

**Portfolio Committee No.2 – Budget Estimates 2020
Responses to Supplementary Questions
Health and Medical Research – 12 March 2020**

Corona Virus

1. What specific additional funding have you requested from the Federal Government?
2. When did you make this request? And how much have you received and on what date did you receive it?
3. Are you embarrassed that Ryde Council has today been forced to take out ads in their local paper because of the lack of a comprehensive public health campaign?
4. What additional cleaning of NSW Hospitals have taken place?
5. Have the policies and procedures been reviewed for the use of and priority given for the use of ventilators?

TRANSPORT

6. Given the World Health Organisation advised that the coronavirus could last on surfaces between 3 hours and several days and 1.9 million people access Central Train Station each week **what specific action** has NSW Health recommended Transport for NSW carry out to ensure train stations and public transport is cleaned?
7. Given you have recommended we don't shake hands.....have you ensured crowded public places like train stations actually have hand sanitiser stations available?
8. Is hand sanitiser available on the trains?
9. Are these available on your new Metro?

ELECTIVE SURGERY

10. Are there any plans to cancel or delay non-urgent or elective surgeries to make way for corona virus?
11. Which hospitals will this impact on first?
12. How long will the cancellations be in place for?
13. Which procedures will be impacted?
14. Can you guarantee that no allied health worker jobs will be lost if surgeries are cancelled?

EDUCATION

15. We have already seen three schools impacted and closed due to corona virus outbreak. What assurances can you give parents that their kids are safe?
16. Who is coming in to do the cleaning of the schools after they have been closed? What personal protective equipment are these cleaners being provided with?
17. Have these cleaners been given specialised training to do this kind of clean?
18. Once the school is reopened, like we saw with Epping Boys High, do they have things like hand sanitiser provided?
19. Will you be placing hand sanitiser at all schools? How many and when?

AMBULANCE

20. Minister what additional resources have been provided to Ambulance NSW and in particular into the Ambulance vehicles to assist them should they respond to a person suffering from Corona Virus?

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ANSWER:

1–2.

I raised COVID-19 for discussion at the COAG Health Council meeting on 28 February 2020. All jurisdictions reaffirmed their commitment to work together in preparing, planning and reviewing resourcing requirements and funding arrangements for hospital and primary healthcare to respond to this issue.

The National Partnership Agreement on the COVID-19 Response between the Commonwealth of Australia and States and Territories was signed by all leaders on 13 March 2020. This Agreement provides for an upfront payment to all jurisdictions based on population share and an ongoing commitment to share health costs in responding to this pandemic on a 50/50 basis. Further information can be found in the official COAG communique.

3.

NSW Health has supported the Department of Customer Service in the development of a whole of NSW Government campaign, Help Us Save Lives, which launched on 5 April 2020 and includes TV, digital and social, print and radio advertising. The campaign features health and other workers reminding the community to practice good hygiene, social distancing and stay home.

This whole of government campaign follows a NSW Health campaign, Find the Facts which launched on 11 January 2020. The campaign ran across social, digital, print and radio in English and Chinese.

4.

Healthcare facilities are cleaned in line with the NSW Health Environmental Cleaning Policy. This includes the requirement for enhanced cleaning in times of outbreak and complying with additional advice applied to COVID-19.

5.

NSW Health is working with clinicians and the Australian and New Zealand Intensive Care Society to ensure equitable and appropriate use of intensive care resources during the pandemic.

6-9.

The Minister for Transport has advised that increased cleaning regimes have been implemented across the public transport network, including Metro, supported by advice to private operators on the required cleaning standards. Transport for NSW is also assisting private operators with the costs of the additional cleaning.

I am also advised that Transport for NSW is installing 100 stand-alone automatic hand sanitiser pods at major rail and metros stations across the network.

10-14.

All non-urgent elective surgery procedures have been postponed from 26 March 2020 in order to maintain public hospital capacity for urgent and emergency surgery.

15– 19.

The Department of Education is working closely with NSW Health in responding to COVID-19 cases. Schools will take action in accordance with NSW Health advice on a confirmed case of COVID-19 where there has been an impact on our school.

All other confirmed cases are a personal matter for those involved and they will be managed directly by NSW Health.

People assessed as being a 'close contact' of a member of the community are identified and contacted by NSW Health and given appropriate advice.

The latest advice from the Department of Education can be found on the NSW Government website under Schools, Universities and Childcare.

20.

All NSW Ambulance paramedics have been provided with personal protective equipment to protect against contamination including gloves, gowns, protective eyewear and masks. Staff have access to an online portal which is regularly updated with infection control procedures, clinical safety alerts and contacts providing safety and support.

AMBULANCE RESPONSE TIMES

21. Why did the median response time for priority 1 ambulance responses increase last year?
22. Why are patients in NSW waiting longer than other states for ambulance responses?
23. What are the median response times for P3 and P4 ambulance responses in NSW?
24. 11% of urgent cases are waiting over an hour, what % of cases (P2) are waiting 2 hours and 3 hours?

ANSWER:

21. – 24.

The median response times for priority 1 ambulance responses can be found in the Bureau of Health Information quarterly reports.

Additional NSW Ambulance performance data is publicly available on the Bureau of Health Information website at <http://www.bhi.nsw.gov.au>

NSW Ambulance emergency response times are affected by specific localised factors such as demand for ambulances, traffic conditions, distance, travel time and topography. Due to these variations and non-modifiable factors, in some cases NSW Ambulance response times may be higher or lower than other states.

MRI LICENCE FOR LITHGOW HOSPITAL

25. Are you aware that it has been 12 months since the MRI licence was announced for Lithgow Hospital?
26. Are you aware that it was suggested that more than 3,300 patients a year would be able to access the MRI at Lithgow?
27. Are you aware that to date the LHD has not purchased the MRI machine meaning not a single person has had an MRI scan at Lithgow Hospital?
28. What assurances will you give today that the MRI licence will not have to be handed back?

ANSWER:

25. - 28.

Nepean Blue Mountains Local Health District, in collaboration with the Australian Government Department of Health and the NSW Ministry of Health, is in the process of establishing MRI services at Lithgow Hospital. Nepean Blue Mountains Local Health District is working to establish the service by the end of 2020.

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BUSHFIRES

29. Are you confident that all hospitals are ready for an evacuation should a crisis, like the recent bushfires, occurred?
30. Since the bushfires what additional emergency evacuations procedures have been implemented?
31. Since the bushfires what additional training have staff been provided for an emergency evacuation if their hospital is under immediate threat of a bushfire?
32. Given some rural hospitals were cut off, both by road and their communications, during the recent bushfires, are you confident that they had sufficient resources and medical staff available?
33. How many staff had no choice but to work double shifts?
34. Were all staff present in south coast hospitals at the time of the bush fire crisis fully trained in disaster and evacuation response?
35. In relation to South East Regional Hospital in Bega, a burns specialist was on holidays in the area and offered his assistance, even performing an emergency operation to stabilise a patient. What would have happened if that specialist hadn't been in the area?
36. What strategies does the Minister have in place to address the lack of clinical services at these regional hospitals in the event of disasters that result in the isolation of hospitals within the regional network?
37. How do these strategies address the isolation of regional hospitals by road and air simultaneously?
38. Will you review the number of beds, staffing numbers and resources provided to rural hospitals given how stretched they were during the bushfire crisis?
39. Have doctors and nurses from those hospitals been consulted with since the bushfires?
40. Will they have an opportunity to have their concerns raised at the Bushfire Inquiry or will they not have permission to provide a submission?
41. Will you encourage NSW Health employees to make a submission?
42. Will the Government consider sending text messages to alert people to poor air quality and giving advice as to what they can do to minimise exposure?
43. Was there any damage sustained in NSW hospital infrastructure as a result of the recent bush fire crisis?
 - (a) If so, what is cost of this damage and when will it be repaired?

