

### Questions from Dr John Kaye MLC

1. When will the government release in full the Tobacco Control Strategy for 2011 – 2016, the recommendations of which have been accepted by various organisations since October 2010?
2. Will the government introduce state wide legislation to ban smoking in outdoor areas, including:
  - a. In or near any sporting or recreation facility;
  - b. In outdoor entertainment venues;
  - c. In outdoor eating venues?

#### ANSWER:

I am advised:

I refer the Member to my response to his Question Without Notice in the Legislative Council. A response appears in the Hansard of 18 October 2011.

3. Given the Government's goal in the new State Plan to keep people healthy and out of hospital, why has the government increased funding for public hospitals at the expense of primary and community services?

#### ANSWER:

I am advised:

The Government has not increased funding for public hospitals at the expense of primary and community based services.

The State Budget papers show that the expenses budget for Primary and Community Based Services in 2011-12 has increased by 4.6% from the 2010-11 expenditure. This recognises the Government's goal in the State Plan to focus on wellness and prevention strategies, recognising that these are long term strategies and that sustainable funding for inpatient services is necessary to manage the growth in patient demand.

4. Is it too late to reallocate the \$125 million budgeted to Frenchs Forest hospital to upgrade Manly and Mona Vale hospitals?
  - a. What is the likely impact of the proposed hospital on roads in the immediate and surrounding areas to the hospital site, and what are the estimated costs to the taxpayer of the necessary upgrades to local roads and transport services, including the upgrading of the Wakehurst Parkway?
  - b. What is the predicted allocation of annual funds required to run the Frenchs Forest Hospital?
  - c. What values does this government place on the seaside location of Manly and Mona Vale Hospitals as environments for healthier recuperation compared to the proposed Frenchs Forest site, which is surrounded by congested roads?
  - d. What value does this government place on the environmental significance of the proposed Frenchs Forest location, which is site of remnant Duffy's Forest bushland?
  - e. What impacts have been considered for the potential of duplicated health services, health costs, labour supply and patient catchment between Royal North Shore hospital and the proposed Frenchs Forest hospital?

- f. Is it too late for this government to create an alternative health facilities plan for the northern beaches region that capitalises on the advantages of the existing two hospital premises with upgrades plus innovations in the view of projected needs for local and home-based treatments?
- g. Has the government costed an alternative site, closer to the northern beaches, eg. Dee Why?

**ANSWER:**

I am advised:

The NSW Liberals and Nationals Policy, Plan to Fix Our Hospitals, identifies \$125 million for the Northern Beaches Hospital. The Government is strongly committed to maintaining a satisfactory and safe standard of the current health care facilities at Manly and Mona Vale Hospitals.

- a. The planning work is ongoing and the transport study will form part of this initial planning work. Transport for NSW will work closely with Health Infrastructure during this planning phase to provide details including the impacts on roads surrounding the hospital site.
- b. The estimated operating cost of the Northern Beaches Hospital at Frenchs Forest will be further developed once the planning process is further progressed.
- c. Increases in activity and patient throughput will form part of future service agreements with the Local Health District, noting changes to Commonwealth funding contributions as part of National Partnership Agreements. The preferred site of the Northern Beaches Hospital was chosen as a result of an approved Value Management Study process that took account of a range of factors and included relevant key stakeholders including clinicians, the community and consumers.
- d. The proposed Northern Beaches Hospital site at Frenchs Forest has been designated as a future hospital site for many decades and will be the subject of appropriate technical and environmental assessments, in accordance with associated Council and Government requirements.
- e. Planning for both hospitals took into account the relative catchments and referral patterns of each healthcare facility. The catchment of the proposed Northern Beaches Hospital at Frenchs Forest is a population of about a quarter of a million people, similar to the catchment of comparable hospitals elsewhere in NSW. The role delineation of each hospital was determined from the perspective of the broader health service, with tertiary and complex care continuing to be referred to Royal North Shore Hospital (RNSH). The Northern Beaches Hospital will enable reduction of inefficiencies resulting from the provision of care at two discrete metropolitan hospitals (Manly and Mona Vale Hospitals) only 15kms apart and will reduce demand on the RNSH Emergency Department.
- f. The Northern Beaches Hospital development was planned on the basis that a single acute hospital would improve the standard and quality of care that can currently be provided from two smaller acute metropolitan hospital sites. This proposal gained wide support from clinicians who saw benefits in improved critical mass, ability to recruit and retain staff, provide after hours cover and enable more efficient use of finite health resources. The plan includes a range of complementary health services to be provided from Mona Vale Hospital and a community health centre in Manly. A revised plan based on retention of two hospitals would not be supported by clinicians and would result in ongoing difficulties in providing high quality health care.

- g. Prior to the acquisition of the land for the Northern Beaches Hospital, an options study was carried out and this study resulted in the Frenchs Forest site being selected as the preferred location.

5. Can the Minister clarify whether a person using a wheelchair is classified as a vehicle or a pedestrian, according to the new Wheelchair prescription guidelines?  
a. If such persons are classified as a vehicle, does the Minister believe it is appropriate that people with mobility issues are treated the same as a vehicle in relation to alcohol consumption?

**ANSWER:**

I am advised:

The NSW Road Rules 2008, under the *Road Transport (Safety and Traffic Management) Act 1999*, states that a **pedestrian** includes:

- (a) a person driving a motorised wheelchair that cannot travel at over 10 kilometres per hour (on level ground).

The wheelchair guideline adheres to this legal definition and considers a person using a powered wheelchair on the footpath to be a pedestrian. The guideline further notes the relevant advice provided by the Roads and Traffic Authority (RTA) on its website in relation to using the wheelchair on public footpaths, the road and road related areas including:

- The person and the motorised wheelchair must comply with the NSW Road Rules when using the wheelchair on the road.
- The person must not use the motorised wheelchair on the road with a blood alcohol concentration of 0.05 or more.
- A person using a wheelchair or scooter on the road who is suspected of having a vision or visual field deficit should be referred for a vision assessment complying with RTA guidelines. (Ref: [www.rta.nsw.gov.au/roadsafety/pedestrians/motorisedwheelchairs.html](http://www.rta.nsw.gov.au/roadsafety/pedestrians/motorisedwheelchairs.html))

The wheelchair guideline makes no comment about a person's right to drink when using a wheelchair.

The "Guideline for the prescription of a seated wheelchair or mobility scooter for people with a traumatic brain injury or spinal cord injury" was jointly developed by EnableNSW and the Lifetime Care and Support Authority (LTSCA).

6. Is the Minister aware that Enable NSW has been stating to clinicians and prescribers that there are no funds available for CPAP machines?

**ANSWER:**

I am advised:

The government has provided a \$2 million recurrent enhancement in 2011/12 specifically to address the demand for CPAP machines, bi-level devices and ventilators. In addition to the annual expenditure for oxygen therapy, which is \$3.8 million, this brings the overall budget for the Home Respiratory Program in 2011/12 to \$5.8 million.

The waiting list for CPAP devices which had accrued prior to the recent funding enhancement was addressed by a bulk purchase by EnableNSW which provided 630 people with their devices. To further increase the effective use of the budget, EnableNSW is replacing all rental devices with more cost-effective purchased devices.

Applications for CPAPs received in September 2011 and October 2011 are now in the process of being provided by EnableNSW.

The EnableNSW budget has not been fully expended. Expenditure against the annual budget is cash flowed across the full twelve month period.

Note: There are some older applications which have not been processed because the applicant cannot be contacted at their stated address and may have relocated without informing their prescriber or EnableNSW.

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| <p>7. Is it still the case that the revenue from 10 speed cameras from around NSW is dedicated to spinal research?</p> <p>a. If not, will the government recommit to this initiative, which it supported in Opposition?</p> |
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**ANSWER:**

I am advised:

This program ceased in 2007.

The Government has committed \$2.88 million in the 2011/12 budget to advance research in spinal cord injury and related neurological conditions.

\$1.6 million has so far been allocated to:

- Fund 2 Applied Spinal Cord Injury Research Fellowships and 2 Paul Brock Fellowships for Cross Disciplinary Research in Neurological Conditions
- Develop the MS Brain Bank.

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| <p>8. Is it true that a "business plan" must be produced before a new staff member is employed or a staff member replaced within NSW Health, as well as every time obsolete equipment is replaced?</p> <p>a. If yes, what is the justification for this?</p> <p>b. Is there a policy that sets out the timeframe for how long these business plans must be completed and actioned?</p> <p>c. Does the health budget have built-in provisions for increases as the cost of new technology increases?</p> |
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**ANSWER:**

I am advised:

- a - b. Under Circular C2010-18 issued by the Department of Premier and Cabinet, there is a freeze on:
- Filling of all non-frontline jobs.
  - Contingent labour including contractors and consultants (used as a substitute for recruitment action).
  - Labour hire to fill temporary jobs.
  - Executive search hire to manage recruitment activity.

The Director-General of Health is authorised to grant exemptions from this staffing freeze. Requests for exemptions must be accompanied by justification as to why the

position should be filled and the implications if the position is not filled. There are no timeframes set for this process.

For procurement of equipment, NSW Health follows NSW Government Procurement Policy which ensures value for money, impartiality and fairness. NSW Health requires a business case if the value exceeds \$500,000 (whether new or a replacement). The business case is developed as per the business case guidelines from the Department of Premier and Cabinet. The business case is for the life of the equipment.

- c. The Health capital works program makes provisions for the cost of new technology and equipment. Equipment and technology upgrades within NSW Health are included in Budget Paper 4 of the 2011-12 State Budget.

