



LEGISLATIVE COUNCIL

PORTFOLIO COMMITTEES

## **BUDGET ESTIMATES 2023-2024**

### **Responses to Supplementary Questions**

Portfolio Committee No. 2 – Health

**Health, Regional Health, the Illawarra and the South Coast**

Hearing: 22 February 2024

**Answers due by: Wednesday, 20th March 2024**

**Budget Estimates Secretariat**

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

## HEALTH

### Palliative Care

- (1) Will the Hunter New England LHD still be hiring the following staff under the World Class End of Life Programme over the next 5 years:
- (a) 35 Full time Palliative care eNursing Staff
  - (b) 7 Full time Aboriginal health care workers
  - (c) 3 FT Bereavement Services employees
  - (d) 3 FT adolescent and young adult palliative care service.

### Response

I am advised:

Hunter New England Local Health District will enhance palliative care nursing, medical and allied health staffing in line with the funding allocation over the next 4 years.

- (2) Will the Tamworth Palliative Care Unit still have a capacity upgrade of 12 beds as was planned in the 2022 budget?

### Response

I am advised:

The World Class End of Life Care project's lead design team is working with the Hunter New England Local Health District to develop a master plan for an expansion of the palliative care unit.

This will confirm the unit's location on the hospital campus, co-location with other services and full clinical scope, which will determine the capacity upgrade. The completion of the master plan is on track to be finalised in the coming weeks.

- (3) Will the Illawarra Shoalhaven LHD still receive an additional 3.5 FTE bereavement counsellors as was planned in the 2022 budget?

### Response

I am advised:

Illawarra Shoalhaven Local Health District currently has 1.5 FTE Bereavement Counsellors employed. In 2023-24, the District is recruiting additional 2.0 FTE Bereavement Counsellors.

Further funding allocations to the District are planned from 2024-25. The District will consider staffing requirements based on local needs.

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(4) Will the Nepean Blue Mountains LHD still increase the community based multidisciplinary workforce over 5 years to 24.13 FTE as planned in the 22-23 Budget

(a) Including in-reach services, nursing, medical and allied health resources?

**Response**

I am advised:

Nepean Blue Mountains Local Health District has a plan to enhance palliative care nursing, medical and allied health resources and will recruit in line with the funding allocation over the next 4 years.

(5) How many new FTE specialist palliative care positions will be created over the next 5 years in:

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

(6) How many new FTE palliative care nursing positions will be created over the next five years in:

- (a) Illawarra Shoalhaven LHD
- (b) Hunter New England LHD
- (c) Western NSW LHD

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- (d) Sydney LHD
  - (e) Nepean Blue Mountains LHD
  - (f) Northern Sydney LHD
  - (g) South Eastern Sydney LHD
  - (h) South Western Sydney LHD
  - (i) Sydney LHD
  - (j) Central Coast LHD
  - (k) Mid-North Coast LHD
  - (l) Western Sydney LHD
  - (m) Far West LHD
  - (n) Murrumbidgee LHD
  - (o) Southern NSW LHD
  - (p) Northern NSW LHD
- (7) How many Aboriginal Healthcare workers will be hired for palliative care over the next five years in:
- (a) Illawarra Shoalhaven LHD
  - (b) Hunter New England LHD
  - (c) Western NSW LHD
  - (d) Sydney LHD
  - (e) Nepean Blue Mountains LHD
  - (f) Northern Sydney LHD
  - (g) South Eastern Sydney LHD
  - (h) South Western Sydney LHD
  - (i) Sydney LHD
  - (j) Central Coast LHD
  - (k) Mid-North Coast LHD
  - (l) Western Sydney LHD
  - (m) Far West LHD
  - (n) Murrumbidgee LHD
  - (o) Southern NSW LHD
  - (p) Northern NSW LHD

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**Response 5-7**

I am advised:

Funding from the World Class End of Life Care commitment aims to boost nursing, allied health, medical, administration/support staff and Aboriginal Health Workers across a variety of health services and specialties, to deliver high quality end of life care. It is estimated that this funding will employ more than 570 FTE staff by 2026-27.

