# GENERAL PURPOSE STANDING COMMITTEE No. 2

**Tuesday 2 September 2003**

**Examination of proposed expenditure for the portfolio area**

# HEALTH

**The Committee met at 5.30 p.m.**

## MEMBERS

Reverend the Hon. Dr G. K. M. Moyes (Chair)

The Hon. P. Forsythe
The Hon. Dr A. Chesterfield-Evans
The Hon. R. M. Parker
The Hon. H. S. Tsang
The Hon. C. M. Robertson
The Hon. A. Catanzariti

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## PRESENT

**The Hon. M. Iemma**, *Minister for Health.*

**NSW Health**
*Ms Robyn Kruk, Director-General*
*Mr Robert McGregor*, *Deputy Director-General, Operations*
*Mr Ken Barker*, *Chief Financial Officer*

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## CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS

**Corrections should be marked on a photocopy of the proof and forwarded by 30 September 2003 to:**

**Budget Estimates**
**General Purpose Standing Committee Secretariat**
**Parliament House**
**Macquarie Street**
**SYDNEY NSW 2000**

**CHAIR**: I declare this meeting open to the public. My name is Gordon Moyes and we are about to meet the Minister for Health and his key people. We welcome you to this public hearing for the General Purpose Standing Committee No. 2. First of all, I want to thank the Minister and departmental officers for attending at this meeting this afternoon. At this meeting the Committee will examine the proposed expenditure for the Health portfolio.

Before questions commence, some procedural matters need to be dealt with. First of all, broadcasting of these proceedings - Part 4 of the resolution referring the budget estimates to the Committee requires evidence to be heard in public. The Committee has previously resolved to authorise the media to broadcast sound and video excerpts of its public proceedings. If you wish to have copies of the guidelines for broadcasting, they are available from the attendants. I point out that, in accordance with the Legislative Council guidelines for the broadcast of proceedings, only members of the Committee and witnesses may be filmed or recorded. People in the public gallery should not be the primary focus of any filming or photographs.

In reporting the proceedings of this Committee you must take responsibility for what you publish or what interpretation you place on anything that is said before the Committee. There is no provision for members to refer directly to their own staff while at the table. Witnesses, members and their staff are advised that any messages should be delivered through the attendant on duty or the Committee clerk.

We have the department's officials here. I would ask you to just introduce yourselves please.

**Ms KRUK**: Robyn Kruk, Director General of New South Wales Health.

**Mr McGREGOR**: Robert McGregor, Deputy Director General of New South Wales Health.

**Mr BARKER**: Ken Barker, Chief Financial Officer, New South Wales Health

**CHAIR**: For the benefit of Hansard, we thank you for identifying your areas of activity. I just might remind members that when you are seeking information in relation to a particular aspect of the program or a subprogram, it would be helpful if the program or subprogram was identified.

During this hearing I intend to allocate questions to the Opposition, the Crossbenchers and Government members in 15 minute segments, although Government members may not require the full 15 minutes. However, if a member wants to ask a question which is relevant to the issue being raised by another member, I will take a very flexible approach and allow the question to be asked. The Committee has resolved to allow Ministers up to 35 days to respond to questions taken on notice during the hearing. Minister, do you anticipate that this could pose any difficulties for you or your staff?

**Mr IEMMA**: No.

**CHAIR**: As the lower house is sitting tonight, could you advise whether you need to attend divisions this evening?

**Mr IEMMA**: No.

**CHAIR**: I declare the proposed expenditure for examination open. Minister, do you wish to make a brief opening statement?

**Mr IEMMA**: No, Mr Chair.

**CHAIR**: We will move straight to questions. I will take questions from the Opposition first. Are there any questions?

**The Hon. ROBYN PARKER**: Yes, thank you, Mr Chairman. Minister, how much was set aside for the funding of the State-wide infants hearing program in 2003-2004?

**Mr IEMMA**: Approximately $8 million but I will take that on notice and provide you with

the details.

**The Hon. ROBYN PARKER**: What is the estimate of the number of newborn babies that can be tested with this allocation?

**Mr IEMMA**: I will take that on notice.

**The Hon. ROBYN PARKER**: Can you advise how much was spent on the program in 2002-2003?

**Mr IEMMA**: I will take that on notice.

**The Hon. ROBYN PARKER**: Minister, how many newborns were tested during the program's first seven months, i.e. from December 2002 to June 2003?

**Mr IEMMA**: I will take that question on notice.

**The Hon. ROBYN PARKER**: What does this represent - we don't know - what does this represent as a percentage of total of newborn births in New South Wales for the same period?

**Mr IEMMA**: I will provide you with the details of that.

**The Hon. PATRICIA FORSYTHE**: Minister, although you are lacking in the details, can you give an indication of whether you believe that the allocation will allow for 100 percent coverage provision of the testing for newborn babies?

**Mr IEMMA**: The testing of newborn babies is a significant initiative of the Government and one that has not previously existed, and the Government made that commitment, instituted the program and allocated the funds. The rest of the details of the questions that you have asked in terms of how many infants have been tested, I will take on notice and provide to you.

**The Hon. PATRICIA FORSYTHE**: Will you also be able to give an indication of whether the take-up rate is as high in rural and regional communities as in the metropolitan areas, in other words would you be able to give us a breakdown on the figures?

**Mr IEMMA**: I can provide you with a breakdown.

**The Hon. PATRICIA FORSYTHE**: By area?

**Mr IEMMA**: Whatever details we have in terms of infants that are tested, the areas that they are tested and the facilities that are doing the testing, whatever details are available I am pleased to take that on notice and provide it to you. I can give you some material on a previous question. In 2003 approximately 45,000 babies have been screened and 38 babies had a confirmed diagnosis of a significant hearing loss.

**The Hon. PATRICIA FORSYTHE**: That was in the period of the first seven months of the program?

**Mr IEMMA**: Well, the program commenced on 1 December 2002 and as at July 2003, 45,000 babies had been screened, 38 of these babies had a confirmed diagnosis of a significant hearing loss.

**The Hon. ROBYN PARKER**: Minister, through you, Chair, how much will be allocated to mental health services in 2003-2004?

**Mr IEMMA**: The mental health allocation is $715 million which is approximately a 14 percent increase.

**The Hon. ROBYN PARKER**: Does the department monitor the number of suicides by clients of its mental health services?

**Mr IEMMA**: I will take that on notice.

**The Hon. ROBYN PARKER**: If you do, are these figures published internally or publicly at all?

**Mr IEMMA**: I will take that on notice and provide you with a response.

**The Hon. ROBYN PARKER**: In that response, if it is not the case, could you please provide us with the information as to why that is not the case?

**CHAIR**: That is in a year?

**Mr IEMMA**: I will take that question on notice and what information I can provide to you I will.

**The Hon. ROBYN PARKER**: Through you, Chair, how does the Minister respond to claims from psychiatrists that the rate of suicides amongst this group of clients has more than doubled since 1995?

**Mr IEMMA**: In which category? Which category of clients are you referring to?

**The Hon. ROBYN PARKER**: Clients of the department's mental health services?

**Mr IEMMA**: Our efforts in mental health are significant. We still have a long way to go. The budget allocation this year of $715 million is a significant increase, a 14 percent increase. It involves between 2001 and 2005 providing for an additional 250 beds. It also involves additional clinicians being employed to provide mental health services. The budget makes significant provision for additional facilities units and beds of varying types, for young children, for the seriously disabled clients, for acute care beds. For example, we have a 50 bed $10 million unit at Wyong; we have additional facilities being provided at Campbelltown, at Nepean, at a number of country areas across the State, and the Government is currently pulling together a response which is an inquiry report on mental health. Those efforts are not the end of the Government's response on a wide range of mental health issues.

**The Hon. ROBYN PARKER:** So you will respond at some point about these claims of doubling since 1995?

**Mr IEMMA:** Certainly.

**The Hon. ROBYN PARKER:** Have members of the New South Wales Mental Health Sentinel Events Review Committee been provided with figures on suicide by mental health clients?

**Ms KRUK:** The sentinel events committee is involved in significant events of that type. If I could possibly add to the Minister's earlier comment, the New South Wales Department of Health is also very actively involved in whole of Government initiatives dealing with suicide and members may be aware of the fact that there is a whole of Government forum actually planned in October dealing with this and a whole range of other issues, obviously looking at both mental health clients but also youth suicides as well. I think that picks up some of the issues you have raised.

**CHAIR:** Could I just follow on that: Is it true that the rate of suicide among men, now 34 to 54 years of age, has risen quite dramatically?

**Mr IEMMA:** I will take that on notice.

**CHAIR:** Is there anything further you want to ask?

**The Hon. ROBYN PARKER:** Yes. Minister, when is the sentinel committee to report?

**Mr IEMMA:** I will take that on notice.

**The Hon. ROBYN PARKER:** Minister, will you commit to either publicly releasing the report or making copies available to interested health professionals, e.g. the National Association of Practising Psychiatrists, after its finalisation?

**Mr IEMMA:** What information we have available and I can make available I certainly will.

**The Hon. PATRICIA FORSYTHE:** So you will release the report?

**Mr IEMMA:** Well, I take the question on notice and what information I have available to release, to provide to the Committee, I will.

**The Hon. PATRICIA FORSYTHE:** Minister, can you explain what measures the Health Department has taken to establish why Nepean Hospital failed to record nine code red situations which were reported by the New South Wales Ambulance Service in October 2002?

**Mr IEMMA:** Well, this has been the subject of an Auditor General inquiry and his findings I provided to the Parliament last session and he is inquiring further into the code red, the EDNA system, and we are awaiting his final report. In relation to Nepean, I provided a response to Parliament last session.

