

NSLHD efficiency PowerPoint presentation

Transcript page 35

The Hon. WALT SECORD: Can we have a copy of that PowerPoint presentation?

Ms WILLCOX: It is on the intranet. Yes, you may. I have shared it with union officials and staff, so I have no problem with sharing that.

ANSWER

The information requested is publicly available in the Northern Sydney Local Health District Service Agreement. This can be readily accessed via the District's website.

NSW Health efficiency savings

Transcript page 36

The Hon. WALT SECORD: How much is the efficiency savings that you have nominated for Westmead Hospital, Sydney Children's Hospital and the children's network?

Ms KOFF: It is in their service agreements. Everyone has it in their service agreements.

The Hon. WALT SECORD: You must know, though. So how much are they getting?

Ms KOFF: We could provide them to you, but I cannot tell you.

The Hon. WALT SECORD: The last time we had a session, you guys were very, very prompt in providing the details.

Ms KOFF: Yes.

The Hon. WALT SECORD: In fact, you were able to provide them during the session.

Ms KOFF: Yes.

The Hon. WALT SECORD: So I hope that you are able to do that for the children's network—if you can give me a commitment that you could do that to the best of your ability this morning.

Ms KOFF: Yes, certainly. We can give you that commitment.

The Hon. WALT SECORD: I would like to know—

Ms KOFF: But it is outlined in the service agreement. Schedule C, for every district and every network, is the budget allocation and the expectation of them against—

The Hon. WALT SECORD: Could I have all 15 before the end of business today, then, please?

Ms KOFF: They are on the internet. Yes, we can give you those.

The Hon. WALT SECORD: Thank you. The efficiency savings?

Ms KOFF: It is listed in the schedule C of the service agreements.

The Hon. WALT SECORD: I have one staff member. It would be nice if you could just provide it.

You and I are going to differ on whether an efficiency saving is a cut, but I would love to have that.

ANSWER

A response to this request was provided to the Committee Secretariat on Wednesday 30 October 2019.

NSW Health role delineation model

Transcript page 40

Ms CATE FAEHRMANN: How common is it for rural and regional hospitals in New South Wales to not have a doctor present at any particular time?

Dr CHANT: I would have to go back to the role delineation model and provide details and take that question on notice.

Ms CATE FAEHRMANN: That would be good for every single hospital in New South Wales.

Dr CHANT: That is correct. We would be able to give you the sort of role delineation of those hospitals, because not all of our hospitals provide the full suite of services and some are more rapid assessment units with the view to rapidly get connection and move the patients that need to be moved on. It is an integrated system, so perhaps it would be better to take that on notice and provide you with it.

Ms CATE FAEHRMANN: If you could also do that and break it down, so over the last five years.

ANSWER

The NSW Health Guide to the Role Delineation of Clinical Services is a planning tool that provides a consistent language to describe the support services and other requirements for the safe delivery of clinical services across NSW.

It is a guide and does not dictate workforce numbers or service models. This is because districts and networks are best placed to determine the appropriate services for their catchment populations.

The Guide recognises the value of networked support between interconnected health services and/or clinicians to ensure continuity and access to patient care, especially for smaller or more remote services.

Where local models of care do not require a salaried doctor at a particular facility, other staffing models include staffing rotations between facilities as well as visiting medical officers (VMO) and GP/VMOs coverage. This may also include the use of technology such as telehealth.

The guide is available on the NSW Health website.

Elective surgery wait times in Mount Druitt

Transcript page 42

The Hon. COURTNEY HOUSSOS: Ms Koff, can you tell me the current waiting time on average for elective surgery at Mount Druitt hospital?

Ms KOFF: No, I cannot tell you. I will take it on notice.

The Hon. COURTNEY HOUSSOS: I can tell you that it is approximately 11 months

ANSWER

Waiting times are allocated according to a patient's clinical urgency, with the most urgent patients seen first. The Bureau of Health Information publishes independent reports about the performance of the New South Wales public healthcare system.

