

**Portfolio Committee No.2 – Health  
Budget Estimates  
Responses to Questions on Notice  
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Transcript page: 2

NSW Rural Health Plan: Towards 2021 Final Progress Review report

**The CHAIR:** Minister, have you had the opportunity to read the NSW Rural Health Plan: Towards 2021 Final Progress Review report?

**The Hon. BRONNIE TAYLOR:** I am aware of the report, yes, Mr Donnelly.

**The CHAIR:** Have you had an opportunity to read the report?

**The Hon. BRONNIE TAYLOR:** I have looked over and I read lots of documents. Your question is?

**The CHAIR:** I am asking the questions. I am asking you have you read the report?

**The Hon. BRONNIE TAYLOR:** Yes, Mr Donnelly.

**The CHAIR:** You have read the report. You would be aware that the report was the third iteration. When I say "third iteration", there were interim reports. It was for the period of 2014 to 2021 and there was a report in 2015 as an interim document, then in 2018, and what is the final progress report. With respect to this final progress report, I'm wondering if someone at the table can just confirm with me when that was released by NSW Health, because it was earlier this year. I don't know whether Dr Lyons would know, and maybe the secretary, but the report—do we have a month in which it was released? My recollection is it might have been April, May or—does anyone at the table know?

**SUSAN PEARCE:** I'll ask Dr Lyons if he can specifically remember, or Luke may be able to remember.

**The CHAIR:** It's not a trick question; it's just when it hit the deck.

**NIGEL LYONS:** Mr Donnelly, I don't exactly remember which month. The period you are talking about is probably correct in terms of the timing it was released, but I'd have to take the exact date on notice.

**ANSWER:**

The NSW Rural Health Plan: Towards 2021 Final Progress Review report was released on 3 May 2022 and is available on the NSW Health website at:

<https://www.health.nsw.gov.au/regional/Pages/final-progress-review.aspx>.

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Transcript page: 8

NSW Budget

**The Hon. EMMA HURST:** Did any women's group actually advocate to your office specifically for lighting or anything like that within the budget?

**The Hon. BRONNIE TAYLOR:** As I said, because it was Ms Ward's announcement in terms of what she was doing, that would be a question best directed to her. I'm happy to take that on notice and check, but I can't off the top of my head recall yes or no.

**The Hon. EMMA HURST:** If you wouldn't mind taking it on notice, that would be really useful. Thank you.

**ANSWER:**

This is a matter for the Treasurer.

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Transcript page: 11-12

Memorandum of Understanding for urgent patient evacuation from Broken Hill to Adelaide

**The CHAIR:** We will move on to the next round of questions from the Opposition. I will commence with the tragic case, which I'm sure you're well aware of, of the death of young Alex Braes—an incident that's subject to a coronial inquiry. I presume that either you have read, or would have been briefed specifically, about the contents of the detail most recently in terms of coverage in the media. I'll take that as a given; I think that's probably fair. Minister, can you inform the Committee of what is the current status of the negotiations over the memorandum of understanding for urgent patient evacuation from Broken Hill to Adelaide?

**The Hon. BRONNIE TAYLOR:** Yes, Mr Donnelly. Ms Pearce recently met with her counterpart in South Australia to discuss that. I will hand over to her to answer that question.

**The CHAIR:** Thank you, Minister.

**SUSAN PEARCE:** Mr Donnelly, as per the recommendation from the Coroner, we have met and have embarked on conversations with South Australia over a long period of time. We've met with, as the Minister said—

**The CHAIR:** When did you commence those discussions?

**SUSAN PEARCE:** I'd have to take that on notice, Mr Donnelly. It has been occurring over a period, certainly.

**The CHAIR:** Years?

**SUSAN PEARCE:** I suspect it probably would be at least several months, but I would need to take that on notice.

*Break in transcript*

**The CHAIR:** Secretary, can I return to my question, which you haven't answered?

**SUSAN PEARCE:** Yes.

**The CHAIR:** The question was a very specific one. It was directed to the Minister, who passed it to you, with that authority. Can you please explain what is the current status of the negotiations over the MOU for urgent patient evacuation from Broken Hill to Adelaide? I take the comments you made earlier about words on paper. I'd like to re-emphasise that there is a belief that the words on paper with respect to the MOU are critically important.

**SUSAN PEARCE:** Of course, and I don't seek to underestimate that. I was just making the point that there is another element to this. I've signed the MOU. There were a couple of items for SA Health to come back to us on, but it is signed from a NSW Health perspective.

**The CHAIR:** When will it operate on and from?

**SUSAN PEARCE:** I would need to take that on notice, Mr Donnelly.

**The CHAIR:** Is it imminent?

**SUSAN PEARCE:** I've signed the document myself. As I said, there were a couple of outstanding matters from the South Australian perspective. But we are in agreement; the document has been signed.

**The CHAIR:** When was it forwarded to the South Australian health Minister?

**SUSAN PEARCE:** It was to the secretary of SA Health at least a couple of months ago.

**The CHAIR:** A couple of months ago?

**SUSAN PEARCE:** Yes.

**The CHAIR:** Given the significance of this—and, in your own words, the 300 people transferred, roughly one a day—two months is a long period of time to be waiting for the return of a signed important document like the MOU.

**SUSAN PEARCE:** I don't know whether Mr Sloane can assist with this. I've said I'd take it on notice. The matters on which South Australia was to come back to us were not significant issues. They were just a couple of tidy-ups. But, from our perspective—

**The CHAIR:** But it's not signed.

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**SUSAN PEARCE:** —we have enacted our side of the MOU and we've got correspondence from SA Health that gives us no reason to believe that there will be an issue with signing at their end. We feel confident that that will help to improve things. But I go back to my earlier point in noting that back to SA Health we have made it very clear that should they, or on our side, need to escalate matters at any time of the day or night, seven days a week, I am personally available, and my South Australian counterpart has indicated similarly.

**The CHAIR:** And you will undertake, will you not, after this hearing—or can I ask or invite you to undertake after this hearing—to follow up, without delay, with the secretary of the department of health in South Australia to ensure that the signature is put on the piece of paper, so to speak—the words on paper, in your words—and return back to us as expeditiously as possible?

**SUSAN PEARCE:** Certainly.

**ANSWER:**

A memorandum of understanding (MoU) between NSW and South Australia was approved and operationalised by an exchange of letters between the Secretary, NSW Health and Chief Executive, Department of Health and Wellbeing, South Australia, in July 2022. The MoU (included as a schedule of the NSW-SA Cross Border Agreement) provides for improved protocol and escalation pathways for urgent interstate transfers from Broken Hill to South Australia. It is noted that the Schedule has been shared with Far West Local Health District and the Department of Health and Wellbeing, South Australia.

In response to the recommendations of the NSW Coroner, and in addition to the MoU, NSW has also developed and published the *Guide to Retrievals and Bed-finding for Far West Local Health District Patients*, which details the referral pathways for critical care and trauma patients from the District and outlines the appropriate points for escalation. The Guide is publicly available on the NSW Health website.

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Transcript page: 13-14

Ombudsman and HCCC

**The CHAIR:** Correct me if I am wrong, Minister, but I gather from your answer that the department of health has received written correspondence confirming, and I will use the term in a generic sense, that the jurisdiction or the capacity of the HCCC and the Ombudsman to deal with these matters is—did I understand your answer correctly, that there has been the receipt from those respective heads of those agencies that that is the case?

**The Hon. BRONNIE TAYLOR:** We have received advice, yes.

**The CHAIR:** On notice, could you provide to the Committee a copy of the advice from the Ombudsman and the HCCC with respect to an explanation confirming—

**The Hon. BRONNIE TAYLOR:** Mr Donnelly, I can endeavour to provide that but what I can also provide to the Committee is—

**The CHAIR:** You can take it on notice, Minister.

**The Hon. BRONNIE TAYLOR:** If I could finish, Mr Donnelly—

**The CHAIR:** No, Minister, I was actually—

**The Hon. BRONNIE TAYLOR:** If I could finish what I was going to say, Mr Donnelly?

**The Hon. WES FANG:** Point of order: This is in relation to Hansard and their inability to capture when two people are talking over each other. I ask that the Minister be allowed to finish her answer before interjections.