**CHAIR:** Director, do you want to add to that?

**Ms KRUK:** If I could add, members will recall the circumstances surrounding this issue and that we actually referred the matter to the Auditor General for examination. The department subsequently worked very closely with his office and also in close cooperation with the clinical team at the hospital. What was significant was that, to use colloquial terms, I think the Auditor General made it quite clear that there was no issue in relation to the reporting of the data and there were actually different figures being used, to put it simply, comparing apples and oranges, so a lot of work has already occurred in that regard. We were literally comparing different measures and there was no issue in relation to the data being inaccurate, but that was being reported. The department is working closely with the Auditor General's office in relation to their broader consideration of the EDNA system, as we colloquially would use it.

**The Hon. PATRICIA FORSYTHE:** Are you confident that, as a result of the work you are doing with the Auditor General, there will not be future instances of the ambulance service not recording or passing on to the health department correct data relating to code red situations?

**Mr IEMMA:** Well, in relation to Nepean his inquiry did not find that there was a difficulty. What it did find was that there were different approaches to the management of that system and that is why, firstly, he is inquiring across the board and, secondly, why we are reviewing the system ourselves. Dr Tony O'Connell is the architect of that system and we engage in a process of constant reviewing to ensure that we get best practice.

**The Hon. PATRICIA FORSYTHE:** Can I now turn to the issue of hospital waiting times review. In response to the previous Minister for Health's review into the inaccuracy of hospital waiting list figures, have all recommendations been acted upon?

**Mr IEMMA:** I am awaiting the results of the inquiry from the Independent Commission Against Corruption, which is investigating, and the Auditor General is nearing completion his review of waiting lists. I understand that the department is in the process of providing some additional information to him and it is not too far away in terms of a final report for release.

**The Hon. PATRICIA FORSYTHE:** In addition to that, and notwithstanding the Auditor General's role, have performance agreements for all area health chief executives been amended to include accountability for waiting list figures?

**Mr IEMMA:** I made it clear at the time in my statement to Parliament that performance agreements would be amended to ensure that it was one of the targets as far as verification and accuracy of figures that are provided on waiting lists, and let me state again that it is important to have accurate and timely information and CEOs will be held accountable for the verification and the

accuracy of the figures that are provided. In addition to that, as I have previously stated, the Auditor General's report to Parliament is imminent in relation to his review of waiting lists. We are just providing some commentary.

**The Hon. PATRICIA FORSYTHE:** You said that in relation to performance agreements they will include accountability. Do they? Have they yet been put in place?

**Mr IEMMA:** They must now certify the accuracy of the figures that are fed into our system and the Director General can provide you with some more information.

**Ms KRUK:** Chair, through you, yes, that is the case. That has been confirmed to the CEOs. In addition, the other recommendations from the inquiry have also been implemented. We have also worked and are working closely with the audit office in relation to his current performance review to ensure that the audit program that we undertake is consistent and compliant with the standards that he would seek.

**The Hon. PATRICIA FORSYTHE:** What are the guidelines established by the department of health to ensure that all staff involved in accumulating waiting list data and who are organising admissions for patients fully understand their roles and responsibilities and when were they introduced?

**Mr IEMMA:** Well, the guidelines were one of the issues that was raised and it was found that the guidelines needed clarification, and also that some of the guidelines could mislead staff. That is one of the issues that was identified both in the department's internal audit right at the time the allegations were made. It is a point that certainly will also be the subject of comment in the Auditor General's report.

**CHAIR:** I would like to ask the cross-bench for questions.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Minister, you said that there was no response to the Select Committee Inquiry into Mental Health. Could you tell us when that response is likely to come?

**Mr IEMMA:** I cannot give you a precise day or date, but it is imminent. The Government is putting together a whole of Government response on the report and it is imminent.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Excellent. I notice that you said there is a 14 percent rise in the mental health budget. I notice that DOCS got a 25 percent rise in their budget. Do we expect any more money coming in the response to the statements?

**Mr IEMMA:** Well, Mr Pezzutti's report will obviously have resource implications and that is a question that I can answer in a more definitive sense when the Government's response is out and we are able to examine what sort of resource implications there will be. Suffice to say that a 14 percent increase is a fairly reasonable increase in mental health funding for mental health resources. That does not mean that we do not revisit the issue of resources and funding to respond to some of the items that have been mentioned in the Pezzutti report.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** One of the aspects that was mentioned was the lack of ability to account for budgeted mental health spending by the area health authorities, you may recall, and I think I mentioned it to you, in the interim and it was noted in that report. Have any changes been made such that the 14 percent will actually get to the mentally ill?

**Mr IEMMA:** Well, we have established coordination in the department to provide greater accountability and that is a fair criticism that has been made and one that we will be acting on. We already have through the coordination of the response in the department, it is one of the matters that are being addressed.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Is that a matter of accounting standards within the department?

**Mr IEMMA:** Well, it is ensuring that the resources that are given to the areas for spending on mental health are actually spent on mental health, both the facilities and services, and ensuring that essentially the responses are coordinated and the provision of services is coordinated and the areas are held accountable for the expenditure of the funds that are provided.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** I note in the budget, Minister, there is a fairly modest increase in the number of beds. I do not have a problem with that if there is to be an improvement in community services. My understanding is that we have much the same number of beds as Victoria, but Victoria spends more money on both community services and on NGOs in the delivery of their health services.

**Mr IEMMA:** Well, we are investing significantly in beds. As I mentioned, the plan is from 2001 to 2005 to significantly increase the number of beds. By the end of this year there will have been an additional 200.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** I am not being pro-beds, Minister.

**Mr IEMMA:** I understand that.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** I notice that in the separation of your output there is not much increase in beds. I do not have a huge problem with that. The question is not how many beds - and I know that is the classic political question - but how much community support means how many beds are necessary.

**Mr IEMMA:** We are also embarking on 180 additional supported accommodation as opposed to the various categories of beds in our facilities. We are working with the NGOs in mental health, in particular, the peak body, to provide additional supported accommodation in the community and it is a partnership that has been established with the department of housing, the peak NGO body, to fund additional supported accommodation places. The focus is not just on beds.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** The supported accommodation budget with NGOs has been increased. Is that what you are saying?

**Mr IEMMA:** I understand that there is a figure of $5 million for the NGO peak council to support the provision of these supported accommodation places with the Department of Housing. It is a three-way partnership and I am advised that it is additional funding.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Has it happened yet or is it going to happen?

**Mr IEMMA:** It is happening.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** In terms of community support, I know that you have a new psych unit at Coffs Harbour Base Hospital which has the second highest turnover of patients in the State. Is that correct?

**Mr IEMMA:** Well, we have a facility at Coffs Harbour. I will take on notice the question about the turnover.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Is it true that you spent $188,000 refurbishing the unit to comply with the mental health regulations after the hospital opened?

**Mr IEMMA:** I will take that on notice.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** There were two self-harm reduction units at the hospital but there is now only one. Is that correct?

**Mr IEMMA:** I will take that on notice.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** The load was increased after the Tamworth psych unit was burnt down - is that true - and patients were being transferred from Tamworth to Coffs Harbour?

**Mr IEMMA:** I will take that on notice and provide a response.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Is there a security guard associated with that hospital in Coffs Harbour or assigned to it?

**Mr IEMMA:** I will take that on notice.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** That is an adult psychiatric unit, is it not?

**Mr IEMMA:** I will take that on notice.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** I understand that the hospital decided it would not get untearable sheets. In fact a patient tried to commit suicide, tearing the sheets and making a rope. Is that so and, if so, will there be more money spent so that the sheets do not tear in the seclusion rooms?

**Mr IEMMA:** Would you repeat the hospital?

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Coffs Harbour psych unit.

**Mr IEMMA:** The specifics of Coffs Harbour I will take on notice.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Is the Minister aware of the work of Bal and Lyman as expressed in the Medical Journal of Australia editorial on tobacco control in New South Wales and, if so, what money will be spent on tobacco control in this financial year?

**Mr IEMMA:** I am not aware of the specifics of that article. In terms of tobacco control we have $3.3 million in our tobacco control plan. That is in addition to the $2.7 million which the area health services also spend on tobacco control, strategies aimed at young people, strategies aimed at discouraging smoking.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Are you aware that is considerably less than recommended world's best practice by the Californian experts?

**Mr IEMMA**: It is also significant in terms of our efforts nationally and it does include what the Government has made provision for with the establishment of the four year plan to fight cancer and the Cancer Institute, which will involve prevention programs.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Surely, if a third of cancer is tobacco control, it is far cheaper to prevent it than treat it as such, and the Cancer Institute is a research and advocacy body rather than a treatment body, is it not?

**Mr IEMMA**: No, it is not. The Cancer Institute under the cancer four year plan will have a funding arrangement of $205 million over four years and it will not just be for research; it will be for services, it will be for preventions, it will be for research, a whole range of matters that the institute and the plan will deal with over the next four years.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: I presume the Government concedes that prevention is better than cure?

**Mr IEMMA**: Yes.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Will the Government therefore seek world's best practice in prevention and implement that?

**Mr IEMMA**: In terms of best practice on any front in the delivery of services, we are

anxious to and are delivering a whole range of funds, so whatever is best practice mentioned in that article, we are anxious to deliver, and prevention is a significant part of that. I acknowledge your statement there, and it will form the work of the Cancer Institute and an integral part of the cancer plan.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: The 3.3 million is far less than world's best in New South Wales. I would ask you to increase that, if you are committed as you have just said.

**Mr IEMMA**: Well, it is 205 million over the next four years.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Yes, but that is for research.

