations in the profession.

Mr GUYULA: I am trying to ask questions about what there is and what we can have available for assistant teachers or what qualifications teachers have working in schools, especially the homelands schools and community schools. I am talking about whether there are principals there. How many assistant principals and senior teachers in northeast Arnhem Land come from the local community compared with outside the community?

Ms MOSS: It is probably Output 3.1 and we will need to take it on notice later.

Mr GUYULA: Okay then. That is all for the time being.

Mrs HERSEY: As you were talking about Yuendumu, are there any plans to spend $29m on upgrading the school?

Ms MOSS: I will ask for a call from the Chair. While I mentioned the RATE program having participants in Yuendumu, I was not specifically talking about Yuendumu; I was talking about the program. I suggest that infrastructure questions are in Output Group 3.0.

Mrs HERSEY: What output group are we in? Are we in Government Education, 1.0, or whole-of-government?

Mr CHAIR: We are still at the whole-of-government questions on budget and fiscal strategy.

Mrs HERSEY: Can you provide the number of teachers who receive the housing subsidy, broken down by regions?

Ms MOSS: Mr Chair, I think that is in Output Group 3.0. I do not know whether we want to go into other outputs if people have other questions first.

Mrs HERSEY: I am confused about where we are going. Sometimes it is okay and then it is not. I will move on. Infrastructure is all in Output Group 3.0. In the new initiatives—can I ask about that in this output?

Mr CHAIR: You may ask and the minister, who is across the detail of her brief and will be able to direct you.

Mrs HERSEY: There is a new budget line for high-achieving, high-potential student support programs of $964,000. Where did this funding come from?

Ms MOSS: That is from within our Education budget. It was an election commitment we made. This is student support. We have been very clear about our commitment to support the high-achieving, high-potential Aboriginal students in areas like cyber security, Defence and a range of other areas. There is an immense amount of work happening across the department to build the partnerships ready to launch that program for intake in 2022.

That will have elements like health and wellbeing support, connection to business contacts and pathways, and traineeships. We are making that a priority within our budget.

Mrs HERSEY: Was funding cut from any other areas to fund this new initiative?

Ms MOSS: We have more money in the Education budget this year.

Mrs HERSEY: You keep saying that; however, that was not the question. Was any funding cut from another area to fund this initiative?

Ms MOSS: We have more money in the Education budget this year and there have been no cuts to fund this project. The government is of the view that this is an incredibly important endeavour and an incredible thing to support. In 2020 we had our highest number of NTCET completers, including Aboriginal students, across the Northern Territory. We want to continue to do all that we can to support that cohort to make the important transitions into the next stages of their lives, in employment and further study opportunities.

We see this very much as part of our core business as a government and as deliverers of public education.

Mrs HERSEY: With funding for the consultation on the Education Engagement Strategy, why was the funding cut—on page 140 of BP3?

Ms MOSS: Mr Chair, I think we already answered this question earlier. It was a matter of timing in how it is presented in the budget books. Brett, can you speak to that a bit further?

Mr ROACH: That initiative is not ongoing; it is a fixed-term project. It does not go through all of 2021–22; it will be finished part-way through 2021–22. There is no decrease; it just spans two financial years.

Mrs HERSEY: Can you provide the details of the new NT Education Engagement Strategy please?

Ms MOSS: Yes, I am very happy to do that. Given that we have talked of attendance and engagement at length previously, I will go off that. This is the discussion paper that is currently out and about. You have probably seen it because you went to one of the sessions in Katherine.

The engagement strategy is about setting our next whole-of-system strategy for attendance and engagement. As I said earlier, this is about focusing on more than just getting kids to the school gate; it is about making sure when they get there their learning is engaging.

We hope that will be launched by the end of the year. At the moment, there are active consultations under way. They have been held in Darwin and Katherine. There will be workshops in Tennant Creek, Nhulunbuy and Alice Springs. We have had specific consultations with the Learning Commission students as well. I have been having conversations with a range of student across a host of schools as well about what makes an engaging learning environment for them and what they want to get out of their schools.

Anybody can make a submission. That is live on the Have Your Say website at the moment. The department is accepting written submissions and videos, photos, and other methods by which people might want to express their views on engaging school environments and communities for kids.

Again, it is about recognising it is not enough just to get kids to attend school; it is about addressing some of those issues we have talked about at length during this session.

We have an expert advisory group that is headed up by Ruth Wallace from the Northern Institute at CDU. There are a range of academics and Indigenous education experts on that group. There is also a group of

about 16 principals and school leaders who are providing support and advice to the department and the advisory group on the engagement strategy.

It is an incredibly important piece of work. It is about making sure we are putting children at the centre. We have all had a very big focus and push on making sure we are hearing the views of students, families and communities on this. It is really important that we have a strong engagement strategy that is signed by everybody.

It is my view that we need to engage the non-government education sector. They experience many of the same challenges we do. Obviously, they have a separate education system, but it is important that we are working in partnership to make sure we are sharing each other's learnings and engaging all those kids back into school.

Mrs HERSEY: I am not sure if you mentioned this before, but when will the report on the engagement strategy be done?

Ms MOSS: We expect that there will be a reflections paper done in October, which will contain some of what we have heard from different stakeholders. We expect it to be done later this year, ready to be in place for next year and beyond.

Mrs HERSEY: Thank you. Recently, there has been discussion about the barefoot Money Movement. We understand this financial literacy program for schools was launched in 2019, based on *The Barefoot Investor*. Is the department in discussion on whether it will be suitable in the Territory?

Ms MOSS: The department is approached by many different stakeholders and organisations about different programs, products and things matched to the curriculum that schools can be doing. There are a number of schools across the Northern Territory that will make their own connections and partnerships with some of these program providers, with advice from the department.

I will ask Ms Weston to speak to specifically to the program you are mentioning. I understand there have been conversations with them.

Ms WESTON: We are aware of The Barefoot Investor's program, but it is important to share with all members that the Australia curriculum already covers some specific areas in the mathematics curriculum taught in Year 1 to Year 10, called money and financial mathematics, which is dedicated to growing children's financial literacy.

There are streams of financial literacy incorporated into the humanities and social science learning area, called business and economics, for Year 7 to Year 10. In our senior years many courses are offered that provide the opportunities for our students to learn about financial literacy. For example, accounting and economics are two of those subject areas. Additionally, over many years a large number of Territory schools have engaged with a program called Moneysmart, which is aligned to the Australian curriculum.

More than 50 of our schools and 560 teachers participated in the program by the end of 2016. Although the program official ended in 2017 due to reduced financial funding, the program continues because there are a range of online resources that Moneysmart has, which are available to schools. With so many people understanding the program, this is one of the options our schools already do in terms of making sure our young people have financial literacy training of some sort.

I assure everyone that it is already embedded in the Australian curriculum. It is somewhat a school's choice as to whether it will pick up a particular program because they feel it would enhance the content or delivery of the Australian curriculum.

It is under consideration but I suspect it is a matter for each school to make decisions about what they do. I assure every member that it is already included in the Australian curriculum.

Mrs HERSEY: Mr Chair, can I have confirmation that staffing and infrastructure are in Output Group 3.0?

Mr CHAIR: Member for Katherine, I do not have full oversight of the minister's outputs. I defer to the minister and her staff as I cannot be across every output in estimates, I am sorry.

Mrs HERSEY: Repairs and maintenance?

Ms MOSS: Output Group 3.0.

Mrs HERSEY: Grants and donations?

Ms MOSS: Grants are under financial services under Output 3.1.

Mr BURGOYNE: I would like to ask a couple of questions. I could not help but notice when we spoke about the $29m of investment for the Yuendumu School, you instantly said it had to do with infrastructure. We are interested to know, broadly, if there are plans to invest $29m in Yuendumu School.

Ms MOSS: Member for Braitling, I have already answered this question. I am happy to answer questions about infrastructure within the infrastructure output.

Mr BURGOYNE: I am not stating that it has to do with infrastructure.

Ms MOSS: It does. That is what you are asking.

Mr BURGOYNE: Not at all. We have heard through constituents that there are plans to spend $29m on the Yuendumu School and I am wondering whether that has any reality to it.

Ms MOSS: I answered the question about where this question fits. We are talking about infrastructure; that is what you are asking about. It is an infrastructure project and whether or not government will undertake it.

Mr BURGOYNE: Fair enough.

Mrs HERSEY: In that case we will move on.

Mr CHAIR: Are there any further questions on agency-related whole-of-government questions on budget and fiscal strategy? That concludes the consideration of agency-related whole-of-government questions on budget and fiscal strategy.

OUTPUT GROUP 1.0 – GOVERNMENT EDUCATION
Output 1.1 – Early Years

Mr CHAIR: The committee will now move to Output Group 1.0, Government education, Output 1.1, Early Years. Are there any questions?

Mrs HERSEY: How many FaFT programs are in place? Can you provide a breakdown of where the programs are located?

Ms MOSS: Families as First Teachers is a program that we are incredibly proud of. I think everyone understands the full benefit of that program. Within this budget there is $12.3m allocated to running the FaFT program. That is a co-funded program between us and the Australian Government and there are 55 FaFT sites across the Northern Territory. Fifteen of those are the stay, play, learn sites that were established in 2019 and 2020. In 2020 a total of 2,824 children participated in a FaFT program, an increase of 175 on 2019, which is fantastic.

It is important to note that four at the moment are not operational which are Kintore, Wurrumiyanga, Urapunga and Peppimenarti. The department will continue to work with them on the community's needs.

In Central Australia they are in: Ntaria, Papunya, Larapinta, Yuendumu, Harts Range, Braitling, Gillen and Sadadeen.

In Barkly: Arlparra, Ali Curung, Alpurrurulam, Ampilatwatja, Elliott, Tennant Creek, Epenarra and Canteen Creek.

In Big Rivers: Barunga, Borroloola, Jilkminggan, Kalkaringi, Katherine, Lajamanu, Mataranka, Minyerri, Ngukurr, Numbulwar, Wugularr and Robinson River.

in the Top End: Gunbalanya, Jabiru, Milikapiti, Maningrida, Nganmarriyanga, Palmerston, Pularumpi, Wadeye, Belyuen, Mamaruni and Warruwi.

In East Arnhem: Angurugu, Galiwinku, Gapuwiyak, Gunyangara, Lhanaphuy Homelands, Milingimbi, Ramingining, Umbakumba and Yirrkala.

In Darwin: Ludmilla, Mimik-Ga Centre in the northern suburbs, and Malak.

Then there are the other ones I have just spoken to. We will continue to invest in this program because it is incredibly important to building those habits and supporting families. Some of them have really brilliant things, like the one in Larapinta which has a position in it that supports young fathers and takes referrals to support young dads. I want to see more of that, engaging more young dads in the education journey as well.

Mrs HERSEY: Given that the majority of these FaFT centres are in remote communities, Mataranka is the only dual context centre for Aboriginal and non-Aboriginal children. Who makes the decision as to who can attend these centres?

Ms MOSS: I am unsure what you mean by dual context. Any child can attend a FaFT centre.

Mrs HERSEY: All FaFT centres can be attended by any children, not just Indigenous children?

