

Royal Hobart Hospital Maternity Services Review Implementation Committee (RIC)

Terms of Reference

Background

- The *Final Report of the Independent Investigation of Maternity Services* at the Royal Hobart Hospital (RHH) was released on 9 January 2024. The Department of Health has accepted all 38 recommendations outlined in the Final Report.
- An implementation plan will be built on the recommendations as outlined in **Attachment 1**.
- While the Committee is intended to be time defined, working across 12 months, the term may be extended as directed by the Secretary.

Purpose

The RIC will drive and oversee implementation of all 38 recommendations reporting quarterly to the Secretary via the Tasmanian Health Service (THS) Executive.

Role and Function

The RIC will:

- Develop an implementation plan encompassing all 38 recommendations outlined in the Final Report including cost estimates
- Monitor and report against the plan to THS Executive
- Review material risks and issues that may impact success and assist in development of mitigation plans
- Escalate issues and recommendations to THS Executive as required
- Provide advice regarding deliverables and timeframes, including recommending change management as required
- Receive and consider advice from various Advisory, Reference or Working Groups established by the Committee
- Assist in whole of government matters associated with the RIC plan

Membership

Name & Position	Committee Role
Anthony Critchley, Executive Director of Operations and Performance, Hospitals South	Member
Becky French, A/Nursing Director, Women's and Children's Services, Hospitals South	Member

Brent Foreman, Executive Director of Nursing and Midwifery Hospitals South	Co-Chair
Ella Helman, Consumer and Community Engagement Council (CCEC) South representative	Member
Ellanor Wootton, Office of the Chief Nurse and Midwifery Officer (OCNMO)	Project Manager
Emily Shepherd, Australian Nursing and Midwifery Foundation (ANMF) representative	Member
Francine Douce, Chief Nurse and Midwife, Department of Health	Co-Chair
Joe McDonald, Chief Executive Officer, Hospital South	Sponsor and Member
Leanne Roberts, Midwifery Director Hospitals North, Maternity Services Network Representative North	Member
Ruth King, Midwifery Director, Hospitals North West, Maternity Services Network representative North West	Member
Sarah Cowen, Direct Care Midwife, Hospitals South Representative	Member
Sean Beggs, Clinical Director, Women's and Children's Services, Hospitals South	Member
Sophie Hunt, Manager Culture and Wellbeing, People and Culture	Member
OCNMO	Secretariat

Subject matter experts and technical specialists will be invited to attend the RIC meetings to provide advice on specific matters as required. Working groups may also be established to support implementation and will report directly to the RIC.

The Chair reserves the right to invite other attendees to RIC meetings as needed.

Member Roles

Chair

The Co-Chairs shall convene the RIC meetings.

The Co-Chairs are responsible for:

- Leading and encouraging robust discussion of each agenda item to ensure well-rounded and prompt outcomes
- Facilitating the effective contribution of all committee members and encourage expression of a diversity of opinion and
- Ensuring the meeting is conducted within the nominated time
- Reporting quarterly to the Secretary via the THS Executive

Secretariat

The Office of the Chief Nurse and Midwifery Officer (OCNMO) will provide Secretariat and Administrative support to the RIC work program.

The Secretariat is responsible for the administration and organisation of the RIC meetings, such as forward meeting and agenda planning, meeting arrangements and support, and to assist with facilitating actions within this scope of this work.

The Secretariat will work closely with the Co-Chairs to ensure the overall effectiveness of the RIC.

Members

Members have responsibility to:

- Understand the requirements for implementation of the recommendations and the outcomes being delivered through relevant outputs
- Actively drive the implementation of recommendations, promote the deliverables, and be an advocate for the benefits
- Support whole of state implementation where appropriate
- Participate with an appreciation of the significance of the work for staff and users of the service
- Make every effort to attend scheduled meetings and, if not able to attend, inform the Chair before the meeting is conducted

In practice, this means that members:

- Engage in open and professional debate, allow diverse perspectives and encourage constructive enquiry
- Leave meetings with clear-cut, active and specific agreement around recommendations and actions
- Hold one another accountable to commitments, actions and behaviours
- Retain a single unified voice in any internal or external communications following deliberations
- Ensure the requirements of stakeholders are met by the deliverables and outputs
- Help balance conflicting priorities and resources
- Provide guidance to Advisory, Reference or Working Groups
- Respect the confidentiality of information provided.

