



The Hon Jai Rowell MP
Minister for Mental Health
Assistant Minister for Health

The Hon Melinda Pavey MLC
Chair
General Purpose Standing Committee 2
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Chair

Attached is a copy of answers to supplementary questions lodged following the GPSC2 Budget Estimates hearing into the Mental Health portfolio on 19 August 2014.

Yours sincerely

Jai Rowell MP



The Hon Jai Rowell MP
Minister for Mental Health
Assistant Minister for Health

BUDGET ESTIMATES

SUPPLEMENTARY QUESTIONS

QUESTION:

1. How the government is funding succession planning in the identified priority area of mental health nursing?

ANSWER:

Over the past three financial years, over 485 newly graduated nurses have been employed by mental health services across NSW Health.

The NSW Government has put in place a range of strategies to support nurses entering mental health as well as those with expertise in the field, including:

- A state wide mental health nursing program to support progression from novice to advanced beginner within twelve months
- A suite of scholarships for nurses to undertake post graduate studies, including over 120 scholarships for mental health nurses and undergraduate nurses to attend the 40th Annual Australian College of Mental Health Nurses International Conference in 2014.
- Mental health and general nursing exchange for new graduate nurses
- Recovery Camp for undergraduate mental health nurses to provide a new way of introducing contemporary recovery based mental health care
- Funding to the Mental Health Coordinating Council to administer the Professional Development Scholarships Program. This program encourages people working in community mental health organisations to undertake training in mental health, management, training and assessment.
- Mental Health Online Professional Development (MHPOD) Program which targets mental health clinicians in their first two years of practice has been rolled out across NSW.

QUESTION:

2. The Garling Report recommends no more than a week should pass between the discharge of a person with a mental health condition from hospital and contact with a community case manager.
 - (a) What are the current waiting times for this service in NSW?
 - (b) How many people are currently waiting more than one week for this service?
 - (c) Is a mental health assessment conducted when a patient is discharged that may, depending on results, preclude a person from this service?

ANSWER:

The plan for ongoing care and support following transfer from a mental health inpatient unit to home or other care is based on an individual's assessed clinical need, their preferences and appropriate resources. Ongoing treatment and care may be provided by a range of services, including local health district community mental health services, general practitioners, private psychiatrists private psychologists, and drug and alcohol services.

QUESTION:

3. Why have the number of Community Consultations conducted by the Mental Health Commission (Budget Estimates, p4-24) been cut by around a third in comparison to last year?

ANSWER:

The Mental Health Commission of NSW is an independent organisation. This question is more appropriately directed to the Mental Health Commissioner.

QUESTION:

4. What, if any, support is provided by the NSW government for the carers of people with a mental health condition?

ANSWER:

The NSW Family and Carer Mental Health Program has been operating since 2005. This includes funding for Non-Government Organisations to provide direct support to families and carers through education and training packages, peer support groups, and individual support and advocacy services.

The NSW Government also funds the Association of Relatives and Family of the Mentally Ill, Schizophrenia Fellowship NSW and the Mental Health Association for a range of mutual support, advocacy and referral services for families and carers of people with mental illness.

QUESTION:

5. What, if any, support is provided by the NSW government for small business owners experiencing mental health problems due to business, financial or associated pressures?

ANSWER:

The NSW Government provides \$2 million per year to Lifeline Australia for its 24 hour, 7 day a week crisis support services which includes providing short-term interventions to support people who are emotionally distressed, including small business owners.

The Rural Adversity Mental Health Program addresses the short and long term mental health impacts of rural adversity and crisis, including cycles of drought and recovery, climate variability, natural disasters and rapidly changing social and economic circumstances.

QUESTION:

6. The Partnerships for Health (Ministry of Health) initiative requires that NSW community organisations prepare for major changes to the way in which services are provided. However, there is almost no information on program structure, funding allocated or tender processes. The FACS Going Home Staying Home reforms had a similar lack of preparatory information and the homelessness sector and women's refuge services have been thrown into crisis.
- a) How will the Government ensure that this does not happen in other sectors?

ANSWER:

Information about Partnerships for Health can be found at <http://www.health.nsw.gov.au/business/partners/Pages/default.aspx>

QUESTION:

7. Health Workforce Australia's '2025' Reports predict a national mental health workforce (WF) shortage of about 11,000 FTE (full time equivalent) doctors and nurses. With the inclusion of mental health (MH) in the NDIS, this situation will be compounded through projected disability WF shortages of more than 50,000 FTE by 2018.
- a) What strategies is the NSW Government undertaking to address these projected shortages (inclusive of the community sector MH WF) without this leading to a casualization and a lowering of skills and qualifications across the sectors?

