

Questions from the Hon. Mark Latham MLC

Q22/476 - Individual Assessments and National Party Dinner

1. Who made the decision to conduct an individual assessment of Brad Hazzard?
 - a. What was the role of Dr. Kerry Chant?
2. Who communicated this decision to Ms. Musto?
3. Did the Minister's Chief of Staff Leonie Lemont receive an individual assessment?
 - a. Was she classified as close contact?
4. Among Adam Marshall's own staff and the MPs and staffers in the many ministerial offices he visited on 22 June, how many received individual assessments and of these, how many were classified as close contacts and how many as casual contacts?
5. Who communicated the decision for an individual assessment to Brad Hazzard and when and how was this done?
 - a. What was the role of Dr. Kerry Chant?
6. Who communicated to Mr Hazzard that he was classified as casual contact and how and when was this done?
 - a. What was the role of Dr. Kerry Chant?
7. What consideration was given to the fact that Brad Hazzard himself had isolated for 24 hours after finding out Adam Marshall was Covid infected, an admission by the Minister (who made and knew the rules) that he was in fact a close contact?
8. Did Hazzard receive the SMS sent to attendees of the National Party dinner and what did this message say?
 - a. When was it sent?
9. Was David Heffernan from the NSW Pharmacy Guild classified as a close contact from the dinner?
 - a. Was he interviewed by any contact tracers?
10. Do you recognise that Heffernan's circumstances were identical to those of Hazzard, that is, in a conversation group prior to the sit-down dinner, with Marshall having shaken hands with him?
 - a. Why wasn't this reflected in the respective contact classifications of Heffernan and Hazzard?
11. Why has NSW Health failed in its fundamental duty to procedural fairness, that is, the same treatment under the law of citizens in identical circumstances (Hazzard and Heffernan)?
12. From the National Party dinner, which MPs (including Ministers) requested a review of their contact/isolation status?
 - a. Which ones were granted reviews and was this done by individual assessment?
 - b. What were the results of each of these assessments?

ANSWER

1 – 12.

The assessment of an individual contact status is a complex process and takes into account a number of factors. The nature of exposure, proximity, duration of contact, directness of exposure and nature of infectiousness is assessed and considered before assigning the term "close contact" or "casual contact".

I also refer the member to the evidence provided by Dr Marianne Gale on page 51 of the uncorrected transcript.

Questions from Ms Abigail Boyd MLC

Q22/477 - Domestic Violence Routine Screening in Emergency Departments pilot

13. Answers to questions taken on notice by Mr Lyons at the 10 March 2022 Budget Estimates hearing relating to the Domestic Violence Routine Screening in Emergency Departments pilot (DVRS in EDs) advised that the evaluation was at the time of writing under way, and was scheduled for completion in 2022. Please provide an update on when this evaluation will be completed and published.

ANSWER

13.

The Domestic Violence Routine Screening in Emergency Departments Evaluation Report is in the final stages of review and is expected to be completed by November 2022.

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Q22/479 – Access to abortion

14. The Minister advised during the 7 September 2022 Budget Estimates hearing that Family Planning NSW has been funded to review abortion access in NSW. Please provide the terms and timeline of this review.
15. Dr Nigel Lyons advised during the 7 September 2022 Budget Estimates hearing that the NSW public health system's focus in terms of access to abortion has been on 'supporting women in the later stages of pregnancy, usually from 20 weeks and above', which is a 'highly specialised service'. Please provide an update on what is being done:
 - a. to improve abortion access through the NSW public health system for people who are 20 or more weeks pregnant, and
 - b. to ensure enough doctors in the NSW public health system have adequate training and/or specialisation to provide abortions for people who are 20 or more weeks pregnant.

ANSWER

14.

In 2021, Family Planning NSW received funding over 3 years to trial a new service model that aims to support equitable access to affordable abortion (surgical and medical) and long-acting reversible contraception in rural and regional NSW for women experiencing barriers to affordable services.

15. a.

Pregnancy termination is a whole of sector responsibility shared by the public health system, private providers, primary care and accredited NGOs. The majority of abortion services pre-22 weeks are provided by private and NGO providers.

A termination of pregnancy for a woman who is more than 22 weeks pregnant must only be performed by a specialist medical practitioner.

If pregnancy termination is not provided within the NSW Health facility where a woman is seeking care, then local referral pathways must be in place to ensure she has timely access to termination services.

15. b.

