Department of Health

Tasmanian Government

File No: SEC24/778

Comments from Secretary:	Approved / ~~Not Approved~~ / ~~Noted~~
	
	Dale Webster **Secretary**
	Date: 9 May 2024

Critical Date: 10 May 2024

Minute to Secretary

Subject:	**Royal Hobart Hospital Redevelopment Stage 2 – Contract Variation for Emergency Department (ED) Expansion - Lead Consultant**

Purpose

To seek your approval to vary the value of the contract DH-5857C (IS-581) with Jacob Allom Wade Pty Ltd (JAWS) from $5 983,723 to $6 806,004 to address additional work as the lead consultant for the ED expansion project.

Summary of Key Issues

- The State Government has committed $201 million in funding to undertake the Royal Hobart Hospital (RHH) Stage 2 Redevelopment.
- A priority project in the RHH Stage 2 redevelopment is the ED Redevelopment.
- The ED project is split into two main phases. Phase 1 Short Stay Unit (SSU) was delivered under budget and commenced operation on 31 January 2023. Stage 2 of the project has grown in scope over time and involves the broader redevelopment of spaces in J, H and A-Block to provide additional treatment points, improved ambulance facilities, improved patient triage, larger specific paediatric facilities, larger specific geriatric facilities, and improved staff training facilities and amenity.
- The lead design consultant has had to perform additional tasks that has led to an increase in their fee.

Background

- On 1 March 2023 the JAWS contract was approved by the Associate Secretary to increase from $2 721,701 to $5 983,723 on the basis of increased scope and additional work for the project. At that time the budget for the project had increased from $53.9 million to $115 million to accommodate the revised scope.
- Due to additional work performed to date to meet expanded requirements of the project, resolve latent conditions, and undertake significant redesign work, the current contract value has almost been reached.

- With the increase in the overall ED expansion project scope and subsequently to the budget ($115 million to $130 million), the negotiated increase in JAWS consulting fees is a variation to the existing contract to enable completion of final design and documentation.
- The variation to the contract exceeds the financial delegation of the Deputy Secretary Infrastructure Services.

Analysis of Issues

- Jacob Allom Wade are familiar with the RHH and the ED project overall and approving this variation will enable earlier completion of the detailed planning and documentation and ultimately the issuing of the Request for Tender (RFT) for Phase 2 of the ED expansion project.
- The table below details additional costs to the project:

Title	Description	Value $'s
LG A Block redesigns x 4	Required by the Project Reference Group (PRG) to optimise the footprint and reduce the cost to build	125 840
Safety in Design redraw	To address outstanding safety in design risks from the safety in design report a number of additional design iterations had to be undertaken (4No.) to achieve AusHFG's compliance and acceptance from the PRG. This additional design time was not allowed for in the original price.	348 967
Patient Transfer Suite (PTS)	Being designed for the Argyle Street Ambulance bay in lieu of the Q-Bital mobile solution which was deemed non-viable	50 198
Ground J Block redesigns x 3	To achieve endorsement of the PRG regarding functionality in design and best possible compliance with AusHFG's additional iterations of the design had to be undertaken (3No.). This was more than was allowed for in the original fee sum.	50 000
Documentation of 3D North - Paediatric transition space	Whilst the E.D main works are undertaken and the SSU operates from 3J west, a satellite Paediatric SSU will operate from 3D North. Additional design work required to facilitate child safe requirements for Paediatric satellite SSU not included in the initial fee.	10 000
H Block stairwell fire requirements	Required by TasFire to make H Block compliant from a fire safety perspective	29 175
Argyle st frontage redesigns and final design	Required by AT to meet risks identified as well as meet Hobart Council requirements	25 000
Constructability consultant McGlinn & Associates	To validate construction staging and associated design considerations, and incorporate these details into the contract documents (specifications and drawings) to ensure a good market response	45 000