ANSWER:

A number of strategies have been put in place to attract and retain mental health workers including:

- A state wide mental health nursing program to support progression from novice to advanced beginner within twelve months
- A suite of scholarships for nurses to undertake post graduate studies, including over 120 scholarships for mental health nurses and undergraduate nurses to attend the 40th Annual Australian College of Mental Health Nurses International Conference in 2014.
- Mental health and general nursing exchange for new graduate nurses
- Recovery Camp for undergraduate mental health nurses to provide a new way of introducing contemporary recovery based mental health care
- Funding to the Mental Health Coordinating Council to administer the Professional Development Scholarships Program. This program encourages people working in community mental health organisations to undertake training in mental health, management, training and assessment.
- Mental Health Online Professional Development (MHPOD) Program which targets mental health clinicians in their first two years of practice has been rolled out across NSW.

QUESTION:

8. How is the NSW Government going to ensure (in the context of imminent changes to the way in which consumers will access services; particularly under the National Disability Insurance Scheme) that appropriate monitoring of safeguards and complaints mechanisms are in place? (Note: There will be a diversity of service providers - private, for profit, informal as well as community managed providing flexible packages to consumers and the NSW Ombudsman will not have the workforce or skills to cover all the services types. The Official Visitors program currently only covers public mental health services).

ANSWER:

The Commonwealth, State and Territory Governments are working together to develop a nationally consistent Quality and Safeguards Framework which will cover all NDIS participants, including people who may not require funded supports.

Questions about the NSW Government input into the Framework should be directed to the Hon John Ajaka MLC, Minister for Disability Services.

QUESTION:

9. The HASI Program has been successful in providing different levels of support to people with mental health conditions and psychosocial disability.
- (a) What is the Government's plan for HASI?
 - (b) Will it remain a NSW Health initiative, or will the program be "in scope" of the NDIS?.
 - (c) If so how will the government ensure the same accommodation guarantees across different levels of need when eligibility for the NDIS "Tier 3 package" sits at a level of impairment that will exclude many people currently engaged in the program?

ANSWER:

The HASI program is the NSW Government's main form of community based care and support for people with mental illness where it is appropriate for their needs. There are ongoing discussions across government regarding programs that will be in scope of the NDIS.

QUESTION:

10. With expected reallocation of responsibility of community services from the MoH (ministry of health) to LHDs (local health district) -
- (a) How will the Government ensure that funds, based on population health needs in the community are not lost in a process of reallocated funds to the public sector, i.e. beds and equipment, clinicians, rather than services that support prevention, early intervention and recovery in the community?.
 - (b) How will LHDs be held accountable to their catchment's population needs as carefully developed through the National Mental Health Service Planning Framework?

ANSWER:

Each Local Health District (LHD) is required to provide periodic performance reports to the Ministry of Health on a number of mental health specific indicators. In addition, regular LHD performance review meetings are held between senior Ministry of Health and LHD staff.

The development of mental health services in LHDs is informed by the use of an agreed population based planning model and local knowledge.

QUESTION:

11. What plans are there for declared or designated mental health facilities and sites at:
- (a) Macquarie (northern Sydney)
 - (b) Bloomfield (western NSW)

ANSWER:

There are no approved plans for the Macquarie (Northern Sydney) or Bloomfield (Western NSW) health facilities.

Bloomfield Hospital is now an integrated hospital; co-located with the Orange Hospital and known as the Orange Health Service. An external review of Mental Health and Drug and Alcohol Services in Western NSW Local Health District was commissioned in 2013. There will be consultation with consumers, staff and key stakeholders regarding implementation of any recommendations.

QUESTIONS:

12. What plans are there for the long term patients / consumers who have resided at the /these facilities? How will these consumers be supported in the community (resources)? Will they be eligible immediately for HASI (housing and support initiative accommodation)?
13. What will the Government do with the proceeds of sale of these sites?
14. Will all the money from any sale go back into the care of patients / consumers who have been residing at these facilities for so long?
15. Will all the money from any proceeds of sale of these sites go back into mental health and community mental health?

ANSWER:

There are no approved plans for these sites.

QUESTION:

16. Given that the Hunter NDIS launch site is showing that 20 per cent of people eligible for PHaMs do not fit within the definition of "tier 3" to be eligible for the NDIS and that funding will cease in June 2015 when the programme will be 100 per cent in scope for the NDIS what will happen to those people who cannot access neither the NDIS or PHaMs?