Ms BOWDEN: The program was established primarily for Aboriginal children in terms of supporting parenting and early literacy and numeracy skills. However, the FaFT programs open their doors and welcome other children as well. Some FaFT programs might have different groupings of families, family groups or parents with children. Sometimes they might be dependent on particular family groupings who can be working together or have a playgroup that is for non-Aboriginal children. Mimik-Ga, for example, has a playgroup for very young children with additional needs. Those programs can be differentiated based on the needs of the community and, most importantly, the needs of the children and their parents.

Mrs HERSEY: Given that some of the FaFT programs run in communities where ICPA parents have children of a preschool age, are they able to attend those FaFT programs?

Ms MOSS: I am assuming we are talking about the Isolated Children's Parents' Association? Yes, we would support a parent to have their families in government-run and supported programs in the Northern Territory.

Ms BOWDEN: We had a number of conversations with the Isolated Children's Parents' Association in regard to our how they can access FaFT resources. There are some mobile playgroups which are Australian Government funded that those parents do access. It is a conversation we continue to have with that association about how they can access the resources and work with those existing programs, if they are in close proximity with them to attend.

Mrs HERSEY: Are you talking about the KICS program? Do you have a KICS program in Central Australia?

Ms MOSS: That is an Australian Government-run program.

Mrs HERSEY: Did you say the number of kids that attend the FaFT programs was 2,834?

Ms MOSS: Yes, in 2020 it was 2,834. In Term 1, 2021 there was 1,814, which is an increase of 187 on the same time last year. Another really important part of the program is that given that most of the sites are remote, it is a huge remote workforce. It is a fantastic job opportunity. There are 50 local Aboriginal staff as part of the program, and 56% of those are local community members. This will probably be of interest to the Member for Mulka as well, that this staffing pool are local leaders in education. Susan will add further advice for you.

Ms BOWDEN: Early Childhood Education and Care within the Department of Education met with the ICPA last week. We outlined how we can enhance how we support families to access those programs and looked at how we can bring some of those early childhood services closer to those families. There were conversations with the group to look at how we can support them.

Our Schools of the Air offer preschool programs as well. Those preschool programs are also available for families who may be in more remote communities.

Mr MONAGHAN: I love the FaFT program. I can talk about it all day; it is fantastic. I am curious as to the expansion plans for it?

Ms MOSS: We have made a number of commitments to expand FaFT. There are four sites we are looking at. This has increased astronomically in the last term of government in terms of the expansion of the number of sites. We want to continue to make sure we do that. We are talking to four communities looking at that context about how we can establish it there. We continue to work with communities about that.

As I said earlier, and Karen also spoke to it, those early years are such an important indicator for the rest of a child's life and their learning journey. FaFT has been a really important component to that. We continue to look at expanding it and we have four more sites in the works.

Mrs HERSEY: I was going to ask how they staffed, but you touched on that before. Are all the FaFT positions Special Measures? What qualifications do the FaFT staff need to have?

Ms BOWDEN: There are two key roles in the Families as First Teachers program. One of those is the senior teacher level one, which is an educator requiring an Early Childhood qualification. Those teachers, in fact all the positions in the department, apply to Special Measures. There is another position which we call the family liaison officer, who is employed locally from the community and there is a requirement that those employed are Aboriginal.

We are finding that the family liaison officers are becoming experts in early childhood in the community, so there is a very strong relationship between the family liaison officer and the senior teacher level one, which is the family educator. They are working together in a dual partnership. The family liaison brings the relationship with the community, the family and the cultural sensitivities. The family educator has the Early Childhood qualifications.

We find that the two of those people working together is a strong partnership. It also builds the capability of those family liaison officers to become seen as experts in early childhood in their community.

Mrs HERSEY: How many of those FaFT programs are mobile and where do they go?

Ms MOSS: There are some teams that will work between communities, but in and of itself it is not a mobile FaFT. The educators might go between a number of communities within an area, if that makes sense. It is not a mobile playgroup-type model.

Mrs HERSEY: You may have said this before, but does FaFT operate in Alice Springs?

Ms MOSS: Yes. There are a number of FaFTs that operate in Central Australia. There is one at Larapinta, Braitling, Gillen and Sadadeen.

Mr BURGOYNE: Does Congress provide the FaFT program, is it purely provided by the Department of Education?

Ms MOSS: The Department of Education delivers the FaFT program.

Mrs HERSEY: What funding was provided to FaFT? Can you provide a breakdown of the funding by region?

Ms MOSS: In Budget 2021–22, that was the $12.3m allocated to the FaFT program. In regard to breakdown by region, I will need to take that on notice to get that level of detail.

Question on Notice No 3.3

Mr CHAIR: Member for Katherine, please restate your question for the record.

Mrs HERSEY: What funding was provided to FaFT? Can you provide a breakdown of the funding by region?

Mr CHAIR: Minister, do you accept the question?

Ms MOSS: Yes.

Mr CHAIR: The question asked by the Member for Katherine is allocated the number 3.3.

Mr CHAIR: This might be a nice time for us to break for dinner. We will return at 7 pm. Thank you.

The committee suspended.

Mr CHAIR: Minister for Education, we are still at Output 1.1, Early Years. Are there any questions?

Mrs HERSEY: Minister, how will the $2.7m be apportioned to establish the new child and family centres across the town camps in Alice?

Ms MOSS: The Alice Springs town camp child and family centre is not an Education-run child and family centre. It is a Territory Families child and family centre so it is a question for Territory Families and the Reform Management Office when they are up after this.

Mrs HERSEY: In that case that output is done.

Mr CHAIR: There are no further questions in Output 1.1. That concludes consideration of Output 1.1.

Output 1.2 – Preschool Education

Mr CHAIR: The committee will consider Output 1.2, Preschool Education. Are there any questions?

Mrs HERSEY: The attendance rate at preschool for Aboriginal children has not improved and remains at 56%. Why is your government happy to accept poor attendance from Aboriginal children?

Ms MOSS: To answer that question broadly—we have spoken about attendance and engagement at length in this session today—we do not accept poor attendance from anybody. That is not what we want to see for any of our Territory children, Aboriginal or non-Aboriginal, which is why we have put in place a number of initiatives that I have already outlined today.

The budget allocated for preschool education is $41.3m. Under the National Partnership on Universal Access to Early Childhood Education there has been a commitment from the Australian Government to fund it over a longer period of time than the year-on-year commitment that we had seen previously. The commitment in the Australian budget is welcomed because it provides certainty around the universal access national partnership funding over a period of four years instead of one year. This is positive and will allow for greater planning, certainty and engagement going forward.

Families as First Teachers is a very important part of this and building habits early. We are also running the Education Engagement Strategy, which is a zero to beyond-education strategy, to ensure we get the foundations right and then supporting the transitions into the next phases of life.

It would not be not fair to say that we are not focused on the early years. I would say the opposite. We have had a huge focus on the early years and will continue to do so because it is absolutely critical for Territory children.

Mr COSTA: We mentioned earlier that you came to Gunbalanya, Oenpelli, and looked at the school. It was a great visit. The Gunbalanya Families as First Teachers program earlier this year—can you provide an update to the committee on the expansion of the Families as First Teachers program?

Mr BURGOYNE: Mr Chair, have we not just covered that in the early years?

Mr COSTA: Did we?

Mrs HERSEY: We did.

Mr COSTA: Okay.

Mr BURGOYNE: Just on preschool education, how many children from your Families as First Teachers programs go on to take up preschool education?

Ms MOSS: I will need to take that question on notice for the specific stats, but I will talk anecdotally from my visit to the Larapinta Child and Family Centre. It is an Education-run centre and was one of the earlier ones established. They speak very highly of the ability to see students who have gone through FaFT, or families

who have come to FaFT and then gone to their preschool. They will have a beautiful ability because of the co-location of the services and support to watch what happens with that cohort of students.

Regarding more broadly across the Territory, I am happy to take that question on notice and get you the specific figure.

Question on Notice No 3.4

Mr CHAIR: Member for Braitling, please restate the question for the record.

Mr BURGOYNE: How many children who take part in the Families as First Teachers program go on to take up preschool education and how many do not?

Mr CHAIR: Minister, do you accept the question?

Ms MOSS: I do, yes.

Mr CHAIR: The question asked by the Member for Braitling has been allocated the number 3.4.

Mrs HERSEY: The total for preschool enrolments for 2020–21 is currently listed as 3,206. With a current reduction in the budget of approximately $1.1m, following on from a $5m budget reduction in last year's budget, is the department expecting a reduction in the number of preschool enrolments in future years as the past two years have remained the same?

Ms MOSS: There is no reduction to our expenditure on preschool education. As I just discussed about the universal access agreement, at the time that our budget papers were finalised the Australian Government had not finalised its position on that agreement. Since our budget papers have been finalised, the Australian Government has released its budget. That has the continuation of the universal access national partnership 2022–25. We expect that will have an impact of around $1.4m into preschool education in 2021–22, which will increase the published budget to $42.7m. In saying that, those final details have not been confirmed. That figure is a projection from the department.

Due to the timing of the two budgets, the announcement had not yet been made and was not factored into our figures.

Mrs HERSEY: Enrolments?

Ms WESTON: Fiscal enrolments for 2020 are 3,206, which is slightly more than 2019. That is 1,266 Aboriginal children and 1,940 non-Aboriginal children.

Mrs HERSEY: What was the expenditure for preschool education in 2020–21?

Ms MOSS: We will not know the actual expenditure until the end of the financial year.

Mr BURGOYNE: Do you have the actual expenditure for the previous financial year, being the 2019–20 financial year?

Ms MOSS: That figure will be in the annual report.

Mr BURGOYNE: Thank you. Are you this able to tell me what it is?

Ms MOSS: I do not have a copy of the annual report on me but if you give us three seconds. Can we take that on notice? We will probably have that answer for you very quickly, because there are annual reports around. Then we can get you the answer.

Question on Notice No 3.5

Mr CHAIR: Member for Braitling, please restate the question for the record.

Mr BURGOYNE: What was the actual spend of preschool education for the 2019–20 financial year?

Mr CHAIR: Minister, do you accept the question?

Ms MOSS: Yes, I do.

Mr CHAIR: The question asked by the Member for Braitling has been allocated the number 3.5.

Mr CHAIR: Are there any further questions? That concludes consideration of Output 1.2.

Output 1.3 – Primary Years Education

Mr CHAIR: I now call for questions on Output 1.3, Primary Years Education.

Mrs HERSEY: The attendance rate for Aboriginal children across primary, middle and senior years is 63%, the same as last year. Why is your government happy with this rate?

Ms MOSS: I think I have answered this question at length. We have talked at length about the attendance and engagement strategies that are being engaged by schools across the Northern Territory—the engagement NT strategy, the early years investment.

I will state again that this government is not being complacent with engagement in education. It is why we have a record education budget and are putting more money directly into schools to be able to engage our students. It is why we have put teachers back into the classrooms that were previously cut—under exorbitant and significantly deep cuts—from a previous CLP government.

We will continue to take this seriously. It is our primary focus. That is why we are doing consultations to look at where we might need to adjust our approaches and include those very strong voices from our students.

Mrs HERSEY: Why are the three different age groups lumped together in one KPI—for example, page 142 of Budget Paper No 3?

