

Question from Dr Kaye

1.
 - a. How many grants were funded under the Ministerial Health NGO Program 2011 – 2012 and what was the value of each grant?
 - b. How much money will be cut from existing grants under the Health NGO Program as part of the Government's program of efficiency savings?
 - c. What support will NSW Health give to funded NGO's to transition to the proposed new funding model under the Grants Management Improvement Program?
 - d. Can the minister quantify the level of funding cuts that the health NGO program has to take as part of overall budget savings measures in the health portfolio?

ANSWER:

I am advised:

a - d

NSW Health is developing a new Grants Management Improvement Program to reform the current NGO grant program and Ad Hoc funding program with the aim of implementing the proposed changes from 1 July 2013.

NGOs that have a current Funding and Performance Agreement that expires beyond 30 June 2013 will continue to receive funding to the date of expiry. All other NGOs will continue to receive funding under the NGO grant program to 30 June 2013.

Information regarding grants provided by the Ministry of Health to NGOs under the NSW Health NGO Grant Program is published each year in the Annual Report.

2.
 - a. Why does there continue to be no state wide policy or strategic framework for consumer and community engagement in the health system eighteen months since the Health Minister committed to put patients at the heart of the health system?
 - b. How will the NSW Government monitor and report on consumer and community engagement at the district and state wide level?

ANSWER:

I am advised:

a.

- This Government has committed to local decision making by empowering Local Health District (LHD) Boards to set priorities at a local level and support local innovation and accountability. Under the *Health Services Act 1997 No 154*, LHD Boards are given responsibility for managing and directing health services within their geographical boundaries. Local Health District Boards are also directed to engage with their constituent clinicians and consumers on health service planning and delivery.
- The Government's commitment to community engagement is further demonstrated through the community forums. In February 2012, I hosted a Forum in Dubbo for the people of Western NSW so that I could hear from local communities what concerned or pleased them about their local health services. In September 2012 I hosted a Community Forum for the people of Greater Western Sydney inviting residents from the Western

Sydney, South Western Sydney and Nepean Blue Mountains Local Health Districts as well as the Sydney Children's Network Westmead Hospital.

- The NSW Government is funding Health Consumers NSW to provide an independent, informed and representative voice for health consumers in NSW, to influence decision making that achieves better health and wellbeing outcomes, and to improve access and equity for health consumers.
 - The foreshadowed Community Engagement Framework outlines the policy for community and consumer engagement in NSW. The NSW Health Community Engagement Framework has undergone extensive clinician, agency and community consultation and demonstrates NSW Health's commitment to returning as much decision making as possible to local communities and to those affected by those decisions. The Framework is being finalised to include the new governance arrangements for NSW Health.
- b.
- NSW Health actively engages the community in decisions regarding health policy, planning and delivery through a range of forums and activities. There are many organisations, committees and processes currently supporting community engagement activities in NSW, including:
 - The three Ministerial Advisory Committees which advise me directly: The Council of Board Chairs; The NSW Health Ministerial Advisory Committee and Preventative Health Advisory Committee
 - NSW Health Peak Advisory Committees
 - Agency for Clinical Innovation - Consumer Council
 - Clinical Excellence Commission - Citizens Engagement Advisory Council
 - Bureau of Health Information
 - Health Education & Training Institute (HETI)- consumer representation on the HETI Advisory Council
 - The National Healthcare Agreement 2012 affirms the agreement of all Governments that Australia's health system should be shaped around the health needs of individual patients, their families and communities. Local Health District Service Agreements with the NSW Ministry of Health specify that Local Health Districts measure patient satisfaction through a Patient Experience Survey following treatment to rate the overall care received.

3.

- a. What are the performance requirements for local health districts to reduce health inequalities?
- b. How will health inequalities be measured and reported at the district and state wide levels?

ANSWER:

I am advised:

- a. Under current Service Agreements between the Director-General, NSW Ministry of Health and Local Health Districts (1 July 2012 – 30 June 2013) performance requirements to reduce health inequalities are centred on improving the health of disadvantaged populations, particularly Aboriginal people. Further information is available on the NSW

Health website: <http://www0.health.nsw.gov.au/performance/framework.asp>. Individual Service Agreements for each Local Health District are available on their websites.

- b. Health inequalities are measured using a number of existing health indicators compiled and reported by the NSW Ministry of Health and the Bureau of Health Information:
- Health Statistics NSW provides data and reports on numerous population health indicators, which are available by population subgroups such as Aboriginal people, rural and remote populations and by socioeconomic status across local health districts, local government areas and across NSW. Data can be viewed or downloaded from: www.healthstats.nsw.gov.au.
 - Health system performance data is reported by the NSW Bureau of Health Information, including data relating to disadvantaged groups across local health districts and NSW. Reports can be downloaded from: www.bhi.nsw.gov.au

4. Can the Minister please outline the measures that her department has undertaken to ensure that general practitioners and specialists with an awareness of the particular medical needs of transgender and gender diverse people exist and are easily accessible within rural and regional NSW?

ANSWER:

I am advised:

General practitioners education and training is a matter for the Commonwealth Government.

Access to highly specialised services that are not supported locally is assisted through the Isolated Patient Travel and Accommodation Assistance Scheme.

5. Is the Minister aware that studies by the British Medical Association and the American Medical Association indicate that concussive and sub-concussive blows to the head can cause long-term brain injuries to boxers? If so, why is the centrepiece of the Pemulwuy project in Redfern a boxing gym?

ANSWER:

I am advised:

Queries relating to the redevelopment of The Block at Redfern, known as the Pemulwuy Project, should be directed to the Minister for Planning & Infrastructure.