- (8) By what percentage is the demand for palliative care expected to grow across the state?**
- (a) Are you able to provide this broken down by LHD?**

**Response**

I am advised:

While it can be challenging to obtain a true estimate of future palliative care needs and demands, evidence suggests that of the 50,000+ people who die in NSW each year, 70% could benefit from palliative care services. The NSW Government supports the increasing demand for palliative care services in NSW by funding a range of end of life and palliative care activities.

The NSW Ministry of Health routinely collects monitoring data for publicly funded activities. Local health districts develop plans in response to assessment of local need and priorities in their communities.

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- (9) How many FTE specialist palliative care positions have been created in the 2023-2024 year in:
- (a) Illawarra Shoalhaven LHD
  - (b) Hunter New England LHD
  - (c) Western NSW LHD
  - (d) Sydney LHD
  - (e) Nepean Blue Mountains LHD
  - (f) Northern Sydney LHD
  - (g) South Eastern Sydney LHD
  - (h) South Western Sydney LHD
  - (i) Sydney LHD
  - (j) Central Coast LHD
  - (k) Mid-North Coast LHD
  - (l) Western Sydney LHD
  - (m) Far West LHD
  - (n) Murrumbidgee LHD
  - (o) Southern NSW LHD
  - (p) Northern NSW LHD

**Response**

I am advised:

As at October 2023, more than 168 people (116.4 FTE) have been recruited to roles across end of life, palliative care and paediatric services under the World Class End of Life Care enhancement. Some of these staff will be in specialist palliative care positions, and some will be in generalist positions, providing end of life and palliative care across a variety of clinical specialties and services.

Districts and networks will recruit further positions during financial year 2023-24.

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- (10) How many FTE palliative care nursing positions were created in 2023-2024 in:
- (a) Illawarra Shoalhaven LHD
  - (b) Hunter New England LHD
  - (c) Western NSW LHD
  - (d) Sydney LHD
  - (e) Nepean Blue Mountains LHD
  - (f) Northern Sydney LHD
  - (g) South Eastern Sydney LHD
  - (h) South Western Sydney LHD
  - (i) Sydney LHD
  - (j) Central Coast LHD
  - (k) Mid-North Coast LHD
  - (l) Western Sydney LHD
  - (m) Far West LHD
  - (n) Murrumbidgee LHD
  - (o) Southern NSW LHD
  - (p) Northern NSW LHD

**Response**

I am advised:

As at October 2023, more than 36 nurses (28.7 FTE) have been recruited across end of life, palliative care, and paediatric services under the World Class End of Life Care enhancement. Some of these staff will be in specialist palliative care positions, and some will be in generalist positions, providing end of life and palliative care across a variety of clinical specialties and services.

Districts and networks will recruit further positions during financial year 2023-24.

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- (11) What is the level of funding provided to the following LHDs as part of the World Class End of Life Care programme in 2023-2024 (a) Illawarra Shoalhaven LHD
- (b) Hunter New England LHD
  - (c) Western NSW LHD
  - (d) Sydney LHD
  - (e) Nepean Blue Mountains LHD
  - (f) Northern Sydney LHD
  - (g) South Eastern Sydney LHD
  - (h) South Western Sydney LHD
  - (i) Sydney LHD
  - (j) Central Coast LHD
  - (k) Mid-North Coast LHD
  - (l) Western Sydney LHD
  - (m) Far West LHD
  - (n) Murrumbidgee LHD
  - (o) Southern NSW LHD
  - (p) Northern NSW LHD

**Response**

I am advised:

Districts received the following funding for 2023-24:

<b>District / Network</b>	<b>FY2023-24 (\$)</b>
Central Coast LHD	2,145,900
Far West LHD	937,650
Hunter New England LHD	4,493,275
Illawarra Shoalhaven LHD	2,145,900
Murrumbidgee LHD	1,774,425
Mid North Coast LHD	1,999,425
Nepean Blue Mountains LHD	1,849,425
Northern NSW LHD	2,145,900
Northern Sydney LHD	2,490,025
South Eastern Sydney LHD	2,490,025
South Western Sydney LHD	2,535,325
Southern NSW LHD	1,627,950
Sydney LHD	2,095,900
Western NSW LHD	1,999,425
Western Sydney LHD	2,340,025



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- (12) Is the number of children receiving paediatric palliative care expected to increase over the next 5 years?