HCCC - Equipment at Fairfield hospital

Transcript page 43

The Hon. WALT SECORD:

Ms Dawson, I want to ask about the Health Care Complaints

Commissioner. There is a report in western Sydney that doctors at Fairfield Hospital have lodged a complaint.

Your office has confirmed that a complaint was lodged about stained and dirty surgical equipment being provided to doctors at Fairfield Hospital earlier this month. What is the status of that investigation?

Ms DAWSON: If that complaint has been received then it will be assessed in the normal way,

Mr Secord. We take that complaint, we seek further information and we will assess that matter through the normal processes.

The Hon. WALT SECORD: Can you find out what is the status of that investigation because doctors earlier this month complained to the Health Care Complaints Commission. Your office has confirmed that it has received a complaint. Ms Koff, are you aware of this complaint?

Ms KOFF: No, I am not.

The Hon. WALT SECORD: Dr Chant, are you aware of this complaint at Fairfield Hospital involving dirty surgical equipment with stains on it?

Dr CHANT: No, but certainly I will direct my staff to make enquiries immediately because, in these circumstances, we want a rapid response to any concerns around any issues in infection control. Notwithstanding the complaint, I would also encourage people to use the normal escalation channels within their district, such as the IIMS or reporting where there are acute incidents so that we actually get rapid response. I will take that on notice and follow it up as we speak.

The CHAIR: In terms of the matter directed to Ms Dawson, just to be perfectly clear, is there any part of that answer or any aspect that you would like to take on notice and come back to the Committee on, or have you satisfactorily answered the question? I was not quite clear whether there was anything left undone.

The Hon. WALT SECORD: I asked her to come back to me with, in fact, what is the status of that report.

Ms DAWSON: I can take that on notice too.

ANSWER

The Commission received a complaint about this matter on 17 October 2019 which is currently subject to its standard assessment processes.

Bacteria in machines

Transcript page 45

The Hon. WALT SECORD: I would like to know the status of the patients at Prince of Wales Hospital involving the overseas machine that had bacteria in it that affected those heart patients. You said that you were concerned about a cohort of patients and I said I would like to know are there patients that have died. What is the status of those patients?

Dr CHANT: I think probably there is comprehensive information on the NSW Health website. This has been, as you have indicated, a very longstanding issue, and, I would like to highlight, an international issue. I think it is probably useful to provide you with the information from our website, which goes through the number of patients that have been impacted, including internationally. We obviously have obligations to advise the Therapeutic Goods Administration [TGA] as well when patients are diagnosed. I send my condolences to those patients that have been affected by this. But the website identifies the comprehensive response. But because of the long incubation period, there are processes in place to flag those patients in our medical records that may present to our hospitals to raise awareness but also to communicate directly to those patients.

ANSWER

Information in relation to *Mycobacterium chimaera* and open-heart cardiac surgery is available on the NSW Health website:

<https://www.health.nsw.gov.au/Infectious/alerts/Pages/M-chimaera-and-surgery-alert.aspx>

HCCC - Whistleblower protections

Transcript 46

The Hon. COURTNEY HOUSSOS: What whistleblower protections do you have within your organisation?

Ms DAWSON: I am happy to take that on notice and advise you of that. But, as you would know, across the sector there are well-entrenched protected disclosures that can be made. There are protocols and practices that are well established whereby individuals can raise issues with confidence that there will be no retribution, and those will be in place in the commission, as elsewhere.

ANSWER

The Commission has a Public Interest Disclosures Policy as required under the *Public Interest Disclosures Act 1994*. It is based on the NSW Ombudsman's model policy and guidelines.

As required for all public authorities, the Commission provides the NSW Ombudsman with statistical information every six months about its handling of public interest disclosures.

Bodycam trial with paramedics

Transcript 46

The Hon. WALT SECORD: How many paramedics will this be attached to or facilitated to?

Mr MINNS: I would have to take that on notice. It is a limited trial and I would need NSW Ambulance to provide me with that advice. They certainly know; I do not.