	i.e. an offer that has minimal exclusions and is delivered within 24 months.	
Additional value management services by Platform Estimating	Platform Estimating providing value management advice to inform and refine the design to ensure construction of the E.D can be undertaken within allocated budget. This service was not allowed for in the original design fee.	15 000
Allowance for out of pocket Statutory Fees to HCC, TasFire and TasWater	Reimbursement of Fees not covered under the consultancy agreement	30 000
Electromagnetic field (EMF) specialist engineer to assess impact of high voltage cables	FortEng for EMF assessment and reporting on the old Carpenters store suitability for occupation	8 200
Radiation specialist to assess impact on areas near X Ray machines and Linear accelerator	St ERME for radiation shielding and Linac dosing estimates	16 000
Geotechnical assessment of areas nominated as potentially contaminated	Geosolutions work on Campbell st and Argyle street to provide contamination studies	24 400
Gandy & Roberts civil and structural engineering	A flood study for the PTS, assessing latent conditions on transition works and structural challenges with J Block into Lower Ground	44 500

- JAWS is pre-qualified with the Department of Treasury and Finance to undertake consulting of this value. JAWS has successfully delivered Phase 1 on an accelerated timeline and have the necessary experience at the RHH.
- The term of the contract with JAWS will extend to the completion of the full project Defects Liability Period, being 12 months after construction completion now likely to be mid-2028.

Financial Considerations

- Consulting fee increase of $822 281 to revised total contract value $6 806 004.
- The fee increase will be funded from the ED expansion contingency budget.

Recommendation(s)

That you approve the variation to contract DH-5857C (IS-581) with Jacob Allom Wade as lead design consultant to complete the design (Phase 2) for the ED Expansion Project for a revised total cost of $6 806 004.

Clearances

Proper attention has been given to critical timeframes and sufficient time has been allowed for consideration of the issues and/or for briefings to occur to enable decisions to be made. Consultation on the issues has occurred. Consequently, this Minute has been approved for transmission, and accuracy and content of the document is endorsed by:

Andrew Hargrave, Deputy Secretary, Infrastructure Services on **6 May 2024;**
Contact number: Personal Information .

Agreement with the document and the content within it has been provided by:

Jon Hughson, A/Director, Programming and Delivery on 30 April 2024;
Contact number: Personal Information

Rick Sassin, Senior Project Manager, Programming and Delivery on 8 April 2024;
Contact number: Personal Information

This Minute was prepared by:

Mark Leis, Project Manager on **8 April 2024.** Contact number: Personal Information

Tasmanian Government

File No.: SEC24/876

Comments from Secretary	Approved / ~~Not Approved / Noted~~
Note, Secretary approved at Vacancy Control Committee meeting on 11 June 2024. His comments were that this approved, however advertisements to fill need to be made asap. Dave Phelan, Principal Officer P&C	**Dale Webster** **Acting Secretary** **Date:** 11 June 2024

Minute to Secretary

Subject: **Request to secure locum registrars and staff specialists for the Emergency Department, Launceston General Hospital**

Purpose

To seek your approval to secure up:

- **to two full time equivalent (FTE) locum emergency medicine specialists for 36 weeks, from 15 April 2024 to 22 December 2024, at an estimated cost of up to $1.272 million.**
- **to 6.25 FTE locum emergency medicine registrars and 5.75 FTE staff specialists for 26 weeks, from 5 August 2024 to 2 February 2025, at an estimated cost of up to $5.36 million.**

Summary of Key Issues

- The Emergency Department (ED) operates with an establishment of 18.0 FTE for registrar and career medical officers, and 14.0 FTE for staff specialists. This is inclusive of 2.0 FTE registrars funded under the specialist training program (STP) through the Australasian College for Emergency Medicine (ACEM), in addition to the Director and staff specialists undertaking training supervision.
- Salaried Medical Practitioners are operating at 19 per cent; and 50 per cent under recruited in Registrars respectively **(Table 1)**.
- On 12 January a locum Minute (SEC24/5) was approved due to vacant positions and sabbatical leave. Subsequent to SEC24/5 approval, further reduction to locum hours has occurred.
- Recruitment for an overseas Registrar is underway for the Launceston General Hospital (LGH) ED and the LGH ED will continue with active recruitment campaigns during this period through media and panel agreements.

