

**BUDGET ESTIMATES 2022  
Supplementary hearings**

**Questions taken on notice  
Portfolio Committee No. 2 – Health**

**Women, Regional Health, Mental Health**

**Hearing: Thursday 3 March 2022**

**Answers due: 5pm 30 March 2022**

**Minister Taylor – Budget Estimates 2021-2022 – Answers to questions on notice**

Transcript page: 8

Regional health funding

**Ms CATE FAEHRMANN:** You have come in as a result, in some ways, of some of the crises that have been highlighted during the regional health inquiry, some of the failings, if you like, of the regional health system and the fact that a fair bit needs to be fixed. You have come in as a Ms Fix-it. Is that right?

**The Hon. BRONNIE TAYLOR:** I hope so, Ms Faehrmann. That will be for you to judge when I have had a bit more time in the job.

**Ms CATE FAEHRMANN:** Do see it as your challenge to fix the regional health system? That is what you have been brought in to do.

**The Hon. BRONNIE TAYLOR:** Anything in Health is a challenge. It is a big system. It is a \$30 billion a year portfolio—it is massive.

**Ms CATE FAEHRMANN:** Is that Regional Health?

**The Hon. BRONNIE TAYLOR:** No, that is the entire health system.

**Ms CATE FAEHRMANN:** What is it for Regional Health, just out of curiosity?

**The Hon. BRONNIE TAYLOR:** For Regional Health in terms of splitting that, I could not tell you exactly. I would have to take that on notice.

**ANSWER:**

The total health budget in 2021-22 is \$30.2 billion, including a \$27.1 billion expenses budget and \$3.1 billion capital budget. Of the expenses budget, \$19.6 billion is provided directly to Local Health Districts, including \$8.7 billion, or 44 per cent, to rural and regional local health districts.

There are currently over 110 health capital works projects underway across the state with more than 70 projects in rural and regional NSW. In the 2021-22 financial year, the NSW Government will spend just over \$900 million for health capital works in regional and rural communities.

Regional Local Health Districts also benefit from the overarching pillars of the health system including the Clinical Excellence Commission, NSW Ambulance services, HealthShare and ACI, Health Infrastructure and the Cancer Institute.

Transcript pages: 20-21

Women NSW staff

**TANYA SMYTH:** Women NSW was responsible for domestic and family violence, sexual violence and women's policy. There were some staff that transferred to another area of our strategy policy and commissioning division that look after domestic violence strategies. So they transferred rather than the women's policy team reducing.

**The Hon. ROSE JACKSON:** How many staff were in that category that you just described?

**TANYA SMYTH:** That are continuing to work on domestic and family violence?

**The Hon. ROSE JACKSON:** Yes, how many staff who were working in that portfolio area transferred out of Women NSW into some new unit?

**The Hon. BRONNIE TAYLOR:** It was because the portfolios were split.

**TANYA SMYTH:** Yes.

**The Hon. BRONNIE TAYLOR:** It is not that they have gone or changed. It is just that we are focusing on women's economic opportunity and there is a specific focus on domestic and family violence, and that happened when the portfolios were split after the last election.

**TANYA SMYTH:** I will have to take it on notice. It is a handful of positions.

**ANSWER:**

As part of the reform, seven roles moved from Women NSW to report to the Domestic and Family Violence Strategy branch in DCJ.

Transcript page: 22

The Illawarra Women's Health Centre - women's trauma recovery centre

**Ms ABIGAIL BOYD:** The Illawarra Women's Health Centre submitted the business case for its women's trauma recovery centre to Women NSW on 20 July 2021. The Ministry of Health funded the business case for that. When will the Government respond to the business case?

**The Hon. BRONNIE TAYLOR:** That particular one will sit with the domestic and family violence Minister in terms of that centre. I am aware of that centre and I have met with them myself. I think that they do an incredible job. I have not seen the business case myself. It is also something else as well that Dr Virgona, who is the chief psychiatrist in New South Wales, has made representations to me about. But in terms of where that is at, that would be part of a budget process and are budget matters.

**Ms ABIGAIL BOYD:** Even though it was submitted to Women NSW that still sits under Minister Ward now, does it, rather than yourself?

**The Hon. BRONNIE TAYLOR:** Ms Boyd, I will have to take that particular part on notice.

**ANSWER:**

This proposal is related to domestic and family violence and is therefore the responsibility of the Minister for Women's Safety and the Prevention of Domestic and Sexual Violence.

Transcript page: 23

Her Sport Her Way grants

**Ms ABIGAIL BOYD:** I love the pun. Can you please table on notice the specific criteria that the HSHW grants are assessed against?

**The Hon. BRONNIE TAYLOR:** Sure, unless someone can answer that. Would that not be for Sport? We will take it on notice and have a look at that.

**ANSWER:**

The assessment criteria can be found in the Her Sport Her Way Grant Program 2020/2021 Guidelines, publicly available on the NSW Office of Sport website.

