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12 APR 2019

Hon Rob Valentine MLC
Inquiry Chair
Sub-Committee – Acute Health Services in Tasmania Inquiry
Sessional Committee – Government Administration 'A'

Email: stuart.wright@parliament.tas.gov.au

Dear Mr Valentine

Please find detailed in this letter the information requested by your committee in your letter of 12 February 2019 relating to your correspondence from 30 October and 28 November 2018.

Questions on Notice from 30 October 2018

I note these questions arise from my 22 October appearance before your sub-committee and relate to proposals presented to your sub-committee from the Australian Nursing and Midwifery Federation (Tasmania).

Tasmanian Government Actions: *The Tasmanian Government needs to immediately increase the health budget to allow for the immediate implementation of the following:-*

1. *Funding of identified nursing and midwifery staff positions according to the current agreed benchmarking process;*
2. *Fund all available additional in-patient beds to enable permanent staffing and retention of nursing and midwifery staff;*
3. *Provide funding to implement solutions to support the nursing and midwifery workforce while dealing with bed block, overcrowded emergency departments and caring for patients in emergency department waiting rooms across the State;*
4. *Fund solutions to address the recruitment challenges to reduce consistent overtime and double shifts being worked by fatigued nurses, midwives and Assistants in Nursing; and*
5. *Fund the immediate development and implementation of stage 2 of the RHH redevelopment.*

The majority of these matters form the basis of the log of claims from the Australian Nursing and Midwifery Federation (Tasmania) in the current wage negotiations. Given these negotiations are ongoing it is inappropriate for me to provide a response to these matters at this time.

Tasmania Health Service Governance Solutions: *As the new Tasmanian Health Service Act [2018] and new Executive structure was designed to allow for the return of local decision making and improve the clinical outcomes for patients and staff, ANMF suggest the following:-*

1. That a Statewide Executive Director of Nursing and Midwifery is appointed to the THS Executive to enable nursing, midwifery and clinically specific advice to be considered during all decision-making processes;
2. That the THS Executive increase their presence within each of the health regions and improve transparency around communication, consultation and decisions making; and
3. Make available to all THS management the Executive meeting agenda and outcomes in a transparent and timely way following Executive meetings.

I note your comments relating to nursing and midwifery representation on the Tasmanian Health Service (THS) Executive. The clinical leads, including nursing and midwifery, within the THS report directly to the Chief Operating Officer who is responsible for representing the specific views of all clinical areas on the THS Executive.

Further to this, the THS Executive is in the process of establishing an Operational Executive Subcommittee as its principal advisory committee.

It is proposed that these meetings rotate through the regions on a monthly basis to ensure that there is improved transparency around communication, consultancy and decision making.

Consideration is being given to making the minutes of this meeting available to regional executive committees in developing its business rules.

Terms of Reference 4: *"The level of engagement with the private sector in the delivery of acute health services."* Please provide further details in relation to term of reference 4, and specifically please provide details regarding any contracts with private providers in relation to the delivery of acute health services.

The Tasmanian Health Service (THS) collaborates with the private sector to purchase services for the direct benefit of a patient or client.

A list of these services is provided at Attachment 1.

Telemedicine: Please provide an update on the status of discussions to link telemedicine between the North West Regional Hospital and the Victorian Stroke Medicine Program.

Approval has been granted by the THS Executive for Victorian Stroke Telemedicine to be implemented at Launceston General Hospital and the North West Regional Hospital.

A Clinical Lead for the Project, Dr Matt Lee-Archer, has been appointed. IT requirements are currently being reviewed and a project plan being developed.

Evaluation of the North-West Integrated Midwifery Services (NWIMS): Has the evaluation of the NWIMS referred to by [sic] you in evidence to the Committee on 12 December 2017, been completed, and if so, please provide a copy of the report to the Committee.

The North West Integrated Maternity Services Review was completed late last year and the recommendations arising from that review were provided to the ANMF. I provide a copy of the recommendations at Attachment 2.

By way of background and summary, the review was undertaken in 2017, just 13 months after the commencement of the new integrated service. The reviewers have provided feedback on the strengths of the service model and a series of recommendations directed to further development of safety and sustainability.

