

Budget Estimates - 26 October 2023

Health, Regional Health & the Illawarra and the South Coast

Responses to Supplementary Questions

Questions from Dr Amanda Cohn MLC

Paediatric cardiac surgery services

1. Assurances have been made by the Minister that emergency ECMO can continue to be provided safely at the Sydney Children's Hospital in Randwick without requiring a cardio-thoracic surgeon. Which Sydney Children's Hospital clinicians have been involved in discussions regarding ongoing safe provision of emergency ECMO?

I am advised:

Sydney Children's Hospital, Randwick, is covered by the Sydney Children's Hospitals Network Cardiothoracic Surgery Department and always has access to a cardiothoracic surgeon.

Multiple detailed discussions have been held with several Sydney Children's Hospital clinicians including (but not limited to) multidisciplinary staff predominantly from the Intensive Care Unit, the Emergency Department, and the Cardiothoracic department.

2. What work has been done to measure or mitigate the impact of ceasing elective cardiac bypass at the Sydney Children's Hospital in Randwick on the provision of surgery other than cardiac surgery, for example airway reconstruction surgery?

I am advised:

Elective cardiac bypass procedures have not been performed at Sydney Children's Hospital, Randwick since October 2018.

Procedures that may require elective bypass are discussed on an individual basis and the case managed in the best interest of the child.

3. Sydney Children's Hospital Randwick clinicians have been told that when cardiothoracic surgeon Dr Peter Grant retires, an on-site cardiothoracic surgical service will be provided in-hours. Can you confirm if this will be a consultant sub-specialist surgeon, or a fellow or a registrar?

I am advised:

There is no indication of any further reduction of cardiothoracic surgeons at the Sydney Children's Hospitals Network. There is active recruitment for 2 new cardiothoracic surgeons. From February 2024, all Sydney Children's Hospitals Network Cardiothoracic Fellows will rotate between Randwick and Westmead.

4. In the Budget Estimates hearing, the Minister stated that the volume of paediatric cardiac surgery requiring bypass is "heading south," however data shows that following a decrease during the worst of the COVID pandemic, case number have increased between 2022 and 2023. In addition the capacity of the

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Childrens Hospital at Westmead has reduced as a result of two surgeons leaving the service. In light of this new information, would you reconsider your position not to restore medium complexity cardiac surgery services at the Sydney Childrens Hospital in Randwick?

I am advised:

While there was an increase between 2021-22 and 2022-23, the number of cardiac bypass procedures provided by the Sydney Children's Hospitals Network has generally been declining, with fewer than 300 performed each year for the last 3 years.

Total cardiac bypass procedures:

2018-19 - 352

2019-20 - 305

2020-21 - 297

2021-22 - 257

2022-23 - 281

Cardiac bypass surgical volumes are required to be between 600 to 700 procedures annually for a second centre to be considered. The surgeon is not the only determining factor for this decision. The entire multidisciplinary team is essential to provide the best results.

To remain an accredited Paediatric Intensive Care Unit providing training for care for children post cardiac surgery, a minimum of 250 bypass cases (as per the College of Intensive Care Medicine) must be managed. Maintaining this accreditation is currently only possible with one unit providing elective bypass surgery.

5. Why are you funding the initiation of a heart transplant program at the Sydney Childrens Hospital in Randwick, an extremely rare and high risk procedure, while much more frequently required medium complexity cardiac surgery requiring bypass is not being provided at this site?

I am advised:

The establishment of a NSW Paediatric Heart Transplantation service at Sydney Children's Hospitals Network is part of a comprehensive paediatric cardiac and advanced heart failure therapy service in NSW. This is a network service based at Westmead, not Randwick.

The service will form part of Sydney Children's Hospitals Network's overarching cardiac services model of care. Developed in line with international standards and in consultation with expert clinicians, the model of care will continue to deliver cardiology and cardiac services to children and families across the state.

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NSW Health workforce

6. What is the proportion of non-clinical to clinical staff employed by each LHD?

a. How has this changed over the past 10 years?

I am advised:

Over the past 10 years, the proportion of clinical to non-clinical staff in NSW Health has remained consistent at 73%. Essential front-line staff include clinical staff, wardspersons, cleaners, food services, patient admissions and has averaged between 95% to 96% of the total workforce over the past 10 years.

7. I understand that in NSW Health facilities where night shift is 8 hours, fatigue management for day staff is inadequate as some staff are required to leave after 2300 and return before 0700 the next day, and that bedside handover is unachievable in a safe manner due to the inadequate shift overlap of 15 minutes at these facilities. Have you committed to implementing 10-hour night shifts across all NSW public hospitals?

a. If so, what is the timeframe for this to be implemented?

I am advised:

NSW Health implements a risk management approach to fatigue, including creating rosters that align with the Awards negotiated with unions, and that allow for adequate rest and recovery while meeting the need to provide safe patient care.

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Hospital-Acquired COVID-19

8. With COVID-19 activity now declared to be at moderate levels, what protocols have been implemented to prevent transmission of COVID-19 in NSW Health facilities?

I am advised:

NSW Health continues to monitor and assess the response to acute respiratory infections, including COVID-19, to keep patients, staff, and visitors safe in health care facilities.

The 'moderate' level of COVID -19 activity declared is based on a composite of measures different from earlier measures. This is partly because of changes in testing and reporting (for example RAT results). Current measures are deemed to largely reflect transmission occurring in the community. This is important as community activity is used to inform NSW Health in monitoring and managing risk, identifying, and managing potential impact.

The prevention of healthcare associated infections is a key part of NSW Health's work. Policies, guidelines, and resources are provided based on broad stakeholder consultation including:

- Infection prevention and control in healthcare settings policy
- Infection prevention and control practice handbook
- Infection Prevention and Control Guidelines for Management and Assessment of Acute Respiratory Infection (Flow Chart)
- Winter Strategy: Testing and IPAC for Acute Respiratory Infection
- Supporting Bed Allocation and Patient Flow
- Several resources about keeping safe in the workplace
- How to manage exposures/exposure management

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Allocation of Paramedics

9. How did the NSW Ambulance Strategic Workforce and Infrastructure Team choose to allocate funds from the \$1.76 billion funding pool announced in June 2022 to deliver an extra nearly 2000 paramedics to NSW?

a. Why hasn't the modelling behind this decision-making been released?

I am advised:

NSW Ambulance conducts regular analysis of all locations in NSW to identify areas of growing demand for the prioritisation of resources across the state.

NSW Ambulance undertakes extensive analysis of existing infrastructure in consultation with the Assets and Infrastructure, Service Planning, and Workforce Planning teams. Staff are strategically placed in temporary locations that are within or close to the target response area to allow for enhanced response capacity in areas that need it most.

Paramedics are a mobile workforce. Vehicles and their paramedic crews are moved throughout their shift to provide ambulance resource coverage across NSW.

10. How is the NSW Government ensuring that every additional Paramedic position they fund is added to the Planned Ambulance Rosters (PAR) level NSW Ambulance is required to maintain?

I am advised:

NSW Ambulance is in ongoing consultation with unions about a proposed standing formula for increasing Planned Ambulance Rosters statewide. The new formula will see regular enhancements over time and the Industrial Relations Commission is assisting.

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Dental services

11. In 2020-2021, an estimated 83,000 hospitalisations for dental conditions could have been prevented with earlier treatment. What is the NSW government doing to provide earlier treatment and access to affordable dental care, given that the Australian Dental Association has warned that costs of services for private dentists are expected to increase?

12. A 2022 survey of dental clinic operators conducted by the Commonwealth Bank of Australia and the Australian Dental Association estimated that approximately 9% of dentists were considering downsizing or closing their clinics due to the impact of rising costs across the industry. The number of dentists servicing the community has already declined by 2% per annum. What is the NSW Government doing to support access to dental services, especially in the wake of the recent payroll tax changes?

I am advised:

Most dental services in Australia are provided by private dental practitioners. Dental services are not covered by Medicare, as there is no such system providing universal access to dental care in Australia. The inclusion of services under Medicare is the responsibility of the Australian Government.

NSW Health provides access to free public dental care for children under 18 years of age with a Medicare card, and adults who have or are listed as dependents on an Australian Government Health Care Card, Commonwealth Seniors Health Care Card, or Pensioner Concession Card. Some patients are given a voucher for dental care to be provided by a participating private provider under the NSW Health Oral Health Fee For Service Scheme.

The payroll tax system has been nationally harmonised for over a decade and this harmonised approach has not changed.

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Albury Hospital Redevelopment

13. How much money has been spent, in total, on master planning for Albury Wodonga Health since NSW Health Infrastructure took over the project?

14. During recent consultation in Albury-Wodonga, NSW Health Infrastructure acknowledged that for effective hospital traffic management and public transport access, extensive upgrades will be required to be undertaken on Borella Road and the intersections of Keene and East Streets. Has the cost of these upgrades been considered in the costs of the redevelopment of the existing site?

I am advised:

Project expenditure to date is \$3.75 million. This includes master planning and the start of the concept design and functional briefing phases.

Health Infrastructure is working with Transport for NSW and Albury City Council to assess potential upgrade requirements of key intersections surrounding the campus.

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Muswellbrook Hospital

15. What is the rationale for planned upgrades at Muswellbrook Hospital to have been scaled back from their original design?

16. When will new operating theatres at Muswellbrook Hospital be operational?

17. What plans are in place to support surgical services at Muswellbrook Hospital when current temporary compliance measures expire in December this year?

18. Does the Minister believe it is appropriate for patients being transferred for emergency Caesarean section at Muswellbrook Hospital to have to be transferred out the main entrance of the hospital and through the emergency department?

I am advised:

The NSW Government allocated \$10 million in the 2023-24 State Budget for the \$45 million Muswellbrook Hospital Redevelopment Stage 3 project.

15. The redevelopment design changed during the planning process due to the impacts from the global escalation of building costs within the construction industry.

16. New operating theatres will now be delivered as part of the project scope. The project's design will be finalised over the coming months, and construction times will be confirmed as the project progresses.

17. A new sterilisation department has now been included as part of an updated project scope.

18. This statement is inaccurate.

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Single Digital Patient Record system

19. What was the tendering process followed to award Epic Systems the contract for this project?

I am advised:

The tendering process involved multiple stages comprising: Expression of Interest, Request for Proposal, Best and Final Offer and comprehensive evaluation and negotiation.

