



LEGISLATIVE COUNCIL

PORTFOLIO COMMITTEES

## **BUDGET ESTIMATES 2024-2025**

### **Supplementary Questions**

Committee No. 2 – Health

**Health, Regional Health, the Illawarra and the South Coast (Park)**

Hearing: Tuesday 10 September 2024  
**Answers due by: 5pm, Tuesday 8 October 2024**

**Budget Estimates secretariat**

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

HEALTH

ILLICIT TOBACCO AND E-CIGARETTES

- (1) Does NSW Health have enough resources to effectively undertake enforcement measures against retailers and individuals selling illicit tobacco?
  - (a) What funding was allocated in 2024-25 for enforcement measures?
  - (b) As of 1 September 2024, many prosecutions for illegal sales of nicotine containing e- cigarettes have occurred this year this year?
  - (c) How many fines have been issued under the Public Health (Tobacco) Act 2008 in 2024?
    - i. Can this information be provided by a breakdown of offence and the Local Health District.?
    - ii. Can you provide the breakdown of illegal nicotine e-cigarettes seized in each quarter of 2023 and 2024 by Local Health District?
- (2) Has NSW Health provided any advice to the Minister of moving enforcement responsibilities out of NSW Health and into NSW Police?
- (3) Has NSW Health provided any advice to the Minister on the current effectiveness of penalties in NSW?
- (4) How many retailers have been forced to close in NSW because of NSW Health enforcement measures?

RESPONSE:

I am advised:

1.

- a. In 2024-25, the Ministry of Health and Cancer Institute NSW will invest \$24.4 million on tobacco and e-cigarette control in NSW. This includes funding for public awareness and education campaigns, quit smoking/vaping support, compliance and enforcement of smoke-free and retailing laws, and targeted programs for groups with high smoking or vaping rates. The nature of these activities means there is overlap between them.

In 2023-24, the NSW Government invested an additional \$6.8 million over 3 years to boost enforcement against the sale of illegal vapes and increase support for young people. This included \$4.3 million over 3 years to bolster compliance and enforcement to ensure the state meets responsibilities for retail, wholesale, and pharmaceutical controls on vaping products.

b.-c. All data on seizures and prosecutions relating to the enforcement of illicit tobacco and nicotine e-cigarette laws is reported quarterly and is published on the NSW Health website ([www.health.nsw.gov.au/tobacco/Pages/enforcement-nicotine-containing-e-cigarettes.aspx](http://www.health.nsw.gov.au/tobacco/Pages/enforcement-nicotine-containing-e-cigarettes.aspx)) as it becomes available. Data on penalty infringement notices is held by Revenue NSW. From 1 January 2024 to 30 June 2024, NSW Health inspectors issued 195 penalty infringement notices under the *Public Health (Tobacco) Act 2008*.

2. No.
3. NSW Health regularly reviews the available evidence, compares penalties across other Australian jurisdictions, and assesses the adequacy of existing tobacco control laws.
4. This is difficult to ascertain as there are a range of reasons that may lead to businesses choosing not to operate.

## HEALTH – TIME FOR CARE INITIATIVE

- (5) The Secretary of the Department’s personal message in the NSW Health annual report cites the Time for Care program as a key achievement in the past year. How much more time does an emergency doctor now have to treat a critical patient?
  - (a) The same personal message says Time to Care received feedback from 3,000 people across NSW Health, including doctors. What is the average time it would have taken to complete the survey that was sent out to all NSW Health staff on 28 June 2023?
  - (b) Can the feedback that was provided in the survey be provided?
  - (c) Do doctors say they now have more time to treat patients?
  - (d) Can you provide a full copy of the ‘verbatim’ received from emergency doctors?
- (6) The Secretary’s messages refer to 10 ‘quick wins’ for Time to Care. Can you advise what these are and how they’re freeing up resources in emergency rooms?
- (7) How many Time for Care ‘pulse’ (follow-up) surveys have been sent to frontline staff since the program was launched in June 2023?
- (8) How many staff from the Ministry of Health and NSW Health work on the Time for Care program?
  - (a) What is the remuneration for each of those staff?
- (9) Generally, how many surveys does the Secretary of the Department send to NSW Health staff each year?
- (10) Does the Secretary have an internal communications team?
  - (a) Does that team write your all staff messages?
  - (b) How many people work in that team and how much are they paid?
- (11) On average, how many emails does the Secretary send to frontline staff each year?

## RESPONSE:

I am advised:

5. The aim of the 'Time for Care' initiative is to reduce and streamline non-clinical and administrative work for frontline staff. No specific time measurement targets have been developed for any specific speciality group.
  - a. The approximate survey completion time is 15 minutes.
  - b. Survey results were collated at local health district and statewide levels.
  - c. Survey respondents reported noting some improvements.
  - d. Survey responses are not available by specialty group.
6. The 'Ten quick wins' are as follows:
  1. *Making recruitment easier by consolidating approvals and recruiting steps required for internal recruitment and mobility*
  2. *Exploring alternative options for gathering and sharing insights on Allied health activity*
  3. *Improving rostering support to increase capability in using rostering tools and enhancing the overall user experience*
  4. *Reviewing and streamlining mandatory training requirements to support onboarding and education*
  5. *Removing legacy/paper-based documentation and reducing Electronic Medical Record (EMR) 'clicks'*
  6. *Engaging clinicians to develop improvements to existing EMR functionality*
  7. *Improving patient flow and communications by preventing duplicative referrals in eMR*
  8. *Enhancing patient flow practices by increasing the uptake of MedSync*
  9. *Rationalising and streamlining processes by reviewing risk assessments and checklists, and consolidating or reducing these where possible*
  10. *Standardising hospital case carts, trolleys, and equipment management processes*
7. One follow-up survey has been issued.
8. 1 FTE coordination officer is designated to the Time for Care initiative. This officer collaborates with existing local health district staff nominated as Time for Care points of contact.
9. The Secretary does not issue surveys to staff.
10. The Secretary does not have a dedicated internal communications function.
11. The Secretary sends a fortnightly newsletter to staff and approximately 4 all-staff communiques per year.

## HEALTH INFRASTRUCTURE – PROJECT DELIVERY

(12) For each of the following projects listed below, please identify if the project meeting its set milestones and allocated budget, and when is the project forecast to be complete and begin patient services:

- (a) Albury Wodonga Regional Hospital
- (b) NSW Ambulance Relocation Fitout (Sydney Olympic Park)
- (c) Bankstown Hospital (new)
- (d) Batemans Bay Community Health Facility
- (e) Bathurst Hospital Redevelopment
- (f) Mount Druitt Additional Beds
- (g) Blacktown and Mount Druitt Hospital redevelopment stages 1 and 2
- (h) Bowral and District Hospital Redevelopment Stage 2
- (i) Broken Hill Hospital Emergency Department
- (j) Canterbury Hospital Redevelopment
- (k) Cessnock Hospital Redevelopment
- (l) Cooma Hospital Redevelopment
- (m) Cowra Hospital Redevelopment
- (n) Eurobodalla Hospital Redevelopment
- (o) Fairfield Hospital Redevelopment
- (p) Finely Hospital Upgrade
- (q) Glen Innes Hospital Upgrade
- (r) Goulburn Hospital Redevelopment
- (s) Grafton Base Hospital Redevelopment
- (t) Griffith Hospital Redevelopment
- (u) Gunnedah Hospital Redevelopment
- (v) Liverpool Health and Academic Precinct
- (w) Milton Ulladulla Hospital Upgrades
- (x) Moree Hospital Redevelopment
- (y) Muswellbrook Hospital Redevelopment (Stage 3)
- (z) New Shellharbour Hospital
- (aa) Aerotropolis Hospital
- (bb) Port Macquarie Hospital Helipad Relocation and Car Park
- (cc) Rouse Hill Hospital
- (dd) Royal Prince Alfred Hospital Redevelopment
- (ee) Ryde Hospital Redevelopment
- (ff) Shoalhaven Hospital Redevelopment
- (gg) St George Hospital - Ambulatory Care, Day Surgery, Sub-Acute Inpatient Building
- (hh) Sydney Childrens Hospital, Randwick - Stage 1 Childrens Comprehensive Cancer

- (ii) Temora Hospital Redevelopment
- (jj) The Childrens Hospital at Westmead Stage 2 Redevelopment
- (kk) Tweed Hospital and Integrated Ambulatory Services Redevelopment
- (ll) Wentworth Health Service Redevelopment
- (mm) Westmead Hospital Redevelopment Stage 1
- (nn) Wyong Hospital Redevelopment Stage 1

**RESPONSE:**

I am advised:

Relevant available information about these Health Infrastructure projects is available to view on the Health Infrastructure website ([www.hinfra.health.nsw.gov.au](http://www.hinfra.health.nsw.gov.au)).

## BLACKTOWN HOSPITAL

- (13) Of the 30 additional beds committed for Blacktown Hospital, when will the first of these additional beds be delivered and patient services commence?
- (14) When was NSW Health first made aware of patients sleeping on the floor of the Emergency Department at Blacktown Hospital?
- (15) What steps are being taken in the short term to increase capacity at Blacktown Hospital emergency department?

## RESPONSE:

(13-15)

Planning meetings have commenced with Health Infrastructure to prioritise the build of the 30 additional beds at Blacktown Hospital in accordance with the clinical service plan and master plan. Timeframes will be confirmed following further planning and design work.

Blacktown Hospital is prioritising patient flow and reducing the length of stay for patients who can be safely managed in the community.

The \$480.7 million emergency department (ED) relief package announced in the 2024-25 NSW Budget aims to ease the pressure on NSW hospitals, by expanding alternatives to the ED and improving patient flow.

Since July 2023, an additional 10 nurses, 13 senior registrars (advanced trainees), and 5 junior medical officers have been recruited to the Blacktown Hospital ED.

Blacktown Hospital ED has implemented several strategies to improve wait times, including a streaming model for patients suitable for Fast Track, creating an internal waiting room to reduce the pressure in the main waiting room. The re-opening and use of Blacktown's Short Stay Unit in August 2023 has led to improvements in streamlining sub-acute patients in the ED.



## NEGLIGENCE

- (16) Is insurance cover for vicarious liability which may arise as a result of negligence the responsibility of the Department of Health, each Local Health District, or each hospital, clinic and other facility within an LHD?
- (17) With respect to the relevant entity disclosed in the answer to Question 16., please answer the following questions:
- (a) Does the relevant entity hold policies of insurance which cover any vicarious liability which may arise as a result of negligence?
    - i. If yes, are these policies subject to any exclusions, or are there any procedures, courses of treatment or other matters which will not be covered?
    - ii. If yes, are these policies subject to any limitations, or is cover for liability unlimited?
    - iii. If no, does the relevant entity effectively self-insure via the Treasury Managed Fund?
  - (b) Further to question 17 (a) ii., is the insurance coverage offered by the TMF subject to any exclusions, or are there any procedures, courses of treatment or other matters which will not be covered?
  - (c) Further to question 17 (a) ii., is the insurance coverage offered by the TMF subject to any limitations, or is cover for liability unlimited?
  - (d) Further to question 17 (a) ii., has the TMF asked for details of management plans in place to manage the risk of liability for negligence in respect of the matters listed in Question 18. i. through Question 18. viii. below?
  - (e) Would failure to address adequately any of the risks listed in Question 18. i. through Question 18. viii. below invalidate any insurance coverage provided by the TMF?
  - (f) On how many occasions since 1 June 2023 has each relevant entity received notice of any claim for vicarious liability which arose from a claim of negligence?
  - (g) What is the current status of any claims in the answer to question 17. (c) above?
  - (h) What is the amount of each claim disclosed in the answer to question 17. (c) above?
  - (i) Does the relevant entity require clinicians, doctors, nurses and other health workers in its employment to hold valid insurance covering medical negligence risks, as a condition of employment?
  - (j) If yes to Question 17. (e), what risks must be covered?
  - (k) If yes to Question 17. (e), are there risks for which clinicians, doctors, nurses and other health workers employed by the relevant entity are

- currently unable to insure?
- (l) Is the answer to Question 17. (e) standard across all relevant entities or does it vary by entity?
  - (m) If it does vary, please provide the information broken down by entity.
  - (n) If the answer to Question 17. (e) is no, or is no for certain categories of health workers, does the relevant entity provide insurance for those health workers as part of the terms of their employment?
  - (o) If the answer to Question 17. (k), is yes, please provide details of the insurance arrangements which are in place.
- (18) What action has each relevant entity taken to minimise risk of claims for the following heads of negligence, specifically in respect of any treatment or other services provided at or through Maple Leaf House or the Centre for Adolescent and Young Adult Health or any other facility or clinic providing similar services:
- i. Failure to conduct a comprehensive biopsychosocial assessment.
  - ii. Failure to explore a differential diagnosis and in particular, failure or refusal to consider any psychosocial explanations for why a child or young person might be presenting as gender incongruent.
  - iii. Failure to assess properly the impact of neurodivergence on a child's presentation as gender incongruent.
  - iv. Failure to evaluate and warn adequately of the likelihood that the child's gender incongruence will not persist into adulthood, based upon the currently available research on desistance and persistence.
  - v. Failure to consider or recommend alternatives to endocrinological treatments, including providing psychological support to reduce distress and build resilience in order to avoid administering irreversible treatments to persons at a young age.
  - vi. Failure to provide a structured and comprehensive assessment of Gillick competence or failure to apply the test of Gillick competence properly. This includes failure to test if the child is able to comprehend the impact of treatment on their future sexual function and fertility.
  - vii. Failure to warn adequately of the impact of treatment on future sexual function, relationship formation, family formation and fertility.
  - viii. Failure to provide parents and children with all the information they need to give a fully informed consent, including information about the weak level of evidence internationally showing benefit from the treatment sought.

## RESPONSE:

I am advised:

(16-18)

Information related to insurance cover is contained in: [www.icare.nsw.gov.au/-/media/icare/unique-media/government-agencies/our-funds-and-schemes/treasury-managed-fund/media-files/files/download-module/treasury-managed-fund-statement-of-cover-2024.pdf](http://www.icare.nsw.gov.au/-/media/icare/unique-media/government-agencies/our-funds-and-schemes/treasury-managed-fund/media-files/files/download-module/treasury-managed-fund-statement-of-cover-2024.pdf).

The Ministry of Health is not aware of any claims that have been commenced against a specialist trans and gender diverse health service provider where treatment was provided to a person under the age of 18 years.

The *Framework for the Specialist Trans and Gender Diverse Health Service for People Under 25 Years* provides guidance to NSW local health districts and speciality health networks on how evidence-based gender affirming health care for trans and gender diverse young people will be delivered through the Specialist Trans and Gender Diverse Health Service.

