

**PORTFOLIO COMMITTEE NO.2 – BUDGET ESTIMATES
RESPONSES TO SUPPLEMENTARY QUESTIONS
HEALTH AND MEDICAL RESEARCH – 23 AUGUST 2021**

Questions from Ms Cate Faehrmann MLC

Community Transmission

1. Please provide the confirmed number of cases of community transmission of Covid-19 in the LGAs of concern resulting from individuals breaching the public health orders as of 30 August 2021.
2. Please provide the confirmed number of cases of community transmission of Covid-19 in the LGAs of concern occurring in the workplace where public health orders have not been breached as of 30 August 2021.
3. Please provide the confirmed number of cases of community transmission of Covid-19 in the LGAs of concern occurring in the workplace where public health orders have been breached as of 30 August 2021.

Answer

1. – 3.

NSW Health does not hold data on the number of COVID-19 cases of community transmission associated with breaches of Public Health Orders.

Gaining and maintaining the trust of the community is critical to the public health response, so that people feel comfortable to come forward for COVID-19 testing and disclose information to public health staff that enables rapid contact tracing and isolation of casual and close contacts. This helps to reduce the spread of COVID-19 and protect the community.

COVID-19 data, including for LGAs of concern, is publicly available in weekly surveillance reports at <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/weekly-reports.aspx>

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Aerosol Transmission

4. Does NSW Health acknowledge the aerosol spread of Covid-19 as a major mode of transmission?
5. What steps have been taken to protect hospitals against the aerosol transmission of Covid-19?
6. What steps have been taken to protect schools against the aerosol transmission of Covid-19?
7. How many hospitals have been equipped with:
 - (a) HEPA Filters?
 - (b) Co2 Monitors?
8. How many schools have been equipped with:
 - (a) HEPA Filters?
 - (b) Co2 Monitors?
9. How does NSW Health define fleeting transmission of Covid-19?
 - (a) Is fleeting transmission a result of aerosol transmission of Covid-19?
10. Is NSW Health aware of the World Health Organization-commissioned study, *Chu DK, Akl EA, Duda S, et al. Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. Lancet 2020*; that showed that N95 respirators provide much better protection from Covid-19 than surgical masks (96% v 67%) and eye guards provided further protection?
 - (a) Why do NSW Health guidelines fall short of the protective measures recommended in this study?

Answer

4. Yes.
5. Hospitals are experienced in infection control, including implementing measures to reduce the risks of aerosol transmission of diseases. In response to the COVID-19 pandemic, hospitals have strengthened their engineering, environmental, and administrative controls (for example,

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adjusting workflows and PPE requirements for staff). NSW Health provides facility and engineering advice, underpinned by national and international evidence, to assist local health districts make space ready for the care of patients with COVID-19 requiring a range of clinical care.

6. The Chief Health Officer meets regularly with the NSW Department of Education to provide advice on COVID-19 safety measures to minimise the transmission of COVID-19 in schools and other educational settings. Masks and face coverings are mandatory for all staff and students in Year 7 and above in indoor and outdoor settings on school grounds and have been strongly recommended for primary school students.

NSW Health also provides advice to the Department of Education on ventilation aspects schools should consider, to ensure classrooms and other areas are well ventilated to reduce the risk of transmission. This advice has included opening windows; regularly inspecting, maintaining and cleaning HVAC systems, and ensuring HVAC systems are safely operated to avoid recirculating air. Other risk mitigation steps include utilising outdoor spaces for learning, maintaining physical distancing where possible, organising students into cohorts and staggering breaks to minimise movement and mixing of students within school grounds, as well as regular attention to environmental cleaning and personal hygiene. NSW Health is regularly reviewing the evidence for other risk mitigation strategies within the school setting and is collaborating with the National Centre for Immunisation Research and Surveillance to identify additional steps schools can implement to reduce the risk of transmission of COVID-19 among staff and students.

From 13 September 2021, everyone aged 12 years and over is eligible for COVID-19 vaccination.

7. Use of HEPA filters is routine as part of heating, ventilation, and air conditioning systems to control airborne particles in high risk environments or for high risk groups. Hospitals with class N rooms (negative pressure isolation rooms) are equipped with HEPA filters. Facilities generally have access to class N rooms, depending on the facility's size and function.

Hospitals with capacity to accommodate ventilated patients are equipped with CO2 monitors.

8. This is a matter for the Minister for Education.
9. NSW Health notes that international evidence indicates the Delta variant of concern transmits more easily than earlier forms of the SARS-CoV-2 virus.

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10. NSW Health guidelines are in line with the findings of this study and are consistent with national guidelines, including on promoting distance, using protective eyewear, and using masks to protect against COVID-19.

The study reported a slight advantage to P2/N95s, particularly when conducting aerosol generating procedures. NSW Health recommends the use of P2/N95s for healthcare workers caring for people with confirmed or suspected COVID-19.

The CEC continues to work closely with clinical experts and reviews national and international evidence to inform updates to NSW Health guidelines as required. Evidence from research studies is continually considered and applied as appropriate.

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Personal Protective Equipment

For the purposes of these questions, NSW healthcare workers are defined as anyone working in a NSW hospital.

11. How many people are employed in the NSW hospital system?
12. What percentage of NSW healthcare workers have been fit-tested for N95 masks?
13. What percentage of health care workers are not fit tested?
 - (a) What masks are they provided?
14. How does NSW Health determine what health care workers get access to N95 masks instead of surgical masks?
15. Are appropriately sized N95 masks always available for a fit-tested NSW Health staff member?
16. What level of protection do surgical masks provide to the wearer against covid-19 transmission?
 - (a) How does this compare to N95 masks?
17. Are all NSW Healthcare workers wearing N95 airborne protection?
 - (a) Are all NSW Health staff in Sydney wearing N95 airborne protection?
 - (b) Are all NSW Health staff in hotspots wearing N95 airborne protection?
18. What are the current stocks of:
 - (a) Surgical masks
 - (b) N95 masks
 - (c) Impervious gowns
 - (d) Gloves
 - (e) Shoe covers
19. What is the breakdown of N95 mask stores by:
 - (a) Brand and model (eg 3M, Aura)?
 - (b) the percentage of individuals they fit? (eg Aura first 67% of fit-tested NSW health employees).

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20. What is the average consumption of PPE stock per week for:
- (a) Surgical masks
 - (b) N95 masks
 - (c) Impervious gowns
 - (d) Gloves
 - (e) Shoe covers
21. Based on the average consumption, how many weeks are left until the following PPE stores are depleted:
- (a) Surgical masks
 - (b) N95 masks
 - (c) Impervious gowns
 - (d) Gloves
 - (e) Shoe covers
22. Per week, how many pieces of the following PPE are NSW Health acquiring:
- (a) Surgical masks
 - (b) N95 masks
 - (c) Impervious gowns
 - (d) Gloves
 - (e) Shoe covers
23. How is NSW Health assuring the supply of further PPE?
- (a) What are our forward contracts for further PPE?
 - (b) What is the plan to rapidly increase PPE stocks if consumption increases?
 - (c) What is NSW Health's worst-case contingency plan for PPE stock?
24. Does NSW Health have plans to utilise reusable N95 masks?
25. Does NSW Health have plans to utilise Powered Air Purifying Respirators?

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Answer

11. Staff numbers are reported in the NSW Health Annual Report.

12. – 15.

Local health districts and specialty health networks determine the needs of their workforces at a local level and this can vary depending on the role allocation.

Not all healthcare workers need to be fit tested and this is determined locally. Staff who are not required to wear a P2/N95 respirator in the working environment follow the COVID-19 PPE Risk assessment guide in the Clinical Excellence Commission's COVID-19 Infection Prevention and Control Manual.

Risk assessment refers to utilising PPE when there is an anticipated or likely risk of contamination with splashes and/or droplets of blood or other bodily substances. The modes of spread for COVID-19 remains contact, droplet and situational airborne. Ongoing training is provided to NSW staff on activity-based risk assessment, as described in the Clinical Excellence Commission's COVID-19 Infection Prevention and Control Manual.

The NSW Ministry of Health has advised P2/N95 masks are available in different sizes and are available in each local health district or speciality health network.

