



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: Thursday 27 February 2025

**Answers due by: 5.00 pm Wednesday 26 March 2025**

**Budget Estimates Secretariat**  
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**Sax Institute – Evidence Check: Evidence for effective interventions for children and young people with gender dysphoria – update, dated February 2024**

1. Did the Sax Institute charge the NSW Ministry of Health a fee/charge/cost etc. for the production of the Evidence Check?
  - a. If so, how much was the fee/charge/cost etc.?
  - b. If so, has the fee/charge/cost etc. been paid?
2. Did the NSW Ministry of Health have any input whatsoever into the research and preparation of the Evidence Check?
  - a. If so, what was that input?
3. Did the NSW Ministry of Health have any input whatsoever into reviewing and commenting on any drafts of the Evidence Check?
  - a. If so, what was that input?
  - b. If so, who within the NSW Ministry of Health undertook the reviewing and commenting on any drafts?
4. Did the Minister for Health, or anyone from the Minister for Health's Office have any input whatsoever into reviewing and commenting on any drafts of the Evidence Check?
  - a. If so, what was the input from the Minister for Health?
  - b. If so, what was the input for the Minister for Health's Office?
5. Regarding the conclusion in the Evidence Check found on page 164, it states in the first dot point headed "Puberty suppression treatment":  
"However, the strength of this evidence remains low."
  - a. In light of this clear statement made by the Sax Institute that "this evidence remains low", how can the NSW Ministry of Health continue to offer puberty suppression treatment in its facilities to children and young people who may be or are gender dysphoric?
6. Regarding the conclusion in the Evidence Check found on page 164, it states in the third dot point headed "Gender-affirming chest surgery":  
"Updated evidence reported generally positive findings for chest surgery ... ."
  - a. The phrase "generally positive" by definition implies that there are individuals who were not positive about their gender-affirming chest surgery.
    - i. Regarding gender-affirming chest surgery being undertaken in NSW

Ministry of Health facilities, what ongoing engagement, monitoring and care is provided to individuals who have negative experiences associated with their surgery?

7. Regarding the conclusion in the Evidence Check found on page 164, it states in the third dot point headed “Gender-affirming chest surgery”:

“Although this update provides some additional evidence that supports chest surgery, methodological flaws, particularly the confounding effect of concurrent gender dysphoria interventions, were reported.”

- a. Regarding the reference to “methodological flaws” that have been expressed, what steps have been taken by the NSW Ministry of Health to establish the extent of “methodological flaws” relating to gender-affirming chest surgery evidence identified and considered in the 2020 Sax Institute report titled Evidence Check: Evidence for effective interventions for children and young people with gender dysphoria?

## Response

I am advised:

The Sax Institute was paid \$108,000 (excluding GST) to deliver the Evidence Check Update. Standard review processes were followed by the Ministry of Health.

The Minister for Health and Minister’s office did not conduct a review of, or make any changes to, any drafts of the Evidence Check Update.

NSW Health considers a range of inputs to support the delivery of Trans and Gender Diverse (TGD) 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.

## NSW Ministry of Health's funding to headspace

8. Does the NSW Ministry of Health provide funding/grants/reimbursements/donations in kind etc. to headspace?
  - a. If so, and the funding/grants/reimbursements/donations in kind etc. to headspace is made on an annual basis either calendar year or financial year, what have been the amounts or donations in kind etc. for:
    - i. 2022 calendar year or 2021/2022 financial year?
    - ii. 2023 calendar year or 2022/2023 financial year?
    - iii. 2024 calendar year or 2023/2024 financial year?
    - iv. 2025 calendar year or 2024/2025 financial year?

## Response

I am advised:

This question is best directed to the Minister for Mental Health.

**Report on the Statutory Review of the Abortion Law Reform Act 2019, dated September 2024 and tabled in the Parliament on 11th February 2025**

9. In the Executive Summary found on page 3 of the Statutory Review report it states:

“In November 2023, the Minister for Health provided approval for the Ministry of Health (the Ministry) to commence the Review. The Review considered the operation of the Act since its commencement, with particular consideration given to the following:

- Eligibility and requirements of health practitioners to provide terminations, including:
    - who can perform a termination,
    - requirements to provide information about counselling, and
    - requirements related to conscientious objection.
  - Notification requirements by health practitioners as outlined in section 15 of the Act.”
- a. When was it decided that these matters would be given “particular consideration” with respect to the Statutory Review?
- b. Who decided that these matters would be given “particular consideration” with respect to the Statutory Review?
- c. Did the Minister for Health, or anyone from the Minister for Health’s Office have any discussion, engagement or communication with the NSW Ministry of Health with respect to what would be the matters to be given “particular consideration” regarding the Statutory Review?
- i. If so, what were the matters raised by the Minister for Health to be given “particular consideration”?
  - ii. If so, what were the matters raised by the Minister for Health’s Office to be given “particular consideration”?

10. In Appendix 2 found on page 17 of the Statutory Review report, it lists the stakeholders who were engaged in the review of the operation of the Abortion Law Reform Act 2019.

- a. Who developed the list of stakeholders?

11. With respect to the stakeholder list, why were the following individuals, organisations, NGOs and faith groups not invited to participate in the Statutory Review, given that they were significantly involved, through making submissions and/or providing oral evidence in the Legislative Council’s Inquiry into the Reproductive Health Care Reform Bill 2019?

- a. Ms Bronwyn Melville, Newcastle Pregnancy Help?
- b. Ms Tiana Legge, Women and Babies Support (WOMBS)?
- c. Professor Anna Walsh, School of Law, University of Notre Dame, Sydney?