Since the publication of this document, further guidance has been released regarding the consent requirements for gender affirming medical treatment for young people under 18. Please refer to Section 8.12. of the *Consent to Medical and Healthcare Treatment Manual*, which can be found at [www.health.nsw.gov.au/policies/manuals/Documents/consent-section-8.pdf](http://www.health.nsw.gov.au/policies/manuals/Documents/consent-section-8.pdf).

## SAX REPORT: Evidence for effective interventions for children and young people with gender dysphoria - update

- (19) Did NSW Health commission the most recent report of the Sax Institute: Evidence for effective interventions for children and young people with gender dysphoria - update (the Review)?
- (20) Does NSW Health provide financial support or sponsorship to the Sax Institute?
  - (a) If yes, is NSW Health confident that sufficient systems, safeguards and processes are in place at the Sax Institute to ensure that they are receiving independent advice from them?
- (21) Does NSW Health rely exclusively on Sax Institute reviews of gender dysphoria treatment or does it consider other sources of information as well?
- (22) Is NSW Health aware that the Review relies positively on sources which have been ranked as “critically low” by other literature reviews of the same material (eg the Florida systematic literature review)?
  - (a) If yes, does this cast doubt on the strength of the findings of the Review?
- (23) Is NSW Health aware that the Review’s evidence for the reversibility of puberty blockers is based on two sources, one of which (found at footnote 27) makes no mention of reversibility?
- (24) Is NSW Health aware of the rankings used by the NHMRC and that “Level 1” is reserved exclusively for systematic reviews of randomised controlled trials?
  - (a) If not, why not?
  - (b) If yes, is NSW Health concerned that the Review does not rely on such Level 1 research but rather narrative reviews of small studies conducted without the same robust methodology?
- (25) Does the evidence base of the Review mean that NSW Health will not be able to place much weight on its findings?
  - (a) If no, why will these findings form a reliable base to support provision of clinical services?
  - (b) If yes, what other research will NSW Health access to inform its provision of clinical services?
- (26) The Review appears to misquote the 2020 UK National Institute for Health and Care Excellence (NICE) evidence reviews of the use of puberty blockers and cross sex hormones. Has NSW Health accessed this data directly or is it relying on the quotes in the Review?
- (27) Is NSW Health aware that the 2020 NICE evidence review concluded that there was insufficient evidence of benefit for the provision to children and young people of both puberty blockers and cross sex hormones?
- (28) Is NSW Health in the habit of informing clinical practice for minors from reviews of treatment of adult patients?

- (a) If not, will NSW Health be relying on the Review’s conclusions about chest surgery in adolescent natal females which rely on outcomes from a review of transgender adult chest surgery?
- (29) Is NSW Health involved in the circulation of the Evidence Brief which provides a summary of the longer Review?
- (a) If yes, is NSW Health concerned that the Evidence Brief, which of necessity provides a simplified overview of the Review, contains none of the warnings found in the Review about the lack of quality evidence to support gender affirming interventions?
- (30) Is NSW Health satisfied that any parents, patients and clinicians involved in any gender treatment provided at any NSW Health facility would have their decisions informed and their consent would be sought on the basis of the Review, rather than the Evidence Brief?

**RESPONSE:**

I’m advised:

(19-30)

NSW Health commissioned the Sax Evidence Check Update, which provides summaries of international and domestic peer-reviewed literature published since 2019 into treatment options for young people with gender dysphoria, in what is a constantly evolving research field. NSW Health has notified stakeholders that the Evidence Check Update has been completed and is available on the Sax Institute website.

Under the current 5-year Grant Agreement (1 July 2023 – 30 June 2028), NSW Health provides grant funding of \$1.8 million per year to the Sax Institute. The Sax Institute is an independent, not-for-profit organisation that receives funding from governments, non-government organisations and academic institutions across Australia.

The Grant Agreement with NSW Health requires that the Sax Institute must comply with the ethical research policies of the National Health and Medical Research Council (NHMRC), including the *Australian Code for the Responsible Conduct of Research*, and requires declaration of any Conflict of Interest that may impact the Institute’s ability to fairly and independently perform its obligations.

The Sax Evidence Check Update does not make recommendations for policy and clinical practice. To support evidence-based service delivery, a Clinical Advisory Group has been established to review emerging evidence and clinical guidance and provide advice to the TGD Health Service. The 2024 Sax Institute Evidence Check Update will support this work and inform understanding of priority areas for research, including the need for further collaboration with other Australian service providers on longitudinal research.

NSW Health considers a range of inputs to support the delivery of trans and gender diverse healthcare for young people, including but not limited to Sax Evidence Checks,

national and international clinical guidance, expert advice from the Clinical Advisory Group, Consumer Advisory Panel, Statewide Steering Group of the Specialist TGD Health Service, and service reviews of gender services (e.g. Queensland and England).

If gender affirming medical treatment (e.g. puberty suppression treatment or gender affirming hormones) is being considered for a young person under 18 within the TGD Health Service, comprehensive assessment and diagnosis of gender dysphoria is required by a multidisciplinary team. This occurs in close consultation with the young person, parents or carers and treating teams, who must all agree the treatment is in the best interest of the young person. During the consent process for medical treatment, in line with legal and professional requirements, clinicians provide information to patients and their families about the known and unknown benefits and risks of treatments.

Trans and gender diverse healthcare is a complex and evolving practice area. NSW Health continues to monitor developments in the evidence to ensure care provided remains consistent with national and international best practice.

## REGIONAL HEALTH

### AGENCY NURSES

(31) In the 2023/24 financial year, how much did NSW Health spend on agency nursing contracts across NSW?

(a) What is the breakdown of this spend across each health district?

(32) In the 2022/23 financial year, how much did NSW Health spend on agency nursing contracts across NSW?

(a) What is the breakdown of this spend across each health district?

i. Separately and by region, how many FTE agency nurses are currently employed across regional, rural and remote NSW?

### RESPONSE:

I am advised:

31. – (a) and (32) (a)

Please refer to the response to questions taken on notice on page 74 of the transcript, which provides the detail requested.

32. i.

As of August 2024, agency nurses FTE across NSW Health was 896.6, with agency nurses representing about 1.6% of the total nursing workforce. 705.3 FTE of that total number of agency nurses are working in regional and rural local health districts, representing about 2.6% of the nursing workforce in rural and regional NSW.

## MUSWELLBROOK HOSPITAL REDEVELOPMENT

- (33) When will the Muswellbrook Hospital Redevelopment be completed?
- (34) What is the status of Stage 3, when will construction commence and what will that deliver?
- (35) Will Stage 3 deliver its original scope of works
- (a) If not, why not?
- (36) Will a further stage be required to complete the original hospital upgrade as proposed – when will it be funded?
- (37) What efforts has Hunter New England LHD made to recruit a permanent obstetrician for Muswellbrook?
- (38) On Sunday 14 July, eight vehicles were destroyed by an alleged arson attack in the Muswellbrook Hospital carpark – is a carpark security upgrade now being added to stage three?

## RESPONSE:

I am advised:

33. – 36.

A builder has been appointed for the \$45 million Muswellbrook Hospital Stage 3 Redevelopment, with construction expected to begin in early 2025. The redevelopment is anticipated to be completed in 2027.

In light of the increased costs of building, a review was undertaken to ensure the project made the most of the available budget and achieved an operationally practical outcome. The Stage 3 Redevelopment scope includes:

- New Operating Theatre suite
- New Central Sterilising Services Department
- Relocation of Community Health into the existing hospital.

The current design allows for future expansion to deliver the full master plan.

37.

Hunter New England Local Health District's Women's Health and Maternity network coordinated 2 rounds of overseas and local recruitment for VMO Obstetricians without success.

38.

A carpark security upgrade is not part of the Muswellbrook Hospital Stage 3 Redevelopment.



## IPTAAS

(39) Separately and by LHD, what is the total funding amount spent through the IPTAAS program?

### RESPONSE:

I am advised:

In 2023-24 financial year \$48,885,696 was provided in IPTAAS claims across NSW. There were 41,417 patients assisted.

IPTAAS payments for 2023-24 by local health district are listed below:

- Central Coast: \$339,168
- Far West: \$3,613,345
- Hunter New England: \$12,757,239
- Illawarra Shoalhaven: \$1,297,680
- Mid North Coast: \$4,764,257
- Murrumbidgee: \$7,961,022
- Nepean Blue Mountains: \$345,373
- Northern NSW: \$3,243,997
- Northern Sydney: \$66,629
- South Eastern Sydney: \$50,996
- South Western Sydney: \$327,845
- Southern NSW: \$5,274,675
- Sydney: \$13,672
- Western NSW: \$8,517,565
- Western Sydney: \$53,516
- Outside of NSW: \$258,716

Applications from locations outside of NSW are patients who reside in another state and are donating an organ or tissue to a NSW resident, or patients who reside on Lord Howe Island

## RURAL HEALTH WORKFORCE INCENTIVE SCHEME

- (40) How many FTE health workers have taken up roles with NSW Health under the Rural Health Workforce Incentive Scheme since 11 August 2023?
- (a) What is the total amount paid to health workers under this scheme so far?
- (41) How many FTE health workers have departed roles with NSW Health in regional and rural NSW since 11 August 2023?
- (a) What are the reasons most cited for departure?

### RESPONSE:

I am advised:

40. Between 11 August 2023 and 18 September 2024, 1,986 health workers have been recruited, and 2,766 health workers have been retained using incentives. Reporting reflects data available at the point in time.

- (a) At 18 September 2024, the total reported spend for the Rural Health Workforce Incentive Scheme was \$83,121,462.

41. Between August 2023 and August 2024, 2,913 or around 7% of permanent health workers departed from regional and rural NSW. Staff who departed but subsequently re-entered NSW Health are included in these statistics. Temporary, casual, agency and contracted workforce is not included in departure calculations

This level of staff turnover is not necessarily a concern and renewal of staff is part of any well-functioning business. The engagement of new staff brings the opportunity for new ideas and improvements.

- (a) Staff leave NSW Health for a variety of reasons including relocation, family reasons and career progression. Not all of these reasons are captured or recorded at the time of separation.

## VACANCIES:

(42) How many nursing vacancies are at each of the hospitals listed below, separately:

- (a) Armidale Rural Referral Hospital
- (b) Auburn Hospital & Community Health Services
- (c) Ballina District Hospital
- (d) Balmain Hospital
- (e) Balranald District Hospital
- (f) Bankstown Lidcombe Hospital
- (g) Baradine Multi-Purpose Service
- (h) Barham Koondrook Soldiers Memorial Hospital
- (i) Barraba Multi Purpose Service
- (j) Bateman's Bay District Hospital
- (k) Bathurst Base Hospital
- (l) Batlow/Adelong Multi Purpose Service
- (m) Bega District Hospital
- (n) Bellingen River District Hospital
- (o) Belmont Hospital
- (p) Berrigan War Memorial Hospital
- (q) Bingara Multi Purpose Service
- (r) Blacktown Hospital
- (s) Blayney Multi-Purpose Health Service
- (t) Blue Mountains District ANZAC Memorial Hospital
- (u) Bogabri Multi-Purpose Service
- (v) Bombala Multi Purpose Service
- (w) Bonalbo Hospital
- (x) Boorowa District Hospital
- (y) Bourke District Hospital
- (z) Bowral Hospital
- (aa) Braeside Hospital
- (bb) Braidwood Multi Purpose Service
- (cc) Brewarrina Multi-Purpose Service
- (dd) Broken Hill Base Hospital
- (ee) Bulahdelah Community Hospital
- (ff) Bulli Hospital
- (gg) Byron District Hospital
- (hh) Calvary Health Care Sydney
- (ii) Calvary Mater Newcastle
- (jj) Camden Hospital
- (kk) Campbell Hospital, Coraki
- (ll) Campbelltown Hospital

(mm) Canowindra Soldiers Memorial Hospital  
(nn) Canterbury Hospital  
(oo) Carrington Centennial Hospital  
(pp) Casino & District Memorial Hospital  
(qq) Cessnock District Hospital  
(rr) Cobar District Hospital  
(ss) Coffs Harbour Base Hospital  
(tt) Coledale District Hospital  
(uu) Collarenebri Health Service  
(vv) Concord Repatriation General Hospital  
(ww) Condobolin District Hospital  
(xx) Coolah Multi-Purpose Health Service  
(yy) Coolamon-Ganmain Health Service  
(zz) Cooma Hospital & Health Service  
(aaa) Coonabarabran District Hospital  
(bbb) Coonamble Health Service  
(ccc) Corowa Health Service  
(ddd) Cowra District Hospital  
(eee) Crookwell District Hospital  
(fff) Culcairn Health Service  
(ggg) David Berry Hospital  
(hhh) Delegate Multi-Purpose Service  
(iii) Deniliquin Hospital  
(jjj) Denman Multi Purpose Service  
(kkk) Dorrigo Multi-Purpose Service  
(lll) Dubbo Base Hospital  
(mmm)Dunedoo Health Service  
(nnn) Dungog Community Hospital  
(ooo) Eugowra Memorial Multi Purpose Service  
(ppp) Fairfield Hospital  
(qqq) Finley Hospital & Community Health Centre  
(rrr) Forbes District Hospital  
(sss) Gilgandra Multi-Purpose Health Service  
(ttt) Glen Innes District Hospital  
(uuu) Gloucester Soldiers Memorial Hospital  
(vvv) Gosford Hospital  
(www) Goulburn Base Hospital  
(xxx) Gower Wilson - Multi-Purpose Service  
(yyy) Grafton Base Hospital  
(zzz) Greenwich Hospital  
(aaaa)Grenfell Multi-Purpose Service

(bbbb) Griffith Base Hospital  
(cccc) Gulargambone Multi-Purpose Service  
(dddd) Gundagai District Hospital  
(eeee) Gunnedah District Hospital  
(ffff) Guyra Multi Purpose Service  
(gggg) Hay District Hospital  
(hhhh) Henty Hospital  
(iiii) Hillston District Hospital  
(jjjj) Holbrook District Hospital  
(kkkk) Hornsby Ku-ring-gai Hospital  
(llll) Inverell District Hospital  
(mmmm) Jerilderie Health Service  
(nnnn) John Hunter Hospital (including Royal Newcastle Centre and John Hunter Children's Hospital)  
(oooo) Junee District Hospital  
(pppp) Kempsey District Hospital  
(qqqq) Kiama Hospital and Community Health Service  
(rrrr) Kimbarra Lodge Hostel - Gloucester Soldiers Memorial Hospital  
(ssss) Kurri Kurri Hospital  
(tttt) Kyogle Memorial Hospital  
(uuuu) Lake Cargelligo District Hospital  
(vvvv) Leeton District Hospital  
(wwww) Lightning Ridge Multi Purpose Health Service  
(xxxx) Lismore Base Hospital  
(yyyy) Lithgow Integrated Health Service  
(zzzz) Liverpool Hospital  
(aaaaa) Lockhart & District Hospital  
(bbbbb) Long Jetty Health Care Facility  
(ccccc) Macksville District Hospital  
(ddddd) Maclean District Hospital  
(eeeee) Manilla Health Service  
(fffff) Manly Hospital  
(ggggg) Manning Rural Referral Hospital (Taree)  
(hhhhh) Mercy Care Hospital – Young  
(iiiii) Mercy Health Service  
(jjjjj) Merriwa Multi Purpose Service  
(kkkkk) Milton Ulladulla Hospital  
(lllll) Molong Health Service  
(mmmmm) Mona Vale Hospital  
(nnnnn) Moree District Hospital  
(ooooo) Moruya District Hospital

