

Northern Beaches Hospital

1. Does the Northern Beaches Hospital Public Private Partnership agreement include trading protocols for derivative products such as a swap pricing protocol?
a) What are the details of the clauses (drafted or formalised) in the contract relating to derivative financial products?

I am advised:

There are no swap pricing protocols (or similar) in the Agreement.

2. Will the Northern Beaches Hospital open as scheduled in 2018 if the flood mitigation works on the Wakehurst Parkway have not been completed?
a) If the Hospital will open without the flood works completed, what will be contingency plan for flooding during this time and until the works are completed?

I am advised:

The hospital is served by a number of roads, in addition to Wakehurst Parkway. As per the commitment, work to reduce the impact of flooding on Wakehurst Parkway is a key consideration in planning for the road upgrades ahead of the hospital opening.

3. Do any current government MPs have any property interests within 5 kilometres of the Northern Beaches Hospital site?
a) If so, what types of property are concerned (Single dwelling residential, multiple dwelling residential, commercial)?

Please refer to the answer provided during the hearing.

4. What donations, either monetary or in kind, were received by the NSW Liberal and National parties by Healthscope Ltd or Ramsay Health Care Ltd since 2009? Please list donor, the date donation was received and the amount.

I am advised:

The Election Funding, Expenditure and Disclosures Act 1981 requires the disclosure of political donations received and/or made, and electoral expenditure incurred, by or on behalf of parties, elected members, groups, candidates and third party campaigners. It also requires the disclosure of political donations of \$1000 or more made by major political donors.

5. What are the risk assessment and management protocols being put in place to monitor and manage the impacts of market fluctuations and possible market failure on the financial viability and operations of the Northern Beaches Hospital?

I am advised:

The State conducted a detailed risk assessment during project development, as well as detailed financial assessments of the proponents.

The terms and pricing of financial accommodation for the project are considered to be on market terms. The risk of any market fluctuations during the construction phase will be borne by the Hospital Operator, and the State will make a capital contribution once the hospital is operating, which will remove this risk during operations.

6. What measures will be put in place to manage the cost of debt on the Northern Beaches Hospital?

I am advised:

The Hospital Operator will finance the construction of the hospital. At the time of commissioning, the State will make a lump sum payment for the design and construction of the public hospital component, inclusive of finance costs during the construction phase. This amount is fixed at the time of the contract reaching financial close and the State will not be exposed to any debt cost changes during this time.

7. How will the minimum of care required of the private operator of the proposed Northern Beaches Hospital be specified?

- a) Will they be included in the contract or in a separate document?
- b) Will they be publicly available?
- c) Will they be based on existing standards in public hospitals?
- d) Will they be based purely on achieved clinical outcomes or will they include inputs?

I am advised:

The clinical services are described in the Service Specification which forms part of the Project Deed; these are based on the *Guide to the Role Delineation of Health Services 2002*. The Hospital Operator is required to obtain and maintain a private health facility licence under the *Private Health Facilities Act 2007*. Clinical services are required to be delivered in accordance with accreditation requirements, including the National Safety and Quality Health Service Standards.

The Project Deed specifies clinical outputs and outcomes which the Hospital Operator must achieve. In delivering clinical outcomes and outputs, the Project Deed requires the Hospital Operator to comply with performance standards.

8. Will the operators of the proposed Northern Beaches Hospital have performance outcome objectives or indicators?

- a) Will these be set by the government or a government agency?
- b) Will they cover clinical outcomes and if so how will they specify those levels of outcomes and how will acceptable benchmarks be set?
- c) Will they be specified in the contract or in another document? If so, which document?

I am advised:

The Hospital Operator must achieve key performance indicators (KPIs) which specify clinical outcomes. The KPIs form part of the contract and are in a Schedule attached to the Project Deed. The KPIs have been based upon the Service Agreement between the Ministry of Health and Northern Sydney Local Health District, Australian Council for Healthcare Standards' (ACHS) Clinical Indicators and requirements for Accreditation.

The KPIs were determined by the State using appropriate benchmarks, including the Australian Council on Healthcare Standards' clinical indicators, standards set by the Commonwealth, and the Service Agreement between the Ministry of Health and the Northern Sydney Local Health District, and informed by recent projects in Western Australia. The KPIs are specified in the Performance Schedule to the Project Deed.

Urgent Care Centres

9. Has a review of the five pilot sites for the Urgent Care Centres in NSW been conducted and finalised? a) If so, what was the outcome of the review? b) If so, when will the review be made available to the public

Yes.

- a) and b)
- b) I am advised:

The report is publicly available on the ACI Emergency Care Institute website
[http://www.ecinsw.com.au/reports#urgent care centres](http://www.ecinsw.com.au/reports#urgent%20care%20centres)

10. What range of opening hours is the government considering for the Urgent Care Centre at Mona Vale Hospital?

I am advised:

24-hours a day, seven days a week.

11. What arrangements will be made for the provision of emergency services to pregnant women and babies under 12 months old at Mona Vale Hospital?

12. Will the Urgent Care Centre at Mona Vale be staffed to handle paediatrics emergencies? a) If so, will this staffing be available 24 hours a day?

I am advised:

The Urgent Care Centre at Mona Vale Hospital will provide for minor injuries and illnesses, as well as managing all patients who self-present, including pregnant women, babies under twelve months and children.

13. Will the Urgent Care Centre at Mona Vale be operated by a private provider or by the public sector?

14. If a private operator option is being considered, what stage is the tender process up to (or when will it begin if it has not already) and what will be the criteria for selecting a provider?

I am advised:

The Urgent Care Centre is not included in the Northern Beaches Hospital Request for Proposals process.

Activity Based Funding

15. Within the Activity-based funding model, how is the expense dealt with and budgeted for if a patient with an illness requiring ongoing treatment such as dialysis, who is registered within a Local Health District, presents unexpectedly at an alternative hospital in a separate Local Health District?

I am advised:

Under Activity Based Funding, Local Health Districts are funded for the activity they do. Within the Activity Based Funding model, each patient encounter with the health system triggers a payment to the Local Health District that the patient has presented to.

16. How is the government funding succession planning in the identified priority areas of mental health nursing and midwifery?
a) What have been the results of any already implemented plans for nurse numbers and qualification standards for these priority areas?

I am advised:

The Ministry of Health has developed a number of strategies to support nurses entering mental health as well as those with expertise in the field. Over the past three financial years (2012, 2013 and 2014) 488 newly graduated nurses have been employed by mental health services across NSW Health.

A state wide mental health nursing program has been developed to support nurses to progress from a novice to advanced beginner within twelve months of working within NSW Public Mental Health Services. To support nurses within this program, the Government provided funding to LHD's to engage local senior mental health nurses as facilitators to support the participant's knowledge base and skill acquisition.

For new starters in 2014-15, a mental health and general nursing exchange for a new graduate nurses will be available during their first year of practice. Given the level of interest for positions in 2015, this initiative will be expanded in 2016.

Other strategies to both attract undergraduate nurses and support existing staff to mental health nursing include a Recovery Camp for undergraduate mental health nurses and mental health consumers to provide a new way of introducing contemporary recovery based mental health care to undergraduate nurses.

The Government also provided 123 scholarships to the 40th Annual Australian College of Mental Health Nurses International Conference. There were 91 Scholarships provided to Mental Health Nurses within the public health system and a further 32 scholarships were provided to support 3rd year undergraduate nurses with an interest in commencing a career in mental health nursing. The 2014 conference will allow attendees an opportunity to hear and discuss, with peers and colleagues, delivery of contemporary care and future directions in mental health nursing.

NSW Health supports midwifery through a number of initiatives and leads centralised recruitment for new graduate midwives and postgraduate student midwifery positions. A total of 537 postgraduate student midwifery positions have been allocated and recruited to in the period 2012-2014.

A total of 205 new graduate midwifery positions have been provided in the period 2012-2014. Since 2013, six midwives have been supported to undertake a period of supervised practice as required by the Australian Health Practitioner Regulation Agency to regain their registration as a midwife. Three of the midwives have successfully regained their midwifery registration. Another three are completing the period of supervised practice.

Since 2011, 30 rural postgraduate student midwifery scholarships have been awarded to small rural maternity facilities to support a 'grow your own' approach to building the rural midwifery workforce.

Around 90 midwives have been supported by Rural and Remote Connect in 2014 to undertake supported practice in a larger maternity facility to assist in maintaining recency of practice and skills across the continuum of care.

In 2015, a metro rural exchange program is available for new graduate midwives during their first year of practice. This initiative provides the new graduate midwife with opportunities to explore midwifery in the context of rural NSW.

