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Tasmanian Government

Ref: MIN25/2566

27 October 2025

Ms Ella Haddad
Chair
Select Committee on Reproductive, Maternal and Paediatric Health Services in Tasmania
rmphs@parliament.tas.gov.au

Dear Ms Haddad,

Thank you for your correspondence of 19 September 2025, inviting a written update to the House of Assembly's Select Committee on Reproductive, Maternal and Paediatric Health Services in Tasmania (the Committee).

The Tasmanian Department of Health (DoH) has been involved in the work of the previous Parliament's Committee through providing a written submission and attending a hearing in March 2025 alongside the Hon Jacquie Petrusma MP, as the previous Minister for Health.

I welcome the opportunity to provide further information and updates on the work DoH and the Tasmanian Health Service have been undertaking in relation to reproductive, maternal and paediatric health services.

I understand the specific questions posed by the Committee are primarily aimed at seeking an update on services, projects, and matters heard by the Committee since the March 2025 hearing. As such, I have endeavored to answer the Committee's questions with this in mind, while providing appropriate context within each of the responses. The responses to the Committee's questions are attached to this letter.

In line with the *Long-Term Plan for Healthcare in Tasmania 2040*, I am committed to providing Tasmanian infants, children, and their families the care they need across the healthcare continuum. This includes across a range of reproductive, maternal, perinatal mental health and paediatric health services, details of which are outlined in DoH's previous submission. Providing this care is an integral part of ensuring a sustainable, integrated and balanced health system that delivers the right care, in the right place, at the right time for all Tasmanians.

The safety and wellbeing of Tasmanian parents, families, and children is a key priority for the Tasmanian Government, and we are focused on ensuring the quality, accessibility, and safety of all relevant services. I look forward to the findings and recommendations of the Committee to help inform future service planning and reform directions.

Yours sincerely

[redacted]

Minister for Health, Mental Health and Wellbeing

Attachment 1 – Written update to the Select Committee
Attachment 2 – Table of implementation status for RHH Maternity Services Review

1. Please provide the Committee with any updates to reproductive, maternal, perinatal mental health and paediatric health services available in the Tasmania Health Service that have occurred since April 2025.

A range of reforms and initiatives relevant to the Committee's Terms of Reference have been progressed by the Department of Health (the Department) since April 2025, including initiatives that support maternal services, paediatric services, the midwifery workforce, and infrastructure development.

Maternal services

The Department has continued to progress priority work identified in response to the Independent Review of Maternity Services at the Royal Hobart Hospital (RHH), with 23 of the 38 review recommendations completed. The implementation status of each recommendation is provided at Table 1 (enclosed).

The implementation of the recommendations still in progress is being closely monitored. The Department Secretary has direct oversight of this vital work and is provided with quarterly progress reports.

The closure of maternity services at Hobart Private Hospital (HPH) in August 2025 was a significant event, given the vital role the private health system plays in providing a range of maternal health services in Tasmania. Leading up to the closure, the Department worked closely with the Australian Government, HPH and Calvary Health Care to increase service capacity at the RHH and Calvary Health Care's Lenah Valley Hospital (Calvary Lenah Valley) to meet demand. This included moving a small number of women, along with their private medical provider, from planned births at the HPH to Calvary Lenah Valley. The Department and Calvary Health Care has also supported former HPH maternity staff who want to continue working in southern Tasmania to find appropriate employment.

More information on the HPH service transition is provided in response to Question 2.

The Department recently invited stakeholder input into the development of a Tasmanian public homebirth model. The introduction of public homebirth would bring Tasmania into alignment with other jurisdictions where this model is well established. Submissions to this consultation process closed on 19 October 2025.

Paediatric services

The Department is developing a state-wide strategy for hospital-based paediatric services, which will identify a range of actions for reform. This strategy will outline approaches to expand the specialist workforce, streamline referral pathways, and implement patient-centred models of care to improve health outcomes and service sustainability. The Department is undertaking service planning for release in mid-2026 to improve access to hospital-focussed services for children under 18.

In addition, as part of our First 100 Day Plan, the Government will announce a new strategy to decrease sub-speciality paediatric waiting lists.