9. Is it the case that in order to properly fund hospitals in this state the education budget would be compromised, as staff members at one NSW public hospital have been told?

**ANSWER:**

I am unaware of any such statement made to staff at a NSW public hospital. Furthermore, the inference of the purported statement is untrue.

10. What is the current status of the four hour time limit on emergency department waiting times, an initiative which NSW was signed up to by the Keneally government as part of the National Health Reforms?  
 a. Is it still the case that these targets are tied to reward payments for NSW?  
 i. If so can the Minister please outline the details of these?

**ANSWER:**

I am advised:

The four hour National Emergency Access Target (NEAT) is part of the National Health Reform Agreement on Improving Public Hospital Services, which NSW has agreed to. Assessment periods for the staged targets commence 1 January 2012.

The NSW staged targets are as follows:

<b>Baseline NSW</b>	<b>61.8%</b>
1 Jan 2012 – 31 Dec 2012	69.0%
1 Jan 2013 – 31 Dec 2013	76.0%
1 Jan 2014 – 31 Dec 2014	83.0%
1 Jan 2015 – 31 Dec 2015	90.9%

Targets are linked to reward funding. Reward payments are based on the performance achieved in each of the above assessment periods and are made annually by 30 June of the following assessment period. Estimated annual reward funding for NSW is as follows:

<b>Year</b>	<b>NSW (\$m)</b>
2012 –2013	15.9
2013 –2014	15.9
2014 –2015	15.9
2015 –2016	15.9
<b>Total</b>	<b>63.6</b>

11. What was the total cost to taxpayers for the change implemented by your government when Local Health Networks were renamed "Local Health Districts", and the Local Health Network governing councils were renamed "Local Health District Boards"?

**ANSWER:**

I am advised:

Cost was negligible. The former department, now Ministry, was branded as "NSW Health". Also stationery templates are generally electronic and easily amended to reflect the name change.

12. What measures did the government take to notify the public of the heightened level of PM2.5 particles in the air following the Orica Chemical Spill, after this was detected by air monitoring in Sydney?

**ANSWER:**

The Office of Environment and Heritage are responsible for air quality monitoring. They have advised NSW Health that Sydney air monitors did not detect a rise in PM2.5 levels due to any Orica emission.

13. Why is it that that the NSW air monitoring system only measures PM10, and is 20 years behind international standards?

**ANSWER:**

This question should be referred to the Minister for the Environment and Minister for Heritage as it falls within her portfolio. It is noted, however, that the Office of Environment and Heritage have both PM10 and PM2.5 monitors.

14. Is the government planning to improve the monitoring of our outdoor air quality to ensure particles as small as pm 2.5 are measured?

**ANSWER:**

This question should be referred to the Minister for the Environment and Minister for Heritage as it falls within her portfolio.

**Questions from the Hon Amanda Fazio MLC**

**Health**

15. NSW Bureau of Crime Statistics and Research reports 85 assaults on hospital premises in the quarter of April-May 2011. Are there any assaults on staff or threats of violence that are not reported to police that are entered on the Incident Information

Management System?

16. Where is the data available?

**ANSWER:**

I am advised:

NSW Health's policy, *Zero Tolerance Response to Violence in the NSW Health Workplace*, mandates that all crimes on NSW Health property, particularly assaults, should be reported to police.

Staff of NSW public hospitals are required to enter into the Incident Information Management System (IIMS) all identified incidents, near misses and complaints, including aggressive incidents that have occurred.

The Clinical Excellence Commission is responsible for publishing six monthly reports on Incident Management in the NSW Health Public Health System.

17. What enhancements in 2011-12 will John Hunter Children's Hospital have toward building a Paediatric Intensive Care Unit?

**ANSWER:**

I am advised:

The NSW Ministry of Health is currently in the process of developing a statewide Paediatric Intensive Care Plan. The Plan will be developed in collaboration with clinicians and stakeholders, and will guide future investment in paediatric intensive care services to ensure children from across NSW can continue to access these complex and highly specialised services.

18. Are there any budget enhancements in 2011-12 for Bankstown Hospital parking?

**ANSWER:**

I am advised:

The 2011-12 budget did not include any enhancements for parking at Bankstown Hospital. However, a masterplan is being developed by the South Western Sydney Local Health District for Bankstown Hospital to determine future development opportunities for the site. Parking is an integral aspect in developing this masterplan.

19. The federal contribution for the office of Preventative Health in 2011-12 is \$24.1 million

- a. What will be NSW Health contribution in 2011-12?
- b. Where in South West Sydney will the office be located?

20. Has recruitment commenced?

**ANSWER:**

I am advised:

NSW Health is currently in the process of determining the final allocation of NSW funds to the Preventative Health Fighting Fund for 2011/12, following the State Budget in September 2011. The establishment of the NSW Office of Preventative Health and the Fund is taking place in alignment with the Governance Review of NSW Health.

The Office of Preventive Health will be located in existing NSW Health accommodation in South Western Sydney in accordance with the NSW Government's commitment. Accommodation is being determined concurrently with the implementation of the Governance Review of NSW Health.

21. When will construction on the Nepean Hospital car park commence and finish?

22. Can this be expedited?

**ANSWER:**

I am advised:

The Nepean Campus is undergoing substantial development with new facilities in the East Block – Operating theatres and wards, Intensive Care Unit, Renal, the Oral Health Unit and Mental Health, representing over \$100 million of construction contracts all currently under construction. The campus cannot sustain a further development on site, until some of the other projects are completed.

The Nepean car park construction is planned to commence mid 2012 and is scheduled for completion in 2013.

23. In the Hunter region, where will the extra promised 107 nurses be employed?

24. When will they start?

**ANSWER:**

I am advised:

The additional nurses will be employed in the following facilities within Hunter New England Local Health District:

- John Hunter Hospital
- Tamworth Rural Referral Hospital
- Maitland Rural Referral Hospital
- Manning Rural Referral Hospital
- Calvary Mater Hospital
- Belmont District Hospital
- Armidale Hospital
- Wingham Hospital
- Rankin Park

The Local Health District continues to actively recruit to these positions.



25. What is the aim of the "Connecting Care" program?
26. How will the \$15 million allocated funds be spent in 2011-12?

**ANSWER:**

I am advised:

- The Connecting Care Program targets people (now over 16 years – previously over 65 years) with chronic diseases that result in the most frequent presentations to hospitals, drive the highest health care costs, and respond best to improved care coordination and health coaching – namely Diabetes, Congestive Heart Failure, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease and Hypertension.
- The program aims to increase people's capacity to understand and manage their conditions; reduce the progression and complications of their disease; improve their quality of life; support their carers and families; and enable better advance care planning and end of life decision making.
- The program also aims to reduce unplanned and potentially preventable admissions to hospitals and improve the health systems capacity to respond to the needs of people with chronic diseases.
- The 2011/12 Budget announcement included \$15 million to provide an extra 11,750 enrolments in the Connecting Care Program to help people with chronic conditions remain at home and reduce unnecessary hospital admissions, as part of the \$57 million four-year commitment to enable 59,000 patients to access this program. The funds will be allocated to Local Health Districts to provide additional places for these patients. Funds will also be provided to partner organisations, such as General Practice NSW, Aboriginal Health & Medical Research Council, and The George Institute to support state-wide delivery of the program in relation to GP engagement, delivery of services to Aboriginal communities, and evaluation of the program.

27. Of the \$3 million funding for planning for the Lachlan Valley Hospitals, in the 2011-12 period –
- a. What is the total estimated final cost of these hospitals?
  - b. How much is for Parkes?
  - c. How much for Forbes?
  - d. How much of the total cost is Federal funding?
  - e. What works will be done this year?
  - f. What is the estimated start date for construction work at Parkes?
  - g. What is the estimated start date for construction work at Forbes?
  - h. Will patients be using any of the new facilities by 1 July 2013?
  - i. What will be the finish date for Parkes?
  - j. What will be the finish date for Forbes?

**ANSWER:**

I am advised:

- a - c The Government's commitment to implement a \$4.7 billion capital works plan to rebuild NSW hospitals and health infrastructure in its first term, includes \$25 million for Forbes and \$42.5 million for Parkes Hospitals.

Funding at this stage is for planning activities to develop a combined Service Procurement Plan and Project Definition Plan (Business Case). Once appointed, the Planning Team will work with the clinicians to undertake a prioritisation assessment of the Clinical Services Plan to identify those services to be delivered.

The approved Service Procurement Plan/Project Definition Plan will identify a project Estimated Total Cost required to deliver the scope of services for Forbes and Parkes.

- d. There is currently no Federal Funding committed to this project.
- e. Tenders will be issued for the lead design team in November 2011. Formal planning will commence in early 2012.
- f - j Once planning is completed and the funding allocations have been provided, dates for commencement and completion of construction for each of the facilities can be finalised.

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| 28. Regarding the \$2 million commitment (\$500,000 in 2011-12) for Cessnock hospital –<br>a. How much will be spent by 1 July 2012?<br>b. What facilities will be constructed by this time? |
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**ANSWER:**

I am advised:

\$500,000 has been allocated in 2011/12 to commence planning for the announced \$2 million redevelopment of the Cessnock Emergency Department.

Building works are expected to commence in May 2012.

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| 29. Will Calvary Mater receive any budget enhancement for 2011-12?<br>a. If yes, for what facilities? |
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**ANSWER:**

I am advised:

Calvary Mater Hospital received additional funding of \$6 million in 2011/12.

