LEGISLATIVE COUNCIL

PORTFOLIO COMMITTEE NO. 2 – HEALTH

BUDGET ESTIMATES 2025-2026
Supplementary questions

Portfolio Committee No. 2 – Health

Health, Regional Health, the Illawarra and the South Coast

(Park)

Hearing: Thursday
21 August 2025

Answers due by: 5.00 pm
Wednesday 17 September 2025

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QUESTIONS FROM THE HON JOHN RUDDICK MLC Q25/587

(1) Independence of the Sax Institute: The Sax Institute declares economic dependency on NSW Health for significant funding, and a senior NSW Health official, Dr Kerry Chant, was a member of its board during the evidence check process. Given these ties, how can you assure the public that the Sax Institute's report on gender-affirming treatments for minors is truly independent and free from bias?

(2) Conflict of Interest: Dr Chant has acknowledged a perceived conflict of interest and claims to have withdrawn from the Sax Institute board "many moons ago." Can you clarify when this withdrawal occurred, whether it was before or during the evidence check process, and how NSW Health ensured no influence was exerted by its officials on the Sax Institute's findings?

(3) Delay in Report Release: The Sax Institute's evidence check was reportedly finalised in February 2024 but not released until seven months later, with the summary taking longer to produce than the report itself. Can you explain the reasons for this significant delay, and why you suggested the February 2024 date might be a typographical error during the Budget Estimates hearing?

(4) Quality of Evidence: The Sax Institute's report acknowledges the evidence for puberty blockers, cross-sex hormones, and transgender surgery as "weak" due to poor study designs, low participant numbers, and considerable flaws. Given these admissions, why does the report's summary present an overly confident endorsement of these treatments as safe, effective, and reversible?

(5) Comparison with International Reviews: The Sax report appears to downplay findings from more rigorous international reviews, such as the UK's Cass Review and systematic reviews from Finland and Sweden, which describe puberty blockers as experimental due to unknown long-term effects. Why does NSW Health continue to rely on the Sax Institute's rapid review, which is less rigorous, instead of adopting the cautious approaches seen in these countries?

(6) Omission of Key Risks: The Sax report identifies low bone density as the primary concern with puberty blockers but omits potential risks to cognitive and psychosexual development, which experts like Professor Sallie Baxendale argue are significant. How does NSW Health justify relying on a report that sidesteps these critical risks when informing treatment policies for minors?

(7) Detransition and Desistance: The Sax report relegates discussion of detransition to an appendix and cites a Dutch study claiming it is "very rare," despite evidence suggesting higher rates and underreporting. How will NSW Health address the needs of detransitioners, and why was this issue not given more prominence in the Sax report?

(8) Influence of NSW Health on the Report: The article notes that NSW Health framed the questions, participated in refining the literature search, and co-developed the inclusion criteria for the Sax evidence check. How can you assure the public that this involvement did not bias the report toward supporting NSW Health's expansion of gender-affirming treatments?

(9) Outdated Guidelines: The Sax report excludes the Royal Children's Hospital Melbourne, Endocrine Society, and WPATH guidelines from its evaluation, despite

NSW Health's reliance on them. Given that these guidelines were rated poorly by the Cass Review for lacking evidence, will NSW Health reconsider their use in favor of more evidence-based approaches?

(10) Response to Criticism: Experts like Dr Philip Morris, Dr Jillian Spencer, Dr Andrew Amos, and Professor John Whitehall have criticised the Sax report as shoddy, biased, and less rigorous than the Cass Review. How do you respond to these concerns, and what steps will NSW Health take to ensure its policies are based on high-quality, unbiased evidence rather than the Sax Institute's findings?

RESPONSE

I am advised:

The Chief Health Officer resigned from the Board of the Sax Institute on 10 November 2023 (as advised in September 2024).

NSW Health commissioned the Sax Evidence Check Update, which provides summaries of international and domestic peer-reviewed literature published since 2019 into treatment options for young people with gender dysphoria, in what is a constantly evolving research field.

The Grant Agreement with NSW Health requires that the Sax Institute must comply with the ethical research policies of the National Health and Medical Research Council (NHMRC), including the Australian Code for the Responsible Conduct of Research, and requires declaration of any Conflict of Interest that may impact the Institute's ability to fairly and independently perform its obligations.

A draft version of the Sax Evidence Check Update report was provided to NSW Health in February 2024. The report was finalised and made public in September 2024.

The volume of evidence supporting gender affirming care has increased rapidly over time, but is limited to lower quality studies. High-quality studies require large-scale comparative sample sizes with long-term follow up. Gender services in Australia are collaborating through a research consortium to improve the quality of the evidence base around gender affirming care.

The Australian Government has announced the NHMRC will undertake a comprehensive review of the Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents in Australia and develop new national guidelines.

NSW Health considers a range of inputs to support the delivery of trans and gender diverse healthcare for young people including, but not limited to, Sax Evidence Checks, national and international clinical guidance, expert advice from the Clinical Advisory Group, Consumer Advisory Panel, Statewide Steering Group of the Specialist TGD Health Service, and service reviews of gender services (e.g. Queensland and England).

ACON Q25/588

(11) In your answer to my question on notice item 3690 you referred to an annual grant that is provided to ACON with performance measures in place that relate to government strategies about HIV and other STIs.

(a) What are these performance measures? Have they demonstrated value for money?

(b) Does NSW Health acknowledge that ACON's failure to disaggregate its financial reporting makes it impossible for the public to fully understand how its funding is allocated?

(c) NSW Health has previously engaged independent evaluations of non-governmental organisations funding to assess service delivery effectiveness and financial oversight. Will it apply similar mechanisms to ensure ACON's funding is allocated appropriately, such as commissioning a formal assessment by the NSW Audit Office, Productivity Commission, or an equivalent external body? If not, why not?

RESPONSE

I am advised:

The agreement is monitored through quarterly performance reports and ACON submits an annual activity report and annual financial reports.

ACON acquits its grant each financial year to the Ministry of Health as part of its annual financial reporting obligations.

The Ministry of Health has robust reporting requirements for all Ministry Approved Grants and is satisfied with ACON’s performance.

GENDER TREATMENT Q25/589

(12) As at 21st August 2025, how many children and adolescents who may be or are gender dysphoric or gender questioning are currently being treated by Sydney Children's Hospitals Network?

(13) As at 21st August 2025, how many children and adolescents who may be or are gender dysphoric or gender questioning are currently being treated at Maple Leaf House?

(14) As at 21st August 2025, how many children and adolescents who may be or are gender dysphoric or gender questioning are currently being treated at True Colours?

(a) When did the True Colours facility open its doors?

(15) Did the NSW Health Legal and Regulatory Services Branch have any involvement or oversight in the development of the 2023 Framework for the Specialist Trans and Gender- Diverse Health Service for People Under 25 Years?

(16) Did any non-government organisation(s) have any involvement in the development of the 2023 Framework for the Specialist Trans and Gender-Diverse Health Service for People Under 25 Years?

(a) If so, who were the organisation(s)?

(17) What steps has NSW Health taken to ensure that medical practitioners prescribing cross-sex hormones are aware of the risks of criminal liability set out in the minors section of the NSW Health's 2025 Consent to Medical and Healthcare Treatment Manual?

(18) What steps has the Minister for Health taken to determine whether or not medical practitioners have breached s175 of the *Children and Young Persons (Care and Protection) Act 1998* by prescribing cross-sex hormones to minors under the age of 16 without the approval of the NSW Civil and Administrative Tribunal?

(19) What steps has NSW Health taken to determine whether or not medical practitioners have breached s175 of the *Children and Young Persons (Care and Protection) Act 1998* by prescribing cross-sex hormones to minors under the age of 16 without the approval of the NSW Civil and Administrative Tribunal?

(20) On the NSW Health's Specialist Trans and Gender Diverse Health Service webpage it states:

" NSW Health is committed to providing the best possible care for trans and gender diverse young people and their families across NSW.

NSW Specialist Trans and Gender Diverse Health Service (TGD Health Service) provides medical, nursing, and allied health specialist care to make sure trans and gender diverse young people from across NSW get the support they need. The TGD Health Service includes Maple Leaf House (up to 25 in Rural and Regional areas), SCHN Trans and Gender Diverse Service (up to 16 in Sydney areas) and True Colours (16 - up to 25 in Sydney areas).

Our services provide evidence-based, holistic and tailored care to support the individual and their health goals. Being trans and gender diverse is experienced and expressed in many different ways so it is important that care and support reflects what each person needs."

As you would be aware, there is a growing number of individuals in the community

known as detransitioners who are seeking medical and health care services arising from undertaking transgender treatment procedures.

(a) Has NSW Health established specific medical and health care services for detransitioners?

  i. If so, when were those services established?

  ii. If not, why not?

(b) If such services have not yet been established by NSW Health, when will they be introduced?

(c) Within NSW Health, where do detransitioners specifically go to access medical and health care services?

(d) How are employees of NSW Health made aware of the detransitioner medical and health care services?

(e) How is the public made aware of the detransitioner medical and health care services offered by NSW Health?

RESPONSE

I am advised:

The Ministry of Health does not centrally hold the data requested.

True Colours became fully operational on 1 July 2024.

The Ministry of Health's Health Legal and Regulatory Services Branch approved the Framework content. It also works with staff of the Specialist Trans and Gender Diverse Health Service to provide case by case advice, information sessions and other supports.

The Framework was circulated to NGO members of the LGBTIQ+ Health Strategy Implementation Committee, including ACON, Twenty10, Trans Pride Australia and The Gender Centre. The Framework was also circulated to all NSW Health districts and networks, representatives of Primary Health Networks, and relevant Ministry of Health branches.

The Service will support a young person if their goals change along the way, including discontinuing medical treatments if needed.

PREGNANCY TERMINATION Q25/590

(21) Since the commencement of the *Abortion Law Reform Act 2019* on 2nd October 2019, NSW Health has had four versions of the "Notification of termination of pregnancy" form –

October 2019, August 2020, June 2023 and June 2025. The first three versions of the form contained a specific question regarding terminations carried out for the sole purpose of sex- selection. The most recent version of the form (June 2025) has removed the specific question regarding terminations carried out for the sole purpose of sex-selection.

(a) Why was the specific question regarding terminations carried out for the sole purpose of sex-selection removed from the most recent version of the "Notification of termination of pregnancy" form?

(b) When will the specific question regarding terminations carried out for the sole purpose of sex-selection be reincorporated into the "Notification of termination of pregnancy" form?

(22) Beyond the formal qualifications held by an endorsed midwife, what additional training/certification/qualification etc. is required before the endorsed midwife is able to perform medical terminations?

(23) Beyond the formal qualifications held by a nurse practitioner, what additional training/certification/qualification etc. is required before the nurse practitioner is able to perform medical terminations?

(24) Regarding the oral evidence provided at the hearing that with respect to the implementation of the *Abortion Law Reform Amendment (Health Care Access) Act 2025,* that relevant NSW Health policy documents in relation to pregnancy termination are being reviewed and updated, will the policy documents contain an explanation of conscientious objection rights prescribed in clause 9 of the *Abortion Law Reform Act 2019*?

(25) What steps does a person working in a NSW Health facility take if they believe their conscientious objection rights pursuant to clause 9 of the *Abortion Law Reform Act 2019* are being threatened or not observed?

(26) Regarding the oral evidence provided at the hearing with respect to the investment in SEARCH and SEARCH+ by NSW Health, what has that investment been?

(a) Detail the specific dollar investment in SEARCH and SEARCH+?

(27) With respect to the "40 sites providing medical or surgical abortions around the state" referred to at the hearing, please list the 40 sites?

RESPONSE

I'm advised:

Regarding the 'Notification of termination of pregnancy' form, please refer to the answer to Supplementary Question 174

Endorsed midwives and nurse practitioners need to consider their individual scope of practice and the setting in which they practice before performing a termination of pregnancy. The NSW Health website provides information about pregnancy options for

health professionals at www.health.nsw.gov.au/women/pregnancyoptions/Pages/for-health-professionals.aspx.

The NSW Health Policy Directive *Framework for Termination of Pregnancy In New South Wales* (PD2025_026) provides information about conscientious objection.

Where staff believe they are the subject of unreasonable treatment from the organisation or another person(s) in the workplace because of a conscientious objection to termination of pregnancy, they may raise concerns with their manager and/or local HR contact. The processes outlined in statewide policies including the NSW Health *Resolving Workplace Grievances* Policy Directive (PD2016_046), *Prevention and Management of Unacceptable Workplace Behaviours* Policy Directive (PD2025_022), and/or *Managing Misconduct, Serious Performance and Child Related Concerns* Policy Directive (PD2025_021) apply.

Grants awarded by the NSW Government are listed on the grant finder website at www.nsw.gov.au/grants-and-funding.

The access and availability of abortion services in public hospitals is determined by local health districts based on local needs, service capability and capacity.

QUESTIONS FROM THE HON ROD ROBERTS MLC

NSW AMBULANCE – DR DOMINIC MORGAN ASM, CHIEF EXECUTIVE

PARAMEDIC WELLNESS Q25/591

(28) I refer you to page 11 of the uncorrected transcript where, under questioning from the Hon. Rod Roberts, you stated, "We have two more tranches of this program and really the approach we're taking is to mitigate as much fatigue and on-call around regional New South Wales as we possibly can." Was NSW Ambulance given a direction from Safe Work NSW to remove on-call or mitigate it?