Nursing

17. How many registered nurses are employed by NSW Health in a casual position for each of the last three years?

I am advised:

Full Time Equivalents (FTE)	As at		
	June 12	June 13	June 14
Registered Nursing Staff employed on a casual basis	2,502.68	2,291.99	2,335.85

Source: HIE

Notes:

1. Includes registered general nurses/midwives and Enrolled Nurses employed on a casual basis either through a casual nursing "pool" arrangement or nursing agency staff.
2. Includes productive, unproductive and paid overtime hours and Backdated Adjustments.
3. Includes casual staff within NSW Local Health Districts, ASNSW, JH&FMHN, HSNSW and NSW Health Pathology

18. For each Local Health District, please provide the following data for each of the previous budget years for which data is available:

- a) The total number of nursing hours
- b) The total number of nursing hours delivered by casual employees
- c) The total number of nursing hours delivered by casual employees who were employed for less than three consecutive weeks

I am advised:

- a) and b)

NSW Public Health System - Nursing Full Time Equivalents (FTE)									
LHD	Jun-12			Jun-13			Jun-14		
	Total FTE	Total Casual FTE	% Casual	Total FTE	Total Casual FTE	% Casual	Total FTE	Total Casual FTE	% Casual
Metropolitan									
SYDLHD	3,842.55	310.78	8.09	3,876.14	205.98	5.31	3,890.15	229.41	5.90
SWSLHD	4,084.68	410.51	10.05	4,203.44	387.93	9.23	4,340.12	372.39	8.58
SESLHD	4,226.34	335.88	7.95	4,299.80	270.99	6.30	4,323.06	289.89	6.71
WSLHD	3,943.76	263.39	6.68	3,903.75	232.98	5.97	4,004.08	228.80	5.71
NBMLHD	1,731.70	131.29	7.58	1,755.13	122.77	6.99	1,822.87	134.85	7.40
NSLHD	3,499.45	339.65	9.71	3,863.78	375.89	9.73	3,861.80	308.10	7.98
SCHN	1,460.14	73.08	5.00	1,512.82	81.93	5.42	1,552.28	71.33	4.59
Sub-total	22,788.62	1,864.58	8.18	23,414.85	1,678.47	7.17	23,794.37	1,634.75	6.87
Regional Rural									
CCLHD	2,134.13	120.80	5.66	2,252.98	133.45	5.92	2,278.04	139.53	6.13
HNELHD	5,256.58	345.09	6.56	5,444.46	343.02	6.30	5,485.82	331.78	6.05
ISLHD	2,247.59	188.47	8.39	2,331.95	161.79	6.94	2,371.03	167.68	7.07
NNSWLHD	2,028.45	166.90	8.23	2,093.59	164.63	7.86	2,095.60	176.98	8.45
MNCLHD	1,430.46	110.21	7.70	1,530.13	109.05	7.13	1,580.61	111.92	7.08
SNSWLHD	1,004.28	75.07	7.48	1,030.15	69.59	6.76	1,032.18	76.44	7.41
MLHD	1,844.29	145.42	7.88	1,899.36	126.30	6.65	1,927.61	119.72	6.21
WNSWLHD	2,347.63	244.21	10.40	2,386.37	149.33	6.26	2,294.80	172.22	7.50
FWLHD	245.06	40.16	16.39	261.60	14.07	5.38	282.57	14.98	5.30
Sub-total	18,538.46	1,436.33	7.75	19,230.59	1,271.24	6.61	19,348.25	1,311.25	6.78
Other									
HSS	2.38	-	-	2.05	0.05	2.56	3.63	-	-
J&FMHN	735.04	55.94	7.61	721.88	67.06	9.29	749.68	45.67	6.09
ASNSW	38.55	0.17	0.44	36.94	0.07	0.18	34.20	0.42	1.22
HPATH	86.27	4.94	5.73	113.13	3.63	3.21	114.82	4.12	3.59
Sub-total	862.24	61.06	7.08	874.01	70.81	8.10	902.32	50.20	5.56
Grand Total	42,189.32	3,361.96	7.97	43,519.45	3,020.52	6.94	44,044.94	2,996.21	6.80

Source: HIE

Notes:

1. Total FTE includes productive and unproductive hours and backdated adjustments for registered nurses/midwives, enrolled nurses and assistants in nursing across all employment categories
2. MLD includes Albury Base Hospital
3. Excludes paid overtime
4. Casual includes nurse that work on a casual basis either through a nursing 'pool' arrangement or as agency staff

The ability of the system to respond to service demands is largely dependent on the availability to access nursing staff when required. Strong evidence exists to support the view that the system needs to ensure flexible working arrangements are available to encourage recruitment and retention of its predominately female and ageing workforce.

c)

The Ministry of Health is unable to provide this information as it receives workforce data on a monthly basis and does not have access to roster information to determine individual work patterns of employees.

19. For each Local Health District, please provide the following data for each of the previous budget years for which data is available with respect to mental health services provided by the LHD:

- a) The total number of nursing hours
- b) The total number of nursing hours delivered by casual employees
- c) The total number of nursing hours delivered by casual employees whose were employed for less than three consecutive weeks

I am advised:

The Ministry of Health does not collate nursing hours by speciality.

Dietary Health

20. Given that Australian's typically eat much more meat than the National Health and Medical Research Council recommends, what work has been done by the Ministry to monitor and respond to the broad public health consequences of meat over-consumption?

I am advised:

Lean red meat is considered a core food in the 2013 Australian Dietary Guidelines that were developed by the National Health and Medical Research Council. NSW Health incorporates dietary advice that is consistent with the Australian Dietary Guidelines into all policies and programs. For example, the Get Healthy® information and coaching service provides individuals with tailored dietary advice that may include reducing the intake of red meat, if this is appropriate.

21. According to a July 2013 report by the Office of the Chief Scientist Meeting the Threat of Antibiotic Resistance: Building A New Frontline Defence, an "increase in antibiotic resistance has been driven by the unrestrained use of antibiotics in human health, agriculture and animal husbandry."

- a) Please provide information on how NSW Health and the Minister are engaging with the issue of antibiotic use in farm animals?
- b) What measures are in place to engage with the agricultural sector to address the use of antibiotics in agriculture and animal husbandry?

I am advised:

a) The NSW Department of Primary Industries (DPI) is the lead agency in addressing the issue of antibiotic use in farm animals. NSW Health meets regularly with DPI to discuss a range of issues, including antibiotic resistance.

b) This question should be referred to my colleague, The Hon. Katrina Hodgkinson, Minister for Primary Industries.

22. Is the NSW Department of Health liaising with the Federal Department of Health regarding the issue of antibiotic resistance?

- a) If so, please detail the nature of this interaction?
- b) If not why not?

I am advised:

a) NSW Health, through its roles on the Australian Health Protection Principal Committee (AHPPC) and the Australian Health Ministers' Advisory Council (AHMAC) has overseen the work of the Antimicrobial Resistance Standing Committee and has endorsed its transition to the Australian Strategic and Technical Advisory Group on Antimicrobial Resistance.

23. Considering that the U.S. Food and Drug Administration has determined that partially hydrogenated oils (PHOs), the primary dietary source of artificial trans-fat in processed foods, are not “generally recognized as safe” for use in food, can the Minister please outline the response to this public health threat in NSW?

This question should be referred to my colleague, The Hon. Katrina Hodgkinson, Minister for Primary Industries.

24. In reference to a question asked by Dr John Kaye and answered by Dr Chant in the Budget Estimates Hearing on Health last year (23/08/2013), please provide an update on how the health worker initiative, which promotes screening and health promotion in a workplace setting, has progressed?

The Healthy Worker Initiative, known as the Get Healthy at Work service, was officially launched on June 30, 2014. To date 153 businesses have registered for the program and a further 18 businesses have participated in the developmental stages. Through these 18 businesses approximately 4,300 workers were reached, with 1,000 of these workers undergoing a brief health check.

A series of events, launches and marketing activities are progressively being implemented to promote the program to businesses including participation in the *Safety in Action Show* and *AGQUIP*. An industry stakeholder forum will take place in October. A separate government agency forum is also being held in October to provide information on how government agencies can participate in the online delivery of the program. Further information, including a range of publications, tools and resources are freely available at gethealthy@work.com.au

25. Are any other initiatives that support workplace health in place?
a) If so, what are they and what have been the results so far?

There are a wide range of local level initiatives which support staff health and safety.

The NSW Healthy Eating and Active Living Strategy includes an action for the NSW Ministry of Health, in partnership with other agencies, to develop, implement and evaluate healthy workforce programs in public sector agencies with a focus on physical activity, healthy eating and active travel, including:

- Healthy workforce policies on improving the health and wellbeing of public sector employees;
- The NSW Healthy Workers Initiative; and
- Promotion of incidental use of stairs in the workplace.

26. Has any research or monitoring been conducted by NSW Health into the location and density of fast food outlets and takeaway food shops by socio-economic area?
a) If so, what have been the results?
b) If not, why not?

I am advised:

Some research has been conducted in specific regions in NSW on the location and density of fast food outlets and takeaway food shops by socioeconomic area either by the NSW Ministry of Health, Local Health Districts or research agency partners.

A high prevalence of fast food outlets in neighbourhoods, near schools and workplaces has been shown to negatively impact on people’s food choices.

- *Measuring Rural Food Environments Within Murrumbidgee Local Health Network* (2011) - mapped local food environments including convenience stores and takeaway food outlets in three small rural towns within the Murrumbidgee District in New South Wales – Hay, Narrandera and Temora. The study found that there were significant numbers of takeaway food outlets in each town, representing 24%, 39% and 41% of the food service outlets in Temora, Narrandera and Hay respectively. There was limited availability of healthy food items in all these stores.
- *Healthy and Equitable Eating: A Systems Approach to Healthy and Equitable Eating* - NSW is contributing to a food systems project lead by the Australian Prevention Partnership Centre and the Australian National University. The project will address food access, availability and affordability in Australia, and will consider information about the density of fast food outlets and identify barriers and opportunities to improve healthy and equitable eating.

Tobacco

27. Referring to a question asked in the Legislative Assembly by Greens MP Jamie Parker on 29 August 2013 relating to the recommendations made by the Cancer Council on tobacco:

- a) How often has the taskforce, referred to in the answer to that question, met?
- b) Who is on the taskforce?
- c) Has the taskforce produced any documents or recommendations?