The model has been designed to overcome the fragmentation and safety challenges of delivering services across two sites. The decision to consolidate birthing and inpatient services has created capacity to deliver a safe service for current and future demand in the region and enabled integration with the broader state-wide maternity services model.

Importantly, you will note the report highlights the support and satisfaction of women in the North West; the women interviewed were complimentary of the care provided within the new service and generally supportive of the care options available to them.

Overall, the report validates that the Tasmanian Health Service and the North West Private Hospital are ideally placed to grow and develop the integrated model to become a leading regional/rural maternity service.

Request for Further Information from 12 February 2019

I note that your request for additional information regarding my response to **Question on Notice 4** arising from my 22 October appearance before your sub-committee is substantially a reiteration of your request for further details regarding Term of Reference 4.

This information is provided earlier in this letter and detailed in Attachment 1.

I also take this opportunity to acknowledge the Special Report tabled by your Sub-Committee last week, dated 21 February 2019, and dispute the findings made.

The finding that the Government has not provided a valid claim for not providing a copy of the KPMG report, in camera or otherwise, is without basis and simply dismisses the two reasons I have consistently cited. The second finding is simply an expanded claim of the first finding and neither findings substantiate the basis of the claims that my reasoning is both invalid and incorrect.

I note the chair's recollection of our conversation on 7 December and place on the record that my recollection differs. I do not recall providing such an assurance and my written response on 17 December is consistent with the Government's long-standing position on this matter. I have not changed my position at any stage in relation to the multiple requests from your Sub-Committee for the report, despite my openness to give consideration and seek advice.

I trust the information provided in this letter addresses your outstanding questions and sufficiently informs your deliberations as you consider your final report.

The State Government will provide a response to your final report after it is completed.

Yours sincerely



Michael Ferguson MP
Minister for Health

Encl: Attachment 1: Private Sector Services
Attachment 2: NWIMS Report recommendations

REGION	Service	Who	Where	Deliverables	Current Requirements	Effectiveness
North	Transition Care Program providing residential beds	Regis Aged Care PL	Launceston	Transition from acute inpatient services to short-term accommodation	Transition Care Program providing residential beds	Reduction of average length of stay to inpatient services and supports patient flow.
	Sleep Medicine	Calvary Health Care Tasmania	Launceston	Diagnostic methodology to determine sleep disorders such as sleep apnoea.	Respiratory Physician referred	Assists with hospital avoidance.
	Haematology Services	QML Pathology	Launceston	Provision of Haematology medical services	Provide a Haematologist working in pathology doing laboratory based haematology services and clinical haematology services for Oncology cancers and haematological disorders. Non cancer haematology is an increasing part of the service provided by the W C Holman Clinic.	The contract provides clinical and on-call services as part of the ongoing clinical roster and makes oncall less arduous.
	Ophthalmology	Eye Hospital	Launceston	The Eye Hospital is contracted to do all public patient Ophthalmology procedures. All procedures are performed at their premises utilising their facilities and equipment.	Covers all Public Patient Elective Eye Surgery requirements. The contract covers all category levels: Category 1,2,3 plus Emergency Cases. Cost is based on the NEP – pricing NWAU amount.	Provision of service for which the LGH is not equipped to provide.
	Palliative Care	Calvary Health Care Tasmania	Launceston	Inpatient palliative care services for public patients within a contemporary and multidisciplinary model of care. A suitable clinical governance framework and premises that enable the delivery of care in accordance with the principles of palliative care.	A suitable clinical governance framework and premises that enable the delivery of care in accordance with the principles of palliative care. Provision of various reports within the contract stipulated timeframes. Clinical and Contract Management Committees, consisting of representatives from THS and Calvary, to be established and implemented with meetings held as per the frequency stipulated in the contract.	Provides 4 beds with near 100% occupancy for public patients.
	Provision of Medical Services	Ochre Health PL	North Rural Region	The provision of continuous medical service coverage, emergency medical care and inpatient care services for hospital patients, residential aged care services initiated by THS for aged care residents and limited scope radiography services where applicable.	Medical practitioners are to be available 24 hours per day, 7 days per week and must attend the THS hospital within the specified response times as and when required. Admission, transfer and discharge of THS Hospital patients and undertaking of daily ward rounds. Provision of various reports. Achievement of Key Performance Indicators.	Allow for medical practitioners to be based in these rural and remote areas and assists in providing a sustainable model for private general practices in these locations.
	Rural Community Inpatient Beds	Toosey	Longford	Provides inpatient beds in Longford as part of a broader contracted service model.	Two rural community inpatient beds for uncomplicated acute problems requiring observation, non-complex palliative care, supported rehabilitation or convalescence. General practitioners decide admissions on a clinical basis. Beds are to be used for short term accommodation provided to patients of an uncomplicated nature that cannot be provided by the community based health services but would fall admission to a tertiary institution such as the LGH.	Provide community inpatient beds - 24 hours per day, 7 days per week in accordance with the specified standards, legislative and other contractual requirements. Provision of data, including patient activity, within the specified timeframes.