(a) Post the removal of on-call has paramedic wellness been measured?

i. If so, how?

RESPONSE

I'm advised:

No. NSW Ambulance measures benefits realisation of all locations across the state where on-call is removed or reduced.

QUESTIONS FROM MS CATE FAEHRMANN MLC

HUMAN HEALTH AND ENVIRONMENTAL RISK ASSESSMENTS Q25/592

(29) Have any agencies in the Health Portfolio ever engaged EnRisks to conduct human health and/or environmental risk assessments?

(a) If yes, how many risk assessments have EnRisks conducted for the Health Portfolio in the 10 years between 2015 and 2025?

i. Please provide details for each risk assessment, including what the assessment covered, when it was commissioned, when it was finalised and whether it has been publicly released (including a link to the final assessment where available)?

RESPONSE

I am advised:

Health Protection NSW has engaged Environmental Risk Sciences (EnRiskS) 4 times for risk-assessment work in the period 2015–2025 (to date).

Cadia Deep Dive Investigation - Environmental Assessment
Scope: Assessment input to NSW Health's investigation into potential dust/heavy-metal exposure from the Cadia mine.
Commissioned: June 2024 **Finalised/Published:** August 2025
Public release: https://www.health.nsw.gov.au/environment/Publications/cadia-investigation.pdf

PFAS - Expert Advisory Panel Technical Risk Advice
Scope: Technical risk advice and papers (e.g. thresholds/key messages) to NSW Health's PFAS Expert Advisory Panel.
Commissioned: May 2025 **Finalised/Published:** August 2025 (panel recommendations)
Public release: https://www.health.nsw.gov.au/environment/Documents/pfas-recommendations.pdf

Rozelle Parklands - HHRA (Asbestos in Mulch)
Scope: Human Health Risk Assessment for asbestos-contaminated recycled mulch at Rozelle Parklands/related sites.
Commissioned: March 2024 **Finalised/ Published:** Apr 2024 (short-form HHRA)
Public release: https://www.epa.nsw.gov.au/Working-together/Community-engagement/updates-on-issues/asbestos-in-mulch-investigation/Human-health-risk-assessment

Power Stations and Associated Coal Ash Dams in Central Coast NSW – Human Health Risk Assessment
Scope: Human Health Risk Assessment for potential exposures to chemicals derived from air emissions and coal ash dams in the Lake Macquarie area.
Commissioned: December 2024 **To be finalised:** Mid 2026
Public release: Not yet available.

EARLY DRUG DIVERSION INITIATIVE Q25/593

(30) In answer to Question on Notice 4114, I was advised that from 1 March 2024 to 28 February 2025, 121 criminal infringement notice recipients have elected to complete the health intervention under the Early Drug Diversion Initiative. Since 28 February 2025, how many additional recipients have elected to complete the health intervention?

(a) Based on the latest available data, since the Early Drug Diversion Initiative came into effect on 29 February 2024 how many calls have the Alcohol & Drug Information Service (ADIS) received from those diverted into the program?

i. Please provide this information broken down month by month.

(b) How many people have completed an appointment with the nominated health professional over the phone:

i. Please provide this information broken down month by month.

RESPONSE

Criminal Infringement Notice data is collated by the Bureau of Crime Statistics and Research (BOCSAR) on behalf of NSW Police and released to partner agencies quarterly. For the period 1 March 2025 to 31 July 2025, 60 Criminal Infringement Notice recipients have completed the health intervention.

DRUG CHECKING TRIAL AT MUSIC FESTIVALS Q25/594

(31) Please provide a breakdown of the results of drug checking at each music festival where NSW Health has trialled its pill testing service including:

(a) The total number of patrons at the music festival

(b) How many people used the service

(c) How many tests were undertaken

(d) What the client thought they were getting tested and the results of the test, and

(e) Whether drug dogs and strip searching occurred at the festival.

RESPONSE

I am advised:

At the Yours and Owls festival:

- The total number of patrons was approximately 25,000 across both days of the event, or approximately 12,500 each day.
- 103 people used the service.
- 80 substances were tested.
- The most common drugs presented for testing were MDMA, ketamine and cocaine. Five samples had results different to the drug expected and 2 samples were inconclusive. No substances of immediate public health concern were identified.

At the Midnight Mafia festival:

- The total number of patrons was approximately 22,000.
- 165 people used the service.
- 115 substances were tested.
- The most common drugs presented for testing were MDMA and cocaine. Eight samples had results different to the drug expected and one sample was inconclusive. No substances of immediate public health concern were identified.

At the Hyperdome festival:

- The total number of patrons was approximately 10,000.
- 91 people used the service.
- 52 substances were tested.
- The most common drugs presented for testing were MDMA, ketamine and cocaine. Three samples had results different to the drug expected. There were no inconclusive samples. No substances of immediate public health concern were identified.

NSW Health does not hold information about the use of drug dogs or strip searching.

BROKEN HILL LEAD POISONING AND CONTAMINATION Q25/595

(32) Documents released through SO52 indicate that equipment used by health practitioners for lead testing are likely to now be obsolete. What impact is this having on the ability to monitor the health impacts of lead contamination on the Broken hill community?

(33) What proportion of lead testing equipment in use in Broken Hill as of 2022, is still functioning in 2025?

(34) If there has been a reduction in the availability of lead testing equipment used by health practitioners, is this causing delays in testing for the Broken Hill community?

i. If yes, please detail the delays and the actions being taken to address them.

RESPONSE

I am advised:

The Western NSW Public Health Unit has an authorised prescriber which enables the continued use of the LeadCare II Device under the Therapeutic Goods Administration Authorised Prescriber Scheme.

The number of machines has been adequate for the operation of the program. Authorised prescribers can procure the LeadCare II Device for the approved indication in line with operational needs.

ASSESSMENT OF POTENTIAL IMPACTS FROM THE PROPOSED BOWDEN'S LEAD MINE NEAR MUDGEE Q25/596

(35) As tabled in budget estimates on Thursday 21 August 2025, the Western and Far West NSW Public Health Unit reviewed and provided comment on the environmental impact statement (EIS) for the proposed Bowdens Silver Project. Have any other NSW Health public health units, or any other teams within NSW Health, provided comments on this EIS?

(a) If yes, could these please be made available, including details of the particular area of expertise of the staff that provided the comments?

(36) In the same tabled document noted above, it is noted that the Health Intelligence Unit for the Western and Far West NSW Local Health District reported higher rates of respiratory disease in this district and recommended that "Health Risks related to air emissions should be considered alongside the recommendations of the Environmental Protection Agency assessment of Air Quality Impacts in its submission dated 9 July 2020.". Please provide details of any further consideration by NSW Health of the health risks that might be posed by the Bowdens mine, in relation to air emissions.

RESPONSE

I am advised:

No other NSW Health public health units, or any other teams in NSW Health, provided comments on this Environmental Impact Statement.

The proponent of the mine is required to undertake an Environmental Impact Statement which includes a Human Health Risk Assessment as part of the development application process. Human health impacts due to the mine are addressed in the risk assessment and include consideration of conditions that are more common in Western NSW.

BLUE MOUNTAINS WEBINAR FOR GPS Q25/597

(37) In relation to the webinar briefing to Blue Mountains doctors regarding the management of patients who may present with concerns about PFAS exposure:

(a) Please list the details of the health professionals who presented at that webinar including whether they have work/ed for or have had any association with NSW Health or any other government agency, detailing this if so.

(b) How many doctors attended the briefing?

RESPONSE

I'm advised:

Details of the presenters at the webinar *Supporting patients with concerns about PFAS exposure* on 23 July 2025 are on the Nepean Blue Mountains Primary Health Network website. Presenters Dr Debra King, Professor Nick Buckley, Professor Tim Driscoll, Dr Claire Hooker and Professor Alison Jones were members of the NSW Health Expert Advisory Panel on PFAS. Their relevant expertise is in the Panel's Terms of Reference located on the NSW Health website.

The Nepean Blue Mountains Primary Health Network has advised NSW Health that there were 18 attendees online during the webinar.

PFAS HEALTH IMPACTS Q25/599

(38) On p.3 of the recommendations of the PFAS Expert Health Panel, the panel concluded "There have been few high-quality studies of workers exposed to high levels of PFAS, and threshold levels". Has the NSW Government undertaken further research of the impacts on workers exposed to high levels of PFAS in impacted communities?

(a) Please provide details of any additional research undertaken or commissioned by the NSW Government.

RESPONSE

I am advised:

NSW Health is not aware of research on workers undertaken or commissioned by the NSW Government.

MEETING WITH GM3

(39) On 23 May this year you met with the mining company GM3 who have recently purchased Dendrobium mine at Appin. What was that meeting about?

RESPONSE

I am advised:

GM3 provided an introduction to its business operations and community programs in the Illawarra.

QUESTIONS FROM DR AMANDA COHN MLC

HEALTH AND REGIONAL HEALTH

SAFE STAFFING LEVELS Q25/599

(40) What is the total allocated FTE and total recruited FTE for each hospital included in the rollout of Safe Staffing Levels to date?

(41) What is the timeframe to implement Safe Staffing Levels in wards and departments other than Emergency departments?

RESPONSE

I am advised:

Staffing levels are determined by a hospital's peer grouping and the complexity of services provided.

Safe Staffing Levels will be progressively rolled out across hospitals and departments in a staged approach up to June 2027.

SPECIAL COMMISSION OF INQUIRY INTO HEALTHCARE FUNDING

Q25/600

(42) When will the Government response to the Special Commission of Inquiry into Healthcare Funding be made public?

(43) Which Local Health Districts, if any, currently invite Medical Staff Council Chairs to attend board meetings?

RESPONSE

I am advised:

The Government is considering the Report and its response will be released in due course.

Minutes of board meetings are available on local health district websites.

PREVENTIVE HEALTH Q25/601

(44) The National Preventive Health Strategy (2021) recommends increasing national health expenditure for public and preventive health activities to 5 percent by 2030. Does the NSW government support this target?

(45) How is preventive health currently addressed through the whole-of-government?

(46) What are the current barriers to updating government policy development or budget submission processes to require that all new initiatives be assessed for their impact on population health and wellbeing?

(47) What specific prevention programs are being delivered to reduce preventable disease for Aboriginal and Torres Strait Islander people in NSW?

(a) How is the success of these programs measured?

RESPONSE

I'm advised:

The *National Preventive Health Strategy 2021-2030* uses data reported by the Australian Institute of Health and Welfare (AIHW) to track a target to increase spending on prevention across federal, state and territory budgets. Data is reported though the AIHW's National preventive health monitoring dashboard at www.aihw.gov.au/reports/risk-factors/nat-preventive-health-monitoring-dashboard/contents/interactive-dashboard.

A key objective for NSW Health is partnering with government agencies and other key stakeholder, to address the social determinants of health, as reflected in NSW Health statewide plans including *Future Health: Guiding the next decade of health care in NSW 2022-2032*, *NSW Regional Health Strategic Plan (2022-2032)*, the *NSW Health Workforce Plan (2022-2032)*, and the *Healthy Eating & Active Living Strategy 2022-2032*.

NSW Health provides several preventive health programs for Aboriginal communities, including:

- The *NSW Knockout Health Challenge* (www.nswknockouthealthchallenge.com.au)..
- The free health coaching *Get Healthy* Service (www.healthyliving.nsw.gov.au/free-coaching-and-information-service.
- The NSW Quitline, provision of free nicotine replacement therapy through NSW Aboriginal Community Controlled Health Services, and developing culturally appropriate resources in partnership with Aboriginal people.
- Targeted blood-borne virus and sexually transmissible infection prevention programs, including *Take Blaktion*, *Deadly Liver Mob*, and *Yarnin' about hep B and hep C*.
- Grant funding for Aboriginal Community Controlled Health Organisations to deliver culturally appropriate primary healthcare and holistic health and wellbeing services including health promotion activities. Data on the progress and outcomes for Aboriginal people for programs delivered through ACCHOs are published by the AIHW.

PRIMARY CARE Q25/602

(48) What discussions has the NSW Government had with the Commonwealth to address the GP access crisis identified in the SCoI report in rural and regional NSW?

(49) How many general practice registrars are currently employed though the single employer pathway in each Local Health District?

RESPONSE

I am advised:

NSW continues to work with the Commonwealth through a variety of forums including the Health Ministers' Meeting (HMM) to improve access to primary care in rural and regional areas.

The Commonwealth, states and territories are currently in negotiations on the next Addendum to the National Health Reform Agreement (NHRA). Ensuring an effective interface between public hospitals and primary care is a key reform priority identified as part of the mid-term review of the NHRA.

There are currently 40 Rural Generalist Single Employer Pathway trainees employed across 8 regional Local Health Districts (LHDs):

FIRST NATIONS HEALTH Q25/603

(50) How many Aboriginal Liaison Officers are currently employed across NSW Health?

(51) What measures does NSW Health have in place to assess the effectiveness of "Respecting the Difference" training?

(52) What specific interventions are in place for Aboriginal communities, to ensure NSW achieves its Closing the Gap target by 2031?

RESPONSE

I am advised:

Information about the number of Aboriginal Liaison Officers is not held centrally by the Ministry of Health.