6. In August 2011 Minister Skinner committed to reinstating the \$1.4 million in funding for the Northern Sydney Local Health District for a palliative care service, now owned and operated by Hammond Care. Is the \$5 million announced in this year's budget inclusive or in addition to that funding?

ANSWER:

I am advised:

The \$5 million announced in this year's budget is in addition to the \$1.4 million in funding for Northern Sydney Local Health District palliative care services.

- 7.
- a. With regard to Northern Beaches Hospital at Frenchs Forest, what are the estimated costs of the necessary upgrades to local roads (such as the Wakehurst Parkway and Warringah Road) and public transport services? Please provide a breakdown by costs for local roads and public transport.
 - b. What work has the government undertaken to specifically look at the impact of the hospital on commuting times to and from the northern beaches during the peak hour? What actions have been undertaken to overcome these traffic issues?
 - c. What results, if any, have been received from the government's environmental consultants concerning the endangered fauna and flora species present on the site?

ANSWER:

I am advised:

- a. This question refers to works to be undertaken by Roads & Maritime Services and Transport NSW. Concept planning is currently underway in collaboration with Health Infrastructure to ensure there is appropriate design interface and that the program of works also aligns with the Northern Beaches Hospital Project.

Queries regarding costs would need to be referred to the Minister for Roads & Ports.

- b. As part of the broader Specialised Centre planning undertaken by the Department of Planning and Infrastructure in 2010, AECOM were engaged to undertake a Transport Study to inform potential impacts and possible remedial solutions. The Northern Beaches Hospital Project has also engaged the services of a Transport Consultant, particularly to review and assess site issues including internal road networks and parking within the hospital site. This material will also be required as part of the Town Planning Application including the Environmental Impact Statement.
- c. The Northern Beaches Hospital Project has engaged the services of an expert environmental consultant to manage the environmental aspects for the project. The Project Team are working collaboratively with the Office of Environmental Management to ensure compliance with all relevant standards, policies and legislation.

8. Can the Minister please outline the way in which the Northern Beaches hospital has followed the planning guidelines for Health Infrastructure projects valued at over \$10 million called the Process of Facility Planning?

ANSWER:

I am advised:

Health Infrastructure NSW is responsible for the planning and delivery of all capital projects over \$10 million and follows the NSW Health Process of Facility Planning.

The Project Team has been assembled and the governance, including Northern Sydney Local Health District, Ministry of Health, NSW Treasury and Health Infrastructure, meet monthly through the Executive Steering Committee.

9. What steps has the Minister taken to ensure that the new Northern Beaches hospital complex does not duplicate the services provided by Royal North Shore hospital?

ANSWER:

I am advised:

A Clinical Services Plan has been developed by the Northern Sydney Local Health District to ensure that the broader planning for health services has been considered across the District. Activity data was subsequently updated in late 2011 to ensure information for planning was current.

Further to this, the Local Health District has recently finalised a District-wide plan that ensures that planning is approached from a network perspective across the District.

10. Can the Minister please elaborate on the type of services that will continue to be provided by Mona Vale hospital once the Northern Beaches hospital is complete?

ANSWER:

As advised during my Budget Estimates Hearing on 8 October 2012, Mona Vale Hospital will be the complementary hospital. It will have an Urgent Care Centre 24/7 and new subacute beds. The campus will focus on more aged care, rehabilitation and palliative care services.

11. What is the current predicted total NSW government funding that will go towards the Northern Beaches hospital complex?

ANSWER:

I am advised:

The current funding both approved and committed by Government is as follows:-

- \$29 million – Planning
- \$125 million – In first term of Government for site establishment/enabling works

The balance of Government funding will be determined following completion of the Project Definition Plan.

12. What is the expected annual recurrent NSW government funding required to run the Northern Beaches hospital?

ANSWER:

I am advised:

The Project Definition Plan will include a detailed Financial Impact Statement.

13.

- a. Concerning EnableNSW and the co-payment system, in 2002 the NSW government implemented a "grandfathering policy" which meant that only new eligible clients applying for PADP from 2002 would be required to make the co-payment. Spinal Cord Injuries Australia (SCIA) has become aware that EnableNSW management is now requesting all PADP clients make the co-payment. Could the Minister please provide documentation as to when, or if, the "grandfathering policy" was abolished, and if not, could the Minister please ensure the grandfathering policy is implemented and portable clients are not being sent threatening letters?
- b. There has been discussion and debate on scrapping the co-payment system. Is there currently a plan in place by EnableNSW to end the co-payment contribution? If not, why?

ANSWER:

I am advised:

a and b

It is standard practice for Government subsidised programs to impose co-contributions. All copayments take into consideration affordability. EnableNSW consumers who are experiencing financial hardship can apply for a waiver, which is generally approved. There has been no increase in the copayment of \$100 since 2001.

14.

- a. Why has the Urgent Care Centre previously proposed for Bulli hospital been renamed the Emergency Primary Health Care Centre?
- b. What services will the Emergency Primary Health Care Centre provide?
- c. Why have nurses at Bulli Hospital been left out of the consultation process?
- d. What role will nurses play at the new proposed centre?

15.

- a. Given that there is currently no evidence from Australia to support widespread implementation of the Urgent Care Centre (UCC) Model, is the Government considering opening any further UCC's?
- b. When can we expect a report outlining the efficacy of the five pilot program Urgent Care Centres that have been operating now since 2010?
- c. What, if any, are the operational differences between the Urgent Care Centres and Bulli Hospital's Emergency Primary Health Care Centre?