ANSWER:

29. – 34.

Fire safety education is provided to all employees, with evacuation exercises regularly practised across the state. All hospitals have a Disaster Plan that includes what action to take locally. Sites identified as having an elevated risk for bushfires also have a Bushfire Response Plan.

Following the recent bushfires, I am advised that debrief sessions have been held widely with staff and government agencies. Debrief sessions are also being used to review and improve plans for hospitals and Local Health Districts (LHDs).

The NSW HEALTHPLAN, LHD and facility Disaster Management Plans, include the issue of mobilisation and deployment of staff across the health system. The affected regional LHDs were paired with a larger metropolitan LHD for assistance, including extra staff and other resources as well as mental health support.

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35. – 38.

All LDHs and speciality health networks are part of a referral network. Every hospital is linked to a designated tertiary referral hospital. Hospitals triage and stabilise patients prior to being transferred to a higher-level facility for care supported by clinical advice, escalation and referral procedures ensuring access to appropriate treatment in an appropriate timeframe.

The transfer of patients requiring a high level of care is supported by the statewide medical retrieval service.

LHDs and hospitals vary the allocation of resources and staffing profiles and numbers to appropriately meet operational needs at any point in time.

39. – 41.

I am advised there has been regular communication with staff from both a state and local level. In relation to debriefs, doctors and nurses are involved in all consultations.

Everyone is encouraged to share their experience and tell their story to inform the NSW Independent Bushfire Inquiry's work.

42.

When the Department of Planning, Industry and Environment forecasts elevated levels of air pollution, it issues a public alert and notifies NSW Health. NSW Health provides multiple public messages, through the general media and social media, about the steps people can take to reduce exposure to bushfire smoke.

43.

There was no major impact to any facility from the bushfires. NSW Health is working with Infrastructure NSW to address impacts that require minor capital works.

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BUDGET

44. Will you confirm the Government will strip billions from health over the next decade?
45. Why is the Department projecting 10% reduction of workforce to fill funding gap?
46. Will the Government rule out any future Budget cuts to health and hospitals?
47. What is the expected 'efficiency dividend' for NSW Health in the 2021-22 Budget?

ANSWER:

44-47.

The NSW Health budget has increased year-on-year since 2011-12. There are no plans to reduce the NSW Health budget.

ICE SPECIAL COMMISSION REPORT

- 48. How much did the Ice Special Commission cost?
- 49. Why are you not providing a full response until the end of the year given people die every week from Ice in NSW?

ANSWER:

48-49.

The NSW Ministry of Health did not administer funding for the Special Commission of Inquiry into the Drug 'Ice'.

In 2019-20 the NSW Government has invested \$231.6 million to provide alcohol and other drug prevention, treatment and support services state-wide. The NSW Government response to the Special Commission report recommendations will be developed in consultation with stakeholders.

GREAT LAKES HOSPITAL

- 50. Will a new public hospital for Forster Tuncurry be built in this term of Government?
- 51. The Member for Myall Lakes pledged delivery of a public hospital for Foster Tuncurry will begin in this term of Government, you've said that no commitment beyond planning has been made, who is right?

ANSWER:

50-51.

The first critical stage in the development of a new hospital is clinical service planning.

The Hunter New England Local Health District is developing a clinical services plan to plan for the future health needs of the Lower Mid North Coast community, including in Forster-Tuncurry.

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MACLEAN DISTRICT HOSPITAL

52. Why did the Government want to close an entire ward at Maclean Hospital?
53. Was this proposed closure thanks to the Governments \$252 million 'treasury cap'?
54. This decision has now been halted and advisory group set up. Do we really need a group to be set up to tell us what we already know? That they don't want this ward closed? Is this not just a waste of time?
55. The community has already rallied and signed petitions against this closure. Surely you accept that this closure is not in line with community expectations?
56. Can you give a guarantee that this will not be closed and will remain permanently open?

ANSWER:

52-56.

I am advised the Northern NSW Local Health District will provide further opportunities for community input before making any decisions on future plans for health in the area.

HOSPITAL SECURITY

57. When will the security trial currently in place at Wyong and Gosford Hospital conclude?
58. Do you have any preliminary results?
59. Have you received the review into security service been carried out by Mr Anderson?
 - (a) If so can you outline the findings of this review?
 - (b) If not when do you expect to be receiving this review?
60. Once the trial is completed, how long will it take for recommendations to be made and then implemented?

ANSWER:

57-60.

The security trial at Wyong and Gosford hospitals concluded on 19 March 2020.

Mr Anderson has concluded his review. The Interim Report is available on the NSW Health website.

The results of the trial will be considered alongside the Anderson report's final recommendations.

Body Worn Camera Pilot (NSW Ambulance)

61. How many paramedics have been assaulted in the past twelve months?
62. When did the Occupational Violence Incident Review Group (OVIRG) last meet?
63. How many 'random dip samples' have been reviewed by the OVIRG?
64. How many assaults have been captured on the body cams?
65. Has any of the footage captured been utilised by NSW Police?
66. Given the reporting of assaults against paramedics is continuing to increase, how long until further locations can expect to have body worn cameras?

ANSWER:

61- 66.

Information about the NSW Ambulance Body Worn Camera pilot is publicly available on the NSW Ambulance website. The NSW Ambulance body worn camera trial commenced in November 2019 and is scheduled to run for 12 months.

The Occupational Violence Incident Review Group (OVIRG) meets monthly.

I am advised a small number of assaults have been reported while using the body cams, and where appropriate are referred to NSW Police.

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BULLI HOSPITAL

67. What is the planned opening date for the new Bulli Hospital?
68. Have you considered using the old Bulli Hospital site, or part of it, for additional parking?
69. How will you manage parking on this site?
70. Will the proceeds from the sale of the old Bulli Hospital site or any part of it be returned to the Illawarra Shoalhaven Local Health District to improve local health services?
 - (a) If not why?

ANSWER:

67-70.

The new facility is scheduled to be commissioned in coming weeks, and a Parking Plan is being developed.

Illawarra Shoalhaven Local Health District is able to apply to the Ministry of Health to retain any net sale proceeds following the divestment, in accordance with established processes.

FLU VACCINATIONS

71. How many people were reported as contracting the influenza in NSW Last year?
72. How did that compare to 2018 and 2017 influenza rates?
73. Given the previous year influenza rates how many additional vaccines have been ordered for the upcoming season?
74. What advertising will the Government be doing to encourage people to get the vaccination?
75. What additional resources are going to be given to the Emergency Departments across NSW to help cope with the increase in patient numbers?
76. Do you agree that, where appropriate, making the administration of vaccines available through trained pharmacists as opposed to solely through a general practitioner not only relieves burden on GPs and hospitals but also increases the likelihood of the average person being vaccinated, boosting herd immunity and decreasing the burden on the health system?

ANSWER

71 - 73.

In 2019, 119,308 laboratory confirmed influenza notifications were received. This was significantly higher than 2018, and a small increase compared with 2017 influenza notifications.

The Federal Government funds the National Immunisation Program. In addition, the private market acquires vaccines for private distribution.

74.