[www.sport.nsw.gov.au](http://www.sport.nsw.gov.au)

Transcript page: 24

Gender pay gap

**Ms ABIGAIL BOYD:** What does the public sector employee gender superannuation gap look like? Do you have that data?

**The Hon. BRONNIE TAYLOR:** Not in front of me in terms of the superannuation gap. We can take that on notice.

**Ms ABIGAIL BOYD:** Let me know if it is not data that you track, but it would be useful to know.

**ANSWER:**

This is a matter for the Minister for Employee Relations.

Transcript page: 33

Rural and regional LHDs

**The CHAIR:** Minister, on notice, would you be able to provide to the Committee a list of exactly which local health districts you have responsibility for?

**The Hon. BRONNIE TAYLOR:** Certainly. That would be the nine rural and regional local health districts, Chair, but I am happy to write those out.

**ANSWER:**

Far West, Hunter New England, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW and Western NSW Local Health Districts. In addition, I am responsible for regional and rural oversight of the Illawarra-Shoalhaven, and Central Coast Local Health Districts.

Transcript page: 38

Paramedic workforce

**PHIL MINNS:** In a general sense, the Government announced three years ago that they were going to enhance the paramedic workforce with 700 additional paramedics and 50 control centre staff. So in 2018-19, 213 paramedics were onboarded, and 13 medical emergency call takers.

**Ms CATE FAEHRMANN:** Sorry, Mr Minns—is this for the whole State?

**PHIL MINNS:** It is for the whole State.

**Ms CATE FAEHRMANN:** Thank you.

**PHIL MINNS:** But in that first tranche, that first year, there were additions in regional settings:

Belmont, Ettalong, Evans Head, Toronto, Wagga Wagga, Bulli, Dapto, Bay and Basin, and Berry. In 2019-20, 209 paramedics were brought on, and a further 12 call takers.

**Ms CATE FAEHRMANN:** Thank you. Maybe I will get you to provide the rest on notice, if that is okay, because that is very useful.

**ANSWER:**

In 2018-19, 187 paramedics were allocated under the Statewide Workforce Enhancement Program (SWEP) across Bankstown, Sydney Ambulance Centre, Bay and Basin, Berry, Northmead, Wagga Wagga, Blacktown, Evans Head, Liverpool, Penrith, Haberfield, Dapto, Bulli, Toronto, Belmont, Kogarah and Ettalong. A further 10 Extended Care Paramedics, and 13 Control Centre staff.

In 2019-20, 199 paramedics were allocated SWEP across Woolgoolga, Sawtell, Macksville, Nambucca Heads, Pottsville, Artarmon, Hamlyn Terrace, Bungendore, Dubbo, Albury, Mullumbimby, Rutherford, Hamilton, Bomaderry, Oak Flats, Bathurst, Orange, Queanbeyan, Byron Bay, Kingscliff, Murwillumbah, Point Clare, Wollongong, Birmingham Gardens, Batemans Bay, Bega and Moruya. A further 10 Extended Care Paramedics and 12 Control Centre staff were also allocated across NSW.

In 2020-21, 157 paramedics were allocated under SWEP across Macquarie Fields, Liverpool, Blacktown, Casino, Tweed Heads, Bermagui, Griffith, Leeton, Narrandera, Doyalson, Kempsey, Inverell, Narooma, Cowra, Penrith, Tuncurry, Forster and Singleton. A further 10 Extended Care Paramedics and 13 Control Centre staff were also allocated across NSW.

In 2021-22, 23 paramedics have been allocated under SWEP across Armidale, Glen Innes, Muswellbrook, Narrabri, Iluka and Penrith. A further 12 Control Centre staff were also allocated to Sydney Control Centre.

Extended care paramedic training

**Ms CATE FAEHRMANN:** I have information before me, which is that they are only trained at the Nepean Clinical School and Nepean Hospital. That is an unacceptable situation, surely. You can imagine how difficult it is for so many regional paramedics to then choose if they wanted to become extended care paramedics—again, we need more of them—if they need to somehow make their way to Sydney to do that training. That is a huge barrier, Minister.

**The Hon. BRONNIE TAYLOR:** I am not completely sure I take your word for it, that that training is not available. I appreciate and I do understand about the barrier about accessing that sort of education when you cannot access it locally. What I will say, however, is that when you need that expert training and if it is in one place and that is where the majority of that training is going to take place and the majority of the exposure and the ability to get that paramedic up to that level of, as you said, advanced life support and that, obviously I want to see that training done in the regions if I can. But if we are going to get the best outcomes to bringing people into a metropolitan area to train them, then what we have to make sure is that they are able to do that, that their families are looked after, that we are able to fill those shifts and make sure that we make it as easy for them to be able to do that as possible. I take your point on board. I think that—to be able to train as many people locally as we can. That is why it was wonderful to see when we saw those—it was 153 new graduate paramedics and, out of that, 63 were going to the regions. What they actually did was they allowed them to do that practical component in the regions, which was really wonderful and which is more of what I want to see. But I completely take your point on board. May I take that part of the question on notice in terms of that training?