NSW Health assesses compliance with the mandatory Respecting the Difference learning product by monitoring agencies' performance against the target of 90% completion for both the e-Learning and face-to-face components. Training effectiveness assessments are completed at a local level and may include staff responding to a survey.

The NSW Government committed $202.4 million in the 2025-26 Budget to Close the Gap over the next 4 years – www.nsw.gov.au/ministerial-releases/nsw-government-invests-2468-million-to-close-gap-unprecedented-partnership-aboriginal-organisations.

ADHD DIAGNOSIS AND PRESCRIBING REFORM Q25/604

(53) What is the funding allocation for training GPs within Tier 1 and Tier 2, including child and adult focus within Tier 2, respectively?

(54) How many GPs have submitted EOIs for Tier 1 and Tier 2 training, including for child and adult focus within Tier 2, respectively?

- (a) How many of the EOIs were from regional or rural NSW within each tier?
- (b) How will uptake be encouraged/supported for GPs in rural and regional NSW?

(55) How many GPs is NSW health prepared to offer training for within each of these tiers?

(56) How will the tier 2 training program for GPs be developed?

- (a) How will GPs' skills be evaluated?
- (b) When will Tier 2 GPs be ready to commence in practice?
- (c) Is the accredited training for GPs intended as a one-off training requirement, or will there be ongoing competency or refresher training obligations?
- (d) Is there a mechanism for GPs to receive exemptions or advanced standing in the new training based on their prior education or experience?

(57) Regarding current shortages of medications prescribed for ADHD, what is the NSW government doing to ensure that patients relying on this already stretched supply can access the ADHD medication they have been prescribed?

(58) Will GPs currently approved under Other Designated Prescriber (ODP) scheme need to be re-trained, or will their prior approval under this scheme be recognised?

RESPONSE

I am advised:

Information about training for continuation prescribers (tier 1) is on the Agency for Clinical Innovation website at https://aci.health.nsw.gov.au/projects/adhd-in-general-practice/clinicians/how-to-apply. The funding allocation for endorsed prescriber (tier 2) training will be agreed through further consultation with the NSW ADHD Clinical Governance Working Group.

As of early September 2025, over 1000 GPs have submitted an expression of interest (EOI) to participate in the reforms. Over 500 EOIs were received from GPs practicing in regional and rural NSW. Relevant primary health networks will be engaged to encourage GPs practicing in regional and rural NSW to participate in the reforms.

There is no limit on the number of GPs eligible to apply to become continuation prescribers (tier 1). There will be a small number of GPs supported to become endorsed prescribers (tier 2).

Following the implementation of continuation prescribers (tier 1) on 1 September 2025, focus will shift to the development of requirements for endorsed prescribers (tier 2).

Information about the Methylphenidate shortage is on the NSW Health website.

The Other Designated Prescriber status will not change with the implementation of continuation prescribers (tier 1).

AOD TREATMENT Q25/605

(59) What is the mean waiting time for patients seeking to access public alcohol and other drug withdrawal management and residential rehabilitation services statewide?

(a) What is the mean waiting time for each Local Health District?

(60) How many people are currently on the priority list for public alcohol and other drug withdrawal management and residential rehabilitation?

(61) For each Local Health District, how many beds are available for public alcohol and other drug withdrawal management and residential rehabilitation in NSW?

RESPONSE

I'm advised:

NSW Health does not have data on wait times for publicly funded alcohol and other drug withdrawal management and residential rehabilitation services.

Access to publicly funded alcohol and other drug withdrawal management and residential rehabilitation services is available based on assessed clinical need.

Information about NSW Health-funded withdrawal management and residential rehabilitation services is available on the NSW Health website at www.health.nsw.gov.au/aod/Pages/wmrs-contact.aspx.

ASMOF INDUSTRIAL ACTION Q25/606

(62) Leading up to the April 2025 industrial action by the Australian Salaried Medical Officers Federation, junior doctors received letters from Directors of Medical Services warning that their planned industrial action may "result in disciplinary action, for example, where patient neglect or harm results". What evidence was there to indicate that planned industrial action by medical staff posed a risk to patient safety?

(63) Was the Ministry aware of arrangements made within medical teams to ensure continuity of patient care?

RESPONSE

I am advised:

There is an inherent risk that when doctors take industrial action by way of a statewide strike, there will be a reduction in usual staff levels and minimum staffing required to safely deliver services will not be met.

Additionally, in the case of the industrial action on 8-10 April 2025, ASMOF directed its members not to communicate with managers about whether they were participating in the strike, which exacerbated difficulties in contingency planning and ensuring minimum staffing levels were able to be met.

Mitigation planning was primarily managed at a local level by the public health organisations (i.e. local health districts and specialty networks) and individual facilities.

VAPING/PAVE Q25/607

(64) How many people have downloaded and accessed the Pave application, which is aimed at helping young people quit vaping.

(a) What is the median age of users of Pave, if known?

(b) Have there been any reported positive outcomes?

(65) Is the government funding any other programs to support young people to quit vaping?

RESPONSE

I am advised:

There have been over 7,000 downloads of Pave with an estimated median age of 23 years.

The Cancer Institute NSW will shortly begin a research project to quantify the app's impact and gather more detailed user data. Positive anecdotal feedback from users has been received to date.

The mass media behaviour change campaign ('Every Vape is a Hit to Your Health') will run from November 2025 to May 2026.

In 2025-26, the Cancer Institute NSW is undertaking the design and build of an enhanced version of the Pave app. This project has been jointly funded by an Australian Government commitment of $1.75 million and a NSW Government commitment of $650,000.

DENTAL CARE Q25/608

(66) The participation rate of the Child Dental Benefits Scheme has yet to reach 40% of eligible kids. What strategies are in place to encourage uptake, particularly in priority populations?

(67) In which Local Health Districts do Mobile Dental Vans operate?

(68) Where will the additional mobile dental vans funded in the 2025-26 budget be allocated?

(69) What is the quantum of forward funding for the Mobile Dental Van program?

RESPONSE

I am advised:

The Child Dental Benefits Schedule is the responsibility of the Australian Government.

Details of the NSW Health Primary School Mobile Dental Program are available at www.health.nsw.gov.au/oralhealth/primaryschooldental.

Mobile Dental Vans operate in 11 Local Health Districts in NSW: Central Coast, Far West, Hunter New England, Illawarra Shoalhaven, Mid North Coast, Murrumbidgee, Nepean Blue Mountains, South West Sydney, Western NSW, Northern NSW and Western Sydney. Details of the NSW Health Primary School Mobile Dental Program are available on its webpage.

As part of the 2025-26 State Budget, the NSW Government is investing an additional $37.5 million over four years to expand mobile dental services in five regional and remote local health districts.

SUSTAINABILITY Q25/609

(70) Is NSW Health on track to deliver a 50% reduction in emissions by 2030, per the Net Zero roadmap?

(71) When will the implementation plan be released to support this work?

(72) The Net Zero roadmap commits to increasing procurement of renewable electricity by 2030. Is there a target for this increase?

(73) The Net Zero Roadmap provides that when reaching end-of-life, and where feasible, gas- fired plant and equipment must be replaced with electric or other fossil fuel alternatives by 2035.

- (a) What is the status update on this work?
- (b) Have any new hospitals been fitted with gas appliances in 2024/25?
- (c) Of new hospitals and hospital redevelopments in the planning pipeline, which (if any) include gas connections and/or gas appliances?
- (d) Does this commitment in the Net Zero Roadmap mean that gas appliances could continue in use past 2035, if they weren't nearing end of their life?
- (e) What would be considered a reason for the replacement of equipment to be unfeasible under this commitment?

(74) What was the total pool of funding available to applicants in the 2025 round of the Sustainable Futures Innovation Fund?

(75) Will there be a 2026 round of the Sustainable Futures Innovation Fund?

- (a) If so, how much money has been allocated to this Fund in the 2025-26 budget?

RESPONSE

I'm advised:

As part of the NSW Government's Net Zero Government Operations (NZGO) Policy, agencies (including NSW Health) are required to publish Net Zero Transition Plans for scopes 1 and 2 by 1 January 2026. NSW Health's scope 1 and 2 emissions data profile will be published in NSW Health's Annual Report 2024-25.

NSW Health is committed to achieving the state's Net Zero Targets, as legislated in the *Climate Change (Net Zero Future) Act 2023* NSW. This includes procuring sufficient renewable electricity to achieve a 50% reduction in emissions by 2030.

NSW Health procures electricity under a whole of government electricity contract managed by NSW Procurement. Under this contract, as more and more renewables are added to the state's electricity grid, the amount of renewable electricity procured by NSW Health also increases.

Health Infrastructure requires projects in planning to develop their own Net Zero Plan, which includes future proofing and retro-fitting fully electric systems where electrification is not currently feasible. All new hospitals are required to be 100% electric. No new gas appliances were fitted to Health Infrastructure projects in 2024-25.

Refurbishments may be required to continue to use gas connections and gas appliances. Where it is not cost effective to remove gas-fired plant, and where that plant is not nearing end of life, it may continue to operate past 2035. These decisions are made locally with factors such as cost, availability of resources and the impact on the provision of frontline healthcare services are considered.

The total program funding allocation for 2024-25 for the Sustainable Futures Innovation Fund was $279,749. The Sustainable Futures Innovation Fund funding allocation for 2025-26 is not yet confirmed and details will be published on the NSW Health website at www.health.nsw.gov.au/netzero/Pages/innovation-fund.aspx.

GENDER EQUALITY ACTION PLAN Q25/610

(76) What funding is allocated to implementing the Gender Equality Action Plan 2025-2028?

  (a) Is there a commitment to funding outcomes from the action to "identify and develop processes that support our staff to apply intersectional gender and sex analysis, including in making policies, service planning, grants and research funding?

    i. If so, what is the funding commitment?

(77) Who are the representatives on the Gender Equality Implementation team?

  (a) Who are the 'implementation partners' on the team?

(78) What resourcing is attached to the Gender Equality Implementation team?

RESPONSE

I am advised:

The implementation of the NSW Gender Equality Action Plan 2025-28 will be funded using existing NSW Health resources.

All NSW Health organisations are partners in developing targets and strategies such as leadership pathways and programs to reduce gender segregation in their workforce.

LGBTQIA+ HEALTH Q25/611

(79) In phase one of the LGBTIQ+ Health Strategy, ending in December 2023, the department committed to updating the implementation plan throughout the next five years as progress is made. Has the implementation plan been updated?

(a) If not, when will it be updated?

(80) Will the Strategy be renewed beyond 2027?

(81) What collaboration or consultation has been conducted with LGBTIQ+ communities on the development of the Single Digital Patient Record?

(82) How is NSW Health ensuring that the Single Digital Patient Record will collect and use data relating to sexual orientation, gender identity, and variations of sex characteristics effectively, sensitively and consistently?

RESPONSE

I am advised:

The LGBTIQ+ Health Strategy implementation plan is currently being updated by NSW Health.

The Single Digital Patient Record will offer functionality to better meet the needs of the people from LGBTIQ+ communities by recording and displaying preferred name, pronouns and gender identity. A working party was established to consult on this work, with representatives from LGBTIQ+ community organisations and across NSW Health.

MANDATORY TRAINING FOR NSW HEALTH EMPLOYEES Q25/612

(83) What is the total number of hours per year spent by NSW Health staff completing mandatory training modules?

(84) How is the effectiveness of mandatory training modules evaluated?

(85) What evidence supports the development and implementation of mandatory training modules for NSW Health staff?

RESPONSE

I am advised:

From January to December 2024, the total number of hours spent by NSW Health staff completing mandatory training modules was 826,171 hours.

Mandatory training modules are evaluated by NSW Health's Mandatory Training Standing Committee.

Mandatory training in NSW Health is developed and implemented based on alignment with one or more of the following: a legislative obligation, a National Safety and Quality Health Service Standards (NSQHSS), or an organisational requirement.

SHELLHARBOUR HOSPITAL Q25/613

(86) Does the Government commit to retaining the current Shellharbour Hospital site in public ownership once the new hospital opens?

(a) Will you rule out any sale or long-term private lease of the site?

(87) What, if any consultation process will occur before deciding the site's future use?

(88) Has the Government undertaken any analysis on possible future uses of the old Shellharbour Hospital site?

RESPONSE

I am advised:

The future use of the current Shellharbour Hospital site will be assessed in consideration of NSW Health and Whole of Government priorities.

OLD MAITLAND HOSPITAL Q25/614

(89) When will stakeholder and community consultation on the future of the former Maitland Hospital site begin?

(90) What formal consultation process will occur before deciding the site's future use?

- (a) Who will lead consultation?
- (b) Will it be independently facilitated?
- (c) Will it enable input from local residents, health workers, local government and community organisations?
- (d) What is the expected timeline from the start of consultation to a final decision on the site's future use?

(91) What is the current cost to NSW Health of maintaining the old Maitland Hospital site?

RESPONSE

I am advised:

NSW Health is in the final stages of engaging Property & Development NSW to manage the process including consultation and the Expression of Interest.

The site is still utilised by the Hunter New England Local Health District for a range of specific community Health services. Accordingly, the provision of maintenance and security forms part of their budget.

PARKES HOSPITAL STAFFING Q25/615

(92) What was the rationale for rejection of a proposal for one additional nurse per shift in the Parkes Hospital emergency department?