**The CHAIR:** The question was underpinned by a statement regarding taking it on notice.

**The Hon. BRONNIE TAYLOR:** But what I wanted to offer you, Mr Chair, and your Committee—and I think, actually, members of your Committee would be interested in this—is that when the secretary meets with the Ombudsman and the HCCC, I am happy to provide the outcome of that meeting to the Committee. That was all I was offering to do.

**The CHAIR:** Most grateful.

**The Hon. BRONNIE TAYLOR:** Thank you for allowing me to finish.

**The CHAIR:** And the letters to yourself from the Health Care Complaints Commissioner and the NSW Ombudsman confirming their capacity or jurisdiction—

**The Hon. BRONNIE TAYLOR:** The letters weren't to myself, Mr Donnelly, and that's not what I said. I said that we had received advice and I would endeavour to provide that advice. The

**CHAIR:** With respect to that advice I would ask you to take on notice—

**The Hon. BRONNIE TAYLOR:** I will seek legal advice on that.

**The CHAIR:** Well, that's why I asked the question about whether there was a letter from them or was it advice.

**The Hon. BRONNIE TAYLOR:** Mr Donnelly, I've been really clear in my answer. I'm not trying to be tricky so there is no need for that. I'm being very honest. I'm saying to you, that's the advice, that's what has come from the HCCC and the Ombudsman.

**The CHAIR:** That is fine.

**The Hon. BRONNIE TAYLOR:** And because of that advice the secretary is now having the meeting and we are going through the correct processes, and I have actually offered to provide you with that.

**The CHAIR:** We'll make sure that you receive clearly in writing after the hearing those two points that I have raised so that there will be no doubt or ambiguity about it.

**ANSWER:**

The correspondence from the Health Care Complaints Commission (HCCC) and the Ombudsman are attached:

TAB A - Letter from Acting Ombudsman - Rural Health Inquiry Report Recommendation 41 - Dated 31 May 2022.

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In its letter, the Acting NSW Ombudsman makes the following point:

*The Ombudsman currently has jurisdiction to receive and handle complaints about the administrative conduct of NSW Health and Local Health District management, and currently does so as part of its general complaint handling jurisdiction*

TAB B - HCCC letter to Ms Susan Pearce - Secretary NSW Health - Dated 2 September 2022

In its letter, the HCCC Commissioner makes the following point:

*The Commission does have extensive relevant powers to receive and manage complaints from practitioners and citizens in relation to public health facilities. It is apparent from the Inquiry report and recommendations that this function and the associated powers are not well understood and that they are potentially underutilized in addressing the sorts of problems that Recommendation 41 of the Report referred to.*

I note that the PC2 Committee did not consider the views of either the NSW Ombudsman or the HCCC Commissioner as part of its Inquiry, or in forming its Recommendation 41.

The Secretary, NSW Health met with the HCCC and the NSW Ombudsman on 19 September 2022. The meeting agreed to develop a protocol and communications material to improve access and access by NSW Health staff to the independent oversight bodies.

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Memorandum of Understanding – South Australia

**The Hon. PETER PRIMROSE:** I appreciate what you are saying, Minister. I'm focusing here on the memorandum of understanding, which we all agree is really important. I understand that the New South Wales secretary has signed it, but is it fair to say that it is not technically operational because the other party has not yet signed it as well?

**The Hon. BRONNIE TAYLOR:** What is operational, Mr Primrose, is that we are waiting for South Australia to sign that part of the memorandum of understanding. But when patients need to be transferred, that is existing now. The two secretaries have undertaken that if there are any issues in any transfer that they are to be contacted directly. We accepted all of the recommendations from that report into the tragic death of Mr Braes and we have implemented those.

**The Hon. PETER PRIMROSE:** Thank you. Is that memorandum of understanding a public document?

**The Hon. BRONNIE TAYLOR:** Look, Mr Primrose, I would have to take that on notice in terms of the memorandum of understanding being a public document, but really I'm just focused on the health care and the health care that people are getting, not the status of the document.

**The CHAIR:** You will take it on notice, Minister? That's what you'll do, won't you?

**The Hon. BRONNIE TAYLOR:** I am happy to take that on notice.

**The CHAIR:** Thank you.

**ANSWER:**

I refer the member to the response provided at Portfolio Committee No. 2 - Health – Budget Estimates Hearing – 6 September 2022 – question on notice taken on page 11-12.

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Transcript page: 22

Council for Womens' Economic Opportunity

**The Hon. PENNY SHARPE:** When did you meet with the Council for Women's Economic Opportunity?

**The Hon. BRONNIE TAYLOR:** This week or last week.

**The Hon. PENNY SHARPE:** And prior to that?

**The Hon. BRONNIE TAYLOR:** I would have to take that on notice to give you exact dates, Ms Sharpe, but I also meet with them out of session as well.

**ANSWER:**

I meet with the NSW Council for Women's Economic Opportunity frequently. I last met with them on 30 August 2022, prior to that I met with them on 1 March 2022.



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Council for Women's Economic Opportunity

**The Hon. PENNY SHARPE:** But, just to be clear, the council for women's economic participation—I think it is called—you only met with them last week? You hadn't met with them prior to that?

**The Hon. BRONNIE TAYLOR:** My Council for Women's Economic Opportunity is different to the group that was organised in collaboration with the Treasurer. They are two different things.

**The Hon. PENNY SHARPE:** Did you ever meet with that group?

**The Hon. BRONNIE TAYLOR:** Yes, I did.

**The Hon. PENNY SHARPE:** When?

**The Hon. BRONNIE TAYLOR:** Ms Sharpe, I'd have to take on notice the exact date.

**The Hon. PENNY SHARPE:** That would be great.

**ANSWER:**

I met with the Women's Economic Opportunities Review Expert Panel on 23 February 2022 and had regular conversations with Panel members in the lead up to the NSW Budget.

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Transcript page: 24

Number of women's health centres

**The Hon. PENNY SHARPE:** You've talked a lot about intersectionality and this would seem to sit directly in the middle of that. Minister, are you aware how many women's health centres there are across New South Wales?

**The Hon. BRONNIE TAYLOR:** I'd have to take that on notice but 20, I believe. There are 20.

**ANSWER:**

In 2022-23, NSW Health will provide annual funding to 20 women's health centres across NSW.

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Transcript page: 25

Women's Health NSW

**The Hon. PENNY SHARPE:** Minister, have you met with their peak organisation Women's Health NSW?

**The Hon. BRONNIE TAYLOR:** I'd have to take that on notice in terms of the peak body that the people I've met with are representatives of that body.

**ANSWER:**

I have met with Women's Health NSW staff and visited several centres across NSW. My Office has also met with Women's Health NSW.

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Transcript page: 26-27

Menopause hubs

**The Hon. PENNY SHARPE:** Who did the business case for the menopause hubs, Minister?

**The Hon. BRONNIE TAYLOR:** Ms Sharpe, look, I'd have to take that on notice in terms of that. But are you suggesting that we shouldn't have funded menopause hubs?

**ANSWER:**

NSW Health developed a business case.

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Transcript page: 29

Warrawong site for Trauma Recovery Centre

**The Hon. BRONNIE TAYLOR:** First of all, I'd love the Feds to step up even more with the trauma centre. But what I will say is that it is my understanding—and someone may be able to elaborate for me—that the local health district had offered a parcel of land for it to be sited on and it is my advice that that was rejected. Is that correct, secretary?