I am advised:

- a) The Taskforce met three times in a six month period.
- b) The Taskforce is made up of representatives from Cancer Council NSW, the Heart Foundation (NSW), the Cancer Institute NSW, Master Grocers Australia, Coles, the Office of the Small Business Commissioner, Hunter Medicare Local and the NSW Ministry of Health.
- c) The Taskforce report is currently under consideration.

28. Is the government currently considering the expansion of the existing smoking bans to other public and communal areas?
If not, why not?

Yes

Hospital Services

29. How many new public-only hospital beds has the NSW government created since March 2011? This number should not include beds that are available to private patients under any PPP arrangements.

- a) Please provide a breakdown of where these new beds are located.

30. How many public-only hospital beds have been removed by the NSW government since March 2011? This number should include beds that have become subject to a PPP agreement.

- a) Please provide a breakdown of where these beds were lost from.

I am advised:

The NSW Health 2011-2012 and 2012-13 Annual Reports provide detail of public hospital activity levels, including the average available beds and treatment spaces for June 2011,

June 2012 and June 2013. Data for 2013-14 will be available in the 2013-14 Annual Report which is due to be tabled in Parliament later in 2014.

31. What efforts are being undertaken to minimise the amount of food and associated material waste being produced at NSW public hospitals?

32. What monitoring is conducted to be able to properly assess waste amounts and its management at NSW public hospitals?

I am advised:

HealthShare NSW is undertaking a trial of a new service delivery model which delivers a number of benefits, including reduced food waste. This model includes taking patient orders as close to meal times as possible and personalising the service by helping patients to make informed choice from the meals available.

Where possible, all items used in HealthShare NSW managed kitchens and food production units are recycled. Food scraps, paper and plastics are placed in special recycling bins in accordance with standard NSW Health policy.

All HealthShare NSW Food and Hotel Services' sites comply with the Ministry of Health's requirements to provide waste reduction data from waste audits to ensure sites meet NSW Government sustainability targets. Monitoring activities can include checking unserved food waste and undertaking formal plate waste audits at each hospital twice each year.

33. Does NSW Health have a policy of encouraging energy efficiency measures within department offices and in public health facilities?

a) If so, what measures have been undertaken to promote this policy?

I am advised:

NSW Health has a strong commitment to increasing energy efficiency in order to manage the cost and environmental impact of its operations. As noted by the Auditor General in his recent report *Energy efficiency in NSW Public Hospitals*, NSW Health has achieved a 2% reduction in electricity use over the past four years despite an 8.6% increase in activity levels.

The NSW Ministry of Health introduced the NSW Health Environmental Sustainability Strategy in 2012 in recognition of the environmental and cost impacts of energy use, water use and waste generation in the health system. The strategy committed the Health system to an ambitious target of greenhouse gas emission reductions and water and waste efficiency and put in place reporting measures. This strategy is currently being updated to reflect the newly released NSW Government Resource Efficiency Policy 2014.

In order to meet the targets in the Sustainability Strategy, NSW Health has improved its level of engagement with energy services companies and with the NSW Office of Environment and Heritage (OEH).

Energy efficiency projects are progressed by Local Health Districts (LHDs). The Ministry established a Sustainability and Facilities Unit in 2009. To promote energy efficiency and assist the LHDs, the Unit:

- provides strategic direction and policy development in energy management;
- develops systems for reporting of energy and water consumption to assist effective management;

- provides support for LHDs for the development of projects that upgrade plant and equipment to improve energy efficiency;
- liaises with external Government agencies to obtain training tools, guidance, funding streams, to effectively benchmark our facilities and seek evidence on best practices; and
- provides training and networking including the implementation of a Sustainability Round Table that regularly brings together Energy Managers to share best practice with a focus on innovation, research, education and training.

Federal Government impacts

34. Please provide details of the NSW government's investigations into the ramifications of the proposed medicare co-payment for GPs?

- a) What studies have been conducted, which scenarios have been considered and what were the results?
- b) Specifically, has the impact on Emergency Departments been considered by the government? If so, what were the results?

The NSW Government will not implement a co-payment for emergency department patients in NSW.

I am advised:

There has been no detailed modelling undertaken by the NSW Ministry of Health on the likely impacts of the introduction of a GP co-payment subsequent to the announcement of such a co-payment in the Federal budget in May 2014, pending Federal legislation.

35. Given that the Federal government's GP co-payment will likely act as a deterrence to people visiting their doctor, why was the population health services budget, which is integral for preventative health measures, increased below inflation this year?

I am advised:

As outlined in the 2014-15 Budget Papers, the change against the population health services 2013-14 budget is partly due to progressive increase in the level of immunisation stock being purchased by the Commonwealth from suppliers. Excluding immunisation stock the increase in the population health services budget is above inflation.

The Commonwealth Government GP co-payment is not proposed until 1 July 2015.

36. Is the NSW government providing compensation or other support to Non-Government Organisations who provide health services in NSW and which have experienced cuts due to the Federal Government's budget decisions?

- a) If so, please provide details including monetary amounts and the respective organisation.

I am advised:

The NSW Health 2012-13 Annual Report provides details of Non-Government Organisations funded by the NSW Ministry of Health in 2012-13.

Details for 2013-14 will be available in the NSW Health 2013-14 Annual Report which is due to be tabled in Parliament in November 2014.

Population Health

37. What is the government doing to address the findings recently published by the Heart Foundation that people in regional Australia are at a greater risk of heart disease than those in metropolitan areas and that the Southern Highlands/Shoalhaven region has the highest prevalence of cardiovascular disease in the whole country?

I am advised:

The Heart Foundation's findings support the Government's strategic direction for lowering the risk factors for cardiovascular disease.

In recognition of the link between smoking and cardiovascular disease, the NSW Government has implemented quit smoking campaigns, dedicated cessation services, smoking cessation support in clinical care, measures governing the sale, display and advertising of tobacco, enforcement of tobacco retailing legislation and measures to protect people from second-hand smoke. A suite of initiatives is outlined in the NSW Tobacco Strategy 2012-2017.

The *NSW Healthy Eating and Active Living Strategy* aims to encourage the people of NSW to make healthy lifestyle choices and to be supported in their choices through a range of evidence-informed healthy eating and physical activity programs.

Information on achievements/progress of key healthy lifestyle initiatives is at:

<http://www.health.nsw.gov.au/obesity/Publications/june-2014-snapshot-adult-overweight-obesity.pdf>

<http://www.health.nsw.gov.au/obesity/Publications/june-2014-snapshot-childhood-overweight-obesity.pdf>

<http://www.health.nsw.gov.au/tobacco/Publications/tobacco-snapshot.pdf>

38. What studies have been conducted by the Ministry into the effects of coal dust on population health within the past three years?

- a) Have any specific studies been done of the Hunter?
- b) What were the findings of any studies conducted?

I am advised:

In the last three years, NSW Health has been involved in two studies, both in the Hunter region. Both these studies aim to understand key sources of particle pollution to which communities are exposed. The studies are:

- The Upper Hunter Fine Particle Characterisation Study. The final report and findings can be found at <http://www.environment.nsw.gov.au/aqms/uhaqmnfpcs.htm>
- The Lower Hunter Particle Characterisation Study. This study has commenced and the final study report is due for release early 2016. Further information on this study can be found at <http://www.environment.nsw.gov.au/aqms/lowhunterparticle.htm>

39. What, if any, investigations have been done to predict and monitor the impact of the increased road traffic on population health that will result from the Westconnex development and any other significant road infrastructure development in NSW?

- a) What have been the results of any investigations conducted?

Questions in relation to WestConnex should be referred to The Hon Duncan Gay, Minister for Roads through the Westconnex Delivery Authority.

Funding

40. What was total NSW government funding for Cystic Fibrosis NSW for each of the past 4 financial years?

I am advised:

Grants provided to Non-Government Organisations by the Ministry of Health under the Non-Government Organisation Grant Program are reported each year in the NSW Health Annual Report.

The Ministry of Health commenced payments to Cystic Fibrosis NSW in 2013-14. Payments made during that year will be reported in the 2013-14 Annual Report due to be tabled in Parliament in November 2014.

Payments to Cystic Fibrosis NSW prior to this were administered by the Department of Family and Community Services and are unknown to NSW Health.

41. Why won't the Cost Benefit Analysis for the Bega District Hospital be released?

I am advised:

The information contained in this document is commercial in confidence.

42. What does the Cost Benefit Analysis for the Bega District Hospital say about heating and energy sources for the hospital, particularly that of geo-thermal energy sources?

I am advised:

The analysis relating to the cost benefit of geothermal concluded that Geothermal would be financially prohibitive and unsustainable.

Enable NSW

43. What is the current waiting period for eligible people to receive for assistive technology such as wheelchairs, shower chairs, hoists and slings, high low beds, pressure care mattresses, etc. from EnableNSW through the Program of Appliances for Disabled People (PADP)?

I am advised:

The average waiting period for this equipment is 24.5 weeks.

44. How many eligible people are currently waiting for assistive technology such as wheelchairs, shower chairs, hoists and slings, high low beds, pressure care mattresses etc. through PADP?

I am advised:

As at 29 August 2014, there were 2272 people waiting for assistance through the Aids and Equipment Program

45. EnableNSW centralised its operations a few years ago with the aim of unifying policies and procedures to ensure equitable service delivery regardless where eligible people were located. Please explain why EnableNSW maintains a Policy Directive with 2 different co-payment policies for the PADP and the Prosthetic Limb Service which results in PADP clients being required to pay an inequitable higher co-payment compared to people accessing the Prosthetic Limb Service?

