

## Questions from Ms Abigail Boyd MLC

### Reproductive Healthcare

1. What is the NSW Government doing to ensure that affordable and accessible abortions are being provided to women who need them?

#### ANSWER:

1.

Supporting equitable access to abortion services in NSW is a shared responsibility of the public health system, private providers, primary care and accredited non-government organisations.

Abortion services in NSW are predominately provided by GPs and non-government service providers, with public hospital services primarily focused on addressing medical complications or advanced gestation where more complex clinical care is required.

In October 2019, NSW Health introduced the NSW Pregnancy Options Helpline (1800 131 231) to assist NSW residents to locate abortion service providers in NSW that meet their specific needs, as well as to provide information on pregnancy options counselling.

NSW Health is currently working with Family Planning NSW to enhance this service, which will include a new phone number, dedicated website with an interactive pregnancy choice decision support tool, referral assistance and provider supports.

To reduce unwanted pregnancies and improve equity of access to health services, NSW Health is assessing opportunities to improve access to affordable abortion and long acting reversible contraception services (LARC).

In October 2020, NSW Health sought Expressions of Interest (EOI) from non-government service providers to develop and trial a new service model to train local medical practitioners and provide low to no cost LARC and abortion services for marginalised women who live in regional areas. The successful tenderer is expected to be appointed in the first half of 2021.

### Trauma Recovery Centre

2. When the business case for the Illawarra Women's Trauma Recovery Centre is presented, will the NSW Government ensure that the funds it committed (\$50,000) will be ready to be allocated so this Australian-first initiative is able to move ahead within the current budget cycle?

#### ANSWER:

2.

This is a matter for the Minister for Families, Communities and Disability Services.

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

**Domestic Violence and Abuse**

3. How is the introduction of the concussion protocol for domestic and family violence victims progressing in NSW Hospitals?
4. How many social workers are currently allocated per hospital?
5. Do these social workers have mandatory trauma-informed training?
6. Do these social workers have mandatory domestic and family violence training?

**ANSWER:**

3.-6

All people who present to public hospitals or other NSW Health facilities with acute head injury, including concussion, receive evidence-based treatment informed by the same clinical practice protocols no matter how the injury occurred.

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.

I am advised all NSW Health workers, including social workers, must complete the 3-part online Child Wellbeing and Child Protection modules. The training includes how to identify and respond to domestic and family violence through a trauma informed lens. I am further advised that many NSW Health social workers receive trauma-informed training as part of professional development.

**Medical Research**

7. Increasingly, evidence shows that the use of animal testing in research fails to confer any reasonable benefit and cannot be justified on an ethical basis. What tools and incentives does the Department provide to researchers who would like to shift from animal experimentation to alternative techniques?
8. Given that the NSW Government wishes to establish NSW as a global centre of excellence in health and medical research by building on the state's premier health, research, academic and medical technology sectors, what concrete plans does the NSW Government have to support and drive non-animal research?
9. What proportion of state-managed research and development funds are given to research that does not use animals? Will the Government pledge to increase the proportion of this funding relative to research which still uses animal models?

**Answer**

7. – 8.

The use of animals in scientific research is governed by rigorous state-based legislation (*Animal Research Act 1985* and *Animal Research Regulation 2010*), as well as the National Health and Medical Research Council's Code (*Australian code for the care and use of animals for scientific purposes*) ('the National Code') and guidance (*Best practice methodology in the use of animals for scientific purposes*).

The key principles of the National Code are those of replacement, reduction and refinement (the 3Rs) and are applied as the standard in planning all studies in NSW facilities.

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

Consideration must be given to the implementation of alternative approaches that do not use animals (replacement). This includes the use of epidemiological data, physical and chemical analysis, computer, mathematical and inanimate synthetic models, simulations, in vitro systems, non-sentient organisms' cadavers and clinical cases. If there is insufficient evidence to support the validity of an animal model, its use must and will be rejected by the responsible animal welfare committee. While such alternative approaches can often be used together to support research, in some cases they are not complete substitutes for essential animal use.

In addition to observing complex cellular and whole-of-body responses, there are regulatory conditions for which the use of animals is essential to obtain the necessary information. For therapies untested in humans, approval from the Therapeutic Goods Administration is received only once efficacy is demonstrated through animal testing in a clinical trial setting. Where animal use is essential, it must be ensured that studies are of the highest quality, designed to involve the smallest number of animals necessary to achieve the study's aims and to satisfy good statistical design (reduction), and to support and safeguard animal wellbeing (refinement).

9.

The data requested is not available.

## **Questions from the Hon Mark Buttigieg MLC (on behalf of the Opposition)**

### **Redundancies within the Health Cluster**

10. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at the NSW Ministry of Health from July 2020 to date?
  - (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
11. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the NSW Ministry of Health?
  - (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
12. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at the Ambulance Service of NSW from July 2020 to date?
  - (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
13. As you are the lead Minister for the Treasury Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the Ambulance Service of NSW?
  - (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

14. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at the Bureau of Health Information from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
15. As you are the lead Minister for the Treasury Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the Bureau of Health Information?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
16. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at the Cancer Institute NSW from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
17. As you are the lead Minister for the Treasury Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the Cancer Institute NSW?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
18. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at the Clinical Excellence Commission from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

19. As you are the lead Minister for the Treasury Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the Clinical Excellence Commission?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
20. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at the Dental Council of New South Wales from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
21. As you are the lead Minister for the Treasury Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the Dental Council of New South Wales?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
22. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at eHealth NSW from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
23. As you are the lead Minister for the Treasury Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at eHealth NSW?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

- (d) What date/s were these redundancies proposed and/or announced?
- (e) What is the full projected monetary value of these redundancies in savings per annum?
24. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at the Garvan Institute of Medical Research from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
- (b) Which geographical area/s were these affected position/s previously located within?
- (c) What date/s were these redundancies finalised?
- (d) What is the full monetary value of these redundancies in savings per annum?
25. As you are the lead Minister for the Treasury Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the Garvan Institute of Medical Research?
- (a) Which departmental area/s are these affected position/s currently allocated to?
- (b) Which geographical area/s are these affected position/s currently located within?
- (c) What date/s are these redundancies proposed to be finalised?
- (d) What date/s were these redundancies proposed and/or announced?
- (e) What is the full projected monetary value of these redundancies in savings per annum?
26. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at the Health Care Complaints Commission from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
- (b) Which geographical area/s were these affected position/s previously located within?
- (c) What date/s were these redundancies finalised?
- (d) What is the full monetary value of these redundancies in savings per annum?
27. As you are the lead Minister for the Treasury Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the Health Care Complaints Commission?
- (a) Which departmental area/s are these affected position/s currently allocated to?
- (b) Which geographical area/s are these affected position/s currently located within?
- (c) What date/s are these redundancies proposed to be finalised?
- (d) What date/s were these redundancies proposed and/or announced?
- (e) What is the full projected monetary value of these redundancies in savings per annum?
28. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at the Health Education and Training Institute NSW (HETI) from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

- (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
29. As you are the lead Minister for the Treasury Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the Health Education and Training Institute NSW (HETI)?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
30. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at Health Infrastructure from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
31. As you are the lead Minister for the Treasury Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at Health Infrastructure?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
32. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at the Health Professional Councils Authority from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
33. As you are the lead Minister for the Treasury Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the Health Professional Councils Authority?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
34. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at HealthShare NSW from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
35. As you are the lead Minister for the Treasury Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at HealthShare NSW?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
36. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at the Medical Council of New South Wales from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
37. As you are the lead Minister for the Treasury Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the Medical Council of New South Wales?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

38. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at the Medical Radiation Practice Council of New South Wales from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
39. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the Medical Radiation Practice Council of New South Wales?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
40. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at the Mental Health Commission of NSW from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
41. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the Mental Health Commission of NSW?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
42. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at the NSW Agency for Clinical Innovation from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