- d. Professor Margaret Somerville, School of Medicine, University of Notre Dame, Sydney?
  - e. Mr Michael McAuley, St Thomas More Society?
  - f. Mr Martyn Iles, The Australian Christian Lobby?
  - g. Dr Rachel Carling, Right to Life NSW?
  - h. Ms Terri Kelleher, Australian Family Association?
  - i. Mr Rocky Mimmo, Ambrose Centre for Religious Liberty?
  - j. Professor Bernadette Tobin, Plunkett Centre for Ethics?
  - k. Ms Rachael Wong, Women's Forum Australia?
  - l. Dr Simon McCaffrey, Obstetrician and Gynaecologist?
  - m. Dr John Whitehall, Christian Medical and Dental Fellowship?
  - n. Archbishop Anthony Fisher, Catholic Archdiocese of Sydney?
  - o. Bishop Daniel, Bishop for the Coptic Orthodox Church, Diocese of Sydney?
  - p. Rabbi Nochum Schapiro, Rabbinical Council of Australia?
  - q. Archbishop Glenn Davies, Anglican Archbishop of Sydney?
  - r. Reverend Joseph Azize, Maronite Eparchy of Australia?
  - s. His Eminence Archbishop Haigazoun Najarian, Primate Diocese of the Armenian Church of Australia and New Zealand?
  - t. Metropolitan Basilios Kodseie, Antiochian Orthodox Archdiocese of Australia?
  - u. Imam Hassan Elsetohy, Australian National Imams Council of NSW
12. Regarding the Report on the Statutory Review of the Abortion Law Reform Act 2019, dated September 2024 and tabled in the Parliament on 11th February 2025:
- a. Was a copy of the report, its content and/or its recommendations (in draft or final form) shared by anybody employed or engaged with the NSW Ministry of Health before it was tabled in the Parliament?
    - i. If so, with who?
  - b. Was a copy of the report, its content and/or its recommendations (in draft or final form) shared by the Minister for Health before it was tabled in the Parliament?
    - i. If so, with who?
  - c. Was a copy of the report, its content and/or its recommendations (in draft or final form) shared by anyone from the Minister for Health's Office before it was tabled in the Parliament?
    - i. If so, with who?

## Response

I am advised:

NSW Health conducted the review of the *Abortion Law Reform Act 2019* on behalf of the Minister for Health.

The review considered what has worked well, what has not, and what should be considered for change. Consideration was given to sections of the Act related to its

operation.

NSW Health designed the consultation process in partnership with internal and external stakeholders, including the NSW Health Safe Access to Abortion Care Working Group. In line with the scope of the review, written submissions were sought from key stakeholder groups directly involved in the operation of the Act and organisations that support and represent these health practitioners.

The report has been tabled and is publicly available on the NSW Parliament website.

## Palliative Care Spending

13. The NSW Health Annual Report 2023/2024 did not provide any information pursuant to the reporting obligations contained in Section 185 Annual report to include information about palliative care spending of the Voluntary Assisted Dying Act 2022.
  - a. Why not?
14. Will the NSW Health Annual Report 2024/2025 include all information that is required in the reporting obligations contained in Section 185 Annual report to include information about palliative care spending of the Voluntary Assisted Dying Act 2022?

## Response

I am advised:

NSW Health has met, and will continue to meet, the requirements of the *Voluntary Assisted Dying Act 2022* in relation to palliative care spending and reporting.



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

### Goulburn Ambulance Services

15. In the Media Release on the 15th September 2023, The NSW Government announced 500 paramedics for regional, rural and remote NSW, and said that “additional paramedics will help improve ambulance response times for life-threatening callouts and medical emergencies, and therefore improved patient outcomes and experiences”. Can you explain how prioritising the removal of on-call rosters, aligns with the announcement.
16. Can you confirm if there are any restrictions placed upon you in the distribution of the 500 paramedics in the regional 500 program, or if the allocation is up to the Commissioner’s discretion?
17. The Bureau of Health Information data shows that the response times in the South Coast of NSW remains well above the state average despite a doubling of paramedics from 51 to 104 FTE. Considering the South Coast example, can you tell us how NSW Ambulance believes the removal of on-call has any bearing on improved patient outcomes?
18. Given that Mossvale, Colovale, and Bargo are significantly closer to Bowral (10, 15, and 25 minutes, respectively) compared to Crookwell (30 minutes from Goulburn) and that Crookwell (Goulburn’s nearest station) operates with just one crew of two paramedics daily. Can you provide the specific data just that justified prioritising Mossvale and Colovale over Goulburn for significantly larger FTE resource allocation?
19. In Budget Estimates on the 27th of February, Commissioner Morgan said that consultation had occurred with regional communities regarding the 500 regional, rural and remote NSW paramedic rollout. Could you please advise when consultation took place with the regional community of Goulburn and its surrounding stations.
20. As it was established in budget estimates that the modelling data is completely transparent, can you provide the data that guided the NSW Ambulance to increase the FTE of paramedics at Goulburn to twenty-four (24) and Lithgow to thirty-six (36) FTE paramedics?
21. In estimates, you said that “if we were to introduce an afternoon shift rather than a night shift it would have left Goulburn with no ambulance”. Can you please provide your explanations as to why there would have been no ambulance?

22. In budget estimates Commissioner Morgan said that “Goulburn is unique because of the way it supports other stations”. Can you please provide the data to support this statement (i.e. the occasions when Goulburn was supported by other stations and when Goulburn supported other stations).
23. In regard to the above, can you please provide the committee with the 2022-2023 unmet demand data used by NSW Ambulance Workforce Planning, regarding Goulburn and its surrounding stations.

## Response

I am advised:

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

The 2025 Report on Government Services shows the statewide ambulance median response time was reduced from 14.3 minutes in 2022-23 to 13.3 minutes in 2023-24.

The Goulburn Ambulance Station roster currently provides 2 on-duty day shift crews and 1 on-duty night shift crew. Goulburn Ambulance Station also has 1 on-call crew overnight.

On-call arrangements currently require paramedics to be rostered to respond from their residence during off-duty periods. The new staffing enhancements will retire this practice at this station. The transition to 24/7 on-duty staffing means there will be more duty ambulances on the road at night ready to respond.

Consultation with staff and unions about the enhancements and roster changes at Goulburn Ambulance Station has been ongoing.

Paramedics are a mobile workforce and usually respond from one patient to the next across NSW, regardless of whether they are located at a hospital, an ambulance station, or another location.