I am advised:

Stakeholder feedback in 2010 (including the EnableNSW Advisory Council) during the consultation for the EnableNSW Policy Directive was that the co-payments for the Prosthetic Limb Service should remain unchanged.

46. EnableNSW has a procurement process of bulk ordering equipment to lower the unit cost and save money, however, as this equipment is being stored in a warehouse in Sydney's western suburbs, please provide the details as to whether the cost of renting and administering the warehouse to contain this equipment is cost-effective?

I am advised:

The costs of renting and administering the warehouse are covered by procurement savings and savings from refurbishment and reissue of returned equipment which still has a useful life span. Surpluses from these activities are used to purchase equipment for additional people.

47. How many people are currently living in the community who are participating in the Home Ventilation Program?

I am advised:

There are 29 people living in the community who are participating in the Home Ventilation Program.

Public health impacts on climate change

48. Has NSW Health conducted or commissioned any studies into the public health impacts of climate change on NSW residents, and if so do any of the studies contain regional specific information?

I am advised:

NSW Health has commissioned and provided in-kind support to a number of epidemiological investigations to better define the public health impacts of heatwaves and bushfires. These epidemiological studies require large study populations and have therefore focused on large urban centres such as the Sydney Greater Metropolitan Region.

Aboriginal Health

49. The total health budget in 2014/2015 is \$18.7 billion. Although recurrent expenditure on Aboriginal Health services is proposed to increase by approximately 5% in 2014/2015, how will this minimal increase address the systemic issues relating to Aboriginal health equality?

Improving the health and wellbeing of Aboriginal people in NSW is the focus of the *NSW Aboriginal Health Plan 2013-2023*. Implementation of the Plan involves all parts of the NSW health system in:

- Building trust through partnerships
- Implementing what works and building the evidence
- Ensuring integrated planning and service delivery
- Strengthening the Aboriginal workforce
- Providing culturally safe work environments and health services
- Strengthening performance monitoring, management and accountability

Central to this approach is facilitating high quality research and evaluation of both mainstream and Aboriginal specific policies and programs. Such activities help build the evidence of what works and support improved health outcomes for Aboriginal people.

50. What is the state's assessment of the impact on Aboriginal people and programs in NSW of the federal government's proposed \$7 Medicare co-payment, cuts to preventive health and \$270 million reduction in funding for Indigenous health?

The NSW Government is committed to putting the patient first and providing innovative health services so that the right care is provided at the right time and in the right place. There will be no cuts to hospital services and no co-payments for patients accessing emergency departments.

In June 2014, the NSW Government announced that \$36 million would be provided over two years to support priority programs formerly funded under the National Partnership Agreement on Preventive Health, including the Healthy Children Initiative and the Healthy Workers Initiative. This ongoing commitment will ensure that these flagship programs (the key strategies of the NSW Healthy Eating and Active Living Strategy) will continue to support the community, including the Aboriginal community to make healthy lifestyle changes.

Northern Beaches Hospital

51. When will the successful tenderer be announced?

I am advised:

This is dependent on contract negotiations.

52. The budget papers (BP 4, page 22) show that to date \$48,455,000 has been expended on this project by 30 June 2014;
a) What has this money been spent on?
b) What plans exist for the current site of Manly hospital once this new facility has become operational?
c) When is the first patient expected to be admitted?

I am advised:

The commitments in BP4 include allocations for land acquisition, preparing the Northern Beaches Hospital site ahead of construction in 2015 and early works on three new Community Health Centres for the Northern Beaches.

Health services at the Manly Hospital site will cease when the new Northern Beaches Hospital opens in 2018. The NSW Government has not yet determined the future use of the

site and is inviting the local community to provide their suggestions through the Community Advisory Group.

The first patient will be admitted when the Northern Beaches Hospital opens in 2018.

53. When did Adventist Health Care inform the Department of Health that it was not proceeding with its plan to participate in the Northern Beaches hospital tender?

I am advised:

20 December 2013

54. When did Macquarie University Hospital operations inform the Department of Health that it was not proceeding with its plan to participate in the Northern Beaches hospital tender?

I am advised:

Macquarie University Hospital Operations submitted an Expression of Interest in July 2013, but were not selected by the State to proceed to the Request for Proposals.

55. With respect to the commercial-in-confidence document used by the Department of Health in the Request for Proposals stage of the Northern Beaches hospital project:

- a) Who prepared the document?
- b) What was the cost associated with the preparation of the document?

I am advised:

The Request for Proposals was prepared by Health Infrastructure NSW with support from the Northern Sydney Local Health District, NSW Treasury, the Ministry of Health and specialist consultants.

As per usual procurement processes, the cost is commercial-in-confidence.

56. What specifically will be deemed to be “commercial-in-confidence” in the contract being developed between the Department of Health and the successful tenderer for the Northern Beaches hospital project?

57. Is there a definition of “commercial-in-confidence” being used by the Department of Health in its contract negotiations over the Northern Beaches hospital project?

I am advised:

Respondents were required to clearly identify in their proposals information which is required to remain confidential by the State.

Commercially sensitive information (as defined by Minter Ellison) includes (but is not limited to) that relating to financing facilities, cost structure, proprietary material, and any information which provides a competitive advantage or has a unique characteristic to the Hospital Operator or its shareholders, financiers or subcontractors.

58. Will there be a provision in the contract with the operator of the Northern Beaches hospital that will guarantee that specialist, medical, nursing and allied health care employees will not get paid any less than rates payable for equivalent positions in public hospitals?

I am advised:

The award entitlements of transferring staff, including rates of pay, will be guaranteed under the contract for two years. Following this period, the provisions of the *Fair Work Act* will apply. The *Fair Work Act* currently guarantees the transferring terms and conditions for up to five years.

The proposed lower Hunter Hospital

59. What was the purchase price for the site?

I am advised:

The transfer of the site from Crown Lands to Health Administration Corporation is currently being processed. The Valuer General will determine the transfer cost.

60. Will the Minister confirm that this hospital will not be a fully privatised hospital such as that proposed for northern beaches?

A range of different procurement options will be considered as part of ongoing planning for the new hospital.

61. What plans exist for the current site of Maitland hospital once this new facility has become operational?

This will be determined at the conclusion of the planning process.

62. When is the first patient expected to be admitted?

I am advised:

The project is currently in the planning phase and the project team are preparing a Preliminary Business Case as part of the NSW Treasury Capital Business Case process.

Macksville Hospital

63. What plans do you have for this hospital?

I am advised:

The 2014 - 15 NSW Budget included an allocation of Restart NSW Funding of \$50 million to fast track Regional Health Infrastructure in the nominated locations. The nominated locations included Macksville. Infrastructure NSW is currently reviewing these projects.

64. Can you comprehensively rule out closing it down?

There are no plans to close Macksville Hospital.

Wollongong Hospital elective surgery unit

65. The 2013-4 budget papers show a cost of \$86 million, the 2014-5 papers show a cost of \$106 m;
a) Why has this cost increased?

I am advised:

The \$106 million expansion of Wollongong Hospital includes the \$86 million Elective Surgery Unit and \$20 million for the expansion of the Emergency Department and new Ambulatory Care Centre.

The proposed hospital at Bega

66. The cost in the report towards 2021 is \$170 Million; however the final cost in the budget papers is now \$187 Million;
a) Has the cost increased by \$17 Million?
i. If so, is this extra \$17 million being paid for by the Federal or NSW government?

I am advised:

- a) Yes. In 2013, an additional \$1.5 million was added to the project budget from the NSW Government for additional oral health services. The increase from \$171.6 million to \$187 million is reflective of the higher than expected main works prices received from the market and, given this, the Estimated Total Cost has been revised to ensure the full clinical scope is still delivered.
- i) The NSW government will fund the additional \$1.5 million for oral health and \$15.4 million project variation.

The proposed redevelopment of Parkes and Forbes

67. The budget papers now give a cost of \$113,400,000;
a) How much of this money is coming from the Federal Government
b) How much from NSW Health?

I am advised:

- a) Nil
- b) The \$113.4 Million allocated for the Parkes and Forbes was funded by the NSW Government

Manning Rural Referral Hospital

68. Can you confirm if Dr Henry Murray met with all maternity staff, including VMOs, to agree on required guidelines and practises that support collaboration?

69. Can you confirm if an “established way forward”, as referred to in the letter, was implemented by July 1?

I am advised:

Dr Murray met with all available midwives on 4 June 2014 to reinforce the importance of following guidelines and of documenting adherence to guidelines in medical records. Dr Murray also advised that all clients with increased risk should be discussed at a monthly team meeting, which is now occurring.

On the evening of 4 June 2014, Dr Murray attended Manning Hospital's Mortality and Morbidity meeting and discussed a specific clinical case which had been the subject of a Root Cause Analysis.

On 17 June 2014, Dr Murray met with senior clinical managers from the Manning Maternity Service team and together they created an action plan to develop a collaborative model of care and guidelines for women who seek care outside of professional advice. This is now underway and a further meeting is due on 1 October 2014 to check on progress.

70. What documents to support these changes have been produced and circulated to staff ?

I am advised:

Staff were provided with the minutes and outcomes of these meetings. Staff will also be provided with information and resources once the collaborative model of care and guidelines for women who seek care outside of professional advice is completed.

71. What was the total budget for medical staff in 2013-14?

I am advised:

The total budget for medical staff at Manning Hospital for 2013-2014 was approximately \$22.5 million.

72. What was the total cost of Locum medical officers for 2013-14?

I am advised:

The total cost of locum medical officers for Manning Hospital for 2013-14 was \$3.5 million.