Meeting Protocols

Meeting Times

The RIC shall meet monthly or more regularly as required during critical periods.

Meeting Papers and Minutes

- The Secretariat will prepare the Agenda in consultation with the Co-Chairs and, where necessary, seek papers and updates from members
- Where urgent issues are identified that need to be discussed at a meeting, agreement must be sought from the Co-Chairs, through the Secretariat, in advance of the meeting

- Meeting papers must be provided to the Secretariat at least five working days in advance of a meeting. Papers received after this time may not be included at the discretion of the Co-Chairs
- In the absence of a meeting paper, a verbal update may be provided.
- Agendas and meeting papers will be made available to members three working days prior to a meeting
- Minutes and actions will be captured and maintained as a complete record as required under provisions of the Archives Act 1983. They will be prepared by the Secretariat and distributed within one week of the meeting
- Members are responsible for progressing their own actions and updating the Secretariat prior to meeting papers being sent out for the next meeting.

Out of Session Decisions

By agreement, the RIC may make out of session recommendations. Where agreed, all out of session recommendations will be recorded in the minutes of the next scheduled RIC meeting.

Proxies

A member of the RIC shall nominate a proxy to attend a meeting if the member is unable to attend. The Chair will be informed of the substitution at least one (1) working days prior to the scheduled nominated meeting. The nominated proxy shall participate in discussions at the meeting. The nominated proxy is responsible for reporting RIC discussions and deliberations to the member they are representing.

Quorum Requirements

A minimum of three RIC Committee members, including the Chair or Acting Chair, are required for the meeting to be recognised as an authorised meeting for the decisions or resolutions to be valid.

Governance Decision Making

Recommendations are made by the consensus of a quorum of members.

Conflict of Interest

All members will be required to advise the Co-Chairs regarding any conflict of interest. These should be disclosed prior to the meeting, but there will be opportunity at the start of each meeting to do so.

Subject to the Co-Chair's discretion, a member with an agreed conflict of interest may be required to abstain from participating in discussion; or leave the room during discussion of relevant agenda item/s.

Review of Terms of Reference

This Terms of Reference will be reviewed and endorsed at the inaugural RIC meeting and the RIC will review the Terms of Reference annually as required.

Item No.	Attachment 1 - Recommendations
1.4.1	<p>Recommendation 1: <u>General staffing principles:</u> 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.</p>
1.4.2	<p>Recommendation 2: <u>Compliance with Birthrate Plus rules:</u> 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</p> <ul style="list-style-type: none"> - Roles in excess of direct care staffing - Correlation between the required Full Time Equivalent (determined by Birthrate Plus®) and the Establishment / Vacancy Tool.
1.4.3	<p>Recommendation 3: <u>Compliance with Birthrate Plus rules:</u> 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.</p>
1.4.4	<p>Recommendation 4: <u>Pregnancy assessment centre:</u> Royal Hobart Hospital to undertake an audit of Pregnancy Assessment Centre phone call activity to help inform staffing requirements for this area.</p>
1.4.5	<p>Recommendation 5: <u>Pregnancy assessment centre:</u> 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.</p>
1.4.6	<p>Recommendation 6: <u>Ealy career midwives and staffing profile:</u> Royal Hobart Hospital must develop a clear understanding of full-time equivalent shortfall and proactively recruit even if these means temporarily going over their allocated full-time equivalent.</p>
1.4.7	<p>Recommendation 7: <u>Ealy career midwives and staffing profile:</u> Royal Hobart Hospital to develop business rules for the existing tool that is used to calculate and monitor:</p> <ul style="list-style-type: none"> -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

