

SUPPLEMENTARY QUESTIONS

MINISTER HAZZARD

Questions from Ms Cate Faehrmann MLC

1. The 2019-2020 Budget provides for 1,060 additional medical staff and 880 allied health staff, can the Minister identify:
 - a) How many of these additional staff will be psychiatrists?
 - b) What proportion of the additional mental health nurses will be Registered Nurses?
2. At what rates are locums being used to cover psychiatrists in NSW public hospitals (by state average, and regional average)?
 - a) How many psychiatry locums are engaged on a part-time, fly-in fly-out basis in NSW?
3. The 2019-20 Budget states that an additional 100 school counsellors or psychologists and 350 support officers will be funded. Can the Minister outline:
 - a) How many total FTE school counsellors will there be in NSW by 2023? How many schools in NSW will not have access to a school counsellor?
 - b) How many total FTE psychologists will there be in NSW by 2023? How many schools in NSW will not have access to a psychologist?
 - c) What criteria is used when deciding what school is able to access these resources?
4. What was the rate of episodes of seclusion per 1000 bed days in the Sydney Local Health District?
 - a) What was the average length of a seclusion event?
 - b) How many people who are admitted for mental health reasons have at least one seclusion event?
5. How are Sydney LHD mental health services performing against their various KPIs including the use of seclusion and restraints?
6. What is the average rate of readmission of a mental health patient who had presented to an emergency department within 28 days?
 - a) What is the average rate of 7 day community follow up of mental health patients who have presented to an emergency department?
7. What is the current rate of ED stays greater than 24 hours for mental health patients in South West Sydney Local Health District EDs?
 - a) how long has this been above ten percent?
 - b) when was the minister first made aware of this rate?
 - c) why is this rate much worse than any other district?
 - d) What is the bed occupancy rate compared to other districts?
 - e) How long has South West Sydney been the worst performer?
 - f) Has the minister or the ministry received any requests for funding from South West Sydney Local Health District to address this problem
8. Out of the \$2.1 billion allocated to mental health in the budget, how much has been allocated to local health districts?

a) How does the Ministry track that expenditure?

9. What is the unmet demand in NSW for beds and community services (in FTE)?

ANSWER

1-3 Refer to response to Minister for Mental Health supplementary questions 3 to 5.

3-8 Refer to response to Minister for Mental Health supplementary questions 11 to 15.

9. Refer to response to Minister for Mental Health supplementary question 17.

Questions from the Hon Mark Buttigieg MLC (on behalf of the NSW Labor Opposition)

Northern Beaches Hospital

10. How much is the land which NBH sits on valued at?

11. Who owns the land now and who will own the land once the contract finishes in 20 years?

12. Who owns the buildings now and who will own the buildings once the contract finishes in 20 years?

13. Have there been any amendments to the contract between NSW Health and private operators Healthscope since it opened?

14. Can the Minister guarantee that the contract will not be terminated early?

15. Are the Minister confident that the contract will be fulfilled until 2038?

16. Can the Minister guarantee that the NSW Government will not have to buy this hospital back?

17. What financial ramifications will be involved if the contract is terminated early?

18. In May this year a cancer patient had the wrong side of his colon removed due to an error in his pathology report supplied by a privately contracted laboratory. Minister is NBH still using this laboratory?

19. Has compensation been offered to this patient?

20. The investigation by the Health Education and Training Institute (HETI) shows there were inadequate staffing levels, how many additional staff have been employed at the hospital since this report was made public?

21. The investigation by the HETI showed there were delays in delivering abnormal test results to patients, what have the Minister done to address this?

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22. The investigation by the HETI also showed that NBH had unreliable electronic records and paging systems, what upgrades have been implemented to eliminate this risk?
23. The NSW Auditor General said in her annual report on the NSW Health cluster dated 12 December 2018:
- The Public Finance and Audit Act 1983 does not provide the Auditor-General with a mandate to provide independent assurance about service delivery outcomes and financial accountability in these arrangements ('follow the money' powers). As such, our audits can only consider the project management processes of the Ministry and the relevant health entities. We are unable to comment on any aspect of the performance or operations of that hospital.*
- Does the Minister think it is appropriate that the privatised Northern Beaches Hospital is not subject to the same scrutiny and held to the same standards as all other New South Wales hospitals?
24. GPs in the Northern Beaches area were previously able to refer patients to outpatient clinics for cardiology and neurology, which were available at Manly and Mona Vale Hospitals. Why are these services no longer available?
25. Is the Minister aware that Australian Clinical Labs have been sending invoices to patients rather than Private Health Insurers due to poor communication from NBH?
26. Local GP's have complained about poor discharge summaries from NBH. What is the problem with getting discharge forms to GP's as is common practice in other hospitals?
27. In relation to the discharge summaries, GP's were advised that the 'opt in' for summaries to be sent to GP's would be changed to an 'opt out'. Has that changed happened?
28. Dee Why General Practice were incorrectly sent hundreds of discharge summaries. Were the patients notified of the data breach?
29. On 5 November last year, a new mother came close the dying from a preventable error in ICU when her air ways were compromised and her oxygen levels dropped dangerously low after a shambolic emergency caesarean that left staff shaken. Has the Minister formally apologised to this woman?
- a) Has this person sought compensation?
30. In October and November last year the hospital failed to keep its wards stocked with basic medical supplies and drugs including insulin, adrenaline antibiotics, IVs, body bags and wheelchairs. Can the Minister assure the community that this isn't still happening?
31. How many times have Ambulances been advised to take patients to Royal North Shore Hospital rather than the Northern Beaches Hospital?
32. The resignations of high-ranking senior staff has been incredible, including the chief executive officer, the head of medical services, at least two anaesthetists and other

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medical staff. Minister if the doctors and health workers don't have confidence in the hospital why should the community?

33. The Australian Salaried Medical Officers' Federation of NSW have written to NSW Health begging the Minister to properly staff the facility. Have additional staff been employed since the Minister received this letter?
34. How much does it cost a public patient to have an angiogram in a public hospital?
35. You have always claimed that NBH would treat public patients the same as at any public hospital. The first indication that this was false came 12 days after opening, with media reports of a patient refused an angiogram because NBH would not accept his private insurance with NIB. The patient was also told that if he entered the hospital as a public patient it would cost him \$4,945. Why was this patient facing a bill close to \$5,000?
36. What oversight from NSW Health is there to ensure NBH is meeting patient safety standards?

ANSWER

10. The land referred to is part of the Northern Sydney Local Health District's fixed assets.
11. The land is owned by the Health Administration Corporation, and will remain owned by the Health Administration Corporation.
12. The buildings are owned by the Health Administration Corporation.
13. The Project Deed provides a flexible framework to enable variation in arrangements, including activity levels and other related matters, to accommodate provision of services over the next 20 years to meet emerging health needs of the community and achieve the agreed performance expectations.

14 - 17

NSW Health is responsible for ensuring that Healthscope delivers on the requirements of the Project Deed to ensure high quality health care delivery to the people of the Northern Beaches. The Project Deed includes provisions dealing with early termination, and is publicly available.

18 – 29

See answers to supplementary questions from the Inquiry into the operations and management of the Northern Beaches Hospital of 26 August 2019.

30. The operational challenges that occurred after the Northern Beaches Hospital opened have been well described publicly.

As soon as these challenges emerged, the Minister and NSW Health immediately engaged with Healthscope to ensure effective resolution.

The matters identified in the question have been resolved.

31. Patients are transported in accordance with NSW Ambulance protocols and procedures, the clinical needs of the patient and the NSW Health Patient Allocation Matrix. The same arrangements are in place for Northern Beaches Hospital as any other hospital.
32. The health services that are available to the community now are far greater than what was previously available to residents of the Northern Beaches, with enhanced access to more complex care closer to home and critical care services, including a modern Emergency Department, an advanced intensive care unit, and surgical services.
- The staff, Hospital and NSW Government continue to focus on providing high quality clinical outcomes and exceptional patient care in the Northern Beaches community.
33. Healthscope has continued to recruit further medical, nursing and allied health staff to support provision of clinical services.
34. Public patients are not required to make any payment for an angiogram in a public hospital.
35. NSW Health is unable to provide comment with respect to individual patient matters.
36. Healthscope is responsible for operating Northern Beaches Hospital as a licensed private hospital to meet the needs of the Northern Beaches community for both public and private patients:
- so as to provide a full complement of clinical services and support services in accordance with detailed service specifications;
 - with a range of service complexity for each specialty clinical treatment or service predominantly to “level 5” role delineation; and
 - in accordance with relevant quality standards.

Healthscope is required to deliver clinical services consistent with regulatory and professional bodies. This includes a requirement to obtain and retain the appropriate accreditation and have in place structures and processes which achieve compliance with National Safety and Quality Health Service Standards, compliance with national standards for mental health services, and compliance with specific NSW Health policies and health care-related legislation.

Healthscope must also ensure processes are in place for public patients through integration and collaboration with existing service providers.

Outpatient waiting lists

37. Please provide a list of outpatient consultant clinics by speciality at the following hospitals:
- a) Nepean Hospital
 - b) Prince of Wales Hospital
 - c) Liverpool Hospital
 - d) Royal Prince Alfred Hospital
 - e) Westmead Hospital
 - f) Goulburn Hospital
 - g) Lismore Base Hospital
 - h) Wollongong Hospital
38. Please provide the number of patients waiting for appointments at each speciality consultant clinic at each hospital listed above as at 1 July 2017, 1 July 2018, and 1 July 2019.
39. Please provide the median (50th percentile) and 90th percentile wait times experienced by patients who attended an appointment from an outpatient waitlist in 2017, 2018, and 2019 (to date) for each speciality consultant clinic at each hospital listed above.
40. Please provide the total number of appointments at each speciality consultant clinic at each hospital listed above for each of 2017, 2018, and 2019 (to date), disaggregated for both initial appointment and follow up appointment.

ANSWER

37. Each hospital provides a broad range of outpatient services to meet the health needs of the local population, using the skills of many health care specialists from a range of disciplines, sometimes during the same consultation. Services may be provided on a regular or an as-needs basis, and can change according to population requirements.
38. Wait times are dependent on clinical assessment.
- 39-40. Discussions on how to best collect waiting times for specialist outpatient clinics are being undertaken at a national level. Reporting on concepts such as initial and follow-up appointments is not currently possible.

Bankstown-Lidcombe Hospital – new hospital site

41. Has the Minister, the NSW Ministry of Health or the South Western Sydney Local Health District have earmarked any land for the site of the redevelopment of Bankstown-Lidcombe Hospital?
 - a) If yes, can the Minister advise the location of the site for the new Bankstown-Lidcombe Hospital?
42. Can the Minister advise whether the Minister, the NSW Ministry of Health or the South Western Sydney Local Health District have considered redeveloping the Bankstown-Lidcombe hospital on the existing site at Eldridge Road, Bankstown?
 - a) If yes, will the Minister provide details of what has been considered?
 - b) If not, could the Minister provide reasons as to why this has not been considered?
43. If the redeveloped Bankstown-Lidcombe Hospital is to be re-located from the existing site at Eldridge Road, Bankstown:
 - a) With respect to the commitment made by the Liberal candidate and now Liberal Member for East Hills Ms Wendy Lindsay, and the Liberal candidate for Bankstown, during the 2019 NSW election campaign to redevelop the Bankstown-Lidcombe Hospital on the existing site, can the Minister confirm the Government is not standing by this commitment?
 - b) Can the Minister explain what reasons are relied upon as to why the redeveloped Bankstown-Lidcombe Hospital is to be re-located from the existing site at Eldridge Road, Bankstown?
 - c) In relation to the existing Bankstown-Lidcombe Hospital site at Eldridge Road, Bankstown:
 - i. Could the Minister provide details of the Government's plans following construction of the new Bankstown hospital?
 - ii. Can the Minister advise whether the existing site will be retained for public health purposes?
 - iii. If the site will not be retained for public health purposes, can the Minister advise whether the site will be sold for private development?
44. What negotiations have taken place to date between the Minister, the Minister's office, the NSW Ministry of Health or the South Western Sydney Local Health District and the Canterbury-Bankstown Council, with respect to the redevelopment of Bankstown-Lidcombe Hospital?
45. Could the Minister provide details as to any assessments or documentation that the NSW Ministry of Health or the South Western Sydney Local Health District have prepared, with respect to choosing the site of the redeveloped Bankstown-Lidcombe Hospital?
46. Will the Minister rule out the use of the existing Bankstown TAFE site as the location for the redeveloped Bankstown-Lidcombe Hospital?
47. Will the Minister rule out the Bankstown CBD as a potential site for the redeveloped Bankstown-Lidcombe Hospital?
48. The Minister has previously indicated In reference to the Minister's answer to LAQ128 printed in Question & Answer Paper No. 9 on 6 June 2019:

“The site selection process will include comprehensive evaluation criteria and will be informed by assessments undertaken by expert independent advisers. The process will also be informed by clinical services planning which is underway to determine the future health needs of the community”

Could the Minister:

- a) Provide particulars of the comprehensive evaluation criteria that will be included in the site selection process?
- b) Confirm who will comprise the expert independent advisers that will undertake assessments?

ANSWER

41 – 48

On 10 March 2019, the Hon Gladys Berejiklian MP, Premier, announced the NSW Government will redevelop Bankstown-Lidcombe Hospital on a new site with a \$1.3 billion investment. The new hospital will deliver comprehensive healthcare for south-western Sydney, including emergency medicine, surgical services and critical care to the growing population of south-western Sydney.

Building hospitals is a complex process and requires extensive consultation with stakeholders and the community. This process is outlined in “How to Build a Hospital” at www.hinfra.health.nsw.gov.au/our-business/how-to-build-a-hospital.

The South Western Sydney Local Health District is developing a clinical services plan to inform the planning for the new Bankstown–Lidcombe hospital. Once the clinical services plan is finalised, there will be a planning process to confirm the health care services the new hospital will provide and therefore the requirements for general size allocation and site requirements. It would be premature to establish site evaluation criteria prior to these processes being undertaken.

The NSW Government will undertake investigations to determine the future use of the existing Bankstown-Lidcombe Hospital site.

Bankstown-Lidcombe Hospital – consultation and planning

49. In reference to the Minister's answer to LAQ139 printed in Questions & Answers Paper No. 9 on 6 June 2019, that:

“Consultation with consumers and the local community will be part of the planning process to determine the range and type of services. This will include community information drop-in sessions, opportunities to participate in project user groups and other avenues to provide feedback with respect to consultation with consumers and the local community as part of the planning process to determine the range and type of services at the new Bankstown Hospital”

Can the Minister:

- a) Provide a timeframe for this consultation?
- b) Advise how many information drop-in sessions will be held?
- c) Explain the process by which consumers and the local community will be able to participate in project user groups?
- d) Advise the other avenues that will be available to consumers and the local community to provide feedback?

ANSWER

49.

(a)-(d) Building hospitals is a complex process and requires extensive consultation with stakeholders and the community. This process is outlined in “How to Build a Hospital” at www.hinfra.health.nsw.gov.au/our-business/how-to-build-a-hospital.

As planning is in the initial stages, the consultation strategy has not yet been finalised. I am advised a number of consumers have already been consulted regarding planning for the new Bankstown Hospital. Further consultation with the local community will occur once planning progresses.

Bankstown-Lidcombe Hospital - funding

50. In reference to the Minister's answer to LAQ152 printed in Question & Answer Paper No. 7 on 3 June 2019, that: "The Government has committed \$1.3 billion towards redeveloping Bankstown-Lidcombe Hospital..." Could the Minister:
- a) provide a breakdown regarding the allocation of the \$1.3 billion towards:
 - i. The acquisition and/or purchasing of land?
 - ii. The demolition of any existing structures?
 - iii. The planning and design of the new facility?
 - iv. Construction of the new facility?
 - v. Any other costs?
 - b) Confirm when funding will be allocated for the redevelopment?
 - c) Advise how much funding will be provided in the 2020-2021 budget for the redevelopment?
51. Will the Minister rule out privatising, at any time, any part of the redeveloped Bankstown-Lidcombe Hospital?

ANSWER

50.

- (a) The South Western Sydney Local Health District is currently developing a clinical services plan to inform the planning for the new Bankstown–Lidcombe hospital.
- (b) & (c) The 2019-20 State Budget includes \$10.1 billion of capital investment over four years to 2022-23 on health infrastructure including hospitals and health facilities. This investment will enable NSW Health to build new hospitals and to upgrade existing facilities across New South Wales to support the delivery of world class health services.

51. Refer to answer to LA0152.

Bankstown-Lidcombe Hospital – parking

52. Can the Minister advise what studies have been conducted with respect to the parking facilities that will be required to support the new Bankstown-Lidcombe Hospital?
53. Will the Minister explain why additional capital works funding was not allocated in the 2019-20 Budget for the expansion of the car park capacity at Bankstown Lidcombe Hospital?
54. Could the Minister confirm what strategies the Local Health District have explored to manage car parking capacity at Bankstown-Lidcombe Hospital?
55. Can the Minister advise whether the Local Health District is still considering off-site parking options to address car parking limitations around Bankstown-Lidcombe Hospital?

ANSWER

52. The South Western Sydney Local Health District is developing a clinical services plan to inform the planning for the new hospital. Once the clinical services plan is finalised, there will be a planning process to confirm the health care services that the new hospital will provide and therefore the requirements for general size allocation and site requirements.
53. There are limited opportunities to expand the parking facilities at Bankstown-Lidcombe Hospital. The infrastructure of the current multi-storey carpark would not support any additional levels.
- 54-55. In March 2019, the NSW Government announced \$1.3 billion for the development of a new Bankstown hospital. Until the longer term redevelopment of the hospital, other parking options continue to be explored to free up parking onsite for patients and visitors, including:
 - A review of traffic flow and drop-off to the Emergency Department, as part of the planning of the Emergency Department expansion, to minimise disruption to parking onsite.
 - Working closely with the City of Canterbury Bankstown Council to identify potential alternative parking options in the vicinity.
 - Development of a Green Travel Plan.

Bankstown-Lidcombe Hospital – emergency department redevelopment

56. In relation to the Bankstown-Lidcombe Hospital the emergency department redevelopment and the remaining \$12.1 million yet to be allocated, of the total estimated cost of \$25 million, can the Minister confirm what amount will be allocated in the 2020-21 Budget?
57. Can the Minister advise the expected date of completion of the Bankstown-Lidcombe Hospital the emergency department redevelopment?