	Catering Services	May Shaw Health Centre	Various locations across Northern Tasmania	Catering service across THS North Eastern Soldiers Memorial Hospital and May Shaw's aged care services at Scottsdale.	Centre-based day care services, including transport and meals, on the days and times as specified in the contract for eligible clients. Reports on output activities quarterly through the HACC Minimum Data Set. All daily meals and other theme days in accordance with dietary requirements. Catering services to comply with relevant food safety and preparation legislation and standards.	Breakfast, morning tea, lunch, afternoon tea, evening meal, supper, beverages and other theme days in accordance with dietary requirements. Catering services to comply with relevant food safety and preparation legislation and standards.
	Radiology	Regional Imaging Tasmania	Launceston	Radiologist services	Reporting of medical imaging examinations and special Medical Imaging procedures	LGH is unable to attract critical mass of radiologists for in-house service.
	Nuclear Medicine	Regional Imaging Tasmania	Launceston	Nuclear Medicine services	Provide all aspects of this service to public patients in NT and NW	Provides all staff and all equipment.
	Obstetric Imaging	Women's Imaging	Hobart	Tertiary obstetric scans and reports	Specialised mammography imaging service provided on the day of surgery.	Provides tertiary obstetric scans not otherwise available in Launceston.
	Urology biopsy and kidney stone removal services	Alexus Services PL	Launceston	Specialist urology procedure used to treat kidney stones	Provides a service on an as and when required basis. Provides LGH the following procedures at the agreed cost per procedure price: Lithotripsy, Transperineal, MRI Fusion, TRUS Biopsy, TRUS Bx Service	Provides a service utilising specialised equipment that avoids need for LGH to purchase and maintain that equipment. Assists with maintenance and reduction of waiting lists.
North West	Maternity Services	HealthCare	Burnie	Delivery of inpatient care including antenatal care and assessment, assistance with childbirth, postnatal inpatient care and postnatal readmissions for management of breastfeeding and neonatal or maternal complications to public patients in North West Tasmania.	Compliance with the three levels of KPIs specified in the terms of the maternity services contract.	Enables the provision of inpatient maternity services and limited outpatient maternity services (including birthing services) for North West Tasmania.
	Pathology diagnostics	Consultant Pathology Services PL	Burnie and Latrobe	Comprehensive on site pathology services to inpatients and outpatients of NWRH and MCH and remote pathology support for West Coast District Hospital, Smithton District Hospital and King Island Hospital and Community Health Centre.	Compliance with pathology sector KPIs as defined within Australian Council on Health Care Standards (or its legislative replacement), and to maintain all necessary approvals, accreditations, equipment and laboratories in good repair and conditions in accordance with required standards in agreed turnaround timeframes.	Enables the provision of on site services at the NWRH and MCH, supporting patient flow and timely service delivery.
	Radiology and Imaging	Regional Imaging	Burnie and Latrobe	All radiological needs of THS NW with regard to inpatients, outpatients and emergency patients including general x-ray, MRI, mammography, bone densitometry, ultrasound and CT Scanning. Includes provision of all staff, equipment and consumables necessary to provide the service.	Minimum service standards KPIs are specified terms in the Imaging contract	Enables the provision of on site services at the NWRH and MCH, supporting patient flow and timely service delivery.
	Rural Medical Services	Ochre Health PL	NW Rural Region	Continuous medical service coverage in rural areas including emergency care for rural hospital patients, inpatient care for rural hospital patients, rural residential aged care services initiated by referral from THS, limited scope radiography services for rural hospital patients, specialised medical personnel at Strahan.	Rural medical services provided with due care and skill in compliance with legislative requirements, to maintain all necessary accreditations, approvals, credentials and registrations required by AHPRA or other equivalent agency or college, and in accordance with THS Policies and Procedures. Service standards KPIs are specified terms in the rural medical services contract.	Allow for medical practitioners to be based in these rural and remote areas and assists in providing a sustainable model for private general practices in these locations.