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| 30. Will John Hunter hospital receive any budget enhancements in 2011-12?<br>a. If yes, for what facilities? |
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**ANSWER:**

I am advised:

John Hunter Hospital received additional funding of \$28.7 million in 2011/12.

31. How many patients will be treated in the dialysis unit at Cooma Hospital by 1 July 2012?, and
- Has recurrent funding for nursing supervision of the dialysis service been permanently factored into the Cooma Hospital budget?

**ANSWER:**

I am advised:

New funding of \$1 million is available to enhance renal services at Cooma.

Following a community meeting at Cooma Hospital on 22 August 2011 Southern NSW Local Health District has provided the Monaro Regional - Renal Dialysis Consumer Group with a draft paper outlining the options available for improving renal services in the Cooma community. The paper focuses on innovative improvements to renal services. The Monaro Regional – Renal Dialysis Consumer Group is to provide feedback on the paper by mid November 2011.

32. Given the 11.7% "walkout" rate in the emergency department for July 2011 at Mount Druitt Hospital –
- What enhancements will Mount Druitt emergency department receive in 2011-12?
  - When will the external review into Mount Druitt Hospital be publicly released?

**ANSWER:**

I am advised:

- A proportion of "walkouts" are related to limited access to GPs – especially after hours. The Mt Druitt Emergency Department is managed as a unit of the Blacktown Mt Druitt Hospital Emergency Department. The Emergency Department received a \$240,000 share of the Ministry of Health's winter strategy to support service delivery during the high demand winter period. These funds were used to cover costs for additional staff across all professions for both Mt Druitt and Blacktown campuses to provide care in response to winter demand for emergency care.
- The member will need to be more specific about what he is referring to, as management use a variety of methods to inform and guide decisions to improve the quality and safety of patient care across both campuses.

33. What are the plans for the future redevelopment of Tumut Hospital?

**ANSWER:**

I am advised:

A Site Development Plan has been completed for Tumut Hospital. The Hospital will be monitored and maintained in accordance with normal processes and should there be significant change it will be re-evaluated against competing priorities on a needs basis. There are no critical safety issues at Tumut Health Service and there is no shortage of available beds.

34. What enhancements will Tumut Hospital receive in 2011-12?

**ANSWER:**

I am advised:

Tumut Health Service has an allocation of \$239,831 for enhancements in 2011/12 through COAG funding. This includes \$99,831 funding for additional equipment such as \$29,250 for a V60 Bi Pap ventilator machine, \$16,152 for patient lifting equipment and \$29,143 for cardiac monitoring machines and a defibrillator.

COAG Emergency Department Minor Capital Works funding of \$140,000 has been allocated for a refurbishment of the Emergency Department. This includes:

- o New triage area (\$26,000)
- o Improvement to corridor security (\$19,900)
- o Roof replacement in the Emergency Department (\$20,000)
- o Upgraded storage areas (\$10,000)
- o A new pharmacy fridge (\$3,200)
- o New airlock doors (\$7,000)

The Murrumbidgee Local Health District will provide \$56,000 in 2011/12 for a planned series of upgrades, including new floor coverings and roof replacement for the Emergency Department Waiting Room.

35. What new dialysis facilities are planned?

**ANSWER:**

I am advised:

The *Self Care Haemodialysis in a Hospital Setting* is currently being developed for the Tumut Health Service for clinically appropriate patients. This includes the establishment of a new Self Care Renal Service Dialysis Unit on the hospital campus.

36. How much of the \$100 million of NSW Government allocated to Tamworth Hospital will be allocated in 2011-12 budget?

37. When will the first patient be treated in the new facility?

**ANSWER:**

I am advised:

\$3 million has been allocated in 2011/12 Budget for works at Tamworth Hospital.

Construction of the Tamworth project is scheduled to commence in mid 2013, and is expected to be completed within three years.

38. When will the Health one building at Gulgong be opened?

**ANSWER:**

I am advised:

HealthOne Gulgong is scheduled to open in January 2012.

39. What will be the total cost of a Health one?

**ANSWER:**

I am advised:

The total cost of HealthOne Gulgong is \$2,835,890.

40. What will the \$4 million commitment in 2011-12 be used for?

**ANSWER:**

I am advised:

The \$4 million will be used to commence detailed planning and provide for the initial capital costs for the development of a Multipurpose Service (MPS) to be co-located with the HealthOne.

41. What enhancements in the 2011-12 budget are for Mental Health in Shoalhaven?

**ANSWER:**

I am advised:

While there were no specific enhancements identified in the 2011-2012 NSW budget for public mental health services in the Shoalhaven, residents will continue to have access to comprehensive, inpatient and community based, integrated, specialist mental health services and interventions.

However, recent significant service enhancements within the Illawarra Shoalhaven Local Health District include the opening of the new Child and Adolescent Mental Health Inpatient Unit at Shellharbour Hospital.

42. Have you ever, or recently visited, the Dalwood site?  
a. If no, do you plan to?  
b. What plans does NSW health have for the site?

**ANSWER:**

a. Yes, once as Shadow Health Minister.

b. I am advised:

The NSW Ministry of Health, together with Northern Sydney Local Health District, has prepared a tender document to call for tenders to engage consultant services to develop a Dalwood Strategic Site Utilisation Options Plan and provide a report.

The site is a centre for Child and Family Health services at the secondary and tertiary level. Further secondary and tertiary level Child and Family Health services are planned, including Paediatric Speech Pathology, Paediatric Occupational Therapy, Child and Family Health Nursing and the Community Paediatrician are scheduled to move to the site in 2012 as it develops as a centre of excellence for these services.

43. How much was spent on Medical staff locums in NSW for 2010-11?

**ANSWER:**

I am advised:

\$104,377,029 was spent on medical staff locums in the 2010/11 financial year.  
(Source: State HIE. Excludes Third Schedule Facilities and Albury Base Hospital.)

The gross cost of locums does not reflect the service cost to health services of utilising locums instead of permanent staff. The real cost is the premium component of the locum costs over and above normal cost of utilising permanent staff. Agency fees and some on costs incurred in engaging locums are not included in the above figure.

44. How much is budgeted to be spent on medical Officer locums state-wide in 2011-12?

**ANSWER:**

I am advised:

Local Health Districts and Specialty Health Networks are responsible for determining the budget for expenditure on medical officer locums to meet the workforce requirements and patient demand of their District or Network.

45. What plans exist to reduce the demand for locum shifts?

**ANSWER:**

I am advised:

A number of strategies are in place or in development to reduce the demand for locum shifts:

- NSW Health is making a significant investment in health workforce initiatives focused on increasing workforce numbers and capability and improving distribution of health professions particularly in outer metropolitan, regional and rural NSW. These strategies include:
  - The NSW Rural Resident Medical Officer Cadetship Program
  - The Rural Preferential Recruitment program
  - Development of a NSW Rural Generalist Training Program
  - Investment in medical training networks
  - Funding to establish new intern positions in NSW public hospitals
  - Funding to establish new specialist training positions
  - The Rural Scholarships Fund

- All Public Health Organisations are required to have established a Casual Medical Pool consisting of appropriately qualified employed doctors who can fill vacant shifts.
- Development of revised rostering guidelines to improve efficient use of the current workforce thereby reducing locum demand.
- The annual Junior Medical Officer recruitment campaign provides a fair and transparent process to ensure every facility has the opportunity to address junior medical workforce needs.
- The Ministry is reviewing NSW Health policy on sick leave management with the aim of reducing sick leave and thereby lowering locum demand.

46. When will the \$83 million Wollongong Surgical unit be completed?

**ANSWER:**

I am advised:

The Wollongong Surgical Unit is scheduled for completion in 2015.

47. Does the Government have plans to further privatise any of the remaining State run aged care facilities (e.g. Wallsend, Harden and Garrawarra)?

**ANSWER:**

I am advised:

The National Health Reform Agreement recently signed by COAG confirmed that the Commonwealth Government has policy, funding and regulatory responsibility for aged care services, including residential aged care. In this context, the NSW Government proposes to keep actively under review its direct involvement in the operation of residential aged care facilities. However, the NSW Government has no immediate plans to divest responsibility for State Government Residential Aged Care Facilities.

48. How many full-time equivalent of media/public relations staff are employed by –  
a. Each local health district?  
b. NSW Ministry of Health?  
c. Health Minister's office?

49. What is the total cost of media/public relations and media staff for  
a. Each local health district?  
b. NSW Ministry of Health?  
c. Health Minister's office?

**ANSWER:**

48 & 49. a-b.

Due to the ongoing implementation of the Governance Review of Health, positions are still being finalised. This information is therefore not currently available.

48 & 49. c.

Ministerial staff numbers and salary bands are available on the Department of Premier and Cabinet website.

50. Only \$3 million has been allocated for dialysis enhancements for 2011-12 –
- How will this money be spent?
  - Will Bowral (which has a chair, but is not staffed) or Tumut Hospital receive additional facilities for dialysis in 2011-12?

**ANSWER:**

I am advised:

- As with previous allocations of Renal Enhancements, funds are allocated to Local Health Districts based on their identified access priorities. The Local Health Districts identify local priorities based on local service planning and consultation with local clinicians and communities.