(ppppp) Mount Druitt Hospital  
 (qqqqq) Mudgee Health Service  
 (rrrrr) Mullumbimby & District War Memorial Hospital  
 (sssss) Murrumburrah-Harden District Hospital  
 (ttttt) Murwillumbah District Hospital  
 (uuuuu) Muswellbrook Hospital  
 (vvvvv) Narrabri District Hospital  
 (wwwww) Narrandera District Hospital  
 (xxxxx) Narromine Hospital & Community Health  
 (yyyyy) Nepean Hospital  
 (zzzzz) Neringah Hospital  
 (aaaaa) Nimbin Multi-Purpose Service  
 (bbbbb) Northern Beaches Hospital  
 (ccccc) Nyngan Multi-Purpose Service  
 (ddddd) Oberon Health Service  
 (eeeee) Orange Health Service  
 (ffffff) Pambula District Hospital  
 (ggggg) Parkes District Hospital  
 (hhhhh) Peak Hill Health Service  
 (iiiiii) Port Kembla Hospital  
 (jjjjj) Port Macquarie Base Hospital  
 (kkkkk) Portland Tabulam Health Centre  
 (lllll) Prince of Wales Hospital  
 (mmmmm) Queanbeyan District Hospital  
 (nnnnn) Queen Victoria Memorial Home  
 (ooooo) Quirindi Community Hospital  
 (ppppp) Royal Hospital for Women  
 (qqqqq) Royal North Shore Hospital  
 (rrrrr) Royal Prince Alfred Hospital  
 (sssss) Royal Rehabilitation Hospital - Coorabel/Moorong  
 (ttttt) Ryde Hospital  
 (uuuuu) Rylstone Multi-Purpose Health Service  
 (vvvvv) Sacred Heart Hospice  
 (wwwww) Scott Memorial Hospital, Scone  
 (xxxxx) Shellharbour Hospital  
 (yyyyy) Shoalhaven Hospital  
 (zzzzz) Singleton District Hospital  
 (aaaaa) Springwood Hospital  
 (bbbbb) St George Hospital  
 (ccccc) St John of God Hospital  
 (ddddd) St Joseph's Hospital

(eeeeeee) St Vincent's Hospital  
 (ffffff) Sutherland Hospital & Community Health Service  
 (ggggggg) Sydney Children's Hospital  
 (hhhhhhh) Sydney Hospital & Sydney Eye Hospital  
 (iiiiiii) Tamworth Rural Referral Hospital  
 (jjjjjjj) Temora Hospital  
 (kkkkkkk) Tenterfield Community Hospital  
 (lllllll) The Children's Hospital at Westmead  
 (mmmmmmm) The Cootamundra Hospital  
 (nnnnnnn) The New Maitland Hospital  
 (oooooooo) Tingha Multi Purpose Service  
 (ppppppp) Tocumwal Hospital  
 (qqqqqqq) Tomaree Community Hospital  
 (rrrrrrr) Tottenham Hospital  
 (sssssss) Trangie Multi-Purpose Health Service  
 (ttttttt) Trundle Multi-Purpose Service  
 (uuuuuuu) Tullamore Health Service  
 (vvvvvvv) Tumbarumba Multi Purpose Service  
 (wwwwwww) Tumut District Hospital  
 (xxxxxxxx) Tweed Valley Hospital  
 (yyyyyyy) Urana Health Service  
 (zzzzzzz) Urbenville Health Service  
 (aaaaaaaa) Vegetable Creek Hospital  
 (bbbbbbbb) Wagga Wagga Base Hospital  
 (ccccccc) Walcha Multi Purpose Service  
 (ddddddd) Walgett Health Service  
 (eeeeeee) War Memorial Hospital  
 (fffffff) Warialda Multi Purpose Service  
 (ggggggg) Warren Multi-Purpose Health Service  
 (hhhhhhh) Wauchope District Memorial Hospital  
 (iiiiiii) Wee Waa Community Hospital  
 (jjjjjjj) Wellington Health Service  
 (kkkkkkk) Wentworth District Hospital  
 (lllllll) Werris Creek Community Hospital  
 (mmmmmmm) Westmead Hospital  
 (nnnnnnn) Wilcannia Multi-Purpose Service  
 (oooooooo) Wilson Memorial Community Hospital, Murrurundi  
 (ppppppp) Wingham Community Hospital  
 (qqqqqqq) Wollongong Hospital  
 (rrrrrrr) Woy Woy Public Hospital  
 (sssssss) Wyalong Hospital

(ttttttt) Wyong Public Hospital  
(uuuuuuuu) Yass District Hospital  
(vvvvvvvv) Young District Hospital

**RESPONSE:**

I am advised:

NSW Health does not centrally collect vacancy data for nursing positions.



## AGED CARE AND NDIS

(43) Separately and for each LHD please provide:

- (a) The number of patients occupying public hospital beds while waiting for an aged care placement?
- (b) Median number of days taking up a public hospital bed while waiting for an aged care placement?
- (c) Number of patients taking up a public hospital bed while waiting for an NDIS placement?
- (d) Median number of days a hospital bed was occupied while waiting for an NDIS placement?
- (e) Identify how long the longest patient who is currently taking up a public hospital bed has been waiting for either an aged care or NDIS placement?
  - i. Which LHD and hospital is this occurring in?

## RESPONSE:

I am advised:

As at 14 August:

- there are 538 patients waiting for NDIS placement – 289 of whom have exceeded estimated date of discharge – for a total of 24,033 bed days
- there are 680 patients waiting for aged care placement – 503 of whom have exceeded estimated date of discharge – for a total of 17,291 bed days

There are instances of patients waiting well over 50 days over their estimated date of discharge.

Every single LHD has patients waiting for aged care or NDIS placements in our public hospitals.

We know that long periods of immobility in hospital lead to deconditioning, loss of mobility and cognitive impairment.

The reality is that this is having a significant cause of bed block and severely impacting patient flow in our hospitals.

## WORKFORCE AND VACANCIES

(44) What is the FTE vacancy rate across each LHD for 2019?

(45) What is the FTE vacancy rate across each LHD for 2024?

## RESPONSE:

I am advised:

(43-45)

NSW Health does not centrally collect workforce vacancy data for local health districts.

## PORT MACQUARIE HOSPITAL

(46) In respect to Port Macquarie Base Hospital;

- (a) Since 1 August 2024, how many beds have been closed
  - i. Please outline every instance where a bed closure has occurred to date.
- (b) Since March 2024, have there been any instances where wards have had to be closed?
  - i. If so, how many and for what reason(s)?
- (c) How many additional nurses have been employed at Port Macquarie Hospital since July 1, 2024 to date?
- (d) How many patients were transferred from ambulance to the emergency department within 30 minutes since 1 July 2024 to date?
- (e) How many patients were transferred from ambulance to the emergency department in more than 30 minutes since 1 July to date?
  - i. Separately and for each instance, how long has the transfer taken, and what was the reason for delay (please cite)?

### RESPONSE:

I am advised:

(a) – (b)

Since 1 August 2024, no Ministry of Health funded beds at Port Macquarie Base Hospital have been closed. Since March 2024, no wards have had to be closed at Port Macquarie Base Hospital.

(c)

Port Macquarie Base Hospital has employed 8.05 FTE new nurses since 1 July 2024.

(d) – (e)

Information relating to transfer of care at Port Macquarie Base Hospital is published on the Bureau of Health Information website ([www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)). Statistics for the period July to September 2024 will be published later this year.

## NURSES

- (47) In respect to Coffs Harbour Hospital,
- (a) How many additional nurses have been employed at since 1 July 2024?
  - (b) How many nurses have left since 1 July 2024?
- (48) In respect to Gosford Hospital,
- (a) How many additional nurses have been employed since 1 July 2024?
  - (b) How many nurses have left since 1 July 2024?
- (49) In respect to Tamworth Hospital,
- (a) How many additional nurses have been employed at since 1 July 2024?
  - (b) How many nurses have left since 1 July 2024?
- (50) In respect to Wagga Wagga Base Hospital,
- (a) How many additional nurses have been employed at since 1 July 2024?
  - (b) How many nurses have left since 1 July 2024?
- (51) In respect to John Hunter Hospital,
- (a) How many additional nurses have been employed at since 1 July 2024?
  - (b) How many nurses have left since 1 July 2024?
- (52) In respect to Wollongong Hospital,
- (a) How many additional nurses have been employed at since 1 July 2024?
  - (b) How many nurses have left since 1 July 2024?

## RESPONSE:

I am advised:

NSW Health does not centrally collect the number of new nursing hires or separations by facility.

The rural and regional nursing workforce has grown from 26,240 FTE in June 2023 to 27,354 FTE in June 2024.

## EUROBODALLA HOSPITAL

(53) What were the reasons SSD-38526248 was withdrawn?

(54) What were the reasons SSD-45765709 was withdrawn?

(55) Did delays with getting the SSD approved delay the overall project?

(a) If no, please list the reasons why the project has been delayed.

### RESPONSE:

I am advised:

53.

As the proposal was for a single-stage development, the original State Significant Development (SSD) application (SSD-33856248) was for 'Industry-specific Secretary's Environmental Assessment Requirements (SEARs)'.

The proposal was then revised to incorporate a 'Concept Plan' which required new 'Project-specific SEARs'. A new SEARs request was made, which required a new SSD number and, accordingly, the original SSD-33856248 was withdrawn.

54.

Due to an update in planning legislation, the project did not require a Concept Plan and could revert to a single staged development. A new 'Industry-Specific SEARs' was requested to reflect the change to the project, which required a new SSD number and, accordingly, SSD-45765709 was withdrawn.

55.

There is no delay to the project. Construction timeframes are generally established upon the awarding of the main works contract. In this case, the project timeline was confirmed following receipt of the development consent and award of the main works contract.

**RENAL DIALYSIS:**

- (56) Minister, could you please advise how many patients in the Murrumbidgee Local Health District and Western NSW Local Health District travel for renal dialysis and how many are assisted at home?
- (57) Of those patients that travel in both Health Districts, how many are assisted with IPTAAS?

**RESPONSE:**

I am advised:

Please refer to the response to questions taken on notice on page 74 of the Health and Regional Health Budget Estimates hearing which provides the detail requested.

**COOTAMUNDRA PARAMEDICS:**

(58) How many Ambulance stations are understaffed across the Cootamundra electorate?

(59) When will these stations see additional staff to ensure our paramedics are working in safe conditions and not fatigued?

**RESPONSE:**

I am advised:

(58) - (59)

NSW Ambulance resources are not deployed on an electorate basis

## TEMPORARY NURSES

- (60) How many of the 1112 temporary nurses have been made permanent?
- (a) Where are these nurses placed?
  - (b) How many addition healthcare workers will Cowra Hospital see?

## RESPONSE:

I am advised:

- (a) Nursing appointments are made at the local level on merit, with nurses applying to positions. These nurses have been engaged across the state. The NSW Government announced in the 2023-24 Budget
- (b) Decisions on the distribution of funding under the Government's Essential Health Services Fund between sites and across staffing groups are determined at the local health district level. Distribution is dependent on population growth, models of care and service demands.



## MAITLAND HOSPITAL EMERGENCY DEPARTMENT

(61) Is the Maitland Hospital Emergency Department short stay unit only operating on a part- time basis?

- (a) If so, why?
- (b) What are the current staffing arrangement?
- (c) What is the current status of staff recruitment for the short stay unit?
- (d) What impact is this partial opening having on ED treatment times?

### RESPONSE:

I am advised:

The Maitland Hospital Emergency Department short stay unit is operating on a full-time basis.

In September 2024, staffing was increased, allowing the service to operate 7 days-per-week, and all positions have been successfully recruited to.

The opening of the Emergency Department Short Stay Unit, along with other strategies, has resulted in some improvement in emergency department treatment times.

## MEDIA RELEASES AND STATEMENTS

(62) Are all the ministerial media releases and statements issued by you publicly available at <https://www.nsw.gov.au/media-releases>?

(a) If no, why?

### RESPONSE:

I am advised:

The Department of Customer Service (DCS) is responsible for managing [www.nsw.gov.au/media-releases](https://www.nsw.gov.au/media-releases) and the publication of media releases.

## GIPA APPLICATIONS – DEPARTMENT(S)/AGENCY(S)

(63) Since 28 March 2023, have you and/or your ministerial office given instructions to your portfolio department(s)/agency(s) in relation to Government Information (Public Access) Act application(s)?

### RESPONSE:

I am advised:

The Government Information (Public Access) Act 2009 provides that agencies are not subject to the direction or control of any Minister in the exercise of the agency's functions in dealing with a particular access application under the Act (subsection 9(2)). The Act also contains offences prohibiting agency officers from acting unlawfully, and prohibiting persons from directing agencies to make an unlawful decision in relation to an access application (sections 116 and 117 of the Act).

It is, however, generally appropriate for agencies to inform the responsible Minister where documents are to be released under the Act, for the Minister's information.

## SIGNAL

(64) Are you on Signal?

(a) If yes, do you access Signal from a NSW Government device?

## RESPONSE:

I am advised:

Like the former Coalition Government, a range of communications are used by the NSW Government. I comply with the State Records Act 1998 and I expect all staff members to comply with their obligations under the State Records Act 1998.

## CFMEU MEMBERSHIP

(65) Have you ever been a member of the Construction, Forestry and Maritime Employees Union (CFMEU)?

(a) If yes, when?

### RESPONSE:

I am advised:

The Constitution (Disclosures by Members) Regulation 1983 (the Regulation) sets out Members' obligations to disclose relevant pecuniary and other interests in periodic returns to Parliament.

Clause 13 of the Regulation relevantly requires the disclosure of the name of each trade union and each professional or business association 'in which he or she held any position' as at specified dates. The Regulation does not require Members to disclose membership of a trade union.

Membership of Unions can be disclosed on a discretionary basis. The Clerk of the Parliaments has confirmed that this view is consistent with guidance provided to Members.

## DEPARTMENT(S)/AGENCY(S) ANNUAL REPORTS

- (66) In what month will the 2023-24 annual reports for each department / agency in your portfolio be published?
- (67) Will the 2023-24 annual reports for the department / agency in your portfolio include a printed copy?
- (a) If yes, how much is budgeted for printing in 2024-25?

