Select Committee on the Provisions of the Public health Amendment (Registered Nurses in Nursing Homes) Bill 2020

Hearing – 22/02/2021

Questions on Notice

QUESTION 1 – Page 13

The CHAIR: I understand that there was quite a lot of support that was provided eventually. My question goes to how quickly it was put in place, because the log of events that is recorded in the independent review says on 11 April this happened, on 12 April this happened, on 13 April and 14 April this happened, and then it says that then NSW Health stepped in. In reviewing the response to the Dorothy Henderson Lodge, which has been written up in medical journals and other places, a crucial part of the success and keeping the numbers of fatalities lower than those at Newmarch House has been credited with the fact that that crisis team was put into place so early. Can you explain why it was not put into place on that first day?

Dr LYONS: I will take the specific question on notice around the timing. I have not got that detail in front of me now. But from my recollection, having been directly involved in it myself, there was no delay. That is the first thing I want to say. The second thing I want to say is that comparisons between Dorothy Henderson Lodge and Newmarch House—it would be very important to be cautious about drawing conclusions about the two situations because they were very different, from what I understand. At Newmarch House there was quite an extensive period of exposure by a staff member who did not realise that they were COVID positive. By the time it became known that there was an issue there were many issues to deal with in terms of the potential for staff and residents to be COVID affected. I think the Dorothy Henderson situation and Newmarch House were two very different circumstances.

ANSWER

Please see Question 2.

QUESTION 2 – Page 13-14

The CHAIR: Yes, but Dr Lyons, Newmarch House happened only a month after Dorothy Henderson Lodge. There were clear lessons that could have been learnt from Dorothy Henderson Lodge that were not applied at Newmarch House, including having a crisis team in early and testing all the residents. When the Dorothy Henderson Lodge residents were all tested, they discovered that some were asymptomatic and that the spread was further. But yet at Newmarch House it took four days to test residents. What was the reason for that slower response at Newmarch House as opposed to at Dorothy Henderson Lodge?

Dr LYONS: Let me take the detail on notice. As I have said to you, I was directly involved. I do not believe there was an inadequate response or delays. Let me take the detail of the question around timings on notice.

The CHAIR: Yes. Can you take on notice specifically when the crisis team went into operation and also when all residents were tested? The information that was provided to me was that Dorothy Henderson Lodge was tested on the first day but Newmarch House was four days later.

Dr LYONS: I will provide the detail of those two issues to you on notice.

The CHAIR: That is important, Dr Lyons, because we saw a much worse outcome—four times the amount of cases and almost three times the number of deaths—at Newmarch House as opposed to Dorothy Henderson Lodge.

ANSWER

It is difficult to compare the responses at Dorothy Henderson Lodge and Newmarch House. In part, the service provider at Newmarch House faced a much larger outbreak.

The NSW Health response to testing of residents at Newmarch House went beyond the testing requirements outlined in the then current *Communicable Diseases Network Australia National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia - Version 1* (CDNA Guidelines), which was published on 13 March 2020.

The NSW Health response included the following activities:

- On 11 April 2020, Easter Saturday, the Nepean Blue Mountains Local Health District (NBMLHD) Public Health Unit (PHU) confirmed the positive test result of the index case at Newmarch House.
- On 12 April 2020, Easter Sunday, a teleconference was held between staff at Newmarch House, the PHU and the NSW Public Health Emergency Operations Centre.
- On the same day, Dr James Branley, Head of Infectious Diseases, Nepean Hospital, NBMLHD, visited the facility and offered his assistance to advise on COVID-19 testing and infection prevention control measures.
- On or about this date, NBMLHD established a combined response team for COVID-19 positive patients.
- On 13 April 2020, Easter Monday, NBMLHD provided further on-site support, including a Clinical Nurse Consultant specialising in infection prevention and control, and the first resident who tested positive was admitted under the Hospital in the Home Program.
- By 14 April 2020, all 100 residents of Newmarch House were tested for COVID-19, or were in the process of being tested for COVID-19, noting that there are particular difficulties in testing some older people such as those with dementia.
- All residents who had not tested positive for COVID-19 were then tested on a continuing basis, with the aim to test each resident every three days.
- The testing regime was accompanied by advice to the service provider on the implementation of measures in relation to infection control, and the isolation and cohorting of residents. Cohorting is the process of grouping residents within the facility based on COVID-19 status.