Since April 2025, there has been an increase in medical staff employed across paediatric gastroenterology, endocrinology and cardiology to support improved access to these paediatric outpatient services. Clinics in these specialities are currently being planned and

rolled out to support the flow of paediatric patients through the Tasmanian Health Service (THS).

Work is also underway to increase access to neurodevelopmental and behavioural services for paediatric patients at the RHH through a pilot model of care, with the intention of extending services state-wide. The model includes a collaborative ADHD assessment service through the Child and Youth Mental Health Service and Paediatric Medicine.

Midwifery workforce

Tasmania, like many other jurisdictions, faces ongoing challenges in recruiting midwives. To strengthen and expand the midwifery workforce and midwifery-led services, the Department published a new strategy and action plan for consultation in September 2025, titled *Midwifery Matters – Tasmanian Midwifery Workforce Strategy 2025 – 2030*. In addition to written submissions, consultation sessions have been held with key stakeholders such as midwives, professional bodies and colleges and consumers. Submissions closed on 5 October 2025.

The Midwifery Workforce Strategy will include actions to grow 'direct entry' midwifery education pathways and graduate workforce opportunities in areas like Child Health and Parenting. This will be complemented by expanded postgraduate education courses for direct entry midwives and broader career options. This is the foundation for strong professional pathways for midwives in Tasmania and is fundamental to the retention of the midwifery workforce.

Recruitment initiatives are underway to bolster opportunities for midwives in Tasmania, including the re-establishment of the Graduate Diploma of Midwifery at the University of Tasmania from 2026, and refresher/re-entry programs for midwives seeking to return to practice. Offering midwifery education on-island will enable more Tasmanian nurses to embark upon a career in midwifery and/or to return to midwifery.

Infrastructure development

Work to establish the new Intensive Residential Parenting Unit (IRPU) at St John's Park in New Town and the Residential Parenting Unit in Launceston at the Launceston Health Hub continues. These contemporary facilities will provide comprehensive parenting support for families by expert nurses, midwives and mental health professionals, in a home-like environment outside of the hospital. Further details on these projects are provided in Question 3.

2. With the closure of the Hobart Private Hospital's maternity ward in August 2025, could you please provide the Committee with an update on the transition of services process to the Royal Hobart Hospital and Calvary Lenah Valley Hospital, including any increase demand on services at the Royal Hobart Hospital and any consequential impacts on the provision of services.

Following the closure of maternity services at HPH, the Department has maintained access to quality care and birthing choices for mothers and babies in southern Tasmania.

The Department proactively responded to the impact of this closure by increasing maternity service capacity at the RHH and Calvary Lenah Valley. This work has been supported by the Australian Government's commitment of $6 million in funding to expand maternity services in southern Tasmania.

This funding is being used for:

- the expansion of inpatient maternity unit beds at RHH from 29 to 34 beds;
- establishment of a “Transition to Home” model at RHH with three ensuite rooms;
- renovation of birthing suites at Calvary Lenah Valley;
- expansion of birthing capacity at Calvary Lenah Valley; and
- relocation of the existing RHH Mother and Baby Unit to the new IRPU at St John’s Park in New Town.

To support the transition, the Department formed a Clinical Working Group in April 2025 with HPH and Calvary Health Care. The group met regularly to plan and discuss matters relating to the transition of maternity services to the RHH and Calvary Lenah Valley. The transition plan commenced with a small number of women moving planned births from HPH to Calvary Lenah Valley from June 2025. As anticipated, the number of births at Calvary Lenah Valley increased steadily over July 2025 and early August 2025.

The last birth at HPH occurred on 6 August 2025, and its maternity services ceased on 11 August 2025. As the transition is complete, the Clinical Working Group has concluded; however, the Department continues to liaise regularly with stakeholders. Both the Department and Calvary Health Care assisted former HPH maternity staff who wanted to continue working in southern Tasmania to find appropriate employment. The Department understands Calvary Lenah Valley successfully recruited several of the displaced midwives.