(93) Does the eventual roll-out of safe staffing levels prevent allocation of additional staff to nursing rosters where there is demonstrated need in the interim?

RESPONSE

I am advised:

Parkes Hospital's activity presentation numbers and staffing levels have been compared with other Level 3 facilities. This review indicates no additional staff are currently required.

The rollout of Safe Staffing Levels does not prevent allocation of additional staff to nursing rosters.

GRAFTON HOSPITAL REDEVELOPMENT Q25/616

(94) Are Stage 1 redevelopments of Grafton Hospital set to be completed in 2030?

(a) If not, what is the revised date?

(b) If not, why has this project been delayed?

(95) What is the cost of delaying the move of the maternity unit to the planned site at a later date, compared with completing it in stage 1?

(96) Is there planning for additional car parking?

(a) If so, where will the additional car parks be located?

(b) If so, how many additional car parks will be provided?

RESPONSE

I am advised:

Grafton Base Hospital Redevelopment is scheduled for completion in 2029. Dates listed in State Budget Papers are for anticipated financial completion, not construction completion.

Planning has been undertaken to ensure that the future relocation of the maternity service can be completed in a way that minimises additional costs and disruptions to hospital operations.

The redevelopment will provide additional onsite car parking. Further plans and detailed information will be provided with the upcoming public release of the Review of Environmental Factors (REF) planning application process.

ARMIDALE HOSPITAL RADIOLOGY DESERT Q25/617

(97) What is the cost to Hunter New England Local Health District of extended patient stays at Armidale Hospital awaiting an MRI from an external provider?

(98) What is the rationale for no MRI scanner being located at Armidale Hospital?

(99) Has any cost-benefit analysis or other assessment been conducted regarding the provision of an MRI machine at Armidale Hospital?

RESPONSE

I am advised:

An MRI scanner is outside the scope of Armidale Hospital's radiology service, which is at Level 4 role delineation. The town of Armidale is served by a privately-owned MRI scanner that is not operating at full capacity.

CALVARY MATER Q25/618

(100) Regarding reported issues with water tanks at Calvary Mater due to insufficient maintenance by NSW Health's private partners - what action has been taken to ensure that similar problems are not arising at other facilities managed under a public-private partnership?

RESPONSE

I am advised:

All other public-private partnerships have protocols in place so that any maintenance related issues are identified and adequately addressed.

MATERNITY/NEONATAL/MIDWIFERY SERVICES Q25/619

(101) Regarding maternity Services at Royal Prince Alfred Hospital (RPAH):

(a) How many positions are currently vacant in the Women and Babies Service?

(b) Are there currently any plans to cut any beds from the maternity ward?

(c) During the last financial year how many midwives left the public sector?

(102) In relation to the Sydney Local Health District overall, how many midwives left the public sector during the last financial year?

(103) In relation to the BirthRate Plus workforce planning tool

(a) If so, why

(b) If not, why?

(104) When does NSW Health expect the Chief Midwife role to be filled?

(105) Regarding the RPAH Neonatal Intensive Care Unit (NICU):

(a) Of the 16 Rescuitaires identified by the RPAH Newborn Care Team as requiring replacement in 2024, how many have been replaced?

(b) Of the 3 new Resucitaires that the RPAH Newborn Care Team identified as necessary in 2024, how many have been purchased?

(c) Of the Babyroo TN300 Resucitaires which are currently in use at RPAH NICU, how many of these are past their 10 year life cycle?

RESPONSE

I am advised:

Local health districts and hospitals vary staffing profiles and numbers to appropriately meet operational needs as required. Vacancies are actively recruited to as they arise.

The previous Birthrate Plus® assessment completed in July 2024 has not been implemented and a reassessment is underway.

In August 2025, the NSW Government announced a new Chief Midwife role in NSW Health.

The Babyroo TN300 Resucitaires were manufactured in 2024 and are the latest version.

NURSING WORKFORCE Q25/620

(106) How many nurses left the public sector from the Sydney Local Health District in the last financial year?

(107) How many nurses entered the public sector?

- (a) Of these, how many were employed on a temporary or casual basis?
- (b) Of these, how many have since left the sector?

(108) What is the average tenure of service of nurses?

- (a) What was the average tenure of services of nurses before leaving the public sector?

(109) In relation to RPAH:

- (a) How many staff members have secondary employment?
- (b) How many FTE permanent positions are currently vacant?
- (c) What is the average amount of weekly overtime hours worked per staff member?
- (d) What percentage of staff live:
  - i. Within the City of Sydney LGA?
  - ii. Within the Inner West LGA?
  - iii. Within 10km of RPAH?
  - iv. Outside of Greater Sydney?

RESPONSE

I am advised:

Local health districts and hospitals vary staffing profiles and numbers to appropriately meet operational needs as required. Vacancies are actively recruited as they arise.

Retention in nursing in NSW Health, like other disciplines and professions inside and outside of NSW Health, is impacted by staff who choose to take up other roles and opportunities, relocate, move for family reasons, or retire.

Where vacancies exist, local health districts have processes in place to action recruitment and support vacancies with use of casual pool and/or agency nurses.

Workforce data is detailed in the NSW Health Annual Report.

QUESTIONS FROM THE OPPOSITION

HEALTH, REGIONAL HEALTH THE ILLAWARRA AND THE SOUTH COAST

BROKEN HILL AMBULANCE STATION Q25/621

(110) The Broken Hill ambulance station has doubled in FTE employees in the last year or so, however the facilities have remained the same.

(a) Can you confirm if Ambulance NSW has plans to upgrade this facility?

(b) When is this scheduled to take place?

(c) Noting an ABC article from the 15th Aug, states there are plans to upgrade this facility by the end of the financial year. Is this timeline accurate?

(d) Has planning commenced?

(e) Has Ambulance NSW engaged with the Broken Hill paramedics?

(f) What will the refurbishment include? Is it major or minor works?

(g) What funding has been allocated to this project?

(h) When can the paramedics in Broken Hill expect shovels in the ground?

RESPONSE

I am advised:

Preliminary works have started for Broken Hill Ambulance Station to be refurbished during 2025-26.

REGIONAL AMBULANCE RAMPING Q25/622

(111) Minister, in mid-June the Daily Telegraph reported significant ambulance ramping in regional communities, particularly Lismore, Albury and the Hunter region. It's now been almost three weeks since it was revealed that John Hunter Hospital was only accepting patients with a risk of limb or life loss. We're still hearing reports from regional patients who can't access the help they need.

(a) Minister, do you think it's appropriate an elderly patient who is extremely ill and who has lost use of their body is told it will be a 2 hour wait for an ambulance?

(b) Minister, do you think it is appropriate an elderly patient who was advised to attend the ED is then turned away because there was no space for them?

(c) Minister, in a recent answer in question time you said building a hospital without an emergency department would be quote 'reasonably stupid' unquote. We're seeing hospitals in regional NSW are essentially operating without a functioning emergency department due to the Labor Government's inability to manage the health system. Would you consider this 'reasonably stupid'?

(112) Why is there such a double standard when it comes to regional health?

RESPONSE

I am advised:

NSW Health is committed to ensuring all patients can access the highest quality healthcare and support as quickly as possible, no matter where they live, or what level of care they need. For a period in the last week of July 2025, transfers to John Hunter Hospital from other hospitals were limited to patients requiring tertiary care. Emergency Department admissions and ambulance arrivals were unaffected, with no restrictions placed on emergency presentations.

Calls to Triple Zero (000) are triaged according to urgency and clinical need to ensure the most appropriate response for each patient.

John Hunter Hospital is the major tertiary referral hospital for northern NSW. Smaller hospitals are networked with larger facilities like John Hunter Hospital to ensure that patients have access to appropriate medical treatment and care. This means that patients from smaller hospitals are often transferred to John Hunter Hospital for specialist care and surgery.

FORSTER TUNCURRY HEALTH FACILITIES Q25/623

(NB – Given the confusion by the witnesses, by initially mis-identifying the project, we are seeking to recommit all the questions, to ensure a timely response.)

(113) Why has there been no visible progress or timeline announced for the Forster Tuncurry component of the Lower Mid North Coast Health Service project?

(114) Has planning formally commenced for the Forster Tuncurry Health Facility?

(a) If so, what stage is it at and when will the public see outcomes?

(115) Given the volume of enquiries from healthcare workers, patients and residents in the Myall Lakes electorate, why has there been no public update or community engagement on the status of the Forster Tuncurry health facility?

(116) How much has been allocated within the $180 million to fund the Forster Tuncurry Urgent Health Facility?

RESPONSE

I am advised:

Planning for a health facility at Forster-Tuncurry continues and the District will communicate updates with the community when these are available.

Final plans for a Forster-Tuncurry health facility have not been costed.

NURSING VACANCIES Q25/624

(117) What is the total number of funded nursing positions, broken down by LHD?

(118) How many nurses have departed NSW Health in the 12 months to 21 August by local health district?

(a) What is the reason most cited for departure?

(119) How many midwives have departed NSW Health since in the 12 months to 21 August by local health district?

(120) What is the total unfilled / vacant nursing positions by local health district?

(121) What is the total unfilled / vacant midwife positions by local health district?

(122) What is the total number of nurses currently employed by the NSW public sector?

(123) What is the total number of midwives currently employed by the NSW public sector?

(124) How many positions are filled by agency nurses?

(a) What is the total cost of these contracts?

(b) What's the average length of agency nursing contracts?

RESPONSE

I am advised:

Local health districts and hospitals vary staffing profiles and numbers to appropriately meet operational need at any point in time.

NSW Health staff numbers are included in the Annual Report.

NSW Health workforce full-time equivalent (FTE) growth is reported annually at the end of each financial year to account for seasonal activity variation.

STAFF VACANCIES Q25/625

(125) What is the number of allied health positions are vacant in hospitals across regional NSW, broken down by LHD and role?

(126) What is the number of staff specialist vacancies in hospitals across regional NSW, by role and LHD?

(127) What is the average recruitment time for clinical roles in regional facilities?

(a) By LHD?

RESPONSE

I am advised:

The local health districts have mechanisms in place to identify vacancies and recruit to positions in line with service delivery needs and models of care.

RURAL HEALTH WORKFORCE INCENTIVE SCHEME Q25/626

(128) How many NSW health staff have benefitted from the Rural Health Workforce Incentive Scheme in the following financial years:

- (a) 2022/23
- (b) 2023/24
- (c) 2024/25

(129) By health district, how many vacant health worker accommodation houses / units are currently available?

- (a) How many have waitlists?

RESPONSE

I am advised:

The NSW Government is investing $200.1 million in key health worker accommodation in regional NSW which is intended to support the recruitment and retention of over 500 health workers and their families in regional NSW by providing a range of new worker accommodation.

Delivery of staff accommodation projects within the initial investment of $73.2 million is progressing across 5 local health districts (Far West, Hunter New England, Murrumbidgee, Southern NSW, and Western NSW).

EMERGENCY DEPARTMENT NURSES Q25/627

(130) What is the total number of Emergency Department nurses, for each Regional NSW Hospital and urgent care service?

(a) As 1 July, 2025?

(b) As 1 July, 2024?

(c) At 1 July, 2023?

(d) At 1 July, 2022?

(131) How many emergency department nurses have left the role in the 12 months from 20th August 2025, broken down by LHD?

(132) How many emergency department nurses have left the role in the 24 months from 20th August 2025, broken down by LHD?

RESPONSE

I am advised:

NSW Health workforce full-time equivalent growth is reported at the end of each financial year to account for seasonal activity variation.

IPTAAS Q25/628

(133) What is the average processing time for IPTAAS claims?

RESPONSE

I am advised:

This information is publicly available on the NSW Health Regional Health webpage.

NSW HEALTH PUBLIC DENTAL SERVICES Q25/629

(134) How many NSW health public dental services are located outside metropolitan Sydney?

(a) Where are these services provided?

(b) What is the average wait time for an appointment, by LHD?

(c) What is the average wait time by type of care (e.g. emergency, general, child, specialist)?

(d) How many patients are currently on the waiting list in each LHD?

(e) What proportion of patients are seen within the recommended timeframe?

(f) How many dentists, dental therapists, and oral health professionals are employed in public clinics per LHD?

i. How many vacancies, by LHD?

RESPONSE

Information relating to services and activity data is available on the NSW Health website at www.health.nsw.gov.au/oralhealth.

AMBULANCE Q25/630

(135) What ambulance stations are scheduled for upgrades?

(a) For each scheduled upgrade;

i. What funding has been allocated to the project?

ii. Scope of the project?

iii. When works will commence?

iv. Scheduled completion time?

v. Will services be disrupted?

(136) What percentage of NSW residents are within 15 minutes of an ambulance station?

RESPONSE

I am advised:

For planned upgrades to ambulance stations, funding is allocated dependent on the works required. Each project is tailored to the specific needs of the station and its site, based on regular assessments conducted by NSW Ambulance.

Paramedics are a mobile workforce and usually respond from one patient to the next across NSW, regardless of whether they are located at a hospital, an ambulance station, or another location. Vehicles and their paramedic crew are moved throughout their shift to provide geographical coverage of ambulance resources across NSW.

ACCESS

1. What percentage of the population in each LHD lives within 30 minutes of a public hospital?
2. What proportion of the population in each LHD lives within 30 minutes of a public hospital with an open emergency department?
3. What is the average travel time (by road) to the nearest emergency department for residents in each postcode?
4. What is the total number of women in NSW who needed to travel over 100 km to access birthing services in the 12 months to 21 August 2025?
    (a) In the 12 months to 21 August 2024?