	Ophthalmology	Dr Michael Haybittel	Latrobe	Acute and elective ophthalmology services for public and private patients.	Performance Indicators are specified terms of the ophthalmology contract. For elective services - observance of a ratio of two public list patients to one private list patient. For acute services - provision of consultative advice for patients presenting to MCH at all times of any given day.	Pre and post-operative assessments and care as well as surgical procedures are available to NW patients.
South	Lithotripsy	Alexus Services PL	Hobart	Specialist urology procedure used to treat kidney stones	Provides a service on an as and when required basis.	Provides a service utilising specialised equipment that avoids need for RHH to purchase and maintain that equipment. Assists with maintenance and reduction of waiting lists.
	Outsourced Elective surgery	Hobart Day surgery	Hobart	Outsourced Ophthalmology	900 patients per annum	Supports delivery of elective surgery volumes.
	Pathology services	Hobart Pathology	Hobart	Pathology services for elective surgery outsourced to southern Tasmanian health facilities.	200 patients per annum	Supports delivery of elective surgery volumes.
	Specialised patient monitoring	Neurophysiology Services Australia	Hobart	Provision of Intra-Operative NeuroMonitoring (IONM) Services	120 cases per annum	Helps prevent post-operative neurologic compromise for patients.
	Tasmania Lymphoedema Garment Scheme (TLGS)	Chris Dale-Lenah Valley; Heather Gouldthorpe-Nth Hobart	Hobart	Private Therapists supply of compression garments to patients via the TLGS.	For DHS Pensioner Concession Card and DHS Health Care Card holders.	Compression garments aid in managing lymphoedema.
	Teleradiology Service	Everlight Radiology	Hobart	Out of Hours reporting on medical imaging investigations: CT, General X-Ray, Ultrasound, MRI.	Provide reporting on medical imaging investigations Monday to Sunday 23:00 to 07:00. Urgent cases reported within 1 hour for single anatomical regions and 1.5 hours for multi anatomical regions.	Timely reporting times, enhancing the patients' journey after hours and improving hospital flow/bed access, particularly for emergency department patients.
	Breast Localisation (hookwire) Services	Women's Imaging and Regional Imaging	Hobart	'Hookwire' localisation service provided on the day of surgery as requested by the responsible surgeon.	Imaging required on day of surgery. RHH does not have the specialised mammography equipment required for this imaging service.	Patients having breast cancer surgery are able to have lesions localised to assist in accurate surgical outcomes.
	Sleep Medicine Service	Hobart Sleep Disorder-Dr Mestitz PL	Hobart	Provision of outpatient clinics, specialised chronic ventilation/respiratory failure clinics, full diagnostic service inclusive of overnight polysomnograms, MWT, MSLTs and ambulatory studies. Implementation of CPAP and other assisted ventilation for sleep disordered breathing.	180 sleep studies/year, with 100% of overnight sleep study results transferred to THS within 4 weeks, and 100% of patients details provided monthly including current, valid health card details and referring doctor.	Meets 20 per cent of clinical demand.
	Wig Services	Not Just Bras; The Hair Gallery- Hobart; Various Online providers	Hobart	Provision of subsidised wigs to eligible patients.	Patients with hair loss due to alopecia or cancer treatment must be health care card or pension concession eligible. Patients pay "out of pocket" cost up front. Service providers then claim reimbursement from THS for wig subsidy. For online purchases, the patient pays the entire amount "up front", and claims the reimbursement from THS directly.	Assist patients to maintain self-image and self confidence.