Mr CHAIR: Sorry, Member for Katherine. What was that—BP3? What page?

Mrs HERSEY: It is page 142.

Ms MOSS: I understand it is presented in terms of the total primary, middle and senior years student enrolments to simplify the reporting of that measure. Obviously, there is much more detail about some of the achievement and progress measures, which we believe is more important for the engagement and outcomes for those kids. Also, we regularly publish data on attendance and enrolments. That is all publicly available. The department has been doing that for some time.

It is for reporting in the annual report. That information is accessible and available to people who are seeking it.

Mrs HERSEY: How many principals have been recruited to primary schools this financial year? How many have been lost from primary schools through redundancy, termination, retirement or resignation?

Ms MOSS: I do not have that figure specifically for primary schools. We can take that on notice, otherwise we can talk about the system-wide principal recruitment actions in Output Group 3.0, if that is easier.

Question on Notice No 3.6

Mr CHAIR: Member for Katherine, please restate the question for the record.

Mrs HERSEY: How many principals have been recruited to primary schools this financial year? How many have been lost from primary schools through redundancy, termination, retirement or resignation?

Mr CHAIR: Minister, do you accept the question.

Ms MOSS: I do. I reiterate that we can provide a system-wide answer in Output Group 3.0. But if it is specific to primary schools, we can take that on notice.

Mr CHAIR: The question asked by the Member for Katherine has been allocated the number 3.6.

Mrs HERSEY: How many principal positions are currently vacant? How many of these vacancies are currently being recruited to? How long has recruitment been ongoing for these vacancies?

Ms MOSS: Mr Chair, if we are talking about the system widely, I suggest it is under Output Group 3.0.

Mrs HERSEY: This is about primary education.

Ms MOSS: We will need to take it on notice. We have the system-wide figures, but I do not have the primary school breakdown.

Question on Notice No 3.7

Mr CHAIR: Member for Katherine, please restate the question for the record.

Mrs HERSEY: How many principal positions are currently vacant? How many of these vacancies are currently being recruited to? How long has recruitment been ongoing for these vacancies?

Mr CHAIR: Minister, do you accept the question?

Ms MOSS: Yes.

Mr CHAIR: The question asked by the Member for Katherine has been allocated the number 3.7.

Mrs HERSEY: How many teachers have been recruited to primary schools this financial year? How many have been lost through redundancy, termination, retirement or resignation?

Ms MOSS: Mr Chair, it is the same. If we are looking for the primary school breakdown of teachers and principals, I will need to take it on notice or we have the system-wide figures under Output Group 3.0.

Question on Notice No 3.8

Mr CHAIR: Member for Katherine, please restate the question for the record.

Mrs HERSEY: How many teachers have been recruited to primary schools this financial year? How many have been lost through redundancy, termination, retirement or resignation?

Mr CHAIR: Minister, do you accept the question?

Ms MOSS: Yes.

Mr CHAIR: The question asked by the Member for Katherine has been allocated the number 3.8.

Mrs HERSEY: Minister, how much of this output is allocated to repairs and maintenance of schools? Can you break it down by region?

Ms MOSS: Mr Chair, as previously advised, infrastructure is under Output Group 3.0.

Mrs HERSEY: In that case, this output is finished.

Mr CHAIR: Are there any further questions on Output 1.3? That concludes this section.

Output 1.4 – Middle Years Education

Mr CHAIR: The committee will now consider Output 1.4, Middle Years Education. Are there any questions?

Mrs HERSEY: Minister, Tennant Creek school is a limited program school; it mainly offers VET courses. What do students do who want to get a TER and go to university?

Ms MOSS: Thank you, Member for Katherine. I will ask the department to talk more broadly on Tennant Creek in a moment. There is a focus on trade training at Tennant Creek High School which services students from Year 7 to Year 10—my apologies, that is the high school.

Are we talking about the primary school or the high school?

Mrs HERSEY: Middle years.

Ms MOSS: Middle years, high school. While there has been a focus on trade training, which is something the school helps to direct based on learning needs of the cohort of their current students, it is not limited in terms of—we support all students who want to achieve the pathway which is best for them. There are well-supported academic pathways at Tennant Creek High School, which covers the middle years, like there is at all of our schools.

We look at the best ways of delivering those but there is a focus on things like trades and employment pathways as well, because that is what school has determined at this time is the best fit for their cohort of students.

Mrs HERSEY: Can Tennant Creek students attend School of the Air?

Ms MOSS: Yes, they can. There would be a number of reasons why students might choose a distance education option. It is not always because they in are geographically isolated families. It could be for health reasons, carer responsibilities and a range of reasons that people might use a distance education option. That is available to them.

In regard to the previous question, I have in front of me the NTCET attainments for the Barkly. That is a supported pathway and there are students who are achieving their NTCET through Tennant Creek High School and the NT School of Distance Education in a dual enrolment with Tennant Creek High School.

Mrs HERSEY: When students attend School of the Air, it is a requirement that parents provide a home tutor at they have to pay for. How does this equal a free school education that Territory students are entitled to?

Ms MOSS: I will ask Aderyn to re-join us at the table to talk about this. I understand that a subsidy is provided to families who go through the School of the Air distance education to help support the costs of achieving their education in that way, acknowledging that additional costs are associated.

In regard to the concerns raised by the Isolated Children's Parents' Association, who do a phenomenal job advocating for their families—we look at the concerns they raise and the challenges they face in providing education to their students and families. One of the things we have been able to do is increase the subsidy for things like access to Internet and choosing their own providers.

The Member for Fong Lim, the assistant minister for Education, attended that conference on my behalf to make that announcement. We are always looking at ways to help with the costs associated with education in geographically isolated areas. There are nearly 1,000 students across the Northern Territory who are using distance education. There are very different needs across the Northern Territory. A lot of those students accessing distance education are actually in some of our schools. I understand Darwin High as one of the biggest users of distance education.

Aderyn, are you able to speak about some of the support and distance education provision?

Ms CHATTERTON: Specifically, the question in relation to support—can I ask for the question again, please?

Mrs HERSEY: When students attend School of the Air, it is a requirement that parents provide a home tutor that they have to pay for. How does this equal a free school education that Territory students are entitled to?

Ms CHATTERTON: I know that this motion was moved at the ICPA conference earlier this year. It is a priority being raised at the national level and there have been some studies and profiles done on the current resourcing at the gap in allocation between a tutor and a teacher, for example.

Parents are making the decision, and ICPA met with us recently to speak further about the priority and the need. I would need to take it on notice to provide a more detailed summary of what the current entitlements are and the current support in place. It ranges around travel allowance to support parents and families to attend the in-school programs that happen every term. There are also clear criteria on when parents can access support in relation to interstate enrolment at boarding schools. The department is also working in partnership with ICPA to ensure that parents are getting timely advice and have transparency around the criteria those assessments are based on.

Mrs HERSEY: I suppose that goes into what financial support does the government give parents to assist with the cost of the home tutor?

Ms CHATTERTON: I would need to take that one on notice.

Question on Notice No 3.9

Mr CHAIR: Member for Katherine, please restate the question for the record.

Mrs HERSEY: What financial support does the government give parents to assist with the cost of the home tutor?

Mr CHAIR: Minister, do you accept the question?

Ms MOSS: I do, yes.

Mr CHAIR: The question asked by the Member for Katherine has been allocated the number 3.9.

Mr CHAIR: Are there any further questions?

Mrs HERSEY: Last estimates I asked you about issues at the Katherine High School and your response was that there has been work between the department and Katherine High School for at least 12 months on some of the issues there. There are a range of things that will happen at Katherine High School to support teachers and the principal. Since that time teachers have resigned and now the principal has also resigned. What will your department do to address these ongoing issues at Katherine High School?

Ms MOSS: As I stated in the estimates process in December, there is an enormous amount of work that has already occurred at Katherine High School, and that continues. Some of the support we have provided at Katherine High includes the new distance education annexe which is a really strong on-the-ground permanent presence from the NT School of Distance Education on the Katherine High School premises. I have seen that in action and believe that has gone relatively well so far.

The department has been working to support coordination of timetables for students working towards their ATAR, both in class and via distance education. We have supported Katherine High School through a new behaviour coordinator position; two new senior teachers to support behaviour and pathways; two new teachers to support STEM coordination and transition to work options; six new classroom support staff for high-needs students; support for teachers to deliver the positive behaviour program; a full-time careers adviser and VET officer; the new ICT devices that we talked about last year; and the school-based police officer has returned to the school.

That comes on top of an additional $1m that was originally invested into Katherine High School, specifically for the purpose of engaging disengaged young people back into the school. The department is supporting the school in the development of its social and emotional wellbeing program. It is also working with the high school on developing a 10-year roadmap for the school, staffing at KFLC and improving arrangements and teaching practice to assist with those transitions from primary school to high school.

I also understand that some formalised relationships are happening with some local Aboriginal elders to develop a learning on country and positive behaviour program for girls. That is not to say that there are not continuing challenges at Katherine High School. There absolutely are, and they are complex. As you are aware, there is an acting principal there at the moment who is working with staff to help them navigate through a challenging time.

Without a doubt, this has been firmly under my purview. I have been there twice since I became minister, specifically to talk to people, including students, about what is happening and what support they need. The department has been there regularly—I know Susan has been there recently. We have people from the department there helping with teaching and making sure students are as supported as they can be.

It is complex, but I give the same message that I gave in December: we are absolutely committed to making sure that students at Katherine High School and their families feel well supported. We will continue to throw our energy at providing as much support as possible to that entire school community. It is needed and we have recognised that from the moment those concerns were raised with me by parents at the high school.

Mrs HERSEY: I thank the department for their support; however, recently it came to light that Katherine High School is still seven teachers short. In the first semester, the Year 7 students had four English teachers. I realise you are supporting the high school in a number of ways, but I do not think the teachers and students feel supported—the stress on the teachers from having to cover for the seven short. Given we have an acting principal and an executive level available in Katherine, what the department is doing?

Ms MOSS: I need to find that figure, but I understood the last reported vacancies as at 1 March 2021 was four. I will get Susan to talk to it, but it has reduced. There are often lots of figures flying around, and it is important for us to go off what our reported vacancies are as opposed to comments that might be thrown about.

Mrs HERSEY: With that figure, Susan was at the same meeting I was at and it was seven teachers short.

Ms MOSS: I was not at that meeting—I do not think it was a Department of Education meeting, but I will get Susan to talk to this area.

Ms BOWDEN: The department and minister are well aware that Katherine High School is an important regional hub catering for a diverse need of students. It is important we have a high-quality education for the town.

I acknowledge the teachers I have met there; they are incredibly passionate and dedicated to their work. As the minister indicated, we have an acting principal. He is a highly experienced principal and has worked in Katherine town and the region for many years. I talk to that principal probably twice a week, sometimes more. When I spoke to the principal yesterday, he indicated that the recruitment is continuing to happen.

When we look at the information and data—this time last year there were 36 teachers at the school, whereas as of 10 June 2021 there are 40 teachers at the school. There are more teachers at the school than this time last year. The principal is actively looking for two more teachers. He is expecting to recruit within the coming weeks. That will bring the total number to 42, which is the number the school put in, in terms of its staffing allocation.