- (c) What date/s were these redundancies finalised?
- (d) What is the full monetary value of these redundancies in savings per annum?
43. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the NSW Agency for Clinical Innovation?
- (a) Which departmental area/s are these affected position/s currently allocated to?
- (b) Which geographical area/s are these affected position/s currently located within?
- (c) What date/s are these redundancies proposed to be finalised?
- (d) What date/s were these redundancies proposed and/or announced?
- (e) What is the full projected monetary value of these redundancies in savings per annum?
44. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at NSW Health Pathology from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
- (b) Which geographical area/s were these affected position/s previously located within?
- (c) What date/s were these redundancies finalised?
- (d) What is the full monetary value of these redundancies in savings per annum?
45. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the NSW Health Pathology?
- (a) Which departmental area/s are these affected position/s currently allocated to?
- (b) Which geographical area/s are these affected position/s currently located within?
- (c) What date/s are these redundancies proposed to be finalised?
- (d) What date/s were these redundancies proposed and/or announced?
- (e) What is the full projected monetary value of these redundancies in savings per annum?
46. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at the Nursing and Midwifery Council of New South Wales from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
- (b) Which geographical area/s were these affected position/s previously located within?
- (c) What date/s were these redundancies finalised?
- (d) What is the full monetary value of these redundancies in savings per annum?
47. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the Nursing and Midwifery Council of New South Wales?
- (a) Which departmental area/s are these affected position/s currently allocated to?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

- (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
48. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at the Occupational Therapy Council of New South Wales from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
49. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the Occupational Therapy Council of New South Wales?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
50. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at the Optometry Council of New South Wales from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
51. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the Optometry Council of New South Wales?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

52. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at the Osteopathy Council of New South Wales from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
53. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the Osteopathy Council of New South Wales?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
54. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at the Pharmacy Council of New South Wales from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
55. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the Pharmacy Council of New South Wales?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
56. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised at the Physiotherapy Council of New South Wales from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

- (c) What date/s were these redundancies finalised?
- (d) What is the full monetary value of these redundancies in savings per annum?
57. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised at the Physiotherapy Council of New South Wales?
- (a) Which departmental area/s are these affected position/s currently allocated to?
- (b) Which geographical area/s are these affected position/s currently located within?
- (c) What date/s are these redundancies proposed to be finalised?
- (d) What date/s were these redundancies proposed and/or announced?
- (e) What is the full projected monetary value of these redundancies in savings per annum?
58. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised within the Illawarra Shoalhaven Community Health Centres from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
- (b) Which geographical area/s were these affected position/s previously located within?
- (c) What date/s were these redundancies finalised?
- (d) What is the full monetary value of these redundancies in savings per annum?
59. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised within the Illawarra Shoalhaven Community Health Centres?
- (a) Which departmental area/s are these affected position/s currently allocated to?
- (b) Which geographical area/s are these affected position/s currently located within?
- (c) What date/s are these redundancies proposed to be finalised?
- (d) What date/s were these redundancies proposed and/or announced?
- (e) What is the full projected monetary value of these redundancies in savings per annum?
60. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised within the Nepean Blue Mountains, Community Health Facilities from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
- (b) Which geographical area/s were these affected position/s previously located within?
- (c) What date/s were these redundancies finalised?
- (d) What is the full monetary value of these redundancies in savings per annum?
61. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised within the Nepean Blue Mountains, Community Health Facilities?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
62. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised in the Northern NSW LHD – Community Health from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
63. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised in the Northern NSW LHD – Community Health?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
64. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised in the Central Coast Local Health District from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
65. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised in the Central Coast Local Health District?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

- (e) What is the full projected monetary value of these redundancies in savings per annum?
66. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised in the Child Health Networks from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
67. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised in the Child Health Networks?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
68. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised in the Far West Local Health District from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
69. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised in the Far West Local Health District?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
70. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised in the Hunter New England Local Health District from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

- (d) What is the full monetary value of these redundancies in savings per annum?
71. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised in the Hunter New England Local Health District?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
72. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised in the Illawarra Shoalhaven Local Health District from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
73. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised in the Illawarra Shoalhaven Local Health District?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
74. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised in the Mid North Coast Local Health District from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
75. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised in the Mid North Coast Local Health District?
- (a) Which departmental area/s are these affected position/s currently allocated to?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

- (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
76. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised in the Murrumbidgee Local Health District from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
77. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised in the Murrumbidgee Local Health District?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
78. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised in the Nepean Blue Mountains Local Health District from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
79. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised in the Nepean Blue Mountains Local Health District?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

80. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised in the Northern NSW Local Health District from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
81. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised in the Northern NSW Local Health District?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
82. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised in the Northern Sydney Local Health District from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
83. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised in the Northern Sydney Local Health District?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
84. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised in the South Eastern Sydney Local Health District from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

(d) What is the full monetary value of these redundancies in savings per annum?

85. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised in the South Eastern Sydney Local Health District?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
86. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised in the Southern NSW Local Health District from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
87. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised in the Southern NSW Local Health District?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
88. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised in the St Vincent's Health Network from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
89. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised in the St Vincent's Health Network?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

- (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
90. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised in the Sydney Children's Hospitals Network (Randwick and Westmead) from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
91. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised in the Sydney Children's Hospitals Network (Randwick and Westmead)?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?
92. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised in the Sydney Local Health District from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
93. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised in the Sydney Local Health District?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

(e) What is the full projected monetary value of these redundancies in savings per annum?

94. As you are the lead Minister for the Health Cluster, how many redundancies have been finalised in the Western Sydney Local Health District from July 2020 to date?
- (a) Which departmental areas were these affected position/s previously allocated to?
  - (b) Which geographical area/s were these affected position/s previously located within?
  - (c) What date/s were these redundancies finalised?
  - (d) What is the full monetary value of these redundancies in savings per annum?
95. As you are the lead Minister for the Health Service Cluster, how many redundancies have been proposed and/or announced but not yet finalised in the Western Sydney Local Health District?
- (a) Which departmental area/s are these affected position/s currently allocated to?
  - (b) Which geographical area/s are these affected position/s currently located within?
  - (c) What date/s are these redundancies proposed to be finalised?
  - (d) What date/s were these redundancies proposed and/or announced?
  - (e) What is the full projected monetary value of these redundancies in savings per annum?

**Answer**

10. There are a range of variables that impact the accuracy of the information requested. As an example, consultation processes undertaken in a change program can lead to a number of outcomes, such as redeployment of staff. Final staffing configuration in a change program and numbers of redundancies cannot be determined until planning and consultation processes, including with staff and unions, are complete.
11. Please refer to the response to Question 10.
12. Please refer to the response to Question 10.
13. The Minister for Health and Medical Research is not the lead Minister for the Treasury Cluster. However, please refer to the response to Question 10.
14. Please refer to the response to Question 10.
15. The Minister for Health and Medical Research is not the lead Minister for the Treasury Cluster. However, please refer to the response to Question 10.
16. Please refer to the response to Question 10.
17. The Minister for Health and Medical Research is not the lead Minister for the Treasury Cluster. However, please refer to the response to Question 10.
18. Please refer to the response to Question 10
19. The Minister for Health and Medical Research is not the lead Minister for the Treasury Cluster. However, please refer to the response to Question 10.

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

20. Councils under the Health Professional Councils of Australia (HPCA) do not employ staff.
21. The Minister for Health and Medical Research is not the lead Minister for the Treasury Cluster. However, please refer to the response to Question 20.
22. Please refer to the response to Question 10.
23. The Minister for Health and Medical Research is not the lead Minister for the Treasury Cluster. However, please refer to the response to Question 10.
24. The Garvin Institute of Medical Research is a private facility and does not fall within the Health cluster.
25. The Minister for Health and Medical Research is not the lead Minister for the Treasury Cluster. However, please refer to the response to Question 24.
26. Please refer to the response to Question 10
27. The Minister for Health and Medical Research is not the lead Minister for the Treasury Cluster. However, please refer to the response to Question 10.
28. Please refer to the response to Question 10.
29. The Minister for Health and Medical Research is not the lead Minister for the Treasury Cluster. However, please refer to the response to Question 10.
30. Please refer to the response to Question 10.
31. The Minister for Health and Medical Research is not the lead Minister for the Treasury Cluster. However, please refer to the response to Question 10.
32. Please refer to the response to Question 10.
33. The Minister for Health and Medical Research is not the lead Minister for the Treasury Cluster. However, please refer to the response to Question 10.
34. Please refer to the response to Question 10.
35. The Minister for Health and Medical Research is not the lead Minister for the Treasury Cluster. However, please refer to the response to Question 10.
36. Please refer to the response to Question 20.
37. The Minister for Health and Medical Research is not the lead Minister for the Treasury Cluster. However, please refer to the response to Question 20.
38. Please refer to the response to Question 20.
39. Please refer to the response to Question 20.
40. – 41. The Mental Health Commission of NSW does not report to the Minister for Health and Medical Research.
42. Please refer to the response to Question 10.
43. Please refer to the response to Question 10.