ANSWER

- 56-57. \$25 million has been allocated to the project, and funds will be cash flowed as required to deliver the project. Construction is expected to be completed in 2021.

Bankstown-Lidcombe Hospital – staffing

58. Can the Minister advise whether current staffing profiles and numbers are adequate to appropriately meet current operational needs at Bankstown-Lidcombe Hospital?
59. Can the Minister advise what specialist nursing staff have been proposed for Bankstown-Lidcombe Hospital, and in what specialist areas, over the next 12 months?

ANSWER

58. Bankstown-Lidcombe Hospital has mechanisms in place to ensure that staffing profiles are adequate to meet forecasted activity demands.
59. Ambulatory Care and Haematology.

Bankstown-Lidcombe Hospital – security

60. Considering the incident at Bankstown-Lidcombe Hospital on 22 August 2019, where a worker was attacked after a patient became aggressive, can the Minister advise what immediate action has been taken by the Minister or the NSW Ministry of Health to ensure staff, patients and visitors at Bankstown-Lidcombe Hospital are kept safe from violent incidents?
61. Can the Minister confirm that the Minister will not wait until the finalisation of the review into security at New South Wales hospitals, announced by the Minister on 16 November 2018, before allocating additional resources to increase security for staff, patients and visitors at Bankstown-Lidcombe Hospital?
62. Can the Minister advise what additional resources will be allocated in 2019-20 to Bankstown-Lidcombe Hospital in order to increase security for staff, patients and visitors?
63. Can the Minister advise whether any consultation has been undertaken within the last 12 months with health workers at Bankstown-Lidcombe Hospital about ongoing security and safety concerns?
- a) If yes, could the Minister confirm with whom the Minister, the Minister's office, the NSW Ministry of Health or the South Western Sydney Local Health District have consulted at Bankstown-Lidcombe Hospital about ongoing security and safety concerns?
64. Can the Minister confirm whether additional staff have been provided to Bankstown-Lidcombe Hospital since November 2018 to improve security and safety?
65. Is the Minister aware if any additional training has been provided to staff at Bankstown-Lidcombe Hospital since November 2018 to improve security and safety?
66. Is the Minister aware if any training programs to deal with difficult patients have been undertaken by staff at Bankstown-Lidcombe Hospital since November 2018?

ANSWER

60-62. Refer to answer to LA1189.

63-64. Refer to answer to LA0934.

A number of processes are in place both at Bankstown-Lidcombe Hospital and across the South Western Sydney Local Health District that provide an opportunity for staff to raise safety and security concerns. Obligations to consult with staff are clearly set out in Work Health and Safety legislation.

65-66. The hospital has run additional violence prevention training and is continuing to explore additional strategies, including training programs, to support staff in dealing with difficult patients and visitors who present with escalating behaviours.

In addition to violence prevention and management training, security staff attend a Program run by TAFE NSW *Security in the Health Environment* that builds further

skills in the management of and de-escalation of aggressive behaviours, to assist staff in dealing with difficult patients.

Bankstown-Lidcombe Hospital – mental health services

67. Can the Minister confirm whether the Acute Adult Mental Health Unit (Banks House) will remain at its present location at Claribel Street, Bankstown or whether it will be incorporated into the redeveloped Bankstown-Lidcombe Hospital?
68. The Minister has previously advised that \$700 million was allocated in the 2018-19 Budget for the Statewide Mental Health Infrastructure Program. Could the Minister provide details about key projects that have been allocated funding from this \$700 at the Acute Adult Mental Health Unit (Banks House) at Bankstown?
69. Could the Minister advise what upgrades have been made and/or what works have been ongoing at the Acute Adult Mental Health Unit (Banks House) at Bankstown since June 2018?
70. Can the Minister confirm how many Arabic speaking interpreters were available to patients of the Acute Adult Mental Health Unit (Banks House) at Bankstown in each of the years from 2017 to 2018?

ANSWER

67. Early planning for the future of health services in Bankstown has started, including mental health services.
- 68-69. Improvements to Banks House under the Therapeutic Environments Minor Capital Works Program, the first initiative within the NSW Government's Statewide Mental Health Infrastructure Program, included for sensory rooms and the refurbishment of courtyards.

Additional minor works and improvements completed at Bankstown include: new doors installed to improve security, furniture replacement, replacement of floor coverings, and improvements in the recreation areas.

Ongoing improvements include: a hospital bed/mattress replacement program, painting of the building façade and landscaping of external areas at the street entrance.
70. Arabic interpreters are provided to consumers and families in Banks House by the South Western Sydney Local Health District Health Language Service. If staff interpreters are unavailable, the Language Service will engage external agencies to provide interpreters.

Bankstown-Lidcombe Hospital – elective surgery waiting times

71. Can the Minister advise what mechanisms and/or systems have been put in place to decrease waiting times for elective surgeries at Bankstown-Lidcombe Hospital?
72. What reviews have been conducted by the Minister, the Minister's office, the NSW Ministry of Health or the South Western Sydney Local Health District into waiting times for elective surgeries at Bankstown-Lidcombe Hospital?

ANSWER

- 71-72. Bankstown-Lidcombe Hospital manages all patients in accordance with the NSW Health Waiting Times and Elective Surgery Policy.

Sydney Children’s Hospital Network

73. Can the Minister guarantee that no patient has suffered adversely from the ongoing dispute within the Sydney Children’s Hospital Network?
74. Does the Minister intend to discontinue paediatric cardiac surgery at the Sydney Children’s Hospital in Randwick?
75. How long, on average, does it take to transfer a paediatric cardiac patient from the Sydney Children’s Hospital in Randwick to the Children’s Hospital at Westmead?
76. What modelling has been done to prove that this transfer time (as in question ii.) will not adversely affect patient outcomes, to any degree?
77. What is the cost of transferring a child from Sydney Children’s Hospital Randwick to Westmead?
78. How much money is budgeted to the Sydney Hospital Network?
79. How is that money allocated between Sydney Children’s Hospital Randwick and Children Hospital Westmead?
80. What percentage of the Sydney Hospital Network budget is allocated to Sydney Children’s Hospital Randwick?
81. What is the Sydney Children’s Hospital Randwick’s budget?

ANSWER

73 - 74

Patient safety is the priority of NSW Health and The Sydney Children’s Hospitals Network.

No decision has been made about paediatric cardiac surgery within The Sydney Children’s Hospitals Network. The feedback of paediatric specialists from across NSW and interstate and other informed stakeholders who attended the 27 July 2019 Roundtable as well as previous reviews will help inform the decision.

Any decision made will be within the broader governance context of the Network and planning objectives for paediatric services statewide. Clinicians who attended the Roundtable identified the latter as a key issue, given that the vast majority of children presenting to hospitals in NSW are seen outside the two children’s hospitals in Sydney.

75 - 77

Transfer between facilities occurs on a daily basis across NSW Health as part of providing care. Each decision is made on an individual basis, taking in account the clinical situation of the patient, the most appropriate transport mode and the support available at the sending and receiving hospitals.

78 - 81

The 2019-20 budget is being finalised.

Influenza, vaccinations, and pharmacies

82. The vaccine for meningococcal strains A, C, W, and Y was added to the National Immunisation Program in July 2017 but the vaccine for meningococcal strain B, the most prevalent strain, has not been.

Given Ministry of Health figures show that July this year was the second highest month for meningococcal B notifications in NSW in almost 5 years, can the Minister advise what discussions he has had with the Federal Health Minister around making meningococcal B vaccine available under the NIP?

83. Western Australia recently changed the age at which pharmacists can administer MMR, DTP, and meningococcal ACWY vaccines to patients aged 12 and up, and influenza vaccines to patients aged 10 and up.

Can the Minister advise whether similar changes are being considered in NSW?

84. Can the Minister outline the differences in state government vaccine subsidies for common vaccines provided through a GP compared to vaccines provided through pharmacies?

85. Does the Minister agree that, where appropriate, making the administration of vaccines available through trained pharmacists as opposed to solely through a general practitioner not only relieves burden on GPs and hospitals but also increases the likelihood of the average person being vaccinated, boosting herd immunity and decreasing the burden on the health system?

86. And does the Minister feel that the current mix is appropriate or should there be greater access to vaccines from trained pharmacists?

ANSWER

82. An application for a vaccine to be added to the National Immunisation Program (NIP) must receive a positive recommendation from the Pharmaceutical Benefits Advisory Committee (PBAC) before it is added to the NIP. GSK (Bexsero meningococcal B vaccine sponsor) has previously submitted three PBAC applications which were not positively recommended due to a lack of evidence of cost effectiveness of a population based vaccination program.

GSK has recently resubmitted a PBAC application for Bexsero to be considered for both a childhood and adolescent vaccination program which is due to be considered at the November 2019 meeting. The Prime Minister has publicly supported the vaccine's inclusion on the NIP provided that a positive PBAC recommendation is made.

83. A national expert working group has been tasked to consider and recommend options for a nationally consistent approach to pharmacist delivered vaccination programs. NSW Health will consider the recommendations of this working group.
84. GPs receive a payment for each child that completes all vaccinations at a National Immunisation Program (NIP) scheduled vaccination point (eg. vaccinations due at two months) of their childhood vaccination program. Half is paid by NSW and half by the Australian Government. Pharmacist vaccinators do not administer NIP vaccines

in NSW and so do not receive a payment from NSW. There are no other NSW Government subsidies paid for vaccinations.

85. The administration of vaccines by appropriately trained pharmacists increases access to immunisation services where access to a general practitioner may be difficult and for those who choose to attend a pharmacist vaccinator or be opportunistically offered vaccination. Some vaccines are more complex than others to administer, and so consideration of suitable vaccines for pharmacists to administer is under review (see answer 83).
86. A nationally consistent approach towards pharmacist vaccination programs is supported. This will be guided by the national expert working group.

Emergency Departments

87. How long should a patient wait to see a doctor after a suspected heart attack?
88. Does the Minister think it is appropriate for a patient with a suspected heart attack after arriving at hospital, to wait to be seen by a doctor for 5 hours?
89. Will the Minister apologise to Charlestown constituent Merle Gorman, aged 86, who called an ambulance at 1.40pm for a suspected heart attack and after waiting more than 2.5 hrs for the ambulance and a further 5 hours once she arrived at hospital to be seen by a doctor?
90. Will the Minister apologise to Ms Gorman who while waiting in ambulance backlog area of John Hunter Hospital for 5 hours, was left in wet clothes and sheets due to not being taken to the toilet?
91. Does the Minister agree with his Parliamentary Secretary who said that that Ms Gorman received quote “timely and appropriate care”?
92. Last week there was a situation at Westmead Hospital where 60 patients were waiting in the emergency department, with high needs patients eventually deciding to leave rather than continue to wait. How does something like this occur?
93. How many dedicated mental health beds are there in NSW?
94. How many mental health admissions occur across the state each month?
95. How many patients are being admitted for treatment for mental health conditions above and beyond the capacity of mental health beds in the state?
96. RANZP has previously identified that there is an undersupply of 125 psychiatrists by 2030 requiring an increase of 3.3% of overseas trained doctors. What is the NSW Government doing to ensure a sustainable supply of psychiatrists and allied mental health services in NSW?

ANSWER

87 - 88

The relevant NSW Health Policy Directive for chest pain evaluation outlines the minimum standards for the management of patients presenting to emergency departments with chest pain or other symptoms of myocardial ischemia.

89 - 91

It would be inappropriate to comment on an individual patient matter.

92. A multidisciplinary committee is developing a comprehensive hospital wide strategy to help improve patient access and flow through Westmead hospital.
93. Refer to the answer to Minister for Mental Health supplementary question 34.
94. In 2018-19, on average each month there were 3,270 overnight separations from a mental health unit in NSW.
95. Patients are clinically assessed and treated in the most appropriate location according to clinical need.
96. The NSW Ministry of Health is developing a Psychiatry Workforce Plan. The plan is being developed in close engagement with a range of stakeholders such as the Royal Australian and New Zealand College of Psychiatrists to ensure recommended actions are achievable and supported.

The NSW Ministry of Health is also completing horizons scanning and scenario generation workforce planning for allied health in mental health (AHMH).

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Staff

97. Please provide total numbers of staff across each classification (i.e. medical officer, staff specialist, CMO, etc.) at each hospital in NSW.
98. Please advise how many positions, by classification, are currently unfilled at each hospital in NSW.
99. Are you aware of any public hospitals looking at engaging VMOs on zero-hour contracts in lieu of salaried doctors?
a) If so, which hospitals?
b) Does/would the Minister support such a move?
100. Have any hospitals lost their training accreditation in the past 12 months?
a) If so, which hospitals, and could you please provide reasons for the loss of accreditation
101. Are you aware that the Australian Salaried Medical Officers Federation NSW president Tony Sara has previously said the obstetrics and gynaecology (and psychiatry) departments in regional and rural areas were struggling to attract the numbers of trainees they needed.
a) What action have you taken to address this?
102. Does the Minister support an independent, external investigation into unsafe rostering practices for junior doctors in NSW Hospitals?

ANSWER

97 – 98

Workforce statistics are published in the NSW Health Annual Report. Local health districts and hospitals vary staffing profiles and numbers to appropriately meet operational need at any point in time.

99. NSW local health districts manage engagements with VMOs.
100. Since August 2018 five units have had a training accreditation withdrawn by a medical college:
- Westmead Hospital Intensive Care Unit had its training accreditation withdrawn by the College of Intensive Care Medicine of Australia and New Zealand (CICM) in October 2018. The CICM assessment identified concerns about the culture in the unit affecting the trainee training experience.
 - St George Hospital Intensive Care Unit had its training accreditation withdrawn by the College of Intensive Care Medicine of Australia and New Zealand (CICM) in June 2019. The CICM assessment identified concerns about the culture in the unit affecting the trainee training experience.
 - Bankstown Hospital Respiratory and Sleep Medicine had its training accreditation withdrawn by the Royal Australasian College of Physicians (RACP) in February 2019. The RACP assessment identified concerns about the lack of a respiratory laboratory and trainee workload in the unit affecting their ability to fulfil their training requirements.
 - Bankstown Hospital Orthopaedic Surgery had its training accreditation withdrawn by the Australian Orthopaedic Association (AOA) in February 2019. The AOA

assessment identified concerns about the level of outpatient clinic experience available to the trainees.

- Orange Hospital Neurology Unit had its training accreditation withdrawn by the Royal Australasian College of Physicians (RACP) in February 2019. The RACP assessment identified concerns about the level of supervision provided to trainees.

101. The NSW Ministry of Health is developing a Psychiatry Workforce Plan that will provide direction to those involved in training, recruiting and supporting psychiatrists in NSW to address supply across NSW, with attention to difficult to service locations and subspecialties.

The NSW Rural Generalist Training Program is a state-wide program aimed at producing doctors who are general practitioners with advanced skills able to deliver services to rural communities. Training positions available this year include for advanced skills training in obstetrics, anaesthesia, palliative care, paediatrics and emergency medicine.

102. The Junior Medical Officer Wellbeing and Support Plan, as published on NSW Health's website in November 2017, identifies ways of working to better support the health and wellbeing of junior doctors. A rostering review and development of new evidence based safe working hour policies and practices is one of the initiatives of the plan.

Between December 2017 and April 2018, the Ministry convened three JMO Safe Working Hours workshops to inform new, evidence based safe working hour policies and practices. The program of work is continuing in consultation with junior doctors and hospitals.

Waiting lists

103. What is the average waiting time for an appointment for someone needing a knee replacement at John Hunter Hospital?
104. Is it appropriate for a resident living in Newcastle, the second largest city in NSW, to be sent to Tamworth Hospital for an appointment for a knee replacement?
105. What is the Minister doing to address the growing list of elective surgery waiting lists?
106. How many knee replacement surgeries in NSW have been postponed or cancelled in the last twelve months due reasons not caused by the patient?
107. Does the Minister think it is reasonable for 400 children to be waiting a period of two years to have an appointment for allergy testing at Campbelltown Hospital?
108. Can the Minister guarantee that children who are placed on the allergy waiting list today will not have to wait two years to be seen?
109. Why was a young male in the ED at Campbelltown Hospital left unseen by a doctor after attempting suicide for more than 12 hours on 13 August of this year?
110. Is that a reasonable waiting time given obvious mental health concerns of this young male?
111. Does the Ministry keep track of elective surgery cancellations or postponements?
 - a) If yes, how many elective surgery cancellations or postponements occurred across NSW last financial year?
 - b) If no, why not?
112. Are hospitals required to report elective surgery cancellations or postponements to any other body?
113. Do Local Health Districts keep statistics on these cancellations and postponements?
114. Can the Minister provide the number of elective surgery cancellations and postponements, grouped by Local Health District, for the past four financial years?

ANSWER

103 - 104

Waiting times are allocated according to a patient's clinical urgency, with the most urgent patients seen first. Patients are not required to travel to Tamworth for an orthopaedic appointment. In extenuating circumstances, and at the request of the patient or their general practitioner, special arrangements may be made for a patient to receive an appointment at another facility, such as Tamworth Hospital.

105. In NSW, on time elective surgery performance remains strong and is the best in the country. The election commitment of \$76 million over four years will deliver additional cataract and paediatric surgeries.

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106. This information is not part of a centrally reported dataset for NSW public hospitals.

107 - 108

Patients are referred by private clinics and are triaged by Campbelltown Hospital Immunology Consultants.

Campbelltown Hospital's paediatric care will be significantly expanded as part of the NSW Government's \$632 million stage two redevelopment of the hospital. The redevelopment will deliver a greater range of surgical, medical and outpatient services, including allergy testing.

109 – 110

I am advised the South Western Sydney Local Health District is unable to identify the patient or incident described.

111-114

This information is not part of a centrally reported dataset for NSW public hospitals.

Hospital initiated postponements, due to reasons not caused by the patient, of elective surgery procedures are avoided where possible and only occur when all other options have been exhausted. There will, unfortunately, be occasions where clinical need and urgency will require some patients to be given priority for surgery at short notice.

