PARLIAMENT OF TASMANIA

TRANSCRIPT

LEGISLATIVE COUNCIL

ESTIMATES COMMITTEE A

Hon. Jeremy Rockliff MP

Tueday 6 June 2023

MEMBERS

Hon Luke Edmunds MLC;
Hon Nick Duigan MLC;
Hon Ruth Forrest MLC (Chair);
Hon Mike Gaffney MLC (Deputy Chair);
Hon Dean Harriss MLC; and
Hon Sarah Lovell MLC.

IN ATTENDANCE

Hon. Jeremy Rockliff MP, Premier, Minister for Health, Minister for Mental Health, Minister for Tourism, Minister for Trade

Ministerial Office representatives

Vanessa Field	Chief of Staff
Justin De Domenico	Deputy Chief of Staff
Amy Hills	Principal Adviser
Sandy Wittison	Principal Adviser
Andrew Johnson	Senior Adviser
Ned Whitehouse	Senior Adviser
Rosita Gallasch	Adviser
Megan O'Brien	Adviser

PREMIER

Department of Premier and Cabinet representatives

Jenny Gale	Secretary
Craig Limkin	Associate Secretary
Todd Crawford	A/Deputy Secretary, Policy and Delivery
Noelene Kelly	A/Deputy Secretary, People, Performance and Governance
Amanda Russell	Director, State Service Management Office
Justin Thurley	Chief Information Officer
Todd Babiak	CEO, Brand Tasmania

Department of Communities representative

Mel Gray	Deputy Secretary, Wellbeing, Strategy and Engagement

HEALTH PORTFOLIO AND MENTAL HEALTH PORTFOLIO

Department of Health and Department of Mental Health representatives

Kathrine Morgan-Wicks	Secretary
Shane Gregory	Associate Secretary
Tony Lawler	Chief Medical Officer and Deputy Secretary Clinical Quality Regulation and Accreditation
Dale Webster	Deputy Secretary Hospitals and Primary Care
Sonj Hall	Deputy Secretary Community Mental health and Wellbeing
Jordan Emery	Chief Executive Ambulance Tasmania
Craig Jeffery	Chief Financial Officer
Michelle Searle	Chief People Officer
Francine Douce	Chief Nurse and Midwifery Officer
Mark Veitch	Director of Public Health
Lisa Howes	Director Office of the Secretary
Jessica Jordan Hoverman	Manager Office of the Secretary

TOURISM PORTFOLIO

Tourism Tasmania representatives

Sarah Clark	Chief Executive Officer
Mark Jones	Chief Opperating Officer
Edwina Morris	Director, Office of the CEO

Department of State Growth representatives

Kim Evans	Secretary
Mark Bowles	Deputy Secretary, Business and Jobs
Jenna Cairney	Executive Director, Business Tasmania
Angela Conway	A/Deputy Secretary, Business Services
Claire Fitzgerald	Director, Tourism and Hospitality Support

TRADE PORTFOLIO

Department of State Growth representatives

Kim Evans	Secretary
Mark Bowles	Deputy Secretary, Business and Jobs
Lara Hendriks	Executive Director, Trade
Angela Conway	A/Deputy Secretary, Business Services

The Committee met at 9 a.m.

CHAIR (Ms Forrest) - Welcome, Premier, to day two of Estimates for us and day two for you also. I invite you to introduce the members of your team at the table for the benefit of Hansard and then to make an opening statement if you wish on this portfolio area of yours as Premier.

DIVISION 9
(Department of Premier and Cabinet)

Output group 1
Support for Executive decision-making

1.1 Strategic Policy Advice

Mr ROCKLIFF - Thank you, Chair, for the opportunity to be here with the committee. With me is Ms Jenny Gale, Secretary, Department of Premier and Cabinet; and Mr Craig Limkin, Associate Secretary, Department of Premier and Cabinet.

The Department of Premier and Cabinet is the central agency of the Tasmanian Government and provides a broad range of services to Cabinet, members of parliament, government agencies and the community. It works closely with the state sector, the community, local government, the Australian Government and other state and territory governments and in particular supports me in attendance at National Cabinet.

The Government's key priorities in the 2023-24 Budget are focused on building a strong economy and a safe and caring community. It is a carefully considered budget and I want to quickly inform the committee on some of the commitments made in the 2023-24 Budget to deliver our Government's plan to keep building Tasmania's future.

First and most importantly is our Government's response to the Commission of Inquiry into Tasmania's Response to Child Sexual Abuse in Intuitional Settings. The commission is expected to make wide-ranging recommendations by 31 August this year. Our Government is committed to adopting the recommendations of the commission of inquiry's final report, but we have not waited for the commission's final report to make improvements where it is clear from the hearings that have taken place that they need to be made. We are already progressing 30 interim responses and publicly reporting their progress on the DPAC website. The Budget provides a down-payment of $30 million for urgent actions in the 2023-24 year in response to these 30 actions and in preparation for the final report of the commission of inquiry.

The Department of Premier and Cabinet also delivers our whole-of-government comprehensive Child and Youth Wellbeing Strategy, It Takes a Village, another first for our state, which we launched back in 2021. We are now well into the second year of the strategy and there has been significant progress across all of the action areas and I will be more than happy to update the committee on recent milestones and action highlights.

This year DPAC also supported many flood-impacted communities devastated by the October 2022 floods. The department manages, coordinates and administers recovery and resilience activities and funding.

As members know, during 2022 the Anti-Discrimination Commissioner, Sarah Bolt, undertook a review to examine workplace culture in the Tasmanian Ministerial and Parliamentary Services. Our Government took a strong stance on the importance of getting this right and as a parliament we must lead by example. The Budget provides funding over two years of over $740 000 for an independent project manager to implement the recommendations arising from the Motion for Respect, Report into Workplace Culture in the Tasmanian Ministerial and Parliamentary Services.

Lastly, improving literacy in Tasmania is essential to improving social and economic outcomes, including health and productivity and to overcoming intergenerational and regional disadvantage. I am pleased to have received the Literacy Advisory Panel's final report outlining recommendations to reach the aspirational goal of 100 per cent functional literacy. The report makes 23 priority recommendations for lifting literacy in Tasmania and provides a community-wide framework which community organisations and others can use to align their literacy efforts and work.

To guarantee that every Tasmanian child learns to read, write and spell, I can announce today that I have accepted all of the priority recommendations, with $6.5 million over four years allocated to the 2023-24 Budget to commence this important work. The Department of Premier and Cabinet will coordinate and drive the implementation across the Government and will work in close consultation with the education and community sectors to develop the first three-year implementation plan before the end of the year.

This implementation plan, amongst other things, will ensure that at least 25 per cent of primary schools across Tasmania are implementing evidence-based structured literacy for years K to 2 in 2024, with all Tasmanian primary schools to be implementing structured literacy by 2026. It will also ensure that the national year 1 phonics check is undertaken in all Tasmanian schools in term 3 this year, with the results to be made public before the end of the year. To ensure transparency and monitor progress, an independent literacy outcomes monitoring group will be established, which will include a person with expertise in outcomes measurement, at least one Tasmanian with lived experience and a representative from the Australian Educational Research Organisation and members of this group.

I will table the Lifting Literacy, Lifting Tasmania final report to government May 2023 and the framework as well.

CHAIR - Premier, does literacy come under your first output group or where does that fit in terms of asking questions on that?

Mr LIMKIN - It's under Strategic Policy Advice.

CHAIR - That's what I thought, I just wanted to check. I'll lead off from there and then perhaps we will go to another area after that.

I haven't seen the plan yet so it's a bit hard to know exactly, but you said 27 per cent of schools -

Mr ROCKLIFF - I mentioned 25 per cent of schools.

CHAIR - In the first year, so clearly literacy needs to start ideally before a baby's even conceived and certainly during a pregnancy, if you don't -

Mr ROCKLIFF - The first 1000 days.

CHAIR - Yes, the first 1000 days start with conception, so if we don't start there we are going to be kicking the can down the road. Does this include any strategies, particularly crossing over to your Health portfolio? You are taking a whole-of-government approach here of which DPAC's the lead, so how do we ensure that we start back there and not just try to fix the problem when the problem's already occurred?

Mr ROCKLIFF - I will throw to Ms Gale in a moment who chaired the Literacy Advisory Panel. I agree with you very much that the first 1000 days of a child's life is important for a range of social indicators and the earlier we can engage our parents in the [?? Inaudible 9:08:35) to education and the value of education the better, which is why we've made enormous investments when it comes to supporting our Child and Family Learning Centres bring forward opportunities for our three-year olds to engage in quality early learning.

CHAIR - Is there anything in the plan that points to the earlier period?

Mr ROCKLIFF - Yes, there is.

Ms GALE - Ms Forrest, there are a number of recommendations relating to birth to schooling years. It's a community-wide framework so it takes in birth to schooling, and then there's a minimum of schooling guarantee and then there's adult literacy.

CHAIR - But what about before birth? This is the opportunity here to make a difference to address Foetal Alcohol Spectrum Disorder issues and the other related harms that can occur that puts a child behind the eight-ball before they're born. Is there anything for that?

UNIDENTIFIED - One of the initiatives is a community-wide campaign to lift literacy in Tasmania which we'll talk about, particularly how parents and others can support their children. Although it hasn't been devised yet because that will be part of the implementation plan, that would cover those kinds of really important things that we know a child's health and safety and wellbeing pre-birth is highly important for all of those things, so, that would be one way. One of the other recommendations is to expand the role of the B4 Early Years Coalition to help families support their child's early development, and that could well be part of that role of the B4 Early Years Coalition.

Post-birth, one of the recommendations is to add a further early child health assessment so that we can identify children who may be at risk with early developmental issues earlier than we currently do. Also, for those younger earlier years there's going to be work on early childhood education and care access to professional development, so that we build a better understanding of how our litmus people in those early education and childhood and care centres can be supported, and improving access to allied health professionals and so on which also impact in those earlier years.

Mr ROCKLIFF - I mentioned the strategy *It Takes a Tasmanian Village* that we launched in 2021. This is an investment of some $100 million over four years, particularly

focusing on children and young people aged 0 to 25 years and the focus on the first 1000 days of life.

We're going into the second year of the strategy and there's been significant process in a number of those action areas. I'll just mention a few of them:

- The statewide expansion of the *Bringing Baby Home* program, including additional residential and in-home capability to support vulnerable parents in the north
- Supporting parents in regional and rural areas through the implementation of volunteer-led supported playgroups, baby villages and the delivery of child and baby first aid courses for families on the west coast.
- Commencement of the staged outreach model from child and family learning centers.
- The appointment of a family engagement worker in Latrobe.
- Continued support for young parents through the Supporting Expecting and Parenting Teens (SEPT) program, with 84 young parents currently participating in that program.
- Increased access to information and support for our community kinship careers through a dedicated portal on the *FindHelpTAS* online service directory, for example.
- The participation of over 50 children in kid's day events recently held at the Mary Hutchinson Women's Prison and Ron Barwick Prison.
- The launch of the *Little Tasmanian* project, which includes the provision of baby packs for all Tasmanian babies born from 1 January 2023.

CHAIR - What's in those?

Mr ROCKLIFF - Books.

Ms GALE - A book, at least one.

Mr ROCKLIFF - Implementation of the youth connector program at the Glenorchy Jobs Hub, which has supported 46 young people into employment since November 2022.

- Launch of the new Kids Care Clinics, which will provide access to comprehensive assessments for vulnerable children in their local communities across the state.
- Formation of a palawa Child Safe and Supported policy partnership working group to help reduce the over-representation of aboriginal children and young people in our child safety and out of home care services.
- The launch on 9 May of *Your Engagement Place* by the Commissioner of Children and Young people, which provides opportunities for Tasmanian children and young people to have their voices heard and share their views on topics that are important to them.
- Back in 2016, we launched the *Learning in Families Together* program, which is a literacy program about family engagement in K to 2 years. It aims not only to engage kids' literacy but also to support parents to learn, and learning in homes together.

CHAIR - A lot of good initiatives there; but, how are you going to monitor the progress and the effectiveness of them, the outcomes? This is the thing with education, too; there's many programs put in place and then we don't often see how their assessed for their effectiveness. So you continue to fund them, without any data.

Mr ROCKLIFF - I mentioned the Phonics Check. When I was Education minister, there were also checks or assessments through the way leading up to that year 6. There will be an independent Literacy Outcomes Monitoring Group, including a person with expertise in outcomes measurement, at least one Tasmanian with lived experience and a representative from the Australian Education and Research Organisation -

CHAIR - You're saying you're going to track all the kids?

UNIDENTIFIED - They will track the system and how the schools are going.

CHAIR - If you are trying to deal with every child as an individual, surely, we should track the children in terms of their literacy development rather than the school as a whole. Kids come and go.

UNIDENTIFIED - It will be expected that each of the school sectors - Catholic, independents, and government sector - will have their own plans, which will aim to support the targets that are being set. The expectation is that they should already be monitoring each child; but they will be in relation to this. What will be reported through to the independent Literacy Outcomes Monitoring Group is more school and system-level data. It wouldn't practical for an outcomes monitoring group to monitor the progress of every child; they can oversight that by looking at schools and systems, but the expectation is that schools monitor individual children.

We have a number of progress achievement tests, including the recommendation that the Premier has accepted from the Literacy Advisory Panel for a mandatory year 1 phonics check for every student. There are also the NAPLAN tests, and a range of other assessment and monitoring tools that schools use to monitor progress of individual children.

CHAIR - We'll have access to allied health professionals - OTs and speech therapists - to assist those having speech issues and those -

Mr ROCKLIFF - Certainly speech therapists. We've significantly boosted the in-school support, over the last nine years in terms of wrap around support for schools. We've also made a deliberate choice, when we've restructured the growth funding for schools with the federal government in, I think it was 2017. When we made provision for growth funding at our schools over the course of the 10 years, we made a deliberate choice to utilise some of the additional funding to reduce barriers to education, most notably for students with disabilities. That's based on our nation-leading model of ensuring we fund the student to their need. There's also the investment in trauma-informed practice, which is a huge issue and a huge barrier for children to be able to engage in learning.

CHAIR - So is not eating before you go to school.

Mr EDMUNDS - You talk about the first 1000 days of a child's life. During the lead-up to the Budget you were engaged by the Shepherd Centre for $360 000 over three years.

Everyone who has a baby gets that baby's hearing tested within days at the hospital. Why didn't you invest in that early-intervention service, when you're investing millions, years down the track, when you could have nipped it in the bud at the start?

Mr ROCKLIFF - My understanding is that our minister for Disability has been engaged with the Shepherd Centre and will continue to engage with the Shepherd Centre. I mentioned that engagement and willingness to engage in parliament just last week, if my memory serves me correctly. I understand the federal government has supported their establishment in Tasmania; is that correct?

Mr EDMUNDS - Yes, they've helped them with the infrastructure; but the ask is on the state Government to help establish the service.

Mr ROCKCLIFF - Very willing to engage in that and those discussions. I understand our minister for Disability has been able to have discussions with the Shepherd Centre to my understanding and look forward to those discussions continuing.

Mr EDMUNDS - That engagement was happening well before this Budget was framed. Have you done any work on the cost to the Tasmania Government when children who need early intervention for hearing loss don't get it? It looks to me like this investment is exactly that cost.

Mr ROCKLIFF - I've just mentioned the significant investment we've been able to secure from growth funding from the federal government, as well as the state Government's significant investment to support students with disability in our schools. We're always open to supporting other organisations that support children with disability. Early intervention is critically important.

Mr EDMUNDS - Philosophically, we all agree on that, but here is an example where you could have done it and you didn't do it. When we make these statements about engagement and how important all this stuff is, I don't think anyone at the table is going to disagree. However, you were engaged with plenty of time before the Budget over a very small amount over three years and then the service was essentially taken out of your hands, but the money still wasn't there. Now we are talking about millions of dollars here this morning, and the importance of early intervention. When there was a chance to walk and chew gum, it wasn't taken.

I'm interested in why that money wasn't in the Budget?

Mr ROCKLIFF - We will always sit down and engage with organisations that are very proactive in supporting young people. Those discussions will continue.

CHAIR - We will move on. I am going to take you to a different area. I have it on good advice from the Treasurer that these matters really sit in your area regarding the Project of State Significance related to the stadium and the details around that.

Before I go to the POSS, with regard to the current cost benefit analysis that you claim supports the proposed stadium, who let the cost benefit analysis contract? Who approved it? Was it your department? Was it State Growth? Was it Treasury? Who commissioned it?

Mr ROCKLIFF - The Department of State Growth engaged appropriately qualified consultants to undertake a cost benefit analysis for a proposed stadium in Hobart and to produce a report in line with industry standards and provide comparability with other CBAs prepared for sporting stadia and social infrastructure. The consultants confirm that the CBA applied a consistent methodology across both costs and benefits of the stadium to reflect the additional benefits that will be delivered to Tasmania through the outcomes, such as 28 net new events and the additional costs that will be incurred through developing the stadium.

CHAIR - When did they put it out? Did it go to tender? Or is it that they identified the organisation who did it? When did that go out?

Mr ROCKLIFF - That's a matter for State Growth. I am sure the minister for State Development will be able to provide some detail around that.

CHAIR - You don't even know whether it went out for tender or whether these organisations were identified?

Mr ROCKLIFF - It's a matter for State Growth.

CHAIR - To what extent were the modelling choices made in relation to that? It certainly appears that the consultant was time-constrained to undertake a full assessment.

Mr ROCKLIFF - That is your assessment, but if you would like to question State Growth on these matters, it's not a Department of Premier and Cabinet matter.

CHAIR - I will just take one example. I will keep going, I am trying to get something. The Premier signed the agreement with the AFL. It's been something you have stood up for consistently and repeatedly. Just to take one example in the cost benefit analysis which you claim supports the stadium, the events list used by the CBA consultant and the attendance projections is the same as that used in the optimisation and analysis report by MY Global Partners. Would a completely independent CBA with enough resources have had time to develop a more robust events list? They are basically assuming the same.

Mr ROCKLIFF - Look, I understand that we are scrutinising these matters. This is a Budget hearing for DPAC. We can talk about the analysis and the $2.2 billion economic activity generated, the 4200 jobs as well and the many positive aspects of stadium infrastructure, but this is the Department of Premier and Cabinet -

CHAIR - I am asking about how the CBA was done, effectively.

Mr ROCKLIFF - It is a matter of question of detail for the Department of State Growth. I also point to the benefits of the stadium which I have been prosecuting in terms of the 4200 jobs in construction, the $2.2 billion of investment over a couple of decades, economic activity and what it can bring to Tasmania. This is the very start of the process because we have just been able to secure funding from the federal government. Now the process of the stadium coming to fruition and the analysis and the planning process will commence.

CHAIR - Well, let's go there then. The funding for the Project of State Significance process is where the Treasurer was very clear that this belongs with you - for the assessment of the stadium. Do you have any idea of what the cost will be? In the past Projects of State

Significance have recovered the cost from the proponent. Like in the Gunns pulp mill, for example, the costs were recovered from Gunns. It may be one of the reasons why they pulled out of it. In this case the state is the proponent, so do we have any idea of the cost?

Mr ROCKLIFF - My understanding is that we already have user-pays mechanisms for the role of the TPC with some of the major projects assessment. This is a specific regulation, for example for setting fees for the major projects assessment. The POSS legislation provides a power for the making of regulations for the collection of fees. That power sits with the act presently at Mac Point. Macquarie Point Development Corporation as the proposed developer would be the entity that likely pays for the process.

CHAIR - Well they are funded by government.

Mr ROCKLIFF - Macquarie Point Development Corporation is a Tasmanian government agency and statutory authority that was established through the Macquarie Point Development Corporation Act in 2012.

CHAIR - A government entity will have to pay, how much? Do we have any idea how much?

Mr ROCKLIFF - Macquarie Point Development Corporation acts as a public non-financial corporation. It needs to put in bids to government to get equity to fund activities -

CHAIR - Yes, I understand all that, Premier -

Mr ROCKLIFF - Due to previous Commonwealth funding arrangements, $56 million is currently in the bank and another $5 million is coming this financial year 2023.

CHAIR - My question is, can I be really clear, Premier, how much do we expect the cost to cost Macquarie Point Development Corporation, which will have to get funded by the state Government to do it?

Mr ROCKLIFF - That will depend on what is in the order and the timing.

CHAIR - So there is no idea of how much it is going to cost at this stage?

Mr ROCKLIFF - That will all depend on the order and the timing.

CHAIR - Tell me about the timing then, what are the expected time lines for this?

Mr ROCKLIFF - As I stated yesterday, the amendment to the State Policies and Projects Act 1993 we expect in June-July 2023, declaration of a stadium as a Project of State Significance in August 2023. So that is four to 12 weeks.

CHAIR - We are not sitting then.

Mr ROCKLIFF - In August.

CHAIR - By the end of August.

Mr ROCKLIFF - Direction to Tasmanian Planning Commission, late August, early September; assessment guidelines by December 2023, subject to the commission's work; and a 12- to 18-month assessment in the autumn session of 2025 for parliament's consideration of the final order decision. That's the time frame.

CHAIR - The autumn session? Surely, it's the spring session?

Mr ROCKLIFF - Autumn session of 2025.

Mr EDMUNDS - On that, obviously we listen intently whenever you are in front of the microphone and you told plenty of outlets that we would start building this stadium in 2024.

Yesterday with the Deputy Premier here, he directed all our questions back to you. Now you're telling us, and so did the secretary, that it would be late 2025 when rocks are broken. Could you please explain to me why we've had that extra year delay? Is it just because you've gone to the Project of State Significance instead of major projects?

Mr ROCKLIFF - This was all depending on the order. I've outlined a time frame for you, an expected time frame, of course. That's subject to variation depending on the order. There is the Project of State Significance legislation and the amendment to the act, and the requirement for two votes. That will probably lengthen the process, as opposed to the major projects legislation.

Ms LOVELL - Where does that leave us in terms of time lines for construction and the penalties that are applicable in the deal with the AFL? Are you still confident that we'll reach those time lines, or is that something you'll need to renegotiate?

Mr ROCKLIFF - There is the opportunity for renegotiation. I am confident of the time frames. I stated yesterday: if by October 2025, the Tasmanian Government believes that it would not reach 60 per cent completion of the stadium by 31 October 2027, it may provide the AFL with a notice requesting an extension of the licence conditions, sunset date 31 October 2027, or a waiver of the 60 per cent construction requirement. Any delay in the Hobart stadium reaching the 60 per cent completion threshold, it's likely to delay the club's entry into the AFL competition.

When it comes to the TA facility, the obligation to meet this time frame is limited to making best endeavours. However, practically this may delay the club's entry into the VFL in preparation for the entry into the AFL and this milestone is a condition to the AFL licence becoming unconditional and further delays of this milestone may result in the club's entry into the AFL competition being delayed.

Ms LOVELL - When that was negotiated, that was negotiated with the expectation for construction to start in 2024, is that correct?

Mr ROCKLIFF - As soon as practicable. Considerable negotiations have been undergone and 2025 was always the date. It was my understanding that if by 31 October 2025 the Tasmanian Government believes it would not reach the 60 per cent completion of the stadium by 31 October 2027, it may provide the AFL with a notice requesting an extension of the licence conditions' sunset date.

Ms LOVELL - I understand that. But my question was, when that was negotiated when were you expecting construction to start? You must have been working from an expected commencement date.

Mr ROCKLIFF - Well, as soon as practicable. We had the plan for the major projects legislation at the time. This is also a matter for the Department of State Growth. I'm happy to take questions pertaining to planning on this because the Project of State Significance pathway is my responsibility.

Ms LOVELL - Was it the Department of State Growth that negotiated that deal or was it you as Premier?

Mr ROCKLIFF - The Department of State Growth had a lot of engagement with respect to the negotiation process. I had significant involvement, of course, but the Department of State Growth did an enormous amount of work when it comes to negotiation.

CHAIR - Since you signed the agreement, Premier, you spoke about potential delay into the competition, both into the VFL and the AFL for the Tasmanian team. Every other team that has entered, pretty much - I spoke of this in my Budget reply and I am sure you would have read it. Someone might have. Brisbane Bears, West-Coast Eagles, Adelaide Crows, Fremantle Dockers, Port Power and Gold Coast Suns all entered the league in much shorter times, less than two years. Why are we, an AFL state, as opposed to the Gold Coast, to Queensland, which are not AFL states and certainly were not when they went in, why are we having to wait five years and potentially longer if we don't manage to fulfil this massive commitment?

Mr ROCKLIFF - The Government, myself and the AFL wanted to ensure that this team was set up to be sustainable for the future. That has been a key requirement. I did not want to have a team that was not sustainable and set up to fail.

CHAIR - How do you measure sustainability? They are getting $10 million-plus a year, and the training and administration facility can be built earlier. We do have AFL-quality grounds.

Mr ROCKLIFF - The AFL is investing some $360 million into Tasmania as well.

CHAIR - Why can't they do it three years earlier?

Mr ROCKLIFF - It is all very well to talk about the investments the Tasmanian Government is putting in, which is right. However, do not forget the $360 million we have secured from the AFL as well.

CHAIR - But why do we have to wait five years when all of these other teams waited predominantly around two or less than two years?

Mr ROCKLIFF - You could argue that the Gold Coast team and others, particularly the Gold Coast, was rushed and have been under considerable stress as a result of that. What we are about is ensuring that we have a sustainable team for the future.

CHAIR - Port Power were less than a year - less than a year and they were in the AFL. I don't think they are that stressed.

Mr ROCKLIFF - We want to make sure we dot every 'i' and cross every 't' to ensure that we set up the team effectively. Reports pointed to the fact that it is important to set up the team for the long term, so that it is sustainable into the future.

Mr EDMUNDS - With the comments you made about starting building in 2024, do you think there was ever a chance of that happening? When you said it, did you mean it? Or did you have another motive for saying that you would be building this stadium by this time next year?

Mr ROCKLIFF - It is my expectation that we will commence construction in 2025. I believe very strongly in this project and the economic benefits it can bring to Tasmania, not only an AFL team but an AFLW team, which we cannot forget, and also the economic activity that that would generate. The AFL team, some -

Mr EDMUNDS - We have heard that 100 times. The comments you made to the Tasmanian public through media, through parliament, et cetera, was that you fully expected to start building this stadium in 2024. I am asking you what has changed? Nobody else has made any decisions about this apart from you and now the time line has changed.

Mr ROCKLIFF - I am very open and honest with the Tasmanian people. The sooner we can start a project, there is still some remediation to do on the Macquarie Point site, which is ongoing, I look forward to commencing work as soon as practicable.

CHAIR - Redirecting the main sewer line which was about to start work, that had to be renegotiated because they had contractors on site ready to go. Now they have to redesign the whole thing. It is more additional cost.

Mr ROCKLIFF - It is a significant project. I have been up front with the Tasmanian community, open about the deal, it is out there for everyone to see, open and transparent. There has been other commentary as well in comparison to other states, I point you to John Olsen's comments the other day. He is the head of the Adelaide Crows and the fact that we have secured $305 million for the federal government, $340 million from the AFL -

CHAIR - John Olsen also made a comparison between a redevelopment of a current oval and a completely new build on a site that is somewhat problematic. That is why it is taking so long to do anything. Again, shouldn't we be comparing apples with apples?

Mr ROCKLIFF - All stadia projects have been controversial. Once they have been realised such as Perth, Townsville and Adelaide, the community has come on board. I recognise the challenge around the project acceptance but we cannot ignore the fact that we have secured $305 million from the federal government, an investment, $340 million from the AFL. We cannot ignore the fact of the enormous economic benefits of this project and the aspiration that this will bring to many young Tasmanian boys and girls, young men and young women. This is a huge opportunity that, in my view, cannot be missed.

Mr GAFFNEY - It is interesting, there is a clause in the contract that if the team is not successful - and I am not sure how that is determined - within 12 years the licence can be withdrawn. Is that correct?

CHAIR - Or we have to put in more money, one or the other.

Mr ROCKLIFF - We worked through with the AFL and I have some information there.

Mr GAFFNEY - Has that same undertaking been included in any other? I am not aware of that being included in any other franchise that has received a condition. Are you aware if that has been in any other franchise where there has been a clause that says if it is not successful within a certain amount of time?

Mr ROCKLIFF - We are setting the team up for success. Everything we have done, is setting the team up for success. This funding agreement is to support the establishment and operation of the Tasmanian club. The licence is intended to go into perpetuity. The Tasmanian government is not bound to provide any funding beyond the initial 12-year term of the operational phase. However, the AFL has rights under the AFL licence and AFLW licence that will allow it to adjust or terminate those licences if there is no funding agreement in place. The Tasmanian government, the AFL and the club will formally meet every three months starting five years prior to the expiry of a 12-year planning agreement to discuss the operational funding requirements after the first 12 years.

Mr GAFFNEY - Thank you. My question is, are you aware of that same condition being put on any other franchise from the AFL? That they have the right to withdraw that licence?

Mr ROCKLIFF - I am not privy to other clubs.

Mr GAFFNEY - Did you ask the AFL?

Mr ROCKLIFF - I am not privy to other clubs, all clubs have conditions on them. We are about setting up the team for success.

Mr GAFFNEY - I am aware of that but I am wondering if any other franchise had that same condition put on them that has been imposed on this one where the licence can be withdrawn if a team is not successful?

Mr ROCKLIFF - We are setting the team up for success, Mr Gaffney, that is what we have been dealing and working with the AFL to ensure the success of the club in every step of the way. Yes, there is a 12-year agreement but my expectation is that with the absolutely ongoing engagement, as I've just stated, with the AFL, the Tasmanian government and the club itself, every three months, as I said, five years before the expiry of the 12-year funding agreement, there will be another agreement no doubt and other financial commitments or not. It may well be very sustainable beyond the 12 years which would require less government support and funding.

CHAIR - All teams have major sponsors, Premier. They wear them on their jumper, don't they, which is all money, isn't it?

Mr GAFFNEY - I'm concerned that in my research with the all the other teams that have been awarded a licence, there has never been any commentary about there being a condition that it could be withdrawn. It would be appreciated if the AFL or somebody could say, are we being treated differently with our licence compared to other franchises? I don't think that's an unfair question to ask in light that it seems to me we're getting a condition that no other club has had.

CHAIR - Maybe, it's a question for the AFL who will appear before PAC.

Ms LOVELL - I have a question about the high-performance centres.

Mr ROCKLIFF - Sure.

Ms LOVELL - Are you able to advise the Committee where the shortlisted sites are?

Mr ROCKLIFF - Yes, I can provide some information, Ms Lovell, on those matters. The high-performance training and administration facility has been identified as a key requirement to support the Tasmanian AFL licence and to underpin our future player retention and as part of the Government's agreement with the AFL. The facility will include external and internal training facilities as well as office spaces and facilities for football and administrative staff. The vision for the facility is to provide the players - men and women - coaches and administrators with every opportunity to be successful, both on and off the field. In addition, the facility is anticipated to be accessed for community-use purposes and for use by Tasmanian elite athletes. The ability to further develop community partnerships and programs is an important element of the vision for the facility.

I have worked closely with the AFL task force to undertake an options analysis of potential sites in the greater Hobart area and to develop a preliminary master plan, including concept sketches and cost estimates for preferred sites. The work has informed the decision on a licence for a Tasmanian AFL team. We have allocated $60 million in the budget for the development of a high-performance training and administration centre, with a further contribution of $10 million from the AFL. This funding requirement is based on the early concept sketches and cost estimates for preferred sites -

CHAIR - The question was about the sites if you could get to that.

Ms LOVELL - Yes, so where are the preferred sites?

CHAIR - We will run out of time for questions if you don't answer the question directly.

Mr ROCKLIFF - There has been work on a number of sites and potential options. No decision has been made on the sites as yet.

CHAIR - The question wasn't about a decision -

Ms LOVELL - No, where are the preferred sites?

Mr ROCKLIFF - There is a number of potential sites but we are waiting for further engagement with individual communities with respect to those matters. I'll release that information; we'll work with the communities as well but no decision has been made.

Ms LOVELL - What's the plan then for engagement with communities?

Mr ROCKLIFF - We will engage with communities on preferred sites and ensure that it is conducted in a very open and transparent way.

Ms LOVELL - How will you do that and when will you do that if you're not willing to say where the sites are?

CHAIR - Which communities will you engage with?

Mr ROCKLIFF - We need to engage with landowners first and foremost. It's part of the consultation process. This is a project that has only just started. We've only just been able to secure the funding from the federal government over the last month or so. There's a lot of work to be done around the high-performance facility, around the stadia project. There are the AFL academies in each region of the state as well. This is why we have to get this right, in terms of the detail of the team.

CHAIR - Premier, can I just confirm, you said we've got federal funding for the [inaudible].

Mr ROCKLIFF - No.

CHAIR - No. That's what you were alluding to. Let's be clear about that, then.

Mr ROCKLIFF - Federal funding for the Macquarie Point precinct.

Ms LOVELL - Am I hearing that you don't have a plan for engagement yet, or you're not willing to share that with us, because I -

Mr ROCKLIFF - Yes, of course we have a plan for engagement. The Department of State Growth is the lead entity on that plan.

Mr EDMUNDS - With regard to the 12-year clauses, are you able to categorically rule out that after that 12 years, the Tasmanian club might be forced to merge with, say, the Kangaroos? Just as an example.

Mr ROCKLIFF - We will be setting this team up for success, Mr Edmunds. That is pure speculation and another negative attitude, frankly, from the Labor Party in Tasmania. The Labor Party need to make a very clear decision of where you stand on this AFL team and the stadium. Your leader has made it very clear that you will do all you can -

Mr EDMUNDS - Frankly, we're here to ask you questions, Premier, not you to ask us.

Mr ROCKLIFF - Your leader has made it very clear that you, as a Labor Party, will do all you can to stop the stadium. You stop the stadium, you stop the team and you kill the dream. Your party has to make up a very clear position on this matter. My position is clear. I've drawn a line in the sand. I've demonstrated leadership, as difficult and challenging as that is. It's high time the Labor Party started listening to the grassroots of the AFL community and actually support aspiration in our young kids. I've got to say -

Mr EDMUNDS - Sorry, we never bring politics up in the Legislative Council and now we've got this diatribe.

Mr ROCKLIFF - No, you're bringing up politics. You've done it all morning.

Mr EDMUNDS - To be fair, it was just a question. You expect us to have a position, we can ask questions.

CHAIR - Order.

Mr GAFFNEY - Thanks, Premier. We do acknowledge the amount of pressure you're under with this issue, but lots of time in the past, when legislation has been introduced or projects have been introduced, I've listened to the commentary that we've had a mandate to do this because we were voted in at the last election with that mandate.

The trouble with this issue is that it was never taken to the people before it was introduced as the most significant financial expense or project, possibly, other than the bridge. It was never taken to the people. There is no mandate. While you talk about the stadium and the team is our dream, I think a lot of people have the team as the dream, and the stadium has become a bit of a nightmare. Do you think, in reflection, this is something that should have been taken to the Tasmanian people as a whole - more than just an announcement by the previous premier - and you now find yourself in this situation where you haven't a mandate from the people?

Mr ROCKLIFF - I accept the question, Mr Gaffney, in the spirit that it was asked. Governments are elected to govern and make decisions. As I've said publicly before, I'm not building a pulp mill on the waterfront in Hobart. This is a multi-sporting entertainment complex that's an enabler for greater economic benefit, jobs in construction, jobs ongoing, economic benefit to the community, private investment. It's not like I'm bulldozing hundreds of houses to build a stadium.

This is an area that is ripe for development, and hasn't been developed enough. There has been a lot of planning work and remediation, I accepting that, but we have a sewerage plant and not a lot else there at Macquarie Point.

This is an opportunity. When you see an opportunity - and the dream I speak of is the dream of an AFL team that has been hard-fought for many decades in Tasmania, for very good reason. What's been clear is that we need modern stadia to support the sustainability of the team. We've made those decisions -

CHAIR - Can I pick up a point you've made there, Premier. We know that the project of state significance is a planning process. As I understand, it doesn't really include an economic or social impact assessment.

My question to you is, once the details are available regarding the design and the scope of the works - which are still completely unknown in many respects - will you also commission a further fully independent economic and social assessment as part of that process? Because it's not included in the POSS.

Mr ROCKLIFF - In my understanding, with POSS, is that it is included.

CHAIR - A full economic and social impact assessment?

Mr ROCKLIFF - Economic, social and environmental is part of POSS, which was the attraction of the project of state significance pathway for a number of the proponents with respect to POSS, or the supporters of going through the POSS process.

CHAIR - I must have misunderstood that. I accept that. When we look back to the event attraction expectations, as outlined in the various reports that have been provided publicly, it seems like a lot of those perhaps weren't fully informed. For example, if it is a fixed roof, which is part of the contract, you can't play international cricket under a fixed roof unless they change the ICC rules, which is most unlikely according to the evidence received in the Public Accounts Committee.

The other thing that is talked about is that there's a number of NRL rugby union and A League matches considered. When we look at what has happened at Adelaide Oval, the last soccer match played there was in 2017. There have been only four rugby league matches in 10 years, and for all four of those, the government had to actually pay to attract rugby league. There's been one rugby union match in 10 years. At Optus it's a similar circumstance, where the government has to keep funding these events.

Surely we need a more robust and fully informed assessment of a number of events if we are actually going to undertake a proper assessment of the cost-benefit analysis here. Will this form part of the POSS process?

Mr ROCKLIFF - That economic, environmental and social planning process is part of POSS. On the cricket matter, it's noted that Cricket Tasmania chair and ICC match referee David Boon was recently quoted in the media, and he believes the new stadium at Macquarie Point could be used to trial Test cricket under a roof, given the current ICC laws do not permit Test cricket to be played under a roof.

As outlined previously, when the stadium project enters the official design phase, considerable further work will be undertaken on the specific design of the stadium, including the roof structure and stadium functionality for various events.

The design phase will also include detailed consultation on stadium functionality and events scheduling with key sports, arts and entertainment and business event stakeholders, and this may lead to consideration as to the type and style of roof. Any revision to the current specifications would of course need the agreement of the AFL.

CHAIR - Noting, too, that some of the Big Bash league could actually smash the roof if it's a translucent fixed roof. There's also a risk there with even non-international cricket, as I understand it.

Apart from that, will the POSS process also directly engage with the major promotors who the business case assumes will attract these major events? The big promoters weren't engaged during the development of the current cost-benefit analysis.

Mr ROCKLIFF - Yes, so as with all processes under the resource management planning system, that was an obligation on the commission to further the objectives of Schedule 1 when

undertaking the review and that includes encouraging public involvement. Specifically the commission may place its guidelines for an assessment on public exhibition before providing them to the proponent. The question you asked directly really is a decision for the TPC.

CHAIR - Any other questions?

Mr EDMUNDS - Are the Foo Fighters playing at the Townsville stadium, Premier?

Mr ROCKLIFF - Have you seen the schedule, have you?

Mr EDMUNDS - I have.

Mr ROCKLIFF - Are they?

Mr EDMUNDS - I saw your post to go to it as well - your passion for Townsville -

Mr ROCKLIFF - There is another opportunity leak, I mean, I do not know why you are so negative, your group. You are absolutely negative, you talk down Tasmania at every second - 'We can't have this, we can't have that, why would the Foo Fighters want to come to Tasmania?' Actually, a lot of people want to come to Tasmania; we are a bloody good state and we are getting record numbers of people coming down here spending big bucks -

Mr EDMUNDS - You yourself referenced Townsville not long ago, Premier, that is why I asked that question.

Mr ROCKLIFF - To come down here and enjoy the wonderful assets of Tasmania. The stadia economy is $8 billion across the nation, and why wouldn't we want to have an opportunity of being part of that stadia economy. This is positive. As a government, we are a positive government; we see opportunity; we seize opportunity - the opportunity of an AFL team, an AFLW team; it is fantastic for our kids, our economy, and it is about time the Labor Party - some of you - got off the fence. The negativity is extraordinary.

CHAIR - Let's just avoid the slanging match between the parties here. Order. Are there any other questions on 1.1?

Ms LOVELL - Premier, can you outline for the committee the process to appoint or reappoint the secretary of the department?

Mr ROCKLIFF - The Department of Premier and Cabinet? Yes.

Ms LOVELL - Yes. Sorry, I took you by surprise, moving on to another topic.

Mr ROCKLIFF - There were a number of changes of heads of agencies; five new heads of agencies started their roles in 2022-23: the Commissioner of Police, Donna Adams, commenced in October 2022. The CEO of Tourism Tasmania, Sarah Clark, and the CEO of Port Arthur Historic Site Management Authority, Will Flamsteed, commenced in January 2023; the CEO of Homes Tasmania, Eleri Morgan-Thomas, commenced in March 2023; and Secretary of Natural Resources and Environment Tasmania, Jason Jacobi, commenced in May 2023.

All new heads of agencies were appointed for five years and as a result of extensive recruitment processes.

In addition to the new heads of agencies commencing in their roles, two long-serving secretaries, Mr Tony Ferrall, Secretary of the Department of Treasury and Finance since 2013 and Mr Kim Evans, Secretary of the Department of State Growth since 2014 and the head of agency for 28 years, indicated their attention to not seek a further appointment. I commend both those outstanding individuals on their enormous public service to Tasmania.