**Response**

I am advised:

Demand for paediatric palliative care will increase slightly in line with population growth. Determining the potential incidence of children with life limiting illness who would benefit (along with their families) from paediatric palliative care involvement is complex, as not all children with a life limiting illness will require direct specialist paediatric palliative care input.

The Paediatric Palliative Care National Action Plan (PCA, 2023) supports the aim for all children with a life limiting illness to have access to inter/multidisciplinary specialist paediatric palliative care services.

- (13) How many Palliative Care Specialist doctors (measured as FTEs) work under any of the engagement arrangements available with NSW Health, in any NSW Health facility in the following:

Metropolitan Local Health Districts

- (a) Nepean Blue Mountains Local Health District?
- (b) Northern Sydney Local Health District?
- (c) South Eastern Sydney Local Health District?
- (d) South Western Sydney Local Health District?
- (e) Sydney Local Health District?
- (f) Western Sydney Local Health District?

Regional and Rural NSW Local Health Districts

- (g) Central Coast Local Health District?
- (h) Far West Local Health District?
- (i) Hunter New England Local Health District?
- (j) Illawarra Shoalhaven Local Health District?
- (k) Mid North Coast Local Health District?
- (l) Murrumbidgee Local Health District?
- (m) Northern NSW Local Health District?
- (n) Southern NSW Local Health District?
- (o) Western NSW Local Health District?

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**Specialty Networks**

- (p) Sydney Children's Hospitals Network?
- (q) Justice Health and Forensic Mental Health?

**Affiliated Health Organisations**

- (r) St Vincent's Health Network?
- (s) St Vincent's Hospital?

**Response**

I am advised:

The table below represents the Medical Physician FTE with a specialty of 'Palliative Medicine'. As at March 2024, there are 131 FTE Palliative Medicine Physicians working across NSW within the following local health districts:

Where data has not been provided for a local health district or health entity, no FTE were reportable. Employment data is not centrally held by the Ministry of Health for St Vincents Hospital Sydney.

LHD	FTE
<b>Metro</b>	
LHD Northern Sydney	8.5
LHD South Eastern Sydney	20.2
LHD South Western Sydney	17.2
LHD Sydney	20.3
LHD Western Sydney	12.5
LHD Nepean Blue Mountains	11.1
<b>Rural and Regional</b>	
LHD Central Coast	9.1
LHD Far West	1.0
LHD Hunter New England	7.9
LHD Illawarra Shoalhaven	10.8
LHD Mid North Coast	3.0
LHD Murrumbidgee	0.1
LHD Northern NSW	7.1
LHD Western NSW	2.4
<b>Total</b>	<b>131.0</b>

Source: Workforce Dashboard as at March 2024.

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(14) How many Palliative Care Nurse Practitioners (measured as FTEs) work under any of the engagement arrangements available with NSW Health, in any NSW Health facility in the following:

Metropolitan Local Health Districts

- (a) Nepean Blue Mountains Local Health District?
- (b) Northern Sydney Local Health District?
- (c) South Eastern Sydney Local Health District?
- (d) South Western Sydney Local Health District?
- (e) Sydney Local Health District?
- (f) Western Sydney Local Health District?

Regional and Rural NSW Local Health Districts

- (g) Central Coast Local Health District?
- (h) Far West Local Health District?
- (i) Hunter New England Local Health District?
- (j) Illawarra Shoalhaven Local Health District?
- (k) Mid North Coast Local Health District?
- (l) Murrumbidgee Local Health District?
- (m) Northern NSW Local Health District?
- (n) Southern NSW Local Health District?
- (o) Western NSW Local Health District?

Specialty Networks

- (p) Sydney Children's Hospitals Network?
- (q) Justice Health and Forensic Mental Health?

Affiliated Health Organisations

- (r) St Vincent's Health Network?
- (s) St Vincent's Hospital?

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## Response

I am advised:

The table below includes the nursing FTE assigned a primary code of 'Palliative care'. As at March 2024, there are 587.5 FTE palliative care nurses working across NSW in the following local health districts.

Where data has not been provided for a local health district or health entity no FTE were reportable against that local health district or entity. Employment data is not centrally held by the Ministry of Health for St Vincents Hospital Sydney.