QUESTION 3 – Page 14

Dr LYONS: But as I said to you, Chair, you need to be very careful about drawing conclusions between the two because the context and what happened can be very different. In fact, if you wanted to draw further conclusions, as we know, in aged care there is a highly vulnerable population and that is why when outbreaks occurred in other jurisdictions the outcomes were even worse in residential aged care. Those are the reasons why we have worked hard to work with our local health districts and our aged-care operators to put outbreak management plans in place and enhance infection prevention and control activities in advance to make sure that people are prepared. We have done many things since those two outbreaks where we have learnt from the responses. To say that our response was inadequate—at this point I would need to get the detail around the questions you have asked because I believe the response was an appropriate response informed by experts on the basis of the knowledge we had at the time.

The CHAIR: I am not saying that it was an adequate but that it was delayed and that those delays had serious consequences. Even your own report states that the reality was that neither the Commonwealth nor Anglican Care executive had an operational plan for how the residents should be managed. When did you come to that conclusion?

Dr LYONS: Quite early on because we got directly involved in providing those health supports in.

The CHAIR: Can you take on notice when you formed that view?

Dr LYONS: Certainly.

ANSWER

It is difficult to give an exact date when that view was formed as it was based on several concerns. However, it is fair to state that the concerns regarding the service provider response at Newmarch House were formed early on.

QUESTION 4 – Page 16

The Hon. DANIEL MOOKHEY: I accept that. When you say therefore that as of now they do, when in time in your view did the 880 update their plans to be in accordance with the lessons and learnings of Newmarch and Dorothy Henderson?

Dr LYONS: We initiated activities with the aged-care providers through the peaks initially, and then through the operators at the local level with their local health districts within the weeks after those outbreaks, and that work has continued on over the months since then. It is an ongoing piece of work where those plans and the relationships at the local level, the interactions between key staff are ongoing to ensure that if we were—and let us hope that we do not have any further outbreaks in aged-care facilities—that the people at the local level are aware of how they should respond, what they should do, who they should speak with, how the response would be coordinated between the operator, the Commonwealth and the local health district health services.

The Hon. DANIEL MOOKHEY: On notice is it possible that you could provide us a sample of what one of those plans looks like?

Dr LYONS: Certainly.

The CHAIR: And the exact date when they were completed?

The Hon. DANIEL MOOKHEY: Yes, and the exact date when they were completed, or at least when you had enough time to audit them to the point where you had at least some insight into whether or not they existed and what their quality was?

Dr LYONS: I am not sure we would be able to provide you evidence about the date of every plan in all 880 facilities across the State.

The Hon. DANIEL MOOKHEY: Whatever information you can provide that gives us an indication as to when you think that the 880 reached systemic compliance with best practice procedure as currently understood by NSW Health, that would be useful.

Dr LYONS: We will do our best.

ANSWER

The Commonwealth Aged Care Quality Standards requires each RACF to have a documented outbreak management plan.

The CDNA National Guidelines provides that all RACFs in Australia should have an outbreak management plan to help staff identify, respond to, and manage a potential COVID-19 outbreak.

The Aged Care Quality and Safety Commission is responsible for ensuring that all RACFs have the outbreak management plan in place, including a response to COVID-19 as a result of the pandemic.

NSW Health does not have access to the outbreak management plans of private and non-government operators of RACFs in NSW. However, they are shared and discussed at the local level during engagement activities between RACFs, local health districts and other stakeholders.

A copy of an outbreak management plan from a NSW Government-operated RACFs is **annexed**.

It must be noted that outbreak management plans are not static documents – they are updated regularly depending on the changing nature of COVID-19 in the community and circumstances of individual residential aged care facilities.

QUESTION 5 – Page 17

Dr LYONS: Some of them are detailed, but a lot of them have been worked through in terms of the response. Much of it will be documented, yes.

The Hon. DANIEL MOOKHEY: On notice can you provide us with the documentation that would show us the current standard operating procedure for an outbreak as of today?

Dr LYONS: That would be an outbreak management plan, which I think you requested earlier, so I certainly could.

The Hon. DANIEL MOOKHEY: Great. I think we requested separately the 880, or at least a sample of what the actual facility level is. I guess the second follow up is what is NSW Health's current? Do you understand the distinction?