Mr Farrell's current appointment concludes in August 2023 and Mr Evans's in August 2024. In 2023, other heads of agencies, Jenny Gale, Secretary of the Department of Premier and Cabinet, Tim Bullard, Secretary of the Department of Education, Children and Young People, and Ginna Webster, Secretary of the Department of Justice, were all reappointed for a further five years.

There is an instrument of appointment that each head of agency has. They are standard and of course the government needs to notify the relevant head of agency before their contract finishes, whether they intend to reappoint them, and reappointment is a matter for the premier of the day.

Ms LOVELL - Premier, there were reports last week in relation to documents being tabled in parliament, and reports about Cabinet in-confidence documents and the definition of Cabinet in-confidence. I understand that was a definition that was established in 2018 as part of the Cabinet guidelines. Can you outline for the committee the process for those decisions being made, and who's responsible for those decisions and how they're made?

CHAIR - And how the changes are made to the Cabinet. There were changes made in 2018.

Ms LOVELL - Yes, how changes are made, how often that triggers that.

Ms GALE - Every year DPAC reviews the current Cabinet Handbook to make sure it's contemporary, to make sure it covers any matters that may have arisen over the previous year. If there are any amendments that are suggested, those amendments go to cabinet for discussion and approval.

Ms LOVELL - The decision about what is a Cabinet in-confidence is essentially made through that process, is that right?

Ms GALE - It's a matter for each Cabinet to determine. I would be able to find somewhere in this bit of paper how other states and territories define or did define their Cabinet documents, but it's a matter for each Cabinet.

Ms LOVELL - Do you have that information about other states? I am quite surprised by this.

Mr ROCKLIFF - It's been a long-accepted practice and parliaments have supported the Cabinet in-confidence matter. By way of example, I am advised that in 2012, the former Labor-Greens government refused to provide information to a Tasmanian parliamentary committee on the basis that it was Cabinet material. That letter was in relation to the cost reduction

strategies of the Department of Health and Human Services. In that letter, the former premier said the Cabinet documents, which include the advice provided to Cabinet, are a class of a documents that, irrespective of their actual contents, belong to a class of which the public interest requires they be withheld from production, and that is so, has long been recognised by parliaments and courts alike.

Documents in this class are typically those which reveal the deliberations of the Cabinet or the views of individual members of the Cabinet express before the Cabinet has reached or concluded a collective view on a matter of public policy. The letter goes further. It quotes from a relevant High Court judgment which I can also -

CHAIR - If I might, that was a letter from the then premier Lara Giddings. Since then, your Government has repeatedly rolled out the same information. It's not just the Labor Party that has sought to use that. Let's be clear about that.

Ms LOVELL - If I could preface this, I'm not trying to catch you out. I've obviously not been part of a Cabinet. The point of my question is that I was surprised, and I think members of the community would be surprised, to understand that it's essentially up to Cabinet to decide what's Cabinet in-confidence. I had always assumed there was some over overlying process, but there's not.

Mr ROCKLIFF - Matters that come to Cabinet are Cabinet in-confidence.

CHAIR - That's not how it's assessed by many legal scholars in this area.

Ms LOVELL - Yes. That's why I'm interested to see what other states do.

Ms GALE - There are differing legal opinions in relation to this. In the 2019 Committee on the Production of Documents, there were a range of submissions that were provided, and they were all quite different. It is a matter of convention for Cabinet to determine its own processes and procedures.

CHAIR - Would you agree, though, that there is a prevailing view that the documents for Cabinet that attract the Cabinet in-confidence provision are those that reveal the deliberations of Cabinet - because often things do go to Cabinet that end up coming out the other end when a decision is made. The prevailing view is that its matters that reveal the deliberations and decision making of Cabinet. Would you agree with that?

Mr ROCKLIFF - I note Ms Gabrielle Applebee's definition of responsible government is as follows:

> Responsible government describes a means by which the executive government is held accountable to parliament. The government is responsible to parliament in two ways.
>
> First, the ministers of the government are individually responsible for their decisions and the performance of the department, members, the parliament hold ministers to account through the processes of parliament, particularly through asking questions of ministers in the parliament and through

> parliamentary committees that scrutinise throughout legislation and government actions.
>
> Second, the entire ministry must retain the confidence of parliament to remain in government and their important mechanism to help facilitate the accountability of the government to parliament, including the requirement that parliament approves all taxation and expenditure by government and maintains its role of delegate. In respect to ministers are responsible to the parliament, whereas, the person in state service is not. A system of responsible government requires that Tasmania State Service first and foremost serves the government of the day that's duty to his or her minister. Ministers are responsible and accountable to the parliament for all that occurs within departments.
>
> Within this context cabinet confidentiality is a concept which is highly respected within the public service and courts have long respected confidentiality of cabinet deliberations and it might be long outstanding respect for the confidentiality of these processes should be part of the thought and consideration of this committee.

CHAIR - Can I refer to a high court decision in the Commonwealth verses the Northern Land Council. The case ruled that documents which recorded the actual deliberations of Cabinet or a Committee of Cabinet where subject to public interest immunity. The High Court acknowledges that documents prepared outside Cabinet such as reports, submissions for the assistance of Cabinet are often referred to as Cabinet documents. But, it expressed no view is to whether these such documents should be brought into the ratio of the case. That is the High Court decision.

Mr ROCKLIFF - This is a long-held tradition, Ms Forrest that, as you know, ensures frank and fearless advice and confidentiality of Cabinet decisions.

CHAIR - Do you want to question here?

Ms LOVELL - No.

CHAIR - In 1.1, is these where the digital inclusion strategy should be asked about or that elsewhere.

Mr ROCKLIFF - Elsewhere.

CHAIR - One other question I have, Premier, of you before we move onto the next output group.

Last year we were talking about the targeted review of the Emergency Management Act which was underway at the time. Can you give us an update to where that targeted review and has the full review commenced? If not, why not?

Mr LIMKIN - My understanding is the Department of Police, Fire and Emergency Management completed the targeted review last year looking at the lessons out of COVID-19. There were changes to various plans and [inaudible] through that process. The full review has

not commenced because we are still responding to COVID-19 and responding to floods. We want to begin that with DPFEM later this year, is the advice.

CHAIR - What were the outcomes of the targeted review? Or, do I need to ask Mr Ellis tomorrow?

Mr LIMKIN - It is probably a question for Mr Ellis. But, in the DPAC world, because we hold a function of the emergency management, we are in the process of updating the State Recovery Plan. We have updated various other documents such as the Public Information Unit Plans and that has taken the learnings out of COVID-19 into that.

CHAIR - I will go to 2.1, Management Executive Government Processes.

Output Group 2 - Government Processes and Services

2.1 Management of Executive Government Processes

Ms LOVELL - I did have another question here and we did look at this last year, in relation to RTI responses and how they were tracking within statutory time frames. Are you able to update for this year and how you are tracking this year compared to last year?

Mr ROCKCLIFF - Good question. We will get the exact information you are seeking, Ms Lovell. To provide some context. Through the commission of inquiry, victims/survivors, as an example, have highlighted the complexities around seeking their own information from the government institutions, particularly with lack of consistency and process and decision making. The Government has invested $500 000 over two years to support a significant uplift in Right to Information capability and practice in the Tasmanian State Service. This funding will facilitate:

> The creation of an applicant-centric experience by providing a consistent and fair RTI process that keeps the objects of the Right to Information Act 2009 at the forefront;
>
> The creation of a clear standard of practice for all officers involved with actioning an RTI request to ensure that every decision under the RTI Act is informed by the same guiding policy and information and made within the same time frames as much as possible by June 2024;
>
> The development of an end-to-end application management approach, which enables consistency in the applicant experience, regardless of which public authority an applicant applies to;
>
> Improving the experience for RTI applicants by standardising the way in which the Tasmanian State Service agencies manage RTI application. This will be achieved in a number of ways, including, improving processes, training and forms. Process reform will incorporate feedback from applicants and ensure collaborate design; and
>
> The identification of opportunities for the proactive disclosure of information and the delivery of central training to RTI delegates to reduce single-point

dependencies and ensure consistency of knowledge, practice and skills across Tasmanian State Service agencies.

For the 2021-22 financial year, the Department of Premier and Cabinet determined 26 RTI applications, with 92 per cent of applications completed within the legislated time frame or within an agreed extension period. There has been a significant increase in the number of RTI in the current financial year, with 49 applications already received since July last year. Did that answer your question?

Ms LOVELL - The time frames for this year? I had last year's but not this year. You do not have it year-to-date?

Mr ROCKLIFF - I am not aware of the year-to-date figure.

CHAIR - Can we get that?

Mr ROCKLIFF - Year-to-date until when? We will take it on notice.

Ms LOVELL - I am happy to put that on notice.

CHAIR - The other questions on 2.1? I will move to 2.2, principle and subordinate legislation.

Output Group 2
Government processes and services

2.2 Principal and subordinate legislation -

CHAIR - I had a couple of questions here, Premier. I know that the much-revered chief of Parliamentary Counsel, Robyn Webb, retired earlier this year. I am sure she is missed by all. Has that position been filled and are there other vacancies across OPC?

Mr ROCKLIFF - I have some information on that for you. Robyn Webb retired in January 2023. The Office of Parliamentary Council (OPC) currently has seven legislative drafters of whom two are juniors. OPC currently produces, on average, 40 to 100 bills per year -

CHAIR - Big gap, 40 to 100.

Mr ROCKLIFF - ten to 250 subordinate instruments, as well as preparing all the parliamentary amendments for the Legislative Council and some of the parliamentary amendments for the House of Assembly.

In 2022-23, OPC drafting services were made available for parliamentary amendments for non-Government members of the House of Assembly. This access occurs through requests made to the Speaker of the House of Assembly. This process ensures that OPC resources are not used on drafting amendments that were unlikely to be supported in the House of Assembly. Acting Chief Parliamentary Counsel - we can go straight to that -

CHAIR - I am interested in the appointment.

Mr ROCKLIFF - After 15 years of service to the parliament as a drafter, Robyn Webb, the former Chief Parliamentary Counsel, announced her intention to retire in early January 2023. Robyn served as Chief Parliamentary Counsel for over eight years and has been drafting our legislation since 2008 - almost 15 years - a fantastic level of public service.

CHAIR - Has she been replaced, that's the question?

Mr ROCKLIFF - Kate Woodward, the current Deputy Chief Parliamentary Counsel, has been acting in the role since Robyn's retirement. I intend to appoint Kate Woodward to the role.

CHAIR - Any other vacancies? I know there are skill shortages across all skilled areas. This is pretty specialised work.

Mr ROCKLIFF - Yes. I have some information here. As at 31 March 2023, OPC had three vacancies for legislative drafters. Paid FTE does not reflect vacancies. OPC undertakes the recruitment of legislative drafters of all levels of experience, however, it's been 14 years since Tasmania's been able to attract an experienced drafter to this jurisdiction.

Ms GALE - There is a national shortage of drafters. The next steps, once Ms Woodward's appointment has been formalised as the Chief Parliamentary Counsel, will be to advertise for the Deputy Chief Parliamentary Counsel. Other vacancies then will be filled through advertisement.

CHAIR - The other vacancies are obviously more junior than chief. Have we been trying to recruit for some time in those?

Ms GALE - The approach that OPC has taken over the last few years is to bring in junior drafters and skill them up so they move up through the ranks. There are a number of senior drafters who have come through that way. There are two ways. OPC advertised for a senior drafter last year. There were very few applicants who were deemed to be suitable. There was one, however, who then had an unfortunate accident and wasn't able to take up the role.

I have been working with Ms Woodward on strategies for employing senior drafters. She has been working through her networks with her interstate colleagues, so we're hopeful that we will be able to fill those positions.

CHAIR - The problem with doing that is that they get head-hunted, don't they? We train them up and then they get head-hunted. It happened in the Audit Office.

Ms GALE - There are shortages.

CHAIR - That's what I mean.

We will move on because I am conscious of time.

Output group 2
Government processes and services

2.3 Corporate Support to ministerial and parliamentary offices and the Office of the Governor -

Mr GAFFNEY - This is largely an administrative role (inaudible) financial human resources. It's pretty consistent.

I recall the Governor's recent visit to the Latrobe municipality. It was great. The people really enjoyed it. It was her ambition to visit every municipality in Tasmania. Does this incur additional costs to her office and is this properly resourced and supported by the Government?

Mr ROCKLIFF - I believe so but I will take that on notice. We're seeing if a representative from Government House was in the vicinity, but we will take it on notice.

Mr GAFFNEY - If the Governor was having an issue she would come to you guys to say, 'Look, I haven't got enough money to do the work I want to do'. I imagine that is how the process would work.

Mr ROCKLIFF - Through a discussion, yes.

Mr GAFFNEY - Otherwise I don't think there is anything much to this line.

Mr ROCKLIFF - To my knowledge, we haven't been contacted about resources of the nature that you have outlined in terms of municipal visits.

Output group 3
Electronic services for government agencies and the community

3.2 Management and ongoing development of Service Tasmania

Mr DUIGAN - Premier, I know in certain circumstances Service Tasmania shares centres with Services Australia which is the Australian Government arm for government payments and services. Can you tell me how this potentially works well for Tasmanians sharing resources like this, particularly as it applies to rural areas of the state?

Mr ROCKLIFF - Thank you for the question, Mr Duigan. As well as co-locating services together, which is helpful for Tasmanians, Service Tasmania also acts as an agent for Services Australia in 11 of its regional service centres already. They include Beaconsfield, St Helens, Queenstown, Currie, Scottsdale, New Norfolk, George Town, Smithton, Sheffield, Triabunna and Deloraine.

Many of the services available from the Australian Government at these sites cannot be completed without direct assistance from Services Australia personnel and this can lead to inefficiencies for both parties and frustration for customers. The Tasmanian and Australian governments have been working together on how this can be rectified. Today I am pleased to announce a trial will be shortly commencing offering enhanced Services Australia offerings at three regional sites at Currie, Smithton and Deloraine. During the trial, Service Tasmania will be granted direct access to relevant Services Australia systems to be able to resolve a limited number of customer inquiries without the need for third party assistance.

This was a direct recommendation of the review of the Tasmanian State Service to enhance service delivery for Tasmanians in partnership with the Commonwealth. A statement of intent has been signed to create more joined-up ways of working together. The trial has involved upskilling Service Tasmania staff to enable access and use of the Services Australia system.

Mr DUIGAN - Another one that is related to that is all this working together makes things more convenient for the consumer, but it also exposes some heightened level of cybersecurity threat. Can you tell us what the Government is doing in that space?

Mr ROCKLIFF - Sure, it's a good question. We committed $4.3 million in the 2021-22 budget over four years to begin development of a digital Service Tasmania portal. This followed recommendations of the independent State Service review. The aim of the MyService project is to provide Tasmanians with a secure and easy-to-use access point for all government services through a single login. I am pleased to say that the development of the portal has been led by local Tasmanian company Intuit who are being supported by Microsoft whose technology the platform will be built on. The initial stage will be delivered early next year with some milestones along the way.

Service Tasmania's digital transformation has included a new Service Tasmania website which was launched in July last year, making it easier for Tasmanians to find and access the services they need; a customer experience program established in 2021; and a life events framework which was delivered in late 2022. The concept of delivering services around life events like births, deaths, emergencies or relocating to Tasmania can take the guesswork out of identifying various agencies and finding the information people need at various points in their lives.

On the important matter of cybersecurity, the MyService portal we're developing is being designed to Microsoft security best practices and validated by an independent cybersecurity partner. The architecture will minimise storage of sensitive data by connecting to agency systems in real time and will be further secured by a multifactor citizen authentication. Last year's budget included $2.6 million over four years to uplift Service Tasmania's IT capability and ensure its systems are safe, secure and well-supported. I congratulate all those who work within Service Tasmania for the service they provide to all Tasmanians.

Output group 4
State Service management

4.1 State Service employment and management

Ms LOVELL - Premier, I have questions around the forecast efficiency dividends. The Budget includes $300 million of efficiency dividends in the forward Estimates and we've heard repeatedly that this won't impact delivery of frontline services, but what I'm interested in is what you consider to be frontline and where do you think those cuts are going to come from in a way that's not going to impact on delivery of frontline services?

Mr ROCKLIFF - It's really efficiencies, Sarah. It's about finding 60 cents out of every $100, which is the efficiency dividend requirement that will commence in 12 months' time. That allows ministers to engage with agencies to ensure that we have those efficiencies created. Part of that, for example, is our investment into digital technology and digital systems, and

health would be a very good example of that, of course. I want to be very clear that frontline services will be protected.

To put this into context, I am advised that the Commonwealth Government has a 1.5 per cent to 2 per cent efficiency dividend each and every year and there is an expectation the public service will continually improve and be more efficient and we will protect our frontline services. In fact, we're investing in frontline services enormously in this Budget and I can point to Health, for example, and not only our investment over the course of the last number of years but the continued investment when it comes to Health personnel.

As I say, the efficiency dividend represents approximately 0.6 per cent of total annual expenditure or 60 cents out of every $100. To put that into context as well, instead of spending $100 agencies will be required and asked to spend $99.40, but that doesn't kick in immediately. It kicks in 12 months' time which allows that lead-up time for ministers and agencies to work together on ensuring that efficiency dividend is realised.

You might recall that back in 2019 when the efficiency dividend was proposed by my predecessor. This was before COVID and of course then COVID hit and we spent or invested some $1.5 billion to $2 billion in ensuring we were keeping Tasmanians alive, well and in work. That's a significant investment and at that time the efficiency dividend was effectively put on hold and now, in order to ensure we have sustainable budgets into the future, that small efficiency dividend protecting frontline services is what we're going to implement.

Ms LOVELL - Can you reassure public servants that jobs won't be lost through this process?

Mr ROCKLIFF - I can reassure all Tasmanians that agencies will be working through this over the coming year in order to make efficiencies for the 2024-25 year. I was engaged in those discussions back in 2019 when I was Minister for Education and we started those processes and I've spoken about the history around all of that with the pandemic and the like. What we're about is ensuring that frontline services are protected. We are investing more in frontline services and it's about efficiencies through means such as digital technology.

Ms LOVELL - Premier, the agency budgets have increased but not at the rate that would be required to meet their obligation under wage increases that have been negotiated across the public sector. How do you expect agencies to be able to pass on those negotiated wage increases? Will they have to make additional cuts to their budgets?

Mr ROCKLIFF - It's about utilising resources as effectively and efficiently as possible. This Budget invests enormously into frontline services, health, education, public safety, housing, and that's our clear focus.

Ms LOVELL - So if they have to pay their wage increases that have been negotiated, their budgets don't increase at a rate that allows them to do that without going into their exist budgets, plus there will be increasing costs and then the efficiency dividends that are coming. Do you know what the quantum will be of the actual efficiencies that agencies will need to make?

Mr ROCKLIFF - Well, the efficiency dividend, is 60 cents in every $100. Agencies will work within their budgets for the pay and wage negotiations that have been finalised, have

come to fruition. All agencies, I know, will work with their respective ministers and work within their budgets and deliver the services as Tasmanians would expect.

Ms LOVELL - Premier, given the well-known issues relating to labour hire employment, particularly in light of the federal government's moves on that at the moment, and, given the data in Tasmania on under employment and employment in insecure work, will you commit to insourcing jobs to the public service where labour hire companies are used as those contracts expire?

Mr ROCKLIFF - That's an operational matter for individual agencies. I'm sure each agency will be utilising their resources as effectively as possible for the Tasmanian community.

Ms LOVELL - Is that something you'd support? Some leadership from the Premier would be quite powerful on that. Is that something you'd support amongst agencies?

Ms GALE - The State Service does have a policy, not necessarily written down, that our preference is for permanent, full-time work for our Tasmanian state servants. That's the premise against which we. There will be some different contexts where there might be some short-term work or particular initiatives where it wouldn't make sense either in a practical or an efficiency way to have permanent, full-time state servants working in those roles. It's really not possible to give a blanket response to the question you've asked in relation to that because we need to be fit for purpose, we need to be flexible and adaptable and the employment practices that we undertake will depend on the circumstances that we're trying to make sure that we can conduct the work.

Ms LOVELL - What about an example where there's ongoing work like security in courts or cleaning in public buildings? Would that be an example of where you might prefer that to be a permanent State Service job rather than a contract job?

Ms GALE - That would be a matter for each head of agency to determine depending on the circumstance. I think even in the State Service Act it defines permanent employment as the preferred method of employment in the State Service.

Mr ROCKLIFF - To that end, I'm very pleased to be able to support the permanent jobs of 97 paramedics as announced in the state of the state address, and coming off fixed contracts.

CHAIR - We'll come to that in Health.

Mr ROCKLIFF - Well, just a good example of -

CHAIR - We will come to that in Health.

Ms LOVELL - We do not have labour hire paramedics, though, do we?

Mr ROCKLIFF - Permanent employees, Sarah. It is fantastic.

Ms LOVELL - A good example?

CHAIR - I hope they are.

Ms LOVELL - Perhaps a relevant example in this instance? Just one last question on that then. In instances where labour hire is being used, where, there might be an ongoing employment opportunity, what options or avenues are there for that to be changed within agencies? Is that something that is overseen or monitored in making sure that agencies are complying with that part of the act?

Mr ROCKLIFF - I imagine that contracts would come to an end and they would be renegotiated and agencies would make decisions based on the best utilisation of the resources before them and, the best opportunity to get the job done. Again, as I stated in my previous answer, it is largely an operational matter for heads of agencies themselves to make these decisions in the best interests of delivering a service.

However, as Ms Gale has stated, it is her understanding that it is preferable to have permanent employees within state services, rather than contracted out, if I could put it that way.

Ms GALE - We do have agreements with the unions about under what circumstances we would be converting fixed-term employees to permanent employees and agencies undertake that on a regular basis.

CHAIR - Any more questions on that one?

Mr EDMUNDS - I do not mind if you take this on notice. How many positions currently in the Tasmanian State Service, Senior Executive Service, are held by Tasmanian Aboriginal people by position titles, salary band, location, temporary or permanent, and years of service?

Mr ROCKLIFF - Do you mind if I take that on notice?

Mr EDMUNDS - Absolutely. That probably works for all of us.

CHAIR - We will write to you on that.

Mr ROCKLIFF - I was asked a similar question in the lower House on notice but I am not sure if it was exactly your question.

CHAIR - We will send it through, so that you know exactly what we are asking.

Ms LOVELL - In relation to the Tasmanian State Service Aboriginal Employment Strategy 2022, has that strategy been renewed? Who is responsible for the strategy? Is there any funding allocated to support this?

Mr ROCKLIFF - We are committed to the ongoing funding of the Aboriginal Employment Strategy. There is $250 000 for the 2023-24 and 2024-25 financial years to continue to deliver several Aboriginal employment initiatives, supported through the State Service Management Office in the Department of Premier and Cabinet. The aim is to attract more Aboriginal people to State Service jobs, develop and progress the careers of existing Aboriginal employees and support culturally safe and respectful workplaces.

CHAIR - Has the strategy been renewed? That was one of the questions.

Ms LOVELL - Yes, has it been renewed?

Mr ROCKLIFF - The Budget continues into the 2024-25 year and so maintaining its -

CHAIR - This is about the strategy.

Ms LOVELL - Has the strategy been reviewed and renewed though?

Mr ROCKLIFF - The strategy will continue to evolve through work to be undertaken in relation to actions within the Tasmanian Closing the Gap implementation plan and in partnership with Aboriginal organisations, service providers and individuals. The Aboriginal Employment Strategy remains and continues to evolve and was released in 2019 to run through to December last year. Work has commenced on a review of the strategy. It remains in place through that time.

Ms LOVELL - Are any Tasmanian Aboriginal people employed on the implementation or review of the strategy?

Ms GALE - Our project officer is a Tasmanian Aboriginal person. She works with our Aboriginal Employment Network, which consists of Tasmanian Aboriginal people.

Ms LOVELL - You might need to take this one on notice as well, but you can please provide the salary band, position, location and terms of employment, as in temporary or permanent, and years of service for the project officer?

Ms GALE - I would have to take advice in relation to the Personal Information Protection Act. Employment information is part of that act and cannot be provided by the custodian of the data, who in this case would be me.

Ms LOVELL - I can send it through on notice and you can come back with some advice, perhaps.

Output Group 5 - Security and Emergency Management

5.1 Security and Emergency Management

Mr HARRISS - Premier, Security and Emergency Management appropriation for 2023-24 is up about $20 million. Then in 2024-25 it's up about $12 million. I believe it's to do with the funding of disaster assistance for flood-impacted communities. Can you run me through what that funding goes to?

Mr ROCKLIFF - The Resilience and Recovery Tasmania budget includes a range of recovery activities, a number of which are jointly funded by the Australian Government. In some cases, Resilience and Recovery Tasmania administers these programs directly and in other cases it redirects funds to other responsible agencies. This means that the output expense budget can be a little volatile and changes across the forward Estimates, not reflecting changes in recurrent funding.

Resilience and Recovery Tasmania also receives funding for whole-of-government initiatives it coordinates that may be delivered in whole or part by other agencies. The expenditure for this output increases to $26.112 million in the 2023-24 Budget - an increase of

285 per cent on the 2022-23 Budget of $6.703 million. This increase is primarily attributed to the funding of $19.425 million in 2023-24, along with a further $10.988 million in 2024-25, for disaster assistance for flood-impacted communities, continuing recovery activities, which you mentioned in your question, in response to the 2022 flooding events. Most of this funding will be provided to local governments or other agencies.

Funding of $445 000 has been allocated to the Hillcrest Primary School long-term recovery activities to 2023-24. This is provided to implement a whole-of-government long-term recovery plan to complete relief and recovery activities for the Hillcrest Primary School tragedy.

Funding of $150 000 is provided for the Protective Security Policy Framework in 2023-24. The implementation of the Protective Security Policy Framework is central to a broader uplift in security functions within the Tasmanian Government, consistent with the Australian Government and other jurisdictions.

That's the information I have. Does that answer your question?

Mr HARRISS - Yes, very much.

Output Group 7 - Community Partnerships and Priorities

7.4 Child and Youth Wellbeing

Output Group 70 - Commission of Inquiry

70.1 Commission of Inquiry Response

Output Group 90 - COVID-19 Response and Recovery

90.2 Essential Communications

Output Group 90 - COVID-19 Response and Recovery

90.4 Regionally Based Model for Coordinating the Recovery from COVID-19

Capital Investment Program

Ms LOVELL - Premier, I understand there are some renovations happening to the public offices in Launceston where the ministers' offices are based. Can you outline the works that are being undertaken there, and the expected cost?

Mr ROCKLIFF - My advice is that the Treasury manages the buildings in Launceston, in terms of your question but I'm happy to take that on notice. You're talking about St John and Paterson Street, corner of?

Ms LOVELL - Yes.

Mr ROCKLIFF - There has been some work undertaken there but not through DPAC's budget.

Ms LOVELL - Okay. Would you be willing to take that on notice or would you prefer us to put that to the Treasurer?

Mr ROCKLIFF - Either way, you'll get an answer.

CHAIR - Put it on notice to the Premier.

Ms LOVELL - We'll put it on notice then. Thank you.

CHAIR - The only item that sits under your portfolio is the $250 000 for Service Tasmania capital investment. Can you tell us what Service Tasmania shops are actually getting funded this year?

Mr WILFORD - Andrew Wilford, acting director of Service Tasmania. This year with the CIP funds we've invested in security upgrades across 25 of our 27 sites. That's CCTV and access control systems. We've done an upgrade we have just finished to the Triabunna site, which was quite a comprehensive upgrade. We're also just about to finish upgrading some front-of-house facilities in Glenorchy. We've also done some minor upgrades, including things like new signage, at Rosny and New Norfolk.

DIVISION 6
Ministerial and Parliamentary Support

Output Group 1 - Support for Members of Parliament

1.1 Support for Ministers and Certain Parliamentary Office Holders

CHAIR - We might, if that's all right, skip over Brand Tasmania. You'll probably need the same people at the table for ministerial and parliamentary services -

Mr ROCKLIFF - Yes.

CHAIR - and go to 1.1. We'll come back to Brand Tasmania at the end. Support for ministers and certain parliamentary office-holders: the only question I have on this one is, do you have the estimated outcome for this line item available for the year? The reason I'm asking is I'm interested in how much has actually been spent because the budget doesn't increase a lot, which I'm not saying is a bad thing. It's probably a good thing in terms of efficiencies. But last year I understand there were RAFs (Requests for Additonal Funds) to meet the shortfall. Do we have the estimated outcome? You need your financial brain to tell you this one?

Mr ROCKLIFF - Yes, can we take your question on notice, Chair?

CHAIR - Okay. As a follow-up, before you go on to something else, was it expected that any RAFs will be required if the estimated outcome is above budget, and to what extent? I'll put those on notice.

You wanted to respond to something else from earlier?

Mr ROCKLIFF - Yes.

Ms GALE - Apologies, Ms Lovell, when I was referring to the Aboriginal Employment Strategy officer, I was reflecting on the previous officer who I'd forgotten we had lost to the Closing the Gap strategy. The current officer is not a Tasmanian Aboriginal person but has worked extensively with Tasmanian Aboriginal communities and in former positions across the Tasmanian State Service.

Ms LOVELL - Is that the only role involved, that's the only person working on that strategy?

Ms GALE - The project officer works with other SS MRO staff members who are not dedicated solely to the strategy. As I said, the officer works with the Aboriginal Employee Network, which meets regularly throughout the year. It is through that network that we have feedback and input into the strategy.

Ms LOVELL - Thank you.

CHAIR - If there are further questions you can put them on notice with the other relating to that answer.

Output Group 1 - Support for Members of Parliament

1.2 Support for Members of the House of Assembly

Mr GAFFNEY - Yes, I have some question to similar to some of the questions I have put on notice you would be aware of.

Excluding the $3.39 million of capital works for office accommodation, what provisions been made for the expansion of the House of Assembly to 35 members, a 40 per cent increase with no commensurate increase in forward Estimates from what should be the 2025 election?

Another question would be hypothetical. If there is an early election before 2025, will that come from Treasury Reserve as an unforeseen event?

Mr ROCKLIFF - The question was that the money be provided to support.

Mr GAFFNEY - If there was an early election, where would the money come from for the 10 more members? I imagine if there was an early election you would still stick with your increase in the parliament to 35, is that the situation?

Mr ROCKLIFF - Certainly we are sticking to the law to increase members of parliament, Mr Gaffney. It would be a matter for the Treasurer to bring forward expenditure should that circumstance eventuate. Should we do that, we would make provision and I am sure each individual member of parliament could be provided with the resources to do their job as we are.

Mr GAFFNEY - There has been no marked increase in the Budget for support for the members of the House of Assembly, even though there are going to be 10 more members. I am concerned. I am not sure where that funding is coming from when you have an increase of

10 people and the budget in this one, Support for the Members of the House of Assembly, for example. These are the questions:

> How would the resource package be calculated for members who are not part of the Government and not part members of the official opposition?
>
> Given that currently there was an increase in the number crossbench members in the Assembly;
>
> (a) Is the staffing resource allocation consistent and uniform for crossbench members?
>
> (b) how is the need for staff supporting independent members determined and calculated or negotiated?
>
> (c) who makes these decisions?
>
> (d) what is the total support package, cost for an independent member in the House of Assembly, including staff, salaries, office costs and vehicle use?
>
> (e) what additional office accommodation, provisions and on costs are made to support a member?
>
> (f) Are there any supplementary staffing allocations made over and above that of a core electorate officer and if so, how are they determined.

I will put those on notice.

Mr ROCKLIFF - Excellent questions, of course the 2023-24 Budget includes $3.4 million, $1.7 million in 2023-24 and $1.7 million in 2024-25 funded through Finance General to support procurement process construction work associated with the office accommodation fit out works within the Salamanca building to accommodate the additional 10 members for the expansion of the House of Assembly to 35 members.

Additional costs will be considered in a future budget bid, understanding that I am pleased to have your questions on notice.

Mr GAFFNEY - Thank you. The questions 3 and 4, which is a segue way to it, has the Government considered the additional systems and costs to properly support the function of crossbench members in the Assembly, particularly if the growing trend across the nation is for an increasing number of non-aligned members of political parties?

The last question: what is a quantum of funding estimated to be required to initially establish and support an extra 10 elected members and what might that be on ongoing annual basis?

I will put those questions on notice to be answered.

Mr ROCKLIFF - Thank you. We have four Independent members of parliament at this present time in the House of Assembly.

Mr GAFFNEY - They all have the same staffing allocation?

Mr ROCKLIFF - Yes, that's my understanding.

Mr GAFFNEY - That's determined by you, or by Cabinet?

CHAIR - How was the staffing allocation determined?

Mr GAFFNEY - Yes; how was the staffing allocation determined?

Mr ROCKLIFF - We have a total budget entitlement for a member of the House of the Assembly electorate office in 2023-24 is $108 204. Four members of the House of the Assembly receive additional resources to cover additional staffing support and office operating expenses. Kristie Johnston was elected to parliament in May 2021 in the electorate of Clark; and David O'Byrne is the member for Franklin and resigned from the state parliamentary Labor caucus on 24 August 2021. As the member for Clark and the member for Franklin do not receive any support from a political party in the House of Assembly, I have chosen to provide their electorate offices with additional funding of $115 000 and to cover staffing support and office operating expenses. That is fair and consistent amongst independent members across the -

Mr GAFFNEY - So, the staffing -

CHAIR - Hang on, it's fair and consistent across Independent members; but not in the Legislative Council - correct?

Mr ROCKLIFF - There are very different employment arrangements, from my understanding, with the House of Assembly to the Legislative Council; but I speak of the House of Assembly.

Mr GAFFNEY - It's interesting that we have a one full-time equivalent and it seems that members of the House of Assembly have more than that, as an equivalent. And yet, we're required to do the same sort of role; and you're getting an extra 10 members downstairs. It's an interesting issue.

CHAIR - I take that as a statement.

Mr GAFFNEY - Don't you think it is?

CHAIR - Premier, you made the point that was based on the fact that they don't have the support of parties.

Mr ROCKLIFF - Yes, that's what I've said.

CHAIR - We'll come back to that at a later time.

Mr GAFFNEY - I'm not sure if I should ask this of you; but, why don't we have the same funding arrangements for Independent members in the upper House as they do for Independent members in the lower House, when there's double the number downstairs?

CHAIR - There's no party support for Independent members in the upper House.

Mr GAFFNEY - So, it's an issue for parliament?

Ms LOVELL - Just a notional support.

CHAIR - Premier, would you support a review of that - since the Independent members in the upper House don't have any party support either?

Mr ROCKLIFF - The Legislative Council manages its own budget.

Mr GAFFNEY - That's a pretty good response. It doesn't leave us with many places to go; but, thank you.

CHAIR - We'll leave it for the President to start advocating on our behalf.

Ms LOVELL - Would it be up to the Treasurer to allocate more money to the Legislative Council, is that the requirement?

CHAIR - We are out of time. Mr Gaffney, did you have anything else pressing on that line item?

We haven't got to Brand Tasmania and we are out of time and we have scheduled a break. Mr Babiak has been sitting there patiently most of the morning -

Mr ROCKLIFF - He does an outstanding job, I hasten to add.

CHAIR - Yes. Does anyone have any questions for Brand Tasmania that they would like to put on notice, at least?

Mr EDMUNDS - I have one question, or it could be put on notice.

CHAIR - We have run out of time, otherwise we're going to run into Health.

Mr EDMUNDS - Premier, last year you said of a Victorian beverage producer selling Tasmanian tonic water that, and I quote:

> I'm aware of a mainland company marketing its product as Tasmanian and selling it exclusively through Coles. On face value, this does not pass the pub test.

We're aware that you've worn 'Born Tasmanian' - the black t-shirts with white writing, produced by Brand Tasmania - at many public events and in the media, with the shirts being made in Bangladesh. Brand Tasmania's operating purpose is to promote Tasmanian products. Speaking of 'pub test', do you think this passes the pub test?

Mr ROCKLIFF - Again, you're being a little negative there, unfortunately. However -

CHAIR - It's a pretty straightforward question.

Mr ROCKLIFF - the Tasmanian store was developed in response to demand from individuals, businesses and Tasmanian Government agencies to buy Tasmanian-branded clothing and merchandise. In particular, merchandise has been purchased for promotional activities, trade shows, Brand Tasmania partner workshops and the like, and this has led to a general interest and awareness in the broader community of the available merchandise. The online store was launched in December 2022 and Brand Tasmania has a contract with Slick Branding, a Tasmanian-owned and operated business to manage the ordering, postage and customer service enquiries.

Brand Tasmania spent a lot of time researching and resourcing the produces for online store, and sought to use as many Tasmanian and Australian supplies as possible. Unfortunately, for some items it wasn't possible to meet certain standards and still have the footprint entirely within Tasmania. For all items, Brand Tasmania has gone through a Tasmanian supplier - Slick Branding - to do all of the procurement printing and finishing. We have Todd Babiak at the table, he may well want to add some value to the answer I've just provided.

Mr BABIAK - We started talking to Tasmanian suppliers and clothing manufacturers from the very beginning. We tried really hard to do that work and there is now a company we are working with, Island Seamstress, and they are going to be developing some Tasmanian made shirts - merino and cotton ones.

If you look at the Tasmanian mark - and you've seen it - it has two uses. One is for provenance, which you spoke of earlier. The other one is for promotion; and, across Government, across Tasmania, we want to promote this place in some fashion. It just turns out, with globalisation and everything else, clothing manufacturing has not been something that Australia has been focusing on in recent years. People in Bangladesh, for example, mightn't buy our socks where they might buy our boats, it's just sort of the way it works.

That said, if we have something that says Tasmanian, we'd love it to be as Tasmanian as possible and to invest as much as possible in that; and create economic development opportunities through certainty. With Island Seamstress for example, certainty that a certain number of people want these shirts, they'll buy them, so we can say 'Absolutely, in this calendar year you're going to be able to sell this number, so we'd love to work with you on it'. But it is tricky, it’s far more expensive and we want to be open to as many people as possible.

Mr EDMUNDS - I remember you presented at one of the local government AGMs about that. Premier, what do you think it says when you're at a trade event; or you’re sending out a t-shirt to a newborn baby; or your potentially selling something online to a Tasmanian who might live in London, or Paris or whatever. Everyone's very proud of that word. I had the sticker on the back of my car, until I sold it. I got one at the fair - we all love Tasmania. Now I wonder, was that sticker printed in Tasmania. What do you think that says, when the name Tasmania is on the front but when the person gets it, pulls it out of the package, the tag says, made in Bangladesh?

Mr ROCKLIFF - Well, if someone's purchased a T-shirt with the word 'Tasmanian' on it and wears it proudly, like I do - good on them. That's about promotion and awareness and

being proud to be Tasmanian. It's about supporting the many hundreds, if not thousands, of Tasmanians that, every single day, get out of their beds in the quiet pursuit of the extraordinary; doing fantastic things; punching well and truly above their weight in comparison to other states of Australia. I was wearing the Tasmanian t-shirt at the Japanese Food Expo in Tokyo earlier this year - the finest whisky beverage producers in the world right there. It's about promoting the wonderful opportunities of this state and the wonder of this state as well and the people within it.

Mr EDMUNDS - So you found a work-around, after it was exposed through, I think, an RTI. Do you regret that that work wasn't done in the first place and we could have found a Tasmanian producer to make these T-shirts?

Mr ROCKLIFF - As I understand it, a lot of work was done to source the product beforehand. That's very negative-

Mr EDMUNDS - I was just asking if you regret the actions. I mean, you can put your foot down after you're called out, or you can put your foot down when you're giving correct oversight.

Mr ROCKLIFF - With all due respect, that is a ridiculous assertion, frankly.

Mr EDMUNDS - But why did you change manufacturers after you were called out, then. If you're happy to stand by Bangladesh, why aren't you still using them?

CHAIR - Hold on, we've got to have a call to approach please.

Mr BABIAK - What you are saying is incorrect. What we were called out for in the newspaper was also incorrect. The procurement was with Slick Promotions. Now more and more companies and more and more people have the opportunity to buy Tasmanian clothing. We started speaking to Tasmanian clothing manufacturers in 2019. They were actually not able to do it. So, the great thing is -

Mr EDMUNDS - So, no Tasmanian clothing manufacturers were able to make -

Mr ROCKLIFF - Slick Branding was the Tasmanian company that was sourced. I wouldn't start believing your own spin on your media releases, frankly.

Mr EDMUNDS - I am just asking a question. There were no Tasmanian manufacturers? Is that the answer?

Mr ROCKLIFF - I would look behind the spin of your own media releases.

Mr EDMUNDS - There were no Tasmanian manufacturers? Is that the answer? Is that what you are saying? You talk about due respect and spin. Just answer the question.

Mr BABIAK - Through you, Premier, that is the correct answer. No Tasmanian clothing manufacturer was able to meet what we needed from them with our design specifications and quality specifications and the amount we would be buying over the course of the year. This was not possible.

Mr EDMUNDS - Thank you for the answer.