**SUSAN PEARCE:** Yes, my advice, Ms Sharpe, is that the Illawarra Shoalhaven Local Health District did offer land on the old Port Kembla Hospital site at Warrawong, and the women's health centre has advised they prefer a different site, which requires additional funding to purchase, and haven't yet provided us a response—at least when this note was written—as to whether the offer of land at Warrawong will be accepted. So that's an update. I don't know whether my colleague Dr Lyons has got anything further to add on that. I think that note probably summarises where we're up to.

**The Hon. PENNY SHARPE:** So you're working with the centre to identify the land. Is that accurate? I'm looking at Dr Lyons.

**NIGEL LYONS:** That's correct, Mr Sharpe. There's nothing further to add to what the secretary has provided in that response.

**The Hon. PENNY SHARPE:** Are you able to let me know why Warrawong is not considered suitable?

**SUSAN PEARCE:** I'd have to take that on notice. I don't have detailed knowledge as to why they've determined that that offer wasn't suitable for them, Ms Sharpe.

**ANSWER:**

I refer the member to the response provided at Portfolio Committee No. 2 - Health – Budget Estimates Hearing – 6 September 2022 – supplementary question 136-137.

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Transcript page: 35-36

Broken Hill Airport

**The CHAIR:** Minister, can I just move on to some further questions. There is a piece of correspondence that I would like to draw to your attention, if I could, please. Minister, I want to follow this up. I don't know whether you have seen this piece of correspondence. I am sure you get a fair bit of correspondence across your desk. I guess that's an estimation of what happens to you.

**The Hon. BRONNIE TAYLOR:** Yes, there is a fair bit, Mr Donnelly. Often, I won't be able to recall exact pieces of correspondence.

**The CHAIR:** Minister, this is not a gotcha question. If it was a gotcha question, I would be giving it to you.

**The Hon. BRONNIE TAYLOR:** Mr Donnelly, I never said it was.

**The CHAIR:** I'm trying to get to the bottom of a significant matter here. You were written to on 15 June and, to the best of my knowledge, and it has been checked most recently, there has not been a response back on this matter. We now have a Minister for Regional Health and a senior bureaucrat—the person we will be asking a number of questions to this afternoon—who specifically have regional health in their bailiwick. That is what they are charged with. I'm trying to work out how a matter like this is not attended to when it is sent to you in that form, very clearly outlining a position. If you need to take it on notice, so be it. But, you know, this is very clear, outlines the position. It is a deteriorating matter, as I understand, the issue of the open surface out there at the Broken Hill Airport. The member of Parliament raised it and I've tried to follow it through as best I can. But perhaps I'll leave it there if there's nothing more to say, and could you please take it on notice and, if you can, through your officers, provide a response as soon as is practicable? I want to try to advance this issue and, if we can, give assistance.

**The Hon. BRONNIE TAYLOR:** Yes. So, Mr Donnelly, this may be that it involves multiple agencies and jurisdictions, but I will take that on notice in terms of your response. The member for Barwon does write, indeed, a lot of correspondence, which is terrific. I will say that I actually went out with the Royal Flying Doctor Service last week or the week before and did two clinics with them out at Tilpa and went to see White Cliffs and went in one of their planes and there weren't any issues.

*Break in transcript*

**The Hon. BRONNIE TAYLOR:** I wonder if there's been a response from the Commonwealth Minister for infrastructure, do we know?

**The CHAIR:** I beg your pardon?

**The Hon. BRONNIE TAYLOR:** Has there been a response from the Commonwealth?

**The CHAIR:** Yes. There has been actually.

**The Hon. BRONNIE TAYLOR:** The only reason I mention that I was there, Mr Donnelly, was I was there and I was in the hangar and I was on the plane and I was on the runway and it wasn't raised with me. But I will absolutely follow this up.

**The CHAIR:** Sorry, Minister, are you contesting now—

**The Hon. BRONNIE TAYLOR:** No, no, no, I'm not. I'm just saying that perhaps there has been a resolution. I don't know. I'll take it on notice and I'll get back to you

**ANSWER:**

Far West Local Health District is not aware of any issues or received correspondence regarding the Broken Hill Airport Tarmac. The Royal Flying Doctor Service have also

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reported that they have no issues with Broken Hill Airport Tarmac and there are no disruption to services.

Any further questions on this matter should be directed to the Commonwealth.

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Transcript page: 38-39

Funding for Full Stop Australia and women's health centres

**The Hon. EMMA HURST:** My question is kind of more about you advocating as Minister. I'm sure Dr Lyons and I can talk further about the issue this afternoon. They have been calling for these funding increases, and my understanding is that Full Stop have approached Minister Ward, Minister Hazzard and your office as well. Are you willing to advocate to try to make sure they get the funding they need to be able to protect vulnerable women in this space?

**NIGEL LYONS:** I will actually provide some help here, because there is an agreement to actually fund Full Stop with an additional \$1.3 million in the 2022-23 year, and that funding has been through NSW Health. So it is additional funds which we provided to them in this financial year.

**The Hon. EMMA HURST:** Dr Lyons, is that the Federal funding that has come down to New South Wales? Is that the one that you are referring to?

**NIGEL LYONS:** It's NSW Health funding through the family, domestic and sexual violence national partnership agreement, so it is through partnering with—

**The Hon. EMMA HURST:** Is that recurring funding to help them set up long term, or is that a one-off payment?

**NIGEL LYONS:** That's for the next 12 months, and we will need to assess whether there is ongoing funding available after that.

**The Hon. EMMA HURST:** Have they actually received that funding yet, or is it still to come?

**NIGEL LYONS:** I'm not aware if the funding has flowed through to them yet, but it is allocated in this year's budget.

**The Hon. EMMA HURST:** Could you take that on notice and, if they haven't received it yet, when the money will be received.

**NIGEL LYONS:** I am happy to clarify that, yes.

**The Hon. EMMA HURST:** Minister, just floating back quickly to Women's Health NSW. I understand many of these health centres, similar to Full Stop, have increasing wait lists, overheads, wages, inflation. Again, they are cutting counselling and case management hours because they are so stretched for funding. What will happen to women who will fall through the gaps from those services, and from Full Stop, if we are not getting enough funding into this space for sexual violence and for other women's health issues?

**The Hon. BRONNIE TAYLOR:** Ms Hurst, we had one of the biggest injections of funding into sexual violence and domestic violence. It was close to half a billion dollars that was announced last year, and that's going towards rolling out more services, expanding existing services and looking at all of those things. I think that that's actually a really powerful statement.

**The Hon. EMMA HURST:** Is any of that going into those two services: Women's Health NSW and Full Stop?

**The Hon. BRONNIE TAYLOR:** I would have to take that on notice. It is not just two services. There are multiple services out there doing incredible work—

**The Hon. EMMA HURST:** They are the ones I am asking about specifically.

**ANSWER:**

Full Stop Australia has a temporary funding enhancement of \$1,103,053 through the Family, Domestic and Sexual Violence National Partnership Agreement. Full Stop Australia will have 12 months from receipt of funds (into 2023-24) to deliver on activities funded through the temporary enhancement. This includes an investment in counselling hours and specific technical and operational improvements to support a sustainable reduction in call attrition.

In 2022-23, NSW Health is continuing to fund Full Stop Australia to deliver the NSW Sexual Violence Helpline, and has provided an additional \$288,200 annually to provide in-person counselling through 6 women's health centres to women who have experienced child sexual



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abuse. Additionally, NSW Health provides a network of sexual assault services in over 50 locations that deliver 24/7 integrated counselling and medical and forensic services.

I also refer the member to the response provided at Portfolio Committee No. 2 - Health – Budget Estimates Hearing – 6 September 2022 –supplementary questions 132 – 135 in relation to the second half of the Hon. Emma Hurst’s question.

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Transcript page: 45-46

Consultation for Regional Health Plan

**The CHAIR:** Just out of interest, was there consideration given to consult with the shadow health Minister, the Hon. Ryan Park?