ANSWER:

Questions about PHaMS and eligibility for the NDIS should be directed to the Commonwealth Government.

QUESTION:

17. Will they fall through the gaps or will the State Government step in and provide this support?

ANSWER:

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

QUESTIONS:

18. Has the Mental Health and Drug and Alcohol office have guidelines for how many clients a case manager should be caring for in the community?
19. Why isn't there when there is very good evidence for what is effective client manager ratios?
20. If there are no such guidelines then how can you provide funds to adequately fund and run services including the filling of vacancies in community based mental health services?

ANSWER:

Local health districts are responsible for staffing decisions. The number and mix of staff depends on the type of service and the level of need of individual consumers.

QUESTION:

21. What routine performance data does Health provide to the Mental Health Commissioner so that he can have a sense of what is happening in the system?

ANSWER:

The Ministry of Health provides the NSW Mental Health Commission with performance data as requested by the Commissioner.

QUESTION:

22. Why is there no regular performance reports going to Government any longer?

ANSWER:

Detailed mental health data is reported in the Productivity Commission Report on Government Service (ROGS). Mental health indicators are included in NSW Health regular performance reporting and published in the NSW Health Annual Report.

QUESTIONS:

23. In relation to the response given by the Minister in Budget estimates on 19/8/14 that "this year mental health services in the Southern NSW Local health district received an additional \$751,000, how much of this money/funding was allocated to the Queanbeyan Mental Health Service (additional to the budget of that service) by the LHD through the purchasing agreement with the LHD?
24. If money/funding was allocated from the additional amount referred to in question 1 above to the Queanbeyan Mental Service what was this for and what activity was it allocated to within the service?

ANSWER:

In 2014-15 indexation was allocated to Queanbeyan Mental Health Service, as well as growth in Activity Based Funding allocations.

QUESTION:

25. Given that in 2013-2014 there were a number of staff vacancies within the Queanbeyan mental health service in monetary terms what "savings " in salaries and otherwise did this represent to either the (i) Service, (ii) the Southern NSW LHD?

ANSWER:

Recruitment is undertaken to address vacancies as they occur. Local Health Districts have flexibility to manage their budgets and ensure Service Level Agreements are met or exceeded.

QUESTION:

26. What was the Queanbeyan Mental Health's service budget for 2013-2014 and for 2014-2015 as an individual unit within the Southern NSW LHD?
27. What component is/ was salaries of the Queanbeyan Mental health Service budget for 2013-14 and 2014-2015?
28. What is/ was the budget for clinical staff and other counselling staff, case workers for the Queanbeyan Mental Health Service for 2013-2014 and for 2014-2015?
29. What actual salaries were paid for the staff referred to in question 6 in budget years 2013-2014?

ANSWER:

Local health districts are responsible for managing their budgets and staffing to meet standards and agreed activity levels. Budgets and associated activity are outlined in an annual Service Agreement agreed between the NSW Ministry of Health and the board of the local health district. Signed Agreements are published on each local health district website. Budget information for Southern NSW Local Health District (SNSW) facilities, including the District mental health service is published on the SNSW website with reporting published as part of the consolidated financial statements in the NSW Health Annual Report.

QUESTION:

30. How many vacancies were there in the Queanbeyan Mental Health service by job type for the financial year ended June 2013, and December 2013, January 2014, February 2014, March 2014, April 2014, May 2014, June 2014, July 2014?
31. How many of those vacancies referred to above and by job type were filled and when?

ANSWER:

Where a vacancy occurs it is filled by agency or locum staff while permanent recruitment continues.

QUESTION:

32. What data has been used to model the numbers to go into the Service Agreements for Mental Health which the Minister referred to in his response in budget estimates?

ANSWER:

In addition to data provided by the Department of Planning and Infrastructure, other data used included historical service activity, new mental health beds and readmission rates.

QUESTION:

33. How did this data inform the service level agreements which will be public by the end of August 2014?

ANSWER:

This data, combined with negotiations with Local Health Districts, was used to establish activity levels and targets.

QUESTION:

34. How was the program monitored in 2013/2014 so that accurate data would be obtained for the numbers to go into any service level agreement including inputs and outputs for beds in the system, community mental health (all service types and providers), grants to non-government organisations and administration costs?