The Hon. COURTNEY HOUSSOS: Can you provide me with an update on the trial of body cameras for paramedics?

Mr MINNS: Yes. The process is quite close to being able to be commenced. The ambulance organisation is having discussions with both of its unions—the Health Services Union and the Australian Paramedics Association—around the protocol for use during the trial and some issues that have arisen about that.

The Hon. WALT SECORD: What are the issues that have arisen?

Mr MINNS: One issue relates to any kind of concern around electromagnetic fields that are associated with wearing a camera. So we will get that investigated and report it back. Other issues relate to the protocol around use: What are the circumstances in which it is used, what are the conditions for deciding to turn it off and how does that work? We are seeking at this stage to clarify the arrangements that operate in the NSW Police Force as a way of finalising what our protocol will be.

The Hon. WALT SECORD: How many paramedics will this be attached to or facilitated to?

Mr MINNS: I would have to take that on notice. It is a limited trial and I would need NSW Ambulance to provide me with that advice. They certainly know; I do not.

ANSWER

A total of 60 body worn cameras have been procured for use in the trial.

Funds at Byron Central Hospital

Transcript 47

The Hon. WALT SECORD: Ms Koff, if you do not know you can direct it to someone else, but are you aware of the recent issue at Byron Central Hospital involving the embezzlement of funds?

Ms KOFF: No, I will take that on notice.

ANSWER

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

Carpark at Tweed Hospital

Transcript 47

The Hon. WALT SECORD: Ms Koff, with the construction of Tweed hospital and the provision of parking at the hospital, what is the current status of parking when the hospital is completed?

Ms KOFF: I am just checking my records to see if I have the most current update on parking and if not I will have to take that on notice.

The Hon. WALT SECORD: Can I assist? During the election campaign the health Minister and the member for Tweed, Geoff Provest, said that there would be provision of free parking at the hospital. However, recently there have been different statements by the health Minister and the local MP, saying that families and patients and staff will now pay for parking at the hospital. I would like to know what the position is that you are operating on and working towards.

Ms KOFF: I will have to take that on notice. Primarily that responsibility for capital redevelopment resides with Health Infrastructure and I will seek the advice of Health Infrastructure on that issue.

ANSWER

The Stage 2 State Significant Development application for the new Tweed Valley Hospital seeks approval for over 1500 on-site car parking spaces, including multi-deck, at-grade and short-term parking facilities. There has been no final decision on the parking fees.

NSW Health has a Hospital Car Parking Fees Policy that was implemented in 2013 and has been adopted by some hospitals across the state. The Tweed Valley Hospital project will consider this policy as it reviews the funding options for car parking at the Tweed Valley Hospital.

Equipment incident at Fairfield

Transcript 48

The Hon. WALT SECORD: I would like to know about what caused the staining of the medical instruments at Fairfield Hospital.

Dr CHANT: I can say that this is just preliminary advice. The Clinical Excellence Commission, as I mentioned, had been in liaison with the district. They got an external consultant to review the processes but they think the staining may have been due to porous bleed back of rust mineral deposits in the line steam marks. There is no standard for the level of staining but the testing validated all compliant. They have made some changes and apparently the trays have come back clear.

The Hon. WALT SECORD: So it is rust, not blood?

Dr CHANT: It may have been a minor mineral deposit or some other issue but I think that it would be imprudent to conclude as this is preliminary advice. I think the key point to make here is that there was not an issue of sterility and the results came back as validated as compliant, in terms of sterility. I am concerned about patients taking incorrect messages from today. There is a comprehensive process for the investigation and we will be able to provide the outcomes of that investigation with a question on notice.

Dr CHANT: Mr Secord, before you go on to your next question I wanted to confirm the advice that I received that there has been an investigation into the issues at Fairfield. I can confirm that there is no indication that any of the products were not sterile. I can go into a complicated explanation of what they think caused the staining.

The Hon. WALT SECORD: Yes, I would like to know.

Dr CHANT: Perhaps it is best if we take that on notice and we can give you that report.