In 2011/2012 a number of renal service projects have been supported, including:

- Nurse Practitioner Sydney Children's Hospital Network at Westmead.
- Additional dialysis places at Liverpool, Armidale, Taree, Broken Hill, Singleton, Justice Health, Campbelltown, Milton/Ulladulla and Auburn.
- 0.7 FTE Staff Specialist at Blue Mountains.
- 0.5 FTE Home Dialysis Nurse at South Western Sydney Local Health District.
- 0.5 FTE Home Dialysis Nurse at Sydney Local Health District.
- 0.5 FTE Chronic Kidney Diseases Clinical Nurse Consultant LHD-wide at Illawarra Shoalhaven Local Health District.
- Funding for Away from Home Haemodialysis.

- The *Self Care Haemodialysis in a Hospital Setting* is currently being developed for the Tumut Health Service for clinically appropriate patients. This includes the establishment of a new Self Care Renal Service Dialysis Unit on the hospital campus.

51. With regards to the emergency department waiting times website –
- How much did advertising this website cost?
  - How many complaints have there been about the accuracy of data on the site?
  - Did you or anyone from your office instruct NSW Health to remove the predicted waiting time(s) from the site?

**ANSWER:**

I am advised:

- No funds were spent on advertising the Emergency Department waiting time website. The site is promoted at no cost on the NSW Health website and received media coverage following its launch by the Minister.



- b. Since launch, the website has recorded 17,463 unique visits and 54,137 individual pages have been viewed. As at 24 October 2011, three complaints have been received, none related to the accuracy of data.
- c. The ED waiting time website did not publish a 'predicted' wait time.

52. What precisely will Pharmacists role be under the "Community Health Checks Program?

**ANSWER:**

I am advised:

On the advice of an Expert Advisory Group, the Government is supporting the trial of a pharmacy-based Community Health Checks initiative - the Know Your Numbers (KYN) program. Under the KYN program, pharmacists undertake opportunistic pharmacy-based health checks consisting of blood pressure measurement and completion of a validated diabetes risk questionnaire with consumers. Following the completion of the health check, pharmacists also provide consumers with health information and refer 'at risk' consumers to a general practitioner for follow-up.

53. How will the \$2 million in 2011-12 be spent?

**ANSWER:**

I am advised:

The \$2 million allocated in the first year will be used to support pharmacists undertaking health checks, including incentive payments to pharmacies participating in the community health checks initiative and to implement trial workplace health check initiatives.

54. How much of the \$2 million will the committee and secretariat cost?

55. Who is on the committee?

**ANSWER:**

I am advised:

An Advisory Group has been established to support the Primary Health Community Partnerships and Chronic Disease Branch (PHCPCD) in providing advice to the Minister in relation to Community and Workplace Health Check initiatives.

The Advisory Group has representation from the following organisations:

- National Stroke Foundation
- The Pharmacy Guild of Australia (NSW Branch)
- The Royal Australian College of General Practitioners (RACGP)
- Heart Foundation (NSW)
- Australia Diabetes Council
- General Practice NSW

There is no cost to the community health checks program budget for advisory services or for secretariat support.

56. What of the extra \$8 million in future years?

**ANSWER:**

I am advised:

It is estimated that a total \$7.26 million will be required over the course of the 4 year pilot project to support pharmacies' engagement in the community health check initiative. The remaining \$2.74 million will be allocated to workplace health checks.

57. How much has your department spent on management or other consultants since the 2011 election?

**ANSWER:**

I am advised:

In accordance with Annual Report Regulations, the Ministry of Health publishes the use of consultants each year in its Annual Reports. For the period April 2011 to October 2011, the Ministry expended \$2.3 million on external consultants.

58. Were the 3.0 full-time equivalent Career Medical Officers positions at Coffs Harbour Hospital that have recently been employed, new positions, or were they the recruitment of staff to established positions?

59. What is the current full-time equivalent position establishment for staff specialists in Coffs Harbour emergency department?

60. How many positions are filled?

61. How many emergency department staff specialist positions are vacant?

62. What enhancements do you plan for 2011-12 for emergency department consultants?

**ANSWER:**

I am advised:

58. 4.25 full time equivalent (FTE) Career Medical Officers have been approved for recruitment in 2011.

As at 10 November:

59. 6.0 FTE.

60. 6.0 FTE.

61. 0.2 FTE. Of note, at any one time most hospitals operate with a degree of staff vacancies. Where vacancies exist, temporary qualified staff are employed where required pending recruitment to these positions.

62. Increase staff specialist positions by 1.2 FTE to support the building of an Emergency Medical Unit.

63. Have you commenced negotiations to pay Port Stephens council \$48,000 back rent for the Raymond Terrace Community Health Centre as requested by the Member for Port Stephens?

**ANSWER:**

I am advised:

The issue of back rent has been resolved with Council and a new lease arrangement entered into, expiring on 31 December 2011.

64. When will Raymond Terrace HealthOne be complete?

**ANSWER:**

I am advised:

The completion date for the Raymond Terrace HealthOne is dependent upon the outcome of negotiations underway with the Commonwealth Government regarding a GP Super Clinic in Raymond Terrace.

65. What enhancements are planned for Tomaree Hospital in 2011-12?

**ANSWER:**

I am advised:

Enhancements planned for Tomaree Hospital in 2011-12 include:

- Installation of a fire hydrant is planned for 2011-12, at a cost of \$42,000.
- Hunter New England Local Health District is currently undertaking a planning process of service needs for the Greater Newcastle region which includes the Port Stephens area. This planning process is considering the health services required and the optimal location of services to best meet the needs of communities across the Greater Newcastle region, and ensure safe and sustainable health services into the future. The possibility of further enhancements to Tomaree Community Hospital will be considered in the context of the outcomes of this planning process when complete.

66. Has the Minister, Parliamentary Secretary, Ministerial Staff, Director General or other senior department of health staff –

- a. Travelled overseas at taxpayers cost since the 2011 election?
- b. How much was the cost?
- c. What was the purpose of any visits?
- d. What are the transport and accommodation costs for the above for intrastate travel?

**ANSWER:**

Neither the Minister, Parliament Secretary nor any personal staff has travelled overseas at taxpayer expense since the 2011 election.

I am advised:

In relation to the Director-General or other senior Ministry of Health staff:

- a. Since the March 2011 election, and as at 7 November 2011, seven senior members of staff from the Ministry of Health have travelled overseas on official business, with costs incurred being met by the Ministry of Health's budget.
- b. The total cost for the overseas travel was \$116,288.
- c. The purpose of the travel included attendance at:
  - Site visits to medical research organisations in Canada and Singapore.
  - 23<sup>rd</sup> International Conference on Improving Use of Medicines organised by the International Society for Environmental Epidemiology.
  - Overseas travel (to UK, Ireland and USA) to recruit up to 200 experienced nurses and midwives.
- d. Information on intrastate travel of senior staff from within the Ministry of Health is not collected centrally by the Ministry.

67. In the context of the Australian Medical Association safe hours and given the need to protect staff from fatigue, what audit of working hours have you asked for in each local health district?

**ANSWER:**

I am advised:

No system wide audit has been conducted of average working hours. The identification and management of occupational health and safety (OHS) risks, including workplace fatigue, is conducted by Local Health Districts in accordance with NSW Health policies.

Each year a labour force survey is conducted with a questionnaire sent to doctors renewing their registration in NSW. The 2009 Labour Force Survey (the latest available) reports that the average hours worked per week by doctors was 41.4 hours. The average hours worked, as reported by doctors has decreased since 2007, with reported hours of 42.1 per week. In the 2009 survey, junior medical officers reported working over 45 hours per week, with specialists in training (e.g. registrars) working 47.4 hours per week and hospital non-specialists (e.g. interns, resident medical officers, etc.) working an average of 45.6 hours per week.

68. Has any health professional or doctor ever refused to do a shift because of exhaustion, as you have indicated they are permitted to do?

**ANSWER:**

I am advised:

It is expected that staff will decline to work shifts where the performance of such a shift would represent a risk to the employee's health and safety, or the health and safety of others.

69. Has any disciplinary action been taken against a doctor/other health professional for doing so?

**ANSWER:**

I am advised:

The Ministry of Health is not aware of any instance of disciplinary action being taken against a staff member for refusing to work an overtime shift where the staff member believes it would result in unsafe working hours.

70. Do you know, or have you asked, how many health professional/doctors work in excess of the Australian Medical Association safe hours?

**ANSWER:**

I am advised:

The Australian Medical Association's safe working hours guidelines provide a useful tool for the assessment of workplace risk, however, the guidelines do not prescribe any upper limit on working hours.

71. Do nurses or other health professionals have a 'safe hours' provision when they work overtime or double shifts, such as times of staff shortages?

**ANSWER:**

I am advised:

Under the *Public Health System Nurses' and Midwives' (State) Award*, a nurse can refuse to work overtime in circumstances where the working of such overtime would result in the employee working hours which are unreasonable, including where there is a risk to health and safety. The same provision exists for staff covered by the *Public Hospitals (Professional and Associated Staff) Conditions of Employment (State) Award*.

72. What other plans do you have to manage staff fatigue?

**ANSWER:**

I am advised:

The NSW Health Guideline 2007\_023, Preventing and Managing Work-Related Fatigue focuses on the broad range of factors that impact on fatigue, including working hours.

Under the Guideline, Local Health Districts are required to identify the potential for work related fatigue to become an OHS issue, and to prevent and manage it as they would any other OHS issue. Strategies to address fatigue include shift and roster design, better leave management, improved working environment and provision of staff support.

73. How much will be allocated by NSW Health in the 2011-12 budget to Bega Hospital?

74. When will the first patient be treated at the new Bega Hospital?

**ANSWER:**

I am advised:

\$4 million has been allocated for the continuation of planning works for South East Regional Hospital, Bega.