73. Is the locum cost included in the total medical staff budget, or paid from a separate allocation?

I am advised:

It is included.

74. How many patients were transferred for cardiac catheter to John Hunter Hospital in 2013- 14?

I am advised:

Approximately 65 patients were transferred from Manning Hospital to John Hunter Hospital for cardiac catheterisation in 2013-14.

75. What was the total cost?

I am advised:

The total cost was approximately \$180,000. This includes nurse escort and transport costs along with additional nursing support depending on when the patient is travelling.

76. Has the possibility of performing these procedures in the local private catheter laboratory been investigated?
If yes, what is the reason for not performing these procedures locally?

I am advised:

Yes. Hospital management and Hunter New England Local Health District Executive have met with the operators of the Mayo Private Hospital, Health Care Australia Group, to discuss this.

The Mayo Private Hospital does not have an interventional licence or a sustainable roster of cardiologists, including after-hours support.

77. What is the total proposed cost of stage one of the proposed redevelopment?

I am advised:

The estimated total cost for the stage one of the proposed redevelopment of Manning Rural Referral Hospital is \$20 million.

78. What facilities would be provided?

In the 2014-15 Budget, no money was provided for planning for the Manning Rural Referral Hospital redevelopment.

79. How much money has been provided for planning for the Manning Rural referral hospital redevelopment in the 2014-15 budget?

In the 2014-15 Budget, no money was provided for planning for the Manning Rural Referral Hospital redevelopment.

80. When will this redevelopment occur?

In the 2014-15 Budget, no money was provided for planning for the Manning Rural Referral Hospital redevelopment.

John Hunter Hospital Operating Suite

81. How many full-time equivalent nursing staff are employed by the operating suite at John Hunter Hospital?

I am advised:

107 staff are employed by the operating suite at John Hunter Hospital. This is an increase of 14 full time equivalent over the past 12-18 months.

82. How many positions are vacant as at 18/8/14?

None.

83. What was the total budget for nursing staff for 2013-14?

I am advised:

\$8,457,695

84. How much of this was actually spent

I am advised:

\$8,695,749

85. Was a report on nurse staffing in the operating suite done by Kerry Rogers in November 2013?

I am advised:

Yes

86. Is this report publicly available?

a) If yes, where?

b) If not, for what reason is it being withheld?

It is understood the report was commissioned by the NSW Nurses and Midwives' Association. The question should be directed to that organisation.

87. How many extra nursing staff would be required to fulfil the ACORN standards?

I am advised:

None

88. What plans exist to employ extra staff in the operating suite of John Hunter Hospital?

I am advised:

John Hunter Hospital is employing additional temporary staff as part of a program to allow permanent staff to take excess annual leave.

89. The health care needs of residents of Bulahdelah and the need to travel to Manning regional referral hospital for care.

a) What on-site accommodation at Manning Rural Referral Hospital is available for next of kin?

b) What expansions to this are planned?

c) What travel assistance is available for relatives of inpatients who are unable to drive from Bulahdelah to Taree?

I am advised:

The Taree community has a number of motels available. Social workers assist with booking accommodation in the community, if required, and will look at all options according to the needs of the family members.

90. The eye clinic at John Hunter Hospital, that you have indicated has been reopened this month (page 16 transcript)

- On what date did this clinic open?
- When was the first patient seen?
- What eye conditions are eligible for treatment at this clinic?
- What ages are eligible for referral to this clinic?
- Who can refer to this clinic outside GPs?
- Community health clinics?
- Ophthalmologists?
- Emergency department?
- Optometrists,
- Other outpatient clinics?
- Other outside specialists?
- How many patients have been seen at this clinic by 18.8.2014?

I am advised:

The John Hunter Hospital eye clinic opened and commenced seeing patients on 29 August 2014. The clinic treats patients of all ages for complex conditions including:

- Corneal conditions
- Diabetic eye disease
- Significant eye infections
- Eyelid disorders lesions and tumours
- Retinal disorders
- Uveitis
- Glaucoma

Optometrists, Ophthalmologists, other outpatient clinics, inpatient wards and Emergency Department can refer patients to the clinic.

Pathology Department at Gosford Hospital

91. How many staff are currently employed?

I am advised:

Pathology North employs approximately 80 staff at its Gosford Hospital laboratory. Some of these staff also work at the Wyong Hospital laboratory.

92. Are any staff reductions or redundancies planned for the next two years?

I am advised:

Pathology North is in the early stages of service design planning for a major refurbishment of its Gosford Hospital laboratory. This refurbishment is part of the more than \$350 million redevelopment of Gosford Hospital. Pathology North staffing requirements will be considered as part of this process. However, Pathology North will not know the final staffing configuration for the new laboratory until the planning process is complete.

93. What will happen to this department once the Pathology building is knocked down as part of the proposed redevelopment of Gosford Hospital?

I am advised:

The pathology laboratory will be refurbished as part of the more than \$350 million redevelopment of Gosford Hospital. Current plans developed by Health Infrastructure recommend that the pathology laboratory is relocated from its current location to a fully refurbished premises on the grounds of the Gosford Hospital.

Pathology North advises it can continue to deliver the same quality pathology services from the new footprint. However, it will need to reconsider how those services are provided. Pathology North will need consider how it can best use its network of laboratories, technology platforms and logistics process to ensure hospital clinicians continue to have timely access to the services they need.

94. Will the future pathology service at Gosford still have the same role delineation as present, with regards to Anatomical pathology, Microbiology, and other pathology services?

I am advised:

Yes.

95. What consultations regarding future role delineations have been held with
a) Clinical staff
b) Pathology staff
c) The central coast community

I am advised:

Pathology North has had initial discussions with the Central Coast Local Health District and Gosford Hospital customers to outline the proposed size of the new laboratory and the need to reconfigure how it delivers services within that space. To-date, discussions have been held with the Central Coast Local Health District Clinical Council, the Gosford Hospital Medical Reference Group, and senior management of the Local Health District. Pathology North has also had an initial staff meeting at its Gosford laboratory.

Pathology North has established four specialty groups (Core Laboratory, Anatomical Pathology, Microbiology, and Pre & Post-Analytics) to provide recommendations on how the service can be configured to continue to meet the needs of the Gosford Hospital clinicians. The four specialty groups will be comprised of laboratory staff from Gosford and other Pathology North sites.

It is currently considering other mechanisms that can be put in place in partnership with the Central Coast LHD to facilitate communication and consultation with clinicians and other stakeholders.

96. Will the Minister guarantee that the pathology service will not be downgraded in the future?

There are no plans to downgrade pathology services at Gosford Hospital.

Southern NSW District Health

97. What was the budget allocation for Southern NSW Health District in the 2013/14 financial period?

- a) What was the budget allocation for each hospital in the Health District?
- b) What was the total cost for maintenance in the Health District?
- c) What was the total cost for staff wages for each hospital in the Health District?
- d) What was the total cost of capital projects at each hospital in the Health District?

I am advised:

The 2013/14 budget allocation for Southern NSW Local Health District is contained at Schedule C of the Service Agreement which is publicly available on the District's website.

a) 2013/14 budget allocations for each hospital in the District are publicly available on the District's website.

b) Maintenance costs are reported at a District level. The District's maintenance expenditure is reported each year in the District's audited financial statements which are published as an appendix to the Annual Report on the NSW Health website.

c) Salaries and wages are reported at a District level. The District's expenditure on salaries and wages is reported each year in the District's audited financial statements which are published as an appendix to the Annual Report on the NSW Health website.

d) Costs of capital projects at hospitals are published each year in the NSW Budget Paper 4.

98. What was the budget allocation for the Southern NSW Health District in the 2014/15 budget?

- a) What is the budget allocation for each hospital in the Health District?
- b) What is the estimated cost for maintenance for each hospital in the Health District?
- c) What is the total cost for staff wages for each hospital in the Health District?
- d) What is the total cost of capital projects at each hospital in the Health District?

I am advised:

The 2014/15 budget allocation for Southern NSW Local Health District is contained at Schedule C of the Service Agreement which is publicly available on the District's website.

a) 2014/15 budget allocations for each hospital in the District are publicly available on the District's website.

b) Maintenance costs are reported at a District level. The District's maintenance expenditure is reported each year in the District's audited financial statements which are published as an appendix to the Annual Report on the NSW Health website.

c) Salaries and wages are reported at a District level. The District's expenditure on salaries and wages is reported each year in the District's audited financial statements which are published as an appendix to the Annual Report on the NSW Health website.

d) Costs of capital projects at hospitals are published each year in the NSW Budget Paper 4 and within Schedule C of the District's Service Agreement.

Nursing Training

99. In regard to Diploma of Nursing Scholarships offered by NSW Health: Nursing and Midwifery Office, can you confirm whether or not the department has a job guarantee for people who obtain a scholarship and complete the course?

I am advised:

Diploma of Nursing scholarship students are guaranteed employment in a NSW Public Hospital on successful completion of the course and subsequent registration with the Australian Health Practitioners Regulation Agency (AHPRA). Applicants must meet the conditions for employment in NSW Health, such as employment screening checks.

100. If there is no a job guarantee, why does the attached advertisement (Z55491) placed in SMH detail otherwise?

I am advised:

The Budget Estimates Committee has not been able to source or provide a copy of the advertisement Z55491 to the NSW Ministry of Health. There is guaranteed employment in a NSW Public Hospital, as detailed in question 99. Employment may be permanent, temporary or casual, full-time or part-time, and is not guaranteed at a specific hospital.

101. What will you as Minister do for the people who completed this course under the pretence that there was a job guarantee but have since failed to be gain employment?