**Mr IEMMA**: No, the work of the Cancer Institute is not just for research and treatment. Prevention is an integral part of what it will be doing and will be part of that 205 million budget. So our specific tobacco plan of 3.3 million has to be seen in that context.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Does the Cancer Institute therefore have the responsibility to run quit campaigns on TV?

**Mr IEMMA**: Their campaigns are undertaken from time to time from our own campaign advertising budget. The institute would undertake a whole range of programs to do with prevention. But the 205 million that is set aside for the activities of the institute includes prevention, and as the institute is established and commences its work, promotion and campaign material would be part of that.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: The campaign suggestion though is of the order of 50 million. It would be a bit much to expect the Cancer Institute and medical experts to pay a quarter of its budget to a campaign that really is the responsibility of the Government?

**Mr IEMMA**: Well, the Government has placed a significant amount of funding aside for the activities of the institute, 205 million, and again, prevention will be part of this activity.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: So does the Government then wash its hands of the functions of cancer to a large extent by creating this institute?

**Mr IEMMA**: No, not at all.

**Ms KRUK**: Chair, can I add to that? Could I reaffirm, having worked with the Minister's staff in relation to the legislation for the institute, prevention is a significant part of its protocol. It actually gives us an opportunity to ensure that we apply the world's best practice in relation to the area of prevention, and the development of the State cancer plan is a major component of that. What is also significant is it gives us an opportunity to work far more closely with the Cancer Council in relation to a whole range of initiatives. I am conscious of the fact that there are already a number of joint initiatives. I would like to reaffirm that the Cancer Institute is a part of Government and the 205 million that the Minister has spoken of is Government funds provided for a whole range of cancer activities, prevention, treatment, the major issue being, as reported to Parliament, to ensure that we make the best use of resources in relation to cancer.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Have you spoken to the Cancer Council in relation to--

**Mr IEMMA:** I haven't, no. I am not sure if I did mention, I think I did, but it is 3.3 million and it is 2.7 million, the area health services' total spending on tobacco control. I thought I did mention that.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: You did mention that. Is the Minister aware that the program Share the Air was used by the tobacco industry in the 1980s to prevent the development of smoke free indoor air?

**Mr IEMMA**: No.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: At that time the New South Wales Government was so appalled by the idea of sharing the air as being a farce that it put up its own campaign called "Tobacco poisons the air you share" was the slogan. Why then is the department now using the slogan Share the Air from the joint working party with the Australian Hoteliers Association? Was that the recommendation of the department itself or where has that money come from?

**Ms KRUK**: I don't know the history of where the slogan title came from. I am certainly aware of the fact of the campaign. I am aware that an evaluation has been done and it is considered to be a successful campaign and certainly we are looking at the-

**The Hon. ARTHUR CHESTERFIELD-EVANS**: The Share the Air campaign?

**Ms KRUK**: No, the campaign that the department conducted in relation to passive smoking. Is that the campaign that you are referring to?

**The Hon. ARTHUR CHESTERFIELD-EVANS**: I wasn't aware there had been such a campaign.

**Ms KRUK**: There was a campaign undertaken within the last 12 months to discourage passive smoking, both in cars and inside. If I am confusing your question, I apologise.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: No, I think the actions in going along with the hotel working party basically when, under the words of Craig Knowles, they had 12 months to get a plan to go smoke free in the year 2000, in the year 2003 they have got a very weak program of staying 1.5 metres from the bar, and Share the Air campaign, which is actually endorsed by New South Wales Health, which would seem to me a complete backdown in the area of passive smoking by the Government, if we committed it to prevention, this would seem to be bad. That is why I was asking the history of the Share the Air campaign. Did the department recommend that the Share the Air campaign actually happen or did that stop between the department and somewhere else?

**Mr IEMMA**: I will take on notice all those questions that you have asked. However, in terms of campaigns, the Car and Home Smoke Free Zone campaign, the Environmental Tobacco Smoke involving children is the one that I am aware of. I will obtain what other details we can.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: That may be. The car one obviously dealt with children, but the main exposure to tobacco is, of course, in hospitality venues from a practical point of view.

**Mr IEMMA**: I am advised that a working group was established.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Yes, it was.

**Mr IEMMA**: The slogan that you referred to is not part of the information that we have available.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: The slogan is part of the outcome of the working group which took three years to do what it was supposed to do in one year and has not come up with a plan for pubs to go smoke free. Is the Minister aware of the case in Wollongong where after elective surgery a man of 80 spent over a year in intensive care?

**Mr IEMMA**: I will take that question on notice.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Has the department commissioned any research into the cost effectiveness of intensive care units?

**Mr IEMMA**: In terms of intensive care, intensive care units are subject to a State plan which my predecessor initiated with Professor Malcolm Fisher and two other clinicians, Dr Therese Jacques from St George and Kate Needham, one of our leading intensive care nurses, and the results of that plan have seen additional resources for intensive care. We are now at 483 intensive care beds in New South Wales, which is an increase of approximately 100 from 1993, and this year in Parliament, I made a statement to the Parliament I think in late May in terms of an additional $3

million for additional resources for intensive care. The principles behind the plan that Professor Fisher, Dr Jacques and Kate Needham established were: firstly, to network our services and our intensive care units, in particular intensive care units in rural hospitals networked to metropolitan hospitals; secondly, better co-ordination of intensive care units and resources that are available; and the announcement in May provided an additional $3 million, and from memory Wollongong was on that list, so was Nepean, and that plan has provided significant benefits, and Professor Malcolm Fisher and his two colleagues solicit responses from their colleagues in intensive care units across the State. They make the bids and Professor Fisher and his colleagues assess those and make recommendations to myself.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Professor Fisher has suggested he precluded people with poor predicted outcomes from being treated in intensive care units, as the beds aren't expended on people who have predicted poor outcomes. Has any work been done on that, to exclude people with poor outcomes from entering intensive care?

**Mr IEMMA**: I will take that question on notice.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: And has there been any discharge criteria looking at the quality of adjusted life years of people discharged from intensive care?

**Mr IEMMA**: No.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Are there plans to do such research?

**Mr IEMMA**: I am not aware of any.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: It would be a good idea in resource allocation, wouldn't it?

**Mr IEMMA**: In relation to intensive care, the work that Malcolm Fisher and his two colleagues have been doing in relation to the planning of the services and the resources, in co-ordinating and in networking to reduce transfers, to provide these facilities and these services as close as possible to where people live, I think that has been a significant step forward and one that I would endorse. With these things I will take the advice of the experts, and that is why I accepted the recommendations that Professor Fisher made when he brought his results to me, and if any of his colleagues and the other intensives across the State that they discuss these issues with, if they come to me with some sort of proposal, then I would be considering that.

**CHAIR**: Minister, in the light of some criticisms of New South Wales Health support for eating disorders programs, what are your intentions over the next four years?

**Mr IEMMA**: Cabinet just recently considered a response to the obesity summit that took place late last year and that response is that the Government will be doing a number of things: firstly, healthy eating and eating products in our school canteens; secondly, to encourage greater physical activity in young people; and with that there will be a promotional campaign and a national campaign which we will undertake, to be done with jurisdictions interstate to promote the benefits of physical activity and good eating habits.

**CHAIR**: Minister, obesity is not a problem for people suffering from anorexia and bulimia.

**Ms KRUK**: I could not hear the question.

**CHAIR**: Obesity is not a problem with people suffering from anorexia or bulimia. What is being done about these?

**Mr IEMMA**: I will take that question on notice. I am sorry, I thought you were referring to obesity.

**CHAIR**: Minister, in terms of eating disorders, how much are NGOs going to be supported in the eating disorders program?

**Mr IEMMA**: We have a significant NGO program. I think it is in the order of 90 million.

The details and the break-up of those I will take on notice and provide information to you, but the three major groups, Aboriginal health NGOs, mental health NGOs, drug and alcohol NGOs, assist in drug and alcohol activities. They are the three major groups of that NGO program, but I am happy to provide the break-up to you.

**Ms KRUK:** Chairman, can I just add to that? I think one of the major successes of the obesity summit was to bring all of the parties together in this initiative. It also gives us the opportunity significantly that the Commonwealth followed on from the New South Wales Obesity Summit and held a similar exercise and that gives us an opportunity to leverage both research initiatives and a whole range of efforts across that jurisdictional boundary. NGOs were major participants and also made a significant contribution to the recommendations that came out of the summit.

**CHAIR:** I will just repeat that anorexia and bulimia are not necessarily part of obesity.

**Ms KRUK:** I understand that.

**CHAIR:** And that is the area under which NSW Health has come under some criticism. Are there Government questions?

**The Hon. PATRICIA FORSYTHE:** There are Opposition questions; I do not know whether there are any Government questions.

**The Hon. CHRISTINE ROBERTSON:** Not at this time, thank you, Mr Chair.

**The Hon. PATRICIA FORSYTHE:** Mr Chairman, I have certainly got some questions. Could I ask the Minister what has been done to improve all staff training procedures for those involved in patient admission data collection to ensure that data is consistent across the State?

**Ms KRUK:** If I could take that question, that was one of the recommendations. It is certainly an issue that has been discussed with the area health CEOs. A number have undertaken their own audit activities. Obviously the issue of the new guidelines is something that would also be supported by training initiatives. Training was only one component of the recommendations that came out of that report that the Minister tabled in Parliament.

**The Hon. PATRICIA FORSYTHE:** Minister, when will you be releasing the results of your six month audit of waiting list data? Will the result be posted on the web site?

**Mr IEMMA:** The results will be posted on the web site and the audit will be complete - I think I announced it in May - later this year and it will be released. I understand also the Auditor General in his report has dealt with that too and, as I mentioned earlier, his report is imminent. So both his and our own efforts will be released. His will be finished and released before ours and he has addressed that. Ours will be released when done later this year.