Education and training for GPs is an Australian Government responsibility. GPs can complete free online training with MS Health to become certified prescribers of MS-2 for medical termination of pregnancy at: <https://www.ms2step.com.au>

Medical officers working in the public health system towards specialist qualifications from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists receive the requisite training to care for women undergoing termination of pregnancy greater than 22 weeks gestation.

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Q22/480 – Cosmetic surgery regulation

16. How many times have authorised officers entered and inspected premises that are licensed under the Private Health Facilities Act 2007 as a licensed cosmetic surgery class private health facility, in each of the following financial years:
 - a. 2017-18
 - b. 2018-19
 - c. 2019-20
 - d. 2020-21
 - e. 2021-22
 - f. 2022-23
17. Of these, how many inspections followed written or oral notice of that inspection being given to the licensee or staff of the premises.
18. How many times have authorised officers entered and inspected premises that are not licensed under the Private Health Facilities Act 2007 as a licensed cosmetic surgery class private health facility but which are carrying out or suspected of carrying out cosmetic surgery procedures, in each of the following financial years:
 - a. 2017-18
 - b. 2018-19
 - c. 2019-20
 - d. 2020-21
 - e. 2021-22
 - f. 2022-23
19. Of these, how many inspections followed written or oral notice of that inspection being given to the licensee or staff of the premises.
20. How many times have authorised officers issued an improvement notice to the licensee or operator of a premises licensed under the Private Health Facilities Act 2007 as a licensed cosmetic surgery class private health facility, in each of the following financial years:
 - a. 2017-18
 - b. 2018-19
 - c. 2019-20
 - d. 2020-21
 - e. 2021-22
 - f. 2022-23
21. For each of the above, what further compliance enforcement activities were undertaken?

ANSWER:

16.

From 2017-18 through to 2022-23, authorised officers entered and inspected premises that are licensed under the *Private Health Facilities Act 2007* as a licensed cosmetic surgery class private health facility as follows:

2017-18	79 times
2018-19	94 times
2019-20	64 times
2020-21	37 times
2021-22	59 times

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2022-23 (as at September)	26 times thus far
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17.

All but one of the inspections followed written or oral notice of that inspection being given to the licensee or staff of the premises.

18.

Over this period authorised officers entered and inspected premises that are not licensed under the *Private Health Facilities Act 2007* as a licensed cosmetic surgery class private health facility, but which are carrying out or suspected of carrying out cosmetic surgery procedures, as necessary.

19.

Nil. All inspections were unannounced.

20.

Improvement notices may be issued by an authorised officer to a licensee of a private health facility requiring the licensee to take the action specified in the notice within the period specified in the notice for the purpose of ensuring that the licensee complies with the *Private Health Facilities Act 2007* (NSW), the *Private Health Facilities Regulation 2017* (NSW), or a licence condition. This decision is exercised independently based upon the particular circumstances.

21.

NSW Health works with licensees of Private Health Facilities to ensure standards required under the regulations are maintained. Where an inspection identifies areas for improvement, a report is provided to the licensee which includes recommended actions and risk-based timescales for implementation. These recommendations are followed up by NSW Health, if, and where required.

From 2017-18 through to 2022-23, of the 368 inspections undertaken, 55 included a report with recommendations.

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

Q22/482 - Recruitment of staff

22. How many nurses resigned in 2020/21?
23. How many nurses resigned in 2021/22?
24. How many midwives resigned in 2020/21?
25. How many midwives resigned in 2021/22?
26. How many FTE vacancies are there as at 1 September 2022 across all LHD's?
27. In relation to the Government's announcement to recruit 7,674 health workers:
 - a. How many have been recruited?
 - b. In what LHD's have they been recruited to?
 - c. Can you please provide a classification for the new recruits?

ANSWER

22. – 25.

I refer the member to the evidence provided by Phil Minns on page 36 of the uncorrected transcript. I also refer the member to the response at Portfolio Committee No. 2 – Health – Budget Estimates Hearing – 7 September 2022 – question on notice taken on page 36.

26.

NSW Health does not hold vacancy data centrally.

27.

The commitment for 7,674 health workers is measured in terms of FTE growth, due to the nature of staff movements in and out of the system. As of September, there were over 7,700 requisitions with offers extended this year to date. This is 40 percent higher than the same time last year, and more than double the recruitment activity at the same time in 2019.