RESPONSE

I am advised:

See response to Supplementary Questions 212 to 215.

Additional supplementary

VIRTUAL CARE Q25/631

(137) How many patients presented to myVirtual Care:

(a) In 2024-25

(b) In 2023-24

RESPONSE

I am advised:

Data on the use of myVirtualCare is available in the NSW Health Annual Report, available here: https://www.health.nsw.gov.au/annualreport/Publications/annual-report-2024.pdf

AMBULANCES – HARRINGTON AREA Q25/632

(138) How many ambulances were dispatched to the Harrington area in:

(a) 2024-25

(b) 2023-24

RESPONSE

I am advised:

NSW Ambulance activity and performance data is publicly available on the Bureau of Health Information website at www.bhi.nsw.gov.au.

EMERGENCY INCIDENTS INITIALLY ATTENDED BY RFS AND SES VOLUNTEERS Q25/633

(139) How many emergency incidents were initially attended by volunteers from RFS or SES before ambulance could arrive?

RESPONSE

I am advised:

This data is not centrally held.

SOUTHCARE HELICOPTER Q25/634

(140) How much does the NSW Government contribute to the running of the Southcare helicopter?

(141) How many times was the Southcare helicopter dispatched to emergencies:

(a) In 2024-25

(b) In 2023-24

RESPONSE

I am advised:

The Southcare Helicopter service is fully funded by the NSW and ACT governments.

In 2024-25, the Southcare helicopter was dispatched 506 times.

In 2023-24, the Southcare helicopter was dispatched 496 times.

COOMA Q25/635

(142) What is the number of nursing staff currently living in the healthcare worker accommodation in Cooma?

RESPONSE

I am advised:

Ten nursing staff are living in healthcare worker accommodation in Cooma.

REGIONAL PATIENT TRANSPORT Q25/636

(143) How many times were ambulances used for patient transport in regional areas not equipped with a dedicated patient transport vehicle?

(144) How many times were emergency responses delayed while the locally stationed ambulance was transporting a patient to hospital?

(145) How many times ambulances transported patients from the Southern NSW LHD directly to Canberra Hospital?

(146) How many times ambulances transported patients from the Southern NSW LHD to Queanbeyan Hospital?

(147) How many times ambulances transported patients from the Southern NSW LHD to Cooma Hospital?

(148) How many times ambulances transported patients from the NSW Ski fields to hospital?

(149) How many incidents of ambulance ramping occurred involving NSW Ambulance at Canberra Hospital?

RESPONSE

I am advised:

NSW Ambulance activity and performance data is publicly available on the Bureau of Health Information website at www.bhi.nsw.gov.au.

TEMORA HOSPITAL Q25/637

(150) Minister, will the Temora Hospital redevelopment include any on-site or nearby accommodation for essential healthcare staff?

(151) Minister, what plans are in place to provide key worker accommodation in Temora to support staff working at the redeveloped hospital?

(152) Minister, has the government applied for or received any federal or interagency funding to support workforce housing for healthcare professionals in rural areas like Temora?

(153) Minister, what data does the department hold on staff vacancy rates linked to housing stress or lack of available accommodation in the Temora area?

(154) Minister, what specific options are being considered by Murrumbidgee Local Health District for procuring key worker accommodation in Temora?

(155) Minister, what is the estimated timeline for a decision on staff housing?

(156) Minister, has any funding been allocated from the $200.1 million regional key worker accommodation expansion announced in the 2024–25 State Budget to support accommodation in Temora?

(a) If Temora is not being considered for that program, why not?

(157) Minister, how many positions at Temora Hospital are currently unfilled or at risk due to lack of staff accommodation?

RESPONSE

I am advised:

Murrumbidgee Local Health District's key worker accommodation program includes consideration of all townships, with a blend of short and longer term accommodation options.

The District is progressing options to purchase residential accommodation in Temora.

The current permanent nursing vacancies at Temora Hospital is 6.5 FTE. All new staff can be placed in short-term accommodation if required.

COWRA HOSPITAL Q25/638

(158) Minister, when will the New Cowra Hospital and Redevelopment of the site be completed for community use?

RESPONSE

I am advised:

Please see media release - https://www.nsw.gov.au/departments-and-agencies/health-infrastructure/news/final-stages-for-cowra

COOLAMON-GANMAIN MPS Q25/639

(159) Minister, will you commit to the building of a new MPS at Coolamon-Ganmain?

(160) Minister, will you commit to the NSW State funding of a new MPS for the people of Coolamon-Ganmain.

(161) Minister will you be approaching the Federal Government in relation to the co-funding of Coolamon-Ganmain MPS ?

RESPONSE

I am advised:

The redevelopment of Coolamon Multi-Purpose Service is a capital investment priority of the Murrumbidgee Local Health District.

Any future funding commitment by the Government will need to progress to the annual Budget processes, noting that the prioritisation and sequencing of commitments being considered, is based on a range of factors, including funding availability and delivery capacity in consideration of Health's existing capital program.

GRENFELL MPS Q25/640

(162) Minister, will you commit to the building of a new MPS at Grenfell?

(163) Minister, will you commit to the NSW State funding of a new MPS for the people of Grenfell?

(164) Minister will you be consulting with the people of Grenfell to preserve the history of one of the oldest Medical Facilities in Western NSW?

(165) Minister will you be approaching the Federal Government in relation to the co-funding of Grenfell MPS ?

RESPONSE

I am advised:

Please refer to the response to Question on Notice LA 5546.

INTENSIVE CARE AMBULANCES Q25/641

(166) How do you expect an Intensive Care Paramedic (ICP's) to successfully keep their accreditation if they are working in a Non-Category A station where no ICU Ambulances are utilised.

(167) How many of the new ICP's in the Recent Government announcement on 31 July 2025 will be stationed at No Category A stations or Regional Category A?

RESPONSE

I'm advised:

NSW Ambulance trains novice Intensive Care Paramedics at Category A locations. Intensive Care Paramedics must complete 2 years of consolidation at these locations. Identified locations provide the right balance between frequency and complexity of clinical exposures.

CONSTRUCTION SITE SIGNAGE Q25/642

(168) Minister, with your various infrastructure projects across the state – what is the current colour on the bunting and wrap on the exterior fences? There are sites including Manning Base Hospital that have updated their wrap from blue to red. What does it cost for a typical site?

(169) Across NSW how many infrastructure projects are currently underway for NSW Health?

(a) How many have the new red coloured wrap?

(b) How many of those have replaced the blue?

(c) What is the total funding statewide to replace signage and wrap for NSW Health?

RESPONSE

I am advised:

All exterior shade cloth signage is compliant with the NSW Government brand guidelines existing when installed. Shade cloth is installed when new projects have started construction or where existing signage has required replacement due to changes in site requirements or damage. The NSW Government brand guidelines are developed by the Department of Customer Service; adherence to these guidelines is a whole-of-government requirement.

The cost of shade cloth varies depending on the size of the specific project site, its construction phase duration, and its staging requirements. These factors affect both production and installation costs.

Shade cloth costs come out of each project budget, in line with the current whole-of-government guidelines. NSW Health does not separate or centrally collate costs related to project signage across its portfolio.

KEMPSEY MATERNITY SERVICES Q25/643

(170) Will Kempsey District Hospital Remain at Level 3 seven days a week?

(171) Will Mid North Coast Local Health District guarantee level 3 Maternity services at Kempsey District Hospital in 2026?

RESPONSE

I am advised:

Kempsey District Hospital is committed to maintaining birthing services 7 days a week.

GLEN INNES HOSPITAL Q25/644

(172) When will construction of the Glen Innes Hospital redevelopment commence?

RESPONSE

I am advised:

Construction will commence on the $50 million hospital redevelopment after statutory planning approval and the tender process to appoint the main works contractor is complete.

MOREE AMBULANCE STATION Q25/645

(173) When will Moree receive a new or refurbished Ambulance Station, capable of adequately accommodating the existing workforce, as well as the 16 new paramedics who recently started at the station?

RESPONSE

I am advised:

Moree Ambulance Station's refurbishment works will be completed in 2026.

ABORTION Q25/646

(174) I note that NSW Health's Notification of Termination of Pregnancy form has been revised. The question: 'Was the termination carried out for the sole purpose of sex selection' is no longer asked. Given the strong position taken by this parliament in *The Abortion Law Reform Act 2019*, and reflected in s16 of that Act, why is this data no longer being collected?

(a) When will the Notification of Termination of Pregnancy form be redrafted to continue to seek this important information?

RESPONSE

I am advised:

This question was included to support the reporting requirement of section 16(2) of the *Abortion Law Reform Act 2019*. This report has been published..

NSW HEALTH LIABILITY Q25/647

(175) NSW Health published an updated Consent to Medical and Healthcare Treatment Manual on 30 April this year. Did this take into account the decision of Strum J in *Re Devin*?

(176) Have you reviewed consent protocols in the light of *Re Devin*?

(a) Is a formal gender dysphoria diagnosis always provided before treatment for gender incongruency commences?

(b) Is an autism assessment required before treatment in a NSW Health Specialist Trans and Gender Diverse Health Service clinic commences?

(c) Is a full biopsychosocial assessment of the child required before treatment in a Specialist Trans and Gender Diverse Health Service clinic commences?

(d) If this biopsychosocial assessment is not properly conducted, what are the risks for NSW Health in negligence?

(e) Has the use of the Australian Standards of Care and Treatment Guidelines, developed in Victoria, been reconsidered in NSW in the light of Strum J's criticism and his comment that they "do not have the approval or imprimatur of the Commonwealth or any State or Territory government, including any such government minister for, or department of health"?

(f) Are you familiar with the decision in *Re Lisa,* a decision of NCAT handed down in October last year?

(g) Was this also reviewed in the preparation of the updated Consent Manual?

(h) Are all doctors working in your gender clinic services advised of the need under *The Children and Young Persons (Care and Protection) Act* to receive NCAT consent before providing treatment such as cross-sex hormones, which could render a child infertile?

(177) In relation to the answer provided by Ms Elizabeth Wood at the top of *Page 70* of the transcript, could you provide the details of the supports being offered and how they are offered?

(178) Since January 2025, how much money has NSW Health spent accommodating public mental health patients in private hospitals?

RESPONSE

I am advised:

Please refer to the response to the question on page 69 of the transcript (Q25/544) and the website www.health.nsw.gov.au/lgbtiq-health/Pages/tgd-health-service.aspx.

As part of assessments, clinicians consider the needs of neurodivergent trans and gender diverse young people to ensure they are appropriately supported during the transition journey.

STAFF VACANCIES

NURSES AND MIDWIVES Q25/624

(179) What is the total number of funded nursing positions in the following local health districts:

(a) Central Coast
(b) Far West
(c) Hunter New England
(d) Illawarra Shoalhaven
(e) Mid North Coast
(f) Murrumbidgee
(g) Northern NSW
(h) Southern NSW
(i) Western NSW

(180) What is the total number of nurses that have departed NSW Health in the 12 months to 21 August 2025 in regional local health districts?

(a) What is the reason most cited for departure?

(181) What is the total number of midwives that have departed NSW Health since in the 12 months to 21 August 2025 in the following local health districts:

(a) Central Coast
(b) Far West
(c) Hunter New England
(d) Illawarra Shoalhaven
(e) Mid North Coast
(f) Murrumbidgee
(g) Northern NSW
(h) Southern NSW
(i) Western NSW

(182) What is the total unfilled / vacant nursing positions in the following local health districts:

(a) Central Coast
(b) Far West
(c) Hunter New England
(d) Illawarra Shoalhaven
(e) Mid North Coast
(f) Murrumbidgee
(g) Northern NSW
(h) Southern NSW

(i) Western NSW

(183) What is the total unfilled / vacant midwife positions in the following local health districts:

(a) Central Coast

(b) Far West

(c) Hunter New England

(d) Illawarra Shoalhaven

(e) Mid North Coast

(f) Murrumbidgee

(g) Northern NSW

(h) Southern NSW

(i) Western NSW

(184) What is the total number of nurses currently employed by the NSW public sector?

(a) What is the total number of midwives currently employed by the NSW public sector?

(b) How many positions are filled by agency nurses, as of 21 August 2025?

(c) What is the total cost of these contracts?

(d) What percentage of these contracts are in regional and rural NSW?

(e) What's the average length of agency nursing contracts?

RESPONSE

I am advised:

See responses to Supplementary Questions 117 to 124.

OTHER HEALTH STAFF Q25/625

(185) What is the number of allied health positions are vacant in hospitals across regional NSW, broken down by LHD and role?

(186) What is the number of staff specialist vacancies in hospitals across regional NSW, by role and LHD?

(187) What is the average wait time for paediatric appointments in:

- (b) Central Coast
- (c) Far West
- (d) Hunter New England
- (e) Illawarra Shoalhaven
- (f) Mid North Coast
- (g) Murrumbidgee
- (h) Northern NSW
- (i) Southern NSW
- (j) Western NSW

(188) What is the average recruitment time for clinical roles in regional facilities?

(189) How many urgent care clinics are currently operating understaffed?

(190) How many FTE roles are currently vacant across urgent care clinics by local health district?

