

### **Hospital Cladding Audit**

#### **Transcript p3**

**The Hon. WALT SECORD:** You said that 97.5 per cent of the buildings have been assessed. That leaves about 115 buildings outstanding. What is the status of those 115 buildings? That is not in your notes.

**Mr BRAD HAZZARD:** We are working our way through those. Obviously there are specialists in this area that we have to get when they are available to do it, so it is progressing.

**The Hon. WALT SECORD:** Maybe Mr Sangster can tell me. What is the timetable for the 115 remaining buildings?

**Mr BRAD HAZZARD:** We will give you an answer in writing on that one.

**The Hon. WALT SECORD:** Why not Mr Sangster? He is just sitting next to you.

**Mr BRAD HAZZARD:** No. I have said I will take it on notice and give it to you.

#### **Response:**

The preliminary assessment of health buildings was completed by NSW Health on 4 October 2017. Health Infrastructure has commissioned detailed site assessments for the small proportion of buildings that may require fire safety improvement works. Given the detailed scoping works required for each site the final assessment report will take eight weeks from commencement to prepare. This is expected to be finalised in December 2017.

### **Waiting times - South East Regional Hospital**

**The Hon. WALT SECORD:** Despite the replacement or the removal of the Southern NSW Local Health District chief executive officer and its chair and the review into the hospital and its orthopaedic services, why are elective surgery lists at that hospital and waiting lists in the emergency department longer in the new hospital than they are in the old hospital?

**Mr BRAD HAZZARD:** I do not think they are.

**The Hon. WALT SECORD:** They are. The most recent Bureau of Health Information data shows that the average wait for orthopaedic surgery at South East Regional Hospital is 240 days, compared with 167 two years ago. That is independent data that the Government releases.

**Mr BRAD HAZZARD:** I will take that question on notice and I will look into it.

#### **Response:**

The Honourable Member has compared Bureau of Health Information figures from different quarters for different years - October to December 2015 to April to June 2017.

This is problematic due to seasonal variances which is well accepted and understood when considering NSW Health data. When considering statistics from 2017 to 2015; the Bureau of Information also clearly states, '*Comparisons should be made with caution – South East Regional Hospital replaced Bega District Hospital, which provided different services*'.

In respect to elective orthopaedic surgery at South East Regional Hospital and the then Bega Hospital, an assessment of relative quarters is considered the fairest method of performance measurement.

When assessing the second quarter of 2015 and 2017, performance between South East Regional Hospital and the former Bega Hospital, the figures are the same.

Despite the increase in overall emergency department presentation numbers and complexity of the cases, South East Regional Hospital emergency department waiting time figures have remained above the NSW state average for both 2016 and 2017.

### **Paramedic breaks**

**The Hon. PAUL GREEN:** That makes those superstition evaluations very important. Some allegations have been made about paramedics not being able to take what are called crib breaks, which is a half hour break twice per 12-hour shift. There were allegations that paramedics were made to work through those or basically eat and run rather than have their half hour break. Are you able to intervene and make sure it is compulsory for people to get their half hour breaks at least somewhere in their shifts?

**Mr BRAD HAZZARD:** First of all, if at all possible we all should have breaks at an appropriate point in our work—and so should paramedics. I have spoken to paramedics who tell me that sometimes they do give those up voluntarily. They do not want to, but if it means saving a patient's life they will do it. We do not have boundless amounts of resources and therefore boundless amounts of staff. But certainly I will say that I am very keen for the Ambulance Service to be looking after paramedics. The paramedics I have met are amazing and I think that the service should be making sure as far as is humanly possible that those, in effect, normal human rights are retained. We need them to be healthy; it is just a simple fact. I will take up that issue with Dominic Morgan and get some specifics on that. I will find out for you and drop you a line and tell you exactly what the outcome is.

### **Response:**

A paramedic may be required to miss or have their crib break disrupted if an emergency incident (priority 1 or priority 2 immediate) is pending to ensure that patients reported to have a potentially life-threatening condition receive the timeliest care.

Priority 2 incidents will be assessed by the Senior Control Centre Officer and a determination made based on clinical needs of the patient, as to whether it is permissible for a patient to wait until a paramedic completes their crib break before attending. In times of elevated demand, other paramedics may be utilised for area coverage where a missed crib or crib disruption may occur.

Paramedics who have not had an opportunity to have their first crib break will be afforded priority for the second crib break period.

Demand from hour to hour and day to day will affect the ability of the Control Centre to allocate crews to crib breaks.