LHD	FTE
<b>Metro</b>	
LHD Northern Sydney	45.6
LHD South Eastern Sydney	20.5
LHD South Western Sydney	57.4
LHD Western Sydney	47.2
LHD Nepean Blue Mountains	26.5
<b>Rural and Regional</b>	
LHD Central Coast	39.1
LHD Far West	12.3
LHD Hunter New England	61.1
LHD Illawarra Shoalhaven	69.0
LHD Mid North Coast	31.5
LHD Murrumbidgee	20.1
LHD Northern NSW	61.8
LHD Southern NSW	19.7
LHD Sydney	34.9
LHD Western NSW	33.7
<b>Other</b>	
Sydney Childrens Hospital Network	6.9
<b>Total</b>	<b>587.5</b>

Source: Workforce Dashboard as at March 2024.

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### Voluntary Assisted Dying

- (15) What specific avenue is available for an individual working for NSW Health to report and obtain advice about any instance of their conscientious objection rights, pursuant to the *Voluntary Assisted Dying Act 2022* being questioned, challenged or overridden?
- (16) Regarding the above, what are the contact details including address, telephone, mobile and email for an individual working for NSW Health to report and obtain advice about any instance of their conscientious objection rights, pursuant to the *Voluntary Assisted Dying Act 2022* being questioned, challenged or overridden?

### Response 15-16

I am advised:

Section 9 of the Voluntary Assisted Dying Act 2022 states that a registered health practitioner who has a conscientious objection to voluntary assisted dying has the right to refuse to do any of the following:

- (a) participate in the request and assessment process,
- (b) prescribe, supply, or administer a voluntary assisted dying substance,
- (c) be present at the time of the administration of a voluntary assisted dying substance.

It is also one of the principles of the Act that all persons, including health practitioners, have the right to be shown respect for their culture, religion, beliefs, values, and personal characteristics.

NSW Health has recognised a practitioner's legal right to be able to refuse to participate in voluntary assisted dying through the implementation of administrative arrangements at a local health district level. Under the Voluntary Assisted Dying Policy Directive (PD2023\_037), local health districts must have local systems and pathways in place to safely and effectively manage and respect conscientious objections among staff while also ensuring care pathways for voluntary assisted dying are in place, and usual processes for accessing care are maintained.

Escalation processes currently exist in all local health districts for health practitioners who wish to discuss any concerns or questions. Staff are encouraged to raise any concerns with their manager or through key personnel in their organisation, such as through executive management.

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**Drug Diversion**

(17) What was the number of drug-related hospital admissions in 2022-2023?

(18) What was the number of drug-related hospital admissions in 2012-2013?

**Response 17-18**

I am advised:

Health reports drug-related hospital admissions by drug class on [HealthStats NSW](#).

(19) Has there been wastewater analysis in Sydney conducted to determine levels of drug use within the community?

(a) If so, what were the results of that analysis?

(b) Does that analysis indicate the use of particular drugs?

**Response**

I am advised:

The National Wastewater Drug Monitoring Program has been monitoring sites in Sydney since August 2016.

National Wastewater Drug Monitoring Program reports are available from the Australian Criminal Intelligence Commission at [www.acic.gov.au/publications/national-wastewater-drug-monitoring-program-reports](http://www.acic.gov.au/publications/national-wastewater-drug-monitoring-program-reports).

Alcohol and other drug use is estimated by analysing metabolites of 12 licit and illicit drugs.

(20) How many drug-related deaths were there in NSW in 2022-2023?

(21) How many drug related deaths were there in NSW in 2012-2103?

**Response 20-21**

I am advised:

NSW Health reports drug-induced and drug-related deaths on [HealthStats NSW](#).

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David Berry Hospital

- (22) Noting the Department's answers concerning David Berry Hospital, can the Minister rule out the sale of David Berry Hospital?
- (23) If not, what advice is the NSW Government considering concerning the future of the David Berry Hospital site?
- (24) Has the Minister visited David Berry Hospital?
- (25) Will the staffing positions at David Berry Hospital be preserved at another site in the LHD?
- (26) What consultation has taken place with the local community concerning the future of David Berry Hospital?
- (27) Is the Minister aware that the David Berry Hospital was entrusted as a gift to the people of NSW?
- (28) What legal advice has been sought in respect of the trust arrangement?