The Hon. WALT SECORD: No, I am very interested—take it out of my time down the track, if you do not mind. I would like to know about what caused the staining of the medical instruments at Fairfield Hospital.

Dr CHANT: I can say that this is just preliminary advice. The Clinical Excellence Commission, as I mentioned, had been in liaison with the district. They got an external consultant to review the processes but they think the staining may have been due to porous bleed back of rust mineral deposits in the line steam marks. There is no standard for the level of staining but the testing validated all compliant. They have made some changes and apparently the trays have come back clear.

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ANSWER

The sterilisation of reusable medical devices requires compliance with policies, standards, checks and validations. It was through these routine validation and checking processes that Fairfield Hospital discovered a potential issue with spotting on tray liners.

The South Western Sydney Local Health District consulted with the Clinical Excellence Commission to provide additional expertise and the most likely cause was determined to be mineral deposits at a microscopic level.

This issue has now been rectified and subsequently all testing to date has met or exceeded the required standards.

At no time was there any risk to patient safety.

Paediatric cardiac surgeons at SCHN Randwick

Transcript 52

The Hon. COURTNEY HOUSSOS: Ms Koff, I wanted to ask you some questions about paediatric cardiac surgery at Sydney Children's Hospital, Randwick. I know we canvassed this extensively at the previous budget estimates hearings. I want to ask you for an update. How many paediatric cardiac surgeons are currently operating at the Sydney Children's Hospital, Randwick?

Ms KOFF: I would have to take that on notice. I have not got the current schedule or rostering for the service.

ANSWER

There are five paediatric cardiac surgeons across the Sydney Children's Hospital Network.

Doctors on Duty

Transcript 55

The Hon. WALT SECORD: I do not want to repeat but this question comes from a line of questioning by Ms Cate Faehrmann. She asked about hospitals without doctors.

Ms KOFF: Yes.

The Hon. WALT SECORD: For the sake of clarity, Ms Faehrmann already may have asked for this but, if she has not, then I would like you or the department to provide a full list of New South Wales hospitals, including district hospitals and multipurpose services [MPSs], that do not have doctors on duty 24/7 or Monday to Friday, Saturday to Sunday. I would like the full list of hospitals in New South Wales that do not have doctors.

Ms KOFF: I think that was the repeat question.

The Hon. WALT SECORD: I just want to make sure that we have the full list, including MPSs and district hospitals.

ANSWER

The NSW Health Guide to the Role Delineation of Clinical Services is a planning tool that provides a consistent language to describe the support services and other requirements for the safe delivery of clinical services across NSW.

It is a guide and does not dictate workforce numbers or service models. This is because districts and networks are best placed to determine the appropriate services for their catchment populations.

The Guide recognises the value of networked support between interconnected health services and/or clinicians to ensure continuity and access to patient care, especially for smaller or more remote services.

Where local models of care do not require a salaried doctor at a particular facility, other staffing models include staffing rotations between facilities as well as visiting medical officers (VMO) and GP/VMOs coverage. This may also include the use of technology such as telehealth.

The guide is available on the NSW Health website.

Payment of services to HealthScope

Transcript page 57

The Hon. WALT SECORD: You said that there were regular reporting requirements. Since the hospital is now coming up to one year, has NSW Health subjected the Northern Beaches Hospital provider, Healthscope, with any financial penalties?

Ms WILLCOX: The provisions of the contract allow us to—there are points provided as to whether it is performing at a certain level. In terms of the specific, I guess, financial arrangements between the local health district and Northern Beaches, I would consider those potentially commercial in confidence and I would like to take that part of the question on notice, if that is acceptable.

The Hon. WALT SECORD: I am not asking you to spell it out financially, I just want to know. It is a yes-or-no question: Did they receive full payment or were they penalised for inability or not meeting expectations? I am not asking you to break any commercial in confidence—just a yes/no. Did they receive any penalties?

Ms WILLCOX: I would like to take that question on notice.

The Hon. WALT SECORD: Do you know the answer?