**Ms CATE FAEHRMANN:** Yes, take it on notice or commit to having a look at whether it is just Nepean Hospital.

**The Hon. BRONNIE TAYLOR:** Absolutely, I will have a look at it. What I will commit to is getting back to you on that as well.

**ANSWER:**

Extended Care Paramedic (ECP) training is a specialist field of Paramedicine that NSW Ambulance Paramedics can apply for. Selection for ECP training is on the basis of a competitive recruitment process.

NSW Ambulance has an agreement with the University of Sydney Nepean Clinical School to assist in the initial training of ECPs. This location offers access to specialist equipment and subject matter experts who provide ECP trainees with a level of experience best suited to meet the education requirements for ECP initial training.

On successful completion of training, ECPs are then rostered at various locations within NSW Ambulance Clinical Operations. ECP rosters also have embedded education days that can be facilitated locally through existing partnerships at health facilities relevant to this specialist field of Paramedicine.

Transcript pages: 41-42

Department Liaison Officers

**The Hon. WALT SECORD:** I remember that during my time as chief of staff and director of communications over a 15-year period there would be the allocation of DLOs and PLOs—I am not sure what they are called anymore. I think they are department liaison officers. Would there be a doubling of advisers between Minister Taylor and Minister Hazzard? Would they both get DLOs to carry out Health work?

**NIGEL LYONS:** Minister Taylor has been the Minister for mental health previously. From the point of view of the support the ministry provides, I do not think that there has been any change to the support that the office is receiving from the Ministry. Would that be right, Phil?

**PHIL MINNS:** It might be best to take it on notice.

**NIGEL LYONS:** We might take it on notice to be absolutely clear. We have provided support previously to Minister Taylor's office because she was the Minister for mental health, so the arrangements continue.

**The Hon. WALT SECORD:** I accept that Mr Minns has taken the question on notice, but what happens currently? Is there a Health DLO in Minister Taylor's office as well as a Health DLO and one or two in each office currently? That is not something you would need to take on notice. You could probably tell me right now.

**PHIL MINNS:** They have ministerial office staff, but I am not completely familiar with how that responsibility is allocated within the office. It is a question that I would need to put to the Minister's chief of staff.

**ANSWER:**

NSW Health provides DLO support to both portfolios at both Minister's offices. Ministerial adviser positions are a matter for each Minister.

Transcript page: 42

Ministers for Regional Health in states and territories

**The Hon. WALT SECORD:** Do other States and Territories have Ministers for rural or regional health? Do you know, Dr Lyons?

**NIGEL LYONS:** I do not know off the top of my head, Mr Secord. We could ascertain that for you. I have not taken a close interest in the arrangements in other States or the ministerial portfolios.

**ANSWER:**

No. NSW is the only state with a specific Minister for Regional Health.

Transcript pages: 42-43

Number of staff in Executive and Ministerial Services

**The Hon. WALT SECORD:** How many people work in the Department of Health in ministerial liaison or executive management that relates to the Minister?

**PHIL MINNS:** I need a bit more clarity on the question.

**The Hon. WALT SECORD:** I am not completely familiar with the structure because I have moved on to Police, but I have kept a passing interest in Health. There used to be an executive branch in various departments that was responsible for ministerial correspondence and supporting the Minister. What is the size of NSW Health's ministerial support unit, if it is called that? If it is not called that, can you tell me what it is called?

**PHIL MINNS:** We have a branch called Executive and Ministerial Services.

**The Hon. WALT SECORD:** Yes, that is what I mean.

**PHIL MINNS:** Someone will send me a text with the exact number of staff that are in it, but I think it is in the 40s.

**The Hon. WALT SECORD:** If you need to take it on notice, I understand, but can you give me the number one month before the appointment of Minister Taylor and how many people will be there on 3 March, as at close of business today?

**PHIL MINNS:** Yes, I can do that, Mr Secord, but I am not aware of any increase.

**The Hon. WALT SECORD:** But can you check just in case it has occurred?

**PHIL MINNS:** Yes.

**ANSWER:**

There were 36 working in roles in the Executive and Ministerial Services branch one month before Minister Taylor was appointed on 21 November 2021. This branch manages all Executive and Ministerial correspondence for both the Minister for Women, Regional Health and Mental Health, as well as the Minister for Health.

At the close of business on the 3 March 2022, there were 38 staff working in roles in this branch following the recruitment of two staff to fill vacant positions. No new roles were created during this period.