## Pharmacists – Scope of Practice

24. On the 5th of September 2024, the Minister for Health announce expansions to the pharmacist' scope of practice. Including authorising pharmacists who had successfully completed the Queensland pilot training to deliver selected services in NSW from January 2025. For which conditions have Queensland trained full scope pharmacists been authorised to deliver services in NSW?
- How does the treatment permitted under the authority for Queensland trained pharmacists differ from treatment that NSW pharmacists can already offer under existing arrangements?
  - What other conditions are the Queensland trained pharmacists authorised to treat in Queensland?
  - Are Queensland trained pharmacists working to different protocols in Queensland and NSW?
  - Are Queensland trained pharmacists working to protocols in NSW which differ from the therapeutic guidelines? If so, why has NSW Health chosen to break from national therapeutic guidelines?
  - How many Queensland pilot trained pharmacists have, to date, applied to be authorised by NSW Health to deliver the full scope of practice?
  - How many Queensland pilot trained pharmacists have, to date, been authorised to deliver the full scope of practice as announced by the Minister 175 days ago?
  - Since the announcement in September 2024 that Qld trained pharmacists would be authorised to deliver the full scope of practice from January 2025, has the Minister given the Department any revised timetable for the implementation of these reforms?
    - If yes to the above, what is it?
  - What is NSW Health's current estimate on when Qld trained pharmacists will be able to be authorised to deliver the full scope of practice they can treat for in Queensland?
25. How much money was budgeted for the pharmacy scope of practice trials which are underway. How much of that was spent? How much is left?

## Response

I am advised:

As of 31 January 2025, pharmacists who have successfully completed university-level courses run through Queensland University of Technology and James Cook University as part of the Queensland Community Pharmacy Pilot can deliver selected services in NSW including:

- provision of UTI services
- resupply of oral contraceptives
- management of mild, acute musculoskeletal pain
- management of gastro-oesophageal reflux and gastroesophageal reflux disease

- management of allergic and non-allergic rhinitis.

NSW protocols are based on the NSW Pharmacy Trial protocols, the current Queensland protocols, the Therapeutic Guidelines, and other relevant clinical guidelines, and are in line with guidelines provided for other professions that are also seeking to work at top of scope in NSW. All are endorsed by an Expert Advisory Group that includes pharmacists, general practitioners and, where relevant, experts in managing the relevant condition.

Information about the Queensland pilots is available on the Queensland Health website.

No Queensland-trained pharmacists have applied to deliver approved services in NSW.

Other conditions that Queensland pharmacists, who have completed university-level training run through Queensland University of Technology and James Cook University as part of the Queensland Community Pharmacy Pilot, will be able to deliver in the first half of 2025 will include:

- acute otitis externa
- acute otitis media
- acute nausea and vomiting
- herpes zoster (shingles)
- impetigo
- mild acute exacerbation of atopic dermatitis
- mild acute exacerbation of plaque psoriasis
- acute minor wound management
- mild-moderate acne.

\$6 million has been budgeted for the pharmacy scope of practice clinical trials. These funds are fully committed to the University of Newcastle. Up to \$2.8 million has been budgeted to assist with pharmacy support and per patient participation fees. This expenditure is ongoing until trial conclusion at the end of August 2025.

## **Mpox**

26. How many doses of Mpox vaccine has NSW Health secured?
27. How many doses of Mpox vaccine have been delivered in NSW in the past 12 months?
28. What is NSW Health's plan to ensure that the population is sufficiently protected against Mpox?

## **Response**

I am advised:

NSW Health secured 92,200 doses of mpox vaccine. There were more than 12,556 doses of mpox administered in NSW from 1 March 2024 to 28 February 2025.

Information on eligibility for vaccination and where to get vaccinated is on the NSW Health website.

NSW Health has a strong public health surveillance system where cases are promptly notified allowing public health follow-up and response. NSW Health works with community partners of at-risk groups to promote awareness of mpox, testing and mpox vaccination.

## Staff Specialist Psychiatrists

29. What is the cost of employing a year 1 staff specialists and senior staff specialists in comparison to employing a VMO or Locum on an annual basis?
30. Can you provide a breakdown of currently employed staff specialist psychiatrists by level (year)?
31. Can you provide the current number of vacancies in psychiatry staff specialists in NSW?
32. Can you advise the annual cost of running the virtual psychiatry hubs?
33. Can you provide a copy of the Mental Health Gap analysis which was requested by the Minister for Mental Health?
34. Can you advise the number of advance trainees in NSW who have completed fellowship in the past 3 years and the number who have been recruited into staff specialist positions?
  - a. How many of them current remain in these positions?
35. Since January 21, 2025, can you advise the number of psychiatry patients spending more than 24 hours in emergency departments and the average ED length of stay of admitted psychiatric patients?

## Response

I am advised:

Questions relating to mental health are best directed to the Minister for Mental Health.

In respect of questions relating to the costs of employing staff specialists, sessional visiting medical officers (VMOs) and locums I am advised:

Staff specialists and sessional VMOs are difficult to compare due to the industrial arrangements. Staff specialists are employees, whereas VMOs are contractors. VMOs are paid based on an hourly rate whereas staff specialists receive an annualised salary. As a result, the difference in remuneration between what a staff specialist receives and a VMO receives is somewhat ambiguous as there are direct and indirect benefits received in each model.

NSW Health has attempted to undertake a comparison of senior staff specialist and senior VMO remuneration noting that the majority of staff specialist psychiatrists are senior staff specialists. NSW Health has tried to match industrial arrangements as best as it can even though the arrangements are different and not comparable.

This comparison suggests the remuneration of a senior VMO is approximately 13%

greater than a senior staff specialist based on current award rates, however this will vary depending on the different factual scenarios. This comparison forms part of NSW Health's evidence before the Industrial Relations Commission (case number 2024/00385638).

Locums are doctors engaged on a temporary basis. They are only engaged on short term contracts, so a side-by-side comparison is misleading. Notwithstanding, the cost of a psychiatry locum has been capped at \$3,050. This is the maximum remuneration a locum can be engaged at. Locums can and are engaged at a lower rate based on market forces. The hours requirement of a locum contract is determined at a site level but would ordinarily range from 8-10 hours per day.

Locums are a premium workforce and therefore will typically cost more than the regular workforce however the cost of a locum is not dissimilar to that within the standard VMO contract.