The NSW Government will run a 2020 Winter Flu Immunisation campaign, which encourages flu immunisation to audiences who are at greatest risk of complications and hospitalisation from flu, and can access free flu vaccines via the National Immunisation Program or government programs.

This includes children six months to less than five years, pregnant women, all Aboriginal people from 6 months of age, people with medically at-risk conditions such as severe asthma, diabetes, immune disorders, lung, kidney, liver or heart disease and cancer, and people aged 65 years and over.

75.

Emergency department resources are being enhanced to respond to the COVID-19 pandemic.

76.

Yes.

ELECTIVE SURGERY WAITING TIMES

- 77. Why are patients in NSW waiting twice as long as Victoria for elective surgery?
- 78. Why is the elective surgery at its longest ever?
- 79. Why for the fifth straight year under this Government are NSW patients waiting longer than the national average?
- 80. What is the Government doing to reduce the wait-list and wait-times?

EMERGENCY DEPARTMENT WAITING TIMES

- 81. Why are people in NSW less likely to survive a heart attack than in Victoria?
- 82. Why are one in ten people waiting over 8 hours in the ED?
- 83. Why has the number of calls answered by ambulance staff in 10 seconds fallen to its lowest ever?
- 84. What is the Government doing to reverse these alarming trends?

ANSWER:

77 – 80.

Results for 2018-19 published by the Productivity Commission show that 9.1 per cent of elective surgery patients in Victoria waited longer than clinically recommended, while in NSW this was only 3.0 per cent.

The number of elective surgery procedures undertaken in NSW public hospitals is the highest it has ever been, with almost 230,000 undertaken in 2018-19, more than any other jurisdiction. Additionally, for the seventh straight year the percentage of elective surgery patients treated within clinically recommended timeframes in NSW was higher than any other jurisdiction.

NSW continues to focus on treating patients within their clinical priority categories, to ensure that people requiring more urgent surgery have their treatment on time. Elective surgery access performance and overdue patient numbers are tracked and monitored at local and state level.

In 2019, the NSW Government committed to invest \$76 million to boost elective surgery, focusing on children and cataract patients.

81 – 84.

I am advised the results for cardiac arrest survival rates published by the Productivity Commission only report on a subsection of the population that experience these events, so are not directly comparable as a population measure.

NSW is the best performing jurisdiction for waiting time in emergency departments, with 78 per cent of patients commencing treatment in clinical benchmark time, compared to 71 per cent nationally. Nine in ten patients have their treatment commenced in the emergency department within 81 minutes compared to 100 minutes nationally.

The number of Triple Zero calls requiring ambulance services is the highest it has ever been, with over 963,000 calls in 2018-19, almost 30 per cent of the national total. In the past three months over 91 per cent of emergency Triple Zero (000) calls answered in 10 seconds or less, against a target of 90 per cent.

The NSW Health 2019-20 Budget includes a record recurrent health expenses budget of \$24 billion.

SYDNEY CHILDREN'S HOSPITAL RANDWICK

In reference to the Government's commitment to reinstate full cardiac paediatric services, including cardiac surgery, at Sydney Children's Hospital Randwick (SCHR), which the Minister refers to in his statement published on the NSW Health website on the 24 of January 2020:

85. Is the allocation of \$10 million an annual funding allocation?
86. When will these funds be made available to the hospital?
87. When does the Minister expect cardiac surgery will recommence at SCHR?
88. What percentage of all cardiac surgical presentations will be allocated to SCHR in the 12 months starting:
 - (a) 24 January 2020;
 - (b) 24 January 2021?
89. How many additional cardiac surgeons will be appointed and based at SCHR?
90. How many additional cardiologists will be appointed and based at SCHR?
91. How many additional Cardiac Clinical Nurses will be appointed to the SCHR?
92. How many additional Echocardiographers will be appointed to the SCHR?

ANSWER:

85-92.

In January 2020, NSW Health announced the decision that paediatric cardiac surgery will continue at Sydney Children's Hospital, Randwick as part of one service across the Sydney Children's Hospitals Network. The NSW Government has committed additional funding of up to \$10 million for equipment and infrastructure to deliver paediatric cardiac services.

In developing a networked approach to paediatric cardiac surgery across the Sydney Children's Hospitals Network, an expert Panel is being formed to be independently chaired by Professor Willis Marshall AC, Board Chair of the Australian Commission on Safety and Quality in Health Care.

Further details concerning the model of care and implementation will be known as the Panel progresses its work.

WOLLONGONG HOSPITAL EMERGENCY DEPARTMENT

93. How many doctors are rostered on during the night shift at Wollongong Hospital?
94. Are you aware of staff concerns about the lack of doctors on to deal with patients?
95. You would be aware that according to BHI data from July to September 2019, there were more than 1,000 additional patients than the same time in 2018. Can you please outline the increase in staff to meet this demand?
96. Given only 53.4% of patients at Wollongong ED left in the benchmark of four hours for that same period, what additional resources are being provided to the hospital?
97. Do you admit that there is a problem at Wollongong ED due to lack of staff and resources?

ANSWER:

93-97.

I am advised an appropriate number and mix of senior and junior emergency medicine medical officers are rostered on duty at the Wollongong Hospital Emergency Department at any given time. Rostering is informed by data on expected emergency department activity to ensure that clinical resourcing can meet demand. If there is a surge in presentations or an emergency medicine medical officer is required to take unexpected leave, additional medical officers are deployed.

Wollongong Hospital has recently implemented a range of strategies to support patient care in the emergency department, including a clinician-led review of patient access and flow within the emergency department and recruiting additional emergency department senior staff specialists to increase early assessment of patients.

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DUBBO HOSPITAL

- 98. Can you outline to this committee the amount of fund allocated to date for a new car park at Dubbo Hospital?
- 99. When will construction commence?
- 100. What is the estimated completion date for this project?
- 101. Will there be a cost for users of the carpark?

ANSWER:

98-101.

The 2019/20 State Budget includes \$10.1 billion of capital investment over four years to 2022-23 on health infrastructure including hospitals and health facilities. This includes the Dubbo Hospital Car Park at an estimated total cost of \$30 million, which is scheduled to commence prior to March 2023.

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SENTINEL EVENTS

- 102. How many 'Sentinel Events' occurred in NSW Hospitals in 2019?
- 103. What were the specific hospitals where these events occurred?

ANSWER:

102-103.

Sentinel Events data is publicly reported annually in the *Report on Government Services*.

EMPLOYMENT AND MANAGEMENT OF LOCUM MEDICAL OFFICERS

The Employment and Management of Locum Medical Officers by NSW Public Health organisations states that locum medical officers can only be employed for 13 weeks but that they can be re-employed again for another 13 weeks.

- 104. How many have been employed in the exact same role more than twice?
- 105. Which hospitals are these locums located in?
- 106. How many times is the maximum that they can be re-employed for the same role under this policy?

ANSWER:

104–106.

Non specialist Locum Medical Officers may be employed to fill vacancies for periods of up to 13 weeks. After a break of at least one week, a Locum Medical Officer may be placed in the same role for a further period of 13 weeks. There is no limit to the number of times that this arrangement can be made.

A number of locum medical officers across most local health districts and specialty networks were paid by the same cost centre for more than 26 weeks in 2018-19.