Dr LYONS: We have an incident outbreak management plan, which is the higher level which guides, so that is all documented quite clearly.

The Hon. DANIEL MOOKHEY: Can we get that on notice as of today's date?

Dr LYONS: Certainly.

ANSWER

The NSW Health public health response to a COVID-19 outbreak in a RACFs is set out in the NSW Health *Incident Action Plan for a public health response to a confirmed case of COVID-19 in an aged care facility* available at: https://www.health.nsw.gov.au/Infectious/covid-19/Documents/iap-aged-care-facilities.pdf

The NSW Health Incident Action Plan is supported by other documents which describe the role of NSW Health, including:

- CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in RACFs in Australia available at: https://www.health.gov.au/resources/publications/cdna-national-guidelines-for-the-prevention-control-and-public-health-management-of-covid-19-outbreaks-in-residential-care-facilities-in-australia
- Commonwealth/NSW Protocol to support joint management of a COVID-19 outbreak in a residential aged care facility in NSW, available at: https://www.health.nsw.gov.au/Infectious/covid-19/Documents/racf-outbreak-protocol.pdf
- NSW State Health Emergency Operations Centre (SHEOC), Aged Care Emergency Response Operational Plan for COVID-19 in RACFs (to be published shortly).

QUESTION 6 – Page 18

The Hon. DANIEL MOOKHEY: I will finish on this. You said that you have been taking these issues up with the Commonwealth. In which forums have you been taking this up with the Commonwealth?

Dr LYONS: Our Minister took up with COAG Health Council as a result of, I think, the 2015 inquiry here, the issues around the staffing in residential aged-care facilities. I think that was in October 2016. But I might check my memory of which COAG Health Council meeting it was

ANSWER

NSW has raised the issue of staffing standards in RACFs at Council of Australian Governments Health Council and the Australian Health Minister's Advisory Council.

QUESTION 7 – Page 23

The Hon. DANIEL MOOKHEY: Dr Lyons, what analysis is available about cost-shifting from the Commonwealth to New South Wales in aged care?

Dr LYONS: I would not determine it as "cost-shifting" as you have outlined. Certainly we look at patterns where transfer of care is occurring to emergency departments or to hospitals, and look at what people are being transferred for and whether or not there is an assessment that perhaps that care could be provided within the aged care environment. If it is possible to put in models of care that support that happening then we look at how we do that.

The Hon. DANIEL MOOKHEY: Do you analyse it at an LHD level?

Dr LYONS: It is often done at level even lower than that. It is often done by hospitals and surrounding aged-care facilities.

The Hon. DANIEL MOOKHEY: So you would have these data available to the Committee—these patterns, as you have put it?

Dr LYONS: We do not collate them centrally because these are issues that the districts put in place with their own aged care operators under our devolved governance arrangements. That is appropriate because they need to analyse the care they are delivering for their local communities.

The Hon. DANIEL MOOKHEY: I am not disputing that, but what I am asking is what evidence base is available to the community that can shed some insight into this? I understand the point that you are making. It is really not more complicated than that: What is the evidence base that we can rely upon to quantify these numbers?

Dr LYONS: We will endeavour to find what we have got in terms of that activity and data. It is another part of the ministry that I am not directly responsible for that looks at these issues.

The Hon. DANIEL MOOKHEY: Do you mind taking that on notice?

Dr LYONS: Certainly.

The Hon. DANIEL MOOKHEY: Are there any regions that stand out more than others? Any hospitals that stand out more than others?

Dr LYONS: Not to my knowledge.

The Hon. DANIEL MOOKHEY: It is universally distributed as a problem or a solution, depending on your perspective? You are saying that there are no imbalances whatsoever at the levels that you—or you are not aware of where they are?

Dr LYONS: I am not aware of where they are. That is not to say they are universally distributed. It may be that there are patterns.

The CHAIR: But you can take that on notice for us, Dr Lyons?

Dr LYONS: If that information is available we will make it available to the Committee. I am not sure that it is available—that is my only point.

The CHAIR: I understand.

ANSWER

Several local health districts have implemented models to provide 'in-reach' support to residents in RACFs.

The in-reach models vary and may include clinical consultation, care to residents, and advice for staff and general practitioners. This can support the residents to be cared for within the RACFs when clinically appropriate.

Some of this activity may be funded by, or through the Commonwealth, for example through Primary Health Networks.