16. Respiratory protection requires the use of P2/N95 respirators whereas droplet protection is implemented through the use of surgical masks. N95 respirators are an integral part of infection prevention and control and are manufactured according to standards for adequate ventilation according to specific areas in healthcare facilities, adapted structural design, spatial separation, as well as adequate environmental cleaning. Surgical masks provide an important layer of protection against droplets.

17. Not all categories of NSW Health staff in Sydney require N95 airborne protection. Increased respiratory protection is recommended when caring for suspected or confirmed COVID-19 patients, and staff looking after patients with other emerging pathogens that require airborne precautions.

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N95 airborne protection is determined by the risk assessed activities staff will be performing and the COVID-19 PPE Risk assessment guide in the Clinical Excellence Commission's COVID-19 Infection Prevention and Control Manual.

18. – 22.

Current Ministry of Health data indicates NSW Health holds nearly 179 million items of PPE products. The average weekly issuance of PPE items to the health system for the period 9 August to 23 August 2021 was approximately 9.26 million items per week.

NSW Health sources a range of N95 masks including 3M, BSN Proshield, Halyard Fluidshield, BYD Flat Fold, and Industree Trident, with nearly 13 million in stock as at 6 September 2021.

Of the NSW Health workforce who have been fit tested for the main masks used, the following proportions of staff have been successfully fit tested to each respirator model: BYD Flat Fold /DE232 (32.3 per cent), 3M Cup Style/1860 (19.8 per cent), BSN Proshield/72509-10 (16.9 per cent) BSN Proshield/72509-09 (9.9 per cent).

23. There is a state contract in place for clinical protective apparel covering categories like face masks (surgical masks and P2/N95 respirators), gloves (examination and surgical), gowns (isolation and surgical) and other categories such as shoe coverings, eyewear and other non-sterile PPE. This contract has been awarded to 15 trusted suppliers and covers approximately 1000 unique product choices.

NSW maintains a significant stockpile of PPE consumables in preparation for an increase in demand. In response to a rapid increase in consumption of PPE, the NSW Government would utilise the National Medical Stockpile in the first instance, while liaising with existing contracted suppliers to increase supply. Suppliers who are not on contract would also be leveraged, as would available supplies from other states and territories.

NSW Health constantly monitors and forecasts usage, regularly reporting on key PPE categories to ensure visibility and oversight of stock coverage. NSW Health continues to work with local industry to build supply resilience. Contingency planning includes consideration of viable alternatives and usage scenarios.

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24. – 25.

The Clinical Excellence Commission (CEC) provides infection prevention and control guidance on the selection and use of reusable respiratory protective devices for protection against suspected or confirmed an airborne communicable respiratory infection
(https://www.cec.health.nsw.gov.au/__data/assets/pdf_file/0006/624093/COVID-19-IPC-Management-and-Use-of-Reusable-Respiratory-Protective-Devices.pdf)

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Questions from Ms Cate Faehrmann MLC

ICU bed capacity

26. As of 30 August 2021, how many ICU beds are there in:
- (a) All of NSW
 - (b) the Sydney Local Health District
 - (c) the South Western Sydney Local Health District
 - (d) the South Eastern Sydney Local Health District
 - (e) the Illawarra Shoalhaven Local Health District
 - (f) the Western Sydney Local Health District
 - (g) the Nepean Blue Mountains Local Health District
 - (h) the Northern Sydney Local Health District
 - (i) the Central Coast Local Health District
 - (j) the Hunter New England Local Health District
 - (k) the Northern NSW Local Health District
 - (l) the Southern NSW Local Health District
 - (m) the Murrumbidgee Local Health District
 - (n) the Western NSW Local Health District
 - (o) the Mid North Coast Local Health District
 - (p) the Far West Local Health District
 - (q) regional NSW.
27. As of 30 August 2021, how many ICU beds are currently occupied in:
- (a) All of NSW
 - (b) the Sydney Local Health District
 - (c) the South Western Sydney Local Health District
 - (d) the South Eastern Sydney Local Health District
 - (e) the Illawarra Shoalhaven Local Health District

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- (f) the Western Sydney Local Health District
- (g) the Nepean Blue Mountains Local Health District
- (h) the Northern Sydney Local Health District
- (i) the Central Coast Local Health District
- (j) the Hunter New England Local Health District
- (k) the Northern NSW Local Health District
- (l) the Southern NSW Local Health District
- (m) the Murrumbidgee Local Health District
- (n) the Western NSW Local Health District
- (o) the Mid North Coast Local Health District
- (p) the Far West Local Health District
- (q) regional NSW.

28. As of 30 August 2021, how many Ventilators are there in:

- (a) All of NSW
- (b) the Sydney Local Health District
- (c) the South Western Sydney Local Health District
- (d) the South Eastern Sydney Local Health District
- (e) the Illawarra Shoalhaven Local Health District
- (f) the Western Sydney Local Health District
- (g) the Nepean Blue Mountains Local Health District
- (h) the Northern Sydney Local Health District
- (i) the Central Coast Local Health District
- (j) the Hunter New England Local Health District
- (k) the Northern NSW Local Health District
- (l) the Southern NSW Local Health District
- (m) the Murrumbidgee Local Health District

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- (n) the Western NSW Local Health District
- (o) the Mid North Coast Local Health District
- (p) the Far West Local Health District
- (q) regional NSW.

29. What is the maximum amount of ICU beds that can be staffed in:

- (a) All of NSW
- (b) the Sydney Local Health District
- (c) the South Western Sydney Local Health District
- (d) the South Eastern Sydney Local Health District
- (e) the Illawarra Shoalhaven Local Health District
- (f) the Western Sydney Local Health District
- (g) the Nepean Blue Mountains Local Health District
- (h) the Northern Sydney Local Health District
- (i) the Central Coast Local Health District
- (j) the Hunter New England Local Health District
- (k) the Northern NSW Local Health District
- (l) the Southern NSW Local Health District
- (m) the Murrumbidgee Local Health District
- (n) the Western NSW Local Health District
- (o) the Mid North Coast Local Health District
- (p) the Far West Local Health District
- (q) regional NSW.

30. How many trained ICU nurses are there in:

- (a) All of NSW
- (b) the Sydney Local Health District
- (c) the South Western Sydney Local Health District

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- (d) the South Eastern Sydney Local Health District
 - (e) the Illawarra Shoalhaven Local Health District
 - (f) the Western Sydney Local Health District
 - (g) the Nepean Blue Mountains Local Health District
 - (h) the Northern Sydney Local Health District
 - (i) the Central Coast Local Health District
 - (j) the Hunter New England Local Health District
 - (k) the Northern NSW Local Health District
 - (l) the Southern NSW Local Health District
 - (m) the Murrumbidgee Local Health District
 - (n) the Western NSW Local Health District
 - (o) the Mid North Coast Local Health District
 - (p) the Far West Local Health District
 - (q) regional NSW.
31. How many trained ICU nurses are there in Australia?
32. How many private health care workers have been brought into the public health system to increase capacity?
33. How many further private health care workers has NSW Health estimated are available to increase capacity in the public system?
34. What modelling is NSW health using to predict ICU cases?
35. How many ICU cases does NSW Health predict as a result of Covid-19 by:
- (a) 13/09/2021
 - (b) 20/09/2021
 - (c) 27/09/2021
 - (d) 04/10/2021
 - (e) 11/10/2021

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- (f) 18/10/2021
- (g) 25/10/2021
- (h) 1/11/2021
- (i) 08/11/2021
- (j) 15/11/2021
- (k) 22/11/2021.

Answer

26. – 35.

The NSW public health system is highly integrated, and local health districts throughout the state work together daily to ensure the optimal delivery of healthcare services across the state.

There is currently sufficient ICU capacity in NSW public hospitals, with more than 500 beds available throughout the system.

As part of its comprehensive planning for its pandemic response, NSW Health has the capacity to surge to 1550 ICU beds if required. There are ventilators available for each of these ICU beds.

All local health districts and specialty health networks have developed workforce surge and demand management plans to ensure there is sufficient capacity across NSW to manage both non COVID-19 patients and patients with COVID-19.

Information about NSW's ICU and demand modelling is available on the NSW Government website at https://www.nsw.gov.au/sites/default/files/2021-09/Intensive_Care_Capacity.pdf

The public and private health systems are working together closely as NSW approaches the projected peak COVID-19 activity, and the private hospital workforce is supporting the anticipated surge in hospitalisations.