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Q22/483 - Salary Packaging

28. In 2021/22, how much money was collected by the Ministry from the 50% salary packaging from health care workers?
- a. How much was collected by each LHD?

ANSWER

28.

Under a salary packaging agreement negotiated and delivered by the former Labor Government, salary packaging achieves savings shared on a 50/50 basis between the employee and NSW Health, with NSW Health's share of tax savings available to the NSW Health entities, principally local health districts, for provision of services for patients.

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Q22/484 – Security in hospitals

29. How many occasions in 2020/21 was a Code Black issued in a NSW Hospital?
30. What recommendations from the Anderson Review have been fully implemented?
31. Do all Emergency Departments have at least one Health and Security Assistant rostered on at all times?
 - a. If not, please provide a list of which Emergency Departments currently do not have at least one Health and Security Assistant rostered on
32. Will the Government be introducing changes to the Health Services Act as recommended in the Anderson Review?
 - a. If yes, when?
 - b. If no, why not?

ANSWER

29.

This data is not held centrally.

30.

As at June 2022, 71% of total recommendations were recorded as complete.

31.

This data is not held centrally. Local health districts determine security/health and security assistant staffing and deployment based on risk.

32.

The role of security staff is described in NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies - Protecting People and Property.

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Q22/485 - Hunter New England Local Health District

- 33. Have you met with Adam Marshall to discuss his concerns in relation to the Hunter New England LHD?
 - a. If yes, when?
 - b. If yes, did he discuss splitting up the LHD?
- 34. Have you received correspondence in relation to the community wanting the LHD to be spilt up?
- 35. Have you discussed this matter with the Chair of the Hunter New England Board?
 - a. If so when?

ANSWER

33. – 35.

This matter is more appropriately addressed to the Minister for Women, Minister for Regional Health and Minister for Mental Health.

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Q22/486 - Palliative Care

36. When will the new palliative care unit at Westmead Hospital be completed?
 - a. How many beds will this unit have?
37. When will the new palliative care unit at Nepean Hospital be completed?
 - a. How many beds will this unit have?
38. How much did the Government spend on outpatient palliative care services in 2020/21?
39. In relation to the recent \$743 million announcement for palliative care, how many additional palliative care beds will there be in NSW hospitals?
40. In relation to the 600 additional palliative care nurses, allied health professionals, doctors and support staff, can you please provide a breakdown of how many will be in each LHD?

ANSWER

36. – 37.

The NSW Government committed \$93 million in the 2022-23 Budget to redevelop and refurbish palliative care facilities, including new dedicated palliative care units at Nepean and Westmead hospitals. Early planning for the palliative care facilities is underway. Clinical scope and construction timeframes will be confirmed as planning progresses.

38.

The NSW Government spent \$97.6 million on outpatient palliative care services in 2020-21.

39. – 40.

Engagement and planning for implementation of the \$743 million funding boost over 5 years to enhance end of life care in NSW is underway. Funding allocations will take into account local population profiles and forecasts. In 2022-23, each local health district and specialty health network will submit a plan for enhancements of their end of life and palliative care services based on local needs and NSW Health priorities for improving these services. Plans will include increased workforce and service capacity across inpatient and community health care settings in each district and network.

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Q22/488 - Mycobacterium chimaera and open-heart cardiac surgery

41. Seven patients have now been diagnosed with Mycobacterium chimaera infection after having open-heart surgery at Prince of Wales in 2015. Can you please advise how many patients had open-heart surgery at Princes of Wales in 2015?
- a. Are these patients provided with regular testing or monitoring?
 - b. Are these patients facing any out of pocket expenses for testing or monitoring?
 - c. Has NSW Health paid compensation to the seven patients who have developed this infection?
 - i. If so, how much has been paid?

ANSWER

41.

In 2015, the cardiac theatres at Prince of Wales Hospital performed 402 public cases. In addition, the cardiac theatres performed 313 private cases for Prince of Wales Private Hospital and 49 paediatric cases for Sydney Children's Hospital.

41. a.

Yes.

41. b.

No.

41. c. i.

icare NSW is responsible for managing claims for compensation.

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Q22/489 - Critical disruption of tenecteplase (Metalyse) 40mg and 50mg

42. On 3 August 2022, NSW Health issued a safety alert for the critical disruption to the supply of medication Metalyse. How much supply does NSW currently have?
- a. The alert states that “stock preservation strategies are to be implemented by LHD’s, SHN’s and NSW Ambulance” Does this mean some patients will miss out on this medication?
 - b. The alert states that we do not have sufficient supply to meet normal demand. Does this mean lives are at risk?
 - c. The alert advises that the TGA have approved the supply of two overseas registered production. NSW Health ordered some of these products?