The comprehensive evaluation, against a set of specific functional, technical, and commercial criteria, involved over 350 clinicians and technical subject matter experts from across NSW Health. The process was overseen by external probity and legal advisors. Additional due diligence activities and site reference checks (both Australian and international) were also part of the process.

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COVID-19

20. Dr Chant has stated that we are seeing an increase in community COVID transmission as reflected by the weekly respiratory report. Why is the risk level for transmission in healthcare settings still set to Foundational given this increase?

I am advised:

NSW Health developed the [NSW IPAC Framework for Respiratory and COVID Safe Healthcare](#) based on pre-existing comprehensive infection prevention and control processes. This incorporates a foundational level which provides core infection prevention and control measures for preventing transmission on a day-to-day basis to support the ability to assess and enhance strategies based on local epidemiology, rather than whole of state application.

Foundational level underpins all the alert levels used during the pandemic. The framework and guidelines continue to be reviewed and revised to provide clarity on risk assessment, vulnerable persons assessment and strategies for increase in case numbers or outbreaks.

NSW Health continues to monitor and assess its response to the latest available data.

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Health Services in Griffith

21. Given the long wait list for the occupational therapist lymphoedema service which is offered one day per week in Griffith, which is attended by patients from Lake Cargelligo, Hillston, Jerilderie, and Hay, what are the barriers to expanding this service to additional days per week or full time?

I am advised:

Griffith Base Hospital currently has no waitlist for lymphoedema services.

22. What work has been undertaken to address vacancies for occupational therapists in Griffith?

I'm advised:

Murrumbidgee Local Health District has implemented short and long-term recruitment strategies to address occupational therapy vacancies at Griffith, including targeted recruitment campaigns. All vacant occupational therapy roles at Griffith are eligible for the Rural Workforce Incentive Scheme.

The District has partnered with NSW Health Central Resource Unit and an occupational therapist has been deployed to Griffith to support the local team. Following recent recruitment rounds, 2 occupational therapists were successful and will begin onboarding in December 2023.

A workforce pipeline strategy has been implemented in collaboration with local universities to increase the allied health workforce in regional areas. This includes an increase clinical placement locations and supervision capability.

23. Given the high rates of suicide in the region, are there plans for a mental health inpatient unit at Griffith Base Hospital? If not, why not?

I am advised:

Acute mental health units are complex specialty units requiring psychiatry, medical, nursing, and allied health workforce to deliver an effective therapeutic program. Wagga Wagga Mental Health Inpatient Unit has been planned as a regional service and includes bed numbers and specialist services for the entire Riverina Murray region.

Supportive care, including assisting people to live well in the community, to participate in their usual activities, and to keep their connection with family and friends, is the best way to care for most people who experience mental health conditions.

The new Griffith Clinical Services Building includes four single rooms in the Medical Inpatient Unit and one single room on the Paediatric Inpatient Unit that are specifically designed to support therapeutic admissions of people living with mental illness. Patients admitted in the short stay service are provided psychiatric and clinical support from the specialist community mental health drug and alcohol service in Griffith.

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A Towards Zero Suicides Safe Haven has been operational in Griffith since July 2021 and provides a calm, culturally sensitive, peer-led and non-clinical alternative to hospital emergency departments for people experiencing distress or suicidal thoughts.

A virtual District-wide Suicide Prevention Outreach Service has been operational in Murrumbidgee LHD since July 2021 and provides clinical and peer support to people located in the community who are in distress, suicidal or at risk of self-harm.

The Way Back NSW aftercare service is currently available in Griffith and provides free psychosocial support for up to 3 months for people who have had a recent suicide attempt or experienced significant crisis.

Post Suicide Support Post suicide support provides access to the StandBy Support After Suicide program (StandBy) for anyone who has been bereaved or impacted by suicide, including families and friends, witnesses, first responders such as police or ambulance, and service providers. StandBy is a free and confidential service delivered face-to face or through telephone support and is currently available to anyone in NSW impacted by suicide for up to 2 years post-referral.

24. There is a shortfall of accommodation for patients and support persons at Griffith Hospital with the recent opening of the radiotherapy unit. Will the Government allow land on the Griffith Base Hospital site to be used for patient accommodation?

I am advised:

Cancer services in the District are delivered through a combination of private provider arrangements and District operated services. Griffith Base Hospital has 3 hotel-style units on-site, that are available for patients and families. Griffith Base Hospital can accommodate public patients, accessing cancer services, as inpatients where required.

In response to the newly opened private provider, Griffith Cancer Care Centre, a Griffith community group, the Griffith Cancer Therapy Accommodation Committee, has engaged an architect to progress a business case to provide accommodation for people accessing cancer services in the region.

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Tocumwal Ambulance Station

25. The population of Tocumwal is increasing. When will Tocumwal receive a much-needed Ambulance station?

I am advised:

NSW Ambulance conducts regular analysis of all locations across NSW to identify areas of growing demand for the prioritisation of resources.

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Questions from Ms Abigail Boyd MLC

Inclusive healthcare partnership with Get Skilled Access (GSA)

- 26.** Which hospitals have to date received funding under the inclusive healthcare program, in partnership with Get Skilled Access (GSA)?
- a. How many of these hospitals are regional hospitals?
 - b. How much money has each hospital received, in the financial year 2022-23?
- 27.** Which hospitals will be receiving funding under the inclusive healthcare program, and when?

I am advised:

The NSW Ministry of Health will directly fund Get Skilled Access to deliver the training in the identified hospitals. The 10 hospitals are yet to be selected. This will occur after planning and design work is complete.

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Specialised Intellectual Disability Health Service (IDHS)

28. Is there an intention to broaden the specialised Intellectual Disability Health Service across all 15 Local Health Districts, in line with the recommendations from the Disability Royal Commission?

a. If yes, what is the timeline for any future plans?

I am advised:

The Disability Royal Commission has recommended state and territory governments establish and fund a specialised health services like the NSW model.

The NSW Health Intellectual Disability Health Service operates statewide in a hub and spoke model covering all 15 local health districts.

29. For each financial year since establishment, how much money was spent on each of the existing specialised Intellectual Disability Health Services:

- a. Hunter New England LHD and Central Coast LHD?
- b. Northern Sydney LHD, Mid North Coast LHD and Northern NSW LHD?
- c. South Eastern Sydney LHD, Nepean Blue Mountains LHD and Illawarra Shoalhaven LHD?
- d. Sydney LHD and Western Sydney LHD?
- e. South Western Sydney LHD and Southern NSW LHD?
- f. Western NSW LHD, Murrumbidgee LHD and Far West LHD?

30. For each financial year since establishment, how much money was spent on providing health assessment and recommendations for people with intellectual disability at each of the existing specialised Intellectual Disability Health Services:

- a. Hunter New England LHD and Central Coast LHD?
- b. Northern Sydney LHD, Mid North Coast LHD and Northern NSW LHD?
- c. South Eastern Sydney LHD, Nepean Blue Mountains LHD and Illawarra Shoalhaven LHD? Sydney LHD and Western Sydney LHD?
- d. South Western Sydney LHD and Southern NSW LHD?
- e. Western NSW LHD, Murrumbidgee LHD and Far West LHD?

31. For each financial year since establishment, how much money was spent on capacity-building for health professionals at each of the existing specialised Intellectual Disability Health Services:

- a. Hunter New England LHD and Central Coast LHD?
- b. Northern Sydney LHD, Mid North Coast LHD and Northern NSW

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LHD?

- c. South Eastern Sydney LHD, Nepean Blue Mountains LHD and Illawarra Shoalhaven LHD?
- d. Sydney LHD and Western Sydney LHD?
- e. South Western Sydney LHD and Southern NSW LHD?
- f. Western NSW LHD, Murrumbidgee LHD and Far West LHD?

I am advised:

The expanded Intellectual Disability Health Service has been funded since 2018-2019. The Intellectual Disability Health Service provides health assessment and recommendations for people with intellectual disability as well as capacity-building for health professionals.

The annual base allocation (not including indexation) between 2018-2019 to 2022-2023 has been:

- (a) Hunter New England LHD and Central Coast LHD - \$916,718 per year, which is \$4,583,590 over the 5 financial years.
- (b) Northern Sydney LHD, Mid North Coast LHD and Northern NSW LHD - \$1,061,601 per year, which is \$5,308,005 over the 5 financial years.
- (c) South Eastern Sydney LHD, Nepean Blue Mountains LHD and Illawarra Shoalhaven LHD - \$1,061,601 per year, which is \$5,308,005 over the 5 financial years.
- (d) Sydney LHD and Western Sydney LHD - \$916,718 per year, which is \$4,583,590 over the 5 financial years.
- (e) South Western Sydney LHD and Southern NSW LHD - \$916,718 per year, which is \$4,583,590 over the 5 financial years.
- (f) Western NSW LHD, Murrumbidgee LHD and Far West LHD - \$1,061,601 per year, which is \$5,308,005 over the 5 financial years.

29.

32. For each financial year since establishment, how many staff engaged in services relating to capacity- building for health professionals at each of the existing specialised Intellectual Disability Health Services:

- a. Hunter New England LHD and Central Coast LHD?
- b. Northern Sydney LHD, Mid North Coast LHD and Northern NSW LHD?
- c. South Eastern Sydney LHD, Nepean Blue Mountains LHD and Illawarra Shoalhaven LHD?
- d. Sydney LHD and Western Sydney LHD?
- e. South Western Sydney LHD and Southern NSW LHD?
- f. Western NSW LHD, Murrumbidgee LHD and Far West LHD?

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I am advised:

All staff in the Intellectual Disability Health Service provide capacity building for health professionals. Examples include:

- expert advice to mainstream NSW Health clinicians and general practice teams
- joint consultation and/or case conferences
- formal skills, training, and other education sessions.

33. What strategies are currently in place to measure the success and capability of each of the specialised Intellectual Disability Health Services?

I am advised:

Performance monitoring of each of the Intellectual Disability Health Services is in place including analysis of service data and the service's capacity building action plan. Annual performance meetings are also held between the local health district and the Ministry of Health.

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Training for NSW Health staff in relation to treating patients with disability

34. What consultation was undertaken in designing and updating the training that NSW Health staff receive in relation to treating patients with disability, in particular people with complex disabilities?