Response 22-28

I am advised:

Please refer to comments provided by Ms Deb Willcox on page 58 of the transcript, and to the Premier's response to a Question Without Notice on David Berry Hospital from Gareth Ward MP (LA 2407), tabled in the Legislative Assembly 8 February 2024 by The Hon. Ron Hoenig MP.

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Hawkesbury Hospital – transfer to NSW Health

- (29) Will staff be expected to pay for parking at Hawkesbury Hospital when it is transferred to the public health system, and will that commence on the 1st July 2024 or any date going forward?
- (30) Will patients and visitors also be expected to pay for parking at Hawkesbury Hospital when it is transferred to the public system or any time thereafter?

Response 29-30

I am advised:

No. Parking fees are not planned for Hawkesbury Hospital.

- (31) Will all current permanent, part-time and casual employees at the Hawkesbury Hospital will retain their job and conditions when they are transferred from St John of God Health Care to NSW Health?

Response

I am advised:

St John of God Health Care and Nepean Blue Mountains Local Health District will work with Hawkesbury District Health Service caregivers to understand what the change means for them.

For people who are not redeployed within St John of God Healthcare, employment with St John of God Health Care will finish when services transition to Nepean Blue Mountains Local Health District. The vast majority of permanent and casual caregivers will be offered new employment with NSW Health.

New employment offers with NSW Health will be made in accordance with the NSW Health Award that is most relevant to the employee. It is intended that, to the extent possible, each offer will be commensurate with the staff member's existing position and remuneration with St John of God Health Care.

NSW Health Awards that apply to each of the roles in the NSW Health system are available at [www.health.nsw.gov.au/careers/conditions/pages/default.aspx](http://www.health.nsw.gov.au/careers/conditions/pages/default.aspx)

Details of the equivalent NSW Health Award classification will be shared in the coming weeks. Should any changes be flagged for a current role, the usual process of consultation will begin.



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- (32) Can the Minister for Health guarantee no staff transferring from St John of God Health Care to NSW Health will be compelled to join a Union as a condition of their on-going employment at the Hawkesbury Hospital?**

**Response**

I am advised:

No NSW Health employee is compelled to join a union.

- (33) Will there be no reduction in patient or visitor accessibility times at Hawkesbury Hospital after it transferred to NSW Health?**

**Response**

I am advised:

Visiting hours for hospitals across the Nepean Blue Mountains Local Health District are 10:00am to 8:00pm. Visiting hours and the number of visitors may vary for some wards and services. For example in high acuity wards and wards subject to additional infection control measures.

Nepean Blue Mountains Local Health District staff also talk directly to families and loved ones in response to the specific needs of patients.

- (34) Can the Minister for Health provide plans for the Hawkesbury Hospital community health services after the Hospital is transferred to NSW Health and guarantee there will be no reduction in community health services available from Hawkesbury Hospital?**

**Response**

I am advised:

Community health services in the Hawkesbury will continue to be provided by Nepean Blue Mountains Local Health District.

- (35) Can the Minister for Health provide details of plans and projects Health Infrastructure NSW have for Hawkesbury Hospital for the next four years. Can the Minister advise whether Health Infrastructure is undertaking any project scoping for the Hawkesbury Hospital?**

**Response**

I am advised:

Health Infrastructure is not currently undertaking project scoping for Hawkesbury Hospital.

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- (36) Can the Minister for Health guarantee there will be seamless payroll functioning when the transfer of the Hawkesbury Hospital is actioned? Can the Minister guarantee all St John of God Health Care staff entitlements will be transferred to NSW Health without disadvantaging quantity or value of the entitlements. These entitlements include, but are not limited to, sick leave, annual leave and long service leave?

**Response**

I am advised:

NSW Health and St John of God Health Care representatives are working closely to manage the employment offer process to ensure Hawkesbury Hospital staff are activated on the NSW Health payroll, without delay or error. HealthShare NSW will work with the local health district to ensure a smooth onboarding. St John of God Health Care and NSW Health are working collaboratively to manage entitlements noting each entity has separate legislative requirements relating to the handling of employee entitlements.

- (37) Can the Minister for Health provide an undertaking a Hawkesbury Hospital Community Consultative Committee will be established and resourced by Nepean Blue Mountains Local Health District when the Hospital is transferred to NSW Health?