NSW Health is reviewing a range of models to inform planning and response. The number of cases in ICU will be driven by a complex relationship between many factors, including new cases,

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the demographics of new cases, community mobility as a result of restrictions in place and the level of vaccination in the community.

Models are run regularly to update these factors with the most recent information which will then result in different forecasts, however NSW Health is planning for a peak demand of 947 people in ICU (COVID and non-COVID) in October 2021.

As the pandemic developed in 2020, local health districts identified nurses in their workforce who had pre-existing critical care experience and re-oriented them to the critical care environment.

The Australian Government, through the Australian College of Nursing, has supported nurses to undertake online critical care education modules.

The Australian College of Critical Care Nursing provides online education modules to support nurses to upskill in critical care. These modules are freely available to nurses across Australia.

These strategies and other local initiatives support nurses to be able to step into the ICU environment as needed.

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Questions from Ms Cate Faehrmann MLC

Rapid Antigen Tests

- 36. How are Rapid Antigen Tests made available to the public and businesses?
- 37. How many Rapid Antigen Tests are available in NSW?

Answer

36. – 37.

The conditions of supply for rapid antigen tests are provided by the Federal Government through the Therapeutic Goods Administration website at <https://www.tga.gov.au/qas-conditions-supply-rapid-antigen-tests>

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Questions from Ms Cate Faehrmann MLC

Vaccines taken from Far West Local Health district

38. How many vaccines were taken from the Far West Local Health District as part of the announcement that 40,000 Pfizer vaccines would be redirected to Sydney for HSC students?
39. Were any Indigenous medical providers impacted by the vaccine re-direct decision?
40. Did any Indigenous people have their vaccine appointments cancelled or postponed?
 - (a) How many?
41. How many of those who had their vaccine appointments cancelled were re-scheduled for a later appointment?
42. When will all people who had their appointments cancelled have it re-scheduled?

Answer

38. – 42.

I refer the Member to the response provided at LC 7057.

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Questions from Ms Cate Faehrmann MLC

NSW Border closures and accessing Victorian health care

43. How long on average does it take to receive a permit to cross the NSW-Victoria border?
44. What happens if someone in NSW has weekly radiation therapy appointments in Bendigo?
- (a) How do they self-isolate each time?
 - (b) How does a person apply for an exemption?
 - (c) What documents do they need to take with them when they go to Victoria? How about when they return home?
45. Are Victorian hospitals refusing to accept NSW patients?
- (a) What has the NSW Government done to rectify this?

Answer

43. Permits to cross into Victoria are a matter for the Victorian Government. NSW does not have a permit system for entry into NSW from Victoria.
44. Under the *Public Health (COVID-19 Additional Restrictions for Delta Outbreak) Order No 2) 2021*, people in stay at home areas and areas of concern are currently required to stay at home unless they have a reasonable excuse. A reasonable excuse includes leaving for the purposes of obtaining medical care. People attending medical appointments in Victoria must follow the directions in the *Public Health (COVID-19 Interstate Travellers) Order (No 3) 2021*, which requires them to complete the NSW Declaration Form and upon their return, continue to comply with the stay at home rules, which, as noted above, allow you to leave your residence for the purposes of obtaining medical care. Additional restrictions apply to those who have been to Victorian places of high concern. There is an exemption in place for NSW/VIC border region residents. Documentation required while in Victoria is a matter for the Victorian Government.
45. This is a matter for the Victorian Government.

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Questions from Ms Cate Faehrmann MLC

Ambulances and wait-times in border areas

46. Regarding ambulances attending callouts in Moama, from the period July 2019 - June 2020 and July 2020 - June 2021:
- (a) What proportion are Victorian ambulances?
 - (b) What proportion are NSW ambulances?
47. Which hospital is the primary destination for ambulances attending patients in Moama?
48. What is the average wait time for an ambulance in Moama over the past 2 years?
49. How are ambulance services funded for border residents?
- (a) Do they need two memberships?
50. What is the funding arrangement for NSW public patients who travel into Victoria?
51. How much did it cost the NSW taxpayer per year in 2019-2020?
52. How much does NSW pay to Victoria each year for healthcare services?

Answer

46. NSW Ambulance activity and performance data is publicly available on the Bureau of Health Information website at www.bhi.nsw.gov.au
47. Paramedics' assessment of each patient informs the decision regarding the most appropriate hospital destination, based on the patient's presenting clinical condition. The primary hospital destination for patients transported from Moama is Echuca Regional Health Centre.
48. NSW Ambulance activity and performance data is publicly available on the Bureau of Health Information website at www.bhi.nsw.gov.au
49. 50. & 52.

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NSW Ambulance services are funded by the NSW Government. Patients who travel into Victoria of their own accord and require ambulance services are billed according to Ambulance Victoria billing arrangements. Where a NSW patient is transferred from a NSW hospital to a Victorian hospital, Ambulance Victoria charges NSW Ambulance. NSW pays for the hospital costs of all NSW residents whether treated in NSW or in another state. Provisional payments to Victoria typically exceed \$50 million per year.

Funding for Albury Wodonga Health (AWH) is subject to a separate intergovernmental agreement between NSW and Victoria and is not included in the cross-border process described above. Albury Wodonga Health expenditure is captured in the AWH Annual Report: <https://www.awh.org.au/about-us/reports-publications>

51. NSW Ambulance expenditure is captured in the NSW Health Annual Report: <https://www.health.nsw.gov.au/annualreport/Pages/default.aspx>

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Questions from Ms Cate Faehrmann MLC

Lack of doctors and health services in hospitals across the Murrumbidgee

53. Since July 2015, there have been 882 transfers from Griffith to Wagga for mental health care. Does NSW Health transport these patients home?
54. How many specialist mental health nurses are employed by hospitals in the Murrumbidgee?
55. How many social workers are employed by hospitals in the Murrumbidgee?
56. What sort of mental health service will the new Griffith Base Hospital have?
- (a) Will there be a separate ward for mental health treatment?
 - (b) How many patients will the mental health unit treat?
 - (c) How long can they stay in the hospital for mental health treatment?
 - (d) Where do they go if they continue to need mental health treatment when their short stay time is up?
57. Does the Griffith Base Hospital currently have an orthopaedics service?
- (a) If no, for how long has it been without this service?
58. Will the new Griffith Base Hospital employ full-time, permanent onsite orthopaedic surgeons?
- (a) If so, How many?

Answer

53. I am advised patients who are discharged from Wagga Wagga are generally collected by family members or carers who have been involved in the discharge planning of the consumer. NSW Health has confirmed that alternative transport can be arranged if required.
54. – 55.

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

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56. The new Griffith Base Hospital will have a Mental Health Short-stay Unit, located in the Medical Ward, providing short-term admissions to low acuity consumers over 16 years of age, to provide respite and support during situational crises. Specialist health care professionals will collaborate with consumers, carers and families to develop a care pathway that allows transition from hospital to the community.

Consumers who require ongoing management will have a care plan. Options for follow-up include continued care from the specialist community mental health clinicians or transfer to a mental health inpatient unit.

57. – 58.

The Griffith Base Hospital currently delivers orthopaedic services through an agreement with St Vincent's Private Community Hospital, until the completion of the new Griffith Base Hospital. Griffith Base Hospital is recruiting orthopaedic surgeons for the provision of public orthopaedic surgery and multidisciplinary clinics, including a fracture clinic. The number of doctors will be aligned with the level of activity.

Questions from Ms Cate Faehrmann MLC

Tamworth's Banksia Mental Health Unit

59. Has there been any investigation into the 13 sexual assault incidents at Banksia Mental Health Unit?
- (a) Has a root cause analysis been conducted for these incidents? If yes can it be provided?
60. Was there an investigation of these cases?
- (a) If so, could you please provide the report?
61. What steps has NSW Health taken to prevent further incidents?
- (a) Has there been a retraining of staff?
62. How much has the government spent in compensation across the state's mental health units as a result of sexual assault incidents?
- (a) Can you provide a breakdown by mental health unit?
63. What amount of money has the state government paid in compensation to the patients that have suffered sexual assaults at the Banksia Mental Health unit?
64. The new mental health unit to be constructed in Tamworth will have no single child beds, how many children does NSW Health anticipate will have to travel to New England or Newcastle for treatment?

Answer

59. – 61.