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

44. Please refer to the response to Question 10.
45. Please refer to the response to Question 10.
46. Please refer to the response to Question 20.
47. Please refer to the response to Question 20.
48. Please refer to the response to Question 20.
49. Please refer to the response to Question 20.
50. Please refer to the response to Question 20.
51. Please refer to the response to Question 20.
52. Please refer to the response to Question 20.
53. Please refer to the response to Question 20.
54. Please refer to the response to Question 20.
55. Please refer to the response to Question 20.
56. Please refer to the response to Question 20.
57. Please refer to the response to Question 20.
58. Individual facility data may identify individuals and presents privacy concerns. Local Health District data is provided at Question 72
59. Please refer to the response to Question 10.
60. Individual facility data may identify individuals and presents privacy concerns. Local Health District data is provided at Question 78.
61. Please refer to the response to Question 10.
62. Individual facility data may identify individuals and presents privacy concerns. Local Health District data is provided at Question 80.
63. Please refer to the response to Question 10.
64. Please refer to the response to Question 10
65. Please refer to the response to Question 10.
66. There is no entity of this name in the Health Cluster. Information on SCHN is provided at Question 90.
67. Please refer to the response to Question 10.
68. Please refer to the response to Question 10.
69. Please refer to the response to Question 10.

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

70. Please refer to the response to Question 10.
71. Please refer to the response to Question 10.
72. Please refer to the response to Question 10.
73. Please refer to the response to Question 10.
74. Please refer to the response to Question 10.
75. Please refer to the response to Question 10.
76. Please refer to the response to Question 10.
77. Please refer to the response to Question 10.
78. Please refer to the response to Question 10.
79. Please refer to the response to Question 10.
80. Please refer to the response to Question 10.
81. Please refer to the response to Question 10.
82. Please refer to the response to Question 10.
83. Please refer to the response to Question 10.
84. Please refer to the response to Question 10.
85. Please refer to the response to Question 10.
86. Please refer to the response to Question 10.
87. Please refer to the response to Question 10.
88. Please refer to the response to Question 10.
89. Please refer to the response to Question 10.
90. Please refer to the response to Question 10.
91. Please refer to the response to Question 10.
92. Please refer to the response to Question 10.
93. Please refer to the response to Question 10.
94. Please refer to the response to Question 10.
95. Please refer to the response to Question 10.

**Budget**

96. How much money did NSW Health spent on consultants and contractors in 2019/20? How much have you spent so far this financial year?
97. How much does NSW Health pay to ISS Services who are contracted to provide cleaning services at St George Hospital?
98. Were any NSW Health senior executives given bonuses in 2019/2020 financial year? If so how much did that total?

**Answer**

96.

Expenditure on consultants and contractors is reported in the NSW Health Annual Report.

97.

The details of this contract are commercial-in-confidence.

98.

On 7 September 2020, the Statutory and Other Officers Remuneration Tribunal handed down a decision which provided no wage increase to Senior Executives. No bonuses were paid to NSW Health senior executives.

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

**Hotel Quarantine**

99. How many exemptions from hotel quarantine have been granted in NSW as at 8 March 2021?
100. What proportion of exemptions are granted by the Department/ Minister?
101. Have there been any cases linked to individuals granted exemptions from hotel quarantine?

**Answer**

99. – 101.

Please refer to the response to LC 5086. There have been no known cases linked to individuals granted exemptions from hotel quarantine.

**Clinical Incidents notified**

102. Do you know how many times a SAC1 incident has been downgraded?
103. What was the total number of Clinical Incidents in 2020?

**Answer**

102.

In late 2020, NSW Health completed the transition to the new incident management system (ims+), which uses a Harm Score rating system for incidents, replacing the Severity Assessment Code (SAC). All incidents are now automatically assigned a Harm Score rating of between 1 and 4 when they are notified in ims+, based on the incident circumstances and outcome.

A Harm Score 1 rating may be revised if, after the incident has been notified in the incident management system, further information confirms the incident does not meet the criteria for a Harm Score 1 rating. I am informed that, for the period January to December 2020, 622 clinical incidents were modified from an initial Severity Assessment Code (SAC) or Harm Score 1.

103. This information is reported in the Clinical Excellence Commission's *Biannual Incident Report*, which is available on its website.

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

**Cardiac Imaging Services**

104. As at 5 March 2021, are public hospitals currently accepting patients needing an ECG?
- a. What is the average wait time?
105. As at 5 March 2021, are public hospitals currently accepting patients needing an Ambulatory ECG?
- a. What is the average wait time?
106. As at 5 March 2021, are public hospitals currently accepting patients needing an Echocardiogram?
- a. What is the average wait time?
107. As at 5 March 2021, are public hospitals currently accepting patients needing a stress Echocardiogram?
- a. What is the average wait time?

**Answer**

104 – 107.

I am advised the data requested is not readily available.

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

**Election commitment – Health infrastructure**

108. 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) Leeton Hospital
- (y) Glen Innes Hospital
- (z) Iluka Ambulance Station
- (aa) Mona Vale Hospital

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

(bb) Deniliquin Hospital

**Answer**

108.

Updates on infrastructure projects in planning or delivery are publicly available on NSW Health websites.

**Public Dental Waiting Lists**

109. How many people are currently on the public dental waiting list in each of the LHD's?

110. What is the longest time someone has to wait to be seen for dental services?

**Answer**

109. – 110.

Public dental services are provided according to criteria that prioritises emergency situations, as well as patient groups in most need and at highest risk of disease. Data is regularly updated and can be accessed from the NSW Health website.

**Maitland**

111. Is the Minister aware that in November 2020, the Royal College of Physicians stripped Maitland Hospital of its basic training accreditation?
112. When did these concerns first get raised with you?
113. What did you do about it?

**Answer**

111 – 113.

There is no interruption of medical services at Maitland Hospital.

The Royal Australasian College of Physicians (RACP) removed the accreditation of Maitland Hospital for basic physician training on 30 November 2020.

A roster of suitably trained junior doctors remains in place at Maitland Hospital and patients continue to receive high quality care.

Physician training is an important teaching component in the public health service and I am advised Hunter New England Local Health District senior management are working to address the issues raised by the College.

**Access for NSW patients to Spleen Australia**

114. Why does the NSW Government not provide funding to Spleen Australia?

**Answer**

114.

I am advised that care for people post-splenectomy is best tailored to their individual condition and should be coordinated by their general practitioner and specialist care team.

**State Wide Enhancement Program**

115. Doyalson Ambulance Station located within the electorate of Swansea has been a part of the State Wide Enhancement Program (SWEP). I understand staffing levels have increased but no additional facilities have been provided at the station despite the Government promising \$72 million in capital works across the state, why has none of this been spent at Doyalson Ambulance Station?
116. As a result of the increase in staffing levels there is insufficient parking on site to accommodate the additional staff, and as the station is located on the Pacific Highway no offsite parking is available. Why has the Government failed to install additional parking for staff?
117. Why have Doyalson Staff forced to adopt a Day, Day, Night, Night roster format when the NSW Ambulance Chief Executive Dominic Morgan has openly stated that the Day, Day, Afternoon, Night roster format is the preferred format for all dual module stations as it is less fatiguing?
118. Why are NSW Ambulance using the new staff to cover vacancies at other stations depleting the staff levels at Doyalson on an almost daily basis?
119. Is this depletion of staff impacting response times?
- (a) What was the average response time in 2018?
  - (b) What was the average response time in 2019?
  - (c) What was the average response time in 2020?
120. All intensive care staff at Doyalson Ambulance Station were transferred to the Hamlyn Terrace Ambulance Station, leaving the Intensive Care position vacant at Doyalson. This position has been vacant since the middle of 2020 and yet remains unfilled, why?
121. Why since the implementation of the State Wide Enhancement Program have additional staff levels not been included in the minimum operating levels of metropolitan and regional 24 hour stations across the state?
122. Why has the Government failed to maintain the rosters at stations such as Doyalson to the new staffing levels?
- (a) Is it not critical that the new staffing levels brought about by the State Wide Enhancement Program be maintained in order to reduce response times?

**Answer**

115. – 116.

Doyalson Ambulance Station was constructed in 2003 and the building is in good condition.

117. In 2019, the Australian Paramedics Association (APA) submitted to the Industrial Relations Commission that Dr Morgan had stated that the Day, Day, Afternoon, Night format was the preferred format. I am informed this statement was retracted by the APA as it was untrue.