The Bega Valley Health Service redevelopment project is scheduled for completion in early 2016. A commissioning date for the facility has yet to be determined.

75. What of inpatient hospital services at Pambula once Bega is built?

**ANSWER:**

I am advised:

A process is now underway to develop designs for the South East Regional Hospital, which will be located at a new site in Bega. The process will include consideration of the extent to which Pambula Hospital contributes to the overall outcome for the Bega Valley Health Service.

76. How much will the CT Scanner cost?

77. How much was paid for by NSW Health?

78. When will the first CT scan be performed?

**ANSWER:**

I am advised:

The estimated total cost of the CT, which is fully funded by the Ministry of Health, is \$797,000 (inclusive of equipment, contract fees, installation, and office accommodation costs).

The first CT will not occur until building works and CT installation is completed, which is scheduled for December 2011:

- Stage One, Office Accommodation, is currently underway.
- Stage Two, building works and CT installation, is scheduled for December 2011.

79. Will the 10 beds for Wyong Hospital be opened in 2011-12?

80. Are these the emergency medical unit beds?

**ANSWER:**

I am advised:

The 10 beds will be opened in 2011-12. They are not the Emergency Medical Unit beds.

81. Will recurrent funds be provided to staff in the emergency medical unit?

**ANSWER:**

I am advised:

At this stage planning is underway for the capital development of the Emergency Medical Unit.

82. How many extra nurses will be needed?

83. Are these included in the 25 more nurses promised prior to the election?

**ANSWER:**

I am advised:

There will be an additional 9.68 nursing Full Time Equivalent for the additional 10 acute beds. No.

84. Given that Hornsby Hospital is in need of extensive refurbishment –

- a. How much is committed for this in 2011-12?
- b. In the longer term, will the currently used medical and surgical wards (i.e the circular building) be retained?
- c. When will the first patient be admitted to the new facilities?

**ANSWER:**

I am advised:

- a. There are 3 major capital projects in the planning/construction phase for Hornsby Ku-ring-gai Hospital:
  - The Medical Assessment Unit project is in the construction phase with a \$1.8 million commitment for 2011-12.
  - The Mental Health Unit project is about to commence construction with a cost plan of \$33.6 million and a \$26.5 million commitment for 2011-12.
  - The Stage 1 Redevelopment for acute health care services is currently in the planning phase. Planning funds have been allocated for the 2011-12 financial year to complete documentation of the project.
- b. As part of the Stage 1 Redevelopment for acute health care services at Hornsby

Ku-ring-gai Hospital, future planning of the site will include consideration of planning for the numbers of medical and surgical beds and their appropriate location. The planning is expected to be completed by the end of 2011.

c. The first patient is expected to be admitted in January-February 2012.

85. How many nursing staff does Nepean Hospital have in the –
- a. Maternity ward?
  - b. Emergency department?
  - c. How many positions are vacant?

**ANSWER:**

I am advised:

Staffing levels are determined and adjusted as required by local management in line with budget, patient need and the specified award and benchmark tools.

Audited staff numbers will be published in the NSW Health Annual Report.

Of note, at any one time most hospitals operate with a degree of staff vacancies. However, where vacancies exist, temporary qualified staff are employed where required pending recruitment to these positions.

86. What is the total budget for Ryde Hospital in –
- a. 2010-11?
  - b. 2011-12

**ANSWER:**

I am advised:

- a. \$50,027,893
- b. \$56,763,756

87. Have you committed to permanently maintaining Ryde emergency department as a 24/7 operating emergency department?

**ANSWER:**

I am advised:

Ryde Hospital's role within the Northern Sydney Local Health District is clearly defined as being "to provide comprehensive secondary level services including core services of emergency medicine, general medicine and general surgery." Access to a full range of sub speciality services and complex and tertiary level services are facilitated through robust networking with Royal North Shore and Hornsby Hospitals.

88. What capital enhancements will occur at Ryde Hospital in 2011-12?



**ANSWER:**

I am advised:

Work will commence enhancing inpatient capacity in 2012 and on improving facilities in Camelia Cottage and the Nurses Home. Further capital enhancements includes the development of the Graythwaite Rehabilitation Centre - construction commenced October 2011, anticipated program completion date is December 2012.

- |   |
|---|
| 89. Is the emergency department at Bulli Hospital currently open?                   |
| 90. When will funding be allocated for an alternative urgent care centre?           |
| 91. Is there a planned start date for construction of the new centre?               |
| 92. Will the Bulli emergency department be kept open until the new centre is built? |

**ANSWER:**

I am advised:

89. Yes.
- 90-91 The Illawarra Shoalhaven Local Health District is in the early stages of the planning and consultation phase for the proposed changes at Bulli Hospital, including the reconfiguration of the Emergency Department to an Urgent Care Centre.
92. Yes.

- |  |
|--|
| 93. How many people are on the surgical waiting list for –<br>a. Cataract surgery?<br>b. Appointments in outpatient eye clinics? |
|--|

**ANSWER:**

I am advised:

- a. As at 30 June 2011, there were 12,975 "Ready for Care" patients on the surgical waiting list for cataract surgery.
- b. The number of people on the surgical waiting list for outpatient eye appointments is not available as this data is not collected centrally.

- |   |
|---|
| 94. How many cataract procedures were performed in April-June 2011? |
|---|

**ANSWER:**

I am advised:

The number of cataract procedures performed in April-June 2011 was 5,383.

95. What are the median wait times for cataract surgery for category 1,2 and 3?

**ANSWER:**

I am advised:

The median wait times for cataract procedures performed in April-June 2011 are:

- 13 days for Category 1;
- 42 days for Category 2; and
- 279 days for Category 3.

96. How much of the \$30 million commitment for St George Hospital emergency department is in the 2011-12 budget?

97. When will building works commence?

98. What permanent staffing enhancements will St George Hospital emergency department receive?

**ANSWER:**

I am advised:

The 2011/12 budget provides \$2 million for the upgrading of the Emergency Department at St George Hospital at an estimated total cost of \$35.5 million.

Works are anticipated to commence early 2012.

Staffing enhancements in the Emergency Department are being considered as part of the planning process for the upgrade.

99. You have opened beds in St George, Royal Hospital for Women and Prince of Wales –  
a. How many beds in each hospital?  
b. Are these totally NSW Government funded?  
c. Are these beds permanently opened?

**ANSWER:**

I am advised:

St George

- a. 16 overnight acute inpatient beds opened in May 2011.
- b. Yes.
- c. Yes.

Royal Hospital for Women

- a. Two neonatal intensive care cots (March 2011 and May 2011).
- b. The Neonatal intensive care cots are funded under revenue targets.
- c. Yes.

Prince of Wales - Nil

100. In south east Sydney Local Health District and the promised 25 nurses –
- How many full-time equivalent have started?
  - In which hospitals/units?

**ANSWER:**

I am advised:

22 full time equivalent nurses have commenced, with a further three to commence within a month. These nurses have been employed at Prince of Wales Hospital (Respiratory, Renal and Rehabilitation); St George Hospital (Aged Care, Renal/Gastroenterology, Neurosciences and Rehabilitation); Sutherland Hospital (Aged Care).

101. Given that you have indicated that the Ministry of Health to allow local health district work more closely with the private sector, can you rule out privatising or putting out to tender such services as cleaning and/or food preparation?

**ANSWER:**

I am advised:

The private sector already provides products and services to NSW Health in the areas of cleaning and food services.

102. You have previously indicated that enrolled nurses should be hospital trained, do you still agree with that?
103. How does Federal Government registration prevent enrolled nurses being trained in hospitals?
104. Since the March 2011 election, what inquiries have you made as to the possibility of re-instating hospital based training for enrolled nurses?

**ANSWER:**

I am advised:

Enrolled nurses need to be trained to meet the challenges of an increasingly complex health care environment with their clinical placements in health facilities, including hospitals, supported by the accredited education program delivered through an appropriate registered training organisation, such as TAFE. While the model may have changed, the student enrolled nurses still receive clinical training and experience in hospitals.

The change to national registration for nurses (registered and enrolled) supported by national standards, requires the enrolled nursing workforce to be highly trained to ensure the best possible patient care and protection of the public. The NSW Government, along with all other States and Territories, supports national registration.

The Government is committed to employing an additional 2,475 additional nurses, which will include enrolled nurses along with registered nurses and registered midwives. The 2011/12 budget included \$80 million to employ an additional 900 nurses in Local Health Districts and Specialty Health Networks.

105. With regards to an after-hours on call helicopter service for Orange that you said there may be as few as one call per week and would cost \$700,000 per year, have you re-considered that option, even as a trial?

**ANSWER:**

I refer to my response to Question No. 0402 in the Legislative Assembly.

106. With regards to the \$10 million committed to addiction programs –  
a. Where are the extra 80 beds planned to be located?  
b. How much is allocated in the 2011-12 budget?  
c. How much in the 2011-12 budget is allocated specifically to abstinence programs?  
d. How will this money be spent?

**ANSWER:**

I am advised:

Funding will be available to Non-Government alcohol and drug services across NSW. The location of additional alcohol and drug services will be determined through a competitive tender process conducted by the NSW Ministry of Health and will incorporate residential and community based settings.

\$2 million is allocated in the 2011-12 budget. It is intended that the 2011-12 budget be made available to successful applicants to the tender for establishment and capital costs associated with the new services. Until the competitive tender is completed, it is not possible to estimate what proportion of the budget will be for abstinence programs.