ANSWER:

The provision of mental health services by Local Health Districts (LHD) is regularly monitored as part of the NSW Health Performance Framework. Monthly reports are reviewed by each LHD and the Ministry of Health through quarterly performance review meetings.

Activity targets are based on patients receiving services, rather than inputs such as bed numbers.

QUESTION:

35. As the Act has not been repealed, under what authority have the changes to the Institute of Psychiatry been made? What is the legality of these significant changes to the functions of the IOP prior to the Act being repealed?

ANSWER:

Any changes to the Institute of Psychiatry have been approved by the NSW Ministry of Health in accordance with policy and delegations. The Institute of Psychiatry continues to meet its obligations under the objects of the Act.

QUESTION:

36. How has the transition committee tasked to implement the recommendations from the 'Review of the Institute of Psychiatry August 2013' not had adequate representation from senior executive staff of the IOP until the recent appointment of Ms Rhonda Loftus (who was previously employed by HETI)?

ANSWER:

The Mental Health Commissioner, as Chair of the Transition Committee, is responsible for selecting members to sit on the Committee.

QUESTION:

37. What is the number of redundancies at the IOP since August 2013?

ANSWER:

All affected staff were issued standard letters of offer for either voluntary redundancy or redeployment. There have been nine staff redundancies.

QUESTION:

38. In relation to question 3 does this suggest a major restructure? Has Ministry for Health Restructure policy been adhered to (PD2011_050 and PD2013_042), i.e. were unions consulted, and the current structure approved by the DG and the transition committee? Were affected personnel given the opportunity to take up positions in the new structure? Is the transition committee aware of these significant changes to staffing and programs?

ANSWER:

All affected staff were issued standard letters of offer for either voluntary redundancy or redeployment. All redundancies followed policies PD2011_050, PD2013_042 and PD2012_021.

QUESTION:

39. What proportion of the IOP budget is spent on administrative and infrastructure costs? What savings have been achieved by the recent changes to education programs? What savings have been achieved in administrative and support services due to the reduction in education programs offered and business efficiencies introduced by HETI? What is the Minister's plan to reduce the excessive administrative and infrastructure costs ongoing?

ANSWER:

The proportion of the IOP budget spent on administrative and infrastructure costs is 35%. The IOP has been identified as an organisation with significant corporate gaps. The agreed restructure and change management plan addresses these issues.

QUESTION:

40. The loss of the community education team has meant that the IOP can no longer provide a number of programs for which it was previously contracted, such as for the Department of Immigration and Border Protection, as well as a range of custom designed and delivered programs to a range of mental health stakeholders. How much will the loss of these programs affect the revenue of the IOP, and increase the reliance on funding from the NSW government?

ANSWER:

It has been estimated that recurrent staffing costs exceeded revenue made by the community education team. Business modelling is being refined to assist future contracting.

QUESTION:

41. What has been the cost to the IOP budget of the succession of consultants over the past 2 years?

ANSWER:

For the financial years 2012-13 and 2013 -14 the cost of consultants has been \$188K. Consultancies were for IOP specific requirements including the development of policies and procedures relevant to TEQSA registration, and internal governance improvements.

QUESTION:

42. Why was the recurrent funding for the IOP withheld by the Ministry for 2 years, prior to the reinstatement on 1 July 2014?

ANSWER:

The recurrent funding for the IOP was not continued for two years prior to July 2014 due to the level of accumulated funds held by the IOP.

QUESTION:

43. Given that the staff upon which TEQSA registration was based have now almost all been made redundant, has the IOP contacted TEQSA about these changes?

ANSWER:

Registration as a Higher Education Provider is based on meeting seven provider registration standards through the Tertiary Education Quality and Standards Agency (TEQSA). It is not based on specific staff. The IOP is continuing to manage its programs against the regulator's requirements. TEQSA has been contacted and ongoing communication and reporting to the agency will continue during the transition.

QUESTION:

44. Has TEQSA been contacted about the merger and agreed to the proposed timetable prior to December 2014? If not, when does the Minister plan to establish the Institute of Mental Health Education?

ANSWER:

TEQSA has been contacted and ongoing communication with the agency will continue during the transition.

QUESTION:

45. How many (Full Time Equivalent) Psychiatrists are currently employed at the Institute of Psychiatry compared to the FTE level 12 months ago and how will this impact on the delivery of education, especially the education and training of Psychiatrists and Child & Adolescent Psychiatrists?

ANSWER:

The planned workforce size will be appropriate for the delivery of education for psychiatrists and child and adolescent psychiatrists.