Diploma of Nursing scholarship students who have successfully completed the course and have gained registration as an enrolled nurse with Australian Health Practitioners Regulation Agency are welcome to contact the Nursing and Midwifery Office, NSW Ministry of Health, should they encounter any difficulties securing employment.

Chemotherapy for patients with breast cancer

102. How much are patients charged in NSW Health run oncology centres for this treatment?

103. Does every local health district charge for this service?

a) If no, which ones charge a fee, which ones do not?

104. Do patients on health care cards also have to pay a fee?

a) If yes how much?

I am advised:

The current NSW Ministry of Health Policy Directive regarding outpatient pharmaceutical co-payments is PD2012_068. This policy is mandatory for Local Health Districts and sets out the requirements for the purchasing and supply of pharmaceuticals within NSW public hospital pharmacies. The applicable schedule of fees, *Pharmaceutical Charges for Hospital Outpatients and Safety Net Thresholds 2014* is available at:

www0.health.nsw.gov.au/policies/ib/2013/pdf/IB2013_066.pdf

Enable NSW

105. How much do consumer co-payments contribute to the overall annual revenue for EnableNSW?

I am advised:

Co-payments to EnableNSW operated programs total \$799,902.44 for 2013/14. This does not include the co-payments made by people in Band 3 for the Aids and Equipment Program which are paid directly to suppliers.

106. What is the annual cost of collecting consumer co-payments for EnableNSW programs and services?

I am advised:

The cost of collecting these payments is not separately measured.

107. What is the value of all outstanding applications for aids and equipment yet to be approved or funded by EnableNSW?

I am advised:

The value of applications that have been approved and waiting for funding is \$13,452,817.73. The value of applications received by EnableNSW but yet to be approved or on hold awaiting further information is \$4,093,151.06.

108. What is the total annual cost of the Equipment Allocation Program premises (rent, outgoings, fit out, depreciation etc.) and staffing?

I am advised:

Operating costs for the warehouse were \$1,551,214 for 2013/14. Savings are generated through the bulk purchase of stock at lower prices than retail and through the reuse of returned equipment.

109. How many applications for equipment from NDIS participants has EnableNSW processed in the year to date (18/8/14)?

I am advised:

Between 1 July 2014 and 18 August 2014 EnableNSW processed 113 applications for equipment for 99 NDIS participants.

110. Is EnableNSW employing additional staff to process NDIS applications?

I am advised:

No, existing administration staff process applications for NDIS participants.

111. Is EnableNSW charging the NDIA an administration/handling fee for processing applications? If so, what is the fee?

I am advised:

EnableNSW charges an administration fee of 13%.

112. How are revenues from any administration fees being charged to the NDIA being used by EnableNSW?

I am advised:

Revenues from the administration fee for NDIS participants are being used to cover the costs of administration on behalf of NDIS participants.

Introduction of the NDIS on the budget of NSW Health

113. What is the estimated in-kind contribution from the NSW Health budget to the NDIS?

114. Which NSW Health services or programs is the NSW Government contributing to the NDIS as part of its in-kind contribution?

115. What amount of funding for services provided by NSW Health has been transferred to the NDIS?

116. Have any NSW Health services ceased due to the commencement of the NDIS?

I am advised:

For the purposes of the Hunter NDIS launch site, a number of assistive technology programs administered by HealthShare NSW through EnableNSW, and on behalf of the Hunter New England Local Health District, are being provided as in-kind contributions.

The agreed EnableNSW in-kind funding contribution for NDIS participants in Hunter New England LHD is capped at \$322,000 in 2014/15 (Newcastle LGA and Lake Macquarie LGA)

No health services have ceased due to the commencement of the NDIS launch. The composition of NSW's in kind contribution to full NDIS is yet to be determined.

Clinical nurse/midwife educators and clinical nurse/midwife specialists

117. With regards to the \$15 million allocated in the 2014-15 Health Budget for 115 more clinical nurse/midwife educators and clinical nurse/midwife specialists;

a) In which hospitals will those 115 extra CNEs, CMEs, CNSs and CMSs be located?

b) What measures or guarantees are in place to ensure LHDs use allocated funding for these additional positions?

c) Given the Government's willingness to make this particular Budget allocation, is the Government considering any further improvements to the current nursing-hours- per-patient-day (NHPPD)?

I am advised:

(a) The additional 115 Full Time Equivalent (FTE) Clinical Nurse and Clinical Midwife Educators and Specialists are the final tranche of the Government's four year commitment. Forty-five of these positions are dedicated to community health and community mental health services with the remainder allocated to supporting after-hours clinical care and transfer of care in our busiest hospitals. The allocation of positions is set out in the following table:

2014-15 Clinical Nurse and Clinical Midwife Educators and Specialists Enhancements

Local Health District (LHD)/Network	FTE	Local Health District (LHD)/Network	FTE
Central Coast LHD	6.48	South Eastern Sydney LHD	9.22
Hunter New England LHD	14.70	South Western Sydney LHD	11.46
Illawarra Shoalhaven LHD	7.48	Southern NSW LHD	3.50
Justice Health & Forensic Health Network	0.50	Sydney LHD	10.22
Mid North Coast LHD	5.98	Sydney Children's Hospitals Network	3.00
Murrumbidgee LHD	4.74	St Vincent's Network	2.24
Nepean Blue Mountains LHD	4.24	Western NSW LHD	5.48
Northern NSW LHD	4.98	Western Sydney LHD	9.48
Northern Sydney LHD	11.96		

- (b) The Ministry monitors the recruitment and retention of specially funded positions such as these.
- (c) The Nursing Hours per Patient Day (NHPPD) method has been developed for use in those wards and units where it is appropriate. Extension of this method is not supported by the Government as it is not suitable for all settings.

Murrumbidgee Local Health District – Prostate Cancer Nurse

118. What contact, if any, did the Minister for Health have with Murrumbidgee Local Health District (MLHD) regarding their application for a prostate cancer specialist nurse under the Prostate Cancer Foundation of Australia's Specialist Nursing Program?

Under NSW Health's devolved model, decisions regarding staff profiles are a matter for Local Health Districts.

119. Has the Minister been advised for what reason the MLHD's application was not successful?

Under NSW Health's devolved model, decisions regarding staff profiles are a matter for Local Health Districts.

120. Has the Minister received representations from the Member for Wagga Wagga regarding prostate cancer services in the MLHD?

The Member for Wagga Wagga has raised this matter with my office.

121. Has the Minister received representations from the Member for Wagga Wagga regarding the need for a prostate cancer specialist nurse in the MLHD?

The Member for Wagga Wagga has raised this matter with my office.

122. Given that only two of the twelve prostate cancer specialist nurses were allocated to regional LHCs, what is the Minister doing to secure additional placements for regional NSW?

I am advised:

The NSW Government, through the Cancer Institute NSW, will provide funding of \$4.9 million in 2014/2015 for the coordination of cancer care across NSW. The Cancer Institute's model of cancer care coordination is not disease-specific and is under regular evaluation to ensure funding is directed to where it can best affect outcomes for people with cancer.

Nursing positions for small acute hospitals

123. Given that on Thursday 31 July 2014 Minister announced 30 extra nursing positions for small acute hospitals can you indicate:
 a) Which hospitals will receive each of these positions?
 b) What classification of nurse will be employed to fill the positions and at what date?

I am advised:

(a) and (b): Registered Nurses with appropriate skills to work across a range of clinical environments will be employed to fill these positions.

2014-15 Nursing and Midwifery Enhancements – Facility Nurse			
Local Health District (LHD)	FTE	Local Health District (LHD)	FTE
Far West LHD	1.00	Northern NSW LHD	5.22
Hunter New England LHD	5.42	Northern Sydney LHD	1.74
Illawarra Shoalhaven LHD	1.74	South Western Sydney LHD	1.2
Mid North Coast LHD	1.74	Southern NSW LHD	5.94
Murrumbidgee LHD	1.2	Western NSW LHD	1.74
Nepean Blue Mountains LHD	1.74	Western Sydney LHD	1.2

Federal budget shortfall

124. As a result of the cessation of National Partnership Agreements to Improve Public Hospital Services and Longer Stay Older Patients (\$220 million shortfall in funding) can the Minister explain;
 a) Was this \$220 million shortfall fully absorbed in the 2014-15 NSW Budget?
 b) How was this shortfall covered?
 c) How much notice did the Commonwealth give the government that it would be ceasing these two National Partnership Agreements?
 d) When was the amount indicated by the Commonwealth?
 e) Was the Government considering expanding or improving Nursing Hours Per Patient Day prior to the \$220 million shortfall being delivered by Commonwealth?

I am advised:

(a) to (e):

The 2014-15 State Budget Papers confirm that \$220 million was provided to retain patient services that were previously funded by the National Partnership Agreements

The \$220 million to retain these patient services was met from within the 2014-15 State Budget.

NSW received formal notification that the National Partnership Agreement on Improving Public Hospitals would cease when the Federal Budget was delivered on 13 May 2014.

Planned privatisation of disability care by 2018

125. Has the Ministry of Health modelled the impact of people with a disability and complex health care needs presenting to EDs?

If not, have any investigations been made into this issue?

126. What other planning has been undertaken for this eventuality?

127. Has the Ministry of Health considered the impact of people with a disability and complex health care needs being admitted to a public hospital for long term care if they are 'too complex' for the non-government sector to manage?

I am advised:

The NSW public hospital system provides universal health care for people with complex health care needs, irrespective of whether or not they have disability, on the basis of clinical need.