Ms WILLCOX: I believe there are some commercial elements to the question. I would rather be prudent about that and take the question on notice and come back to you.

ANSWER

Monthly payments to Healthscope have included deductions for abatements relating to Key Performance Indicators.

Water in hospitals

Transcript page 58

The Hon. WALT SECORD: Are there any hospitals, multipurpose services or districts that have had to reduce services or cut back services due to a lack of water to those facilities?

Dr CHANT: That has not been raised with me, Mr Secord. I would be happy to follow up any issues.

The Hon. WALT SECORD: Can you take that on notice?

Dr CHANT: Certainly.

The Hon. WALT SECORD: In those hospitals, is the State Government providing bottled water to those facilities?

Dr CHANT: Generally facilities will be on the mains water supply for those regions. Clearly NSW Health uses bottled water in some of the facilities for patient use, often for a convenience factor. The issue of water supply to our hospitals has not been raised with me as impeding the operation of those facilities. I would be happy to take that on notice. I would just like to say that some of those questions about the broader intergovernmental response to the drought are really matter for other agencies, but Health is a willing participant in those meetings.

ANSWER

The Ministry of Health has no knowledge of any reduced or cut back service in any health facility due to shortage or lack of water.

Concussion and youth sport

Transcript page 59

The Hon. WALT SECORD: Dr Chant, has NSW Health done any work in the area of concussions and youth sport? I know *The Medical Journal of Australia* did a major report into that in September.

Dr CHANT: I will have to do a little bit of research before I can answer that question more fully. But I would expect that various parts of NSW Health, particularly our child safe groups, have been involved either in an academic or other form. It is an emerging issue and is obviously something we take seriously.

ANSWER

NSW Health is aware of the importance of the issues surrounding concussion and head injuries in the community.

These issues are addressed through a number of resources available through Agency for Clinical Innovation's (ACI) website, including guidelines and information for patients and clinicians. The ACI has also facilitated education sessions on sports head injuries and concussion, which are publicly available.

There are also resources on concussion available from the various children's hospitals in the Sydney Children's Hospital Network, which are widely used as discharge advice.

Public health alerts for illicit drugs

Transcript page 61

Ms CATE FAEHRMANN: I have just been having a look at your Twitter feed and I have also had a look at NUAA's Twitter feed in relation to public health alerts—

The CHAIR: Could you expand the NUAA acronym for the purposes of Hansard?

Dr CHANT: The NSW Users and AIDS Association.

Ms CATE FAEHRMANN: I have looked at their Twitter feed in relation to public health alerts and there is nothing. If there was a particularly dangerous substance in circulation that was illegal and you knew that people would be consuming that substance, despite its illegality, can NSW Health issue a public health alert on its Twitter feed, for example?

Dr CHANT: Yes, we use the full range of communication strategies to do it. As I said it needs to be on a case-by-case basis because there have also been increases in cases in the UK when there was a public alert sent about a particular circumstance. I am happy to provide this.

Ms CATE FAEHRMANN: Could you please provide on notice for the Committee over the last 12 months what the public health alert system has been for any detections of dangerous illegal substances?

Dr CHANT: Yes.

Ms CATE FAEHRMANN: I am assuming you are testing a lot of illegal substances, but at a point where you believe that public health is at risk and what those alert systems have been.

Dr CHANT: Yes.

ANSWER

Since July 2018, NSW Health has issued four clinical or public alerts following the detection of dangerous substances associated with clinical presentations. These alerts were in relation to detection of:

- 2,4-Dinitrophenol (DNP) in August 2018. A public alert was issued.
- Carfentanil. Two separate clinical cases of carfentanil toxicity, one in September 2018 and one in August 2019. Both cases resulted in clinical alerts to emergency departments, NSW Ambulance and other relevant clinical groups.
 - The key response in relation to the first carfentanil case was to ensure that the substance had been safely disposed of, and police action occurred to investigate supply.
 - In regard to the second carfentanil case, work was also undertaken by the NSW Users and AIDS Association (NUAA) and the local drug and alcohol service to directly warn consumers of the danger.
- Lead in opium in July 2018. NSW Health issued a statewide clinical alert for drug and alcohol services, emergency departments and general practice recommending lead level screening for anyone that had recently used opium.
 - A consumer information statement with appropriate language translation was also provided to a multicultural drug and alcohol service that worked with the affected populations.