Mrs HERSEY: With that shortage of staffing at the Katherine High School, will they be fully staffed going back in to Semester 2?

Ms BOWDEN: We will work very hard to ensure the school is fully staffed so it can deliver its timetable. The teachers have indicated they want expertise in behaviour management at the school, so the principal is looking to recruit an AP at a senior teacher level three or four to particularly focus on behaviour management. It was a strong message from the teachers at the school. We will work very hard to ensure the school is fully staffed to ensure they can enact their timetable and support the students.

Ms MOSS: I am sure you can hear, as I am sure you could in December, that it is an absolute priority for the department to provide as much support as possible with regard to the concerns at Katherine High School. I echo Susan's thoughts about the teachers. There are some incredible teachers and staff members supporting learning commission. The students are exceptionally articulate about what they want to see for their school and are very confident asserting that. There is so much to be proud of and I am sure Susan would agree.

I think current vacancies are at a different level than what I am hearing from you, Member for Katherine. They are certainly not as a result of a lack of funding, as has happened in the past. It would not be estimates without me mentioning that. The school has been down five teachers previously because of cuts from a CLP government. We are not doing that; we are investing more resources and will continue to do that to provide support and address this issue.

Mrs HERSEY: How many vacancies do they have and how long have they been vacant for?

Ms MOSS: We can provide the figure as at 31 March, which I understand was four. I have a figure for today, even though it is not in the period we are scrutinising today. I understand the reported vacancies were two as of this week. The department will continue to work with Katherine High School, as we do with all our schools, to attract and retain quality teachers, because they are doing a phenomenal job.

There were some good results in 2020. They had an increase of eight students on the previous year completing their NTCET, and four of them achieved an ATAR over 80. There is some solid work going on there that deserves to be celebrated.

I worry that those positive stories about strong student leaders and strong results get lost in this conversation, so I want to make sure they are put on the record.

Mr BURGOYNE: Just to confirm, there are two vacancies relating to teachers, and currently you are looking for a principal for Katherine High School, is that correct? That would be three in total.

Ms MOSS: I understand there are two reported classroom teacher vacancies as at 15 June, and there is currently an acting principal, so there will be a recruitment process for the principal at Katherine High School.

Mrs HERSEY: Has that process been finalised?

Ms MOSS: Susan will speak to that.

Ms BOWDEN: We have engaged a national recruitment company to assist us with the recruitment of a principal position. That recruitment is in train; it was advertised and is now closed, and now there is a panel making deliberations on the candidates for the school. We understand that is a critically important role, not only for the school but for the broader community of Katherine. We want to make sure we get the right person with the right skills to support the school in the community.

Mrs HERSEY: Given that Katherine High School has had six principles in six years and concerns have been raised about long-term planning at the school during this turnover, where or with whom does the onus lie for accountability and what has been put in place to make sure there is some continuity moving forward so the same mistakes are not made?

Ms MOSS: In regard to describing things as mistakes, I want to be clear because we are talking about recruitment actions. I think there have been five principles since 2015. There is an acting principal at the moment and people have left for a number of reasons. I do not want to reflect on people's reputations who may have moved on promotional opportunities or family reasons, because people have family interstate and things like that. I wanted to be clear about that.

I will repeat that; the department is working with the school on a 10-year roadmap for the school so we can help provide some of that continuity and strategic planning over the longer term.

When a new principal is recruited through that process, we will make sure that new principal has the wraparound support they need. It is a different context to working in a middle school or high school; it is a regional high school. The other schools in Katherine are primary or non-government schools. Providing that network support to that principal will be critical.

Ms BOWDEN: We want to make sure we get the best person for Katherine High School and the town. We acknowledge that there is a diverse range of students there. Some students have come from rural properties, are children of public servants and small business owners, have come from the RAAF base or are urban and remote Aboriginal children. It is a unique school for the Northern Territory and we will be making sure we get the right person and support that person in the role.

The Department of the Chief Minister and Cabinet has been very supportive and is looking at standing up a team to work with the school from a range of government agencies because of the diversity there. That team will also support the principal at the school to make sure that we are providing the very best education that we can for the children and young people of Katherine.

Mrs HERSEY: Does the department do exit interviews to find out why the principals are leaving? With the recruitment, what is the cost to the department of the recruitment process?

Ms MOSS: I will ask Susan to answer that, but we often know the reasons people move on; it is a range of reasons.

Ms BOWDEN: Yes. In the situation of the recent principal leaving Katherine, I spoke to her about her reasons. I will not disclose those in this forum but it is important to learn and understand the reasons for people to leave positions.

The cost of recruitment varies depending on how far and wide we have to recruit and if we are engaging in national recruitment firm. We would have to take that question on notice regarding the costs.

Question on Notice No 3.10

Mr CHAIR: Member for Katherine, please restate the question for the record.

Mrs HERSEY: How much is the recruitment process by the department for the Katherine High School principal?

Mr CHAIR: Minister, do you accept the question?

Ms MOSS: Yes.

Mr CHAIR: The question asked by the Member for Katherine has been allocated the number 3.10.

Mrs HERSEY: Given that we have discussed the recruitment process being national, what changes have been made to the process to retain staff there? Will a national process to recruit necessarily suit the criteria or do you readvertise or get somebody local?

Ms BOWDEN: We have selection criteria for our principal positions. Further to that the acting principal also spoke with the school council about what they desire in terms of the expertise we need in the school community to support the student and teacher population. It is a merit selection process. We look at the experience of those candidates, the diversity of their experience, their transferability of schools—moving into a school that has the diverse needs of student population like Katherine, we want to make sure we get the right fit.

If we do not get the right fit, we would readvertise.

Mrs HERSEY: The master plan for the Katherine High School with STEM facilities being on the three to five-year proposed budget in the 10 Year Infrastructure Plan—given the extent of complaints and the high school, teacher attrition rates and a considerable number of students going to St Joseph's Catholic College or leaving for boarding school, would you consider bringing this funding forward? If not, why not?

Ms MOSS: Mr Chair, I know we are talking about a specific high school but I suggest we are going outside of talking generally about the middle or high or senior years and into specific questions regarding recruitment and infrastructure. I suggest that is better suited to Output Group 3.0. I am happy to continue talking about how fantastic Katherine High School is and the fact that we will continue to invest in it, but I am seeking a determination here about—it feels like we are going into Output Group 3.0.

Mrs HERSEY: Given that Katherine High School is a middle school?

Ms MOSS: I mentioned that. I was just asking for a determination. We are talking about a specific middle school but we are not talking about middle schools as part of the system. We are now talking about specific infrastructure projects and recruitment processes which—my view is that they might be better suited under Output Group 3.0. I am seeking guidance on that, Member for Katherine.

Mr CHAIR: Minister, we are in your hands. If you feel that it is more appropriate in Output Group 3.0 then I am comfortable with that. Member for Katherine, you can ask your question and the minister can indicate where it is appropriate.

Mrs HERSEY: I have already asked the question.

Ms MOSS: The question is about infrastructure projects and would be more suited to Output Group 3.0 when we will have the relevant department representative in the room.

Mrs HERSEY: Thank you. I will wait for Output Group 3.0.

In line with government priorities and commitments towards generational change, what will the department do to implement changes at the school so these children are given the best start in life and are not left behind?

Ms MOSS: I assume we are still talking about Katherine High School?

Mrs HERSEY: Katherine middle school, we are in middle years.

Ms MOSS: Yes, Katherine High School incorporates the middle years, but I assume we are still talking specifically about the school. Is that correct?

Mrs HERSEY: Yes.

Ms MOSS: In terms of making sure that students at the school are not left behind, we continue to invest very heavily in it. It is a diverse cohort of students because it plays an important role in terms of its position in the region. We have lots of students with a host of different needs. That is why we are investing in the annex for distance education to be on the school site. We invested in two new teachers to support STEM coordination and transition to work options.

The school is looking at expanding its relationships locally with a range of different industry partners and organisations including the Royal Australian Air Force at Tindal, NT Farmers Association, NT Cattlemen's Association and Food Ladder. They are providing stage one and stage two chemistry through the NT School of Distance Education for students who want to pursue an ATAR and NTCET.

The results—in terms of the increase in 2020 of the number of students who have completed their NTCET—say there are good things happening in regard to students being able to reach their aspirations; whether that is a trade or an ATAR and further study. One of the students in Katherine last year was offered a university place before all the results had come out.

They are providing a range of different programs. We invested $1m—the decision was made a number of years ago—which has supported the establishment of the Katherine Flexible Learning and Engagement centre which provides alternative education for some of the more disengaged students who need additional support or those at risk of disengaging from the high school.

That is an important resource and it exists because we have invested in it. We will continue to make the investments that are needed in Katherine High School to cater to their range of needs.

Susan, if you have further detail to add, I welcome that.

Ms BOWDEN: Member for Katherine, in addition to what the minister outlined, there is also the Stars and Clontarf Foundation at the school that provide very important support for the population at the school. The minister shared some of the highlights.

Like the minister, I had the pleasure of meeting a number of students from the Learning Commission. I have to say, they were very impressive in their understanding of what is happening in the school and how they advocate for the school.

Also last year, there were a number of students who represented the NT in Touch when that was able to go ahead during the COVID time. There were students who were finalists in the National History Challenge. There were students in the Battle of the Bands who were very successful. There were also a number of students who were involved in the Attendance Rap video that was shared across the Northern Territory.

There was a teacher from Katherine High School who was the Northern Territory Secondary Teacher of the Year for her work in maths and science.

There are a lot of very committed staff and teachers at the school, but also students achieving amazing results.

There was also some first places in cattle handling, cattle judging, horse handling and ride stock horse workout as part of the Certificate II in Rural Operations. There is a very diverse curriculum program at the school that caters for a range of students' needs and interests. It is very exciting to watch how this school progresses in future.

Mrs HERSEY: I for one look forward to that. Is the KFLC $1m funding for every year?

Ms MOSS: To be clear, the $1m is every year. It does not only fund KFLC; it is targeted for that cohort of disengaged students.

Mrs HERSEY: If you are saying it is for KFLC, is that up to the principal to decide where that funding goes, given that when it was opened it was specifically for KFLC?

Ms MOSS: The $1m is specifically for engaging disengaged students. KFLC has been established as a result of that. In Semester 2, 2018 the funding through that commitment was integrated into Katherine High School. The Katherine Flexible Learning Centre is effectively joined to the high school, as is the case in Tennant Creek, which is the other one. The Juno Centre was also funded through the same commitment at the time.

Mrs HERSEY: Due to the current environment in the Katherine High School Middle years classrooms, which is a high level of violence, harassment and bullying, the middle years students are dealing with classrooms that are unsafe emotionally and educationally. What is being put in place to ensure the physical and emotional safety of these students?

Ms MOSS: I will begin by saying the obvious, which is that every student who goes to school deserves to feel safe in their school environment. It is something we take seriously. We know—as Susan has already articulated—that some of the teachers in particular expressed some concerns about wanting to be upskilled in behaviour management, and that support is being provided.

Two new senior teachers have been provided through additional resourcing from the department to support behaviour and pathways, and support for teachers to deliver the positive behaviour program. I am always pretty clear that the school-based police officers are not behaviour management policy for a school, but obviously having a school-based police officer there—and there is an excellent youth engagement police officer in Katherine.