Local Health Districts consider the impacts of changing patterns of presentations to emergency departments as part of their normal service planning process.

The NSW Government's "Ready Together" initiative under the "Stronger Together 2" Program includes within its aims *support to build the capacity of the NGO sector to reflect the transition to self-directed supports and individualised funding approaches.*

The Ministry will also ensure NSW Health is responsive to the needs of people with disability in accordance with the newly passed *Disability Inclusion Act 2014.*

Hospital Budget allocations

128. With regard to the reduction in 13 FTE staff at Fairfield hospital in the 2014/15 budget;

a) What was the total reduction staff headcount as a result?

b) What 13 positions no longer exist?

c) Where these positions shifted to another facility?

i. If so, which facility?

129. With regards to the reduction in 5 FTE staff at Bowral hospital in the 2014/15 budget;

a) What was the total reduction staff headcount as a result?

b) What 5 positions no longer exist?

c) Where these positions shifted to another facility?

i. If so, which facility?

I am advised:

There is no reduction in the staffing headcount at either Fairfield Hospital or Bowral and District Hospital in 2014/15 as a result of the 2014-15 budget.

Additional growth funding has been allocated to both Fairfield Hospital and Bowral & District Hospital for 2014/15, which will allow a further increase in their staffing profiles.

Donations

130. Given evidence at ICAC that Hunter Liberal Members of Parliament received cash from prohibited donors, can you guarantee that you did not receive an illegal donation at the last election?

I can guarantee that I have never accepted an illegal donation.

131. Last week the Premier put out a statement that said: "I have always absolutely complied with the electoral funding laws and the records are there for all to see. Yes, I can guarantee that I have never accepted an illegal donation." Will you make that same statement?

Yes

132. Do you think the people of NSW have a right to know who is making donations to candidates during election campaigns?

I am advised:

The Election Funding, Expenditure and Disclosures Act 1981 requires the disclosure of political donations received and/or made, and electoral expenditure incurred, by or on behalf of parties, elected members, groups, candidates and third party campaigners. It also requires the disclosure of political donations of \$1000 or more made by major political donors.

133. Given that the Liberals channel all donations through a centralised accounting system which means most individual MPs do not disclose the people and organisations that personally donate to their campaigns, will you fully disclose the source of all donations you received at the 2011 election campaign?

I am advised:

The Election Funding, Expenditure and Disclosures Act 1981 requires the disclosure of political donations received and/or made, and electoral expenditure incurred, by or on behalf of parties, elected members, groups, candidates and third party campaigners. It also requires the disclosure of political donations of \$1000 or more made by major political donors.

134. Will you release the full list of donors who donated to your 2011 election campaign?

I am advised:

The Election Funding, Expenditure and Disclosures Act 1981 requires the disclosure of political donations received and/or made, and electoral expenditure incurred, by or on behalf of parties, elected members, groups, candidates and third party campaigners. It also requires the disclosure of political donations of \$1000 or more made by major political donors.

135. In the interest of transparency and accountability, will you commit to publicly release the source of donations for the 2015 election?

I am advised:

The Election Funding, Expenditure and Disclosures Act 1981 requires the disclosure of political donations received and/or made, and electoral expenditure incurred, by or on behalf of parties, elected members, groups, candidates and third party campaigners. It also requires the disclosure of political donations of \$1000 or more made by major political donors.

Lobbyists

136. On how many occasions have you met with a lobbyist, and what were the dates of these meetings?

Meetings with lobbyists are in accordance with the NSW Lobbyist Code of Conduct.

Information regarding scheduled meetings held with stakeholders, external organisations and individuals will be published in accordance with Memorandum 2014-07 - Publication of Ministerial Diaries.

137. Which lobbyists have you met with, and what was discussed?

Meetings with lobbyists are in accordance with the NSW Lobbyist Code of Conduct.

Information regarding scheduled meetings held with stakeholders, external organisations and individuals will be published in accordance with Memorandum 2014-07 - Publication of Ministerial Diaries.

138. The Minister for Finance has banned lobbyists from meeting him and his office; will you make the same commitment? If not, why not?

Meetings with lobbyists are in accordance with the NSW Lobbyist Code of Conduct.

Information regarding scheduled meetings held with stakeholders, external organisations and individuals will be published in accordance with Memorandum 2014-07 - Publication of Ministerial Diaries.

Labour Hire Firms

139. Do any Departments within your portfolio responsibilities utilise the services of Labour Hire Firms?

If yes, please advise in table form:

- a) The names of the firms utilised
- b) The total amount paid to each firm engaged
- c) The average tenure period for an employee provided by a labour hire company
- d) The longest tenure for an employee provided by a labour hire company
- e) The duties conducted by employees engaged through a labour hire company
- f) The office locations of employees engaged through a labour hire company

I am advised:

Local Health Districts are responsible for determining the right composition of their workforce to meet the health needs of their local communities and for day to day management of their staffing.

When filling staff vacancies Local Health Districts consider a range of factors including existing skill mix; availability of other health professionals; the complexity of client health

care needs, and the level of patient activity. Locum medical staff, agency nurses, clinical and other casual staff are engaged, consistent with government policy, as necessary while active recruitment is undertaken. Costs are not held centrally with aggregate costs reported as part of the financial statements each year in the NSW Health Annual Report.

Cross Border Commissioner

140. How many times have you met with the Cross Border Commissioner:

- a) In the last twelve months
- b) Since the creation of the position.

(a) and (b):

Information regarding scheduled meetings held with stakeholders, external organisations and individuals will be published in accordance with Memorandum 2014-07 - Publication of Ministerial Diaries.

141. What issues or topics have you referred to the Cross Border Commissioner:

- a) In the last twelve months
- b) Since the creation of the position.

(a) and (b):

Information regarding scheduled meetings held with stakeholders, external organisations and individuals will be published in accordance with Memorandum 2014-07 - Publication of Ministerial Diaries.

Phones/iPads

142. How many blackberries/smartphones are assigned to your staff?

I am advised:

204 phones have been issued to NSW Government Ministerial staff.

143. For each phone, how much was each bill in the 2013/14 financial year?

I am advised:

The 2013-14 total phone bill expenditure for NSW Government Ministerial offices is \$363,877 (63%) less than under the NSW Labor Government in 2008-09 of \$578,691 total expenditure.

144. How many have phones have been lost in your office?

I am advised:

9 phones were lost from the NSW Government Ministerial staff.

145. What is the cost of replacing those phones?

I am advised:

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

146. How many iPads does DPC assign to your Ministerial office and to whom have they been issued?

I am advised:

96 iPads have been issued for the NSW Government Ministerial staff.

147. How many iPads have you purchased for your office and to whom have they been issued?

I am advised:

iPads are supplied by DPC and have not been purchased by NSW Government Ministerial staff.

148. How many iPhones does DPC assign to your Ministerial office and to whom have they been issued?

I am advised:

204 phones have been issued to the NSW Government Ministerial staff.

149. How many iPhones have you purchased for your office and to whom have they been issued?

I am advised:

iPhones or Smart Phones are supplied by DPC and have not been purchased by NSW Government Ministerial staff.

150. How many iPhones have been lost in your office?

I am advised:

9 phones were lost from the NSW Government Ministerial staff.

151. How many iPads have been lost in your office?

I am advised:

0 iPads were lost from the NSW Government Ministerial staff.

152. What is the cost of replacing those phones or iPads?

I am advised:

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

Media/Public Relations

153. How many media or public relations advisers are employed for each of your portfolio agencies?

154. What is the forecast for 2014/15 for the number of media or public relations advisers to be employed and their total cost?

I am advised:

Information on media/public relations staff across NSW is not collected or held centrally. Staffing levels for all types of staff vary from time to time to meet local requirements.

Overseas trips

155. Have any of your overseas trips in the past year been paid for in part or in full by using public money?

I am advised:

Information regarding Ministerial travel is available on the appropriate agency website, in accordance with Ministerial Memorandum M2009-10 "Release of Overseas Travel Information".

156. If so, did any of your relatives or friends accompany you on these trips?

I am advised:

Information regarding Ministerial travel is available on the appropriate agency website, in accordance with Ministerial Memorandum M2009-10 "Release of Overseas Travel Information".

Office Costs

157. What is the annual remuneration package for your chief of staff?

I am advised:

Ministerial staff numbers and salary bands are available on the DPC website at:

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

158. What is the annual remuneration package for your head media advisor?

I am advised:

Ministerial staff numbers and salary bands are available on the DPC website at:

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

159. What is the annual remuneration package for each of your staff?

I am advised:

Ministerial staff numbers and salary bands are available on the DPC website at:

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

160. What is the estimated expenditure for your office budget in 2014/15?

I am advised:

The 2014-15 budget for NSW Government Ministerial offices is \$4,886,770 (10%) less than under the NSW Labor Government in 2009-10 of \$48,834,000.

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

I am advised:

Minor office works were undertaken in NSW Government Ministerial offices at no cost.

162. What is your Ministerial office budget for 2014/15?

I am advised:

The 2014-15 budget for NSW Government Ministerial offices is \$4,886,770 (10%) less than under the NSW Labor Government in 2009-10 of \$48,834,000.

163. How many political advisors are in your office?

I am advised:

Ministerial staff numbers and salary bands are available on the DPC website at:

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

164. How many administration staff?

I am advised:

Ministerial staff numbers and salary bands are available on the DPC website at:

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

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

I am advised:

The number of Department Liaison Officers for NSW Government Ministerial offices at 30 June 2014 was 56.