**The Hon. WES FANG:** Who is he?

**The CHAIR:** To provide some input into the development of the plan?

**LUKE SLOANE:** I don't think so at the moment, but that is something we can very much do. The

**CHAIR:** Will you take it on notice?

**LUKE SLOANE:** Yes, take it on notice. There will be a period of three weeks in September where it is completely open to the public via Have Your Say.

**ANSWER:**

The draft Regional Health Plan 2022-2032 is open for broad community consultation via the NSW Government 'Have your say' consultation platform.

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Transcript page: 51-52

Residential Eating Disorders Treatment Centre in Newcastle

**The Hon. EMMA HURST:** I might throw to Ms Wark with some of those questions about the construction of the centre, when that will be commenced and when it will be open to the public.

**REBECCA WARK:** My understanding is that the tenders for that have recently closed. It's actually being managed by Hunter New England Local Health District because it was deemed in collaboration with them that they would be able to deliver it more swiftly, given the deemed urgency of the facility. I'm advised that that tender has now closed and will be awarded shortly.

**The Hon. EMMA HURST:** Do we have a time line as to when we are hoping to actually open the centre?

**REBECCA WARK:** I would have to take that on notice.

**The Hon. EMMA HURST:** Thank you. Dr Lyons, do we have you back? No.

**The CHAIR:** Not yet.

**The Hon. EMMA HURST:** I might see if Ms Pearce has any further information on this. I do have a few more questions, and I understand if you are not sure of the exact details. I was wondering if there were also plans with this particular centre for ongoing support for outpatients because, obviously, we are talking about a very chronic issue here and the recovery is a long journey. Do you know if the centre will have outpatient plans as well?

**SUSAN PEARCE:** I will need to take that on notice, Ms Hurst.

**The Hon. EMMA HURST:** Could you also take on notice how long the estimated standard stay at the centre will be?

**SUSAN PEARCE:** Yes, certainly.

**ANSWER:**

When the tender for the Residential Eating Disorders Treatment Centre project is awarded, Hunter New England Local Health District will work with the contractor to determine final project timelines.

The anticipated length of stay at the Centre for most participants will be approximately 12 weeks but will depend on individual participant needs and progress.

On discharge from the centre, participants will be referred or transferred back to their local health care provider. This may be their general practitioner, public or private mental health service, or other appropriate service providers.

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Transcript page: 52

1800 Mental Health Line

**The Hon. EMMA HURST:** The New South Wales Government recently launched an initiative to improve the 1800 Mental Health Line. The Government called for people with lived experience of mental illness and their carers to help improve the Mental Health Line. The public consultation period closed recently on 26 August. I'm just wondering what kind of a response you have had from that consultation period, whether you have had a significant number of submissions and if there is a time line around when the community can expect a final report.

**SUSAN PEARCE:** I will pass that one to Dr Wright, if that's okay.

**The Hon. EMMA HURST:** Of course.

**MURRAY WRIGHT:** I don't have the details on the number of people that have responded to that request or when the answer is going to be made available. We would have to take that on notice.

**ANSWER:**

There were 724 responses received to the 'Have your say' consultation.

The final report is in development and will be available by the end of the year.

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Transcript page: 55

Ambulance in regional NSW

**The Hon. PETER PRIMROSE:** Firstly, concerning paramedics: Of the Government's commitment to 1,858 extra paramedics and 210 ambulance support staff, how many of these will be located in rural and regional New South Wales?

**SUSAN PEARCE:** I'll pass that one to Mr Minns, thank you.

**PHIL MINNS:** I think we'll have to take it on notice and I'm not sure that we would have worked through that entirely as yet, but the work no doubt will be going on.

**ANSWER:**

NSW Ambulance is in the process of finalising the allocation of the workforce across rural and regional New South Wales.

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Transcript page: 55

Retention of Ambulance in regional NSW

**The Hon. PETER PRIMROSE:** How do you go about increasing the retention rates in regional New South Wales of such people?

**PHIL MINNS:** For the workforce generally?

**The Hon. PETER PRIMROSE:** Let's stick with paramedics and ambulance support staff for a minute, and I'll come to the others later.

**PHIL MINNS:** Paramedics—I would have to take on notice their retention rate, and how it compares to the rest of the health workforce. Paramedics who work for NSW Health, if you like, have found a career calling. Their options are to think about working for a private organisation in the context of emergency response medicine, or to think about working in another State. We have pretty strong retention of our paramedics.

**The Hon. PETER PRIMROSE:** Can I ask you to take on notice and just give me some idea of the percentage of retention amongst paramedics and ambulance support staff, particularly in regional areas?

**PHIL MINNS:** I'm, happy to do that.

**ANSWER:**

NSW Ambulance is a state-wide service as such the retention rates for paramedics are reported across the whole state. The retention rate of paramedics was 94.8% at the end of June 2022.

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Transcript page: 56

Nurses leaving

**The Hon. PETER PRIMROSE:** I'll refer to them somewhat cinematographically as "lost healthcare workers"—it sounds like the name of a movie. How many nurses quit, move interstate or otherwise leave the public health system each year?

**PHIL MINNS:** That's a question I would need to take on notice...

**ANSWER:**

I refer the Member to the response at LC 9512.

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Transcript page: 56-57

Documents- Workforce size

**The Hon. PETER PRIMROSE:** Is there a document which would help disaggregate the information. That was very valuable information, and I'm sure there is more. It would be useful when we are talking about such a complex issue. Rather than I write and send you a whole pile of questions on notice, it might be useful if I could just examine a document which would help me prepare any questions that I may still have.

**PHIL MINNS:** Yes, the other option too is for you to approach the Minister and see if he is amenable to us providing you with a briefing. The issue that I was trying to make about the workforce not being static is that you can look at our workforce numbers at, say, the end of January in any year, and say, "Gee, what's going on there?" It reflects the fact that the health system goes through a quiet period in December-January every year, particularly around elective surgery, so the number you will see at the end of January is not the important number. What you need to look at is what is our workforce scale and size by headcount and FTE when we are back up and running as a full system, and that typically is what we track at the end of June every financial year

**The Hon. PETER PRIMROSE:** Finally, if I can just ask before I hand over to colleagues again, is there a document that is prepared by the department that actually would include all of this information that you have just enunciated?

**PHIL MINNS:** We report in the annual report a whole series of measures and it reflects the reporting that we are asked to provide by the Public Service Commission. It is referred to as a workforce census. They request that of all sectors. They want data as at the end of June of each financial year.

**The Hon. PETER PRIMROSE:** If I ask for that document, that is a publicly available document?

**PHIL MINNS:** I would have to check. We provide a submission to the Public Service Commission. I don't know how they then treat it.

**The Hon. PETER PRIMROSE:** I would ask you to please take that on notice and if it is not publicly available we might have to use other means. Thank you very much. I will come back and continue.

**ANSWER:**

The NSW Annual report is published every year in October/November and contains a section on workforce statistics. The Ministry of Health is in the process of finalising the annual report for publication.

The Public Service Commission also has a range of sector wide workforce reports including health cluster data and is publicly available at [www.psc.nsw.gov.au](http://www.psc.nsw.gov.au)



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Transcript page: 58

Safe Haven operating hours and locations

**The Hon. EMMA HURST:** In July the Government announced four regional flood-impacted communities will see Safe Haven centres open in their community to support people at their most vulnerable, and allow people in the community experiencing mental health distress to actually seek support. I believe those centres are now operating and open from 12.00 p.m. to 6.00 p.m. each day. I wanted to know if there is any information on how these centres are going and if they have been able to expand their operating hours or if there are any plans for the future.

**MURRAY WRIGHT:** I know all four are open and running. Again, I think that they have been very much appreciated. As you can understand, it's a community that has been extraordinarily stressed over the last period of time and any kind of additional support is welcome. I would have to take on notice the question of the current hours of operation.