CHAIR - We will leave it at that. We will close this line off. Thank you, Premier for the feedback in your portfolios.

Mr ROCKLIFF – Thank you, and can I thank all our officers at DPAC for the extraordinary amount of work they have done in preparation for Estimates. We had three hours in the House of Assembly yesterday, and over two hours today. A lot of work goes into the preparation of Budget Estimates, and everything else employees in offices do at a whole-of-government level for the state of Tasmania. I want to thank them very much.

The Committee suspended from 11.12 a.m. to 11.26 a.m.

DIVISION 6
Health

Output Group 1 -System Management
1.1 System Management - Health

CHAIR - Thanks, Premier, for coming back with your health and wellbeing portfolio. In terms of how we hope to approach was we've started a little bit late on this one, but we'll continue through to lunch until about 1. We've got an hour for lunch, if that works for you, and then we'll continue on until we get to Tourism and Trade, which will be later, whenever we get there. There's, as you know, a total of nine hours with you today, taking up breaks.

I invite you to introduce the team at the table, and then if you want to make some opening statements. I would ask that during this, when we ask questions, that you listen to the question and answer the question rather than give us a whole lot of information about the topic rather than the question, necessarily. I just want to try and focus you a little bit on that.

Mr ROCKLIFF - Sometimes, context and background is really important.

CHAIR - Sometimes, it is, and I'll allow some leeway, but we don't want 10 pages read before we get to the answer to the question, if that's all right.

Mr ROCKLIFF - Okay. I'll be open and transparent. Thank you, Chair. The table with me today is our secretary, Kathrine Morgan-Wicks; Associate Secretary, Shane Gregory, to Kath's left; Deputy Secretary of Hospitals and Primary Health, Dale Webster, to my right. To Dale's right, Professor Tony Lawler, our Chief Medical Officer. It's my great privilege to be here for my third Estimates hearing as Minister for Health. We know that health is a very challenging and complex portfolio, but we're working hard to ensure that we meet the everchanging needs of Tasmanians now, and the health needs of Tasmanians now and into the future.

We also know that the demands of health are increasing, as we've seen, and we're also commensurate with that, or if you like, aligning with that, investing record amounts into health. Our investment into health, if the State Budget reflects that commitment to the growing demands for health, and we've outlined some $12.1 billion investment over the course of the next four years, which, as I've said, on average equates to around $8.3 million a day. In fact,

34.8 per cent of the total budget has been allocated to health services. This means more beds, more staff, more initiative to drive down waiting lists and reduce waiting times.

We're investing more in our hospitals, in community health care, and in mental health care. We're also making some significant investments in primary health care to increase access to these services across Tasmania, even though this is primarily the responsibility of the Federal Government. Our government is continuing to progress our $196.4 million elective surgery plan to ensure more Tasmanian's get the care they need sooner, and I'm pleased to say that our plan is working, with the latest health dashboard date confirming elective surgery waitlists are at their lowest level since 2018. In fact, since January 2021, we have seen the waiting list reduced by 30 per cent, and I want to thank and acknowledge, again, our dedicated health professionals for their efforts.

Additionally, we are providing $38 million to boost endoscopy services which will ensure we can deliver an additional 22 000 endoscopy procedures by 2027, ensuring we can reduce wait times for Tasmanians. We are also taking significant steps to improve the way outpatient services are delivered through our outpatient transformation strategy and this will ensure Tasmanians can access the care and services they need sooner and, indeed, as close to home as possible. While these plans are having a positive impact in the short term, we're not losing sight of the need to plan for the future either, and that is why we are prioritising the development and upgrade of our major public hospital sites across Tasmania through a significant capital works program.

In the south, we are progressing our plan for health services in the region as part of the 30-year Royal Hobart Hospital redevelopment and this includes our announcement last week that St John's Park in New Town will be transformed into a contemporary health and wellbeing precinct. In the north, by continuing to work on implementation of the Launceston General Hospital masterplan including the recently announced new helipad for the LGH. In the north west, we've released a blueprint for hospitals in the region through our North West Hospitals Masterplan to guide the future of health services in the region.

We're also bolstering Ambulance Tasmania with more resources, building brand new ambulance stations and employing additional paramedics to support these vital services across the state. This includes new ambulance stations in regional rural areas to support local communities including Bridgewater, Beaconsfield, Queenstown, Longford, Oatlands and Bicheno. This week we are also releasing the final version of the Long-Term Plan for Healthcare in Tasmania 2040 which sets out our vision for a more connected health system that meets the needs of Tasmanians now and into the future. The plan outlines how we will work in partnership with the Tasmanian community to achieve our vision that all Tasmanians are supported by a health service that is world-class, integrated and innovative.

Since coming to government, we've employed almost 1400 additional nurses, 390 additional doctors, 310 additional allied health professionals and 220 additional paramedics and dispatch officers. We continue to recruit and plan for the future through the Health Workforce 2040 strategy to shape a health workforce that meets the needs of Tasmanians now and into the future, and this strategy aims to improve our workforce by developing staff, recruiting efficiently and building a positive workplace environment. We're also giving Tasmanians an increased say in how we shape health services of the future through initiatives like the Health Senate, which brings together clinicians and people who use our services to provide evidence-based advice and guidance.

We're also rolling out innovative programs to boost our workforce in priority areas. For example, the allied health scholarships of up to $25 000 to boost our allied health workforce across the state. This will see up to 45 health professionals added to the health service from 2024 which will provide an immediate boost to the workforce for areas currently experiencing workforce shortages. We know that initiatives like this will have a significant impact and benefit Tasmanians by improving the access and timeliness of health services.

These are just some of the key investments we are making as part of our commitment to delivering a contemporary healthcare system that meets the needs of Tasmanians now and into the future, ensuring they can receive the right care in the right place at the right time. I look forward to providing more detail through the course of the afternoon.

CHAIR - Many of those areas you picked up, or picked up in different line items, obviously.

Mr ROCKLIFF - Yes.

CHAIR - So we'll open up 1.1 which is system management health, do a fairly broad brush across the department here. Just to start with, I'd like the - Premier, if you could provide the estimated outcomes for each line items in these here, because I want to refer to that as we go through. I told you it was for, Mr Jeffery, this one seems.

Mr ROCKLIFF - Yes, sure, so welcome to the table, Mr Craig Jeffery, Chief Financial Officer. Thank you, Mr Jeffery.

Mr JEFFERY - Through the minister, so the numbers that I'm going to provide, Ms Forrest, are on the same basis as those I provided last year. I think this committee uses the revenue from appropriation by output tables.

CHAIR - It does, yes. That's where you're going, yes.

Mr JEFFERY - So that's what I'm going to provide the numbers against. They're just estimates that were done, when my team did them, probably a week or so ago for what we're estimating the outcome is as 30 June. They won't compare to the estimated outcome that's in the budget papers because that's a consolidated outcome done by my good friends at Treasury and I'm guessing they would have done that using data either at the end of March or the end of April, so different timing on those. Under the Minister for Health, Output group 1, System management, 1.11 The system management health, the original budget for 2022-23 was $143 697 000 estimated outcome $183 808. You happy if I just read them out?

CHAIR - Yes, that's fine.

Mr JEFFERY - Okay. Output group 2, Health services, 2.1 Admitted services, $846 937 is the original budget. Estimated outcome $876 690. Output 2.2 Non-admitted services, original budget $147 126, estimated outcome $149 518.

CHAIR - Was that $598?

Mr ROCKLIFF - $518.

CHAIR - Sorry.

Mr JEFFERY - That's okay. Continuing through the minister, Output 2.3 Emergency department services, original budget $122 954, estimated outcome $123 865. Output 2.4 Community health services, original budget $142 142, estimated outcome $145 882. Output 2.6 Ambulance services - I'm not going to quick, am I?

CHAIR - No, no, all good.

Mr JEFFERY - Original budget $116 665, estimated outcome$119 588. Output 2.7 Public health services, original budget $16 512, estimated outcome $16 848. Then under Minister for Mental Health and Wellbeing - are you happy for me to do these under this, minister?

Mr ROCKLIFF - Yes.

CHAIR - It'd be helpful if you're doing two, yes.

Mr JEFFERY - Through the minister, Output group 1, System management, Output 1.2 System management, mental health and wellbeing, original budget $35 229, estimated outcome $39 753. And Output 2.5 Statewide and mental health services, original budget $114 886, estimated outcome $116 714.

CHAIR - If I could just take you back, Mr Jeffery, onto the budget for systems management. Can you just read that, because I had a different number in my budget papers than what you actually said; 1.1 Systems management health.

Mr JEFFERY - The original budget was $143 797.

CHAIR - Yes, I think you said $697.

Mr JEFFERY - Oh, okay, my bad, sorry.

CHAIR - That's all right.

Mr JEFFERY - That's a second whoops, gee.

CHAIR - Yes, I know. Anyway, you know I'm listening to you. Okay. Thanks for that, it just helps to develop some of the questions for later with all of that, so I appreciate that. So now I just want to take you, Premier, to budget paper number 1, page 199, table A1.16. This is budget paper number 1, where there is an estimated outcome. I'll just talk in broad terms.

This is the governed expenses from transactions by purpose. Under health, we had a budget of $2.645.8 million. The estimated outcome is $2.960.5 million. The budget this year is $2.903.1 million. So notionally, we're across health - and I haven't added up the figures that Mr Jeffery just provided, noting that all of them were over the budget.

Mr JEFFERY - Yes, that's correct.

CHAIR - Yes. On that, one imagines there'll be some RAF or other mechanism used to actually meet those commitments. Basically, Health expenses are set to be less than what we spent this year in 2022-23, and with inflation expected to be 4.25 per cent - as budget paper 1, page 22 says - this represents a 6 per cent fall in real terms. Premier, can you ensure, or explain, sorry, how you will ensure growth in service delivery in Health off the back of reducing expenditure? Overall?

Mr ROCKLIFF - We're clearly increasing our expenditure by $900 million over the forward estimates to what we had last year, $11.2 billion over four years, and now spending $12.1 billion over four years.

CHAIR - How about we focus on how much we're actually likely to spend this year, which is the figure of $2.960.5 million. I know it's an estimated outcome. It's not a final figure.

Mr ROCKLIFF - That's correct.

CHAIR - But one would expect it to be in the vicinity. This is a Treasury document, so this is not - if I held up Mr Jeffery's numbers, they might vary slightly. I'd accept that. But then the Budget for this year is less. You can't argue with that. The numbers are there.

Ms MORGAN-WICKS - Through the minister, but noting that this is not all budget that's actually allocated to the Department of Health in terms of this table. So that will take into account Health funding that sits in other agencies, and our chief financial officer may be able to specify some of those.

CHAIR - That would be helpful.

Mr JEFFERY - Through the minister, Chair. The general government expenses from transactions for by purpose, I know well from a past role that I had, so I'm talking about my experiences of three plus years ago. But I've got probably a few comments on that. That's a consolidated whole-of-government statement, so the total of that table aligns with the general government expenses in the general government sector income statement. It's based on the ABS classifications of expenditure, so that means any expenditure by other agencies that is classified as the ABS by Health would be aligned into that Health line item.

A classic example that I would use if I was questioned on that would be school nurses which are generally employed within the Department of Education would be categorised by the ABS as Health, so they would be in that number. So that number is always generally going to be higher than the department's expenses in our income statement. It's also a consolidated number, so that means any transactions within agencies - with one agency to another agency would be consolidated out so it's not an aggregation, it's a consolidation. I can explain that more if that hasn't made sense. But you're not just adding numbers up, you're actually eliminating inter-sector transactions. I know you understand that, but hopefully that's clear to the other members.

The other point I'd make is, it's aligned with the expenses in the income statement that are aligned with the output expense table in the budget papers. So that is always going to be different from the revenue from appropriation by output.

CHAIR - I accept that too.

Mr JEFFERY - Because the revenue from appropriation is a cash-based table, so there's obviously accrual expenses in the output expense. They align in the government expenses transactions by purpose is obviously increasing over time with a slight blip. I probably should explain also, just coming back to your comment about differences in our original budget to our estimated outcome, there was obviously, as I think the Committee would be aware, a supplementary appropriation bill that went through that provided supplementary appropriation to the Department for COVID and for frontline expenses, the frontline allowance. That explains a lot of the differences, plus there was a RAF provided to the Department for some of the wages outcomes which is also in the estimated outcome I read out.

CHAIR - The RAF, will that be reported later? The RAF is not reported yet.

Mr JEFFERY - No. That will be in the Treasurer's Annual Financial Report.

CHAIR - Is that the only RAF that's likely to be needed in Health?

Mr JEFFERY - Yes, I would have thought so.

CHAIR - That was related to wage costs?

Mr JEFFERY - Yes. The negotiated wage outcomes.

CHAIR - Yes. But, I mean, I hear what you say and I accept that it's across - notionally don't sit in Health per se, but where there is a reduction, you said - and Mr Jeffery called it a 'blip', going down in 2023-24 to the year we're looking at. So somewhere there must be a reduction in expenditure from what we've spent, or the expenses incurred this year, and that may not be in our hospitals, it may be in our schools, perhaps with our schools. I don't know. Are you able provide any - shed any light on to where that is - obviously, there's less spending there. I know it picks up, but do we know where this relates to?

Mr ROCKLIFF - Craig.

Mr JEFFERY - Through the minister, Ms Forrest. The blip I was mentioning is the difference between the estimated outcome for 2022-23 and the budget for2023-24.

CHAIR - That's right, yes.

Mr JEFFERY - The reasons are as I've already explained for the difference between the departments original budget and the estimated outcome. So the supplementary appropriation for COVID and the frontline allowance explained more than the difference, basically. It's about $70 million, I think, was in the supplementary appropriation.

CHAIR - That then sort of almost presumes that we're not going to have the same level of expenditure related to COVID anymore.

Ms MORGAN-WICKS - Through the minister. A large part of that expenditure was the COVID frontline allowance, which was paid last November, and which is not anticipated to reoccur at this stage.

CHAIR - All right. I'm just going to go to another area. Did you want one?

Mr GAFFNEY - Still on 1.1.

CHAIR - Yes.

Mr GAFFNEY - Yes.

CHAIR - You go, and I'll come back to it.

Mr GAFFNEY - I was advised by the Deputy Premier to ask this one in Health. Do you say it's to do with purchasing? The question is about - I hope this is in the right place. It was recently reported that $22.8 million of unusable PPE, for whatever reason, was acquired during the COVID crisis. It's being stored pending further action. What is the current status of this action? Is there a risk of further financial liabilities in resolving this problem?

Mr ROCKLIFF - Sure.

Ms MORGAN-WICKS - Through the minister. In terms of PPE, Craig Jeffery, I think you've got some advice.

Mr JEFFERY - Yes. Through the minister. Thank you for the question, Mr Gaffney. The $22.8 million that you refer to I think got some reporting in the media and things like that, so I believe there was a question on notice. So they're consistent of some surgical masks that are still subject to legal proceedings, weren't fit for purpose allegedly, amounting to $5.9 million. Some respirator masks which were not suitable for clinical use as determined by infection prevention and control, and some goggles likewise deemed not suitable for clinical use by infection prevention and control. So that's the major item that's been written off.

There's recently been a minor item of write-offs which was for $167 000 worth of PPE, which was expired PPE, and that was approved by the Associate Secretary for donation to the RSPCA. It wasn't fit for use as deemed by infection prevention and control, but RSPCA said they could use that expired PPE for their purposes.

Mr ROCKLIFF - Further, Mr Gaffney, we're also pursuing options which Craig was perhaps talking about of PPE which is valued at $16.8 million which is unusable in certain high-grade clinical settings based on the continually evolving infection control and prevention advice, and the Department is currently considering alternatives for utilising the PPE, including potential use in other clinical or non-clinical settings.

Mr GAFFNEY - My question would be - I just want to understand the process. The $5.9 million worth of incorrect equipment, whose responsibility is it to order that sort of equipment or material or whatever, and how does that work?

Ms MORGAN-WICKS - So, through the minister. The PPE that I think we're talking about in terms of the write off, Mr Jeffery has explained the process that we go through in terms of writing off in our accounts, but we also have a separate process in terms of, is there a second or alternative use of the PPE? Because we'd also need to pay, potentially in terms of waste or destruction, depending on the type of item.

In terms of the original ordering process, this PPE relates back to the first - my understanding is the first couple of months of COVID where, in early 2020, when we faced incredible global market shortages. We actually had, in the Emergency Operations Centre, had to bring in an SES to manage the PPE ordering, because it was of such a scale and competition, and we had to absolutely make sure that we had sufficient supplies right around the state. But we had to go beyond our usual procurement supplies.

So, we've got very standard processes in normal times in terms of the ordering and the way in which it's utilised around our hospitals. Here, we were facing a major step up in terms of N95, purchasing gloves, gowns, goggles in fact, and also hand sanitiser, to a level that we hadn't previously used in our hospitals. And for an unknown duration. We were unsure how long the pandemic would last, so we had to place large orders where we could find a supplier that was available. We did our absolute best to work together with our specialists in our hospitals because we did have to purchase items that we hadn't previously used. We met with infection prevention and control, but also with our specialist teams, because people will have various N95 masks that they prefer to use, some of which were globally unavailable, particularly where N95 masks - a lot of them were sourced from China. So, we had to divert to a different supplier.

In the end, in one of the deliveries, we found our N95 masks were not fit for the purpose to which they were labelled, and we have a dispute with that manufacturer which we are currently still considering and taking legal advice in relation to. But so that we can close out our accounts and make decisions with our finance team, we have determined a write off procedure. But we will attempt, based on legal advice, if there is recovery available. If it's not, we will go to - obviously we've got the finance write off, but the alternate use for the PPE, if possible, and that's where we're looking at lower acuity, lower grade clinical settings or through charities or donations, and Mr Jeffery mentioned the RSPCA.

Mr GAFFNEY - Okay, thank you.

CHAIR - I wanted to come back to the issue of accreditation for our state hospitals. In the annual report, the department's annual report last year, there's that the last review and report review date. So obviously these would have - well, I imagine most of these have been completed now. With the LGH, that was reviewed on 4 April 2022 and the certification as at the end of the year was pending assessment. I read in the newspaper about that being fully accredited. Were there any conditions or anything put on that accreditation or was it a clean sheet for three years? Five years?

Mr WEBSTER - Through you, minister. So, at this point, even though *The Examiner* article was -

CHAIR - Did they get it wrong?

Mr WEBSTER - - out there, that was the preliminary assessment. We actually haven't got the final assessment from the commission, but it's very rare that it's different to the preliminary. So, it does say that we met all eight standards because we're assessed against eight, whereas a normal audit is three, or has been three. There were a number of what we call, 'met with requirements'. What that means is that there's suggestions for improvements across our system, and that's what we would expect because we go through continuous improvement.

They'll be looked at whenever we have our next short notice assessment. They will look back at the 'met with requirements' to say, 'Did you quickly fix that up, given we gave you that hint'.

CHAIR - Okay, so when do we expect that? Is there a time frame? Because in terms of the accreditation process, noting Mr Lawler's last Estimates appearance here ever, which is really quite sad, Premier.

Mr ROCKLIFF - It is sad. I pay tribute to Professor Lawler, as I will be complete in our Estimates today. But, Tony, would you like to -

Mr LAWLER - Thank you, through you, minister, and thank you, Chair. We would expect the final report sometime in the next few weeks. As Mr Webster's highlighted, the process of accreditation at the LGH, given the history was against all eight standards, which is a significant requirement on an organisation. The LGH has remained accredited throughout that process, given the fact that there were discussions between the hospital, the department as regulator, and the commission as the certifying body. That's the Commission on Safety and Quality in Health Care as the certifying body.

Following the review against all of those eight standards, there was, at the end of the review week, a summation session where there was indication given. There are over 100 actions that exist within those eight standards, as Mr Webster's highlighted, there were none that were not met. As indicated at that summation, there are a number that were met with recommendations which indicates that the standard is met, but there are identified quality improvement opportunities. But also, importantly, there were no identified significant risks which require immediate remediation.

As has been highlighted, we await the final report. We would be surprised if there is anything in there at odds with the summation and the information that we received. We would expect that to occur by the end of June under this timeline, but we also understand that with the short notice assessment process that hospitals undergo, these are happening across the country. It's important to highlight that throughout the entire process, the LGH has remained certified as an accredited health facility.

CHAIR - Okay, so I note that there's several coming up in 2024; the Mersey, North West district - and I assume that includes North West Regional Hospital, as well as all the small rural - and there's two different assessments there for those. Then there's the Royal Hobart Hospital and others we'll come to later. So, in terms of what I understand, I'm just asking do you see any challenges in those pending assessments, particularly around the Royal at the moment?

Mr ROCKLIFF - Thank you for the question, Chair. Doug?

Mr WEBSTER - Through you, minister. In fact, we have a range of our services which are accredited; oral health services, state-wide and mental health services.

CHAIR - Yes, we'll come to those in later output groups. Yes.

Mr WEBSTER - Okay. The North West rural hospitals, as you said, Mersey and North West Regional hospitals, Royal Hobart Hospital, Launceston General. The Northern District hospitals are a separate set, and the Northern multi-purpose services are part of that

Northern Primary Health set. The Mersey and North West Regional were in fact subject to a short notice assessment visit some six to eight weeks ago now, and came through that process.

CHAIR - Don't you love those.

Mr WEBSTER - Yes. They came through that having ticks against the three standards that were assessed. At the same time, in fact, in the very same week, we also had an assessment of the Northern Primary Health. So, the district hospitals and multi-purpose services across the northern region. Again, got a clean bill of health there.

CHAIR - On three standards, or eight?

Mr WEBSTER - On three. On all three. Except for Flinders Island, where they actually assessed all eight.

CHAIR - So, on what basis do they assess only three as opposed to eight, like they did with the LGH?

Mr WEBSTER - Through you, minister, that's a technical question that I'll hand over to Mr Lawler.

CHAIR - Well, we'll come back to Flinders in a minute. Yes.

Mr LAWLER - So, there are a couple now, through you, minister, and thank you. Over the accreditation cycle of a facility, all eight standards need to be assessed. The first two standards, which are Standard 1, Clinical Governance; and Standard 2, Partnering with Consumers, may well be assessed on multiple occasions because they're central to the service and its quality and safety. But unless there is a specific challenge with accreditation, such as we face with the north, they'll be assessed and certified in tranches rather than as a job lot.

The other thing I would just highlight is observation of a short notice assessment. That shouldn't be taken as a reflection of any concern or uncertainty. There has been a move nationally that short notice assessment is a methodology that's utilised across the board for the simple reason that it shouldn't simply be a matter of we're going to come and have a look at you in three weeks' time so that's the time you've got to get your folders together and polish up the buttons and what have you.

CHAIR - I remember -

Mr LAWLER - The conversation. That's right. It's about working to the standards being a central part of how every health service should operate so we should be ready for assessment at short notice.

CHAIR - So just before we move onto the Royal we'll go back to the LGH you said it's unusual to do the eight standards at one time. What was the reasoning behind that? Why did the assessors choose to do that?

Mr WEBSTER - Through you, minister, so the LGH was subject to a SNAP in July last year. The outcome of that was a number of not mets which we then had 60 days to address and we addressed the vast majority of them leaving us only a couple outstanding.

CHAIR - Within the 60 days?

Mr WEBSTER - Within the 60 days. We then through a process with the commission where we appealed the outcome. The outcome of that was that some of our grounds were upheld but the outcome of the appeal was we would then be subject to a full audit of all eight to check our performance and that's the result that we saw two weeks ago, and Professor Lawler's talked about the summation of that.

Ms MORGAN-WICKS - Through the minister, we do note that the assessors at that time in particular tested governance and the timing of that alongside the minister and Premier's announcement at the Governance Advisory Panel following the Commission of Inquiry hearings, significant changes in relation to governance and culture have occurred and have started implementation at the LGH so it's a very different environment, I believe, that the assessors have come back to assess all eight standards including in terms of governance.

CHAIR - So to the Royal?

Mr WEBSTER - Through the minister, going back to the LGH it emphasises what Professor Lawler has said the accreditation of the LGH was maintained throughout that process. The Royal Hobart Hospital has been subject to a short notice assessment.

UNIDENTIFIED SPEAKER - I'm trying to remember. 2, 5 and 6.

Mr WEBSTER - 2, 5 and 6. Standards 2, 5 and 6 a few weeks ago. The outcome of that or the summation of that was a number of areas for improvement that are now subject to a 60-day assessment and that 60-day assessment is due on 6 July and the accreditors will be back then. They remain accredited through that period and the outcome is pending on 6 July.

CHAIR - So we may well see another eight standard assessment potentially if there's - well, it depends whether you challenge any of them, I suppose, or appeal any of them. Their findings after you'd had 60 days to address them.

Mr WEBSTER - Yes, so we go through a process of looking at the areas they've highlighted. We work through those 60 days through what we call our standard's committees. There's a committee for each standard at each hospital. We have an action plan that we have to actually develop and we do that alongside the accreditors so they know what we're doing and of the course you know we're still implementing that action plan subject to that second visit on 6 July and it's hard to predict this far out but we would be confident with that action plan with 60 days that we can work away.

Mr ROCKLIFF - But when it comes to all eight standards we have to ready now at all times.

CHAIR - Are you able to identify which ones required the attention? Which standards?

Mr LAWLER - Through you minister, as Mr Webster has highlighted the accreditation visit in this instance was against three standards. Standard two which is Communicating for Safety; standard five which I think is Comprehensive Care and standard six which is - sorry

standard two is Partnering with Consumers; standard five is Comprehensive Care and standard six is Communicating with Safety.

So it goes to issues around how the consumer is engaged and how communication such as clinical handover and documentation occur. As has been highlighted there are some not mets across the three and those standard groups are working to address for when the return occurs on 6 July and as with the LGH during its journey the Royal does remain accredited throughout that process.

CHAIR - So I understand and then again the media may have this wrong - that the wage claim from the medical practitioners, the salaried medical practitioners - they're taking non-patient facing action as I understand. Like basically work to rule, not doing anything that doesn't promote the safety and well-being of the patient. One could argue effective handovers includes that and I assume it does. But I understand that one of the things that they're not doing is mandatory training and so wouldn't that be a threat in this current environment of having the 60 days to address some of these matters if there's other things going on that could undermine the accreditation because that is part of the assessment, I understand. The undertaking of mandatory training.

Mr ROCKLIFF - Yes, well of course we're working hard on resolving outstanding matters with the salaried medical practitioners. Of course 1 July the agreement expires effectively. It needs to be renewed. We're probably 95 per cent there in terms of matters that we need to work through. I've always said that we're to negotiate in good faith with respective unions and this is an example of that and look forward to positive outcomes in the very near future. As to the matters pertaining to their industrial action and the impact on the accreditation, I'm sure the practitioner's themselves would be very mindful of any circumstances that may present that to be at risk.

CHAIR - But that is an action that doesn't directly impact on patient care but has a pretty direct and potentially challenging impact for the hospital in terms of accreditation. You've got 6 July to - the 60 days is up. 1 July is the date that that needs to be sorted so would there be an expectation then between - assuming it's sorted out and assuming it's around 1 July, that in those six days they're going to all line up and do their mandatory training which would be absolutely impossible to achieve in fairness, like given how busy they are, how hard they work.

Mr ROCKLIFF - Yes and that question would imply assuming that they haven't done it already in terms of the training. But do you have any insight into that Dale, please.

Mr WEBSTER - Through you, minister, the vast majority will have done their training because it's actually an ongoing process. It's not a one-off process. It is disappointing that that's on the list because we would actually see that as affecting direct patient safety because mandatory training is part of doctored credentialling as well.

CHAIR - Could be a timing thing. They might wait until after.

Mr WEBSTER - However they would've been doing it throughout the year so it's not a case of you know it appears once a year. Every doctor does it within a week. Every year we run a thing called mandatory May which is about encouraging people that haven't done to actually get on with it and of course most of May we'd already been through before the ban was applied so again we'd be confident that most doctors have been through it. We're

disappointed with the ban and of course we have concern about it but as the minister's said we are working through the industrial issues and we would hope that it's not 1 July that this is resolved. It's as quickly as possible.

CHAIR - I'm sure they do too, quite frankly. Just in terms of -

Mr WEBSTER - Through you, minister, just to correct we said 2, 5 and 8 were the standards but our Hobart Hospital was 2, 5 and 6.

CHAIR - Right. But the titles were right, just the numbers were wrong?

Mr WEBSTER - Yes. Through you, minister, I'm just gaining some confirmation clarity and I'll come back and if I may through you minister, corrected me.

CHAIR - All right we can quickly come back to that. Just on the matter for accreditation last year we asked about the accreditation of specialties, so has there been accreditation assessments in the last 12 months of any of the specialties. and have any had provisional accreditation granted, and if so, which ones?

Mr LAWLER - Thank you, minister, and through the minister. Yes, and indeed, as you highlight the accreditation specialist medical programs is an ongoing process of collaboration between training sites, colleges, and the department which provides oversight assistance. I'm just going through a collection. I can give the status of training programs throughout the state. There are very many training programs for all the training programs.

So if we look to state-wide mental health services, which is under the Royal Australian New Zealand College of Psychiatrist, mental health services fully accredited in the north and south for general adult training and also some specialty training in older persons child and adolescent mental health. Consultation there is on alcohol and drug services, and reaccreditation will be via onsite visit in September 2023.

At the Royal Hobart Hospital, we have accreditation on intensive care until 2024. We have accreditation with the College of Physicians for general medical training, for basic physician training through until February of 27, with a focus visit this month. General paediatrics is, I understand, accredited through until February 2026, and a number of other sub-specialties that are accredited through either until the end of this year or until early next year.

Ophthalmologists fully accredited until later this year, dental surgeons until 2026, and we have surgical training for a variety of specialties through until 2024 for vascular, all the way through until 2027 for cardiothoracic for a number of those. Obstetricians and gynaecologist, full review in the middle of this year. Emergency medicine is a tier 1, which is the highest tier training site, for 36 months and is provisionally accredited for training stage 4, which is in the later stage of training with no conditions or recommendations. Radiologists have accreditation until 2024.

For Launceston General Hospital, the LGH is currently accredited for two years of anaesthetic training until the end of 24. The emergency medicine training, it is one, obviously, that had had some challenges previously. It's accredited for 12 months of advanced training time and completion of paediatric requirement, and further assessment is to occur this year.

That is, as far as I'm aware, no date has currently been assigned owing, we think, to a backlog of accreditation activities within that college.

CHAIR - It is still accredited, though.

Mr LAWLER - It is. It is currently accredited, that's right. The College of Physicians, similarly, basic physician training at level 3 was accredited in 2022 for three years, and we have accreditation in a number of sub-specialties such as general medicine, cardiology, gastroenterology, haematology, oncology, renal medicine, and my understanding is we have applications pending for neurology, endocrinology, and infectious diseases. The full spread of medical sub-specialties. We're also accredited for general paediatrics, including basic paediatric training in 2022, valid, I understand, until 2027. Intensive care, similarly, one year of core advanced training and a rural component which - and again, this is all within the LGH.

For College of Surgeons, we have four trainees for 12 months under general surgery, and we also have accredited training of orthopaedics, plastic, and urology. Similarly, we are accredited for ophthalmology, obstetrics, and gynaecology training and medical administration training. I should've added, we also have registrar posts in the medical administration with the Royal Hobart Hospital. Just on obstetrics and gynaecologists, we were - we had an inspection in 2020 and are accredited for the remainder of the four-year accreditation cycle, and again, we expect a reaccreditation inspection this year, but we do not have a date set yet.

CHAIR - This is ONG at the LGH.

Mr LAWLER - This is ONG at the LGH. Yes, that's right. Then in the north west, we have accreditation for anaesthetics until September 2023, at which point we would expect a reaccreditation visit. For emergency medicine, we have two years accreditation and accreditation for the final year of training. Our next accreditation is due next year. The main issue that we have with ED in the north that has been identified by the college is around securing facing cover for on-call to support, and we recognise that, and we have strategies to work through that.

For ONG in the north west, we had a - all recommendations were addressed from the previous visit in 2021, and the next accreditation visit is scheduled in May of next year. In fact, benchmark results highlight that the north west campus meets and exceeds required benchmark for accredited trainees to undertake major gynaecologic surgery cases. It's well recognised that one of the significant bottlenecks in ONG training is obtaining access to gynaecological surgery, so that's a particular and significant draw card.

Within surgery, we have accreditation for general surgical training in the north west until 2026, pending - and another position, I understand, pending reaccreditation visit later this year. We also have provisional accreditation in orthopaedics. We have foundation training for accreditation for intensive care. We have a medical administration training position there as well. For physicians, we have accreditation for level 1 basic physician training both at the north west and at the Mersey, which is accredited as adjunct or secondment training position, and also training in general medicine. In terms of paediatrics and child health, we have training accreditation there until early 2007, and you'll be pleased to hear that that's the end of my list.

CHAIR - Yes. It has been more detail than what you gave us last year, which is good. The provisional accreditation for the orthopaedics at the north west regional hospital, can you expand on that a little bit? Through the Premier.

Mr LAWLER - Yes, thank you, minister. My understanding, the information I have to hand, is that there was a meeting on 5 June in 2021, which I understand was virtual, as most of them were at the time. The Orthopaedic Association, which is the accrediting body for sub-special training in orthopaedics, ratified a decision that their Accreditation Committee named to grant provisional accreditation of one training post for a period of 12 months, and then a - my understanding is a review of that was held in March 2023, and an in-principle extension was granted and we're awaiting the formal report currently.

CHAIR - So it's still provisional until that formal report comes.

Mr LAWLER - My understanding is that there was an extension of that status, and we're all awaiting a formal report.

CHAIR - Okay. I've got others. Does anyone else want to jump in there?

UNKNOWN SPEAKER - I've got one, but you can keep going.

CHAIR - Okay. Sorry.

Mr DUIGAN - I've got one.

CHAIR - Okay.

Mr DUIGAN - Thanks, Chair. Thanks, minister. The budget has a big number, I think $180 million dollars to continue the Digital Health Transformation amid a much larger span of 10 years, I think it was $470 million. I'm just interested to know, as we're approaching the first horizon of that project if there are things happening now, in the space for consumers and providers and digital transformation.

Mr ROCKLIFF - Thank you for the question, Mr Duigan. Of course, we announced our $475 million investment over 10 years in last year's budget, and this is part of our 10-year Digital Health strategy. Of course, the role of digital technologies can play in improving - an important role to play in improving patient care, providing better data on patient management, and also, of course, reducing a reliance on manual processes. The Department of Health has a dedicated team of ICT professionals who already provide great innovations for our health system. The Health ICT Report 2022-23, which I'll table today, of course, outlines a number of initiatives which have been implemented across the last financial year.

Telehealth, virtual care has been a significant innovation across our health system. We've seen the implementation of Covid@homeplus as one example, which has delivered benefits to the patients treated. In fact, as of 4 May this year, 21 161 patients have received treatment through remote monitoring, equating to 127 812 patient care days, with 207 478 observations recorded. This financial year, we've implemented our e-referral system across the LGH, the Mersey Community Hospital, the North West Regional Hospital, and this system provides general practitioners with a more connected and secure platform to refer patients to outpatient services. Building on this, we'll be implementing a digital outpatient management solution, or

Digital Front Door, later this financial year, which will allow patients to securely access their information relating to referrals and appointments.

We've also commenced a trial, incidentally, of free Wi-Fi for patients and visitors within cancer services in the north and north west, and paediatric ward at the Royal Hobart Hospital and further services will be rolled out in coming months.

A key part of our investment in digital health also focuses on cybersecurity and we have established a dedicated cyber operations function, including an incident response plan, to test our cybersecurity readiness and resilience as well. We'll continue the implementation of our digital health strategy to deliver more contemporary and connected and innovative care for Tasmanians.

CHAIR - Did you want to table that?

Mr ROCKLIFF - I'll table the Health ICT Highlight Report end of financial year 2022-23, Chair.

CHAIR - Thank you. I might just follow up on that one. Just in following up on DICT, I assume what you're talking about is horizon one, so-called?

Ms MORGAN-WICKS - Yes.

CHAIR - Yes. I note, I think it was in the budget papers or somewhere I read it, horizon two, the electronic vehicle record request for proposals closed in March this year. Has a proposal been accepted, what is the cost, and will it be delivered by external parties, or is there capacity within the department?

Mr ROCKLIFF - Thank you, Kath.

Ms MORGAN-WICKS - Through the minister. As the first step in establishing our statewide fully integrated care platform, we put out a request for proposals on 11 February 2023 seeking an electronic medical record, but also an ambulance electronic patient care e-Record. The RFP closed in April and we're now undertaking a confidential procurement phase which is involving specialists from our clinical, technological and other fields.

Our procurement activities are targeted at securing an electronic medical record system. So including that ambulance patient record, and also electronic medication management capabilities to establish that core system of records across our clinical, administrative and operational domains. I don't have a further date in my brief in relation to the timing for the end of that procurement phase.

CHAIR - Do you have a cost? We don't know the cost yet?

Ms MORGAN-WICKS - The RFP, the request for proposal will test that.

CHAIR - Yes, all right.

Ms MORGAN-WICKS - Then we'll head into a request for tender.

CHAIR - So it is to be delivered by external parties then? It sounds like there's not capacity in the department to deliver this. I'm not suggesting there should be.

Ms MORGAN-WICKS - No. It would be in partnership with our ICT team, so we will bring in staff and members to assist, obviously, with the program management and rollout, but we will be tendering for the provision of those services. These are very big systems. There's quite a bit of excitement that has been generated through the RFP.

CHAIR - All right.

Ms MORGAN-WICKS - I know that our CIO, Warren Prentice, has been also working with CIOs in the other states and territories, together with the Australian Digital Health Agency to ensure that what we pick in Tasmania is also complementary to the developments that are coming up from the national technology perspective.

CHAIR - With all due respect to IT people, they don't often understand the Health systems.

Ms MORGAN-WICKS - I probably would say that in years gone past, our ICT team have worked very hard and bravely to keep legacy and aging technology alive and working. But they were absolutely thrilled to receive the announcement of the $475 million program, and this is - people are recognising the Department of Health in Tasmania as the place to go to, to become involved in this major ICT change for Health.

CHAIR - Good. Just going back to specialist positions, if I might. Can you provide a list or a table - if you can table it if you have it - of unfilled specialist positions which you're currently trying to fill, and what locations and services these are in. Geographic location and services.

Ms MORGAN-WICKS - Is this for admitted service?

CHAIR - Yes. Do you want to ask it there? I can ask it under there. Sorry, I'll do that one under that. Tell me if you want me to task this one somewhere else. Last year, we were talking about leave entitlements across Health broadly, noting that many people haven't taken annual leave. It was partly because they couldn't go anywhere for COVID, but also because we needed them all hands to the till. There was a large and growing leave entitlement and a leave liability growing. How is that tracking now? Have you managed to deal with that and push down that leave liability?

Mr ROCKLIFF - Thank you, Chair. As we have transitioned to living with COVID, recreation leave taken and long service leave taken has increased, as you would have expected and I think you alluded to. As of 31 March this year, long service taken as a percentage of paid FTE has increased to 1.2 per cent, compared to 1.12 per cent as at 30 June last year. Recreation leave taken as at 31 March 23 was 7.42 per cent of paid FTE, which was also higher than last year's percentage of paid leave at 6.54 per cent of paid FTE. There was minimal change to the rate of paid personal leave as a percentage of paid FTE, increasing from 5.2 per cent as at 30 June 22 to 5.33 per cent as at 31 March 23. And we have long service leave by award.

Ms MORGAN-WICKS - And recreation leave by award.

CHAIR - Are you able to table that? Rather than read a whole heap of numbers. It might be easiest if you could just -

Mr ROCKLIFF - Why don't we table it? We take that on notice. Yes.

Ms MORGAN-WICKS - So that would be a table of recreation leave by award and long service leave by award.

Mr ROCKLIFF - Yes.

CHAIR - Do you have sick leave as well?

Mr ROCKLIFF - Paid personal leave by award, sick and carer's leave.

Ms MORGAN-WICKS - Through the minister. Yes, we do.

CHAIR - If you can provide that as well, that would be helpful. I note the figures suggest that there are more people taking annual leave. It was coming off a pretty low base though. Is the leave liability reducing at the rate you would hope, or does more work need to be done to get it down to where it should be?

Ms MORGAN-WICKS - Through you, minister. We are absolutely working to encourage our staff to safely take leave, noting that throughout COVID it was incredibly - or people, (a), didn't want to take it, for many, given the closure of borders et cetera. However, then that created the other issue of attempting to manage fatigue across the agency and department.

So we have been working together with all of our leaders and managers to be looking at their own teams, in particular people that have excess leave provisions, to be working with them to access their leave and to be creating rosters to actually roster that time, particularly for people that have not taken leave throughout the pandemic, noting that we have had a significant increase in the leave taken from previous years which have, in the main, been around the 6.5 to 6.7 per cent recreation leave as a percentage of paid FTE. We're now well above 7 at 7.42 per cent overall. So we are seeing that starting to work, but against a background of continued high demand in health, so we're having to carefully manage that.