ANSWER:

I am advised:

14 and 15

The Illawarra Shoalhaven Local Health District Board released the Local Health District's Health Care Services Plan on 30 October 2012. The Plan confirms Bulli Hospital's role as a vital component of the District's integrated network of emergency services, with the service

provided remaining at the current level between 7am and 10pm daily. This will give Bulli Hospital a clearly defined role in the provision of emergency primary care services across the District by specialising in lower acuity emergency presentations. It will reduce waiting times for those who present to hospital with less serious conditions, while more serious cases requiring a higher level of care will be treated at Wollongong Hospital – the region's specialist tertiary referral hospital. Now that the Plan has been released, the operational details related to any decisions about Bulli Hospital will be developed in consultation with the local community and staff.

Further implementation of Urgent Care Centres in NSW will be informed by the outcome of a planned evaluation of the five pilot sites. A joint evaluation by the Ministry of Health and the Agency for Clinical Innovation of the pilot sites is planned to commence in January 2013.

16. What is the timetable for ending smoke free exemptions in pubs and clubs and bringing NSW into line with the best practice of the ACT, Tasmania and Queensland, where staffed public eating and drinking areas are smoke free?

ANSWER:

I am advised:

NSW has a comprehensive portfolio of tobacco control legislation to reduce exposure to second hand smoke. The *Smoke-free Environment Act 2000* currently prohibits smoking in all enclosed public places in NSW, with the exception of the private gaming areas in The Star casino. There are no other exemptions.

In addition to the bans on smoking in enclosed public places, the NSW Government has also taken action to extend the number of outdoor smoke-free public places. The *Tobacco Legislation Amendment Bill 2012* was passed in the NSW Parliament on 15 August 2012 – amending the *Smoke-free Environment Act 2000* to make commercial outdoor dining areas smoke-free from 6 July 2015.

17. Does the 'four hour rule' that is active in NSW Emergency Departments count patients who leave without having seen a doctor (Do Not Waits) as having been treated within the required time frame? If so, what is the percentage of Do Not Waits in the last 4 reporting periods. Can the Minister please explain how this is a fair and accurate reporting of hospital emergency room waiting times?

ANSWER:

I am advised:

Under the National Emergency Access Target (NEAT), NSW Health reports the percentage of Emergency Department patients, whose total time in the Emergency Department is within four hours of presentation, in line with the national reporting and calculation requirements.

In accordance with the nationally agreed definition, all patients presenting to Emergency Departments who have a properly recorded presentation and departure time are included in

this calculation. This includes patients who “did not wait”.

Data regarding patients who “did not wait” is published in the Australian Hospital Statistics Annual Report by the Australian Institute of Health and Welfare at:

<http://www.aihw.gov.au/publication-detail?id=10737423042>

18. The Cumberland Hospital is a NSW Heritage listed building that under the Burra Charter requires state management and conservation. What are the specific maintenance and preservation measures that the government has undertaken with regard to the hospital?

ANSWER:

I am advised:

The Conservation Management Plan & Archaeological Management Plan Cumberland Hospital East Campus & Wisteria Gardens, was approved by the Heritage Council of NSW in June 2012.

The document outlines conservation policies and recommendations that direct the Western Sydney Local Health District required processes for any maintenance and preservation work.

19. The Forensic Hospital at Long Bay Jail treats patients who have been found not guilty of a crime due to mental illness, as well as inmates who have become unwell whilst incarcerated. Why are mentally ill patients being forced to pay for treatment out of their pensions? (For Medicare eligible patients the rate is \$713.30 a fortnight).

ANSWER:

I am advised:

The Forensic Hospital at Malabar is managed by the Justice & Forensic Mental Health Network (J&FMHN) and is a separate facility to Long Bay Jail (which is managed by Corrective Services NSW).

Patients at the Forensic Hospital are charged a fee for board and accommodation, consistent with policy and procedures for all public hospital patients. New forensic and civil patients admitted to the Forensic Hospital receive a maximum fee free period of up to 65 days per new admission. In addition to 35 days free in accordance with the Ministry of Health Fees Procedures Manual for Public Health Organisations, a maximum of 30 days free is also available under acute care arrangements in accordance with J&FMHN policy 2.123.

Consistent with community-based health services, the Forensic Hospital follows the fee schedule set for general public hospitals. Fees are calculated daily using the rates set by the Scale of Fees under s.69 of the *Health Services Act 1997 (NSW)*. The rate billed for fees is based on patients' eligibility under Medicare.

If a patient is unable to afford the associated cost of care after the 65 day fee-free period they are able to apply for financial hardship provision.

20. In correspondence sent to the Minister on 13th August 2012 I outlined the wide ranging stakeholder consultation that I have undertaken regarding the medicinal use of cannabis. Given that I have still not received a response to this letter and my request for a meeting, can the Minister please outline what the NSW government's response is to the issues outlined in the document that was provided to her?

ANSWER:

I am advised:

A response was sent to the Member on 29 October 2012.

21. What is the NSW Government's position on the plan to introduce national registration requirements for Paramedics, similar to that which operates for nurses and that will establish qualification criteria and further professional development?
a. What steps has the government taken to progress the introduction of a national registration scheme for Paramedics?

ANSWER:

I am advised:

In NSW, the Health Care Complaints Commission already has broad powers in relation to unregistered health practitioners, including paramedics, which underpin a statutory Code of Conduct. The Code of Conduct requires that such practitioners must provide services in a safe and ethical manner. The Commission has the power to impose a prohibition order and/or to issue a public statement about an unregistered health practitioner and their services. A prohibition order may ban a practitioner from providing health services or place conditions on their provision of health services for a specified period or permanently. It is a criminal offence to breach a prohibition order. Furthermore, in NSW paramedic services are regulated under the *Health Services Act 1997* with any paramedic services provided for fee or reward (as part of the transport of the sick or injured) not under the control of the NSW Ambulance Service requiring a statutory approval from the Director General to operate lawfully.