In response to the Committee’s request for information on the consequential impacts on demand at the RHH, the Department can advise that the number of expectant birthing women booked in with RHH and Calvary Lenah Valley has increased in line with expectations. However, it is too soon following the transition to provide data-based insights.

The Department and Calvary Lenah Valley continue to monitor demand for maternity services to ensure the health and wellbeing needs of babies and caregivers continue to be met.

3. Please provide an update to the Committee regarding the Government’s plan for mother baby units within the Tasmanian Health Service, including the proposed St John’s Park facility in the South and potential services in the North and North West.

The Department is committed to ensuring access to quality care for families across Tasmania. This includes through the Mother Baby Unit at the RHH, the planned IRPU at St John’s Park, and the planned Residential Parenting Unit at the Launceston Health Hub and its satellite service to the North West.

Current RHH Mother and Baby Unit

The current Mother and Baby Unit in the RHH has two dedicated beds to support mothers experiencing perinatal mental health concerns. The Unit at Ward K6 West is in a space usually utilised to support the transition to home for families being discharged from Women’s and Children’s Services.

The Mother and Baby Unit is separate from the main part of the ward and has been optimised to cater to the unique needs of mothers and infants. Tasmanian mothers seeking support can

be referred to the Unit by their treating clinician via Access Mental Health, Tasmania's state-wide mental health support, triage, and referral line.

St John's Park facility

As noted in response to Question 2, the Australian Government has committed $6 million to ensure the continuity of birthing services in southern Tasmania. A portion of this funding is to support the relocation of the RHH Mother and Baby Unit to St John's Park. This will create a more holistic care setting through the establishment of an IRPU, which is intended to be a six-bed unit with two additional virtual beds.

The Model of Care for the IRPU provides a holistic view of infant mental health, emphasising infants' social and emotional development and focusing on their ability to form secure relationships and regulate emotions. The IRPU will provide comprehensive parenting support for families, including assistance with sleep and settling, parent/infant attachment, parental anxiety, and early childhood behavioural concerns. This service will be delivered by Child Health and Parenting Service (CHaPS) nurses and a multi-disciplinary workforce, including specialist mental health supports.

CHaPS will strengthen its links to Statewide Mental Health Service to support families experiencing moderate to severe perinatal mental health to step up into acute care levels when needed, and back down to community/residential parenting support once ready.

The Department is currently working on the IRPU service design. The architectural design is well underway, with Planning Approval granted on 16 September 2025. A preferred construction contractor has been selected, with contract negotiations in progress. The Department anticipates construction will start very shortly, with operational readiness planned for mid-2026. A Project Committee has been established to assist in operational planning.

Launceston Health Hub facility and North West satellite service

The Tasmanian Government committed $9 million over three years to 30 June 2028 to partner with Tresillian Family Care (Tresillian) to establish a four-bed Residential Parenting Unit in the Launceston Health Hub. This includes a day service and a satellite service to the North West. The service is expected to be operational by the end of 2025.

The unit will offer a four-night/five-day program for families with children from newborn to three years of age experiencing significant parenting challenges that require intervention. It will provide strategies to promote family health and wellbeing, such as sleep and settling, breastfeeding support, toddler behaviour and parental wellbeing support. The service will include space to provide mental health support from the Gidget Foundation, an expert parental support provider, with a GP referral.

The satellite service will operate in the Burnie, Central Coast, Waratah-Wynyard, and Circular Head Local Government Areas two days per week, providing services and advice on issues such as sleep, settling, feeding support, child behaviour, mental health support and referrals.

4. Please provide an update to the Committee regarding the status of contract and service arrangements with Tresillian and Gidget Foundation Australia in the state.

Negotiations of contract and service arrangements with Tresillian to enable delivery of the Residential Parenting Unit and satellite service detailed above at Question 3 are progressing and expected to be finalised in time for service delivery to commence by the end of 2025.

In relation to the provision of mental health support by Gidget Foundation at the Residential Parenting Unit, Tresillian will directly engage Gidget Foundation to provide these supports.

The Tasmanian Government has also invested $1.25 million for Tresillian to operate a state-wide phone service and virtual care consults for parents across Tasmania. The state-wide phone service was launched in mid-2024 and is providing critical telehealth support for parents' emotional and psychological wellbeing, especially for stress, anxiety, and depression, including for those residing in the North West of Tasmania.