1.4.8	<p>Recommendation 8: <u>Early career midwives and staffing profile:</u> The Office of the Chief Nurse and Midwife to collaborate with the Tasmanian Health Service to develop and implement a structured Graduate Midwife Program:</p> <ul style="list-style-type: none"> - 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 addition to direct care staffing allocations i.e., a dedicated clinical coach.
1.4.9	<p>Recommendation 9: <u>Recruitment process and delays in filling vacancies:</u> The Tasmanian Health Service to develop an expedited process for the recruitment of staff providing direct clinical care with a priority for midwifery staff.</p>
1.4.10	<p>Recommendation 10: <u>Timeline from 'decision to induce' to commencement of induction:</u> 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.</p>
1.4.11	<p>Recommendation 11: <u>Timeline from 'decision to induce' to commencement of induction:</u> 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.</p>
1.4.12	<p>Recommendation 12: <u>Timeline from 'decision to induce' to commencement of induction:</u> 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.</p>
1.4.13	<p>Recommendation 13: <u>Connection between stillbirths and induction of labour:</u> The Royal Hobart Hospital to review its processes of data collection to ensure that all data elements are correctly identified.</p>
1.4.14	<p>Recommendation 14: <u>Connection between stillbirths and induction of labour:</u> 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.</p>
1.4.15	<p>Recommendation 15: <u>Review of breastfeeding support practices:</u> 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.</p>
1.4.16	<p>Recommendation 16:</p>

	<u>Review of breastfeeding support practices:</u> The Tasmanian Health Service to contract private lactation consultants to provide lactation services on a no gap Medicare basis.
1.4.17	Recommendation 17: <u>Review of breastfeeding support practices:</u> The Tasmanian Health Service to work with community organisation such as the Australian Breastfeeding Association to develop an innovative model to assist mothers with breast feeding (pre and postnatal).
1.4.18	Recommendation 18: <u>Medication Audits:</u> 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.
1.4.19	Recommendation 19: <u>Medication Audits:</u> 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.
1.4.20	Recommendation 20: <u>Medication chart audits:</u> The existing practice / policies / protocols at Royal Hobart Hospital be updated to support concurrent administration of Vitamin K and Hepatitis B vaccination in neonates.
1.4.21	Recommendation 21: <u>Medication safety:</u> The Tasmanian Health Service to undertake a business case for the allocation of a dedicated clinical pharmacist to the maternity service.
1.4.22	Recommendation 22: <u>Medication safety:</u> 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.
1.4.23	Recommendation 23: <u>Emergency equipment :</u> 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.
1.4.24	Recommendation 24: <u>Emergency equipment:</u> 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.
1.4.25	Recommendation 25: <u>Emergency equipment:</u> 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

	- This should include the associated process improvement actions that are identified.
1.4.26	Recommendation 26: <u>Emergency equipment:</u> 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.
1.4.27	Recommendation 27: <u>Midwifery leadership and culture:</u> 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.
1.4.28	Recommendation 28: <u>Midwifery leadership and culture:</u> 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.
1.4.29	Recommendation 29: <u>Consumer Engagement:</u> The Royal Hobart Hospital to establish a Maternity Consumer Advisory Group.
1.4.30	Recommendation 30: <u>Impact of the move to the K-Block:</u> 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.
1.4.31	Recommendation 31: <u>Impact of the move to the K-Block:</u> 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.
1.4.32	Recommendation 32: <u>Length of stay:</u> 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.
1.4.33	Recommendation 33: <u>Workforce factors:</u> 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.
1.4.34	Recommendation 34: <u>Workforce factors:</u> 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.

1.4.35	<p>Recommendation 35: <u>Associate Midwifery Unit Managers:</u> The Royal Hobart Hospital to ensure that the Associate Midwifery Unit Managers do not have allocated direct care responsibilities.</p>
1.4.36	<p>Recommendation 36: <u>Development of other staffing models:</u> 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.</p>
1.4.37	<p>Recommendation 37: <u>Development of other staffing models:</u> The Office of the Chief Nurse and Midwife to develop a role 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.</p>
1.4.38	<p>Recommendation 38:</p> <p><u>The way forward:</u> 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.</p> <p>The committee comprises representatives from</p> <ul style="list-style-type: none"> * The Maternity Service * The Royal Hobart Hospital Executive * The Tasmanian Health Service Executive * Consumer representatives * Tasmanian Department of Health including the Chief Nurse and Midwife or delegate <p>Progress reports are provided in 3 monthly intervals to the Secretary, Department of Health via the Tasmanian Health Service Executive.</p>