Paediatric anaesthetist at Wyong/Gosford Hospital

Transcript page 62

The Hon. COURTNEY HOUSSOS: Let me slightly rephrase my question. Is a paediatric anaesthetist available at Wyong hospital or Gosford Hospital today?

Ms KOFF: I do not know and I do not know whether they would require one either. This goes back to the heart of role delineation and understanding the complexity of what local hospitals can do. There is a perception that all hospitals are equivalent. They are not all equivalent by virtue of the nature of the demographics of the population they serve, by virtue of the range of clinical services that they provide. That is why there is always consolidation of expert services where they are appropriate and where they may be necessary. That is why we have strongly networked services, so the expertise is there. It is highly inappropriate to have a specialty of every persuasion available if there is not the volume of work going through to ensure the quality.

So you would not expect to have specialist paediatric anaesthetists at every hospital across the State. But we can determine, and I will take it on notice, whether paediatric anaesthetists are available on duty or whether the decision—as I said, the RCA needs to come to the conclusion as to what the issues were relevant to this case, rather than automatically assuming that it was a staffing issue.

The Hon. COURTNEY HOUSSOS: Ms Koff, I appreciate that part of the answer will be in the investigation but part of the answer is also about the services that are available to the community today on the Central Coast. I appreciate your testimony saying that there needs to be a variety of services and that needs to be guided by need and demand, but the question of not having an anaesthetist who is able to undertake a scan in a place like the Central Coast, which actually has above the State average for children and young people, therefore surely would be a concern to you?

Ms KOFF: You are assuming that is the case and I do not know that that is the case, so I will take it on notice.

The Hon. COURTNEY HOUSSOS: Could you also provide on notice a list of the major hospitals that do currently have paediatric anaesthetists on staff and whether that is available seven days a week?

Ms KOFF: I am happy to take that on notice but I will go back if I can to talk about the statewide review of Richard Henry for correcting the record if there is any misconstruing of what was said because I have had the terms of reference set. This is part of what the statewide review by Richard Henry is looking at. In front of me it includes reviewing how current services are delivered and noting any changes in clinical evidence that may provide an opportunity to identify new directions for system-wide activity. If I can confirm, paediatric cardiac surgery is not specifically listed in the terms of reference review because they are far broader. However, it does not prevent Professor Henry from making any comment because we are asking at a statewide level what the appropriate consideration of paediatric services in hospitals is.

ANSWER

As of June 2019 Gosford Hospital had 32 FTE against anaesthesia positions.

All principal referral and major hospitals have anaesthetists on staff. Clinical coverage and rosters are determined based on the service delivery needs required at the local level.

Ryan's Law and patient incident

Transcript page 62

The Hon. COURTNEY HOUSSOS: Ms Koff, I just wanted to ask you, I cannot think of it off the top of my head but there was a particular rule that was implemented in New South Wales hospitals, I want to say Ryan's Rule, around giving information to parents about seeking a second opinion for their child if they were concerned. Dr Chant might know what the actual—

Ms KOFF: I am not familiar with it, but I heard a sound to my right.

Dr CHANT: Sorry, I was trying to trawl from my—I believe that you are correct. I have not got the name of that program, but I think it originated from Illawarra Shoalhaven or—

The Hon. COURTNEY HOUSSOS: It was down on the South Coast. There was a situation.

Ms KOFF: Yes, I know what you mean now.

Dr CHANT: It was really empowering parents to raise the question. I understand it was effective and well received, but that is the extent of my—

The Hon. COURTNEY HOUSSOS: Ms Koff, are you able to tell us—I am happy if you want to do that on notice—if that particular procedure was in place on the Central Coast at either the Wyong or the Gosford hospitals at the time, and whether that is forming part of the review of Lorelei Bellchambers?