**SUSAN PEARCE:** I can confirm their locations, if you needed that.

**The Hon. EMMA HURST:** Yes, that would be great.

**SUSAN PEARCE:** Lismore, Murwillumbah, Woodburn and Mullumbimby.

**The Hon. EMMA HURST:** Do we know if there are any more Safe Haven centres planned for other rural or regional areas?

**SUSAN PEARCE:** My understanding is, of the 17 that are currently in operation, which may or may not include those four, 10 are in rural and regional areas across the State. So there has been that focus but we would have to take that on notice, I think. Murray?

**MURRAY WRIGHT:** Yes.

**ANSWER:**

In addition to the four regional flood-impacted Safe Havens, Towards Zero Suicides funded Safe Havens in rural and regional areas include: Broken Hill, Tamworth, Port Macquarie, Wagga Wagga, Griffith, Lismore, Tweed, Parkes and Dubbo. Another Safe Haven will be opened in Bega by the end of the year.

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Transcript page: 58

Mother and Baby Mental Health Units in regional LHDs

**The Hon. EMMA HURST:** At the last budget estimates I was told the agency would evaluate whether a mother and baby mental health unit might be needed in other regional LHDs. Has any evaluation of that occurred?

**SUSAN PEARCE:** I am not aware of that. I would have to take that on notice, I think, in the absence of Dr Lyons being able to utter a word there because he may have a response to that, but if we could take that one on notice, please.

**ANSWER:**

Dr Murray Wright later answered this question taken on notice on pages 68-69 of the uncorrected transcript.

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Transcript page: 59-60

Staffing

**The Hon. PENNY SHARPE:** Sorry, I had not quite realised that. Taking out the domestic violence and sexual assault staff, how many staff did you have in DCJ and how many staff do you have now in Premier's?

**TANYA SMYTH:** What we transferred with were six policy—I'll take it on notice just to check it, but I believe it was six staff plus two who sat within our comms and events team. So eight people came across. But in the most recent budget, we received additional funding for more roles.

**ANSWER:**

Confirmed.

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Transcript page: 61

Women NSW

**The Hon. PENNY SHARPE:** So you now sit within Premier's, but is there a role for Women NSW providing advice to Cabinet across all issues impacting on women?

**TANYA SMYTH:** We had an existing role in DCJ doing that, so we continue to do that.

**The Hon. PENNY SHARPE:** Just to be clear, when there is a Cabinet minute that goes to Cabinet, you saw every Cabinet minute to provide a gender lens over the impacts and the decision-making going into that?

**TANYA SMYTH:** We didn't see every single Cabinet minute, but what would happen is there was a decision made by the Cabinet team in DCJ about what they thought we should look at. So we would get those Cabinet minutes. But we have access in DPC to all Cabinet documents.

**The Hon. PENNY SHARPE:** Yes, but is there established within the operations of Cabinet a formal process where the impact on women of government decision-making is done?

**TANYA SMYTH:** The same as other portfolios. So as a lead for women's policy, that's our role, to look at any relevant Cabinet submissions.

**The Hon. PENNY SHARPE:** I'm not trying to be tricky about it; I'm trying to understand. So the Cabinet office goes—clearly there are Cabinet minutes that come forward that would obviously be about and for women, but I'm trying to understand the broader input that you have in other areas.

**TANYA SMYTH:** I think moving to the Department of Premier and Cabinet will provide us with more ability to do that, plus an increase in roles within Women NSW. So we do have access to review all Cabinet submissions in the Department of Premier and Cabinet.

**The Hon. PENNY SHARPE:** But you are not formally required to do so. It is optional in terms of you—what's the system? Obviously there are the ones that are given to you, which clearly you need—do you have

your own minutes?

**TANYA SMYTH:** In DCJ, they were given to us. In DPC, they are all available to us.

**The Hon. PENNY SHARPE:** And that's been since April?

**TANYA SMYTH:** Correct.

**The Hon. PENNY SHARPE:** I'm obviously not asking you about the deliberations of Cabinet, but I am

interested in the number of Cabinet minutes that Women NSW has provided specific advice on. You can take that on notice, if you like.

**TANYA SMYTH:** Yes, I will take that on notice. Thank you.

**The Hon. PENNY SHARPE:** Obviously there is a whole bunch of projects that came out of the budget,

and you have been given 18 additional staff. Would you be able to take on notice the breakdown of what those staff will be doing?

**TANYA SMYTH:** Sure.

**ANSWER:**

Women NSW has access to all Cabinet submissions and provides advice to agencies as appropriate.

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The additional Women NSW staff will provide research and evaluation support, project implementation, including for a range of new projects funded through the Women's Economic Opportunities statement.

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Transcript page: 61-62

Women's Opportunities Statement

**The Hon. PENNY SHARPE:** In terms of the women's opportunities committee, the one chaired by Ms Mostyn, can you tell me how many times the Minister met with that committee, please?

**TANYA SMYTH:** I'd have to take that on notice.

**The Hon. PENNY SHARPE:** That would be great, thank you. If we can go back to the previous strategy, there have previously been yearly updates on the completion of the actions. Where are you up to with Year 4?

**TANYA SMYTH:** We have completed an evaluation of the entire strategy, which encompassed what was completed in that final year, or the activity in that final year, and that evaluation has informed the development of the draft next Women's Strategy.

**The Hon. PENNY SHARPE:** Can I just confirm: Is that evaluation publicly available?

**TANYA SMYTH:** It hasn't been published.

**The Hon. PENNY SHARPE:** When are we going to see it?

**TANYA SMYTH:** I'll take that on notice, thank you.

**The Hon. PENNY SHARPE:** Do you anticipate that it is going to be made public?

**TANYA SMYTH:** I don't expect that there is a reason why it wouldn't, either in summary or in full, be made public.

**The Hon. PENNY SHARPE:** Okay, so it is coming. Who did the evaluation?

**TANYA SMYTH:** I'll have to take that on notice. It was an external consultant that did that evaluation.

**The Hon. PENNY SHARPE:** If you could let us know about that, that would be great.

**TANYA SMYTH:** Yes.

**The Hon. PENNY SHARPE:** Given that I can only work off the three-year plan, I've got some questions based on some of the things that we talked about last year I think. Are you able to give me an update on a couple of key items? Within Sport, there were some issues around developing the NSW Sport Leaders of Change program. Are you able to give us an update on what happened with that?

**TANYA SMYTH:** I'll have to take that on notice.

**The Hon. PENNY SHARPE:** Increasing the number and visibility of female coaches?

**TANYA SMYTH:** I'll take that on notice.

**The Hon. PENNY SHARPE:** Would you particularly be able to tell us how many additional female coaches there are?

**TANYA SMYTH:** I'll work with sport to get that information.

**ANSWER:**

Refer to earlier answer regarding the Women's Economic Opportunities Review Expert Panel.

The review of the NSW Women's Strategy was completed by external consultant Erin Cahill Consulting.

Questions relating to the NSW Sport leaders of Change Program and female coaches are matters for the Minister for Sport.

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NSW Women's Strategy

**The Hon. PENNY SHARPE:** Thank you, I appreciate that. Ms Smyth, if I can go back to you, I am also interested in how we've gone in relation to recruiting and recognising volunteers, particularly female volunteers.

**TANYA SMYTH:** I'll take that on notice. I think that's an action in the volunteering area in DCJ.

**The Hon. PENNY SHARPE:** I think it was also in the Women's Strategy.

**TANYA SMYTH:** Yes, it was an action in the Women's Strategy, correct.

**The Hon. PENNY SHARPE:** In that case, can you also get me some feedback on action 1.18, which is doubling the number of women in non-traditional trades. It was a modest target from 1 per cent to 2 per cent on Government infrastructure jobs. Has that been delivered?