	Patient Sitters	Community Based Support	Multiple health facilities	Provision of Patient Sitters as required	South region requirements is on average 64 FTE of which this supplier provides 6-8 per annum.	Supports appropriate care to patients and avoids nursing or clinical support staff having to be diverted to these tasks.
	Post-operative beds	Hobart private Hospital	Hobart	Bed and nursing care for RHH post-op patients	Provision of 8-10 beds depending on demand.	Supplements bed footprint of the RHH and enables delivery of elective surgery volumes.
	Outsourced Elective Surgery	Melbourne Private Hospital	Melbourne	Neurosurgery for complex patients not able to be undertaken at RHH	2-3 cases per annum	Highly complex neurosurgery patients receive surgery that is not able to be undertaken in Tasmania.
	Obstetric Imaging	Womens Imaging	Hobart	Specialised pregnancy ultrasound scanning of tertiary referred women.	As and when required due to capacity, demand and/or clinical need	Service used to ensure a quicker turn-around time for tertiary referred patients
	Genetic Testing	Victorian Clinical Genetic Services	Victoria	Cytogenetic testing	As and when required due to capacity, demand and/or clinical need	Clinical service which RHH is unable to provide
	Fertility Testing	Fertility Tas	Hobart	Semen analysis	As and when required due to capacity, demand and/or clinical need	Clinical service which RHH is unable to provide
	IVF Services	Tas IVF	Hobart	Semen analysis/Semen freeze	As and when required due to capacity, demand and/or clinical need	Clinical service which RHH is unable to provide
	Gait Analysis	Royal Children's Hospital	Melbourne	Gait Analysis	As and when required due to capacity, demand and/or clinical need	Clinical service which RHH is unable to provide
	Paediatric Orthopaedic Service	Abhay Khot	Hobart	Specialised paediatric orthopaedic surgeon clinic	2-3 per annum	Clinical service which RHH is unable to provide
Statewide	Interpreter Service	All About Languages; All Graduates; amigos Translate; Ezispeak; Oncall Language Services; TIS National; Victorian Deaf Society; Language Loop; Wesley Mission Australia	Statewide	Interpreter services to enable access to health services 24/7. Preference is given to NAATI accredited professional interpreters.	Service providers must adhere to contractual obligations in delivery of services to non-English speaking or hearing impaired patients.	Improved efficiency and consistency in bookings, data management and finance processes.
	Pathology Services	Number of specialist hospitals and pathology service providers in Vic, NSW and SA	Vic, NSW, SA	Diagnostic results.	There are a number of reference labs to which the THS refers specimens for a number of different tests, either for results confirmation or for expensive tests that are not regularly performed in Tasmania. All service providers must be accredited.	Provides access to diagnostic services that would not otherwise be available.
	Non-Emergency Patient Transport (NEPT)	Ambulance Private Pty Ltd Morton Group Medical Services St John Ambulance Medical Edge Australia Royal Flying Doctors Australia	Statewide	Non-emergency patient transport (NEPT) is for patients who require basic clinical care and observation during transport, but do not have a time critical condition.	Compliance with conditions under section 35F of the Ambulance Service Act 1982.	Supplements Ambulance Tasmania service when AT not able to provide NEPT.

Recommendations

Governance

Recommendation 1:

The Maternity Service Contract Management Committee continue to utilise regular reviews of the THS/Healthcare Burnie Pty Ltd contract to guide the delivery of best care to maternity patients, using a systematic review of each of the Schedules 1-9. Adherence to which should ensure that the standards of care set out there deliver an excellent and safe maternity service.

Staffing

Recommendation 2:

Review full time equivalent staffing (FTE) in the Midwifery Group Practice (MGP) service over the next two years to ensure that staffing meets the agreed service model.

Recommendation 3:

- 3.1 A Clinical Midwifery Educator should be employed at NWPH to support the midwifery staff transition and up-skill where required. This would also address support and clinical facilitation for midwifery students.
- 3.2 Attendance of midwives at the hospital-based Perinatal Morbidity and Mortality meetings should be actively supported and attendance recorded and reviewed at the time of staff annual performance appraisal.