That assists with the provision of programs related to healthy relationships—which is very important in this conversation—cyber safety, wellbeing, bullying. The risks of participating in that are supported by our school-based police officers through that program. Seeing what happens in that positive behaviour program for girls, which is rooted in culture, community and having a sense of identity and place, will be interesting and important. We will continue to work with other agencies on what support we can provide students with regard to additional needs. We take this seriously in all our schools. We know that all our schools have behaviour management policies in place and where we think they need a bit of extra support, the department will provide that.

Ms BOWDEN: The acting principal, who has been there for the last three weeks, has a very strong focus on behaviour management and has worked very hard on creating a safe and orderly learning environment at the school and ensuring that the staff feel safe. As the minister said, it is important that every child and staff member at that school feels safe and that they are ready to learn. The focus of the principal over the last three weeks has been very much on behaviour management and creating a safe and orderly learning environment.

Mrs HERSEY: Will the department be implementing any of the following to attempt to retain staff for longer at the school: teacher mentoring for new or inexperienced teachers; and independent exit interviews?

Ms MOSS: Are we talking specifically about Katherine High School?

Mrs HERSEY: Yes, considering the issues.

Ms MOSS: At this point in time, in terms of our support for first-year teachers, we are always looking at professional learning, development and support right across the system. The answer is yes, we are always looking at what support we can provide to new teachers going to schools, particularly in regional and remote areas—which is a very different context than teaching in Darwin or Alice Springs, where you might have better access to a bigger network of other teachers. Yes, we will continue to do that across the system.

It is important to note that Teach For Australia is a really important part of our education system as well. Many of our teachers come from Teach For Australia. There are a number of those at Katherine High School and they have some pretty strong support mechanisms within TFA.

Mrs HERSEY: How will the department manage the lack of rental accommodation in Katherine now that teachers are having to compete with other users for the same houses? The rent in Katherine has become very inflated due to the increased demands for rentals in town. Will the department be reviewing the housing subsidy and giving up of headlease properties in town to help teachers afford and acquire accommodation in Katherine given that some of these teachers are living in caravans?

Ms MOSS: We know that housing is a challenging situation in Katherine. It is certainly not the only place in the Northern Territory with housing challenges. That is why the department is working with our colleagues in Territory Families, Housing and Communities, particularly on remote housing and government employee housing.

There is a bigger body of work being done across government to look at the challenges across the Northern Territory in regard to around government employee housing, and Katherine will be considered in that. We know that rental housing supply in Katherine is limited, and we will continue to work as a department and a government to look at the issues in Katherine. There is a review into what is currently happening in Katherine. We are working with the AEUNT and COGSO and will continue to talk to our stakeholders about having an equitable measure that assists with some of the housing challenges that we see across the Northern Territory.

I am not sure that the housing subsidies will solve all the problems in Katherine in relation to housing. I do not know if that is the case. Supply is a big part of that challenge. We will continue to work with stakeholders to address the issue. We know it is there and we are talking to people about it, but it is not just in Katherine. There are a number of places experiencing housing pressures.

Mrs HERSEY: There used to be government housing available. Do you have government housing for those teachers or are they all private rentals? Can I maybe put that on notice?

Ms MOSS: Yes, we could put in on notice. If it can be answered at Output Group 3.0 when Adam is here to talk about infrastructure we may be able to do it then, but we will take it on notice and we will provide the answer when we can, but there are a good number of those that would be headleased in Katherine.

Question on Notice No 3.11

Mr CHAIR: Member for Katherine, please restate the question for the record.

Mrs HERSEY: How many of the government houses are head leased, and how many are private rentals?

Mr CHAIR: Minister, do you accept the question?

Ms MOSS: Yes.

Mr CHAIR: The questions asked by the Member for Katherine has been allocated the number 3.11.

Mrs HERSEY: Back to Yuendumu. Can I ask that now?

Ms MOSS: If it is about infrastructure, I suggest we go to Output Group 3.0 rather than …

Mrs HERSEY: I will ask the question and you can tell me. Are there any plans to upgrade the school at Yuendumu?

Ms MOSS: I have already answered this question and it is best placed in Output Group 3.0. If we are going into questions about …

Mrs HERSEY: What about if I want to ask about vehicles for that school? Is that Output Group 3.0 as well?

Ms MOSS: Fleet is in Output Group 3.0.

Mr DEPUTY CHAIR: Are there any further questions for Output 1.4? That concludes questions for Output 1.4.

Output 1.5 – Senior Years Education

Mr DEPUTY CHAIR: We will now consider Output 1.5, Senior Years Education. Are there any questions?

Mrs HERSEY: Katherine High School has a massive need for capital investment in the school to bring it even close to acceptable standards. Is there any future funding allocated to improving this at the school?

Ms MOSS: I want to make a comment that I do not accept that it is not an acceptable school, because it is.

Mrs HERSEY: I can tell you that the science lab is not acceptable.

At present the school has between 60% and 70% attendance rate, which reflects the school is currently not a safe, integrated environment that children can enjoy learning in. What is the department doing to improve the attendance rate at the school?

Ms MOSS: Which school?

Mrs HERSEY: Katherine High School. We are moving off Katherine shortly; we are just finishing up.

Ms MOSS: We are talking about Katherine High School's attendance and engagement rates.

Mrs HERSEY: Being but at present it is 60% to 70%, which reflects the school is currently not a safe, integrated environment that children can enjoy learning in. What is the department doing to increase this rate?

Ms MOSS: I am very happy to go through all the initiatives, resources, support, programs and positions that the government is investing in, but I feel that I have answered that question three or four times in the last half an hour. I am happy to go through it again.

Mrs HERSEY: To save you repeating yourself, apart from the counsellor and the school-based constable, are there any support mechanisms in place at the school?

Ms MOSS: Yes, absolutely. There is the new distance education annex at Katherine High School, which provides a broader range of subject availability to students. There is an engagement officer based there. There are the two new teachers to support STEM coordination and transition-to-work options to make sure that learning is engaging and that we are providing great opportunities in STEM.

We have six new classroom support staff to support high-needs students, which is meeting additional needs for students as that is an important part of making sure they are attending and engaged. We have the Clontarf and Stars programs, which I do not think need any introduction to people on the committee or at this table. They are very well embedded in our school system.

We had a one-off grant of $150,000 for 224 new ICT devices at the school, which means they have updated devices, opportunities to engage in distance education and a broader offering of subjects. We have additional funding to get disengaged young people back to school and on a path to their NTCET completion, job or training, including through Katherine flexible education.

We have upgrades happening to the school, like the library upgrade which was completed in 2020. There is the social and emotional wellbeing program, which the department is supporting the school in developing, and the formalised relationships we are building to develop the Learning on Country and positive behaviour program for girls.

All of those things, through working with the acting principal—and the new principal when the recruitment is finalised—and the senior teacher who supports that curriculum, should create a more engaging learning environment for those students. The fact we have had more students graduating from Katherine High School with their NTCET is positive. I am looking forward to sharing more positive stories about Katherine High School because I do not think the positive stories get talked about enough.

I am pleased I have had the opportunity to tell the positive stories a few times tonight.

Mr COSTA: We need to focus on other Territory schools as well. I am hearing about Katherine High School a lot.

Can you provide an update on the Aspire program and how it will support Aboriginal students?

Ms MOSS: The Aspire program will be incredibly important across all our high schools, which is good because we are talking about all our high schools and senior years education. It is important to provide opportunities for our high-achieving Aboriginal students in the Northern Territory through traineeships, connections to local business, local industry, support for their wellbeing and health.

This will be a great way to address the transitions from senior years into the workforce and into further study. That is an important part of our strategic vision. We have to get the transitions right as well. Whether it is at Katherine High School or any of the other senior years schools around the Northern Territory, that is a program we are expecting 50 students in, in the first year. The planning is well under way. I am really proud that we have made that commitment and we are developing that program. It is on track for delivery which is fantastic and Aboriginal students in the senior years will see the opportunities and the rewards from that program.

Mrs HERSEY: The Tennant Creek High School is receiving funding of $1.5m to upgrade the Juno Centre. What is the funding breakup between NT Government and Commonwealth funding?

Ms MOSS: Mr Chair, I think that is in Output Group 3.0.

Mr DEPUTY CHAIR: Correct.

Ms MOSS: I also have an answer to 3.11, which was the question about government employee housing in Katherine.

Answer to Question on Notice No 3.11

Ms MOSS: I understand that all rentals within the Katherine urban area are part of the grandfathered scheme. They are private headleases.

Mr DEPUTY CHAIR: Are there any further questions? That concludes consideration of Output 1.5.

Output 1.6 – International Education

Mr DEPUTY CHAIR: The committee will now proceed to Output 1.6, International Education. Are there any questions?

Mrs HERSEY: What is the $2.155m funding in this output used for? Can you please provide a breakdown of how this funding is spent?

Ms MOSS: The funding that is attributed to international education contributes to services for international partnership and student programs promoting NT Government schools and study tours in NT Government schools. Most of that funding is going directly to public schools to support those students.

Mr BURGOYNE: Just picking up on the promotion of NT schools. In the last financial year, obviously not a whole lot of movement has been happening. How much money has been spent on promoting NT schools? Is that in advertising campaigns? How does that work?

Ms MOSS: I will ask Aderyn to join us as at the table to talk about the international students and schools as they relate to the Department of Education. Picking up on what the Member for Braitling was saying, COVID impacted movement, so that is absolutely a consideration at the moment, but there are plans for future marketing as well. Aderyn can talk a bit more about what that looks like.

Ms CHATTERTON: You quite rightly point out that last year was an extraordinary year, so some of our strategic priority pieces in international education did not advance. Underspend was generated through both own-source revenue and from international student fees. We redirected that and gave our schools the opportunity to apply for a grant.

Schools that had international students could apply to the department to receive a $10,000 grant to support their program delivery and international students. We received a positive uptake from all our schools in relation to that opportunity.

We continue to look at 25% of the revenue being redirected to our schools annually as an international student bonus payment. That contributes to the cost of service delivery for our fee-paying students. Some of our schools have larger student numbers so we have worked in partnership with schools about transitioning to the new model. In particular, ensuring that as we moved in to a revenue model, schools were still supported to deliver on all of their priorities and the wraparound support they provide for international students.

Mr BURGOYNE: Do you have the figure for that underspend and the amount given in grants?

Ms CHATTERTON: We have the 36 schools that received the grants of $10,000 each, so $36,000.

Ms MOSS: We might have to take the rest of the question on notice.

Question on Notice No 3.12

Mr DEPUTY CHAIR: Member for Braitling, please restate the question for the record.

Mr BURGOYNE: Of the underspend in the international education output, how much was the underspend and how much was then directed to schools in grants?

Mr DEPUTY CHAIR: Minister, do you accept the question?

Ms MOSS: I do, yes.

Mr DEPUTY CHAIR: The question asked by the Member for Braitling has been allocated the number 3.12.

Mrs HERSEY: How many international students have now returned?

Ms MOSS: I am not entirely sure of the context, but I assume we are talking about if anybody went back overseas during COVID and they have come back. If that is the case, I am not really sure I have that context.