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Midwife salary

**Ms CATE FAEHRMANN:** What is the salary for midwives?

**MURRAY WRIGHT:** I would need to look up their starting salary. I will be able to do that.

**Ms CATE FAEHRMANN:** Thank you, yes.

**ANSWER:**

NSW Health nurses and midwives are paid in accordance with the rates contained in the Public Health System Nurses' and Midwives' (State) Award.

This table shows the base salary as per the current Award rates for Registered Nurses and Midwives from their first year in the workforce (RN 1) to their eight year and thereafter (RN 8+). This base salary does not include any types of penalties or additional payments such as shift allowances or overtime that are paid in accordance with the NSW Nurses and Midwives Award.

<b>Classification</b>	<b>Award \$ Weekly Salary 2021/2022</b>	<b>Award \$ Yearly Salary 2021/2022</b>
RN 1 Registered Nurse / Midwife	1,259.00	65,692.82
RN 2 Registered Nurse / Midwife	1,327.30	69,256.62
RN 3 Registered Nurse / Midwife	1,395.90	72,836.07
RN 4 Registered Nurse / Midwife	1,469.30	76,665.98
RN 5 Registered Nurse / Midwife	1,542.30	80,475.01
RN 6 Registered Nurse / Midwife	1,614.80	84,257.96
RN 7 Registered Nurse / Midwife	1,697.90	88,594.00
RN 8+ Registered Nurse / Midwife	1,767.70	92,236.06

Transcript pages: 46-47

Midwives in regional NSW

**Ms CATE FAEHRMANN:** Does the Government have a target within a plan to increase the number of midwives in regional areas?

**MURRAY WRIGHT:** Broadly speaking, yes. In the commitment made by the Government in 2019 to an additional health workforce, I think it was 8,300, in that total there was a number that were nurses and there was a number that were midwives.

**Ms CATE FAEHRMANN:** If it could be taken on notice, the numbers of that plan in terms of the targets, if you like. I am assuming it is in the forward estimates in terms of how many and then maybe how many have been recruited during the last two years. That would be useful too.

**MURRAY WRIGHT:** Okay.

**ANSWER:**

As part of the NSW Government's election commitment, a total of 8300 frontline staff, including doctors, allied health and other professionals will be added to the workforce, with 45 per cent in the regions. This includes an additional 5000 nurses and midwives.

Transcript page: 48

Process for sending correspondence to Ministers

**The CHAIR:** Thank you. Just returning to the issue of the new structure arising from the creation of the new position of Regional Health Minister, I am looking at a document which is the NSW Health organisational chart—which I am sure you are familiar with. It has been updated to the extent that it is dated 7 December 2021.

At the very top it has got Ministers, so it obviously accommodates the fact that there are two Ministers. Going over the page, we have got the local health districts. As we were discussing earlier today when the Minister was present, there are nine that she has responsibility for, as I best understand her evidence. Two of those nine are the Nepean-Blue Mountains Local Health District and South Western Sydney Local Health District, which bleed into rural areas but there is metro component or consolidated population component. In terms of members of Parliament from either House corresponding on issues over constituent matters, I wonder whether you can take this on notice—and I mean this as quite a serious question. At least until the new structure is shaken down so we can clearly understand it, that correspondence on issue be cc'd to the other Minister. In other words, that if it is a matter that clearly is from one of those regional areas and there is no question that it is for Minister Taylor, that nevertheless, we should cc Minister Hazzard in or vice versa. There could be some occasion where we need to cc Minister Taylor in. The only reason I raise that is because until things get set up and shaken down, some things will need to be dealt with and processed as we proceed into the future. I know the Minister said that there will be meetings between the two and the sharing of correspondence and what have you, but we all know how large the health system is in New South Wales. We know that sometimes, if something does get missed, it can have awful consequences, quite inadvertently, sometimes tragic. To ensure that there is the communication and that we do not have it fall between the stool legs—if I can put it that way—could you take on notice if we could hear back from the Minister about whether or not there should be a cc-ing in—not reflecting on either Minister, but just to ensure that the questions and the issues have gotten through to where they need to be.

**NIGEL LYONS:** Yes, Chair. We will take that on notice.

**The CHAIR:** With respect to the local health districts and specifically what is under the list here—and it is not strictly a local health district but nevertheless it falls under the category of local health districts and specialty networks—the Justice Health and Forensic Mental Health Network: apropos the Minister's evidence earlier today, are we to take that if there is a jail that is outside—I withdraw that and I will put it another way. If there is a jail that is within one of the local health districts that she has responsibility for, we should be communicating to her over the matter—in other words, a justice health matter—or that that would be a matter to raise with the health Minister, or whether we should cc each other into it? I do not know whether you have anything to say.

**NIGEL LYONS:** I think we will take that on notice as well, thanks, Chair.

**ANSWER:**

The Health Portfolio Ministers and their offices work closely together. Members of Parliament can address correspondence to either Minister, and their offices will work together and with the NSW Ministry of Health to ensure correspondence is appropriately processed.