Ms KOFF: Yes, happy to do that. That program looks at what we call patient-activated escalation, and obviously in children it is a parent who activates. So there is an opportunity at any time in any facility, if there are concerns of the patient or their carer, that they can escalate by alternative mechanisms.

The Hon. COURTNEY HOUSSOS: I would be interested to know whether information was specifically provided to those parents about that particular option that was available to them.

ANSWER

The REACH program (Recognise, Engage, Act, Call, Help is on the way) Patient and Family escalation program is in place across all inpatient settings at Central Coast Local Health District. The REACH program does not currently include the Emergency Departments (ED) at Gosford and Wyong Hospitals.

Consideration for the appropriate response system within the ED setting is being undertaken, inclusive of the ED waiting room area.

Yass Valley midwifery group

Transcript page 63

The Hon. WALT SECORD: Are you aware that a group of Yass Valley mums have engaged a midwife to do a report and the report came up with a similar proposal as the Yass Valley midwifery group practice led by Jasmin Jones, presented by Jasmin Jones from the local council? Does a midwife-led low-risk maternity service have a possibility at Yass District Hospital?

Ms KOFF: I think earlier, Mr Secord, I outlined some preconditions that we think would be appropriate for such a service. If those preconditions were in place, we would have to assess it. We can take it on notice. I have not seen the report. I have not seen the content of the report.

ANSWER

The Manager, Health Services Planning for Southern NSW Local Health District has contacted Ms Jones on several occasions about this matter.

The plan and proposed model for low-risk women with midwifery continuity-of-care at Yass Hospital will be reviewed by the District as part of the development of the Health Care Service Plan for the region.

The plan is expected to be finalised in 2020 and will identify the direction, strategies and priorities for clinical services in Southern NSW.

This will respond to the community health needs according to evidenced based models that are sustainable, viable and safe. Specific health service planning will be undertaken across key clinical streams, including maternity services.

Hospital commencement dates

Transcript page 64

The Hon. COURTNEY HOUSSOS: I ask you specifically about some of the promises that the Government made prior to the last election, just to see if you have commencement dates for them. The Bankstown-Lidcombe Hospital, do you have a commencement date for construction there?

Ms KOFF: Unless I can pull it out quickly, I will take it on notice because I recall too we discussed at length last time that the commencement date is not determined until the planning process is undertaken, the clinical services, the site selection, et cetera, and all those gates and processes needed to be gone through before a definitive commencement date can be given. Hence if the Government is committed to doing it within the period we will do it within the period, and I think Health Infrastructure has a very impressive record of delivering all hospital infrastructure on time and on budget.

The Hon. COURTNEY HOUSSOS: With that caveat at the beginning, if you can tell me if there is one for Bankstown-Lidcombe Hospital? Have you got one at hand there?

Ms KOFF: No, sorry.

The Hon. COURTNEY HOUSSOS: Have you got one for Ryde Hospital?

Ms KOFF: No.

The Hon. COURTNEY HOUSSOS: Shoalhaven Hospital?

Ms KOFF: No, but, as I said, if it was given as a commitment in the term of the Government it will be.

The Hon. COURTNEY HOUSSOS: I am specifically interested about when construction will commence and if it has not commenced at what point it is anticipated? Surely there is some kind of working towards date. If you could provide that on notice that would be great.

Ms KOFF: Yes.

ANSWER

Building hospitals is a complex process and requires extensive consultation with stakeholders and the community to ensure the project responds to the needs of patients, their families, the community and our workforce that provide health services. This process is outlined in “How to Build a Hospital” at www.hinfra.health.nsw.gov.au/our-business-how-to-build-a-hospital

Work will commence on each identified project during the current four year term of government.

Employment of Aboriginal and Torres Strait Islander people in LHDs

Transcript page 65

The Hon. COURTNEY HOUSSOS: I am happy for you to provide this on notice, Ms Koff. What is the current rate of employment of Aboriginal and Torres Strait Islander people across the different local health districts? I think this is something that we discussed at length during the last hearing. If you can provide that on notice.