CHaPS applied to the Federal Government for a Commonwealth funded Gidget House, to be located at the Parenting Centre in Burnie. This submission was declined. Our government has advocated for this decision to be reconsidered.

In addition, as part of our First 100 Day Plan, the Tasmanian Government is working with Gidget to recruit students into Gidget's Perinatal Mental Health Program. To enable this, the Department is working to implement a funding agreement so recruitment processes can commence within the first 100 days of government.

5. The Committee has heard from a number of lived experience witnesses that their previous mental health conditions have not been adequately understood or addressed during their interactions with the Tasmanian Health Service in reproductive, maternal or paediatric spaces. Could you please outline for the Committee what screening processes and/ or supports are offered to such patients to provide best practice care throughout their entire episode of care, not just post-partum?

The Department takes its role in supporting women's health and wellbeing seriously.

All clinical staff within the Department strive to provide person-centred care and adhere to the National Safety and Quality Health Service Standards when engaging with a patient to ensure the provision of safe and comprehensive care.

Throughout pregnancy, all women are offered emotional and psychosocial health screening through the Edinburgh Postnatal Depression Screening tool. This is offered a minimum of two times in pregnancy, and referral to the Perinatal & Infant Mental Health Service or an alternative service is offered when the presentation meets referral criteria.

A best-practice model for perinatal mental health care requires a range of solutions to meet the needs of mothers and their infants, including a focus on primary care and early intervention. There are a range of services and programs in Tasmania that support mental health and wellbeing across the continuum of care throughout the perinatal period, including universal primary care, targeted secondary care and specialist intensive care. Universal services are based on principles of primary health care to meet the needs of women, children and families at multiple contact points and can support families presenting with low-to-mild and perinatal mental health concerns.

The provision of healthcare services

In addition to services and supports available through General Practitioners, parents are proactively asked about their mental health as part of the services provided by CHaPS and are offered strategies and parenting services to support perinatal wellbeing. CHaPS offer parent support groups for new parents, which focus on prevention, early intervention, and targeted support, including the importance of child-caregiver attachment and infant/child mental health.

Families presenting with moderate-to-severe mental health concerns during the perinatal period may benefit from specialist intensive care services, such as:

- Statewide Mental Health Services for women in the antenatal period and postnatal period up to 12 months with both pre-existing and new mental health illnesses or concerns; and
- The RHH Mental Health Inpatient Unit for mothers with severe perinatal mental health concerns requiring individual acute psychiatric support, and the Mother and Baby Unit (until the establishment of the IRPU at St John's Park) for parents and infants with moderate-to-severe mental health concerns who can be treated under joint admission – refer to Question 3 above.

The Department is progressing several perinatal mental health initiatives, with a range of programs and services highlighted in the Department's submission to the Select Committee, including the development of a digital screening tool to support earlier identification of perinatal mental health concerns, and the establishment of a service model for the North and North West.

Other support services in Tasmania

Women accessing maternity services in the THS are provided resources about available perinatal mental health services and how to access them, including services provided through the Gidget Foundation, the ForWhen navigation phone service, Rural Alive and Well, and Tresillian.

Gidget House Hobart opened at the Peacock Centre in North Hobart in June 2024 providing face-to-face and virtual care-based individual psychological support services, group programs and early intervention screening for expectant and new parents with mild to moderate perinatal mental illness in Tasmania. Support is also offered for people and their partners who have experienced birth trauma, pregnancy-related loss, or are undergoing fertility treatment. Services are covered by Medicare via referral and a mental health care plan from a General Practitioner. While funding for primary care and early intervention services is a Commonwealth responsibility, the Department is actively engaged in discussions with the Commonwealth to develop long-term community-based solutions that focus on primary care and early intervention.

The Tasmanian Government has partnered with Tresillian to launch the Tasmanian Parenting Support Line which commenced on 1 July 2024, which provides advice and support to parents on topics such as settling their baby, breastfeeding and bottle-feeding, toddler behaviour, postnatal depression and anxiety. As noted in response to Question 3, Tresillian's Launceston Residential Parenting Unit will be established in late 2025, with Gidget House co-located to provide mental health supports to parents experiencing perinatal depression and anxiety.