**The Hon. WES FANG:** That's a doubling.

**TANYA SMYTH:** I'll take that on notice, thank you.

**The Hon. PENNY SHARPE:** You don't know?

**TANYA SMYTH:** I don't think I've got it here.

**ANSWER:**

Specific questions in relation to volunteers is a matter for the Minister for Families and Communities.

I am advised:

A total of 4,013 women participated in non-traditional trades/roles through the Infrastructure Skills Legacy Program from June 2016 to 30 June 2022, currently tracking at 4% representation of women across applicable projects, exceeding the 2% target.

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Breast screening rates

**The Hon. PENNY SHARPE:** That is excellent. I want to know about the other agencies too, but a gold star to Health Infrastructure. Very good. This is one that again, Ms Pearce, you might be able to answer for me, which is the action under the Women's Strategy to increase breast screening participation rates—obviously challenging under the COVID situation. How did all of that go?

**SUSAN PEARCE:** As you know, breast screening was impacted by slowdowns in procedural services during the various waves of COVID. I'm certainly pleased to say, and I would have to take on notice the more recent figures, Ms Sharpe, but certainly in 2021 the catch-up was, as I recall, faster than we had originally anticipated in terms of that catch-up because there are a very large number of breast screens performed every month. With every week that went by, those numbers accumulated. The teams did an incredible job in 2021 to catch up. In the Omicron waves—the various waves this year—I think we've learnt to be able to nuance our response to those a little more and, consequently, we didn't reduce the amount of breast screens, which we had done in earlier waves, if that makes sense. We'd kept that going. But in terms of the specific numbers, I'd have to take that on notice.

**The Hon. PENNY SHARPE:** My understanding is that the target is 55 per cent by 2023. Do you think we're on track for that?

**SUSAN PEARCE:** I'd need to take that on notice.

**ANSWER:**

In June 2022, the target age group (50-74 years) participation rate in the BreastScreen NSW program had increased to 45.5%, compared to 42.9% in December 2021, at the end of the 2021 suspension.

To boost participation in cancer screening, the NSW Government has provided deferred care funding for the next two financial years to aid the recovery of screening activity, including \$6.6 million for 2022-23.

BreastScreen NSW opened one new fixed site in 2021 and will open four new screening sites in 2022. A mobile unit lost in the Northern NSW flood in February 2022 will be replaced in early 2023.

Social media continues to promote breast screening, and a new mass media campaign is scheduled for 2023.



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NSW Women's Strategy

**The Hon. PENNY SHARPE:** Great, thank you. I wanted to talk about the new Women's Strategy. What has been the process of pulling that together?

**TANYA SMYTH:** We commenced with a draft paper that was available on Have Your Say, which we promoted widely.

**The Hon. PENNY SHARPE:** You promoted it widely? What did you do?

**TANYA SMYTH:** We used our database and electronically direct mailed to those organisations and we promoted—

**The Hon. PENNY SHARPE:** How many people are on that database?

**TANYA SMYTH:** I'll have to take that on notice. We also promoted on our Facebook page and the New South Wales Government Facebook page, and I think other socials, but I'll take that on notice.

**ANSWER:**

2,320 subscribers were on the database and were invited to participate in the Have Your Say Survey. The Have Your Say was also promoted on several social media platforms, including the NSW Government Facebook page.

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NSW Women's Strategy consultations

**The Hon. PENNY SHARPE:** Would you then be able to take on notice for me—I'd be interested in what the metrics were in terms of what engagement you got with the request for people to have input into the NSW Women's Strategy.

**TANYA SMYTH:** Of the Have Your Say page, we had 4,800 views. We had 1,583 surveys completed and 815 completed the quick poll.

**The Hon. PENNY SHARPE:** Sorry, did they do the poll or did they do the whole survey?

**TANYA SMYTH:** So 1,583 did the full survey and 815 separately—

**The Hon. PENNY SHARPE:** In addition to?

**TANYA SMYTH:** In addition to, did the quick poll.

**The Hon. PENNY SHARPE:** Great, thank you.

**TANYA SMYTH:** Following that work, there were also consultations completed.

**The Hon. PENNY SHARPE:** How many consultations were there?

**TANYA SMYTH:** I don't think I've got a number here but there were around 30 different consultations.

**The Hon. PENNY SHARPE:** I assume that was pretty challenging, given COVID and all those kinds of things. Are you able to give me the list of where they were held? I'm assuming some of them were online.

**TANYA SMYTH:** Correct.

**The Hon. PENNY SHARPE:** Were all of them online?

**TANYA SMYTH:** The majority were online. There were consultations in person in the Central Tablelands and south-west Sydney in Casula. And there was a session at Liverpool library. That was just with walk-ins.

**The Hon. PENNY SHARPE:** How did you advertise? You did 30 consultations, obviously a lot of them online. Did you geotarget? Were they done geographically, or you ran 30 for whoever showed up?

**TANYA SMYTH:** They were geographic, but they were also targeted towards the priority groups in the Women's Strategy and priority areas. So there were some location based and some priority group and priority areas.

**The Hon. PENNY SHARPE:** Can you give us a breakdown of—obviously on notice as I don't expect you to have this here today—the number of people that participated in each consultation?

**TANYA SMYTH:** Yes.

**ANSWER:**

I am advised:

- Promotion of the NSW Women's Strategy consultations was geo-targeted through social media. The overall reach was over 43,000.
- Consultations consisted of in-person consultations in the Central Tablelands and South West Sydney as well as online consultations based on geographic areas.

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Transcript page: 66-67

Women apprentices at Health Infrastructure NSW

**The Hon. PENNY SHARPE:** I'm happy for you to take it on notice; I suspect you weren't anticipating this question today. Within Health Infrastructure and the work that you're doing, which sounds pretty extensive, are you able to tell the Committee how many women are currently employed on those jobs as apprentices?

**REBECCA WARK:** Yes, but I would also note that it is more than just in apprenticeships. There are different traineeships, different work experience, different work styles and also university degrees, so it's across a range of different educational experiences.

**The Hon. PENNY SHARPE:** Well, I suppose that's good. Then I would like to know the gender split of everyone in those programs. Or are those programs just for women?

**REBECCA WARK:** No, no. It's not gender specific.

**The Hon. PENNY SHARPE:** If you would be able to take it on notice and break that down, I'm just trying to understand where women are coming from and hopefully going into these—

**REBECCA WARK:** That particular school-leavers program that I referred to has a 50 per cent target for women.

**The Hon. PENNY SHARPE:** Is it meeting that target?

**REBECCA WARK:** I understand that, yes, it is. I know we have a number of young women on our projects, and part of that works on a rotation between the government agency collaboration with our builder partners and project managers. It's trying to get them different work experiences so then they might choose what they further educate themselves in.

**The Hon. PENNY SHARPE:** I'm very supportive of all of that. I think it's all excellent. But the question remains: How many are then going into doing an apprenticeship and are we actually meeting the target? Thank you. I appreciate that information.

**ANSWER:**

Women account for less than 12.7% of the total construction workforce and only 2% of related trade workers. The NSW Government has set a goal of 15% of women in the construction industry by 2030.

**Health Infrastructure Workforce Composition**

Health Infrastructure has a gender split of 51% female and 49% male across the Health Infrastructure workforce: women occupy 43% of Senior Executive roles (Directors, Executive Directors and Chief Executive) and 38% of project-related roles (for example, Project Directors).

**Infrastructure Skills Legacy Program**

The NSW Government's Infrastructure Skills Legacy Program (ISLP) is a mandatory NSW Government procurement directive for all new construction project procurements after 1 July 2020, which requires all construction contracts greater than \$100 million to have women as 2% of the trades workforce.

All Health Infrastructure's eligible construction contracts are on track to meet the KPI of women comprising 2% of the trades workforce on completion of contract. Apprentices are included in the trades workforce captured in the 2% KPI.