RESPONSE

I am advised:

See responses to Supplementary Questions 125 to 127.

RURAL HEALTH WORKFORCE INCENTIVE SCHEME Q25/626

(191) How many NSW health staff have benefitted from the Rural Health Workforce Incentive Scheme in the following financial years:

(a) 2022/23

(b) 2023/24

(c) 2024/25

(192) By health district, how many vacant health worker accommodation houses / units are currently available?

(193) What health districts currently have waitlists?

RESPONSE

I am advised:

See responses to Supplementary Questions 128 and 129.

EMERGENCY DEPARTMENT NURSES: Q25/627

(194) What is the total number of Emergency Department nurses, for each Regional NSW Hospital and urgent care service:

(a) As 1 July, 2025?

(b) As 1 July, 2024?

(c) At 1 July, 2023?

(d) At 1 July, 2022?

(195) How many emergency department nurses have left the role in the 12 months from 20th August 2025, broken down by LHD?

(196) How many emergency department nurses have left the role in the 24 months from 20th August 2025, broken down by LHD?

RESPONSE

I am advised:

See responses to Supplementary Questions 130 to 132.

IPTAAS:

(197) What is the average processing time for IPTAAS claims?

RESPONSE

I am advised:

See response to Supplementary Question 133.

NSW HEALTH PUBLIC DENTAL SERVICES

(198) What is the total number of NSW health public dental services located outside metropolitan Sydney?

(199) What regional localities have a public dental clinic?

(200) What is the average wait time for an appointment in the following local health districts for public dental services:

- (a) Central Coast
- (b) Far West
- (c) Hunter New England
- (d) Illawarra Shoalhaven
- (e) Mid North Coast
- (f) Murrumbidgee
- (g) Northern NSW
- (h) Southern NSW
- (i) Western NSW

(201) What percentage of patients are seen within the recommended timeframe?

(202) What percentage of patients are seen within the recommended timeframe in regional NSW?

(203) How many dentists, dental therapists, and oral health professionals are employed in public clinics, provided by local health district?

- (a) How many vacancies for these positions exist, provided by local health district?

RESPONSE

I am advised:

See response to Supplementary Question 134.

AMBULANCE Q25/633

(204) What ambulance stations are scheduled for upgrades?

- (a) For each scheduled upgrade;
  - i. What funding has been allocated to the project?
  - ii. Scope of the project?
  - iii. When works will commence?
  - iv. Scheduled completion time?
  - v. Will services be disrupted?

(205) What percentage of NSW residents are within 15 minutes of an ambulance station?

(206) How many ambulances were dispatched to the Harrington area in:

- (a) 2024-25
- (b) 2023-24

(207) How many emergency incidents were initially attended by volunteers from RFS or SES before ambulance could arrive?

(208) On how many occasions were ambulances used for patient transport in regional areas not equipped with a dedicated patient transport vehicle?

RESPONSE

I am advised:

See responses to Supplementary Questions 135, 136, 138, 139 and 143.

BROKEN HILL AMBULANCE STATION

(209) Does NSW Ambulance have plans to upgrade the Broken Hill ambulance station?

- (a) If so, when is scheduled to take place?
- (b) Has planning commenced?

(210) Has NSW Ambulance engaged with Broken Hill paramedics?

- (a) What will the refurbishment include?
- (b) What funding has been allocated to this project?
- (c) When can the paramedics in Broken Hill expect shovels in the ground?
- (d) When will the upgrade be completed?

RESPONSE

I am advised:

Preliminary works have started for Broken Hill Ambulance Station to be refurbished during 2025-26.

MOREE AMBULANCE STATION Q25/645

(211) Does NSW Ambulance have plans to upgrade the Moree ambulance station?

(a) If so, when is scheduled to take place?

(b) Has planning commenced?

(c) Has NSW Ambulance engaged with Moree paramedics?

(d) What will the refurbishment include?

(e) What funding has been allocated to this project?

(f) When can the paramedics in Broken Hill expect shovels in the ground?

(g) When will the upgrade be completed?

RESPONSE

I am advised:

See response to Supplementary Questions 110 and 173.

ACCESS Q25/648

(212) What percentage of the population in each local health district lives within 30 minutes of a public hospital?

(213) What percentage of the population in each local health district lives within 30 minutes of a public hospital with an open emergency department?

(214) What is the average travel time (by road) to the nearest emergency department for residents in each postcode?

(215) What is the total number of women in NSW who needed to travel over 100 km to access birthing services in the 12 months to 21 August 2025?

(a) In the 24 months to 21 August 2025?

RESPONSE

I am advised:

Relevant information can be found on the following websites

- Australian Institute of Health and Welfare (AIHW)
- Bureau of Health Information (BHI)
- HealthStats NSW
- NSW Health

Details of public hospitals offering maternity and birthing services, including capability levels, are included in the annual NSW Mothers and Babies Reports, available on the NSW Health website.

MYVIRTUAL CARE Q25/631

(216) How many patients presented to myVirtual Care:

(a) In 2024-25

(b) In 2023-24

RESPONSE

I am advised:

See response to Supplementary Question 137.

SOUTHCARE HELICOPTER Q25/634

(217) What funding does NSW Government contribute to the running of the Southcare helicopter?

(218) How many times was the Southcare helicopter dispatched to NSW emergencies:

(a) In 2024-25

(b) In 2023-24

RESPONSE

I am advised:

See responses to Supplementary Questions 140 and 141.

KEMPSEY DISTRICT HOSPITAL

(219) Will Kempsey District Hospital Remain at Level 3 seven days a week?

(220) Will Mid North Coast Local Health District guarantee level 3 Maternity services at Kempsey District Hospital in 2026?

RESPONSE

I am advised:

See responses to Supplementary Questions 170 and 171.

PARAMEDICS

(221) How many of the new Intensive Care Paramedics in the Recent Government announcement on 31 July 2025 will be stationed at No Category A stations or Regional Category A?

RESPONSE

I am advised:

See responses to Supplementary Questions 166 and 167.

HEALTH INFRASTRUCTURE

(222) In relation to the Glen Innes Hospital redevelopment, when will construction commence?

(223) When will the New Cowra Hospital and redevelopment of the site be completed for community use?

(224) Will the NSW Government commit to the building of a new Multipurpose Service (MPS) at Coolamon-Ganmain?

(225) Will the NSW Government approach the Federal Government in relation to the co-funding of Coolamon-Ganmain MPS?

RESPONSE

I am advised:

See responses to Supplementary Questions 158, 159 to 161 and 172.

GRENFELL MPS Q25/640

(226) Will the NSW Government commit to the building of a new MPS at Grenfell?

(227) Will the NSW Government be consulting with the people of Grenfell to preserve the history of one of the oldest Medical Facilities in Western NSW?

(228) Will the NSW Government be approaching the Federal Government in relation to the co- funding of Grenfell MPS?

RESPONSE

I am advised:

See responses to Supplementary Questions 162 to 165.

KEY WORKER ACCOMODATION

(229) In relation to the staff housing at Armidale, when will construction commence?

RESPONSE

I am advised:

Construction will commence following completion of due diligence and appointment of a project manager.

TEMORA HOSPITAL REDEVELOPMENT Q25/637

(230) Will the Temora Hospital redevelopment include any on-site or nearby accommodation for essential healthcare staff?

(231) What plans are in place to provide key worker accommodation in Temora to support staff working at the redeveloped hospital?

(232) Has the government applied for or received any federal or interagency funding to support workforce housing for healthcare professionals in rural areas like Temora?

(233) What data does the department hold on staff vacancy rates linked to housing stress or lack of available accommodation in the Temora area?

(234) What specific options are being considered by Murrumbidgee Local Health District for procuring key worker accommodation in Temora?

(a) What is the estimated timeline for a decision on staff housing?

(b) Has any funding been allocated from the $200.1 million regional key worker accommodation expansion announced in the 2024–25 State Budget to support accommodation in Temora?

(c) If Temora is not being considered for that program, why not?

(d) How many positions at Temora Hospital are currently unfilled or at risk due to lack of staff accommodation?

RESPONSE

I am advised:

See responses to Supplementary Questions 150 to 157.

MATERNITY UNITS Q25/650

(235) Can you please advise :

(a) How many rural and regional maternity units have been placed on bypass since March 2023?

(b) Which units were they?

(c) How many times was each maternity unit placed on bypass and for what period of time?

RESPONSE

I am advised:

The Ministry of Health does not centrally collect information on the bypassing of maternity services.

GUNNEDAH HOSPITAL Q25/651

(236) Can you please advise why the BHI data shows that in the April to June 2024 quarter, only 10 babies were born at Gunnedah Hospital?

(237) What is the reason for the downward trends in the number of babies being born in Gunnedah and Narrabri?

RESPONSE

I am advised:

Changes in the numbers and rates for individual hospitals and local health districts should be treated with caution as counts are small, and natural variation year-on-year may be mistaken for meaningful change.

CFMEU MEETINGS

(238) Since 28 March 2023, have you met with the Construction, Forestry and Maritime Employees Union (CFMEU) that was not disclosed in accordance with the Premier's Memorandum M2015-05 Publication of Ministerial Diaries and Release of Overseas Travel Information?

RESPONSE

I am advised:

In accordance with the Premier's Memorandum M2015-05 Publication of Ministerial Diaries and Release of Overseas Travel Information, all Ministers publish extracts from their diaries, summarising details of scheduled meetings held with stakeholders, external organisations, third-party lobbyists and individuals. Ministers are not required to disclose details of the following meetings:

- meetings involving Ministers, ministerial staff, parliamentarians or government officials (whether from NSW or other jurisdictions)
- meetings that are strictly personal, electorate or party political
- social or public functions or events
- meetings held overseas (which must be disclosed in accordance with regulation 6(1)(b) of the Government Information (Public Access) Regulation 2018 and Attachment B to the Premier's Memorandum), and
- matters for which there is an overriding public interest against disclosure.

Ministers' diary disclosures are published quarterly on The Cabinet Office's website (https://www.nsw.gov.au/departments-and-agencies/cabinet-office/access-to-information/ministers-diary-disclosures)

ETU MEETINGS

(239) Since 28 March 2023, have you met with the Electrical Trades Union (ETU) that was not disclosed in accordance with the Premier's Memorandum M2015-05 Publication of Ministerial Diaries and Release of Overseas Travel Information?

RESPONSE

I am advised:

In accordance with the Premier's Memorandum M2015-05 Publication of Ministerial Diaries and Release of Overseas Travel Information, all Ministers publish extracts from their diaries, summarising details of scheduled meetings held with stakeholders, external organisations, third-party lobbyists and individuals. Ministers are not required to disclose details of the following meetings:

- meetings involving Ministers, ministerial staff, parliamentarians or government officials (whether from NSW or other jurisdictions)
- meetings that are strictly personal, electorate or party political
- social or public functions or events
- meetings held overseas (which must be disclosed in accordance with regulation 6(1)(b) of the Government Information (Public Access) Regulation 2018 and Attachment B to the Premier's Memorandum), and
- matters for which there is an overriding public interest against disclosure.

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MINISTERIAL DISCLOSURES TO THE CABINET OFFICE

(240) On what date did you last update/make a ministerial disclosure to the Premier and the Secretary of The Cabinet Office?

RESPONSE

I am advised:

The Ministerial Code of Conduct (Ministerial Code) requires Ministers to make certain disclosures to the Premier and the Secretary of The Cabinet Office. I comply with my obligations under the Ministerial Code.

DEPARTMENT(S)/AGENCY(S) EMPLOYEES

(241) In relations to the redundancies, will this be made available in your respective Department(s)/Agency(s) Annual Reports?

RESPONSE

I am advised:

Information about any redundancies within agencies is published in the agency annual reports. Published annual reports can be accessed on agency websites.

DEPARTMENT(S)/AGENCY(S) ANNUAL REPORTS

(242) Do you have plans to print the 2024-25 annual report(s) for each department / agency in your portfolio?

(a) If yes, what is the budgeted expenditure for printing for each department / agency?

RESPONSE

I am advised:

Annual reports should be prepared in accordance with the Treasury Policy and Guidelines – Framework for Financial and Annual Reporting (TPG25-10).

STATE RECORDS ACT

(243) Have you and your ministerial office had training and/or a briefing about the State Records Act from State Records NSW and/or The Cabinet Office and/or Premier's Department?

(a) If yes, when?

RESPONSE

I am advised:

The Ministers' Office Handbook provides guidance in relation to recordkeeping obligations under the *State Records Act 1998*.

The Cabinet Office also provide guidance, advice, training and support on these obligations for Ministers' offices.

Further information is available on State Records NSW's website (www.nsw.gov.au/departments-and-agencies/dciths/state-records-nsw).

All Ministers' offices are expected to comply with their obligations under the *State Records Act 1998*.

DEPARTMENT(S)/AGENCY(S) GIFTS AND HOSPITALITY REGISTER

(244) Does your portfolio department(s)/agency(s) have a gifts and/or hospitality register?

(a) If yes, is it available online?

i. If yes, what is the website URL?

RESPONSE

I am advised:

All NSW Health Organisations must maintain a Gifts and Benefits Register under the mandatory requirements of the NSW Health policy directive *Conflict of Interest and Gifts and Benefits* (PD2015_045). Registers are available on request to the Right to Information contact at the relevant NSW Health Organisation.