NSW considers this to be a more appropriate form of regulation than registration through the National Registration and Accreditation Scheme.

a. NSW is participating in the national process that is considering options for the regulation of paramedics. NSW hosted a consultation forum on 30 July 2012 for local stakeholders as part of the consultation process on options for regulation of paramedics, on behalf of the Health Workforce Principal Committee for the Australian Health Ministers' Advisory Council.

Questions from Ms Westwood

1. What was the Commonwealth component of the 2011/12 Health budget?
2. What is the Commonwealth component of the 2012/13 Health budget?
3. With regards to the NSW Health capital Budget
 - a. What was the NSW Health capital budget for 2011/12?
 - b. What is the NSW Health capital budget for 2012/13?
 - c. What was the Commonwealth component of the 2011/12 Health capital budget?
 - d. What is the Commonwealth component of the 2012/13 Health capital budget?
4. Which of the Local Health Districts had expenditure greater than budget in 2011/12?
5. Which hospitals had expenditure greater than budget in 2011/12?

ANSWER:

I am advised:

I refer the Member to my response to Question No. 1950 in the Legislative Council.

6. How much did NSW Health spend on consultants in 2011/12?
 - a. What is the breakdown of spending on consultants by NSW Health by contract in 2011/12?
7. How much has NSW Health budgeted for the spending on consultants in 2012/13?

ANSWER:

I refer the Member to my response to Question No. 1958 in the Legislative Council.

8. What is the amount charged for an Ambulance as of July 1, 2012?
 - a. How much has this increased since July 1, 2011?

ANSWER:

I am advised:

The Independent Pricing and Regulatory Tribunal (IPART) recommends the fee structure for the Ambulance Service of NSW and increases are cost indexed on the recommendation of IPART.

It is NSW Government policy that NSW residents do not pay the full cost of their emergency ambulance attendance. The NSW Government provides a subsidy of 49% of the cost of the service.

From 1 July 2011, the call out fee was \$320 plus \$2.89 per kilometre or part thereof. From 1 July 2012, the call out fee is \$331 plus \$2.99 per kilometre or part thereof.

The current schedule of fees is available on the Ambulance Service of NSW website:
www.ambulance.nsw.gov.au

9. What was the Private Room rate as of July 1, 2012?
a. How much has this increased since July 1, 2011?

ANSWER:

I refer the Member to my response to Question No. 1968 in the Legislative Council.

10. What was the budget for the Program of Appliances for Disabled People in 2011/12?
a. What is the budget for the Program of Appliances for Disabled People in 2012/13?
b. Under the Program of Appliances for Disabled People, what is the average waiting time for a:
i. Manual wheelchair?
ii. Motorised wheelchair?
iii. Electric scooter?
iv. Compression garment?

ANSWER:

I refer the Member to my response to Question No. 1971 in the Legislative Council.

11. What is the average waiting time for a coroner's autopsy report in NSW as of August 20, 2012?
a. What is the longest outstanding report?

ANSWER:

I refer the Member to my response to Question No. 1938 in the Legislative Council.

12. What advice were you given in regards Armidale Hospital's application to HHF Round 4 funding?
a. Was there a request from HNE LHD to NSW Health to apply to the HHF round four?

ANSWER:

I refer the Member to my response to Question No. 2934 in the Legislative Assembly.

13. The recently released Infrastructure NSW report recommends the privatization of "support infrastructure". Does the Minister have any plans to privatize;
a. Medical imaging and x-ray facilities in Public Hospitals?
b. Hospital Pharmacies?
c. Car parks at hospitals where these already exist in Public hands?
d. State owned and run nursing homes and aged care facilities?

ANSWER:

I am advised:

There will be a whole of Government response included in the State Infrastructure Strategy. The reports recommendation will be considered in this context.

14. What is the current status of the National Emergency Access Targets (NEAT) of a maximum 4 hour wait to treatment, which the previous government signed up to as part of the National Health Reforms?
- Could the Minister outline the details of the NSW targets and expected reward funds?

ANSWER:

I am advised:

The National Health Reform Agreement-National Partnership Agreement on Improving Public Hospital Services sets out the funding agreements relating to the National Emergency Access Target, including performance based reward payments. The agreement is available at www.yourhealth.gov.au.

Information on performance against the National Emergency Access Target is published quarterly by the Bureau of Health Information.

15. Given your answer to last year's budget estimates question on notice about planned enhancements to John Hunter Children's Hospital ICU that the Ministry of Health's Paediatric Intensive Care Plan would guide future investment (Q17, pg7);
- When was this plan completed?
 - If not completed, when will it be?
 - Will the details of this plan be made public?
 - If so, when?
 - What enhancements will John Hunter Children's Hospital have towards building a Paediatric Intensive Care Unit in 2012-13?

ANSWER:

I am advised:

- The NSW Paediatric Intensive Care Plan is expected to be finalised in the first six months of 2013.
- Yes.
- The Plan will provide the direction for paediatric intensive care across NSW. There are no specific enhancements for John Hunter Children's Hospital in 2012/13.

16. How much was spent on Medical staff locums in 2011-12?
- What is the expected reduction in these costs in 2012-13?
 - How many positions once filled by medical staff locums have been filled by permanent medical staff?

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 requirement and patient demand of their District or Network.

This information is not held centrally and to compile this advice would require an inappropriate diversion of the Ministry's resources from the delivery of core services.