6. Could you please provide the Committee with an update on the provision of mental health support by Gidget Foundation Australia to a number of women who experienced birth trauma, and undertook complaints processes regarding their birth experiences, at the then North West Private Hospital. A status update on the provision of this support, including but not limited to the following areas, would be appreciated:

- **What services were provided, including the process for gaining access to services;**
- **If the services have a date of cessation; and**
- **If any ongoing support has been offered by the Department of Health to the women outside of that provided by Gidget.**

The Tasmanian Government acknowledges the birth trauma experienced by some women in Tasmania, and the long-lasting impacts this can have on the individual and their families. Physical birth trauma is managed by the Obstetrics and Gynaecology team in hospital after birth and prior to discharge, with further follow-up care and support organised as required.

Management of psychological birth trauma is specific to the individual needs of each woman and, therefore, differs from case to case. THS maternity care plans include post-birth debriefs, during which women are given the opportunity to discuss their birth prior to discharge. Those who indicate psychological trauma are provided with a referral to Obstetrics and Gynaecology and THS Social Work teams.

Through a review of complaints, the Department identified fourteen women who birthed at the North West Private Hospital who experienced birth trauma. The women were directly offered access to perinatal mental health services through the Gidget Foundation, funded by the Department. This support provided access to 10 perinatal mental health sessions, with access to additional sessions if deemed clinically required and approved. This offer of support was optional, provided free of charge, and maintained patient confidentiality; the THS did not have access to the personal details of those accessing this service. Five of the women accepted this support from the Gidget Foundation.

To provide this support, the Department had a 24-month contract with the Gidget Foundation between May 2023 and May 2025. The Department remains committed to providing ongoing and necessary support and care to women who have given birth in the North West. This includes access to supports such as social work or perinatal mental health services, and a pre or post discharge debrief.

The Department's Perinatal Mental Health Service in the North and North West offers free and confidential specialised mental health assessment and treatment. This is available for women within the perinatal period who experience or are at risk of developing moderate to severe mental health symptoms that are likely to impact their pregnancy and/or parenting.

Additionally, work is underway to deliver a Perinatal Mental Health Service through mental health precinct redevelopments at the Launceston General Hospital and the North West Regional Hospital.

As highlighted in the response to Question 5, the Department provides information on the range of support services available to all women who have given birth in the North West as part of the care provided by THS Maternity Services.

Attachment 2

- A Review Implementation Committee (RIC) was established in January 2025 and meets monthly. Membership includes the Australian Nursing and Midwifery Federation, a direct care midwife, and a consumer.
- As at 30 September 2025:
  - 23 recommendations have been completed
  - Nine are on track for completion against original timeframes
  - Six are delayed but are on track for completion by 31 December 2025, when full completion is due.
    - Four of the delayed recommendations relate to Birthrate Plus assessments (a midwifery-specific tool using planning and real-time staffing tool), which are delayed as data collection, assessment and analysis continue.

Table 1- Royal Hobart Hospital Maternity Services Review – implementation progress

	Recommendation	Timeline	Status 30 September 2025
1.	The Tasmanian Health Service to collaborate with the Office of the Chief Nurse and Midwife to develop a set of operational principles to be used to allocate staff in each area across the inpatient maternity service regardless of chosen methodology to determine staffing profile.	Q2 2025	In progress
2.	Tasmanian Health Service to ensure that the Midwifery Unit Manager has training in the use of whatever methodology is chosen to determine the establishment staffing profile and the application of the principles noted in Recommendation 1 including: • Roles in excess of direct care staffing. • Correlation between the required Full Time Equivalent (determined by Birthrate Plus®) and the Establishment / Vacancy Tool.	Q2 2025	Complete
3.	Office of the Chief Nurse and Midwife to collaborate with the Tasmanian Health Service to develop a shared understanding of the methodology and the application of Birthrate Plus® if this methodology is to be used going forward and the application of the principles noted in Recommendation 1.	Q2 2025	In progress
4.	Royal Hobart Hospital to undertake an audit of Pregnancy Assessment Centre phone call activity to help inform staffing requirements for this area.	Q2 2025	Complete
5.	Royal Hobart Hospital and the maternity service to prioritise the staffing in the Pregnancy Assessment Centre and High Dependency Unit with staffing in these areas only moved in times of an emergency.	Q2 2025	Complete