ANSWER

42.

NSW Health has been working with the Therapeutic Goods Administration to secure access to this life saving drug, with supply assured into 2024. All patients who require this medication are receiving treatment in accordance with clinical guidelines.

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Q22/490 – Parliament Inquiry, Current and future provision of health services in the South-West Sydney Growth Region

43. How many of the 17 recommendations from the Parliamentary Inquiry into health services in South-West Sydney have been implemented in full?

ANSWER

43.

I refer the Member to the response provided at Portfolio Committee No. 2 – Health – Budget Estimates Hearing – 7 September 2022 – question taken on notice on page 66-67.

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Q22/491 – Hospital Beds

- 44. As of 1 September 2022, what is the number of beds within NSW public hospitals?
- 45. As of 1 September 2022, what is the number of treatment spaces within NSW public hospitals?

ANSWER

44. – 45.

Bed numbers and treatment spaces do not reflect the volume and quality of health services delivered to patients in hospital or in the community. Bed numbers and treatment spaces also do not reflect the new innovative models of care NSW Health has implemented to provide integrated care outside of the hospital, closer to patients' homes and utilising new technologies such as virtual health and the Hospital in the Home program.

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Q22/492 – Administration costs

- 46. Administration costs for public hospitals as published on the Australian Institute Health and Wellbeing, has NSW as \$95,000 per hospital bed. What does this cost include?
- 47. Why have the administration costs risen from \$34,000 in 2011 to \$95,000 in 2021?
- 48. What is the projected administration costs over the forward estimates?

ANSWER

46.

Administration costs include line items such as software licences, water rates, audit fees, legal expenses and payroll services.

47.

The \$95,000 per hospital bed for NSW in 2021, as reported in the Australian Institute of Health and Welfare (AIHW) publication, contains two major adjustments that occurred in that financial year relating to a long service leave actuarial adjustment and inter-entity eliminations. After adjusting for these two items, the cost per hospital bed reverts to reflect the historic trend as reported annually in the AIHW report.

48.

Forward estimates for the AIHW's measure of administration costs are not available.

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Q22/493 – Third-party contractors or consultancies

49. For every agency, department, or state-owned corporation within your portfolio, please provide the following:

- a. A list of all third-party contractor or consultancies engaged in communications services, including:
 - i. Contractor name
 - ii. Contractor ABN
 - iii. Service provided
 - iv. Total cost paid
- b. A list of all third-party contractor or consultancies engaged in PR services, including:
 - i. Contractor name
 - ii. Contractor ABN
 - iii. Service provided
 - iv. Total cost paid
- c. A list of all third-party contractor or consultancies engaged in marketing services, including:
 - i. Contractor name
 - ii. Contractor ABN
 - iii. Service provided
 - iv. Total cost paid
- d. A list of all third-party contractor or consultancies engaged in Government relations or lobbying services, including:
 - i. Contractor name
 - ii. Contractor ABN
 - iii. Service provided
 - iv. Total cost paid
- e. A list of all third-party contractor or consultancies engaged in industry or peak body membership, including:
 - i. Contractor name
 - ii. Contractor ABN
 - iii. Service provided
 - iv. Total cost paid
- f. A list of all third-party contractor or consultancies engaged in policy or strategy development, including:
 - i. Contractor name
 - ii. Contractor ABN
 - iii. Service provided
 - iv. Total cost paid
- g. A list of all third-party contractor or consultancies engaged in project management, including:
 - i. Contractor name
 - ii. Contractor ABN
 - iii. Service provided
 - iv. Total cost paid

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Q22/493 – Third-party contractors or consultancies (continued)

- h. A list of all third-party contractor or consultancies engaged in accounting and audit, including:
 - i. Contractor name
 - ii. Contractor ABN
 - iii. Service provided
 - iv. Total cost paid
- i. A list of all third-party contractor or consultancies engaged in legal services, including:
 - i. Contractor name
 - ii. Contractor ABN
 - iii. Service provided
 - iv. Total cost paid
- j. A list of all third-party contractor or consultancies engaged in any other services, including:
 - i. Contractor name
 - ii. Contractor ABN
 - iii. Service provided
 - iv. Total cost paid

ANSWER

49. a. – j.