## RESPONSE

I am advised:

(66) – (67)

The NSW Health 2023-2024 Annual Report will be tabled in line with the NSW Treasury Annual Reporting Guidelines.

NSW Health follows the NSW Treasury Annual Reporting Guidelines (TPG23-10) by preparing the annual report at the lowest possible cost. NSW Parliament's rules are followed when tabling the annual reporting information. This includes providing the responsible Minister with a physical printed copy of the annual report to table in each House of Parliament.

Printed copies of the annual report are also provided to the portfolio Ministers, a small number of stakeholders and the NSW Health library. Due to the physical size of the printed annual report, it must be printed by a professional, external print company. There is a budget of \$1,500 for printing the NSW Health 2023-24 Annual Report.

## ETU MEMBERSHIP

(68) Have you ever been a member of the Electrical Trades Union (ETU)?

(a) If yes, when?

### RESPONSE:

I am advised:

The Constitution (Disclosures by Members) Regulation 1983 (the Regulation) sets out Members' obligations to disclose relevant pecuniary and other interests in periodic returns to Parliament.

Clause 13 of the Regulation relevantly requires the disclosure of the name of each trade union and each professional or business association 'in which he or she held any position' as at specified dates. The Regulation does not require Members to disclose membership of a trade union.

Membership of Unions can be disclosed on a discretionary basis. The Clerk of the Parliaments has confirmed that this view is consistent with guidance provided to Members.

## PAPER SHREDDER

(69) Does your ministerial office have a paper shredder?

### RESPONSE:

I am advised:

When the NSW Government was elected in 2023, shredders used by the former Liberal and National Government were left in Ministerial and Parliament offices. Office equipment is purchased in line with NSW Government procurement rules.



## DEPARTMENT(S)/AGENCY(S) IN PORTFOLIO

(70) What department(s)/agency(s) are included in your portfolio?

### RESPONSE:

I am advised:

The Cabinet Office publishes a Governance Arrangements Chart containing information about Ministers, NSW Government agencies established under Schedule 1 to the Government Sector Employment Act 2013 and State owned corporations established under Schedule 5 to the State Owned Corporations Act 1989. The Governance Arrangements Chart outlines the agencies in the Premier and Cabinet portfolio.

The Governance Arrangements Chart may be accessed via The Cabinet Office's website at <https://www.nsw.gov.au/sites/default/files/noindex/2024-10/governance-arrangements-chart-1-Oct-2024.pdf>

The Government Sector Employment Act 2013, and Administrative Arrangements Orders made under Part 7 of the Constitution Act 1902, are available on the NSW Legislation website ([www.legislation.nsw.gov.au](http://www.legislation.nsw.gov.au))

## FORMER MINISTERIAL EMPLOYEES

(71) Are there any former employee from your ministerial office now employed by any department/agency within your portfolio responsibilities?

(a) If yes, how many?

### RESPONSE:

I am advised:

The employment of former Ministerial office staff is not tracked.

Under the Government Sector Employment Act 2013, the Secretary of a Department exercises the employer functions of the Government in relation to departmental employees. The Secretary is not subject to the direction or control of a Minister in the exercise of those functions. Similarly, the head of a Public Service agency exercises the employer functions of the Government in relation to non-Public Service senior executives of the agency. A head of a Public Service agency is not subject to the direction or control of a Minister in the exercise of those functions.

All NSW government sector employees must comply with the Code of Ethics and Conduct for NSW government sector employees. Employees must also have regard to their relevant agency's code of conduct.

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.

## QANTAS CHAIRMAN'S CLUB

(72) Are you a Member of the Qantas Chairman's Club?

- (a) If no, have you ever previously been a member?
- (b) If yes, when did you cease to be a member?
- (c) If yes, when did you initially become a member?
- (d) If yes, when did you make a declaration to The Cabinet Office?
- (e) If yes, how many times since 28 March 2023 have you used the Qantas Chairman's Club?

## RESPONSE:

I am advised:

The Constitution (Disclosures by Members) Regulation 1983 (Regulation) sets out Members' obligations to disclose relevant pecuniary and other interests in periodic returns to Parliament.

The Legislative Assembly Standing Committee on Parliamentary Privilege and Ethics Report on Review of the Code of Conduct, Aspects of Disclosure of Interests, and Related Issues (December 2010) notes that:

"Advice has been received from the Crown Solicitor that use of the Chairman's Lounge by invitation is not a "gift" for the purposes of clause 10 of the Regulation, as it does not involve disposition of property. However, when the membership leads to an upgrade valued at more than \$250, it becomes disclosable as a contribution to travel, and should be reported under clause 11 of the Regulation."

Clause 16 of the Regulation allows a Member to, at their discretion, disclose any direct or indirect benefit, advantage or liability, whether pecuniary or not. Relevant disclosures have been made to the Cabinet Office and to the NSW Parliament.

## MINISTERIAL STAFF – LOCAL GOVERNMENT COUNCILLORS

(73) As at 30 June 2024, how many of your ministerial staff were local government councillors?

(74) What local government(s) did they serve?

### RESPONSE:

I am advised:

Ministerial staff are employed by Ministers, on behalf of the State, in their capacity as "political office holders" under Part 2 of the Members of Parliament Staff Act 2013 (Act).

All Ministerial staff are required to comply with the NSW Office Holder's Staff Code of Conduct, including obligations to seek approval for secondary employment, and to take reasonable steps to avoid, and in all cases disclose, any actual or potential conflicts of interest (real or apparent).

## UNION MEMBERSHIP FEES

(75) What was the expenditure for you to join a union in:

- (a) 2022-23?
- (b) 2023-24?
- (c) 2024-25?

## RESPONSE:

I am advised:

The Constitution (Disclosures by Members) Regulation 1983 (the Regulation) sets out Members' obligations to disclose relevant pecuniary and other interests in periodic returns to Parliament.

Clause 13 of the Regulation relevantly requires the disclosure of the name of each trade union and each professional or business association 'in which he or she held any position' as at specified dates. The Regulation does not require Members to disclose membership of a trade union.

Membership of Unions can be disclosed on a discretionary basis. The Clerk of the Parliaments has confirmed that this view is consistent with guidance provided to Members.

## ETU MEETINGS

(76) Given ministerial diary disclosures do not include all meetings and provide exceptions to disclosures, since 28 March 2023, have you met with the ETU?

## RESPONSE:

I am advised:

In accordance with Premier's Memorandum M2015-05 Publication of Ministerial Diaries and Release of Overseas Travel Information, all Ministers publish extracts from their diaries summarising details of scheduled meetings held with stakeholders, external organisations, third-party lobbyists and individuals. Ministers are not required to disclose details of the following meetings:

- meetings involving Ministers, ministerial staff, parliamentarians or government officials (whether from NSW or other jurisdictions)
- meetings that are strictly personal, electorate or party political • social or public functions or events
- meetings held overseas (which must be disclosed in accordance with regulation 6(1)(b) of the Government Information (Public Access) Regulation 2018 and Attachment B to the Memorandum), and
- matters for which there is an overriding public interest against disclosure. Ministers' diary disclosures are published quarterly on The Cabinet Office's website (<https://www.nsw.gov.au/departments-and-agencies/the-cabinetoffice/access-to-information/ministers-diary-disclosures>).

## STATE RECORDS ACT

(77) Have you and your ministerial office had training and/or a briefing about the State Records Act from State Records NSW and/or The Cabinet Office and/or Premier's Department?

(a) If yes, when?

### RESPONSE:

I am advised:

The Ministers' Office Handbook provides guidance in relation to these obligations to assist each Minister's office.

The Premier's Department and The Cabinet Office also provide guidance, advice, training and support on these obligations for all Ministers' offices.

## LEGAL COSTS

(78) 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?

## RESPONSE:

I am advised:

Legal costs are included in the Other Operating Expenses of an agency's financial statement and further categorised in the note to Operating expenses in accordance with the guidance in TPG24-05 Policy and Guidelines: Financial Reporting Code for NSW General Government Sector Agencies. The practice is consistent for the Ministry of Health and the Health entities.

Agencies will include legal costs as a separate line item if it is considered a material expense for the agency.

Details for the period prior to 30 June 2023 form part of the former Department of Premier and Cabinet/other agency Annual Report 2022-23.

Details for the period 1 July 2023 to 30 June 2024 will form part of the department/agency Annual Report 2023-24.



## UNIONS

(79) Are you a member of a union?

(a) If yes, what union?

## RESPONSE:

I am advised:

The Constitution (Disclosures by Members) Regulation 1983 (the Regulation) sets out Members' obligations to disclose relevant pecuniary and other interests in periodic returns to Parliament.

Clause 13 of the Regulation relevantly requires the disclosure of the name of each trade union and each professional or business association 'in which he or she held any position' as at specified dates. The Regulation does not require Members to disclose membership of a trade union.

Membership of Unions can be disclosed on a discretionary basis. The Clerk of the Parliaments has confirmed that this view is consistent with guidance provided to Members.

## ADVERTISING

(80) 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) X (formerly known as Twitter)

## RESPONSE:

I am advised:

Department and agency expenditure is published in Annual Reports and on OpenGov NSW and [data.nsw.gov.au](https://data.nsw.gov.au).

## CATERING

(81) How much of your ministerial budget was spent on catering in 2023-24?

(82) Was catering used for external stakeholders?

(a) If yes, who were these external stakeholders?

## RESPONSE:

I am advised:

81.

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

82.

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.

## PARLIAMENTARY SECRETARY

(83) Does your Parliamentary Secretary have pass access to your ministerial office?

(84) Does your Parliamentary Secretary have a desk in your ministerial office?

### RESPONSE:

I am advised:

83.

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.

84.

No

## CATERING

(85) Did any catering costs in 2023-24 include expenditure on alcohol?

### RESPONSE:

I am advised:

The NSW Office Holder's Staff Code of Conduct, which is Attachment B to the Ministers' Office Handbook, provides that all office holder staff must use State resources for the effective conduct of public business in a proper manner. Office holder staff must be economical and efficient in the use and management of public resources.

The Handbook can be found here:

<https://www.nsw.gov.au/sites/default/files/noindex/2023-12/Ministers-Office-Handbook.pdf>.

## SENIOR EXECUTIVE DRIVERS

(86) How many senior executives in your portfolio department(s) / agency(s) have a driver?

### RESPONSE:

I am advised:

No senior executive employed by the Ministry of Health have a driver.

No senior executive employed by (regional) have a driver.

## **SPEECHES**

(87) Does your portfolio department(s) / agency(s) draft and write speeches for you?

(88) How many public servants have undertaken writing speeches in your portfolio department(s) / agency(s)?

## **RESPONSE:**

I am advised:

87 & 88

Department and agency staff may contribute to factual information for speaking notes as part of their duties in line with longstanding practices in place under successive governments.

## HARD HATS AND VESTS

(89) Do you have a hard hat and/or vest for visiting infrastructure sites?

(a) If yes, was it paid from your ministerial budget?

### RESPONSE:

I am advised:

Ministers are to comply with the appropriate use of personal protective equipment as per Work Health and Safety Regulation 2017.

The NSW Office Holder's Staff Code of Conduct, which is Attachment B to the Ministers' Office Handbook, provides that all office holder staff must use State resources for the effective conduct of public business in a proper manner. Office holder staff must be economical and efficient in the use and management of public resources. State resources are not to be subject to wasteful or extravagant use.

## GIN

(90) Since 28 March 2023, have you or your ministerial office purchased 'gin' using your ministerial budget?

## RESPONSE:

I am advised:

The NSW Office Holder's Staff Code of Conduct, which is Attachment B to the Ministers' Office Handbook, provides that all office holder staff must use State resources for the effective conduct of public business in a proper manner. Office holder staff must be economical and efficient in the use and management of public resources.

The Handbook can be found here:

<https://www.nsw.gov.au/sites/default/files/noindex/2023-12/Ministers-Office-Handbook.pdf>



## MINISTERIAL ADVISERS

- (91) How many staff members were employed in your ministerial office in 2023-24 FY?  
(92) What is the average salary for staff members in your ministerial office in 2023-24 FY?

## RESPONSE:

I am advised:

91 & 92

Ministerial Staffing numbers are proactively published on the NSW website –

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

## MINISTERIAL DISCLOSURES TO THE CABINET OFFICE

(93) On what date did you last update/make a ministerial disclosure to The Cabinet Office?

### RESPONSE:

I am advised:

The Ministerial Code of Conduct (Ministerial Code) requires Ministers to make certain disclosures to the Premier and the Secretary of The Cabinet Office.

I comply with my obligations under the Ministerial Code.

## STATIONERY

(94) How much of your ministerial budget was spent on stationery in 2023-24?

(95) Did your stationery expenditure include gifts for external stakeholders?

(a) If yes, what was the gift(s)?

(b) If yes, who received the gift(s)?

## RESPONSE:

I am advised:

94.

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

The costs of stationery are contained within the Premier's Department Annual Report.

95.

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, or in circumstances where they could be perceived as having the purpose, of inducing favourable treatment.

Gifts may be purchased as needed on an occasional basis or purchased and stored for future use. Gifts need to be purchased in accordance with NSW Government procurement policy.

## GIPA APPLICATIONS / STANDING ORDER 52 – MINISTERIAL OFFICE

(96) Does your ministerial office have staff member(s) to undertake Government Information (Public Access) Act application(s) and/or Standing Order 52 requests?

(a) If yes, has that ministerial staffer(s) received formal training about their legal obligations?

(97) How many GIPA Applications have been received by your ministerial office since 28 March 2023?

### RESPONSE:

I am advised:

96.

The Cabinet Office provides training for Ministerial staff on their obligations under the Government Information (Public Access) Act 2009 (GIPA Act) and the requirements for responding to orders for papers under Standing Order 52 of the Legislative Council.

97.

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.

**POLICE COMMISSIONER GIN**

(98) Have you received gin from the Police Commissioner?

**RESPONSE:**

I am advised:

No.

## E-TOLL

(99) Does your ministerial vehicle have an E-Toll?

(a) If yes, is expenditure paid by your by your ministerial budget?

## RESPONSE:

I am advised:

Ministers, the Leader of the Opposition, other nominated public office holders, and certain former office holders are provided with official cars and drivers. All costs associated with these vehicles need to be paid from the relevant approved budget.

Costs for e-tolls form part of the Premier's Department Annual Report.

## Department(s)/Agency(s) Gifts and Hospitality Register

(100) Does your portfolio department(s)/agency(s) have a gifts and/or hospitality register?

- (a) If yes, is it available online?
  - i. If yes, what is the URL?

### RESPONSE:

I am advised:

All NSW Health Organisations must maintain a Gifts and Benefits Register under the mandatory requirements of the NSW Health policy directive *Conflict of Interest and Gifts and Benefits* (PD2015\_045). Registers are available on request to the Right to Information contact at the relevant NSW Health Organisation.