The Hon. COURTNEY HOUSSOS: I am happy for you to provide this on notice, Ms Koff. What is the current rate of employment of Aboriginal and Torres Strait Islander people across the different local health districts? I think this is something that we discussed at length during the last hearing. If you can provide that on notice. If you can also provide on notice across the local health districts or if you have got it at a more granular level—sorry, this is unrelated—are there unfilled positions within the mental health worker space, psychiatrists, psychologists or any other mental health workers that are unfilled across the local health districts?

Ms KOFF: I will take that on notice. I was going to say unless the Aboriginal employment one, Mr Minns has got at his fingertips, I am happy to take it on notice.

ANSWER

Since the release of the NSW Health Good Health – Great Jobs Aboriginal Workforce Strategic Framework 2016 – 2020 in November 2016 there has been steady growth overall in representation of Aboriginal employees in the workforce.

As at June 2019, more than 3,300 Aboriginal and Torres Strait Islander people were employed by NSW Health.

Unfilled mental health worker positions

Transcript page 65

The Hon. COURTNEY HOUSSOS: I am happy for you to provide this on notice, Ms Koff. What is the current rate of employment of Aboriginal and Torres Strait Islander people across the different local health districts? I think this is something that we discussed at length during the last hearing. If you can provide that on notice. If you can also provide on notice across the local health districts or if you have got it at a more granular level—sorry, this is unrelated—are there unfilled positions within the mental health worker space, psychiatrists, psychologists or any other mental health workers that are unfilled across the local health districts?

Ms KOFF: I will take that on notice. I was going to say unless the Aboriginal employment one, Mr Minns has got at his fingertips, I am happy to take it on notice.

ANSWER

NSW Health has over 900 Medical FTE across Mental Health services within Local Health Districts around the state. Positions unfilled at July 2019 represented less than 3 per cent of the Psychiatrist workforce.

Accreditation and JMOs at St George Hospital

Transcript page 67

The Hon. WALT SECORD: Dr Koff, can you provide the names of those five units where accreditation has been withdrawn.

The Hon. WALT SECORD: What has happened at St George Hospital? Has New South Wales Health investigated what happened there?

Mr MINNS: Yes, it has. Because of the privacy issues associated with that matter I could not say more than the fact that an investigation has occurred.

The Hon. WALT SECORD: What will happen to that investigation?

Mr MINNS: That matter will be dealt with by the local chief executive of the LHD and he will be the decision-maker in respect of that matter.

The Hon. WALT SECORD: When will that occur? When will the report be given to the LHD?

Mr MINNS: I expect it will be before the closure of the year.

The Hon. WALT SECORD: How many junior doctors are we talking about at St George Hospital?

Mr MINNS: It is a large number but—

The Hon. WALT SECORD: Is it 200, 20, a dozen?

Dr CHANT: I think it is better for us to take it on notice.

ANSWER

The St George Hospital Intensive Care Unit (ICU) did not have its teaching accreditation renewed due to cultural issues within the Unit. The ICU remains fully operational and appropriately staffed.

South Eastern Sydney Local Health District has established a governance committee to oversee work around the culture in the ICU and will continue to work with the ICU staff and the College of Intensive Care Medicine of Australia and New Zealand to resolve this matter to restore teaching accreditation as soon as possible.

The final outcome of the external review into the claims is expected in coming weeks.

Completion of Bulli Hospital

Transcript page 67

The Hon. COURTNEY HOUSSOS: I have one last question. Ms Koff, when are you expecting the upgrade of Bulli hospital to be completed?

Ms KOFF: I will take it on notice, if I could, because what its current status is I do not know.

ANSWER

Main construction works on the \$50.4 million Bulli Hospital and Aged Care Centre are scheduled to be complete by the end of 2019.

Operational commissioning of the new facility by the local health district in partnership with IRT (the Illawarra Retirement Trust) will commence in the new year.