Information on the use of consultants is included in the NSW Health Annual Report and on the NSW Government eTendering website.

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Q22/494 – Paediatric Cardiac Services at the Sydney Children’s Hospital Network

50. What is the data from the Sydney Children’s Hospital Network, by calendar year for the last 5 years on the number of:

- a. Paediatric bypass cardiac surgical cases by STAT category?
- b. Paediatric non-bypass cardiac surgical cases?
- c. Paediatric ECMO cases- Post cardiac surgery (Post cardiectomy ECMO)?
- d. Paediatric ECMO cases - Non-cardiac surgery related at each site (Sydney Children's Hospital, Randwick (SCH) and The Children's Hospital at Westmead (CHW))?
- e. Minimally invasive Cath lab cases by cardiology related to diagnostic cardiac catheter studies?
- f. Minimally invasive Cath lab cases by cardiology related to therapeutic cardiac catheter procedures for:
 - i. PDA, ASD, VSD, valve replacement?
 - ii. Electrophysiology?
 - iii. Others?
- g. Weekend operating cases involving cardiac surgery?
- h. Patients on waiting lists - including cat 1-3 and NRFC and any patients waiting but not yet listed?
- i. Patients having cancellations of paediatric cardiac surgeries?

51. How many patients have needed to be transferred from Sydney Children's Hospital, Randwick (SCH) to The Children's Hospital at Westmead, in the last 12-month period, for cardiac treatment not offered at SCH?

ANSWER

50. a. – i.

I refer the Member to the response provided at LA 8272.

51.

In 2021-22, three patients were transferred from Sydney Children’s Hospital, Randwick to The Children’s Hospital at Westmead for cardiac procedures including, but not limited to, ECMO and emergency cardiac surgery.

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Q22/495 – Elective Surgery & Emergency Department Wait Times

52. From the period of January- March 2021 to January- March 2022 the Royal Hospital for Women have had a 20% increase in the median wait-time for urgent elective surgery - what specific measures has this government implemented to reduce urgent elective surgery wait times at the Royal Hospital for Women?
- a. Additionally, what specific measures has this government implemented to increase the number of nurses and healthcare professionals at the Royal Hospital for Women, including measures to reduce burnout and professionals leaving their positions?
53. From the period of January- March 2021 to January- March 2022, Sydney Children's Hospital, Randwick, has had an over 23% increase in patients spending over four hours in the emergency department - what specific measures has this government implemented to reduce emergency department wait times at Sydney Children's Hospital, Randwick?
- a. Additionally, what specific measures has this government implemented to increase the number of nurses and healthcare professionals at Sydney Children's Hospital, including measures to reduce burnout and professionals leaving their positions?
54. From the period of January- March 2021 to January- March 2022, Prince of Wales Hospital has had an over 27% increase of patients spending over four hours in the emergency department – what specific measures has this government implemented to reduce emergency department wait times at the Prince of Wales Hospital?
- a. Additionally, what specific measures has this government implemented to increase the number of nurses and healthcare professionals at the Prince of Wales Hospital, including measures to reduce burnout and professionals leaving their positions?
55. What is the current wait time for children to access a MRI at Sydney Children's Hospital Randwick?
- a. What is the NSW government doing to address the current wait times for children trying to access a MRI at Sydney Children's Hospital Randwick?

ANSWER

52. a.

The median wait time for urgent elective surgery is within the clinically recommended timeframe and better than all comparable hospitals for this period. The increase was due to the COVID-19 pandemic and suspended surgical activity in 2021.

Under NSW Health restrictions from August 2021, the Royal Hospital for Women maintained all emergency surgery and prioritised urgent Category 1 and semi-urgent Category 2 elective cases. The NSW Health restrictions on non-urgent elective surgery increased the median wait-time for elective surgery.

The Hospital recommenced all surgical activity in January 2022 and implemented the following measures to reduce elective surgery wait times:

- Increased internal capacity by having additional elective surgery sessions,
- Dedicated emergency theatre access to reduce emergency interruption on planned cases,

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- Reviewed use and optimisation of available theatre sessions to increase surgery for when sessions become available at short notice,
- Purchased services in the private sector under collaborative care arrangements. Prince of Wales Private Hospital (Randwick) facilitated surgical care of RHW public patients for appropriate long waitlisted patients,
- Managed unexpected cancellations of surgery for COVID-19, respiratory syncytial virus (RSV) and Influenza, and
- Maintained communication between surgical services and NSW Health for collaborative response in identification of emerging issues, risks and optimising service delivery models.