118. NSW Ambulance fills vacancies according to community need.

119. (a) – (c)

NSW Ambulance performance data is publicly available on the Bureau of Health Information

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

website.

In the 2018-19 NSW budget, the NSW Government announced 700 additional paramedics and 50 control centre staff over four years.

120. NSW Ambulance has advised that there are no current vacancies or Intensive Care Paramedic rosters in operation at Doyalson Ambulance Station.
121. NSW Ambulance produces rosters that maximise the service to the community, these rosters are called Planned Ambulance Rosters (PAR). When additional staff are introduced via the Statewide Workforce Enhancement Program (SWEPP), the PAR is amended accordingly.

Rosters are posted at least seven days prior to roster commencement. When the rosters are posted, each paramedic roster line is filled by paramedics appointed to the station.

Planned vacancies, such as annual leave, are filled by the relief capacity provided for in the rosters or by offering flexible working arrangements or additional shifts.

122. See responses provided at 117-121 .

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

**Maternity Services on the Central Coast**

123. Can you confirm that the Government intends to cut four dedicated maternity beds and one dedicated midwifery shift per day at the Gosford Hospital?
124. On average how many maternity beds were used each day in:
- (a) 2018?
  - (b) 2019?
  - (c) 2020?
125. Why has the Government chosen to cut four dedicated maternity beds and one dedicated midwifery shift per day at the Gosford Hospital?
126. Why has the maternity ward at Wyong Hospital been closed leaving Gosford Hospital as the only public hospital on the Central Coast where women can give birth?
127. Will the Government commit to reopening the maternity ward at Wyong Hospital?
128. The closure of Wyong Hospitals maternity ward and cutting four dedicated maternity beds, along with a dedicated midwifery shift per day at Gosford Hospital will place more pressure on staff and could lead to life-threatening consequences. On what health advice did the Government make this decision?
129. Will the Government commit to reversing its cuts to the Gosford Hospital maternity unit?

**Answer**

123 – 129.

Maternity staffing is aligned to reflect service demand in the Gosford Hospital maternity services in line with the maternity staffing assessment methodology required under the Public Health System Nurses' and Midwives' Award.

The Wyong Hospital Maternity Unit was temporarily adjusted in March 2020 to a COVID-19 inpatient ward during the pandemic. I am advised the Maternity Unit at Wyong Hospital has since reopened for the Midwifery Group Practice (MGP) antenatal and postnatal care. I am further advised a Midwifery Unit Manager has been appointed to oversee the transition to full birthing services by June 2021.

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

**Paediatric Cardiac Surgery – Sydney Children’s Hospital Randwick**

130. Does the Minister recall saying, in his media release from 24 January 2020 that, based on the findings of the Henry Review into Paediatric Services, “NSW Health has determined that paediatric cardiac surgery and cardiology will be delivered at the networked Westmead and Randwick campuses?”
- (a) From the same media release from 24 January 2020, does the Minister recall saying, “To facilitate NSW Health’s decision, the NSW Government will ensure additional funding of up to \$10 million for equipment and infrastructure to ensure specialists are further assisted in delivering paediatric cardiac services.”
- i. In the 14 months since making this announcement, has any of the additional \$10 million been given to the Sydney Children’s Hospital in order to facilitate NSW Health’s decision to return cardiac surgery to the Sydney Children’s Hospital Randwick?
- ii. In the 14 months since making this announcement, have any cardiac surgeries been completed at the Sydney Children’s Hospital Randwick?
- iii. Why has the Minister / Government failed to follow through on their promise to return paediatric cardiac surgery to Randwick?
131. Is the Minister aware of the model of care, produced by Professor Willis Marshall and the NSW Paediatric Cardiac Services Model of Care Panel (Panel) at the request of NSW Health?
- (a) Is the Minister aware that in an ‘Message from the Board Chair’ on 29 January 2021, the Chair of the Board of the SCHN, also committed to implementing the model of care produced from the NSW Paediatric Cardiac Services Model of Care Panel, including committing to delivering cardiac services across two hospitals – Westmead and Randwick?
- (b) Is the Minister aware that in an ‘Message from the Chief Executive’ on 29 January 2021, the Chair of the Board of the SCHN, also committed to implementing the model of care produced from the NSW Paediatric Cardiac Services Model of Care Panel, including committing to delivering cardiac services across two hospitals – Westmead and Randwick?
- i. Can the Minister explain why these commitments, made by the Senior Executives in charge of the SCHN, have not been followed through?
- ii. There is uncertainty surrounding what has been described in these messages as ‘medium complexity cases’, sometimes referred to as ‘cases of moderate complexity’, can the Minister explain what procedures would be undertaken on medium complexity cases?
132. There is great concern from clinicians in Randwick regarding elective cardiac surgeries involving bypass, they consider these cases as essential in order to maintain a functioning cardiac service at Randwick. As only ‘less complex cases’ will be guaranteed to be performed are bypass surgeries defined at ‘less complex cases’ or ‘medium complexity cases’?
- (a) There is also a lack of clarity regarding who will made the determination for where ‘medium complexity cases’ will be treated, can the Minister clarify how this explanation will work in practice ‘the SCHN Executive and clinicians will work to determine the

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

arrangements for medium complexity cases'?

133. After three independent reports have produced findings that support cardiac surgery being performed at both the Randwick and Westmead hospitals, can the Minister explain why his department has not done so?

(a) Can the Minister explain why he has not followed through on these commitments?

**Answer**

130.

(a) i. – iii.

The allocation of the additional \$10 million in funding is being considered following the outcomes from the NSW Paediatric Cardiac Services Model of Care Panel to support the implementation of the Model of Care. NSW Health is committed to having paediatric cardiac services delivered at the networked Westmead and Randwick campuses.

I am advised a small number of cardiac surgical cases have been performed at the Sydney Children's Hospitals Network, Randwick since January 2020.

131.

(a)

Yes.

(b) i. – ii.

The commitments made by the Sydney Children's Hospitals Network Board and Executive are being actioned with an Executive lead appointed, a NSW Cardiac Care for Kids team, and a working group established to manage the requirements for the Networked service.

The Board Chair provided an update on 29 January 2021 stating "*the SCHN Executive and clinicians will work to determine the arrangements for medium complexity cases*". Medium complexity cases will be considered as part of the working group, which comprises clinicians involved in cardiac care and families that have accessed cardiac services. More information is available on the Sydney Children's Hospitals Network website.

132.

Complexity of cases will be considered by the implementation working group. The Board supported that highest complexity cardiac surgery will only be performed at The Children's Hospital at Westmead (CHW), and lower complexity cases will be performed at both the Sydney Children's Hospital, Randwick and CHW, with the appropriate supports.

133.

NSW Health is committed to having paediatric cardiac services delivered at the networked Westmead and Randwick campuses. The Paediatric Cardiac Services Model of Care is a first for NSW and is a significant achievement and credit to the Panel. It will also form the basis for the work to be progressed by the working group.

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

**Palliative Care at Westmead Hospital**

134. Why is there no dedicated palliative care ward at Westmead Hospital?
- (a) Why has NSW Health decided not to prioritise palliative care as an essential service?
  - (b) Why are there only seven non-dedicated beds available for palliative care on the shared Oncology 25 bed ward at Westmead Hospital?
  - (c) Clinicians, palliative care patients and their families have advised that these shared beds for palliative care in the Oncology Ward are regularly allocated for non-palliative care patients. When the dedicated beds are not available in the Oncology Ward Palliative care patients are shuffled around from ward to ward or hospital to hospital. Is that correct?
  - (d) Will you release all data regarding sub transfers of palliative care patients at Westmead Hospital from ward to ward and Hospital to Hospital?
  - (e) How many dedicated ward based palliative care nurses for bedside care are there at Westmead Hospital and how many shifts do they cover in a 24 hour period?
  - (f) How many palliative care nurses and specialists are there across Western Sydney LHD and South Western Sydney LHD and how many shifts do they cover in a 24 hour period?
135. The Minister stated during Budget Estimates, that most people wanted to die at home. What evidence did the Minister base this statement upon?
- (a) Can you confirm that there is no dedicated palliative care ward at Auburn Hospital?
    - i. How many beds are allocated to palliative care at Auburn Hospital?
    - ii. How many dedicated palliative care nurses work at the Hospital?
  - (b) Can you confirm that there is no dedicated palliative care ward at Fairfield Hospital?
  - (c) How many beds are allocated to palliative care at Fairfield Hospital?
    - i. How many dedicated palliative care nurses work at the Hospital?
  - (d) Can you confirm that there is no dedicated palliative care ward at Blacktown Hospital?
  - (e) How many beds are allocated to palliative care at Blacktown Hospital?
    - i. How many dedicated palliative care nurses work at the Hospital?
  - (f) Can you confirm that there is no dedicated palliative care ward at Campbelltown Hospital?
  - (g) How many beds are allocated to palliative care at Campbelltown Hospital?
    - i. How many dedicated palliative care nurses work at the Hospital?
  - (h) Can you confirm that there is no dedicated palliative care ward at Nepean Hospital?
  - (i) How many beds are allocated to palliative care at Nepean Hospital?
    - i. How many dedicated palliative care nurses work at the Hospital?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

- (j) Do you accept that palliative care nursing is a specialist area of healthcare?
- (k) Why does NSW Health not invest more in dedicated palliative care nursing and training?