The Banksia Clinical Services plan referred to 13 'sexual safety incidents' not 'sexual assault incidents'.

A sexual safety incident is any behaviour of a sexualised nature, including behaviour that an inpatient may undertake while alone, behaviour of a verbal nature, and behaviour of a consensual and non-consensual nature.

The 13 notifications identified in the Clinical Services plan were investigated appropriately, and did not meet the criteria for other formal investigations to be undertaken.

'Sexual safety incidents' include a wide spectrum of actions, and should not be assumed to be sexual assaults. Any occurrences are recorded as an incident, because NSW Health has a duty of care. NSW

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Health regards any allegation of sexual assault extremely seriously and would encourage anyone making such an allegation to report it to the appropriate authorities. All sexual safety incidents are recorded and, where appropriate, investigated by mental health services, so that any consumer who declines to make an immediate report can make a report to NSW Police at a future date.

Of the 13 incident notifications identified between 2016 and 2019, two were reported to NSW Police in line with the relevant policies, however, one was later withdrawn by the complainant.

Sexual safety training is available for all mental health professionals employed in NSW Health mental health services.

Many mental health units, including Banksia, offer single room accommodation in order to further protect consumers' privacy and dignity.

62. – 63.

icare administers the self-indemnification managed fund scheme, of which NSW Health is a member, and has advised that \$752,000 has been paid across NSW.

64.

On average between 5-10 young people require transfer from Tamworth to Newcastle to access public mental health care each year.

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Questions from Ms Cate Faehrmann MLC

GP Medical Visiting Officers

65. Across NSW how many GP visiting medical officer hospitals are there in towns of 10,000 or less?
- (a) Can you list these hospitals?
 - (b) How many doctors have visiting medical rights across those hospitals?
66. How many visiting medical officer hospitals have less than 10 doctors with visiting medical rights?

Answer

65. – 66.

General Practitioners (GP) providing hospital services in rural NSW locations are appointed as Visiting Medical Officers (VMO) and are engaged as per the terms and conditions of the Rural Doctors' Settlement Package.

Local health districts are responsible for the engagement of GP VMOs to meet their service needs and determining the GP VMOs clinical privileges, including admitting privileges.

During the 2020-21 financial year, NSW Health engaged 6,055 (HC) medical practitioners as Visiting Medical Officers.

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Questions from Ms Cate Faehrmann MLC

Maternity Services at Bankstown/Lidcombe Hospital

67. What was the rationale for permanently terminating postnatal at-home midwifery visits during COVID, despite the continuation of other allied health services and the option to employ temporary measures such as telehealth during stricter restrictions?
68. Has your department made any plans to ensure that its minimum one child health nurse visit policy is adhered to by SWSLHD and Bankstown/Lidcombe hospital?
- (a) If so what are they?
69. Is your department aware of any efforts on behalf of SWSLHD and Bankstown/Lidcombe hospital to improve postnatal care services to new parents in normal circumstances but also during periods of isolation such as the most recent coronavirus lockdown?

Answer

67. I am advised Bankstown-Lidcombe Hospital has not permanently terminated postnatal home visits. In early July 2021, following the increased community transmission of COVID-19, a decision was made to temporarily cease home visits. Midwives were visiting up to six homes per day, where numerous extended family members were present, which posed a risk both to the patients and the staff member. Considering this risk, consultations were moved to telehealth. I am further advised that if any concerns are identified during these consultations, patients are referred to the appropriate services.
68. NSW Health's plans to improve services to new parents are guided by the First 2000 Days Framework (conception to age 5), released in 2019, and the First 2000 Days Implementation Strategy 2020-2025. This includes services offered in pregnancy and birth, and throughout infancy and early childhood. The emphasis is on improving children's developmental outcomes from conception to age five.

Health services, including those in South Western Sydney Local Health District, will be finding new ways to engage and stay connected with families, so that parents are supported to help their children thrive in their first five years.

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I am advised in South Western Sydney, including the Bankstown-Lidcombe area, families are contacted and offered child and family health services through clinic appointments or home visits, depending on the level of need being experienced by the family. Families are able to book appointments and groups for particular needs such as breastfeeding, through a referral management service. Short, medium- and long-term packages of support are available to first time mothers and families, and families identified as vulnerable.

Additional funding has also been provided to Karitane in South Western Sydney to further support families during the current COVID-19 outbreak.

69. There is currently a high level of risk posed by the potential of COVID-19 infection in South Western Sydney communities. Clients who have had a baby are still being contacted and offered services by either phone or telehealth. There is also a telehealth clinic running for 1-4 week and 6-8 week checks. South Western Sydney Local Health District has confirmed that urgent cases, including clinical deterioration of mother or baby, are offered a face-to-face appointment. If face-to-face appointments are required, they are provided in the Bankstown Community Health Centre using appropriate personal protective equipment (PPE).

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Questions from Ms Cate Faehrmann MLC

Women’s Health Centres Funding

70. Women’s Health Centres have not received any funding increases above CPI, outside of one-off grants, since 1986. Why is this?

(a) Are there plans for funding increases above CPI?

71. Please provide a breakdown of the total amount of funding given to the following Women’s Health Centres for each of the financial years 2016/17, 2017/18, 2018/19, 2019/20 and 2020/21:

(a) Bankstown Womens Health Centre

(b) Blacktown Women’s and Girls’ Health Centre

(c) Blue Mountains Women’s Health and Resource Centre

(d) Central Coast Community Women’s Health Centre Ltd

(e) Central West Women’s Health Centre Inc

(f) Coffs Harbour Women’s Health Centre

(g) Cumberland Women’s Health Centre Inc

(h) Fairfield Women’s Health Service

(i) Hunter Women’s Centre

(j) Illawarra Women’s Health Centre

(k) Leichhardt Women’s Community Health Centre

(l) Lismore Women’s Health & Resource Centre

(m) Liverpool Women’s Health Centre

(n) Penrith Women’s Health Centre

(o) Rape & Domestic Violence Services Australia

(p) Shoalhaven Women’s Health Centre

(q) South Coast Women’s Health & Welfare Aboriginal Corporation – Waminda

(r) Sydney Women’s Counselling Centre

(s) W.I.L.M.A. Women’s Health Centre

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- (t) Wagga Women’s Health Centre Inc
- (u) Women’s Centre for Health and Wellbeing Albury-Wodonga Inc.

Answer

70. - 71. (a) – (u)

I refer the member to LC 6698. These organisations may also receive additional one-off and ongoing funding from other government agencies such as the Department of Communities and Justice, Australian Government and Primary Health Networks to deliver a range of support services in areas including family and domestic violence, primary healthcare, counselling, legal and child and youth.

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

Blacktown mass vaccination hub

72. What decision criteria is used to determine where mass vaccination hubs are located?
- (a) Who makes the decision?
73. Has the NSW Government considered a mass vaccination hub in Blacktown?
- (a) If yes, on what date was it considered?
- (b) What locations were considered?
- (c) Why was it rejected?
74. Blacktown Council wrote to the NSW Health Minister in July offering the use of its vacant facilities. Why was this offer not accepted given Blacktown has been consistently listed as a local area of concern?

Answer

72. – 74.

NSW Health works closely with local health districts to determine the need for a mass vaccination centre and an appropriate facility, while also ensuring there is adequate vaccine supply from the Commonwealth to support the centre. These hubs are established in locations that are easily accessible to the public and include parking and public transport options.

NSW Health has established mass vaccination centres in western Sydney at Qudos Bank Arena, Figtree Drive Sydney Olympic Park, as well as large clinics at Blacktown Hospital and Penrith Panthers.

NSW Health is currently directing resources to operating existing clinics, and has noted the offer from Blacktown Council for future planning purposes.

As at 13 September, Blacktown Local Government Area had a first dose vaccination rate of 89.5 per cent, the fourth highest in the Sydney metropolitan area.

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

Aboriginal health

75. The budget commits \$43.7 million for the delivery of targeted health services through the Aboriginal Community Controlled Health sector, especially in regional NSW. Is it correct that only \$29.5 million will go directly to ACCHOs, with the remaining \$14.2 million going to NSW Health for the department to allocate towards Aboriginal specific services and programs as it sees fit?
- (a) Has NSW Health undertaken consultation with the Aboriginal Community Controlled Health sector in determining how the funds will be allocated?
 - (b) How will NSW Health ensure that funding is delivered through a genuine partnership approach, consistent with the Implementation Plan on Closing the Gap?
76. The budget notes that the NSW Government has committed \$4.0 billion to support the COVID-19 health response:
- (a) How much of this has gone towards supporting Aboriginal and Torres Strait Islander communities?