QUESTION:

46. How many (Full Time equivalent) educators are currently employed at the IOP compared to the FTE level 12 months ago and how will this impact on the delivery of education?

ANSWER:

The staffing profile is meeting the requirements for efficient delivery of education and training.

QUESTION:

47. What are the current staff retention rates at the IOP compared to previous years?

ANSWER:

Staff retention rates have not been calculated for the IOP.

QUESTION:

48. How many courses, which will be listed as having been presented in the Annual Report for 2013-2014, will not be presented in 2014-2015 due to the loss of staff?

ANSWER:

Changes in course publication are not due to 'loss of staff'. A number of courses were discontinued from Semester 2, 2014 due to low student enrolments. Students enrolled in these courses will progress to graduation and subjects from the courses continue to be offered through other study programs.

QUESTION:

49. Why has someone without an academic background, and with a minimal clinical mental health background been appointed to the position of Executive Director of the NSW IOP?

ANSWER:

The appointed person has significant experience at a senior level in education, acute and community based health delivery in the health and mental health domains.

QUESTION:

50. What is the evidence base and evaluation of the quality of the on-line training delivered by HETI, as was routinely conducted on all IOP courses?

ANSWER:

Subject Matter Expert Groups are used to identify essential resources to inform development of courses. Modules are regularly reviewed, including via end of course survey data and a module feedback register.

QUESTION:

51. Why have all programs not based in NSW ceased? Why has the IOP decided not to deliver sound educational and income producing programs such as the courses for the Immigration Department?

ANSWER:

It is appropriate to regularly review course offerings to ensure they continue to meet need and can be delivered cost effectively.

QUESTION:

52. How many blackberries are assigned to your staff?

ANSWER:

204 phones have been issued to NSW Government Ministerial staff.

QUESTION:

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

ANSWER:

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.

QUESTION:

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

ANSWER:

9 phones were lost from the NSW Government Ministerial staff.

QUESTION:

55. What is the cost of replacing those phones?

ANSWER:

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

QUESTION:

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

ANSWER:

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

QUESTION:

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

ANSWER:

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

QUESTION:

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

ANSWER:

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

QUESTION:

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

ANSWER:

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

QUESTION:

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

ANSWER:

9 phones were lost from the NSW Government Ministerial staff.

QUESTION:

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

ANSWER:

0 iPads were lost from the NSW Government Ministerial staff. What is the cost of replacing those phones or iPads?

QUESTION:

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

ANSWER:

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

QUESTIONS:

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

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

ANSWER:

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.

QUESTION:

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

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

ANSWER:

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

QUESTION:

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

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

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

ANSWER:

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.

QUESTION:

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

ANSWER:

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.

QUESTION:

71. Have any office renovations or fit outs been undertaken in your ministerial office since April, 2011?

72. If so, could you give details of contracted costs?

ANSWER:

Information in relation to repairs, maintenance and relocation for 2011-12 and 2012-13 is available on the Department of Premier and Cabinet Disclosure Log at:

[http://www.dpc.nsw.gov.au/data/assets/pdf_file/0007/165616/Disclosure_Log_Information - Ministerial Renovations.docx.pdf](http://www.dpc.nsw.gov.au/data/assets/pdf_file/0007/165616/Disclosure_Log_Information_-_Ministerial_Renovations.docx.pdf)

QUESTION:

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

ANSWER:

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.

QUESTION:

74. How many political advisors are in your office?

75. How many administration staff?

ANSWER:

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.

QUESTION:

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

ANSWER:

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

QUESTION:

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

ANSWER:

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

QUESTIONS:

78. Are any contractors or consultants working in your ministerial office?

79. If so, in what capacities?

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

ANSWER:

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

QUESTION:

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

ANSWER:

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.

QUESTION:

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

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

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

ANSWER:

Agencies and departments undertake internal reviews of its structure to ensure that its 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.

QUESTION:

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

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

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

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

ANSWER:

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.

QUESTION:

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

ANSWER:

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.

QUESTION:

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

ANSWER:

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

QUESTION:

91. What is your Department's catering budget?

ANSWER:

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

QUESTION:

92. What is your Department's stationery budget?

ANSWER:

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

QUESTIONS:

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

94. If so, how much was spent on rebranding the agency?

ANSWER:

No.

QUESTION:

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

ANSWER:

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.

QUESTION:

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

ANSWER:

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.