The Hospital has implemented a number of measures to increase the number of nurses and healthcare professionals, these include:

- Recruiting across Medical, Nursing and Midwifery and Allied Health to support frontline services under the NSW Health Workforce Initiatives,
- Increasing nursing and midwifery graduate positions to support frontline services and enhance training opportunities, and
- A full time permanent Aboriginal Health Liaison Officer.

53. a.

The period January to March 2022 corresponded with a COVID-19 outbreak of the Omicron strain. This created challenges in emergency department (ED) flow at Sydney Children's Hospital, Randwick as patients and families with COVID symptoms had to be isolated and staff had to be furloughed. Sydney Children's Hospital experienced an overall increase in demand for inpatient beds in 2021-22. This contributed to delays in ED transfers to inpatient beds and was exacerbated by the high demand for isolation beds during the period.

Many families also found accessing General Practices challenging and therefore presented to EDs. At Sydney Children's Hospital, Randwick, there were rising numbers of children presenting to EDs with milder symptoms in triage category 4 (semi-urgent) and category 5 (non-urgent).

Since the winter peak has passed, Sydney Children's Hospital, Randwick has seen a decrease in the number of patients spending more than four hours in the ED. All children with immediate, life-threatening illnesses continued to receive expert care without delay at Sydney Children's Hospital, Randwick.

In response to rising presentations for respiratory viruses, Sydney Children's Hospital, Randwick implemented the Winter Plan 2022, which included a surge in medical, nursing and allied health staff. The Hospital also established additional inpatient capacity to improve ED flow during the winter surge and resourced a respiratory clinic for children triaged as category 4 and 5 so they did not have to wait as long in the ED.

54. a.

Prince of Wales Hospital ED is committed to patient centred care and safety as a priority.

ED models of clinical care and strategies to improve clinical processing and diagnostics have been reviewed. There is a focus on rapid triage and early specialist review to streamline patients into treatment groups for timely care.

During the COVID-19 pandemic response, the Hospital reviewed and identified how current space and staffing in ED can be redesigned to improve patient care, improve length of stay

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and reduce waiting times in the ED. The Hospital has a Short Term Escalation Plan (STEP), which is communicated to all multidisciplinary teams to activate timely discharges, create capacity and transfer admitted patient out of the ED to inpatient units.

The Hospital has streamlined pathways through the Hospital in the Home program, community care and chronic care teams, to reduce length of stay in ED and continue supportive care out of the acute hospital setting. The mental health team are working collaboratively on a fast-track model of care to reduce waiting to be seen times in ED.

Prince of Wales Hospital has a fortnightly patient flow collaborative meeting where clinical representatives come together from all craft groups to discuss results of projects that address improvements to patient flow across the organisation.

As part of a 5-year plan, the Hospital has been increasing the number of Grad Start Registered Nurses employed year on year.

The Hospital also has a proactive recruitment strategy to replace permanent and temporary vacancies as they arise, with advertisements running continually for the nurse bank and casual pool positions. The reviewed advertising practices will include extensive and active advertising of vacant positions on social media platforms, particularly in preparation for the opening of the new Acute Services Building.

Professional development programs to support career progression include the Clinical Nursing Stream Program, in partnership with the University of Notre Dame, offering specialist training in renal, haematology and oncology, neurosciences and rehabilitation, cardio-respiratory and emergency specialties. The Hospital has successfully facilitated an emerging Nurse Unit Manager program to enable identified leaders to have the skills required to step into this role.

Prince of Wales Hospital has developed a wellbeing strategy and objectives include:

- A workplace that focusses on the health of individuals,
- Supportive, inclusive and diverse teams that take pride in their unique identity and culture,
- To be part of an engaged and collaborative community that is committed towards achieving healthful outcomes, and
- To be a leader in workplace wellbeing within the local and health service community.

The Hospital has also appointed a wellbeing ambassador who will focus on making positive workplace cultural change and will champion staff wellbeing and resilience.

55. a.

All patients are assessed and prioritised according to clinical need. Wait times vary noting that there is increasing demand for MRI services across the Sydney Children's Hospitals Network. In July 2022, the Hospital commenced an additional fortnightly MRI list in collaboration with University of New South Wales. This has increased the throughput of non-urgent MRI.