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	Recommendation	Timeline	Status 30 September 2025
6.	Royal Hobart Hospital must develop a clear understanding of full-time equivalent shortfall and proactively recruit even if this means temporarily going over their allocated full-time equivalent.	Q2 2025	Complete
7.	Royal Hobart Hospital to develop business rules for the existing tool that is used to calculate and monitor: • The Full Time Equivalent required, inclusive of leave entitlements, an allowance for unplanned leave, professional development and other enterprise bargaining agreement entitlements. • The vacancy rates. • The recruitment target.	Q2 2025	Complete
8.	The Office of the Chief Nurse and Midwife to collaborate with the Tasmanian Health Service to develop and implement a structured Graduate Midwife Program: • Provided over 12 months rather than the current 6 months. • Linked to achieving competencies. • Be delivered through a structured model of professional supervision and support that is delivered in additional to direct care staffing allocations i.e., a dedicated clinical coach.	Q4 2025	Complete
9.	The Tasmanian Health Service to develop an expedited process for the recruitment of staff providing direct clinical care with a priority for midwifery staff.	Q2 2025	Complete
10.	The Tasmanian Health Service to ensure that early career midwives are provided with the opportunity to learn skills related to the insertion of vaginal induction agents and the Office of the Chief Nurse and Midwife to ensure that this is included in the Graduate competency set.	Q4 2025	Complete
11.	The Tasmanian Health Service to ensure that early career midwives learn skills in how to manage an induction to ensure that the woman establishes labour effectively and in a timely manner and Office of the Chief Nurse and Midwife to ensure this is included in the Graduate competency set.	Q4 2025	Complete
12.	Timeline from 'decision to induce' to commencement of induction: The Tasmanian Health Service to ensure women receive adequate information regarding Induction of Labour including reasons why Induction of Labour is being recommended thus ensuring informed consent is obtained.	Q3 2025	In progress
13.	The Royal Hobart Hospital to review its processes of data collection to ensure that all data elements are correctly identified.	Q3 2025	In progress
14.	The Royal Hobart Hospital to review the terms of reference for the Tasmanian Health Service South Perinatal Morbidity and Mortality Working Group to ensure that all third trimester stillbirths are reviewed and discussed at this forum.	Q3 2025	In progress

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	Recommendation	Timeline	Status 30 September 2025
15.	The Royal Hobart Hospital to review the business case about staffing of the lactation service within 30 days to ensure the outcome can be provided to the lactation consultants and considered in the budget process. The Royal Hobart Hospital to provide an outcome about the lactation service business case within 30 days of this report to the Lactation Consultants.	Q4 2025	In progress
16.	The Tasmanian Health Service to contract private lactation consultants to provide lactation services on a no gap Medicare basis.	Q4 2025	In progress
17.	The Tasmanian Health Service to work with community organisations such as the Australian Breastfeeding Association to develop an innovative model to assist mothers with breast feeding (pre and postnatal).	Q4 2025	Complete
18.	The midwife in charge to ensure that the S8 and S4D medication count is undertaken at each shift change in accordance with the local policy.	Q2 2025	Complete
19.	The Royal Hobart Hospital to develop a consistent approach to S8 and S4D medication audits that includes reports on all the audit elements: • Results of S8 and S4D drug audits be displayed in a graph form in the staff base. • Medication audit results be included in maternity unit monthly meetings and Women's and Children's Services Quality and Safety Committee meetings.	Q2 2025	In progress
20.	The existing practice / policies / protocols at Royal Hobart Hospital be updated to support concurrent administration of Vitamin K and Hepatitis B vaccination in neonates.	Q2 2025	Complete
21.	The Tasmanian Health Service to undertake a business case for the allocation of a dedicated clinical pharmacist to the maternity service.	Q4 2025	In progress
22.	The Tasmanian Health Service to develop and implement an in-service calendar that includes initial and refresher patient-controlled analgesia and epidural education for all new midwifery staff, including graduates and students. Develop a competency assessment in these areas for all new staff.	Q3 2025	Complete
23.	The maternity unit to develop a checklist and audit tool that is attached to each of the emergency trolleys to enable streamlined daily checking: • Results of the audits be displayed in a graph form in the staff base and be included in maternity unit monthly meetings. • Audit results be included in the Women's and Children's Services Quality and Safety Committee meetings.	Q2 2025	Complete
24.	An Associate Midwifery Unit Manager checklist be developed for use at the team handover that includes the allocation of the person/s responsible for checking the emergency trolleys.	Q2 2025	Complete