136. There is a 16 Bed palliative care Ward at Mount Druitt Hospital. There is a 20 bed palliative care Ward at Liverpool Hospital. What evidence does NSW Health base the decision that two palliative care wards are sufficient to service Western Sydney and South Western Sydney and their growing populations?

- (a) Over the last 12 months how many palliative care patients have been turned away due to lack of available beds at Westmead Hospital and are forced to be cared for at home?

137. Will you release all the data on palliative care patient admissions at Westmead Hospital on

- (a) Sub Transfers to other hospitals
- (b) demand for palliative care beds
- (c) Number of palliative patients in home care

138. Over the last 12 months what is the average amount of face to face time that Silver Chain Group ABN 77 119 417 018 provided each palliative care patient at home?

- (a) How many palliative care patients does Silver Chain have as clients in the Western Sydney Local Health District?

139. What is the allocated annual budget for palliative care in Western Sydney from 2012 to 2021?

**Answer**

134 – 139.

Since 2017/18 the NSW Government has provided an additional \$201 million to improve access and choices for palliative care for people in NSW. This includes significant workforce enhancements, including 130 additional palliative care nurse positions by end 2022/23.

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.

This statement is widely accepted including by organisations such as Palliative Care Australia, the Productivity Commission and The Grattan Institute.

Palliative care services in New South Wales are provided through a networked approach.

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

**Employees**

140. Minister, for each department, agency, State-owned corporation or other body, and for each division of those bodies, if any, in your portfolios:
- (a) What is the gender pay gap, both generally and across those employees in SEB or SEB- equivalent bands?
  - (b) What is the highest remuneration for female employees– both generally and for SEB/SEB- equivalent employees?
  - (c) What is the lowest pay received by female employees – both generally and for SEB/SEB- equivalent employees?
  - (d) What is the average remuneration received by female employees – both generally and for SEB/SEB-equivalent employees?
  - (e) What is the highest remuneration for male employees– both generally and for SEB/SEB- equivalent employees?
  - (f) What is the lowest pay received by male employees – both generally and for SEB/SEB- equivalent employees?
  - (g) What is the average remuneration received by male employees – both generally and for SEB/SEB-equivalent employees?
  - (h) How many female and how many male SEB or SEB-equivalent employees are there?
  - (i) What is the highest number of direct reports to female SEB or SEB-equivalent employees?
  - (j) What is the lowest number of direct reports to female SEB or SEB-equivalent employees?
  - (k) What is the average number of direct reports to female SEB or SEB-equivalent employees?
  - (l) What is the highest number of direct reports to male SEB or SEB-equivalent employees?
  - (m) What is the lowest number of direct reports to male SEB or SEB-equivalent employees?
  - (n) What is the average number of direct reports to male SEB or SEB-equivalent employees?
  - (o) What is the highest number of staff managed by female SEB or SEB-equivalent employees?
  - (p) What is the lowest number of number of staff managed by female SEB or SEB-equivalent employees?
  - (q) What is the average number of number of staff managed by female SEB or SEB-equivalent employees?
  - (r) What is the highest number of staff managed by male SEB or SEB-equivalent

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

employees?

- (s) What is the lowest number of number of staff managed by male SEB or SEB-equivalent employees?
- (t) What is the average number of number of staff managed by male SEB or SEB-equivalent employees?
- (u) In providing answers to questions (a) to (t), please provide the information for each SEB band or band equivalent.
- (v) What steps are you taking to eliminate the gender pay gap?
- (w) What timeframe have you set to eliminate the gender pay gap?

141. Cluster Secretary- for each department, agency, State-owned corporation or other body, and for each division of those bodies, if any, in your Cluster:

- (a) What is the gender pay gap, both generally and across those employees in SEB or SEB- equivalent bands?
- (b) What is the highest remuneration for female employees– both generally and for SEB/SEB- equivalent employees?
- (c) What is the lowest pay received by female employees – both generally and for SEB/SEB- equivalent employees?
- (d) What is the average remuneration received by female employees – both generally and for SEB/SEB-equivalent employees?
- (e) What is the highest remuneration for male employees– both generally and for SEB/SEB- equivalent employees?
- (f) What is the lowest pay received by male employees – both generally and for SEB/SEB- equivalent employees?
- (g) What is the average remuneration received by male employees – both generally and for SEB/SEB-equivalent employees?
- (h) How many female and how many male SEB or SEB-equivalent employees are there?
- (i) What is the highest number of direct reports to female SEB or SEB-equivalent employees?
- (j) What is the lowest number of direct reports to female SEB or SEB-equivalent employees?
- (k) What is the average number of direct reports to female SEB or SEB-equivalent employees?
- (l) What is the highest number of direct reports to male SEB or SEB-equivalent employees?
- (m) What is the lowest number of direct reports to male SEB or SEB-equivalent employees?
- (n) What is the average number of direct reports to male SEB or SEB-equivalent

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

employees?

- (o) What is the highest number of staff managed by female SEB or SEB-equivalent employees?
- (p) What is the lowest number of number of staff managed by female SEB or SEB-equivalent employees?
- (q) What is the average number of number of staff managed by female SEB or SEB-equivalent employees?
- (r) What is the highest number of staff managed by male SEB or SEB-equivalent employees?
- (s) What is the lowest number of number of staff managed by male SEB or SEB-equivalent employees?
- (t) What is the average number of number of staff managed by male SEB or SEB-equivalent employees?
- (u) In providing answers to questions (a) to (t), please provide the information for each SEB band or band equivalent.
- (v) What steps are you taking to eliminate the gender pay gap?
- (w) What timeframe have you set to eliminate the gender pay gap?

**Answer**

Data has only been included for Senior Executive Bands (SEB) and includes Specialist Medical Senior Executives (SM). Data is not available *generally*, or for *SEB equivalent bands*.

140. – 141.

(a) Band 1 = 1.8 per cent

Band 2 = 2.2 per cent

Band 3 = 7.7 per cent

(b) Band 1 = \$353,690

Band 2 = \$345,550

Band 3 = \$517,050

Band 4= \$599,000

(c) Band 1 = \$190,790

Band 2 = \$275,150

Band 3 = \$346,972

(d) Band 1 = \$237,939

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

Band 2 = \$308,540

Band 3 = \$417,879

(e) Band 1 = \$385,700

Band 2 = \$487,050

Band 3 = \$533,050

(f) Band 1 = \$190,790

Band 2 = \$275,150

Band 3 = \$384,025

(g) Band 1 = \$240,639

Band 2 = \$330,828

Band 3 = \$438,745

(h) Band 1 = 104 females, 87 males

Band 2 = 32 females, 22 males

Band 3 = 15 females, 15 males

(i) This information is not available.

(j) This information is not available.

(k) This information is not available.

(l) This information is not available.

(m) This information is not available.

(n) This information is not available.

(o) This information is not available.

(p) This information is not available.

(q) This information is not available.

(r) This information is not available.

(s) This information is not available.

(t) This information is not available.

(u) Not applicable.

(v) Transitional Allowances (following GSE Implementation) will be phased out over time. NSW Health aims to increase representation of women in the age group 25 to 34 and is aiming for at least 50 per cent women across all age groups.

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

- (w) The timeframe is dependent on the duration of the current pay pause for senior executives. The pay pause limits the opportunity to address the gender pay gap, as it can only be impacted by a new appointment.