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ADDITIONAL NURSES AND MIDWIVES

107. Since 1 July 2019 how many of the pledged 5,000 additional FTE nurses and midwives have been recruited?
108. How many of the 100 palliative nurses have been recruited?
109. How many of the 8 children's allergy nurses have been recruited?
110. How many of the 24 cataract surgery nurses have been recruited??
111. How many of the 23 mental health acute nurses have been recruited?
112. How many of the 8.2 paediatric nurses have been recruited? (Policy to recruit in 2019-20)
113. How many of the 24.36 emergency nurses have been recruited?
114. How many the 6 McGrath Foundation Breast Cancer nurses have been recruited? (Policy to recruit in 2019-20)
115. How many of the 383 regional hospital-based nurses have been recruited? (Policy to recruit in 2019-20)?
116. How many of the 6 regional school nurses have been recruited? (Policy to recruit in 2019-20)
117. How many of the 131 regional hospital-based nurses have been recruited?
118. How many of the 48 midwives have been recruited?

ANSWER:

107 -118.

Workforce numbers are reported in the NSW Health Annual Report.

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ADDITIONAL PARAMEDICS/AMBULANCE STATIONS

119. How many of the additional 750 staff committed in the 2018 Budget for NSW Ambulance have been employed as of 1 March 2020?
120. How many of the additional 221 paramedics and call staff that were committed in the June 2019 Budget have been employed as of 1 March 2020?
- (a) Can you provide the committee with the list as to where they have been employed?
121. Of the 9 new ambulance stations you committed to construct in regional NSW at the 2019 Budget, can you provide the committee with an update as to where the construction of each of these stations is up too?
122. Of the 3 new ambulance stations you committed to construct in Sydney at the 2019 Budget, can you provide the committee with an update as to where the construction of each of these stations is up too?

ANSWER:

119. Approximately 50 per cent.
120. Over 140 have been employed at sites including: Artarmon, Woolgoolga, Sawtell, Macksville, Nambucca Heads, Pottsville, Bungendore, Dubbo, Albury, Queanbeyan, Mullumbimby, Rutherford, Hamilton, Bomaderry, Oak Flats, Bathurst, Orange, Northern Control Centre, and the Sydney Control Centre.
121. Operations have already commenced at Yass, Rutherford, Grenfell, Pottsville and Bungendore, and will commence soon as Cowra, Goulburn and Birmingham Gardens. Iluka is in the planning stage. Construction will soon commence at Sawtell and construction is underway in Cootamundra.
122. Randwick Superstation and Mona Vale Station are currently under construction. The new station at Central Sydney is in the planning stage.

JUNIOR MEDICAL OFFICER WELLBEING AND SUPPORT PLAN

According to the NSW Health website, the Junior Medical Officer Wellbeing and support plan has identified ways to better support junior doctors. I understand there is a rostering review is part of the plan.

123. Has that review been undertaken?

124. If so when was it carried out and when will the findings be released?

125. If not, when will it be carried out?

126. Have new evidence based safe working hour policies been developed and implemented?

127. When were Junior Doctors last consulted about their working hours?

ANSWER:

123 –127.

A rostering review was undertaken prior to the publication of the Junior Medical Officer (JMO) Wellbeing and Support Plan, which informed the development of the new working hours standards for JMOs. Roster reviews have since been regularly undertaken to monitor the implementation of the standards.

Three JMO Safe Hours Workshops were held in 2017 and 2018 to inform new, evidence based safe working hour policies and practices. Outputs from this work have been used to make improvements including unrostered overtime policy updates, and a new online claiming system for unrostered overtime and call backs was implemented in February 2020.

HENDRA VIRUS

- 128. Are you expecting to see further cases of Hendra Virus this year? (Sept last year they said “we have seen Hendra virus cases come down lower than we would have otherwise seen”)
- 129. Which LHDs are prepared to deal with and are expecting to see cases of the Hendra Virus?
- 130. What is NSW Health doing to warn people about Hendra virus?

ANSWER:

128-130.

There have been no cases of Hendra virus in humans in NSW. Questions about Hendra cases in horses should be referred to the NSW Department of Primary Industries.

WYONG EMERGENCY HOSPITAL

There have been two lunch time rallies held by staff outside the Wyong Hospital ED to highlight inadequate staff levels within the ED.

131. Nurses are pleading for an additional three nurses to be rostered on each shift in the ED. Given presentations have increased by more than 10,000 patients since 2014, will you commit to this request?
132. Are you aware that when a nurse is on sick leave, they are not replaced? How often would this be happening?
133. Are you aware that nurses are becoming fatigued due to understaffing?
134. Given additional nurses have been provided to Blacktown ED, will you also provide the same to Wyong and when will this occur?
135. What is the status of the NSW Health review in Lorelei Bellchambers of the Central Coast who suffered a broken neck but was sent home from Wyong Hospital?

ANSWER:

131-134.

The Wyong Hospital Emergency Department is staffed in accordance with the Public Health System Nurses' and Midwives' (State) Award.

The Central Coast Local Health District is currently recruiting additional nursing staff to work in the Wyong Hospital Emergency Department. I am advised the District is also introducing new roster patterns that will enable the Emergency Department to better respond to presentation demand.

Nursing sick leave is covered from the casual pool, staffing support roster, or by overtime shifts.

135.

The Root Cause Analysis (RCA) investigation report was finalised in February 2020 and has been discussed with the family.

CHILDHOOD OBESITY

- 136. Why was the Premier's Priority to reduce childhood obesity dropped?
- 137. Why is it no longer a Government priority to reduce the overweight and obesity rates of children by 5% over 10 years?
- 138. Is it because childhood obesity rates have gone up not down? From 20.0 in 2013 to 24.0 in 2018?
- 139. Does this Government just give up on priorities when the going gets tough?

ANSWER:

136-139.

The variation between the prevalence of overweight and obese children in 2013 and 2018 is within the margin of error for the NSW Population Health Survey. All surveys have margins of error that indicate how much results could vary from the true population value.

NSW Health will continue its comprehensive approach to obesity prevention, maintaining the focus on children and consolidating successful policy and program approaches.

CROSS BORDER ACCOMMODATION ARRANGEMENT AT CANBERRA HOSPITAL

140. Under the new accommodation arrangements, will NSW patients and carers incur any additional cost compared to the previous arrangement in terms of:
- (c) Nightly rate, or
 - (d) Travel cost between the new accommodation and the hospital?
141. If so, how much will the increase in cost be for NSW patients and carers?
142. Will the NSW government reimburse NSW patients and carers any additional cost incurred under the new arrangements with the ACT government?
143. How long will this cross border arrangement with the ACT Government be available to NSW patients and carers?
144. What strategies does the Minister have in place to provide sufficient health services in NSW hospitals in locations such as the far south coast, to prevent the need to travel Canberra Hospital under a cross border arrangement?

ANSWER:

140-143.

Canberra Hospital recently consulted patients and carers about changes to residential accommodation services at the hospital. I am advised the ACT Government is considering the final report to determine the details of future accommodation options.

NSW is working with the ACT Government to ensure NSW patients and carers can continue to access affordable accommodation after the current accommodation is decommissioned.

NSW patients and their carers who live more than 100km from Canberra may be eligible for accommodation support through the NSW Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS).

144.

NSW and ACT are negotiating the terms of a new cross border agreement to guide a regional approach to health service planning and delivery in the Canberra Region. NSW is investing strongly in health services across the Southern NSW Local Health District.