CHAIR - I did talk to the Treasurer about this, and the Treasury was trying to get some information back, so we'll see how we go with you on this as well. I'm conscious of the National Health Reform Agreement. The current agreement ends in 2025. So I assume that obviously negotiation will start before we get to 2025. Have they started, is it likely to start, or when is it likely to start? It has, has it? Regarding the cap, the Australian government cap of 6.5 per cent per year cost increases. I'm just wondering whether you actually know yet or not whether that cap has been exceeded and to what extent? Noting Treasury were going to have a look at that too.

Mr ROCKLIFF - Yes.

Ms MORGAN-WICKS - Through you, minister. The NHRA is actually, at the moment, subject to the midterm review, and we are actually expecting the nationally-appointed reviewers - so they have been appointed by the Council of Health Ministers and the Health

Chief Executives' Forum of which I am currently acting chair - is managing a midterm review of the NHRA.

The reviewers are actually attending Tasmania, I believe, in next week, so the week commencing 13 June and we have several presentations planned for them to allow them to understand the Tasmanian environment, the challenges that we are experiencing in terms of hospital funding, including the issues that we are experiencing in terms of activity-based funding, allocations, block funding, and to work them through the Tasmanian environment.

Noting that the funding environment has been considered several times and health ministers have written to the federal government in relation to a call for 50/50 funding and an exemption from the cap. Particularly noting the increased expenditure that is going into manage deferred care that we are seeing through COVID.

CHAIR - So an exemption for the cap across the board, is that what is being sought?

Mr ROCKLIFF - So I have written to the Health Minister, Mark Butler, in relation to that particular matter, yes.

Ms MORGAN-WICKS - Through the minister, we are not aware of any occasion in which Tasmania has - or in which there has actually been a breach of the cap. We monitor that, in terms of increases in health expenditure, but it also depends on the expenditure in other jurisdictions. What has occurred throughout COVID is where other jurisdictions, for example, last year, had to manage significant reductions in elective surgery. Tasmania, given the border closures, et cetera, were able to continue with their elective surgery [Audio drop out 12:32:18 - 12:32:28].

CHAIR - Because that is activity-based funding that you are delivering in that setting?

Ms MORGAN-WICKS - Yes. It considers the expenditure across all of the states and territories to determine if we are reaching the cap that the federal government has actually set for that expenditure. But as far as I am aware it has not been breached, but we have been closely watching it through our COVID and in business as usual.

Ms LOVELL - Thanks, Premier. There obviously are some significant staff shortages across the health service. I know a number of other states have introduced a range of incentives to try and attract and retain people to work within their local health services. Do you have a plan to offer any similar incentives or any kind of workforce strategy?

Mr ROCKLIFF - Yes, certainly we have a workforce strategy. The Health Work Force strategy 2040. I mentioned in my opening statement the Allied Health Scholarships would be an example of a workforce attraction. I believe that our single employer funding model, which is a joint investment between the Australian government and the Tasmanian government - it is a very good example of health workforce attraction.

We have established the Health Recruitment Task Force in 2021 to address the various areas that you are speaking of, recruitment challenges within a range of health professionals, of course. The task force did provide valuable partnership opportunities with external organisations and include representatives of the University of Tasmania, TasTAFE, the health unions. Of course, I am an AMF, CPSU and HACSU. The work of the task force was critical

in enabling priority recruitment to support the opening of the additional hospital beds needed under the government's $196.4 million state-wide elective surgery plan, which will of course reduce the waiting lists by delivering 30 000 additional elective procedures over the four years.

We have the first annual implementation of the report - and I am talking about the Health Work Force 2040, which I have mentioned, the 41 actions, and some of those include working with Aboriginal community controlled healthcare organisations to co-design a $1.5 million program for Aboriginal health worker traineeships, introduction of the nursing and midwifery scholarship program which saw 91 scholarships awarded state-wide and seven additional Ida West Aboriginal Health Scholarships awarded in 2022.

The first Northwest UTAS School of Nursing graduates completing their degrees at 2022, the development of key partnerships with UTAS supporting the commencement of the Master of Physiotherapy and Master of Speech Pathology in 2022, hosting the inaugural Our Healthcare Future Leadership 2040 conference in late last year with 160 emerging health leaders across the state, employing 10 full-time equivalent human resource assistants to support nurse managers in their recruitment efforts, increasing support for junior and international medical staff in the north and northwest by increasing the hours of directors of clinical training.

Other initiatives that I support in that workforce strategy: The recent partnership with the Commonwealth to support, as I said, the single employer model for general practice registrars, our commitment to growing -

CHAIR - The recommendation of our committee.

Mr ROCKLIFF - Our commitment to growing our nursing workforce supply by establishing jobs for all UTAS nursing graduates, the new $1.125 million Allied Health Scholarship Program which I have mentioned before as well. Tasmania's health workforce is growing, and Tasmania registered health workforce increased by 4.5 per cent between June 21 and June 22. I am advised that that is the highest growth of all Australian jurisdictions, which is very encouraging indeed. In 2023, we have the nursing and midwifery scholarships, and we have 270 scholarships that have been granted.

Ms LOVELL - We spoke earlier in your previous portfolio around the efficiency dividends that were forecast. I know it is only early days in terms of this budget, but when there were efficiency dividends flagged prior to COVID had the Health of Department of THS any plans for how they might meet those efficiency dividends that were then cancelled? Were there any plans in place before that for measures you might take?

Mr ROCKLIFF - So I was Minister for Education at the time, and I will just have to - I may well have taken over the Mental Health and Wellbeing portfolio in 2019. But if I recall, just through my education hat on, we were working through some strategies around the efficiency dividend at the time, albeit it is early days, pretty much. We have some 12 months to work through our Efficiency Dividend application, if I can put it that way, where I will be working with, of course, the Department on that.

Indeed our department is always looking for efficiencies and to remove any inefficiencies in health and, of course, as I mentioned this morning, and indeed again today, the question for Mr Duigan is that clearly digital transformation will provide for considerable efficiencies as well. We will protect our frontline staff.

CHAIR - You won't be replacing nurses with robots just yet, though, I don't think, Alan?

Mr ROCKLIFF - Alan got a question about robots yesterday in the committee.

CHAIR - Did you? Okay. See, I don't listen to what happens downstairs.

Mr EDMUNDS - We had an answer that we thought AI might have been involved with yesterday, too.

CHAIR - We did. Ask the Treasurer about that one.

Mr ROCKLIFF - Right, very good. But nevertheless, of course, our frontline services will be protected, and in fact, the budget would demonstrate we are investing in our frontline services but efficiencies do not necessarily mean, of course, job losses, it's efficiencies in other areas such as digital technology transformation as well.

CHAIR - Just a question here. I note last year there was a reference to Public Private Partnerships but that no longer under appears under the key deliverables. I'm just interested in whether this arrangement is still in place and does this include commonwealth funding for those? While you look for that information, the other questions under this are also how many public services have been provided under this arrangement and at what cost?

Mr ROCKLIFF - How many public?

CHAIR - Patient services have been provided.

Mr ROCKLIFF - Patient services.

CHAIR - Under the Public Private Partnership. I mean, it was formalised more broadly during COVID to try and maximise access. I'm just not sure what's happening with it now.

Mr ROCKLIFF - So some of the successful partnership proposals - well, we're purchasing additional beds from the private hospitals to transfer suitable patients out of the public system, freeing up beds in our major hospitals. Some of the successful partnership proposals include the purchase of medical, surgical, rehabilitation and palliative care beds, the purchase of theatre time, elective surgeries including endoscopy, gastroscopy and colonoscopy, and the purchase of cathetisation lab and dialysis services.

Clinical leaders are currently working with their private hospital counterparts to finalise and agree on clinical arrangements to support implementation of these initiatives as well. We established the $20 million fund; deliver care sooner by enabling private hospitals to take pressure off our public system. Following the success of this partnership arrangement, last year's budget committed a further $12 million to enable private hospitals to support our public hospital system to better manage demand, and of course, deliver on our investment in elective surgery. Which we're seeing the benefit of this investment with the highest level of surgery of any year record delivered to public patients in 2021-22. Indeed, our Public Private Partnership played a key role in this to help ensure public patients get the care and need sooner.

CHAIR - So it's still in place. Does this include commonwealth funding? You talk about the $12 million state funding. There's no commonwealth funding for this?

Mr ROCKLIFF - It's our funding. Yes, Kathrine, would you like to.

Ms MORGAN-WICKS - So my understanding is, Chair, so through the minister, we continue to have arrangements and very successful partnerships with the private hospitals, and as the minister has outlined, there are two main services that we actually contract the private hospitals for which are beds but also elective surgery assistance. We still, however, in those contractual arrangements, will record whether it is public activity or not and then the funding, so revenue arrangements according to the type of activity would flow from that.

CHAIR - So we get the funding and give it to the private?

Ms MORGAN-WICKS - Yes, so I wouldn't profess to have the funding flow arrangements knowledge that our chief financial officer would. He could walk us through that but certainly we still record the types of activity that are undertaken on our behalf as either public activity, so that the privates also want to track their own private bed activity. In terms of the funding in the budget, we maintain private hospital bed funding also as part of our beds in demand additional funding. So that's still listed in the key deliverables there but not called out as a private partnership funding item.

CHAIR - Right, yes, okay.

Ms MORGAN-WICKS - But if I am incorrect on that, I'd invite my chief financial officer to correct me.

CHAIR - Anyone want to correct the secretary? No. Can you tell us how many public services have been purchased from the private sector then?

Mr WEBSTER - Through you, minister. In the south, general medical and cardiology through Hobart Private, five beds are available, up to five; rehabilitation, which is currently St John's, up to 12.

CHAIR - These are beds rather than services.

Mr WEBSTER - Yes, these are beds.

CHAIR - Yes, okay.

Mr WEBSTER - Older persons mental health, through the Hobart Clinic, two that are coming online this month. We currently have a partnership with St Helens Private which is six, which obviously will cease this month. We have an agreement with Calvary Lenah Valley for maternity and special care nursery, three. We have up to 14 beds in the north at Calvary Launceston. No medical beds. We currently have medical beds, three, at North West Private Hospital. They're the beds.

CHAIR - So do we have the utilisation of those beds then? How many services have been bought. We can take it on notice if that's easier.

Mr ROCKLIFF - All right, I'm happy to take that on notice to get the required answer for you, unless we can find it here, but.

CHAIR - On a similar topic, but not the same, how much has been recouped from private patients accessing public hospitals for services? Where they declare as a private patient. Not all patients do, obviously, that have private cover.

Mr ROCKLIFF - We'll see if we can find that information for you.

CHAIR - I'm happy to take it on notice too.

Ms MORGAN-WICKS - Through the minister, we're going to attempt to find that information and bring back in.

CHAIR - Sure

Ms MORGAN-WICKS - Chair, may I just make a correction to what I said in relation to the cap, and I have to blame my COVID brain, I think. But in 2021-22 we actually did breach the cap but we did receive a hard cap redistribution so that is what I was mentioning in terms of the other states and territories not having enough activity, because there was capacity to do that due to the downturn in activity in other jurisdictions. So there was no loss of funding to Tasmania.

CHAIR - Okay. Premier, do you know if the state received - this is going back a little bit in history, but any Community Health and Hospitals Program funding from the commonwealth? It was set up around 2018-19. Do we receive any funding from that program?

Mr ROCKLIFF - Community?

CHAIR - Health and Hospitals Program. A federal government funding program.

Mr ROCKLIFF - So I'm advised we have $10 million to Kings Meadows.

CHAIR - Under that program?

Mr ROCKLIFF - We'll just check on that.

Mr WEBSTER - Through you, minister, so $10 million dollars for Kings Meadows Community Health Centre; $10 million for the Tasmanian Eating Disorder Service; $7.5 million will be spent at St John's Park; and $2.5 million for day services in the north.

CHAIR - This is under this program?

Mr WEBSTER - Yes. 1 million for West Coast District Hospital aged care beds.

CHAIR - That's why it hasn't been spent yet. Apparently, the National Audit Office had a bit of a look at this program, just recently.

Mr ROCKLIFF - So $10 million, $10million, $10 million for the West Coast, yes.

CHAIR - So did the state put in proposals for these fundings or is it just decided by the commonwealth and here you go?

Mr ROCKLIFF - Well, it's just a bit before my time as health minister. The question was around the proposals put forward.

CHAIR - Those number of proposals, yes, that - you know, the $10 million, $10 million, $10 million.

Mr ROCKLIFF - Well, they were a request from our government.

CHAIR - When they request the government, do they go through as requests under this program or are they just granted from the commonwealth?

Mr ROCKLIFF - So mainly there'll always be a request from the Tasmanian government. Sometimes, as I'm advised, that may well be an election commitment from the federal government at the time.

CHAIR - Well it might've been. The National Audit office had a look at these and there's a bit - some are equating it to sports rorts for health because the National Audit office has found that of the 63 projects which were National Partnership Agreements with state and territory governments which I assume these were funded under, that 34 were funded even though they didn't have an expression of interest proposals. You're saying that could've been likely, it could've just been that, 'Oh, here we go, we'll give you $10 million for this'? Is that possible? That some of the recipients of these aren't assessed grants.

Mr ROCKLIFF - Yes, it may well have been our commission's writing to local members at the time as well but of course when it comes to the eating disorder investment, we expect that to be operational in 2025 and you know they're good investments, very good investments, particularly - well, they all are, but I can't comment on the audit that's been done nationally. West Coast Council have also advised that they have been lobbied for the $1 million.

CHAIR - That could've come straight to the council to avoid the process as sports rorts did. Straight to the organisations. That's a Commonwealth government matter.

Mr ROCKLIFF - It is Commonwealth government, yes.

Mr WEBSTER - Through you, minister having discovered the whole list on the Commonwealth government's website there was also $6.3 million paid to City Mission in Tasmania.

CHAIR - All right. That wouldn't be under health though, would it? I suppose it is sort of.

Mr WEBSTER - For drug residential rehab.

CHAIR - Right. Okay. Yes, all right. I'll just go to the performance information. Some of it's - I've got the annual report performance information, which is partly reflected in the budget papers. Some aren't. Some are in the annual report. These are ones which relate

predominantly to the department overall, rather than necessarily with services. But there are a few that I'm just concerned about that are quite below the KPIs.

One, the root cause analysis provided within 70 calendar days. That shouldn't be less than 80 percent state wide. It's only 41.7percent. Consumer experience survey response rate they're quite low in a couple of areas. I mean, you never expect brilliant responses from those things. This obviously is a department thing, too. Their clinical coding errors that have led to patient episodes completed on time within 42 days of separation the KPI target is 100 per cent, which is the target you'd expect, but it was only 50.5 per cent .and clinical coding errors corrected within 30 days. 100 per cent target. That was better 94.1. Is there an explanation as to why we're quite far behind with some of these? Particularly the root cause analysis being done?

Mr LAWLER - Sorry, Chair, can you just -

CHAIR - Have there been any Code of Conduct matters unrelated to the ED5?

Ms MORGAN-WICKS - Typically, if it's a breach of the State Service Code of Conduct, we would institute and ED5 investigation.

CHAIR - Okay, so the ED5 cases, were they all or predominantly related to vaccination matters?

Ms MORGAN-WICKS - Through the minister, there were a significant number relating to mandatory vaccination. However, there were also a significant proportion relating to historic or contemporary child sexual abuse allegations against an employee.

CHAIR - All right.

Ms MORGAN-WICKS - Or one or more employees, I should say.

CHAIR - So have there been any breaches of the Code of Conduct that don't relate to the child safety matters? Outside of the mandatory vaccination protocol.

Ms MORGAN-WICKS - Through the minister, if I could speak generally, in relation to ED5s, we would see a range of conduct. I've spoken about the most serious in terms of child safety concerns being raised, and which, should we receive one of those matters, it is a matter of immediate stand down and progression through to suspension under ED4, and the commencement of an ED5 investigation. But we also have matters that relate to, for example, harassment of another employee which might involve sexual harassment between adults, and not a child safety matter, for example.

CHAIR - In terms of harassment claims, or bullying harassment, that sort of behaviour, have there been any breaches in relation to those matters in the last 12 months?

Ms MORGAN-WICKS - Through the minister, I would need to check the actual individual ED5 matters that I've listed, noting that I handle ED5 decisions as does my Associate Secretary Mr Gregory, who has a delegation in that regard. So I'd just need to check those matters.

CHAIR - Could you perhaps come back to us on that?

Ms MORGAN-WICKS - I obviously recall matters within - but it could've been prior to last year, so I just want to make sure that I'm providing the correct information.

CHAIR - It would be helpful to have the last, perhaps, two or three years in this matter, taking out the vaccination matters which were the largest number, as I understand it from previous discussion about this. But matters relate to harassment or bullying as opposed to a child safety matter or a vaccination mandate matter, if we could have some detail about the number of those. Also, if you're able to provide some commentary on what would constitute harassment. Obviously, sexual harassment's fairly easy, but harassment or bullying, what sort of behaviours would constitute that behaviour?

Ms MORGAN-WICKS - Through the minister, I should note in terms of the ED5s themselves, they're categorised according to the section of the State Service Code of Conduct that's alleged to be breached. So we can work through to work out if it involved the subject matter of harassment or bullying, etc. but yes, the way we do it is through the actual subsections of the Code of Conduct in the State Service Act.

CHAIR - Okay. I'm happy to take it on notice if it can't be done today. Okay. We've just gone past 1pm. I was pretty much finished in this 1.1. This is 1.1. Isn't it? Yes. But we'll come back and just finish those other questions other members have, and then we'll go into the amended services. Back at 2.

The Committee suspended from 1.04 p.m. to 2.01 p.m.

DIVISION 6

Health

Output Group 1 - System Management

1.1 System Management - Health

CHAIR - Welcome back, Premier. We're still in 1.1 at this stage, and I know Mr Gaffney had a couple of questions.

Mr ROCKLIFF - Chair, I've just got a note. In relation to an earlier question of Ms Lovell regarding the ministerial and parliamentary services expected outcome for this current financial year. I've sought some guidance from DEPAC and can advise that it is very difficult to quantify a final outcome at this point in time, given there is still most of the month of June for valid costs to be incurred, including employee related costs, ministerial travel, and any potential final personal reimbursements for the year.

During the year, there are also a range of unexpected costs that can't be budgeted for which impact the MPS Budget, including maternity leave provisions, separations, leasing, and infrastructure costs for offices. While we continue to manage our budgets closely, there may be a possibility a small RAF is required - or 'is required', perhaps it is meant to be - to meet budget due to those unexpected costs. This is in answer to a question from Sarah earlier on in DEPAC.

CHAIR - Indeed.

Mr ROCKLIFF - Yes.

Ms LOVELL - Thank you. I'll figure out which one that was.

Mr LAWLER - Sorry, Chair. I need to correct some information I provided previously around the accreditation of the Royal Hobart Hospital.

CHAIR - Sure.

Mr LAWLER - I had indicated that standards 2, 5, and 6 were accredited. They were, in fact, accredited in March 22 and it was on a return visit earlier this year that standards 1, 3, and 7 were accredited. So standard 1 is clinical governance, standard 3 is preventing and controlling infection standard, and standard 7 is blood management. Across those three standards, there are 62 actions to be assessed, and from that accreditation there were identified a number of features such as orientation and induction mandatory training, hand hygiene, and the audit findings around blood that were requiring that 60-day remediation, and there will be a return visit to assess progress against those actions.

There's a significant amount of work being done against each of those actions, and in fact, some of them were specifically addressed and corrected during the visit. But that will give us the opportunity to report progress for the accreditors when they return for a repeat visit.

CHAIR - Premier, that does make the industrial action a little bit more concerning because it does relate to managed training just on that point, acknowledging that some of the doctors would have already done their mandatory training, but I would assume not all. That's all you have for now. Yes. I'll pass that over to you, Mike.

Mr GAFFNEY - I'm ready to go into admitted services, so I didn't have anything else on 1.1. I would like a little bit of more information about the VAD, the end of life choices. I know that the six months operational review would've finished on 23 April, and I think there's a four month period before it has to be reported to Parliament. Just an update on how that service is being monitored and run, I suppose. Thank you.

Mr ROCKLIFF - Yes. Thanks, Mike, and of course the Act commenced in 23 October 2022, and I advise is operating as intended. You'd be well across what the Act allows, given your advocacy and work in relation to the Act, Mr Gaffney. The Tasmanian health service within the Department of Health hosts a navigation service, pharmacy service, and a state-wide clinical service and these services operate state-wide. The Department of Health also hosts the Voluntary Assisted Dying Commission, which has a vitally important oversight function.

The number of people accessing this service has now been available for more than six months. According to the Voluntary Assisted Dying Commission, in the first four months of operation, 24 formal first requests from individuals to access Voluntary Assisted Dying in Tasmania were made. Of these requests, 11 had progressed to the point where medical practitioners were given authorisation to access the Voluntary Assisted Dying substance for the individual. At least five people had died through the VAD process. These numbers are

largely as expected and in line with the experience of other jurisdictions that offer access to Voluntary Assisted Dying.

I understand the commission intends to provide a further update on the number of formal first requests, the number of VAD substance authorisations issued, and the number of people who have died through the VAD process in coming months. I've got some information here, Mr Gaffney, on the participation of medical practitioners, and other factual information as well.

Mr GAFFNEY - It would be good to hear how many health practitioners, both doctors and nurses, have undertaken modules and how many have been involved. That would be helpful.

Mr ROCKLIFF - Sure. As members with an interest in Voluntary Assisted Dying will know, access to Voluntary Assisted Dying depends on the participation of willing, trained medical practitioners. I understand than uptake of the training in Tasmania has been and continues to be positive. Again, according to the Voluntary Assisted Dying Commission, in the legislation's first four months of operation, 23 medical practitioners and 21 registered nurses completed the training. Of the 23 medical practitioners who completed the training, 16 indicated that they were willing to be primary medical practitioners and or consulting medical practitioners. Of the 21 registered nurses who completed the training, 15 indicated they were willing to be administering health practitioners.

I understand that this figure has increased steadily in the past few months, and is expected to continue to do so as awareness of Voluntary Assisted Dying increases. Modelling from other Australian states which offer Voluntary Assisted Dying suggests the number of trained practitioners will be low initially but increase over time. Undertaking the training does not oblige a medical practitioner to assist with the Voluntary Assisted Dying, and practitioners can decide whether to become involved on every occasion. The experiences of other states also suggests that more willing and trained practitioners will always be required.

Mr GAFFNEY - That's fine. That's very good, thank you. I'm very pleased to see the number of nurses involved, which is an advantage to other states where that's not always the case in other jurisdictions, so I'm very pleased. Thank you.

CHAIR - Is there anything else on 1.1? Otherwise we will move to 1.2.

Mr DUIGAN - I've got one here on 1.1.

CHAIR - Right.

Mr DUIGAN - It's just about maternity services.

CHAIR - That's on 2.1.

Mr DUIGAN - I beg your pardon.

CHAIR - Isn't it? Maternity services on 2.1.

Mr DUIGAN - No, you're right. Sorry.

CHAIR - All right. Having said that, we'll move to 2.1, because I wish to talk about maternity services.

Output Group 2 - Health Services
2.1 Admitted Services

CHAIR - Particularly, I'm sure that our member from Windermere would like to talk about maternity services in the north. I'm going to talk about the North West Private and North West Regional Hospital arrangement. Can you update us on the Private? I do acknowledge significant work is being done in renegotiating that contract for a second time to enable the state to take it over. Can you tell us where that's at, how staff arrangements are going in terms of transition from the private sector to THS? How many midwives are planning to transition, if we know that, across? Anything else that's relevant to that change.

Mr ROCKLIFF - Certainly, and we're expecting the transition date to be 4 December this year. That's the key date. Of course, based on the recommendations of the independent review, which we've spoken about certainly last year, and released in late 2021, we committed to a transition so that all public maternity services in the north-west are delivered by the Tasmanian Health Service. Maternity services in the north west will begin operating within the public system I'd say from December which is almost a year earlier than planned.

This brings forward the transition of services from North West Private Hospital to the Tasmanian health system from the initial date where we have November 24. This change means all elements of the maternity service including inpatient, birthing, clinics and community midwifery services will be available through the public system by the end of this year. Now, transitioning to publicly delivered maternity services in the north west will deliver more connected state-wide services, strengthen support for our workforce and provide a greater choice for mothers. The new THS maternity service will also create opportunities for maternity staff working at the private hospital who wish to embark on the transition journey with us.

Now, with respect to the transition arrangements with staff from the North West Private Hospital to the new THS services. There're 40 North West Private Hospital employees, and we're working with the private hospital to ascertain the number of employees.

CHAIR - Could I just clarify that's 40 permanent employees? Not locums or agency midwives we're talking about? They're 40 direct employees of North West Private Hospital?

Mr ROCKLIFF - Well, I'm wondering if Francine Douce would like to come to the table, our chief nurse and midwife. Our chief nurse and midwife Francine Douce has joined us at the table.

Ms DOUCE - Thank you. My understanding is that at the moment around 40 staff who are employees of North West Private are engaged in the discussions around transition. We recognise that there are a number of locum staff currently working within the facility, but they're not captured within the discussions that we're having with staff transition.

CHAIR - Okay, so noting the current set up in the North West Private Hospital of back in the day there was a private birthing suite and a public birthing suite. The private birthing suite no longer exists. I understand the state is going to lease back, and we can talk more about the lease back arrangements of the labour and birthing suites there. How will it be managed if

we're going to have notionally private patients also birthing in the one labour ward and delivery suites and in terms of priority in terms of access and how the midwives are going to interact. Are we going to have privately employed midwives working in the same space there as the public midwives? How many public beds are we actually taking over?

Mr WEBSTER - So, through you, minister. We're obviously still in the development phase of the model of service but it will be based very similar to the Launceston General Hospital model of service which does actually take in both private and public patients.

CHAIR - But they're all cared for by THS staff? Yes.

Mr WEBSTER - That's right and that's the model that we'll be intending to continue in the North West Hospital so we become a single employer model.

CHAIR - Right, so the midwives who choose not to transition, do they no longer have a job? Or will the private still provide the maternity service somewhere else, but not birthing?

Mr WEBSTER - Through you, minister. I think that's a question for the North West Private. What we've been negotiating is that we'll actually be leasing the entire birthing area so door-to-door if you like.

CHAIR - Post-natal wards?

Mr WEBSTER - Post-natal.

CHAIR - So how many post-natal wards.

Ms DOUCE - Through you, minister there's 21 beds and five birth suites.

CHAIR - Right.

Ms DOUCE - In regard to private models -

CHAIR - It goes right up to room 19 in those ones, right.

Ms DOUCE - In regard to private models of care there's a great opportunity to expand the midwifery group practice to consider collaborative models. That might be GP shared care. It might be private obstetrician. We really now have a great opportunity to meet the needs of the women in the region in very creative ways.

CHAIR - Yes, but you don't have privately engaged midwives working in the LGH. No. So that's still to be resolved or that's a matter for health e-care?

Mr LAWLER - Through you, minister, the matter for health e-care is whether they will be providing maternity service post this being -

CHAIR - They haven't made that decision yet, then?

Mr LAWLER - As we understand it there isn't an intention to.

CHAIR - There is?

Mr LAWLER - There isn't. But we don't - I can't speak for health e-care.

CHAIR - No. I don't want you to.

Mr LAWLER - All I can speak for is that the birthing suites that are currently there and the ward that's currently there and we are in negotiation to take that other space over as part of the THS space.

CHAIR - That includes all the level two nursery, all of that?

Mr LAWLER - Yes.

CHAIR - Okay. In regard to the more contemporary models of care. What is being proposed in regard to continuity of care which has better outcomes for mothers and babies but also for midwives.

Ms DOUCE - So, through you, minister, and thank you for the question because of course I would be very passionate about the growth of midwifery models of care. In the north west we do have recruitment challenges, but midwives do want to work in these sorts of models as you know. What we're looking to do is create as much flexibility as we can through not only midwifery group practice but team midwifery as well. Already there's been some great interest amongst the midwives about how they might be able to grow those models to better meet the needs of the women.

CHAIR - Okay, and community midwifery. What's envisaged in that?

Ms DOUCE - Through you, Minister, there certainly is the extension in midwifery group practice for the home visiting to continue but the women in the north west really do enjoy that home visiting service and that will still continue with the ECM program across the region and of course also the outreach programs into the district hospital areas. That is a very strong model operating already in the north west and we anticipate that that will remain.

CHAIR - All that outreach including to King Island will continue? Yes, okay. Did you have something else on maternity services Nick?

Mr DUIGAN - No, you have covered it off perfectly.

CHAIR - Didn't think I would want to ask that one.

Mr ROCKLIFF - Yes, I think you alluded to this in the question. We need to develop legislation to enable North West Private Hospital staff who want to be able to be part of the new service to transfer to the THS while maintaining their existing level of entitlements and we're working through those matters as well and it should be expected.

CHAIR - Okay. Just in terms of one of the challenges which was identified during the review, but also in some of the more recent accounts from women themselves, staffing shortages have been a massive issue here. What active recruiting are you going to do to make sure - look, you may not get the whole 40 to transition across. Clearly that's not enough

anyway. What are you going to be doing to make sure that come December 4, you've got a full complement of midwives? We're not going to have to put inductions or elective Caesars off because we don't have the staff.

Mr ROCKLIFF - In addition to my answer before from Ms Lovell on workforce attraction. Well, specifically to this and the north west coast.

Mr LAWLER - Through you, minister. At the moment we have the staff of the North West Private are having individual meetings with our human resources team so we're taking them through the process of what it would look like to work for us. We're envisaging a period of time where they may in fact not come across as permanents but want to come and try our service if you like, make sure they're actually comfortable being in the THS. We're doing all we can to give them comfort that they're not going to arrive on day one and not like it.

In addition to that, we are going, as the minister said, through our workforce development, we're commencing to look at specifically the north western recruitment needs across all areas in the north west. Works are about to start, and specifically targeting midwives particularly. The minister's gone through a number of scholarships and all those sorts of things which are being used to try and track -

CHAIR - Are we offering midwifery scholarships?

Ms DOUCE - Yes, that's part of the scholarship program.

CHAIR - Are we working with UTAS try and get them to reinstate midwifery training at UTAS? As we've got a magnificent lab in the Cradle Coast campus of the university.

Mr ROCKLIFF - A magnificent antenatal unit too, brand new, which the staff are really -

CHAIR - Clinic. An antenatal clinic.

Mr ROCKLIFF - Yes, antenatal clinic. I have visited there on a couple of occasions and spoke to the team there, they've -

CHAIR - Better than working out of a broom cupboard, yes.

Mr ROCKLIFF - Very, very happy with their working arrangements in that new facility. Adjunct associate professor, Francine Douce.

Ms DOUCE - Through you, minister. I wanted to allude to the fact that we're not only looking at supporting new staff coming in, but also growth of our student workforce, and also the graduate workforce, by recognising that over a period of time, some of our existing midwives may have had their practice fragmented. We've actually funded a number of refresher programs as well for those staff who would be seeking a change of context with a really strong supportive suite of programs.

CHAIR - Through UTAS, or?

Ms DOUCE - These are actually through the Australian College of Midwives.

CHAIR - Okay.

Ms DOUCE - So that's around 40 hours theoretical work, and then it's actually backed up with a clinical placement with the appropriate support in place. So that, as you know, returning to practice can be a little bit scary if it's been a while, particularly birth suite. So, there's been some really strong interest around the packages that we've created through that, and of course, strong interest through the scholarship program as well.

CHAIR - So, are we actively working with UTAS about reintroducing midwifery education in Tasmania?

Mr ROCKLIFF - Well, actively? We'd like to be.

Ms DOUCE - So, through you, minister, those conversations have continued right the way along. The program that we currently have in place with UniSQ still continues to attract strong participation, but certainly any transfer to UTAS is a UTAS decision, and we'll be working very closely around informing the elements of that discussion.

CHAIR - A new Vice-Chancellor soon too. He's off as well. I understand that, in terms of neonatal screening, New South Wales currently screen for SMAs, spinal muscular atrophy, a genetic condition, and Queensland's about to start. Is there any intention of Tasmania to start this as part of the neonatal screening program? Yes, the five-day imprint, or however many days it is now.

Mr ROCKLIFF - Yes.

CHAIR - There's a range of tests done there, but as I understand, it's not one of the ones included in Tasmania. It's a new -

Mr ROCKLIFF - Yes. I know there was a trial done in New South Wales in a particular manner.

CHAIR - It's been introduced in New South Wales, I think.

Mr ROCKLIFF - Look, I stand to be corrected and we've just signed a national partnership agreement for that very purpose. So, it's in train, but we're also looking at the testing capacity in South Australia.

CHAIR - More tests go to South Australia. Yes.

Mr WEBSTER - That's right. So, through you, minister, we're waiting on South Australia switching it on so our tests can continue through South Australia.

CHAIR - So it will be introduced once South Australia say they've got capacity. Is that what you're saying? It will form part of the one test for cystic fibrosis and all the others I've lost track of.

Mr WEBSTER - That's what my understanding is.

CHAIR - So, we don't have a specific time frame for that then yet for parents who are asking about this.

Mr WEBSTER - Through you, minister. So the Federation Funding Agreements - that's what they're called. The FFA is going through a process in Tasmania. We are delayed by South Australia, but as soon as South Australia switch it on, and we are already in negotiations with them about time frames, we don't have a precise date at this point.

CHAIR - Okay. In regard to terms of the North West Regional Hospital master plan, how far has that progressed in determining the location or potential location for a new purpose-built maternity service and the mental health precinct?

Mr ROCKLIFF - So, we released the master plan for consultation and that lists the whole North West - so, the North West Regional Hospital, the Mersey Community Hospital - in the last five or six weeks. That's out for consultation as it currently stands still if you like.

CHAIR - Shame.

Mr ROCKLIFF - That just closed, did it?

Mr GREGORY - Through you, minister, the consultation period and period for written submissions closed at the end of May. So, we're compiling all of those, all of that input, and there's some quite substantial input, we're compiling all of that feedback. Then that will lead into any adjustments to the master plan and the release of a final draft.

CHAIR - So have you got a time frame for that?

Mr GREGORY - I would see that happening in the next couple of months, when we've wrapped up the consolidating of all the feedback.

CHAIR - Okay. So there'll be a new master plan released basically on the back of that.

Mr GREGORY - Yes, similar to the LGH master plan process that we went through and there was a lot of community consultation in the final plan produced and released.

CHAIR - So, do we know at this stage then what will happen with the current Spencer Clinic?

Mr GREGORY - As part of the consultation, we're obviously building a brand new Spencer Clinic, if I can put it that way, that supports all ages.

CHAIR - Yes, that's what I'm saying, besides bulldozing it, but anyway.

Mr GREGORY - Through you, minister, the master plan lays out the ultimate layout for the site. But as we roll through that period of 20-odd years of implementation, the existing Spencer Clinic, I think, will be repurposed for decanting a range of services that will possibly roll through there. We may even repurpose that potentially for maternity services. We need just to work through the stages of the master plan and how quickly we can get an appropriate building for maternity services, which wouldn't be the ultimate final location.

CHAIR - So, just bearing in mind that if that's repurposed for that and you've got another birthing in there who's had some previous interactions with the current facility, it may not be a good place for them. Just to keep that in mind. In terms of providing trauma informed care. Can I venture the question I asked in 1.1 that you've redirected me here in regard to unfilled specialist positions across all regions. I'm just interested in what special positions are unfilled by location and service.

Ms MORGAN-WICKS - So, through the minister, I don't have a list of current vacancies for specialists, but what we are able to pull together is the number that have been advertised over the last few months so that we can provide that information, noting that this is one of the ultimate aims of actually implementing our new HRIS, or HR information management system. So, we do have difficulties at the moment given our legacy and aging HR infrastructure to be able to press a button and pull out the vacancy data at any point in time or on a day. It's quite a manual effort to be able to pull it together.

CHAIR - Yes, that provides the advertised vacancies which will indicate specialty and region?

Ms MORGAN-WICKS - Yes. So, we'll attempt. From the advertisements, we can show region and specialty, but note that we are listing that as a requirement for our HRIS system.

CHAIR - So, how's that coming along, the HRIS? That was the reason for inability last year to provide data, which I accept. It's an historically aged system. Have we got an update on the progress in that?

Mr ROCKLIFF - Yes. So, the HRIS project, of course, will address the major inefficiencies and operational risks associated with the current business systems and processes underpinning the human resources functions of the Department of Health. While this will be implemented by the Department of Health as the lead agency, the case for investment is driven by the whole of government, risks and opportunities.

Now, the budget approval of $21.6 million for the HRIS program was announced in November in 2020. The procurement for the software and an experienced implementation partner was completed in 2021. There were two contracts awarded. They sat for their success factors solution and DXC Oxygen for implementation services.

The design of the system core has been completed and the solution build will be completed this month. Validation of the system will commence shortly and the solution is expected to be delivered in stages commencing in mid next year. To leverage off the opportunities of HRIS the Department of Health is transforming to provide a contemporary human resource service, and doing it will ensure the success of the system. There are significant business readiness activities that will be required, including significant adjustment to existing HR practices.

Within the Department of Health, and most significantly in the time and leave management and rostering functions, the timeline for implementation of the HRIS and the total additional funding to support it is currently subject to ongoing contract discussions. The Department is sharing its learnings from the design, the build and the reduction of the system with the rest of the Tasmanian State Service to help minimise future costs and to assist other

agencies to prepare early for such a transition, and I have the June 23 update for you, Chair, which I can also table.

CHAIR - So hopefully by this time next year we might have some more accessible data.

Ms MORGAN-WICKS - Through the minister, one of the complexities in actually implementing the - it is a huge system to actually implement. The minister did note, we are attempting to iron out as many difficulties as we can identify that will also be experienced by other agencies should they also implement HRIS. So we are the frontrunner in terms of that system in development and implementation.

But one of the major ones is in rostering, and so attempting to find a change management pathway from some 1400 rosters that we currently operate across the Department of Health. That is from, for example, at the highest form some are using a ProAct rostering solution, to an Excel spreadsheet, to a paper-based version that has worked through.

So we need to take all of those and the complexity in that rostering system through to the HRIS module. So quite a bit of complexity, it does take time to get it done properly and we also have some quality assurance assistance from external providers who were also involved in, for example, the Queensland payroll implementation and the difficulties that they endured through that.

So we do need to learn from other jurisdictions who haven't made these major HR system changes, and do our very best working together with our employees, but importantly our employee representative partners to make sure that we are making decisions and getting the right requirements designed, built and implemented.

CHAIR - I have another couple there, does anyone else want to jump in there? No. In regard to readmissions within 28 days, they are reported in the annual report for mental health patients. Is there no other medical-surgical type admissions? I am just interested in why we don't record that. We asked a question on notice, I think it was, and maybe it was provided as a table paper to us last year about the readmissions, so we do have that. Do we have the readmission data for this unplanned readmission for admitted services, not to an ED. We will come to that.

Mr ROCKLIFF - All right.

CHAIR - So we have got the data from the last two years that you have provided for -

Mr ROCKLIFF - What date was that?

CHAIR - That's 2019-20 and 2020-21.

Mr ROCKLIFF - Yes.

CHAIR - If we have got 2021-22, the last financial year, it does talk about the percentage change between those two years. I like the data, but also is there a target here, or don't we have a target? Most of the other KPIs had targets in the annual report.

Mr ROCKLIFF - Yes. We would have provided that data last year on notice.

CHAIR - You did, yes.

Mr ROCKLIFF - We can try and provide that before the end of the day if that is possible, or if not in the required time.

CHAIR - Do we have a target on this KPI?

Mr ROCKLIFF - A target for outside of mental health, don't you mean, Chair?

CHAIR - Yes, outside of mental health. This is the other unplanned readmissions.

Mr ROCKLIFF - Unplanned readmissions for outside of the mental health target.

CHAIR - There isn't a target for mental health either, by the way.

Mr ROCKLIFF - No, that's right.

CHAIR - It's just the rate.

Mr ROCKLIFF - Yes. We will investigate the implementation of a target, if that is at all possible. We'll do a scan of the jurisdictional data as well and see if we can - that target can be -

CHAIR - It's a bit hard to know, without a target, what the sort of benchmark figure is you're trying to keep below in terms of unplanned readmission.

Mr LAWLER - Through you, minister. There is a target.

CHAIR - Is there?

Mr LAWLER - Which is 14 per cent.

CHAIR - Okay.

Mr ROCKLIFF - Do you have any information, Professor Lawler, regarding perhaps other jurisdictions or readmission?

CHAIR - Unplanned readmission.

Mr ROCKLIFF - Unplanned readmission.

Mr LAWLER - Through you, minister, not to any great extent. I know that unplanned readmissions for mental health presentations are a particular challenge across the country for a number of reasons. Partly the increasing prevalence of mental health conditions requiring hospitalisation, partly it goes to the challenge in accessing effective general practice care, not only in terms of continuity and maintenance but also on discharge. There are significant reports of difficulty accessing primary care follow-up following discharge. These are all contributing to the increase in mental health and general re-presentations to hospitals across the country.