QUESTIONS:

97. In 2013/14 how many invoices has your Department(s) failed to pay a supplier or contractor for more than 30 days?
98. As a result of late payment, how much penalty interest has been paid to contractors since 1 January 2011?
99. How many invoices have been outstanding for longer than 60 days?

ANSWER:

Information regarding "30 days to pay" policy is available at <http://www.finance.nsw.gov.au/30days/how-government-will-report-policy>.

QUESTIONS:

100. Does your Department provide recurrent grant funds to non-government organisations?
101. 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?

ANSWER:

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

Payments to NGOs are made in accordance with the NSW Health NGO Grant Program Guidelines.

QUESTION:

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

ANSWER:

For the period 1 July 2014 to 31 August 2014 the Ministry of Health has spread contractor engagements across the State C0007 Prequalification Panel with a spend of \$2.44M across 25 Contractor Agencies. The Ministry does not collect the number of individual contractors engaged.

QUESTION:

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

ANSWER:

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.

QUESTION:

104. How has that changed since 1 July 2013?

ANSWER:

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%.

QUESTION:

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

ANSWER:

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.

QUESTION:

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

- (a) What are the terms of reference or details of each study, audit, taskforce or review?
- (b) Who is conducting the study, audit, taskforce or review?
- (c) Was each study, audit, taskforce or review was publically advertised seeking expression of interest or competitive tenders?
- (d) Is there a contract in place detailing terms of engagement for the study, audit, taskforce or review?
- (e) What is the timeline of each study, audit, taskforce or review?
- (f) What are the details of any costs involved in each study, audit, taskforce or review?

ANSWER:

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.

QUESTION:

107. 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 what were the costs of the training?
- (d) Who paid for the training?

ANSWER:

No.

QUESTION:

108. In 2013/14 how many invoices has your Department(s) failed to pay a supplier or contractor for more than 30 days?
109. As a result of late payment, how much penalty interest has been paid to contractors since 1 January 2011?
110. How many invoices have been outstanding for longer than 60 days?

ANSWER:

See answers 97-99.

QUESTION:

111. Will you ensure that the Panorama Clinic in Bathurst continues as a 7 day inpatient service?

ANSWER:

Western NSW Local Health District has recently undertaken a complete clinical review of their mental health and drug and alcohol services using external consultants to provide advice on all services delivered.

It would be premature to comment formally on the future of Panorama Clinic while the review process and subsequent working parties are undertaking their work. The NSW Government is committed to providing patient care in a community setting where this best meets a patient's needs.

QUESTION:

112. 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?

ANSWER:

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

QUESTION:

113. 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?

ANSWER:

Yes.

QUESTION:

114. Do you think the people of NSW have a right to know who is making donations to candidates during election campaigns?
115. 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?
116. Will you release the full list of donors who donated to your 2011 election campaign?
117. In the interest of transparency and accountability, will you commit to publicly release the source of donations for the 2015 election?

ANSWER:

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.

QUESTION:

118. On how many occasions have you met with a lobbyist, and what were the dates of these meetings?
119. Which lobbyists have you met with, and what was discussed?
120. The Minister for Finance has banned lobbyists from meeting him and his office; will you make the same commitment? If not, why not?

ANSWER:

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.

QUESTION:

121. How many times have you met with the Cross Border Commissioner:
- (a) In the last twelve months
 - (b) Since the creation of the position.
122. 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.

ANSWER:

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

QUESTION:

123. Do any Departments/agencies 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

ANSWER:

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.

QUESTIONS:

124. Has the consultancy company Crosby Textor done any consultancy work for the Dept of Primary Industries? If so what projects was Crosby Textor consulted on?
- (a) What was the cost of the consultancy work for each project?
 - (b) Was there a tender process for these projects?
125. Does Crosby Textor currently have any contract work with the Department, if so, what is their role in the project?
126. Has the consultancy company Premier State done any consultancy work for the Dept of Primary Industries? If so what projects was Premier State consulted on?
- (a) What was the cost of the consultancy work for each project?
 - (b) Was there a tender process for these projects?
127. Does Premier State currently have any contract work with the Department, if so, what is their role in the project?
128. Has the Government Contracting company Serco or its affiliates done any consultancy work for the Dept. of Primary Industries? If so what projects was Serco or its affiliates assisted with?
- (a) What was the cost of the consultancy work for each project?
 - (b) Was there a tender process for these projects?
129. Does Serco or any of its affiliates currently have any contract work with the Department, if so, what is their role in the project?

ANSWER:

This question should be referred to the Minister for Primary Industries.