Recommendation 4:

- 4.1 That the Clinical Governance committee examines the 2017 RANZCOG re-accreditation report and develop a detailed response and action plan.
- 4.2 While this response (to a RANZCOG training re-accreditation report) would usually rest with the Training Supervisors and the Director of Obstetrics and Gynaecology, the Review Team recommends a collaborative response would serve to;
 - Acknowledge to all leaders and staff the strengths identified by the re-accreditation team.
 - Highlight to both THS and NWPH leadership those areas identified as needing improvement.
 - Maximise the opportunities to address those deficiencies in the time available prior to RANZCOG review.

Service Model

Recommendation 5:

Provide leadership and governance to enhance integration of the maternity service across sites and improve culture across the sites and midwifery workforce. This role should also have responsibility for development of a strategic plan to guide the service.

Recommendation 6:

- 6.1 Provide mobile computing devices to MGP midwives to support their practice.
- 6.2 Implement education of MGP midwives to enable them to perform well baby discharge checks.

Recommendation 7:

- 7.1 The Maternity Service identifies three levels of care (to replace the current five levels identified by the reviewers), with referral between models according to the National Midwifery Guidelines.
 - Level 1 – NORMAL risk (low risk) – suitable for midwifery care – MGP or THS Antenatal Clinic (ANC) midwifery care
 - Level 2 – HIGHER risk – complex care requiring both medical and midwifery care
 - Level 3 – TERTIARY care required – referral to Royal Hobart Hospital (RHH) (with the likelihood that some care will be provided by the specialists at NW site)

This recommendation will require some discussion at various committees, and might be varied to suit local factors not apparent to the reviewers at a one-day review of the service.

Supporting Infrastructure

Recommendation 8:

Improve the antenatal care space at the North West Regional Hospital.

- 8.1 The current addition of clerical and office space in the medical centre is supported and was nearing completion at the time of the visit.
- 8.2 Conversion of part of the current Visitor Units, adjacent to the hospital to a dedicated ANC for midwifery consultations.
- 8.3 Maintaining the current ANC area as a dedicated medical consultation clinic for higher risk and complex care antenatal patients, with space allocated to consulting, ultrasound and clinical examination.

Recommendation 9:

- 9.1 Improve and enhance IT capability and capacity. This should include pursuing an ICT solution that permits direct uploading of the THS Obstetrix antenatal record that includes any intrapartum and postnatal plans to the NWRH Digital Medical Record (InfoMedix).

This recommendation is a priority, with the lack of integration of antenatal and inpatient records being highlighted as a significant ongoing risk to best care delivery.

Quality and Safety

Recommendation 10:

- 10.1 The THS collaborates to develop a statewide evidence-based set of Maternity Clinical Practice Guidelines (CPG'S) to improve consistent, safe, and contemporary clinical practice with a seamless interface between all referring maternity services across the

State. This would address the overwhelming feedback from the midwifery staff related to inconsistent obstetric advice related to maternity care, especially from junior medical staff.

Recommendation 11:

- 11.1** The antenatal record of all admissions to Birth Suite should be reviewed by the admitting midwife and or medical officer. Relevant items, including management plans, should be noted and become part of the Intra-partum care plan.
- 11.2** The admitting midwife should annotate the NWPH clinical notes to confirm time, date and name that the antenatal record has been reviewed.
Compliance with item (11.2) above should be audited after three months.
- 11.3** Any systems barriers that impede this should be addressed as a priority, significant risk to be mitigated.

Recommendation 12:

- 12.1** The Women's Healthcare Australasia (WHA) Benchmarking report should be regularly reviewed and discussed in a multidisciplinary setting. Reviewing one to two indicators at each Perinatal and Maternal Mortality and Morbidity (PNMM&M) meeting and setting actions such as audit/case reviews is a valuable quality activity for a Maternity Service.

Cultural, behavioural and communication issues

Recommendation 13:

- 13.1** The Maternity Service should review complaints and develop action plans to improve communication and enhance patient experience.
- 13.2** The Maternity Unit should ensure a comprehensive 'on-boarding' package specifically aimed at short-term medical staff appointments, junior resident medical officer (JMRO) rotations and locum consultants.