However, some of the activity may be funded by the local health district. This activity will vary depending on the local health district. NSW Health does not have visibility of this data across the state.

QUESTION 8 – Page 26-28

The Hon. DANIEL MOOKHEY: So can you take us through NSW Health's contemporary measures to increase around workplace planning around aged care? Is this an area in which you are developing policy or thinking of more strategy?

Dr LYONS: We have been very active even just as recently as the COVID response indicating that we would provide support to the aged-care operators by having a stand-by workforce available to deploy, if required, so we are very conscious of the need. But workforce is not my area of expertise. So if there are particular actions that are underway, I can certainly take that on notice and provide the Committee with advice.

The Hon. DANIEL MOOKHEY: Well, it is a core question, is it not? I mean, NSW Health is the operator of Australia's biggest health system. It is relevant for how exactly are you planning for your workforce planning requirements for NSW Health. You are the market leader. You are the biggest buyer of healthcare services in the country. We would like to know what exactly initiatives have you got in place around workforce planning for the registered nurse, the enrolled nurse and care staff level. Is that not core to your function, or is that not core to your personal function?

Dr LYONS: It is not core to my personal function but I am struggling a little bit to understand the relevance to the particular issues that we are—

The Hon. DANIEL MOOKHEY: Well, the relevance is that an obstacle that has been identified for us being able to mandate registered nurses and additional care staff and that obstacle is that they do not exist. Therefore the obvious solution to that particular problem is to train more of them. As NSW Health is the market leader, the biggest buyer of labour services and health care, I would like to know what exactly is NSW Health doing to expand workforce planning over the next decade. Because if it is going to continue to be nominated by NSW Health as an obstacle for us being able to endorse a bill like this, it is open to us to want to ask: What exactly are you doing to solve the shortage of registered nurses and care staff? That is the context.

Dr LYONS: I made a simple observation that in an environment where there are shortages of workforce it may be an issue. I am not sure that I went as far as—

The Hon. DANIEL MOOKHEY: Well, is NSW Health involved in aged-care workplace planning whatsoever?

Dr LYONS: For the aged-care facilities that we are responsible for and in relation to the specialist aged-care services that we operate, but in relation to residential aged care, I will take that on notice. But it is not an area that is our core responsibility.

The Hon. DANIEL MOOKHEY: Well, I am certainly not suggesting for a second, Dr Lyons, that you are all-seeing when it comes to Australia's health system but let me therefore be specific about NSW Health. Can you take on notice and come back to us with any information about specific advocacy that NSW Health has been making to the Commonwealth or for that matter anybody else around workforce planning issues to do with aged care?

Dr LYONS: Certainly.

ANSWER

NSW Health, on behalf of the NSW Government, has consistently advocated to the Australian Government Department of Health, and the Aged Care Quality and Safety Commission that the regulatory instruments need to be enhanced to ensure residents have access to skilled and appropriately trained staff to deliver the clinical care required by residents. NSW recognises that registered nurses are a critical part of this process.

The NSW Government, throughout the many interactions with the Royal Commission into Aged Care Quality and Safety, has advocated for improved workforce models to be implemented in RACFs.

The NSW Government supports improvements to workforce models in the residential aged care sector, which is reflected by NSW Health's support of recommendations put by Counsel Assisting to the Royal Commission. NSW Health's support of the recommendation that the Commonwealth Government ensure the provision of at least one registered nurse on site at a facility at all times by 2024 was contingent upon the provision of a proportionate level of additional Commonwealth funding.

QUESTION 9 – Page 28

The CHAIR: I just ask you: Have you done any modelling around the role of registered nurses in aged-care facilities and the impact that could have on reducing the workload on public hospitals?

Dr LYONS: Not that I am aware of.

The CHAIR: Okay. Can you take that on notice and see if anything has been prepared by the department?

Dr LYONS: Certainly.

ANSWER

No.

QUESTION 10 – Page 28

The CHAIR: Can you tell me when the review of the Poisons and Therapeutic Goods Act will be completed?

Dr LYONS: I cannot tell you, but I can take that on notice.

The CHAIR: Okay. Can you tell me when it commenced?

Dr LYONS: I cannot tell you that either because it is not actually my area of responsibility. That is something that falls under another part of the department, so I am not directly aware of all of those particular components, but I will take them on notice.