A list of contacts for all organisations is provided at the following URL:

<https://www.health.nsw.gov.au/gipaa/Pages/table-of-contacts.aspx>

## WORKPLACE COMPLAINTS

(101) Have you been the subject of any workplace complaints, including bullying, harassment, and sexual harassment since 28 March 2023?

(102) Has any member of your ministerial staff been the subject of any workplace complaints, including bullying, harassment, and sexual harassment since 28 March 2023?

## RESPONSE

I am advised:

101.

Any complaint or disclosure made under the Respectful Workplace Policy is confidential. The Respectful Workplace Policy applies to all Ministerial Offices and staff. As noted in the Goward review, a key aspect of effective workplace complaint policies is confidentiality in the complaint and investigation process.

Confidentiality ensures that staff feel safe about raising concerns and confident that action will be taken in response.

102.

Any complaint or disclosure made under the Respectful Workplace Policy is confidential. The Respectful Workplace Policy applies to all Ministerial Offices and staff. As noted in the Goward review, a key aspect of effective workplace complaint policies is confidentiality in the complaint and investigation process.

Confidentiality ensures that staff feel safe about raising concerns and confident that action will be taken in response.



## MINISTERIAL CODE OF CONDUCT

(103) Since 28 March 2023, have you breached the Ministerial Code of Conduct?

(a) If yes, what was the breach?

### RESPONSE:

I am advised:

103.

All Ministers are expected to comply with their obligations under the NSW Ministerial Code of Conduct (**Ministerial Code**) at all times.

The Ministerial Code sets the ethical standards of behaviour required of Ministers and establishes practices and procedures to assist with compliance.

Among other matters, the Ministerial Code requires Ministers to:

- disclose their pecuniary interests and those of their immediate family members to the Premier
- seek rulings from the Premier if they wish to hold shares, directorships, other
- business interests or engage in secondary employment (known as ‘prohibited
- interests’)
- identify, avoid, disclose and manage conflicts of interest
- disclose gifts and hospitality with a market value over \$500.
- A substantial breach of the Ministerial Code (including a knowing breach of any
- provision of the Schedule) may constitute corrupt conduct for the purposes of the *Independent Commission Against Corruption Act 1988*.

## TIKTOK

(104) Are you on TikTok?

(a) If yes, do you access TikTok from a NSW Government device?

### RESPONSE:

I am advised:

The Circular DCS-2023-01 Cyber Security NSW Directive - Protecting NSW Government information on government-issued devices sets out how NSW Government agencies are to manage the risk of using TikTok.

More information is available at:

<https://www.nsw.gov.au/sites/default/files/public%3A//2023-05/TikTok%20Ban%20-%20Frequently%20Asked%20Questions%20%282%29.pdf>[TikTok%20Ban%20-%20Frequently%20Asked%20Questions%20%282%29.pdf](https://www.nsw.gov.au/sites/default/files/public%3A//2023-05/TikTok%20Ban%20-%20Frequently%20Asked%20Questions%20%282%29.pdf)

## CFMEU MEETINGS

(105) Given ministerial diary disclosures do not include all meetings and provide exceptions to disclosures, since 28 March 2023, have you met with the CFMEU?

### RESPONSE:

I am advised:

In accordance with the Premier's Memorandum 2015-05, all Ministers publish extracts from their diaries summarising details of scheduled meetings held with stakeholders, external organisations, third-party lobbyists and individuals.

Ministers are not required to disclose details of the following meetings:

- meetings involving Ministers, ministerial staff, parliamentarians or
- government officials (whether from NSW or other jurisdictions)
- meetings that are strictly personal, electorate or party political
- social or public functions or events
- meetings held overseas (which must be disclosed in accordance with
- regulation 6(1)(b) of the Government Information (Public Access) Regulation
- 2018 and Attachment B to the Memorandum), and
- matters for which there is an overriding public interest against disclosure.

Ministers' diary disclosures are published quarterly on The Cabinet Office's website (<https://www.nsw.gov.au/departments-and-agencies/the-cabinetoffice/access-to-information/ministers-diary-disclosures>).

## CREDIT CARDS

(106) Have you ever been issued with a credit card by a NSW Government department(s) and/or agency(s) since 28 March 2023?

- (a) If yes, under what circumstance?
- (b) If yes, what items and expenditure was undertaken?

## RESPONSE

I am advised:

Ministers and Ministerial Staff are not eligible to receive Departmental credit cards except in the case of overseas travel. In cases of overseas travel short-term cards will be issued and returned at the completion of official travel together with a travel diary for fringe benefit tax purposes.

Where an NSW Government-issued credit card is provided the credit card must only be used for official overseas business trips and official business purposes, this includes for transport to/from the airport when departing/returning from the trip.

NSW Government-issued credit cards for official business trips overseas will be held with government contract bankers and used within credit limits imposed.

Credit cards are a useful means of expenditure control, but their use should never be for personal purposes.

Costs associated with overseas travel are published on the NSW Government website in line with M2015-05.

## CREDIT CARDS

(107) For each department, agency and/or other body in the Minister's portfolio please report:

- (a) How many credit cards are currently on issue for staff? (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?
- (e) And what was the card holder's employment grade?
- (f) How many credit cards have been reported lost or stolen?
- (g) What was the cost to replace them?
- (h) How many credit card purchases were deemed to be illegitimate or contrary to agency policy?
  - i. 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?
  - ii. Were all those amounts repaid?
- (i) 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?
  - ii. Can a copy of the staff credit card policy please be provided?

## RESPONSE:

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](http://www.health.nsw.gov.au).

## MINISTERIAL VEHICLES AND DRIVING OFFENCES

(108) Since 28 March 2023, have you personally driven your ministerial vehicle?

### RESPONSE

I am advised:

Ministers, the Leader of the Opposition, other nominated public office holders, and certain former office holders are provided with official cars and drivers.

Office holders may drive themselves whenever they choose. Cars should be driven only by the office holder, officially employed drivers, the office holder's spouse or approved relative and any other person authorised by the office holder in those circumstances considered to be appropriate.

## MINISTERIAL VEHICLES AND DRIVING OFFENCES

(109) As a driver since 28 March 2023:

- (a) Have you been pulled over by the NSW Police Force?
- (b) Have you been fined for speeding
- (c) Have you been fined for school zone related offence?
- (d) Have you been fined for red light related offence?
- (e) Have you been involved in an accident that included the NSW Police attending the scene?
  - i. If yes to a) to e), did this include whilst driving your ministerial vehicle?

### RESPONSE:

I am advised:

Ministers, like all members of the community are subject to the laws of New South Wales, including Road Rules 2014.

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

**DEPARTMENT(S)/AGENCY(S) DESK OR OFFICE**

(110) Do you have a desk or office in your portfolio department(s)/agency(s) building(s)?

**RESPONSE:**

I am advised:

I make use of an office in 52 Martin Place, NSW Parliament and my Electorate office.

When travelling, Ministers may make ad hoc arrangements to work for periods in Departmental offices.



## LAND AUDIT – DEPARTMENT(S)/AGENCY(S)

(111) Has your portfolio department(s)/agency(s) undertaken a land audit of surplus government property in any of the following postcodes:

- (a) 2077?
- (b) 2077?
- (c) 2079?
- (d) 2080?
- (e) 2081?
- (f) 2082?
- (g) 2083?
- (h) 2117?
- (i) 2118?
- (j) 2119?
- (k) 2120?
- (l) 2121?
- (m) 2125?
- (n) 2021?
- (o) 2126?
- (p) 2151?
- (q) 2154?
- (r) 2156?
- (s) 2157?
- (t) 2158?
- (u) 2159?
- (v) 2756?
- (w) 2775?

i. If yes to (a) to (u), how many properties have been identified

### RESPONSE:

I am advised:

The NSW Government has been conducting an audit of government land to identify surplus sites that are suitable for social, affordable or market housing.

The locations of an initial set of 44 sites identified by the audit will be made public over the coming weeks and months as they are transferred to housing delivery agencies or brought to market.

## MOBILE PHONES

(112) How many mobile phones has your ministerial office been allocated as at 1 July 2024?

(113) How many mobile phones in your ministerial office have been lost or stolen since 28 March 2023?

## RESPONSE:

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.

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 service 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 form part of the Premier's Department Annual report.

## EFFICIENCY DIVIDENDS

(114) Was an efficiency dividend applied to your portfolio department(s) / agency(s) within your portfolio responsibilities in:

(a) 2023-24?

(b) 2024-25?

- i. If so, what was the efficiency dividend applied to each department/agency?
- ii. What measures are being considered to achieve this efficiency dividend?

## RESPONSE:

I am advised:

The budget papers include detailed information on budgeted expenses, revenue and capital expenditure. This includes detailed financial statements for individual agencies as well as for government as a whole. The budget papers also outline the financial impact of measures in the budget on individual portfolios as well as for government as a whole.

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

## CONSULTANTS

(115) 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 through a competitive tender?

## RESPONSE:

I am advised:

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

Details for the period prior to 30 June 2023 form part of the Department of Premier and Cabinet Annual Report 2022-23.

Details for the period 1 July 2023 to 30 June 2024 will form part of the Department / Agency Annual Report 2023-24.

## MINISTERIAL STAFF DISCLOSURE OF GIFTS AND/OR HOSPITALITY

(116) Does your ministerial office keep a register of gifts and/or hospitality for staff to make disclosures?

(117) 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?

### RESPONSE :

I am advised:

116.

All Ministerial staff are required to comply with the Gifts, Hospitality and Benefits Policy for Office Holder Staff attached to the Ministers' Office Handbook and available on the NSW Government website.

117.

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. The Policy includes disclosure obligations for Ministerial staff in respect of gifts, hospitality and benefits over \$150.

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.

## DEPARTMENT(S)/AGENCY(S) TRAVEL

- (118) As Minister, do you approve overseas travel for public servants in your portfolio department(s) / Agency(s)?
- (a) If yes, how many overseas trips have you approved since 28 March 2023?
- (119) Since 28 March 2023, how much has been spent on charter air flights by your portfolio agencies, broken down by agency?
- (120) 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?
- (121) Since 28 March 2023, how much has been spent on international 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?
- (122) 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?

## RESPONSE:

I am advised:

The NSW Government Travel and Transport Policy provides a framework for NSW Government travelling employees and covers official air and land travel by public officials using public money. Section 2.1 of that Policy sets out approvals required in relation to overseas travel.

Further information in relation to the Policy can be found here:

<https://www.info.buy.nsw.gov.au/policy-library/policies/travel-and-transport-policy>

NSW Treasury Policy and Guidelines – Annual Reporting Requirements (TPG-10) requires agencies to include information on overseas visits by officers and employees in agency annual reports.

Information for the period prior to 30 June 2023 is available in agencies' 2022-23 annual reports.

Information for the period between 1 July 2023 and 30 June 2024 will be available in agencies' 2023-24 annual reports.

## TRAINING

(123) Since 28 March 2023, have you had training from an external stakeholder that included an invoice and payment paid for using your ministerial budget?

- (a) If yes, what is the description of training?
- (b) If yes, how much?

## RESPONSE:

I am advised:

Ministers have undertaken a program of Ministerial induction training.

Ministers have undertaken Respectful Workplace Policy Training.

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

## CABINET DOCUMENTS

(124) Since 28 March 2023, have you shared Cabinet documents with your Parliamentary Secretary?

### RESPONSE:

I am advised:

The conventions and practice for access to Cabinet documents are outlined in Premier's Memorandum M2006-08 - Maintaining Confidentiality of Cabinet Documents and Other Cabinet Conventions (M2006-8).

M2006-08 provides that the unauthorised and/or premature disclosure of Cabinet documents undermines collective ministerial responsibility and the convention of Cabinet confidentiality. It is essential that the confidentiality of Cabinet documents is maintained to enable full and frank discussions to be had prior to Cabinet making decisions.



## **WEBSITE USAGE**

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

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

## **RESPONSE:**

I am advised:

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

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

## DEPARTMENT(S)/AGENCY(S) EMPLOYEES

(127) How many senior executive service employees were employed by each Department/agency within your portfolio responsibilities on:

- (a) 28 March 2023?
- (b) 1 July 2023?
- (c) 1 January 2024?
- (d) 1 July 2024?

(128) How many public servants within your portfolio department(s)/agency(s) were paid more than the Premier in 2023-24?

(129) How many redundancies were processed by each Department(s)/agency(s) 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?

## RESPONSE

I am advised:

127.

The number of senior executives is publicly reported within Annual Reports.

128.

The remuneration of public service senior executives is published in the respective Department(s)/Agency(s) Annual Reports.

129.

Redundancies are published in the respective Department(s)/Agency(s) Annual Reports under employee related expenses.

## MINISTERIAL VISITS

(130) Since 28 March 2023, have you visited any of these postcodes:

- (a) 2077?
- (b) 2079?
- (c) 2080?
- (d) 2081?
- (e) 2082?
- (f) 2083?
- (g) 2117?
- (h) 2118?
- (i) 2119?
- (j) 2120?
- (k) 2121?
- (l) 2125?
- (m) 2126?
- (n) 2151?
- (o) 2154?
- (p) 2156?
- (q) 2157?
- (r) 2158?
- (s) 2159?
- (t) 2756?
- (u) 2775?

i. If yes to (a) to (u):

1. What was the purpose of the visit(s)?
2. Did you make a funding announcement(s)?

### RESPONSE:

I am advised:

Ministers' diary disclosures are publicly available.

Premier's and Ministers' domestic travel information is published on the Premier's Department's website at: <https://www.nsw.gov.au/departments-andagencies/premiers-department/access-to-information/premier-and-ministersdomestic-travel>

## CAMERA, VIDEO RECORDER AND MICROPHONES

(131) Does your ministerial office have the following paid by your ministerial budget:

- (a) Handheld camera?
- (b) Handheld video recorder?
- (c) Microphone?
  - i. If yes to (a) to (c), how much is each worth when purchased?

### RESPONSE:

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 form part of the Premier's Department Annual Report.

## CABINET SUB COMMITTEES

(132) What cabinet sub committees are you a member of?

### RESPONSE:

I am advised:

Details of individual Cabinet committee members and the work of Cabinet committees are not generally made public. This reflects the longstanding Cabinet conventions of confidentiality and collective Ministerial responsibility, which are central to the Westminster system of government.

The NSW Cabinet Practice Manual is publicly available on the NSW Government website ([www.nsw.gov.au](http://www.nsw.gov.au)) and provides information on operation of Cabinet and committees in NSW.

HEALTH

TOPIC: PARAMEDICS

(133) What was the total cost of paramedics' overtime to the NSW Government in each of the past five financial years?

(134) Regarding the process of determining locations for new ambulance stations as part of the SWIFT program announced in 2022 in which Health Infrastructure chose locations to optimise ambulance response times, which of those proposed new sites were acquired in advance?