Yass Maternity

115. Is the Minister still opposed to restoring maternity services at Yass Hospital?
116. Does the Minister still maintain that the “risk” of such services is due to the fact that “it’s hard enough to get midwives into bigger practices associated with major hospitals and... [that] health specialists don’t believe they would be able to have a sustainable midwife practice”?
117. Given that Yass District Hospital’s emergency department has seen a 21% increase on the number of admissions in just 4 years, isn’t the solution to properly resource Yass Hospital rather than force parents in a growing part of the state to leave their community to access these vital services?

ANSWER

115 – 117

The NSW Government is committed to ensuring the safety of birthing mothers and their newborn babies. Maternity services in NSW are provided at levels 1 (antenatal and postnatal care only), through to 6 (maternity tertiary referral services), and ‘networked’ to enable the most appropriate care for women and babies according to clinical need.

The workforce and core service requirements will vary across service levels with higher level services requiring specialist clinicians and 24 hour access to higher level support services.

Birth services across Southern NSW Local Health District are planned and provided by the District to meet local needs, birth numbers, availability of staff and tiered network service arrangements. Census data indicates approximately 185 births per year for the Yass Valley LGA.

Antenatal and postnatal care is provided to expectant mothers in the Yass community by the Yass Outreach Midwifery Service, which is part of the Goulburn Base Hospital maternity team. This Service is supported by maternity and paediatric services located at that hospital and is regularly reviewed to ensure it best meets the needs of the community.

Three maternity care options are located less than an hour from Yass:

- The ACT Centenary Hospital for Women and Children at The Canberra Hospital – a tertiary referral hospital.
- Calvary Public Hospital in the ACT
- Goulburn Base Hospital.

The Queanbeyan District Hospital is just over an hour from Yass.

Wollongong Hospital

118. Does the Ministry of Health consider Wollongong Hospital to be under pressure?
a) If so, what steps are being taken to address this so that pressure is reduced now and into the future?
b) If not, why not?
119. How many staff vacancies are there currently at Wollongong Hospital?
120. Has Wollongong Hospital found it difficult to recruit staff? If so, why does the Minister think this has been the case?
121. Has the renovation of the Children's Ward been completed? If not, when is this expected to be finished? Is it on time and on budget?
122. Has the upgrade of the maternity ward commenced? If so, when is this expected to be completed?
123. Are any further works, staffing or funds required to improve maternity services at Wollongong Hospital?
124. Has the recruitment of the cardio-thoracic surgeon been completed? If not, when is this expected to be completed by?
125. Is ambulance coverage in the Wollongong local government area sufficient to meet future demand?
126. Are there plans to expand or upgrade any of the ambulance stations in the Illawarra?
127. When was the last time that Warrawong ambulance station received a substantial upgrade?

ANSWER

118. Wollongong Hospital performance data is publicly available on the Bureau of Health Information's website.

119 - 120

The Illawarra Shoalhaven Local Health District has mechanisms in place to identify vacancies and recruit to positions in accordance with service delivery needs and models of care across Wollongong Hospital.

121. The Children's Ward upgrade is a multistage project, consisting of 5 stages. Stage 1 is approaching completion.

122 – 123

The recent \$2.2 million government funded maternity ward upgrade has started, architects have been engaged and the project is progressing through the detailed design phase.

All districts continually consider local clinical priorities to ensure best value services.

124. The development of limited thoracic services remains part of the longer term surgical planning for the District.
125. NSW Ambulance regularly undertakes analysis to identify locations where additional resources are required to maintain ambulance coverage, now and in the future.
126. In 2018-19, new ambulance stations were built at Berry, Bay and Basin and Kiama, with the roller doors at Warrawong and Kangaroo Valley ambulance stations planned for replacement.
127. 2017-18.

Byron Central Hospital Fraud

128. Can the Minister clarify if three former managers at Byron Hospital embezzled public money?
129. Was there an investigation into this matter? What were the findings?
130. Does the Minister believe that the public has a right to know if their taxpayer money has been embezzled?
131. Did the three managers resign or were they sacked?
132. How can we have confidence that this won't happen again?

ANSWER

128 – 132

The Northern NSW Local Health District regularly reviews internal audit processes to minimise organisational risks and ensure adherence to policy.

All investigations of misconduct are confidential and information about disciplinary actions taken against staff cannot be disclosed.

Hospital Parking

133. Why is there such a discrepancy between the parking fees charged at NSW Hospitals? For example a visitor to Bankstown Hospital will pay a maximum of \$16 per day while someone visiting a sick child at Sydney Children's Hospital will be charged \$29 for the day.
134. What does the Minister say to the family members visiting sick patients at St Vincent's Hospital who face a charge of \$50 for parking for the day?
135. How much revenue is raised from paid parking at NSW Hospitals?
a) Please provide a breakdown by Local Health District for the past four financial years.

ANSWER

133. There are a number of different arrangements at hospital car parks across NSW. As such, fees differ at these car parks.
134. The car park at St Vincent's Hospital is owned by the Trustees of St Vincent's Hospital. The Trustees are responsible for managing the car park, including setting the fees charged.
135. This information is publicly available in the NSW Health Annual reports.

Cranebrook Community Health Centre

136. How many full time equivalent staff work at Cranebrook Community Health Centre?
137. How many full time equivalent staff are in non-administrative roles at Cranebrook Community Health Centre?
138. Does the Department keep records of appointment numbers at local community health centres?
a) If yes, please provide a breakdown by year of the number of appointments per year at Cranebrook Community Health Centre, from 2010 to 2019.
b) If no, why does the Department not keep appointment records?
139. Does the department keep records of the number of clients at each local community health centre?
a) If yes, please provide a breakdown by year of the number of clients per year at Cranebrook Community Health Centre, from 2010 to 2019.
b) If no, why does the Department not keep records about client numbers?
140. How many new community health centres have been opened since 2011 in NSW?
141. How many have been opened in Nepean Blue Mountains Local Health District?

ANSWER

136-137

Local health Districts and hospitals vary staffing profiles and numbers to appropriately meet operational need at any point in time.

138-139

This data is not reported centrally. Appointment management is the responsibility of the treating health service.

140. I am advised that 27 projects have been identified that include community health since 2011, not including works still in progress.

141. Local projects include replacing an aged, existing building at Lemongrove Community Health Centre in Penrith and the expansion of the Cranebrook Community Health Centre, funded by the HealthOne Initiative, to accommodate additional consulting rooms, meeting rooms, enhance external playground areas and install perimeter fencing.

St Clair Community Health Centre and Springwood Community Health Centre are also undergoing refurbishments to provide additional clinical areas and amenities.

Bulli Hospital

142. Is the Minister aware that he will fail to meet the commitment to have Bulli Hospital upgrade completed and opened this year?

143. How will the Minister explain this to the people of the northern Illawarra?

ANSWER

142 – 143

Construction on the \$50.4 million Bulli Hospital and Aged Care Centre remains scheduled to be completed by the end of 2019.

Operational commissioning of the facility by the Local Health District in partnership with the Illawarra Retirement Trust will occur thereafter, as is the standard process.

Canterbury Hospital

144. Given the significant population growth in Canterbury Bankstown area, modelling indicates that the current 175 inpatient beds at Canterbury Hospital will need to increase to 291 beds by 2025/26 and 325 beds by 2030/31. Given this fact, why has the Minister failed to fund additional beds at the hospital?

145. The NSW Government is allocating additional funding for healthcare facilities in areas with less social disadvantage and lower population growth than what we see at Canterbury. Why is the Government refusing to sufficiently fund this hospital?
146. Similar sized metropolitan hospital with similar distance to larger teaching hospitals are receiving funding for redevelopment. Why is Canterbury Hospital being ignored?
147. Is the Minister aware that the Canterbury community has higher rates of smoking, obesity, type 2 diabetes, infectious diseases and asthma compared with the SLHD (Sydney Local Health District)?
148. Given these high risk factors, why is the Minister failing to get on with planning for the future of Canterbury Hospital?
149. Does the Government want to close Canterbury Hospital?

ANSWER

144 - 148

The Sydney Local Health District (SLHD) Clinical Services Plan (CSP) for Canterbury Hospital outlines the current role delineation of Canterbury Hospital as part of a networked healthcare facility within the SLHD.

SLHD continues to implement innovations and strategies to respond to demand at Canterbury Hospital. Works are also currently underway as part of a \$6.5 million Emergency Department (ED) Expansion Project. These works will create a new paediatric area within the ED which will include seven paediatric treatment spaces, one paediatric resuscitation, and one isolation room with separate amenities for paediatric patients and their family members. The scope of the project will also see the retrofit of existing areas of the ED, including the waiting room, triage area and ED Short Stay Unit.

149. No.

Lymphoedema Service

150. Can the Minister tell us how many hospitals in NSW provide a publicly funded Lymphoedema service?
151. Can the Minister tell us what publicly funded Lymphoedema services are available for patients in Sydney's Eastern Suburbs?
152. Does the Minister know how many patients presented to emergency departments in the Eastern Suburbs area, with symptoms related to Lymphoedema in the last year?
153. Can the minister explain why the Nelune Comprehensive Cancer Centre does not include a Lymphoedema specialist, when (the closest public lymphoedema service)

RPA has x amount of people on their waiting list, and is only able to provide initial assessment but no ongoing care?

154. Can the minister tell us how much money was spend on the Agency for Clinical Innovation Lymphoedema Implementation Workshop in February 2019?
155. Of the 60 people that attended this training, can the minister tell us how many people had funded lymphoedema positions to be able to utilise this training?
156. Can the minister explain the reason for funding the Lymphoedema Implementation Workshop, but not funding active Lymphoedema positions across NSW?
157. Is the Minister aware that the cost of a lymphoedema therapist - \$111k – represents 0.00009 of the cost of the centre, yet would make an enormous difference to the physical and emotional wellbeing of patients, and would demonstrably reduce costs to the public health system?

ANSWER

150. As part of the state’s networked system of hospitals and public health services, lymphoedema services are provided at over 30 sites.
151. Royal Hospital for Women Physiotherapy Lymphoedema Clinic, Randwick
The Sydney Children's Hospitals Network (Randwick) Physiotherapy, Randwick
152. Patients with lymphoedema often present with varied symptoms which could be due to other underlying causes. Reporting on symptoms would lead to misleading figures.
153. The Nelune Comprehensive Cancer Centre does not currently have a funded Lymphodema service. The creation of a service is currently being investigated by a working party. SESLHD patients with all presentations of Lymphoedema (primary, secondary or cancer related) are also eligible to access the St George Hospital lymphoedema service.
- 154 - 156.
The Lymphoedema Implementation Workshop was held on 22 February 2019 at the NSW Agency for Clinical Innovation offices in Chatswood. Sixty people, made up of allied health staff, nurses, managers and consumers from across NSW, attended the workshop. The workshop cost included travel costs to enable 14 staff from rural and remote local health districts to attend.

The Workshop provided practical support for implementing the best practice outlined in *Lymphoedema: a guide for clinical services*, recently developed by the NSW Agency for Clinical Innovation.
157. Qualified lymphoedema therapists provide a range of support to a patient living with lymphoedema through early identification, treatment and ongoing management of the condition.

Election promises

158. The Government made billions of dollars of health infrastructure promises in the last election campaign, and yet its glossy “Election Commitments” brochure released alongside the 2019-20 Budget lists dozens of projects with no commencement date, no completion date, and not a single cent of funding in this financial year.

Precisely how much money will be allocated to these projects in 2020-21? And in 2021-22? And in 2022-23?

159. Will the Minister guarantee that all of these projects will commence prior to the next election?

160. Can the Minister advise when construction will commence on the new Bankstown-Lidcombe Hospital?

161. And on Ryde Hospital?

162. And Shoalhaven Hospital?

163. And when will these works be completed?

164. Minister isn't it true that you've promised communities the world before the election only get to the Budget and instead tell them that what they rightly expected to see funded would maybe see scoping works take place in three years' time?

ANSWER

158 – 164

The 2019-20 State Budget includes \$10.1 billion of capital investment over four years to 2022-23 on health infrastructure including hospitals and health facilities. This investment will enable NSW Health to build new hospitals and to upgrade existing facilities across NSW to support the delivery of world class health services.

The \$10.1 billion will be invested over the next four years to continue current works and begin upgrading and rebuilding a further 29 health infrastructure projects including the \$1.3 billion Bankstown-Lidcombe Hospital redevelopment, the \$479 million Ryde Hospital redevelopment and the \$434 million Shoalhaven Hospital redevelopment.

Building hospitals is a complex process and requires extensive consultation with stakeholders and the community. This process is outlined in ‘How to Build a Hospital’ at www.hinfra.health.nsw.gov.au/our-business/how-to-build-a-hospital

Tumut Hospital

165. What specific changes have taken place at Tumut Hospital to address the unconscious bias and racism concerns raised in the recent Coroners report into the death of Naomi Jane Williams?
166. Has the Minister met with the family of Naomi Williams?
167. What assurances has the Minister given them that these serious matters are getting addressed?

ANSWER

165. Murrumbidgee Local Health District is committed to providing culturally safe health care for Aboriginal people.

Specific changes have been made at Tumut Hospital. These include:

- The completion of *Respecting the Difference* training, with input from local Aboriginal community members, by all Tumut Hospital staff.
- The introduction of Aboriginal cultural competency training for staff.
- The introduction of regular conversations between Aboriginal community representatives and Tumut Hospital managers
- An increase in the amount of Aboriginal members on Tumut Hospital's Local Health Advisory Committee.
- A new outdoor area at Tumut Hospital, which was designed in collaboration with the local Aboriginal community to welcome Aboriginal people.
- The removal of restricted visiting hours to enable patients to receive support from family and friends at any time during their stay in hospital.

The Tumut Hospital Redevelopment project team is also working with representatives of the local Aboriginal community on the design of the new hospital.

166. Yes.

167. The District has accepted the Coroner's recommendations and has made significant progress to improve the experience of Aboriginal people at Tumut Hospital and across the District.

On a statewide level, NSW Health continues its commitment to improving health outcomes and cultural safety for Aboriginal patients. In May 2019, NSW Health released a mid-term report against the progress of the NSW Aboriginal Health Plan 2013-23. This plan provides a priority focus to building trust through partnerships, implementing effective programs, ensuring integrated planning and service delivery, strengthening the Aboriginal workforce, providing culturally safe work environments and health services, and strengthening performance monitoring, management and accountability.

It would not be appropriate to detail confidential conversations between the Minister and Ms Williams' family.

Miscellaneous

168. Can the Minister unequivocally deny that Local Health Districts receive any form of 'bonus' for low/nil number of workers compensation claims?
169. Who decides if a complaint is dealt with as 'grievance' rather than a 'workers compensation claim'?
170. Are claims of Bullying and Harassment dealt with by direct management or are they handled by Legal Counsel?
171. How many calls were received on the NSW Health employee confidential anti-bullying advice line?
172. Given the Dental Waiting Lists have continued to grow in the Illawarra Shoalhaven Local Health District, why is there more administration staff than dentists?
173. Given the extensive waiting list for dental services in the Illawarra Shoalhaven Local Health District, how many mobile dental clinics visits will be allocated to the Illawarra?
174. Has the Minister apologised to the family of James Dullege who was in a state of mental health crisis and presented to Royal North Shore Hospital emergency department on 11 June, was turned away from the Hospital and then committed suicide some 12 hours later?
175. Has this matter been the subject of an investigation?
176. How many patients are currently accessing medicinal cannabis treatment?
177. How many applications are currently active for patients wanting to access medicinal cannabis treatment?
178. How long does it take for the application to be processed and patients being able to obtain medicinal cannabis?
179. Were the Minister or the Ministry consulted on the scrapping of the "Improving Service Levels in Hospitals" Premier's Priority, which was to see 81 per cent of patients through emergency departments within four hours by 2019?
- a) (If yes) what advice did the Minister provide? Will the Minister table it?
 - b) (If no) did the Minister seek an explanation from the Premier after finding out that the metric had been scrapped?
180. Was the metric dropped at the Minister's insistence or the Premier's?
181. Is the Minister aware that the result for this metric was 73 per cent in 2017-18? Is that why it was dropped?

ANSWER

168. No “bonus” is paid to any Local Health District related to a low number of claims lodged in a year.
169. The management of workplace grievances is governed by NSW Health policy. Any employee of NSW Health can raise a workplace grievance, and seek assistance in the resolution of the concern. Grievances are usually raised with a manager or human resources staff. By contrast, workers compensation is a statutory entitlement governed by legislation and a number of external public authorities. A workers compensation claim is activated when an employee submits an application along with medical evidence of a workplace injury.
170. Depending on the circumstances, reports of bullying and harassment may be dealt with by a manager or another senior officer and/or human resources staff or specialist consultants.
171. The NSW Health Anti-Bullying Advice Line was established to provide anonymous advice. It does not collect data on the number of calls received or the nature of the calls. This is due to the sensitive and confidential nature of the calls.
172. Dentists, dental therapists and dental assistants need to spend as much time as possible with patients. Administration staff are employed to answer phone calls, book patient appointments, provide reception functions at each clinic and complete non-clinical paperwork.
173. On 20 March 2019, the NSW Government announced an investment of \$70 million over the next four years to provide 35 new mobile dental clinics, for up to 136,000 primary school children each year. As a new program, the roll out of the 35 mobile dental clinics will be gradual in the Mid North Coast, Central Coast and Western Sydney over the next four years. An evaluation of the program will inform future Government decisions.
- 174 – 175
This matter has been the subject of an investigation and condolences have been offered to the family.
- 176 – 178
Patients in NSW can access Schedule 4 and Schedule 8 cannabis medicines. The former only requires approval from the Therapeutic Goods Administration (TGA), while the latter requires TGA and NSW Health approval. NSW Health only holds data for Schedule 8 cannabis medicines.
- As at 15 September 2019, NSW Health had received 4,540 applications to prescribe a Schedule 8 cannabis medicine for the treatment of a patient. Cannabis medicines are also prescribed and supplied to patients through clinical trials.
- As at 16 September 2019, 369 applications for Schedule 8 cannabis medicines are in progress.
- NSW Health does not hold data on the time period between applications being granted and patients accessing cannabis medicines.

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179 – 180

The Premier, Minister and Ministry of Health are committed to ensuring the best access to timely and appropriate care for patients across NSW, and work together to identify measures that best reflect this.

181. 2017-18 saw unprecedented numbers of patients presenting to emergency departments throughout the state, due in part to the worst flu season on record.