- To maintain the medical roster, it is important to secure skilled ED locums as soon as practicable, given the pressure to ensure a skill balanced medical roster supporting established Tasmanian Health Service (THS) medical employees.

- To cover roster shortfalls, The LGH ED will require up to 2.00 FTE staff specialist from 15 April 2024 to 22 December 2024 and 6.25 FTE registrars and 5.75 FTE staff specialists from 5 August 2024 to 2 February 2025.

- Locum FTE is based on an estimate to meet roster shortfalls due to substantive vacancies, unplanned leave, planned leave, and leave without pay; with locum FTE representing 100 per cent operational hours.

- The ED rosters are provided to the Executive Director Medical Services locum recruitment team to engage locums to fill roster vacancies. The roster provides details corroborating non-clinical time of substantive occupants, inclusive of substantive occupants' non-clinical time or leave.

- The request for this locum coverage relates to patient facing roles and:

    - These roles in the ED are for medically qualified professionals there are no medically qualified staff in non-facing patient roles who could fulfil the duties;

    - There are no safe service reductions within the ED as the service is required to meet presentations by the public and there is no possible service diversion as the Launceston General Hospital operates the only 24/7 ED in Launceston;

    - Leaving the roles vacant will result in an unsafe level of medical staffing at both FACEM and junior medical levels;

    - The entire period of staff vacancies needs to be covered;

    - The vacant roles within the ED need to be 100% covered to attend to the presentations to the department;

    - The entirety of the shifts must be covered and a reduction of medical staffing in the ED is not possible to attend to the number of patient presentations; and

    - The vacancies cannot be covered by another means. The ED must be staffed by both FACEM and registrars.

Background

- Although improved recruitment for the 2024 college year, and with Medical Practitioners Agreement 2022 in place, the LGH ED has had difficulty in attracting staff specialist and registrars through national competitive advertising campaigns.

Analysis of Issues

- The ED cannot sustain a medical roster without the support of a locum workforce of registrars and staff specialist.

- Salaried Medical Practitioners are operating 19 per cent and 50 per cent under recruited in Staff Specialist and Registrars respectively, with sick leave and annual leave running at 1.63 per cent and 7.7 per cent of paid and unpaid FTE **(Table 1**).

Table 1: N22022 - Emergency Department Salary Medical Practitioners

Cost Centre	Year to PP20 Average FTE	Established FTE	FTE Funded	Variance +/- FTE Funded
Senior Staff Specialist/Staff Specialists	12.36	14.00	15.26	-2.90
Registrars	9.92	18.00	20.01	-10.09
Total	**22.28**	**32.00**	**35.27**	**-12.99**

Source: *DoH, fyi, average staffing levels and DoH, Finance, THS Position Funding 2023-24 - Hospitals North*

- A reduced workforce may impact ACEM accreditation as a training site.
- To attract skilled clinical staff, 2.0 FTE accredited registrar positions were converted to Career Medical Officers (CMO) for a fixed term period. To date 0.5 FTE has been secured as a CMO.
- Significant effort goes into roster development and staffing the roster has relied on goodwill of the fixed term workforce remaining.
- The Medical Practitioners (Tasmanian State Service) Award 2023, Part VI – Ordinary Hours of Work and Excess Time, e. Reasonable Notice of Roster.
- If locums are not secured, the risk to the THS is significant for the ED in addition to employee burnout, requests for reduction in hours or clinicians exiting for improved conditions elsewhere.