## Nutrition Australia NSW

36. Why was Nutrition Australia NSW funding ceased?
37. What other nutrition-based programs for school children are being run by South Eastern Sydney Local Health District?
38. What measures are the Government taking to deliver healthy lunchbox programmes in schools?
39. In the past six months how many lunchbox programs were delivered to schools and how many planned for the commencement of Term 1 2025, and how many healthy eating and cooking sessions focused on healthy lunchboxes to parents/carers with children attending Supported Playgroup Services (aged 2-5 years) and Out of School Hours Care (aged 5-11 years)?
40. In the last six months how many face-to-face healthy eating and cooking sessions focused on healthy lunchboxes to parents/carers with children at primary school, Out of School Hours Care and early childhood education care services (ECECs) has been delivered?
41. How many partnerships forged with corporates to encourage development of a healthy food environment in the workplace aligned with NSW Health messaging?

## Response

I am advised:

NSW Health funded Nutrition Australia (NSW Division) to provide a statewide campaign to deliver nutrition education and raise awareness of health eating and lifestyle choices. The grant was administered by South Eastern Sydney Local Health District. A review of the funding arrangements found there was duplication in the efforts of Nutrition Australia NSW with other NSW Health activities, and noted Nutrition Australia NSW's activities only reached a small number of the NSW population.

*Live Life Well @ School* is a statewide NSW Health initiative that also operates in the South Eastern Sydney Local Health District. The initiative targets healthy eating and physical activity and includes support to primary schools to provide fruit vegetable and water breaks (Crunch&Sip®) and NSW Health support for healthy school canteens.

NSW Health is a program partner on *SWAP IT*, which supports parents and carers to include more healthy options in their child's lunchbox. *SWAP IT* has been implemented in more than 800 schools across NSW.

NSW Health supports early childhood education and care services to provide healthy meals on site through the statewide Munch & Move program. Information on healthy eating for Supported Playgroups is available on NSW Health's Munch & Move website.



Support for workplaces to access individual programs and information is available on the NSW Health website.

## Statutory Review of the Abortion Law Reform Act

42. The review appears to have received a small number of submissions (e.g. at 5.3 only 35 responses to the question about data collection). Is this a sufficient number of responses to allow adequate conclusions to be drawn, or does more work need to be done?
43. What are the issues which were identified with data collection?
44. Is any data collected about abortions for the purpose of sex selection?
45. The review appears to rely heavily on anecdotal evidence. Is that because other accurate data sources were unavailable?

## Response

I am advised:

The Report – Statutory Review of the Abortion Law Reform Act 2019 is available on the Parliament website.

Section 15 of the *Abortion Law Reform Act 2019* requires details of each termination of pregnancy to be submitted to the Ministry of Health within 28 days.

## NSW Voluntary Assisted Dying Board – First annual 2023-24

46. The report discloses that twice as many requests for VAD come from the regions, despite the population mix being 2/3 greater Sydney, 1/3 regional. This is a consistent pattern. What does it disclose about availability of primary health care in the regions?
47. And palliative care in the regions?
48. The median age at first assessment is 75 – and 5 cases of duress were identified during the reporting period. What training is being provided to doctors to detect elder abuse?
49. Please provide a copy of the guidelines required by s181(2) of the Act.

### Response

I am advised:

The *Voluntary Assisted Dying Act 2022* defines a ‘regional resident’ for the purposes of reporting as a person who resides in an area of NSW that is outside the Greater Sydney Region according to the *Greater Sydney Commission Act 2015*. According to this definition, sizable cities such as Wollongong and Newcastle are considered regional.

However, when considering patient location according to geographic remoteness (categorised by ABS based on relative access to services), 61.2% of patients who underwent a first assessment for VAD lived in major cities, 31.1% of patients were from inner regional centres such as Dubbo and Bathurst and 7.7% of patients lived in outer regional, remote or very remote areas.

The *Voluntary Assisted Dying Act 2022* provides that both the coordinating and consulting practitioner must be satisfied that a patient is acting voluntarily and free from pressure or duress to assess them as eligible to access voluntary assisted dying. This includes elder abuse.

The mandatory training to become an authorised voluntary assisted dying practitioner includes a section on assessing whether a patient’s request is voluntary, enduring and free from pressure or duress.

The NSW Voluntary Assisted Dying Clinical Practice Handbook, available on the NSW Health website, outlines that if a practitioner is concerned that a person may be experiencing any type of violence or abuse, they must ensure a safe, appropriate and timely response is provided.

Issues relating to primary health care are a matter for the Australian Government.

All metropolitan, rural and regional local health districts have established community palliative care services.

## **True Colours Clinic**

- 50. Is the new True Colours clinic providing cross sex hormone treatment to patients?
- 51. If yes, what are the consent protocols for patients who are 16 and 17?
- 52. Is the clinic relying on Gillick competence?
- 53. What legal advice have you obtained about actions for vicarious liability in negligence?
- 54. Have you had any discussions with SIRA to advise about possible negligence actions?

## **Response**

I am advised:

Each site of the Trans and Gender Diverse Health Service provides access to gender affirming hormone treatment where clinically appropriate and in line with an individual's goals.

Also see the response provided to Question on Notice from The Hon Susan Carter MLC (page 74 of hearing transcript).

NSW Health continues to monitor developments in evidence to ensure care is consistent with national and international best practice.

## Regional Health

### Regional Maternity

55. Can you tell me how many maternity services have closed in the last 12 months?
56. Is there plan for Muswellbrook to reinstate birthing services? (currently a level 1 non birthing maternity unit)
57. What birthing services exist at Parkes? Will Forbes continue to be the fallback for this catchment area?
58. How does the government plan to ensure rural NSW women and their families can birth in or close to their communities?
59. When will there be targets, timelines and accountability for health services to ensure rural and regional women and their babies have access to Midwifery Group Practice?
60. How many babies were born before arrival in 2024?
61. How many of those were in Regional NSW?
62. Do you have the statistics on how often Gunnedah Hospital is on bypass for maternity?
63. How many midwives have been hired in Tamworth since the September announcement of the sign on bonuses?
64. How many times in the last 12 months has Tamworth been bypassed for maternity services?
65. Can you provide those statistics for each hospital with maternity services in Regional NSW for the last 12 months?
66. How many midwives or obstetricians have been offered incentives under the Rural Incentives scheme?
67. How many were offered the full \$20,000?
68. How much of the Rural Incentive Scheme budget is remaining?
  - a. When will it all be spent by?
  - b. Will the scheme be renewed in the upcoming budget?
69. Has the registrar and gynaecology program from John Hunter been extended

past Tamworth since the last hearing?