In Term 1 of 2021, there were 1,667 overseas students enrolled in our NT Government schools. That is the information I have at Term 1. I am not sure how many returned overseas during COVID and if that were the case, I would assume we would have very little back at this point, given the international borders. I am happy to ask the question, but I do not think it will be significant. In Term 1 of 2021, 1,667 overseas students enrolled in NT Government schools. The international education piece beyond that sits with the Department of Industry, Tourism and Trade.

Mr COSTA: Following on from what the Member for Katherine asked, how has this government supported international students and their families during COVID?

Ms MOSS: That is a very good question and it is broader than the Department of Education. Beyond us, outside of our agency's purview, there were a number of international students at the university level who had just arrived in the Northern Territory before COVID hit. It would have been an incredibly difficult time for those people, many of whom were away from their families and had not yet made connections within the Northern Territory. An enormous amount of support was provided to them.

In terms of students in our government schools, one of the things that is important throughout COVID-19 is the ability to have payment plans and things like that. We know that families, particularly in times like that, might experience some level of financial hardship. There is a lot more going on and more complex layers to being overseas and having children in a Territory school. Payment plans are available, which helps them address that. It is not just an upfront cost.

Mrs HERSEY: In last year's budget there was an increase of $1.5m being spent on international education. In this budget there has been a reduction of $40,000 from last year's, which would mean that holistically there is still over $1m extra compared to 2019. Given the recent pandemic, what has been the reduction in international education student numbers at CDU in the past 12-months?

Ms MOSS: The tertiary level international students would sit with the Department of Industry, Tourism and Trade, under Minister Manison. International students who are in our primary, middle or high schools would come under this output.

In terms of the $1.5m, I have an explanation. There is a budget of $2.2m for international education, which includes own-source revenue of $1.5m from international student fees. That explains the $1.5m.

Mrs HERSEY: Is the Batchelor Institute under you, in higher education?

Ms MOSS: Yes, it is. The Batchelor Institute and CDU come under 1.7 but the international education component sits with Minister Manison—for CDU.

I have an answer to a question on notice. It is number 3.5

Answer to Question on Notice No 3.5

Ms MOSS: The question was about preschool funding. The actual preschool funding for 2019–20 was $36.235m.

Mr DEPUTY CHAIR: Thank you. Are there any other questions for Output 1.6? That concludes consideration of Output 1.6.

Output 1.7 – Higher Education

Mr DEPUTY CHAIR: The committee will now consider Output 1.7, Higher Education. Are there any questions?

Mrs HERSEY: Where does the $9.327m funding for this output go? Can you provide a breakdown of how it is spent?

Ms MOSS: In terms of tertiary education, we have $9.245m that goes to CDU in an operation grants and $83,000 that goes to corporate support.

Mrs HERSEY: Thank you. The Batchelor Institute has been in the news recently for all the wrong reasons. The staff have said the institute is in crisis mode. Is the department aware of the issues at Batchelor?

Ms MOSS: Yes, we are aware of the issues at Batchelor. We do not run the Batchelor Institute of Indigenous Tertiary Education, but we provide some funding to it, as does the Department of Industry, Tourism and Trade, which is the principal funder of that institution. I have spoken to Pat Anderson, the Chair of Batchelor Institute and the acting CEO, Gareth, and kept myself abreast of the issues there.

I am confident they are working through those issues with the staff and making sure we get the outcome we all want, which is that every student and staff member is working in a safe and supportive environment. I know they are working hard to listen to all of the concerns and providing the appropriate action.

Mrs HERSEY: The number of students who achieved one of more VET competencies dropped by over 100. What do you attribute this to?

Ms MOSS: I can only provide it for school VET. In 2020, there were 2,151 NT students enrolled in a nationally accredited VET course: 1,087 students completed a VET qualification; 941 were female; 729 were Aboriginal; 180 students in NT schools participated in school-based apprenticeships or traineeships, and 1,622 students completed their NTCET, with 47% completing VET competencies in NTCET and 27% using their VET to complete their NTCET.

Mrs HERSEY: Budget Paper No 3 for 2019–20 listed $900,000 for the Get SET program. Were all 10 scholarships taken up at CDU by graduating Year 12 students last year? If not, how many scholarships were?

Ms MOSS: I do not have that final number. The scholarships are provided by CDU, which funds, provides and administers them.

Mrs HERSEY: Can I ask that on notice, then?

Ms MOSS: We would have to ask CDU; it is not something that comes out of the department. We can ask them, but I am saying that it is not department-generated.

Question on Notice No 3.13

Mr DEPUTY CHAIR: Member for Katherine, please restate the question for the record.

Mrs HERSEY: Budget Paper No 3 for 2019–20 listed $900,000 for the Get SET program. Were all 10 scholarships taken up at CDU by graduating Year 12 students last year? If not, how many scholarships were? If not all of the scholarships were used, what happens to the unused funds?

Mr DEPUTY CHAIR: Minister, do you accept the question?

Ms MOSS: I think I answered the second part of that question is that we do not fund it, CDU does. But I am happy to accept the first half of that question and we will endeavour to get the answer.

Mr DEPUTY CHAIR: The question from the Member for Katherine has been allocated the number 3.13.

Mrs HERSEY: What funding does the government provide to Study NT?

Ms MOSS: That is Department of Industry, Tourism and Trade.

Mr DEPUTY CHAIR: That concludes consideration of Output 1.7 and Output Group 1.0.

OUTPUT GROUP 2.0 – NON-GOVERNMENT EDUCATION
Output 2.1 – Primary Years Education

Mr DEPUTY CHAIR: The committee will now move on to Output Group 2.0, Non-Government Education, Output 2.1, Primary Years Education. Are there any questions?

Mrs HERSEY: The increase in funding to non-government schools is comparatively larger than the increase in funding to government schools. Why is that?

Ms MOSS: Member for Katherine, I will ask Brett to talk to this, but my understanding is that is based on Australian Government funding to government schools. Obviously, under the Australian Government's National School Reform Agreement we receive funding from the Australian Government. The funding allocation to non-government schools is $43.239m, but that includes some funding from the Australian Government as well. Brett can add some more detail there.

Mr ROACH: Member for Katherine, yes, the increases for non-government education are substantially higher. That money is coming from the Australian Government. For example, the entire budget for 2021–22 is $261m. Of that, about $205m is coming from the Australian Government.

As minister Moss said, that is the National School Reform Agreement. When the Commonwealth went through the Gonski work side of things in assessing non-government schools and the funding they were receiving from the Commonwealth compared to the schooling resource standards, they found that our non-government schools were being underfunded by the Commonwealth, generally speaking, so they are on a transition upwards. Most of our non-government schools will be receiving substantial increases from the Commonwealth.

It is a post-box arrangement between the Commonwealth, us and non-government schools. The Commonwealth provides the money to us on a school-by-school basis and we pass it onto those schools. In particular, the remote Indigenous schools see particularly large Commonwealth funding increases from 2018 through to 2023.

Mrs HERSEY: Can you detail amounts paid on grants to non-government organisations for the period beginning 1 July 2020 and ending 30 May 2021, including which organisations and the service to be provided?

Ms MOSS: If you are asking for that specific time period, we might need to take it on notice. I understand we have a list of grants, but not spanning the period you have specified.

Question on Notice No 3.14

Mr DEPUTY CHAIR: Member for Katherine, please restate the question for the record.

Mrs HERSEY: Please detail the amounts paid on grants to non-government organisations for the period beginning 1 July 2020 and ending 30 May 2021, including which organisations and the service to be provided.

Mr DEPUTY CHAIR: Minister, do you accept the question?

Ms MOSS: I do, yes. We are talking about non-government schools?

Mr DEPUTY CHAIR: Yes. The question asked by the Member for Katherine has been allocated the number 3.14.

Mr DEPUTY CHAIR: We will take a three-minute comfort break.

The committee suspended.

Mrs HERSEY: Why does the government not offer financial assistance to Territory children who choose to attend boarding school interstate?

Ms MOSS: We do. I will ask Brett to outline that, but we do provide support for students who are attending boarding schools. One of the ways is through the TSU, but Brett will speak about the financial support.

Mr ROACH: Generally speaking, we do have boarding arrangements with certain criteria and depending on whether the child is boarding within the Northern Territory or interstate. Was the question about interstate?

Mrs HERSEY: Yes, why does the government not offer financial assistance to Territory children who choose to attend boarding school interstate?

Mr ROACH: For eligible children we provide an interstate boarding allowance of $2,000 per year and up to four return trips per school year.

Mr BURGOYNE: It is my understanding that if a Territory student wants to go to boarding school in the Northern Territory, they do not receive the same allowances?

Mr ROACH: I am just looking through our 2021 student assistance schemes for isolated students and boarding within the Northern Territory, once again for eligible children—up to four return trips per school year and a maximum of $600 per year. It is a different amount depending on whether it is within the Northern Territory or interstate.

Mr BURGOYNE: Having spoken with schools that offer boarding services, would it not be prudent to offer greater incentives to keep our own students in the Northern Territory and boarding at schools here rather than sending them interstate?

Mr DEPUTY CHAIR: Member for Braitling, I will give you an opportunity to rephrase the question. You are asking for an opinion from the minister.

Mr BURGOYNE: Is the department contemplating changing its current money spent for Territory board schools versus interstate boarding schools?

Ms MOSS: I will answer your question more broadly, because it is relevant. The department is looking at the secondary provision across the Northern Territory. A number of schools are delivering more secondary education—schools that have been primary or middle for a long time and now deliver more senior options.

The consideration of secondary provision is broader than boarding facilities.

Mrs HERSEY: Leading into the Member for Braitling's question, there are only three schools that will take NT children who are not Aboriginal. If those schools are at capacity and therefore a child goes interstate, should there not be financial assistance?

Ms MOSS: Can you repeat the question?

Mrs HERSEY: The three schools—Haileybury, St John's and St Philip's—that will take NT children who are not Aboriginal, if those schools are at current capacity and therefore a child goes interstate, should there not be financial assistance?

Ms MOSS: There is financial assistance for interstate boarding, if they are eligible. There are criteria around it, but there is financial support for students who go to interstate boarding school.

Mrs HERSEY: What are the criteria? Can you outline that for the record?

Ms MOSS: Brett, do you have the criteria in front of you?

Mr ROACH: The criteria for interstate boarding allowance are:

- be permanent NT residents
- be studying full-time
- access curriculum that is not available at NT schools that have access to boarding facilities
- you are living away from home to attend school on a daily basis
- be approved for basic boarding allowance under the Australian Government's Assistance for Isolated Children Scheme.

Mr DEPUTY CHAIR: There being no other questions, that concludes consideration of Output 2.1.

Output 2.2 – Middle Years Education

Mr DEPUTY CHAIR: The committee will now consider Output 2.2, Middle Years Education. Are there any questions?

Mrs HERSEY: What was the actual expenditure on non-government middle years education in 2021?

Ms MOSS: We will not have that until the end of the financial year.

Mr DEPUTY CHAIR: There being no other questions, that concludes consideration of Output 2.2.

Output 2.3 – Senior Years Education

Mr DEPUTY CHAIR: The committee will now consider Output 2.3, Senior Years Education. Are there any questions?