CHAIR - With the information you provided last year in regarding unplanned, unexpected readmission, could you give us a list of the procedures - all of them which came down except for tonsillectomy and adenoidectomy, which went up. It's a bald figure.

Ms MORGAN-WICKS - Just on surgery?

CHAIR - This is surgical ones, yes.

Mr ROCKLIFF - The information required is just on surgical as well?

CHAIR - Medical if it is possible. Medical might be more difficult, I don't know. I'm just acknowledging that surgical - we don't expect them to come back. Like, if you talk to physicians they will say that they fix patients properly before they send them out. The surgeons, they have done their job when they have done the surgery. I won't reflect on the two different professions there.

But with the surgical patient you expect to come in for their surgery and go home when the surgery is complete and hopefully successful and not come back. Certainly not in 28 days unless they have some other admission for another purpose, which is not what I am talking about: I am talking a readmission that's unexpected related to that admission for the surgery.

Mr ROCKLIFF - The unplanned readmission, just for clarification, the data you would like would be the 28-day timeframe?

CHAIR - The 28-day period.

Mr ROCKLIFF - The 28-day period, thank you for clarifying.

Mr LAWLER - So thank you, minister, and through you, minister, the only thing I would highlight is I take your point, Chair. That when it comes to elective surgery there is the expectation that patients will be optimised, receive their surgery and then have routine post-operative care. I would highlight that surgical patients who re-present encompass both elective and emergency presentations for surgical conditions. An urgency presentation for surgical conditions are not necessarily as optimised as they might be in a pre-anaesthetic way. We would expect to see potentially some increase in re-presentations, readmissions amongst that cohort.

CHAIR - But looking at trends, though, you wouldn't expect that to change markedly over the period, over a few years. There would still be that cohort of patients that do re-present.

Mr LAWLER - Through you, minister. I think if we're seeing an increase in throughput for surgical patients, there would remain a level of control over elective surgery patients that isn't necessarily there for emergency service patients. So we may see a mild to moderate increase in re-presentation.

CHAIR - See what you can provide to us anyway.

Ms MORGAN-WICKS - Through the minister. There is a list of procedures - and sorry if I was a bit slow in terms of the question - but in regard to the procedures that are covered by

the Safety and Quality Commission, so we'll work through that and attempt to get that data back as soon as possible.

CHAIR - Yes. In regard to some of the other performance information, and again some of this is reflected in the budget papers. This is out of the annual report, this part, but stating the same figures. In regard to readmission, the number of patients waiting over clinically recommenced timeframe for elective surgery. It's a KPI target, which is 1941. The actual end of year result last year was 4515. So that's significantly higher than the target. I know that you're putting more investment into elective surgery, particularly endoscopy.

Endoscopy is a really quick, mostly fairly low-risk procedure, and mostly like a screening procedure in a lot of cases. It's what you do with those patients afterwards. How do you make sure that those who do have a lesion picked up, or some other reason to have further investigational surgery, and get that done in time. That's well outside the scope. That's the main one I think I wanted to talk about in this area, how does this relate to -

Mr ROCKLIFF - I know that when we had our surgery, four-year elective surgery plan and those 30 000 surgeries at $196.4 million, we did want a particular focus on patients that were outside the clinically recommenced timeframe, so the over boundary patients that you talk about for elective surgery. While the elective surgery number more broadly has dropped from around 12 200 to around 8 300 from January 2020 to end of May, the number of over boundary elective surgery patients, I wouldn't have that figure.

CHAIR - That was in the annual report.

Mr ROCKLIFF - Yes, the annual report, but an up-to-date figure.

CHAIR - I can hop onto the dashboard and have a look and tell you what it is now.

Mr ROCKLIFF - The dashboard has elective surgery around 8350. If my memory serves me correctly, that would be until - it's a May figure. 8339 patients. The number of patients waiting over boundary, elective surgery is 1941. That's the target.

CHAIR - That's the target.

Mr ROCKLIFF - We've got the end of year result. To the end of year would have been 30 June 22.

CHAIR - The figures I just gave you.

Mr ROCKLIFF - Yes, 4515. But I'm just saying that it may well have been 4515 out of figure of around almost 10 000, roughly, perhaps 12 months ago.

CHAIR - Yes.

Mr ROCKLIFF - I've looked at the over boundary patients in 2019-20 year, total 6239. 2021, 5616, and the figure I have here for 2021-22 - which would be the equivalent of the figure in the annual report - 2021-22, I haven't got that. 4562, which is obviously an adjustment up slightly on the annual report. To 30 April we have over boundary 3478. So end of April,

May, June, so we've still go two months to go to complete that figure, but it appears it's on a downward trend, which is pleasing.

CHAIR - Still a long way to go to get to the target.

Mr ROCKLIFF - It is.

CHAIR - But we'll accept that.

Mr ROCKLIFF - It's better than 6239. That was a particular focus of ours, elective surgery. Yes, coming into that 2021-22 year particularly.

Ms MORGAN-WICKS - Through the minister. The surgical and perioperative team are working very hard. I know, particularly in relation to over boundary patients, to bring that down, noting some of the difficulties may also remain in an over boundary list, noting that there are sometimes some presurgical conditions that are required to be met prior to being deemed fit to actually undertake surgery. But the surgeons and consultants will work with those patients in relation to that.

CHAIR - Which may not have existed if they'd been seen much earlier, because some of those are as a result of the condition, but then other medical help has deteriorated. That's why it's important to get those down.

Mr ROCKLIFF - That's the challenge with out of boundary.

CHAIR - Yes.

Mr ROCKLIFF - If people are not seen within the recommended timeframe, they can get sicker, which is why we needed that focus.

Ms MORGAN-WICKS - Or it could also be smoking, cessation or other programs that they're working with prior to reduce risk in terms of surgery.

CHAIR - Do you have a breakdown of the number of fully staffed beds in each hospital over the last three years? Obviously, it's going to be at a point in time. I know it fluctuates up and down.

Mr ROCKLIFF - Yes. We'll get those.

Ms MORGAN-WICKS - Sorry, just to confirm; what type of beds?

CHAIR - Fully staffed.

Mr ROCKLIFF - Fully staffed beds in hospital?

CHAIR - Yes. In each of the main hospitals.

Mr ROCKLIFF - We have the table here, and as of 31 March 23, more broadly there have been 231 additional hospital beds opened in our health system since July 2018, comprising 188 beds in our major public hospitals, including 129 beds at the Royal Hobart

Hospital, including the Hospital in the Home program, 45 beds at the LGH and 14 medical beds at the North West Regional Hospital, and 43 new beds through the private sector partnerships, and these investments helped put beds in public hospitals as well. But if we go to available beds at the Launceston General Hospital in 22-23, and this is the end of financial year - 31 March.

CHAIR - 31 March each year, are we talking?

Mr ROCKLIFF - LGH, 473. Mersey Community Hospital, 95. North West Regional Hospital, 151, and Royal Hobart Hospital, 684. It's a subtotal of the major hospitals of 1403. These beds exclude Hospital in the Home, the beds that are contracted to private hospitals and aged care beds.

CHAIR - Are they listed separately?

Mr ROCKLIFF - Yes, this is the annual bed census.

CHAIR - Is that something you could table? It's probably easier than trying to read all the numbers.

Mr ROCKLIFF - We can produce a table if you like.

CHAIR - How many years has that got on it?

Mr ROCKLIFF - That has five years. For example, 2018-19, the LGH had 404 beds and 473.

CHAIR - It'd be great if you could reproduce this in a table for us, I think.

Mr ROCKLIFF - Sure, let's do that then.

CHAIR - Yes, that'd be helpful.

Mr WEBSTER - Through you, minister. Just to correct the record, so the census doesn't seem to be done on a regular date this year. The 2018-19 was done in May, the 2020-21 was done in June, the 2021-22 was done in April, and this year it was done in March, so.

CHAIR - All right. It's only a point in time in any one day, I accept that, yes.

Mr WEBSTER - Yes, it's a point in time.

CHAIR - But it gives an overall look at it. If you're able to provide that in a table, that'd be great. The other question I wanted to ask was the cost of locums by region including the use of locums in our four major hospitals as well as our rural hospitals. I could ask that of another Output group but maybe because you're both here.

Mr ROCKLIFF - Yes, we have the data available for that and as you'd appreciate, Chair, remain very committed to employing nursing and medical staff through ongoing recruitment and retention strategies. Consistent with the previous year, there continues to be vacancies with some specialists. Vacancies remaining extremely difficult to fill.

Of course, this is not unique to Tasmania. In an ongoing effort to reduce locum costs, the department utilises a range of recruitment strategies including, where possible, recruiting permanent staff to fill vacancies; offering permanent opportunities to long-term locums recruitment retention allowance of 25 per cent of the North West salary for medical practitioners; implementation of a 25 per cent market retention allowance for psychiatrists working in the northern or southern regions; establishment of an agency specific to recruitment program enabling longer term fixed term employment for our doctors in training, including ability to engage accredited registrars for the length of their training program; and of course, targeted campaigns through specialist recruitment agencies and specialist doctors along with rolling advertisements for permanent vacancies.

But if we look at the medical locum cost by service. In 2022-23, as at 31 March, we have the Royal Hobart Hospital, $11.6 million; the LGH, $16.6 million; the North West Regional Hospital, $9.5 million; Mersey Community Hospital, $6.6 million; mental health, $12.1, almost $12.2 million; and other areas, $560 278. If I add those all up, it comes to a figure of $57 147 193 across those areas, which is 3.49 per cent of the total budget.

CHAIR - Total health budget or for the hospitals?

Mr ROCKLIFF - The hospitals. Yes, for the hospitals. I've got them broken up into region as well, but.

CHAIR - No, that's all right. That's all right, I've just mentioned the hospital ones.

Mr ROCKLIFF - Sure. The region breakdown adds up the total figure to the same as the hospital breakdown.

CHAIR - So last year we were discussing these areas, there was - and talking to the key performance information, the comment was made by you that there's new KPIs are being committed to in the new service plan. Can you identify what those new key performance indicators are?

Mr ROCKLIFF - The clinical services planning exercise?

CHAIR - Yes.

Ms MORGAN-WICKS - Through the minister, in regard to this it is a timing issue with the service plan which is due to be provided to the minister by 1 June, which we have met. The minister then has time to be able to review the service plan and to approve it, and we're in that period at the moment in which we have actually included a significant number of new key performance indicators. But that's subject to approval of the minister and then tabling.

CHAIR - So just to clarify then, they'll become a public document once you table the new service plan, which is required under the Act.

Ms MORGAN-WICKS - Yes, required under the Act, correct.

CHAIR - All right.

Ms MORGAN-WICKS - So we're meeting those - through the minister - we're meeting those timeframes but it's just in that approval period.

CHAIR - They're sitting on the minister's desk.

Ms MORGAN-WICKS - I think very recently.

CHAIR - I'm sure we'll go and check it this afternoon. This evening. Won't you, minister, I'm sure.

Mr ROCKLIFF - Yes.

CHAIR - Any other questions on 2.1 Admitted services? We may as well move to Non-admitted services, 2.2. Sarah.

Output Group 2 - Health Services

2.2 Non-admitted Services

Ms LOVELL - Premier, I wanted to look at the outpatient strategy.

Mr ROCKLIFF - Say that again.

Ms LOVELL - I just wanted to go to the outpatient transformation strategy, or.

Mr ROCKLIFF - Sure.

Ms LOVELL - I can't remember the name of it now exactly. I'm on a particular page. In particular, I know we're only early in the strategy, we're just in the first year still, but looking at the timeline for that first year, there's a number of measures which were planned to have taken place already and, by my count, I think there's about 12 measures or actions that were scheduled before now. Are they on track or have they all been delivered as scheduled? It might be more than 12 now that I look at it again.

Mr ROCKLIFF - Yes, sure. Okay, so we'll work through a number of those matters. In reference to the budget however, and this budget includes an additional investment of $20 million over two years to transform outpatient musculoskeletal and pain services, and this initiative will provide immediate action to reduce waiting times for outpatient services. This is in addition to the $7.2 million announced in last year's budget to deliver on a comprehensive plan for transforming outpatient care over the next four years.

Now, again, this will allow us to see more people within the clinically recommended timeframes, as per the Chair's question before, and delivering improved outcomes for individuals and provide more access for the whole community for specialist services when they need them. The investment is being used for service delivery redesign to change the way we provide services using new and innovative care models including early intervention and alternative pathways; information technology to modernise and simplify our referral and appointment booking and management processes, and help improve communication between consumers and providers; and business process redesign to streamline and standardise our administrative processes, making it easier and more efficient for clinicians, clinical staff and

referring providers. Statewide, we are tracking to see over 473 000 outpatient attendees this financial year. We've got some more information here around a timeline.

Mr WEBSTER - Through you, minister. Are you're referring to the timeline snake which is in that strategy?

Ms LOVELL - Yes, that's a good way to describe it, I am. Page 13.

CHAIR - Timeline snake.

Ms LOVELL - Yes, well, this is what it looks like. It looks like a snake.

Mr GAFFNEY - It's an implementation plan.

Mr WEBSTER - So minister, through you. The first of those was the service plan KPI asset, minister. That was developed for the service plan last year with 12 months of experience. In fact, we've recommended to the minister this year that we actually have an even broader set that holds us a bit more accountable. Yes, so that's underway or completed last year, and a new set underway.

Senior Clinical Advisory Group has been established and needs regularly to give us advice on where we're going with this. It's met several times now. Appointment confirmation SMS used in majority of clinics; we've achieved that as well. Capacity Planning Tool is being developed and we're in discussions with Primary Health Tasmania for how that feeds out to GPs through the health pathways that they administer.

E-referrals have been introduced at the LGH, and in fact that's now been extended to the north west and about to or might have just gone live in the south as well of the RHH. We're commenced digitisation of the waitlist ledgers. In fact, we've actually finished that. Commencing the new care pathways for ENTs, we're working particularly our Senior Clinical Advisory Group there, but eventually got a specialist group now working on the ENT pathway to give us particularly advice on alternative pathways to surgery, given the shortage of ENT doctors right across Australia. We're looking at alternative pathways.

Ms LOVELL - Can I ask on that one, is that paediatric and adults?

Mr WEBSTER - Yes.

Ms LOVELL - Thank you.

Mr WEBSTER - Through you, minister, yes. Where did I get to? I lost it.

Ms LOVELL - Sorry. January.

Mr WEBSTER - Introducing GPs with special interests, so we've employed the first couple of those and we continue to develop the models of care around that. Stage 1 of the Central Administration Hub established, that's been done and, in fact, that's well advanced now a few months later and is now part of our virtual care hub, which was in Cambridge, so that's occurred. Established nurse-led models of care - sorry.

Ms LOVELL - Lower back pain, I think you've missed.

Mr WEBSTER - Something flipped up in front of my screen.

Ms LOVELL - Yes.

Mr WEBSTER - Nurse-led models of care identifying priority services, we have actually identified with paediatrics and cardiac, and we're working on that at the moment. In fact, I think paediatric CNC is in place. The writing on the screen is quite small. Expanding their lower back pain assessment service across the state. We're a bit behind with that, but we note that the - we're working with a specialist group on the model of care and there is funding in the State Budget for that to be established from 1 July. E-referrals, that's again, we've done that one. Stage 2 of the Central Administration Hub is done.

Introducing early intervention Allied Health models of care for musculoskeletal conditions, we're slightly behind on that but it is funded in the State Budget to be commenced from 1 July. E referrals at the RHH, as I've said, we've just done that. Reducing the number of people not attending appointments to no more than 6 per cent. I'm pleased to say that we're well on track for that. In fact, in Launceston, when we first put in knee referral, we eventually got that down to under the 6 per cent.

Ms LOVELL - That's good.

Mr WEBSTER - We're under the 6 per cent now in the north-west, and the south, we're getting there. Stage 1 of the Digital Outpatients Management Service introduced, which is due this month. We're slightly behind on that, that's an IT project, but we're confident that that will be in by the end of the month.

The new to review appointment benchmark being established, we're still working our way through that. All patients added to the waitlist before 2019 will have been seen by end of June 2023. We have not achieved that, and in fact quite behind on that, but we're working to achieve that over the next period. That's it. That's where we've got to.

Ms LOVELL - Thank you. Can I ask a question about the introduced GPs with special interests into outpatient service delivery? Can you just talk through what that looks like in reality and where that's happening, and if there's particularly specialties that that's impacting on?

Mr ROCKLIFF - This is the recruitment of GPs with a specific interest who'll work alongside specialists. Is that right?

Mr LAWLER - Indeed. Through you, minister. GPs with special interests are specialists in general practice, whether they're trained through the Royal Australian College of General Practitioners or the Australian College of Rural and Remote Medicine. They're GPs who have a special area of practice, and this can be any number of things, and it can be mental health, paediatrics or child health, women's health, mental health, palliative care, and they worked on a fixed term practical basis within specified outpatient clinics, and are employed under the Specialist Medical Practitioner Award, as other specialists are within the public health system. It may include anything from consultation with patients, procedural tasks and interventions, and other tasks that are specified within the scope of practice.

The intention of this project is to improve access and reduce waiting times throughout patient services, improve discharge rates from clinics - so those patients who receive the full extent of care and don't need to reattend - streamline care to the most appropriate clinician, and also, obviously, will carry with it associated benefits for the development of skills within the team and more effective cross-specialist collaboration between GP and non-GP specialists. There have been expressions of interest received by the specialist outpatient clinics within the THS, and the first group of participating clinics have been endorsed. So a selection process is underway currently, is my understanding.

Mr ROCKLIFF - Part of what we're also doing in this area is digitisation of appointments information, making it easier to communicate with our patients and for them to communicate with us. That's about also trying to -

CHAIR - Sending text messages?

Mr ROCKLIFF - Reduce the number of did not attends, which presents some challenges. We estimate that 30 June this year, the do not attends will probably be to the order of 43 000 people, based on current projections, I'm advised. Last year it was close to - 2021-22, it was close to 47 000 did not attends, and so -

CHAIR - 2020-21 was 42 038, so it's actually gone up and then started to come back down again.

Mr ROCKLIFF - Yes. That's right. My figures here are for do not attends for 2021, which may well have been adjusted, of 43 147. 46 152, 2021-22, and current to date is 32 126. If we get that system right, then we confer another place for someone to come in.

Mr WEBSTER - Through you, minister. Part of that is if we get late cancellations of appointments, we now have, through our Central Hub, having a group that works later that actually tries to fill those appointments on the next day.

CHAIR - Okay. Yes.

Ms LOVELL - Do you have data, minister, on the number of people taken off the waitlist, or removed from the waitlist for various reasons for outpatients?

Mr ROCKLIFF - We had a part of the outpatient transformation program was contacting everyone to ensure that we had all - and it is part of the program. I'll see if we can get some information how we went there.

Ms MORGAN-WICKS - We do have outpatient appointment postponement reasons, and I was checking with my colleague as to whether we have a table with the outcomes of the audit. So we do run regular clinical audits of the outpatients list and communicate with the patients who are on the list to determine whether they are still experiencing the medical concern and wish to remain on the list, or whether we are able to offer them an alternate to the outpatient list.

Ms LOVELL - How often is that done?

Mr WEBBER - Through you, minister. What we are doing is that is now a constant process of our central outpatients' hub. So it is a catch-up process, and whilst I don't have the specific figure, last time I looked at it, it was more than 14 000 people have been removed from the list through that process of audit. They sought alternative treatments, those sorts of things that have occurred, but that was a look back all the way to - I think it was about 2012 was the oldest. So it was a fairly extensive exercise.

Now, what we do is once someone has been on the list for six months, they are audited, and then they are audited regularly after that. That is an ongoing process around our new central outpatients' hub, so that the list stays, if you like, pure with those that actually need the treatment rather than people that have probably dropped off it because of other concerns.

Ms LOVELL - How long ago did that process start, the six month -

Mr WEBBER - Through you, minister. The six months started in February this year, but prior to that we were working through the older lists, so we had been going since April last year in terms of those audits.

Ms LOVELL - A huge job. Okay, thank you, Chair.

CHAIR - Just on that, too, are hard copy notices regarding outpatient appointments still routinely used or do you rely on email verification?

Mr ROCKLIFF - In terms of communications?

CHAIR - To communicate with patients.

Mr WEBBER - Through you?

Mr ROCKLIFF - Yes.

Mr WEBBER - Not routinely, but they are used.

CHAIR - Yes, I accept they have to be used. But the default is electronic?

Mr WEBBER - That's right. Through you, minister.

CHAIR - Yes. Getting into the 21st century, that's good. So are fax referrals still happening at all?

Mr WEBBER - Through you, minister. There are some still being used. We have rolled the referral across the state now, and we have been in discussions with both Primary Health Tasmania to pre- and condition general practice, but we have also met with the AMA because there will be a date yet to be set within the next few months where we will stop receiving fax referrals and it must come through the referral system.

CHAIR - If I can get my prescription on my phone I'm pretty sure we can manage these referrals. Mike?

Mr GAFFNEY - I notice this cover is arranged with central services including pain services. Premier you opened a conference last year of the Australian Pain Society, and I think the member for Murchison actually spoke at it.

CHAIR - I spoke at it and got a wonderful feedback from one of these experts from the UK.

Mr GAFFNEY - Yes, that's too much information.

Mr ROCKLIFF - Congratulations, Chair.

Mr GAFFNEY - Yes, well done, Chair. I was just wondering what's happened with the Tasmanian Pain Management Strategy. There is a considerable amount of work and consultation done that went into developing it, and it seems to have fallen from view. I am just wondering is there funding to support the delivery of its priorities and who is responsible for furthering the strategy.

Mr ROCKLIFF - Sure. It is part of this budget, indeed, the Pain Management Services, which I can speak to. I mentioned it - yes. To ensure we can continue to implement our patient transformation strategy an investment of $20 million over two years. This funding ruleset implementation of a nurse-led clinics to - so those who have been waiting the longest can access services as soon as possible.

It also addresses known service gaps and increase access to evidence-based musculoskeletal pathways and introduce new pain and rheumatology services as well as help develop and implement alternative healthcare pathways. Establishment of a public pain, Persistent Pain Management Service in the north and north west will be a priority area under Tasmania's budget commitment, transforming public outpatient to musculoskeletal and pain services, as I have said. This service will provide robust assistant pain services for the whole north and north west region, which is a matter that has been raised.

Mr GAFFNEY - My question there would be: Is there a Pain Service Coordinator yet identified? How many staff are involved in this full-time or part-time.

Mr ROCKLIFF - Thank you, good question.

Mr WEBBER - Through you, minister. So the funding in the state budget for outpatients is $10 million a year. The split of that that is for the Pain Service is $3 million a year. As you have said, we have got the strategy in place and now we are going about employing the lead for that based on the funding that has been achieved in this year's state budget.

Mr GAFFNEY - Is no Pain Services Coordinator as yet?

Ms MORGAN-WICKS - Through the minister. So the Executive Director of Allied Health has carriage of this and it is currently being transferred to the Musculoskeletal and Pain Clinical Network. So they are working through that at the moment.

Mr GAFFNEY - So I want to know, when you say 'they have been working through that at the moment', this same question was asked in 2018 or 2019, I think.

Ms MORGAN-WICKS - So through the minister, the Department of Health approved a pain strategy in the second half of 2022. It formed a budget submission, and we received budget funding in this budget for next financial year. So we are currently working through with the allocation of funds in terms of the appointment of positions.

Mr GAFFNEY - Okay. When can we expect the services to be - I mean, for it to be implemented in the north and north west, for example? Is there a timeline or?

Mr WEBBER - Through you, minister. So the network is in place and we will be going out to advertise for the clinicians for this service almost immediately.

Mr GAFFNEY - Good.

Mr WEBBER - So we would be - we are expecting, through that recruitment process, that we will start appointing clinicians in the first half of 2023-24, in a funded service.

Mr GAFFNEY - Okay. You mentioned the north west and the north. They'll be based there, or it could be a state-wide service? How does that work?

Mr WEBBER - Through you, minister. So we will have some clinicians based in the north and northwest. It may be that we - it is a state-wide service, if you like. So we will draw on resources from across - but there will need to be clinicians based in the north and northwest.

Mr GAFFNEY - I am assuming that if it is a $3 million funding to get it up and running, that that would be ongoing funding? Or would it be - so it's just not a two year grab and then it falls away, it would be expected to continue?

Mr WEBBER - There is two years funded in the state budget, but that is part of making sure that we pilot all of these outpatient strategies that we have got, we hope are ongoing. I should also say there is actually TAZREACH funding for this as well, so federal funding particularly for the north west and that has been in place now for some period of time. The other thing I would say is that this will attract activity-based funding, so there is $3 million of state funding, but there will be additional funding from the Commonwealth.

Mr GAFFNEY - That's very good to hear. Okay, thank you.

Output Group 2 - Health Services
2.3 Emergency Department Services

CHAIR - By the time, particularly, we might move to 2.3 Emergency Departments.

Ms LOVELL - Thank you, Chair. Minister, how many patients waited in the emergency department longer than 24 hours this year at each hospital? Do you have a breakdown, in particular for mental health patients?

Mr ROCKLIFF - We're seeking that information. Of course, our new initiative, which has previously been called PACER in the south, is reducing the number of mental health patients having to attend the ED.

CHAIR - What's it called now?

Ms LOVELL - Is it not called PACER anymore?

Mr ROCKLIFF - It's called -

Mr WEBSTER - Through you, minister. It has always been called Mental Health Emergency Co-Response. But in the south, because police, ambulance, and clinicians attended, we picked up the name PACER.

CHAIR - It sounds much more fancy.

Mr WEBSTER - But the program is, in fact, Mental Health Emergency Co-Response, because in non-urban areas -

Ms LOVELL - Can I ask then, does that mean it operates differently in other - in the north and the North West than it does in the south? Will it be the same?

Mr ROCKLIFF - Yes. Can I talk about how great it is first?

CHAIR - Just for a short time. Briefly, yes.

Mr ROCKLIFF - I think there's been around 1800 people that have been supported through PACER, and of that, 76 per cent of 1800 people have not had to attend an emergency department, which, as you would agree, is not the place for people with serious mental illness, to be in an emergency department. Now, PACER was first trialled in the south, which obviously proved effective. But when we went up to the North West, and the lineal development that it is, there needed to be some adjustment to how the model worked and its aim to the region. So the investment is the same, the system is the same, and the objective is the same. It just works a little differently.

CHAIR - Definitely up our way, Premier.

Ms LOVELL - Agreed.

Mr ROCKLIFF - Because of the decentralised nature of the north west coast. Is that right, Dale?

Mr WEBSTER - That's absolutely correct. Through you, minister. To explain that, the co-response may in fact, in the north west coast, be a paramedic with a police officer, or it might be a police officer with a clinician, or might be a clinician with a paramedic. So it will vary, or might just be a clinician. But incredibly important is, because of the dispersed nature of the population in the north west, we'll actually be putting clinical educator resources within TasPol to upskill a broader number of officers to allow us to respond in a more appropriate way, if you like. Whereas the PACER model works where you've got a large number of population within a car's distance of the home base.

So it works in Hobart. It doesn't work across the coast. So, as the minister said, the lineal nature, dispersed nature means we need to make sure that we can respond with more than just one team at a time. So we'll train up lots of people and then put together a co-response based on the need.

Ms LOVELL - Can I ask then; what level of training will be provided to the police officers, in particular? Correct me if I'm wrong, but I thought the point of this PACER model was that there would be a mental health professional attending, not a police officer necessarily, or a paramedic, but someone with mental health training specifically.

Mr WEBSTER - Through you, minister. So there will still be a clinician there, but they may actually be at the other end of iPad, for instance.

Ms LOVELL - Okay.

Mr WEBSTER - The idea is to make sure that we can actually serve that whole population, because if the team is sitting around without the population, it doesn't work. It may be the clinician will decide about needing police, and so they want people that got a bit more knowledge than current, which is why we're having the clinical educator embedded. It will also mean that we've got - we're using the Secondary Triage program with Ambulance Tasmania.

Ms LOVELL - Yes.

Mr WEBSTER - Actually having mental health clinicians sitting within the Secondary Triage who could be on-call to those paramedics and police that are responding so that get that clinical input, if we can't get a clinician there.

Ms LOVELL - Is that just in the north west, or is that, the Secondary Triage part, is that happening across the state?

Mr ROCKLIFF - It's going to the north.

Mr WEBSTER - Through you, minister. Yes, it's going to the north, as the minister said. But that Secondary Triage will then be able to be used outside of Hobart, effectively.

Ms LOVELL - Yes.

Mr WEBSTER - So PACER doesn't go to Tasman Peninsula, for instance.

Ms LOVELL - Okay.

Mr WEBSTER - So this model will actually improve service delivery outside of Hobart by having that expertise available to anywhere outside of Hobart.

Ms LOVELL - Thank you.

Mr GAFFNEY - Following on from that, Chair, or have you got another on that one?

CHAIR - No, but we've kind gone on a tangent from the original question. But is it about PACER?

Mr GAFFNEY - Yes.

CHAIR - Yes.

Mr GAFFNEY - Just on that, it looks as though the funding is only for - unless I've read it wrong - it looks like the funding is for 2024-25 investments, but there's nothing beyond that.

CHAIR - You might have to look it up there.

Mr GAFFNEY - Yes. I looked at the thing and I thought it just has it for 20 up to 25, and then there's nothing in the forward estimates; is that correct?

Mr WEBSTER - Through you, minister. No. The southern basis is fully funded ongoing, and the north west is in a pilot phase to make sure we've got the right model.

Mr GAFFNEY - I'm looking on table 4.1 on page 67. Is that correct, or am I on the wrong table? I'm pleased it is going to be ongoing. I just want to see where the money is.

Mr WEBSTER - The heading - through you, minister, sorry.

Mr GAFFNEY - I just want to know where the funding is then.

Mr WEBSTER - Through you, minister. Are you referring to the mental health integration reform?

Mr GAFFNEY - That was where I was thinking.

Mr WEBSTER - Through you, minister. There is also a line several up enabling high quality mental health reforms.

Mr GAFFNEY - I should have guessed.

Mr WEBSTER - That's also in last year's budget, the ongoing funding for the southern. It was actually in last year's budget. It becomes part of that.

Mr GAFFNEY - Yes. Sorry, rookie mistake. Thank you.

CHAIR - Just on the clinical educator position, will there be one for the north and one for the north west, or are we talking the same person doing both?

Mr WEBSTER - Through you, minister. The next pilot is the north west, so that clinical educator will be north west based, and we haven't started the pilot for the north as yet.

Mr ROCKLIFF - Sarah, I've got some answers to your questions here.

Ms LOVELL - Thank you.

Mr ROCKLIFF - So the percentage of ED presentations seen within the clinical recommended timeframe is - sorry. July to April is 52.4 per cent. The medium time waited in minutes - that's all categories 1 to 5 - is 30minutes. That's July to April figures as well. The ED presentations with a length of stay of more than 24 hours state-wide is 5886.

Ms LOVELL - 5886. Sorry, was that patients?

Mr ROCKLIFF - Presentations.

Ms LOVELL - Presentations. Yes, okay.

Mr ROCKLIFF - The July to April figures of the ED presentations in total is 144 126.

Ms LOVELL - Can I clarify the median time waited of 30 minutes? Is that the time from triage to when they're treated, admitted or treated, or is that -

Mr ROCKLIFF - When does the clock start.

Ms LOVELL - Yes, when does the clock start and when does the clock finish? I know ED can be a little confusing, I think, for people with that.

Mr LAWLER - Thanks, through you, minister. Wait times in the emergency department are for those waiting for - so we have two markers for how long somebody's in the emergency department. It's waiting to be seen and length of stay. They both start at triage and the first entry into the system is triage which is a clinical decision around urgency. That's followed up by kind of clerical registration, so all of those times are starting from triage whether a patient presents by ambulance or ambulant.

Ms LOVELL - So the median time waited 30 minutes starts at triage. Waited for what? What's the end?

Mr LAWLER - So, through you, minister, it will be seen by a doctor or by another health professional working within an approved departmental protocol. So it may be a nurse practitioner. It may be a nurse who's working under standard operating procedure but it's the first point of meaningful clinical contact that initiates treatment.

Ms LOVELL - And do you have a breakdown across the major hospitals in terms of emergency department registrars and vacancies. Well vacancies in particular more so than numbers.

Mr ROCKLIFF - Yes, we'll attempt to access that for you.

CHAIR - And while you're getting that, maybe if you could look at locums in our EDs.

Ms MORGAN-WICKS - Through the minister, so just to note our previous answer in relation to being able to achieve vacancy information. So we were able to previously, I noted, provide number of advertisements for specialist positions, for example. Yes, so whether it's FACEMS or ACCRMs in our emergency departments so that will be included.

CHAIR - They'll be included in that answer.

Ms MORGAN-WICKS - But that's different to registrars, obviously, so Tony might - Professor Lawler?

Mr LAWLER - Indeed. Through you, minister, the staffing profile of emergency departments does differ across the state and one of the differences and variations is the extent to which non-FACEM or non-emergency GP specialists are utilised, and these will often be specialist GPs who are trained through the RACGP or ACCRM, particularly those who are embarking or have gone through the rural generalist program and have particularly a special area of interest. They won't show up as registrars because they're not actually training towards a specialist qualification in emergency medicine but they are a valued element of the work force.

CHAIR - Have you got the rural generalists anywhere outside the Mersey at the moment? I think they were just there.

Mr LAWLER - Through you, minister, so we have a rural generalist training program as well as rural generalist and there has been a really positive uptake of that. My understanding is that there is at least a rotation of rural generalist trainees to Launceston to obtain invaluable anaesthetic experience which is obviously something that's absolutely king in a rural setting.

CHAIR - Do they rotate through the North West Regional Hospital as well?

Mr LAWLER - Through you, minister, I'd probably have to clarify that for the Chair.

Ms LOVELL - I did have one thing. Sorry, the length of stay in the ED over 24 hours. You gave me the number. Do you have a breakdown of mental health patients in that number?

Mr ROCKLIFF - Not the present numbers, no.

Ms LOVELL - Are you able to get that?

Mr ROCKLIFF - Would that be possible?

Ms LOVELL - I think we've had it in previous years.

Mr ROCKLIFF - We can attempt. We're not certain that that is possible.

Ms LOVELL - We can start there. Thank you. Chair, that's all I have.

CHAIR - I just wondered whether you could provide a breakdown of the worker's compensation claims by physical and psychological injuries in our Eds.

Mr ROCKLIFF - In our EDs. Workers compensation.

CHAIR - Yes, physical and psychological injuries.

Mr ROCKLIFF - Well, we have broader worker's compensation data, Chair. Not able to say at this stage specific to Eds, unless I'm advised otherwise. I mean, I've got all workers compensation claims for the Department of Health as at 31 March this year. Both physical claims and psychological claims. So physical claims 360 and psychological claims 84, bringing total claims to 444, and workers compensation claims have decreased by 10 per cent for the Department of Health in the period from 1 July 2022 to 31 March 2023, inclusive of the

Tasmanian Health Service and Ambulance Tasmania compared to the same period last year and that would align with the figures that I have with me as well.

CHAIR - That's positive news.

Mr ROCKLIFF - And I know that we're implementing work health and safety initiatives to improve mental health, sorry improve mental wellbeing and safer workplace practices, and we've got our wellbeing strategy, including a critical incident response protocol, implementation of trauma informed practices in claims and injury management, providing on site employee assistance programs, support immediately following critical events, implementing wellbeing initiatives to support the staff affected from the Commission of Inquiry and introduction of new education around aggression management, specifically for the Department of Health. Commencement of a review into department's work, health safety and management system and implementation of an action plan to ensure compliance with managing psychosocial hazards code of practice introduced January 2023.

CHAIR - If I can just refer briefly to the shocking incident at the North West Regional Hospital ED. I think we're all aware of what I'm talking about there. I understand that there would be an investigation of that matter. It may still be live, and so I don't wish to impinge on anything there, but have any particular matters been identified that would make the staff in that ED feel safer, working generally there? And how are you supporting the staff member that was injured? But the amazing job that the staff in the hospital did. I absolutely commend them for their work in saving that man's life, which is what they did. But how are we supporting those staff who were deeply traumatised by the event?

Mr ROCKLIFF - Thank you. And the man in question you're referring to is recovering well after a wounding incident outside the emergency department at the North West Regional Hospital on 9 April this year. The North West Regional Hospital handled the incident exceptionally well, as you mentioned, and like you, I want to thank everyone involved from the doctors, the nurses and the radiographers that initiated or supported immediate lifesaving measures for the injured staff member, to the medical orderlies, administration staff, police, security staff and executives who managed the hospital lockdown and liaised with Tasmania police while the alleged perpetrator was at large.

Supporting staff wellbeing has been, of course, a priority following this incident. That's included debriefs for mental health service colleagues, on-site, psychological debrief, on-site support from the employee assistance program. And can I say as well that along with senior leaders from the Department of Health, I've met with representatives of HACSU, the AMF and AMA, in fact, on Thursday, 20 April to discuss staff safety and security in hospitals and our health system. We've committed to working with unions and staff to develop a 10-point plan to end violence and aggression against Tasmanian healthcare workers, and that's similar to the Victorian 10-point plan.

CHAIR - Have you got the details of that that you can share with the committee.

Mr ROCKLIFF - Yes, we have. We've got the Victorian version of the 10-point plan here but we're also tailoring it Tasmania's circumstances and indeed input from staff and unions as well to ensure that it aligns with Tasmania and fortnightly meetings Department of Health and unions have been commenced to progress the work around this matter and others.

Yes, and we're clearly reviewing existing security and safety protocols across the state, including the current security officer model and resources which will include expert advice from Jeff Smith, the former Tasmanian Police Commander. We're also determining if any capital improvements or modifications are required. We're reviewing training and induction provided to staff, reviewing previous incidents of patient to question captured in the incident management system. We're meeting with unions, as I say, and other key stakeholders to seek feedback on improvements to then consult with staff, and these reviews and investigations, as I say, were informed of the 10-point plan to end violence and aggression towards healthcare workers across all Tasmanian healthcare settings.

CHAIR - This may be including the 10-point plan in some of the things you mentioned there, Premier, but is it intended that all staff who work particularly in the ED who [inaudible] quite know what they're going to get through the door, will be trained in de-escalation and mechanisms like that to actually identify where a hazard may present. Is that part of it?

Mr WEBSTER - Through you, minister. Yes. Our occupational violence and aggression training with the - it has been rolling out. In fact, we've been doing that for a series of years, and we'll continue to do that, and it's really important. This unfortunate incident emphasises to us the need to actually keep people fresh in that knowledge. The critical thing is that part of the review, we'll have another look at it and make sure it's fit for purpose, but we're also doing some employing patient safety officers at the North West Regional. That advertisement's gone out. They're additional hospital attendants which is what orderlies are called in the north west, but will get specific training in occupational violence and aggression and their home base, if you like, will be the ED's, that we have additional staffing cohort there.

We have done an initial scope of the space, and we're progressing urgently additional CCTV inside the ED that gives us line of sights into, you know, corridors and things like that. We're working very closely with the Australian College of Emergency Management as well. Professor Lawler and I, two weeks ago, to work through some of their ideas and to make sure that we were communicating with them, and we've also need to communicate with, you know, all of the staff. So nursing, orderlies, etc. and make sure they're having input, and our reviewer will actually talk to all of them, but also be looking at the other hospitals, not just the North West Regional.

Ms LOVELL - Can I ask a follow-up on that? I'm pleased to hear there's significant work being done around this now, and particularly in terms of an investigation. Was this matter referred to WorkSafe when it happened? And if not, why not?

Mr ROCKLIFF - I'm advised that a critical incident review is underway, and including the security audit and Work Health and Safety audit. I am advised that WorkSafe was fully involved in looking at the matter. They are following the process of assessment under their legislation, includes visiting the site. They have also served a notice from the Department of Health to produce documents. I'm advised that the Department of Health's Work Health and Safety team have also been onsite at the North west Regional Hospital to progress the safety inspection and the associated risk assessment.

Ms MORGAN-WICKS - Through you, minister, WorkSafe were advised and notified the evening of the event.

CHAIR - Okay. We might move on, then, to 2.4 -

Mr LAWLER - Sorry. Through you, minister, I have the information that you sought, Chair, on the rural generalist. Sorry.

CHAIR - Yes, all good.

Mr LAWLER - Indeed, there is not only training provided to rural generalist trainees across the north and north west, but across the state, in fact. Trainees rotate to the North West Regional Hospital for obstetrics and gynaecology, paediatrics, pain medicine, and ED. They also undertake, as I have mentioned, a supportive anaesthetic rotations at Launceston so that when they obtain their fellowships, they're actually able to work within the ED at the Mersey. They also work in community settings, including in Swansea and Dover. So they're working across the state, and I think it's potentially worth noting that the program has grown from six trainees in 2018 and 2019 to now 57 trainees in 2023, and is part of the overall strategy of growing our own rural general practice workforce. Thank you, minister.

Mr ROCKLIFF - Thanks, professor.

Output Group 2 - Health Services

2.4 Community Health Services

CHAIR - We'll go to 2.4 Community Health Services.