Transcript pages: 48-49

Specialty Network correspondence and arrangements for Ministers

**The CHAIR:** Okay. With respect to the Sydney Children's Hospital network—and we understand that that network of hospitals falls within the greater Sydney metropolitan area—does it, though, have any outreach as a network formally into the regions which would pick up the responsibility now or part thereof that the regional health Minister has?

**NIGEL LYONS:** Just to make a specific comment about that, they do provide outreach into the rural districts.

**The CHAIR:** Yes.

**NIGEL LYONS:** But they are positions and services that outreach from the Randwick and Westmead campuses.

**The CHAIR:** I thought so, yes. So they would come back to—

**NIGEL LYONS:** There is a range of different services that are providing statewide services and my general comment would be that they should continue to operate as statewide services. They have been set up for that purpose. Things like the ambulance service is a statewide service; we have a pathology service which is a statewide service; we have the Justice and Forensic Mental Health Network, as you indicated, which has a statewide role; the Sydney Children's Hospital network has a statewide role. Those services which have a statewide remit will continue to have a statewide remit. So we will take on notice the arrangements that the Ministers' officers will come to around how they would like those matters dealt with.

**The CHAIR:** It is just facilitative.

**The Hon. WALT SECORD:** On that point, if you are an isolated patient, would you come under Minister Taylor or would you come under Minister Hazzard getting treatment in Sydney? In fact, I remember from personal experience—when my daughter had surgery almost 30 years ago—that there were people from the country, from Tamworth and places like that, who were in Sydney. They were clearly country patients but they were in Sydney receiving services.

**NIGEL LYONS:** These are the matters that I think the Minister indicated are being worked between the two offices. I think we will take it on notice until those decisions are completed and everyone is clear.

**The CHAIR:** Thank you for that. I appreciate that. I do understand that this is a complex area, but I wonder if you could take on notice a question which specifically seeks whether or not there is a reasonably clear timetable set down for which we will be able to have an understanding of what these new arrangements are?

**ANSWER:**

Statewide services such as the Sydney Children's Hospitals Network (SCHN) continue to be under the remit of the Minister for Health. For example, if a child from regional NSW was receiving care at a metropolitan SCHN facility, issues related to that care are the responsibility of the Minister for Health.

Where there are issues relating to the interface of regional services with statewide services, the issue should be escalated to both Ministers and they will work together to achieve an outcome. For example, if there are access or transport issues that are systemic, they are resolved between the Minister for Health and the Minister for Regional Health.

Transcript page: 51

Waterproof mats for pregnant women

**The Hon. WALT SECORD:** Dr Lyons and Mr Minns, maybe you would like to take this question on notice. In the Minister's inaugural interview talking as the first ever regional health Minister, she commits to addressing the rural hospital work shortfall. In the interview on 2 January 2022 she said that one of the things she wanted to address was "Pregnant women being given waterproof mats in case they gave birth while driving hundreds of kilometres to the nearest maternity wards." What work in that area has been advanced? How many waterproof mats have been provided to women in New South Wales who, in fact, may give birth on the highway on the way to a hospital? If you could please take that on notice. I would like to know for the calendar years 2019, 2020, 2021 and from 1 January to 3 March 2022. I would like to have that material on notice, if you could take that.

**NIGEL LYONS:** We will take that on notice but I just might indicate at this point in time, Mr Secord, that it may be that we do not have documentation around that.

**ANSWER:**

The Minister has never made this comment.

Each woman is individually assessed, and her requirements and care addressed.

The provision of waterproof mats is not standard practice, however if a woman's individual case warrants consideration of this support, it would be discussed with her and provided, as is other individualised education and support.

Transcript page: 51

Shoalhaven Sub-Acute Mental Health Unit Beds

**The Hon. WALT SECORD:** Shoalhaven Sub-Acute Mental Health Unit in the Illawarra-Shoalhaven area is one of the ones that were "repurposed for COVID beds", to quote the Minister. Is it now back to pre-COVID levels? What is happening at the Shoalhaven Sub-Acute Mental Health Unit? Is it back to business?

**MURRAY WRIGHT:** I think we would have to take on notice what the status of that unit is today.

**The Hon. WALT SECORD:** I would like to know what capacity is back in a percentage, and the number of beds that are back from sub-acute mental health.

**ANSWER:**

In September 2021, as part of the Illawarra Shoalhaven Local Health District's COVID-19 response, the Sub-Acute Mental Health Unit at Shoalhaven Hospital was temporarily repurposed for use as a Special Health Accommodation facility.

Consumers that were planned for admission to the Sub-Acute Unit received care in the community and, during this time, if an admission was required, all the inpatient acute and rehabilitation units were open with capacity to respond.

The Unit recommenced accepting mental health consumers from 17 February 2022, with 100 per cent of its capacity (20 beds) available from that date. The District communicated this information publicly via media statement on 16 February 2022.