**The Hon. PATRICIA FORSYTHE:** In your Director General's letter of 30 March 2003 into the review of waiting list records the Director General stated that the review of 14 hospitals had found that "there was evidence of misreporting of numbers at five hospitals which will require further examination". What has that further examination been and what are the findings?

**Mr IEMMA:** Well, the ICAC is investigating that, and I should add to my previous answer the ICAC as well, and we are awaiting their report. The Auditor General is in the process of completing his report and we are awaiting the ICAC's finalisation as well.

**The Hon. PATRICIA FORSYTHE:** What were the deficiencies in waiting time guidelines found by your review?

**Mr IEMMA:** Well, the departmental audit revealed some difficulties with the guidelines in the way they were written, in the way that staff interpreted them, and both the Auditor General and the ICAC, as part of their inquiries, are undertaking more detailed examination of those. Mr McGregor could provide further information.

**Mr McGREGOR:** In particular, it was related to the not ready for care category. Revised guidelines around that particular issue and several others were issued to the area health services and the guidelines have now been completely updated in a plain English version for issue and, as pointed out earlier, they will be used for training and retraining of the staff involved.

**The Hon. PATRICIA FORSYTHE:** What is the new audit tool designed by the New South Wales Department of Health's audit branch for use by the area health service internal auditors to ensure the integrity of public hospital waiting lists?

**Mr McGREGOR:** The audit tool will examine or point to all of the processes, the critical processes, as part of the waiting list management process to examine those particular aspects to ensure that there is the highest level of integrity of the waiting list process.

**The Hon. ROBYN PARKER:** Minister, I would like to ask some questions in relation to capital works expenditure. Can you explain why 33 of 69 capital works programs were underspent last year amounting to $74.63 million, particularly given that a 200 bed hospital costs about $80 million to build?

**Mr IEMMA:** I will take that question on notice.

**The Hon. ROBYN PARKER:** I have some examples, if you would like those examples of underspending: Illawarra health service--

**Mr IEMMA:** I am happy to give an answer.

**The Hon. ROBYN PARKER:** --underspent by $7.6 million; Central Coast Health Access Plan, including an update of Gosford and Wyong Hospitals, underspent by $30 million last year coming on top of a $14.3 million underspend in 2001-2002.

**Mr IEMMA:** I am happy to take those questions on notice. Mr McGregor can provide some additional details.

**Mr McGREGOR:** Well, particularly in relation to Gosford, it was in the early stages of site works preparation and, as we all know, there were extensive periods of rain which delayed both the development of the Gosford Hospital and of the Wyong Hospital. There were particular issues around the site preparation and the early works program that was being undertaken at the time.

**The Hon. PATRICIA FORSYTHE:** When were the extensive periods of rain?

**Mr McGREGOR:** Well, we had a period of rain in Gosford and Wyong over about two weeks, and it was not just the period that it rained but the problem that arises out of dampness of the soil and access to the sites and work on the sites over a period longer than that.

**The Hon. ROBYN PARKER:** What about the Royal North Shore Hospital Redevelopment Strategy Stage 2 which was underspent by $2.6 million?

**Mr IEMMA:** Well, again, in relation to the capital works budget, Mr McGregor has just outlined some of the issues to do with Gosford and Wyong and the information that I have here in front of me is that significant delays occurred in approval to accept the tender. The tenders closed in August 2002 and then again in late November 2002 which effectively delayed site establishment until early 2003. These are issues in relation to site and tender, but a $200 million-plus redevelopment of both hospitals is a solid commitment of the Government to rebuild those two hospitals.

In relation to North Shore, we have already opened the emergency department and other facilities as part of that redevelopment. Phase 2 of that redevelopment is proceeding and we will be progressively rebuilding North Shore, as we have done with a whole range of hospitals right across this State since 1995, and by the end of 2007 there will be major redevelopment and refurbishment of our major hospitals across the State. The Government's commitment and the Government's record in rebuilding our hospitals across New South Wales is a very strong one. We are rebuilding North Shore.

That is a massive project. It is one of our major teaching hospitals and there is a very solid commitment to that project.

**The Hon. ROBYN PARKER:** Minister, can you explain then why 22 capital works programs have blown out by $227 million over the life of their construction, which is the equivalent of nearly three 200 bed hospitals?

**Mr IEMMA:** In a program as big as, I think it is, $450 million capital works program, you will always get variations. What we are talking about is a significant investment in rebuilding the hospital infrastructure of this State since 1995 and it is a program that has continued and will continue. Just about every major hospital in this State has either been rebuilt, getting rebuilt or plans are under way to rebuild.

**The Hon. ROBYN PARKER:** Minister, can you explain why 18 capital works programs have had their completion dates extended, adding up to 26 years' worth of delays?

**Mr IEMMA:** Over the next four years we will be spending just under $2 billion, as I mentioned earlier, in rebuilding our hospital infrastructure. That is a massive capital works program, not just year by year but a forward year program, to rebuild hospitals, to refurbish hospitals in this State. A massive program.

**CHAIR:** Maybe the Minister did not hear your question.

**The Hon. ROBYN PARKER:** Chair, would you like me to repeat the question?

**CHAIR:** Yes.

**The Hon. ROBYN PARKER:** Can you explain why 18 capital works programs have had their completion dates extended, adding up to 26 years' worth of delays?

**Mr IEMMA:** I will take that question on notice.

**The Hon. ROBYN PARKER:** Minister, why has the Energy Smart Building Program, which amounts to a $7.1 million expenditure and was supposed to be complete in 2007, disappeared from this year's budget papers?

**Mr IEMMA:** I will take that question on notice.

**The Hon. ROBYN PARKER:** Minister, I would like to ask you some questions about Grafton Base Hospital. Are you aware of the report of the review of operation and funding of general nursing and allied health and support services within Grafton Base Hospital by Gleeson Health Care Consultants?

**Mr IEMMA:** I will take that question on notice.

**The Hon. ROBYN PARKER:** How was the consultant selected for the review?

**Mr IEMMA:** I will provide the information to you.

**The Hon. ROBYN PARKER:** Would you also provide us with the information about how much this report cost?

**Mr IEMMA:** I will take that question on notice.

**The Hon. ROBYN PARKER:** Are you aware of inconsistencies and false information contained in a draft report circulated to hospital staff?

**Mr IEMMA:** Could you repeat the question?

**The Hon. ROBYN PARKER:** Are you aware of inconsistencies and false information contained in a draft report circulated to hospital staff?

**Mr IEMMA:** I will take that question on notice.

**The Hon. ROBYN PARKER:** Minister, are you aware that in this report it claims that Grafton Base Hospital pays $496 for an intra-ocular prosthesis when an ophthalmic surgeon has an invoice proving that the prosthesis costs $180 plus GST?

**Mr IEMMA:** I will take that question on notice.

**The Hon. ROBYN PARKER:** Are you aware that the report also claims the cost of cataract surgery at Grafton Base Hospital is $3,324, despite the cost of cataract surgery being $1,414, in November 2002 by both Grafton Base Hospital's executive officer and director of finances?

**Mr IEMMA:** I will have to take that question on notice and if there are any more questions on Grafton hospital in relation to cataracts and the cost of prostheses I will take those on notice as well.

**The Hon. PATRICIA FORSYTHE:** Mr Chairman, is it possible for us to take them on notice?

**CHAIR:** Yes.

**The Hon. ROBYN PARKER:** We have a number of those questions.

**The Hon. HENRY TSANG:** Chairman, can I ask a question?

**CHAIR:** Yes.

**The Hon. HENRY TSANG:** Are all those questions being asked part of the budget--

**The Hon. PATRICIA FORSYTHE:** Yes, they are, absolutely.

**The Hon. HENRY TSANG:** How can they possibly relate to line items?

**The Hon. PATRICIA FORSYTHE:** Mr Tsang, you are wasting time. Mr Chairman, through you, if I could ask the Minister: The Auditor General's report for 2002 stated that the department of health had directed that the area health services should not have any creditors over 45 days and advised that it was working with area health services and suppliers to minimise or eliminate occurrences of creditors over 45 days. What action was taken to ensure payments were made within 45 days; how successful have the initiatives been and how many instances have there been of area health services having creditors over 45 days?

**Mr IEMMA:** The 45 days is a benchmark and the 45 days is certainly a better benchmark than an organisation, for example, like Dunn and Bradstreet in their survey of private industry between 1999 and 2002 which found 56 days was the figure in the private sector and had actually been 66, so it is a benchmark of 45 days. I think there are four area health services that are outside in terms of creditors totalling about $12.5 million and they all submit strategies to bring that under control and we work with the area health services to do that and they look at their administration, they look at things like fleets, administration, to try and meet that benchmark.

**The Hon. PATRICIA FORSYTHE:** Would you provide details of those four area health services, including how much is in fact outstanding over 45 days?

**Mr IEMMA:** It is approximately $12.5 million for those four area health services. I think one is south eastern, one is Macquarie, one is mid west, and Greater Murray. The figure is around $12.5 million.

**The Hon. ROBYN PARKER**: Minister, what appointments does Professor John Dwyer hold with New South Wales Health which are either voluntary or remunerated?

**Mr IEMMA**: In terms of advice that he provides through the GMTT, he and his clinical colleagues have provided significant advice to Government through the Greater Metropolitan Transition Task Force, one of the reforms that has been initiated over the last few years, and a significant reform, and we are very pleased to have the work that he and Professor Goulston and Professor Stewart do, and the thousands of clinicians who have turned up to the meetings and provided their input in planning the delivery of services. Clinical involvement in planning service delivery is something that came into place a few years ago. It was one of the significant reforms. It was a result of a Government action plan, a review that was undertaken by my predecessor and something that I am very pleased to endorse.