70. Next month, Gosford Private Hospital will close its maternity Unit - can you guarantee that Gosford Public Hospital won't go on bypass?

## Response

I am advised:

Despite recruitment efforts, Hunter New England Local Health District has been unable to secure a staff specialist obstetrician or GP VMO obstetrician at Muswellbrook Hospital. However, the hospital continues to provide outpatient antenatal and postnatal care. Maternity services across the District and NSW are provided through a tiered network to ensure all women receive the right care, in the right place, at the right time, as close to home as possible.

Obstetrics and gynaecology trainees from John Hunter Hospital rotate to Maitland, Manning, and Tamworth hospitals. Tamworth Hospital has not been bypassed and the hospital continues to provide maternity care for women and babies.

In relation to maternity services in Western NSW and the Central Coast, there are no birthing services at Parkes. The Lachlan Midwifery Group Practice provides antenatal and postnatal care to women in Parkes, Forbes, Condobolin and surrounding communities, with birthing care provided at Forbes Health Service. Parkes Hospital, like all NSW maternity services, provides networked maternity care to ensure women who require higher level care receive timely consultation, referral and if required, transfer. Gosford Public Hospital continues to provide a comprehensive range of 24-hour midwifery, obstetric, anesthetic, and paediatric support, including a Special Care Nursery for Central Coast women and their babies, and has capacity to support the anticipated increase in births.

The Ministry of Health does not centrally collect information on the bypassing of maternity services.

All midwives relocating or starting work at rural and remote hospitals in NSW are offered the \$20,000 incentive package pro-rata'd to the contracted hours of work. As at 12 February 2025, \$27.3 million remained from the 2024-25 allocation to local health districts and specialty networks.

Regarding maternity services closures, refer to the answer provided by Mr Luke Sloane on page 23 of the transcript.

Data on place of birth is published annually on HealthStats NSW and in the NSW Mothers and Babies Report. The most recent data from 2022 was published in July 2024.

## **Tresillian**

71. Has funding been renewed for the regional Tresillian Family Care Centres?
72. Tresillian are often the only supports in regional areas for new parents around breastfeeding, nutrition and settling baby, as well as mental health issues such as post-natal depression and anxiety - will you commit to funding their very important work beyond June 30 this year?

## **Response:**

I am advised:

Funding opportunities are being explored as part of the 2025/26 NSW Budget process.

## Ambulance Zones

73. Minister, what do you understand of the PAR system of rostering?
74. In the Mid North Coast, additional paramedics were funded – 6 across the zone which stretches 3 hours drive from North to South. These paramedics were added due to the need to have additional resources in Coffs Harbour, Port Macquarie and Taree. Do you agree with the practice of Ambulance NSW using these additional resources to fill gaps in the rosters rather than being an additional paramedic resource.
75. Do you know what the process is for advertising shortfalls in the paramedic roster?
76. After speaking with paramedics on the mid north coast, they insist that there are more than enough paramedics available to fill the rosters as they're supposed to be – if they're given enough notice of vacancies. Do you commit to reviewing the timeframes of when those roster shortfalls are advertised?
77. Minister – What do you deem to be an acceptable amount of time for a paramedic to be on the road on shift?
78. Minister, are you aware that paramedics in Taree and Tuncurry are spending 14+ hours on the road?
79. Minister – Why do you think it's appropriate for Taree Ambulances to be sent out of area when the median response time for a P1 emergency lights and sirens case is 14.9 minutes for Taree residents?
80. Minister, will you commit to directing NSW Ambulance to prioritise keeping taxpayer- funded paramedic crews in their allocated locations, instead of using them as a stopgap for staffing shortfalls elsewhere?

## Response

I am advised:

NSW Ambulance uses rostering best practice and provides a safe system of work for minimum staffing levels for paramedics through Planned Ambulance Rosters. All reasonable attempts are made through PAR to maintain staffing to cover planned and unplanned vacancies across NSW Ambulance. NSW Ambulance uses an opt-in system for paramedics to make themselves available for additional shifts.

The Mid North Coast NSW Zone has benefited from 73 paramedics, including an additional 11 paramedics for Coffs Harbour Ambulance Station, 12 paramedics for Port Macquarie Ambulance Station and 12 paramedics for Taree Ambulance Station. The extra paramedics at each of these locations provides an additional on-duty day crew and on-



duty night crew.

For every 10 paramedics, NSW Ambulance employs a further 3.275 FTE on average across the state. These additional staff are employed to cover roster absences by paramedics due to factors such as leave, training, workers compensation, maternity leave and sick leave.

Paramedics are a mobile workforce and usually respond from one patient to the next across NSW, regardless of whether they are located at a hospital, an ambulance station, or another location.

## Key Health Worker Accommodation Program

81. Minister, housing is a key issue for workforce across Regional NSW. How were the locations chosen for this program?
  - a. Some of the locations, like Grafton, have a site and a plan – have sites been selected for all of the announced locations?
    - i. Where is the site for Coffs Harbour?
  - b. What is the eligibility and selection criteria for who will benefit from these homes?
    - i. Will the tenants be charged rent?
    - ii. Will the rents be market rate?
    - iii. Who will be on the selection panel?
82. At a cost of \$1.66 million per dwelling, this is about double the average cost of dwellings in Regional NSW – why is this so?
83. The project says 120 dwellings will house 500 health workers – will this mean health workers will be sharing dwellings?
84. What if the health workers have families?
85. Minister, will you commit to the building of key worker accommodation at the new Temora Hospital redevelopment?
86. Minister, will you advise how many key worker accommodation units will be available at the new Temora Hospital redevelopment?

## Response

I am advised:

The Key Health Worker Accommodation project considers multiple delivery solutions, including building new accommodation, refurbishing existing living quarters and purchasing suitable properties such as residential units with priority locations by aligned with current and future workforce needs and plans. Sites have not yet been selected for all announced locations.

Eligibility and selection criteria will be determined at a local level to provide flexibility.