**RESPONSE:**

I'm advised:

(133) NSW Ambulance overtime costings:

Year	Paramedic overtime
FY2020	\$78.1 million
FY2021	\$69.6 million
FY2022	\$84.0 million
FY2023	\$81.6 million
FY2024	\$84.6 million

(134)

The Strategic Workforce Infrastructure Team (SWIFT) program was announced in 2022. As part of SWIFT, NSW Ambulance has received funding for up to 2,500 staff. No site was acquired in advance of the SWIFT program commencing.

**TOPIC: DORRIGO HOSPITAL**

(135) What is the timeline for beds to reopen at Dorrigo Hospital? Where is information on this project publicly available for patients presently required to travel to either Coffs Harbour or Macksville to be admitted?

**RESPONSE:**

I am advised:

In December 2023, there was a temporary reduction of 6 acute beds at Dorrigo Health Campus due to workforce shortages.

Mid North Coast Local Health District is actively recruiting into vacant roles at Dorrigo Health Campus. The beds will re-open once sufficient staff have been recruited to ensure patient safety.

The Emergency Department remains open.

## TOPIC: BIRTH TRAUMA

- (136) Will the goals of the "Connecting, Listening and Responding: A Blueprint for Action – Maternity Care in NSW" be updated to reflect the Birth Trauma Inquiry recommendations? Specifically, will the blueprint be updated in relation to referral and follow-up protocols for physiotherapy during pregnancy and/or postnatal period, as acknowledged in the government's response to recommendation No.6 of the Birth Trauma Inquiry?
- (137) What steps have been taken to ensure that the Consent to Medical and Healthcare Manual is applied in practice?

## RESPONSE:

I'm advised:

Strengthening referral and follow-up protocols of women requiring physiotherapy during pregnancy and/or postnatal period is identified in the *Connecting, Listening and Responding: A Blueprint for Action – Maternity Care in NSW* objectives.

NSW Health continues to implement initiatives to ensure women and their families receive compassionate, respectful, evidence-based and equitable maternity care.



**TOPIC: HOSPITAL ACCESSIBILITY**

(138) Was the 2017 Policy Directive on “Responding to Needs of People with Disability during Hospitalisation” reviewed as planned in January 2022? If so, where can the review be found?

**RESPONSE:**

I'm advised:

The updated Policy Directive *Responding to the health care needs of people with disability* (PD2024\_030) is published on the NSW Health website ([www1.health.nsw.gov.au/pds](http://www1.health.nsw.gov.au/pds)).

## TOPIC: MEDICATION SHORTAGES

(139) Which specific medicines in shortage is the NSW Government presently monitoring or working to ensure supply of?

### RESPONSE:

I am advised:

The Clinical Excellence Commission (CEC) and HealthShare NSW work collaboratively to assist in the management of medicine shortages. Shortages that are currently being monitored to ensure equitable access across NSW with appropriate mitigation strategies in place include:

- Large (500 mL and 1000 mL) and small volume (50 mL, 100 mL and 250 mL) Sodium chloride 0.9% (Normal saline) infusions
- Compounded Sodium Lactate (Hartmann's) infusions (500 mL and 1000 mL)
- Large volume (2000 mL and 3000 mL) Sodium chloride 0.9% (Normal Saline) for irrigation,
- Large volume (2000 mL and 3000 mL) water for irrigation
- Azithromycin 500 mg Tablets and 200 mg/5 mL suspension
- Clarithromycin 250 mg Tablets and 250 mg/5 mL suspension
- Fentanyl 100 microg/2 mL ampoules
- Adrenaline (epinephrine) 1 mg/10 mL pre-filled syringes
- Gentamicin 80 mg/2 mL injection
- Tenofovir disoproxil maleate 300 mg emtricitabine 200 mg tablets
- Heparin 5000 units/5 mL injection ampoule.

The CEC and HealthShare NSW will continue to closely monitor medicine shortages and ensure appropriate communication is provided to the NSW Health system where required. Further information on medicine shortages can be found on the CEC Medication Safety Updates webpage ([www.cec.health.nsw.gov.au/keep-patients-safe/medication-safety/medication-safety-updates](http://www.cec.health.nsw.gov.au/keep-patients-safe/medication-safety/medication-safety-updates)) or the Therapeutic Goods Administration shortages reports database (<https://apps.tga.gov.au/prod/MSI/search/>).

**TOPIC: DAVID BERRY HOSPITAL**

(140) What specific improvements in palliative care does the Government expect from relocating services to Shoalhaven?

**RESPONSE:**

I'm advised:

Relocating palliative care services from David Berry Hospital to the \$438 million redeveloped Shoalhaven Hospital will enable an increase in capacity and complexity of services provided.

Specific improvements are:

- Location alongside other related health services and specialist support including 24/7 medical staff coverage
- Immediate access to specialists on site
- Minimal delays to specialist care for deteriorating patients
- Access to resuscitation teams for patients with a resuscitation plan
- Oxygen and suction readily available in every patient room
- Access to an emergency response team
- Increased capacity for appropriate and timely intervention
- Fit-for-purpose single rooms that include space for families and carers
- A greater number of patients eligible for admission as a result of increased capacity and the ability to provide a higher level of specialist care.

## TOPIC: PUBLIC DENTAL

(141) Has a cost-benefit analysis on preventable hospitalisations for oral health been undertaken or initiated?

(142) What targeted initiatives are in place to address dental care access for people with disability?

## RESPONSE:

I'm advised:

A cost-benefit analysis has not been completed on potentially preventable hospitalisations for oral health.

The NSW Government is committed to providing access to dental care for the eligible population.

Public dental services in NSW local health districts provide free general dental care to children under the age of 18, and to adults who hold a Centrelink Health Care Card, Pensioner Concession Card, or Commonwealth Seniors Card.

NSW Health continues to foster and encourage partnerships between public dental services and other health professionals, carers, and service providers for people with disability, to address the additional challenges that they may face in maintaining their oral health and accessing dental services. Specialist services are available for people living with a disability, if required.

Targeted oral health promotion material is available on the website and has been developed to support people with disability and their carers. The material provides advice on oral hygiene, diet, dental visits, access to dental services and denture care.

## TOPIC: RACGP AND GP SCOPE

(143) What specific measures have been taken to protect patient safety following the recent expansion of pharmacist prescribing before trial results are available?

(144) Will pharmacist prescribing of antibiotics for UTIs be rolled back if trial results demonstrate risks to patient safety, and how is this risk being monitored or evaluated?

## RESPONSE:

I'm advised:

145.

The UTI treatment component of the NSW Government Pharmacy Trial ran from 15 May 2023 to 31 May 2024, with over 18,000 consultations occurring during the trial period. From 1 June 2024, this service transitioned to usual practice for eligible pharmacists.

Focus on patient safety was maintained throughout the trial period through constant monitoring of patient outcomes and any adverse events, overseen by a Safety and Stewardship Working Group and a Data Safety Monitoring Board. No major safety signals were observed during the trial period.

Preliminary data from the clinical trial indicated it is safe for trained pharmacists, following a clinical protocol, to provide treatment for uncomplicated UTIs.

Pharmacists who wish to provide the UTI management service are required to meet the requirements of a Class Authority and a set of stringent Practice Standards, which ensure they have completed the mandatory training modules and operate within strict clinical protocols.

NSW Health will continue compliance monitoring to ensure pharmacies are operating in accordance with the Class Authority and Practice Standards.

146.

An independent evaluation, using a more comprehensive dataset and analysis of UTI trial data, will be conducted. A final report for NSW Health will be completed in 2025. This information will be used to inform future service delivery models.

NSW Health has established an Expert Advisory Group on Expanded Scope Community Pharmacy Services. This group is advising the NSW Chief Health Officer on any necessary changes to the Class Authority and Practice standards for the UTI management service, as further evidence becomes available, as relevant clinical guidelines are updated, and if any concerns arise in practice.

**TOPIC: LGBTQIA+ HEALTH STRATEGY**

(145) When will the Second Phase of the NSW LGBTIQ+ Health Strategy 2022-2027 be publicly released or reported?

**RESPONSE:**

I'm advised:

NSW Health continues to implement activities guided by the NSW LGBTIQ+ Health Strategy Implementation Plan – phase one.

The Ministry of Health is developing a second phase implementation plan.

## TOPIC: ALBURY HOSPITAL

- (146) Where are the High Dependency Unit and Coronary Care Unit beds planned for in the new building? What is the rationale for separating HDU from ICU?
- (147) Has the impact of the proposed closure of COU in Wodonga been factored into the bed numbers at the redeveloped site?
- (a) For comprehension, can the public proceed with the assumption that when numbers are cited in relation to those at the redeveloped site, these figures have or have not factored in closure or relocation of beds and services at Wodonga?
- (148) What is the rationale for building to provide the same number of ambulatory care spaces as exist presently considering the expansion of publicly available clinics?
- (149) What is the rationale for moving maternity and neonates but leave Ronald McDonald House and Tresillian on the old Wodonga campus?
- (150) For point of care projections, The NSW Ministry of Health stated it "will support capital developments to a 10-year planning horizon, providing capacity to 2032. Data analysis also included consideration of the updated 2022 population projections released by the NSW Department of Planning and Environment. This approach has been supported by the Victorian Department of Health." What are the updated 2022 population projections released by the NSW Department of Planning and Environment, as referenced?

## RESPONSE:

I am advised:

146. The new 12-bed ICU located in the new 7-storey Clinical Services Building will be designed to the current Australasian Health Facility Guideline standards for intensive care. Each bed space will be equipped to operate as either ICU or HDU depending on operational needs.
147. Yes, redevelopment planning has considered health services currently available on both the Albury and Wodonga hospital campuses.
148. The project will provide an expansion of ambulatory care spaces on the Albury Hospital campus. This does not include capacity available on the Wodonga Hospital campus, which will also provide ambulatory care services.
149. Maternity and birthing services are being moved from Wodonga to the Albury campus as part of the consolidation of complex acute care on one site, which will improve safety for patients and reduce the need for urgent travel between the Wodonga and Albury campuses.

150. The updated 2022 population projections released by the NSW Department of Planning and Environment are publicly available at [www.planning.nsw.gov.au/research-and-demography/population-projections/projections](http://www.planning.nsw.gov.au/research-and-demography/population-projections/projections).



**TOPIC: SHELLHARBOUR AND TWEED ICU**

(151) What is the number of ICU beds at each Shellharbour and Tweed hospitals?

**RESPONSE:**

I am advised:

Shellharbour Hospital has no ICU beds (0).

Tweed Valley Hospital has 10 ICU beds plus 10 additional surge ICU beds.

**TOPIC: ROYAL NORTH SHORE HOSPITAL**

(152) Why is the land on the Southern Campus (Lot 4A and 4B) now in the possession of Property NSW and no longer Health?

(153) If the land was deemed surplus to need, who made this decision and on what grounds?

**RESPONSE:**

I am advised:

The NSW Government determined that Property and Development NSW was the most appropriate agency to own Lots 4A and 4B, as they are the central property agency to manage corporate accommodation requirements.

If a NSW Government owned site was to be assessed by the landowning agency to be surplus to its service delivery or infrastructure requirements, a decision on the future use and ownership of the site would be made through the Whole of Government governance and approval process.

## KIRKBRIDE PRECINCT, CALLAN PARK

- (154) What are the current repairs and maintenance requirements, or current status, for the historic Kirkbride precinct in Callan Park?
- (155) What, if any, complications have arisen during the repairs and maintenance project within the precinct? Will this affect the project completion timeframe?
- (156) What are the current costs for repairing and maintaining the precinct?
- (157) Is the government or any government agency receiving revenue from the precinct?
- (a) If so, how much?
  - (b) If so, what activities or services does the revenue relate to?
- (158) What are the government's plans for the future use of the precinct?
- (159) Will the government consult with local residents and the community before determining any future use for the precinct?

## RESPONSE:

I'm advised:

Kirkbride Precinct, Callan Park requires extensive maintenance upgrades. These are complex matters that require time and significant capital funding of about \$70 million to complete.

The site is used on short term agreements with productions companies for filming purposes at market rates. Filming fees generated from these agreements are used to offset maintenance costs for the site.

The future use of Kirkbride is being reviewed in line with legislation and NSW Government priorities. There is no decision at this stage.

## ILLAWARRA WOMEN'S HEALTH CENTRE

(160) Did the Minister advocate to the Treasurer on behalf of the Illawarra Women's Health Centre (IWHC) in relation to their pre-budget submission, ahead of the 2024-25 Budget?

(161) Given the significant increase in demand for services in the area each year, will the NSW Government commit to funding the IWHC in accordance with their proposed model for a second site including workforce funding and recurrent funding?

### RESPONSE:

I'm advised:

In the 2023-24 NSW Budget, Illawarra Women's Health Centre (IWHC) received \$2,745,500 additional funding over 4 years as part of enhancements to Women's Health Centres and \$2 million towards the establishment of the Illawarra Women's Trauma Recovery Centre. Enhancement funds are currently being implemented. These funds are in addition to the Ministerially Approved Grant the IWHC receives from NSW Health.

The IWHC pre-budget submission was referred from Treasury to my office in March 2024. My office and staff at the Ministry of Health and Illawarra Shoalhaven Local Health District have met with IWHC to discuss the needs identified and consider opportunities to strengthen the partnership between NSW Health and IWHC services.

The NSW Grants Administration Guide is applied for consideration of grant funding. NSW grant and funding opportunities are published in the NSW Government Grant Finder ([www.nsw.gov.au/grants-and-funding](http://www.nsw.gov.au/grants-and-funding)).

## HEALTH OF SEX WORKERS

(162) Given the new and continuing challenges faced by sex workers in NSW in relation to health including mental and sexual health, has the Minister engaged with Sex Worker Outreach Project NSW (SWOP) to discuss health outcomes for sex workers and to continue the existing collaborative connection between SWOP and NSW Health?

### RESPONSE:

I am advised:

The Ministry of Health has a long-standing relationship with the Sex Worker Outreach Project NSW (SWOP) to improve outcomes for sex workers. There is a 3-year Ministerially Approved Grant funding and performance agreement 2024-25 to 2026-27 between SWOP and the Ministry.

SWOP is a key partner in the NSW response to HIV and sexually transmitted infections (STIs). It provides outreach and education to sex workers from Aboriginal and culturally diverse communities and to male and trans sex workers. Its work is essential in reducing the impact of HIV and STIs on the NSW community.

My office recently met with SWOP to hear from them about the health challenges faced by sex workers in NSW and to discuss ongoing work to improve health outcomes for sex workers. I acknowledge the important advocacy conducted by SWOP and thank them for their engagement with my office.

## NSW HEALTH POLICY DIRECTIVE RESPONDING TO NEEDS OF PEOPLE WITH DISABILITY DURING HOSPITALISATION

(163) In 2017, NSW Health issued its Policy Directive on “Responding to Needs of People with Disability during Hospitalisation”. Given the review date was set for January 2022, was this review completed?