ELECTION COMMITMENT – HEALTH INFRASTRUCTURE

145. What progress has been made on delivering the following projects?

- (a) Bankstown-Lidcombe Hospital
- (b) John Hunter Hospital
- (c) Royal Prince Alfred Hospital
- (d) Sydney Children's Hospital Westmead
- (e) Sydney Children's Hospital Randwick and Comprehensive Children's Cancer Centre
- (f) Ryde Hospital
- (g) Shoalhaven Hospital
- (h) St George Hospital
- (i) Griffith Base Hospital
- (j) Eurobodalla Hospital
- (k) Manning Base Hospital
- (l) Sutherland Hospital
- (m) Ballina District Hospital
- (n) Moree Hospital
- (o) Cowra Hospital
- (p) Hornsby Ku-ring-gai Hospital
- (q) Bowral Hospital
- (r) Gunnedah Hospital
- (s) Liverpool Hospital Car Park
- (t) Albury Hospital
- (u) Concord Hospital Car Park
- (v) Goulburn Base Hospital
- (w) Dubbo Hospital Car Park
- (x) Shellharbour Hospital Car Park
- (y) Glen Innes Hospital
- (z) Iluka Ambulance Station
- (aa) Mona Vale Hospital
- (bb) Deniliquin Hospital
- (cc) Leeton Hospital

ANSWER

145. (a) – (cc)

The NSW Government committed to commencing the 29 hospitals and health facilities listed above over this term of government, as announced in the 2019-20 NSW Budget.

Updates on infrastructure projects are publicly available on the Health Infrastructure website.

HEALTH CARE COMPLAINTS COMMISSION

The Number of complaints in the health system are at an all-time high, they've increased over 100% in a decade

- 146. What are you doing to improve standards, training and resources across the health system?
- 147. What are you doing to address the number of complaints about unregistered health practitioners?
- 148. What are you doing to address the steep rise in complaints about treatment at public hospitals?
- 149. Will the \$252 million cuts to the Health Budget in 2019-20 further drive an increase in health care complaints?

ANSWER:

146.

Feedback from patients on their experience in the public health system contributes to ongoing service improvement. This includes the implementation of programs locally to address issues raised in the Bureau of Health Information patient surveys.

The Clinical Excellence Commission also champions consumer voice, engagement and the use of consumer feedback for improving safety and quality in health care, by providing strategic advice and guidance, digital resources and program materials, practical support and training.

147.

This information is found in the Health Care Complaints Commission's Annual Report 2018-19.

148.

In the context of almost 3 million emergency department attendances and over 14 million outpatient services in 2018-19, there were relatively few complaints.

149.

There has been no reduction in the NSW Health budget. The 2019-20 health expenses budget increased by 4.5 per cent.

CAR PARKING REVENUE

- 150. How much has the Ministry received in car parking revenue to date this year?
- 151. Why did revenue increase 11% between 2017-18 and 2018-19?
- 152. Do the funds go to LHDs or back to the Ministry?
- 153. What are the most expensive hospitals?
- 154. Why do some hospitals charge for parking and others do not?
- 155. Are parking fees of \$32.20 for more than two and a half hours how hospitals are filling the gap left from cuts by the Government?
- 156. How much has the Ministry received in car parking revenue to date this year?
- 157. Why did revenue increase 11% between 2017-18 and 2018-19?
- 158. Do the funds go to LHDs or back to the Ministry?
- 159. Is parking fees of \$32.20 for more than two and a half hours how hospitals are filling the gap left from cuts by the Government?

ANSWER:

150–159.

Revenue from hospital car parks is managed at a Local Health District level and reported in the NSW Health Annual Report.

There have been no cuts to the NSW Health budget.

KIMBARA LODGE

In 2015, NSW Health announced 60 aged care licenses from Kimbara (sic) Lodge in Gloucester with “conditions of transfer to match the needs of the ageing community”, the successful proponent Anglicare has a new facility with just 50 beds

Anglicare have admitted fewer staff will be needed and there won't be enough beds for current residents

160. What is the Ministry or LHD doing to assist these residents?

161. Why are residents and staff not being consulted?

162. What are the plans the Kimbara (sic) Lodge property?

ANSWER:

160-162.

Hunter New England Local Health District will continue to provide residential aged care in the Kimbarra and Hillcrest units until the new purpose-built residential aged care home at Gloucester is built and ready to accept residents.

I am advised the District has kept residents and their carers and families up to date with the arrangements throughout the process, and care at Hillcrest and Kimbarra continues to be fully accredited by the Aged Care Quality and Safety Commission.

MAJOR PROJECTS

Mudgee Hospital

163. Can you please tell us the budget for the Mudgee Hospital redevelopment project?
164. I understand Hutchinson Builders won the tender. How many local jobs were created for this project?
165. When will this project be completed?

Maitland Hospital

166. Can you please tell us the total budget for the new Maitland Hospital development?
167. How many local jobs have been created during the construction?
168. Is this project still on track to be opened in early 2022?

Tweed Valley Hospital

169. Are you aware of the following comments made by the Member for Tweed on the 9 February 2019 in the Tweed Daily News regarding parking at the new hospital:
“It’s not going to be paid parking there, I have not heard of any adjacent land being offered or sold, we are going to have free parking here and we’re not closing the old hospital down”
170. Are those comments correct?
171. Will you honour this commitment by the Member for Tweed?
172. Was Mr Provest given a commitment that parking would be free before the last election?
173. Have you or your Department or office informed him that this will no longer be the case?
174. When did you inform him of this?
175. What is the current total budget for this project?
176. How many apprentices will be working on this project?

Bowral & District Hospital

177. Can you please tell us the total budget for the new Maitland Hospital development?
(Should be \$65 mil)
178. How many local jobs have been created during the construction?
179. When will this project be completed?

Goulburn Hospital

180. Can you please tell us the total budget for the new Maitland Hospital development?
181. How many local jobs have been created during the construction?
182. When will this project be completed?

Westmead Hospital

183. Can you please tell us the total budget for the Westmead Hospital redevelopment project?
184. How many local jobs have been created during the construction?

185. This project included a \$95 mil refurbishment of the Children's Hospital and the broader hospital. How much of this has been completed as a percentage?

Randwick Campus Redevelopment

186. Can you please tell us the total budget for the Randwick Campus Hospital redevelopment project?

187. How many local jobs will be created during the construction?

188. What is your expected completion date?

SpinalCure Australia

189. How much money was promised to 'SpinalCure Australia' in the lead up to the 2019 election?

190. Who made this promise?

191. How much money has been delivered to 'SpinalCure Australia' since the March 2019 election?

Canterbury Hospital

192. What impact has the coronavirus pandemic had on Canterbury Hospital and surrounding health services?

193. When will the \$6.5 million expansion of Canterbury Hospital's emergency department be completed?

194. Will the \$6.5 million expansion of Canterbury Hospital's emergency department be sufficient to meet the needs of the growing population in the area which Canterbury Hospital serves?

195. Is a master plan being prepared to redevelop Canterbury Hospital?

(a) If yes, when will this plan be made public?

196. Is there a timetable to redevelop Canterbury Hospital?

(a) If yes, when will this timetable be made public?

197. How many full-time equivalent staff were employed at Canterbury Hospital:

(a) On 30 June 2017;

(b) On 30 June 2018;

(c) On 30 June 2019; and

(d) On 1 March 2020?

ANSWER

163–165.

Information on the budget and the scheduled completion date is publicly available on the Western NSW Local Health District website.

The project is estimated to support around 280 full time equivalent direct annual jobs over the life of the project. This estimate does not include the additional flow-on employment the project will support.

166–168.

The \$470 million new Maitland Hospital infrastructure project is on track to be opened in 2022.

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The project is estimated to support around 1,900 full time equivalent direct annual jobs over the life of the project. This estimate does not include the additional flow-on employment the project will support.

169–174.