**CHAIR**: Thank you.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Minister, can I just canvass a couple of answers you gave before. You said that you had a $205 million project with the Cancer Council but you haven't met the Cancer Council yet, or the Cancer Council Institute?

**Mr IEMMA**: No, it is the Cancer Institute. One of the Government's major initiatives announced prior to the election was a plan to fight cancer, a four year plan on cancer, part of which involved the establishment of the Cancer Institute. The establishment of the Cancer Institute has an initial allocation of $5 million. The four year plan is $205 million. I was referring to the Cancer Institute.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Is the Cancer Institute not an upgrade of the Cancer Council with a new Act, or were you expecting not to deal with the staff of the Cancer Council in relation to that institute?

**Mr IEMMA**: One of the staff, Dr Penman, is I think to see me tomorrow afternoon. I have been to events conducted by the Cancer Council and Dr Penman in the past. The Cancer Institute is a new body established by the Government. The legislation passed through this Parliament as an integral part of our plan to fight cancer over the next four years.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: So we can expect when you meet Dr Penman tomorrow afternoon you will be working on those plans?

**Ms KRUK**: May I respond to that? I have networked with the Cancer Council on a number of occasions. As you are aware, Minister Sartor is the Minister assisting the Minister for Health, focussing specifically on cancer, so a bulk of the time has been spent on that portfolio. Certainly, we have a very good relationship with the Cancer Council. The role and responsibilities of the Cancer Institute go well beyond that of the existing Cancer Council. I think that was clearly articulated in the legislation and also in the reading of the speeches. The most significant thing, as I mentioned earlier, will be the obligation for them in the future to report to Parliament on the outcomes that it achieves.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: The Corrections Health has done a report, is that correct, on the state of prisoners' health?

**Mr IEMMA**: I will take it on notice and provide a response.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: If so, will that report - I believe there is such a report either finished or about to be finished - will that be released?

**Ms KRUK**: Mr Chesterfield-Evans, I am not aware of the specific report. I know that the Board of Corrections Health has undertaken a lot of work under the chair of Professor Penny, if you could give me some more specifics.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: I will get those for you, but I understand that there has been a report from them and that it has not yet been released but I want to make sure that it hasn't been withheld.

**Ms KRUK**: I am not aware of the specific report. Certainly, I am aware of the excellent research that they have undertaken over the years, which has been publicly released. If you can give me some more information, that would be useful.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Can I get an undertaking that you will release it should such a report be available?

**Mr IEMMA**: I will take that on notice. We will find out what reports have been done and where they are up to.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Minister, you are committed, as I understand it, to non-hospital solutions to mental health problems to the maximum amount possible?

**Mr IEMMA**: We are committed to whole of Government responses and solutions to mental health, and that is part of the pulling together of the Government's response on the Pezzutti report.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: I understand at Coffs Harbour they had a Hospital in the Home program which was not funded, or was not refunded, funding was withdrawn. The program went over budget $800,000 and the nurses were all let go, having been on contract. Are you aware of that?

**Mr IEMMA**: I am happy to take on board those details and any others you have got and come back to you.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: I understand that the chief psychiatrist was lost and they are flying psychiatrists from Sydney. Is that correct?

**Mr IEMMA**: The specifics on Coffs Harbour I will take on notice and provide you with a response.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Does the Government think it is satisfactory to have psychiatrists on call by phone from Sydney, the long distances that they are coming?

**Mr IEMMA**: With psychiatrists, as with a whole range of other health professionals, there are significant workforce issues, there are issues right across this nation with our medical workforce, and psychiatrists are a part of that. In relation to the specifics on Coffs Harbour, I will take that on notice as to all of the events that have occurred there that you have outlined and I will provide a response to you.

**Ms KRUK**: Can I answer that? The workforce shortages are probably one of the most significant sustaining factors in this area, but we have had a lot of success in relation to trialling early health initiatives and encouraging greater access and providing greater access to psychiatric services in regional and rural New South Wales, but there are limits in relation to the number of staff in this area. We will follow through the particulars of the case to which you referred.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: It does depend as well - with a reasonably large number of stakeholders, you wouldn't expect that to be the situation.

**Ms KRUK**: We will have to check the details. I am happy to do so.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Is the Minister aware of projects to have medical emergency teams to replace cardiac arrest teams in public hospitals? Are such teams suggested because of the poor success rate of cardiac arrest teams?

**Mr IEMMA**: Well, if I could have more details -

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Medical emergency teams actually look at--

**Mr IEMMA**: I am aware of METs.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: METs are to look at a more broad thing than simply where the heart has stopped and try to find cases where the heart might stop in the future, and as such they are an extension of the need to find cases that are sick within hospital. Isn't this an

extension of the top heaviness of doctors rather than having good nurses in the ward who recognise these things?

**Mr McGREGOR**: As I understand it, medical emergency teams are being developed extensively across New South Wales. One of the early pilots of a medical emergency team is about having a set of three indicators about those which might lead to cardiac problems and to be aware of those so that appropriate prevention and intervention can take place if necessary. One of the early pilots in New South Wales, as I understand it, which was successful, was at Liverpool Hospital.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Isn't this another layer though of top heavy doctors being put in where there is a shortage of nursing skills, which would fight the problem, without another team which has to be staffed with more than one doctor 24 hours a day?

**Mr McGREGOR**: As I understand it, medical emergency teams are in fact multi-disciplinary and involve nurses and doctors responding rapidly to emergency situations.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: I am concerned about the top heaviness of the health system. The intensive care units and then the medical emergency teams and then the emergency departments are increasing while community support is at a low level. Does the Minister monitor the wage distribution of the health system? Are the more expensive interventions at the top taking a greater percentage of the cake than they were years ago, and, if so, is that the best way to spend the health dollar?

**Ms KRUK**: Minister, if I could take that on, I think we are moving on this issue in a number of areas and obviously the development and the pushing of submissions from the State's practitioners have sought new definitions in relation to roles within the hospital environment and health services generally. I am also aware of the fact that we are moving internationally in relation to looking at greater roles for non-clinician positions. The Minister is advised by a full range of clinical professionals, whether they be allied health, whether they be nursing or whether they be medical. That mix is a critical component of our workforce planning and something that we are actively pushing. I think in this regard the question of whether it is top heavy is probably a secondary one in relation to looking at appropriate members of staff that can respond to the particular situation.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: If it is top heavy in terms of salaries and staff, that is diagnostic or at least very suggestive that it is appropriate.

**Ms KRUK**: If I can add to that, I think it comes to what I was saying, looking at the right mix. We are obviously actively pushing a whole range of more ambulatory care initiatives, in terms of seeking to provide services within a home environment rather than a hospital environment, whether that be in relation to aged care or that be in relation to a whole other range of provisional outpatient services. We are making use of a whole range of professionals, rather than relying solely on the medical professionals. To pick up the Minister's response, we are doing that in close consultation with a whole range of clinical advisers and that is certainly the advice that the Minister has been receiving from the clinical council.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: How many nurse practitioners are there?

**Mr IEMMA**: Approximately 150 identified positions and around 57 in-fill, and the budget makes provision for an additional $1.1 million to accelerate the nurse practitioners position.

**CHAIR**: I note the Director General indicated the emphasis upon the development of home care following discharge. I make the comment that the number of admitted patients who are discharged from rehabilitation and extended care services to home or hospital or nursing home has in fact declined significantly in all categories. Now, is that decline, in the light of the fact that you have said there is to be an increase in that service, is that a reason for the inability of new patients to be admitted to the rehabilitation and extended care services, is it an indicator of the low effectiveness of the rehab and extended care services?

**Mr IEMMA**: We certainly have a pilot which started a couple of weeks ago on elderly people who are occupying acute care beds in our hospitals, to have community solutions for them and sort of brokers to put together packages of community care for them.

**CHAIR**: In fact, Minister, has not the number of people being discharged to other forms of care actually decreased? You tell me the aim is to increase it but it is actually decreasing.

**Mr IEMMA**: Well, the aim is to provide more appropriate care for a significant group of people who are currently in public hospital acute care beds, and we believe there should be either residential nursing home care or other forms of community care, more appropriate forms, particularly as they have been assessed as requiring that. One pilot that has started just recently is to have community care brokers come into our hospitals and work with the families and the patients to put together community options for them. That is something that has just started recently, and as a result of the conclusion of the Commonwealth and the State health agreement on the weekend, one of the things that we will be looking to do, over the course of that agreement, and certainly the rest of this year, is to work both with the for profit and not for profit community organisations in providing more appropriate care for this group of patients.

**Ms KRUK**: Chair, may I add to that. In response to your question, I think the decrease in discharge rates actually reflects the reclassification of some of the patients as nursing home type patients to overnight acute in-patient services but they also--

**CHAIR**: So they are not improved, they have just been reclassified.

**Ms KRUK**: I think that doesn't in any way take away from the seriousness of the problem. Certainly, additional geriatricians have been recruited across the health system. There is an issue in relation to providing obviously a speedy response to elderly people in the hospital system but also to assist in their placement within the community. So shortage of nursing home beds is one that has been acknowledged, but in many ways, as the Minister said, it is also a matter which we have under trial at the moment, trying different ways of providing greater access to the existing services and we are employing people to do that.

**CHAIR:** And is that merely shifting out of the State budget into a Commonwealth budget?

**Ms KRUK:** No. The issue of nursing home bed shortages is one component of the problem. What we are doing is assisting people making contact with the services already in the community and, if necessary, providing the support. That means working closely with my counterpart and with the Minister for Ageing and Disability in relation to ensuring as seamless a transfer as possible.