John Hunter Hospital

182. How many people are on the waiting list for elective surgery at the John Hunter Hospital?
183. How many patients attended the John Hunter Hospital emergency department in each of the following years:
- a) 2011;
 - b) 2012;
 - c) 2013;
 - d) 2014;
 - e) 2015;
 - f) 2016;
 - g) 2017;
 - h) 2018; and
 - i) 2019?
184. How many nurses were employed at the John Hunter Hospital Department in each of the following years:
- a) 2011;
 - b) 2012;
 - c) 2013;
 - d) 2014;
 - e) 2015;
 - f) 2016;
 - g) 2017;
 - h) 2018; and
 - i) 2019?
185. How many nursers are employed on contracts at the John Hunter Hospital and how many are employed permanently?
186. How many security guards were employed at the John Hunter Hospital in each of the following years:
- a) 2011;
 - b) 2012;
 - c) 2013;
 - d) 2014;
 - e) 2015;
 - f) 2016;
 - g) 2017;
 - h) 2018; and
 - i) 2019?
187. How many staff or patients were assaulted at the John Hunter Hospital in each of the following years:
- a) 2011;
 - b) 2012;
 - c) 2013;
 - d) 2014;
 - e) 2015;
 - f) 2016;
 - g) 2017;

- h) 2018; and
- i) 2019?

188. What is the longest wait time (as reported to the Ministry of Health) for an appointment at each of the following speciality consult clinics at the John Hunter Hospital:

- a) Colorectal;
- b) Dermatology;
- c) Ear Nose and Throat;
- d) Gastroenterology;
- e) General Surgery;
- f) Immunology;
- g) Infectious Diseases;
- h) Nephrology;
- i) Neurosurgery;
- j) Ophthalmology;
- k) Oral/Maxillofacial;
- l) Orthopaedics;
- m) Plastic Surgery;
- n) Respiratory;
- o) Rheumatology;
- p) Urology; and
- q) Vascular?

189. How many patients are waiting for appointments at each of the following speciality consultant clinics at John Hunter Hospital:

- a) Colorectal;
- b) Dermatology;
- c) Ear Nose and Throat;
- d) Gastroenterology;
- e) General Surgery;
- f) Immunology;
- g) Infectious Diseases;
- h) Nephrology;
- i) Neurosurgery;
- j) Ophthalmology;
- k) Oral/Maxillofacial;
- l) Orthopaedics;
- m) Plastic Surgery;
- n) Respiratory;
- o) Rheumatology;
- p) Urology; and
- q) Vascular?

190. How many patients had appointments at each of the following speciality clinics at the John Hunter Hospital:

- a) Colorectal;
- b) Dermatology;
- c) Ear Nose and Throat;
- d) Gastroenterology;
- e) General Surgery;
- f) Immunology;
- g) Infectious Diseases;

- h) Nephrology;
- i) Neurosurgery;
- j) Ophthalmology;
- k) Oral/Maxillofacial;
- l) Orthopaedics;
- m) Plastic Surgery;
- n) Respiratory;
- o) Rheumatology;
- p) Urology; and
- q) Vascular?

191. How many patients had an appointments cancelled each of the following speciality clinics at the John Hunter Hospital in 2018:

- a) Colorectal;
- b) Dermatology;
- c) Ear Nose and Throat;
- d) Gastroenterology;
- e) General Surgery;
- f) Immunology;
- g) Infectious Diseases;
- h) Nephrology;
- i) Neurosurgery;
- j) Ophthalmology;
- k) Oral/Maxillofacial;
- l) Orthopaedics;
- m) Plastic Surgery;
- n) Respiratory;
- o) Rheumatology;
- p) Urology; and
- q) Vascular?

192. How many patients had an appointments cancelled each of the following speciality clinics at the John Hunter Hospital in 2019 (year to date):

- a) Colorectal;
- b) Dermatology;
- c) Ear Nose and Throat;
- d) Gastroenterology;
- e) General Surgery;
- f) Immunology;
- g) Infectious Diseases;
- h) Nephrology;
- i) Neurosurgery;
- j) Ophthalmology;
- k) Oral/Maxillofacial;
- l) Orthopaedics;
- m) Plastic Surgery;
- n) Respiratory;
- o) Rheumatology;
- p) Urology; and
- q) Vascular?

ANSWER

182. Waiting lists vary according to date and clinical assessment. The number of patients on the elective surgery waiting list for John Hunter Hospital is available on the Bureau of Health Information website.

183. Total presentations for John Hunter Hospital Emergency Department is available on the Bureau of Health Information website.

184-186

Staff employed varies from month to month but part-time, casual and agency staff are engaged if and when there are staff resignations or leave.

187. The Government is committed to maintaining the safety of staff and patients in all public hospitals across NSW.

Information on assaults is published in the NSW Health Annual Report. NSW Health has an extensive support program in place to assist staff including nurses and paramedics when they experience stressful or traumatic situations in their work. Security staffing numbers are determined by a risk assessment.

188 - 189

Wait times depend on clinical assessments, people with the most urgent needs are seen first according to clinical priority.

190 - 192

This data is not reported centrally.

To ensure that people with the most urgent needs are seen first, appointments are allocated in order of clinical priority.

The Hunter New England Local Health District regularly audits the waitlist to determine if patients still require appointments or whether their situation has changed.

Cardiac Surgery at the Sydney Children's

193. Children's cardiac surgery at SCH Randwick has an exemplary safety record. If the cardiac surgical program closes at SCH that will mean NSW will have only 1 program per 8 million compared to other first world nations like the UK, USA, Canada and Sweden which have 1 service per 3.5 to 5 million head of population.

- a) How is closing down the cardiac surgical programme at SCH consistent with "world's best practice?"
- b) Is the government happy to reduce the quality of NSW paediatric care to below the world standard?

194. SCH Randwick cardiac surgery outcomes are exemplary. For Surgical STAT categories 1-3, there has been 0% mortality for the last 7 years. This is unequalled internationally. Yet the State Government is planning on centralising surgical services to CHW to improve outcomes?

- a) How does the government intend on achieving a fatality rate less than 0%

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195. CHW is already operating over capacity, refusing 20% of paediatric intensive care retrieval requests. SCH Randwick accepts more than 70% of NSW's critically ill children needing to be retrieved to a paediatric intensive care bed. Not having an on-site comprehensive service that includes cardiac surgery at Randwick will subject these children to danger.
- a) How is operating over capacity world's best practice?
 - b) Why has the government failed to intervene and return NSW paediatric care to best practice?
196. When a child requires ECMO, it is often needed urgently and the chest needs to be surgically opened, requiring the expertise of a Paediatric cardiothoracic surgeon. If SCH Randwick's on-site Cardiac Surgical program is shut down, all requests for urgent cardiac surgery and urgent ECMO at Randwick will be dependent on the arrival of a team that is coming from Westmead, which takes hours to organise. In the last few months, 2 children at Randwick would have died waiting for the arrival of such a team.
197. The SCH Randwick and RHW Medical Staff Councils are opposed to this unsafe proposal.
- a) Will the Hon Minister of Health take responsibility for a child's preventable death? In other words, will the Hon Minister of Health take responsibility for the life that could have been saved had Randwick's on-site cardiac surgical and ECMO program been allowed to continue?
 - b) Will the Health Minister and Secretary of Health accept responsibility for a child that dies at Randwick waiting for ECMO, support that has successfully been operating at Randwick for 40 plus years, until dismantled by the current Government?
198. The government has stated innumerable times that it is committed to 2 fully functional children's hospitals in NSW. In 2013 there was an advertisement for 2 cardiac surgeons, 1 to be based at SCH-Randwick and 1 at Children's Hospital Westmead. Only 1 surgeon was hired to spend 100% of their time at Westmead. No surgeon has been hired to work at Randwick since, leaving Dr Peter Grant working a 1 in 1 roster. Sub-question one
- a) Does this lack of investment in service on the Randwick campus show that the government had plans to close down cardiac surgery at Randwick as early as 2013?
 - b) Why was the position at SCH never filled?
 - c) Why were the reasons for this never communicated to staff at SCH?
 - d) Where has the money allocated for the salary for the surgeon at Randwick gone?
199. In response to a 2017 Ray Hadley interview, and without any review, the Health Minister announced \$6 million dollars would be spent to create 6 high acuity beds at CHW along with employing 5 more full time intensivists at Children's Hospital Westmead. Yet despite concerns of child safety being raised by senior clinicians at SCH, the cardiac department at Randwick is being neglected. No cardiologist or cardiac surgeon has been appointed full-time at Randwick for a decade.
- a) For the cost of \$6 million, why won't the NSW Government invest in a fully equipped cardiac surgical and medical department that is based at and dedicated to Randwick?

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200. Two weeks ago an unstable critically ill 5 day old infant was transferred in the early hours of the morning from Randwick to Westmead in order to undergo a relatively straightforward surgical procedure that could have easily and safely been performed on the Randwick campus. Sub-question one
- a) Why are we exposing our most unstable fragile patients to the risks of an hour long ambulance ride across town to receive care that is no different to that available at Randwick? Further multi-level list
201. Many departments at SCH and RHW are vitally dependent on an onsite cardiac surgical unit. Removing this unit affects 2 major hospitals on the biggest health precinct in Australia
- a) How can the Minister even contemplate removing an essential service in a comprehensive children's hospital after receiving a significant number of senior specialist submissions on the detrimental effects that removing such a service will have on SCH and RHW?
 - i. Given that the Governance Review acknowledged that compared to other states, NSW paediatric health is chronically underfunded by 14%, when will proper funding be restored?
202. As recently as February this year, the Premier Gladys Berejiklian wrote to the Chair of the Medical staff Council at Sydney Children's Hospital Randwick, Dr Susan Russell, stating that "Minister Hazzard has advised me that the Sydney Children's Hospital Network is committed to continuing to deliver cardiac services, including surgery, at both the Sydney Children's Hospital Randwick and the Children's Hospital at Westmead through a "one service two sites" model and that a number of improvements have already begun."
- a) In light of this statement by the Premier, who authorised the Acting Chief Executive of the Sydney Children's Hospital Network, Chery McCullagh, to openly state at a Randwick Staff forum on 4th June that no cardiac surgery would be performed at Randwick for the next 12 months?

ANSWER

193 – 197

No decision has been made about paediatric cardiac surgery within the Sydney Children's Hospitals Network. The feedback of paediatric specialists from across NSW and interstate and other informed stakeholders who attended the 27 July Roundtable as well as previous reviews will help inform the decision.

Any decision made will be within the broader governance context of the Network and planning objectives for paediatric services statewide. Clinicians who attended the Roundtable identified the latter as a key issue, given that the vast majority of children presenting to hospitals in NSW are seen outside the two children's hospitals in Sydney.

198. (a) Refer to 193 – 197.

(b) The paediatric cardiac surgery positions were appointments to The Sydney Children's Hospitals Network, not to a specific hospital.

(c) The paediatric cardiac surgery appointment to The Sydney Children's Hospitals Network was discussed within the Cardiac Services team.

(d) The provision of paediatric cardiac surgery is about the optimal model of care for the children of NSW in need of cardiac services and, particularly, cardiac surgery, not funding.

199. Refer to 193 - 197.

200. Patient safety is the priority of NSW Health and The Sydney Children's Hospitals Network. Transfer between facilities occurs on a daily basis across NSW Health as part of providing care. Each decision is made on an individual basis, taking in account the clinical situation of the patient, the most appropriate transport mode and the support available at the sending and receiving hospitals. Specialist retrieval personnel are consulted as required.

201. (a) Refer to 193 - 197.

(i) Local health districts and specialty health networks are funded for activity, in line with Service Agreements.

202. Patient safety is the priority of NSW Health and The Sydney Children's Hospitals Network. Cardiac services continue to be delivered at Randwick and Westmead.

Canterbury Hospital

203. A recent quarterly report by the independent Bureau of Health Information has exposed the state of Canterbury Hospital. From January to March this year, there has been a 7.1% increase in arrivals to the emergency department by ambulance, and a 6.3% increase in all emergency department presentations compared to January-March 2018. With such an increase in patient numbers to Canterbury Hospital, why has the Government failed to invest any funding in the past 8 years?
- a) The report by the Bureau of health Information has also exposed a 13.6% drop in emergency patients starting their treatment on time, from 73.2% of emergency patients starting their treatment on time in January-March 2018, to 59.6% in January-March 2019. With statistics like these, will the Government consider a significant funding injection into Canterbury Hospital?
 - b) The report has also elucidated that the median time to leave the emergency department is over three hours, with 25% of patients leaving the emergency department after four hours. In addition to this, the report also shows that more than 1000 patients are on the waiting list for elective surgery. Will the Government alleviate the pressure on doctors, nurses, and care staff by delivering an urgently needed and appropriate level of funding to Canterbury Hospital?
204. In the Governments 'NSW 2019-20 Elections Commitments Health' paper, significant funding grants were promised to hospitals from across Sydney and the state. Considering all the facts outlined in the Bureau of Health Information's quarterly report on the state of Canterbury Hospital, why was Canterbury Hospital overlooked?
- a) In the Commitment paper, 8 300 additional frontline health staff were promised for NSW. How many of these additional frontline staff will go to Canterbury Hospital?
 - b) In the Commitment paper, \$45 million was promised to boost palliative care services. How much of this \$45 million will be given to Canterbury Hospital?
 - c) In the Commitment paper, \$76 million was allocated to fast tracking elective paediatric and cataract surgery. Will Canterbury Hospital receive any benefit from this \$76 million commitment?
 - d) In the Commitment paper, the Government has committed to 'begin planning to deliver specialised mental health beds...in public hospitals'. What has so far been planned? How much will the Government pledge for this initiative? And how much of this funding will Canterbury Hospital receive?
205. As of February 2019, for over 12 months, there have been positions throughout the Canterbury Hospital that have remained vacant, putting strain on the remainder of staff by increasing their workloads. Will the Government invest in Canterbury Hospital to help fill these vacant positions?
- a) Constituents in the Canterbury electorate have raised concerns about the effect of understaffing at Canterbury Hospital. I understand, These concerns include poor service management, clinical mistakes, and safety concerns. Will the Government address these concerns, and deliver them ease of mind and work by increasing funding and staff numbers at Canterbury Hospital?
206. Health Minister Brad Hazzard MP has on numerous occasions cited that 'staffing and resources within Canterbury Hospital meet the standards required to care for patients' as a reason not to increase funding in Canterbury Hospital. Will the Health Minister accept the facts laid down in the Bureau of Health Information's quarterly

report? Accordingly, will the Government commit to a fair and urgent funding increase to Canterbury Hospital?

- a) Will the Government accordingly deliver an appropriate funding boost for Canterbury Hospital?

207. The electorate of Canterbury is one of the most diverse in the state. Around two thirds of residents in Canterbury come from non-English speaking backgrounds. With that in mind, what strategies does NSW Health have to ensure that all patients in the Canterbury health district have unimpeded access to quality health?

- a) A constituent in Canterbury has complained that their non-English speaking parent had difficulties while engaging with hospital staff and an interpreter at Canterbury Hospital. What strategies and funding does the Government have for interpreters in hospitals like Canterbury Hospital?
- b) What oversight and regulations does the NSW Government have for employing interpreters in hospitals such as Canterbury Hospital?

208. Suburbs in the electorate of Canterbury are some of the fastest-growing areas in Sydney. This is reflected in the increase of patients in the emergency department at Canterbury Hospital. Will the Government recognise that the growing population is increasing demand on Canterbury Hospital? Accordingly, will the Government help staff at Canterbury Hospital keep up with demand with an appropriate funding boost?

- a) The Government is planning to add approximately another 100 000 residents to the suburbs of Belmore, Campsie, and Canterbury over the next 20 years. With the Bureau of Health Information's quarterly report confirming that Canterbury Hospital is struggling to care for the local population as is, will the Government accept that 100000 will only add additional pressure on Canterbury Hospital? Will the Government respond sensibly by proactively investing in Canterbury Hospital?
- b) In response to overdevelopment in the seat of Canterbury, Ms Sophie Cotsis MP has envisioned a world-class health service precinct around Canterbury Hospital to ensure local communities are able to access key health services without having to travel away from the local area. The member for Canterbury's vision includes cancer services, aged care, research, health sector jobs, science jobs, increase in pathology, allied health services, and medical research services at the precinct. With the pressure of existing overdevelopment, and a future that includes an additional 100 000 people, will the Government work with Ms Cotsis vision for a world-class health precinct around Canterbury Hospital?

ANSWER

203.

- (a) Each year NSW Health collaborates with the local health districts to identify priority areas for resources. Areas of need across the health system are continually reviewed, and yearly funding processes allow for resource allocation to be prioritised accordingly.
- (b) NSW Health works in conjunction with all local health districts to ensure that timely and appropriate access to care is provided to patients in NSW, giving further support when required to enable the health districts and hospitals to continue to achieve the best outcomes for their patients.

204. See answer to 203 (a).

- (a) NSW Health local health districts ensure distribution of nursing workforce based on the local clinical care requirements of their hospitals.
- (b) Sydney Local Health District is expected to receive funding for four additional palliative care nurses as the initiative is rolled out over the next four years, as well as an additional 0.5 FTE Aboriginal Health Worker.

The District will determine where these positions will be based according to local needs. The District will also be able to seek funding for refurbishment of palliative care facilities through an expression of interest process open to all local health districts and specialist health networks.

- (c) All hospitals, including Canterbury Hospital, who currently complete cataract and/or paediatric surgery will be eligible and considered in line with their capacity to undertake additional elective surgeries.
- (d) The 2018-19 State Budget included funding to establish the \$700 million Statewide Mental Health Infrastructure Program to improve the quality of care for people living with a mental illness and to better support their families and carers. The Program is the biggest single capital investment program in NSW mental health infrastructure to date.

Initial funding of \$20 million has been distributed to local health districts and specialty networks to make important improvements to the therapeutic environment in their acute mental health facilities

The Program will then focus on the gaps in specialist state-wide services aimed at children and adolescents, older people, mothers and babies and people with cognitive and mental health impairment who come into contact with the criminal justice system as well as the development of new 'step up, step down' community-based beds.