Answer

75. (a. – b.)

Direct funding for Aboriginal Community Controlled Health Services (ACCHS) increased from \$19.2 million in 2014-15 to \$29.5 million in 2021-22. This, and the \$14.2 million going to NSW Health in 2021-22, is recurrent funding to support existing programs to improve Aboriginal health outcomes. These programs deliver culturally safe and tailored health services, including support of healthy lifestyles, prevention and management of chronic disease, oral health services and support for drug and alcohol prevention and treatment.

NSW Health works in partnership to implement the first *NSW Plan for the National Agreement on Closing the Gap*. This work provides for shared governance across Government and Community-Controlled Sectors to respond to priorities for Closing the Gap, identified via consultations led by the NSW Coalition of Aboriginal Peak Organisations including the Aboriginal Health & Medical Research

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Council (AH&MRC). NSW Health is committed to a partnership approach for funding delivery, consistent with the principles in the National Agreement including shared decision making.

76. (a)

As at 10 September 2021, \$4 million has been identified to support Aboriginal vaccination rollout. This does not include COVID funding provided to the broader health system from which Aboriginal communities also benefit.

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

Bed block

77. The national target for code one (lights and sirens) response times is for an ambulance to arrive within 10mins of the call being placed in the queue. Can you explain why NSW is the second worst performing state in the country with only Tasmania performing worse?
78. Can you explain why over the last 10 years the NSW Government has failed to meet this 10 minutes benchmark?
79. Can you explain why for the last 3 years Victoria, Qld, WA, ACT and NT are all performing better than NSW?
80. Can you explain why figures show that as of the first quarter this year, there is still just under 20 percent of patients waiting longer than 30 minutes to be transferred to a hospital bed?
81. Back in 2017 over 91 percent of patients were transferred from an ambulance to a hospital bed in under 30 minutes. Can you explain why that figure is now just 83 percent and bed block is only getting worse?
82. What is the Government doing to fix this worsening bed block across NSW?
83. Can you explain why 20 percent of Western Sydney patients wait longer than 30 minutes in the back of an ambulance before being transferred to a hospital bed compared to less than 10 percent for those living in North Sydney?

Answer

77. – 79.

The median Priority 1A response time is within the target of 10 minutes and has been within this target for the past 10 years.

NSW Ambulance emergency response times are affected by specific localised factors such as traffic conditions, distance, travel time and topography.

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80. In this quarter, the Bureau of Health Information reported the highest number of emergency department attendance since 2010. According to the Australian Institute of Health and Welfare (AIHW) patients presenting to an ED in NSW in 2019-20 have the highest likelihood of commencing treatment within clinical benchmark times, with NSW being the best performing jurisdiction across all triage categories.

81. – 83.

Patient flow challenges are complex and multifaceted and are influenced by a range of demographic factors including service demand, activity, and local resource allocation.

Since 2016-17 there has been an increase in ED attendances of more than 10 per cent, taking NSW to 3,068,887 attendances in 2020-21.

The volume of higher acuity patients in 2020-21, particularly Triage category 2, was more than 245 per cent above 2016-17.

NSW Health has implemented a range of targeted initiatives in collaboration with local health districts and health networks to reduce bed block and improve patient flow in public hospitals. Examples include:

- Introduction of a new Key Performance Indicator (KPI) in 2020-21 Local Health District and Specialty Health Network Service Agreements measuring the percentage of patients presenting to the ED and subsequently admitted, that spend four hours or less in the ED.
- The development of a new improvement measure of 50 per cent of discharges from ED accessible beds to occur by midday to a focus on creating hospital capacity for admissions earlier in the day.
- Short Term Escalation Plans (STEP) to ensure that during periods of peak activity, triggers or challenges are identified early and there is an escalation process to support patient flow.
- The Out of Hospital Program offers patients across NSW access to short-term non-clinical home care packages to support early discharge from hospital and prevent avoidable admissions.

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- The Integrated Care Strategy focusses on better communication and connectivity between health care providers in primary care, community, and hospital settings, and providing better access to community-based services closer to home.

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

Salary packaging of NSW Health staff

84. In relation to the salary packaging and the 50% tax saving withheld from staff, which department retains this money?
- (a) Is it Health or Treasury?
 - (b) How much money was returned to Government due to withholding the 50% in the 2020/21 year?
 - (c) Is this policy being reviewed?

Answer

84. (a) - (c).

In 2020-21, Health employees saved more than \$213 million through salary packaging arrangements. Likewise, the total tax savings for NSW Health was \$213 million in 2020-21. The share of tax savings from salary packaging is retained by the Health entities, principally local health districts.

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

Rouse hill hospital

85. How did you announce the site of the Rouse Hill Hospital in February 2019, less than two months before the election, only to change the location two years later?
86. What due diligence was done on the former 768 Windsor Road site before you announced it to the public as the hospital site?
87. How much was spent on concept designs and images for the hospital at 768 Windsor Road, which you now say was an unsuitable site?
88. Is it true that in 2014/15 the then Health Minister announced Rouse Hospital would be built at a cost of in excess of \$700 million?
89. Does the current announcement of \$300 million include all monies that have been spent on the project since 2014?
90. How much time, money and resources has the Government spent on Rouse Hill hospital project since 2014?
91. Are there any current plans or designs for Rouse Hill hospital, whether conceptually or completed?
92. Has the complete acquisition of the land for Rouse Hill Hospital been completed?
 - (a) If not, at what stage of negotiations is it up to?
 - (b) If completed, what are the total acquisition costs for the site?

Answer

85. - 86.

The 768 Windsor Road site was nominated as the preferred site through the 2018 site selection process, pending further detailed due diligence on geotechnical and traffic access and egress. During the detailed due diligence process, an alternative location was identified as delivering a superior community outcome with improved access to the Rouse Hill Town Centre.

87. Test fit images including photomontage and computer renders for the 768 Windsor Road site were produced for feasibility assessment at a cost of \$12,500. Concept design did not commence.

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88. No.

89. – 90.

The \$300 million announced in the 2021-22 Budget Paper includes the previously announced land acquisition. Expenditure to 30 June 2021 has not been disclosed due to commercial sensitivities.

91. Western Sydney Local Health District has commenced clinical services planning. To guide the land acquisition process, test fits were undertaken.

92 (a) - (b).

A notice of the acquisition of the land by compulsory process was published in the NSW Government Gazette on 16 July 2021. Expenditure has not been disclosed due to commercial sensitivities.

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

Hunter New England local health district library service

93. Will the NSW Government intervene to make up the lost \$414K funding from the Newcastle University to HNELHD Library services thus ensuring maintenance of services at John Hunter, Mater, Tamworth, Maitland, Taree & Armidale Hospital's?
94. Will the Minister please explain why the new Maitland Hospital doesn't provide provisions for a Library?
95. Can the Minister please outline why a consistent and formalised model of funding from Universities to NSW public hospitals does not exist?
96. Will the Minister intervene to stop the HNELHD from cutting nearly 50% of the 12.74FTE Library staff and loss of regional health jobs?
97. What value does the Minister place on Library services within our NSW health system?
98. Why are HNELHD libraries not considered equals to those of Sydney in terms of funding and resourcing?
99. What impact does the Minister expect these service cuts to have on research based clinical care in HNE?
100. Given the Ministry's current emphasis on encouraging and supporting continuous learning and development in its staff why does it think it is acceptable to cut one of the most important educational resources of the district?

Answer

93. – 100.

The NSW Ministry of Health has advised library services for staff and students across Hunter New England Local Health District will continue to be available via the University of Newcastle's existing facilities, with online access to library resources and portals in a different and more modern user-friendly model.

As a result of the cessation of the University of Newcastle's funding contribution for library services in the District, and the change to a more contemporary model of library services, the District has

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reviewed the structure of its library services. Staff will continue to have access to all current online e-resources, with support from retained library staff.