**Mr IEMMA:** Also there have been a number of initiatives over the last few years which have started - some have ceased - and have been, on the evidence that I have, good practice initiatives that should be applied across the system, and that is one of our objectives. In particular, the Hunter has been successful in partnering with the Baptist community and providing transitional care for elderly citizens that are in an acute care hospital bed, bringing them up to a higher level of well being and then having them placed in residential nursing home care.

**CHAIR:** It does not solve my problem, Minister, that fewer patients each year are being discharged.

**Mr IEMMA:** Well, fewer discharges in terms of the placements, that is the issue and that is what we are keen to progress following the conclusion of the health agreement. That is one of our objectives, to find appropriate placements for people who are in an acute care public hospital bed who should be receiving care in a more appropriate setting than an acute care public hospital bed.

**CHAIR:** It would certainly help your waiting list problem, would it not?

**Mr IEMMA:** Well, it would certainly assist in freeing up those beds and getting those beds turned over, and it is a significant block. I don't like to use that term because we are talking about senior citizens who deserve a lot better--

**CHAIR:** Not necessarily senior.

**Mr IEMMA:** It is a significant block and we have a number of senior clinicians who are currently working on some options for us in addition to that pilot that I mentioned and in addition to some of the other arrangements that exist throughout the State.

**The Hon. ROBYN PARKER:** Minister, for each of your portfolio agencies in 2002-2003, how much was spent on media monitoring from Rehame Australia Monitoring Services in 2002-2003 and what is the estimated expenditure for 2003-2004?

**Mr IEMMA:** I will take that question on notice.

**The Hon. ROBYN PARKER:** For each of your portfolio agencies in 2002-2003, how much was spent on media monitoring other than from Rehame Australia Monitoring Services?

**Mr IEMMA:** I will take that question on notice.

**The Hon. ROBYN PARKER:** How much did your ministerial office spend on media monitoring in 2002-2003 other than from Rehame?

**Mr IEMMA:** I will take that question on notice.

**The Hon. ROBYN PARKER:** In 2002-2003 for each of your portfolio agencies, how many media or public relations advisers were employed? What is the total cost of this? What is the forecast for 2003-2004 for the number of media or public relations advisers to be employed and their total cost?

**Mr IEMMA:** I will take that question on notice.

**The Hon. ROBYN PARKER:** In 2002-2003 how many media or public relations advisers were employed by your ministerial office? What is the total cost of this? What is the forecast for 2003-2004 for the number of media or public relations advisers to be employed and their total cost?

**Mr IEMMA:** Well, those parts of the question that relate to prior to me becoming the Minister I will take on notice. In relation to that part of the question that asks how many media advisers are employed in my ministerial office, my ministerial media adviser component comprises one.

**The Hon. ROBYN PARKER:** And the cost?

**Mr IEMMA:** I will take the question on cost on notice. I do not ask him what his salary is, so I will take it on notice.

**The Hon. ROBYN PARKER:** For each of your portfolio agencies, how many money was spent on advertising in 2002-2003, and could you please provide a list of each campaign cost and which firms were involved and please provide a monthly breakdown of advertising expenditure?

**Mr IEMMA:** In terms of the breakdown I will take that on notice. You made reference to the contractor. Could you repeat that part of the question?

**The Hon. ROBYN PARKER:** How much did each campaign cost and which firms were involved, and then a monthly breakdown.

**Mr IEMMA:** That level of detail I will take on notice and provide to you. Can I advise that expenditure for NSW Health and the 17 area health services in 2001-02 was 14.7 and this includes recruitment as well as distribution of information about public health messages. The audit office is currently reviewing the department's financial statements for 2002-03 and I made reference earlier to some of those in relation to smoking. The breakdowns that you have asked for I will take on notice and provide to you.

**CHAIR:** I will just make comment to the Government members: Under the guidelines for questioning there is to be a wide latitude given for the asking of questions on any part of the budget,

but if the Minister wants to object to the specific details he is entitled to do so. A wide latitude must be given for the asking of questions.

**The Hon. ROBYN PARKER:** The following questions relate to expenditure and legal fees. For each of your portfolio agencies in 2002-2003 how much was spent on legal expenses? What was the breakdown for these expenses and who provided these legal services?

**Mr IEMMA:** I will take those questions on notice too.

**The Hon. ROBYN PARKER:** In 2002-2003 how much did you spend on legal expenses and what was the breakdown of these expenses and who provided them?

**Mr IEMMA:** If you are referring to the agencies within my portfolio I will take that question on notice. In reference to Morris Iemma personally, from my memory, none but I will consult my private records. As to the agencies, I will take that question on notice.

**The Hon. PATRICIA FORSYTHE:** Minister, can I ask some questions now in relation to emergency department patients. Have any of the area health services failed to meet the benchmark for triage category 1?

**Mr IEMMA:** The advice as provided in the latest figures, we met the benchmark 100 percent and the benchmark is two minutes. Triage 1 patients, those with immediate life threatening illness or in need of resuscitation, were all seen within two minutes 100 percent of the time.

**The Hon. PATRICIA FORSYTHE:** In relation to the life threatening categories T2 to T5, how many area health services have not met the benchmark?

**Mr IEMMA:** For triage 2 patients, those with imminently life threatening conditions, 76 percent were seen within 10 minutes and this is consistent, I am advised, with performance in 2002 and 2001. That is the June data, which is the latest available data. That is the triage 2 component.

Triage 3, those with potentially life threatening conditions, 60 percent were seen within 30 minutes, which is significantly up from the 52 and 56 percent achieved in 2002 and 2001.

Triage 4, those with potentially serious conditions, 64 percent were seen within one hour, which is an improvement on 2002 and 2001 where the figures were 55 and 61 percent respectively.

For triage 5, those with less urgent to non-urgent conditions, 86 were seen within two hours, which is consistent with that which was achieved in 2002 and 2001. I note they are the latest available figures.

**The Hon. PATRICIA FORSYTHE:** That is a good general summary of the figures, but it does not take account of individual area health services. Have some not met the benchmark at a higher rate than others?

**Mr IEMMA:** Well, they are the figures that I have and I think anyone who has read a newspaper or watched the television or listened to the radio in the last few months in relation to winter will know that emergency departments are under significant pressure and that is not something that we back away from.

**The Hon. PATRICIA FORSYTHE:** Would you provide a breakdown by area health service?

**Mr IEMMA:** Well, I will provide what report I can to you. They are the figures that we have now and they are a significant improvement.

**The Hon. PATRICIA FORSYTHE:** Do you collect the figures by area health service?

**Mr IEMMA:** We have information that is provided to us from our areas and these are the latest available figures and they are good figures, despite the pressures that our emergency departments are under. They are either consistent with or better than previous figures.

**The Hon. PATRICIA FORSYTHE:** But if they are provided to you by area health service, would you provide them to us by area health service?

**Mr IEMMA:** Well, we have, we post information on the web site and that is the information that is available.

**The Hon. PATRICIA FORSYTHE:** Is it a compilation of each of the area health services or is it by area health service?

**Mr McGREGOR:** I would have to recheck the latest presentation, but I believe it is by hospital.

**The Hon. PATRICIA FORSYTHE:** That is available on the web site, is it?

**Mr McGREGOR:** I understand that to be correct, yes.

**The Hon. PATRICIA FORSYTHE:** In both 2000-2001 and 2001-2002 Central Coast Area Health Service, Central Sydney Area Health Service and Hunter Area Health Service met the department's benchmarks for timeliness in treating emergency patients in only two of the five triage categories. What has been done to address the problem? Are they now meeting the department's benchmarks for all of the five triage categories?

**Mr IEMMA:** Well, there have been a number of initiatives that have been taken to address waiting times in emergency departments. The rapid assessment team, some 19 teams to the value of $8 million, is one of the initiatives that the Government has taken to speed up assessment and speed up response times in emergency departments. Another initiative that has been taken to ease the pressure and get greater flow through our emergency departments is emergency medical units, and they are operational in 12 of our hospitals to the value of $21 million. The rapid assessment teams are some $8 million and that is a four year program, which is approximately $123 million. That is in addition to 36 aged care assessment teams that are operational in our emergency departments and public hospitals.

One of the significant issues that our emergency departments deal with is an increasing number of aged citizens that are presenting to our emergency departments with multiple health problems and the aged care assessment team, which I think from memory is around $5 million, is another initiative taken by the Government to help the flow-through and ease the pressure in our emergency departments on top of rebuilding a whole range of emergency departments, increasing capacity, to assist firstly with dealing with those patients that attend and also trying to speed up the flow through the emergency departments.

**CHAIR:** The Government would like to follow up with a question.

**The Hon. CHRISTINE ROBERTSON:** Minister, I would just like to ask you about the categories in relation to emergency departments. I understood the honourable Ms Forsythe to say life threatening triage levels down to level 5 whereas it was my understanding that levels 4 and 5 definitely are GP type presentations.