17. Now that the Governance Review of Health is completed (Q48-49, Estimates Questions on Notice 2011-12); how many full time equivalent media/public relations staff are employed by;
- Each local health district?
 - NSW Ministry of Health?
 - Health Minister's office?
18. What is the total cost of media/public relations and media staff for;
- Each local health district
 - NSW Ministry of Health
 - Health Minister's office

ANSWER:

I am advised:

(a) – (b)

Information on media/public relations staff across NSW Health is not collected or held centrally.

Staffing levels for all types of staff vary from time to time to meet local requirements.

(c)

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

19. How much has your department spent on management or other consultants?
- What is the total cost on consultants for the Health Department since the 2011 election?
 - How much will be spent on consultants in the 2012-13?

ANSWER:

I refer the Member to my response to Question No. 1958 in the Legislative Council.

20. What are the median wait times for cataract surgery –
- For category 1
 - Category 2
 - Category 3

ANSWER:

I am advised:

For 2011/12, the median wait times for cataract surgery on the elective surgery waitlist were:

- a. Category 1 = 16 days
- b. Category 2 = 41 days
- c. Category 3 = 266 days

21. Excluding the \$2 million in the 2011-12 budget how much of the \$30 million commitment for St George Hospital emergency department will be spent in 2012-13?
- a. What permanent staffing enhancements will St George Hospital emergency department receive?

ANSWER:

I am advised:

Information about NSW Health's 2012/13 budget is published in the Key Budget Facts document available on NSW Health's website:

http://www.health.nsw.gov.au/resources/aboutus/budget/pdf/nswhealth_budget_2012_13.pdf

Permanent staffing enhancements at St George Hospital's Emergency Department have yet to be determined.

22. In accordance with the Governance Review 150 full time equivalent redundancies were expected in 2011-12 (Q111 Budget Estimates 2011-12, questions on notice) –
- a. How many were voluntary?
 - b. How many were forced?
 - c. How many by natural attrition?

ANSWER:

I am advised:

- a. In 2011-12 there were 251 redundancies across the Health cluster, all of which were voluntary, including those resulting from the Governance Review.
- b. There were no forced redundancies in 2011-12.
- c. A redundancy is not a reduction in staff brought about by natural attrition.

23. With regards to charging of staff for Hospital Car parking.
- a. In which Hospitals where parking is currently free for staff, will this commence in 2013?
 - b. How is the rate calculated?
 - c. Is there a daily charge, or an annualised charge?
 - d. Can this charge be salary packaged?
 - e. What staff consultations were undertaken prior to the introduction of this decision?
 - f. How much does NSW Health plan to raise from staff car parking charges in 2011-12?

ANSWER:

I am advised:

a - f

The NSW Ministry of Health is currently examining possible approaches to uniform staff parking fees, for Local Health District Boards to implement at their discretion, at hospital campuses within the Sydney metropolitan area as well as the Gosford, Wyong and Wollongong Hospitals in 2013.

There are variations in the charging method at hospital sites.

Staff parking fees can be salary packaged as an exempt benefit.

In April 2012, the NSW Ministry of Health commenced consultations on hospital staff parking fees policy through union groups. The draft policy was provided to union groups and available to staff for comment. Feedback from these consultations will be considered prior to finalisation of a policy.

Revenue from staff car parking charges in 2011-12 is not separately reported.

24. How many x-rays are waiting to be reviewed in
- South Western Sydney Local Health District?
 - Central Coast Local Health District?
 - Western Sydney Local Health District?

ANSWER:

I refer the Member to my response to Question No. 1956 in the Legislative Council.

25. What are the top ten hospitals in NSW with highest number of x-rays waiting to be reviewed?

ANSWER:

I am advised:

This data is not gathered or collected at a statewide level. I am advised that all Local Health Districts and Speciality Networks have systems in place to report x-rays in clinical appropriate timeframes.

26. In regards to your policy that nurses will be exempt from the "Labour Expense Cap", are nursing hours exempt from the cuts?

ANSWER:

I am advised:

Frontline nurses are exempt from application of the Labour Expense Cap.

Local Health Districts are required to meet the nursing hours per patient day staffing requirements of the *Public Health System Nurses' and Midwives' (State) Award* in those wards and units where they apply, and to continue to do so.

27. Will you guarantee that if a member of the nursing staff takes sick leave that they will be replaced with another nurse?

ANSWER:

I am advised:

The nursing roster for a shift is planned in advance and based on anticipated patient demand and needs. Actual patient demand and needs can vary from what was anticipated.

Consistent with the *Public Health System Nurses' and Midwives' (State) Award*, when an unplanned absence, such as unexpected sick leave, occurs the Nursing Unit Manager or their delegate will immediately review the roster to determine the effect of the absence on the nurses' workload. If a nurse needs to be replaced on the shift they will be replaced with another nurse.

28. Of the \$2.2 billion 'efficiency savings' to be made across the state over 4 years, will any of those savings include employee related costs?

29. Of the \$2.2 billion 'efficiency savings', how much will be saved through employee related costs?

30. Of the \$2.2 billion 'efficiency savings', how much has each Local Health District been asked to save?

ANSWER:

I am advised:

Local Health Districts are responsible for identifying and implementing locally developed efficiency strategies that focus on using resources more effectively and efficiently to ensure our health system can sustain treatment for the growing number of patients requiring health care each year.

Local Health Districts are implementing efficiency strategies such as introducing new models of care like providing hospital in the home and using Tele-health and other technology to provide better care for patients, as well as adopting better workforce practices such as improving rostering of staff, relying less on locums and lowering the burden of overtime.