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

NSW Government Ministers and the Leader of the Opposition are provided with road transport services, with Ministerial Drivers assigned for this purpose.

167. Are any contractors or consultants working in your ministerial office?
a) If so, in what capacities?

I am advised:

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

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

I am advised:

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

Cabcharge

169. How much did your Ministerial office spend on taxi fares, including Cabcharge in the 2013/14 financial year?

I am advised:

The 2013-14 taxi expenditure for NSW Government Ministerial offices was \$117,783 (67%) less than under the NSW Labor Government in 2009-10 of \$175,776.

Restructure

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

Agencies and departments undertake internal reviews of their structures to ensure that their functions and priorities align with the changing needs of Government. This work has involved reviewing structures in various parts of the agency to achieve greater alignment with the Government's reform agenda and recommendations of the Commission of Audit.

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

Agencies and departments undertake internal reviews of their structures to ensure that their functions and priorities align with the changing needs of Government. This work has involved reviewing structures in various parts of the agency to achieve greater alignment with the Government's reform agenda and recommendations of the Commission of Audit.

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

Agencies and departments undertake internal reviews of their structures to ensure that their functions and priorities align with the changing needs of Government. This work has involved reviewing structures in various parts of the agency to achieve greater alignment with the Government's reform agenda and recommendations of the Commission of Audit.

173. How many voluntary redundancies were offered in your Departments since April 2011?

I am advised:

The Government's program of voluntary redundancies remains on track. The target of 5,000 positions by June 2015 (announced in the 2011/12 Budget) was already exceeded by a further 1,789 positions by December 2013. The Labour Expense Cap introduced in the 2012/13 Budget is also well on track with Secretaries given as much flexibility as possible to achieve these savings in the most appropriate way to meet the service requirements of their agencies. Nurses, police officers and teachers in schools have been quarantined from this measure.

174. What has been the total cost of redundancies since April 2011?

I am advised:

The Government's program of voluntary redundancies remains on track. The target of 5,000 positions by June 2015 (announced in the 2011/12 Budget) was already exceeded by a further 1,789 positions by December 2013. The Labour Expense Cap introduced in the 2012/13 Budget is also well on track with Secretaries given as much flexibility as possible to achieve these savings in the most appropriate way to meet the service requirements of their agencies. Nurses, police officers and teachers in schools have been quarantined from this measure.

175. How many voluntary redundancies were accepted from employees in your Departments since April 2011?

I am advised:

The Government's program of voluntary redundancies remains on track. The target of 5,000 positions by June 2015 (announced in the 2011/12 Budget) was already exceeded by a further 1,789 positions by December 2013. The Labour Expense Cap introduced in the 2012/13 Budget is also well on track with Secretaries given as much flexibility as possible to achieve these savings in the most appropriate way to meet the service requirements of their agencies. Nurses, police officers and teachers in schools have been quarantined from this measure.

176. How many voluntary redundancies are expected to be offered in 2014/15?

I am advised:

The Government's program of voluntary redundancies remains on track. The target of 5,000 positions by June 2015 (announced in the 2011/12 Budget) was already exceeded by a further 1,789 positions by December 2013. The Labour Expense Cap introduced in the 2012/13 Budget is also well on track with Secretaries given as much flexibility as possible to achieve these savings in the most appropriate way to meet the service requirements of their agencies. Nurses, police officers and teachers in schools have been quarantined from this measure.

Agency Costs

177. How much did your Department(s) spend on catering in 2013/14?

I am advised:

The Ministry of Health does not generally provide catering unless the meeting involves participation of persons from outside the organisation and the provision of the meal is substantiated by the scheduled time of the meeting. Costs are managed within goods and services expenditure.

178. How much did your Department(s) spend on stationary in 2013/14?

I am advised:

Expenditure on Printing and Stationery is contained within the audited Financial Statements published each year in the Annual Report.

179. What is your Department's catering budget?

I am advised:

The NSW Ministry of Health does not have a specific budget allocation for catering. Costs are managed within goods and services expenditure.

180. What is your Department's stationary budget?

I am advised:

The NSW Ministry of Health does not have a specific budget allocation for stationery. Costs are managed within goods and services expenditure.

181. Since April 2011 have any of the agencies in your Department(s) changed their branding?

a) If so, how much was spent on rebranding the agency?

I am advised:

The Cancer Institute NSW has changed its branding. The cost of the rebranding was \$66,000. The process was managed to avoid inventory costs by exhausting existing stores.

As a new organisation, NSW Kids and Families has spent \$27,060 on a visual identity and logo, guidelines and style guide.

The Bureau of Health Information is currently in the process of changing its corporate identity. The development and implementation of the new branding is a cost neutral initiative involving existing resources.

Correspondence

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

The department's recommended time frame for completing responses to correspondence from Ministers, Members of Parliament and members of the public is 20 working days from the department's receipt of the correspondence.

However, it is not always possible to comply with this time frame for any number of reasons including: the nature and complexity of the matter; stakeholder consultation; or further information required from other departments and sources.

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

The department's recommended time frame for completing responses to correspondence from Ministers, Members of Parliament and members of the public is 20 working days from the department's receipt of the correspondence.

However, it is not always possible to comply with this time frame for any number of reasons including: the nature and complexity of the matter; stakeholder consultation; or further information required from other departments and sources.

Paying bills on time

184. In 2013/14 how many invoices has your Department(s) failed to pay a supplier or contractor for more than 30 days?

I am advised:

Information regarding "30 days to pay" policy is available at

<http://www.finance.nsw.gov.au/30days/how-government-will-report-policy>.

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

I am advised:

Information regarding "30 days to pay" policy is available at

<http://www.finance.nsw.gov.au/30days/how-government-will-report-policy>.

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

I am advised:

Information regarding "30 days to pay" policy is available at

<http://www.finance.nsw.gov.au/30days/how-government-will-report-policy>.

Grants to non-government organisations

187. 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 2013/14?
h) What are the details of any costs involved in each study, audit, taskforce or review?

I am advised:

Yes. Grants provided to Non-Government Organisations by the Ministry of Health under the Non-Government Organisation Grant Program are reported each year in the Annual Report.

Generally Non-Government Organisations are paid quarterly in advance, in accordance with the NSW Health Non Government Organisation Grant Program Guidelines.

In accordance with the NGO Grant Program Operation Guidelines, the balance of any unspent funds may be recovered by NSW Health. In 2013/14, this occurred in a small number of instances such as where the organisation had difficulty recruiting to fill or replace positions, or where a delay occurred in the implementation of a program.

Non recurrent grant funds are not subject to annual indexation. The indexation for recurrent grants applied for 2013/14 was 2.5%, where applicable. Costs are not separately identified.

Contractors

188. How many contractors has your Department(s) retained since 1 July 2014 and at what cost?

I am advised:

Local Health Districts are responsible for determining the right composition of their workforce to meet the health needs of their local communities and for day to day management of their staffing.

When filling staff vacancies Local Health Districts consider a range of factors including existing skill mix; availability of other health professionals; the complexity of client health care needs, and the level of patient activity. Locum medical staff, agency nurses, clinical and other casual staff are engaged, consistent with government policy, as necessary while active recruitment is undertaken. Costs are not held centrally with aggregate costs reported as part of the financial statements each year in the NSW Health Annual Report.

Aboriginal employment

189. What is the current level of Aboriginal employment within your Department(s)?

I am advised:

The Public Service Commission collects workforce data from the NSW public sector, including information regarding levels of Aboriginal employment. The level of Aboriginal employment as at 30 June 2014 is estimated at 2.9%. This is still subject to final quality checks, prior to the November release of the Workforce Profile 2014.

190. How has that changed since 1 July 2013?

I am advised:

The 30 June 2014 estimate of Aboriginal employment in the sector is 2.9%. This compares to the Workforce Profile 2013 report which estimated the level of Aboriginal employment in the sector at 2.7%.

Charter air flights

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

I am advised:

The NSW Ministry of Health does not charter air flights. 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.

Ambulance aircraft expenses are included each year in the audited financial statements contained within the Annual Report.

The audited financial statements also identify Contract for Patient Services costs which includes expenditure by Districts and Networks on transport for patients to receive medical treatment, including air transport provided by a private/commercial supplier of air transport services. Costs for air transport are not exclusively identified.

Reviews and studies

192. In relation to feasibility studies, audits, taskforces and reviews: Is your department currently undertaking any feasibility studies, audits, taskforces or reviews? If so; then;

- 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?

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.

Parliamentary Secretary

193. Can you please list all travel related costs for your Parliamentary Secretary incurred in their capacity as Parliamentary Secretary since 1 July 2013

- kilometres travelled
- accommodation,
- air fares
- meals/entertaining?

I am advised:

Information on the total costs for NSW Government Parliamentary Secretaries in 2013/14 are:

- (a) Information not available.
- (b) \$1,338
- (c) \$8,773
- (d) Information not available. Expenses are included under (b).

194. Can you please provide details of the following activities undertaken by your Parliamentary Secretary since 1 July 2013;
a) meetings attended in their capacity as Parliamentary Secretary?
b) functions attended in their capacity as Parliamentary Secretary?

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

195. How often do you meet with your Parliamentary Secretary?
a) Are these meetings documented?
b) Who attends these meetings?

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

196. Who provides instructions and direction to your Parliamentary Secretary, you or your Chief of Staff?

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

Media Training

197. Has the Minister been provided with Speech, Voice or Media Training since becoming Minister? If so, then;
a) Who conducted the training?
b) When was it conducted?
c) Where was it conducted
d) what were the costs of the training?

No

198. 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?

No