107. Considering Blacktown Hospital is receiving \$500,000 in funding for this year –  
a. What will that provide?  
b. How many extra beds with the \$125 million will that supply?  
c. When will these beds be opened?  
d. What is the current status of cardiac catheter facilities at Blacktown?  
e. What is the status of staff security in the emergency department?  
f. Given "walkout" rates are approaching 10% in the emergency department, what enhancements have been provided for Blacktown emergency department in the 2011-12 financial year?

**ANSWER:**

I am advised:

a. The funding will enable continuation of the important planning phase through to the schematic design of Stage 1 expansion of Blacktown Hospital.

- b-c. Once planning is finalised, the number of extra beds which will be opened on completion of the expansion will be confirmed.
- d. The cardiac catheter laboratory, which opened in October 2010, is now fully operational and 1,000 procedures have been completed as at the end of October 2011.
- e.
- A full review of security in the Blacktown Hospital Emergency Department has been completed.
  - A number of recommendations are being implemented, following consultation with staff, including creation of a secure area in the Emergency Department to store crockery and cutlery, improved use of duress response systems and installation of additional lighting.
  - An additional 24 hour per day Hospital Security Assistant will be available in the Emergency Department.
  - This person will be part of the ED team to assist the management of aggression and violence. This person will be supported by the hospital security officers at all times.
  - Until recruitment is finalised, a 24 hour security presence remains in place in the Emergency Department.
  - A senior security manager has been appointed to Blacktown Hospital.
- f. A proportion of "walkouts" are attributed to limited access to GPs – especially after hours. Blacktown Hospital was allocated \$240,000 as part of the Ministry's winter strategy to support the provision of services provided during the busy winter period. These funds were used to fund additional beds and staff in the Emergency Department and the hospital wards to assist with movement of patients.

Blacktown Emergency Department has also opened 6 Emergency Short Stay Unit beds and will open a new Emergency Department Fast Track Zone on 14 November through the allocation of recurrent COAG funding.

108. With the abolition of the "cluster" by 1 September 2011, how many staff have taken –
- a. Voluntary redundancy?
  - b. Forced redundancy?
109. How many staff have been redeployed?
110. How much have redundancies cost to date?

**ANSWER:**

I am advised:

Of the staff that have been employed in the Clusters/Health Reform Transition Organisations, as at 31 October:

- No staff have taken voluntary redundancy.
- No staff have taken forced redundancy.
- 10,456 have been redeployed to Local Health Districts.

111. Given that there are planned staff reductions of 150 full-time equivalent in health staff –
- a. How many will be voluntary redundancy?
  - b. How many forced redundancy?
  - c. How many by natural attrition?

**ANSWER:**

I am advised:

The restructure following the Governance Review is expected to result in around 150 redundancies. At this point it is not possible to identify what proportion will be voluntary, although it is expected the great majority would be.

112. What is the estimated final cost of these redundancies?

**ANSWER:**

NSW Health estimates the cost could be between \$6 million and \$9 million. Actual costs will be dependent on the classification and length of service of the staff who ultimately receive the redundancies and whether the redundancies are voluntary or forced.

113. How was \$80 million (i.e. over how many years) saving calculated?

**ANSWER:**

The three Clusters, now abolished, were to retain around 800 FTE at an annual salary cost in the order of \$80 million. With the abolition of the Clusters, that \$80 million recurrent is being retained within Health for redirection to Local Health Districts' budgets.

114. Did this \$80 million include the cost of the redundancies?

**ANSWER:**

No.

115. With regards to the maternity unit of the Blue Mountains Hospital –  
a. Has it been closed to deliveries on any occasion since March 2011?  
b. What is the total cost for locums in obstetrics, paediatrics and anaesthetics in that time?  
c. How many babies per month (May-September 2011) have been delivered?

**ANSWER:**

I am advised:

- a. There have been only three occasions, totalling 36 hours, when birthing has been suspended as a consequence of non-availability of staffing. Two of these occasions were for a few hours only as an anaesthetist was on leave. On one occasion the Obstetrician had to leave urgently. Service was also suspended during the severe wind storms experienced in the Blue Mountains in July 2011.
- b. Locums have been used to provide annual leave cover at a cost of \$7,360.

- c. Birthing numbers remain consistent with an average of 14 births each month over the last five months.

116. In which of the south west Sydney hospitals will the extra 25 promised nurses be stationed at?
- How many have started?
  - How many of the 275 new nurses educators will go to south west Sydney?
  - How many of the 275 nurse educators are employed to date?
  - Where are they located?

**ANSWER:**

I am advised:

In south west Sydney hospitals the additional 25 nurses will be stationed at Liverpool, Campbelltown and Bankstown Hospitals.

- All additional 25 nurses have commenced.
- Two.
- Recruitment is currently underway for the Clinical Nurse Educator positions.
- Bankstown Hospital.

117. Given the \$5 million commitment to open a rehab unit in Woy Woy –
- What new building work is required?
  - How many additional registered nurses will be required?
  - Has the staffing profile for this new unit been included in the forward estimates?
  - Have you guaranteed that funding for the Wyong rehabilitation unit will be affected by re-opening the Woy Woy unit?

**ANSWER:**

I am advised:

- The project delivers a new purpose built subacute facility including capacity for 30 overnight beds (to allow for future changes in capacity); therapy areas; consultation spaces; patient dining and lounge areas; and administration. Upgrade of services such as communications, waste management, kitchen and food services, hazardous materials management, engineering and the receiving dock is also included.
- A nursing staff profile of 28.57 nurses is required of which 18 Full Time Equivalent will be registered nurses.
- There is provision of \$12.952 million recurrent funding from the National Partnership Agreement, Improving Public Hospitals to 2013-14.
- There will be no impact on the funding of the Wyong Rehabilitation Unit.

118. When will the new hospital at Bryon Bay, Ewingsdale open?

119. When will stage 3 of Lismore Hospital redevelopment commence?

**ANSWER:**

I am advised:

The planning process for these projects will commence in 2011/12.

120. What plans does your Government have to purchase land for a hospital in the lower hunter?

**ANSWER:**

I am advised:

Funding has been allocated in the 2011/12 Budget to undertake planning and for the acquisition of a suitable site.

121. With regard to the Health Care Complaints Commission –

- Why would you expect the investigations completed within 12 months to fall from 90% back to 85%?
- Why would you also expect the percentage of satisfied complaint clients to fall?
- Why has the target for implementation in health services of recommendations from investigations been reduced to a figure of 90% when historically the Health Care Complaints Commission has achieved results of 96% and 97%?
- Your recent comment on channel 7 raised concerns about the Health Care Complaints Commission performance. Do you still hold those views?

**ANSWER:**

I am advised:

- When preparing the forecast for 2011-12, the Commission was aware that a number of investigations due for finalisation during 2011-12 included matters that had been 'paused' pending the outcome of criminal proceedings into two registered health practitioners. The Commission 'pauses' matters under investigation where there are criminal or coronial proceedings, as the outcome of the proceedings have an impact on the Commission's decision at the end of an investigation.

Given the number of investigations 'paused' it was evident that a forecast of 85% for 2011-12 would be more appropriate than the 2010-11 actual figure of 87.7% (or the estimated actual of 90.0%).

- When preparing the forecast for 2011-12 the Commission did not have actual figures available for the proportion of complaint resolution clients that were satisfied with the resolution service in 2010-11.

These figures are now available and the actual satisfaction rate for 2010-11 was 85.6% (estimated actual was 87%). The Commission had forecast a satisfaction rate of 85.0%, a small 0.6% reduction in the actual satisfaction rate for 2010-11.

- Since 2005, the Commission has made a total of 455 recommendations arising out of 181 investigations into health organisations, the vast majority of which have been made to public health organisations.



In 2010-11 the Commission made 60 recommendation to health organisations, 10 (16.6%) of which were made to private health organisations. The Commission is aware that nine of these will not be implemented, including eight recommendations to a privately run drug and alcohol treatment facility. This facility is no longer providing the service in question and the recommendations will not be implemented.

Therefore it is likely that only 85% of the recommendations made in 2010-11 will be implemented by 30 June 2012.

d. Without reference to the specific comments made, I am unable to answer this question.

122. Have you instructed the Royal North Shore Hospital to stop using the treatment areas or storage rooms for placing patients who are being disruptive or who are being disturbed by other patients?

**ANSWER:**

I am advised:

A number of units within the Royal North Shore Hospital have designated clinical treatment spaces called treatment rooms. These are not storage rooms and were designed as private clinical spaces for the purpose of undertaking examination of patients or for procedures. In the event that patients require a higher level of supervision, when there are no other options available for a treatment space, these rooms are utilised as a single room as they are located closer to the nurses' station. Patients may be placed in these rooms following a mutual agreement until a single room becomes available. A risk assessment has been conducted throughout the hospital and policy is in place for the use of these areas.

123. Has a report on bed occupancy rates for adult acute overnight beds been prepared for NSW Health?  
a. Has the report been released?  
b. If not, when and will it be released to the public?

**ANSWER:**

A NSW Health Transition Taskforce has completed a range of work since the change of government and I expect to receive a report from the taskforce for consideration before the end of the year.