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

**John Hunter Hospital**

142. How many people are on the waiting list for elective surgery at the John Hunter Hospital?
143. How many patients attended the John Hunter Hospital emergency department in each of the following years:
- (a) 2011;
  - (b) 2012;
  - (c) 2013;
  - (d) 2014;
  - (e) 2015;
  - (f) 2016;
  - (g) 2017;
  - (h) 2018;
  - (i) 2019;
  - (j) 2020; and
  - (k) 2021?
144. How many nurses are employed on contracts at the John Hunter Hospital and how many are employed permanently?
145. How many security guards were employed at the John Hunter Hospital in each of the following years:
- (a) 2011;
  - (b) 2012;
  - (c) 2013;
  - (d) 2014;
  - (e) 2015;
  - (f) 2016;
  - (g) 2017;
  - (h) 2018;
  - (i) 2019;
  - (j) 2020; and
  - (k) 2021?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

146. How many staff were assaulted at the John Hunter Hospital in each of the following years:

- (a) 2011;
- (b) 2012;
- (c) 2013;
- (d) 2014;
- (e) 2015;
- (f) 2016;
- (g) 2017;
- (h) 2018;
- (i) 2019;
- (j) 2020; and
- (k) 2021?

147. How many patients were assaulted at the John Hunter Hospital in each of the following years:

- (a) 2011;
- (b) 2012;
- (c) 2013;
- (d) 2014;
- (e) 2015;
- (f) 2016;
- (g) 2017;
- (h) 2018;
- (i) 2019;
- (j) 2020; and
- (k) 2021?

148. What is the longest wait time (as reported to the Ministry of Health) for an appointment at each of the following speciality consult clinics at the John Hunter Hospital:

- (a) Colorectal;
- (b) Dermatology;
- (c) Ear Nose and Throat;

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

- (d) Gastroenterology;
- (e) General Surgery;
- (f) Immunology;
- (g) Infectious Diseases;
- (h) Nephrology;
- (i) Neurosurgery;
- (j) Ophthalmology;
- (k) Oral/Maxillofacial;
- (l) Orthopaedics;
- (m) Plastic Surgery;
- (n) Respiratory;
- (o) Rheumatology;
- (p) Urology; and
- (q) Vascular?
- (r) If the answer refers to another document please provide the URL or page number and name of document.

149. How many patients are waiting for appointments at each of the following speciality consultant clinics at John Hunter Hospital:

- (a) Colorectal;
- (b) Dermatology;
- (c) Ear Nose and Throat;
- (d) Gastroenterology;
- (e) General Surgery;
- (f) Immunology;
- (g) Infectious Diseases;
- (h) Nephrology;
- (i) Neurosurgery;
- (j) Ophthalmology;
- (k) Oral/Maxillofacial;
- (l) Orthopaedics;

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

- (m) Plastic Surgery;
- (n) Respiratory;
- (o) Rheumatology;
- (p) Urology; and
- (q) Vascular?
- (r) If the answer refers to another document please provide the URL or page number and name of document

150. How many patients had appointments at each of the following speciality clinics at the John Hunter Hospital in the last year?

- (a) Colorectal;
- (b) Dermatology;
- (c) Ear Nose and Throat;
- (d) Gastroenterology;
- (e) General Surgery;
- (f) Immunology;
- (g) Infectious Diseases;
- (h) Nephrology;
- (i) Neurosurgery;
- (j) Ophthalmology;
- (k) Oral/Maxillofacial;
- (l) Orthopaedics;
- (m) Plastic Surgery;
- (n) Respiratory;
- (o) Rheumatology;
- (p) Urology; and
- (q) Vascular?

151. How many patients had an appointment cancelled each of the following speciality clinics at the John Hunter Hospital in 2019:

- (a) Colorectal;
- (b) Dermatology;
- (c) Ear Nose and Throat;

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

- (d) Gastroenterology;
- (e) General Surgery;
- (f) Immunology;
- (g) Infectious Diseases;
- (h) Nephrology;
- (i) Neurosurgery;
- (j) Ophthalmology;
- (k) Oral/Maxillofacial;
- (l) Orthopaedics;
- (m) Plastic Surgery;
- (n) Respiratory;
- (o) Rheumatology;
- (p) Urology; and
- (q) Vascular?

152. How many patients had an appointment cancelled each of the following speciality clinics at the John Hunter Hospital in the last year?

- (a) Colorectal;
- (b) Dermatology;
- (c) Ear Nose and Throat;
- (d) Gastroenterology;
- (e) General Surgery;
- (f) Immunology;
- (g) Infectious Diseases;
- (h) Nephrology;
- (i) Neurosurgery;
- (j) Ophthalmology;
- (k) Oral/Maxillofacial;
- (l) Orthopaedics;
- (m) Plastic Surgery;
- (n) Respiratory;

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

(o) Rheumatology;

(p) Urology; and

(q) Vascular?

153. How many neurologists are employed at the John Hunter Hospital?

154. What is the average wait time for an appointment with a neurologist at the John Hunter Hospital?

155. Is the Minister aware of traffic issues at the John Hunter Hospital?

156. Is the Minister aware it takes his staff and members of the community over an hour to leave the hospital?

157. What is being done to address the traffic issues at the John Hunter Hospital?

158. Will you reinstate the user pays park and ride shuttle service, operating from Hunter Stadium to resolve the traffic issues?

(a) If not, why not?

**Answer**

142.

This information is available on the Bureau of Health Information website.

143.

This information is available on the Bureau of Health Information website.

144. – 145.

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.

146 – 147.

The Government is committed to maintaining the safety of staff and patients in all public hospitals across New South Wales. NSW Health has an extensive support program in place to assist staff including nurses and paramedics when they experience stressful or traumatic situations in their work.

148.

This information is not reported to the NSW Ministry of Health.

Waiting times for outpatient appointments are allocated according to a patient's clinical urgency, with the most urgent patients seen first.

149. – 152.

Referrals to specialty consultant outpatient clinics are managed in accordance with the NSW Health Guideline *Outpatient Services Framework* (GL2019\_011) that provides guidance for local health districts and hospitals on the planning, provision and management of outpatient services.

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

153.

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.

154.

Waiting times for appointments are allocated according to a patient's clinical urgency, with the most urgent patients seen first. There is a rapid access clinic where urgent patients are booked to be seen.

155. – 157.

The primary cause of traffic congestion at John Hunter Campus is the hospital's location on a major thoroughfare, with only two access points to the campus – both from Lookout Road. Peak hour traffic on this road affects cars exiting the hospital onto Lookout Road and results in significant traffic congestion on the hospital site.

NSW Health is working to identify further improvements and interim solutions to improve traffic flow. The completion of the Newcastle Inner City Bypass will enable efficient access to the John Hunter campus by creating a third entry and exit point.

158.

The Hunter New England Local Health District does not believe a shuttle bus would relieve the traffic congestion, as the primary cause is the location of the hospital on a major road (Lookout Rd). The previous shuttle bus service was introduced in 2015 to ease car parking pressure at the time, before an additional 700 car parking spaces were provided on the John Hunter campus.

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

**Canterbury Hospital**

159. How many babies between the ages of 0 and 2 have died due to medical issues at Canterbury Hospital in 2016, 2017, 2018, 2019, 2020, and 2021?
160. How many children under 16 are seen at the Emergency Department between 9am-4pm?
- (a) How many children under 16 are seen at emergency between 4pm-9pm?
  - (b) How many children under 16 are seen at emergency between 9pm - 12am?
  - (c) How many children under 16 are seen at emergency between 12am - 9am?
161. Please provide a list of the 10 major illnesses that children under 16 present to Canterbury Hospital.
- (a) How many operations were conducted on children under 16 in 2016, 2017, 2018, 2019, and 2020?
162. How many pathology tests have been done in 2016, 2017, 2018, 2019, and 2020?
- (a) How many pathology staff have there been at Canterbury Hospital in 2016, 2017, 2018, 2019, and 2020?
  - (b) How many pathology staff are presently employed on a full-time, part-time, and casual basis?
    - i. How many pathology positions are currently vacant at Canterbury hospital?
    - ii. How many pathology positions are filled?
163. How many people have presented themselves at the Emergency Department in 2016, 2017, 2018, 2019, and 2020?
164. How many women have presented themselves to Canterbury Hospital with gestational diabetes in 2016, 2017, 2018, 2019, and 2020?
- (a) How many babies born in Canterbury Hospital have been in special care in 2016, 2017, 2018, 2019, and 2020?
  - (b) Are women seen in antenatal classes on their own? Are there separate rooms for women seeing antenatal Specialists?
165. How many staff are presently employed on a full-time, part-time, and casual basis?
- (a) How many positions in the Hospital are currently filled?
    - i. How many positions in the Hospital are currently vacant?
  - (b) How many Doctors are presently classified as junior doctors?
166. How many renal dialysis machines does Canterbury Hospital have?
- (a) How many angiograms does Canterbury Hospital currently have?
  - (b) How many MRI scanners does Canterbury Hospital currently have?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