A list of contacts for all organisations is provided at the following URL: https://www.health.nsw.gov.au/gipaa/Pages/table-of-contacts.aspx

MINISTERIAL STAFF DISCLOSURE OF GIFTS AND/OR HOSPITALITY

(245) Does your ministerial office keep a register of gifts and/or hospitality for staff to make disclosures?

(a) If yes, what is the website URL?

(246) Have any staff members in your office been the recipient of any free hospitality?

(a) What was the total value of the hospitality received?

(b) Are these gifts of hospitality declared?

RESPONSE

I am advised:

All Ministerial staff are required to comply with the Gifts, Hospitality and Benefits Policy for Office Holder Staff attached to the Ministers' Office Handbook and available on the NSW Government website.

All Ministerial staff are required to comply with their disclosure obligations under the Gifts, Hospitality and Benefits Policy for Office Holder Staff and I expect them to do so.

A breach of the Policy may be a breach of the Office Holder's Staff Code of Conduct.

The Policy includes disclosure obligations for Ministerial staff in respect of gifts, hospitality and benefits over $150.

If a Ministerial staff member is required by their role to accompany their Office Holder at an event that the Office Holder is attending as the State's representative, or where the Office Holder has asked the staff member to attend, then attendance at that event would not constitute a gift or benefit for the purposes of the Policy.

MINISTERIAL CODE OF CONDUCT

(247) Since 28 March 2023, have you breached the Ministerial Code of Conduct?

(a) If yes, what was the breach?

RESPONSE

I am advised:

All Ministers are expected to comply with their obligations under the NSW Ministerial Code of Conduct (Ministerial Code) at all times.

The Ministerial Code sets the ethical standards of behaviour required of Ministers and establishes practices and procedures to assist with compliance.

Among other matters, the Ministerial Code requires Ministers to:

- disclose their pecuniary interests and those of their immediate family members to the Premier
- seek rulings from the Premier if they wish to hold shares, directorships, other business interests or engage in secondary employment (known as 'prohibited interests')
- identify, avoid, disclose and manage conflicts of interest
- disclose gifts and hospitality with a market value over $500.

A substantial breach of the Ministerial Code (including a knowing breach of any provision of the Schedule) may constitute corrupt conduct for the purposes of the *Independent Commission Against Corruption Act 1988*.

SENIOR EXECUTIVE DRIVERS

(248) As at 1 August 2025, how many senior executives in your portfolio department(s) / agency(s) have a driver?

RESPONSE

I am advised:

No senior executive employed by the Ministry of Health have a driver

GIPA ACT - DISCLOSURE LOG & MINISTERIAL OFFICES

(249) Does your Ministerial Office have a disclosure log in accordance with the Government Information (Public Access Act) 2009?

(a) If yes, what is the URL?

RESPONSE

I am advised:

Under the Government Information (Public Access) Act 2009 (GIPA Act), an agency must keep a disclosure log that records information about access applications made to the agency that the agency decides by deciding to provide access to some or all of the information applied for if the information is information that the agency considers may be of interest to other members of the public.

GIPA ACT - DISCLOSURE LOG & DEPARTMENTS/AGENCIES

(250) What is the website URL for the Government Information (Public Access Act) 2009 disclosure log each of your portfolio department(s) / agency(s)?

RESPONSE

I am advised:

The URL for the NSW Ministry of Health disclosure log is:
https://www.health.nsw.gov.au/gipaa/Pages/disclosure-log-table.aspx

Each organisation within NSW Health has their own GIPA disclosure log listing decisions made by that organisation. A list of contacts for each organisation is provided at the following URL: https://www.health.nsw.gov.au/gipaa/Pages/table-of-contacts.aspx

TIKTOK

(251) Are you on TikTok?

(a) If yes, do you access TikTok from a NSW Government device?

RESPONSE

I am advised:

The Circular DCS-2025-01 Cyber Security NSW Directive - Restricted Applications List advises how NSW Government agencies are required to appropriately manage risks to NSW Government information on government-issued devices, or personal devices that are used for government business.

SIGNAL

(252) Are you on Signal?

(a) If yes, do you access Signal from a NSW Government device?

(b) If yes, does Signal comply with the State Records Act?

RESPONSE

I am advised:

Like the former Coalition Government, the NSW Government uses a range of digital systems and communications that have been approved for use and may be utilised where there is a valid business requirement. This has been established practice under successive governments.

State records are a vital public asset, and access to Government information is essential to maintaining public trust in government. I comply with my obligations under the *State Records Act 1998*.

TRAINING

(253) Since 28 March 2023, have you had training from an external stakeholder that included an invoice and payment paid for using your ministerial budget?

(a) If yes, what is the description of training?

(b) If yes, how much?

RESPONSE

I am advised:

Ministers have undertaken a program of Ministerial induction training.

Ministers have undertaken training on the Respectful Workplace Policy.

Members of Parliament are provided with a Skills Development Allowance that may be used in a manner consistent with the Parliamentary Remuneration Tribunal Annual Determination.

Ministerial Office Budgets are managed in accordance with the Ministers' Office Handbook.

PARLIAMENTARY SECRETARY & MINISTERIAL VEHICLE

(254) Has your Parliamentary Secretary ever used a Ministerial driver from the pool?

(a) If yes, why?

RESPONSE

I am advised:

The Ministers' Office Handbook provides that the Premier's Department transport services may be used by Parliamentary Secretaries for official business trips in connection with their duties as Parliamentary Secretaries, with costs paid from the Ministers' office budget.

MEDIA RELEASES AND STATEMENTS

(255) Are all the ministerial media releases and statements issued by you publicly available at https://www.nsw.gov.au/media-releases?

(a) If no, why?

RESPONSE

I am advised:

The Department of Customer Service is responsible for managing www.nsw.gov.au/media-releases and the publication of media releases.

OVERSEAS TRAVEL

(256) As Minister, do you approve overseas travel for public servants from your portfolio department(s)/agency(s)?

RESPONSE

I am advised:

The NSW Government Travel and Transport Policy provides a framework for NSW Government travelling employees and covers official air and land travel by public officials using public money. Section 2.1 of that Policy sets out approvals required in relation to overseas travel. Further information in relation to the Policy can be found here: https://www.info.buy.nsw.gov.au/policy-library/policies/travel-and-transport-policy

Treasury Policy and Guidelines – Framework for Financial and Annual Reporting (TPG25-10) requires agencies to include information on overseas visits by officers and employees in agency annual reports.

DATA BREACHES

(257) Does your portfolio department(s)/agency(s) keep a register of data breaches in accordance with the Privacy and Personal Information Protection (PPIP) Act?

(a) If yes, what is the website?

RESPONSE

I am advised:

NSW Health keeps a register and information regarding data breaches is available on the following website https://www.health.nsw.gov.au/patients/privacy/Pages/data-breach-policy.aspx

DISCRETIONARY FUND

(258) As Minister, so you have a discretionary fund?

(a) If yes, what department(s) / agency(s) administer it?

(b) If yes, what is the website URL detailing expenditure?

RESPONSE

I am advised:

Yes, this is administered by the Ministry of Health.

Grants allocated are published on the NSW Government's Grants and Funding Finder at: nsw.gov.au/grants-and-funding

AIRLINE LOUNGES

(259) Are you a member of the Qantas Chairmans Lounge?

(260) Are you a member of the Virgin Beyond Lounge?

RESPONSE

I am advised:

The *Constitution (Disclosures by Members) Regulation 1983* (Regulation) sets out Members' obligations to disclose relevant pecuniary and other interests in periodic returns to Parliament.

The Legislative Assembly Standing Committee on Parliamentary Privilege and Ethics Report on Review of the Code of Conduct, Aspects of Disclosure of Interests, and Related Issues (December 2010) notes that:

"Advice has been received from the Crown Solicitor that use of the Chairman's Lounge by invitation is not a "gift" for the purposes of clause 10 of the Regulation, as it does not involve disposition of property. However, when the membership leads to an upgrade valued at more than $250, it becomes disclosable as a contribution to travel, and should be reported under clause 11 of the Regulation."

Clause 16 of the Regulation allows a Member to, at their discretion, disclose any direct or indirect benefit, advantage or liability, whether pecuniary or not.

Relevant disclosures have been made to The Cabinet Office and to the NSW Parliament.

MINISTERIAL OVERSEAS TRAVEL

(261) Since 28 March 2023, have you formally applied to the Premier to travel overseas?

(a) If yes, was this application accepted?

RESPONSE

I am advised:

Ministerial overseas travel information is published online.
https://www.nsw.gov.au/departments-and-agencies/premiers-department/access-to-information/ministerial-overseas-travel-information

PRIVATE JET CHARTER

(262) Have you travelled on a private jet charter in your Ministerial capacity?

(a) If yes, was this value for money for taxpayers?

RESPONSE

I am advised:

Premier and Ministers' domestic travel information is published on the Premier's Department's website at: https://www.nsw.gov.au/departments-and-agencies/premiers-department/access-to-information/premier-and-ministers-domestic-travel

MINISTERIAL OFFICE RENOVATIONS

(263) Since 28 March 2023, has your Ministerial Office at 52 Martin Place been renovated?

(a) If yes, how much was the expenditure?

RESPONSE

I am advised:

Leasehold improvements for Ministerial Offices are reported within the Premier's Department's Annual Reports.

CONFLICT OF INTEREST

(264) Since 28 March 2023, have you formally written to the Premier with a conflict of interest?

(a) If yes, why?

RESPONSE

I am advised:

All Ministers are expected to comply with their obligations under the NSW Ministerial Code of Conduct (Ministerial Code) at all times. The Ministerial Code sets the ethical standards of behaviour required of Ministers and establishes practices and procedures to assist with compliance.

Among other matters, the Ministerial Code requires Ministers to:

- disclose their pecuniary interests and those of their immediate family members to the Premier
- seek rulings from the Premier if they wish to hold shares, directorships, other business interests or engage in secondary employment (known as 'prohibited interests')
- identify, avoid, disclose and manage conflicts of interest
- disclose gifts and hospitality with a market value over $500.

A substantial breach of the Ministerial Code (including a knowing breach of any provision of the Schedule) may constitute corrupt conduct for the purposes of the *Independent Commission Against Corruption Act 1988*.

QUESTIONS FROM MS ABIGAIL BOYD MLC

INTELLECTUAL DISABILITY HEALTH SERVICE (IDHS) Q25/652

(265) The evaluation of the NSW Health Intellectual Disability Health Service was due to be completed by 30 June 2025. Has this been finalised?

(a) What were the results?

(b) Will the NSW Government be providing additional funding to expand the service?

RESPONSE

I am advised:

The final draft of the evaluation report is being completed and will inform ongoing refinement of the Intellectual Disability Health Service.

DOMESTIC VIOLENCE Q25/653

(266) Last estimates I asked you about the work being done around improving training and protocols for frontline domestic and family violence services to be able to identify traumatic brain injuries in victims of domestic and family violence. Has this work been progressed?

(a) How much funding does the current pilot funded by Health receive, across the 4 LHDs?

(b) Can you give some more detail about the pilot's implementation and progress so far?

(c) Is there any intention to expand this?

(267) How will the NSW Common Approach to Risk Assessment and Safety Framework (CARAS) be implemented across the NSW Health system to ensure health workers have the capability to identify domestic and family violence and assess or manage risk?

(a) What involvement has the Minister and NSW Health had in this work?

RESPONSE

I am advised:

The Domestic and Family Violence Crisis Response pilot has been extended in the 4 local health districts (LHD) from July 2025 to June 2027. Each LHD has a specific focus within the pilot:

- Illawarra Shoalhaven LHD is enhancing domestic and family violence training and governance arrangements for the health workforce, developing domestic and family violence clinical materials, delivering a Domestic and Family Violence Clinic, and enhancing delivery of psychosocial follow-up and support for victim-survivors presenting to hospitals and health services.
- Hunter New England LHD is enhancing availability and quality of telehealth responses to domestic and family violence, availability of forensic services to collect evidence of violence, increasing access to high-quality risk assessment and safety planning, and trialling a Domestic and Family Violence Advice Line to support health practitioners working with victim-survivors.
- Northern Sydney LHD is trialling the Lorikeet Clinic, an integrated psychosocial, medical and forensic business-hours clinic with an open referral pathway to respond to the holistic health, safety and wellbeing needs of victim-survivors.
- Northern NSW LHD is enhancing domestic and family violence routine screening in emergency departments, delivering care coordination, and strengthening referral pathways and availability of follow-up support.
- The Department of Communities and Justice has overseen the development of the CARAS and will lead on the implementation of the Framework, which has not yet commenced.
- NSW Health is a member of the cross-agency Domestic, Family and Sexual Violence Board which endorsed the CARAS and will guide implementation. NSW Health is in support of the CARAS and its approach to identification of and response to domestic and family violence.

INCLUSIVE HEALTHCARE PARTNERSHIP WITH GET SKILLED ACCESS (GSA) Q25/654

(268) Can you provide an update of the planning, design and implementation of the Inclusive healthcare partnership with Get Skilled Access (GSA)?

(269) Which hospitals have to date received funding under the inclusive healthcare program, in partnership with Get Skilled Access (GSA)?

i. How many of these hospitals are regional hospitals?

ii. How much money has each hospital received in the financial year 2022- 23?

(270) Which hospitals will be receiving funding under the inclusive healthcare program, and when?