- 205. Canterbury Hospital is appropriately and safely staffed for the clinical services it currently provides in accordance with NSW Ministry of Health requirements.
- 206. Sydney Local Health District allocates the necessary budget to Canterbury Hospital for the services provided. Information regarding budget allocation for Canterbury Hospital is publicly available.
- 207. Staff at Canterbury Hospital have access to interpreter services through the Sydney Health Care Interpreter Services (SHCIS). SHCIS provides professional health care interpreting services for patients and health care providers, interpreting services in hospitals and community based locations, and in the homes of our patients. SHCIS is managed as part of the Sydney Local Health District.

208. See answer to 144-148

Tresillian Family Centre

- 209. Tresillian Family Centres offer vital services for families across NSW. Nurses in these centres provide assistance to new mothers by helping them settle their

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newborn babies. These centres also provide valuable education to families with young babies. How much funding does the Government contribute to this vital, non-for profit organisation?

- a) Will the Government commit to maintaining this level of funding?
- b) Will the Government seek to increase the level of funding it provides Tresillian in future?
- c) Some of these centres are in densely populated multicultural and multilingual communities. Does the Government assist Tresillian in accommodating for diverse communities, please advise strategies?

ANSWER

209.

Tresillian receives \$12.4 million per year to operate services across NSW. In 2018, the NSW Government provided an additional \$2.2 million in funding per year for four years, to fund five new Regional Family Care Centres as part of the NSW Government's landmark Parents' Package.

- (a) The NSW Government has been funding Tresillian since its inception. Tresillian was established by an Act of NSW Parliament in 1919 as the *Royal Society for the Welfare of Mothers and Babies* (now known as Tresillian Family Care Centres). The funding to Tresillian has been consistent with annual CPI increases to ensure that the cost of service provision keeps pace with inflation.
- (b) The NSW Government is always looking to further increase access to Tresillian's evidence-based early parenting services for regional families in NSW, and will continue to work with Tresillian and the local health districts to identify areas of need for additional services.
- (c) The \$12.4 million per year provided to Tresillian includes funds for meeting the needs of families from culturally and linguistically diverse backgrounds.

Tresillian access to the Sydney Health Care Interpreter Service, with 85 languages covered by its healthcare interpreter staff. Tresillian is also able to access the Sydney Local Health District Cultural Support Worker program, providing bicultural and bilingual workers to deliver in-language education.

Members of Tresillian staff attend key local community meetings, such as interagency committees, where representation from key community groups and services ensures that the needs of all community groups are considered when services are planned or reviewed, or when Tresillian is requested to provide professional support to other services.

Ministerial Travel/Meal Allowance

210. How many nights travel were claimed by the Minister during the 2018-19 period?

211. How many nights travel were claimed by the Minister's spouse during the 2018-19 period?

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212. What was the total amount of travel allowances claimed by the Minister and their spouse (if applicable) during 2018-19?

213. What is the total amount of meal allowances claimed by the Minister and their spouse (if applicable) during 2018-19?

ANSWER

210 – 213

In 2018-19, total expenditure by the Ministry on domestic travel was \$1,093,735.

Efficiency dividends

214. What was the forecast efficiency dividend saving for each department, statutory agency and/or other body within your portfolio in 2018-19?
215. What is the forecast efficiency dividend saving for each department, statutory agency and/or other body within your portfolio in
- a) 2019-20?
 - b) 2020-21?
 - c) 2021-22?
216. What was the total efficiency dividend that was achieved for each department, statutory agency and/or other body within your portfolio between 2011-12 and 2018-19 inclusively?

ANSWER

214 – 216

Savings from the NSW Government's efficiency dividend are outlined in the Budget Papers.

Ministerial Office Administration

217. How many staff are in your ministerial office?
- a) What was the average salary for staff members in your office during 2018-19?
 - b) What is the estimated average salary for a ministerial staffer in your office in 2019-20 based on current appointments?
218. How many iPhone/smart phones are assigned to your staff?
- a) For each phone, how much was each bill in 2018-19?
 - b) How many phones have been lost or replaced due to damage in your office?
 - c) What is the cost of replacing those phones?
219. How many iPads or tablets has DPC assigned to your Ministerial office and to whom have they been issued?
- a) What was the cost of providing iPads or tablets to your Ministerial Office in 2018-19?
 - b) How many iPads or tablets have been replaced due to lost or damage in 2018-19?
 - c) What was the cost of replacing these devices?
220. Has any artwork been purchased or leased for display in your ministerial office in 2018-19?
- a) What is the cost of this?
221. Have any floral displays or indoor plants or pot plants been hired or leased for display in your ministerial office in 2018-19?
- a) If so, what was the cost of these items?
222. Have any floral displays or indoor plants or pot plants been purchased for display in your ministerial office in 2018-19?
- a) If so, what was the cost of these items?
223. What was the total cost of all subscriptions by you and your staff to news services, newspapers, magazines, journals and periodicals (including online services) in 2018-19?
- a) What are these services/newspapers/magazines/journals/periodicals?
 - b) Who is the subscriber for each of these?
224. What was the total value of all gifts purchased for use by you and your office in 2018-19?
- a) What were the gifts purchased?
 - b) Who were they gifted to?
225. Do you purchase bottled water or provide water coolers for your office?
- a) What is the monthly cost of this?
226. How much did your ministerial office spend on hospitality, including catering and beverages, in 2018-19?
227. What non-standard features are fitted to your ministerial vehicle?
- a) What is the cost of each non-standard feature?

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228. What was the total bill for your office in 2018-19 for:
- a) Taxi hire
 - b) Limousine hire
 - c) Private hire care
 - d) Hire car rental
 - e) Ridesharing services?
229. Were any planes or helicopters chartered by you or your office and paid for with public money in 2018-19?
- a) If yes, will you please detail each trip, the method of transport and the cost?
230. Have you had media training or speech training?
- a) If yes, who paid for it?
 - b) If paid by taxpayers, what was the amount paid in 2018-19?

ANSWER

217. Ministers' Office staff numbers and salary bands are available on the DPC website.
218. There were 261 smartphones and other mobile devices allocated across the Ministers' IT Network in 2018-2019. The total usage cost of these smart phones and other mobile devices (including iPads) was \$334,630, compared to 2009-10 expenditure of \$434,854 under Labor. There were 6 devices lost/stolen across the Ministerial Offices during 2018-2019. The cost of replacing any lost or stolen devices is claimed through the NSW Treasury Managed Fund. Repairs are funded by the Department of Premier and Cabinet, Corporate and Ministerial Services.
219. There were 111 iPads allocated across the Ministers' IT Network in 2018-2019. The cost of replacing any lost or stolen devices is claimed through the NSW Treasury Managed Fund. Repairs are funded by the Department of Premier and Cabinet, Corporate and Ministerial Services.
220. Artwork in Ministers' Offices includes art donated at no cost.
- 221 – 222.
Floral arrangements purchased by the Ministry are managed within Ministerial office budgets.
223. Ministers' offices subscribe to a modest number of publications, which are managed within Ministerial office budgets.
224. Gifts are presented to dignitaries during overseas missions and to dignitaries visiting NSW in accordance with established protocol.
225. The Ministry spent \$466 on filtered water for their offices in 2018-19.
226. Expenditure on hospitality across the Ministry totalled \$27,782 in 2018-19, which includes catering for stakeholder meetings and courtesy calls with visiting dignitaries.
227. Ministers, the Leader of the Opposition, other nominated public office holders and certain former office holders are provided with official cars and drivers. During 2018-19, all costs associated with these vehicles were paid from the relevant Ministerial office budget.

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228. Expenditure on taxis, hire cars and ride share services in 2018-19 across the Ministry was \$119,179, compared to 2009-10 expenditure of \$175,776 under Labor.
229. Expenditure on charter flights for the Ministry totalled \$83,845 in 2018-19, compared to 2009-10 expenditure of \$281,567 under Labor.
230. No.

Agile Workspaces/Activity Based Working/Hot-desking

231. Have any of your departments, statutory agencies and/or other bodies adopted agile working environment/activity based working practices e.g. hot-desking?
- a) If not, are there plans to introduce activity based working practices in 2019-20?
232. How much have your departments, statutory agencies and/or other bodies spent in the roll-out of the agile working environment including laptops, furniture, lockers and other equipment in 2018-19?

ANSWER

231 – 232

Accommodation planning for Health cluster agencies is undertaken in accordance with the Government's accommodation strategy and design guidelines. Agile working environments based on the principles of Activity Based Working are being rolled out as appropriate.

Hospitality

233. For each department, statutory agency and/or other body in the Minister's portfolio please report:
- a) How much was spent on hospitality, including catering and beverages, in 2018-19?
- b) Whether the department, statutory agency and/or other body has coffee machines? And if so:
- i. How many?
- ii. What was their purchase cost?
- iii. What is their maintenance cost?
- iv. Who has access to them?
- v. Which staff have access to the machines?

ANSWER

233. Expenditure on hospitality is limited to official work related purposes with any related staff benefits subject to Fringe Benefits Tax provisions. The provision and acceptance of gifts, benefits and hospitality is subject to specific policies and agency Codes of Conduct and is strictly monitored.

Labour Hire Firms

234. Do any departments, statutory agency and/or other bodies within your portfolio responsibilities utilise the services of Labour Hire Firms? If yes, please advise in table form for 2018-19:
- a) The names of the firms utilised
 - b) The total amount paid to each firm engaged
 - c) The average tenure period for an employee provided by a labour hire company
 - d) The longest tenure for an employee provided by a labour hire company
 - e) The duties conducted by employees engaged through a labour hire company
 - f) The office locations of employees engaged through a labour hire company
 - g) The highest hourly or daily rate paid to an employee provided by a labour hire company
 - h) Who authorised the use of labour hire companies?
 - i) Do staff under these labour hire arrangements receive as much training and security clearance as permanent staff?

ANSWER

234. Labour hire firms may be used in accordance with NSW Public Service policies to cover temporary vacancies as required. This arrangement with Contractor Central, who now maintain these records, commenced in November 2015.

Stationary

235. For each department, statutory agency and/or other body in the Minister's portfolio please report:
- a) What was the cost of stationary for the following financial years:
 - i. 2015-16
 - ii. 2016-17
 - iii. 2017-18
 - iv. 2018-2019
 - v. 2019-present
 - b) What brand of paper is used?
 - i. Is this paper Australian made?

ANSWER

235. Stationery purchases by Health cluster agencies are made in accordance with the applicable policies and procedures on procurement.

Credit Cards

236. For each department, statutory agency and/or other body in the Minister's portfolio please report:
- a) How many credit cards are currently on issue for staff?
 - i. Please provide a break-down of this information by grade.
 - b) What was the value of the largest reported purchase on a credit card for the following financial years:
 - i. 2015-16
 - ii. 2016-17
 - iii. 2017-18
 - iv. 2018-2019
 - v. 2019-present
 - c) What was each largest reported purchase for?
 - d) How much interest was paid on amounts outstanding from credit cards for the following financial years:
 - i. 2015-16
 - ii. 2016-17
 - iii. 2017-18
 - iv. 2018-2019
 - v. 2019-present
 - e) How much was paid in late fees on amounts outstanding from credit cards for the following financial years
 - i. 2015-16
 - ii. 2016-17
 - iii. 2017-18
 - iv. 2018-2019
 - v. 2019-present
 - f) What was the largest amount outstanding on a single card at the end of a payment period and what was the card holder's employment grade?
 - g) How many credit cards have been reported lost or stolen?
 - i. What was the cost to replace them?
 - h) How many credit card purchases were deemed to be illegitimate or contrary to agency policy?
 - i. What was the total value of those purchases?
 - ii. How many purchases were asked to be repaid on the basis that they were illegitimate or contrary to agency policy and what was the total value thereof?
 - iii. Were all those amounts actually repaid?
 - iv. If no, how many were not repaid, and what was the total value thereof?
 - i) What was the largest purchase that was deemed illegitimate or contrary to agency policy and asked to be repaid, and what was the cardholder's employment grade?
 - i. What that amount actually repaid, in full?
 - ii. What amount was left unpaid?
 - j) Are any credit cards currently on issue connected to rewards schemes?
 - i. Do staff receive any personal benefit as a result of those reward schemes?
 - k) Can a copy of the staff credit card policy please be provided?

ANSWER

236. The NSW Government has implemented a PCard program to realise a number of benefits including savings from the use of cards over traditional high cost procure-to-pay processes and the enhanced capability to track and monitor expenditure.

Cards are issued to staff according to business need and are managed in accordance with Treasury Policy TPP 17-09 *Use and Management of NSW Government Purchasing Cards*.

Staff are prohibited from using official PCards for personal or other unofficial purposes and cards are not connected to reward schemes or any other program that would provide a personal benefit to the cardholder.

All NSW Government card balances are paid within bank payments terms and therefore no late fees or interest charges are incurred.

Media and Public Relations

237. For each department, statutory agency and/or other body in the Minister's portfolio please report:
- a) How many media/communications/public relations advisers are employed?
 - i. What is the total salary cost for media/communications/public relations advisers in 2018-19?
 - b) What is the forecast for the current financial year for the number of media/communications/public relations advisers to be employed and their total cost?
 - c) What is the total cost of media monitoring services?
 - i. Please provide a breakdown by department, statutory agency and/or other body.
 - d) Are any media or public relations advisers currently engaged as contractors?
 - i. Who are these contracts with?
 - ii. What is the value of these contracts?
 - e) How much was spent on media or public relations advisers in financial year:
 - i. 2015-16
 - ii. 2016-17
 - iii. 2017-18
 - iv. 2018-2019
 - v. 2019-present?

ANSWER

237. (a-b)

NSW Health staff numbers are included in the Annual Report. NSW Health numbers undertaking media or public relations activities are commensurate with need and can go down or up as required.

- (c-e)

The Financial Statements, including legal, consulting and any other general costs from third party service providers, are available in the agency annual report. These are available in accordance with NSW Government Procurement Policy.

Facebook

238. How much did your ministerial office spend on Facebook advertising or sponsored posts in 2018-19?
239. How much did your department, statutory agency and/or other body in the Minister's portfolio spend on Facebook advertising or sponsored posts in 2018-19?

ANSWER

238. No taxpayer money has been spent on Facebook advertising or sponsored posts.
239. Where appropriate, social media is used by agencies alongside other forms of advertising as a cost effective medium of communication.

Overseas Trips

240. Were any of your overseas trips in the last financial year paid for in part or in full by using public money?
- a) If so, did any of your relatives or friends accompany you on these trips?
 - b) Have you undertaken any official overseas travel that was privately funded?
 - c) If so, what was the nature of these trips?
 - d) Who paid for these trips?

ANSWER

240. Details of overseas travel including costs are published on agency websites.

Department/Agency Travel

241. What was the total expenditure in 2018-19 by departments, statutory agencies and/or other bodies within your portfolio on:
- a) Taxi hire
 - b) Limousine
 - c) Private car hire
 - d) Hire car rental
 - e) Ridesharing services
 - f) Chartered flights?

ANSWER

241. Agency travel was conducted in accordance with relevant NSW Government policies and guidelines including Treasury Circular TC18-15 and ATO determinations.

Drivers

242. Are any of the senior executives in the relevant department, statutory agency and/or other body provided drivers?
- a) If so, can you please specify which positions are provided drivers?
 - b) In total, how many drivers are used by senior executives in the department, statutory agency and/or other body?
 - c) What is the total cost of drivers for senior executives in the department, statutory agency and/or other body?

ANSWER

242. No senior executives in the Ministry of Health are provided drivers.

Consulting

243. For each department, statutory agency and/or other body in the Minister's portfolio please report:
- a) How much was spent in legal costs in 2018-19?
 - i. For what specific purposes or matters was legal advice sought?
 - b) Have departments, statutory agencies and/or other bodies under your portfolio engaged any consultants to provide the following services or advice in 2018-19:
 - i. Social media
 - ii. Photography
 - iii. Acting training
 - iv. Ergonomics
 - c) What was the cost of these services?
 - i. Social media
 - ii. Photography
 - iii. Acting training
 - iv. Ergonomics

ANSWER

243. The Financial Statements, including legal, consulting and any other general costs from third party service providers, are available in the agency annual report.

Web Content

244. For each department, statutory agency and/or other body in the Minister's portfolio please report:
- a) What were the top 20 most utilised (by data sent and received) unique domain names accessed this year?
 - b) What were the top 20 most accessed (by number of times accessed) unique domain names accessed this year?

ANSWER

244. (a-b)

Data sent and received is not tracked as a website metric as this does not provide customer benefit.

The most accessed sites are as follows:

- health.nsw.gov.au
- eviq.org.au
- int.mnclhd.health.nsw.gov.au
- aci.health.nsw.gov.au
- wslhd.health.nsw.gov.au
- seslhd.health.nsw.gov.au
- icanquit.com.au
- healthshare.nsw.gov.au
- heti.nsw.gov.au
- islhd.health.nsw.gov.au
- breastscreen.nsw.gov.au
- ehealth.nsw.gov.au
- fwlhd.health.nsw.gov.au
- slhd.nsw.gov.au
- hnehealth.nsw.gov.au
- cec.health.nsw.gov.au
- cancer.nsw.gov.au
- nbmlhd.health.nsw.gov.au
- yourroom.nsw.gov.au
- makehealthynormal.nsw.gov.au

Department/Agency Staffing

245. How many redundancies were processed by departments, statutory agencies and/or other bodies within your portfolio responsibilities during 2018-19?

- a) Of these redundancies, how many were:
- i. Voluntary?
 - ii. Involuntary?

246. What was the total cost of all redundancies?

247. Have any staff who received a redundancy in the last two years undertaken any paid work or provided any paid services for the department, statutory agency and/or other body with which they were formerly employed?

- a) What was the nature of these works/services?
b) What was the total cost of these works or services?

248. Are any staff formerly employed by your ministerial office now employed by departments, statutory agencies and/or other bodies under your portfolio responsibility?

249. How many staff were dismissed from departments, statutory agencies and/or other bodies under your portfolio responsibilities in 2018-19?

- a) What were the reason/s for each dismissal?

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250. How much was spent advertising for recruitment for the following financial years:
- a) 2015-16
 - b) 2016-17
 - c) 2017-18
 - d) 2018-2019
 - e) 2019-present?

ANSWER

245 – 249

Voluntary redundancies are a component for agencies to achieve their efficiency dividends. Redundancy figures can be found in the Annual Report.