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

Increasing costs of locums

101. What is the average cost per day for Locums visiting rural NSW?
102. What is the highest rate that is currently paid for Locums visiting NSW per day?
103. What other costs are covered for Locums when they visit rural NSW? (ie. accommodation, food, incidentals)
104. Has NSW Health become so reliant on Locums that they are just paying more and more?
105. What is the benefit to the community to have locums rather than permanent doctors?
106. Have you had any discussions about capping the Locum rates?

Answer

101. – 106.

NSW Health uses locum medical officers to fill gaps in shifts caused by short term vacancies. These gaps can be due to different factors, including leave of various kinds, or filling positions pending recruitment action. The use of permanent or casual doctors within NSW Health is preferable to the use of locums and NSW Health attempts to fill roster gaps with these staff prior to engaging locums.

Locum doctors may be senior (specialist) doctors or junior (non-specialist) doctors. NSW Health policy caps the rate paid to junior doctor locums, although flexibility exists to ensure that crucial services can continue to be provided.

The costs of locum doctors varies, depending on the seniority of the doctor, location of the health service and the notice available to fill the vacancy. Whether accommodation or other travel is provided is a local decision which may depend on factors including the availability of accommodation in the location and the urgency of filling the shift.

NSW Health has a number of strategies to attract and recruit doctors to regional and rural NSW. At present, NSW Health is conducting its annual junior medical officer recruitment campaign, which is recruiting to over 6000 JMO positions throughout NSW.

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Questions from the Hon Mark Buttigieg MLC (on behalf of the Opposition)
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Westmead palliative care

107. Will the NSW Government commit to a dedicated Palliative Care Unit at Westmead Hospital?

Answer

107. The Western Sydney Local Health District Supportive and Palliative Care service is currently undergoing an external review.

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

Dedicated quarantine facility

108. What recommendations did NSW Health make about the need for purpose built quarantine facilities near Sydney to accommodate returning travellers or flight crews?

109. Given the NSW Treasurer committed to lodging an application with the Commonwealth to have a purpose built facility in NSW, has this application been lodged?

(a) If not why?

(b) When will it be lodged?

110. Has the Commonwealth provided you with any timetable or likely date for the construction of such a facility?

Answer:

108. – 110.

These questions should be directed to the Treasurer.

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Questions from the Hon Mark Buttigieg MLC (on behalf of the Opposition)
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Construction shutdown

111. Did NSW Health recommend to the Government that the construction industry should be temporarily shut down?
112. Did NSW Health subsequently recommend that the industry should be opened up again?

Answer

111. – 112.

NSW Health advised the NSW Government that COVID-19 transmission had occurred at construction sites in Greater Sydney and that construction activity contributed to the mobility of workers from the most affected local government areas.

NSW Health advised on targeted measures that could be introduced to mitigate transmission risks in this setting, including a requirement for construction sites in Greater Sydney to have a COVID-19 Safety Plan, and for construction workers from areas of concern to be vaccinated against COVID-19 before entering a construction site.

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

Regional NSW classification

113. What was the specific health advice that resulted in Shellharbour and Central Coast LGA's getting classified as part of Regional NSW but Wollongong remained part of Greater Sydney?

Answer

113. NSW Health provides advice based on a range of data including the locations in which there is a large or growing number of COVID-19 cases, the movement between areas, factors that may increase the risk of COVID-19 transmission in local communities, and the COVID-19 vaccination coverage rates.

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

Vaccination information and issues

114. What is the plan for rolling out additional vaccination hubs to make it easy for vulnerable groups to get vaccinated?
- (a) How is equity of access being ensured?
115. NCOSS commissioned research has highlighted issues around effectively communicating vaccine information with CALD communities. What is the government doing to communicate vaccine messaging with CALD communities?
116. One issue that has been identified is how information is being communicated, as in who the messenger is and what platform it is communicated on, with many sceptical of government messaging. Has the government explored alternative delivery models or alternative spokespeople to reach these communities?
117. Is the government working with the NGO sector on the ground to communicate with these communities?
118. We also know young people distrust government and even community or religious leaders, so they are getting their information on social media platforms such as TikTok and they are also a high-risk group when it comes to the delta variant. How are you reaching young people with messages to get vaccinated and follow restrictions?
- (a) Is there evidence that this is working?
119. Has the government looked at financial incentives to encourage people to get the vaccine?
120. The vaccination booking system is a misnomer as in fact it involves multiple, disparate systems across federal, state and private health providers. There is a lack of coordination, and the government online process is cumbersome and slow, for example; people have to go back and start again if the system freezes or if they want to change their nominated vaccination site. So if the system is difficult for people with unlimited data, access to technology and not dealing with other complex challenges, then it is next to impossible for those who are vulnerable, don't speak English, don't have ready access to a computer or face other issues. Given our way out of this health crisis is now dependent on high vaccinations rates, what urgent action is the state government taking to address these barriers and make it easy for everyone, but particularly vulnerable people, to secure their vaccinations appointments?

Answer

114. The Australian Government is leading the national COVID-19 vaccination program. To support the Australian Government's roll-out to vulnerable groups, NSW Health is working closely with local health districts and their respective communities to support the vaccination of vulnerable groups.

NSW Health has established a strong footprint of vaccination clinics across NSW with over 100 vaccination clinics, including mobile outreach and pop-up clinics which have focused on vulnerable groups such as Aboriginal and Torres Strait Islander populations, vulnerable people (people with disability, people with chronic and complex conditions) and people experiencing or at risk of experiencing homelessness.

Additionally, NSW Health is working alongside GPs, GP respiratory clinics, community pharmacies, RFDS and Aboriginal Controlled Community Health Services to ensure the COVID-19 vaccine is available to as many eligible people as possible.

115. NSW Health, NSW Multicultural Health Communication Service (MHCS), Multicultural NSW, and the Multicultural Health Services across local health districts are working closely to ensure culturally and linguistically appropriate vaccine resources are developed and disseminated to the targeted CALD communities. This includes translated resources in multiple languages disseminated through health professionals, local councils, community organisations, in-language community networks and through community members themselves. More information is available at <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/translated/topic-vaccination.aspx>.

116. In July 2021, the NSW Government launched a partnership with SBS to deliver live interpreting of the daily COVID-19 press conference into Arabic, Assyrian, Mandarin, and Vietnamese. From 1 September, Bangla, Greek, Spanish and Urdu has been added. Since July 2021, NSW Health and the NSW Multicultural Health Communication Service have also been delivering COVID-19 Daily Key Points in print and audio recordings in English and multiple other languages. Multicultural NSW send these out to their networks daily. Information is available at: <https://www.mhcs.health.nsw.gov.au/publications/covid-19-coronavirus/covid-19-daily-key-points>

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Local health districts across NSW have been organising and supporting CALD online information sessions to provide COVID-19 updates and vaccination information, and the NSW Government has been working with community and religious leaders to promote public health order and vaccination messaging. This includes through community meetings and video content shared through social media and media outlets.

The NSW Multicultural Health Communication Service Facebook and Twitter provide COVID-19 and other health information in multiple languages, and the NSW Multicultural Health Communication Service set up an official WeChat account in June 2020. The WeChat account has published over 150 COVID-19 related articles and it provides reliable and accurate information to the Chinese speaking community in time.

117. The NSW Government established a \$2 million Multicultural Media grants program to help sustain the ethnic media industry in NSW and ensure ongoing distribution and dissemination of key health messaging through ethnic media outlets. Multicultural NSW has offered urgent grants totalling \$750,000 to more than 150 multicultural community organisations with grassroots community-led initiatives.

Multicultural Health Services across local health districts are working closely together to ensure culturally and linguistically appropriate COVID-19 vaccine resources are being developed and disseminated to the targeted CALD communities.

The Australian Government engaged the Settlement Council of Australia (SCOA) to make outbound calls to vulnerable communities. NSW provides the latest localised information to SCOA to assist them with these calls.

118. The NSW Health COVID-19 communications strategy utilises a variety of social media channels to provide all demographics across diverse communities with access to accurate COVID-19 information. Channels include Facebook, Instagram, Twitter, LinkedIn, TikTok and WeChat. In partnership with TikTok Australia, NSW Health provides credible, trusted sources of information on COVID-19 rules and vaccination, to younger demographics across NSW. NSW Health also works with stakeholders such as the Advocate for Children and Young People (ACYF), Multicultural Health Communication Services (MHCS), Clubs NSW, NSW universities and the NSW Department of Education to communicate key health advice to younger demographics through a range of online and offline channels.