RESPONSE

I am advised:

In 2024-25 NSW Health allocated $720,000 to Get Skilled Access in FY2024-2025 to deliver the Inclusive Healthcare program to 19 NSW hospitals and health services.

ONE STOP SHOP CLINIC TRIAL AT WESTMEAD HOSPITAL ESTABLISHED BY DR PETER SMITH AND DR RUMMANA AFREEN IN 2020 Q25/655

(271) I understand this trial has been receiving annual funding from Western Sydney Local Health District. Is this still the case?

(a) Will this clinic be receiving long-term sustainable funding?

(b) Has NSW Health conducted a review of the clinic's operation, to determine its success and consider the potential for scalability?

RESPONSE

I am advised:

The One Stop Shop clinic currently operates with annual funding from Western Sydney Local Health District and this is ongoing. The District has not yet undertaken a formal review of the clinic's operations but is working with the Ministry of Health to further consider the model.

COAL ASH Q25/656

(272) On what date was Dr Jackie Wright, Director/Principal of Environmental Risk Sciences Pty Ltd, appointed by NSW Health to conduct a Health Risk Assessment under eHealth guidelines and algorithms?

(a) What informed the decision behind Dr Wright's appointment prior to the establishment of the Coal Ash and Health Community Advisory Committee?

(b) What are the terms of Dr Wright's appointment?

(c) Was Dr Wright's appointment made by competitive tender or expression of interest?

i. If not, what was the decision behind this?

(273) Can you confirm the details of the Health Risk Assessment being undertaken by Dr Wright, including the assessment's parameters, guidelines and methodology?

(a) Can you confirm whether or not the assessment will include human health outcomes, such as conducting onsite contact with residents, blood tests, respiratory testing or medical investigations?

i. If not, why not?

(274) In line with recommendation 6 of the NSW Parliamentary Inquiry into costs for remediation of sites containing coal ash repositories, will NSW Health be conducting an epidemiological assessment of health residents near coal ash dams to establish the health impacts of coal ash?

(a) If not, can you please explain the justification for conducting a health risk assessment instead of an epidemiological assessment as recommended?

(275) Does NSW Health have guidelines for the establishment of community consultative and advisory committees and developing terms of reference, for example the NSW Coal Ash and Health Community Advisory Committee?

(276) Can you list all current members of the NSW Coal Ash and Health Community Advisory Committee and their roles?

(a) Can you please provide a copy of the Committee's terms of reference?

RESPONSE

I am advised:

Dr Jackie Wright, Director Environmental Risk Sciences Pty Ltd (EnRisks), was appointed to undertake a human health risk assessment in December 2024. EnRisks was directly engaged following NSW Health procurement rules. NSW Health can seek specialist advice as required. Dr Wright's expertise in human health risk assessments is well suited to this work.

Dr Wright will be undertaking a human health risk assessment as per the enHealth guidelines and methodology. The risk assessment will be based on the available environmental data and will not involve human health outcomes or testing. The risk assessment will assess if there are exposure pathways for humans and at what concentrations the communities are being exposed to chemicals from the coal ash dams and power stations and if this is likely to be harmful to human health.

The NSW Government response to the Inquiry is publicly available on the NSW Parliament website.

Advice on the establishment of community consultative and advisory committees and developing terms of reference was sought from the NSW Environment Protection Authority and the Independent Chair of the Community Advisory Committee. The Committee will focus on:

- Discussion of the pathways through which people might be exposed to chemicals and other hazards from coal ash.
- Discussion of existing data that can inform judgements about the likely significance of identified pathways of exposure, including gaps in these data.
- Discussion of how this data should be used to quantify the level of health risk related to coal ash, and where additional investigation and analysis is required.
- Advising on mechanisms for consultation and dissemination of study methods and findings to the broader interested communities.
- Reviewing additional data and information that is developed during investigation and analysis.

The committee membership comprises:

- David Ross (Chair)
- Dr Chantelle Baistow: community representative
- Gary Blaschke: Future Sooner representative
- Paul Duncan: community representative
- Kim Grierson: Coal Ash Community Alliance representative
- Tony Keevil: Principal, Lake Munmorah HS representative
- Dr Merlene Thrift: Future Sooner representative
- Craig Torville: community representative
- Judy Whitbourne: Mannering Park Precinct Committee representative
- Sue Wynn: Mannering Park Progress Association representative
- Dr Kat Taylor: Central Coast Public Health Unit representative
- Dr Craig Dalton: Hunter New England Public Health Unit representative
- Chris Harle: Lake Macquarie City Council Representative
- Shann Mitchell: Central Coast Council representative.

WORKERS' COMPENSATION Q25/657

(277) In each of the last five financial years, how many investigations were commissioned by NSW Health, Local Health Districts or their claims managers in workers' compensation matters?

(a) How many factual investigations

(b) How many physical surveillance investigations

(278) How many of these investigations involved injured workers with psychological injury claims?

(a) How many factual investigations

(b) How many physical surveillance investigations

(279) How many separate claimants were subject to surveillance investigations each year?

(a) How many factual investigations

(b) How many physical surveillance investigations

(280) At what stage of the claims process are factual investigations most commonly commissioned (e.g. pre-liability determination, after liability acceptance, prior to or after an independent medical examination)?

(281) How many surveillance investigations were conducted in the 30 days before an independent medical examination in the last five years?

(282) How many surveillance investigations were commissioned after a Personal Injury Commission medical assessment had already been conducted?

(283) What is the total annual expenditure by NSW Health (or through its claims managers) on factual investigations and surveillance since 2019-20?

(284) Which external investigation providers have been contracted to conduct surveillance/factual investigations on behalf of NSW Health, and what amounts have been paid to each provider in the last five years?

(285) What internal policies or guidelines does NSW Health apply when deciding to commission surveillance or a factual investigation against a workers' compensation claimant?

(286) How does NSW Health ensure compliance with:

(a) SIRA Standard of Practice S25 (Surveillance),

(b) GN 3.12 (Surveillance) and GN 3.13 (Factual Investigations), and

(c) the Surveillance Devices Act 2007 (NSW)?

(287) How does NSW Health ensure that any surveillance material provided to an independent medical examiner is also disclosed to the claimant in accordance with SIRA standards of procedural fairness?

(288) How many complaints or disputes have been raised by workers (or investigated by SIRA) about surveillance or factual investigations commissioned by NSW Health since 2019-20?

(289) In how many cases where surveillance was commissioned did the investigation materially affect the liability decision or benefit determination?

(290) How many surveillance or factual investigation reports were ultimately relied upon in Personal Injury Commission proceedings in the last five years?

(291) What evaluation has NSW Health conducted of the cost-effectiveness and impact of surveillance on claimant trust and scheme outcomes?

(292) Recommendation 7 of the SIRA TMF Review identified a need for Health to review their workplace strategies to identify opportunities to reduce incidence of psychological injury, particularly in relation to work pressure, harassment, bullying and other mental stress matters. Responses to that recommendation were provided by Health in February 2025. Please detail what strategies and opportunities were identified by Health, and the status of their implementation.

(293) Recommendation 8 of the SIRA TMF Review identified a need for Health review and update their systems, policies and procedures where required to improve compliance with their employer obligations, with a particular focus on:

- Consistent and timely injury notification
- Compliant return to work programs
- Enhancing annual internal audit and risk management policy attestation processes to include workers compensation legislative breaches.

Responses to that recommendation were provided by Health in February 2025. Please detail what strategies and opportunities were identified by Health, and the status of their implementation.

(294) Recommendation 9 of the SIRA TMF Review identified a need for Health to explore and address causal factors of poor return to work with a focus on identifying opportunities for improvement of return to work for psychological injury claims, particularly injuries relating to work pressure, harassment, bullying or other mental stress factors. Responses to that recommendation were provided by Health in February 2025. Please detail what strategies and opportunities were identified by Health, and the status of their implementation.

(295) The SIRA TMF review found, for psychological injury claims, Health only complied with legislative requirements for Injury Management Plan reviews 49% of the time. What activities has Health undertaken to rectify that breach in legislative obligations in the 12 months since the report's publication?

(296) The SIRA TMF review found, for psychological injury claims, Health only complied with legislative requirements for timely notification of injuries 57% of the time. What activities has Health undertaken to rectify that breach in legislative obligations in the 12 months since the report's publication?

(297) The SIRA TMF review found, for non-psychological injury claims, Health only complied with legislative requirements Injury Management Plan reviews 57% of the time. What activities has Health undertaken to rectify that breach in legislative obligations in the 12 months since the report's publication?

(298) The SIRA TMF review found, for non-psychological injury claims, Health only complied with legislative notice requirements for reasonably excused claims 60% of the time. What activities has Health undertaken to rectify that breach in legislative obligations in the 12 months since the report's publication?

(299) South Western Sydney Local Health District has seen an almost doubling in the number of psychological injury claims in the 12 months to September 2024.

(a) What specific actions have you taken to address this escalation?

(300) Icare have found that LHDs that have higher PMES Engagement Scores tend to have lower Psychological Claim Injuries. What practices or guidances have you implemented, or what engagement have you had with LHDs with poor PMES scores? This has a clear impact on workforce capacity, and also a financial impact.

(301) Has every board member for each LHD been made aware of their obligations and duty of care as Persons Conducting a Business or Undertaking?

(302) What training is required for LHD board members to understand their WHS obligations?

(303) What compliance or enforcement activity has the government taken against poorly performing Local Health Districts?

(304) For each financial year from 2018/19 to 2024/25, please provide the number and mechanism of psychological injuries by Types of Occurrence Classification System (TOOCS) injury code, for each Local Health District.

(305) For each financial year from 2018/19 to 2024/25, please provide the number and mechanism of physical injuries by TOOCS injury code, for each Local Health District.

(306) The NSW Health Policy Directive 'Rehabilitation, Recovery and Return to Work' document was due for review in July this year. What is the status of that review?

(307) The Health Annual report from last year notes the Ministry of Health has been advised of 225 notifiable incidents to Safework NSW for NSW Health in 2023-24.

(a) Please provide a breakdown or summary of these incidents.

(308) For 2024-25, how many notifiable incidents to Safework NSW for NSW Health occurred?

(a) Please provide a breakdown or summary of these incidents.

RESPONSE

I am advised:

Questions 277-279, 281-284, 288-291 - The Ministry of Health does not hold this information.

Question 299 - Please refer to the response provided to the question taken on notice on p. 63 of the transcript (Q25/538).

Q300-303

Factual investigations are commissioned by the TMF Claims Service Providers (CSP) to independently determine facts to support decisions about the diagnosis, rehabilitation, recovery, return to work and entitlements to compensation. They are required to follow the guidance in the SIRA standards of practice.

The SIRA standards of practice apply to the TMF appointed Claims Service Providers who commission the factual investigations or surveillance. The *Surveillance Devices Act 2007* applies to law enforcement agencies. iCare NSW monitors the performance of TMF Claims Service Providers. Any surveillance material is managed by the Claims Service Providers, who are governed by the SIRA guidelines. NSW Health agencies are required to comply with the standards set out in the *Rehabilitation, Recovery and Return to Work* Policy Directive (PD2023_016).

Recommendation 7-9 of the SIRA TMF applied to all government agencies and was not specific to NSW Health. The actions that have been implemented include revising policies; creating resources and guidelines; standardising and developing guidelines and practices; commencing the transition of all health agencies to a single Claims Services Provider; and creating a return to work Community of Practice to share resources to facilitate improved return to work performance. NSW Health is also participating in Whole of Government initiatives aimed at developing strategies to improve performance.

Injury management plans are developed by the TMF Claims Service Providers. SIRA has made recommendations to the TMF Claims Service Providers to improve this activity. iCare NSW monitors the performance of TMF Claims Service Providers. In addition to the relevant SIRA guidelines, health agencies are required to comply with PD2023_016 *Rehabilitation, Recovery and Return to Work*.

A standardised Return to Work program is in place in all health agencies. This program ensures compliance with legislation and SIRA guidelines. Enhancements have been made to the NSW Health incident notification system to ensure workers with injuries are able to be easily identified to allow for effective notification to Claims Service Providers.

Following the release of annual People Matter Employee Survey results, all NSW Health entities are required to create Culture and Safety Action Plans to address feedback and areas of concern. The Ministry of Health supports entities by identifying low performing units and specific areas for managers and leaders to focus on to enhance employee engagement and overall workplace experience.

Local Health District Board members are provided with information to ensure they understand their obligations under Work Health and Safety legislation. There is no mandated training required in legislation for Board members, however health agencies facilitate training for Board members as necessary.

The Ministry of Health has established service agreements with local health districts which include key performance indicators for workers compensation.

Workers compensation data is published in the NSW Health Annual report. There has not previously been a breakdown of physical and psychological injuries in that report. The 2024-25 Annual Report information related to local health districts (including specialty health networks) will be published in late 2025.

The review of the NSW Health *Rehabilitation, Recovery and Return to Work* Policy Directive has commenced.

In 2024-25 there were 251 notifiable incidents and in 2023-24 there were 239 notifiable incidents reported to SafeWork NSW. Figures for the 2023-24 year have been updated due to additional notifiable incidents reported to the Ministry of Health after annual report submission.

Broken into the reporting categories, these are

	2023-24	2024-25
Death	2	2
A serious injury or illness of a person	124	163
A dangerous incident	113	86