Mrs HERSEY: Can you provide a breakdown of how the funding of this output is distributed?

Ms MOSS: Can you clarify what kind of breakdown you are looking for? Are you looking by region or by school?

Mrs HERSEY: For non-government schools, by school.

Ms MOSS: We can take that on notice and get that breakdown.

Question on Notice No 3.15

Mr DEPUTY CHAIR: Member for Katherine, please restate the question for the record.

Mrs HERSEY: Can you provide a breakdown of how the funding under this output is distributed by school?

Mr DEPUTY CHAIR: Minister, do you accept the question?

Ms MOSS: I am happy to accept the question.

Mr DEPUTY CHAIR: The question asked by the Member for Katherine has been allocated the number 3.15.

Mr DEPUTY CHAIR: That concludes consideration of Output 2.3 and Output Group 2.0.

OUTPUT GROUP 3.0 – CORPORATE AND SHARED SERVICES
Output 3.1 – Corporate and Governance

Mr DEPUTY CHAIR: The committee will now move on to Output Group 3.0, Corporate and Shared Services, Output 3.1, Corporate and Governance. Are there any questions?

Mrs HERSEY: Are there any plans to spend $29m on upgrading the school at Yuendumu?

Ms MOSS: If we are going to the output on infrastructure, I will ask Adam Walding from DIPL to join me at the table. I suspect we will be here for a while.

Mr DEPUTY CHAIR: We have been waiting for him all evening.

Ms MOSS: We have. I do not have the 10 Year Infrastructure Plan in front of me, but I was at Yuendumu recently to look at the school and meet with the principal and staff. It is in our 10 Year Infrastructure Plan to upgrade Yuendumu School.

I do not believe there is a specific figure on that, but the Department of Infrastructure, Planning and Logistics—who I do not speak for—Adam can provide more detail. The department is working with the school on what those upgrades will look like as part of that planning process. I do not believe there is a specific figure on that at this point in time. Adam, are you able provide more context about the Yuendumu School process?

Mr WALDING: (inaudible – microphone off).

Mr DEPUTY CHAIR: Please turn your microphone on.

Mr WALDING: Sorry. Do you want me to start again?

Basically, we were working with the school through the master plan with Education to prioritise the works required. The process from there is that we define the scope and the functional brief. We work with the government to prioritise a capital works program, the same as we would with other projects to prioritise.

Mrs HERSEY: How much of the school's budget—being Yuendumu—goes towards vehicles?

Ms MOSS: We do not have the fleet detail. Fleet is a separate output to infrastructure, but we are looking—in terms of fleet, we do not have that by school. I have the total number of the department's fleet and the number of operational vehicles and executive contract officer vehicles, but I do not have it by school level. If you want to clarify your specific question, we can take it on notice and see if we can find out, but whether it is a department-provided fleet vehicle or vehicle purchased by the school, I would have to look into it.

Mrs HERSEY: Can I ask some questions then as they are all regarding Yuendumu? You can let me know if they will be taken on notice. That was the one where the school's budget going towards schools. Does the school receive extra funding to go towards vehicles or buses? How much has been spent on maintenance on these vehicles in the last financial year? Are all the vehicles at the school currently roadworthy?

There have been reports of children driving the new ride-on lawnmower around the school, which is a recipe for disaster. What will your department do to investigate or address this? Reports regarding the lawnmower that has been damaged …

Ms MOSS: Are we taking this all as one question on notice? (inaudible – microphone off).

Mr DEPUTY CHAIR: I suppose that is up to you, minister. How would you like to take it?

Mrs HERSEY: It is up to you. They are all regarding the same thing and are all about vehicles.

Ms MOSS: They are loosely all about the same thing, but are not the same question. In terms of school-based vehicles we would have to get the school level detail because I do not have that. We would need to take it on notice.

In terms of the second half of the raft of questions about the ride-on mower, I am not aware of any complaints about that. We cannot investigate a rumour that is thrown on the table in estimates. We have not received a complaint as far as I am aware and can check whether a complaint has been received.

We are here to scrutinise the budget.

Mrs HERSEY: Can I ask that those two questions are taken on notice?

Question on Notice No 3.16

Mr DEPUTY CHAIR: Member for Katherine, please restate the question for the record.

Mrs HERSEY: How much of the school's budget goes towards vehicles? Does the school receive extra funding to go towards their vehicles or buses? How much has been spent on maintenance on these vehicles in the last financial year?

Mr DEPUTY CHAIR: Minister, do you accept the question?

Ms DEPUTY MOSS: Yes.

Mr DEPUTY CHAIR: The question asked by the Member for Katherine has been allocated the number 3.16.

Mr BURGOYNE: To give those questions some context, I have been contacted by someone who was very worried about what was happening at the school. In a budget context there is a lot of money that is spent on schools. This person felt that a lot of that money being spent was not going towards the best education for the students.

In a budgetary fashion, that is why we are asking these questions—to find out the amount of money that is being spent at the school on certain items and whether they are being utilised to their maximal capacity. That brings it to a purely budget and estimates fashion.

Ms MOSS: I appreciate that context, Member for Braitling. I note that if you are hearing serious concerns about schools there are a number of mechanisms to raise those concerns so they are investigated. I encourage you to do that, particularly if we cannot validate them right here and now in estimates. This is quite a public forum to be airing some of these things if we are not sure.

There are some broad sweeping statements and imputations being made. I do not want to comment on them in this forum without having the opportunity to look at it properly, Member for Braitling. I hope you appreciate where I am coming from.

Mr BURGOYNE: Certainly, minister.

Mr DEPUTY CHAIR: Thank you. I reiterate that it is part of the standing orders that we do not have questions with those sorts of imputations.

Mrs HERSEY: We asked about this in the last estimates. This time there is $6.1m budgeted for new transportable classrooms to provide better learning environments for students and teachers and support enrolment peaks. How many transportable classrooms does that include, and which schools will be receiving them?

Ms MOSS: In terms of the transportable classrooms, can you clarify for me, are you asking for the latest that are due for installation shortly not the whole program again?

Mrs HERSEY: Yes. The $6.1m for new transportable classrooms. How many transportable classrooms does that include and which schools will be receiving them?

Ms MOSS: I understand that the contractors are undertaking works at Woodroffe Primary School with anticipated installation in July 2021; Nightcliff Primary School which has Nemarluk annex each is July 2021; Gapuwiyak School June 2021; Ngukurr School June 2021; Neutral Junction School which is pending the lease being secured on the pastoral site; Ali Curung School September 2021; and Newcastle Waters is June 2021.

That is where it is at—we talked about it in December and that is the update. It is very exciting for those schools. I had an opportunity to have a look at some of the transportable classrooms being put together by Northern Transportables, which is one of the local companies building them. They are exceptional quality and they last quite a long time.

Mrs HERSEY: How many schools have already received the transportable classrooms, and which schools are they?

Ms MOSS: Adam, if you can speak to that it would be appreciated, thank you.

Mr WALDING: The majority of the demountables are built. We are working with the schools to have them installed now. The minister just mentioned the time frames in which they will be installed. Ngukurr has been completed on the list that I have, and that was just recently. The others we are still finalising. When we put them on-site, there are two parts. At some of the schools we will install the demountable and then take out some of the old BER—beyond economic repair—equipment. At other schools we have to demolish the building before we can put the new demountable in. We are getting rid of the old stock that is at end of life.

Ms MOSS: The total for that program, just for memory's sake, was 15 transportable classrooms. Ali Curung, in September 2021, will have three, for example. It is not just one per school.

Mrs HERSEY: Ali Curung is receiving three?

Ms MOSS: Ali Curung will have three transportables; Woodroffe will have three; Gapuwiyak will have two; Ngukurr will have two; Nightcliff Primary School for the Nemarluk annex will have two; the others have one; and there is one location to be confirmed.

Mrs HERSEY: Just for the Member for Barkly, will Ali Curung be receiving fencing with their new buildings?

Mr WALDING: No. It will be inside the fence line.

Mrs HERSEY: How is the department pre-empting attendance peaks so that the transportable classrooms are not required in the future?

Ms MOSS: Transportable classrooms are used for a range of reasons, including addressing some of the aging infrastructure across the Territory, but there is an enormous amount of planning that goes on between the Department of Education and the Department of Infrastructure, Planning and Logistics, particularly where we might have new housing coming online or to monitor the enrolments and projections of the schools to make sure we are meeting the needs. Adam can add more detail to that.

Mr WALDING: The sites were selected in conjunction with Education. It was based on ageing infrastructure as the biggest priority. Some of the schools, with the programs they are running—we heard about KiTES and some of those programs—have retained extra space due to those programs. That is how they have been selected and why they go into those spaces. Predominantly it is to use old beyond economic repair classrooms so that we have nice, modern facilities with good-quality hearing augmentation inside.

Ms MOSS: It is not just about the infrastructure planning. I run the risk of going back to previous outputs here, but some schools have enrolment management plans in place as well, which is the department working with those schools so that there is enough operational capacity in our schools for students living in the priority enrolment zone for those schools. There are 17 schools with an enrolment management plan in place.

We manage it that way as well. You might have a number of schools in an area where some might not be at capacity and others will be. Policy work sits behind that as well.

Mrs HERSEY: Is it the intention to retain those transportable classrooms or will they be replaced at some point?

Mr WALDING: It will be a staged approach. The transportable we are putting in there are high quality—I think we went through this last year. It is a cheaper solution than bricks, mortar and blocks. We get better bang for our buck across the regions.

The need, based on our assets and our master planning as we push forward, will help inform the right solution to put in each of the communities. Part of the stimulus was to give the transportable industry some work at a much-needed time in the middle of the COVID outbreak, when they were looking for work. It was about maintaining Territory businesses and industry as part of the stimulus with this project as well as it being a nice efficient solution to install them in remote communities.

Mrs HERSEY: The budget identifies $2.789m remaining for infrastructure for students with additional needs. Is that part of the $4.6m from last estimates or is this additional funding?

Mr WALDING: It is the same program; it is the revote component that has carried through. It is the same dollar value; the works have not been completed in the financial year, so it is continuing on to the next financial year. It is under the revoted works.

Mrs HERSEY: Which schools have been identified to have this infrastructure still not installed?

Mr WALDING: That is the same as last year. We have the list here. Do you want to rattle them off again, minister?

Ms MOSS: I am not sure the Member for Katherine would want me to rattle it off again, but we do have it.

Mrs HERSEY: Yes, if you can go through the list for the record.

Ms MOSS: It is the list I read out. I have the entire list, which is the 42 schools that I read out in December. A lot of them are complete; some of them …

Mrs HERSEY: That is fine.

Ms MOSS: We are happy to provide an update on ones that have completed since December, or something along those lines if you would like to see it. In the interests of time, I do not know if you want me to read the whole list.

Mrs HERSEY: I will press on. Does the funding go to facilities like the (inaudible) for break-out engine rooms, or is it for physical disabilities accessibilities, such as ramps, lifts or other access facilities?