MRI services at Randwick are provided under a shared service agreement with South Eastern Sydney Local Health District. The Network has funded a new MRI as part of the \$658 million Sydney Children's Hospital Stage 1/Minderoo Comprehensive Children's Cancer Institute redevelopment, which will be located in the new Prince of Wales Hospital Integrated Acute Services Building.

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Q22/496 – Staff Retention and Turnover Issues

56. What measures has this government implemented to address the staffing shortages and workloads of all health service workers across New South Wales?
57. Public hospitals are suffering from underfunding and understaffing, including the Prince of Wales Hospital that has multiple staffing issues – what is this government doing to assist the Prince of Wales Hospital with the following issues:
- a. Domestic Services and Food Services teams at the Randwick Hospital Campus who regularly complain of shifts being left vacant?
 - b. Clinical Support Officers who feel they have become a dumping ground for any additional tasks that need doing in the wards, and subsequently feel workloads are becoming unsustainable?

ANSWER

56.

In the nation's largest-ever health workforce boost, a record 10,148 full-time equivalent staff will be recruited to hospitals and health services across NSW over the next four years. The 2022-23 NSW Budget included a \$4.5 billion investment over four years to relieve pressure on existing staff and ensure there are appropriate levels of health staffing for our massive pipeline of health infrastructure projects.

As part of this investment, 7,674 more workers will be recruited in the first year to help ease pressure on COVID-fatigued health staff and to fast-track more elective surgery for patients.

Additional staff will include nurses and midwives, doctors, paramedics, pathologists and scientific staff, pharmacists and allied health professionals, as well as support and ancillary staff who ensure the continued operations of NSW hospitals and the wider public health system.

57. a.

A review of the Prince of Wales Hospital Domestic Service team roster for the prior six-month period found that only 0.1% of shifts were vacant. As a shift became vacant, where possible and appropriate, these were covered with casuals or by offering overtime. Vacant shifts occur because of unplanned leave, recently heightened by COVID-19 and the winter flu season.

Food Services manages unexpected absences by re-prioritising tasks to ensure patient requirements are met.

57. b.

Clinical Support Officers at Prince of Wales Hospital form part of the multidisciplinary team and perform a variety of duties to support clinicians. Clinical Support Officers are not expected to provide clinical care and are encouraged to raise any workload issues with their line manager.

Staffing levels are actively monitored, and the workforce has been supplemented by Care Assistants to support nurses with basic patient care duties to enable nurses to focus on clinical work.

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Q22/497 – Biomedical facility funding

58. What two biomedical facilities will the \$270 million fund?
- a. Has construction of the facilities commenced?
 - b. What contribution will the biomedical facilities have to support cancer treatment and prevention?
 - c. When will the biomedical facilities be up and running?

ANSWER

58 a. – c.

The Sydney Biomedical Accelerator (SBA) complex in Camperdown and the Viral Vector Manufacturing Facility at Westmead are the two facilities being funded as part of the \$270 million investment to boost biomedical research in the 2022-23 NSW Budget.

The SBA is intended to accelerate research development, innovation and commercialisation to address the most complex health challenges of today and into the future, including cancer treatment and prevention. The SBA will complement the existing unique capabilities in Camperdown, including Royal Prince Alfred Hospital and the Chris O'Brien Lifehouse, which are internationally-recognised for their cancer research and pioneering treatments.

The timeframe for the construction of the SBA will be confirmed once planning has progressed. Information on the SBA is available at: <https://sydneybiomedicalaccelerator.org/>

The Viral Vector Manufacturing Facility is being expanded. Updates on the delivery of the Stage 2 facility are available at: www.hinfra.health.nsw.gov.au/projects/project-search/viral-vector-manufacturing-facility-stage-2. The Stage 1 facility is commissioned and producing product.

Budget Estimates – Health – 7 September 2022
Responses to Supplementary Questions

Q22/498 – Campbelltown Innovation Hub

59. In July 2022 construction began on the Campbelltown Innovation Hub for cancer. What role, if any has the NSW Government played to support the start-up of the facility in Campbelltown?

ANSWER

59.

In July 2022, GenesisCare, a private healthcare provider, commenced construction of a cancer care centre in Campbelltown. South Western Sydney Local Health District is not directly involved with construction but has developed links with GenesisCare for service provision for the community.