I refer the Member to the Answer to Questions Taken on Notice – Health and Medical Research – Supplementary Hearing – 30 October 2019 (Transcript 47).

175–176.

\$582.1 million is committed to build the hospital. The Principal Contractor of the Tweed Valley Hospital redevelopment, Lendlease, is targeting a minimum Apprentice Hours Target of 25 per cent of Tradespeople Hours. This exceeds the NSW Government Training Guideline requirement of a minimum Apprentice Hours target of 20 per cent.

177–179.

The question refers to Maitland Hospital, responded to at Questions 166-167.

180–182.

The question refers to Maitland Hospital, responded to at Questions 166-167.

183–185.

Information on the Westmead Hospital Redevelopment can be found at www.westmeadproject.health.nsw.gov.au.

The infrastructure project including the Children's Hospital Stage 1 is estimated to support around 4,000 full time equivalent direct annual jobs over the life of the project. This estimate does not include the additional flow-on employment the project will support.

186–188.

More than \$1 billion has been committed to the Randwick Campus Redevelopment, and further information can be found at randwickcampusredevelopment.health.nsw.gov.au.

189–191.

There was no election commitment to provide funding. In June 2019, the NSW Government announced \$15 million research support for spinal cord injury over five years. As announced, the allocation of the \$15 million over the next 5 years will be merit based and researchers will need to demonstrate how their work will benefit patients in NSW.

192.

All NSW public hospitals' Pandemic Plans are continuously updated as new information relating to COVID-19 becomes available, while remaining in line with the State Pandemic Plan.

In response to the COVID-19 pandemic, Canterbury Hospital has established a COVID-19 Clinic for testing and introduced screening stations at its main entrance for staff and visitors to reduce the likelihood of any potential transmissions within the facility. Canterbury Hospital is networked with other major hospitals which provide support for Canterbury patients diagnosed with COVID-19.

193–197.

The emergency department expansion is scheduled for completion mid-2020. The expansion will help manage the increase in presentations including paediatric presentations.

Local health districts and hospitals vary staffing profiles and numbers to appropriately meet operational need at any point in time. NSW Health staff numbers are included in the Annual Report.

NSW Health Disability Inclusion Action Plan 2016-19

198. Regarding the NSW Health Disability Inclusion Action Plan 2016-19:

(a) Has the plan been reviewed?

- i. Have the plan outcomes been assessed against data demonstrating health outcomes for people with disability and their carers?
- ii. Has NSW Health engaged in any consultation with people with disability and their carers in their review of the plan? If so, what form has this consultation taken?
- iii. Will the outcomes of any review or consultation be reported and made publicly available?

(b) Which of the actions outlined in the plan are outstanding?

(c) Which of the actions outlined in the plan are partially completed?

(d) Which actions outlined in the plan have been abandoned?

- i. Why were those actions abandoned?

(e) Which groups and individuals has NSW Health engaged with to consult on the next version of their Disability Inclusion Action Plan?

(e) Have outstanding actions been taken through into this year's plan?

199. How many Health Education and Training Institute (HETI) materials have been reviewed and amended in line with Action 2.1? -

(a) What percentage of those materials were reviewed and amended in consultation and partnership with people with disability, their carers and families?

200. What percentage of workers in NSW Health have disability?

201. In the following years and on average, what percentage of workers in NSW Health had disability in:

- (a) 2018/19
- (b) 2017/18
- (c) 2016/17
- (d) 2015/16

202. What percentage of new facilities completed or planned in 2016-19 have included a Changing Places accredited adult lay down change facilities?

203. How many Changing Places accredited adult lay down change facilities have been built in existing NSW Health facilities from 2016-19?

204. Did NSW Health develop guidelines for community engagement with people with disability, their carers and families in line with Action 7.1?

- (a) If so, what are those guidelines called?
 - i. Are they publicly accessible?

205. Did the Bureau of Health Information release a disability focused annual report of patient perspectives on the care people with disability receive through NSW Health?

- (a) What are the titles of the disability focussed annual reports released by BHI from 2016 to 2019?
- i. Are they publicly accessible?
206. What work has been conducted to make feedback and complaints mechanisms fully accessible to people with disability?
- (a) Has this work been reviewed by people with disability or a representative organisation external to NSW Health?
- i. If so, what was the outcome of the review?
207. What percentage of NSW Health web pages comply with W3C Web Content Accessibility Guidelines (WCAG) level 'AA'?
208. How has NSW Health built the capability of all managers to ensure the needs of people with disability are met in the workplace?
209. How many mentoring partnerships has NSW Health fostered for employees with disability?
210. What corporate software systems have been designed to address the access needs of people with disability who are part of the health workforce?

Data collection

211. Are the following people included in NSW population health surveys?:
- (a) Adults with intellectual disability
- (b) Children with intellectual disability
- (c) Adults with physical disability
- (d) Children with physical disability
212. When people with intellectual disability engage with NSW Health, is there a mechanism to identify them as a person with intellectual disability and track their outcomes?
- (a) If yes, is that data gathered and reported?
- i. If yes, where is that data reported and is it publicly accessible?

Health services interaction with other supports

213. Has NSW Health reviewed how health services interact with other supports for people with disability such as the NDIS?
- (a) If yes, what are the outcomes of that review?

Health outcomes for people with intellectual disability

214. The rate of potentially avoidable deaths amongst people with intellectual disability is 38%, almost double the rate of 17% amongst people without intellectual disability. How is NSW Health managing the increased risk and preventing avoidable death of people with intellectual disability?
215. When an adult with intellectual disability comes to hospital, what is the current approach for gaining their informed consent for medical procedures or other healthcare decisions?
216. Is there data collected on the average length of time provided by health professionals in a hospital setting to people with intellectual disability compared to people without intellectual disability?
- (a) If so, what are those average lengths of time? (please report by type of health professional e.g. doctor, nurse, allied health professional)

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217. What is the current NSW Health policy position on supported decision-making for people with intellectual disability?
218. Please outline the programs that are in place in NSW public hospitals and other healthcare settings to enable supported decision making (as distinct from substituted decision making) by people with intellectual disability about their healthcare, with the following information also provided:
- (a) The name of any such programs
 - (b) The cost of any such programs
 - (c) A description of the functions of any such programs
 - (d) The duration of funding for any such programs
 - (e) The size of any targeted cohorts of any such programs
219. Of staff in the public healthcare system that regularly seek patient consent on a regular basis, what percentage have received training regarding patients with intellectual disability?
- (a) Did the aforementioned training include any information about supported decision making for people with intellectual disability?
220. What percentage of written documentation that NSW Health regularly provides to patients is available in an easy read format?
221. What communication tools are available to staff in NSW Health to communicate with patients who have intellectual disability?
222. Are there any variations to the approach of triaging adults with intellectual disability who present to hospital when compared to adults without intellectual disability?
223. Are there any variations to the approach of triaging children with intellectual disability who present to hospital when compared to children without intellectual disability?
224. Has NSW Health tracked and reviewed the rate of pain relief prescribed to people with intellectual disability in hospital as compared to people without intellectual disability?
- (a) If so, please provide a brief summary of the results of that review

UN Convention on the Rights of Persons with Disability

225. Does NSW Health consider its practice to exist within a human rights framework?
226. Has NSW Health reviewed its policies, procedures and the actual application of those policies and procedures in terms of how successfully they comply with Article 25 of the UN Convention on the Rights of Persons with Disability of which Australia is a signatory and has ratified?