The Labour Expense Cap introduced in the 2012-13 Budget also continues to give Secretaries as much flexibility as possible to achieve these savings in the most appropriate ways to meet the service requirements of their agencies. Frontline staff such as, nurses, police officers and school teachers and regional employees have been quarantined from this measure.

250. Advertising expenses can be found in the Annual Report.

Smart Phone

251. How many mobile phones are given to staff or board members?
a) How many new mobile phones were purchased in the last year?
252. What is the total cost of these phones for the following financial years:
a) 2015-16
b) 2016-17
c) 2017-18
d) 2018-2019
e) 2019-present?
253. How many had to be replaced due to damage?
254. How many were reported as lost?
255. How many tablets are given to staff or board members?
a) How many new tablets in the last year?
256. What is the total cost of these tablets for the following financial years?
a) 2015-16
b) 2016-17
c) 2017-18
d) 2018-2019?
257. How many phones and tablets had to be replaced due to damage?
258. How many were reported as lost?
259. How many people have both a smart phone and a tablet?
a) What is the lowest ranked official who has both a work smart phone and tablet?
260. How many staff or board members overspent on their phone or tablet data bill?
a) By how much?
b) What was the average cost of data bills for tablets and mobile phones?
c) What was the highest monthly cost?
261. Do the departments, statutory agencies and/or other bodies within your portfolio have an iTunes account?
a) What was the total expenditure in 2018-19 on iTunes?
b) What applications/subscriptions/services were purchased through iTunes?
262. Do the departments, statutory agencies and/or other bodies within your portfolio have a Google Play Store account?
a) What was the total expenditure in 2018-19 on through the Google Play Store?
b) What applications/subscriptions/services were purchased through the Google Play Store?

ANSWER

251 - 262

IT costs are managed within each agency's budget and in accordance with NSW Government's ICT and procurement policies and frameworks.

Merchant fees

263. Please provide a list of all transactions where customers need to pay a merchant fee on credit and/or debit card payments to a department, statutory agency and/or other body within your portfolio.
264. Please provide the percentage and/or amount of the merchant fees applied to all credit and/or debit card payments/transactions to a department, statutory agency and/or other body within your portfolio.
265. What was the total amount paid in merchant fees on credit and/or debit card payments to departments, statutory agencies and/or other bodies within your portfolio in 2018-19?

ANSWER

263 – 265

All NSW Government agencies are required to impose surcharges to recoup their merchant interchange fees, pursuant to Treasury Circular TC12/13.

Ministry of Health staff only use their Pcards for the purchase of goods and services for official business purposes. If particular vendors elect to impose a merchant fee on card transactions, that is an unavoidable cost of doing business. It would not be possible to determine fees charges to Departmental cards, as these would either be embedded in the individual transaction cost, or if separately disclosed would require each monthly card statement for each user to be reviewed.

Advertising and Sponsorships

266. For each department, statutory agency and/or other body in the Minister's portfolio please report:
- a) How much was spent on advertising in the following financial years:
 - i. 2015-16
 - ii. 2016-17
 - iii. 2017-18
 - iv. 2018-2019?
267. Has your department, statutory agency and/or other body within your portfolio engaged in any corporate sponsorships?
- a) Who were these sponsorships with?
 - b) What was the purpose of these sponsorships?
 - c) What was the value of these sponsorships, by case and year?
 - d) What was the value of these sponsorships in the following financial years:
 - i. 2015-16
 - ii. 2016-17
 - iii. 2017-18
 - iv. 2018-19?

ANSWER

266 – 267

The Financial Statements, including advertising and sponsorship, are available in agency annual reports. The NSW Government may use advertising to inform the public of their rights, obligations and entitlements as well as to explain government policies, programs, services and initiatives. Government advertising is conducted within guidelines outlined in the NSW Government Advertising Handbook. Any sponsorship arrangements are conducted within ICAC principles.

Probity Auditor

268. Has your office or department, statutory agency and/or other body within your portfolio used a Probity Auditor or Probity Advisors, or similar, in the past five years? If so please list the company and/or individual, the project, the engagement dates, and their total remuneration in tabular format.

ANSWER

268. In accordance with the NSW Procurement Board's Direction (PBD-2013-05), the Ministry of Health has internal mechanisms in place to ensure that probity considerations are routinely taken into account in its procurement decisions, and the use of external probity advisers and auditors is the exception rather than the rule. The agency's Annual Report includes all consultancies including those involving probity advisers valued at more than \$50,000.

Energy

269. For each department, statutory agency and/or other body within your portfolio by name, how much electricity did it consume for each of:
- a) 2014-15?
 - b) 2015-16?
 - c) 2016-17?
 - d) 2017-18?
 - e) 2018/19?
270. What proportion of the electricity consumed by each department, statutory agency and/or other body within your portfolio by name for those years came from renewable sources? Please name each source of energy (coal, solar, wind, etc.) and the proportion of the total electricity used.
271. How much money was spent on electricity for each department, statutory agency and/or other body within your portfolio by name in each of the above financial years?
272. What was the name of the energy supplier to each department, statutory agency and/or other body within your portfolio by name for those financial years?
273. How much electricity is it estimated that each department, statutory agency and/or other body within your portfolio will consume in:
- a) 2019-20?
 - b) 2020-21?
 - c) 2021-22?
274. What proportion of that electricity is it estimated will come from renewable sources, for each year?
275. For each department, statutory agency and/or other body within your portfolio by name, please provide the estimated proportion of energy to be used from each kind of energy (coal, gas, solar, wind etc.)?
276. What is the name of the energy supplier to each department, statutory agency and/or other body within your portfolio for each of:
- a) 2019-20?
 - b) 2020-21?
 - c) 2021-22?

ANSWER

269 - 276

Energy purchases by Health cluster agencies are made in accordance with the applicable policies and procedures on procurement under whole of government Contracts 776 (small sites under 100,000 kwh per annum) and 777.

Under these contracts the following suppliers are mandated:

- 776 – Origin Energy Electricity Limited
- 777 – ERM Power Retail Pty Ltd

The NSW Government Resource Efficiency Policy was introduced in 2014 to reduce the NSW Government's operating costs and lead by example in increasing the efficiency of the resources it uses.

NSW Government agencies are required to report on energy use under the Government Resource Efficiency Policy. The Department of Planning, Industry and Environment publishes progress reports on compliance with the policy.

General Costs

277. For each department, statutory agency and/or other body in the Minister's portfolio please report:

- a) Any gardening services used for indoor or outdoor pot plants/flowers maintenance?
 - i. Who are the contracts with?
 - ii. How much does each contract cost?
 - iii. How often do they visit?
 - iv. How much was spent on this service in financial year:
 - 2015-16
 - 2016-17
 - 2017-18
 - 2018-19?
- b) Any floral displays or indoor plants or pot plants hired or leased for display in any offices?
 - i. Who were the contracts with?
 - ii. How much was each contract cost?
 - iii. How much was spent on this service in financial year:
 - 2015-16
 - 2016-17
 - 2017-18
 - 2018-19?

ANSWER

277. The Financial Statements, including expenditure on any general costs, are available in an agency's annual report. Plant and related purchases by Health cluster agencies are made in accordance with the applicable policies and procedures on procurement.

Domestic Violence Leave Policies, Awareness and Usage

278. For each department, statutory agency and/or other body in the Minister's portfolio please report:
- a) A copy of the entity's policy or web link to the entity's domestic violence leave policy;
 - b) Date of introduction of domestic violence leave into enterprise agreements/contracts of employment, awards as applicable;
 - c) Whether or not all employees and/or contractors are eligible for domestic violence leave;
 - d) Number of days of domestic violence leave that have been taken in each financial year since the introduction of such leave;
 - e) Number of days available for eligible staff to access domestic violence leave in each financial year;
 - f) Number of other personal days of leave that have been taken in each financial year since the introduction of domestic violence leave;
 - g) Number of sick days available for eligible staff to access domestic violence leave in each financial year;
 - h) Whether or not all staff and/or contractors have access to Employee Assistance Programs?
 - i) What training has been undertaken with management and administration for those involved in approving and/or processing domestic violence leave on issues such as?
 - i. Privacy and confidentiality of information about domestic violence
 - ii. Access to emotional, psychological, financial and medical support which may be required
279. Who has provided training on domestic violence in the workplace?
280. What percentage of staff in each agency has undertaken domestic violence training?
281. What efforts have been made to ensure that perpetrators (or their accomplices) within the staffing profile are not able to access personal information of victims in order to identify their location, or other information which may assist in committing domestic violence against them, including changing or accessing records in such a way as to disadvantage them financially or legally?

ANSWER

- 278.
- (a) From 1 January 2019, the support available to employees experiencing domestic and family violence was considerably enhanced.

These changes were introduced by Premiers Memorandum M2018-03 Support for Employees Experiencing Domestic or Family Violence. The Leave Matters for the NSW Health Service Policy Directive (Section 12.10) sets out leave provisions and the types of other support available to employees in these circumstances. Employees have access to 10 days' paid domestic and family violence leave per calendar year. This leave is non-cumulative and can be taken in part-days, single days or consecutive days. This leave can be accessed without the need to exhaust other existing leave entitlements first.

- (b) Provisions in relation to Domestic Violence were added to the Crown Employees (Conditions of Employment) Award in 2011.

Similar provisions have been included in NSW Health awards at various times since 2011, for example the Public Hospital Nurses' and Midwives' (State) Award (Clause 11); Health Employees' Conditions of Employment (State) Award (Clause 28A), Operational Ambulance Officers (State) Award (Clause 31A); Staff Specialists (State) Award (Clause 20A); Public Hospital Career Medical Officers (State) Award (Clause 15A); and the Public Hospital Medical Officers (State) Award (Clause 18A). The introduction of the enhanced provisions state that "Where there is an existing arrangement for paid domestic and family violence leave in an industrial instrument, NSW government sector employees will have access to the more beneficial arrangement (but not both)".

- (c) All staff members employed under the various NSW Health awards are entitled to be absent from the workplace due to an incident of domestic violence if required.
- (d)-(g) Before 1 January 2019, this was not a separate leave type. In accordance with the NSW Health awards, staff could utilise all available Family and Community Service Leave, Sick Leave and Carer's Leave to assist with managing domestic violence circumstances. If this leave was unavailable special leave could be granted of up to five days per calendar year.
- (h) All staff, their families and contractors have access to the Employee Assistance Program.
- (i) NSW Health continues to provide ongoing support and guidance on best practice approaches to supporting employees who are experiencing domestic violence.

279 - 280

Employee induction programs include what leave provisions are available to staff. Managers of staff experiencing domestic violence can receive support through the Manager-Assist component of their Employee Assistance Program. Advice is also available from Human Resources staff to managers and staff dealing with domestic violence issues.

281. NSW Health complies with the highest levels of document and privacy management consistent with the *Privacy and Personal Information Act 1998* (NSW).

Sexual harassment and Anti-bullying training and awareness programs

282. For each department, statutory agency and/or other body in the Minister's portfolio please report:
- a) Date of introduction of sexual harassment and anti-bullying training and awareness programs and a copy of such documentation.
 - i. Whether or not all employees and/or contractors have received such training?
 - ii. Is this course mandatory for all employees/ contractors?
 - iii. How long for each session, how many sessions?
 - iv. Who delivers it?
 - v. Is the program tailored to take into consideration specific needs of LGBTQIA, ATSI and CALD or other at risk groups?
 - How?
 - b) What percentage of staff in each department, statutory agency and/or other body within your portfolio have undertaken sexual harassment and anti-bullying training and awareness programs?
 - c) How many complaints have been initiated in relation to:
 - i. Sexual harassment
 - ii. Bullying
 - iii. Workplace violence

ANSWER

282.

- (a) The *Promoting Acceptable Behaviour in the Workplace* online training program was formally introduced in June 2014 and provides training and awareness on expectations with regards to acceptable workplace behaviour. This program is regularly reviewed and updated in accordance with policies and guidance.
 - (i)-(ii) Completion of the *Promoting Acceptable Behaviour in the Workplace* online module is mandatory for all Ministry of Health employees.
 - (iii) This training is in the form of an online learning module.
 - (iv) The module is made available through NSW Health's Learning Management System, *My Health Learning*.
 - (v) The needs of at-risk groups have been considered in the design of this program.
- (b) Participation is mandatory in the Ministry of Health.
- (c) Complaints of this nature are addressed through the Ministry of Health Complaints and Investigation Policy. Not all complaints are raised as a formal complaint and may be addressed informally.

Participation of women in Government

283. For each department, statutory agency and/or other body in the Minister's portfolio please report:
- a) What number and percentage of women are employed within the department, statutory agency and/or other body within your portfolio?
 - b) What number and percentage of women are employed within the management levels of the department, statutory agency and/or other body within your portfolio?
 - c) What number and percentage of women are employed in the top ten leadership positions of the department, statutory agency and/or other body within your portfolio?
 - d) What strategies does the department, statutory agency and/or other body within your portfolio use to encourage women in to management and leadership positions?
 - e) What is the gender pay gap within your department, statutory agency and/or other body within your portfolio?
 - f) Does the department, statutory agency and/or other body within your portfolio report participation of women figures to Women NSW on a regular basis?

ANSWER

283.

- (a)-(c) This information is available in each agency's Annual Report.
- (d) All agencies use gender balance on interview panels as well as offering flexible working arrangements to allow better management of work and home commitments. Agencies continue to promote diversity and inclusion strategies which promote a workplace free from social biases of any kind.
- (e) All equivalent positions determined by an objective assessment of their work value are paid the same salary within all agencies. The relevant distribution of women in each classification of work across the sector is reported by the Public Service Commission but is also available in the agency's Annual Report.
- (f) The workforce profile data collected by the Public Service Commission is made available to Women NSW.

Professional Photography

284. How much has been spent on professional photography for the following financial years:
- a) 2015-16
 - b) 2016-17
 - c) 2017-18
 - d) 2018-2019
 - e) 2019-present?

ANSWER

284. The Financial Statements, including expenditure on professional photography, are available in agency annual reports.

Unmanned Aerial Services

285. How much has been spent on Unmanned Aerial Services for the following financial years:
- a) 2015-16
 - b) 2016-17
 - c) 2017-18
 - d) 2018-2019
 - e) 2019-present?

ANSWER

285. The Financial Statements, including expenditure on unmanned aerial services, are available in agency annual reports.

Seconded Staff

286. How many staff from your department, statutory agency and/or other body within your portfolio have been seconded to your Ministerial Office, for the following financial years:
- a) 2015-16
 - b) 2016-17
 - c) 2017-18
 - d) 2018-2019
 - e) 2019-present?
287. Please provide their names, their substantive work title, and their seconded work title.

ANSWER

286 – 287

NSW Government sector employees may be seconded from agencies to Ministers' offices in accordance with Clause 35 of the Government Sector Employment Regulation 2014.

Consultant Costs

288. For each department, statutory agency and/or other body in the Minister's portfolio please report, the total expenditure on consultants by financial year:
- a) 2015-16
 - b) 2016-17
 - c) 2017-18
 - d) 2018-2019
 - e) 2019-present?
289. What are names and values of the five most expensive reports produced by consultancies for each department, statutory agency and/or other body in the Minister's portfolio by financial year:
- a) 2015-16
 - b) 2016-17
 - c) 2017-18
 - d) 2018-2019
 - e) 2019-present?

ANSWER

288 – 289

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

GIPA Questions to the CEOs/Department Secretaries

290. Since March 30, how many formal GIPAs have your cluster/ department received?
291. Out of the received formal GIPAs, how many have you determined to:
- a) Grant full access to the information?
 - b) Grant partial access to the information?
 - c) Not grant access to the information?
292. Out of the GIPA where partial information or no information was granted, how many have decided to appeal?
- a) Out of those who have decided to appeal, how many have decided to use:
 - i. The agency's internal appeals' mechanism?
 - ii. Review by the Information Commissioner?
 - iii. Review by NCAT?
 - b) How many of those GIPAs have been overturned on appeal?
 - i. Internal appeals' mechanism?
 - ii. Review of the Information Commissioner?
 - iii. Review by NCAT?
293. GIPAs that have been granted full or partial access, how many appear on the agency's disclosure log?
- a) What is the rationale for not putting GIPAs on the agency's disclosure log (excluding GIPAs asking for personal information)?
294. Has any GIPAs that appeared on the agency's disclosure log been taken down?
- a) For what reason/s?

ANSWER

290 - 294

The Ministry of Health's GIPA information is published annually in the NSW Health Annual Report.

Additionally, GIPA information for NSW public sector agencies, including the NSW Health Cluster is published annually by the Information and Privacy Commission, through their online GIPA data service.

MEDICAL RESEARCH

Questions from Hon Mark Buttigieg MLC (on behalf of the NSW Labor Opposition)

Medical Research

295. Is the Minister aware of Queensland Crime & Corruption Commission Report from December 2017 entitled: Australia's First Criminal Prosecution for Research Fraud: A case study from the University of Queensland.
- What vulnerabilities for the prevention of corruption and fraudulent research indicated in that report apply to NSW government grants and institutions?
 - What action has the Government taken to prevent the use of fraudulent research in grant applications?
 - Have Doctors Murdoch or Barwood received any grant monies from the NSW Government?
 - If so, has it been paid back?
 - If it hasn't been paid back, why not?
 - Are any other doctors who are devotees of universal medicine been found to have received grant funding from the NSW Government?
 - If so, what has happened to them?
296. How does NSW calculate the value of investment in medical research from overseas and other states?
297. What other metrics are collected on the operation of medical research trials in NSW?
- Across the health system
 - In public hospitals
 - In private hospitals
 - In public private hospitals
 - In other non-hospital health facilities
298. Where is this reported?
299. How often is it reported?
300. How many clinical trials are undertaken in NSW public hospitals each year?
- Please disaggregate by hospital
301. Do CEOs have KPIs to encourage them to take advantage of clinical trials in NSW?
302. Is there a strategy to encourage more clinical trials in NSW?
303. What amount of money is invested in clinical trials by:
- Private for-profit companies
 - Based in NSW
 - Based in Australia excluding NSW
 - Based overseas
 - Not-for-Profit companies
 - Based in NSW
 - Based in Australia excluding NSW

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- iii. Based overseas
 - c) NSW Government
 - d) Federal Government
 - e) Other entities
 - i. Based in NSW
 - ii. Based in Australia excluding NSW
 - iii. Based overseas
304. Is the Premier or any other Minister intending to attend the Biotechnology Innovation Organisation Convention in June 2020?
- a) If not, why not?
305. Is the Minister aware of the concept of value based health care versus outcomes health care?
306. What role does the Minister see for medical research in driving down the cost of the delivery of health care services other than reduction in bed days?
307. How is the NSW Government ensuring that patients in NSW hospitals receive best second round effects of their health care – psychosocial benefits, lower readmission rates?
- a) How is this quantified in the KPIs with CEOs?
308. How is the Government using medical devices such as negative pressure wound therapy to reduce hospital stays for patients?
309. What feedback if any is the government giving to the Commonwealth about the funding of health devices through private health funds in order to reduce hospital stays and readmissions?
310. How is the Department of health ensuring that all medical staff are able to operate medical devices?
- a) What training is there for post-operative nurses on wound care, specifically negative pressure wound therapy?
311. How much money is spent on the development of medical research into drug therapies?
- a) What percentage of the medical research budget is this?
312. How is commercialisation of pharmaceutical medical research encouraged in NSW?
- a) What programs are there?
 - b) How are we keeping pace with other states in Australia and overseas?
 - c) How do we retain expertise in drug therapies?