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	Recommendation	Timeline	Status 30 September 2025
25.	The Royal Hobart Hospital to ensure that when there are incidents identified where equipment is missing, or medication expired on an emergency trolley that a Safety Reporting and Learning System incident is completed.	Q2 2025	Complete
26.	The Midwifery Unit Manager and Associate Midwifery Unit Managers work with the staff to identify the standard stock that is required in each of the birth rooms and in each stock room on both the East and West sides of K7.	Q2 2025	Complete
27.	The Tasmanian Health Service to ensure those appointed to leadership roles undertake the leadership programs offered by the Department of Health and have regular supervision or mentorship.	Q3 2025	Complete
28.	The Royal Hobart Hospital to review the structure of the midwifery services with specific consideration given to separating the management accountability of the ambulatory and inpatient services.	Q3 2025	In progress
29.	The Royal Hobart Hospital to establish a Maternity Consumer Advisory Group.	Q3 2025	In progress
30.	The Royal Hobart Hospital to review the maternity model of care, and then subsequently the number of operational birth suites and antenatal and postnatal beds required to meet service demand.	Q4 2025	In progress
31.	Royal Hobart Hospital to establish a representative working group, utilising a redesign methodology, that fosters collaboration to address the workflow and other concerns associated with K7 footprint.	Q4 2025	In progress
32.	The Tasmanian Health Service to develop a standard operating procedure for the collection and use of activity and occupancy data to inform bed and birth suite requirements.	Q4 2025	In progress
33.	The Tasmanian Health Service to implement more flexible employment arrangements for midwives working within the Tasmanian Health Service including supporting small fractional appointments, set days, limitations or no night duty, 'short' shifts and flexibility when staff are returning from parental, or carers leave for set periods of time. An application and transparent approval process, with criteria should be developed to support implementing these arrangements.	Q2 2025	Complete
34.	The maternity service to review the practice of filling the roster shortfalls and ensure that it is revised to offer part-time staff, employed across the maternity service, the first option to fill vacancies.	Q2 2025	Complete
35.	The Royal Hobart Hospital to ensure that the Associate Midwifery Unit Managers do not have allocated direct care responsibilities.	Q2 2025	Complete
36.	The Office of the Chief Nurse and Midwife to develop a role statement and way of working for the Registered Nurse and the Midwife team within the maternity unit.	Q3 2025	Complete
37.	The Office of the Chief Nurse and Midwife to develop a role statement and way of working for the Registered Nurse in the care of unqualified neonates managed in the ward and this be considered for implementation in Tasmanian Health Service maternity services.	Q3 2025	Complete

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	Recommendation	Timeline	Status 30 September 2025

38.	The Tasmanian Department of Health to work together with the Tasmanian Health Service and convene an Implementation Committee reporting to the Secretary, Department of Health to oversee the implementation of the recommendations adopted from this report.
	• The committee comprises representatives from:
	  ○ Maternity Service
	  ○ Royal Hobart Hospital Executive
	  ○ Tasmanian Health Service Executive
	  ○ Consumer representatives
	  ○ Tasmanian Department of Health including the Chief Nurse and Midwife or delegate.
	• Progress reports are provided in 3 monthly intervals to the Secretary, Department of Health via the Tasmanian Health Service Executive.
		Q4 2025	In progress