Mr DUIGAN - Thanks very much, Chair. Minister, the COVID pandemic obviously caused a huge disruption not only to the community, but massive strain on our health service. But there were learnings to be taken from that in terms of delivering healthcare in non-traditional settings, and you've already touched a little bit on the COVID@homeplus service. I wonder if you could perhaps expand on that, and if there are indeed ways where the learnings from that program can be expanded into other areas.

Mr ROCKLIFF - Yes. Thanks, Honourable Member, and there's been innovations through that time, of course. The silver lining with many respects to innovation in healthcare as a result of COVID, and COVID@homeplus, to your question, helps us manage the demand on the hospital system by providing a safe and effective in-home virtual healthcare for people with COVID -19 and indeed, other respiratory illnesses as well.

As of 31 March, I'm advised that there've been 35 279 enrolments in the COVID@homeplus program, with 116 people who are currently enrolled in the service on that date. The service is designed to support people who have been diagnosed with COVID-19, influenza, or influenza-like illness, to be safely cared for in their own homes. COVID@homeplus is a virtual service provided by the Tasmanian Health Service, staffed by a multi-disciplinary team of nurses, doctors, and Allied Health professionals. The model of care centred around a virtual health model, providing state-wide support and with ability to escalate care if necessary. The service is designed to be easily accessible to the Tasmanian community. When someone is diagnosed with COVID-19, they are initially contacted by public health, and then any patient who wishes to opt in to COVID@homeplus is assessed to be safe for inclusion by the COVID@homeplus team.

Of course, the service has expanded enrolment to include vulnerable people with other respiratory illnesses such as influenza. Patients are monitored using the MyCareManager system, which consists of a phone unit, thermometer, and oxygen meter. The daily observations are automatically transmitted and monitored by the COVID@homeplus team. I'm advised that people who are enrolled in COVID@homeplus are five times less likely to attend emergency departments than those with acute respiratory illness who are not enrolled. Of course, I commend all those involved in the program for their contributions which, of course, allowing Tasmanians to be safely cared for in their own homes.

Now, we're investing some $41 million across two years to expand existing successful virtual care programs, such as COVID@homeplus, and develop specialised response teams to keep care in the community as long as possible. Virtual care support for specific conditions or types of patients will help to reduce unnecessary trips to hospital and can safely support earlier discharge from hospital to free up acute care beds. Use of home-based models of care, such as a hospital in the home, will aid the healthcare system's ability to cope with increased demand and provide accessibility to services, flexibility, and choice for patients, families, and clinicians.

I commend all those involved in the COVID@homeplus system, and indeed, the innovation that supported so many people through what was a huge disruption and a challenging time for many people at the height of the pandemic and continues to be.

CHAIR - Just on that one, on that COVID@homeplus, one of the things that's obviously maybe a barrier to that is digital literacy in terms of being able to use a phone, use the devices. Is that proving to be a barrier? And if it is, how are you overcoming that, or are these people just having to end up in hospital rather than access those services at home?

Ms MORGAN-WICKS - Through the minister, we were well aware, in terms of the formation of the model of care for COVID@homeplus that digital literacy was an issue that we would need to monitor and work with patients in relation to. Certainly, we've continued to advertise a COVID@home phone number. So an 1800 number so that people are actually able to simply ring up and talk to someone over the phone so they can report, for example, their positive case and also receive advice from a clinician or, if it's in relation to the technology itself, be talked through how to turn the device on, how to record an observation with the device. If they're unable to actually, you know, use the device itself, whether they can be phoned to provide the observations over the phone.

CHAIR - Thanks, Nick.

Mr DUIGAN - Thanks, Chair. Away from virtual care to GP care and, you know, we're hearing that access to GPs is increasingly difficult, and one of the issues feeding into that is the notion that medical graduates, or fewer medical graduates are choosing to train as GPs. I'm just wondering, minister, if you could give us some insight as to what the government's doing around some partnerships to address the GP training and employment models here in the state.

Mr ROCKLIFF - Yes, and you're right, there was a time when 50 per cent of medical graduates, which wasn't that long ago, probably a decade or so ago.

Mr LAWLER - Through you, minister. It was when I graduated, so it wasn't long ago at all.

CHAIR - No, just a few years ago. My, things have deteriorated since then.

Mr ROCKLIFF - Fifty per cent of medical graduates went into GP practice and now it's around 14 per cent, is the latest figures that I have, which highlights the problem within your question.

CHAIR - Some of them joined the health department.

Mr ROCKLIFF - Indeed. And I was pleased to announce in January this year, through the partnership with the Australian government, that Tasmania will trial an innovative new employment model for general practitioners in training. The trial of a single employer model for GP registrars including rural generalist trainees will make training in general practice more attractive and will go a long way to improving recruitment and retention of GPs in rural communities.

Now, under the trial model, doctors training to specialise in rural medicine will have the choice of being employed by the Tasmanian Health Service for their training, which will allow for a seamless transition throughout the hospital and community based GP training placements. By implementing a single employer model, GP trainees will be employed on a contract of up to four years, providing them with a similar salary and entitlements such as annual leave, sick leave and other benefits to doctors working in a hospital setting. So this is a $13 million agreement between the Australian government and, of course, support the Tasmanian government to become the employer of up to 20 GP registrars with rotations in community GP practices and the hospital system. An expression of interest process for GP practices has shown a high level of interest with 32 practices submitting application.

And this announcement has been welcomed by, obviously, stakeholders, with the AMA National President, Professor Steve Robson, saying that we are extremely heartened to see both the Tasmanian and federal governments moving to pilot this model. The RACGP President, Dr Nicole Higgins, said that the trial is a step forward, that they're improving access to GPs for rural communities. And Dr Higgins also noted that the evidence shows that GPs who experience quality training in rural areas are significantly more likely to stay there and serve those communities.

We anticipate the first participants in the single employer model will commence placements in July 2023 and the trial complements the work we are doing to improve primary care access in Tasmania including our Community Rapid Response Service, our GP After Hours Support Initiative, our new Rural Medical Workforce Centre, community paramedics and Mental Health Hospital in the Home services. Thank you for the question.

CHAIR - So ACRRM, people doing their training through ACRRM, the Australian College of Rural and Remote Medicine, are they also able to participate in this?

Mr ROCKLIFF - ACRRM. Yes, Tony.

Mr LAWLER - Yes, so absolutely - through you, minister - they are, both RACGP and ACRRM trainees. As the minister's highlighted, there's been a significant drop and that combined with the significantly aging GP population as well. There are a number of reasons

why people aren't going into general practice training. Remuneration is one of those. There's also the challenges and processes around Medicare.

There's the fact that training requirements mean that you have to move between one employer and another, and as the Premier's highlighted, the retention of benefits and leave, such as parental leave, particularly at the time when registrars are needing to take that leave is important. And also the professional relationship between specialists and non-GP specialists often has registrars and GPs feeling almost like the flotsam of the profession, and so that means that they feel somewhat left adrift. The process that we will be following under the single employer model will actually bring general practitioner registrars and GPs into the fold, and have them -

CHAIR - You're singing to the choir here.

Mr LAWLER - I'm sorry, I know, you mentioned where the idea came from.

CHAIR - Yes.

Mr LAWLER - But as the minister's highlighted, this has been almost universally supported by the AMA and also by the RACGP., and in fact, was discussed as a potential option and highlighted at the RACGP summit at old parliament house in Canberra last year and has been welcomed roundly.

CHAIR - Obviously it was one of the recommendations of the rural health inquiry too. Yes, it was identified. Did you have anything on this Output group?

Mr DUIGAN - Yes, I do, just given Tasmania's disbursed population and, you know, I have some experience of this having grown up on Flinders Island. You know, sometimes there are circumstances where people need to travel to access the specialist services they do need and I'm wondering if you could provide some detail about what the government is doing in terms of assisting patients who need to travel.

Mr ROCKLIFF - Yes, I appreciate that, Mr Duigan, and your connection to Flinders Island of course, and we reviewed the Patient Travel Assistance Scheme a couple of years ago probably, we started reviewing that. And of course, as you've identified, Tasmania's population can pose a challenge when developing health services to cater for everyone. Now while the key theme behind government's long-term plan for healthcare is delivering more care within the community, sometimes, especially for specialty services, that's not always possible or safe and the PTAS scheme, or Patient Travel Assistance Scheme, is important. It provides people with the support they need to access the services that they need if they are not available within their local area.

Now prior to last year, there'd been no significant changes to PTAS for a number of years so, of course, it was timely for a review, as I mentioned, to ensure the scheme continues to operate as effectively and efficiently as possible, ensuring it provides maximum benefit to Tasmanians. The review was undertaken. It had 35 recommendations. The Department of Health have begun implementing these and some of which are already in place. And they include eligible concession card holders no longer pay the patient contribution rate, which was $16.50; patients can claim a higher subsidy for their travel in private vehicles and for accommodation both in Tasmania and interstate.

In the coming months, more changes will come into effect including additional information on PTAS as well as the ability to access upfront subsidy payments and thereby reducing out of pocket expenses. Importantly, there are new arrangements for Tasmanians living in the most remote areas of our state, residents of King Island, the Furneaux Group Islands, will have more chose of where to travel to access treatment and more support to access healthcare services not available locally. And that was one of the key changes, I think, that you've applicated for previously in terms of accessing services off-island, or out of Tasmania, and our government, of course, is committed in that means by ensuring Tasmanians have the right care in the right place at the right time. So some significant improvements in the PTAS scheme as a result of the review and the 35 recommendations being implement. Thank you for the question.

Mr DUIGAN - Thank you.

CHAIR - We're due to break but first we've going to mental health after this, but we've got a few more here so we'll try and not scoot through all them now but we'll try and get through a few more after we have morning tea but, just in terms of the occupancy rate for our community hospitals, like, the rural hospitals, have you got a tabular form of that you could provide with the current occupancy rates, because we got that last year and we can certainly compare it.

Mr ROCKLIFF - Yes.

CHAIR - The last year's figures were to 2 April 2022.

Mr ROCKLIFF - All right, well, we'll -

CHAIR - Maybe you could have a look for that over the - we can just go to a couple of other questions while that's being looked for. I understand that, certainly at Smithton, there may be other hospitals where after hours GP services are - or GP services are contracted by the state. At Smithton we have Ochre providing the general practice services there, but there is a contract with the state to provide services to the Smithton District Hospital. When the GP is on call to cover the hospital, what is the expectation for the State in relation to their responsiveness to patient care? Does it have to be patients who are in hospital or can it be someone calls the hospital for assistance? Are they expected to be available to deliver that care, as part of the contract, the contracted arrangements?

Mr ROCKLIFF - I might seek some advice on that matter.

Mr LAWLER - Sorry, through you, minister. So district hospitals provide a range of services, including emergency first response, which would involve the provision of general practice care on an emergency basis. And then if the patient is treated and discharged it is managed, as I understand, as a general practice attendance. If they are admitted then obviously they are managed on that basis and then patients are often retrieved and transferred to higher levels of care if they require it. Those district hospitals also oversee community service in a local area and some do provide Australian government funded aged care beds.

By contrast, community health centres provide services for a range of clinical conditions, including pre- and post-acute treatment, wound management, chronic disease management,

palliative care home and personal care and health promotion services, along with a number of other clinic services. And then complementing those community health centres we have community mental heath nursing services. So there are arrangements within our district hospitals that provide emergency first response care to have both care provided to admitted inpatients under the Rural Medical Practitioners Agreement, and also first response care as required.

CHAIR - So first response care, does it have to be the person has turned up in the hospital after hours, or can it be in the community where they are expected to attend in the community. Like, in an aged care facility or in some other -

Mr LAWLER - Or through you, minister, under a kind of a - well, I expect that if it's in the community it would be on the basis of a relationship with the GP. So it would be like a home visit from a GP. Because we are talking about the staffing of such centres being by rural medical practitioners who are, for the most part, GPs or providing services within those centres.

Ms MORGAN-WICKS - Through the minister, noting that without the new funding for virtual care, that will also be looking to support services provided through our district hospitals and health centres through our state-wide virtual care team. But that will be a staged process in terms of rolling that out. Certainly with the initial stages to look at discharge support, either from our majors or through our district hospitals, but also aged care support.

CHAIR - Did you have the numbers to give us now, Premier?

Ms MORGAN-WICKS - So we have got the total, so we have got our list of hospitals, bed numbers and occupancy.

Mr ROCKLIFF - All right. So these figures, Chair, are 31 March 23. Beaconsfield: Beds, 4; occupancy to March 31, 110 per cent. Campbelltown: Beds, 6; occupancy 85 per cent. Deloraine: Beds, 20; occupancy, 54 per cent. Flinders Island: Beds, 5; occupancy 40 per cent. George Town: Beds, 15; occupancy, 40 per cent. Longford: Beds, 2; the figures haven't arrived yet, but there was 64 per cent occupancy in 21-22.

Scottsdale: 18 beds, occupancy 39 per cent. St Helens: 9 beds, occupancy 26 per cent. St Marys: 8 beds, occupancy 30 per cent. Health West, which is of course Queenstown: Beds, 9; occupancy 35 per cent. King Island: Beds, 5; occupancy, 43 per cent. Smithton District Hospital: Beds, 12; occupancy 35 per cent. The Huon Regional Care in Franklin -

CHAIR - Which is no longer.

Mr ROCKLIFF - No longer there, we had 26 per cent for those 9 beds they had last year, it is no longer. Esperance Multipurpose centre, they have three beds. That's of course at Dover. 64 per cent occupancy. May Shaw, Swansea: 3 beds, occupancy 66 per cent. Tasman MPS: Beds, 4; occupancy, 55 per cent. Midlands MPC, that's at Outlands: Occupancy, 87 per cent, there's 4 beds there. And in Norfolk Districts Hospital: Beds, 14; and occupancy 82 per cent.

CHAIR - Right. So when you compare with last year that's an increase in the majority of them, which is good to see they are being better utilised, perhaps. Well, we might have a

15-minute break and come and try to finish off the rest of these and move to mental health and cover that as well.

Mr ROCKLIFF - We're finishing off?

CHAIR - No, we've still got ambulance and others to go yet.

The Committee suspended from 4.06 p.m. to 4.22 p.m.

CHAIR - I just want to check with members if there's anything else in 2.4 that was really pressing. There are a few other questions I have, but I might put them on notice in a different format, different way. We'll move to 2.6 Ambulance Services.

Output Group 2 - Health Services

2.6 Ambulance Services

CHAIR - We'll go to Mike first on that.

Mr GAFFNEY - Thanks. Thank you, minister. It was good to see that 97 temporary jobs were made permanent and meet post COVID-19 demand. What has been the impact of those 97 permanent jobs on Ambulance Services, and is it sufficient, or is there still more Ambulance Service, more ambulance needed, personnel needed for FTEs.

CHAIR - Before you answer the question, I might just get youto introduce your staff around the table.

Mr ROCKLIFF - Yes. We have our Chief Executive of Ambulance Tasmania, Mr Jordan Emery at the table. We welcomed Jordan to the role of Chief Executive, that's a recent appointment, and I pay tribute to his predecessor, Joe Acker, of course, and welcome Jordan not only to the role, but also to the table.

The question of the 97 which were fixed-term contracts, if we can call it that, to paramedics, 97 hired through the COVID times have now been made permanent. The question around the demand, so the funding for the 97 positions is in this budget. It includes both paramedic and operational support roles with $56 million over four years allocated in the budget to fund these positions. So a significant investment.

Obviously AT has come in and is working closely with the Department of Health to permanently fill the positions. Ambulance Tasmania senior managers are currently meeting weekly to transition the paramedics from the positions from fixed-term to permanent employment and the transition of on-road paramedics and graduate paramedics who have recently attained their authority to practice as independent paramedic practitioners. The permanent has been progressed as a matter of priority. Of course, when it comes to future demand, as pertaining the question, we've released the ORH report yesterday. We've got a copy of that to table, if you'd like me to table that.

CHAIR - Yes, please.

Mr ROCKLIFF - We'll now consult on that report with the Ambulance Tasmania workplace. Mr Emery would like to talk through those matters, please.

Ms LOVELL - Can I just clarify a question?

CHAIR - Yes.

Ms LOVELL - Just before we move onto that. You mentioned there were paramedics who were interns who had achieved their authority to practice? And were being made permanent? I think there were 33 of those paramedics. Have they all been made permanent?

Mr ROCKLIFF - What I mentioned - Jordan.

Mr EMERY - Through you, minister. Thanks, Ms Lovell, and thanks Mr Gaffney. In relation to those 33, that was a point in time in November when we provided that data. We have paramedics or graduates move in and out of the graduate program throughout the year as they meet key milestones and graduate from the program. All of those paramedics, or a number of those paramedics have received permanency. Some of those paramedics are on fixed-term contracts. A small number of those, I believe four of the 33, one left midway through the program, and two left at the completion of their graduate program - sorry, three left at the completion of the graduate program. The remaining 29 are going through a series of either - sorry, one has been permanently appointed and the remaining 28 are going through a process of permanent appointment at the moment.

Ms LOVELL - And so all of them will be made, or are being offered permanent -

Mr EMERY - Subject to their acceptance for the position, Ms Lovell. Yes, that's correct.

Ms LOVELL - Thank you.

Mr GAFFNEY - My questions there would also be, have you found that you've got enough of the ambulance, the extra staff statewide coverage, or are they focused mainly in the city areas, or is there an area in the state where you find that its very hard to attract permanent staff?

Mr EMERY - Thanks, Mr Gaffney. The 97 positions comprise of 33 on-road paramedic positions in the north and north west region. 12 intensive care paramedics in the north west region. Nine community paramedic positions, three in the north, south, and north west regions. Three in each region. 17 operation supervisors and operation support managers in the north, south and north west regions. Eight special operations, emergency operation centre positions. Seven clinical service positions. Six flight paramedic training positions and four organisational support positions.

Mr GAFFNEY - One of the things we heard through the Health Inquiry, the Rural Health Inquiry was that in some professions, it's fairly pressured and it's a high turnover of staff, and one of the things is not losing that experience out of the health service. So I'm just wondering, those paramedics that may not wish to continue in that role, what sort of training, or what sort of support do they get to try and channel into another area within the profession?

Mr ROCKLIFF - Mr Emery or Mr Webster might like to answer that.

Mr EMERY - Thanks. Through you, minister. Mr Gaffney, Ambulance Tasmania enjoys a relatively low attrition rate compared to other jurisdictions. In the report on government services, the national average was 4.1 per cent in 2021-22. Ambulance Tasmania was 3.1 per cent, the highest being Northern Territory at 18.7 per cent, and the lowest being Queensland at 2.1 per cent in terms of attrition rate.

Specifically to your question about whether there are development opportunities for paramedics, we have a range of specialisations within the workforce. Community paramedic is one, the intensive care paramedic program is one. Of course, there are opportunities to move into leadership of educator roles. There are opportunities within our emergency management and special operations. So there are a range of areas for paramedics to diversify their careers, and particularly take time away from frontline operations in paramedic roles.

Mr GAFFNEY - Thank you. It's interesting you mentioned other states. Do we attract many people from other states to our service in Tasmania?

CHAIR - He's one.

Mr GAFFNEY - Exhibit A.

Mr EMERY - Through you, minister. We do, Mr Gaffney. We enjoy a number of paramedics relocating from other jurisdictions. In fact, today I welcomed 23 new graduates to Ambulance Tasmania. Some of those are individuals who've come down from Queensland Ambulance Service, and others who are from other states. It is actually interesting how many Queenslanders relocate to Tasmania.

CHAIR - We'll mark up their attrition rate.

Mr EMERY - We, on a regular basis, undertake recruitment of already qualified paramedics in other jurisdictions and regularly attract candidates from New South Wales, Queensland, South Australia, Victoria, et cetera.

Mr GAFFNEY -Well, I've got one more question and then I'll open it up to - because I know there's others. What tangential support is given to voluntary first responder services and not-for-profits when they work in this space to help them assist with the demand? Because I'm aware of the first response unit at Port Sorell and the one in Longford. I was going to call them - the first response unit Port Sorell, call them the 'frumps,' but they wouldn't have that back in 2006. But I thought it was quite good. What sort of support do you give those volunteer groups as they do a really important role within the service?

Mr EMERY - Through you, minister. Our volunteers are some of the most incredible people in this state, and just a few weeks back, the minister and I celebrated with some of our volunteers for National Volunteer Week. In particular, last year alone, they dedicated over 200 000 hours of service to the Tasmanian community, which is breath-taking and exceptional from my perspective. We have recently rolled out a significant expansion and improvement to their training package, including ensuring that we have regular paramedic educators delivering training to volunteers on a monthly basis to support their continued professional development in their roles.

That's from a clinical practice point of view, Mr Gaffney, but of course, on top of that, volunteers have available to them all of the wellbeing support that paramedics and other Ambulance Tasmania employees have to them through the wellbeing support unit that Ambulance Tasmania co-shares with the Department of Police, Fire, and Emergency Management. That includes access to peer support officers, of which there are 26 across the state. It includes access to wellbeing support officers, and our critical incident stress management experts, and a range of psychologists that can be connected confidentially through the wellbeing unit to support their wellbeing.

Mr GAFFNEY - Okay, thank you. Thanks, Chair. I'll leave it to other people.

Mr ROCKLIFF - I've got the Ambulance Tasmania final report ORH. So AT engaged ORH to conduct a 10-year review, and ORH themselves specialised in taking an evidence-based approach to forecast future demand rates for emergency services, such as Ambulance Tasmania. Today, I can table the final report. The modelling in the report was based on achieving a potential target median emergency response time of 10 minutes in urban areas and 15 minutes in rural areas over the next 10 years.

Work will now occur to understand from a process improvement, resourcing, and infrastructure perspective what would be required for Ambulance Tasmania to reach this target by 2031-32, and this is a journey that will take, of course, our AT staff with us, and as such, the department will be consulting employees and volunteers on whether this target is appropriate and achievable given the details that are found in the report.

The report proposes three primary mechanisms to improve response performance through until 2031-32, including process improvements such as activation times, mobilisation times, time on scene, time at hospital, and number of calls means through secondary triage. Furthermore, the report proposes four potential new locations under the heading of location optimisation, including Legana, Cygnet, Sandy Bay, and Snug. The final proposed recommendation is to further enhance frontline resourcing including through options such as expanded community paramedic positions and increased resourcing in identified geographic locations to respond to increasing demand over the next decade. I'll table the report now.

CHAIR - I was just looking at the recommendation in that, which you won't have time to look at the minute. You said for the suggestions that'd be 10-minute response time in urban areas or 15 in rural. Our rural response times are better than that already, so I do wonder whether we shouldn't be keeping the bar a bit higher. Anyway, I'm sure that's something that will be looked at as you go through that report. According to your only report on performance information, that is. I would hope that we wouldn't actually suggest that we can extend it. We're actually meeting times of 11, 11.1, 10.8 in Burnie. Devonport, 11, 10.8, 10.5 over the last few years. I think putting it at 15 minutes is probably not what the community want to hear, I'm just saying.

Mr ROCKLIFF - Yes. Anything further to that?

Mr EMERY - Yes, through you, minister.

Mr ROCKLIFF - Thank you.

Mr EMERY - Ms Forrest, thanks. We operated off a baseline in which we described six different areas, three urban, of which Burnie, Devonport would be incorporated into the urban areas of the north west. The current urban median emergency response time for those three regions are 10 minutes 30 seconds in the north west, 11 minutes 22 seconds in northern region, and 14 minutes 22 seconds in southern region.

CHAIR - It's a dual carriage highway between Burnie and Devonport.

Mr EMERY - In the rural areas, north west, 16 minutes 25. Northern is 18.38, and southern is 22.25. If I could just say that the report is very much future focused about how response performance is maintained over the next 10 years, and that's what we're working towards in terms of a target, should that be accepted.

CHAIR - Is it possible, then, to get response times by region or station even, down to that level of detail to better understand some of the response times in our more rural areas?

Mr EMERY - Yes. Through you, minister. We certainly can, Ms Forrest. That information is available to us. I can provide some of the median emergency response time for the major urban areas at the moment. But of course, we can further -

CHAIR - You could provide it all in the table.

Mr EMERY - Sure.

CHAIR - We'll put that on notice, probably just putting it unlikely to have it before we finish today. We'll do that.

Mr ROCKLIFF - Thank you. Mr Webster has an answer to the 24-hour mental health ED presentation question.

CHAIR - One from Sarah?

Ms MORGAN-WICKS - I'm just confirming some numbers in that.

CHAIR - Okay. We'll just hold for you on that one, then.

Ms MORGAN-WICKS - Sure.

CHAIR - We'll come back to it.

Ms MORGAN-WICKS - I will wait with bated breath.

CHAIR - Rather than having to correct it if it's not quite right.

Ms MORGAN-WICKS - Yes.

CHAIR - I assume that the ORH report looks at which stations may need to go from volunteer only stations to paramedic stations with single branch stations to double branch stations. Is that -

Mr ROCKLIFF - And new stations.

CHAIR - Yes, and new stations. I think you listed the new stations, but those that are going from volunteer to staff now, and staff ones to single branch to double branch. Have we got any indication of where that might be?

Mr EMERY - Through you, minister. Yes, Ms Forrest. The report does provide recommendations under the heading of resourcing enhancements that the minister touched on. We obviously want to consult further with the Health and Community Services Union and indeed, Ambulance Tasmania's workforce to understand what exactly that might look like. The report also talks about possible options in terms of community paramedics as an alternative in some locations, and so whether we accept that in the entirety or choose to increase partly the number of community paramedics and then - I don't like to call them ordinary paramedics, but ordinary paramedics as well might be part of the decision making that comes out of the consultation and 10-year master planning process.

CHAIR - How many community paramedics do we currently have in the state?

Mr EMERY - We operate nine. Three in each region.

CHAIR - All right. I'm sorry, you said that. Yes. This may be in the information we saw earlier about vacancies. Do we know how many current vacancies there are for all categories of the paramedic community, ICU, regular paramedic or whatever we call those people, in each region?

Mr ROCKLIFF - Vacancies?

CHAIR - Vacancies, yes. Unfilled vacancies at the moment. While we're looking for that, I might just ask how many permanent paramedics are currently employed and based at the Smithton station. There's two, so one on, one off, effectively.

Mr ROCKLIFF - Agree.

CHAIR - Yes. So you'd be aware, minister, from my adjournment contributions, that it seems we were having major problems in Circular Head, and on repeated occasions there are four and five-hour waits. Some family members are choosing to drive their loved ones through to Burnie, at risk to themselves. Being a stressed parent with a sick child in the back of the car is not ideal, particularly at night with the wildlife and all. So I'm just interested. If there's two paramedics down there, why are we experiencing such a challenge?

Mr ROCKLIFF - Well, of course, I'll just go over to Jordan in just a moment, but while - all callouts are triaged, and available resources allocated based on clinical urgency and in line with clinical governance rules. Of course we do our absolute best to support people in the community. We empathise of course with any patients who experience delays. Quite clearly there are clear policies and guidelines outlining the types of duties and responsibilities that can be undertaken by volunteers based on their level of training and experience and with patient safety as the absolute priority.

Our level one volunteer ambulance officers must be accompanied by a paramedic or a higher-level PAO except in approved specific circumstances and this is a matter of patient

safety. Smithton Ambulance Station is staffed by paramedics 24-hours-a-day and is currently supported by a number of level one volunteers only and of course as we've discussed already the asset that our volunteers are of course, and our volunteers are encouraged to develop their skills and progress to a higher level with training and education opportunities of course for those that are willing. But in terms of the challenges in Smithton more recently, Mr Emery can you speak to that please?

Mr EMERY - Thank you Minister and through you, Ms Forrest we do have some challenges around Smithton in the sense that on occasion we will have an ambulance attending to another emergency with that paramedic and a volunteer and a concurrent emergency incident will come through at the same time. The number of incidents in Smithton is relatively low. In May we only had 17 despatches for the full month so it's about, you know, one incident every two days and -

CHAIR - Must have been a bit of a flurry in the last little point there, because there's been several in this week.

Mr EMERY - Sometimes as I said that ambulance will be on its way to North West Regional. The specific challenge that the minister spoke to is correct in the sense that we focussed our recruitment efforts for volunteers in Smithton. We have nine volunteers at Smithton. They are level one volunteers and we don't ordinarily despatch level one volunteers because they are wonderful people but inexperienced and as a matter of patient safety we wouldn't routinely respond them by themselves or with another level one to those incidents.

CHAIR - So what level were the volunteers on King Island?

Mr EMERY - Through you, minister, we have a mix of volunteers on King Island. So we have volunteers that are level 3 and 4 that are more experienced. We have 11 volunteers on King Island. I can get the exact breakdown of their skillset but we would ensure that one of the more experienced volunteers is rostered if there is a junior volunteer rostered as well.

CHAIR - On King Island.

Mr EMERY - Correct.

CHAIR - Yes, sure. Circular Head as the minister would know has a very high volunteering ethos. I'm sure their volunteers would be willing to undertake training to raise them up the scale. Is that an option here for trying to fill these gaps? At least they can then - the volunteers who aren't paramedics, but they can actually be better trained to assess urgency - whereas if you're lying on the - the person on the end of the phone who gets a call from a relative who's clearly distressed because relatives are.

I had to call an ambulance for my husband I was quite distressed but at least I was logical enough to tell them what was going on, what his blood pressure was because I'd done all that as well, but you know, but not everyone's got the background to know what to do and what information to give so people panic. So having a volunteer who is skilled attending that scene in the first instance may be able to better assist the despatch. Is that a consideration for Circular Head?

Mr EMERY - Yes, through you, minister, Ms Forrest it's absolutely in our interests to work with these volunteers to upskill them and we do that with all our volunteers. Part of that upskilling process involves a number of hours and exposure to incidents so that they can build that confidence. We will work with our volunteers to upskill to those higher levels so that they can be responded with a more junior volunteer. We're not just quite at that point with Smithton given the number of new volunteers that have come onboard. But that'll be an active process underway.

CHAIR - So if there was volunteers there willing to do it you would deliver that training?

Mr EMERY - Correct, yes.

CHAIR - And not just Smithton. Obviously in other parts of the state too?

Mr EMERY - That's correct. Yes.

CHAIR - All right I'll pass that through to them because I think that's what they're very keen to do. Did you get the vacancy rates information?

UNIDENTIFIED SPEAKER - This is the ED wait time?

CHAIR - No, the vacancy rates for ambulance. How many unfilled positions are there around the state? I know you've just recruited a whole heap so maybe there's no many.

Mr EMERY - Through you, minister, we have 15 frontline paramedic positions vacant in the north west at the moment. We have exhausted an existing merit list and we will explore a process for direct appointment subject to the approval of the head of agency and that's pursuant to clause 14(2B) in employment direction one, so we need to go through that approvals process. We've contacted all of our graduates who have completed the program and who would be eligible for direct appointment under that clause. Ambulance Tasmania's compiling that information for approval of the secretary, and we anticipate that will happen in a couple of weeks.

CHAIR - Are they the only positions that are vacant? The ones in the north west?

Mr EMERY - We have some - as we work to fill these 97 COVID positions obviously we will move people from fixed-term positions into permanent positions. That work will unfold as we go and there may be some additional vacancies if a paramedic was to move into an operations supervisor position but then again we will seek to direct appoint individuals who complete their training program.

CHAIR - Okay. Did you want to give us another response Minister?

Mr ROCKLIFF - Yes. Just around Ms Lovell's question regarding mental health ED waits are now categorising emergency department presentations involving mental health community challenging as patients often present with physical conditions also requiring treatment prior to the mental health treatment as we all appreciate. Now, the mental health emergency department waits greater than 24 hours, there's a total of 709 for the year to date.

Ms LOVELL - Thank you. Can I just ask a clarifying question on that in relation to how they're categorised. If there is a patient presenting needing medical treatment as well as mental health treatment how are -

Mr ROCKLIFF - Physical condition?

CHAIR - Physical health treatment?

Ms LOVELL - Yes, how are those - are they categorised as a mental patient or are they categorised as a medical?

Mr WEBSTER - Through you, minister, so they were initially categorised in their medical category so as a physical injury and that is dealt with and then the classification is changed to mental health.

Ms LOVELL - Okay. Yes.

Mr WEBSTER - Which does mean that there are quite often occasions where it's a number of hours before they're re-classified to mental health and that leads to that so.

Ms LOVELL - Understand, thank you.

CHAIR - Not my media release.

Mr GAFFNEY - Through you, minister just one more question regarding the ambulance. How does Ambulance Tasmania work with the education department or different organisations to get the actual career pathways and prospectus out there and in the community so younger people are actually thinking about that as a career option. I'd be interested to know what proactive stuff the ambulance does to engage younger people or even older people that may want to retrain into that. So, yes.

Mr ROCKLIFF - Thank you. Good question. Jordan?

Mr EMERY - Thank you, Mr Gaffney. Through you, minister, paramedic positions are very heavily subscribed both in Tasmania and indeed across the country there are over 1000 young people going through university programs at the moment to become paramedics and in our most recent recruitment campaign for the graduates that started just yesterday afternoon, Mr Gaffney, we had over 120 applicants. So we do get a lot of interest.

We have a joint campaign that we run year-round alongside Volunteering Tasmania and other emergency service organisations including surf life-saving as well to recruit new volunteers because we know young people are passionate, engaged community members who want to be a part of volunteering with Ambulance Tasmania, and we are increasingly seeing young people volunteer with Ambulance Tasmania as part of extracurricular activities associated with their university study to become paramedics.

Mr GAFFNEY - Okay, thank you.

Mr ROCKLIFF - Also we have career days for Years 11 and 12 students.

Mr GAFFNEY - Okay then. Thank you.

CHAIR - Any other questions there? If not, we'll move to Public Health, 2.7. Do you want to bring Dr Veitch to the table?

Output Group 2
Health Services

2.7 Public Health Services

Mr ROCKLIFF - Yes. Thank you. I welcome to the table Director of Public Health, Dr Mark Veitch.

Mr DUIGAN - Thanks, Chair, and thanks, minister. Minister, I wonder if you could provide an outline of how the government's Healthy Tasmania fund is working with local government and community grassroots organisations to improve the health of their particular local communities.

Mr ROCKLIFF - Certainly, and thanks for the question, Mr Duigan. Our Healthy Tasmania five-year strategic plan from 2022 to 2026, which was launched at the Burnie Community House in March last year, outlines the government's plan for preventative health in the state, to which we've committed some $10 million over five years. This is supported by a Healthy Tasmania fund, which is supported by a further $8 million over four years. The vision for a healthy Tasmania is that all Tasmanians have the opportunity to live healthy, active lives in communities which support connections to people, place and culture.

Healthy Tasmania fund has four grant streams, offering a more coordinated and responsive approach to community needs. Since the launch of the new Healthy Tasmania fund in 2022, 102 organisations and communities have been awarded funding across all four grant extremes, 122 initiatives have been funded, and a total of $2.7 million in funding has been awarded. The grant streams are a step forward. There are a number of small grants to support health and wellbeing activities and equipment, including kitchen and garden equipment, bridging of resources, community training and events.

A lot of local grants are helping council to strengthen health and wellbeing planning through a local government health and wellbeing network jointly run by the Department of Health and Local Government Association of Tasmania. The councils are eager to get ongoing support and share ideas as well. Our Healthy Focus grants are aimed at eight action areas, including priority populations, health literacy, mental health and wellbeing and active living. Healthy Together grants work a bit differently to the other grant streams, and instead applying for a grant, eight communities will be invited to participate. Help will be provided to the communities to determine health and wellbeing priorities, and sustainable local level action.

In early May, I had the pleasure to announce $2 million had been awarded to 26 organisations around the state as part of round 1 of the Healthy Focus grant grounds, and these are awarded from $20 000 to $100 000. And some of the successful organisations include the Arthritis Foundation of Tasmania, who are programmed to improve strength and balance for older adults with chronic conditions; the Clarendon Vale Neighbourhood Centre, to provide eating healthy and cooking on a budget with seasonal produce; Cradle Coast Authority, for the

steps to sustainability program to get more people walking more often; and the Sorell Council, for the Sorell Rivulet walkway to provide community linkages.

I encourage organisations around the state to consider seeking a grant under the Healthy Tasmania fund and guidelines, in fact, for the next round of the step forward grounds will be released on 1 July this year. The Healthy Together apps will open later this year. And with local grants being closed, but those interested can contact public health services via the Healthy Tasmania grants web page. Thank you for the question.

Mr DUIGAN - Thank you for the answer.

Mr GAFFNEY - Thanks. I'm not sure if this is in the right area or whether it's 2.7 Public Health Services, or perhaps 1.2 System Management for Mental Health and Wellbeing. So, I'll ask it here and then you can just tell me. Men account for approximately 49 per cent of the population and yet, we receive a disproportionately small per centage of gender focused health spending. According to the government's women's health fact sheets, men experience poorer outcomes in many areas of their health and wellbeing than women; boys' education, heart disease in people in 65-year olds and many cancers being three of them. Who in the government or the public service holds the responsibility from focus on men's health, taking the view that improving men's health is good for the whole community? So, it's obvious in the women's health role, with the Minister for Women. There's a pinnacle. But again, I think in the men's health that's not as clear. So, I'd just like some, yes.

Mr ROCKLIFF - All right, thank you. I'll make some opening comments, and I've spoken about this previously, and, Mr Gaffney, I recognise your advocacy in this area. Obviously improving the health and mental health outcomes of all Tasmanians, including men and boys, is a priority for our government. It's important that all Tasmanians know where help and support can be found. Given what we know about the disproportionate impact, for example, of suicide and suicidal distress on men, the Department of Health prioritise consulting with men's health organisation representatives, including Mens Resources Tasmania, and developing the new Tasmanian Suicide Prevention Strategy.

This involved interviews with key experts and advocates for men in Tasmania and nationally to represent their views and help us better understand how we can improve our suicide prevention and mental health services to ensure that we're meeting the needs of our community, including men of course. The strategy, released in December last year, is an overarching strategy which focuses on providing compassionate and connective services to meet the needs of all people in Tasmania. Specific actions to be taken have been detailed on the first implementation plan for the strategy launched in March 2023.

Now, if I can speak also to the subject of Healthy Tasmania's support for men's health in March last year, as I say, we launched the plan. I've spoken about the plan in a previous question. Some Healthy Tasmania fund projects are addressing social isolation as part of their mental health and wellbeing activities for people from rural or isolated communities, and that men make up a key target audience for these projects. For example, the Health Action team in Central Highlands, the Highlands Healthy Connect, and Oaklands Community Association, and Southern Midlands Mills initiative.

As well, there is also a Men and Smoking as part of our Tasmanian Tobacco Control Action Plan. That identifies men aged 18 to 44 as a priority group because of the high rates of

smoking, and Public Health, Tasmania continues to invest in Quit Tasmania social marketing campaigns targeted to this group, including the use of free to air TV, sports channel apps and social media campaigns, like 'Worried About You', and the 'Think' campaign. New research was conducted in June last year with this target group providing evidence for the next local campaign to increase men's confidence to quit, and motivation to get help. Funding has been provided for the Royal Flying Doctor Service and the Tasmanian Health service to address smoking in rural communities.

As well, we've got some information around the Family Planning Tasmania Sexual and Reproductive Health. Priority populations include Aboriginal and Torres Strait Islander males, males from socioeconomically disadvantaged backgrounds, males living in rural and remote areas of Australia, males with a disability, including mental illness, and males with culturally and linguistically diverse backgrounds, and males with diverse sexualities, intersex men, and men with transgender experience. Working It Out, Tasmania's gender, sexuality and intersex status, LGBTIQ+ support education service, TasCAHRD, HIV and Hepatitis prevention, including targeting HIV prevention with men who have sex with men; Pathways Tasmania Ltd; Velocity Transformations, a men's program offering long-term alcohol and drugs residential treatment service based in Hobart; and now the Men's Table Ltd.

So Men's Table funding is provided $50 000 over two years to support the Men's Table community organisations. The Men's Table is currently expanding the number of local tables, to groups around the state. This funding will support a grassroots men's mental health and suicide prevention initiative. The Men's Table also received a $100 000 Healthy Tas Healthy Focus grant recently announced, as I say, in May.

And of course, as an organisation we are both familiar, Men's Resources Tasmania. A community-based not for profit organisation that actively supports and promotes the wellbeing of men and boys in Tasmania. MRT provides training and resources to help men with hardships in life and the tools to equip them for success.

I know why you're advocating in this particular area as well, and I agree with your advocacy, because the key challenges for men's health include deaths from injury, 2.6 times more common in men than women, more so in men living in rural areas. Men are more 20 per cent more likely to be overweight or obese than females and have higher rates of chronic conditions. One in four adult males exceed the lifetime risk guidelines for alcohol consumption. Men aged 25 to 34 and 35 to 54 for the highest prevalence of current smokers. I have mentioned that before, and of course death by suicide is more than three times more common in males than females. That was a long answer. I appreciate your advocacy in this area, and please continue with that.