(a) If so, where can that information be found?

### **RESPONSE:**

I am advised:

The updated Policy Directive *Responding to the health care needs of people with disability* (PD2024\_030) is published on the NSW Health website ([www1.health.nsw.gov.au/pds](http://www1.health.nsw.gov.au/pds)).

## DISABILITY ROYAL COMMISSION RECOMMENDATIONS

- (164) Which recommendations does the Minister have partial or full responsibility for, in relation to each of the Minister's portfolios?
- (165) In relation to the NSW Government's response to recommendation 6.32, which was accepted in principle, will the government be identifying and publishing a list of frequently needed adaptations and supports for people with disability?
- (a) Will the government be reviewing hospital and primary health care funding models to ensure these adaptations and supports can be implemented in all relevant settings?
  - (b) Will the government be disseminating information about the provision of adaptations and supports in a range of accessible formats?
  - (c) Which aspects of this recommendation "require further consideration", as noted in the response?
- (166) In the NSW Government's response to recommendation 6.33, which was accepted in principle, it references the ongoing evaluation of the IDHS which is expected to be finalised by June 2025. Will this review evaluate the IDHS in relation to the following aspects identified in recommendation 6.33 as required for the delivery of a state-run specialist cognitive disability health services model?
- (a) specialist roles and multi-disciplinary teams embedded in local health service delivery?
  - (b) statewide specialised services that can be accessed by people with cognitive disability and health professionals regardless of their location?
  - (c) participation in a national network of specialised disability health and mental health services?
  - (d) evaluation of the impact of specialised services and publication of evaluation findings?
- (167) In relation to the NSW Government's response to recommendation 6.35, which was rejected as subject to further consideration, what is the NSW Government doing in "carefully considering the best method and legislative framework for achieving this"?
- (a) Is the NSW Government undertaking a review of the current framework around restrictive practices across each setting, including health?
- (168) In relation to the NSW Government's response to recommendation 6.39, which was accepted in principle, the NSW Government commented that "NSW supports further analysis and consultation on targets and

performance indicators to drive the reduction and elimination of restrictive practices”. Has the NSW Government undertaken any external consultation or analysis in relation to this to date, specifically in health?

- (a) Will the NSW Government be establishing sector-specific targets and performance indicators to drive the reduction of restrictive practices over time, including in health?

(169) In relation to the NSW Government’s response to recommendation 6.41, which was rejected as “subject to further consideration”, what is being considered by the government in determining action on non-therapeutic sterilisation?

## **RESPONSE:**

I’m advised:

(164)

The Disability Royal Commission recommendations that the Minister for Health and Regional Health has partial or full responsibility for are:

- Recommendation 6.24 - Improve implementation planning and coordination for the cognitive disability health capability framework
- Recommendation 6.25 – Expand the scope of health workforce capability development to include all forms of cognitive disability at all stages of education and training
- Recommendation 6.26 – Expand the role of the Health Ministers Meeting to monitor health workforce capability development
- Recommendation 6.27 – Establish regular progress reporting by accreditation authorities
- Recommendation 6.28 – Improve access to clinical placements in disability health services
- Recommendation 6.29 – Improve specialist training and continuing professional development in cognitive disability health care
- Recommendation 6.30 – Expand the scope of the National Centre of Excellence in Intellectual Disability Health
- Recommendation 6.31 – Embed the right to equitable access to health services in key policy instruments
- Recommendation 6.32 – Increase capacity to provide supports and adaptations through improved guidance, funding and accessible information
- Recommendation 6.33 – Develop specialised health and mental health services for people with cognitive disability
- Recommendation 6.34 – Introduce disability health navigators to support navigation of health care for people with disability
- Recommendation 6.35 – Legal frameworks for the authorisation, review and oversight of restrictive practices
- Recommendation 6.36 – Immediate action to provide that certain restrictive practices must not be used
- Recommendation 6.37 – Data collection and public reporting on psychotropic medication



- Recommendation 6.39 – Improving collection and reporting of restrictive practices data
- Recommendation 6.40 – Targets and performance indicators to drive the reduction and elimination of restrictive practices
- Recommendation 8.04 – Screening and assessment for disability in youth detention
- Recommendation 8.05 – Disability training for staff in youth detention
- Recommendation 8.09 – Use of seclusion in New South Wales Justice Health and Forensic Mental Health Network
- Recommendation 8.12 – Implementation of the National Principles
- Recommendation 8.13 – Data about people detained in forensic systems
- Recommendation 8.14 – National practice guidelines for screening in custody
- Recommendation 8.15 – Policies and practices on screening, identifying and diagnosing disability in custody
- Recommendation 8.16 – Support by First Nations organisations to people in custody
- Recommendation 8.23 – Action plan to end violence against women and children with disability
- Recommendation 9.02 – Ages and States Questionnaire-Talking about Raising Aboriginal Kids (ASQ-TRAK)
- Recommendation 10.01 – Embedding human rights
- Recommendation 10.10 – Provider of last resort

(165)

The NSW Health Policy Directive

[https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2024\\_030](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2024_030) published on 19 September 2024 outlines the requirements for NSW Health staff planning and delivering health services for people with disability. It includes advice on making adjustments for people with disability accessing health care and provides examples of adjustments that can be made.

(165)

- (a) There are no current plans for the government to review funding models.
- (b) Advice will continue to be developed by NSW Health to support people with disability access safe quality health care including on adjustments.
- (c) Further consideration will be given in relation to a Disability Rights Act if developed as proposed by the Disability Royal Commission, and any relevant activities relating to the National Health Reform Agreement or the 2025-30 National Health Reform Agreement Addendum.

(166)

The Intellectual Disability Health Service (IDHS) is being evaluated. As the service is for people with an intellectual disability, the evaluation will not include review of services for people with a cognitive impairment.

- (a) The evaluation includes review of clinical roles and functions in the IDHS.
- (b) Access to the service by people with cognitive impairment is not in scope for this evaluation. Access to the service by health professionals is in scope for this evaluation.
- (c) Participation in a national network of specialised disability health and mental health services is not in scope for this evaluation.

(d) Evaluation of the impact of the IDHS is in scope for this evaluation. The final report from this evaluation will be published.

(167)

The Department of Communities and Justice is leading this work. This question should be redirected to the Minister for Families and Communities and Minister for Disability Inclusion.

(168)

The Department of Communities and Justice is leading this work. This question should be redirected to the Minister for Families and Communities and Minister for Disability Inclusion.

(169)

The Attorney General's Department is leading this work. This question should be redirected to the Attorney General.

## PWDA HEALTH ASKS IN THEIR PRE-BUDGET SUBMISSION

- (170) Has the Minister considered the recommendations specifically related to health in the pre- budget submission of People with Disability Australia (PWDA)?
- (171) Did the Minister advocate to the Treasurer on behalf of People with Disability Australia (PWDA) in relation to these health specific asks, ahead of the 2024-25 Budget?
- (172) Will the Minister commit to ensuring all NSW Health practitioners are required to upskill in cognitive disability health in 2024-25 using a curriculum co-designed by people with disability and their representative organisations?
- (a) If not, why not?
- (173) Will the Minister commit to ensuring that professional Colleges, especially the Royal Australian College of General Practitioners (RACGP), the Royal Australasian College of Physicians (RACP) and the Royal Australian and New Zealand College of Psychiatrists (RANZCP) be tasked with developing their capacity to train specialists and upskill all their members to minimum baseline in treating people with disability inclusively and for nursing colleges to develop specialised certificates for training and professional development?
- (a) If not, why not?
- (174) Will the Minister commit to fund protective measures to prevent people with disability contracting COVID-19 while accessing health care, residential support and public transport?
- (a) If not, why not?
- (175) Will the Minister commit to fund protective measures to prevent COVID-19 infection for people with disability and additional support, similar to the COVID Positive Pathways program?
- (a) If not, why not?
- (176) Will the Minister commit to improve health data collection to understand how best to reduce fatalities and poor health outcomes for people with disability?
- (a) If not, why not?
-

## RESPONSE:

I am advised:

170 – 171.

In January 2024, the Ministry of Health responded to People with Disability Australia on my behalf in relation to the health-specific recommendations in their pre-budget submission. Pre-budget discussions are Cabinet-in-Confidence.

172.

The NSW Government is committed to supporting health professionals to provide better quality care to people with cognitive disability. NSW Health is continuing to invest in education and training to improve the knowledge of health professionals and their skills in communicating and responding to the health care needs of people with disability. NSW Health will wait for the Australian Government's decision on expanding the Intellectual Disability Health Capability Framework to including cognitive disability health training before considering new training in NSW.

173.

Developing the capacity of members to treat people with disability inclusively is the responsibility of national boards and professional associations. The NSW Government supports professional colleges providing training for their members that promotes disability inclusive healthcare.

174 – 175.

NSW Health continues to provide targeted public health advice about protective measures, such as vaccination against COVID-19 and other infectious respiratory viruses, in health care and residential care settings, including disability care settings. NSW Health has previously partnered with NSW Transport during periods of high levels of respiratory viruses in the community and will do so in the future as needed.

Given COVID-19 is currently circulating at low levels in the community, no additional funding for protective measures is planned at this time. The COVID Positive Pathways program stood down in June 2023. Information for people who test positive continues to be available.

176.

NSW Health is committed to continuing to enhanced surveillance and collection of health data to inform all aspects of healthcare policy.

## ACCESS TO HEALTH SERVICES FOR PEOPLE WITH PHYSICAL DISABILITY

(177) People with physical disabilities often experience physical barriers to accessing healthcare across the state. What budget is being allocated to address this particular issue?

- (a) What is the government doing to assess and improve the accessibility of health systems for people with physical disabilities across NSW, including in relation to accurate information sharing, dignity and respect, participation in healthcare decisions and care provision?

### RESPONSE:

I am advised:

The recently updated Policy Directive *Responding to the health care needs of people with disability* (PD2024\_030) is available on the NSW Health website and provides guidance on how to provide accessible health services for people with a disability.

Data is not collected on the cost of delivering additional support for people with physical disability accessing healthcare.

NSW Health continues to invest in education and training to improve the knowledge and skills of health professionals providing healthcare for people with disability.

## ONE STOP SHOP CLINIC TRIAL AT WESTMEAD HOSPITAL ESTABLISHED BY DR PETER SMITH AND DR RUMMANA AFREEN IN 2020

(178) Western Sydney Local Health District was previously providing \$50,000 annual funding for the One Stop Shop clinic. Is this funding still ongoing on an annual basis?

(a) If yes, how much funding is being provided?

(b) Will the District continue to fund the clinic indefinitely?

(179) In answers to Budget Estimates supplementary questions in October 2023, the Minister confirmed that the District was continuing to monitor the clinic outcomes. What was the outcome of this monitoring?

(180) In answers to Budget Estimates supplementary questions in October 2023, the District acknowledged the significance of this initiative and indicated it was exploring sustainable

models to expand the service. Since then, has the District determined a way forward for further expansion of the clinic?

(181) Will NSW Health be setting up additional similar services across the state following the success of the One Stop Shop clinic?

### RESPONSE:

I am advised:

(178) – (180)

Western Sydney Local Health District continues to fund the One Stop Shop Clinic, with recurrent funding of \$50,000 a year. There is no additional funding available to allow the District to expand the service. The District continues to monitor the number of patients seen through the clinic, with the monitoring improving access to services and experiences for this critical patient cohort.

(181)

There are no plans to establish similar services across NSW.

NSW Health is progressing system-wide initiatives to improve the accessibility of mainstream services. This includes updated policy, accessible resources and training to build the capacity of health staff.

## HEALTH

### Scientific integrity of the Standards of Care issued by the World Professional Association for Transgender Health (WPATH)

(182) Has the Minister received a detailed briefing on the serious allegations going to the scientific integrity of the Standards of Care issued by the World Professional Association for Transgender Health (WPATH) and relied upon by NSW Ministry of Health to deliver medical treatments for gender-distressed children and young people?

- (a) If so, when was the detailed briefing provided?
- (b) If so, who provided the detailed briefing?
- (c) If so, who attended the detailed briefing?
- (d) If so, what was contained in the detailed briefing?
- (e) If so, what was recommended as the appropriate response and action to take regarding the serious allegations?

(183) If the Minister is not aware of the serious allegations going to the scientific integrity of the Standards of Care issued by the World Professional Association for Transgender Health (WPATH), will he take steps to inform himself of them and give consideration to the implications?

### RESPONSE:

I'm advised:

NSW Health continues to monitor developments in the evidence regarding trans and gender diverse healthcare for young people to ensure the care provided remains consistent with national and international best practice.

The *Framework for the Specialist Trans and Gender Diverse Health Service for People Under 25 Years* was developed over 2 years and was informed by service mapping, an evidence check conducted by the Sax Institute, national and international clinical guidance, and consultations with over 70 public and private clinicians, families and carers of trans and gender diverse people under 25 years, NGOs, GPs and Primary Health Networks. The Framework was circulated for consultation to all NSW Health local health districts, networks and pillars.

To support evidence-based service delivery, a Clinical Advisory Group has been established to review emerging evidence and clinical guidance and provide advice to the Specialist Trans and Gender Diverse Health Service.

I have not received a briefing specifically on the WPATH Standards of Care, as this is the role of the Clinical Advisory Group.

**Sax Institute Evidence Check: Evidence for effective interventions for children and young people with gender dysphoria-update dated February 2024**

- (184) Regarding the report prepared by Bragge P, Ngo C, Delafosse V, Goldberg E, Temple- Smith M, and Sancı L, as an Evidence Check brokered by the Sax Institute for the NSW Ministry of Health titled *Evidence Check: Evidence for effective interventions for children and young people with gender dysphoria-update* dated February 2024 that was released on Friday, 6th September 2024, did the Minister or any of his staff receive a detailed briefing about it by the NSW Ministry of Health, the Sax Institute or the co-authors, before it was made available to the public?
- (a) If so, when was the detailed briefing provided?
  - (b) If so, who provided the detailed briefing?
  - (c) If so, who attended the detailed briefing?
  - (d) If so, what was presented to you as the conclusions of the Evidence Check?

**RESPONSE:**

I am advised

184.

On 16 April 2024, the Sax Institute briefed staff from my office and the Ministry of Health on the Evidence Check Update's findings and draft report. No feedback was provided on the findings or content.

On 29 August 2024. the Ministry of Health and the Sax Institute briefed me on the findings.

- (185) Regarding the report prepared by Bragge P, Ngo C, Delafosse V, Goldberg E, Temple- Smith M, and Sancı L, as an Evidence Check brokered by the Sax Institute for the NSW Ministry of Health titled *Evidence Check: Evidence for effective interventions for children and young people with gender dysphoria-update* dated February 2024, was there a charge/fee/reimbursement etc. to be paid by the NSW Ministry of Health to the Sax Institute and/or the co-authors for the preparation of it?
- (a) If so, what was the dollar amount of that charge/fee/reimbursement etc.?
  - (b) Has the charge/fee/reimbursement etc. payable by the NSW Ministry of Health to the Sax Institute and/or the co-authors been paid in full?
    - i. If not, when will the charge/fee/reimbursement etc. be paid in full?