- a. Were any disability stakeholders consulted with?
- b. Is there ongoing consultation with the disability sector in this respect?

I am advised:

The Health Education and Training Institute (HETI) works with subject matter experts, stakeholders and the Agency for Clinical Innovation's Disability Network to develop eLearning for NSW Health staff.

Consultation examples include:

Training product	Location	Consultation
Learning Pathway Intellectual Disability and Mental Health	My Health Learning Pathway	Created by the Department of Developmental Disability Neuropsychiatry at UNSW, Julian Trollor in collaboration with: carers and families health professionals disability professionals
ACI Building capability in NSW health services for people with intellectual disability: the Essentials	My Health Learning course	Developed through consultation with the Network's membership, consumers, and carers and with health and partner organisations/agencies.
HETI MHL Module - enabling person centred end of life care for people living with dementia, mental illness, or intellectual disability	My Health Learning course	Developed and updated in consultation with health professional and consumer input from Capacity Australia, Council for Intellectual Disability, Dementia Australia.

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Training product	Location	Consultation
HETI MHL Module - Cognitive Disability and the Criminal Justice System	My Health Learning course	Developed and updated in consultation with Health Professional and consumer input from Agency for Clinical Innovation (ACI), Corrective Services NSW, Communities and Justice, UNSW Intellectual Disability Behaviour Support Program.
HETI MHL Module - Let's Talk Disability	My Health Learning course	Developed and updated in consultation with Health Professional and consumer input from Agency for Clinical Innovation, Carer's NSW, NSW Disability Council.
Enhancing accessibility of mandatory NSW Health statewide digital learning resources	HETI project	User testing planned with a small group of NSW Health staff with different abilities to reflect diverse needs and different uses of assistive devices to navigate NSW Health digital learning products.
GeneEQUAL resources on the HETI Centre for Genetics Education website	Communicating with People who have Intellectual Disability: The GeneEQUAL Educational Toolkit (genetics.edu.au)	Information about the co-production process is available at www.geneequal.com where people with intellectual disability discuss the development process and how these resources will benefit them.
Learning Pathway Removing the barriers: Inclusion of people with disability	My Health Learning Pathway	NSW Public Service Commission acknowledge the contributions of employees with disability and feedback from all agency stakeholders to the development of this training package.

HETI consults with the disability sector to develop eLearning including:

- Ongoing consultation with Council for Intellectual Disability - <https://cid.org.au/>

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- Ongoing collaboration with ACI Intellectual Disability Health Network
- Ongoing collaboration National Centre of Excellence in Intellectual Disability Health - www.3dn.unsw.edu.au/national-centre-excellence-intellectual-disability-health
- Ongoing collaboration Director, Disability, Youth and Paediatric Health, Health and Social Policy Branch, Ministry of Health

HETI is working with the Council for Intellectual Disability to host 6 additional modules in development that focus on clinical care of people with disabilities.

35. How much funding did NSW Health receive for education and training of health staff in relation to treating people with disability, for financial years 2020-21, 2021-22 and 2022-23

I am advised:

eLearning development funding is allocated annually for staffing and goods and services for the eLearning development unit. The eLearning schedule is approved annually. As well as the modules above, HETI publishes external resources, including multiple modules from the Department of Developmental Disability Neuropsychiatry at UNSW.

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Physical restraints in NSW hospitals

- 36.** During the 2021-22 and 2022-23 financial years, how many investigations have there been into the use of physical restraints used on patients with disability in NSW hospitals?
- a. Have there been any disciplinary actions taken against staff engaging in inappropriate physical restraint techniques?
- 37.** Is there any intention to mandate comprehensive training for all staff across all wards, in relation to treating people with disability?
- 38.** What is being done to address the gap in the level of training and education received by regular NSW hospital staff and agency and casual staff?

I am advised:

NSW Health policy directive *Seclusion and Restraint in NSW Health Settings PD2020_004*, provides information about data collected by NSW Health about seclusion and restraint incidents. Information about staff is not available.

Education and training information is to support health professionals provide inclusive care for people with disability is provided in response to supplementary question 34.

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**The Royal Commission into Violence, Abuse, Neglect and Exploitation
of People with Disability**

39. Will NSW Health be adopting the recommendations from the Disability Royal Commission directed to state and territory health settings?

- a. Will recommendations 6.31.b, 6.32a, 6.32b, 6.32c, 6.33, 6.34, 6.35, 6.36 and 6.40 be adopted?**

I am advised:

The Department of Communities and Justice is leading the NSW Government response to the report of the Royal Commission Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

NSW Health will contribute to the response by March 2024.

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One Stop Shop clinic trial at Westmead Hospital established by Dr Peter Smith and Dr Rummana Afreen in 2020

40. How much money does this clinic receive to operate on a trial basis?
 - a. Will this clinic be receiving long-term sustainable funding?
 - b. What strategies are in place to monitor the success of the clinic?
 - c. What are the indicators required to secure long-term funding?
41. Will NSW Health be setting up additional similar services across the state?
 - a. If yes, where will they be located?

I am advised:

Western Sydney Local Health District currently provides \$50,000 annual funding for the One Stop Shop clinic. The District is continuing to monitor the clinic outcomes.

Patients referred to the service extend beyond Western Sydney Local Health District.

The District acknowledges the significance of this initiative and is exploring sustainable models to expand the service.

NSW Health is also monitoring the outcomes of the clinic to better understand the model and potential for scalability.

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Abcare

42. Have you met with Abcare to discuss the proposed Early Intervention Assessment Centre?

I am advised:

On 4 October 2023, the NSW Ministry of Health met with Abcare to discuss the proposed Early Intervention Assessment Centre.

43. Will you be funding the Early Intervention Assessment Centre

I am advised:

The Ministry will continue to work with Abcare to identify opportunities to better link and support their clinical and research program development.

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Questions from Ms Cate Faehrmann MLC

Two-strike pre-court diversionary scheme

44. In your Budget Estimates evidence, the Minister stated that the two-strike diversionary scheme “will potentially stop around 6,000 people from going into the court system for very low possession”.

a. Please provide a basis for this projection.

I am advised:

The projection is based on an analysis of Bureau of Crime Statistics and Research data on the number of people previously issued with an eligible offence.

45. During the hearing, Dr Kerry Chant stated that “We're currently contracting that service to an existing drug and alcohol service provider”.

b. Has the provider for the tailored intervention been decided?

i. If so, who is the provider?

ii. If so, through what mechanism was the provider identified?

c. Has the provider for the tailored intervention been contracted?

i. If so, what is the length of the contract?

d. If the provider has been commissioned by the NSW Government to provide any current or previous services, please provide a detailed breakdown of those services and the contract lengths.

e. Was any tender process undertaken to identify the provider?

ii. If not, why not?

f. How many tailored interventions are projected to be required every year?

g. How much will the provider be paid per intervention undertaken?

h. Will the intervention for a first caution and the intervention for a second caution carry the same cost to the NSW Government?

I am advised:

A 3-year contract is being finalised with the St Vincent’s Health Network to be the initial provider based on an assessment of their capacity, experience and readiness to establish the service in the timeframe required.

It is estimated that up to 2,438 tailored brief interventions may be required per year to June 2026.

Approximately \$1.63 million over 3 years to June 2026 will be provided to St Vincent’s Health Network to deliver the service.

The difference between the first and second health intervention for the criminal infringement notice (CIN) is that the second intervention will be longer in duration

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depending on the specific health or other needs of the recipient and it will include follow up.

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Medicinal Cannabis

46. How many NSW residents are currently prescribed medicinal cannabis

I am advised:

The Therapeutic Goods Administration holds data on approvals issued under the Special Access and Authorised Prescriber schemes for prescribers to prescribe non-registered imported medicinal cannabis medicines.

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Questions from the Hon Chris Rath MLC (on behalf of the opposition)

Voluntary Assisted Dying (VAD)

47. The Clinical Practice Handbook provides advice in relation to a patient dying before the VAD process is completed. It seems to be silent on what happens if the VAD process is unsuccessful. What guidelines are in place if the drugs administered do not cause death?

I am advised:

Training is provided to all authorised voluntary assisted dying practitioners on substance administration, and to authorised voluntary assisted dying pharmacists who deliver the substance and provide instruction to people that choose self-administration. If the voluntary assisted dying substance is administered as instructed it will cause death.

48. Given Clause 4 of the NSW VAD Act which provides that a person who is a regional resident is entitled to the same level of access to care and treatment as those in metropolitan areas, what is being done to ensure that those living in rural, regional, and remote NSW have the same access to high quality palliative care as those living in metropolitan areas?

I am advised:

All local health districts provide specialist palliative care which works alongside general palliative care provision in hospitals, community health, primary care, and aged care. Models of care are determined by districts and networks to best meet local needs. All districts involve specialist palliative care physicians within their models of care.

49. How much money is being spent on enabling access to VAD in regional and rural NSW?

I am advised:

The 2023-24 NSW Budget includes funding of \$97.4 million over 4 years (\$94.6 million recurrent expenses and \$2.8 million capital expenditure) to enable safe and equitable access to voluntary assisted dying for eligible people in New South Wales.

50. Are people who receive VAD able to be organ donors?

I am advised:

A person who is administered the voluntary assisted dying substance can still donate their organs if medically suitable. If a patient seeking access to voluntary assisted dying wishes to become an organ donor, this would be discussed with the person on a case-by-case basis.

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51. If so, does this mean there are any changes to the protocol in the way in which VAD is administered in that situation?

I am advised:

The protocol for administering the voluntary assisted dying substance remains unchanged.

52. What are the expected out of pocket costs for an individual seeking VAD?

I am advised:

There is no cost to access voluntary assisted dying in a public hospital. Usual consultation fees to see a general practitioner, private doctor or specialist may still apply for people who choose to access voluntary assisted dying outside of the public system.

53. What are the expected costs incurred by the health system in providing VAD to an individual who desires it?

I am advised:

Voluntary assisted dying services are a component of a public hospital admission, and activity will be covered under the standard approach to public hospital funding.

54. In reviewing reasons patients request VAD, is there a plan to document the reason for the request including poor quality of life without access to palliative care?

I am advised:

Voluntary assisted dying is a choice available to an eligible person who is approaching the end of their life. This is in addition to other choices that people may make about their end of life care, including palliative care.