As part of the NSW Government's Budget 2022-23 commitment of \$20.2 million to increase female participation in the construction sector, Health Infrastructure will embed Project

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Officers with Head Contractors at three projects (John Hunter Health and Innovation Precinct, The Children’s Hospital at Westmead - Stage 2 Redevelopment, and Sydney Children’s Hospital - Stage 1) to pilot. This will increase the current ISLP targets for women in construction trades from 2% to 4% and introduce a new ‘women in non-traditional roles (includes non-trade roles)’ target of 7%.

**NSW Government Infrastructure Traineeship Program**

At any one time, Health Infrastructure hosts up to 10 trainees from the NSW Government’s 2-year Infrastructure Traineeship Program. These trainees complete an 8-month rotation before moving to partner contractor or consultant organisations to gain experience, training, and nationally recognised qualifications creating a new pipeline of skilled people across the infrastructure sector.

Health Infrastructure achieved the program’s gender target of 50% female participation, upon recruitment. Females currently account for 40% of the Health Infrastructure trainee cohort due to dropouts of trainees engaged between 2021 and 2022.

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Rural HealthCare Workforce Incentive Program

**The Hon. PETER PRIMROSE:** My last lot of questions relate to the rural healthcare Workforce Incentive Program. I understand that the Government recently announced a \$5,000 and a \$10,000 incentive program for rural healthcare workers, which Mr Minns just alluded to. For the \$5,000 payment for hard-to-fill roles, what's the total budgeted number of roles or people expected to take up this program? Please feel free to take it on notice.

**PHIL MINNS:** Yes, I will take it on notice. To give you an indication of what's currently happening, there is one regional local health district who has indicated to us that they have identified 242 staff across 15 sites who they will be looking to offer the incentive program to. It's a delicate balance between focusing on the sites where you have that demonstrated hard-to-fill criteria met, you have the remoteness assessment under modified Monash scale, but you're not saying that every single person in rural and regional New South Wales qualifies. So it has to be worked through, but that's the status of one of the districts that reported their position to us in the last week. I think we can probably work backwards and give you an answer on notice as to how many roles are modelled in the amount of funding, but I would like to do that accurately.

**The Hon. PETER PRIMROSE:** Please, thank you. If you could do that for both the \$5,000 and \$10,000 payment for critical roles, that would be great.

**PHIL MINNS:** Yes, I will see what I can do there, Mr Primrose. In our position of the business case to Government, I don't think we actually made that specification because we wanted to see what happened when the LHDs did their local analysis.

**The Hon. PETER PRIMROSE:** Whatever information you could give us, with the caveats, that's fine.

**PHIL MINNS:** Yes, happy to do that, Mr Primrose.

**The Hon. PETER PRIMROSE:** For both programs, when did they commence and how many payments have been successfully made for roles filled thus far?

**PHIL MINNS:** It started to operate from 1 July. I think we signed off the policy framework associated with how it would work with all of the relevant chief executives in the local health districts in that first week of July. They have been working on how they will analyse their context and how they will use the framework ever since. The numbers that I could give you in time for, I think, the 14 days that we answer on notice, they will be preliminary. Not all districts are as far advanced as the one that I referenced today, but we will be able to tell you what we can tell you.

**The Hon. PETER PRIMROSE:** Whatever information you can, that will be great.

**ANSWER:**

The NSW Government has allocated \$173.3 million in 2022-23 to the Rural Health Workforce Incentive Scheme and its implementation across rural and regional health locations in NSW.

Health agencies are continuing to work through their vacancies to identify hard to fill and critical vacancies, advertising these positions with recruitment incentives, and identifying existing employees who may be entitled to retention incentives under the Scheme.

As of 15 September 2022, 1,901 positions have been identified as eligible for incentives under the Scheme. Some health agencies have commenced making offers including incentive payments.

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Latest suicide rates

**The CHAIR:** Dr Wright, I regret interrupting, but I will. I don't think anyone around the table cavils with what you've just said about the multifaceted dimensions to dealing with this challenging issue. But, of course, all of that was quite well known, at least in principle before the Premier, the Government, announced the target. So what you say is absolutely correct, but it's not new news. We knew that. So, yes, it takes time, but with all of that in mind, nevertheless the Government set itself the target of reducing the rate by 20 per cent by 2023. So my question to you is: As at September 2022, how are we tracking towards that meeting that objective that was very clearly set with respect to that 20 per cent reduction?

**PHIL MINNS:** Yes. Those things were well known but they weren't funded.

**SUSAN PEARCE:** Dr Lyons is attempting to say something, Mr Donnelly.

**NIGEL LYONS:** We have got figures for up to 2020 which is the last year for the comparative rate, looking at that reduction over time for 2023 target has been calculated, because they're the rates of suicide standardised per 100,000 population. Our rate at 2017 was 11.6 and the target was 9.3 for the year 2023. For the last full year where it was calculated, which is for the 2020 year, the rate had reduced to 10.5. We have had a reduction in the rate and, if you look at the tracking of that target towards the 2023 level, it would say that we are actually tracking in line with meeting that target over that time. But, as everyone knows—and we also heard a lot about COVID and its impacts and some of the other changes that are occurring with the social situation and the economic situation—we need to be very cautious about predicting where we will end up.

**The Hon. GREG DONNELLY:** I am grateful for that, doctor. With respect to those most recently collated and published figures, or figures which are at least available and known to yourself, when will we get to see, hear or find published the 2021 figure?

**NIGEL LYONS:** That needs to be finalised once [audio malfunction]. The suicide [audio malfunction]—that was a preliminary assessment. Ultimately it's a decision for the Coroner around the interpretation of cause of death. And we need to wait for those to be finalised and then the calculation per 100,000 population needs to occur. I have taken it on notice when that will occur, but that's the process that we need to follow.

**The CHAIR:** Take it on notice, yes

**ANSWER:**

The number of suicides in 2021 is reported by the NSW Suicide Monitoring System.

Nationally consistent per capita suicide rates are published by the Australian Bureau of Statistics (ABS). Preliminary figures for 2021 are due to be released by the ABS on 19 October 2022.

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Suicide community supports - Parkes

**The CHAIR:** Can I ask relating to this issue of—I guess the word is "clusters" of suicides—that sometimes beset a local community? There was some publicity recently about the tragedy in Parkes and a young gentleman, Mr Geordie Horan, lost three close friends—relatively young people. It is so sad in so many ways. I am wondering when something like that happens in a community—and I suppose I am looking for some analogous response like with respect to in a school and a description of the work that is done to try and then go into that community to provide some comfort and support. Is that actually done? In the case of Parkes—and you may not have the specifics; you can take it on notice—is it fair to assume that in that community there would have been some response by NSW Health and perhaps other departments or agencies to support that community?

**MURRAY WRIGHT:** I mentioned before the specific initiative of the suicide prevention collaboratives, which are intended to be locally based consortia of multi-agencies and part of their role is to bring together all the agencies and individuals who have a stake in the mental health of their community so that they can pool their intelligence as to what are some of the contributing factors, what are some of the risk factors and what are some of the opportunities to intervene. In my mind that is a critical part of reducing suicide over the next generation, switching to much more locally driven initiatives where Health is not necessarily the lead but is an active participant.

**The CHAIR:** Sorry to interrupt, but I take your point. If we look at Parkes—and I haven't done any investigation myself, but reading the literature and the media—would I be reasonable in concluding that it is likely that there would have been some support go into that community from, in broad terms, the New South Wales Government through one of its departments or agencies to provide some support for that community? Is that likely to have happened? Or just take it on notice perhaps.

**MURRAY WRIGHT:** It's probably better to take it on notice. I know of some instances in the last several years in regional areas where there has been concern about a number of suicides in a short space of time and both in the case of Lithgow a number of years ago and then—

**The CHAIR:** And the Clarence Valley.

**MURRAY WRIGHT:** And the Clarence Valley. Those are actually models of what I'm describing and they got appropriate publicity and praise for what they did. I think that the institute of the collaboratives provides a mechanism for those sorts of initiatives. I can't speak to what has happened specifically in Parkes.