**RESPONSE:**

I am advised



Under the current 5-year Grant Agreement (1 July 2023 – 30 June 2028), NSW Health provides grant funding of \$1.8 million per year to the Sax Institute. The Sax Institute is an independent, not-for-profit organisation that receives funding from governments, non-government organisations and academic institutions across Australia.

The Sax Evidence Check Update was commissioned by NSW Health under this Grant Agreement.

The Grant Agreement with NSW Health requires that the Sax Institute must comply with the ethical research policies of the National Health and Medical Research Council (NHMRC), including the *Australian Code for the Responsible Conduct of Research*, and requires declaration of any Conflict of Interest that may impact the Institute's ability to fairly and independently perform its obligations.

(186) Regarding the report prepared by Bragge P, Ngo C, Delafosse V, Goldberg E, Temple- Smith M, and Sancı L, as an Evidence Check brokered by the Sax Institute for the NSW Ministry of Health titled *Evidence Check: Evidence for effective interventions for children and young people with gender dysphoria-update* dated February 2024, did anyone employed or engaged on any basis with the NSW Ministry of Health have any role to play including research, reference checks, typing/word processing, proof reading, formatting or printing of it?

(a) If so, detail who that person(s) was and what was the role(s)?

(187) Regarding the report prepared by Bragge P, Ngo C, Delafosse V, Goldberg E, Temple- Smith M, and Sancı L, as an Evidence Check brokered by the Sax Institute for the NSW Ministry of Health titled *Evidence Check: Evidence for effective interventions for children and young people with gender dysphoria-update* dated February 2024, did anyone employed or engaged on any basis with the NSW Ministry of Health provide any comments, feedback, critique or proposal(s) for amendments to any draft of it or part thereof?

(a) If so, detail who that person(s) was and what did they do with respect to any draft or part thereof?

(b) If so, what did the Sax Institute and/or the co-authors do with the comments, feedback, critiques or proposal(s) for amendments to any draft of it or part thereof?

(188) Regarding the report prepared by Bragge P, Ngo C, Delafosse V, Goldberg E, Temple- Smith M, and Sancı L, as an Evidence Check brokered by the Sax Institute for the NSW Ministry of Health titled *Evidence Check: Evidence for effective interventions for children and young people with gender dysphoria-update* dated February 2024, did the Minister or anyone employed or engaged by him on any basis, have any role to play including research, reference checks, typing/word processing, proof reading, formatting or printing of it?

(a) If so, detail who that person(s) was and what was that role(s)?

(189) Regarding the report prepared by Bragge P, Ngo C, Delafosse V, Goldberg E, Temple-Smith M, and Sanci L, as an Evidence Check brokered by the Sax Institute for the NSW Ministry of Health titled *Evidence Check: Evidence for effective interventions for children and young people with gender dysphoria-update* dated February 2024, did the Minister or anyone employed or engaged by him on any basis, provide any comments, feedback, critique or proposal(s) for amendments to any draft of it or part thereof?

- (a) If so, detail who that person(s) was and what did they do with respect to any draft or part thereof?
- (b) If so, what did the Sax Institute and/or the co-authors do with the comments, feedback, critiques or proposal(s) for amendments to any draft of it or part thereof?

## RESPONSE:

### 186-189

I am advised

Please refer to the response provided to Supplementary Questions 68-70.<sup>1</sup>

(190) Regarding the report titled *The Voices of LGBTQIA+ Young People in NSW 2022* released on 6th December 2022 by the Office of the Advocate for Children and Young People, it was established:

In two focus groups, a few young people raised the practice of ordering hormone medications online, as their parents or GP had not consented to prescribe them hormone replacement therapy (HRT).

- (a) One young person noted they were able to leverage this approach to convince their GP to prescribe HRT, as this would involve less risk than ordering medication online.
- (b) One young person recommended reform to enable them to order their own blood- tests, as they had researched how to manage the impacts and side effects of HRT online and wanted to continue to manage this safely without the intervention of a doctor.
- (c) ACYP is unable to comment on the prevalence of this practice.

In several focus groups, young people spoke about binding practices they were aware were unsafe, but that were widely discussed on online platforms. These included binding using electrical tape, duct tape or similar materials, wearing binders that were too small or wearing constricting clothing.

- (a) While young people in the consultations claimed they were aware of the risks associated with those behaviours, ACYP has exercised caution in

<sup>1</sup> In [correspondence](#) to the committee received 10 October 2024, Hon Ryan Park MP, Minister for Health, Minister for Regional Health, Minister for Illawarra and the South Coast advised of an error in answers to supplementary questions 186-189 and provided a correction

not including these details in the report.

- (b) One young person described a health condition they had developed associated with binding, but had not sought help due to the stigma they felt was associated with being transgender – this anecdote has been included in the report. It points to the likelihood that young people may underestimate the risks associated with these practices.
  - i. Having established the matters detailed above, has the Advocate for Children and Young People engaged with the Minister for Health to discuss them?
    - (1) If so, what was discussed at the meeting(s) and what action, if any, was determined regarding the following-up of the matters?

## QUESTIONS TO BE DIRECTED TO MS SUSAN PEARCE AM, SECRETARY, NSW HEALTH

(191) Regarding the report titled *The Voices of LGBTQIA+ Young People in NSW 2022* released on 6th December 2022 by the Office of the Advocate for Children and Young People, it was established:

In two focus groups, a few young people raised the practice of ordering hormone medications online, as their parents or GP had not consented to prescribe them hormone replacement therapy (HRT).

- (a) One young person noted they were able to leverage this approach to convince their GP to prescribe HRT, as this would involve less risk than ordering medication online.
- (b) One young person recommended reform to enable them to order their own blood- tests, as they had researched how to manage the impacts and side effects of HRT online and wanted to continue to manage this safely without the intervention of a doctor.
- (c) ACYP is unable to comment on the prevalence of this practice.

In several focus groups, young people spoke about binding practices they were aware were unsafe, but that were widely discussed on online platforms. These included binding using electrical tape, duct tape or similar materials, wearing binders that were too small or wearing constricting clothing.

(a) While young people in the consultations claimed they were aware of the risks associated with those behaviours, ACYP has exercised caution in not including these details in the report.

(b) One young person described a health condition they had developed associated with binding, but had not sought help due to the stigma they felt was associated with being transgender – this anecdote has been included in the report. It points to the likelihood that young people may underestimate the risks associated with these practices.

i. Having established the matters detailed above, has the Advocate for Children and Young People engaged with the Secretary, NSW Health to discuss them?

(1) If so, what was discussed at the meeting(s) and what action, if any, was determined regarding the following-up of the matters?

### RESPONSE:

190-191

I am advised:

NSW Health is not aware of any meetings with the Office of the Advocate for Children and Young People to discuss the findings from *The Voices of LGBTQIA+ Young People in NSW 2022*.

(192) Has the Secretary, NSW Health become aware or been informed, and sought detailed advice on the serious allegations going to the scientific integrity of the Standards of Care issued by the World Professional Association for Transgender Health (WPATH) and relied upon by NSW Ministry of Health to deliver medical treatments for gender-distressed children and young people?

- (a) If so, when was the detailed advice provided?
- (b) If so, who provided the detailed advice?
- (c) If so, what was contained in the detailed advice?
- (d) If so, what was recommended as the appropriate response and action to take regarding the serious allegations?

**RESPONSE:**

192

I am advised:

Please refer to the response provided to Supplementary Questions 182-183.

(193) If the Secretary, NSW Health is not aware of the serious allegations going to the scientific integrity of the Standards of Care issued by the World Professional Association for Transgender Health (WPATH), will she take steps to inform herself of them and give consideration to the implications?

**RESPONSE**

193

I am advised:

Please refer to the response provided to Supplementary Questions 182-183.

**QUESTIONS TO BE DIRECTED TO DR KERRY CHANT AO PSM, CHIEF HEALTH OFFICER AND DEPUTY SECRETARY, POPULATION AND PUBLIC HEALTH, NSW HEALTH**

(194) Regarding the report titled *The Voices of LGBTQIA+ Young People in NSW 2022* released on 6th December 2022 by the Office of the Advocate for Children and Young People, it was established:

In two focus groups, a few young people raised the practice of ordering hormone medications online, as their parents or GP had not consented to prescribe them hormone replacement therapy (HRT).

- (a) One young person noted they were able to leverage this approach to convince their GP to prescribe HRT, as this would involve less risk than ordering medication online.
- (b) One young person recommended reform to enable them to order their own blood- tests, as they had researched how to manage the impacts and side effects of HRT online and wanted to continue to manage this safely without the intervention of a doctor.
- (c) ACYP is unable to comment on the prevalence of this practice.

In several focus groups, young people spoke about binding practices they were aware were unsafe, but that were widely discussed on online platforms. These included binding using electrical tape, duct tape or similar materials, wearing binders that were too small or wearing constricting clothing.

(a) While young people in the consultations claimed they were aware of the risks associated with those behaviours, ACYP has exercised caution in not including these details in the report.

(b) One young person described a health condition they had developed associated with binding, but had not sought help due to the stigma they felt was associated with being transgender – this anecdote has been included in the report. It points to the likelihood that young people may underestimate the risks associated with these practices.

- i. Having established the matters detailed above, has the Advocate for Children and Young People engaged with the Chief Health Officer and Deputy Secretary, Population and Public Health, NSW Health to discuss them?

(1) If so, what was discussed at the meeting(s) and what action, if any, was determined regarding the following-up of the matters?

**RESPONSE**

194

I am advised:

NSW Health is not aware of any meetings with the Office of the Advocate for Children and Young People to discuss the findings from *The Voices of LGBTQIA+ Young People in NSW 2022*.

(195) Has the Chief Health Officer and Deputy Secretary, Population and Public Health, NSW Health become aware or been informed, and sought detailed advice on the serious allegations going to the scientific integrity of the Standards of Care issued by the World Professional Association for Transgender Health (WPATH) and relied upon by NSW Ministry of Health to deliver medical treatments for gender-distressed children and young people?

- (a) If so, when was the detailed advice provided?
- (b) If so, who provided the detailed advice?
- (c) If so, what was contained in the detailed advice?
- (d) If so, what was recommended as the appropriate response and action to take regarding the serious allegations?

(196) If the Chief Health Officer and Deputy Secretary, Population and Public Health, NSW Health is not aware of the serious allegations going to the scientific integrity of the Standards of Care issued by the World Professional Association for Transgender Health (WPATH), will she take steps to inform herself of them and give consideration to the implications?

**RESPONSE:**

195 & 196

I am advised

Please refer to the response provided to Supplementary Questions 182-183.

## HEALTH

### MEDICINAL CANNABIS

- (197) NSW is the only state that is required to manage schedule 8 medicines with paper receipts. When will NSW Health be completing the confirmation receipt project for schedule 8 medicines for pharmacies and wholesalers?
- (198) Based on higher power costs in NSW and recent increases in wages, what is NSW Health doing to support medical cannabis businesses in NSW including pharmacies and cultivators?
- (199) According to the Office of Drug Control, NSW prescribes the lowest amount of medicinal cannabis compared to QLD and Victoria. Recently, NSW Health Pharmaceutical unit had a crackdown on medical cannabis prescribing in NSW which affected many doctors and thousands of NSW patients:
- (a) Who ordered this and why?
  - (b) What is NSW health doing to support NSW doctors, pharmacies and patients with education and training so that NSW patients stay in NSW with their medical cannabis needs?

### RESPONSE:

I am advised:

The *Medicines, Poisons and Therapeutics Goods Act* will enable the use of electronic systems to provide a confirmation of order and receipt of schedule 8 medicines. The Act is expected to commence in late 2025.

NSW Health's Pharmaceutical Services Unit use a risk-based approach to direct their investigations into the prescribing and dispensing of Schedule 8 medicines, including medicinal cannabis, to ensure the requirements of the *Poisons and Therapeutic Goods Act* and Regulations are adhered to.

Between 2016 and 2024, the NSW Government invested at least \$21 million in the development of cultivation research, clinical trials and information for health practitioners. This includes the Cannabis Information Service hosted by the John Hunter Hospital Pharmacy Department to support prescribers and pharmacists in their clinical decision making about cannabis medicines.



## BROKEN HILL REHABILITATION CENTRE

(200) Is the government preparing a business case for a residential rehabilitation and detox centre for Broken Hill?

- (a) If not, where can residents from Broken Hill and the surrounding regions go who need live-in detox and rehabilitation treatment? What culturally appropriate residential treatment services are available?

### RESPONSE:

I am advised:

No.

Details of detox and rehabilitation services are published on the NSW Health website at [www.health.nsw.gov.au/aod](http://www.health.nsw.gov.au/aod). Additionally, Far West Local Health District operates community services to support people with detox and rehabilitation. Details are published at [www.nsw.gov.au/departments-and-agencies/fwlhd/services/mental-health-drug-alcohol](http://www.nsw.gov.au/departments-and-agencies/fwlhd/services/mental-health-drug-alcohol).

## MINING

(201) Recommendation #6 of the 2021 Upper House inquiry into 'Costs for remediation of sites containing coal ash repositories' was for NSW Health to conduct an epidemiological assessment of the health near coal ash dams to establish the health impacts. The NSW Government response committed that NSW Health would propose alternative studies such as exposure assessment or health risk assessment studies.

- (a) Were these studies or assessments completed or initiated?
  - i. If so, what is the status of this work?
  - ii. What other measures is the Government proposing or undertaking to understand and mitigate the health risks on local residents?

## RESPONSE:

I am advised:

(201). (a) – (ii)

Work has been initiated. A scope of work to assess potential community exposures and assess health risk is underway. No further measures or undertakings are proposed at this time. The current work will inform whether health risks exist and how to mitigate them.

## ELECTRIFICATION OF HEALTH BUILDINGS

- (202) The Victorian Health Building Authority Guidelines for sustainability in health care capital works support the transition to all-electric public healthcare buildings when building new hospitals, avoiding the use of gas appliances for heating and hot water.
- (a) Does NSW Health have similar policies to ensure new public healthcare buildings are all-electric?
- (203) What is the volume of gas that NSW Health purchased for its own consumption in:
- (a) FY 2021-22?
- (b) FY 2022-23?
- (c) FY 2023-24?
- (204) What is the cost of gas that NSW Health purchased for its own consumption in:
- (a) FY 2021-22?
- (b) FY 2022-23?
- (c) FY 2023-24?

## RESPONSE:

I am advised:

Please refer to the response provided to LC 2695 - Gas Consumed by NSW Health.