The details of the dwelling mix and per dwelling cost will be developed and refined as project planning continues and it is not applicable to draw conclusions regarding the per dwelling cost from the data at this time. NSW Health will be seeking to achieve the best value for money from the opportunity and maximise the number of dwellings that can be delivered.

Local health districts and NSW Ambulance continually assess key health worker housing needs, to ensure dwelling types align with the typical workforce profiles of their district including health workers with families.

## RSV Vaccination Program

87. When does the NSW RSV Prevention Program expire?
88. Does the government plan to extend the program beyond this date?
89. What is the maternal uptake rate of the RSV vaccine under the program?
90. How successful has the program been in terms of uptake?

## Response

I am advised:

In March 2025, following agreement for a nationally consistent 'hybrid' RSV program at the Australian Health Protection Committee (AHPC), NSW Health has implemented an RSV prevention program that offers:

- Abrysvo vaccine funded by the Australian Government under the National Immunisation Program (NIP) to pregnant women from 28 weeks gestation
- Nirsevimab funded by NSW Health to the following groups:
  - o infants born on or after 17 March 2025 to mothers who did not receive a dose of Abrysvo vaccine during pregnancy or where Abrysvo vaccine is considered ineffective
  - o infants at high risk of severe RSV disease irrespective of maternal vaccination
  - o high-risk children up to 24 months of age entering their second RSV season
  - o infants eligible under the previous NSW Vulnerable Babies RSV Program born from 1 October 2024 to 16 March 2025 as a catch-up dose.

It is too early in the program to determine maternal vaccination uptake.

## Griffith Hospital

91. If Griffith hospital can't remain open with safe staffing levels, or it can't operate 24/7 maternity cover, this would mean patients would need to be transferred to Wagga, which is two hours away.
92. Can you confirm Griffith maternity unit is operational 24/7?
93. How many midwifery vacancies are currently unfilled at Griffith Base Hospital today?

## Response

I am advised:

Maternity services in Murrumbidgee Local Health District are planned and delivered through a tiered perinatal network structure to ensure all women and their babies receive the right care, in the right place, at the right time, as close to home as possible.

Griffith maternity unit is operational 24/7.

## Cootamundra

94. The community of Cootamundra learned in May that the pathology, surgical and birthing units at Cootamundra Hospital would be discontinued under the Murrumbidgee Local Health District (MLHD) draft Health Services Plan, to make more space for the emergency department. If you can't birth in Cootamundra, it's a potential 2 hour journey to Wagga Wagga.
- a. Is there a date we can expect the new draft plan to be released?
95. There are projections showing a significant expected increase in population, due to the expansion of the local meat works. Why would you remove maternity services for a growing population?

## Response

I am advised:

The Cootamundra Health Services Plan Summary is available on the Murrumbidgee Local Health District website.

The District has no plans to reduce maternity services at Cootamundra Hospital.

## Ambulance

### How many Intensive Care Paramedics are there across NSW? How many in each Ambulance Zone?

96. Of the governments commitment for 500 regional paramedics, how many will be Intensive Care Paramedics? Which zones will they be going to?
97. How many Extended Care Paramedics are there across NSW? How many in each Ambulance Zone?
98. How many Extended Care Paramedics are there across NSW? How many in each Ambulance Zone?
99. Of the governments commitment for 500 regional paramedics, how many will be Extended care Paramedics? Which zones will they be going to?
100. What is the role of an ICP?
101. What is the role of an ECP?
102. What is the data that drives the placement?
103. What is the placement rationale?
104. Who makes the decisions?

## Response

I am advised:

As at 1 February 2025, there are more than 800 trained Intensive Care Paramedics (ICP) operating across NSW Ambulance sectors and over 100 FTE Extended Care Paramedic (ECP) positions operating from 17 sites across the Illawarra, Central Coast, Hunter region and Metropolitan Sydney.

Funding for the additional 500 paramedics into regional and rural NSW is for registered paramedics.

ICPs are a specialist clinical role in NSW Ambulance requiring a more comprehensive scope of practice to provide additional acute specialist care.

ECPs are an enhanced clinical role in NSW Ambulance requiring a more comprehensive scope of practice. The main focus of ECPs is towards addressing chronic and complex low acuity presentations.

NSW Ambulance uses a Clinical Capability Assessment and service planning methodology to determine the placement of clinical resources, including specialist paramedics, within geographical areas.

## **Bellinger River Regional Hospital**

105. Can you provide an opening date for Hartley House in Bellingen hospital?

### **Response**

I am advised:

Mid North Coast Local Health District continues to actively recruit to the vacant roles at Bellinger River District Hospital and looks forward to reopening Hartley House Medical Unit when vacancies are filled.

## **Regional Ambulance Helicopter Bases**

106. How much money was pledged by the Minns Labor Government to build three regional helicopter ambulance bases?
107. What are the sites for these three bases? How were they chosen?
108. The Government claimed it would build one base per year over the forwards. Where is this year's base up to? Is it on track for delivery by the end of this financial year?
109. At the election, Labor budgeted no money to operate these bases during the first term of government. How will that work?

## **Response**

I am advised:

The NSW Government remains committed to delivering three Ambulance helicopter bases as per the election commitment.



## Moree Hospital Upgrade

- 110. Why has the Moree Hospital redevelopment plans been downgraded?
- 111. Why is a helipad not part of the redevelopment?
- 112. When will the redevelopment be completed?

## Response

I am advised:

The NSW Government has invested additional funding into the Moree Hospital Redevelopment to support delivery of the project, which has been impacted by the global increase of building costs. The original project scope remains largely in place. More information about the project is at: <https://hneinfra.health.nsw.gov.au/projects/moree>

The feasibility of including a helipad on the Moree Hospital campus was investigated, however the investigation concluded there is no suitable space on the campus as the aircraft currently in use for aeromedical transfers require a large area of clearance due to their size and the level of noise and debris they create from downwash.

Moree Airport, located 3.7km from the hospital, will continue to be used for air ambulance and patient retrieval services.

## **Manning Base Hospital Redevelopment**

- 113. Minister, can you advise how many senior nursing managers are currently employed at Manning Base Hospital?
- 114. Minister, are you aware that Manning Base Hospital's Emergency Department has only 16 spaces, but based on current activity, it should have at least 30?
- 115. Minister, when will Stage 2 of the Manning Base Hospital redevelopment officially commence, and what has caused the delay in demolition works that were expected to begin in February?
- 116. When will the foster urgent care centre be operational?