Transcript pages: 51-52

Mental Health Patients with COVID-19

**The Hon. WALT SECORD:** You would be aware that in prison there were a number of lockdowns and prisoners were kept in cells because of COVID outbreaks and transmission involving the prison system. What occurred involving mental health patients? Is there data on the number of patients in the New South Wales health system that contracted COVID? Dr Wright?

**MURRAY WRIGHT:** I may give you some background, Mr Secord, which might help. I cannot give you a number today, but the background is—

**The Hon. WALT SECORD:** Can you take it on notice then?

**MURRAY WRIGHT:** Yes. But I think it is important to understand that the configurations of our wards, even those wards which were continuously dedicated to mental health patients, were changing sometimes on a daily basis depending on the issues around staff availability—remember, we had a number of staff who were in isolation at times—and also around the determination to be able to manage patients who required an admission but were also either clearly COVID positive or potentially COVID positive. We categorised across the system people as either being red, amber or green, with green being definitely not COVID positive. Those changes were happening on a daily basis, particularly in a couple of the districts with very high community prevalence. Community prevalence translates to the challenges both in terms of staff infections and also patient infections. When a patient is identified as being COVID positive, there is also a kind of staged response because the decision needs to be made whether the mental health unit is the appropriate environment to continue to manage that person or whether their respiratory status is compromised to the degree that they then, in spite of the fact they need to continue with mental health treatment, get moved to a respiratory ward. So there is a lot of shifting parts to that process. I am not certain that we have a number across the State of patients in our mental health inpatient units who tested positive for COVID, but we can see what figures we can provide.

**The Hon. WALT SECORD:** If you can provide those figures and also provide the breakdown by local health district and by hospital, if you can do that.

**MURRAY WRIGHT:** Yes.

**ANSWER:**

The total number of mental health inpatients that contracted COVID-19 in the NSW health system is 1,608.

A breakdown of figures by local health district, and hospital may breach patient privacy, as patients may be identified due to low numbers across local health districts.

Transcript page: 53

Naomi Williams – Tumut Hospital

**The Hon. WALT SECORD:** Thank you. I also want to take you to Tumut Hospital. Several years ago, I think it was two years ago, the Coroner found that implicit bias was a factor in the death of a pregnant First Nation woman, and her mother says that race remains an issue at the hospital. This is obviously involving the tragic death of Naomi Williams, a Wiradjuri woman, who was 27. What systems and changes have been introduced in that hospital since?

**NIGEL LYONS:** I am aware of the circumstances of that tragic case. I would say that the district—and I know full well from having talked directly to the chief executive of the local health district about this matter about how seriously they have taken the matters that were raised during that inquest and the recommendations that were made in response to it. They are very committed to making the changes at Tumut Hospital to make sure that those issues that were raised during that coronial inquest and the actions that need to be taken by the district ensure that the chances of anything like that happening again are minimised, if not eliminated. That is the plan. I appreciate the challenges that there are, and I know that they are very committed to undertaking and continuing to introduce the changes that are required, and I know they are very committed to doing that.

**The Hon. WALT SECORD:** I know a number of recommendations were made to the LHD. Can you take on notice the number of recommendations and how many have been implemented? Does Tumut have one doctor on site 24/7? Is there an emergency doctor on site 24/7? Does the hospital have an anaesthetist? Can you take all of those questions on notice?

**NIGEL LYONS:** I will take those on notice.

**ANSWER:**

Dr Nigel Lyons responded to this question on notice later in the hearing on page 66 of the uncorrected transcript.

Transcript page: 55

Forster Hospital

**The Hon. WALT SECORD:** Dr Lyons, I want to take you to Forster public hospital. In April 2021 the member for Myall Lakes, Stephen Bromhead, promised to deliver a public hospital there. He claimed that it reached a milestone on 23 April with the announcement of an independent consultant. I note that the Government appointed a consultant last year to make recommendations for the various location options for the hospital. Have you now decided on a location?

**NIGEL LYONS:** I will have to take that on notice, Mr Secord. I have not got that detail.

**The Hon. WALT SECORD:** As part of that: How many sights were short-listed for the new hospital? Will the community be consulted prior to the preferred site being selected? What is the expected commencement date for construction of that hospital? What is the expected completion date of that hospital? If you can take all of those on notice—

**NIGEL LYONS:** Thank you. We will take those on notice.

**ANSWER:**

Planning to investigate locations for the proposed new health service has commenced. Several sites are being considered against a range of criteria, including the site's physical characteristics, accessibility, planning and property considerations, acquisition considerations, community considerations and service need. Sites are commercial in confidence.

The community will be consulted during the planning process for the hospital. The commencement of the construction will follow completion of planning.

The expected completion date for the new health facility will be determined when planning for the new health service is complete.