**Mr IEMMA:** Yes, in the main, 4 and 5. The life threatening is category 1, imminent is 2 and it works down from there.

There is also another initiative which commenced in the Hunter from July 1, and that is after hours GP medical services inside or near our emergency departments. In the Hunter, the major public hospitals, that initiative has started and is working well. Liverpool and Nepean hospitals currently have applications to establish a similar after hours GP service in those hospitals. Mid-west, in particular Bathurst, the general division of practice in Bathurst has received approval to commence a service there. That will not be located inside the emergency department because we are rebuilding that but will temporarily be located across the road from the emergency department. When the

redevelopment at Bathurst hospital commences, that will move, should it be successful, and we will make some provisions for it; it will move into the emergency department. It is one of the issues that we have with the Commonwealth, that we have a very good model that operates in the Hunter and we are keen to see that extended across the State. Indeed, the New South Wales division of general practice has already made representations to me, in meetings I have had with them, that they are very keen to roll out this kind of initiative across the metropolitan area. Indeed, a fortnight ago I met with my own division of general practice at Canterbury, and whilst they had a pilot which did not succeed, they have done a review along with our clinicians in the emergency department at that hospital and they have come up with a proposal that they are keen to progress to establish it there. So we have the general division keen to extend the Hunter as much as possible; the mid-west division of general practice has approval to start a GP after hours service next to or across the road from Bathurst Base Hospital; Nepean and Liverpool have similar applications current and I understand that MacArthur division of general practice are keen to establish a similar proposal.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Minister, the New South Wales Government did a study into the M5 east tunnel. Are you familiar with that?

**Mr IEMMA**: I am, yes.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: One of the recommendations was that New South Wales Government agencies in the role of management of the road tunnel collaborate and investigate international advances and develop appropriate guidelines pending these investigations to advise motorists in open vehicles and motor cycles to avoid the tunnels when transit times are prolonged and also closing car windows and switching vehicles' ventilation to recirculation to reduce exposures to a large amount. Have any of these steps been taken to investigate tunnel transit times or to recommend drivers put up their windows and recirculate their airconditioning?

**Mr IEMMA**: New South Wales Health provides advice to the RTA and I understand that that has been happening.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Has the RTA done anything with that advice? There is not evidence of it when driving through the tunnel.

**Mr IEMMA**: I live next to the M5 east. I am not aware of what the response is from the RTA. I can tell you that New South Wales Health did that report. We provide advice. We have no regulatory function in relation to M5 east tunnels. They did make that recommendation in relation to the windows, which I think is a practical suggestion. I can take on notice in relation to the RTA and provide a response.

**Ms KRUK**: Mr Chesterfield-Evans, yes, we are working with the RTA on that. I can't tell you the timing of any change. I think we discussed at the last estimates hearing that we have also got an issue to do with the RTA's traffic management regime, but certainly they were not opposed to any findings in our report and are working co-operatively with us.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: There are no signs there now. Are there any plans to have any? I think that would be a simple first step.

**Ms KRUK**: I cannot tell you what the timing of any of the RTA's plans is, but certainly they are working co-operatively with us.

**CHAIR**: Has your report to the RTA been published?

**Ms KRUK**: It is on the web. It has been extensively published.

**Mr IEMMA**: I think it was July.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Do you get any feedback, do you monitor what they do with your reports?

**Mr IEMMA**: We do meet with them and, as I say, we will provide what response comes from the RTA but we do consult with them, we do meet with them. I am not aware of any objection the RTA had to the recommendations about the cabins, no.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Do you have a task force that monitors the international literature on pollution in tunnels?

**Mr IEMMA**: We have the Chief Medical Officer who does work for us in this area.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: You would be aware that the M5 tunnel remains unsatisfactory and they are building more tunnels and the ventilation in those is also controversial?

**Mr IEMMA**: In relation to the M5 east tunnel, that is a matter for the RTA. We did do a report that looked at levels in the tunnel and the levels were not above World Health Organisation recommendations. I also understand that our agency paid, I think, $63,000 in April. A number of local residents alleged that they had some difficulties in relation to their health and we paid for some assessments to be done at the Prince of Wales Hospital, and again the results were negative. We have provided advice to the RTA in relation to the other tunnels that are currently proposed or under construction, the cross city tunnel and the Lane Cove tunnel.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: But you don't have feedback in terms of whether they implement what they are doing or not?

**Mr IEMMA**: I will take that on notice and provide a response to you as to what response the RTA has given us, but I think that question is more appropriately addressed to the RTA. We provide an advisory capacity to the RTA, who are the builders, and the EPA would be the regulators in terms of any of the conditions or the planning authority in terms of what conditions are established in the construction of the tunnel with the right advice.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Do you consider the combined effects of pollutants, because usually levels of pollution are measured in terms of pure pollutants rather than combinations of them?

**Mr IEMMA**: The details of that I will take on notice.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: What resources are expended in implementing strategies contained in the department's Disability Action Plan for 2002-2003? What are these strategies and what were the outcomes of their implementation and how much is allocated to the implementation in this current financial year?

**Mr IEMMA**: If you are referring to the PADPs, approximately 17.3 which is an increase of 1 million and an increase of 7.5 million since 2000.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: What is the level of unmet demand by people with disabilities for PADP?

**Mr IEMMA**: I will take that question on notice.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: What measures have been taken to address the unmet demand?

**Mr IEMMA**: One action I took not so long ago was to increase the allocation this year for PADP funding to try and meet some of that unmet demand, which should provide 1600 additional places.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: PADP?

**Mr IEMMA**: AIDS.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: What is the total level of the current funding of the community based mental health services? What was it in 2002-2003 and what is it in 2003-2004?

**Mr IEMMA**: In terms of the mental health budget, this year's allocation is 715, which is an

increase of 14 percent. I think approximately 94 million on last year, and in terms of the specifics I will take on notice and provide that.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: The community based?

**Mr IEMMA**: The community based I will take on notice and provide a response .

**The Hon. ARTHUR CHESTERFIELD-EVANS**: What proportion of the money committed to community based mental health services will be spent on services delivered by NGOs?

**Mr IEMMA**: I will take it on notice. Suffice to say, as we said in response to an earlier question, our NGO program is approximately $90 million, high 80s to 90, and there is a whole range of NGOs but the major groups are mental health, indigenous NGOs, drug and alcohol. I can provide you with a detailed breakdown. $90.7 million in the following areas - as I have just mentioned, Aboriginal health, mental health, drug and alcohol, all the way down. I will provide that.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: I am most particularly interested in mental health because that was flagged as an area where New South Wales was, I think, eleventh on the Victorian component?

**Mr IEMMA**: The mental health component for those NGOs is 12.6.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Million?

**Mr IEMMA**: Yes. If you want any further breakdown of that, I will take it on notice and provide it to you.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Yes, I would like that, the community based part of that.

**Mr IEMMA**: The community based part of the NGOs' allocation – the mental health program for NGOs is 12.6 and I will take on notice and provide to you the community based part of that to the NGOs.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: The budget commits $85 million in grant subsidies to volunteer organisations under section 42.1, ambulatory, primary and general community based services. What proportion of this has been allocated to women's health, youth health and drug and alcohol NGO services?

**Mr IEMMA**: Across all programs 90.7, women's health services 9 million. Could you repeat the other part?

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Youth health?

**Mr IEMMA**: I have a table here. Youth health is not broken down here but I will take that part of the question on notice.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: And drug and alcohol?

**Mr IEMMA**: Drug and alcohol is 20.25 million.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: That is NGOs?

**Mr IEMMA**: That is NGOs. NGO grants approved as at 30 June, the number of grants 460, the number of non-Government organisations funded was 336 - 90,778,000; drug and alcohol was 20,251,000. There is a line here on homeless youth of 349,000. If there is a further breakdown, I will take that on notice and provide it to you.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: There is a concern about an increase in incomes of mental health services from patients fees and other hospital charges. The estimated budget in 2002-2003 was 27.4 million, but it was revised and came up to 52 million, and in 2003-2004 the income estimate was increased again to 53.6. That is in the table there. Can you explain

where this extra money came from, the extra 22 million taken from the patient fees and other hospital charges? Could you explain why the sum almost double that amount?

**Mr IEMMA**: I will take that question on notice.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: How much money is allocated in the budget for the early discharge program and how is the allocation of this money determined?

**Mr IEMMA**: I will take that question on notice.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: How much, if any, is being used to assist non-Government associations providing support to indigenous communities?

**Mr IEMMA**: Mr Barker can give you a breakdown.

**Mr BARKER**: As the Government announced last year, there was 15 million allocated last year and that has gone up to $20 million this year in the mental health program.

**The Hon. ARTHUR CHESTERFIELD-EVANS**: Right, and that is to NGOs?

**Mr BARKER**: That is to the Supported Accommodation Assistance Program announced in the budget, which is primarily to the NGO sector.

**Mr IEMMA**: I think you also got a response to that earlier; we gave information to the earlier question you asked.

**Ms KRUK**: Could you repeat your earlier question?

**The Hon. ARTHUR CHESTERFIELD-EVANS**: I have got about four. Which one in particular? I am more than happy to repeat them. The ones about the disability action , the fundamental health services, support for non-Government organisations on discharge, community based community health services.

**CHAIR**: We have an agreement that you will provide that on notice.

**The Hon. PATRICIA FORSYTHE:** Chairman, in relation to much the same area that the Honourable Arthur Chesterfield-Evans was just asking about, can I ask how much funding does the department or its agencies provide the victims of crime groups, which groups and how much is given annually?

**Mr IEMMA:** Can we take that on notice for time - we have that.

**The Hon. PATRICIA FORSYTHE:** And you may come back, because I have a follow-up subject to that. Can I just go back while you are checking on those statistics to the earlier issue that I was asking about, the response times of hospitals, area health services, against the triage benchmarks. Could you confirm for me that those statistics by area health service or hospital against each benchmark are publicly available, for each hospital, and if they are not publicly available would you undertake to provide them?

**Mr IEMMA:** I will take that question on notice. I have here community services, which includes victims of crime support, $8.2 million, and that is out of the $90.7 million NGO grant.

**The Hon. PATRICIA FORSYTHE:** Does that break down to say which groups would receive funding?

**Mr IEMMA:** I will have to take that on notice and provide that to you. The information I have here states community services which includes victims of crime support at $8.2 million.