Financial Considerations

- Estimates are based on current locum rates, an agency rate of fifteen per cent and requirements under, Schedule 4, of the Locum Contract, which provides for the locum agent to invoice the THS for accommodation, car hire and flights.
- The estimated cost of locums is up to $6 629 828, which is based on 12.0 FTE locums working up to four ten hours shifts per week over twenty-six weeks and 2.00 locums over twenty weeks **(Attachment 1).**
    - Up to 2.0 FTE locum ED staff specialists equivalent, at a rate of $3 500 per shift plus approx. 16 per cent agency fees per shift working four shifts per week over twenty weeks will be $651 840.
    - Up to 6.25 FTE locum ED registrar equivalents at a rate of $2 500 per shift plus approx. 16 per cent agency fee per shift working four shifts per week over six months will be $1 891 500.
    - Up to 5.75 locum ED staff specialists equivalent, at a rate of $3 500 per shift plus approx. 16 per cent agency fees per shift working four shifts per week over twenty-six weeks will be $2 436 252.
        - Total estimated cost of up to 14.0 locums and agency fee over the period will be **$4 979 592.**
    - Accommodation costs for 14.0 FTE locums at $169 per night for 506 days, allowing before and after shift of 2 days for each classification will be $1 197 196.

- Motor Vehicle costs for 14.0 FTE locums at $60 per day for 506 days, allowing an additional two day's pickup and drop off for each classification will be $425 040.
- Flights allowing for up to 14 locums flights allowing two return flights for 18 locums $1 000 return flight will be $28 000.
  - Total estimated cost of accommodation, vehicle and flights will be **$1 650 236.**

- The projected budget impact, the difference between the cost of the locum and the estimate of the salary and salary related package for an ED staff specialist and registrar is $4 587.
- Business Information (s38)
- Business Information (s38)

Attachments

1 Locum estimates

Recommendations

That you:

1 approve securing up to 2.00 FTE staff specialist to meet safe staffing levels at an estimated cost of $1.272 million for the period 15 April 2024 to 22 December 2024.

2 approve securing up to 6.25 FTE registrars and up to 5.75 FTE staff specialists to meet safe staffing levels at an estimated cost of $5.36 million for the period 5 August 2024 to 2 February 2025.

Clearances

Proper attention has been given to critical timeframes and sufficient time has been allowed for consideration of the issues and/or for briefings to occur to enable decisions to be made. Consultation on the issues has occurred. Consequently, this Minute has been approved for transmission, and accuracy and content of the document is endorsed by:

Brendan Docherty, Deputy Secretary Hospitals and Primary Care on **17 May 2024.**
Contact number: Personal Information

Agreement with the document and the content within it has been provided by:

Fiona Lieutier, Chief Executive Hospitals North on **3 June 2024.** Contact number: Personal Information

Sonia Tuff, Manager Finance and Business on **2 June 2024.** Contact number: Personal Information

Dr Viney Joshi, Executive Director of Medical Services

Dr Matthew Lee-Archer, Director of Medicine

Dr Lucy Reed, Director Emergency Department

Carolyn Woll, Business Manager Medicine

This Minute was prepared by:

Waheeda Basheer, Executive Assistant on **21 February 2024.** Contact number: Personal Information

Attachment 1

Estimate – Locums Emergency Department

Location:	**Hosptials North, LGH**				
Section:	**Emergency Department**				
Period Requested:	**05-Aug-24**	**to**	**02-Feb-25**		
Classification:	**SMP1-11 ^^**	**MP5-11**	**SMP1-11**	**Total Locums**	
Number of FTE:	2.00	6.25	5.75	**14**	
Weeks Required	20	26	26		
Shifts per week **	8	25	23	**Est. shifts worked per week**	**4**
Days (weeks by 7 days)	140	182	182	**504**	
Total Shifts ***	160	650	598	**1408**	

Description	**Estimate Per Shift**	**Period Estimate**	**Agency Margin**	**Estimate Agency Fee**	**Total Locum Cost**
	$	**$**	**%**	**$**	**$**
Speicalist (SMP1-11) ^^	3 500	560 000	16%	91 840	651 840
Registrar (MP5-11)	2 500	1 625 000	16%	266 500	1 891 500
Speicalist (SMP1-11)	3 500	2 093 000	16%	343 252	2 436 252
				Subtotal 1	**4 979 592**

Description	**$**	**Details**	**Total Days**		**Locum**	
^ Accommodation	169	per day	**506**	total days	**14**	**1 197 196**
^ Motor Vehicle	60	per day	**506**	total days	**14**	**425 040**
*** Flights**	1 000	return flight	**2**	total per locum	**14**	**28 000**
					Subtotal 2	**1 650 236**