Transcript page: 55

Women NSW staff

**PIA VAN DE ZANDT:** That is right, there are two roles in the communications team.

**The Hon. WALT SECORD:** So 25 per cent of all of the staff?

**PIA VAN DE ZANDT:** Well, in addition to communications and events work they also prepare and develop communication campaigns, for example, in relation to consent and coercive control. You may be familiar with some of them. Make No Doubt is one of them, as well as Speak Out—both very successful campaigns. They also do other activities such as promoting gender equality, promoting grants programs and things like that. It is all very crucial to the work of Women NSW.

**The Hon. WALT SECORD:** I will be really quick and you can take this on notice, if you wish. Of the other six staff members, can you please provide on notice what they actually do there, their primary areas of work responsibility? Thank you.

**ANSWER:**

Further information on the role of staff in Women NSW can be found on the Women NSW website at <https://www.nsw.gov.au/women-nsw/about-women-nsw>

Transcript pages: 56-57

Women's Economic Opportunities Review

**The Hon. EMMA HURST:** Do you know what the goals of that review are in regards to what parts will fall under Minister Taylor?

**PIA VAN DE ZANDT:** There are terms of reference for that review. I can provide some more information, subject to Treasury colleagues. I think we would have to take on notice exactly what—the Treasurer and Minister Taylor both lead that review. To the extent that there are different parts that go to different Ministers, I am not sure that there is a clear distinction. I think the recommendations go to both Ministers.

**ANSWER:**

The Women's Economic Opportunities Review is jointly sponsored by the Treasurer, the Minister for Women and the Minister for Education and Early Childhood Learning. As such, the findings and recommendations of the Review will be delivered to, and considered by, each Minister.

Transcript page: 58

Expert panel chaired by Chief Executive Women

**The Hon. WALT SECORD:** Can I take you to the expert panel chaired by Chief Executive Women president Sam Mostyn? Is there a budget allocation provided to this panel?

**PIA VAN DE ZANDT:** That will be a matter for Treasury colleagues because they are the agency supporting the panel.

**The Hon. WALT SECORD:** So you are not supporting the panel?

**PIA VAN DE ZANDT:** We are working with Treasury to support the panel, but Treasury have the secretariat. It runs the secretariat to support the panel.

**The Hon. WALT SECORD:** Would you be able to obtain, on notice, what the budget allocation is? I think you would be able to do that.

**PIA VAN DE ZANDT:** I would, yes.

**The Hon. WALT SECORD:** Of that budget allocation, what percentage of it in total goes to supporting and funding and paying panellists of that group?

**PIA VAN DE ZANDT:** We can take that on notice.

**The Hon. WALT SECORD:** I want to get an indication of what percentage is actually going on payments to panellists.

**PIA VAN DE ZANDT:** Yes.

**ANSWER:**

The cost to undertake the Women's Economic Opportunities Review is being met from existing budget allocations.

The Expert Reference Panel is being paid in line with the Classification and Remuneration Framework for NSW Government Boards and Committees.

WHIN program – Wellbeing nurses

**The Hon. WALT SECORD:** Thank you. I think I will turn back to Health. How many school-based nurses have gone into New South Wales schools?

**NIGEL LYONS:** Are you talking about the—

**The Hon. WALT SECORD:** The school nurses program.

**NIGEL LYONS:** The wellbeing and health in-reach nurses?

**The Hon. WALT SECORD:** I know it as the school nurses program, but maybe there is an official title for it.

**NIGEL LYONS:** One hundred of those nurses have been announced as the election commitment to be in place over the next few years. There was an initial tranche of 50 who were allocated for recruitment, and of those my understanding is 43 are in post. There has been a further tranche of 50 additional positions that were announced in December out to the districts, and they are in the process of being recruited at the moment.

**The Hon. WALT SECORD:** If you could take on notice the 43 that are in place and the allocation of the 50 that are—

**NIGEL LYONS:** And where they have been allocated to?

**The Hon. WALT SECORD:** Yes.

**NIGEL LYONS:** Yes, certainly. I am happy to take that on notice.

**ANSWER:**

Locations of the 43 wellbeing nurses in place are listed in the table below

**Wellbeing nurses in place by local health district and Local Government Area**

LOCAL HEALTH DISTRICT	LGA	WELLBEING NURSES IN PLACE
Central Coast	Central Coast	2
Far West	Wentworth	1
Hunter New England	Mid-Coast	1
	Tamworth Regional	1
	Maitland	1
	Glen Innes/Inverell	1
Illawarra Shoalhaven	Shoalhaven	2
	Shellharbour	2
	Wollongong	1
Mid North	Kempsey	1
	Nambucca	1
	Port Macquarie-Hastings	1
Murrumbidgee	Leeton	1
	Wagga Wagga	1
	Greater Hume Shire	1
Nepean Blue Mountains	Penrith	1