ANSWER

295. These vulnerabilities are specifically relevant to academic culture at universities, rather than health system research. As research grant income affects Higher Education Research Data Collection (HERDC) funding, investigators applying for these funds list their university affiliations when applying for publicly funded grants through external bodies; and so public health organisations are generally not administering institutions for these grants, so these issues are not as acute as they are for the university sector. Researchers employed by public health organisations

come under clinical awards and do not have the same pressures on them as academic researchers do to publish research papers or receive grants in order to keep their jobs/tenure.

Grant programs conducted by the Office for Health and Medical Research, that assess research merit as a component, generally request organisational endorsement of applications, have independent expert review panels making funding recommendations and require independent peer review of publications.

The Office for Health and Medical Research has no record of providing any grant monies to Doctors Murdoch or Barwood.

296. This is currently not collected centrally as research activity is conducted both within public and private organisations.

297-299

For Australian metrics see MTPConnect *Clinical Trials in Australia: the economic profile and competitive advantage of the sector*, June 2017; AusTrade *Why Australia for Clinical Trials*, April 2019 and the ANZCTR Clinical Trials Landscape in Australia 2006-2015

300. NSW Human Research Ethics Committees approved 219 Clinical Trials in 2018. Many of these were multi-site clinical trials.
301. Yes
302. ClinicaltrialsNSW was established by NSW Health to enable clinical trial capacity, capability and collaboration across the State.
303. See responses to questions 297 – 299.
304. Questions regarding the diary of another Minister should be directed to that office.
305. Internationally, value based healthcare and outcomes based healthcare are terms used interchangeably. In NSW value based healthcare means continually striving to deliver care that improves health outcomes that matter to patients and the community, the experiences of providing and delivering care and the effectiveness and efficiency of care.
306. Medical research can reduce the costs of delivering health care services in numerous ways, including the identification of treatments that are more effective and cheaper to deliver, research into prevention of non-communicable diseases and the study of models of care which aim to improve the integration between primary care and hospital services.
307. The Ministry of Health collaborates closely with the Districts and Networks to manage performance so that people in NSW can access the health services they need, when they need them. Information about the NSW Health Performance Framework is publicly available.
308. Negative pressure wound therapy (NPWT) is in widespread use across NSW. Local health districts choose to fund devices, consumables and services for the use of NPWT on the basis of local clinician advice.

309. NSW Health is committed to working with the Commonwealth and the private sector to address health system sustainability issues, including allowing privately ensured patients to exercise their right to choice of hospital and doctor.

310. All NSW Health clinical staff are required to operate medical equipment and devices in line with local health district's policy guidelines and requirements.

All nurses are trained in the care of wounds including those in the post-operative context. Where nurses are required to manage wounds of a more complex nature, there are a number of internal and external training and education programs available.

311. The NSW Health Industry Partnership PhD scholarships target drug development with up to \$2.5 million available.

312. Commercialisation is encouraged through a range of initiatives, including the NSW Health Industry Partnership PhD scholarships, and ClinicaltrialsNSW.

ClinicaltrialsNSW initiatives are leading the way in supporting the sector compared to other states. NSW currently undertakes approximate one third of all clinical trials in Australia and one third of First in Human clinical trials in Australia.

NSW retains expertise in drug therapies through the NSW Health Industry Partnership PhD scholarships, and by engaging current and emerging key opinion leaders as national and global Principal Investigators in global, multi-centered clinical trials and subsequent publications.

Translational research grants scheme

313. How many applicants for these grants? Disaggregated by year since 2015, project name and amount applied and how many were successful.
314. Who assesses the grants?
315. What are the budgets for the grants?
316. What are the criteria?
317. Are these projects evaluated? Is it published and if so, where?
318. By what percentage has the funding to the health system increased each year over the last five years?
319. By what percentage has the funding to medical research increased each year over the last five years?

ANSWER

313. In 2016-17 35 full applications were received, with 24 grants funded. In 2017-18 the figures were 23 and 14, respectively, followed by 24 and 15 in 2018-19. For 2019-20 20 full applications were received and 9 grants have been funded.

Project names and summaries for all Translational Research Grants are available on the NSW Health website.

314. Applications for Translational Research Grants are assessed by an independent expert review panel.
315. Translational Research Grants receive funding of up to \$1 million per grant.
316. Applications for Translational Research Grants are assessed against eligibility and selection criteria outlined in the *Guidelines for Applicants* which are publicly available.
317. Round 1 of the Translational Research Grants Scheme has been reviewed and a report is publicly available on the NSW Medical Research website.
318. The increase in the recurrent Health budget over the comparable revised budget for the previous year over the last five years is:
2015-16: 5.2%
2016-17: 5.0%
2017-18: 4.8%
2018-19: 4.9%
2019-20: 4.5%
319. Funding for medical research through the Office for Health and Medical Research has grown by 102.8% from 2014-15 (not including Capital).

Diagnostics

320. What is the NSW Government doing to increase the funding of research into better diagnostics and screening for diseases such as cancer of the cervix?
321. How long does a patient have before they must undergo a Cervical Biopsy (which requires day surgery) after they receive a positive testing for the five yearly human papillomavirus (HPV) test?
322. What is the current waiting period for a cervical biopsy test?
323. Does it vary from area to area?
324. Is the Minister aware of women who have been unable to receive a Cervical Biopsy within six months?
325. What is the NSW Government doing to assist specialists participate in research programs to more quickly diagnose disease such as cancer?

ANSWER

320. The NSW Government, through the Cancer Institute NSW, invests in research which will improve diagnosis and identify new treatments for people affected with cancer.

Screening for cancer of the cervix is the responsibility of the Commonwealth. The National Cervical Screening Program underwent a significant renewal in December 2017, following extensive research and endorsement by the Medical Services Advisory Committee.

321. In line with the National Cervical Screening Program screening pathway, the recommended time to undergo a colposcopy following a positive HPV result is 2 to 12 weeks, depending on the HPV test result findings.

322 - 323

The waiting time varies depending on the clinical priority of each patient as determined by their treating clinician.

324. In 2018-19, more than 99 per cent of patients in NSW public hospitals were admitted within the clinically recommended timeframes for this procedure.
325. The Cancer Institute NSW funds seven Translational Cancer Research Centres in NSW which foster collaborations between researchers and clinicians.

New shingles vaccine

326. How much does shingles cost the NSW government each year?
- a) Is Shingrix available in Australia?
 - b) If not, what is the government doing to encourage the availability of Shingrix in Australia?

ANSWER

326. There are no estimates available for the cost of shingles to the NSW Government each year.
- (a) No. Shingrix is registered for use in Australia by the Therapeutic Goods Administration but has not been made available in Australia by the manufacturer (GSK).
 - (b) NSW Health representatives meet regularly with vaccine company representatives to receive updates on the introduction of vaccines in Australia.

NSW Health and Medical Research Sponsorship Program

327. How many applications have there been for these grants? Disaggregated by year since 2015, event name and amount applied for.
- a) How many were successful?
328. “Applications will be assessed on a case-by-case basis and against the eligibility and selection criteria by a Review Panel.” – Who is on the panel?
- a) How long has this program been going?

ANSWER

327. There have been 165 applications to the Health and Medical Research Sponsorship Program. 44 applications have been successful. Further information can be found online, noting that applications are confidential.
328. The Review Panel consists of Senior Leadership in the Office for Health and Medical Research who assess applications against the selection criteria.
- (a) The program commenced in March 2016.

PhD Scholarships

329. How many applications have there been for these grants? Disaggregated by year since 2017, project name and amount applied for.
- a) How many were successful?
 - b) Who assesses the grants?
 - c) What is the estimated benefit of this program in cost or efficacy?
 - d) Why are there no currently active Scholarship funding rounds?

ANSWER

329.

- (a) In 2017, 51 PhD Scholarship applications were submitted, of which 26 were successful. Details of successful applicants are publicly available.
- (b) An Independent Selection Panel of expert reviewers, comprising of NSW and interstate University representatives, Health Professionals, Academics and Researchers assess the grants.
- (c) The impact of research can take many years to be realised. It generally takes more than a decade from new discovery to translation. For this reason, the economic impact of recently funded programs cannot be properly measured.
- (d) NSW Health's PhD Partnership Program is currently an active Scholarship funding round. Applications are open and information about the program is publicly available.

Medical Devices Fund

330. How many applications have there been for these grants? Disaggregated by year since 2013, event name and amount applied for.
- a) How many were successful?
 - b) Who assesses the grants?
331. What is the estimated economic value to date of all medical devices and related technologies that have been developed in this program?
- a) How is this evaluated?
 - b) Does the economic benefit stay in Australia?
 - c) How is this checked?

ANSWER

330. There have been nearly 500 applications to the Medical Devices Fund and 35 applications have been successful.

Information on successful recipients and the Expert Panel is publicly available.

Disaggregation on who has applied to the Medical Devices Fund is not provided as applications are commercial in confidence.

331. A third party is currently undertaking a review of the Program.

Early-Mid Career Fellowships

332. How many applications have there been for these fellowships? Disaggregated by year since 2013, Fellowship name and amount applied for.
- a) How many were successful?
 - b) Who assesses the grants?
333. What is the economic benefit of these fellowships to the NSW Health system?
- a) How is this evaluated?
 - b) Does the economic benefit stay in Australia?
 - c) How is this checked?

ANSWER

332. In 2016, 277 applications were submitted, of which 17 were successful. In 2017, 101 applications were submitted, of which 13 were successful. Details of successful applicants are publicly available.

An Independent Selection Panel of expert reviewers assessed the grants.

333. See 329 (c)

Cell and Gene Therapy Grants

334. How many applications have there been for these grants? Disaggregated by year since 2018, Project name and amount applied for.
- a) How many were successful?
 - b) Who assesses the grants?
335. What is the economic benefit of these grants to the NSW Health system?
- a) How is this evaluated?
 - b) Does the economic benefit stay in Australia?
 - c) How is this checked?

ANSWER

334. There has been one round of Cell and Gene Therapy Grants, in 2018. 18 applications were received and assessed by an expert Independent Review Panel, with grants awarded to four recipients.
335. Cell and gene therapies are conservatively estimated to become a \$120 billion global revenue market by 2035 (MTP Connect report commissioned by the Australian Government Department of Industry, Innovation and Science). Investing in the local intellectual property and development of these therapies captures market share.
- Grant-funded research activities in cell and gene therapies are still in progress, and evaluation of research impact will be incorporated within grant reporting requirements.

NSW Cardiovascular Senior Scientist Grants

336. How many applications have there been for these grants? Disaggregated by year since 2018, Project name and amount applied for.
- a) How many were successful?
 - b) Who assesses the grants?
337. What is the economic benefit of these grants to the NSW Health system?
- a) How is this evaluated?
 - b) Does the economic benefit stay in Australia?
 - c) How is this checked?

ANSWER

336. A total of 36 Expressions of Interest for Senior Scientist grants were received in 2018-19. 23 proceeded to full application and 10 applicants were successful in gaining funding. Information on successful applicants is publicly available.
- Applications were assessed by a review panel of independent experts in cardiovascular research.
337. See 329 (c)

NSW Cardiovascular Research Capacity Building Grants Program

338. How many applications have there been for these grants? Disaggregated by year since 2018, Project name and amount applied for.
- a) How many were successful?
 - b) Who assesses the grants?
339. What is the economic benefit of these grants to the NSW Health system?
- a) How is this evaluated?
 - b) Does the economic benefit stay in Australia?
 - c) How is this checked?

ANSWER

338. 93 Expressions of Interest were received for this program. 20 applicants were successful. Information on successful applicants is publicly available.

Applications were assessed by a review panel of independent experts in cardiovascular research.

339. See 329 (c)

Biospecimen Collection Grants

340. How many applications have there been for these grants? Disaggregated by year since commencement, project name and amount applied for.
- a) How many were successful?
 - b) Who assesses the grants?
341. What is the economic benefit of these grants to the NSW Health system?
- a) How is this evaluated?
 - b) Does the economic benefit stay in Australia?
 - c) How is this checked?

ANSWER

340. A total of 35 applications were received for the expression of interest stage and 12 projects were invited to submit a full application, and 12 grants were awarded. Further information is publicly available online.

Applications are assessed by the NSW Health Statewide Biobank Expert Advisory Group.

341. Grants support research in basic science, applied science, genetics and epidemiology. The outcomes are likely to be in the medium term and have the potential to result in improved capabilities in diagnosis, prevention, treatment and monitoring of rare and common conditions.

Grantees are required to submit reports on an annual basis which cover the progress of their research. The Office of Health and Medical Research will also monitor reports and publications to determine research outcomes and potential economic benefit.

The funds support research, using biospecimen collections, led by a NSW based researcher based in a NSW institution.

Medical Research Support Program

342. How many Medical Research Institutes (MRIs) are directly funded by the NSW Government?
- a) Please indicate annual funding, disaggregated by year since commencement, institute name and amount awarded?
 - b) Who assesses applications for funding by MRIs?
343. What is the economic benefit of these grants to the NSW Health system?
- a) How is this evaluated?
 - b) Does the economic benefit stay in Australia?
 - c) How is this checked?

ANSWER

342. There are currently 15 independent medical research institutes being supported by the Medical Research Support Program. Information since 2011 is available in the NSW Health Annual reports. Information pre-2011 can be found in the Annual Reports for Department of Trade and Investment and Regional Infrastructure and the previous Ministry for Science and Medical Research.
343. See 329 (c)

Medical Research Future Fund

344. How much funding has each NSW medical research institution, individual, government, or community received from the Medical Research Future Fund receive from the Federal Government over the last 10 years? (please disaggregate by year and by grant amount for each grant)
345. How does this compare to all other states and territories? (please disaggregate by year and by grant amount for each state or territory)

ANSWER

344 - 345

This information is publicly available on the Commonwealth Department of Health's website.

Ministerial Travel/Meal Allowance

346. How many nights travel were claimed by the Minister during the 2018-19 period?
347. How many nights travel were claimed by the Minister's spouse during the 2018-19 period?
348. What was the total amount of travel allowances claimed by the Minister and their spouse (if applicable) during 2018-19?
349. What is the total amount of meal allowances claimed by the Minister and their spouse (if applicable) during 2018-19?

ANSWER

346 – 349

See responses to questions 210 – 213.

Efficiency dividends

350. What was the forecast efficiency dividend saving for each department, statutory agency and/or other body within your portfolio in 2018-19?
351. What is the forecast efficiency dividend saving for each department, statutory agency and/or other body within your portfolio in
- a) 2019-20?
 - b) 2020-21?
 - c) 2021-22?
352. What was the total efficiency dividend that was achieved for each department, statutory agency and/or other body within your portfolio between 2011-12 and 2018-19 inclusively?

ANSWER

350 – 352

See responses to questions 214 – 216.

Ministerial Office Administration

353. How many staff are in your ministerial office?
- a) What was the average salary for staff members in your office during 2018-19?
 - b) What is the estimated average salary for a ministerial staffer in your office in 2019-20 based on current appointments?
354. How many iPhone/smart phones are assigned to your staff?
- a) For each phone, how much was each bill in 2018-19?
 - b) How many phones have been lost or replaced due to damage in your office?
 - c) What is the cost of replacing those phones?
355. How many iPads or tablets has DPC assigned to your Ministerial office and to whom have they been issued?
- a) What was the cost of providing iPads or tablets to your Ministerial Office in 2018-19?
 - b) How many iPads or tablets have been replaced due to lost or damage in 2018-19?
 - c) What was the cost of replacing these devices?
356. Has any artwork been purchased or leased for display in your ministerial office in 2018-19?
- a) What is the cost of this?
357. Have any floral displays or indoor plants or pot plants been hired or leased for display in your ministerial office in 2018-19?
- a) If so, what was the cost of these items?
358. Have any floral displays or indoor plants or pot plants been purchased for display in your ministerial office in 2018-19?
- a) If so, what was the cost of these items?
359. What was the total cost of all subscriptions by you and your staff to news services, newspapers, magazines, journals and periodicals (including online services) in 2018-19?
- a) What are these services/newspapers/magazines/journals/periodicals?
 - b) Who is the subscriber for each of these?
360. What was the total value of all gifts purchased for use by you and your office in 2018-19?
- a) What were the gifts purchased?
 - b) Who were they gifted to?
361. Do you purchase bottled water or provide water coolers for your office?
- a) What is the monthly cost of this?
362. How much did your ministerial office spend on hospitality, including catering and beverages, in 2018-19?
363. What non-standard features are fitted to your ministerial vehicle?
- a) What is the cost of each non-standard feature?
364. What was the total bill for your office in 2018-19 for:

- a) Taxi hire
- b) Limousine hire
- c) Private hire care
- d) Hire car rental
- e) Ridesharing services?

365. Were any planes or helicopters chartered by you or your office and paid for with public money in 2018-19?
- a) If yes, will you please detail each trip, the method of transport and the cost?
366. Have you had media training or speech training?
- a) If yes, who paid for it?
 - b) If paid by taxpayers, what was the amount paid in 2018-19?

ANSWER

353 – 366

See responses to questions 217 – 230.