124. With regard to the bed occupancy rates of acute adult overnight beds, what was the average occupancy for the month of July 2011 in –  
a. Bankstown Hospital,  
b. Concord Hospital,  
c. Gosford Hospital,  
d. John Hunter Hospital,  
e. Liverpool Hospital,  
f. Nepean Hospital,  
g. Prince of Wales Hospital,  
h. Royal North Shore Hospital,  
i. Royal Prince Alfred Hospital,  
j. St George Hospital,

- k. St Vincent's Hospital,
- l. Westmead Hospital,
- m. Wollongong Hospital,
- n. Blacktown Hospital,
- o. Campbelltown Hospital,
- p. Fairfield Hospital,
- q. Mt DrUITT Hospital,
- r. Sutherland Hospital,
- s. Wyong Hospital,
- t. Maitland Hospital,
- u. Port Macquarie Hospital,
- v. Tamworth Hospital, and
- w. Wagga Wagga Hospital?

125. With regard to the bed occupancy rates of acute overnight beds, what was the average occupancy for the month of July 2011 in –
- a. The Children's Hospital at Westmead, and
  - b. Sydney Children's Hospital?

**ANSWER:**

I am advised:

The average bed occupancy rates of acute adult overnight beds are not currently able to be supplied.

126. What is the increase in recurrent funding for Specialist Palliative Care services in 2011-12?

**ANSWER:**

I am advised:

\$48,216,506 was allocated to Local Health Districts for the period 2011-12 as part of the supplementation from the Commonwealth Government for sub-acute care under the National Partnerships Agreement. Local Health Districts have determined allocation to palliative care services based on need.

I am pleased to advise that I have restored funding to HammondCare in Northern Sydney Local Health District and it will receive appropriate indexation this year. This funding had been cut by the former Government which resulted in a real reduction in the provision of palliative care services for people who are dying, and for their families. The restoration of funding to HammondCare will ensure on-going in-patient and community palliative care services to the Northern Sydney community through Greenwich Hospital, Neringah Hospital and the Northern Beaches Palliative Care Service.

127. At the end of the period 2011-12, which NSW public hospitals will have Specialist Palliative Care services operating onsite?

128. At the end of the period 2011-12, which NSW public hospitals will not have Specialist Palliative Care services operating onsite?

**ANSWER:**

I am advised:

At the end of 2011-12, there will be 31 NSW public hospitals which have Specialist Palliative Care Services operating onsite. These include:

Local Health District	Hospitals
Central Coast	Gosford Hospital
Illawarra Shoalhaven	Port Kembla Hospital Wollongong Hospital David Berry Hospital
Nepean Blue Mountains	Nepean Hospital
Northern Sydney	Greenwich Hospital Neringah Hospital
South Eastern Sydney	Sacred Heart/St Vincent's Hospital Calvary Health Care Prince of Wales Hospital/Royal Hospital for Women St George Hospital The Sutherland Hospital
South Western Sydney	Bankstown Hospital Liverpool Hospital Braeside (Hammond Care) Hospital Campbelltown Hospital Camden Hospital
Sydney	Royal Prince Alfred Hospital Concord Hospital Canterbury Hospital
Far West	nil
Western Sydney	Mt Druitt/Blacktown Westmead
Hunter New England	Calvary Mater Newcastle Hospital John Hunter Children's Hospital (paediatric palliative care) Maitland/Dungog Palliative Care Tamworth Hospital Taree Hospital
Mid-north Coast	nil
Murrumbidgee	Albury Mercy Health Services
Northern NSW	St Vincent's Hospital Lismore
Southern NSW	nil
Western NSW	nil
Sydney Children's Hospital Network	Sydney Children's Hospital Sydney Children's Hospital at Westmead

It should be noted that, in addition to these specialist palliative care services, palliative care is also provided through a variety of other service models within the Local Health Districts, including through numerous community based services. Other public hospitals, although not having a palliative care service onsite, have access to a palliative care consultative service.

129. What provision has been made for the development of palliative care training resources for carers in 2011-12?
130. What provision has been made for the establishment and operation of a state-wide Palliative Care Information Service in 2011-12?
131. What provision has been made for the funding of a state-wide training program for

palliative care volunteers in 2011-12?

**ANSWER:**

I have directed the Ministry of Health to undertake a review of palliative care to identify and address demand for palliative care in New South Wales. To assist in this process the Palliative Care Expert Advisory Group has been established and will provide advice on mapping palliative care services against population needs, service planning, workforce development and training, and mechanisms to strengthen networks with Local Health Districts.

In addition, the Group will provide advice on how Commonwealth funding received under the National Partnerships Agreement for sub-acute care was apportioned to palliative care. In 2011-12 these funds allocated to Local Health Districts amounted to a total of \$48,216,506.

The Palliative Care Expert Advisory Group will provide an interim report by December 2011.

To further strengthen palliative care direction across the Ministry of Health, the Statewide Centre for Improvement of Palliative Care (SCIP) will be transitioned to the Agency for Clinical Innovation (ACI). This repositioning will provide SCIP with a strong basis to provide leadership in palliative care and support Local Health Districts in meeting statewide palliative care priorities.

The NSW Government is committed to supporting carers through the NSW Carers Action Plan 2007-2012. This action plan sets out five priority areas for action to improve the quality of life for carers and the people they care for.

Ministry of Health has established a network of Carer Support Officers to identify carers, raise carer awareness and respond to carer needs in the health system. The Carer Support Officers are responsible for developing and coordinating initiatives within their Local Health Districts.

**Medical Research**

132. Which institutes, organisations or bodies receiving funding for medical research from the NSW Government in 2011-12 are conducting research or experimentation on embryonic stem cells?
133. What are the names of the medical research programs receiving funding from the NSW Government in 2011-12 that involve research or experimentation on embryonic stem cells?
134. What specific funding amounts will be provided by the NSW Government in 2011-12 to medical research programs involving research or experimentation on embryonic stem cells? Nominate the amount of funding associated with the respective program?

**ANSWER:**

I am advised:

In 2011-12, there has been no specific funding from the NSW Government allocated to medical research programs that involve research or experimentation on embryonic stem cells.

**Phones**

135. How many blackberries does DPC assign to your Ministerial staff and to whom have they been issued?
136. How many iPads does DPC assign to your Ministerial office and to whom have they been issued?
137. How many iPads have you purchased for your office and to whom have they been issued?
138. How many iPhones does DPC assign to your Ministerial office and to whom have they been issued?
139. How many iPhones have you purchased for your office and to whom have they been issued?
140. For each phone or device, how much was each bill from April to October?
141. How many have phones or devices have been lost in your office?
142. What is the cost of replacing those phones or devices?

**ANSWER:**

I am advised:

135. to 139. For all Ministerial Offices, there are a total of:

- i. Blackberries – 151
- ii. iPads – 19
- iii iPhones - 3

140. Ministerial Offices in the NSW Government from April 2011 to October 2011 spent a total of \$88,902. This compares with \$238,567 spent under the previous NSW Government from October 2010 to March 2011.

141. to 142. For all Ministerial Offices in the NSW Government, there has been one stolen phone, which cost \$577 (ex GST) to replace.

**Media/public relations**

143. How many media or public relations advisers are employed for each of your portfolio agencies?
144. What is the forecast for 2011-12 for the number of media or public relations advisers to be employed and their total cost?
145. How many media or public relations advisers are employed in your ministerial office?

**ANSWER:**

143-144. Due to the ongoing implementation of the Governance Review of Health, positions are still being finalised. This information is therefore not currently available.

145. Ministerial staff numbers and salary bands are available on the Department of Premier and Cabinet website.

### Overseas trips

146. Have any of your overseas trips in the past year been paid for in part or in full by using public money?
147. If so, did any of your relatives or friends accompany you on these trips?

I am advised:

146-147. Information regarding Ministerial travel is available on the relevant Minister's appropriate agency website, in accordance with Ministerial Memorandum M2009-10 'Release of Overseas Travel Information'.

### Office costs

148. What is the annual remuneration package for your chief of staff?
149. What is the annual remuneration package for your head media advisor?
150. What is the annual remuneration package for each of your staff?
151. What is the estimated expenditure for your office budget in 2011-12?
152. Have any office renovations or fit outs been undertaken in your ministerial office since April?
153. If so, could you give details of contracted costs?
154. What is your office budget?
155. How many political advisors are in your office?
156. How many administration staff?

### ANSWER:

I am advised:

148. to 150. and 155. to 156. Ministerial staff numbers and salary bands are available on the Department of Premier and Cabinet website.

151. and 154. Based on actual expenditure patterns, total forecast expenditures for all Ministerial offices are set out to be \$36,900,000 in 2011/12. This compares to \$47,046,453 spent by the former NSW Government from April 2010 to March 2011.

152. and 153. My Ministerial Office has spent \$200 on office fit-outs and renovations since April. This information is sourced from contractor invoices. Also this figure does not include electronic items purchased / replaced, such as televisions, digital radios, small appliances, whitegoods and cleaning costs.

157. How many Department Liaison officers are assigned to your office?

### ANSWER:

As at 9 November 2011, there are two Ministry of Health employees engaged as Department Liaison Officers within the Office of the Minister for Health and Minister for Medical Research.

158. How many staff in the Department are assigned to Ministerial support duties?

**ANSWER:**

All staff within the Ministry of Health are directly or indirectly involved in the provision of information and support to the Minister.

In addition, I am provided with a Ministerial driver.

**Cabcharge**

159. In terms of your ministerial office, how much did your office spend on taxi fares, including Cabcharge since April?

**ANSWER:**

I am advised:

For all Ministerial offices, the cost of Cabcharge was \$38,806.38 over 6 months from April 2011 to September 2011.

This is compared with the cost of \$78,023.11 in the 6 months of the previous NSW Government from October 2010 to March 2011.