**The Hon. PATRICIA FORSYTHE:** So when you provide that could you give an indication of how much each group receives. I am also interested to know, if you are giving funding to groups

such as that, what criteria would you use to determine the grant that is given and do you have any capacity to ensure that it is appropriately spent?

**Mr IEMMA:** Well, the expenditure has to be expended for the purposes for which the application was received and the grants are audited and there is a performance criteria inserted into the program. Mr Barker can give you further details.

**Mr BARKER:** With all our NGO programs there is a performance agreement between the health service and the NGO or the department and the NGO, and that is assessed by the health service each year. The NGO has to give a set of audited financial statements which become part of the review process and when that information is to hand then a recommendation is made to the Minister that (1) the organisation is accounting for its money and (2) it is meeting the criteria in the relevant performance agreement, so that the Minister can approve ongoing funding for that NGO if the Minister of the day so chooses to do that.

**The Hon. ROBYN PARKER:** Minister, I would like to ask you some questions about administrative staff in area health services. Can you explain the relative explosion of administrative staff numbers at 11 area health services and whether it has reduced resources for clinical care?

**Mr IEMMA:** Professor Tom Parry has conducted a review into the administration functions/responsibilities of both the head office of the department at North Sydney and the area health services and I will be tabling his report soon in the Parliament as well as providing an initial response and then consulting with a number of bodies within Health as well as clinicians in relation to his report. In terms of the actual numbers, I will take that question on notice, but as a statement and as a principle we seek to maximise the focus of our expenditure on services and clinical services and the details of the actual administrative numbers that you are seeking I will take on notice, but I will be making a statement to the House when I table the Parry report.

**The Hon. ROBYN PARKER:** Minister, in relation to waiting lists, I would like to know what progress is the health department making in its review of waiting list irregularities and how many hospitals are being examined under the review?

**Mr IEMMA:** It is similar to a question that was asked before and I will respond again by saying that we are awaiting the results of the ICAC who have been examining this matter on referral from the department. The Auditor General is to report, and report very soon, on his examination of waiting lists and that report is imminent.

**The Hon. PATRICIA FORSYTHE:** May I ask a question in relation to security at Royal North Shore Hospital. In 2001 did Royal North Shore Hospital enter into an agreement for at least five years with Honeywell to instal and support a video access security control system?

**Mr IEMMA:** In terms of the specifics of what Royal North Shore entered into two or three years ago I will take on notice and provide what information I can to you. Can I say that in relation to security or violence against our staff in our hospitals we have a zero tolerance policy. There was an initial injection of about $7.5 million which the Government made as part of a plan to address violence against our staff and security matters. That has been topped up with an additional $5 million and that forms part of our plan, the zero tolerance plan against violence directed towards our staff. It involves things like security cameras being installed at our hospitals, our emergency departments, and it also involves security screens similar to self-rising screens in banks. It involves the employment of security staff and it also involves security issues around car parks with additional lighting, so it is part of the commitment in relation to North Shore and the contractual arrangement with Honeywell I will take on notice and provide a response.

**The Hon. PATRICIA FORSYTHE:** Was Honeywell asked to provide a quote on an electronic security system for the new paediatric, obstetrics and emergency building at Royal North Shore?

**Mr IEMMA:** I will take the specifics of Honeywell and any contractual arrangement on notice. I can tell you that the new facility which I opened earlier this year does have not just security doors and security screens but security cameras.

**The Hon. PATRICIA FORSYTHE:** In taking it on notice, Minister, there may be some other aspects of the relationship with Honeywell that you may wish to report to the Committee. In particular, if Honeywell was asked to quote, what was the result of the provision of that quote? Did in fact it result in the hospital rejecting the quote and ending the existing relationship with Honeywell and, if so, was there a cost to the hospital in terminating the existing contractual arrangement with Honeywell and, if so, how much?

**Mr IEMMA:** I will take that question on notice. Again, we have zero tolerance when it comes to violence and the provision of security for our staff is important to us and that is why we have those plans to minimise the security risk to our staff.

**The Hon. PATRICIA FORSYTHE:** In relation to Royal North Shore, are you not able to provide any details about the current security system that is in place as a result of the contractual position with Honeywell?

**Mr IEMMA:** I can tell you about security arrangements that I have observed in my visits to Royal North Shore Hospital, in particular the emergency department. I can confirm for you that there are security cameras there. I can confirm that, from my own observations, there are security screens there. In terms of specific contractual arrangements that a hospital has with a contractor, I will take on notice and provide what response I can to you. In relation to a contractual arrangement that may have been entered into in 2001, I will take on notice and seek confirmation that there is some contractual arrangement dating back to 2001 and what information I can provide I will.

**The Hon. ROBYN PARKER:** Chair, I would just like a point of clarification. There were some questions earlier in relation to Grafton Base Hospital and the Minister said he would take those on notice. What is the procedure for that? These are further questions to the ones that I asked earlier.

**CHAIR:** Minister, we had indicated that we had decided that you would need to reply within 35 days of receipt of the questions.

**Mr IEMMA:** Yes.

**The Hon. PATRICIA FORSYTHE:** But the Minister has not seen the questions. Is it a question of tabling the questions?

**Mr IEMMA:** You asked a series of questions on Grafton hospital.

**The Hon. ROBYN PARKER:** Yes, and the Minister stated that if there were further questions on Grafton hospital he would take those on notice.

**Mr IEMMA:** If you wish to read them out, yes.

**The Hon. ROBYN PARKER:** I am just wondering what the procedure is.

**CHAIR:** Normally just put them into Hansard.

**The Hon. ROBYN PARKER:** Do we have time?

**CHAIR:** You can submit them in the House itself on notice.

**The Hon. ROBYN PARKER:** I can read them now, if I have time.

**CHAIR:** I am concerned about some other questions to be asked. You can submit them through the House.

**The Hon. PATRICIA FORSYTHE:** It depends if anybody else has got any questions.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Minister, when there is a problem in a unit such as a psych unit and it is discovered, is there action to fix it? Is there good follow-up on problems within units? What is the feedback loop?

**Mr IEMMA:** I understand that is one of the tasks for the central coordination unit, Beverley Raphael, to take action to fix those problems.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Is there local feedback response within hospital systems? How much discretion do they get to find problems and fix them?

**Mr IEMMA:** Well, in terms of a specific problem that occurs at a unit in a hospital, part of management's role is to manage that, to fix it, to advise us, and particularly Beverley Raphael's unit. One of its roles is coordination of responses on these issues.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** I understand at Coffs Harbour there was a courtyard adjacent to the psych unit and a man escaped through that gap and hanged himself. Is that correct?

**Mr IEMMA:** I will take that on notice.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Was the department aware of that?

**Mr IEMMA:** I will take that on notice.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Has the gap been fixed?

**Mr IEMMA:** I will take that on notice.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Given that consumer and community participation in health decision making is New South Wales Government policy, how much money has been allocated to the processes for consumer and community participation in various parts of the Health portfolio and in area health services?

**Mr IEMMA:** Well, we have a health participation council. The head of that is Wendy McCarthy and it has representation from various area health services. Wendy McCarthy, with her council members, visits area health services and they engage local communities in health issues. I understand there is some assistance that the department provides to the participation council in terms of advice and the council is the body that seeks input from local communities in terms of health services.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** Is there only one council at a State level or are there councils for each area health service?

**Ms KRUK:** Mr Chesterfield-Evans, could I add to that? While I cannot give you particulars on expenditure, each of the area health services have their own community consultation mechanisms, whether they be health councils or far more targeted or focused groups in relation to the planning they do for area health services, so there is the overarching group chaired by Wendy McCarthy which has a very broad range of members and that is very much supplemented by local initiatives.

**The Hon. Dr ARTHUR CHESTERFIELD-EVANS:** When Brian Pezzutti was in charge of the Committee we had a rural health inquiry a couple of years ago which you may recall recommended or certainly identified a lot of dissatisfaction with the consultative mechanisms, particularly in small towns that have lost their hospitals to base hospitals, particularly in the Greater Murray and in some other areas as well. Have any changes been made to those committees to increase participation from people not close to the base hospital?

**Mr IEMMA:** A number of country area health services also have health councils that have been established that have community representation on them and they provide the area health service and certainly the area health service boards with community input and community feedback on the provision of health services.

**Ms KRUK:** Could I add to that - sorry, I missed the first part of your question: I think all of the health councils' recommendations and also the recommendations flowing from the Sinclair review have been implemented. Certainly as the chair of the clinical council, we now have consumer members on that council. I think that is reflected in nearly all of the department's major committees. The Minister referred to the work of the greater metropolitan task force and they have certainly actively involved consumers in all of their work, as has been the case in most of the other committees that I am familiar with as well. That is in addition to the formal mechanisms that the Minister has referred to at the area health service level. That has made a significant impact in relation to a whole range of the services offered in smaller towns, such as through multiple purpose facilities. Having visited the facility at Brewarrina last week, it was quite clear that a number of modifications had been made in response to that community.

**CHAIR:** We have exhausted our time and I want to thank you, Minister, and your departmental and ministerial advisers for their contributions.

May I say, Minister, two personal things: I am a non-medical doctor, but you sound crook. You do sound as if you have a potentially serious condition. I would encourage you next year to have the flu shot provided to all members of Parliament. We need a healthy minister if the public is going to have confidence in NSW Health.

The second thing, Minister, is that I had some of my constituents at a public meeting at Canterbury Hospital and they reported to me your extraordinarily generous response personally to the hospital. Could I encourage you to visit more hospitals with the same degree of generosity?

**The Committee proceeded to deliberate.**