Efficiency savings are not deducted from individual Local Health District budgets. Efficiencies identified and delivered by the District are retained to assist with meeting the ongoing demand for frontline health services.

31. On page 6-4 in Budget Paper No. 3 of the 2012-13 NSW Budget Papers it says that \$5 million is going to be spent increasing the availability of palliative care services. How and where is the \$5 million going to be spent?

ANSWER:

I am advised:

The additional funding will be used to build up community-based palliative care services. The NSW Government will work in partnership with a mix of service providers to maximise the benefits of a collaborative approach to service delivery. Partners will include non government organisations experienced in delivering palliative care services in their local communities, not-for-profit health care organisations, Local Health Districts, Medicare Locals and the Australian Government.

Requests for Proposals to tender to deliver better access to palliative care services in NSW as part of the new funding enhancements will be announced in late 2012. Requests will be open for Local Health Districts, Affiliated Health Organisations, private, not-for-profit and private for-profit organisations to make submissions via the NSW eTendering website: <https://tenders.nsw.gov.au/>.

The overall aim of the funding is to address gaps in palliative care services in NSW and to allocate funds where they are most needed.

32. What are the recommendations that have been made by the Palliative Care Expert Advisory Group to the Minister for Health and Minister for Medical Research?

ANSWER:

I am advised:

The Palliative Care Expert Advisory Group was established in November 2011 to provide advice to the Ministry of Health on how to address demand for palliative care services.

This advice has been taken into account in the design of the NSW Government's Plan to increase access to palliative care which was released on November 1, 2012.

Questions from Mr Shoebridge

1. How many inmates test positive for Hepatitis C when they enter correctional facilities?

ANSWER:

I am advised:

All patients entering custody have a comprehensive reception assessment. However, testing for Blood Borne Viruses is not compulsory on entering custody.

All patients that have been identified during the reception assessment as engaging in 'at risk' activities, or who are considered to be at risk of acquiring a blood borne virus are referred to specially trained Public Sexual Health Nurses who then offer additional enhanced screening known as the Early Detection Program.

On average the Justice & Forensic Mental Health Network test approximately 6000 people as part of the Early Detection Program each year. In 2011/12 of the number of patients tested approximately 282 people returned a positive hepatitis C test upon first testing, which indicates they acquired hepatitis C prior to coming into custody.

2. How many inmates test positive for Hepatitis C when they leave correctional facilities?

I am advised:

Whilst patients are not routinely tested for hepatitis C as part of discharge/release process, they are offered testing at reception and may request testing at any time during their incarceration.

3. What steps, if any, are being taken to address Hepatitis C rates in correctional facilities?

ANSWER:

I am advised:

All patients are provided with harm minimisation information and strategies as part of the reception assessment screening process.

Any patient who is identified as engaging in potentially 'at risk' behavior is encouraged to use the harm reduction strategies available, such as hepatitis B vaccination and access to the methadone program where clinically indicated.

33. How many blackberries are assigned to your staff?
 34. For each phone, how much was each bill in the 2011/12 financial year?
 35. How many have phones have been lost in your office?
 36. What is the cost of replacing those phones?

ANSWER:

I am advised:

33.
 In 2011/12, 179 phones were assigned to the Premier's and Ministers' offices.

34.
 The total expenditure on mobile phones by the Premier's office and Ministers' offices as represented in the Department's financial system is set out in the table below. Please note that this expenditure may include mobile phone purchase costs as the financial system does not separate the purchase costs and mobile usage charges.

	2008-09	2009-10	2010-11	2011-12
Premier's Office	\$103,152	\$76,457	\$68,475	\$27,570
Ministers' Offices	\$475,539	\$358,396	\$120,285	\$169,655
TOTAL	\$578,691	\$434,854	\$188,761	\$197,226

Note. 2010-11 figures are a combination of 9 months of Keneally Government and 3 months of O'Farrell Government.

35.
 For Premier's office and Ministers' offices, the number of phones lost was:

	2011/12
Premier	1
Ministers	5
Total	6

36.
 The cost is the normal contract price and this cost is claimed through the NSW Treasury Managed Fund.

37. How many iPads does DPC assign to your Ministerial office and to whom have they been issued?
38. How many iPads have you purchased for your office and to whom have they been issued?

ANSWER:

I am advised:

37.
For Premier's office and Ministers' offices the number of iPads issued was as follows.

	2011/12
Premier	10
Ministers	43
Total	53

38.
iPads are supplied by the Department of Premier and Cabinet and have not been purchased by Ministers' offices.

39. How many iPhones does DPC assign to your Ministerial office and to whom have they been issued?
40. How many iPhones have you purchased for your office and to whom have they been issued?
41. How many iPhones have been lost in your office?

ANSWER:

I am advised:

39.
In 2011/12, 179 phones were assigned to the Premier's and Ministers' offices.

40.
iPads are supplied by the Department of Premier and Cabinet and have not been purchased by Ministers' offices.

41.
For Premier's office and Ministers' offices, the number of phones lost was:

	2011/12
<i>Premier</i>	<i>1</i>
<i>Ministers</i>	<i>5</i>
Total	6

42. How many iPads have been lost in your office?
43. What is the cost of replacing those phones or iPads?

ANSWER:

I am advised:

42.
For Premier's office and Ministers' offices, the number of iPads lost or stolen was as follows.

	2011/12
Premier	1
Ministers	0
Total	1

43.
The cost is the normal contract price and this cost is claimed through the NSW Treasury Managed Fund.

44. How many media or public relations advisers are employed for each of your portfolio agencies?
45. What is the forecast for 2012-13 for the number of media or public relations advisers to be employed and their total cost?