**Response**

I am advised:

Nepean Blue Mountains Local Health District encourages community involvement in the design, planning, delivery and evaluation of services, to help meet community needs. Nepean Blue Mountains Local Health District regularly engages with health service consumers through working groups and community health forums. Nepean Blue Mountains Local Health District will work closely with the members of the current Hawkesbury District Health Service Community Board of Advice to ensure there continues to be a strong consumer voice from the Hawkesbury, shaping health service delivery in the region.

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- (38) Media reports of abuse and assaults at the mental health unit at Cumberland Hospital quote you as saying you have been aware of the serious safety issues at the hospital since the middle of 2023. Minister, can you provide this committee with a briefing of your response and actions to stop the assaults on patients and staff at Cumberland Hospital mental health unit?
- (39) As Minister responsible for whistle-blower protection at NSW Health,
- (a) Can you provide a report of the response to staff allegations of assaults and abuse of staff and patients at Cumberland Hospital mental health unit?
  - (b) Does the response to whistle-blower reports comply with the NSW Public Interest Disclosure Act 2022?
  - (c) Can you assure this Committee no current or former staff member at Cumberland Hospital has suffered detrimental action following their reports of assaults and abuse at the hospital?

**Response 38-39**

I am advised:

Across NSW Health, there are several policies that provide staff and management with pathways to raise and resolve issues that arise in the workplace.

There are a range of ways staff can make complaints of an alleged assault of staff or patients through the incident management system, or directly to their manager or other appropriate person. All complaints are assessed pursuant to NSW Health policies and action taken where required.

Complaints which are assessed as a Public Interest Disclosure are managed in accordance with the requirements outlined in the Public Interest Disclosure Act. Any complaint of detrimental action is taken seriously by NSW Health and investigated in accordance with NSW Health policy. As of 18 March 2024, there has been no evidence of detrimental action being taken by the District against a current or former staff member who has made a PID.

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## REGIONAL HEALTH

### Manning Base Hospital Acute Ward

- (40) Is the Manning Base Hospital supporting aged care patients by appointing the necessary legal powers, such as Power of Attorney and Enduring Guardianship, to enable a smooth transition from the acute medical wards to a registered aged care facility?
- (a) Please outline what this support looks like.
- (41) NSW health guidelines stipulate patients with impaired capacity cannot be transferred to a residential aged care facility without a legally appointed decision-maker. Does this mean the onus on social work staff to support patients to explore all options to appoint Power of Attorney legally?
- (42) Without a legally appointed decision maker, the residential aged care facility will not accept patients. Is it correct that this was made a barrier of discharge in September?
- (43) What resources is the hospital providing to vulnerable aged care patients to reduce the length of stay at the hospital?
- (44) Is the social work team held accountable for their Power of Attorney and Enduring Guardianship responsibility?
- (45) How often are formal check-ins conducted with the social work team?
- (46) Have any aged care patients passed away in Manning Base Hospital without a Power of Attorney or Enduring Guardianship?
- (a) If so, how many?
- (47) Are patients no longer requiring acute medical care at increased risk of acquiring hospital related infections?
- (48) Is there a plan to improve the current situation in the Acute Ward of the Manning Base Hospital?

### Response 40–48

I am advised:

Manning Base Hospital is committed to ensuring patients with impaired decision-making due to disability, age, mental illness, or injury have a guardian appointed to make healthcare, lifestyle, and medical decisions on their behalf. This is supported by a multi-disciplinary team of medical, nursing, and allied health staff.

These patients cannot be discharged to a residential aged care facility until a guardian is appointed. They are supported through this process by social work

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staff. Additional nursing resources are also deployed to ensure they receive the specialised care they require.

Social work staff check in with patients daily. This is in addition to hourly rounding by nurses, and regular medical assessments.

A manual search of medical records would be required to determine how many patients have died while waiting for a guardianship order at Manning Base Hospital. This would be an inappropriate diversion of health resources.

There are clear safety procedures in place to reduce the risk of hospital acquired infections.