Notes:

Total Estimate (1, 2) **$ 6 629 828**

^ Accommodation and MV provide additional day pre and post shift

^^ SMP1-11 is required for the period 14-Apr-24 to 04-Aug-24

** Locum request allow for multiple flights if unable to secure one locum for period (i.e. 1.5)*

*** Cost per shift is based on highest known rate charged by a Locum Agent*

**** Number of locums x shifts per week x weeks required.*

***** Hours per week are base on award classification*

Tasmanian Government

File No.: SEC24/843

Comments from Secretary	~~Approved / Not Approved~~ **Noted**
Thanks Brendan the cost bring in excess of $2.2M this needs to be done via the Budgetary process - initially through PPPR as approved by HE last week.	 **Dale Webster** **Acting Secretary** **Date:** 6 June 2024

Minute to Secretary

Subject: **Support to Older Patients in the Emergency Department**

Purpose

To provide information on a preferred model of care to support older patients in Emergency Departments (EDs) across the state to:

- **reduce older persons presenting to the ED**
- **provide a rapid Emergency Department assessment model for those that do attend ED as a way of optimising their journey and care coordination throughout system and**
- **reduce the length of stay of older people in inpatient units after ED presentation (the currently Relative Stay Index is greatly varied from National benchmark for this cohort of patients).**

Summary of Key Issues

- Hospitals and Primary Care were requested to provide advice to the Secretary on options of models of care for a geriatric service within the Emergency Departments following the Health Ministers & Union Partner roundtable on Wednesday 24 April 2024. This was raised as an opportunity by the Australian Medical Association (Tasmanian Branch).
- A literature review, search, and advice from General Medicine and Emergency Department colleagues was enacted. That literature is attached for noting and was the foundation for discussion.
- Following a meeting of Chief Executive and Executive Directors of Medical Services held on 6 May 2024, a Geriatrician led in-reach model of care to ED is not supported. This is in part due to a historic inability to recruit senior consultants to this subspecialty in Tasmania, as well as having no viable acute Geriatric service in Hospitals North.
- The preferred model is Geriatric Emergency Department Intervention (GEDI). The GEDI model is an ED based model of care that has a good evidence base in the Australian context for looking after older people in ED and improving outcomes (reduced length of hospital stay if admitted, reduced ED

LOS and costs of ED stay and hospital admission if admitted). The benefit being, that the model is reliant on Senior and Junior Medical Staff that are already available in the ED.

- GEDI is led by senior nurses (Nurse Practitioners) and allied health staff (occupational therapist, physiotherapist and social workers) with an ED physician with a special interest in Geriatrics championing and supporting the model medically. This team could then refer patients to the appropriate pathways within existing services – mainly externally, but internally if required. This team would also be responsible for providing education to ED staff.

- It would be the intention of the model that after assessment in ED and internal referral to the ED GEDI team, that the model of care is a 12-24hour assessment, treatment, and disposition model and therefore would be accommodated within the EMU or ED Short-stay footprint.

- Costings are provided for a 7 day a week, 12 hour a day team to work within the ED. This could be piloted at either RHH or LGH in the first instance. An alternative model would be an 8hour shift, but in the afternoon (eg 12md to 8pm) to match activity flows inwards to the ED.

- If there is appetite to develop this model, a working group would need to be established including representative from Policy, Purchasing, Performance and Reform (PPPR), Monitoring, Reporting and Analysis (MRA), Hospitals and Primary Care and clinical stakeholders.

Background

Launceston General Hospital (LGH)

- At the LGH, all older persons are currently admitted under a general medicine bed-card and there are no subspeciality bed-cards. There are only 1.5FTE of geriatrician specialist and they are employed within outpatient clinics and the rehabilitation ward. There is not an Acute Older Persons Unit at the LGH but future bed expansion plans include 20 beds for this purpose.