ANSWER:

I am advised:

Please see response to Question Numbers 17 and 18 asked by Ms Westwood.

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

ANSWER:

I am advised:

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".

48. What is the annual remuneration package for your chief of staff?
49. What is the annual remuneration package for your head media advisor?
50. What is the annual remuneration package for each of your staff?

ANSWER:

I am advised:

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

http://www.dpc.nsw.gov.au/about/publications/premiers_and_ministers_staff_numbers.

51. What is the estimated expenditure for your office budget in 2012-13?

ANSWER:

I am advised:

The total budget allocation for the Premier's and Ministers' offices in 2012-13 is \$40,103,650, with \$5,744,883 allocated to the Premier's office and \$34,358,767 to the Ministers' offices.

52. Have any office renovations or fit outs been undertaken in your ministerial office since April, 2011?
53. If so, could you give details of contracted costs?

ANSWER:

I am advised:

Information on the assets balances for leasehold improvements are available in the Department of Premier and Cabinet Annual Report.

54. What is your Ministerial office budget for 2012/13?

ANSWER:

I am advised:

The budget allocations for the Premier's office and Ministers' offices are as follows.

	2008-09	2009-10	2010-11	2011-12	2012-13
Premier	\$7,002,312	\$8,500,000	\$9,075,038	\$5,309,465	\$5,744,83
Ministers	\$39,673,567	\$40,334,000	\$40,978,962	\$31,516,017	\$34,358,767
TOTAL	\$46,675,879	\$48,834,000	\$50,054,000	\$36,825,482	\$40,103,605

Note. 2010-11 figures are a combination of 9 months of Keneally Government and 3 months of O'Farrell Government.

55. How many political advisors are in your office?
56. How many administration staff?

ANSWER:

I am advised:

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

http://www.dpc.nsw.gov.au/about/publications/premiers_and_ministers_staff_numbers.

57. How many Department Liaison Officers are assigned to your office?

ANSWER:

I am advised:

As at 31st October 2012 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.

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

ANSWER:

I am advised:

All Ministry staff are directly or indirectly involved in the provision of information and support on health matters for the Minister.

59. Are any contractors or consultants working in your ministerial office and if so, in what capacities?

ANSWER:

I am advised:

Financial statements, including expenditure on consultants, are available in agency annual reports.

60. How much did your Ministerial office spend on contractors or consultants?

ANSWER:

I am advised:

Financial statements, including expenditure on consultants, are available in agency annual reports.

61. How much did your Ministerial office spend on taxi fares, including Cabcharge in the 2011/12 financial year?

ANSWER:

I am advised:

Taxi expenditure by the Premier's office and Ministers' offices as represented in the Department's financial system is represented in the table below.

	2008-09	2009-10	2010-11	2011-12
Premier	\$26,418	\$32,525	\$27,600	\$15,485
Ministers	\$133,697	\$143,251	\$32,678	\$80,609
TOTAL	\$160,155	\$175,776	\$60,277	\$96,094

Note. 2010-11 figures are a combination of 9 months of Keneally Government and 3 months of O'Farrell Government.

62. Are any of your portfolio agencies undergoing a restructure?
 63. How many jobs are expected to be cut as a result of that restructure?
 64. How many people are expected to have their wages cut as a result of that restructure?
 65. How many voluntary redundancies were offered in your Departments since April 2011?
 66. How many voluntary redundancies were accepted from employees in your Departments since April 2011?
 67. How many voluntary redundancies are expected to be offered in 2012/13?

ANSWER:

I am advised:

62 – 67

Modern organisations are required to adapt to changing requirements. The Government promised to devolve decision making and enhance clinician engagement to improve care for patients.

Changes arising from a review of governance of NSW Health in 2011 have been implemented resulting in:

- removal of the middle layer of health service management and services contained in three regional “cluster” organisations and redistribution of the resources, including staff, to Local Health Districts;
- a smaller, more strategic Ministry of Health;
- strengthening of Pillar organisations established as part of the Garling Special Commission recommendations into the Acute Care Health System;
- further development of statewide and shared services.

In addition the Government has also established of a number of new organisations:

- the Mental Health Commission;
- NSW Kids and Families; and
- an Office of Preventive Health in Western Sydney.

These changes and associated changes in staff deployment are now largely completed.

68. How much did your Department(s) spend on catering in 2011/12?
 69. How much did your Department(s) spend on stationery in 2011/12?
 70. What is your Department's catering budget?
 71. What is your Department's stationery budget?

ANSWER:

I am advised:

68 and 70

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.

69 and 71

The NSW Ministry of Health does not have a specific budget allocation for stationery. Expenditure on printing and stationery is contained within the audited Financial Statements published each year in the Annual Report. Costs are managed within goods and services expenditure.

72. Since April 2011 have any of the agencies in your Department(s) changed their branding? If so, how much was spent on rebranding the agency?

ANSWER:

I am advised:

The NSW Department of Health changed its status to the Ministry of Health in October 2011. The former Department, now Ministry, already carried the generic logo as a health agency. This was not required to be changed.

73. How long is the average turnaround for responding to correspondence in your Department(s)?

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

ANSWER:

Every effort is made to respond to correspondence in a timely manner and based on the urgency of matters raised.

75. In 2011/12 how many invoices has your Department(s) failed to pay a supplier or contractor for more than 30 days?

76. As a result of late payment, how much penalty interest has been paid to contractors since 1 January 2011?

77. How many invoices have been outstanding for longer than 60 days?

ANSWER:

I am advised:

As the Premier stated in Parliament on 23 August 2012, the 30 day bill payment policy formally commenced on 1 January 2012. The first quarterly performance report is available on the Department of Finance and Services website. In the first quarter almost 92 per cent of invoices across all clusters were paid within 30 days, consistent with our policy and initiative. 31 small businesses have already been eligible to receive automatic interest charges on overdue accounts.