LOCAL HEALTH DISTRICT	LGA	WELLBEING NURSES IN PLACE
Northern NSW	Hawkesbury	1
	Richmond Valley	1
	Lismore	1
	Ballina	1
Northern Sydney	Ryde	1
South Eastern Sydney	Randwick	1
	Bayside	1
South Western Sydney	Fairfield	1
	Campbelltown	1
	Canterbury-Bankstown	1
	Liverpool	1
	Wingecarribee	1
Southern NSW	Eurobodalla	1
	Bega Valley	1
Sydney	Strathfield	1
Western NSW	Brewarrina	1
	Walgett	1
	Parkes	1
	Mid-Western Regional	1
	Dubbo Regional	1
	Orange	1
	Western Sydney	Cumberland
Blacktown		1
Parramatta		1
<b>TOTAL</b>		<b>43</b>

Allocated locations for the second tranche of 50 wellbeing nurses are listed in the table below.

### Second tranche of 50 wellbeing nurse allocations by local health district and Local Government Area

LOCAL HEALTH DISTRICT	LGA	WELLBEING NURSES ALLOCATED POSITIONS
Central Coast	Central Coast	3
Far West	Central Darling	1
	Broken Hill	1
Hunter New England	Cessnock	1
	Port Stephens	1

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NSW Women's Strategy three-year action plan

**The Hon. EMMA HURST:** I have one more question for Ms Smyth or Ms De Zandt. One of the targets of the NSW Women's Strategy three-year action plan was to undertake analysis of the impacts of miscarriage and IVF on women's workforce participation by December 2020. Will you give us an update on this analysis and maybe a bit of understanding of the results, if it has gone that far?

**TANYA SMYTH:** The analysis was not undertaken by Women NSW, it was an agency contributing. So we will take that on notice. But there obviously were some outcomes from that in terms of the leave that is available to New South Wales public servants following a miscarriage—that is, five days of paid special leave—and the same for pre-term birth. There is leave available for a pre-term birth—paid special leave prior to 37 weeks and then from 37 weeks paid parental leave will kick in.

**ANSWER:**

Action 2.9 of the Year 3 Action Plan was to scope impact of miscarriage and in vitro fertilisation on women's workforce participation.

On July 1 2021, the NSW Government became the first state to introduce paid miscarriage leave for public sector employees who can access five days of leave if they lose a baby up to 20 weeks old through miscarriage. The Public Service Commission (PSC) is collecting data about the uptake of miscarriage leave through the workforce profile data collection process which will be available in late 2022.

Transcript pages: 63-64

ACI Fact of Death Report

**The CHAIR:** I have a few questions—not too many. There is a report I wish to cite, the NSW Health Agency for Clinical Innovation, *ACI Fact of Death Analysis*, a 2013 report. Is that an annual report or biannual? Is that a report that is still produced?

**NIGEL LYONS:** Chair, is there any other context on that report that you have, other than just "Fact of Death" in the title?

**The CHAIR:** No. That is all I have got in this.

**NIGEL LYONS:** Yes.

**The CHAIR:** I have not done a Google search. I did not have a chance before coming today.

**NIGEL LYONS:** It is not an annual report. I think it was done as a one-off and was related to, I think, some analysis around what was occurring in relation to end of life and death and decisions around what was happening in relation to deaths.

**The CHAIR:** Yes.

**NIGEL LYONS:** It was a one-off, if I can recall, if I am not dredging the past because it goes back.

**The CHAIR:** No, no. I think your memory is, I am sure, very good on this because I think it does take up some discussion around the matter of palliative care, which is something we discussed earlier today.

**NIGEL LYONS:** Yes.

**The CHAIR:** Post 2013 and this particular report, would you be aware of—and if not, take it on notice—any report that may have been undertaken, prepared and published dealing with the availability of palliative care in New South Wales?

**NIGEL LYONS:** No. I will take that on notice.

**ANSWER:**

This question relates to the Fact of Death Report that was published by the Agency for Clinical Innovation (ACI) in 2015, and based on 2011-12 data.

- The ACI End of Life and Palliative Care Network has commenced work on an updated Fact of Death Analysis.
- The updated report will analyse hospital utilisation in the last year of life across seven financial years (2012-13 to 2018-19).
- Analysis of this nature was also undertaken for the over-diagnosis and over-treatment in the frail and elderly report (2019), which is available at: [https://aci.health.nsw.gov.au/data/assets/pdf\\_file/0003/561846/ACI-Aged-Frailty-Elderly-report.pdf](https://aci.health.nsw.gov.au/data/assets/pdf_file/0003/561846/ACI-Aged-Frailty-Elderly-report.pdf). This report includes data on deaths in the 75+ age group in NSW.

Some national and state data on palliative care activity is published by the Australian Institute of Health and Welfare's Palliative Care Services web reports available at: ([www.aihw.gov.au/reports/palliative-care-services/palliative-care-services-in-australia](http://www.aihw.gov.au/reports/palliative-care-services/palliative-care-services-in-australia)). This does not cover community palliative care.