**Restructure**

160. Are any of your portfolio agencies undergoing a restructure?

161. How many jobs are expected to be cut as a result of that restructure?

162. How many people are expected to have their wages cut as a result of that restructure?

163. How many voluntary redundancies are expected to be offered as a result of that restructure?

**ANSWER:**

I refer to my response to Questions 108-114 and the evidence provided during the Estimates Hearing on 24 October 2011 (page 27 of the Hansard).

**Agency costs**

164. What is your agency's catering budget?

**ANSWER:**

I am advised:

The NSW Ministry of Health does not have a specific budget allocation for catering. Expenditure on catering is generally not provided unless the meeting involves participation of persons from outside the organisation and the provision of the meal must be substantiated by the scheduled time of the meeting. Costs are managed within goods and services expenditure.

165. Since April, has the agency changed its branding?

**ANSWER:**

The NSW Department of Health changed its status to the Ministry of Health in October 2011.

166. How much was spent on rebranding the agency?

**ANSWER:**

I am advised:

Cost was negligible. The former department, now Ministry, was branded as "NSW Health". Also stationery templates are generally electronic and easily amended to reflect the name change.

167. How much has been spent on stationery?

**ANSWER:**

I am advised:

New orders for stationery will be placed when current stocks have been exhausted.

**Correspondence**

168. How long is the average turnaround for responding to correspondence in your agency?

169. How many pieces of correspondence have been outstanding for more than 60 days?

**ANSWER:**

I am advised:

Every effort is made to respond to correspondence in a timely manner. Routine reports available through the current document management system do not include average turnaround time or specific periods outstanding.

**Paying bills on time**

170. Since April, on how many occasions has the agency not paid a supplier or contractor for more than 30 days?

171. How many bills have been outstanding for longer than that period?

**ANSWER:**

I am advised:



The Government's policy to pay small businesses within 30 days became effective from 14 July 2011.

The policy provides for transition to the new arrangement and the requirement to pay penalty interest for late payment to small businesses who have registered with NSW Health will not apply until 1 January 2012.

### **In relation to Grants to Non-Government Organisations**

172. Does your department provide recurrent grant funds to non-government organisations? If yes,
- a. What are the names of all organisations in receipt of funding?
  - b. What is the total amount of funding received by each organisation, including goods and services tax?
  - c. On what date was the funding advanced?
  - d. What was the purpose for each grant or funding advance?
  - e. Was any funding withheld or returned?
  - f. If so, what were the reasons for withholding or requiring the funding to be returned?

#### **ANSWER:**

I am advised:

a. b. & d.

Information regarding grants provided by the Ministry of Health to Non Government Organisations under the NSW Health Non-Government Organisation Grant Program is published each year in the Annual Report, including the names of all organisations in receipt of funding, the total amount of funding received by each organisation, excluding goods and services tax and the purpose of each grant.

c. Generally Non Government Organisations are paid quarterly in advance in accordance with the NSW Health Non Government Organisation Grant Program Guidelines. For grants paid by the Ministry of Health, 2010-11 grant payments were made on:

- 2 July 2010 for 1st quarter payment
- 30 September 2010 for 2nd quarter payment
- 2 December 2010 for 3rd quarter payment
- 30 March 2011 for 4th quarter payment

e. & f.

Funding was withheld in consultation with the Non Government Organisations in instances where the organisation was undertaking recruitment to fill or replace position(s) or experiencing a delay in the implementation of a program for which the organisation received approval for grant funding.

Funding was returned following acquittal at the end of the financial year where the grant amount provided was not fully expended.

173. What is the indexation rate applied to non recurrent grant funds in 2011/2012?

#### **ANSWER:**

I am advised:

Non recurrent grant funds are not subject to annual indexation. The indexation for recurrent grants applied for 2011-12 was 2.5%, where applicable.

**In relation to feasibility studies, audits, taskforces and reviews:**

174. Is your department currently undertaking any feasibility studies, audits, taskforces or reviews, If so;
- What are the terms of reference or details of each study, audit, taskforce or review?
  - Who is conducting the study, audit, taskforce or review?
  - Was each study, audit, taskforce or review was publically advertised seeking expression of interest or competitive tenders?
  - Is there a contract in place detailing terms of engagement for the study, audit, taskforce or review?
  - What is the timeline of each study, audit, taskforce or review?
  - What are the details of any costs involved in each study, audit, taskforce or review?

**ANSWER:**

a. – f. I refer to the answer to the Question on Notice from the Minister for Police and Emergency Services, Minister for the Hunter, and Vice-President of the Executive Council representing the Premier, and Minister for Western Sydney – LC 0327—Premier—**FEASIBILITY STUDIES, AUDITS, TASKFORCES AND REVIEWS.**

**Parliamentary Secretary Questions**

175. Can you please list all travel related costs for your Parliamentary Secretary incurred in their capacity as Parliamentary Secretary since 1 July 2011:
- kilometres travelled
  - accommodation,
  - air fares
  - meals/entertaining?
176. Can you please provide details of the following activities undertaken by your Parliamentary Secretary since 1 July 2011
- meetings attended in their capacity as Parliamentary Secretary?
  - functions attended in their capacity as Parliamentary Secretary?
177. How often do you meet with your Parliamentary Secretary?
- Are these meetings documented?
  - Who attends these meetings?
178. Who provides instructions and direction to your Parliamentary Secretary, you or your Chief of Staff?

**ANSWER:**

175. I am advised:  
Travel costs incurred by Melinda Pavey MLC in her capacity as Parliamentary Secretary for Regional Health since 1 July 2011 are \$3,249.81.

176. – 178. Parliamentary Secretaries provide assistance to the Premier and other Ministers, including signing correspondence; receiving deputations; officiating at functions; and assisting the Premier and Ministers in some of their duties. The duties to be performed are those allocated by the Minister, or which have the Minister's endorsement.

179. Has the Parliamentary Secretary been provided with Speech, Voice or Media Training since becoming Parliamentary Secretary? If so:

- Who conducted the training?
- When was it conducted
- Where was it conducted what were the costs of the training?
- Who paid for the training?

**ANSWER:**

No.

**Questions from the Hon Helen Westwood MLC**

**Denman Multipurpose Service**

180. Can the Minister provide details of measures her Department, and Hunter New England Local Health Network has in place to recruit and retain doctors in the Upper Hunter?

**ANSWER:**

I am advised:

There is a worldwide shortage of medical staff and we are in a very competitive market.

Hunter New England Local Health District works closely with the Rural Doctors Network, Hunter Rural Division of GP and Local Medical Practices in relation to recruitment strategies.

The Local Health District also has a number of working groups and committees working in partnership for the recruitment and retention of medical staff in all its regional and rural areas. All vacancies are advertised and promoted widely. The Local Health District also has a dedicated recruitment consultant who looks after the recruitment of General Practitioners/Visiting Medical Officers for the Local Health District.

Regular communication occurs with Visiting Medical Officers regarding local health service provision in formal meetings, clinic meetings as well as one on one opportunities with local managers and the General Manager. The Hunter New England Local Health District's Primary and Community Network has recently completed a formal Visiting Medical Officer satisfaction survey.

General Practitioner registrars are routinely employed and recently Junior Medical Officers have also been given the opportunity to experience rural health; both are given formal orientation at both District and local facility levels.

Upper Hunter Cluster has introduced models of care to facilitate leave opportunities for Visiting Medical Officers while maintaining services.

181. The Minister would be aware that the Denman Multipurpose Service has not had a Visiting Medical Officer for over two years now, which impacts on the level of health care the Denman Multipurpose Service can provide. Can the Minister outline specific measures in place to recruit a Visiting Medical Officer to Denman Multipurpose Service?

**ANSWER:**

I am advised:

Denman MPS currently does not have a Visiting Medical Officer (VMO), however, the local General Practitioner (GP) does provide services to the Residential Aged Care clients within the MPS.

In October 2010, the local community formed a GP/VMO Steering Committee, who are working with Hunter New England Local Health District to try to attract a GP/VMO to Denman.

Local management continues to liaise with the Hunter New England Local Health District Medical Workforce Recruitment Consultants who work with the Rural Doctors Network and Hunter Rural Division of GPs on recruitment strategies.

The Denman VMO position is currently advertised on the MyCareer website, Rural Doctors Network and the Hunter Rural Division of General Practice websites. Unfortunately, to-date, there have been no suitable applicants.

The Hunter New England Local Health District is currently preparing to advertise for Quinquennial Appointments across the District, which Denman is included, for a General Practice VMO.

**Muswellbrook Aged Care Facility**

182. I refer the Minister to the Muswellbrook Aged Care Facility, which is located within Muswellbrook District Hospital. Is the Minister aware that the facility requires reaccreditation and is need of significant maintenance works?

**ANSWER:**

I am advised:

The Muswellbrook Aged Care facility is compliant under the current accreditation standards and is due for reaccreditation in March 2014. Muswellbrook Aged Care facility also has current certification compliance.

183. Can the Minister advise of plans in place to upgrade the facilities at Muswellbrook Aged Care Facility?

**ANSWER:**

I am advised:

A Master Planning process for the Muswellbrook District Health Service campus is currently in progress and expected to be completed by the end of December 2011. This planning process includes the Aged Care facility.

184. Can the Minister provide her view on whether the State Government should remain in the business of operating Aged Care Facilities given they are a Federal Government responsibility?

**ANSWER:**

See response to Question No. 47.

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**There were no additional questions on notice lodged by members relating to the portfolio of Health, Medical Research.**