A fundamental part of the legislative framework ([section 4 Principles](#)) is that a discussion with a patient about voluntary assisted dying must be part of a broader discussion about other treatment and palliative care options.

55. Dr Kerry Chant stated “What we obviously want to do is make sure that people have access to voluntary assisted dying if they want it administered where they might want it administered.” If a Local Health District (LHD), through autonomy, decides that its Palliative Service will not provide VAD via its clinicians or in its inpatient wards, and advises patients be transferred out of the palliative care ward for requested VAD, how does this comply with Dr Chant’s statement?

I am advised:

In accordance with NSW Health Policy Directive PD2023_037 *Voluntary Assisted Dying*, local health districts must have local pathways and systems in place to

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support patient access to voluntary assisted dying. This includes, among other requirements, having processes in place to support access safely and effectively in a range of settings and to support substance administration for patients.

Voluntary assisted dying pathways must be patient centered and embedded wherever possible in existing clinical pathways.

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Palliative Care

56. How much money is being spent on regional and rural access to Palliative Care?

I am advised:

Data on total expenditure for the 2022-23 financial year is being processed. For 2021-22 total expenditure was \$154.7 million across admitted and non-admitted care in the 9 regional and rural local health districts. Each local health district allocates funding according to local needs and priorities.

57. What are the average costs of providing palliative care to a patient? Can you provide figures covering 3, 6, and 12 months?

I am advised:

Data is not available in this format due to the wide range of activities and phases of care that a patient may have.

58. How many Specialist Palliative Care Physicians are employed by NSW Health west of the Great Dividing Range?

I am advised:

All local health districts provide specialist palliative care which works alongside general palliative care provision in hospitals, community health, primary care, and aged care. Models of care are determined by Districts and Networks to best meet local needs. All Districts involve specialist palliative care physicians within their models of care.

59. How is NSW Health planning to assess waiting times and numbers of patients unable to access palliative care.

- a. Will this information be made public?
- b. Will it be measured against palliative care NSW standards?

I am advised:

People may receive palliative care across a range of health settings and healthcare services, including hospital services, community health, primary care, and aged care. People with high or more complex needs may need specialist palliative care. All NSW local health districts have referral, triage, assessment, and care planning processes in place for specialist palliative care.

The Australian Institute of Health and Wellbeing's *Palliative care services in Australia* report presents national outcomes data, including timely care, from the Palliative Care Outcomes Collaborative. Further information is publicly available at: www.aihw.gov.au/reports-data/health-welfare-services/palliative-care-services/reports.

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60. There remains significant misunderstanding around what Palliative Care is, especially amongst the Indigenous and Culturally and Linguistically Diverse (CALD) communities. This uncertainty will be added to by some Palliative Care units across the state providing VAD and others not. How will the health system cope with patients and families refusing a referral to Palliative Care because of this confusion?

I am advised:

Voluntary assisted dying is a choice available to an eligible person who is approaching the end of their life. This is in addition to other choices that people may make about their end-of-life care, including palliative care. A fundamental part of the legislative framework is that a discussion with a patient about voluntary assisted dying must be part of a broader discussion about other treatment and palliative care options. Information about palliative care in a range of formats is publicly available at www.health.nsw.gov.au/palliativecare.

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Indigenous Australians Health

61. Can you provide details on the discrepancy of health outcomes for Indigenous Australians and the rest of the population?

I am advised;

Aboriginal Australians experience poorer health outcomes than non-Aboriginal Australians on most measures, including life expectancy. The latest Australian Bureau of Statistics data showed that for babies born in NSW in 2015 to 17, male Aboriginal babies are expected to live to 70.9 years (9.3 years less than non-Aboriginal male babies born at this time) and female Aboriginal babies are expected to live to 75.9 years (7.6 years less than non-Aboriginal female babies).

Data about further indicators of health outcomes for Aboriginal Australians is publicly available through the Australian Institute of Health and Welfare at www.indigenoushpf.gov.au/measures.

62. How much money is being spent to improve the health outcomes of Indigenous Australians?

I am advised;

Direct ministerial-approved recurrent funding for Aboriginal Community Controlled Health Services has increased from \$19.2 million in 2014-15 to \$36.7 million in 2023-24.

63. What percentage of Palliative Care admissions are Indigenous Australians?

I am advised;

The Australian Institute of Health and Welfare (AIHW) 2021-22 MyHospitals data reports that 2.6% of all separations for Palliative Care in NSW were for Indigenous Australians, the same proportion of all hospital separations in Australia.

Further information is publicly available at www.aihw.gov.au/reports-data/myhospitals/content/about-the-data.

64. What is being done to ensure equitable access to palliative care for Indigenous Australians, especially those living in rural and regional areas?

I am advised:

Activities to improve access to palliative care for Aboriginal people and to support culturally safe and appropriate care include:

- All local health districts have funding for an Aboriginal Health Worker for palliative care.
- Ensuring that Aboriginal people receive culturally sensitive and safe end of life and palliative care is a priority objective for new funding enhancements provided to local health districts and specialist health

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networks. This funding may be used for additional staff, education and training, and local partnerships.

- An Aboriginal Palliative Care Network is in place which provides opportunities for professional and peer support, shared learning, and development among Aboriginal Health Workers in palliative care.
- an eLearning module Supporting culturally sensitive end of life care for Aboriginal people is available on the NSW Health My Health Learning system.
- The Aboriginal Health and Medical Research Council's Journey to Dreaming toolkit is a culturally appropriate toolkit to guide Aboriginal people through end-of-life care. This was developed using grant funding provided by the NSW Government. This is widely used by NSW Health services, with printing and distribution funded by the NSW Ministry of Health.
- The NSW Ministry of Health policy team includes a senior policy officer whose work is focused on Aboriginal palliative care. This is a targeted position for an Aboriginal person. Building opportunities to work with the Aboriginal controlled sector and non-government organisations to promote community engagement, awareness and support relating to end-of-life care is a priority for this work.

65. What is being done to ensure equitable access to VAD for Indigenous Australians, especially those living in rural and regional areas?

I am advised:

The NSW Health Voluntary Assisted Dying policy directive (PD2023_37) and Access Standard set out how NSW Health facilitates access to voluntary assisted dying for people in NSW, including in regional and rural areas.

The Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) policy has been updated to include voluntary assisted dying services as an eligible service.

The NSW Voluntary Assisted Dying Implementation Committee and Consumer Engagement Advisory Group have included representatives from the NSW Ministry of Health's Centre for Aboriginal Health to ensure planning appropriately considers the needs of Aboriginal people and to provide advice on all consumer resources.

Engagement with Aboriginal communities throughout implementation has included a webinar for Aboriginal health workers and community members (March 2023) and partnership with the Aboriginal Health and Medical Research Council to hold a focus group (July 2023) to codesign voluntary assisted dying resources for Aboriginal communities.

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66. What is being done to communicate information about palliative care in a culturally sensitive and appropriate way to Indigenous Australians?

Please refer to answer for question 64.

67. What is being done to communicate information about VAD in a culturally sensitive and appropriate way to Indigenous Australians?

Please refer to answer for question 65.

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Rural and regional hospitals

68. How many beds in rural and regional hospitals are occupied by aged care patients?

I am advised:

On 1 November 2023, there were 295 residential aged care facility patients in regional and rural hospitals. This includes 219 (or 74%) who were ready for discharge.

69. When will birthing services be returned to Milton Hospital, as promised during the election campaign?

I am advised:

Illawarra Shoalhaven Local Health District is preparing a clinical services plan for Milton Ulladulla Hospital. This is the first stage in preparing a full master plan for the site.

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Rouse Hill Hospital

70. Can you provide a breakdown of what has been spent so far on the Rouse Hill Hospital development and in what areas?

I am advised:

Around \$55 million has been spent on the Rouse Hill Hospital development.

This includes site investigations, land acquisition, early planning, design, consultation with key stakeholders to determine the master plan for the site, business case development, community consultation to help determine clinical service priorities, project management costs, early works and site establishment.

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Workers Compensation claims

71. How many harassment and bullying workers compensation claims have been made in the Department and LHDs in the past 5 years?

72. Can you provide the total cost of those claims?

I am advised:

Information about workers compensation claims is available in the NSW Health Annual Report.

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Health sector workforce

73. What percentage of the NSW health workforce earns under \$60,000?

74. What percentage of the NSW health workforce earns over \$90,000?

I am advised:

NSW Health engages significant numbers of part-time and casual employees to meet service need and provide flexibility to employees. As such it is important to annualize actual employee earnings to provide a representative picture of workforce earnings on a like for like basis. When reviewing annualized earnings only 2.4% of the NSW Health workforce earn below \$60,000, while 65.3% of the NSW Health workforce have annualized earnings over \$90,000.

75. Can you provide information on worker retention rates for healthcare workers from 1-5 years?

I am advised:

Over the past 5 years NSW Health workforce retention rates varied between 92% to 95%

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Medical students

76. Has research been done, or obtained, by the Department to determine the factors which contribute to the non-completion rate of medical students?

I am advised:

No.

77. Can you provide figures on the non-completion rate of healthcare students, broken down by profession?

I am advised:

In 2022, 205 medical students enrolled in an Australian university medical school, did not complete the program. Of these, 66 were enrolled in a NSW university. (Source: Medical Education and Training 6th Edition)

Information is not available for other health professions across allied health and nursing.

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Wellbeing and Health In-Reach Nurse Coordination Program

78. When will the final Wellbeing and Health In-Reach Nurse Coordination Program report be released?

a. Will the report be publicly available?

79. Will you guarantee that the 98 Wellbeing and Health In-Reach Nurses will be safe?

80. Do you commit to continuing the funding for the 106 positions?

I am advised:

Between 2018 and 2020, a formative evaluation was conducted of the 3 Wellbeing and Health In-reach Nurse (WHIN) Coordinator pilot sites at Young, Tumut and Cooma. The pilot evaluation report is publicly available on the NSW Health website.

In December 2022, the NSW Ministry of Health commissioned an independent evaluation of the rollout of the expanded Wellbeing and Health In-reach Nurse (WHIN) Coordinator program. An interim evaluation report is due to the Ministry by November 2023 and a final report by December 2024. The final evaluation report will be publicly available.

The external evaluation will inform future funding decisions.

