

Minister for Health, Mental Health and Wellbeing
Minister for Ageing
Minister for Aboriginal Affairs

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25 NOV 2025

Hon Ruth Forrest MLC
Chair
Legislative Council Estimates Committee A
jenny.mannering@parliament.tas.gov.au

Dear Ms Forrest

Thank you for your letter in relation to my appearance before Legislative Council Estimates Committee A on 19 November 2025. Please find below additional information as requested by the Committee:

OUTPUT GROUP 1 - SYSTEM MANAGEMENT

1.1 SYSTEM MANAGEMENT - HEALTH

- Please provide a copy of the Financial Sustainability Plan outlining the \$44.95m savings across the health portfolio, including savings attributed to each measure.**

Response:

	2025-26 \$'000
Improving Efficiency of Staffing Models/Rostering Practices	
Reduction in Overtime	4 270
Reduction in Casual FTE	3 118
Reduction in Agency Nursing	14 123
Medical Locum Savings	1 500
Nurse Roster Review Savings	7 000
Procurement of Supplies and Consumables	
Cost Effective Purchasing of Office Stationery	842
Improved Purchasing Practices for Low Value Items	3 100
Contract Management	
Savings on New Whole of Agency Contracts	8 000
Vehicle Expenses	
Reduction in the Department of Health Fleet	478
Office Accommodation Consolidation	
Reduction in Leased Office Accommodation	1 560

Total Annual Recurrent Savings
44 951

OUTPUT GROUP 2 – HEALTH SERVICES

2.1 ADMITTED SERVICES

- 1. In relation to Care@home, how many patients have been admitted in last financial year? How many "beds" available/what targets have been set? How many patients had a subsequent admission to hospital?**

Response:

- The Care@home service model is designed to deliver safe, patient-centred care in the community.
- Individuals are enrolled into tailored care programs that address their clinical needs and ensure they can be cared for safely at home or preferred place of residence.
- These programs include Acute Care Monitoring for short-term, high-risk conditions, Chronic Disease Management for ongoing health support, and Cardiac Rehabilitation delivered through Cardihab technology.
- Unlike traditional inpatient models or community-based models, Care@home operates with flexible capacity, allowing scalability to meet community demand.
- There is no fixed cap on enrolments, ensuring responsiveness during periods of increased acuity or seasonal illness.
- A total of 4,961 patients were enrolled in Care@home programs during the 2024-25 financial year.
- Current projections indicate that Care@home is on track to meet and exceed its minimum performance benchmark of 350 patient enrolments per month.
- A recent clinical audit of Care@home activity between 1 July and 30 September 2025 found that only 5.7% of enrolled patients required hospital admission following escalation through clinically appropriate pathways.
- This means that 94.3% of patients enrolled during this period did not require admission to hospital, easing pressure on our hospitals and Ambulance Tasmania and demonstrating that the Care@home model effectively manages most patients safely in the community.

- 2. Criterion-led discharge - how many patients were discharged using this protocol this financial year by month (breakdown surgical/medical)?**

Response:

The following table provides a breakdown of criterion-led discharges as primarily captured in the KyraFlow information system.

This is a significant undercount as many occur without recording in this system.

For example, across the THS, same day discharges, including endoscopic procedures, already use a nurse-led checklist to identify when patients are ready for discharge by using pre-determined clinical criteria. These are not reflected in the below data.

The Department is reviewing its data capture processes to improve the accuracy of this measures.

Table: Criterion Led Discharge, by service 2024-25

2024-25	Surgical services	Medical and other services	Total
July	0	35	35
August	13	62	75
September	4	35	39
October	7	83	90
November	3	95	98
December	6	95	101
January	219	144	363
February	171	119	290
March	132	93	225
April	139	108	247
May	150	115	265
June	176	137	313
Total	1,020	1,121	2,141

Note: Medical and other services comprise a range of services, including women and children services, sub-acute care and community services, general practice/primary care, mental health, critical care clinical support and investigations. This may include some surgical activity.

3. What proactive consent training is provided to obstetricians and midwives in the THS to ensure we are meeting current legal standards/requirements for consent?

Response:

'Engender' training was delivered in the North West in 2023 as part of the Maternity Services Transition Project (midwives and obstetric staff).

In 2024, this was extended across the State and included content on consent. The sessions were open to all maternity services staff but was attended mostly by midwives.

Hospitals North hosted a “Better Births” consent workshop in October 2025, facilitated by the Maternity Consumer Network, with LGH midwives, medical staff, and student midwives in attendance.

Obstetricians and Gynaecologists have discussed induction consent as part of the Every Week Counts National Birth Collaborative.

Hospitals South have been involved in the National Birth Collaborative and staff also attended the national workshop.

The *Clinical Consent to Treatment – Statewide Policy (20251001)* has been revised, and the revised policy is now available to all staff via the Strategic Document Management System (SDMS) from where staff access all policy documents.