## **Response**

I am advised:

There are 2 senior nursing managers employed at Manning Base Hospital.

Hunter New England Local Health District is reviewing and updating the Clinical Services Plan for the Lower Mid North Coast Services project.

Information about Stage 2 of the Manning Base Hospital Redevelopment is available on the NSW Health website.

## **Bombala & Delegate MPS**

- 117. How many patients have been relocated from Delegate MPS to Bombala?
- 118. There previously were challenges attracting staff to Bombala and Delegate, how many have taken advantage of rural nursing incentives and scholarships such as the 'Rural Health Workforce Incentive Scheme'?
- 119. How many beds are currently available at Delegate MPS?
- 120. Will you commit to keeping Delegate MPS open once Bombala MPS' upgrades are complete?

## **Response**

I am advised:

No patients/residents have been relocated from Delegate MPS to Bombala MPS.

There are 5 registered nurses employed at Delegate MPS and 10 at Bombala MPS who have taken advantage of the rural nursing incentives scheme.

All 10 beds at Delegate MPS are occupied.

Delegate MPS will continue to provide the nurse-led walk in assessment centre and community outreach service.

## Bathurst Hospital

121. Can you provide an update on the \$200 million redevelopment of Bathurst Heath Service?
122. When will the tender be awarded for this project? When will this be publicly announced?
123. When will the final design for this project be made public?
124. The community has been promised another round of community consultation, when will this occur?
125. Are you aware of the community's concern for a lack of carparking at the health service?
126. Minister, in your response to the petition lodged to NSW Parliament about community concerns for more carparking as part of this redevelopment you responded with and I quote "There will be an increase in the number of car parking spaces on the campus" can you please explain this statement? Where will these parks be and how many?
127. What options have been looked at for further car parking? If the option is not suitable, please tell the committee why.
128. Is the \$200 million budget enough to complete this project in its entirety?
129. Will the Bathurst Hospital \$200 million upgrade will be designed, constructed and completed in full?
130. Will additional carparking be included?
131. Will all services outlined in the plans be completed and in use at the end of the project?
132. If there are budget blowouts, which can be common in projects of this size and calibre, will this government source extra funding to complete the project so the people of the Central West have access to the health services they need and deserve?
133. Can you provide an update on the \$200 million redevelopment of Bathurst Heath Service?
134. What was the criteria considered when choosing the successful construction tender for this project?

135. Has the decision been made? Can you tell us who the builder will be?
136. What options have been looked at for further car parking on site as part of this redevelopment? If the option is not suitable, please tell the committee why.
- a. Has Vittoria Park been considered?
  - b. Has Mitre Street been considered?
  - c. Has underground parking been considered?
  - d. Has a multi-story carpark been considered on the corner of Durham and Mitre Street been considered?
137. Are you confident you have the budget to complete this project in its entirety?
138. Will any services be scaled back or not completed due to budget constraints?
139. Have you or do you plan on seeking further funding for this redevelopment?
140. Can you provide assurance here today to the committee that the Panorama Clinic which is being moved to Orange, will be brought back to Bathurst at the end of the redevelopment?
141. Is this assurance without any parameters? Are there any cases where this would not be possible?

## Response

I am advised:

Information about the Bathurst Hospital Redevelopment is available on the project website.

On 28 November 2024, Western NSW Local Health District announced the sub-acute mental health services provided at Panorama Clinic will be temporarily relocated to the Wattle Grove Unit at Orange's Bloomfield Hospital campus during the \$200 million Bathurst Hospital Redevelopment's construction. The District has also confirmed the services offered through the Panorama Clinic will return to Bathurst as part of the \$200 million redevelopment.

### **Grenfell MPS**

- 142. Minister, will you commit to the building of a new MPS at Grenfell
- 143. Minister, will you commit to the NSW State funding of a new MPS for the people of Grenfell?
- 144. Minister will you be consulting with the people of Grenfell to preserve the history of one of the oldest Medical Facilities in Western NSW
- 145. Minister will you be approaching the Federal Government in relation to the co-funding of Grenfell MPS?

### **Response**

I am advised:

The development or redevelopment of Multi Purpose Services (MPS) is funded by the Australian and state governments. No decisions have been made about a further round of the MPS capital program for NSW. As with all projects, community and key stakeholder consultation would occur prior to any decision being made.

## CFMEU MEETINGS

146. 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>).

## ETU MEETINGS

147. 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 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>).



## MINISTERIAL DISCLOSURES TO THE CABINET OFFICE

148. 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.

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

149. 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?
  - c. On what page are redundancies published in the respective Department(s)/Agency(s) Annual Reports?

### Response

I am advised;

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

The cost of redundancies is published in the NSW Health Annual Report

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

150. On what date were the annual report(s) from 2023-24 for each department / agency in your portfolio published?

### Response

I am advised:

The NSW Health 2023-24 Annual Report were tabled in accordance with the requirements of the Government Sector Finance Act 2018.

151. Were the annual report(s) from 2023-24 for each department / agency in your portfolio printed?

(a) If yes, what was the printing cost(s) for each department / agency?

### Response

I am advised:

Annual reports should be prepared in accordance with the NSW Treasury Policy and Guidelines TPG23-10 Annual Reporting Requirements. TP23-10 also requires that an agency's annual report contain the total external costs incurred in the production of the report, including printing costs.

152. Did the annual report(s) from 2023-24 for each department / agency in your portfolio use in part or full an external production / body / consultant to draft?

### Response

I am advised:

In accordance with the Treasury Policy and Guidelines TPG23-10 Annual Reporting Requirements, an agency's annual report must contain the total external costs incurred in the production of the report, including fees for consultants.

153. In what month will the 2024-25 annual report(s) for each department / agency in your portfolio be published?

### Response

I am advised:

The NSW Health 2024-25 Annual Report will be tabled and published in line with the

NSW Treasury Annual Reporting Guidelines (TPG23-20). The report will be published on the NSW Health website once it has been tabled in Parliament.