Mr WEBSTER - Through you, minister. In the Rethink 2020, which is the mental health strategy for the state, there is a particular focus on promotional prevention and early intervention framework, which actually has a male component to it. And in the most recent Tasmanian Suicide Prevention Strategy one of the priority groups is males. In fact under the Premier's Mental Health and Suicide Council there is actually going to be a men's reference group that is - and the Chair of Men's Resources Tasmania is involved in that.

Ms MORGAN-WICKS - Thank you. I am really pleased to see that it is on the table. I would like to think that in the next few years - if I was to ask now what is the budget allocation strictly for females and strictly for males now, I think it would far in advance weighing towards

the female. Which is fine, I don't have an issue with that, because it needs it. But I think that there is a lot of men out there worried about where their financial support is lying. $50 000 over two years for Men's Table is significant, but not anywhere near what's the resources being allocated for women.

Mr ROCKLIFF - Right.

Mr GAFFNEY - My question would be is it possible to get a break down of - in this year's budget from Health what resources funding is strictly for female and what is strictly for male?

Ms MORGAN-WICKS - So through the minister, so I don't know if it's possible to give a strict breakdown. There are obviously health services that are strictly for women, and I think we have just discussed maternity services obviously is a particular service.

Health actually work together with DPAC to provide information for the gender budget statement in looking at the service provision, because traditionally there have been issues in terms of the allocation of funding, to test the principle whether, for example, in elective surgery allocation there is a tendency to allocate to men rather than women on the list, is it impacted by unconscious bias by a particular person that is running surgical lists, for example? Can we test that within the health system?

As part of the gender budget statements we also put up, for example, digital health. Can we test whether there is any type of bias, whether it is to female or to male, in the allocation of health funding.

That is the reason why health actually participated in that gender budget statement, not to try and push in any one direction but to make sure that we are not biased in terms of the allocation of funding or, for example, as a secretary, whether there is any bias in the selection of matters to put up as budget submissions, for example, for funding. So we need to make sure that we represent both men and women in Tasmania. We do know that there are differences between men and women in attending for health services.

We know in regard to - I can speak from my own family circumstances - the difficulty that I have at times encouraging male members of my family to attend a clinician or a medical practitioner. That is a matter of education and training and health literacy, of which a significant amount of work in our public health service is about increasing health literacy for the benefit of men and women in Tasmania.

But I do note that we do have particular health conditions where we do need to target, whether it is in male or female groups, particularly noting people's behavioural attitudes towards seeking treatment or understanding that care is available for them. That is what we continue to do to work for in the Department of Health.

Mr GAFFNEY - Yes, thank you. I know there are men's groups that are out there that want to be further involved to advance the cause and whatever you can do to support that financially so they can do that would be really appreciated. So thank you.

Ms MORGAN-WICKS - Through the minister, to make sure that our health literacy initiatives are connected to those groups. So thank you.

Mr ROCKLIFF - Thank you, Mike, and of course we have all been, as elected representatives and no doubt others around the table have found the benefits of men's sheds, for example, in distributing information and, not only that, of course, but building capacity amongst a group of men who attend the sheds in terms of their mental health and wellbeing cannot be overstated as an example.

Ms MORGAN-WICKS - Okay, thank you. Thanks, Chair.

Mr ROCKLIFF - Chair, I just have one clarification. An answer that Mr Emery provided, and he would like to note that for the month of May in Smithton there was a total of 35 ambulance dispatchers, of which 17 were to attend in emergency incidents and 18 for low acuity and transfers.

CHAIR - Thank you. So did you actually ask for those details to be provided in terms of breakdown?

Mr GAFFNEY - No, that's fine.

CHAIR - I think it's nearly impossible to do, because there are so many conditions that only women have.

Mr GAFFNEY - Yes. No, it's fine.

CHAIR - Like endometriosis and -

Mr GAFFNEY - Yes, but it's still fine.

Mr ROCKLIFF - We will note the interest for next year.

CHAIR - Any other question, Mike, from you on that?

Mr GAFFNEY - No, that's fine. Thank you.

CHAIR - I had one here around vaccination rates, I can't find it. I notice childhood vaccination rates are holding up well in regard to the percentage of childhood vaccinations. It does seem that - anecdotally at least - that COVID vaccine uptake is not going as well as we would like in terms of boosters, and even influenza rates. So have you got data related to the COVID-19 booster or fifth dose or fourth dose, depending on which one you are due for, particularly for vulnerable people, and influenza vaccine rates?

Mr ROCKLIFF - Sure. We just recently launched the winter flu strategy, of which Dr Veitch was a part of. Now, Dr Veitch may well have the latest information on the booster.

Dr VEITCH - Through you, minister, I can say that when it comes to COVID the booster rate amongst residential aged care residents is around 55 per cent, and that was in the last week or so, which is slightly above that for Australia as a whole. That's one of the groups that we're particularly focusing on. The coverage with boosters in progressively younger populations is considerably lower. So if we look at the entire population aged 18 years and over, only 22 per cent of them have had a booster; 15 per cent in Australia as a whole. But as I said, we

are doing better than that but still short of what we would like amongst older Tasmanians. If we look at all of the people aged over 65, it's around 55 per cent had a booster. Sorry, around 50 per cent have had a booster. So there's room to improve that.

Influenza vaccination, we're tracking fairly similarly at this stage of the vaccination rollout, as we do in most years. And in most instances, similar to or slightly ahead of Australia as a whole. On the 4th of this month, 60 per cent of Tasmanians 65 and older had an influenza vaccine dose, compared with 54 per cent in Australia as a whole. A third of those aged 50 to 65, so a slightly younger, middle age group, had had a booster in Tasmania, 28 per cent in Australia as a whole.

The group that we're probably most concerned about are the children aged between 6 months to 5 years. And we've known, as the COVID pandemic has progressed, particularly when we went through two years in 2020 and 2021, there was no circulating influenza in the state, that that meant that we had a cohort of children aged - toddlers and a little bit older who just hadn't had the experience of influenza that their older siblings would have had and we were concerned of their vulnerability to complications of COVID.

So, we have encouraged through our general media and also specific messages to vaccine providers to promote vaccination in children aged 6 months to under 5 years, but we're still only tracking at 18 per cent of them having had at least one influenza vaccine. About a per cent high than Australia as a whole. So it is quite challenging to get the message across to the families of young children that influenza can be quite a serious disease resulting in hospitalisation, in numbers in Tasmania.

CHAIR - In young children, yes. I think we've observed that, the post-COVID peak effect. Just in terms of the triple antigen lockup dates for adults, I noticed in the media - so I assume it was true - a while ago about a woman dying in Queensland, I believe it was, of tetanus. People sort of take for granted 'I'll have a tetanus injection if I stick a nail in my foot' or something like that and don't worry about the rest of the time, do we have any sort of program to try and encourage - except for when you've got a grandchild coming and you've got to go and have it then otherwise you don't get to see your grandchild - which is a very good incentive, I might say - I just had another one, booster that is, in preparation. But are we doing anything to try and promote, you know, the regular triple antigen vaccination?

Dr VEITCH - Through you, minister.

Mr ROCKLIFF - Yes, Dr Veitch.

Dr VEITCH - Yes, we were aware of that sad death.

CHAIR - Quite unusual.

Dr VEITCH - I can't recall the particular circumstances but it's often people who've come from countries outside of Australian haven't necessarily had -

CHAIR - Okay, it might have been someone from overseas, yes.

Dr VEITCH - - a full primary course and got into a habit of regular tetanus boosters. But I don't actually know the particular details of that case. We did discuss it within our unit and we do have a program where people can get free tetanus boosters.

CHAIR - Triple antigen or just tetanus?

Dr VEITCH - Triple antigen, you can't get a solo tetanus shot anymore through either general practice or pharmacies. There's a bit of a balance between giving people tetanus, or ADT, as adults and overdoing it. For a while we were getting into the practice of giving it every 10 years and that probably is too frequently for most people. But it is important that people have their full childhood course and have one, certainly, at age 50. That's important that they do that.

CHAIR - So it is less important unless you're having a grandchild. For whooping cough, not the tetanus.

Dr VEITCH - Or you may choose to have a booster because of the pertussis component to protect yourself against that if you have had a child.

CHAIR - Okay. Any other questions on this output group?

Mr ROCKLIFF - No, just to mention though, of course, we're expanding the list of eligible vaccines that can be administered by a local pharmacist and, your know, I was pleased to launch the initiative more recently, and this includes a range of vaccines including vaccines for shingles, travel vaccines, and when they have been prescribed by a medical or nursing practitioner, and in many cases, this will remove the need for Tasmanians to return to their medical practitioner to have the vaccine administered after it's been disbursed by a pharmacist, of course, reducing the time spent by the patient and also reducing pressures on medical practitioners as well. That's outside of the scope of practice review.

CHAIR - Is that just for adults?

Mr ROCKLIFF - We are doing -

CHAIR - I mean, obviously, kids don't need the herpes vaccine, but.

Mr ROCKLIFF - No. Dr Veitch.

Dr VEITCH- I've lost a little bit of track of the question.

Mr ROCKLIFF - Availability of vaccinations in the local pharmacy changes.

Dr VEITCH - Certainly. Through you, Premier. The pharmacists have been enabled to give vaccines to - diphtheria, tetanus, pertussis vaccine. I've just been thinking through it, I'm not sure whether we're actually funding the diphtheria, tetanus vaccine through pharmacists or whether you have to purchase it.

CHAIR - You can. Through a pharmacist.

Dr VEITCH - It certainly can be administered by a pharmacist and I just had a mental blank on whether it's currently a funded state scheme to provide the vaccine for free.

CHAIR - Right, no, I - yes. Yes, okay.

MR ROCKLIFF - The scope of practice review, of course, is ongoing and we expect that to be towards the end, or the middle of the year, or a month or so time.

Dr VEITCH - End of July.

CHAIR - We'll move to Capital Investment Program. Anyone have any questions on Capital investment program and health?

Capital Investment Program

CHAIR - Okay. If there's no question on - sorry?

Mr DUIGAN - Sorry, I've got one on capital investment.

Mr ROCKLIFF - Welcome, Deputy Secretary, Infrastructure, Andrew Hargreaves to the table.

CHAIR - I asked a couple earlier about the North West but I think they've been covered. Does anyone else want to ask any other questions?

Mr DUIGAN - Yes, I've got one.

CHAIR - Nick, sorry, yes.

Mr DUIGAN - Minister, this year's budget holds $15 million for a new state of the art helipad at the Launceston General Hospital. I'm wondering if you can provide an update on the progress of this project and potentially others for people in northern Tasmania who require aeromedical -

(Ms Morgan-Wicks shows a concept image of the helipad.)

Mr DUIGAN - Look at that. Just happen to conjure.

Ms LOVELL - It's amazing. They just happen to have that, on hand. Incredible.

Mr ROCKLIFF - Yes, thank you for the question. And, of course, it's in the budget and we've established helipads at the Royal Hobart Hospital, the Mersey Community Hospital, closer to home to me, and the North West Regional Hospital, connecting all of our major hospitals. Paramedical services to and from the Launceston General Hospital were temporarily relocated from 1 January 2023 following an updated risk assessment of the Ockerby Gardens helipad by helicopter operator, Rotorlift, and Ambulance Tasmania.

We've been able to identify a new site for the helipad with the preferred location to be on the roof of the Cleveland Street multistory carpark, which has been demonstrated, and the 2023-24 state Budget provides $15 million for the construction of the new helipad. The new

rooftop location will allow for the construction of a new state-of-the art contemporary helipad that provides efficient patient transfer to the ED, ICU and theatres, and it will also provide additional flight paths that will enable operation in the more difficult weather conditions.

A development application has already been lodged with the Launceston City Council, and I'm also advised that the Department already placed an order for the helipad from the suppliers. Of course, we'll continue to use the Launceston Airport as the landing site whilst the new helipad is constructed in early2024. I want to be clear that Tasmanians who require urgent healthcare via medical helicopter transport are absolutely still receiving that care. The new helipad location will provide a sustainable, long term solution for the LGH and the northern Tasmanian community. Of course, there will be a lift constructed and then an undercover walkway to the hospital as well, which wasn't visible on the picture.

CHAIR - No, it wasn't.

Mr ROCKLIFF - We look forward to that coming to fruition early next year, probably April did we say?

Mr HARGRAVE - Yes, we're hoping to complete it early. Yes, I'm hopeful of March, minister.

Mr ROCKLIFF - All right. Thank you very much for the question.

CHAIR - Any other matters on capital investment? Most of them were existing projects. Since we're a bit short of time, we'll move on to mental health and wellbeing output groups.

DIVISION 4
Health

Output Group 1
System Management

1.1 System Management - Mental Health and Wellbeing

Mr ROCKLIFF - Thank you very much. On that note, we'll require the services of Professor Tony Law, for mental health and wellbeing. But I want to pay tribute to Tony for his contribution to the Tasmanian Health Service and Tasmanian Health more broadly over many, many years. We certainly very much appreciate that. We have enjoyed your sense of humour at times, and thank you very much for that. We wish you well in your role and we thank you, and please leave our shores with the knowledge that you have made a fantastic contribution to the people of Tasmania through your role as Chief Medical Officer, and others. Thank you very much.

Dr LAW - Thank you.

CHAIR - Hear, hear. All the best for the new job.

Dr LAW - I will miss these Estimates, I can tell you.

CHAIR - Thank you. Welcome back, minister.

Mr ROCKLIFF - Welcome also Secretary, George Clarke to the table as well. Chair, it's well known that mental health and wellbeing is important, certainly to me, but I know all of us, and we've discussed those matters already, some of those matters already today, particularly through Mr Gaffney's questions. Now we've got a long term plan to transform our mental health system and alcohol and drug services and to boost the preventative health measures for the benefit of all Tasmanians. Central to this is delivering contemporary mental health and alcohol and drug facilities and infrastructure, and we are orientating the way mental health services are delivered to ensure contemporary integrated models of care.

Since I became Minister for Mental Health and Wellbeing in 2019, we have provided additional funding of more than $330 million for key initiatives to enable reform in both the community sector and in public mental health and alcohol and drug services. In 2020, we kicked off the reforms with $64.6 million for both child and adolescent mental health and adult mental health. Importantly, we locked in the future funding for 27 new mental health beds at the Peacock Centre and St John's Park delivering a new way of operating with a stronger community focus.

2020 also saw the commencement of the alcohol and other drugs reform agenda. In 2021, a further $109.8 million was provided to kick off a Mental Health Emergency Co-response pilot, the mental health Hospital in the Home, the continuation of alcohol and drug residential rehabilitation beds, and we locked in permanent funding for significant child and adolescent reforms, including to enable the development of three new services for our most vulnerable kids. In 2022, we added another $71.6 million, locking in the Mental Health Co-response service in the south and providing permanent funding to grow and transform our older persons mental health service with the opening of the southern remand centre. We also provided additional funding to provide more health services at Risdon Prison.

Mental health and suicide prevention have now been elevated to a Premier's priority, and as Mr Webster mentioned before, a first in Tasmania's history, and I'm pleased to say that the 2023-24 Budget ensures we can continue all this important work for years to come. Highlights of this year's Budget include funding of $48 million over four years under enabling high quality mental health reforms and associated initiatives to address key areas in the Tasmanian mental health reform program, including the quick and the permanent establishment of the acute care team, the general practice liaison clinician, the lived experience workforce, commencement of a broader workforce development team, implementation of the new Tasmanian suicide prevention strategy, and a two year trial of a Mental Health Emergency Response Service in the North West as discussed.

$24 million is provided to permanently fund a dedicated, statewide Tasmanian eating disorder service to deliver specialised care and a suite of programs for Tasmanians of all ages experiencing and impacted by an eating disorder. The 2023-24 Budget also continues a $7.5 million investment over two years for the implementation of the reform agenda for the alcohol and other drug sector in Tasmania which aims to reduce the harms associated with the use of alcohol, tobacco, and other drugs. We are now well progressed with our $20.7 million plan to build two new mental health facilities in southern Tasmania, and I was excited to recently open the first of two, the Peacock Centre, which provides 12 short stay beds and a range of other care and support services.

The second facility at St John's Park will include 15 short stay beds and a similar range of services as the Peacock Centre, as well as $7.5 million dollar, 12-bed eating disorder treatment centre co-located on the site. The tender for this development was recently advertised and construction is expected to commence later this year. We recognise, of course, that preventative health is the key to reducing demand on our state's health system now, and into the future. This is occurring through our ongoing commitment to the Healthy Tasmania five-year strategic plan and our successful Health Tasmania fund of which we have spoken about today.

Our investments in this year's Budget are designed to ensure seamless integration between inpatient and community-based services so that people can get the right support in the right place and at the right time. Thank you for your patience, Chair. I don't have anything to talk about mental health.

CHAIR - You don't need to talk about it? All right. Thanks, Premier. Just in terms of the overall picture here. Everyone's aware of the imminent closure of St Helen's Mental Health Services here and the Mother and Baby unit. I'd like to you to talk through the steps you've taken to try and fill some of the gaps, and I'm sure you understand that there are many challenges for north west parents, northern parents particularly, accessing a Mother and Baby unit that's in Hobart. But certainly one that's not in a stand-alone facility. So I'd like you to explain to us how you're going to address the very real need of many families in this state with that level of support with a new baby.

Mr ROCKLIFF - Thank you, and I also want to thank the AMA, HACSU, the AMF representatives plus the Mental Health Council of Tasmania for our roundtable discussion that we had last week on this matter. I've said a number of times that the recent announcement by Healthscope regarding the closure in late June is a decision that has understandably raised many concerns for a number of people, not only locally, but of course, also right across Tasmania. I'll say again how disappointing it is. It's a commercial decision, and we do share the disappointment felt by patients in the community regarding the closure.

However, the Tasmanian Government, Healthscope and other private providers are working constructively to minimise the impact on patients and to ensure a smooth transition for mental health services. Collaboration between public and private services across the state is underway to ensure continued access to healthcare services that meet the needs of Tasmanians and uphold their freedom to choose providers. Tasmanians who pay for the private health insurance deserve to have access to private health services, so the private sector does need to step up and play their part. It is also important to understand, Chair, that each of the impacted patients who have been using the St Helen's campus have a treatment team, and it is core to the success of the transition from the campus that those clinicians are reviewing their client list and advising patients of how they and private clinicians will be delivering treatment into the future.

Now, the services that these clinicians will provide via the St Helens campus include in patient Mother and Baby unit, inpatient adult mental health, electro-convulsive therapy in conjunction with the Hobart Day Surgery, trans-cranial magnetic stimulation otherwise known as TMS and a range of day programs as well. The average occupancy of the Mother and Baby unit, incidentally, is 4.6 patients, and the average occupancy of the adult mental health is 19 beds.

Now, while the clinicians may only be credentialled at St Helens, they have the option to pursue credentialling at other hospitals. It's important that patients can be provided with a variety of options for their treatment within a robust and diverse healthcare system including the north and north west. We have already announced that we will establish a new public Mother and Baby unit in mid-June prior to the closure of St Helens at the Royal Hobart Hospital which will see the continuation of this important service.

CHAIR - On that then, let's just talk about that for a minute. Where is that going to be and how is it going to be structured? Bearing in mind that some of the women who need to access this may be traumatised just coming back to the Royal?

Mr ROCKLIFF - Yes, I've got a fair bit of information on that. Would you like to kick that off, Dale?

Mr WEBSTER - Yes, through you, minister. So the space that we've identified is in 6K West, which is the new tower, K Block. It's a discreet area on that ward. Its previous use and current use is a transition to home unit, particularly used for for instance long-term NICU babies where the parents are not confident in taking the baby straight home from the NICU and want that support over a day or two before they transition to home. So it has larger rooms than the rest. It has laundry facilities. It has kitchen facilities and those sorts of facilities and is close to multi-disciplinary room which we can use for therapies and things like that. So it is, you know, uniquely set up within our infrastructure to take on this task as an interim task.

CHAIR - So will it be shared by the parents with babies in NICU awaiting discharge?

Mr WEBSTER - Through you, minister. So it's three beds and yes there will be that sharing across that on a triage type of basis so if it's needed for that purpose, you know it might be there. What I would say is that the public health admissions to St Helens were in fact 0.4, so it won't be full of public health patients. There is capacity to do this. We talk about up to three beds. Because it might three Mother and Baby traditional; it might be three Mother and Baby the mental who are experiencing mental ill-health or it may be one or two of the NICU transition to care.

So it's around working with our clinicians to make sure this unit can operate. It is an interim unit. We're not dedicated to stay there for a long period of time. We're putting it in place for six to seven months while we work through the new service delivery.

CHAIR - The dedicated. So what's the occupancy with the mums and babies in NICU?

Mr WEBSTER - Through you, minister, 0.2 so it's quite low as well.

CHAIR - So in terms of dealing with women with puerperal psychosis how do we look after those women?

Mr WEBSTER - Thank you. Through you, minister. Those that are higher acuity have also been part of going through our adult mental health units rather than through Mother and Baby units. Both when it was at St Helens and in our model of care, so we won't have very high acuity psychosis in the Mother and Baby unit. It is more likely that they will be through our adult unit with the child, if required, being on a paediatric bed card if they need to be there.

CHAIR - So do our acute mental health facilities facilitate Mother and Baby being together and in an acute setting with a mother with puerperal psychosis? Acknowledging that's not always appropriate, yes.

Mr WEBSTER - Through you, minister, no, they don't, and there hasn't been an occasion where that's been clinically recommended in recent times, but if it did, we would need to work through what are the circumstances of that. It may be that two beds are required within the HDU unit to facilitate that. So it would be done on a clinical basis, and we would do, you know, an analysis of why it is important for the baby to be there through that clinical presentation. So it would be very carefully managed.

CHAIR - So in the very acute phase I understand that maybe that's not the most appropriate location for the baby however nearby is good. With the design of the new mental health precinct in the North West Regional Hospital is consideration being given to including a facility that could be used even for a mother with puerperal psychosis who requires acute admission on the north west, ideally to be there and have the baby cared for in a location nearby and then perhaps just a step down into a facility where they could be together.

Mr ROCKLIFF - Well as Mr Webster has said we've got an interim solution - or working towards an interim solution regarding the Mother and Baby unit but our objective of course is to have a state-wide Mother and Baby unit service.

CHAIR - I understand that and I think that some of that's community support and it was as I read in the budget papers it was a community focus for women and children in the north and north west, correct me if I'm wrong. My question is when we're designing and developing a new mental health facility which includes mental health services in the north west in the master plan, will it be considered to enable women - the reason I ask this Premier is that I had to take a women to Spencer clinic once two days after her baby had been born and it still lives large in here and in here how awful that was. It's not an appropriate facility. It was extremely traumatic for her - you know, I was suffering nothing compared to her.

Mr ROCKLIFF - Yes. Well, of course, the benefit of the new Spencer clinic, if I can call it that, is an all ages, and you're aware that the existing Spencer clinic does not cater for younger people. For example, it's just part of a plan. My expectation is that -

Mr WEBSTER - Through you, minister. As you were saying, it's about the maximum flexibility. We're not building a replacement for Spencer, we're building something very, very different.

CHAIR - That's why I'm asking the question. I hope there's an opportunity here.

Mr WEBSTER - Instead of Spencer as you know, it's a 19-bed unit. There's a bit of separation now since COVID, and there's a bit of HGU, but what we - our functional brief for the north west precinct and, in fact, for the LGH precinct, is that we're actually building multiple units and we're looking at four to five beds as the unit size so that we've got that flexibility if we've - if our triage categories are all adult, then we can use the beds for adult. If we've got a mother that needs the baby there that's in psychosis, we can actually use a smaller unit for that as well. Indeed, as the minister said for CAMHS as well. The idea is to create the maximum level of flexibility by building a facility that's not the traditional one ward with

everyone mixing category that we've traditionally built around the state. So the functional brief -

CHAIR - Some consideration of the different needs might present there. Most mothers are adults. Not all of them, but most are.

Mr WEBSTER - Through the minister. So that's part of the functional brief. We've actually named up the sorts of categories to make sure that we build the rooms that fit the sorts of categories that we're talking about. We've talked about mother and baby, we've talked about adolescent, we've talked about high dependency, we've talked about older persons in that context as well. And we've talked about, for all of those categories, the need for outlook from the facility which, again, as you know from Spencer, the outlook on one side is the boiler room and the other side is the carpark. We want a better outlook than that in the new facilities.

CHAIR - In terms of the - I could say a word, but I won't - an end of the hospital that's not best. Yes. I've got other questions. Does anyone else want to ask a question on this line? I'll just move to them while the other members are looking. Last year, we were talking about demand modelling and that some work has been done on this. Premier, can you inform the committee as to what the demand figures are showing us by region in terms of mental health?

Mr ROCKLIFF - Thank you, Chair.

Mr WEBSTER - Through you, minister. Members will be aware the minister has launched a long-term healthcare plan 2040 for Tasmania. That is supported by a regional clinical services plan, which - across the three regions: north, south, and north west. The long-term plan is 2040. The clinical services plan is 2023-2027. Yes, thank you. That's looking at what are our needs over that four years versus what our needs over the 20 years.

We have done work to make sure that our mental health modelling was part of that clinical services plan so that we can look at what we need, particularly to inform, as we were just discussing - thank you - as we were just discussing the functional briefs for the precincts that we're building. We need to know what we're building based on the sorts of numbers that we can expect across the regions. One of the key things of interest to the Chair is when we do our modelling, we see the need for youth mental health beds in the north west, which is why the minister in the budget has focused on youth, hospital and home from the north west, for instance.

CHAIR - Mental health, hospital, and the home.

Mr WEBSTER - Yes.

CHAIR - Yes.

Mr WEBSTER - Youth mental health, hospital, and the home. That doesn't roll of the tongue very easily.

CHAIR - What'd help is if we got an acronym for that already.

Mr WEBSTER - Indeed. I think the important thing is that - to say is that we've now done that work, it's in the clinical services plans that we've launched, but importantly it then

informs the functional brief so that we know that we need those elements across each of the regions and what size they should be, and those sorts of things. It informs things like the - with eating disorders, we will have day programs in the north and north west, but we don't have a large enough population to replicate the residential component of that. So those are it.

CHAIR - Just where you talk about, on page 69, the community mental health, addressing the increased demand for residential programs which we're talking about. There's a number of initiatives here that need to be funded - and worthwhile community organisations are all alive and well. We see the work they do all around, particularly in our rural areas, Baptcare's Choice program, Butterfly Foundation. I assume there's other organisations that are funded under this as well. My question is how do you assess the value for money of these organisations? Because lots of organisations pop up, they might get funded, and then decisions are made to continue or not, so I'm just interested in how you assess them and how you expect them to demonstrate benefit to the broader community.

Mr ROCKLIFF - Mr Webster.

Mr WEBSTER - Chair, and through you, minister. Chair, we've developed in mental health and alcohol and drug, a commission framework. As part of a grant deed we do with each organisation, we build in key performance indicators and evaluation criteria. They're required to report to us regularly in their performance against those KPI.

CHAIR - 'Regularly' being?

Mr WEBSTER - It depends on the actual deed, but it could be six monthly, it could be 12 monthly. For instance, financial tends to be 12 months. But in addition to that, the major programs go through - are required to do more than just reporting KPIs. There needs to be a built-in evaluation of them so that we can look at what - are they having the impact that we set out to have? That framework has been implemented since 2020 across all of the grants program administered under this output.

CHAIR - Have you got a copy of the framework here to share with the committee? I know there's probably - the deed would be different to each branch or organisation.

Mr WEBSTER - Through you, minister. We don't have it with us but I'm sure we can -

CHAIR - What do you we actually call it?

Mr WEBSTER - Grants Commissioning Framework for mental health and alcohol and drug.

CHAIR - Okay. Did you have a question, Mike?

Mr GAFFNEY - Yes, with the systems management.

CHAIR - Yes.

Mr GAFFNEY - Yes. I think this is in the right spot, I'm not 100 per cent certain. It's to do with, minister, I acknowledge your pivotal role in bringing additional and ongoing support for students that experience trauma into our national school reform agreement. What scope

exists to consolidate and expand on this with the new agreements that's about to be negotiated, and also expand trauma informed practice across all of our educational health and wellbeing police and social services? Congratulations on raising that and highlighting it, and how do we get that information across not only this sector but the others?

Mr ROCKLIFF - All right. I'm aware of the national agreement you're referring to, the education agreement, trauma informed practice and students with disability which we invested in at the time. It's not quite in scope here. I'm not passing the buck.

Mr GAFFNEY - No, that's fine.

Mr ROCKLIFF - This is Minister Jaensch's responsibility. I'm sure he would be more than happy to ask about - to answer the question. Albeit, in my time as Minister for Education, we did establish that a child health and wellbeing unit within the Department of Education, and part of their scope was to also survey Year 4 to Year 12 students around a number of matters concerning their wellbeing, and so schools individually could work with individual students. Then we would get a picture of, state-wide, what the various cohorts and how they felt in respect of their mental health and wellbeing.

Mr GAFFNEY - I suppose, Premier, I was looking at it more along the lines of it being a health and wellbeing, having all of our services trauma informed, whether it be police or whether it be education, whether it be health, or whether it be anybody so that that's the first point of call in their thinking and their education when they're dealing with this. I suppose from a health and wellbeing perspective, I was looking at how do you do that as part of your role as Minister for Health and Wellbeing, how do you get those practices through all of those different sectors to try and mitigate?

Mr ROCKLIFF - That's a very good focus, and of course, where the Premier's mental health and wellbeing advisory council will be able to - if you like, there's an opportunity there to focus on that particular area that you speak of. I know we've mentioned it briefly today. We have men's health, for example, and that particular working group, if that's the right word for it. I'll give strong consideration to trauma informed matters as well that we've raised.

If I recall, we've launched a LGBTQI+ education and awareness program with and across the Department of Health, and for Tasmanian and Aboriginal health as well as - so people within the Tasmanian health service are informed around matters concerning Tasmanian Aboriginal people, and indeed, LGBTQIA+ Tasmanians as well. That's really an education program. Isn't it? I would see a lot of value in a trauma informed awareness across the Department of Health as well. The commission of inquiry has heightened our awareness in this area for the need for an educational resource.

Ms MORGAN-WICKS - If I may add through the minister, applying a trauma informed approach to people seeking care right across our health services is something that we need to improve, and which we are doing as part of our One Health culture approach, but also through the implementation of our child safety framework. So we have required all staff to undertake training and there are components of trauma informed care in terms of the handling of a complaint or a report in relation to a child safety matter. But it's one of the key foundation pieces that we will continue to work on in the Department of Health.

Mr GAFFNEY - Thank you, because Dr Elspeth Stephenson from UTAS, for example, she's been trauma informing all of the university, sort of, so that it's part of their thinking with working with all the different students or all the different courses. From a government's perspective, to have all of your sectors trauma informed in some sort of manner or way would be a positive, I think, in this mental health and wellbeing space. Not only just for people from Tasmania, but also for members of your staff and workforce. I suppose I was thinking that that could come into this system of management across government.

Ms MORGAN-WICKS - Yes. Through the minister, I absolutely agree, and it is not just within the mental health and wellbeing portfolio. It needs to be applied right across the Department of Health.

Mr GAFFNEY - Thank you. Thank you, Chair.

CHAIR - In regard to the first annual implementation plan for the mental health strategy, can you give us an update on how that's actually going? Because I know when we had you, we did that short inquiry process in the general and equality committee, looking at suicide and suicidal ideation. You informed us at the time that that was going on. So I'm just wondering how that's progressing.

Mr ROCKLIFF - Now, do you mean the Tasmanian Suicide Prevention Strategy, or -

CHAIR - Is there two of them?

Mr ROCKLIFF - Or was it Rethink?

CHAIR - Rethink is what you were talking about at the time, and I assumed that what's you were referring to.

Mr ROCKLIFF - Right. Okay, because I can talk about Rethink or I can talk about the strategy that we launched more recently.

CHAIR - The Suicide Prevention Strategy.

Mr ROCKLIFF - I'll talk about, firstly, the second Rethink 2020 implementation plan.

CHAIR - All right, yes.

Mr ROCKLIFF - That was released late last year and contains a range of key actions including existing and new priority areas. That's a one and a half-million dollar investment over three years in the 2022-23 Budget for implementation, and also, importantly, evaluation. The new areas of focus include suicide prevention, improving the coordination of services for people with severe and complex mental illness, improving the physical health of people with mental illness, and providing mental health services across continuing care. The funding allocation includes $200 000 for initial implementation of the Tasmanian Suicide Prevention Strategy, $50 000 to upgrade the consumer experience of the service system, $375 000 for connecting with people suicide prevention training, and $375 000 for the employment of LGBTQI+ peer work and navigators, and $500 000 to improve access by increasing community awareness of mental health services and supports.

Now, further programs and initiatives to address the priorities and plan are funded from the mental health integration and reform budget, and via the Australian government funding mechanisms and the implementation plan has also been updated to reflect actions under the National Mental Health and Suicide Prevention Agreement and the Tasmanian bilateral schedule on mental health and suicide prevention, which was signed in May last year.

I can speak of the Rethink 2020 progress. Of course, with completion of the Mental Health Act review in collaboration with people with lived experienced to place the consumer at the centre of the decision making, and to ensure their rights are upheld. I've got some more information. I've got a number of initiatives around - I've mentioned the Mental Health Act, but Recovery College as well. There's one in Glenorchy and one in the Peacock Centre. The Head to Health program at the Peacock Centre, I do have lots of information on this. The child and adolescent mental health services, that's the CAMHS reform we speak of. We've mentioned the Tasmanian eating disorder service. The older persons mental health services reform, and -

CHAIR - Older persons?

Mr ROCKLIFF - Yes, older persons mental health. What did I say?

CHAIR - Older mental health. I knew what you meant. It's all right. It's getting late, I know you've had a long day, too.

Mr ROCKLIFF - Anyway, older persons mental health services reform and that's important because of the Roy Fagan Review Report, which I know you were interested in at the time, and still are, no doubt. Implementation of the older persons mental health services reform project has commenced, including recruitment of key staff and establishment of core government structures.

We've mentioned the mental health emergency response. Investment and program, that's the old - well, PACER, which we've spoken about. Central intake and referral service, a Tasmanian - sorry, mental health, hospital and the home, and we've spoken about that. I'm looking for areas that we haven't touched on today. The Suicide Prevention Strategy there, that takes a significant step forward from suicide prevention. We've allocated $3.75 million towards implementation of the first Tasmanian Suicide Prevention Strategy.

CHAIR - So what are the key things that you've done in that implementation? This is only relatively new.

Mr ROCKLIFF - Yes, it is.

CHAIR - This is what I'm particularly interested in how the rollout, if you like, the implementation is going in terms of what were you expected to have done, and to what you actually have done, and what's next?

Mr ROCKLIFF - Yes. We've got an action list.

CHAIR - Good.

Mr ROCKLIFF - Of which, of course, enabling collective action across agencies and sectors to prevent the onset of suicidal behaviour and respond early to distress. There are a number of tasks to support that priority. Actions to support the task. We've got funding to support each individual item there.

CHAIR - Is that something you could table? In terms of the progress. Is there another format which is easier for us to access it?

Mr ROCKLIFF - We could probably look at -

CHAIR - It's probably online, this, I assume.

Mr ROCKLIFF - Yes. That's a working document. But we have a lot of information contained in the implementation plan 2023-24. So January 2023, of course, to June 24. It details the action -

CHAIR - This is what you've actually achieved.

Mr ROCKLIFF - It details the actions.

CHAIR - We want targets of what you're trying to achieve.

Mr WEBSTER - Through you, minister. The spreadsheet you were showing, you can see all that yellow. That's what we've achieved. So, yes, we are on target and we will provide a report against the implementation plan as we go as well.

CHAIR - When do you intend to release that report, update of the implementation.

Mr WEBSTER - Through you, minister. That's during June 24.

CHAIR - Right. There's not a report before that. Yes, okay.

Mr ROCKLIFF - We can obtain a number of copies.

CHAIR - All right.

Mr ROCKLIFF - Of the implementation plan. If that is of interest to the Committee.

CHAIR - There are timeframes in here. Could you say with a degree of confidence that you're track for what you hope to achieve at this point? Or are there things that you haven't been able to do that you intended to? That's the key question here.

Mr ROCKLIFF - Yes, on track, I'm advised.

CHAIR - On track. Everything is on track. That's what the colour chart says.

Mr ROCKLIFF - Regarding the positioning framework too, Chair, it is in a draft form, so we're not able to provide at this particular time. But we are also working on a broad evaluation framework with the Centre for Mental Health Service and Innovation.

CHAIR - Can you give us then, even if you can't provide the document and some of the key principles included in that, just so we get an idea of how you assess the return on investment, if you like. Because otherwise you can just keep throwing money at things.

Mr ROCKLIFF - They're individual organisations.

CHAIR - Not actually have a positive outcome? Paying good money after bad is not the best thing to be doing. Is there something in there that tells you about that?

Mr WEBSTER - Through you, minister. Yes. So we talk about there the use of data and evidence and those sorts of things. So guided by our principles, so section -

CHAIR - What page are we on here? Different document. Right. Yes.

Mr WEBSTER - Yes. Again, you'll find it online.

CHAIR - Online, yes.

Mr ROCKLIFF - Online. But can I encourage people to read this, because it does have some very useful information, particularly around language and language matters. Using safe and inclusive language is helpful when it comes to this subject area. And using safe and inclusive language is extremely important, and I won't go into the problematic language to the preferred, for obvious reasons. But I can point this to yourselves and others as a very useful resource.

CHAIR - Where can I find the framework in there, the commissioning framework for the detail around it.

Mr ROCKLIFF - 22, in terms of the framework for suicide prevention. But if you want to talk -

CHAIR - That's the framework for suicide prevention. We were talking about the funding of -

Mr ROCKLIFF - If you want to talk about the principle -

CHAIR - community organisations.

Mr ROCKLIFF - George can talk about the principles of commissioning framework.

CHAIR - Yes.

Mr ROCKLIFF - Is that all right, George?

CHAIR - Yes.

Mr CLARK - Yes, certainly. Through you, minister. And thank you for the question. We have two draft commissioning frameworks which have been developed. Once which is internal to the department and one in collaboration with the primary health network for joint commissioning of activities. Secondary to that, we also are developing an evaluation

framework with the Centre for Mental Health Innovation. This will be one of the first in Australia in this space to develop a framework for mental health -

CHAIR - It's really good news that you're doing that, yes.

Mr CLARK - To the evaluation of these types of programs. Because as you put it, Chair, we certainly - we implement a number of programs, but it's about how we evaluate and how we improve. That's the third component which we'll finalise in conjunction with the Centre and then adapt our two drafts.

CHAIR - What's the timeline for finalising that? I'm particularly interested in that one.

Mr CLARK - After this financial year.

CHAIR - You'll have it finished before the end of the financial year. So will those be made public or not?

Mr CLARK - Yes, they'll be available.

CHAIR - They'll be on the website?

Mr CLARK - Correct.

CHAIR - All right. I look forward to having a look at that. Yes. Really, at the moment, we don't have formalised evaluation process of the programs we fund.

Mr CLARK - We have KPIs associated with, say, patient transfer through the system. Whether or not the practices, developing inclusive practices or otherwise, but external evaluations are done on all of our commissioned services.

CHAIR - But it will be once this is in?

Mr CLARK - We'll have the framework to be able to do that.

Mr WEBSTER - Through you, minister.

CHAIR - Does that mean you're going to do it on all of the commissioned services?

Mr WEBSTER - Through you, minister. Not all. It will depend on the risk and size of the program, because we fund everything from a $20 000 one-off program through to multimillion dollar programs, such as the residential rehab beds, for instance. So most of the large ones we already do some form, we just do it in a framework.

CHAIR - Structured framework, yes.

Mr WEBSTER - But the commissioning framework was about making sure that we can evaluate, because it's part of the framework. It's part of the deed, in fact. But secondly, that we're answering to key performance indicators on the way. Because again, what we found was, that was ad hoc. So it doesn't matter what size, you'll have key performance indicators. But

the larger, riskier, where there's more risk, the larger it is the more detailed the evaluation will be. That will apply to the suicide prevention strategy, mental health, alcohol and drug as well.

CHAIR - All right. Is there anything else on 1.2? If not, we'll move to 2.5, state-wide mental health services.

DIVISION 4
Health

Output Group 1 - System Management
1.1 System Management - Mental Health and Wellbeing

CHAIR - We did ask, I think, for Workers Comp claims earlier. Did we ask for that?

Mr ROCKLIFF - We provided department-wide.

CHAIR - That would include mental health service. Did it, from memory? Yes, that's right. Can I just ask for the current staffing levels across mental health services by region? I don't know whether the vacancies detail will be in the information we asked for earlier, or is that separate, the vacancies?

Ms MORGAN-WICKS - Vacancies in relation to specialists?

CHAIR - Mental health services.

Ms MORGAN-WICKS - So they can be included as part of the specialist questions, including psychiatrists.

CHAIR - But it won't pick up the psych nurses?

Ms MORGAN-WICKS - No, because the question was in relation to psychiatrists.

CHAIR - Yes, that's fine. Yes, okay.

Ms MORGAN-WICKS - Through the minister.

Mr ROCKLIFF - So we have funded FTE state-wide mental health services. Adult mental health, $540.12. Older persons -

CHAIR - Statewide, or are you talking -

Mr ROCKLIFF - Statewide.