Funded programs for people with disability and their caregivers

227. Please provide a list of any funded programs, including the program name, budget, number of allocated staff and size of expected patient participant cohort, which work to resolve the following common issues people with disability and their carers experience:
- (a) significant travel expenses for appointments, particularly those living in remote areas of NSW
 - (b) communication issues between GPs, specialists, hospitals and other medical care providers leading to inconsistent care
 - (c) consolidated healthcare case management to avoid this role being undertaken by caregivers

(d) trauma experienced by people with disability from multiple invasive and painful health procedures from a young age

(e) dropping out of the system when awaiting follow-up or surgery confirmations leading to lengthier wait times and worsening condition for the patient

228. Is there a NSW equivalent of the Tasmanian 'patient partner program' where people with lived experience of various illnesses or disabilities or carers come in to talk to fourth year medical students?

229. Please provide a list of any funded programs, including the program name, budget, number of allocated staff and size of expected patient participant cohort, which work towards supporting people with intellectual disability who experience mental illness

ANSWER:

198 (a) – (f)

NSW Health annually reviews implementation of the NSW Health Disability Inclusion Action Plan (DIAP) 2016-19, published in the NSW Health Annual Report. Progress is reported at system or service level. NSW Health continues to work towards the overall outcomes of the Plan, including improved health outcomes for people with disability, as specified in the DIAP.

The NSW Department of Communities and Justice is currently undertaking a statutory review of the Disability Inclusion Act 2014 (NSW) and the State Disability Inclusion Plan.

No actions outlined in the NSW Health Disability Inclusion Action Plan 2016 – 2019 have been abandoned.

199.

49

(a) Approximately one third.

200 – 201.

NSW Health staff numbers are included in the Annual Report.

202. – 203.

In December 2016 the Australasian Health Facility Guidelines (AusHFG) introduced an updated guideline that included a recommendation for Changing Places accredited adult lay down change facilities.

Since January 2017, 17 new NSW Health facilities have been planned that include Changing Places accredited adult lay down change facilities, including three completed facilities.

204.

NSW Health undertakes consultation in a range of ways as part of service design and delivery.

This includes consideration of the needs of individuals with disability.

205.

Exploring experiences of hospital care for people with disability was released on 18 October 2017.

This was the first focused report of the experiences of patients with disability in NSW.

The report is publicly available on the BHI website.

206–207.

Feedback from patients on their experience in the public health system contributes to ongoing service improvement, and NSW Health offers multiple pathways for patients to provide it. The main method for collecting this feedback is via patient and carer surveys, such as the one conducted by the NSW Bureau of Health Information (BHI). The BHI survey provides feedback from patients admitted to hospital, emergency department, maternity and other care settings. Feedback criteria includes overall ratings of care, communication with patients, staff teamwork and patients' rating of health professionals.

I am advised all NSW Health websites conform (at a minimum) to WCAG 2.0 Level AA.

208.

NSW Health has an online training course for managers to assist them in the recruitment of staff, including meeting the particular needs of recruitment of people with disability. The training ensures recruitment processes are equitable for people with disability and that managers understand their responsibilities in these processes.

NSW Health also participates in the Public Service Commission Jobs for people with disability implementation committee.

209.

Each Local Health District has its own programs in relation to disability employment. Programs include a range of initiatives, including mentoring, lived experience co-ordinators, and disability employee networks.

210.

NSW Health continues to work towards the overall outcomes of the Disability Inclusion Plan, including improved health outcomes for people with disability, as specified in the DIAP.

NSW Health's corporate applications and systems are vendor specific and generally support accessibility guidelines.

211–212.

The NSW Population Health Survey contacts a sample of NSW residents via telephone to participate in a short survey about their health status and risk factors. All interviews for children under the age of 16 are carried out with a parent or main carer. For people over the age of 16 years, proxies such as carers, parents or partners may complete the telephone interview on behalf of a respondent where they cannot directly participate due to illness or disability. The survey does not capture information about the nature of a respondent's disabilities.

Admitted Patient Data Collection may identify if a patient has an intellectual disability. This information is not collected centrally.

213.

Yes. The Interim Evaluation of the Impacts of the NDIS on the NSW Health System report was released in 2018 and is publicly available on the NSW Health website.

I am also advised the independent review of the NDIS Act titled the 'Review of the National Disability Insurance Scheme Act 2013 - Removing red tape and implementing the NDIS Participant Service Guarantee' was released in January 2020. The report is publicly available on the Commonwealth Department of Social Services website.

Health outcomes for people with intellectual disability

214.

In 2018-19 additional recurrent funding of \$4.7 million per annum was allocated to NSW Health in the NSW Government budget to expand and enhance specialised intellectual disability health services across the state.

Expanded and enhanced Intellectual Disability Health Services will deliver a state-wide service model. It includes broader health service system capacity building focused on extending the skills, knowledge, confidence and understanding of mainstream clinicians in providing health care to people with intellectual disability. This service is a key strategy for NSW Health to contribute to reducing the rate of potentially avoidable deaths of people with intellectual disability over the long term.

215.

The NSW Consent to Medical and Healthcare Treatment Manual and the NSW Health Policy Directive Responding to the Needs of People with disability set out the requirements for obtaining consent to medical treatment, including making patient centre reasonable adjustments to tailor communication and assist the person to make decisions for themselves.

216.

I am advised this level of detail is not part of the routine data collection record for patients treated in hospital.

217.

See response to question 215.

218. (a) – (e)

The Disability Inclusion Action Plan (DIAP) 2016 - 2019 commits NSW Health to using a person-centred approach when responding to the health needs of people with a disability. This includes supporting informed consent where possible. NSW Health recognises the critical importance of placing people with a disability, their carers and families at the centre of decision making regarding their care, to ensure the right to independence, choice, control and inclusion is upheld.

219.

State-wide training data does not provide this level of detail. There are many online training resources relating to intellectual disability available to NSW Health staff including the module Consent to Medical Treatment.

220-221.

The Agency of Clinical Innovation has tools and resources available for health services and clinicians. This information is publicly available on their website. Local Health Districts also develop their own resources.

Additionally patients can be referred to information about health visits and procedures in easy read format on the NSW Council for Intellectual Disability website.

222–223.

All patients presenting for care are assessed on a number of variables and in a holistic way. Such processes and decisions are undertaken by clinicians in local health districts and hospitals.

224.

This level of detail is not part of the routine data collection record for patients treated in hospital.

225.
Yes.

226.
Yes.

227. (a) – (e)

Information on NSW Health programs are published in the NSW Health Annual Report and the DIAP.

The 'NSW Health Recognition and Support for Carers: Key Directions 2018-2020' document provides system-wide guidance on responding to the needs of carers across the NSW public health system.

Patients requiring elective surgery are managed locally by LHD's and Speciality Health Networks. The NSW Health Waiting Time and Elective Surgery Policy outlines protocols and procedures for managing all patients on the waiting list. These include patient audits and the facilitation of clinical reviews for patients when necessary.

228.

This information is not collected centrally. NSW medical schools are independent education providers and determine medical student training experiences, including clinical placements.

229.

See response to 227 above.

Additionally, other key programs in NSW work towards supporting people with intellectual disability who experience mental illness. Over 125,000 people in NSW experience intellectual disability.

Approximately 40% of this group experience both intellectual disability and mental illness and are the expected target group for these services.

Intellectual Disability Health Teams deliver a clinical service to eligible people with intellectual disability including people with intellectual disability who experience mental illness.