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Forster Hospital

81. In a letter dated 25 October from your Parliamentary Secretary to the Member for Myall Lakes, Dr Holland states, “Planning for the project is continuing, including for health services in the Forster- Tuncurry area...”

- a. How can this planning continue when you cut \$20 million in funding allocated to the Forster Public Hospital?
- b. Is this a direct contradiction to your position on funding for the Forster Hospital?

82. As Minister, you stated in your Hearing that the Government has “decided to pause – not scrap but pause – that project at the moment.” How will you communicate this to the people of Myall Lakes when there is no allocation for funding in the 2023-24 Budget?

Please refer to Question on Notice LC 1320.

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Comments from the Parliamentary Secretary for Health and Regional Health

Regarding comments Parliamentary Secretary for Health and Regional Health made in a Facebook post on the 'One Eurobodalla' Facebook page on 3 October 2021:

83. What measures have you taken to ensure your public servants are protected from any future demeaning and derogatory comments from the Parliamentary Secretary for Health and Regional Health?

84. As Minister, how can you and the Premier continue to support your Parliamentary Secretary for Health and Regional Health, given there was a complaint made about the Facebook comments in an email dated 3 October 2021 to the Ministry of Health?

85. Have you discussed these comments with the Secretary for Health?

86. As Minister, will you continue to support your Parliamentary Secretary?

I am advised:

Please refer to transcript for Budget Estimates Hearing

87. Can you confirm your Parliamentary Secretary's disclosures are honest and accurate?

I am advised:

All parliamentary Secretary's are required to comply with their disclosure obligations under the NSW Ministerial Code of Conduct (Ministerial Code) and the Premier expects them to do so.

Disclosures made by Parliamentary Secretary's under the Ministerial Code are made to the Premier and to the Secretary of the Cabinet Office (TCO).

Regional Health Ministerial Advisory Panel

88. How many Expressions of Interest were received for positions on your Regional Health Ministerial Advisory Panel?

89. In appointing the Panel, was Ministerial discretion used?

90. How often will the Advisory Panel be meeting?

I am advised:

There were 185 expressions of interest received for the Regional Health Ministerial Advisory Panel.

The NSW Cabinet appointed the panel, which will meet quarterly.

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Gunnedah Hospital Redevelopment

91. The Gunnedah community have been disappointed by cuts to their hospital. Have these concerns been raised with your Office?

- a. How much correspondence have you received?
- b. How much correspondence has your department received?

I am advised:

There has been no change to funds allocated for the Gunnedah Hospital Redevelopment project. There have been 14 items of correspondence received through the Minister's office and no correspondence received directly by the NSW Ministry of Health about the Gunnedah Hospital Redevelopment.

92. How much would it cost to deliver the upgrade in full?

I am advised:

Construction costs have increased throughout the year. Re-pricing of the original scope would be required to validate total funding.

93. What steps has NSW Health taken to engage and listen to the concerns of Gunnedah's residents?

I am advised:

The project team has consulted with staff, stakeholders, and the community at each design stage, including master plan, concept design and schematic design. Consultation included multiple group meetings, information sessions, one-on-one briefings, face-to-face and online. Following the announcement of the revised scope, the project team held several staff and community pop-ups and meetings to provide the Gunnedah community an opportunity to provide feedback about the designs.

94. Can you confirm patients requiring renal and chemotherapy services in the Gunnedah region will have to commute to Tamworth?

- a. How long will this continue to be the case?

I am advised:

The community continues to have access to renal and chemotherapy services at Tamworth Rural Referral Hospital, as part of existing service arrangements with the Hunter New England hospital network.

95. The Premier visited Gunnedah before the election and committed to the hospital upgrade. What reasons have been given for this election promise not to proceed?

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I am advised:

There has been no change to funding allocated for the Gunnedah Hospital Redevelopment project. The global increase in building costs faced by the construction industry has impacted what can be delivered within the Gunnedah Hospital Redevelopment budget. This process is managed by prioritising areas of clinical need in the design, while ensuring further works can be completed in the future.

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Health Worker Study Subsidy

96. Of the total number of scholarships available in the next calendar year, how many will be allocated to nurses?

97. What will be the number difference between the applicants and those who get the scholarship?

98. To increase the health workforce, will you increase the number of scholarships available?

I am advised:

In 2024, 850 Health Worker Study Subsidy scholarships will target nurses.

All applicants enrolled and studying in an eligible tertiary health study program will be considered to receive a scholarship. As the system is not yet open, the number of applications received for consideration is not known.

There are 4,000 scholarships available each year under the Health Study Subsidy scheme. This includes 2,000 scholarships available to students beginning study from 2024 and intending to commit to work for NSW Health for 5 years upon graduation, and 2,000 scholarships to people currently studying to be paid after graduating when the graduate joins the public health system workforce.

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Ministerial Diary Disclosures

99. Do any of the representatives from Heath Services Union have security passes to:

(a) 52 Martin Place?

No

(b) Parliament House?

I am advised:

All passes are issued under the NSW Parliament House Security Pass Policy administered by the Facilities Branch of the Department of Parliamentary Services.

100. Do any of the representatives from Public Service Association have security passes to:

(a) 52 Martin Place?

No

(b) Parliament House?

I am advised:

All passes are issued under the NSW Parliament House Security Pass Policy administered by the Facilities Branch of the Department of Parliamentary Services.

101. Do any of the representatives from Australian Salaried Medical Officers Federation have security passes to:

(a) 52 Martin Place?

No

(b) Parliament House?

I am advised:

All passes are issued under the NSW Parliament House Security Pass Policy administered by the Facilities Branch of the Department of Parliamentary Services.

102. Do any of the representatives from the NSW Nurses and Midwives Association have security passes to:

(a) 52 Martin Place?

No

(b) Parliament House?

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I am advised:

All passes are issued under the NSW Parliament House Security Pass Policy administered by the Facilities Branch of the Department of Parliamentary Services.

103. How many of these Security Passes have been signed off by either you or your Office?

I am advised:

All passes are issued under the NSW Parliament House Security Pass Policy administered by the Facilities Branch of the Department of Parliamentary Services.

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Illawarra and South Coast

Minister for the Illawarra and South Coast

104. What are your primary responsibilities as the Minister for Illawarra and South Coast?

I am advised:

To ensure the needs and interests of residents in the Illawarra and South Coast region are clearly represented within NSW Government, using local knowledge and expertise to identify opportunities, escalate issues, and champion the region. As part of this representation, I am also working with my colleagues to establish, shape and deliver NSW government priorities in the Illawarra and South Coast.

105. What department supports these responsibilities?

I am advised:

The Department of Regional NSW

106. How many departmental staff are explicitly allocated to the Illawarra and South Coast portfolio?

I am advised:

The Department of Regional NSW currently has 16 staff based in the Illawarra and South Coast who assist in delivering both Ministerial and NSW Government regional priorities and support the delivery of place-based outcomes in the Illawarra and South Coast region. Staff within the Department of Regional NSW also provide a range of executive, enabling and administrative functions as needed.

107. How many staff in your Office are dedicated to the Illawarra and South Coast portfolio?

I am advised:

I expect all my ministerial staff to contribute to the Illawarra and South Coast portfolio.

108. Do these staff have other portfolio responsibilities?

I am advised:

My staff share multiple responsibilities.

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109. Do you have any staff that are solely responsible for the portfolio of Illawarra and South Coast?

I am advised:

Refer to answer 107

110. How many hours per week would you say you spend on the portfolio of Illawarra and South Coast?

I am advised:

Time measures on ministerial responsibilities cannot be quantified.

111. How many briefs as Minister for Illawarra and South Coast would your Office receive per week, on average?

I am advised:

The number of briefs I receive as Minister for the Illawarra and South Coast vary weekly.

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Operational Questions

Qantas

112. Are you a Member of the Qantas Chairmans Club?

- (a) Have you ever previously been a member? When did you cease to be a member?
- (b) When did you initially become a member?
- (c) When was this declared on the Ministerial gifts register

I am advised:

A copy of my most recent Ordinary return dated 11th September 2023 for the period 1 July 2022 to 30 June 2023 disclosing receipt of Qantas Chairman's Lounge membership is publicly available on the NSW Parliament's website.

A copy of my disclosure under Part 4 of the Schedule to the Ministerial Code dated 31st May 2023 disclosing receipt of Qantas Chairman's Lounge membership is publicly available on TCO's disclosure log on TCO's website.

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Department / Agency Staff

113. How many senior executive service employees were employed by each Department/agency within your portfolio responsibilities on:

(a) 28 March 2023?

(b) 23 October 2023?

I am advised:

Numbers of senior executives are publicly reported within Department/agency annual reports as per standard practice.

114. What is the expenditure on senior executive service employees employed by each Department/agency within your portfolio responsibilities since 28 March 2023?

I am advised:

Numbers and remuneration of senior executives are published in annual reports. Salaries and wages are included under employee related expenses in the financial statements of these annual reports.

115. How many individuals were employed as internal legal counsel by each Department/agency within your portfolio responsibilities on:

(a) 28 March 2023?

(b) 23 October 2023?

I am advised;

Salaries and wages are included in the Department/agency annual report.

116. What is the expenditure on internal legal counsel employees employed by each Department/agency within your portfolio responsibilities 28 March 2023?

I am advised;

Salaries and wages are included in the Department/agency annual report.

117. How many redundancies were processed by each Department/agency within your portfolio responsibilities since 28 March 2023?

(a) Of these redundancies, how many were:

i. Voluntary

ii. Forced

(b) What was the total cost of all redundancies in each Department/agency within your portfolio responsibilities?

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I am advised:

Employee related expenditure, including for redundancies are publicly reported within Department/agency annual reports as per standard practice.

118. Is any former employee from your ministerial office now employed by any Department/agency within your portfolio responsibilities?

I am advised:

The employment of former Ministerial office staff is not tracked.

Ministerial office staff must comply with their ethical obligations under the NSW office Holder's Staff Code of Conduct, including after the cessation of the employment.

119. How many staff were dismissed from each Department/agency under your portfolio responsibilities since 28 March 2023?

(a) Without identifying individuals, what were the reason(s) for each dismissal?

I am advised:

The termination of an employee is treated confidentially and is managed in accordance with the Government Sector employment Act 2013 and relevant accompanying policies.