154. Will the 2024-25 annual report(s) for the department / agency in your portfolio include a printed copy?

(a) If yes, what was the cost(s) for each department / agency?

**Response**

I am advised:

Annual reports should be prepared in accordance with the NSW Treasury Policy and Guidelines TPG23-10 Annual Reporting Requirements. TP23-10 also requires that an agency's annual report contain the total external costs incurred in the production of the report, including printing costs.

## STATE RECORDS ACT

155. 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 recordkeeping obligations under the State Records Act 1998.

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

Further information is available on State Records NSW's website ([www.nsw.gov.au/departments-and-agencies/dciths/state-records-nsw](http://www.nsw.gov.au/departments-and-agencies/dciths/state-records-nsw)).

I expect my office to comply with their obligations under the State Records Act 1998.

## ADVERTISING

156. On what page is advertising published in the respective Department(s)/Agency(s) annual report(s)?

### Response

I am advised:

NSW Health advertising expenditure is part of general expenses, under Note 3 Operating expenses published on page 162 of the 2023-24 Annual Report.

## DEPARTMENT(S)/AGENCY(S) GIFTS AND HOSPITALITY REGISTER

157. 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 website 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>

## MINISTERIAL STAFF DISCLOSURE OF GIFTS AND/OR HOSPITALITY

158. Does your ministerial office keep a register of gifts and/or hospitality for staff to make disclosures?

(a) If yes, what is the website URL?

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

(a) What was the total value of the hospitality received? 27

(b) Are these gifts of hospitality declared?

### Response

I am advised:

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.

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.



## MINISTERIAL CODE OF CONDUCT

160. Since 28 March 2023, have you breached the Ministerial Code of Conduct?

(a) If yes, what was the breach?

### Response

I am advised:

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.

## CREDIT CARDS

161. 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?

162. Do public servants in your portfolio department(s)/agency(s) been issued with department/agency credit cards?

(a) If yes, what is the website URL of the credit card policy?

## 161 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.

## 162 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).

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

163. 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.

## SENIOR EXECUTIVE DRIVERS

164. As at 1 February 2025, 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.

## GIPA APPLICATIONS – MINISTERIAL OFFICE

165. Has your Ministerial Office received a GIPA Application(s) since 28 March 2023?

(a) If yes, how many?

(b) If yes, what is the website URL of the disclosure log?

### Response

I am advised:

GIPA statistics for Ministers' offices are published in the annual reports of the Department of Communities and Justice.

The office of the Minister for Health, Minister for Regional Health and Minister for the Illawarra and South Coast makes every effort to comply with all its obligations under the *Government Information (Public Access) Act 2009*.

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

166. 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:*

An agency is 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.

NSW Health complies with the Government Information (public Access) Act 2009.

## GIPA ACT – DISCLOSURE LOG WEBSITE URL

167. What is the website URL for the GIPA Act disclosure log each of your portfolio department(s) / agency(s)?

### Response

I am advised:

The URL for the NSW Ministry of Health disclosure log is:  
<https://www.health.nsw.gov.au/gipaa/Pages/disclosure-log-table.aspx>

Each organisation within NSW Health has their own GIPA disclosure log listing decisions made by that organisation. A list of contacts for each organisation is provided at the following URL: <https://www.health.nsw.gov.au/gipaa/Pages/table-of-contacts.aspx>

## TIKTOK

168. 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 - Restricted Applications List advises how NSW Government agencies are required to appropriately manage risks to NSW Government information on government-issued devices, or personal devices that are used for government business.



## SIGNAL

169. Are you and/or your ministerial staff on Signal?

(a) If yes, do you and/or your ministerial staff access Signal from a NSW Government device?

(b) If yes, does Signal comply with the State Records Act?

## 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*.

## TRAINING

170. 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.

Ministerial Office Budgets are managed in accordance with the Ministers' Office Handbook.

## CABINET DOCUMENTS

171. 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.

## PARLIAMENTARY SECRETARY

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

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

174. Has your Parliamentary Secretary ever used your Ministerial Vehicle?

### Response

I am advised:

172. 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.

173. No

174. The Ministers' Office Handbook provides that:

- the Premier's Department will provide each Minister with a designated vehicle, which may be used by other drivers nominated by the Minister from time to time.
- the Premier's Department transport services may be used by Parliamentary Secretaries for official business trips in connection with their duties as Parliamentary Secretaries, with costs paid from the Ministers' office budget.

## MEDIA RELEASES AND STATEMENTS

175. 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.

## OVERSEAS TRAVEL

176. As Minister, do you approve overseas travel for public servants from your portfolio department(s)/agency(s)?

### 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.

## DATA BREACHES

177. Does your portfolio department(s)/agency(s) keep a register of data breaches in accordance with the Privacy and Personal Information Protection (PPIP) Act?

178. If yes to 36, what is the website?

### Response

I am advised:

NSW Health keeps a register and information regarding data breaches is available on the following website <https://www.health.nsw.gov.au/patients/privacy/Pages/data-breach-policy.aspx>

## DISCRETIONARY FUND

179. As Minister, do you have a discretionary fund?

(a) If yes, what department(s) / agency(s) administer it?

(b) If yes, what is the website URL detailing expenditure?

### Response

I am advised:

Yes, this is administered by the Ministry of Health.

(Grants allocated are published on the NSW Government's Grants and Funding Finder at: [nsw.gov.au/grants-and-funding](https://nsw.gov.au/grants-and-funding).)



## QANTAS CHAIRMAN'S LOUNGE

180. Are you a member of the Qantas Chairmans Lounge?

### 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.

## LOCAL GOVERNMENT COUNCILLORS

181. How many of your Ministerial staff is a local government councillor(s)?

### 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*.

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).

## Questions from Ms Abigail Boyd MLC

### Intellectual Disability Health Service (IDHS)

182. What is the progress of the evaluation of the Intellectual Disability Health Service (IDHS), including its clinical roles and functions?

- (a) When will it be completed?
- (b) If it's been completed, has the report been published and what were its findings?
- (c) Will the NSW Government be providing additional funding to expand the service?

### Response

I am advised:

The evaluation of the NSW Health Intellectual Disability Health Service will be completed by 30 June 2025. The evaluation will inform service funding.