167. How many patients have presented themselves to the hospital with heart disease in 2016, 2017, 2018, 2019, and 2020?
168. How many patients have presented themselves to the hospital with Type 2 diabetes in 2016, 2017, 2018, 2019, and 2020?
169. How many patients have presented themselves to the hospital with chronic asthma in 2016, 2017, 2018, 2019, and 2020?
170. How many patients have presented themselves to the hospital with bladder cancer in 2016, 2017, 2018, 2019, and 2020?
171. How many patients have presented themselves to the hospital with liver cancer in 2016, 2017, 2018, 2019, and 2020?
172. How many patients have presented themselves to the hospital with lung cancer in 2016, 2017, 2018, 2019, and 2020?
173. How many patients have presented themselves to the hospital with thyroid cancer in 2016, 2017, 2018, 2019, and 2020?
174. How many patients have presented themselves to the hospital with gestational cancer in 2016, 2017, 2018, 2019, and 2020?
175. In 2013, the O'Farrell Government released a strategic plan which stated that Canterbury Hospital would require redevelopment by 2017. Will the Government committed funding for the redevelopment and upgrade of Canterbury Hospital?
- (a) Why didn't the government consider a redevelopment of Canterbury Hospital, as a public health matter of priority, during the COVID-19 pandemic?
176. How many citizens and permanent residents are dependent on Canterbury Hospital as their local hospital?
- (a) How many temporary residents and other non-citizens are dependent on Canterbury Hospital as their local hospital?
- (b) A strategic plan released by Canterbury Hospital highlights a 39% population increase by 2031. The strategic plan also highlights that people aged 65 and over will be 49 to 65 percent of that growth. Will the Government invest money into Canterbury Hospital for its redevelopment to prepare for the projected population increase?
177. How many temporary residents and other non-citizens have had to pay for maternity services at Canterbury Hospital in 2016, 2017, 2018, 2019, and 2020?
- (a) How many people have paid for services at Canterbury in 2016, 2017, 2018, 2019, and 2020?
178. The Government allocated \$1 million for the planning of Canterbury Hospital in 2018/19 in a draft strategic plan. Will the Government commit this \$1 million for the planning of Canterbury Hospital?
- (a) If so, what is the time frame for the planning and when will the final report be released?
- (b) Is this \$1 million for the planning of Canterbury Hospital in the current budget?

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

**Answer**

159.

Since 2016 Canterbury Hospital continues to have low rate of deaths due to medical issues for babies aged between the ages of 0 and 2.

160.

The time of presentation for children aged under 16 follows a similar trend as to those of total Emergency Department Presentations.

161.

The ten major illnesses that children under 16 presented to Canterbury Hospital in 2020 as per the emergency department diagnosis are: viral disease; viral upper respiratory tract infection; injury of head; wheezing; croup; abdominal pain; fever; upper respiratory infection; gastroenteritis; closed fracture of distal end of radius.

The number of operations conducted on children under 16 continues to be reviewed and monitored in line with best clinical guidelines.

162.

The majority of pathology tests are undertaken for inpatients at Canterbury Hospital. This trend has remained consistent over the last 5 years. This trend is also consistent in outpatients. In 2020, there was an increase in pathology ordering this is attributed to COVID related activity. Pathology staff are managed by NSW Pathology across NSW.

163.

Since 2016 there has been an increase in the number of emergency department presentation at Canterbury Hospital, except for 2020. The reduction in presentations is attributed to COVID-19.

164.

Women presenting with gestational diabetes at Canterbury Hospital continues to be low. Canterbury Hospital has an active Special Care Nursery (SCN) which is utilized by clinically appropriate babies. Canterbury Hospital has a number of antenatal clinics and classes which patients can attend.

165.

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. Canterbury Hospital has ongoing recruitment to any vacant positions. As part of the ongoing recruitment this includes full-time, part-time and casual positions.

166.

Renal services for Sydney Local Health District are delivered by the statewide Renal Services as a coordinated service across the District. All District renal services are concentrated in RPA and Concord Hospitals.

Canterbury Hospital does not perform angiography services due to the Hospital's Role Delineation Level 4 Cardiology and Interventional Cardiology service status. Canterbury Hospital does not have an MRI on-site as it does not meet a Role Delineation Level 4 Radiology and Interventional Radiology service.

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

167.

Canterbury Hospital has a Level Four Role Delineation Cardiology and Interventional Cardiology which allows treatment for low-acute heart disease and is linked with Concord and RPA cardiovascular services for high acuity cases. Canterbury Hospital has a range of outpatient clinics that also supports and treat these patients. These clinics continue to grow as the requirements for services increase.

168.

The number of patients presenting to the Canterbury Hospital Emergency Department with Type 2 Diabetes has remained consistent year on year over the last five years. Canterbury Hospital has a level 4 Role Delineation (Endocrinology) which allows treatment for diabetes and is linked with both Concord and RPA Endocrinology services for high acuity cases. Canterbury Hospital also has a number of outpatient clinics that support these patients to prevent them from presenting to the Emergency Department. These clinics continue to grow as the requirements for services increase.

169.

The number of patients presenting to the emergency department with Chronic Asthma has remained consistent. Canterbury Hospital has a level 4 Role Delineation (Respiratory and Sleep Medicine) which allows treatment for chronic respiratory related cases and is linked with Concord and RPA Respiratory services. Canterbury has a number of outpatient clinics that support these patients to prevent them from presenting to the Emergency Department. These clinics continue to grow as the requirements for services increase.

170.

Patients presenting to Canterbury Hospital with bladder cancer has remained consistent year on year over the last five years. Canterbury Hospital does not provide oncology services on site. There is a network with RPA and will be further supported by Concord Hospital once the Stage 2 redevelopment is complete.

171.

Patients presenting to Canterbury Hospital with liver cancer remains consistent from 2016 to 2020. Canterbury Hospital does not provide oncology services on site, the hospital is linked with RPA and will be further supported by Concord Hospital once the Stage 2 redevelopment is complete.

172.

Patients presenting to Canterbury Hospital with lung cancer continues to be consistent over the last five years. Canterbury Hospital does not provide oncology services on site, it is linked with RPA and will be further supported by Concord Hospital once the Stage 2 redevelopment is complete. Canterbury Hospital provides support in relation to Respiratory services with a level 4 Role Delineation (Respiratory and Sleep Medicine).

173.

Patients presenting to Canterbury Hospital with thyroid cancer continues to be low year on year over the last five years. Canterbury Hospital does not provide oncology services as it is linked with RPA and will be further supported by Concord Hospital once the Stage 2 redevelopment is complete.

174.

Nil patients presented to Canterbury Hospital with gestational cancer. Canterbury Hospital is linked with RPA and Concord Hospital in relation to providing services for these patients.

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

175.

Sydney Local Health District regularly reviews the healthcare services available and plans for the health care needs of its communities. The NSW Government is committed to continuing to invest in capital projects to enhance the experiences of our citizens.

The Royal Prince Alfred Hospital (RPA) redevelopment was identified as Priority 1, and the Canterbury Hospital redevelopment Priority 2, in the Sydney Local Health District's 2018 Asset Strategic Plan. In March 2019, the NSW Government committed \$750 million to the RPA redevelopment, noting that this was the District's highest priority, with the project commencing as new works in the 2020-21 Budget.

The Canterbury Hospital redevelopment is not one of the 29 health projects to be progressed within the current term of government and no capital funding has been allocated to the redevelopment of Canterbury Hospital.

Funding for any future redevelopment of Canterbury Hospital will be considered as part of the statewide prioritisation and annual NSW State Budget process.

176.

Canterbury seeks to provide patient care for the Canterbury-Bankstown Local Government Area (LGA) as part of the Sydney Local Health District. Canterbury Hospital does not hold information in relation to the residency status of patients that present to the Hospital.

177.