ANSWER

The legislative framework for access to drugs and poisons in NSW is under constant review and update accordingly, as demonstrated through reforms in 2018 and 2019 in relation to access to medicinal cannabis and scheduled substances used in cosmetic surgery. A comprehensive review of the legislation originally commenced in 2014, but resources were diverted to manage the major reforms. The review is on track and expected to move to public consultation later in 2021.

QUESTION 11 – Page 28

The CHAIR: Okay. Can you tell me if NSW Health does any mapping of young people who are currently in aged-care facilities?

Dr LYONS: So there is continuing to be advocacy around this. We do map and look at some young people who are—particularly in the aged-care facilities that we have responsibility for and we have seven aged-care facilities that we operate across the State.

The CHAIR: Okay. Can you provide the list of those on notice?

Dr LYONS: Certainly.

The CHAIR: And the numbers of young people—

Dr LYONS: And numbers of young people in those facilities, we can.

The CHAIR: —in each facility. But if you can also provide us with any details of mapping of young people across the broader system?

Dr LYONS: Sure.

ANSWER

The number of residents in NSW Government-operated RACFs that were under 65 as at 30 June 2018 is provided in **Attachment A**, broken down by facility.

As the lead regulator and policy maker for the residential aged care sector, the Australian Government has undertaken detailed analysis of younger people in RACFs, through the Younger People in Residential Aged Care Strategy. In 2020, the Commonwealth Department of Health engaged Ipsos Public Affairs Pty Ltd to complete a detailed analysis (mapping) of younger people in RACFs . This report is publicly available on the Department of Health website.

QUESTION 12 – Page 29

The CHAIR: I am happy if you want to take this on notice, but can you tell us a date at which that surge workforce was trained and when the retainers began to be paid?

Dr LYONS: Will do.

ANSWER

The surge workforce was trained in cohorts between October 2020 and November 2020. They were paid for training but are not on retainer. They remain in a pool and will be paid upon deployment as needed.

QUESTION 13 – Page 30

The CHAIR: Yes, and I have read a number of them, so I would appreciate if you could take the question of why they took until day 22 to separate residents into positive and negative cases on notice.

Dr LYONS: I am just trying to understand what is behind the question.

The CHAIR: *Four Corners* reported that on day 22, after 14 deaths occurred in Newmarch House, Anglicare finally told families that it was going to separate positive and negative cases—I assume that means known positive cases—from each other in the facility over the coming days. I was wondering if you could explain on notice why that was the case.

Dr LYONS: It might actually be better to put it to the operator, if Anglicare were the people who were providing that response to *Four Corners*. It is maybe not something that I have knowledge of, that is all I am saying.

The CHAIR: I am comfortable that if we do hear from Newmarch House, I may put this question to them as well. But I am asking whether you will take this question on notice and perhaps consult with some other people in NSW Health about why that decision was taken.

Dr LYONS: If we are able to provide a response, I will.

ANSWER

NBMLHD provided advice on cohorting residents at Newmarch House in the early stages of the outbreak. On 11 April 2020, NBMLHD advised Newmarch House on cohorting, and to implement infection prevention and control practices, including the use of personal protective equipment. This advice was reinforced on 12 April 2020 and regularly thereafter.

On 17 April 2020, during a Senior Inter-governmental Oversight Group meeting, the Head of Infectious Diseases, Nepean Hospital, advised that the full extent to which residents at Newmarch House were positive was still being determined. Based on this advice, it was agreed that the cohorting of residents within Newmarch House would be maintained, but subject to continuous review over time. Initially, residents were advised to remain in their rooms until COVID-19 positive cases were identified.

The Outbreak Management Team (consisting of representatives from Newmarch House, the Commonwealth Department of Health, the Aged Care Quality and Safety Commission and NSW Health) continued to review the cohorting of residents at Newmarch House during the outbreak on a daily or almost daily (weekday) basis.

QUESTION 14 – Page 30

The CHAIR: Thank you very much. How many resources are currently in place to enforce the regulation of this weird duality system we have in the Public Health Act, where if you had a system in place before 2014, you are required to have a registered nurse on deck 24/7, but if it was established after 2014, it is not. Does NSW Health have any enforcement provisions or any resources to put into enforcing this regulation?

Dr LYONS: I will take that on notice.