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**Manning Base Hospital Stage Two**

- (49) When will the Clinical Services Plan for the Stage Two Redevelopment be made available?
- (50) When will the Stage Two Redevelopment will be completed?
- (51) Are there any further plans for future redevelopment of the Manning Hospital?
- (52) Have considerations been made for cardiac services?
- (53) What about a hybrid theatre within the Clinical Services Plan as part of the Stage Two Redevelopment of the Manning Hospital?
- (54) Is there sufficient funding to complete the project, or will it need to be rescope?
- (55) If a rescope is required, what is the scheduled timeline to look at the rescope of the project?
- (56) Will the community be provided with a timeline for project completion?
- (57) What is the projected budget allocation, considering Stage Two was scheduled for completion in 2026?

**Foster Urgent Care Centre**

- (58) Considering current circumstances, will there be special consideration for an Urgent Care Centre (UCC) in Foster?
- (59) Have you met with relevant stakeholders to hear their regional concerns and the need for a UCC?

**Response 49-59**

I am advised:

Hunter New England Local Health District is developing a new services plan for the Lower Mid North Coast Sector. It will incorporate the latest health planning data for the region.

All services and the health needs of the region will be considered as part of the new service planning process.

The Australian Government has opened [14 Medicare Urgent Care Clinics](#) across NSW to date, with sites publicly listed at [www.health.gov.au/find-a-medicare-ucc](http://www.health.gov.au/find-a-medicare-ucc).

Complementing these services, NSW Health is delivering 25 Urgent Care Services across rural, regional, and metropolitan NSW by June 2025, to support people with urgent health care needs in health care settings outside of emergency departments. Services were selected through an expression of interest process, where applications were invited for evaluation from local health districts, specialty health networks, NSW Ambulance, and general practice through primary health networks.

*BUDGET ESTIMATES  
Health, Regional Health & the Illawarra and the South Coast  
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Questions from Ms Abigail Boyd MLC

HEALTH

Procurement

- (60) How much money has the Department and its agencies spent on products purchased from Hewlett Packard (inclusive of HP Enterprise businesses, HP end-user businesses, and any other businesses representing the Hewlett Packard brand) (HP):
- (a) Please provide this information for each financial year since 2018/19 including 2023/24 to 31 December 2023, divided by agency, and include a short description of
- the kinds of products purchased for each agency each year, including whether any money has been spent since 7 October 2023.
- (61) What policies and procedures does the Department and its agencies use to ensure that procurement is ethical and meets community standards?
- (62) If the Department or any of its agencies procure products from Hewlett Packard (meaning any business representing the Hewlett Packard brand), what probity checks have been done to investigate whether HP is involved in the 'plausible genocide' taking place in Gaza?

Response 60-62

I am advised:

Department of Customer Service (DCS) undertook an open-market procurement process in accordance with NSW Government procurement manual in establishing the All-of-Government panel for End User Devices and Services (C9826). The due diligence checks include compliance to applicable NSW Government policies such as [Supplier Code of Conduct](#), [NSW Government Procurement Policy](#), [NSW Government Small and Medium Enterprise and Regional Procurement Policy](#) and [NSW Aboriginal Procurement Policy](#) and applicable legislation and standards such as [NSW Work Health and Safety Regulation 2017](#), [NSW Workplace Injury Management and Workers Compensation Act 1998](#), and [Modern Slavery Act 2018 NSW](#).

*BUDGET ESTIMATES  
Health, Regional Health & the Illawarra and the South Coast  
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- (63) How many contractors currently work within the Ministry of Health?
- (64) How many contractors have been on contracts longer than
- (a) 3 months
  - (b) 6 months
  - (c) 12 month
  - (d) 18 months
  - (e) 24 months
  - (f) 36 months
- (65) What is the longest period of continuous employment for a contractor employed by the Department or its agencies?

**Response 63-65**

I am advised:

As of 5 March 2024, 76 contingent workers are employed by the Ministry of Health.

67 contingent workers have been employed by the Ministry of Health for longer than 3 months

59 for longer than 6 months

34 for longer than 12 months

27 for longer than 18 months

23 for longer than 24 months.

11 for longer than 36 months.

The longest tenure of a contingent worker at a NSW Health agency is 4222 days.

[NSW health agencies include NSW Ambulance, Cancer Institute, eHealth, Health Education and Training Institute, Health Infrastructure, Health System Support Group, HealthShare and the NSW Ministry of Health].