120. What was the total amount each of the Departments/agencies under your portfolio responsibilities spent on stationery since 28 March 2023?

I am advised:

Purchases are made in accordance with the applicable policies and procedures on procurement. The Financial Statements, including expenditure on any general costs, are available in the NSW Health Annual Report.

For Department of Regional NSW please refer to the Minister for Regional NSW answers as published.

121. How many employees in each Department/agency within your portfolio responsibilities are working in an 'acting' capacity?

I am advised:

Internal mobility is encouraged and acting arrangements are supported as part of the Ministry of Health's Workforce Management Guidance, this is available on the NSW Health website.

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122. What is the average number of days worked from home by employees in each Department/Agency within your portfolio responsibilities?

I am advised:

Flexible working arrangements are tailored on an individual basis and are discussed as part of an ongoing conversations which are embedded in the Ministry of Health.

123. Do any senior executive service employees in any of the Departments/agencies under your portfolio responsibilities have a driver that is paid for by the Department/agency?

(a) If so, what is the number of senior executive service employees that have a driver, and which senior executive service employees have a driver?

(b) How much was spent on these drivers since 28 March 2023?

I am advised:

No.

124. Since 28 March 2023, how much has been spent on charter air flights by your portfolio agencies, broken down by agency?

125. Since 28 March 2023, how much has been spent on domestic flights by your portfolio agencies, broken down by agency?

(a) Of these, how many flights were taken in business class?

(b) Of these, how many flights were taken in first class?

126. Since 28 March 2023, how much has been spent on overseas flights by your portfolio agencies, broken down by agency?

(a) Of these, how many flights were taken in business class?

(b) Of these, how many flights were taken in first class?

127. What was the total expenditure since 28 March 2023 by each Department/agency within your portfolio responsibilities on:

(a) Taxi hire?

(b) Ridesharing services?

(c) Limousine/private car hire?

(d) Hire car rental?

I am advised:

The Financial Statements, including legal, travel related expenses and any other general costs from third party service providers, are available in agency annual reports.

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Hospitality

128. How much has your ministerial office spent on hospitality, including catering and beverages, since 28 March 2023?

I am advised:

Catering provided for official purposes may be funded from the Ministerial office budget.

As Members of Parliament, Ministers have credit facilities extended to them for dining and hospitality at Parliament House. The facilities may be used for business or private purposes.

129. How much have Departments/agencies within your portfolio responsibilities spent on hospitality, including catering and beverages, since 28 March 2023?

I am advised:

NSW Health expenditure does not include hospitality.

For Department of Regional NSW please refer to the Minister for Regional NSW answers as published.

130. Have you been the recipient of any free hospitality?

(a) What was the total value of the hospitality received?

I am advised:

Ministers are required to declare to the Secretary of TCO certain gifts and hospitality with a market value of more than \$500 under Part 4 of the Schedule to the Ministerial Code. This is a continuous obligation for which Ministers are personally responsible.

I comply with my obligation under Part 4 of the Schedule to the Ministerial Code.

131. Have any staff members in your office been the recipient of any free hospitality?

(a) What was the total value of the hospitality received?

(b) Are these gifts of hospitality declared publicly?

(c) Do staff declare their gifts publicly?

I am advised:

All Ministerial staff are required to comply with their disclosure obligations under the Gifts, Hospitality and Benefits Policy for Office Holder Staff and I expect them to do so.

A breach of the Policy may be a breach of the Office Holder's Staff Code of Conduct.

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The Policy included disclosure obligations for Ministerial staff in respect of gifts, hospitality and benefits over \$150. These disclosures are kept on the Office Holder's Register of Gifts and Benefits.

If a Ministerial staff member is required by their role to accompany their Office Holder at an event that the Office Holder is attending as the State's representative, or where the Office Holder has asked the Staff member to attend, then attendance at that event would not constitute a gift or benefit for the purposes of the Policy.

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Agency Invoices

132. How many invoices to suppliers or contactors from your portfolio agency were not paid on time since 28 March 2023, broken down by agency?

133. How many invoices to suppliers or contactors from your portfolio agency were paid over 30 days late on time since 28 March 2023, broken down by agency?

134. How many invoices to suppliers or contactors from your portfolio agency were paid over 60 days late on time since 28 March 2023, broken down by agency?

- a. What was the penalty for paying suppliers or contactors late, broken down by agency?

I am advised:

Between 28 March 2023 and 9 November 2023, NSW Health paid more than one million invoices.

There are a range of issues as to why an invoice may be paid after the due date. For NSW Health the most common issues are:

- goods or services not yet received.
- invoices are provided for more units than were ordered.
- invoices are provided for a greater dollar amount than the order placed.

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Car/Driver

135. Has your Ministerial car been subject to any traffic or parking fines?

- (a) If so, please provide details of each fine?**
- (b) Who was driving the car at the time of each incident?**
- (c) Who paid any of the fines?**

I am advised:

The matter is the subject of a Government Information (Public Access) Act 2009 (GIPA) (Cross1 14) release, reference number PD_A5881802 that can be found on the Premier's Department disclosure log.

Where a fine is incurred the payment of the fine is the responsibility of the driver of the vehicle.

136. Has your Ministerial Car been pulled over by the police?

- (a) If so, who was driving the car?**

I am advised:

The department does not record these types of events.

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Complaints-(incorrect title) Consultants

137. Since 28 March 2023, how many consultancy contracts have been signed in your portfolio agencies, broken down by agency?

- a. What was the individual amount of each contract?
- b. What is the purpose of each contract?
- c. Who was the contract with?
- d. Did the contract go to a competitive tender?

I am advised:

Consultancy expenditure, including details of consulting engagements over \$50,000, are included in annual reports of agencies and departments in accordance with the NSW Treasury Policy and Guidelines “TPG23-10 – Annual Reporting Requirements”.

Details for the period 28 March 2023 to 30 June 2023 form part of each agency/department annual report for 2022-2023.

Details for the period of 1 July 2023 to 30 June 2024 will form part of each agency/department annual report for 2023-2024.

138. How much did the Department/agencies within your portfolio responsibilities spend in legal costs since 28 March 2023?

- a. For what specific purposes or matters was legal advice sought?

I am advised:

The Financial Statements, including legal, travel related expenses and any other general costs from third party service providers, are available in agency annual reports.

Details for the period 28 March 2023 to 30 June 2023 form part of each agency/department annual report for 2022-2023.

Details for the period of 1 July 2023 to 30 June 2024 will form part of each agency/department annual report for 2023-2024.

139. Have any Department/agencies within your portfolio responsibilities engaged any consultants to provide the following services or advice since 28 March 2023:

- a. Social media?
 - i. What were the cost of these services?
- b. Photography?
 - i. What were the cost of these services?
- c. Videography?

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- i. What were the cost of these services?
- d. Acting training?
 - i. What were the cost of these services?
- e. Ergonomics?
 - i. What were the cost of these services?

I am advised:

No consultants engaged for these services.

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Departmental Credit Cards

- 140.** 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 last year?
 - c. What was each largest reported purchase for?
 - d. 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?
 - e. How many credit cards have been reported lost or stolen?
 - i. What was the cost to replace them?
 - f. 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 repaid?
 - iv. If no, how many were not repaid, and what was the total value thereof?
 - g. 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 amount was repaid, in full?
 - ii. What amount was left unpaid?
 - h. 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?
 - i. Can a copy of the staff credit card policy please be provided?

I am advised:

The use and management of purchasing (credit) cards for official purposes is in accordance with standard procurement arrangements of the NSW Government.

The *Procurement Cards within NSW Health* policy directive sets out requirements for use of Procurement and Virtual Procurement Cards in NSW Health. It is publicly available on the NSW Health website at www.health.nsw.gov.au.

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Financial Statements, including general costs from third party service providers, are available in the agency annual report.

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Efficiency Dividends

141. Was an efficiency dividend applied to any Department/agency within your portfolio responsibilities in the 2023-24 NSW Budget?

- a. If so, what was the efficiency dividend applied to each Department/agency?
- b. What measures are being considered to achieve this efficiency dividend?

I am advised:

NSW Health did not receive an efficiency dividend in the 2023-24 Budget.

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GIPA Applications

142. How many GIPA Applications have been received by your ministerial office since 28 March 2023?

- a. How many of these Applications have been accepted?
- b. How many of these Applications have been rejected?
- c. If so, what were the reasons provided?
- d. How many of these Applications were re-assigned?
- e. How many of these Applications had fees waived/reduced?
- f. Please provide in table form the following details of each Application received by your office:
 - i. Date received.
 - ii. Date acknowledged.
 - iii. Date responded.
 - iv. The description provided for the information sought.

I am advised:

Information concerning the obligations of a Minister's office as an agency under the Government Information (Public Access) Act 2009 (the Act) is required to be submitted to the Attorney General in accordance with section 125(2) of the Act.

The information is included in the annual report of the Department of Communities and Justice in accordance with sections 125(3) and (5) of the Act.

143. How many GIPA Applications have been received by each Department/agency within your portfolio responsibilities since 28 March 2023?

- a. How many of these Applications have been accepted?
- b. How many of these Applications have been rejected? If so, what were the reasons provided?
- c. How many of these Applications were re-assigned?
- d. How many of these Applications had fees waived/reduced?
- e. Please provide in table form the following details of each Application received by your office:
 - i. Date received.
 - ii. Date acknowledged.
 - iii. Date responded.
 - iv. The description provided for the information sought.

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I am advised;

Information concerning an agency's obligations under the Government Information (Public Access) Act 2009 (the Act) is included in the relevant agency annual report in accordance with section 125(1) of the Act.

Further information about applications received by NSW Health is available on the disclosure log for each Department on their respective websites.

For Department of Regional NSW please refer to the Minister for Regional NSW answers as published.

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Labour Hire Firms

144. Have any Departments/agencies within your portfolio responsibilities utilised the services of Labour Hire Firms since 28 March 2023? If yes, please advise in table form:

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

I am advised:

Portfolio agencies make use of vendor management systems (VMS) contractor Central in accordance with the mandatory whole-of-government Contingent Workforce Scheme. Information on Contractor Central and the Scheme, including registered suppliers can be found on the NSW Procurement buy.nsw.gov.au website.