Education and training sessions regarding consent for 2026 are currently being planned.

4. What is the breakdown of SLRS notifications regarding TML by category (SAC 1-4) each month?

Response:

The North West SRLS data count by month and severity assessment code (SAC) rating in relation to TML shows no serious SAC 1 events and very few moderate SAC 2 events, with most incidents rated at the lower severity end (minimal or no harm SAC 3 and SAC 4).

Service delivery only					
Count of Severity Code (SI)	SAC 1	SAC2	SAC3	SAC4	Total
Jul	0	5	18	2	25
Aug	0	0	8	4	12
Sep	0	4	22	4	30
Oct	0	0	7	1	8
Total	0	9	55	11	75

Patient/client events only					
Month	SAC 1	SAC 2	SAC 3	SAC 4	Total
Jul	0	1	39	44	84
Aug	0	1	9	45	55
Sep	0	0	4	32	36
Oct	0	1	6	18	25

Nov	0	0	0	1	1
Total	0	3	58	140	201

5. Please provide data on infectious disease outbreaks within the major hospitals over the last 12 months.

Response:

Outbreaks Recorded by Region, Facility and Type – 2024-25 Financial Year.

Hospitals and Primary Care / Mental Health Data.

OUTBREAKS RECORDED BY REGION, FACILITY AND TYPE – 2024-25 FINANCIAL YEAR
(Facilities not listed reported no outbreaks)

Region	Facility	COVID 19	Influenza	VRE	Parainfluenza	Rhinovirus	RSV	Norovirus	MRSA	TOTAL
North West	Mersey Community Hospital	5								5
	North West Regional Hospital	2	1							3
	King Island District Hospital	1								1
	West Coast District Hospital	1								1
South	Royal Hobart Hospital	5	7	1	1	2			1	17
	Peacock Centre		1							1
	Other South District facilities									0
North	Launceston General Hospital	9						4		13
	Beaconsfield District Health Service	1								1
	Campbell Town District Health Service	2	1		1		1			5
	Deloraine District Hospital	1								1
	George Town District Hospital	1								1
	North Eastern Soldiers Memorial Hospital	1								1
	St Marys Community Health Centre	1								1
TOTAL		30	10	1	2	2	1	4	1	51

2.2 NON-ADMITTED SERVICES

1. How many patients are waiting for anatomical pathology results and reports? What is the average wait time for both?

Response:

- There are currently over 1,787 unreported cases
- The average wait time for Anatomical Pathology results is:
 - 7 days for Category 1
 - 8 weeks for Category 2
 - 14 weeks for Category 3 cases

Note:

Category 1: Urgent cases (allocated within 1-2 days)

Category 2: Semi-urgent cases (allocated within 7 days)

Category 3: Non-urgent cases (allocated within 2-3 weeks)

The Department recognises the impact that wait times have on patients and staff, and work is already underway to identify measures to help improve service capacity and reduce wait times.

2. Is the public health radiology equipment current and serviced and eligible for Australian Government rebates?

Response:

- Around 95% of all radiology equipment is eligible for Australian Government rebates.
- Five machines have reached capital sensitivity, meaning they are not eligible for rebates until they are replaced. They include:
 - One MRI machine – this machine is in the process of being replaced.
 - Three X-ray machines.
 - One Ultrasound machine.
- There is no known degradation in diagnostic quality of machines that have reached capital sensitivity.
- From 1 July 2026, due to rule changes, all machines will be eligible for Australian Government Rebates.

3. Has the ineligibility of any public health radiology equipment resulted in foregone Australian Government rebates in recent years?

Response:

- No, as machines that are eligible for Australian Government rebates are used for billable outpatients, while machines that are not eligible are used for inpatients who are not billable.

2.2 EMERGENCY DEPARTMENT SERVICES

1. Please provide a percentage of patients transferred from ambulance to ED within 60 minutes, across the four major hospitals

Response:

Hospital	FY 2024-25 % Transfer of care within 60 minutes of arrival at hospital
Launceston General Hospital	90%
Mersey Community Hospital	94%
North West Regional Hospital	93%
Royal Hobart Hospital	79%
State-wide	86%

2.4 COMMUNITY HEALTH SERVICES

1. What is the budget for breast screen services in 2025-26 and through the forward estimates and how does this compare to the budget and actuals in 2024-25?