The National Disability Insurance Scheme Intellectual Disability Mental Health (IDMH) Residual Functions Program funds 10 Local Health Districts and 2 Specialty Health Networks to provide time limited programs to improve access to mainstream mental health services for people with intellectual disability. The program has enhanced the six Intellectual Disability Health Teams with one additional FTE IDMH Clinician in each team.

\$4.4 million over four years from 2018-19 has been provided for the establishment of two state-wide Intellectual Disability Mental Health Hubs hosted at the Sydney Local Health District and the Sydney Children's Hospital Network. These Hubs will provide specialist assessment services for children and adults with intellectual disability and mental illness, while also working with local health district mental health services to improve care. This funding provides for 5 FTE staff.

ALL ROLES FLEX

230. Minister, the Premier announced on International Women's Day that the public service would all have access to flexible working arrangements by 2019.

- (a) What numbers of staff within your Department currently have access to a flexible role?
- (b) Do you centrally register staff, who have flexible working arrangements?
- (c) What measures are currently in place to implement this?

ANSWER:

230.

All roles in the NSW Government sector can be flexible. However, not every type of flexibility may be available in all roles (or all the time) or people may not wish to access it.

Therefore, the Public Service Commission continues to work with the whole of the public sector to improve flexible working arrangements.

HOSPITAL CLASSIFICATION

231. Has Manning Base Hospital been downgraded from a trauma hospital to a regional referral hospital or a rural referral hospital? If so please provide the date of when this occurred.

- (a) When did Manning Base Hospital classification as a Principal Referral Hospital commence?
- (b) When did Port Macquarie Hospital classification as a Principal Referral Hospital commence?
- (c) When did Manning Base Hospital classification as a Principal Referral Hospital conclude?
- (d) When did Port Macquarie Hospital classification as a Principal Referral Hospital conclude?
- (e) When did Port Macquarie Hospital classification as a Regional Referral Hospital commence?
- (f) When did Port Macquarie Hospital classification as a Regional Referral Hospital conclude?
- (g) When did Manning Base Hospital classification as a Regional Referral Hospital commence?
- (h) When did Manning Base Hospital classification as a Regional Referral Hospital conclude?

ANSWER:

231 (a) – (h)

In April 2006, under the former Labor Government, Manning Base Hospital's full title changed to Manning Rural Referral Hospital to reflect the role of the hospital in Hunter New England Local Health District's network of services. While the name of the hospital changed, the type and level of services offered at the hospital did not.

I am advised Port Macquarie Hospital has never been classified as a Principal Referral Hospital or a Regional Referral Hospital.

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232. What are the procedures/protocols/guidelines/clinical practices used by The Sydney Children's Hospital Network Gender Clinic to determine whether or not a child or adolescent experiencing gender dysphoria should progress onto stage 1 puberty blocker treatment?
- (a) Where did the procedures/protocols/guidelines/clinical practices come from?
 - (b) Regarding the procedures/protocols/guidelines/clinical practices, what Commonwealth department, authority or agency has examined them and authorised, approved or endorsed their use for treating children and adolescents experiencing gender dysphoria?
233. What are the procedures/protocols/guidelines/clinical practices used by The Sydney Children's Hospital Network Gender Clinic to determine whether or not a child or adolescent experiencing gender dysphoria should progress onto stage 2 gender affirming (cross-sex) hormone treatment?
- (a) Where did the procedures/protocols/guidelines/clinical practices come from?
 - (b) Regarding the procedures/protocols/guidelines/clinical practices, what Commonwealth department, authority or agency has examined them and authorised, approved or endorsed their use for treating children and adolescents experiencing gender dysphoria?
234. Once a child or adolescent has completed stage 1 puberty blocker treatment for gender dysphoria at The Sydney Children's Hospital Network Gender Clinic, what ongoing follow-up procedures are in place to monitor the impact of the treatment on the individual?
235. Once a child or adolescent has completed stage 2 gender affirming (cross-sex) hormone treatment for gender dysphoria at The Sydney Children's Hospital Network Gender Clinic, what ongoing follow-up procedures are in place to monitor the impact of the treatment on the individual?
236. Does The Sydney Children's Hospital Network Gender Clinic record and maintain data regarding children and adolescents experiencing gender dysphoria, who have go through stage 1 and stage 2 treatment and then proceed onto stage 3 treatment surgery?
237. Regarding stage 1 puberty blocker treatment for children and adolescents experiencing gender dysphoria, is the treatment reversible?
- (a) If the answer to the question above is yes, please provide the details of the mental health/medical/scientific evidence to support the answer i.e. references to peer reviewed mental health/medical/scientific journals and books?
238. Regarding stage 2 gender affirming (cross-sex) hormone treatment for children and adolescents experiencing gender dysphoria, is the treatment reversible?
- (a) If the answer to the question above is yes, please provide the details of the mental health/medical/scientific evidence to support the answer i.e. references to peer reviewed mental health/medical/scientific journals and books?

ANSWER:

232.

There is no 'one size fits all' treatment approach for young people as there are many different considerations in the approach to managing gender dysphoria. A multi-disciplinary team makes a thorough assessment and discusses management approaches with the family and adolescent. Decisions are always made in the child's best interests.

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A number of guidelines inform the care provided by Sydney Children's Hospitals Network Gender Clinic.

The Royal Australian College of Physicians (RACP) statement on gender dysphoria, released on 6 March 2020, provides advice to the Federal Minister for Health that care and treatment for children and adolescents with gender dysphoria should be based on medical evidence and advice from medical and other health professionals who have specific expertise in the condition, in consultation with the affected children, adolescents and their families.

I have also written to the Federal Minister for Health to request the Australian Government consider whether clinical guidelines for the treatment and care for children and adolescents with gender dysphoria should be developed at a national level.

233-237.

The Sydney Children's Hospitals Network does not provide Stage 2 therapy. Young people requesting Stage 2 therapy are referred to adult-service endocrinologists and psychiatrists for further consideration of this request.

If it is appropriate to refer an individual for Stage 2 treatment at the completion of the Stage 1 puberty blocker treatment, then the Sydney Children's Hospitals Network refers the individual to adult services.

The Sydney Children's Hospitals Network does not provide Stage 2 therapy and does not have details on the group that proceed to Stage 3 treatment (surgery) as these people have transitioned from paediatric to adult care services.

238.

Sydney Children's Hospitals Network does not provide Stage 2 therapy.

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Responses to Supplementary Questions
Health and Medical Research – 12 March 2020

239. Has the Minister since the passage of the *Abortion Law Reform Act 2019* instructed “the Secretary of the NSW Ministry of Health to prepare and issue professional guidelines to prevent terminations being performed solely for the purpose of sex selection” as was promised in the letter to the Honourable Members of the Legislative Council and read to the House by the Minister for Finance and Small Business on 19th September 2019 (Legislative Council Hansard, 19th September 2019, bottom of page 73 and top of page 74)?
- (a) If so, has the Secretary prepared and issued professional guidelines to prevent terminations being performed solely for the purpose of sex selection?
 - (b) If so, on what date were they issued?
 - (f) If so, what is the content of those guidelines?
240. Has the Secretary commenced the review of whether or not terminations of pregnancy are being performed for the purpose of sex selection?
- (a) If not, when is the review expected commence?
 - (b) In conducting the review will the Secretary accept evidence from women who have personal experience of being pressured to undergo an abortion for the purpose of sex selection?

ANSWER:

239.

Yes. The NSW Ministry of Health is currently preparing guidance and will be seeking advice from the NSW Health Ethics Advisory Panel and from Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).

240.

The review is expected to commence when 12 months of termination of pregnancy notifications have been collected. All available evidence will be considered in the review.