CHAIR - Yes.

Mr ROCKLIFF - Funded FTE state-wide mental health services and I'm breaking it down into categories now. Adult mental health, $540.12. Older persons mental health, $115.7. Child and adolescent mental health, $72.21. Forensic mental health and correctional primary health, $156.03. And alcohol and drug, $111.63. That's a total of $995.74. If I go to the previous financial year total, that is $870.09.

CHAIR - Do you have the regional breakup?

Mr WEBSTER - Through you, minister. So state-wide mental health services over the last three years has gone through a transformation. We now operate in streams rather than regions. We have a clinical director and group director for each of our streams, so - and the minister's just gone through the streams. So we don't actually do a regional breakdown, we do a stream breakdown because they're delivered as -

CHAIR - The streams being adult, CAMHS, older person mental health.

Mr WEBSTER - Older persons, alcohol and drug, forensic and correctional. The reason for that is they're all state-wide services, so - and they're led by specific teams across the state.

CHAIR - Roy Fagan fits in the old person's mental health, so can I just have an update on - we understand the challenges with the current facility, and I understand from our previous work in another committee that you're looking at another site. Can you update the committee, Premier, on whether that's been progressed at all? The Roy Fagan, yes.

Mr ROCKLIFF - The Roy Fagan. Another site?

CHAIR - Yes.

Mr ROCKLIFF - Yes. That's a part of our masterplan for St John's Park. We've launched our masterplan just last week, and we've invested $2 million this budget to do the masterplan, consult with the community, and part of that is a new Roy Fagan.

CHAIR - All right, and the same number of beds?

Mr ROCKLIFF - Yes, I have been advised.

CHAIR - Yes. In terms of Roy Fagan, is it - I remember we've put a lot of baffling and stuff on the walls there to try and create a more friendly environment. How's that going? I mean, are we finding it easier for the staff and residents there, or - the patients, I should say?

Mr ROCKLIFF - Yes. Firstly, can I say that the question on the same number of beds, the answer is yes, but we also look at expansion opportunities, given our older populations as well. I anticipate more service rather than less. Your other question, please.

Mr WEBSTER - Through you, minister. To the other question, so the baffling which was to do with the echoing through the chambers.

CHAIR - In the corridors and - yes.

Mr WEBSTER - It has worked very, very well and just created a whole new level of quietness, a new level of calm across the units. We're very pleased that we're able to do that across - all four of the wards now.

CHAIR - Okay, that'll help.

Mr WEBSTER - The work is completed. It's created a different atmosphere with the inside of the building despite its other inadequacies. That's been addressed, and it makes a big difference particularly, may I say, on the specific long-term male ward where aggressive behaviours can be triggered by noise and those sorts of things.

CHAIR - Yes, that's good to hear. What's the occupancy of the Roy Fagan Centre? Sorry, you've got it?

Mr WEBSTER - No. I was just going to start with the actual capacity rather than the occupancy. I'm getting the occupancy.

CHAIR - I was also going to ask about staffing numbers.

Mr WEBSTER - Through you, minister. Roy Fagan is three older persons mental health wards, as you call them that, or units. And a fourth one, which is actually older persons geriatric as well. We have the occupancy actually broken down by unit rather than the total facility.

CHAIR - Okay. So they're different units by gender?

Mr WEBSTER - Through you, minister. Not necessarily by gender, although we do have, at this particular time, given the patient grouping that's in there, there is actually one of the wards that's been allocated, particularly because of the amount of aggression being shown, to males.

Mr ROCKLIFF - We've got occupancy rates, so occupancy for all four areas, but figures only up to the end of March.

CHAIR - That's all right.

Mr ROCKLIFF - The Roy Fagan Heather, 91.1 per cent. Roy Fagan Magnolia, 52.2 per cent. The Roy Fagan Rosewood, 73.1 per cent. And the Roy Fagan Jasmine is 74.8 per cent.

CHAIR - Okay, so is it usually around those levels? I know one of them was a bit lower, around 50 odd per cent.

Mr ROCKLIFF - If I go to the previous financial year, 2021-22, for comparison. That's the 12 months figures. Roy Fagan Heather is 72.3 per cent. Roy Fagan Magnolias, 62.8 per cent. Roy Fagan Rosewood, 77-point-something per cent. There's a hole punch on the last two digits. And the Roy Fagan Jasmine is 77.8 per cent.

CHAIR - That's pretty consistently in the high 70s, then.

Mr ROCKLIFF - Yes, fairly consistent.

CHAIR - So there won't be need for expansion to cater with future demand, as you were referring to. Just as staffing levels, that was across mental health services, not just in the Roy Fagan.

Mr ROCKLIFF - So the staffing levels for older persons mental health services FTE?

CHAIR - Yes.

Mr ROCKLIFF - The Roy Fagan is 73.58 FTE.

CHAIR - Okay. The rest are in other parts of older persons mental health.

Mr ROCKLIFF - Yes.

CHAIR - Do we have vacancies that we can't fill in some of these areas? Like, in older persons mental health, particularly the Roy Fagan Centre. Hopefully it's a better place to work now, so we might not be having such the challenges. Are we having trouble recruiting to some of these areas?

Mr WEBSTER - There is the challenge within mental health services to recruit staff, particularly because we're going through transformations in all of our streams. So we're actually not just recruiting to current levels, but we're recruiting for future levels. Just recently, we've been able to fill the state-wide clinical specialist director and the group director for older persons mental health. Whilst we have a number of vacancies, we're having some success in this space.

CHAIR - Do you want to add anything to it?

Mr ROCKLIFF - Only to make sure that the FTE state-wide mental health services that were at the table before regarding 995.74 2022-23. That's funded positions, not actual FTE.

CHAIR - Right. Yes, there'll be some of those not filled.

Mr ROCKLIFF - It says funded FTE state-wide mental health services on the table, and I probably said that when I read them out, but I just wanted to make sure that's the case.

CHAIR - How many of those positions are actually filled? They're funded, but have we got vacancies that we haven't filled? I assume we have, across the -

Mr ROCKLIFF - Yes, potentially.

CHAIR - Yes. Do you know how many there are?

Mr ROCKLIFF - Vacancies among that FTE?

Mr WEBSTER - Through you, minister. Chair, at the moment - and this includes vacancies going forward as we're expanding.

CHAIR - Yes.

Mr WEBSTER - Our projections are that we need to recruit 131.7 FTE in the next financial year. Our vacancies, which are our vacancies of people that are currently employed, if you like, is 48.15 and that's across the whole of state-wide mental health services.

CHAIR - The 131.7 FTE to be recruited, that's in the next 12 months.

Mr WEBSTER - That's inclusive of the 48.15.

CHAIR - Yes. Are they the funded figures? So they're already funded positions, so we're -

Mr WEBSTER - That's right, yes.

CHAIR - Okay, good. Do you also have numbers of medical locums that have been employed across our state-wide mental health services? Would that be included in the previous one?

Mr ROCKLIFF - Included in the locums question was that we - yes.

CHAIR - Yes, right. That's fine. I did have a question here, I just need to read it, on drug and alcohol services. Does anyone else want to jump in there?

Mr ROCKLIFF - Yes. I just wanted to - also of interest, Chair, the Roy Fagan - sorry, about increased staffing of over 16 FTE into older persons mental health since 2021. We've had the Roy Fagan review report, plus over 105 FTE increase in state-wide mental health services in the last four financial years.

CHAIR - I just have a question, then, about the decision to cease some funding to the alcohol and drug foundation, which was supporting the employment of staff and provision of community grants here in Tasmania. I understand this funding hasn't been reinvested into preventative programs for alcohol and other drugs, although you can correct me if I'm wrong on that. I'm just wondering what the rationale for this decision, and if the funding has been quarantined for other alcohol and drug prevention programs elsewhere.

Mr ROCKLIFF - So the alcohol and drug foundation network - sorry, the alcohol and drug foundation work with a number of sporting organisations within the Tasmanian community, we've previously provided almost $1 million to the organisation under the Good Sports Program, which was a significant investment on past contributions to that body.

It is my understanding that the production will not have a significant immediate impact on the delivery of the program to sporting clubs, given the availability of online training and accessible options. The Tasmanian government expects there to be a positive resourcing outcomes from the provision of additional funding to the ADF under the 2023-24 Federal Budget.

It is noted that Tasmania's contribution to the program is well above many other jurisdictions, with only two larger states, New South Wales and Victoria, contributing more to the organisation financially. We'll certainly consider any future budget submissions the ADF put forward as we do with every organisation that seeks funding from the government, and we also note that we have committed funding to the Salvation Army. The Salvation Army's Creek Road redevelopment, so we are, of course, supporting the AOD sector.

CHAIR - Any other questions, members, on that? No. Okay. Capital Investment Program.

Capital Investment Program

CHAIR - With the St John's Park eating disorders treatment centre, I understand that's just part of your masterplan. I note funding, it appears under the CIP. It seems to be, the way I read it - you mentioned this briefly earlier - it includes any disordered community treatment programs in the north and north west. What actually are those programs that are being delivered, and when will they be delivered?

Mr ROCKLIFF - Okay. We're in the process of establishing, as I said already from today, a dedicated Tasmanian Eating Disorder Service, known as TEDS.

CHAIR - Which is very welcome, I might add.

Mr ROCKLIFF - Yes, it is very welcome. This year's budget includes a significant investment of $24 million over the full estimate to permanently embed this important service across the state. The TEDS model of care has been developed with input from a range of stakeholders, including people with lived experienced.

CHAIR - TEDS model of care, what's that?

Mr ROCKLIFF - Tasmanian Eating Disorder Service.

CHAIR - Right. There's another acronym, right.

Mr ROCKLIFF - It's an acronym, and it's one that I actually got so that I didn't -

CHAIR - Well, we could've had Teddy the dog here. That would've been better, but anyway.

Mr ROCKLIFF - We had a therapy dog here last time.

CHAIR - We did. Well, he came and visited last time.

Mr GAFFNEY - Moving on.

Mr ROCKLIFF - Including people with lived experience and health professionals currently providing treatment for eating disorders in a range of treatment settings, such as mental health providers, dieticians, and doctors from the public health system, private practice, and primary care. TEDS will provide two treatment streams in line with the National Eating Disorders Collaboration step system, a residential recovery program located at St John's Park New Town, and open to admissions from across the state. Tenders, as I've mentioned before, have recently been advertised with its welfare facility with construction expected to commence this year, completion in 2025.

A community based intensive treatment inclusive of individual and day group programs, which will have a stage rollout commencing this month in the south, and followed by the north and north west. TEDS will also deliver navigation hub, specialist consultation and complex care coordination, sector capacity and capability development, and research and collaboration function state-wide. The recruitment of TEDS workforce is in progress, and of course, I'm

very pleased to say that we've recruited a position clinical nurse specialist, dietician, a psychiatrist, executive support officer, and TEDS service manager to date.

CHAIR - Well done. That was my next question. I wouldn't have thought that - yes. That's very good that you've actually got some of those people already.

Mr ROCKLIFF - Indeed. The Tasmanian government's also continuing our support of the Butterfly Foundation in this year's budget, with an additional year of funding to deliver peer support for people over the age of 18, a support group for loved ones of people experiencing an eating disorder, and a support group for people experiencing or at risk of experiencing an eating disorder.

CHAIR - One thing you didn't really describe was what's the community services that will be - services delivered in the community that are part of this program to the north and north west? What actually with they be?

Mr WEBSTER - Through you, minister. The community services are the - if you like, the non-residential support, the day services. The model has a recovery phase, and then you return home but there's ongoing support. In Launceston, we are spending $2.5 million setting up a particular day centre because that's the - what we can do there.

CHAIR - Have we got the facility for that yet?

Mr WEBSTER - We've got the land, and we're about to - we're doing the planning to get - drawings, sorry, to go out to tender for that.

CHAIR - Sure.

Mr WEBSTER - So that's in Launceston. In the north west, it'll be leased premises, but it's those sorts of services. It's that follow up after you've been through the residential recovery phase.

CHAIR - Okay. We're in the north west. Is it Burnie, the leased premises, or -

Mr WEBSTER - We actually haven't decided that. We've basically gone around the clinical services plan, and it will be co-located with our CAMHS. Most likely to be in Devonport.

CHAIR - Right, and the Launceston one, where's that one?

Mr CLARK - Through you, minister. Prospect Vale.

Mr WEBSTER - In addition to that, so that's the - if you like, the recovery phase. There's also the Butterfly Foundation program, and we'll be part of that program and the CAMHS programs which are the - if you like, the avoidance of residential and intensive recovery.

CHAIR - When do the staff you've recruited actually start?

Mr WEBSTER - Some of them have started, which is why we're confident we can actually start the program this month.

CHAIR - Good. Okay. Any other questions?

Mr DUIGAN - Yes, please.

CHAIR - Yes.

Mr DUIGAN - Exciting and positive news around the redeveloped Peacock Centre, which after the fire, of course, in 2021 is up and going. I'm just wondering if you're able to provide some information around operations there, and the services being delivered.

Mr ROCKLIFF - Indeed. The need for redevelopment started in 2016, the 2016 fire. Then it was just almost there, and we had a fire on Christmas Eve 2021, which was a huge setback. But it's fantastic. The centre, which is a key initiative of the ongoing Tasmanian Mental Health Reforms program has officially commenced operation. The first of its kind in Tasmania, innovative centre hosts four new services that provide contemporary, recovery focused care for those who need it, and families and their friends.

The Peacock Centre is designed to make mental healthcare in the community more comfortable, taking a holistic approach and, of course, it is home to Peacock House as well, their short-stay unit that provides specialist treatment in a home-like environment for people who do not require admission to hospital; a mental health integration hub, which brings together community organisations to provide mental health and wellbeing support, help to navigate services and provide brief interventions; it is a Safe Haven, supporting people in suicidal or situational distress, and their families, friends or support networks in a safe and supportive environment; and the recovery college classroom, providing new opportunities for people in the community to improve their mental health, well-being and personal recovery through education.

Now, up to 28 May inclusive, Peacock House had 27 admissions, with a total of 234 bed days, with an average length of stay at 9.9days, and an occupancy rate of 71 per cent. 76 people in situational or suicidal distress received care from the Safe Haven, and some of them were cared for more than once. 175 people engaged with the integration hub for advice, information and support. Of course, we know the best place for many people to receive mental health care and support is in community settings, as it can prevent the need for unnecessary hospital presentations and admissions. This modern community-based centre will enable, of course, Tasmanians experiencing mental health challenges or suicidal distress to get the right care, at the right place, at the right time.

The design of services and the built environment has been strongly influenced by the voices of those with the experience, importantly, and the wider community, to provide a compassionate and sustainable community-based model of care. Importantly, the Peacock Centre also delivers a significant injection of additional resources into the mental health workforce, with over 40 new positions, including peer workers with lived experience of mental health, alcohol, substance abuse. The Peacock Centre redevelopment forms part of our government's $20.7 million investment in new mental health facilities in southern Tasmania.

I give a shout out to all the staff that worked there, but also all the staff that have been through some significant challenges for the trauma of the 2016 fire and the 2021 fire. But also, the contractors and the tradies that worked on the site as well.

When I had visited the site just after the 2021 fire, and I could tell that they were deeply distressed because the intricacies of the heritage building - well, it's actually heritage, but the heritage aspects of the building, I should say - and the attention to detail of the upgrade of the infrastructure, of course, the new modern facilities as well, which is co-joined, but the level of passion and commitment of the contractors, Hansen Yuncken and other service providers was extraordinary. We had a special day there where we talked about lived experience of a number of people that worked on the site in relation to they themselves or their families, and the contractors, really, put a lot of themselves into the project as well, so I was enormously proud of Julian Proud and the Hansen Yuncken team and others that worked on the site. They really have redeveloped something truly special. Thank you for the question.

Mr DUIGAN - Thank you.

CHAIR - Okay, well, I think we've come to the end of this part of your core mental health services. These people are allowed to go, but you're not, minister. Thank you to your team and we'll take that short five-minute break while you get your Tourism team ready.

The Committee suspended from 6.34 p.m. to 6.40 p.m.

DIVISION 10
State Growth

Output Group 5
Cultural and Tourism Development

5.5 Visitor Economy Support

CHAIR - Premier, welcome back for your tourism - Minister for Tourism portfolio and Minister for Trade. We're short of time, I invite you to introduce the members of your team at the table, and then if you wish, make an opening statement.

Mr ROCKLIFF - Yes, sure. No worries at all. Our CEO of Tourism Tasmania, Ms Sarah Clark, to my right, the Secretary of the Department of State Growth, Kim Evans, to my left, and on his left, Mark Bowles, Deputy Secretary.

CHAIR - Mr Evans' swansong budget 2.

Mr ROCKLIFF - Indeed.

CHAIR - Anyway.

Mr ROCKLIFF - Of course, tourism is one of Tasmania's greatest strengths and a key pillar of our economy. Despite the very significant impacts of recent years, the resilience and grit and determination of our tourism and hospitality operators, and the strategic planning of our government agencies and industry bodies is paying off as we are witnessing strong post-COVID recovery. The latest indicative data from the Tasmanian visitor survey shows that total visitor expenditure in the year ending March 23 was $3.95 billion, and this is the highest annual

spend on record, up 55 per cent, when compared to pre-COVID December 2019 figures, despite 3 per cent fewer visitors.

These results continue to be driven by Tourism Tasmania's 'Come down for air' and off-season campaigns, drawing visitors to our island. However, there was no doubt that after a period of exploring their own backyard, Australians are once again feeling more comfortable with overseas travel. This means that Tasmania is again operating in a very competitive marketplace, not only against other Australian states and territories, but also international destinations. This is why our investment destination marketing is so important to ensure we maintain our market share and travellers continue to visit and spend across the state.

As a small state, destination marketing plays a critical role in creating awareness, and we need to push the boundaries to cut through and stand out from other destinations. Through the off-season campaign, we continue to position our state as a must do winter experience to increase visitation over the cooler months, smooth out seasonality, and help support businesses year-round. Now, tourism businesses have been getting behind the campaign with unique and creative offseason winter experiences and Tasmanians have embraced the opportunity to explore the state in the cooler months.

We're also striving to make visitors' experience on the ground even easier with a new Discover Tasmania app launched to help visitors get the most out of their stay and understand the breadth of tourism offerings available.

CHAIR - Don't use up all the time in your opening statement, Premier, please.

Mr ROCKLIFF - No. I'll come to part of then, the importance of the 2030 Visitor Economy strategy. Of course, we'll set out our vision and directions to continue to grow the depth and breadth of our positive impact across the state. That's been developed in partnership with industry through the TICT and supported by the Visitor Economy Advisory Council and contemporary forecasting global trends and the insights from over 500 industry and broader stakeholders have informed the vision and key directions for this important section to 2030.

As a destination, we want to enhance that lifestyle that Tasmanians enjoy and retain the benefits for businesses and jobs and, of course, it is important that we carefully manage the investment and assets that will be required to deliver and manage that growth effectively. The directions paper for the strategy was released last week for community consultation and I encourage Tasmanians to read that document and have their say.

CHAIR - Luke?

Mr EDMUNDS - Thanks. Thank you. Visitor economy support on page 289 falls significantly. Does the government intend to keep funding this?

Mr ROCKLIFF - Is this the $6 million, Luke? This is for Tourism Tasmania?

Mr EDMUNDS - This is 5.5 on page 281.

CHAIR - That's your appropriation.

Ms CLARK - For Tourism Tasmania?

CHAIR - No, no.

Mr EDMUNDS - Table 10.12. Yes, sorry. Not sure which output. Yes, no worries. So, I'm still working off the old plans, so.

Mr ROCKLIFF - Yes. But I know that if we're talking about the $6 million marketing -

Mr EDMUNDS - No.

Mr ROCKLIFF - We're not?

Mr EDMUNDS - No. We're talking about visitor economy support. 5.5 on page 281.

CHAIR - No, it says a decrease supports funding profiler budget.

Mr EDMUNDS - Yes, yes, I've seen it.

CHAIR - Within tourism and hospitality support and events so that's there where you are.

Mr EDMUNDS - Yes.

Mr JONES - So, through you, thanks, Premier, the big change reflects - and it's all about the funding profile - reflects the tourism innovation and grants program that was funded to get, what, $7.8 million. I can go through each of the previous budget initiatives, which come to an end, and -

Mr EDMUNDS - Are they the ones in the footnote?

Mr JONES - Yes.

Mr EDMUNDS - Okay. No, that's okay then. Thanks.

Mr JONES - I can give you the details of the dollars but, Premier, you might want to mention what happens from here with the 2030 strategy.

Mr ROCKLIFF - Yes, so the 2030 strategy that I mentioned at the end of my opening statement. That, we expect to release in August and that will guide future investment moving forward.

Mr EDMUNDS - So it'll just be a different - picked up somewhere else.

Mr ROCKLIFF - Well, it may well be a similar line item, if I can put it that way, but we'll need to finalise the Tourism 2030 strategy, and that will then form information that we'll lead for the budget.

Mr EDMUNDS - Yes.

Mr ROCKLIFF - And the investments moving forward in future years.

Mr EDMUNDS - Okay. So, it'll come back into the budget potentially. Okay, thank you. Just quickly, Taste of Summer, obviously we see the lessening of funding and then it drops off completely in 2026-27. Is that the end of the support for that festival?

Mr ROCKLIFF - No, it won't. I don't anticipate it will be. But is that the minister's portfolio? In the events hospitality section, I'm advised. That continues through for the next few years, until 2026-27.

Mr EDMUNDS - 2026-27 is when it doesn't appear.

Mr ROCKLIFF - When it doesn't appear?

Mr EDMUNDS - Yes.

Mr ROCKLIFF - So, that'll be 2025-26.

Mr EDMUNDS - We can ask Nick about it, because we get him on Thursday.

Mr ROCKLIFF - It is technically Nick.

Mr EDMUNDS - Yes, that's all right.

Mr JONES - So, I can quickly explain it if that helps.

Mr ROCKLIFF - Yes.

Mr EDMUNDS - You've copped a few handballs this week, so I think you're allowed to fire a couple off.

CHAIR - You've got a couple of nasty ones, do you?

Mr JONES - So, with these multi-year events, we typically negotiate and enter into a funding agreement for a number of years, and that goes through the budget process. But in the out years, we don't want to -

Mr EDMUNDS - Right. So, essentially the deal you have with Taste of Summer was signed until 26. Yes, okay. Thank you.

CHAIR - We forgot the V8 supercars. Are you happy with that? Can I go to Dean?

Mr EDMUNDS - Please. I don't want to take up all the time.

Mr HARRISS - Yes. Thanks. Premier, I think you were going down this track before with the tourism side of it, 1.1.

CHAIR - In Tourism Tasmania?

Mr HARRISS - Yes.

CHAIR - Yes.

Mr HARRISS - There's a decrease in the eight years of 7 million over that time. You mentioned in your overview about investment being an important destination side with people travelling a little bit more now. Can you explain that decrease, I suppose? What's that going to affect? Thank you.

Mr ROCKLIFF - Yes. So, what is important is that, as highlighted in this budget and it's been a consistent $6 million across the full estimate, which has resulted in Tourism Tasmania's ability to maintain the marketing spend and key markets - our 'Come Down for Air' campaign and others like it, winter strategy and the like. It's important that we've maintained that consistency to the point there.

And again, the 2030 strategy will be important to form some important advice, if you like, to an investment moving forward, and particularly when you consider that Australian travellers will be gaining confidence in moving out of the Australian market into international markets post-COVID, and there will be a lot more competition within the tourism market domestically. And so, it's important that we have that consistency maintained for the next few years. But we'll work with Tourism Tasmania, the industry, the 2030 strategy, to maintain or potentially increase funding moving forward. Any further on that position?

Ms LOVELL - Yes. I might just add that the three-year period is good for our planning as well because we have contracts that typically are two to three years. So, it just gives us the ability to plan forward in that situation as well. So, we've got that consistent amount until 2025-26.

CHAIR - I think we'll go Mike.

Mr GAFFNEY - Yes, thank you. This is probably a question I'm going to ask of both the Minister for Resources and the Primary Minister for Industries and Water because I want to understand the relationship in Cabinet about collaboration across governments, progress priority projects and just a quick illustration of what this is about. Take, for example, Sustainable Timber Tasmania is opening a forestry coupe, DL011A, next year in the Dial Range behind Mount Duncan. Mount Duncan is an area that's popular for mountain bikes, bush walking, hiking, kayaking, four-wheel driving, that sort of thing.

There's some local concern that if it's harvested, it may inhibit the recreation and tourism feel of the area. So, in the discussion and collaboration with other ministers, does STT have the ability to adjust its harvesting operations to help preserve the aesthetic coupe borders around there? So, you know, is it going to clear fill areas that you want people to come there for their bikes and tourism and that sort of thing? So, there's some concerns there. How do you negotiate that with the other ministers, I suppose?

Mr ROCKLIFF - Well, I guess it's important that the resource-based industries - or it's vital to maintain and stay within our Tasmanian brand, that our resource-based industries and our tourism industries coexist.

Mr GAFFNEY - Yes.

Mr ROCKLIFF - We must have that relationship where an operation for one in one sector is not impeding on another sector. Now, we've had some discussion this week about forestry burns, for example, and how it's very important to have that open communication and it's managed well, so not to impacts not only the tourism industry, but also the viticulture industry, for example. That's the resources, prime industries and tourism coming together.

Another example of that would be there was some discussion this year, earlier on, around the world class tourism and forestry, and the need for both areas to coexist, particularly when it comes to our forest industries. They're obviously important for sustainable growth of the Tasmanian economy, employment, investment. Together, these industries provide, you know, many thousands of jobs in regional areas of the state. That's forestry and tourism. Clear evidence of this is the number of iconic tourism ventures, including the Tahune AirWalk, Hollybank, Maydena and Derby, that are located or adjacent to permanent timber production zone land and have been for several years.

Now, I've had some discussions about Maydena earlier this year as well with the Resources Minister and there was some discussion around their operations impacting on their, I'll call it, not a festival, but an event. That's why it's also important as well for those entities to work together.

CHAIR - I think the Member's question was, how do you work it out? Does tourism trump the trees?

Mr ROCKLIFF - No, of course not. And vice versa. We talk and we've all got an understanding of each other's responsibility. But I'll just give you an example. So, the Easter burns for Maydena. We advised that STT conduct a burn in the Maydena area on Wednesday 5 April, and then do not conduct any burns over the Easter period. Smoke management is a critical aspect of not only regeneration burns but also fuel reduction burns.

To ensure a collaborative approach to smoke management, the Minister for Resources, Felix Ellis, asked the fuel reduction steering committee to engage with stakeholders, including the Tourism Industry Council of Tasmania, so that smoke management and stakeholder concerns could be discussed with our experts who run this program. Now, the fuel reduction steering committee includes STT and Tasmania Fire Service, Parks and Wildlife Service, local government and of course the Tasmanian Farmers and Graziers Association.

CHAIR - Wine Tasmania?

Mr ROCKLIFF - I know Wine Tasmania have been engaged. Sheralee Davies.

CHAIR - We don't speak for a Wine Tasmania by the way, but yes. That's not a matter for you. That's Prime Industries.

Mr ROCKLIFF - Okay. It is important that we continue to maintain important burn programs, but we also continue to communicate with our stakeholders to ensure that forestry burns, as an example, are sensitive and we work properly with other departments. There's a reason why responsible ministers will be talking, but also the entities that will lead up to the ministers and their decision-making process as well, particularly at an operational level.

Mr GAFFNEY - Yes. I know that you know the Dial Range area very well, with Gnomon Farm up there, and its importance. I suppose the people there want to think if they're going to do that coupe clearing, are they going to discuss with us how they could do that and have less visual impact on the tourism and the industries that are already there, I suppose. You know, I suppose they want to know, is there a way of negotiating or being involved in the discussion.

Mr ROCKLIFF - Well, my view is that they certainly should be involved in the discussion.

Mr GAFFNEY - Okay.

Mr ROCKLIFF - To minimise visual impact and maximise visual amenity as well.

Mr GAFFNEY - Yes. Okay.

Mr ROCKLIFF - My view is that STT are sensitive to other stakeholders around their operations and the information that I've been presented with in terms of discussions I've had, they do work with affected stakeholders. They might not always agree.

Mr GAFFNEY - No, that's fine.

Mr ROCKLIFF - Sometimes agree to disagree on the final decisions. But what is important to me is that the coexistence of these important industries working together because they all have value when it comes to our economy and regional communities.

Mr GAFFNEY - Okay. Thanks. Thanks.

CHAIR - Can I just ask whether the Discover Tasmania app - that's relatively new, I think, isn't it? So, how's that going in terms of number of downloads this year?

Mr ROCKLIFF - Yes, it's going. We've launched that when we launched our winter strategy at the Female Factory, and just a month or two ago. Would you like to talk about that, Sarah?

Ms CLARK - Yes. User testing in the last couple of months showed areas in which we could improve, and we ended up launching that as a soft launch in April, and then we launched in May in line with our off season. We've had approximately 8500 downloads so far. We had a target of around 10 000 for the winter period, so it's definitely above where we thought we might be. We've got a star rating of about 4.6 on the Apple store and 5 on Google Play. So, we're getting positive feedback, especially from operators as well.

CHAIR - We hope that Dark Mofo might increase the hits there.

Ms CLARK - Yes.

CHAIR - Are you going to have big signs up with a QR code, won't you, around there?

Ms CLARK - At the airports and any stairways, so, any entry point, we've got the download with some tongue in cheek advertising as well.

CHAIR - Okay.

UNIDENTIFIED SPEAKER - Very good.

CHAIR - Other questions on tourism?

Mr DUIGAN - Yes.

CHAIR - Yes?

Mr DUIGAN - Yes, Premier, I wonder if you might give us an update on the current strength of the Tasmanian visitor economy and things that the government might be doing in order to keep Tasmania at the front of mind.

CHAIR - That he hasn't already mentioned.

Mr DUIGAN - You have mentioned a couple of campaigns. You might breeze through.

Mr GAFFNEY - Good question.

CHAIR - Tough question.

Mr ROCKLIFF - Thank you for the question. Of course Tasmania has benefited from a large number of Australians choosing to travel at home in response to COVID with this expenditure figure driven by domestic travellers who until recently were currently making up to 90 per cent of our visitation which is five per cent higher for domestic visitors than we've traditionally seen and that plays into what I was talking about earlier in regard to consistency of marketing.

As many of us would be seeing in our friends and family, Australians are choosing to travel overseas again particularly in search of the sun during our winter. I don't know why you'd want to do that, but yes, there you go. As a result here in Tasmania we would expect to see visitation return back to pre-COVID levels coupled with Tasmania's international visitor markets taking some time to rebuild.

What this means is that we must remain aggressive in the marketplace with our come down for air and off-season campaigns as well as work hard in our international markets to entice travellers to Tasmania especially during the winter to keep our products and experiences sustained year-round. That's why to Mr Harris's question the 2023-24 state budget provides Tourism Tasmania with long term certainty in marketing Tasmania into domestic and international markets with $6 million committed at 2025-26 to continue the government's strong level of investment in the destination marketing. This enables Tourism Tasmania to continue its brand positioning and campaign activity as well as re-activating its international efforts and investing in important visitor economy data and research.

In addition our events strategy will continue to focus on winter festivals like the upcoming Dark Mofo and other regional celebrations to present unique experiences for visitors to Tasmania. Tourism Tasmania's off-season winter marketing campaign is currently encouraging visitors to find inspiration in Tasmania's wild places and sample our unique

festivals and creative spirit. There are billboards and tram-wraps in Melbourne and Sydney, digital advertising in a range of newspapers and magazines promoting the state including an entire broadsheet paper focussed on the off-season with 50 000 copies free to pick up from venues across our key markets.

Tasmanians are also being encouraged to get out and about and experience our exceptional tourism products and experiences through a local off-season campaign. So in summary our visitor economy has been travelling exceptionally well but we cannot be complacent because the travel behaviours as I mentioned before, of Australians are again changing as a destination and we need to be in the mix and Tourism Tasmania also has a plan to do that. I look forward to sharing more detail about how that rolls out in the coming year.

CHAIR - Is that the only one you got there Nick, on that?

UNIDENTIFIED SPEAKER - That's the pick of them.

CHAIR - Anything else on tourism? Otherwise we'll close this off and move to trade and we'll go straight to Nick, who is expounding a difficult question.

TRADE PORTFOLIO

Department of State Growth representatives
(Included in Output 1.2 Industry and Business Development)

Mr DUIGAN - Thank you Sarah. Thank you Chair. Premier, an update on the Tasmanian state exports please. How we're travelling in that space. Any positive news there and potentially or what are the government's future plans and are we continuing to invest in the sector.

Mr ROCKLIFF - Thank you, Honourable Member, and can I acknowledge Lara Hendriks at the table as well with respect for Executive Director of Trade. Thank you, Lara, for joining us. And I remember talking about the record exports a few years ago when I was trade minister, and it was a figure of about four and a half billion dollars, which we were celebrating back then. Admittedly it was pre-COVID but it's great to see that the 2021-22 total Tasmanian exports of goods and services increased by 23.6 per cent on the previous year and has actually exceeded $6 billion.

So far, this financial year our goods and services exports have also already reached $4.63 billion and are expected to reach the $6 billion mark as forecast. There are no signs of declines that are expected. Our export performance has been boosted by our continued focus on trade development, targeted trade missions to priority markets and expansion of international advocacy, investment and sales driven by our three most recent international trade missions alone has reached almost $23 million, and of course, spread right across our food and beverage, advanced manufacturing, technology, Antarctic and defence sectors.

As I outlined, to keep this going, this year's Budget provides $780 000 to continue our accelerating trade program for a further two years to provide financial assistance to eligible Tasmanian business looking to expand their global market presence. Across 2023-24 we'll also continue to push to increase awareness of our industries, products and services and investment

opportunities through our trade mission schedule and these missions will enable Tasmanian businesses to showcase their capabilities, forge connections with international buyers, distributors and trading partners to expand the global market presence.

So a concrete example of this is the impressive performance of Tasmanian Spirits at the 23 Tokyo Whiskey and Spirits competition as well as the San Fransisco World Spirits competition. Both competitions a recommended must-do by our Tasmanian trade advocates to ensure these key trade markets sit up and take notice of the best Tasmania has to offer and of course the success comes of the back of a recent trade mission to Japan in March where Tasmanian food and beverages were showcased to an audience of thousands of international buyers at Foodex in Tokyo. From this mission orders for Tasmanian spirits have begun to flow in exceeding some $50 000 sales already which is tremendous.

CHAIR - $50 000 or 50 000 sales?

Mr ROCKLIFF - Dollars, sorry. Yes, dollars. This international recognition obviously is extremely valuable in growing existing markets and creating new exporting opportunities, and of course, will continue to back our uniquely Tasmanian product on the world stage. If people would like to find out more about our upcoming mission plan it is available on the Department of State Growth's website. I commend our trade team for all the work that they do, and can only speak from experience having been in Vietnam, Singapore, Japan and South Korea in the last eight months or so. The work of the team, the connections they make, the value of our trade advocates based in Singapore, United States and Japan.

Of course, we have a presence also through Austrade in China, and the connections that the trade advocates make, which is a relatively new investment for the trade team in the last two to three years, and having that presence in market is so vitally important, and the work that they have done to support the presence of not only government representatives, but also, I think, very, very importantly, the producers, advanced manufacturers themselves are vitally important in markets. Thank you for your question.

CHAIR - The secretary has actually informed me we've got until 17 minutes past, so.

Mr EDMUNDS - In the other place our colleagues heard that Madeleine Ogilvie spent $14 000 on a trip to Indonesia, flying what was said to be business class. Can you confirm this was a business class flight?

Mr ROCKLIFF - Yes. My understanding is, I'm advised, Luke, that it was a business class flight. The $14 000 figure was a combination of flights and accommodation, albeit the flights were -

Mr EDMUNDS - It's the lion's share wasn't it.

Mr ROCKLIFF - It was I think 13 000.

Mr EDMUNDS - 90-something per cent of that dollar figure.

Mr ROCKLIFF - Yes, so -

CHAIR - Ripped off, I say.

Mr ROCKLIFF - Yes. So Minister Ogilvie led an Indonesian trade mission in November last year. Of course, its purpose was to re-engage and build on previous efforts to strengthen relationships, partnerships and cooperation between governments and industries, particularly as we emerged from the restrictions and impacts of the COVID-19 pandemic. The mission also closely followed Indonesia's hosting of the G20 and B20, and ahead of their chairing of the ASEAN this year, and the group pursued opportunities in maritime education training, simulated maritime rehearsal systems, manufacturing and service delivery.

Outcomes include agreements to deliver services into the maritime sector in relationships with key stakeholders and new business development, leads including into the Indonesian defence markets and fishery sector, and the visit also triggered discussions for future visits for potential customers. The three participating businesses are the Australian Maritime College, Pivot Maritime Pty Ltd and Lightning Protection International Pty Ltd.

All reported a very high level of satisfaction with the mission and Pivot Maritime representative, Jeff Hawkins, also represented the Tasmanian Maritime Network. Over time, we expect to see formal agreements for the delivery of maritime related services and will continue to assist delegates to build on the new defence and maritime market connections that were facilitate while in Indonesia. My understanding is that Ms Ogilvie also had the opportunity to call on the Minister of Home Affairs, Minister Tito Karnavian -

CHAIR - Do you want to spell that for Hansard?

Mr ROCKLIFF - K-a-r-n-a-v-i-a-n.

CHAIR - Okay, thank you.

Mr ROCKLIFF - And also the minister was -

Mr EDMUNDS - Yes, so I'm just really conscious of the time, and I just have questions, but. So are you saying that that was a business class flight?

Mr ROCKLIFF - That's my advice.

Mr EDMUNDS - Is that advice from the minister, or?

Mr ROCKLIFF - No, I saw that yesterday in the - must have been the Department of Premier and Cabinet.

Mr EDMUNDS - Yes. Is it ordinary business of trade trips to fly business and first class?

Mr ROCKLIFF - Well, not first class. Business class, yes. It has been a longstanding practice as I understand.

Mr EDMUNDS - Yes. Thank you.

Mr ROCKLIFF - Further to that, I advise that the primary reason for the high of cost of fairs was the late confirmation of dates for travel, et cetera.

Mr EDMUNDS - Yes, a fair few people jumped online and couldn't quite reconcile those prices though.

CHAIR - Business class flights price don't really change, as I understand it. Not that much.

Mr EDMUNDS - We had the opposition journalists, anyone, jumping on the different flight websites, they didn't find anything approaching the sort of dollar figures that Minister Ogilvie spent on those flights. So that's why, obviously, we're asking again about whether it actually was business class and not first class.

Mr ROCKLIFF - All right. My advice is it was business class and not first class. Is that the advice that -

Ms HENDRIKS - Through the Premier, that's correct. The domestic leg to Hobart is always economy in trips but the international legs and longer haul flights out of the country are business class and hers are confirmed business class.

CHAIR - Okay.

Mr EDMUNDS - Thanks.

CHAIR - The Premier would be aware of the recent meeting with the Prime Minister and President of the United States in Japan. I'm looking at some of the critical minerals for decarbonising the future. Tasmania is host to a number of these critical minerals, and we look at the Tungsten Mine, for example, on King Island just getting going. I will ask Minister Ellis tomorrow more about some of these matters tomorrow. In regard to our export capacity here, what work will you be doing, particularly in this area, to try and look for those additional markets. I mean, there may already have been contracts for most of their product, but obviously they are really important minerals for the future.

Mr ROCKLIFF - Well, we can play a role in those in government to government connections or, indeed, as we do and when it comes to opening up markets, strengthening markets, maintaining markets, maintaining relationship, then in the presence of government representatives and, indeed, ministerial representatives or premier of the day, are also very important in that relationship building. So anything that our team can do, we will do. I'm happy to throw to our team.

Mr JONES - Thank you, Premier. I was just going to add that most of the trade development and support work is done through MRT who regularly participate in some of the trade fairs. My understanding is -

CHAIR - More a matter for them, you're saying?

Mr JONES - Sorry?

CHAIR - You're saying it's more a matter for them.

Mr JONES - Yes.

CHAIR - Right.

Mr JONES - They're very active in - one of my dep secs was overseas at one of these trade shows just recently.

CHAIR - Okay. All right. Any last minute questions? No. All right, well, we'll finish right on time, minister. Thank you for your time today. I'm sure it's a been a better day than yesterday for you. No comment. But thank you for your time, I appreciate it. Do you want to make any final comment?

Mr ROCKLIFF - Only to thank the committee for its scrutiny, of course, Hansard, our team as well, thanks very much for all our Outputs across all portfolios, and I remember being in opposition too and had one person standing behind me. So well done as well.

CHAIR - And Mr Evans too is going to have a nice holiday, so.

Mr ROCKLIFF - Yes, indeed, and Mr Evans' last estimates and, of course, a tribute to Kim's 28 years of outstanding service as head of agency.

CHAIR - All right, thank you, we can stop the broadcast.

The Committee adjourned at 7.17 p.m.