ANSWER

The Commonwealth is responsible for residential aged care in Australia under the *Aged Care Act 1997*. This responsibility includes staffing in RACFs. However, NSW Health acts on all complaints it receives about breaches of the Public Health Act provisions. The role is undertaken by the NSW Ministry of Health regulators, who are also responsible for regulation of private health facilities.

QUESTION 15 – Page 30

The CHAIR: In terms of your mapping, you said at a local health district level that there might be mapping of specific local hospitals. I am not sure whether you took on notice whether you would provide that information for us.

Dr LYONS: We might be able to provide an example of that. All I am saying is I am not sure we would be able to provide that across the whole State because we do not have visibility necessarily of all of it across the State. But I will do my best to provide you an example of how that is being done.

ANSWER

Please see Question 7.

QUESTION 16 – Page 31

The CHAIR: Are you able to take on notice whether there were any instances of accessing the national stockpile by aged care?

Dr LYONS: At Newmarch?

The CHAIR: By New South Wales aged-care facilities.

Dr LYONS: By New South Wales aged-care facilities—do you mean the ones that we are responsible for or the 880 that are in the State?

The CHAIR: If you are aware of any of the 880 that work with your local health districts accessing the national stockpile.

Dr LYONS: Certainly.

ANSWER

There have been 12 instances where the National Medical Stockpile has been accessed by RACFs.

QUESTION 17 – Page 31

The Hon. DANIEL MOOKHEY: On notice, can you provide us with the location, the number of residents, and the number of staffs in them as well so we can get a basic snapshot of what NSW Health directly operates?

Dr LYONS: Certainly.

ANSWER

The location, number of allocated places, and number of direct care staff in the seven State Government RACFs are provided at **Attachment A**. In addition, the number of residents in these facilities as at 18 January 2021 are:

- Wallsend – 57
- Corowa – 26
- Harden – 18
- Holbrook – 15
- Leeton – 32
- Portland – 21
- Garrawarra – 104.

QUESTION 18 – Page 31-32

The Hon. DANIEL MOOKHEY: Perhaps on notice you can provide whatever explanatory detail you like in respect to each facility. I accept that they are different and they have been consigned for different purposes and the decisions that they would make would reflect the different circumstances. It is really just a case of getting the information and I welcome any explanatory detail you would like to attach to it.

Dr LYONS: Certainly.

The CHAIR: Just to be clear, we want the total number of residents; if there is a registered nurse on duty; if it is 24/7; and any other care staff.

The Hon. DANIEL MOOKHEY: And the number of care staff by 24 hours. That would be useful.

Dr LYONS: And the type of residents?

The Hon. DANIEL MOOKHEY: Yes.

The CHAIR: That is perfectly fine.

Dr LYONS: Because some of those have got highly specialised responsibilities which might put them apart from a direct comparison with other operators.

The Hon. DANIEL MOOKHEY: Yes, of course, and we would like to be able to tease out the differences, as well, as to what each facility does. If you are going to be generous, I will equally take how a resident gets admitted to those facilities. That would be really useful, too.

The CHAIR: I think that would be very helpful.

The Hon. DANIEL MOOKHEY: And how much people have to pay.

The CHAIR: Excellent.

The Hon. WES FANG: And the colour of the bed sheets.

The Hon. DANIEL MOOKHEY: Yes, I will take that too.

The CHAIR: Excluding the last question from Mr Fang, I think we will assume that Dr Lyons has taken those questions on notice.

Dr LYONS: We will do our best to provide that information.

ANSWER

Please see Question 17 and **Attachment A**.

All NSW State Government RACFs have at least one registered nurse on duty on-site at all times (i.e. 24/7).

In addition to most NSW State Government RACFs providing care to people under 65, NSW Health facilities are equipped to provide care to older people who are financially or socially disadvantaged, people with dementia, and people with terminal illnesses.

The admission process to a NSW State Government RACFs is the same process as any government or non-government RACFs across Australia. The Australian Government My Aged Care website outlines aged care assessment, including the face to face clinical assessment and means assessment processes. More information is available at: www.myagedcare.gov.au.

Fees and charges made by NSW State Government RACFs are consistent with Commonwealth Government requirements. More information is available on the My Aged Care website. The table at **Attachment A** provides the maximum refundable deposit and maximum daily payment for each of the seven NSW Health facilities.