**The CHAIR:** That is fine. Take that on notice.

**ANSWER:**

Following a tragic suicide event, local mental health services will contact organisations and/or individuals impacted as appropriate. If the person is known to a service, this may involve reaching out to the family directly or contacting the school or the person's workplace to offer support and information. If the person is not known to a service, Lifeline will assume this role and refer anyone needing higher level support to the local mental health team. Headspace National, through their Schools and Communities program, are also available for suicide response support for secondary schools.

In the Parkes community, the young people were not engaged with, or known to the local mental health team. Lifeline and the National Association for Loss and Grief provided community support.

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There are a number of service providers in the Parkes community including Wellways, Marathon Health, Catholic Care, The Benevolent Society's Rural Youth Mental Health Service, Flourish and National Disability Insurance Scheme funded psychosocial programs.

Additionally, there is a community mental health, drug and alcohol team that includes three dedicated child and adolescent mental health clinicians providing services, including regular psychiatry clinics across Parkes and Forbes. Parkes also has a Safe Haven mental health facility, which is part of the Towards Zero Suicide Initiatives, and Safeguards, which is a community-based service for children and adolescents experiencing acute mental distress.

Service providers have developed and implemented several strategies following these tragic events, including promotion of the Suicide Call Back Service, which is an NGO postvention to suicide service.

A Safe Haven was established in Parkes in 2021. Safe Havens act as an alternative to Emergency Department and drop-in centres that are available to anyone aged 16 (younger than 16 must be accompanied by an adult) and over without an appointment or referral. They are inviting, non-clinical spaces for people to seek refuge or support and allow people to access timely care in the community, outside of the hospital system.



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Transcript page: 75

Seclusion and restraint

**The Chair:** Perhaps if I direct the question directly to Dr Wright, who normally deals with this, and if others need to jump in, that's just fine. The line of questioning, doctor, that you are all familiar with about seclusion and restraint, and being as assiduous as you are, I am sure you have done some preparation in terms of looking at the numbers. I probably don't need to read through what are my notes to tell you the numbers, particularly with respect to some particular sites. Some of this perhaps can be put on notice. There are just a couple of lines of information: Statewide the average duration of a seclusion event was 11 hours and 18 minutes in January to March 2022. My understanding is that that is up four hours and 54 minutes for the same quarter the previous year. That is a statement of what I understand is fact. Then there is data with respect to individual hospitals where there appears to be instances of quite high numbers of hours. Can I invite you to make a general comment about this, because it is something that you do perhaps each year and perhaps the difference I can put in on notice?

**MURRAY WRIGHT:** Sure. The most recent figures that we have are the April to June quarter, and the rate of seclusion in that quarter across New South Wales was 5.1 per thousand bed days, and the target is below 5.1. So, we are just sitting on that target. The duration, which is an important measure, has dropped since the first quarter but it is still very high, which is at nine hours across the State. I think by way of explanation, we have consulted widely with the districts and their leaders to try and understand particularly the increase in the duration. There are some particular challenges that have occurred during the course of the pandemic. The acute inpatient mental health services have been working in personal protective equipment, which is very good at keeping you safe from getting a viral infection, but it really gets in the way of engaging sensitively with someone who is in distress, and it actually makes it more difficult to identify someone whose condition might be deteriorating, so that it probably contributes to missing some of those early signs, and potentially misunderstanding from the perspective of the consumer. That is a factor. It is an incredibly challenging work environment. We have had considerable disruption, both in terms of the workforce that Mr Minns talked about, reductions in numbers of staff and reductions in available facilities from time to time, which have put pressure on everyone. The other thing—

**ANSWER:**

NSW Health is committed to minimising and, where safe and possible, eliminating the use of seclusion and restraint. The number, percentage, rate and duration of seclusion and restraint events in NSW is regularly reported on the Bureau of Health Information website at:

[https://www.bhi.nsw.gov.au/BHI\\_reports/healthcare\\_quarterly](https://www.bhi.nsw.gov.au/BHI_reports/healthcare_quarterly)

31 May 2022

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Chair

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Mr Michael Coutts-Trotter  
Secretary  
Department of Premier and Cabinet

By email via:

Dear Ministers

***Health outcomes and access to health and hospital services in rural, regional and remote New South Wales - Recommendation to establish a Health Administration Ombudsman***

I refer to the Legislative Council Portfolio Committee No 2's report on *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales (Report)*. I am writing to provide context that will be relevant to the Government response to the Report, specifically the response to Recommendation 41.

Recommendation 41 states:

*That the NSW Government establish an independent office of the Health Administration Ombudsman to receive and review concerns about the administrative conduct of management of Local Health Districts and NSW Health from staff, doctors, patients, carers and the public. The Health Administration Ombudsman is to be empowered to review administrative decisions of*

*NSW Health and Local Health District management, including but not limited to, alleged coverups of medical errors or deaths, false or misleading data, inaccurate communications and/or media reporting, Visiting Medical Officer accreditation decisions, staff backlisting, and bullying or harassment of whistle-blowers. Additionally, the Health Administration Ombudsman is to provide an annual report to Parliament and the public.*

In making this Recommendation, the Committee pointed to the *'seriousness of the issues raised regarding the failure of the complaints management system and associated governance'* as warranting the creation of such an office.

The Ombudsman currently has jurisdiction to receive and handle complaints about the administrative conduct of NSW Health and Local Health District management, and currently does so as part of its general complaint handling jurisdiction. Staff of NSW Health and Local Health Districts are 'public authorities' for the purposes of section 5(1) of the *Ombudsman Act 1974*. In the 2020-2021 financial year, the Ombudsman's Office finalised 329 complaints about the conduct of NSW Health, and 170 complaints about conduct of Local Health Districts (NSW Ombudsman Annual Report 2020-2021, Appendix A.2, p.55). In addition to receiving and handling complaints about the conduct of these entities, the Ombudsman may also investigate any conduct of a public authority about which a complaint may be made, in the absence of any person making such a complaint.

These matters form part of the Ombudsman's broader complaint handling and investigative function. Whilst the Ombudsman has discretion to determine whether we investigate matters, in the context of constrained resources it is likely we are not investigating all matters that warrant further scrutiny. Providing the Ombudsman with sufficient funding to be more accessible for complainants, and to investigate more matters, will allow us to fulfil the intent of the Committee's Recommendation – rather than setting up a separate Health Administration Ombudsman.

Should you require additional information about the Ombudsman's jurisdiction to handle matters of the kind referred to in Recommendation 41 of the Report, please contact me on \_\_\_\_\_ or via email at \_\_\_\_\_

Yours sincerely

Monica Wolf  
**Acting NSW Ombudsman**

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Ms Susan Pearce  
Secretary  
NSW Health

**PRIVATE AND CONFIDENTIAL**

Dear Ms Pearce *Susan*

***Health outcomes and access to health and hospital services in rural, regional and remote New South Wales – Recommendation to establish a Health Administration Ombudsman***

I refer to the government response to the *Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales*, tabled on 1 September 2022.

As the response noted, the Commission does have extensive relevant powers to receive and manage complaints from practitioners and citizens in relation to public health facilities. It is apparent from the Inquiry report and recommendations that this function and the associated powers are not well understood and that they are potentially underutilised in addressing the sorts of problems that Recommendation 41 of the Report referred to.

I look forward to the upcoming discussions with the Ministry and the Ombudsman, scheduled for 27 September 2022, to discuss the strategies for increasing awareness and accessibility of our complaints processes.

In that context it would be appreciated if there was the ability to revisit some unsuccessful aspects of the HCCC 2022-23 budget bid in the form of a modest resourcing proposal to advance our shared objectives in this area of the Commission's work.

We appreciate the opportunity for further consideration of these matters.

Yours sincerely

*Sue Dawson*  
Commissioner  
2 September 2022

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