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119. The NSW Government's response to COVID-19 is flexible and scalable to respond to the evolving situation. The approach is regularly reviewed based on expert health advice, along with international and local evidence.
120. People can book an appointment using the COVID-19 Vaccine Eligibility Checker. The Eligibility Checker does not require ID or Medicare card details to make an appointment, however a mobile number and email address are required to book through NSW Health. If the individual does not have an email or mobile, they can ring Healthdirect on 1800 57 11 55 to make an appointment. The Eligibility Checker is now available in a range of languages to assist individuals where English is not their first language. If individuals need access to a free interpreter, they can call the Translating and Interpreting Services on 13 14 50.

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

Vaccination priority occupations

121. Child protection workers, housing workers attending people's houses in emergencies, probation and parole officers in Community Corrections keeping our community safe, critical emergency workers in Traffic Management Controllers and Heavy Vehicle Inspectors in Transport and support staff at NSW schools have all worked on the frontline of the pandemic to keep our State running. Why has the NSW Government chosen not to prioritise these occupations for vaccination with Pfizer so that these workers can become fully vaccinated within as short a timeframe as possible?

Answer

121.

Australia's COVID-19 vaccination program is led by the Australian Government. The vaccine supply from the Australian Government determines how rapidly the roll-out can occur.

All people aged 12 years and over are eligible for vaccination against COVID-19.

Priority Pfizer vaccination appointments were made available to all people aged 16 up to 59 years living in the local government areas (LGAs) of concern. In addition, priority vaccination campaigns have targeted construction workers, early childhood, disability, food workers and all authorised workers aged 16 and over who reside and/or work in LGAs of concern.

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

Contact tracing

122. How many contact tracers are currently employed by the Ministry of Health?
- (a) How many contact tracers are employed by labour hire firms?
 - (b) Which labour hire firms have been engaged by the Ministry of Health to deliver contact tracing services?
 - i. How many workers are currently employed by each of these labour hire firms?
123. How many people are employed overall in the contact tracing service?
- (a) What is their composition by employment status?
124. What is the standard length of contract being offered to casual contact tracers?
- (a) What is their composition by employment status?
125. How much is being spent by the government to outsource the contact tracing service?
126. What is the government paying Randstad per contact tracer per hour?
- (a) How much are the workers actually getting paid to do this work?
127. Why, in the middle of this crisis, are Contact tracers subject to a restructure that sees them decentralised to the Area Health Services?
128. Is asking the Department of Communities for staff to form contact tracer teams an admission that this government has failed in its planning?
- (a) Was this considered before or after private contractors were put in place?
129. What is the turnover rate amongst contact tracing contractors?
- (a) Please provide a breakdown of the reasons contact tracers give for leaving their positions?

Answer

122. - 125.

The contact tracing workforce requires flexibility and surge capacity to be rapidly increased during outbreaks of COVID-19 and decreased when there is limited or no community transmission. Contact tracing functions may be performed by NSW Health staff, other government agency staff, and

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contractors (contingent workers) through labour hire arrangements. Contingent workers are engaged as contact tracers up to 30 June 2022.

The use of contingent workers supports scalability of the contact tracing team and enables NSW Health staff to focus on strategic and operational aspects of the COVID-19 response rather than additional administrative processes. While contingent workers are sourced through labour hire firms, the contract tracing services are delivered by NSW Health.

126. Randstad is not being paid per contact tracer per hour. The contact tracer salaries vary depending on whether they are engaged as a contractor or deployed from an existing health agency or other government agency.

127. Contact tracers have not been subject to a restructure decentralising their working arrangements.

128. No. Additional support has been provided by a number of NSW Government agencies and has been part of the planning since the beginning of the pandemic response.

129. Contract tracers leave their positions for numerous reasons.

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

Test and isolate payments

130. Can you explain why the test and isolate payment is not available state-wide?

Answer

130. On 8 September 2021, the Test and Isolate Support Payment was extended to all of NSW.

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

Shoalhaven District Memorial Hospital

131. With regard to the Government's commitment to commence work on the redevelopment of the existing Shoalhaven District Memorial Hospital site in Nowra in 2021:

- (a) What is the early work that will commence on site in 2021?
- (b) When will it commence?
- (c) How much will the work cost?
- (d) Of the \$11.7 million allocated in 2021-22 budget announced in June 2021, how much has been spent?
 - i. What was it spent on?
- (e) When will the redevelopment project be complete?
- (f) What is the project timeline and milestones for delivery of the redevelopment?

132. Given the Government acknowledges the redevelopment of the Shoalhaven District Memorial Hospital is required to address the immediate urgent need for increased capacity at the existing facility, however is likely to come under further pressure as the population of the Shoalhaven District increases:

- (a) What work has the Government done to plan for increased capacity in the Illawarra Shoalhaven Local Health District beyond the expected completion of the Shoalhaven Hospital?
- (b) Has the Government done any planning work to consider an additional greenfield hospital site in the Shoalhaven District to supplement the completed redeveloped hospital in Nowra?

Answer

131. (a) – (f)

Early works have commenced on site and will include construction of a site office, detailed geotechnical investigations, detailed surveys and additional due diligence and preparatory works as required. Construction of the \$438 million project will commence in this term of government. Updates on health infrastructure projects in planning or delivery are publicly available on NSW Health websites.

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132. (a) – (b)

Planning for the \$438 million Shoalhaven District Memorial Hospital redevelopment has taken into account the long-term service needs of Shoalhaven residents and the master plan allows for future expansion beyond the current redevelopment on site. The new health infrastructure will support a range of ambulatory and community services that will help to manage future demand and allow for the expansion of services such as hospital and rehabilitation in the home. The new hospital will be digitally enabled, allowing for the enhancement of digital technology and virtual care, which is already supporting people with chronic conditions to live well at home and prevent an emergency department presentation and hospitalisation.

Questions from the Hon Mark Buttigieg MLC (on behalf of the Opposition)
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Eurobodalla Hospital

133. In relation to the construction of the new Eurobodalla Hospital, Member of Bega and Minister for Transport Andrew Constance has stated the construction at the new site in Moruya will commence in 2021:

- (a) What is the work that will be completed on site in 2021?
- (b) Of the \$14.3 million that has been allocated in the 2021-22 budget:
 - i. How much has been spent?
 - ii. What was it spent on?
- (c) When will the construction of the Eurobodalla Hospital be complete?
- (d) What is the project timeline and milestones for delivery of the new hospital?

Answer

133. It is expected that early works will commence on site after the site acquisition process is complete. Planning for the new facility is continuing.

The 2021-22 financial year funding allocation will contribute to the ongoing development of design, land acquisition costs and early works on the new hospital site.

Updates on health infrastructure projects in planning or delivery are publicly available on NSW Health websites.

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

Milton Ulladulla Hospital

134. Given the Government acknowledges the increasing pressure on health infrastructure and services in the Illawarra Shoalhaven Local Health District:
- (a) What work has been done in relation to planned upgrades for the Milton Ulladulla Hospital?
 - (b) What is the project timeframe for improvements and upgrades at Milton Ulladulla Hospital?

Answer

134. During 2020 and 2021, Milton Ulladulla Hospital has completed significant improvements to its fire safety systems, its access control system, its emergency power supply, and a refresh of its bathrooms. Upgrades currently underway include the creation of two ward negative pressure rooms and one resuscitation bay, due for completion in September 2021, and redesign of the emergency department, due for completion in October 2021.

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

Wollongong Mass Vaccination Centre

135. On what date will the Wollongong Mass Vaccination Centre have enough vaccine to deliver the maximum 2500 doses a day that it was designed to deliver?
136. On what date was the decision made not to deliver the additional Pfizer vaccines to take daily dose capacity at the Wollongong Mass Vaccination Centre?
137. On what date do projections indicate that 70 per cent of the populations of the following postcodes will be fully vaccinated:
- (a) 2518
 - (b) 2500
 - (c) 2502
 - (d) 2505
 - (e) 2506
 - (f) 2530
138. What does the Minister recommend people who have attempted to get a fully vaccinated by booking or walk-in by September 13, 2021 do if appointments and walk-in options are not available in their area?
139. What plans does NSW Health have to provide vaccines to the postcodes in Question (66) which have not reached:
- (a) 70 per cent fully vaccinated targets?
 - (b) 80 per cent fully vaccinated targets?