Ms MOSS: Member for Katherine, it goes towards a number of different infrastructure upgrades that could be categorised as inclusion infrastructure upgrades. Some of them, as per December, are for Soundfield systems, which are acoustics, acoustic ceilings and wall treatments. Then, somewhere like Palmerston College has had ceiling and wall treatments to its sensory room. In some cases, it will be upgrades to classrooms for acoustics and accessibility. In some cases, it could be the sensory room. That has been directed by them, but there are a lot of Soundfield systems and acoustic treatments.

You can walk into a classroom and they might not look like a lot—sometimes they look like the cladding on the wall here, but they make an enormous difference to the acoustics of the room. Principals often point out to me what they have done and the difference it has made for kids who are hard of hearing.

That is one of the main ones that gets done—walls, ceiling treatments. They are fundamental to changing the way that these kids experience sound in the classroom, which is great.

Mrs HERSEY: In the current infrastructure budget, it indicates $4.34m for regional schools, $3.65m for schools in Darwin and then a further $10.46m for across the whole NT. How much of this across-the-NT funding is allocated for schools in Darwin?

Mr WALDING: Whereabouts are you pulling that from the budget paper please, so I can collate it?

Mrs HERSEY: I did not write a note next to the question, sorry.

Ms MOSS: That is okay.

Mrs HERSEY: In the 2019–20 annual report, it states that for the Rooftop Solar in Schools program in 25 government schools five have been completed and 13 are in progress or planning. How many schools have rooftop solar and when will the remaining schools get rooftop solar? Has this remained within the predicted budget?

Ms MOSS: We have committed $5m for the program and we expect that there will be 25 schools that benefit from that expenditure. I understand that currently eight schools have solar panels installed, so they are already directly benefiting from that in both their schools bills and being able to use things such as teaching aids, as well as supporting local businesses in the process.

In terms of the next round of schools due to get them, Adam probably has that detail and can provide that.

Mr WALDING: As the minister said, there are eight completed. Since the briefing papers have been put together there are another two, so we have 10 completed. We have 10 in the planning construction stages and there are five planned to be completed next financial year.

Ms MOSS: Mr Deputy Chair, I have the answer to one of the questions taken on notice.

Answer to Question on Notice No 3.2

Ms MOSS: The Member for Mulka asked about the comparison of principals in East Arnhem Land schools from the local community compared to outside the community. There are 13 government schools in East Arnhem Land. There is one co-principal at one of the schools in East Arnhem Land from the local community. There is another principal in the region who is Aboriginal but not from the local community. Obviously, this speaks to the importance of RATE in building a pipeline of school leaders from communities.

Mr BURGOYNE: You just touched on the school solar rooftop program. Out of the schools in Alice Springs, how many have been completed and how many are yet to be completed?

Ms MOSS: I do not have the completed ones in front of me but I can tell you that Centralian Senior College is in progress, due for completion in February 2022. Braitling Primary School is in progress, due for completion next month. Centralian Middle School is in progress, due for completion in September 2021. There are a range of others.

Question on Notice No 3.17

Mr DEPUTY CHAIR: Member for Braitling, please restate the question for the record.

Mr BURGOYNE: Can I please have a list of completed, progressing and will be completed school rooftop solar programs for the schools located in Alice Springs?

Mr DEPUTY CHAIR: Minister, do you accept the question?

Ms MOSS: I do, yes.

Mr DEPUTY CHAIR: The question asked by the Member for Braitling has been allocated the number 3.17.

Mrs HERSEY: The 2019–20 annual report for infrastructure states round three of the Building Better Schools program is providing new and improved school facilities in government schools, at $300,000 per school. Works are completed at 30 schools and 49 schools are in the planning and construction stages. Have the 49 schools that were in planning been completed?

Ms MOSS: As at 31 March 2021 there are 119 Northern Territory Government schools that have had Building Better Schools projects either completed or under way. That means that there are 85 that have completed works, 12 were completed in 2021 and 73 completed in prior years, 34 are in the planning and construction stages and 29 are due to have works delivered in 2021–22. We anticipate that there will be some finalisation

works in 2022–23, which includes some of the schools that had partial funding brought forward to earlier years but might have money left over that they wanted to use on another project.

Between the two agencies, we are working so that any remaining schools that might not have scoped their project or put in what they want to do with that money have the opportunity to ask questions and work with the departments to finalise those projects. That is the case for some of those that are not yet under way—they have not necessarily agreed on a scope of works.

Mrs HERSEY: Can you provide a list of the schools that are still waiting? I am happy to put that on notice.

Ms MOSS: I am happy to take that on notice.

Question on Notice No 3.18

Mr DEPUTY CHAIR: Member for Katherine, please restate your question for the record.

Mrs HERSEY: How many schools are still waiting for the Building Better Schools funding, and which are they?

Mr DEPUTY CHAIR: Minister, do you accept the question?

Ms MOSS: Yes.

Mr DEPUTY CHAIR: The question asked by the Member for Katherine has been allocated the number 3.18.

Mrs HERSEY: When will the government be doing works to upgrade the Alekarenge School, which is in a serious state of disrepair, and what funding is in the budget for this?

Ms MOSS: We have discussed that in the context of the transportable classroom COVID-19 stimulus project. They will receive three transportable classrooms, which are due to arrive in September this year and will address some of the issues in some of the ageing classrooms. At that point I understand DIPL will be removing some of the classrooms that are beyond economic repair—there are two of those.

The Building Better Schools project is progressing. It includes upgrades to the outdoor play area, which is one of the priority infrastructure works. That is currently being delivered in conjunction with Building Better Schools projects for Murray Downs School and Canteen Creek. That relates to achieving economies of scale and maximising the delivery of funding through the $300,000 funding allocations.

I do not have the 10 Year Infrastructure Plan in front of me, but broader upgrades to that school are in that plan, which guides our government prioritisation works, alongside some of the other big infrastructure works that are required in our school system. The upgrades are on our forward works list.

Mrs HERSEY: Can I ask about emergency shelters in this output?

Ms MOSS: Yes.

Mrs HERSEY: Education is the lead agency for the emergency shelter group. In a letter dated 19 January 2020 you advised that feedback regarding the introduction of Coolalinga Central car park as a cyclone shelter had been provided to the department for consideration. What is the progress that and how long until we can expect a response?

Ms MOSS: If there are broader questions regarding management of shelters, we can answer those, but in regard to that review my answer is the same. I answer that question by saying DCMC is running that review, so we have provided feedback to them.

I responded in regard to the review and the fact DCMC would be undertaking it as the lead agency on emergency management. We manage the existing shelters. DIPL obviously has a role to play, but it is a question specifically for the agency tomorrow. We can only answer questions specifically to the role Education plays. The review is a DCMC responsibility.

Mrs HERSEY: How many positions had Special Measures applied when advertised for the past financial year up to the end of May 2021?

Ms MOSS: The number of Aboriginal employees at 31 March 2021 was 676, which is 14% of the department's total workforce and an increase of 10 Aboriginal employees compared to same period last year. This is excellent news. The department has renewed its Special Measures recruitment plan for the next four years across a range of areas, including assistant teachers, Aboriginal education officers and Families as First Teachers.

In terms of how many recruitment actions have Special Measures applied, we would need to take that on notice. We have a global employment target across the public service in terms of Aboriginal employment. That is something the department is committed to. We go back to things like FaFT where we have a huge number of remote workers—we are proud of our achievements in that regard.

I have the vacancies advertised under Special Measures from 1 July 2020 to 1 March 2021. There are 730 vacancies advertised under the Special Measures plan. Applicants found successful under that were 133 and 31 were found suitable but unsuccessful.

Mrs HERSEY: That was my next question; thank you for that. How many positions, as referred to in the question above, were readvertised within six months of the initial appointment?

Ms MOSS: For that level of detail we would need to take it on notice.

Mr DEPUTY CHAIR: Would you like to place that on notice?

Mrs HERSEY: Thank you.

Question on Notice No 3.19

Mr DEPUTY CHAIR: Member for Katherine, please restate the question for the record.

Mrs HERSEY: How many positions, as referred to in the question above, were readvertised within six months of the initial appointment?

Mr DEPUTY CHAIR: Minister, do you accept the question?

Ms MOSS: Yes.

Mr DEPUTY CHAIR: The question asked by the Member for Katherine has been allocated the number 3.19.

Mrs HERSEY: How many reviews were held in relation to merit selections' finding of unsuitable applicants under Special Measures plans?

Ms MOSS: We would have to take that one on notice.

Question on Notice No 3.20

Mr DEPUTY CHAIR: Member for Katherine, please restate the question of the record.

Mrs HERSEY: How many reviews were held in relation to merit selections' finding of unsuitable applicants under Special Measures plans?

Mr DEPUTY CHAIR: Minister, do you accept the question?

Ms MOSS: Yes.

Mr DEPUTY CHAIR: The question asked by the Member for Katherine has been allocated the number 3.20.

Mrs HERSEY: Can you please provide details for the following staffing questions as at 30 May 2021. How many staff are employed in the following categories: full-time equivalent; permanent part-time contract; and contract?

Ms MOSS: At 31 March, our total full-time equivalent is 4,379. I will give you the full breakdown because that will probably be easier. Ongoing full-time is 2,501. Ongoing part-time was 193. Fixed term full-time was 1,402. Fixed term part-time was 156. Casual contract was one. Executive contract was 126, which includes some of those principal contracts as well.

Mrs HERSEY: Can you please advise of the number of staff who identify as Aboriginal and Torres Strait Islander as at 31 March 2021?

Ms MOSS: The number of Aboriginal employees as at 31 March was 676 or 14% of the total workforce which is an increase of 10 Aboriginal employees compared to the same period the year before. The number of Aboriginal staff members in senior roles as at 31 March 2021 was 58 employees or 6.1% of the total senior officer levels, which is an increase of four employees on the same period last year.

Mrs HERSEY: Up to 30 March, if that is when your dates go to, how many staff resigned, were made redundant or were terminated?

Ms MOSS: In terms of across the whole department and system, we would need to take that on notice. We have that for principals but not across the entire department on hand.

Mr DEPUTY CHAIR: Member for Katherine, could you please restate the question for the record?

Mrs HERSEY: For the full financial year ending 30 June, how many staff resigned, were made redundant or were terminated?

Mr DEPUTY CHAIR: Minister, do you accept the question?

Ms MOSS: We actually have those figures on hand, my apologies. In terms of staff movements, this is 1 July 2020 to 31 March 2021, 399 resigned; there were 30 retirements; zero redundancies, voluntary and involuntary within that period; and one terminated, which was an executive contract.

Mrs HERSEY: How many staff were unattached or categorised as redeployees for the full financial year or ending 31 March 2021? You can give me supernumerary.

Mr ROACH: Member for Katherine, we have it by FTE and headcount as at 31 March 2021. On an FTE basis we had 129 supernumerary staff and by headcount we had 175 supernumerary staff.

Mr DEPUTY CHAIR: Thank you, Member for Katherine.

The time being 9.30 pm, this concludes the estimates hearings for today. I thank the departmental staff who presented today from the Department of Education, as well as the staff we did not get to at the back who have done all the planning for Territory Families, Housing and Communities.

I appreciate the time and effort everyone has put into today's proceedings. We look forward to recommencing the proceedings tomorrow, Thursday at 9 am, with questions for the Minister for Renewables and Energy.

Thank you, Legies and Hansard.

The committee concluded.