78. 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?
 - g. What is the indexation rate applied to non-recurrent grant funds in 2011/2012?
 - h. What are the details of any costs involved in each study, audit, taskforce or review?

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, 2011-12 grant payments were made on:
 - 4 July 2011 for 1st quarter payment
 - 29 September 2011 for 2nd quarter payment
 - 19 December 2011 for 3rd quarter payment
 - 29 March 2012 for 4th quarter payment
- e. & f.
In a limited number of instances, quarterly grants may be temporarily held back following consultation and agreement with the relevant Non Government Organisation 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.
- g. Non recurrent grant funds are not subject to annual indexation. The indexation for recurrent grants applied for 2011-12 was 2.5%, where applicable.
- h. Costs are not separately identified.

79. How many contractors has your Department(s) retained since 1 July 2012 and at what cost?

ANSWER:

I am advised:

Contractors are engaged on a temporary basis for a variety reasons, such as to fill extended staff absences and on projects which require specific expertise not available within the Ministry. In response to the recommendation of the Auditor-General a plan for improved management of contractors has been developed.

80. What is the current level of Aboriginal employment within your Department(s)? How has that changed since 1 July 2011?

ANSWER:

I am advised:

The NSW Ministry provides statewide workforce data in its Annual Report available on the NSW Health website: www.health.nsw.gov.au.

81. Since 1 July 2011, how much has been spent on charter air flights by your Department(s)?

ANSWER:

I am advised:

The NSW Ministry of Health has not chartered any air flights since July 2011.

Local Health Districts, Specialty Networks and the Ambulance Service engage air transport providers to transport patients for medical treatment when required based on clinical need.

All official travel within Australia and overseas is in accordance with M2009-04 "Official Travel within Australia and Overseas" available at www.dpc.nsw.gov.au. Details regarding travel costs are published in the Department's Annual Report.

82. In relation to feasibility studies, audits, taskforces and review, 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:

I am advised:

As with previous NSW Governments, the Government undertakes feasibility studies, audits, taskforces and reviews to inform government decision making. A number of feasibility studies, audits, taskforces and reviews are currently being undertaken across the NSW Government.

- | |
|--|
| <p>83. Have any agencies within your Department(s) engaged consultants in the 2011/12 financial year? If yes, which companies were engaged for consultancy services in the 2011/12 financial year?</p> <p>84. For what purpose has your Department engaged consultants.</p> <p>85. How much have your agencies spent on consultants in the 2011/12 financial year?</p> <p>86. What is your Department(s) budget for consultants in the 2012/13 financial year?</p> |
|--|

ANSWER:

I am advised:

Financial statements, including expenditure on consultants, are available in agency annual reports.

- | |
|--|
| <p>87. Have any agencies within your Departments sponsored any organisations or events in the 2011/12 financial year? If yes, which organisations and events were sponsored in the 2011/12 financial year</p> <p>88. How much did your agencies within your Departments spend on sponsoring organisations and events in the 2011/12 financial year</p> <p>89. What is your Department(s) budget for sponsorship in the 2012/13 financial year?</p> |
|--|

ANSWER:

I am advised:

Information on funding grants is available in the NSW Health Annual Report.

- | |
|--|
| <p>90. Has the Minister been provided with Speech, Voice or Media Training since becoming Minister? If so, then;</p> <ul style="list-style-type: none">a. Who conducted the training?b. When was it conducted?c. Where was it conducted what were the costs of the training?d. Who paid for the training? |
|--|

ANSWER:

I am advised:

The Department of Premier and Cabinet's financial system does not show any record of speech, voice or media training for the Premier or any other Minister or Parliamentary Secretary.

91. 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?

ANSWER:

I am advised:

Travel related costs* for the Premier's and Ministers' Parliamentary Secretaries was as follows.

	2011-12
Premier's Parliamentary Secretaries	0
Ministers' Parliamentary Secretaries	\$19,609
TOTAL	\$19,609

*Flights, accommodation and hire car expenses as detailed in travel contractor report.

- Information not available
- The total cost of accommodation for travel by Ministers' Parliamentary Secretaries during 2011/12 was \$1,925.
- The total cost of flights for Ministers' Parliamentary Secretaries during 2011/12 was \$17,477.
- Information not available

92. 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?
93. How often do you meet with your Parliamentary Secretary?
- Are these meetings documented?
 - Who attends these meetings?
94. Who provides instructions and direction to your Parliamentary Secretary, you or your Chief of Staff?

ANSWER:

I am advised:

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

95. Has the Parliamentary Secretary been provided with Speech, Voice or Media Training

since becoming Parliamentary Secretary? If so, then;

- a. Who conducted the training?
- b. When was it conducted?
- c. Where was it conducted what were the costs of the training?
- d. Who paid for the training?

ANSWER:

I am advised:

The Department of Premier and Cabinet's financial system does not show any record of speech, voice or media training for the Premier or any other Minister or Parliamentary Secretary.

96. Has the Minister, Parliamentary Secretary, Ministerial Staff, Director General or other senior Ministry of Health staff –

- a. Travelled overseas at taxpayers cost in 2011-12?
- b. What was the cost in each instance?
- c. What was the purpose of any visits?
- d. What are the transport and accommodation costs for the above for intrastate travel?

ANSWER:

All official travel within Australia and overseas is in accordance with M2009-04 "Official Travel within Australia and Overseas", available at www.dpc.nsw.gov.au.