Answer:

135 – 136.

I refer the Member to the response at LC 7324.

137. I refer the Member to the response at LC 7323.

138. – 139.

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The majority of the COVID-19 vaccines are supplied by the Commonwealth to a growing number of general practitioners and community pharmacies, as well as other providers including Aboriginal Community Controlled Health Services (ACCHS), in addition to NSW Health's vaccination clinics. People can check for appointments in their area by visiting the Australian Government's Eligibility Checker.

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

140. For each department, agency, State-owned corporation or other body, and for each division of those bodies, if any, in your portfolio/cluster in FY 20/21 what was the total amount spent on each of the following categories?

- (a) Indoor plants
- (b) coffee and tea
- (c) crockery
- (d) kettles, sandwich presses and toasters
- (e) alcohol
- (f) cakes, muffins and pastries
- (g) computers, computer monitors and office chairs
- (h) office renovations and fit-outs
- (i) taxi and rideshare expenses
- (j) office equipment
- (k) office renovations or upgrades
- (l) hospitality
- (m) conferences
- (n) travel
- (o) accommodation
- (p) employee development and training activities
- (q) study assistance
- (r) travelling and meal expenses
- (s) temporary accommodation benefits - commercial and private
- (t) removal and storage expenses
- (u) education of children
- (v) reimbursement of transaction expenses (includes stamp duty, real estate costs for employee who is moving)
- (w) reimbursement of incidental costs (includes gas, electricity)
- (x) additional benefits.

141. For each department, agency, State-owned corporation or other body, and for each division of those bodies, if any, in your portfolio/cluster, from FY 20/21 what are details (specific item, and

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total cost) of the top five most expensive occurrences of spending on each of the following categories?

- (a) indoor plants
- (b) coffee and tea
- (c) crockery
- (d) kettles, sandwich presses and toasters
- (e) alcohol
- (f) cakes, muffins and pastries
- (g) computers, computer monitors and office chairs
- (h) office renovations and fit-outs
- (i) taxi and rideshare expenses
- (j) office equipment
- (k) office renovations or upgrades
- (l) hospitality
- (m) conferences
- (n) travel
- (o) accommodation
- (p) employee development and training activities
- (q) study assistance
- (r) travelling and meal expenses
- (s) temporary accommodation benefits - commercial and private
- (t) removal and storage expenses
- (u) education of children
- (v) reimbursement of transaction expenses (includes stamp duty, real estate costs for employee who is moving)
- (w) reimbursement of incidental costs (includes gas, electricity)
- (x) additional benefits.

Answer

140. – 141.

Procurement and other expenditure by NSW Health agencies is undertaken in accordance with the relevant policies/procedures and in accordance with applicable procurement policy. NSW Health cluster Financial Statements, including details on general expenditure, are publicly reported each year in the NSW Health annual report.

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

Youth suicide and self-harm

- 142. Please list monthly frequency of suicides by under 18s in each local health district since January 2019
- 143. Please list monthly frequency of suicides by 18-24s in each local health district since January 2019.
- 144. Please list monthly frequency of self-harm presentations by under 18s in each local health district since January 2019
- 145. Please list monthly frequency of self-harm presentations by 18-24s in each local health district since January 2019.

Answer:

142 - 143

Data on suspected suicides in NSW are published monthly in the NSW Suicide Monitoring System Report and can be found at: <https://www.health.nsw.gov.au/mentalhealth/Pages/suicide-monitoring-system.aspx>.

NSW Health and NSW Department of Communities and Justice continue to work closely to develop more detailed reporting.

The Strategic Framework for Suicide Prevention in NSW 2018-2023 was launched by the NSW Premier, with the Minister for Mental Health, in October 2018. The Framework guides suicide prevention activities in NSW until 2023 and marks the beginning of the journey towards zero suicides in NSW. The NSW Government is committed to preventing suicide and self-harm through the Towards Zero Suicides Premier’s Priority. This \$87 million investment in suicide prevention includes a strong focus on young people.

144.

Emergency Department Self Harm Presentations, People Under 18. Monthly frequency (presentations per month), by Local Health District (LHD)	2019	2020	2021 (Jan 1 to July 31)
Central Coast LHD	53.5	68.9	72.9
Far West LHD	4.2	6.1	4.7

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Emergency Department Self Harm Presentations, People Under 18. Monthly frequency (presentations per month), by Local Health District (LHD)	2019	2020	2021 (Jan 1 to July 31)
Hunter New England LHD	133.6	165.7	194.6
Illawarra Shoalhaven LHD	42.6	51.2	62.1
Mid North Coast LHD	38.8	52.9	66.0
Murrumbidgee LHD	40.8	47.0	56.3
Nepean Blue Mountains LHD	34.3	42.8	40.7
Northern NSW LHD	51.1	59.0	72.1
Northern Sydney LHD	70.1	93.2	104.7
South Eastern Sydney LHD	49.0	47.3	61.7
South Western Sydney LHD	104.6	127.3	133.9
Southern NSW LHD	26.3	33.8	38.3
St Vincent's Health Network	3.3	4.7	8.6
Sydney Children's Hospitals Network	73.8	112.3	117.4
Sydney LHD	27.3	28.5	37.1
Western NSW LHD	61.9	75.6	85.9
Western Sydney LHD	49.3	63.3	69.7

The NSW Government has responded by announcing \$109.5 million in this year's Budget to establish 25 new 'Safeguards' Child and Adolescent Mental Health Response Teams across NSW. This is the single biggest investment in child and adolescent mental health ever made.

145.

Emergency Department Self Harm Presentations, People 18 to 24 years. Monthly frequency (presentations per month), by Local Health District (LHD)	2019	2020	2021 (Jan 1 to July 31)
Central Coast LHD	62.5	66.8	61.6
Far West LHD	4.3	5.5	6.9
Hunter New England LHD	116.7	124.0	133.3
Illawarra Shoalhaven LHD	51.3	53.7	47.1
Mid North Coast LHD	41.9	42.9	49.9
Murrumbidgee LHD	54.8	55.0	63.0
Nepean Blue Mountains LHD	39.8	50.1	47.6

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Emergency Department Self Harm Presentations, People 18 to 24 years. Monthly frequency (presentations per month), by Local Health District (LHD)	2019	2020	2021 (Jan 1 to July 31)
Northern NSW LHD	54.0	55.4	48.0
Northern Sydney LHD	71.1	62.2	65.9
South Eastern Sydney LHD	75.4	69.8	62.7
South Western Sydney LHD	119.4	115.4	103.7
Southern NSW LHD	28.6	25.8	28.1
St Vincent's Health Network	22.9	21.1	29.0
Sydney Children's Hospitals Network	-	-	-
Sydney LHD	55.1	54.8	63.3
Western NSW LHD	56.3	60.1	81.9
Western Sydney LHD	90.6	102.8	104.7

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

Palliative Care – Westmead hospital

146. Western Sydney Local Health District Supportive & Palliative Care service is currently undergoing an external review. The Minister for Health & Medical Research has ordered the report for the review be submitted by the end of September. When will this report be released for public comment and recommendations acted upon?
147. What is the estimated cost of setting up a stand-alone 20 bed dedicated palliative care ward at Westmead hospital?
148. What would be the estimated annual running cost of a stand-alone 20 bed dedicated palliative care ward at Westmead hospital?

Answer

146. – 148.

The independent reviewer for the Western Sydney Local Health District Clinical Palliative Care Review is expected to provide their final report to the District's Chief Executive by 30 September 2021. Identifying the cost of setting up and running a stand-alone 20 bed dedicated palliative care ward at Westmead Hospital will require an extensive capital planning and costing process.

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

Question to Michael DiRienzo, Chief Executive, Hunter New England Local Health District.

Tenterfield hospital

149. Can Mr DiRienzo please advise why he believes an internal review rather than an independent investigation was the appropriate way to proceed to address various concerns raised by the public regarding Tenterfield hospital?

Answer

149. The formal review into ongoing concerns raised about Tenterfield Hospital was undertaken by two senior staff members from other services in Hunter New England Health.

These staff are not external to the District, however they are independent of the operations and management of Tenterfield Hospital, and are both highly experienced and respected experts in the management of rural and regional health services.