Contractor costs are contained in either 'agency contractors' within Employee Related Expenses for a standard labour hire contractor or 'contractor - projects' category disclosed in the Other Operating Expenses for project related contractors. Both form part of the audited financial statements within agency/department annual reports.

Details for the period 28 March 2023 to 30 June 2023 form part of each agency/department annual report for 2022-2023.

Details for the period of 1 July 2023 to 30 June 2024 will form part of each agency/department annual report for 2023-2024

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Media and Public Relations

145. How much has each Department/agency within your portfolio responsibilities spent on advertising or sponsored posts since 28 March 2023 on the following social media platforms:

- a. Facebook
- b. Instagram
- c. LinkedIn
- d. TikTok
- e. YouTube
- f. WhatsApp
- g. X (formerly known as Twitter)

I am advised:

No money has been spent from my Ministerial office on advertising or sponsored posts on the social media platforms.

146. How much has each Department/agency within your portfolio responsibilities spent on advertising or sponsored posts since 28 March 2023 on the following social media platforms:

- a. Facebook
- b. Instagram
- c. LinkedIn
- d. TikTok
- e. YouTube
- f. WhatsApp
- g. X (formerly known as Twitter)

I am advised:

Department and agency expenditure is published in annual reports and on OpenGov NSW.

147. Have you had media training or public speaking training?

- a. If yes, who paid for it?
- b. If paid by taxpayers, what was the amount paid since 28 March 2023?

I am advised

No

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148. How many media or public relations advisers are employed for each of your portfolio agencies and what is the total cost to employ these advisers?

I am advised:

The NSW Ministry of Health expanded its media and communications activity throughout the COVID-19 pandemic.

The Ministry continues to operate a 24/7 media service to support the ongoing demand and need for public health messaging and alerts. This service is provided by a media team of 12.

The Ministry's media team also operates as a trusted point of coordination and expertise for media policy and issues across NSW Health, working in collaboration with local health districts, specialty health networks and pillars.

Staff numbers are included in the annual reports of agencies and departments

For Department of Regional NSW please refer to the Minister for Regional NSW answers as published.

149. What is the forecast for the current financial year for the number of media or public relations advisers to be employed in each Department/agency within your portfolio responsibilities and their total cost?

Please refer to answer 148.

150. What is the total cost of media monitoring services used by each Department/agency within your portfolio responsibilities?

I am advised;

- Media monitoring services are procured under a whole-of-government contract.
- A whole-of-Government contract reduces administration costs on individual Departments and Agencies, takes advantage of economies of scale, and avoids duplication in services (and costs) across NSW Government.
- Isentia have recently secured the whole-of-government contract for the next three years, at a savings for more than \$2 million compared to the previous contract.
- Details of the three-year contract are available at <https://www.tenders.nsw.gov.au/?event=public.cn.view&CNUUID=E99BBB53-FC12-DC94-57E7E126B8321F73>

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Merchant Fees

151. Please provide a list of all transactions where customers need to pay a merchant fee on credit and/or debit card payments in each Department/agency within your portfolio responsibilities.

I am advised:

NSW Health entities do not generally charge a surcharge for credit or debit card payments. Exceptions include:

- NSW Ambulance invoices – Revenue NSW take these payments on behalf of Health.
- Hotel Quarantine payments – Service NSW take these payments.
- Pharmacy license fees – Service NSW take these payments.

For Department of Regional NSW please refer to the Minister for Regional NSW answers as published.

152. Please provide the percentage and/or amount of the merchant fees applied to all credit and/or debit card payments/transactions payments in each Department/agency within your portfolio responsibilities.

I am advised:

Information about fees for payments made through Revenue NSW and Service NSW are publicly available on their websites.

For Department of Regional NSW please refer to the Minister for Regional NSW answers as published.

153. What was the total amount paid in merchant fees on credit and/or debit card payments made by each Department/agency within your portfolio responsibilities since 28 March 2023?

I am advised:

From 28 March 2023 to 31 October 2023, merchant fees paid to payment service providers by NSW Health totals \$493,349.

These are for payments made directly to NSW Health. This excludes payments made via Revenue NSW or Service NSW.

For Department of Regional NSW please refer to the Minister for Regional NSW answers as published.

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Ministerial disclosures

154. Did you make any updates to your Ministerial disclosure on or after 2 August 2023?

(a) If yes, what prompted this update to your disclosure?

I am advised:

Disclosure obligations for Ministers under Part 2 (standing disclosure of interests), Part 3 (Conflicts of Interest) and Part 4 (Gifts and Hospitality) of the Schedule to the Ministerial Code are continuous.

Ministers are required to:

- notify the Premier of a change to their pecuniary and other interests as soon as practicable after the change has occurred.
- notify the Premier of a change to pecuniary and other interest held by their immediate family member, as soon as practicable after the change has occurred.
- notify the Premier promptly of conflicts of interest.
- Disclose gifts and hospitality promptly to the TCO Secretary
- I make continuous disclosure of matter that are covered by the Ministerial Code.

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Office Administration

155. What brand of paper is used in your office?

- (a) Is it recycled paper?**
- (b) Is it Australian made paper?**

I am advised:

Office supplies are purchased in accordance with standard procurement arrangements.

156. How many staff members were employed in your ministerial office at the MS6 grade for the following months:

- (a) April**
- (b) May**
- (c) June**
- (d) July**
- (e) August**
- (f) September**
- (g) October**

I am advised:

Ministerial staff numbers and grades are published on the NSW Government Website:

<https://www.nsw.gov.au/departments-and-agencies/premiers-department/access-to-information/premier-and-ministers-staff-numbers>

157. How many staff members were employed in your ministerial office at the MS5 grade for the following months:

- (a) April**
- (b) May**
- (c) June**
- (d) July**
- (e) August**
- (f) September**
- (g) October**

Please see answer to Question 156

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158. How many staff members were employed in your ministerial office at the MS4 grade for the following months:

- (a) April
- (b) May
- (c) June
- (d) July
- (e) August
- (f) September
- (g) October

Please see answer to Question 156

159. How many staff members were employed in your ministerial office at the MS3 grade for the following months:

- (a) April
- (b) May
- (c) June
- (d) July
- (e) August
- (f) September
- (g) October

Please see answer to Question 156

160. How many staff members were employed in your ministerial office at the MS2 grade for the following months:

- (a) April
- (b) May
- (c) June
- (d) July
- (e) August
- (f) September
- (g) October

Please see answer to Question 156

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161. How many staff members were employed in your ministerial office at the MS1 grade for the following months:

- (a) April
- (b) May
- (c) June
- (d) July
- (e) August
- (f) September
- (g) October

Please see answer to Question 156

162. What is the average salary for staff members in your ministerial office since 28 March 2023?

Please see answer to Question 156

163. How many DLOs were seconded to your ministerial office for the following months:

- (a) April
- (b) May
- (c) June
- (d) July
- (e) August
- (f) September
- (g) October

I am advised:

Ministry Liaison Officers are and remain employees of the Ministry of Health. Currently there are three Ministry Liaison Officers.

164. How many staff in your office are employed as 'caucus liaison officers'?

- (a) What are the responsibilities allocated to 'caucus liaison officers'?
- (b) Have 'caucus liaison officers' been directed to only work with Government MPs?
- (c) Do 'caucus liaison officers' contact members of the Australian Labor Party as part of their regular work duties?

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I am advised:

All staff are employed in accordance with the Members of Parliament Staff Act 2013 and staff are expected to comply with the NSW Office Holder's Staff Code of Conduct.

165. How many staff members employed in your office under the Members of Parliament Staff Act 2013 have been seconded from a NSW Government Department/agency?

a. Please list each Department/agency staff members have been seconded from.

I am advised:

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

Ministerial staff numbers and grades are published on the NSW Government Website.

166. What is your ministerial office budget for 2023-24?

(a) How much of this budget is allocated to staff?

I am advised:

Minister's office budgets are drawn from the Premier's Department annual financial allocation to cover employee related expenses, accommodation, and other operating expenses.

Further information relating to Minister' Office Budgets is available in the Ministers Office handbook.

167. How many iPhones/Smart Phones are assigned to staff in your ministerial office?

a. For each phone, how much was each bill in 2022-23?

b. How many phones have been lost or replaced due to damage in your office?

a. What is the cost of replacing those phones?

I am advised:

Ministers' Staff Acceptable Use of Communication Devices Policy provides guidance on the use, loss. Theft and return of communication devices provided for business purposes.

Minister's staff may use mobile telephones for business and (reasonable use) private purposes.

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Under the current mobile plans all local and Australia-wide calls to land lines/mobiles and texts are included in the plan. Premium service calls, international calls and global roaming services are outside of the plan and may be still chargeable based on the principles below.

Ministers' staff mobile phone charges are paid from the Ministers' office budget except for the items listed below, which need to be paid as a private expense:

- Personal international calls from within Australia
- Personal travel related global roaming charges
- Personal premium number services calls

Any personal calls which are outside the plan need to be declared and paid for monthly.

Declarations are not required otherwise.

The purchasing of technology items is in accordance with standard procurement arrangements.

The costs for the period 28 March 2023 to 30 June 2023 form part of the Department of Premier and Cabinet Annual Report 2022-23.

168. How many iPads or tablets are 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 2022-23?**
- b. How many iPads or tablets have been replaced due to lost or damage in 2022-23?**
 - a. What was the cost of replacing these devices?**

I am advised:

Ministers' Staff Acceptable Use of Communication Devices Policy provides guidance on the use, loss, theft, and return of communication devices provided for business purposes.

The purchasing of technology items is in accordance with standard procurement arrangements.

The costs for the period 28 March 2023 to 30 June 2023 form part of the Department of Premier and Cabinet Annual Report 2022-23.

169. How many laptops has the Premier's Department or The Cabinet Office assigned to your ministerial office and to whom have they been issued?

- a. What was the cost of providing laptops to your ministerial office in 2022-23?**
- b. How many laptops have been replaced due to lost or damage in 2022-23?**

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a. What was the cost of replacing these devices?

I am advised:

Minister's Staff Acceptable Use of Communications Devices Policy provides guidance on the use, loss, theft, and return of communication devices provided for business purposes.

The purchasing of technology items is in accordance with standard procurement arrangements.

The costs for the period 28 March 2023 to 30 June 2023 form part of the Department of Premier and Cabinet Annual Report 2022-23.