Response:

BreastScreen Tasmania

	2024-25	2024-25	2025-26	2026-27	2027-28	2028-29
	Budget	Actual	Budget	Forward Estimate	Forward Estimate	Forward Estimate
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
State	5 258	7 001	5 417	5 579	5 747	5 920
Commonwealth	400	269	626	484	516	549
Total	5 658	7 270	6 043	6 063	6 263	6 469

2.5 STATEWIDE AND MENTAL HEALTH SERVICES

1. Please provide a breakdown of the funding allocation that sits under this line item.

Response:

	2025-26	2026-27	2027-28	2028-29
	Budget	Forward Estimate	Forward Estimate	Forward Estimate
	\$,000	\$,000	\$,000	\$,000

Output 2.5 - Statewide and Mental Health Services

Expenditure

Employee benefits	214 205	217 434	219 950	226 959
Depreciation and amortisation	3 771	3 258	3 262	3 191
Supplies and consumables	20 434	20 814	21 922	22 820
Grants and subsidies	7 509	7 072	7 134	4 348
Borrowing costs	251	196	174	152
Other expenses	5 142	5 422	5 778	5 921
Total Expenditure	251 312	254 196	258 220	263 391

2.6 AMBULANCE SERVICES

1. What is the budget allocation for vehicle replacement?

Response:

Ambulance Tasmania has a multi-purpose vehicle fleet for emergency responses, non-emergency patient transport and for supporting ambulance operations.

The Ambulance Tasmania fleet currently consists of 114 Mercedes Sprinter (Type 1) ambulances. These vehicles have a lifespan of five years or 250,000 kilometres, which is consistent with other ambulance services across Australia.

Ambulance Tasmania has ordered 19 replacement vehicles for delivery during 2025-26 at a cost of \$4.1 million, funded from the Ambulance Tasmania operational allocation.

2. What is the final cost of Burnie, Glenorchy and Oatlands Ambulance stations?

Response:

Costs of stations

Burnie	\$14 436 484
Glenorchy	\$16 132 743
Oatlands	\$3 141 022

Both Glenorchy and Burnie required footing redesigns to accommodate ground conditions at the site. Land was acquired for Glenorchy at 11 Timsbury Road.

Completion of construction of the Glenorchy station was reached in October 2024. However, during commissioning, TasWater identified they were unable to achieve the required water flow rates for the fire hydrants onsite. The agreed solution was procurement and installation of two static water tanks on site with a supply greater than 44,000 litres. This resulted in increased cost and time to the project, with the occupancy certificate for the station received in February 2025.

2.7 PUBLIC HEALTH SERVICES

1. Please provide data on hospital presentations or episodes for all ages in 2024-25:

- o **E. coli infections**
- o **Viral hepatitis**
- o **Sarcoidosis of lymph nodes**
- o **Malignant mast cell tumour**
- o **Blastic lymphoma**
- o **Kaposi sarcoma of lymph nodes**
- o **Strep A sepsis**

- o **Maternal health (premature births; congenital malformations; developmental disorders; childhood diabetes)**
- o **Strokes**
- o **Myocardial infarction**

Response:

In 2024-25 there were hospital presentations or episodes for:

- i. 147 due to E. coli infections
- ii. 463 due to Viral hepatitis
- iii. 6 due to Sarcoidosis of lymph nodes
- iv. Fewer than five due to Malignant mast cell tumour
- v. 13 due to Blastic lymphoma
- vi. Zero due to Kaposi sarcoma of lymph nodes
- vii. 16 due to Strep A sepsis
- viii. Maternal health – there were:
 - 402 premature births
 - 28 congenital malformations
 - 987 patients seen for an initial appointment for developmental issues
 - 258 patients seen for childhood diabetes
- ix. 1,606 due to Strokes
- x. 1,761 due to Myocardial infarction

This data includes emergency department presentations and hospital admissions.

2. Please provide a list of the programs delivered under public health services that are on fixed term contracts, and when does that term end?

Response:

Summary of expiring funding agreements, all of which are funded by Healthy Tasmania.

Organisation	Purpose	Current \$\$	Expiry date
Australian Prevention Partnership Centre	Translational research and capacity building	\$125 000 for one year period	30 June 2026
Royal Flying Doctor Service	Smoking Cessation Project	\$200 000 per annum	31 December 2025
Eat Well Tasmania	What's in Season	\$150 000 per annum	31 December 2025
Health Consumers Tasmania	The Right Place Project	\$115 000 one off	30 June 2026

Organisation	Purpose	Current \$\$	Expiry date
Local Government Association of Tasmania	Local Government Health and Wellbeing Network	\$75 000 per annum	31 December 2025
TasCOSS	Targeted capacity FindHelp Tas	\$150 000 for 2 years, upfront payment	30 June 2026
Migrant Resource Centre	Multicultural Responsiveness Project	\$150 000 for 2 years	30 June 2026
Neighbourhood Houses Tasmania	Healthy partnership	\$250 000 for 2 years	30 June 2026
TasCOSS	Healthy Literacy	\$117 000 for 2 years	30 June 2026
UTAS	Eco Anxiety project	\$50 000 pa for 2 years	30 June 2026

Yours sincerely



Hon Bridget Archer MP
Minister for Health, Mental Health and Wellbeing