Some patients may be financially classed as Medicare ineligible. These patients constitute temporary residents and other non-citizens that have paid for services at Canterbury Hospital. Medicare ineligible patients has been on an upward trend since 2016.

178.

Planning money to the value of just under \$1 million dollars has been allocated to Health Infrastructure to assist the District with the development of an updated Clinical Services Plan CSP and Investment Proposal in line with the new planning processes, investment principles and strategic directions outlined in NSW Health's 20 year Health Infrastructure Strategy, Statewide Investment and Prioritisation Framework and Facility Planning Process Guidelines.

## **Questions from the Hon Emma Hurst MLC**

179. Have the three baboons that escaped from Royal Prince Alfred Hospital on 25 February 2020 been used in any further medical experiments?
180. If the answer is yes, please provide details of the medical experiments they have been used in.

### **Answer**

179. No.

## **Questions from Mr Justin Field MLC**

### **Shoalhaven hospital**

181. Regarding the statement by Minister Hazzard that regarding the redevelopment of the Shoalhaven District Memorial Hospital, “Health Infrastructure and the Ministry for Health were asked to give us advice and we accepted their advice.” (Hansard p22):
- (a) When was that advice requested?
  - (b) When was the advice provided?
  - (c) Will the Minister provide that advice?
182. The Illawarra Shoalhaven Local Health District website about the redevelopment of the Shoalhaven Memorial Hospital indicates that the Clinical Services Plan for the redevelopment of the Shoalhaven District Memorial Hospital was endorsed in December 2020. Will the Minister make that plan publicly available?
- (a) If not, according to the Clinical Services Plan, exactly what additional capacity/services will be available at the proposed redeveloped Shoalhaven District Memorial Hospital that are not available at the current hospital?
183. Has there been any re-assessment of the advice at question 1 or the clinical services plan at question 2 as a result of the Covid pandemic?
- (a) If yes, what if any changes have been made to the redevelopment advice or clinical services plan as a result?
184. Based on the endorsed Clinical Services Plan, how many additional patients each year are forecast to be able to be treated at the completed redeveloped Shoalhaven District Memorial Hospital who would have previously had to have been transferred to Wollongong or Sydney?
185. Will there be an increased need to transfer patients to Wollongong or Sydney during the redevelopment period?
- (a) If yes, how many patients each year during the redevelopment are likely to have to be transferred to Wollongong and Sydney as a result of redevelopment works?
186. Regarding the announcement in February 2021 that architects Conrad Gargett were appointed to progress the designs of the redeveloped hospital:
- (a) When was the tender for the architects opened and advertised?
  - (b) What is the scope of the tender?
  - (c) What is the value of the contract?
  - (d) The 2021 Budget shows just \$4 million allocated to this project which was specified to be for the purchase of the neighbouring park, where in the budget are the funds for the architect’s contract?
  - (e) What other services have been tendered out or contracted with regards to the redevelopment of the hospital?
187. Regards the comments by Ms Wark that “the master planning process has indicated a

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

preferred site for the new development.” (Hansard, p 23):

- (a) When was the master planning process commenced?
- (b) Please provide details of the master planning process including:
  - i. What triggered the master planning process,
  - ii. Where there specific terms of reference for the master planning process,
  - iii. Who conducted the master planning process,
  - iv. Generally, who was consulted in the master planning process,
  - v. What are the outputs of the master planning process,
  - vi. Has the master planning process been completed,
  - vii. What information is currently on the public record with regard to the master planning process? (please provide links to publicly available information)
- (c) Did the master planning process consider the option of a new greenfield hospital?

188. What general community consultation has occurred in relation to the proposed redevelopment of the Shoalhaven Memorial District Hospital to date?

189. What general community consultation is proposed in relation to the redevelopment of the Shoalhaven Memorial District Hospital before the proposed construction start date of “before March 2023”?

190. From a future planning perspective, is there a maximum distance/travel time set in NSW health policy that is considered when making decisions about the location of hospitals?

- (a) If yes, what is that policy?
- (b) If no, are there any health outcomes studies which inform NSW health future planning, that suggest a maximum distance/travel time to hospital which maximises health outcomes?

191. Is there currently any consideration to expand hospital services in the Milton/Ulladulla area, including returning maternity services?

192. What would be the trigger for considering an expansion of hospital services in the Milton/Ulladulla area?

**Answer**

181.

A health precinct around Shoalhaven District Memorial Hospital at Nowra Park has been planned for more than 11 years and endorsed by Shoalhaven City Council. In 2012 the then Minister for Health, the Hon. Jillian Skinner, announced an agreement to acquire most of Nowra Park to enable the future creation of a health precinct.

182.

No.

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

- (a) The Clinical Services Plan inclusions are listed on the project page on Illawarra Shoalhaven Local Health District's website.

183.

NSW Health has worked with clinicians and other experts to develop healthcare facility design guidelines in response to COVID-19. The Shoalhaven Hospital Redevelopment will comply with these guidelines.

184.

The Shoalhaven Hospital Redevelopment has been planned to increase the self-sufficiency of the hospital, which means that significantly more patients will be able to access an increased range of services locally.

185.

No. The redevelopment will be designed to ensure services continue during construction.

186.

- (a) October 2020

- (b) This information is publicly available on the eTendering website.

- (c) This information is publicly available on the eTendering website.

- (d) NSW Budget Papers 2020-2021 specify the allocation as "\$4 million in 2020-21 (as part of a \$438 million project) for the commencement of the Shoalhaven Hospital Redevelopment." I also refer the Member to the answer to Question on Notice LA 4827.

- (e) Arborist, aviation consultant, BCA consultant, bushfire consultant, civil and structural engineer, digital health advisor mechanical engineer, electrical engineer, geotechnical engineer, hydraulic and fire engineer, project manager, quantity surveyor town planner, traffic engineer, utilities mapping contractor, other miscellaneous specialist consultants.

187.

- (a) In 2016-17, Health Infrastructure commissioned a master planning exercise for the Shoalhaven District Memorial Hospital campus as part of the car parking project. The District Board Planning Committee approved the zonal master plan in 2017.

The preferred master plan option indicated the need to acquire Nowra Park to provide the infrastructure necessary for the expansion of clinical services.

The current phase of master planning commenced in 2020 to incorporate expanded clinical services scope.

(b)

- i. Master planning is one of the first steps of any redevelopment project, following allocation of funds. The master planning process was developed in-line with the NSW Health Facilities Planning Process.
- ii. The master planning process was developed in-line with the NSW Health Facilities Planning Process.

**Portfolio Committee No.2 – Budget Estimates  
Responses to Supplementary Questions  
Health and Medical Research – 4 March 2021 (Q21/306)**

---

- iii. Health Infrastructure and Illawarra Shoalhaven Local Health District, with advice from appropriate specialists.
- iv. Hospital workers, hospital users, the local community including the Aboriginal community, other local stakeholders and institutions.
- v. A master plan report showing how the site will be developed to meet current needs, and how the site will evolve in stages to meet future needs.
- vi. Current phase of master planning commenced in late 2020 and is ongoing.
- vii. This information is on the project page on Illawarra Shoalhaven Local Health District's website.

(c) Yes.

188.

The Zonal Master Plan for Shoalhaven Hospital was released in 2018 with a public launch and opening for public comment. There has been consultation with community stakeholders including the Shoalhaven Community Preschool, the Historical Society of Nowra, and Shoalhaven City Council.

The development of the Illawarra Shoalhaven Local Health District's Health Care Services Plan included community consultation sessions with members of the Shoalhaven community and local non-government community organisations.

Consumers are members of the Shoalhaven Hospital redevelopment project's governance committees. Shoalhaven Hospital's Consumer Advisory Committee and Aboriginal Advisory Group have also been and continue to be consulted.

189.

The District will continue working with all relevant community organisations to plan the redevelopment. At the conclusion of the current master planning phase, consultation on the master plan options will be conducted with the general community. Throughout all phases of planning and construction, the District will maintain current information on its website and produce newsletters and fact sheets to keep the community informed. The community will be consulted through various methods, including drop-in sessions, pop-ups at the hospital, newsletters, email and phone.

190.

NSW Health supports healthcare that is delivered in the right place, at the right time and as close to home as possible.

191.

Please refer to the response to the Question on Notice taken during the Budget Estimates hearing on 4 March 2021.

192.

The Shoalhaven Hospital redevelopment has been planned to be able to service the whole Shoalhaven area, in a networked arrangement with Milton Ulladulla Hospital.