170. Has any artwork been purchased or leased for display in your ministerial office since 28 March 2023?

a. What is the cost of this?

I am advised:

Purchased or lease of artwork for official purposes is in accordance with standard procurement arrangements.

The costs of purchasing or leasing artwork for official purposes are contained within the other expenses category in the Other Operating Expenses note of the audited financial statements with the Premier's Department Annual Report.

The costs for the period 28 March 2023 to 30 June 2023 form part of the Department of Premier and Cabinet Annual Report 2022-23.

171. Have any floral displays or indoor plants been hired or leased for display in your ministerial office since 28 March 2023?

a. If so, what was the cost of these items?

I am advised:

Hire or leased of floral displays or indoor plants is in accordance with standard procurement arrangements.

The costs of hiring or leasing floral displays or indoor plants are contained within the other expenses category in the Other Operating Expenses note of the audited financial statements with the Premier's Department Annual Report.

The costs for the period 28 March 2023 to 30 June 2023 form part of the Department of Premier and Cabinet Annual Report 2022-23.

172. What was the total amount your office spent on stationery since 28 March 2023?

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I am advised:

Spending on office stationery is in accordance with standard procurement arrangements.

The costs of stationery are contained within the other expenses category in the Other Operating Expenses note of the audited financial statements with the Premier's Department Annual Report.

The costs for the period 28 March 2023 to 30 June 2023 form part of the Department of Premier and Cabinet Annual Report 2022-23.

173. What was the total cost of all subscriptions by you and your staff to online news services, newspapers, magazines, journals, and periodicals since 28 March 2023?

a. What are these services/newspapers/magazines/journals/periodicals?

I am advised:

The total cost of all subscriptions is in accordance with standard procurement arrangements.

The costs of stationery are contained within the other expenses category in the Other Operating Expenses note of the audited financial statements with the Premier's Department Annual Report.

The costs for the period 28 March 2023 to 30 June 2023 form part of the Department of Premier and Cabinet Annual Report 2022-23.

174. What was the total value of all gifts purchased for use by you and your office since 28 March 2023?

(a) What were the gifts purchased?

i. Who were they gifted to?

I am advised:

The Ministers' Office Handbook outlines that the decision to present a gift is at the discretion of the Minister, having regard to both appropriateness and economy. Gifts may be appropriate, for example, where given as a memento of an official visit or as a small token of appreciation. However, gifts should not be given with the purpose, of inducing favourable treatment.

In accordance with the Premier's Department and The Cabinet Office's Gifts and Hospitality Policy, a register of official gifts presented by the Minister will be reported by the Premier's Department at the end of each financial year as required under the Treasurers Direction TD21-04 & TD22-27 .

175. What non-standard features are fitted to your ministerial vehicle?

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(a) What is the cost of each non-standard feature?

I am advised:

Non standard accessories fitted to Ministerial vehicles are for business, security, and safety related reasons, in accordance with the NSW Government Motor Vehicle Operations guidelines.

176. What is the total spend for your office since 28 March 2023 for:

- (a) Taxi hire?
- (b) Ridesharing services?
- (c) Hire car rental?
- (d) Limousine/private car hire?

I am advised:

The Ministers' Office Handbook outlines that taxis or ride share services are an option for business trips, including trips:

- Home after evening duty (e.g, when Parliament is sitting, when required to perform the duties of the job, etc.) where public transport is not reasonably available or where it may be unsafe to use public transport.
- To or from the airport in connection with early morning or late -night flights on official trips.
- To meeting when it would be unsafe or uneconomical to use public transport.

Costs are managed within Ministerial office budgets

177. Were any planes or helicopters chartered by you or your office and paid for with public money since 28 March 2023?

(a) If yes, please provide details of the trip including the date of the trip, purpose of the trip, the method of transport and the cost?

I am advised:

All domestic and international travel bookings for official business must be made through the NSW Government's approved travel management supplier. This is currently FCM Travel Solutions.

Travel by the NSW Government contract includes:

- Commercial and charter air travel, •
- Accommodation, •
- ground transport (car hire, rail, coach and ferry).

Financial commitments for travel expenditure from the Ministers' office budget need to be made within office arrangements approved by the Chief of Staff as an authorised financial delegate.

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Where a Minister, or employee of the Minister's office undertakes travel, travel is taken in accordance with the NSW Government travel policy and Ministers' Office handbook. The Premier's Department website also details PD_A5842315, "Domestic and international travel of NSW Ministers and their offices" that has been released under the Government Information (Public Access) Act 2009.

178. How many people are employed in your ministerial office as at 1 October 2023?

I am advised:

The Ministerial staff numbers and grades are published on the NSW Government Website:

<https://www.nsw.gov.au/departments-and-agencies/premiers-department/access-to-information/premier-and-ministers-staff-numbers>

179. How many women are employed in your Ministerial office as at 1 October 2023?

We aim for an inclusive and diverse workforce that reflects the communities that we serve.

180. How many staff employed in your ministerial office identify as culturally and linguistically diverse (CALD) as at 1 October 2023?

Please refer to answer 179.

181. How many staff employed in your ministerial office identify as Aboriginal or Torres Strait Islander as at 1 October 2023?

Please refer to answer 179.

182. How many staff in your office are employed as media advisers or have responsibility for media/social media/communications?

I am advised:

All staff are employed to assist the Minister in accordance with the Members of Parliament Staff Act 2013.

I am advised that Ministerial staff numbers and grades are published on the NSW Government Website:

<https://www.nsw.gov.au/departments-and-agencies/premiers-department/access-to-information/premier-and-ministers-staff-numbers>

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183. How many staff in your office are employed as policy advisers or have responsibility for policy work?

Please refer to answer 182.

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Overseas Trips

184. Have you had any overseas trips paid for using public funds since 28 March 2023?

(a) If yes, did any of your relatives or friends accompany you on these trips?

I am advised:

In accordance with M2015-05 Publication of Ministerial Diaries and Release of Overseas Travel Information, Ministers' overseas travel is published on the Premier's Department website.

185. Have you undertaken any official overseas travel that was privately funded since 28 March 2023?

(a) If yes, what was the nature of these trips?

(b) Who paid for these trips?

I am advised:

In accordance with M2014-02 Ministerial Arrangements During Absences, Ministers who travel overseas are generally required to seek the Governor's authorisation for another Minister to act on their behalf. All acting arrangements approved by the Governor are published in the NSW Government Gazette.

Gifts and Hospitality, including contributions to travel are managed in accordance with the NSW Ministerial Code of Conduct

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Parliamentary Secretary

186. Does your Parliamentary Secretary have pass access to your ministerial office?

I am advised:

Security passes for 52 Martin Place are required to be issued in accordance with the 52 Martin Place security procedures and the associated Privacy and Surveillance Statement.

187. Does your Parliamentary Secretary have a desk in your ministerial office?

No

188. Has your Parliamentary Secretary spoken on any pieces of legislation on your behalf? If so which legislation?

Please refer to NSW Parliament Hansard

189. What event/meetings has your Parliamentary Secretary attended on your behalf?

(a) Please provide in table form the date and the purpose of the event/meeting.

I am advised:

A Parliamentary Secretary shall have and may perform such functions as the Minister may, from time to time, determine in respect of him or her, pursuant to section 38C of the Constitution Act 1902.

The general duties of a Parliamentary Secretary are outlined in the Ministers' Office Handbook available on the Premier's Department website.

190. How often do you meet with your Parliamentary Secretary?

I regularly meet with and speak with my Parliamentary Secretary.

191. Has your Parliamentary Secretary travelled overseas since 28 March 2023?

(a) If so, when, and where?

(b) If so, what was the cost of:

- i. Airfares?
- ii. Accommodation?
- iii. Food and beverage?
- iv. Transportation?
- v. Entertainment?

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I am advised:

All Parliamentary Secretaries are subject to the same travel rules as Ministers when travelling on official business as a Parliamentary Secretary.

Further information is available in the NSW Minister's Office Handbook.

192. Has your Parliamentary Secretary travelled domestically since 28 March 2023?

- (a) If so, when, and where?**
- (b) If so, what was the cost of:**
 - i. Airfares?**
 - ii. Accommodation?**
 - iii. Food and beverage?**
 - iv. Transportation?**
 - v. Entertainment?**

Please refer to answer 191

193. Has your Parliamentary Secretary received training?

- (a) If so, was it speech, voice, or media training?**
 - i. If yes, who provided this training, on what date and at what cost?**

I am advised:

Members of Parliament have a Skills Development Allowance that may be used in a manner consistent with the Parliamentary Remuneration Tribunal.

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Probity Auditor

194. Has your office or department used a Probity Auditor or Probity Advisors, or similar, since 28 March 2023?

- a. If so please list the company and/or individual, the project, the engagement dates, and their total remuneration in tabular format

I am advised:

Under the Government Information (Public Access) Act 2009 (GIPA Act), agencies are required to register government contracts valued at \$150,000 (including GST) or more on the NSW Government eTendering website.

Departments are also required to include in their annual report information in relation to consultants engaged by or on behalf of the agency, pursuant to Div. 7.3 of the Government Sector Financial Act 2018 and NSW Treasury Policy and Guidelines –Annual Reporting Requirements TPG23-10.

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Training

195. Have you received any training since becoming a Minister?

(a) If yes, please provide the details of what the training was.

I am advised:

All Ministers have undertaken a program of Ministerial induction training.

Ministers will undertake Respectful Workplace Policy Training that will commence in December.

Members of Parliament have a Skills Development Allowance that may be used in a manner consistent with the Parliamentary Remuneration Tribunal.

196. Have you received any speech, vocal or performance training?

(a) If so, what was the cost?

(b) Was this cost covered by the taxpayer?

No.

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Website Usage

197. What were the top 20 most utilised (by data sent and received) unique domain names accessed by your ministerial office since 28 March 2023?

I am advised:

All acceptable use of network services must be lawful, appropriate, and ethical.

The Ministers' Staff Acceptable Use of Network Services Policy is available in the Ministers' Office Handbook.

198. What were the top 20 most accessed (by number of times accessed) unique domain names accessed by your ministerial office since 28 March 2023?

I am advised:

All acceptable use of network services must be lawful, appropriate, and ethical.

The Ministers' Staff Acceptable Use of Network Services Policy is available in the Ministers' Office Handbook.