Agile Workspaces/Activity Based Working/Hot-desking

367. Have any of your departments, statutory agencies and/or other bodies adopted agile working environment/activity based working practices e.g. hot-desking?
- a) If not, are there plans to introduce activity based working practices in 2019-20?
368. How much have your departments, statutory agencies and/or other bodies spent in the roll-out of the agile working environment including laptops, furniture, lockers and other equipment in 2018-19?

ANSWER

367 – 368

See responses to questions 231 – 232.

Hospitality

369. For each department, statutory agency and/or other body in the Minister's portfolio please report:
- a) How much was spent on hospitality, including catering and beverages, in 2018-19?
 - b) Whether the department, statutory agency and/or other body has coffee machines? And if so:
 - i. How many?
 - ii. What was their purchase cost?
 - iii. What is their maintenance cost?
 - iv. Who has access to them?
 - v. Which staff have access to the machines?

ANSWER

369. See responses to question 233.

Labour Hire Firms

370. Do any departments, statutory agency and/or other bodies within your portfolio responsibilities utilise the services of Labour Hire Firms? If yes, please advise in table form for 2018-19:
- a) The names of the firms utilised
 - b) The total amount paid to each firm engaged
 - c) The average tenure period for an employee provided by a labour hire company
 - d) The longest tenure for an employee provided by a labour hire company
 - e) The duties conducted by employees engaged through a labour hire company
 - f) The office locations of employees engaged through a labour hire company
 - g) The highest hourly or daily rate paid to an employee provided by a labour hire company
 - h) Who authorised the use of labour hire companies?
 - i) Do staff under these labour hire arrangements receive as much training and security clearance as permanent staff?

ANSWER

370. See response to question 234.

Stationary

371. For each department, statutory agency and/or other body in the Minister's portfolio please report:
- a) What was the cost of stationary for the following financial years:
 - i. 2015-16
 - ii. 2016-17
 - iii. 2017-18
 - iv. 2018-2019
 - v. 2019-present
 - b) What brand of paper is used?
 - i. Is this paper Australian made?

ANSWER

371. See responses to question 235.

Credit Cards

372. For each department, statutory agency and/or other body in the Minister's portfolio please report:
- a) How many credit cards are currently on issue for staff?
 - i. Please provide a break-down of this information by grade.
 - b) What was the value of the largest reported purchase on a credit card for the following financial years:
 - i. 2015-16
 - ii. 2016-17
 - iii. 2017-18
 - iv. 2018-2019
 - v. 2019-present
 - c) What was each largest reported purchase for?
 - d) How much interest was paid on amounts outstanding from credit cards for the following financial years:
 - i. 2015-16
 - ii. 2016-17
 - iii. 2017-18
 - iv. 2018-2019
 - v. 2019-present
 - e) How much was paid in late fees on amounts outstanding from credit cards for the following financial years
 - i. 2015-16
 - ii. 2016-17
 - iii. 2017-18
 - iv. 2018-2019
 - v. 2019-present
 - f) What was the largest amount outstanding on a single card at the end of a payment period and what was the card holder's employment grade?
 - g) How many credit cards have been reported lost or stolen?
 - i. What was the cost to replace them?

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- h) How many credit card purchases were deemed to be illegitimate or contrary to agency policy?
 - i. What was the total value of those purchases?
 - ii. How many purchases were asked to be repaid on the basis that they were illegitimate or contrary to agency policy and what was the total value thereof?
 - iii. Were all those amounts actually repaid?
 - iv. If no, how many were not repaid, and what was the total value thereof?
- i) What was the largest purchase that was deemed illegitimate or contrary to agency policy and asked to be repaid, and what was the cardholder's employment grade?
 - i. What that amount actually repaid, in full?
 - ii. What amount was left unpaid?
- j) Are any credit cards currently on issue connected to rewards schemes?
 - i. Do staff receive any personal benefit as a result of those reward schemes?
- k) Can a copy of the staff credit card policy please be provided?

ANSWER

372. See responses to question 236.

Media and Public Relations

373. For each department, statutory agency and/or other body in the Minister's portfolio please report:
- a) How many media/communications/public relations advisers are employed?
 - i. What is the total salary cost for media/communications/public relations advisers in 2018-19?
 - b) What is the forecast for the current financial year for the number of media/communications/public relations advisers to be employed and their total cost?
 - c) What is the total cost of media monitoring services?
 - i. Please provide a breakdown by department, statutory agency and/or other body.
 - d) Are any media or public relations advisers currently engaged as contractors?
 - i. Who are these contracts with?
 - ii. What is the value of these contracts?
 - e) How much was spent on media or public relations advisers in financial year:
 - i. 2015-16
 - ii. 2016-17
 - iii. 2017-18
 - iv. 2018-2019
 - v. 2019-present?

ANSWER

373. See response to question 237.

Facebook

374. How much did your ministerial office spend on Facebook advertising or sponsored posts in 2018-19?

375. How much did your department, statutory agency and/or other body in the Minister's portfolio spend on Facebook advertising or sponsored posts in 2018-19?

ANSWER

374. See response to question 238.

375. See response to question 239.

Overseas Trips

376. Were any of your overseas trips in the last financial year paid for in part or in full by using public money?

- a) If so, did any of your relatives or friends accompany you on these trips?
- b) Have you undertaken any official overseas travel that was privately funded?
- c) If so, what was the nature of these trips?
- d) Who paid for these trips?

ANSWER

376. See response to question 240.

Department/Agency Travel

377. What was the total expenditure in 2018-19 by departments, statutory agencies and/or other bodies within your portfolio on:

- a) Taxi hire
- b) Limousine
- c) Private car hire
- d) Hire car rental
- e) Ridesharing services
- f) Chartered flights?

ANSWER

377. See response to question 241.

Drivers

378. Are any of the senior executives in the relevant department, statutory agency and/or other body provided drivers?
- a) If so, can you please specify which positions are provided drivers?
 - b) In total, how many drivers are used by senior executives in the department, statutory agency and/or other body?
 - c) What is the total cost of drivers for senior executives in the department, statutory agency and/or other body?

ANSWER

378. See response to question 242.

Consulting

379. For each department, statutory agency and/or other body in the Minister's portfolio please report:
- a) How much was spent in legal costs in 2018-19?
 - i. For what specific purposes or matters was legal advice sought?
 - b) Have departments, statutory agencies and/or other bodies under your portfolio engaged any consultants to provide the following services or advice in 2018-19:
 - i. Social media
 - ii. Photography
 - iii. Acting training
 - iv. Ergonomics
 - c) What was the cost of these services?
 - i. Social media
 - ii. Photography
 - iii. Acting training
 - iv. Ergonomics

ANSWER

379. See response to question 243.

Web Content

380. For each department, statutory agency and/or other body in the Minister's portfolio please report:
- a) What were the top 20 most utilised (by data sent and received) unique domain names accessed this year?
 - b) What were the top 20 most accessed (by number of times accessed) unique domain names accessed this year?

ANSWER

380. See response to question 244.

Department/Agency Staffing

381. How many redundancies were processed by departments, statutory agencies and/or other bodies within your portfolio responsibilities during 2018-19?
- a) Of these redundancies, how many were:
 - i. Voluntary?
 - ii. Involuntary?
382. What was the total cost of all redundancies?
383. Have any staff who received a redundancy in the last two years undertaken any paid work or provided any paid services for the department, statutory agency and/or other body with which they were formerly employed?
- a) What was the nature of these works/services?
 - b) What was the total cost of these works or services?
384. Are any staff formerly employed by your ministerial office now employed by departments, statutory agencies and/or other bodies under your portfolio responsibility?
385. How many staff were dismissed from departments, statutory agencies and/or other bodies under your portfolio responsibilities in 2018-19?
- a) What were the reason/s for each dismissal?
386. How much was spent advertising for recruitment for the following financial years:
- a) 2015-16
 - b) 2016-17
 - c) 2017-18
 - d) 2018-2019
 - e) 2019-present?

ANSWER

381 – 385

See responses to questions 245 – 249.

386. See response to question 250.

Smart Phone

387. How many mobile phones are given to staff or board members?
a) How many new mobile phones were purchased in the last year?
388. What is the total cost of these phones for the following financial years:
a) 2015-16
b) 2016-17
c) 2017-18
d) 2018-2019
e) 2019-present?
389. How many had to be replaced due to damage?
390. How many were reported as lost?
391. How many tablets are given to staff or board members?
a) How many new tablets in the last year?
392. What is the total cost of these tablets for the following financial years?
a) 2015-16
b) 2016-17
c) 2017-18
d) 2018-2019?
393. How many phones and tablets had to be replaced due to damage?
394. How many were reported as lost?
395. How many people have both a smart phone and a tablet?
a) What is the lowest ranked official who has both a work smart phone and tablet?
396. How many staff or board members overspent on their phone or tablet data bill?
a) By how much?
b) What was the average cost of data bills for tablets and mobile phones?
c) What was the highest monthly cost?
397. Do the departments, statutory agencies and/or other bodies within your portfolio have an iTunes account?
a) What was the total expenditure in 2018-19 on iTunes?
b) What applications/subscriptions/services were purchased through iTunes?
398. Do the departments, statutory agencies and/or other bodies within your portfolio have a Google Play Store account?
a) What was the total expenditure in 2018-19 on through the Google Play Store?
b) What applications/subscriptions/services were purchased through the Google Play Store?

ANSWER

387 – 398

See responses to questions 251 – 262.

Merchant fees

399. Please provide a list of all transactions where customers need to pay a merchant fee on credit and/or debit card payments to a department, statutory agency and/or other body within your portfolio.
400. Please provide the percentage and/or amount of the merchant fees applied to all credit and/or debit card payments/transactions to a department, statutory agency and/or other body within your portfolio.
401. What was the total amount paid in merchant fees on credit and/or debit card payments to departments, statutory agencies and/or other bodies within your portfolio in 2018-19?

ANSWER

399 – 401

See responses to questions 263 – 265.

Advertising and Sponsorships

402. For each department, statutory agency and/or other body in the Minister's portfolio please report:
- a) How much was spent on advertising in the following financial years:
 - i. 2015-16
 - ii. 2016-17
 - iii. 2017-18
 - iv. 2018-2019?
403. Has your department, statutory agency and/or other body within your portfolio engaged in any corporate sponsorships?
- a) Who were these sponsorships with?
 - b) What was the purpose of these sponsorships?
 - c) What was the value of these sponsorships, by case and year?
 - d) What was the value of these sponsorships in the following financial years:
 - i. 2015-16
 - ii. 2016-17
 - iii. 2017-18
 - iv. 2018-19?

ANSWER

402 – 403

See responses to questions 266 – 267.

Probity Auditor

404. Has your office or department, statutory agency and/or other body within your portfolio used a Probity Auditor or Probity Advisors, or similar, in the past five years? If so please list the company and/or individual, the project, the engagement dates, and their total remuneration in tabular format.

ANSWER

404. See response to question 268.

Energy

405. For each department, statutory agency and/or other body within your portfolio by name, how much electricity did it consume for each of:

- a) 2014-15?
- b) 2015-16?
- c) 2016-17?
- d) 2017-18?
- e) 2018/19?

406. What proportion of the electricity consumed by each department, statutory agency and/or other body within your portfolio by name for those years came from renewable sources? Please name each source of energy (coal, solar, wind, etc.) and the proportion of the total electricity used.

407. How much money was spent on electricity for each department, statutory agency and/or other body within your portfolio by name in each of the above financial years?

408. What was the name of the energy supplier to each department, statutory agency and/or other body within your portfolio by name for those financial years?

409. How much electricity is it estimated that each department, statutory agency and/or other body within your portfolio will consume in:

- a) 2019-20?
- b) 2020-21?
- c) 2021-22?

410. What proportion of that electricity is it estimated will come from renewable sources, for each year?

411. For each department, statutory agency and/or other body within your portfolio by name, please provide the estimated proportion of energy to be used from each kind of energy (coal, gas, solar, wind etc.)?

412. What is the name of the energy supplier to each department, statutory agency and/or other body within your portfolio for each of:

- a) 2019-20?
- b) 2020-21?
- c) 2021-22?

ANSWER

405 – 412

See responses to questions 269 – 276.

General Costs

413. For each department, statutory agency and/or other body in the Minister's portfolio please report:

- a) Any gardening services used for indoor or outdoor pot plants/flowers maintenance?
 - i. Who are the contracts with?
 - ii. How much does each contract cost?
 - iii. How often do they visit?
 - iv. How much was spent on this service in financial year:
 - 2015-16
 - 2016-17
 - 2017-18
 - 2018-19?
- b) Any floral displays or indoor plants or pot plants hired or leased for display in any offices?
 - i. Who were the contracts with?
 - ii. How much was each contract cost?
 - iii. How much was spent on this service in financial year:
 - 2015-16
 - 2016-17
 - 2017-18
 - 2018-19?

ANSWER

413. See response to question 277.

Domestic Violence Leave Policies, Awareness and Usage

414. For each department, statutory agency and/or other body in the Minister's portfolio please report:

- a) A copy of the entity's policy or web link to the entity's domestic violence leave policy;
- b) Date of introduction of domestic violence leave into enterprise agreements/contracts of employment, awards as applicable;
- c) Whether or not all employees and/or contractors are eligible for domestic violence leave;
- d) Number of days of domestic violence leave that have been taken in each financial year since the introduction of such leave;
- e) Number of days available for eligible staff to access domestic violence leave in each financial year;
- f) Number of other personal days of leave that have been taken in each financial year since the introduction of domestic violence leave;

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- g) Number of sick days available for eligible staff to access domestic violence leave in each financial year;
- h) Whether or not all staff and/or contractors have access to Employee Assistance Programs?
- i) What training has been undertaken with management and administration for those involved in approving and/or processing domestic violence leave on issues such as?
 - iii. Privacy and confidentiality of information about domestic violence
 - iv. Access to emotional, psychological, financial and medical support which may be required

415. Who has provided training on domestic violence in the workplace?

416. What percentage of staff in each agency has undertaken domestic violence training?

417. What efforts have been made to ensure that perpetrators (or their accomplices) within the staffing profile are not able to access personal information of victims in order to identify their location, or other information which may assist in committing domestic violence against them, including changing or accessing records in such a way as to disadvantage them financially or legally?

ANSWER

414 – 417

See response to questions 278 – 281.

Sexual harassment and Anti-bullying training and awareness programs

418. For each department, statutory agency and/or other body in the Minister's portfolio please report:
- a) Date of introduction of sexual harassment and anti-bullying training and awareness programs and a copy of such documentation.
 - i. Whether or not all employees and/or contractors have received such training?
 - ii. Is this course mandatory for all employees/ contractors?
 - iii. How long for each session, how many sessions?
 - iv. Who delivers it?
 - v. Is the program tailored to take into consideration specific needs of LGBTQIA, ATSI and CALD or other at risk groups?
 - How?
 - b) What percentage of staff in each department, statutory agency and/or other body within your portfolio have undertaken sexual harassment and anti-bullying training and awareness programs?
 - c) How many complaints have been initiated in relation to:
 - i. Sexual harassment
 - ii. Bullying
 - iii. Workplace violence

ANSWER

418. See response to question 282.

Participation of women in Government

419. For each department, statutory agency and/or other body in the Minister's portfolio please report:
- a) What number and percentage of women are employed within the department, statutory agency and/or other body within your portfolio?
 - b) What number and percentage of women are employed within the management levels of the department, statutory agency and/or other body within your portfolio?
 - c) What number and percentage of women are employed in the top ten leadership positions of the department, statutory agency and/or other body within your portfolio?
 - d) What strategies does the department, statutory agency and/or other body within your portfolio use to encourage women in to management and leadership positions?
 - e) What is the gender pay gap within your department, statutory agency and/or other body within your portfolio?
 - f) Does the department, statutory agency and/or other body within your portfolio report participation of women figures to Women NSW on a regular basis?

ANSWER

419. See response to question 283.

Professional Photography

420. How much has been spent on professional photography for the following financial years:
- a) 2015-16
 - b) 2016-17
 - c) 2017-18
 - d) 2018-2019
 - e) 2019-present?

ANSWER

420. See response to question 284.

Unmanned Aerial Services

421. How much has been spent on Unmanned Aerial Services for the following financial years:
- a) 2015-16
 - b) 2016-17
 - c) 2017-18
 - d) 2018-2019
 - e) 2019-present?

ANSWER

421. See response to question 285.

Seconded Staff

422. How many staff from your department, statutory agency and/or other body within your portfolio have been seconded to your Ministerial Office, for the following financial years:
- a) 2015-16
 - b) 2016-17
 - c) 2017-18
 - d) 2018-2019
 - e) 2019-present?
423. Please provide their names, their substantive work title, and their seconded work title.

ANSWER

422 – 423

See responses to questions 286 – 287.

Consultant Costs

424. For each department, statutory agency and/or other body in the Minister's portfolio please report, the total expenditure on consultants by financial year:
- a) 2015-16
 - b) 2016-17
 - c) 2017-18
 - d) 2018-2019
 - e) 2019-present?
425. What are names and values of the five most expensive reports produced by consultancies for each department, statutory agency and/or other body in the Minister's portfolio by financial year:
- a) 2015-16
 - b) 2016-17
 - c) 2017-18
 - d) 2018-2019
 - e) 2019-present?

ANSWER

424 – 425

See responses to questions 288 – 289.

GIPA Questions to the CEOs/Department Secretaries

426. Since March 30, how many formal GIPAs have your cluster/ department received?
427. Out of the received formal GIPAs, how many have you determined to:
- a) Grant full access to the information?
 - b) Grant partial access to the information?
 - c) Not grant access to the information?

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428. Out of the GIPA where partial information or no information was granted, how many have decided to appeal?
- a) Out of those who have decided to appeal, how many have decided to use:
 - i. The agency's internal appeals' mechanism?
 - ii. Review by the Information Commissioner?
 - iii. Review by NCAT?
 - b) How many of those GIPAs have been overturned on appeal?
 - i. Internal appeals' mechanism?
 - ii. Review of the Information Commissioner?
 - iii. Review by NCAT?
429. GIPAs that have been granted full or partial access, how many appear on the agency's disclosure log?
- a) What is the rationale for not putting GIPAs on the agency's disclosure log (excluding GIPAs asking for personal information)?
430. Has any GIPAs that appeared on the agency's disclosure log been taken down?
- a) For what reason/s?

426 – 430

See responses to questions 290 – 294.