Royal Hobart Hospital (RHH)

- RHH offers a comprehensive service to RACFs. It is a "Rapid Response" that will see a patient within 4 hours or next day if referred after hours. Nursing staff in RACF escalate to the patient's GP, and they approve the rapid response review. Currently developing a direct referral for RACF nursing staff and ambulance staff who may be called to attend.

- HiTH/GiTH offer some acute provisions. Complex geriatric services exist with current resourcing but are not focused on rapid processing and an ED avoidance or ED/Hospital LOS minimisation strategy. Lack of capacity of direct admission to appropriate care environments means vulnerable patients are staying in ED or general wards for extended periods before reaching the older person unit or other appropriate specialist care areas.

- It is proposed to develop an integrated team who address the four key scope areas in the table below. This is a multi-disciplinary team which aims to respond rapidly to the community/enable ED avoidance or direct admits/assess quickly in ED and discharge with services or admit to a new acute geriatric/frailty ward, and finally follow-up patients appropriately through clinic or home visits. This team should be synergistic with existing services (e.g. HITH, geriatrics in the home, palliative care etc).

North West Regional Hospital (NWRH) and Mersey Community Hospital (MCH)

- There has been some interest by General Medicine medical staff to convert some Rehabilitation beds to Geriatric Evaluation and Management (GEM). MCH have 20 underutilised HiTH beds currently that could be used in conjunction with a GEDI model of care.

Analysis of Issues

- Recruitment of Nurse Practitioners and Allied Health staff has been difficult within the Tasmanian Health Service, particularly in rural and regional areas.
- This model of care is not currently in place within emergency departments and may be an attractive service offering to attract nurse practitioners and allied health staff.
- A Statewide Working Group would need to be established with key clinical stakeholders prior to service and implementation plan being developed.

Financial Considerations

- The preferred model is costed at approximately $775 000 per annum per site.
- This patient cohort has an extremely high Relative Stay Index (RSI) and Length of Stay (LOS). That being:
    - Geriatric Medicine (in Medicine) – RSI 239%, LOS days 31.2
    - Geriatric Medicine (in Surgery, eg. Orthopaedics) – RSI 192%, LOS days 31.7
- Offsets could include reduced length of stay for this patient cohort, admission avoidance for older patients being managed by the GEDI team, improved emergency department and inpatient bed turnover and reduced access block and improving transfer of care for ambulances.

Attachments

1 Austin Health – Geriatric Emergency Department Innovation - GEDI

2 Queensland Health – Geriatric Emergency Department Intervention (GEDI)

3 Article – The Geriatric Emergency Department Intervention model of care: a pragmatic trial

4 Establishing the Geriatric Emergency Department Intervention in Queensland emergency departments; a qualitative implementation study using the i-PARIHS model

5 Article - Health leaders

6 Article – GEDC

7 ACEM – Geriatric Emergency Medicine Network

8 ACEM – Care of Older Persons in the emergency department

9 Virtual Care Tasmania GEM@Home Research

10 DoH Visit to Townsville Hospital and Health Service – Frailty Intervention Team (FIT)

11 ACSQH Case Study – Aged Care Emergency (ACE) service

12 Hunter Primary Care – Aged Care Emergency Services

13 Article - South Australia Health – Improving care for our most vulnerable

14 NSW Health, South Eastern Sydney, Southcare – Aged Care Services Emergency Team (ASET)

15 Understanding the care and support need of older people: a scope review and categorisation using the WHO international classification of functioning, disability and health framework (ICF)

16 About the Single Assessment System for aged care

17 ACSQH – Develop a single comprehensive care plan

Recommendation

That you note the options and costs for a geriatric service model within the Emergency Departments across the state.

Clearances

Proper attention has been given to critical timeframes and sufficient time has been allowed for consideration of the issues and/or for briefings to occur to enable decisions to be made. Consultation on the issues has occurred. Consequently, this Minute has been approved for transmission, and accuracy and content of the document is endorsed by:

Brendan Docherty, Deputy Secretary – Hospitals and Primary Care on **7 May 2024.**
Contact number: Personal Information

This Minute was prepared by:

Kylie Rinaldi, A/Principal Policy Officer on 7 May 2024. Contact number: Personal Information