OUR HEALTHCARE FUTURE

Statewide Elective Surgery Four-Year Plan

Including updated service profiles as at Year 2

2021–2025

Department of Health

Tasmanian Government

CONTENTS

ACKNOWLEDGEMENT OF COUNTRY

Health services need to be culturally respectful so that the health system is accessible, responsive and safe for Aboriginal people. Providing culturally respectful healthcare is a fundamental step towards improving health outcomes for Aboriginal people, achieving Closing the Gap targets agreed by the Council of Australian Governments, and maintaining accreditation against National Safety and Quality Health Service Standards[1]. An Acknowledgement of Country is respect and recognition of Tasmanian Aboriginal peoples' survival and continual connection with the land spanning more than 40,000 years and pays respect to Aboriginal people present[2].

We acknowledge and pay respect to the original owners of the land on which we work and live and respect their ongoing custodianship of the land. We also acknowledge and pay respect to the Tasmanian Aboriginal people and Elders past and present.

[1] Department of Health, Aboriginal Cultural Respect in Tasmania's Health Services - Community Consultation Report, July 2018

[2] https://www.communities.tas.gov.au/csr/oaa/further_information/acknowledgements_and_welcome_to_country

PURPOSE & GOVERNANCE

GOAL OF THE FOUR-YEAR PLAN

A high performing elective surgery program treats patients within clinically recommended times ("within boundary"). This minimises patient health deterioration and associated complex and costly surgical admissions. To treat patients within boundary, the number of patients receiving elective surgery must keep up with the number of patients referred to the wait list – supply of surgery must meet demand for surgery. When demand is higher than supply, the wait list grows and wait times get longer. Once the wait list grows too large for the surgery program to clear all patients within boundary, it is inevitable that some patients become over boundary, even if they are treated in turn. Then, after these over boundary patients are treated, new patients next in line take their place as over boundary on the wait list. So, in addition to supply meeting demand, the wait list must be the right size for the surgery program to clear all patients from the wait list within clinically recommended times.

The challenge for the THS is to return the wait list to the right size, then maintain supply to meet demand so the wait list stays that size and patients are seen within boundary. Returning the wait list to the record low achieved in July 2017 is estimated to be an achievable, sustainable size with minimal over boundary patients. Achieving a sustainable wait list by June 2025 requires supply in excess of demand in each of the next four financial years. This incremental approach gives hospitals lead-time to plan, recruit and develop infrastructure to lift in-house capacity to meet demand, in partnership with Tasmania's private hospitals.

Hospitals must also set volume targets by specialty each year and make infrastructure changes to meet those specialty targets. This is so that, by the end of four years, hospital capacity aligns with the specialty profile of demand. This will allow patients to be treated within boundary regardless of the specialty of their procedure, and regardless of the region of Tasmania in which they live.

This four-year plan (the Plan) seeks to:

- Provide a clear, future-focused document that guides state-wide sustainable delivery of elective surgery
- Ensure equitable access for all patients, as determined by clinical decision-making and safety, regardless of where the patient lives or what procedure they are waiting for and enable patients to receive procedures within clinically recommended times
- Promote the implementation of best practice, evidence-based models of care that optimise patient outcomes
- Provide greater transparency to Tasmanians of the process that determines access to elective surgery
- Ensure the system is designed to adequately meet the elective surgery needs of the Tasmanian population

GOVERNANCE

STATEWIDE SURGICAL AND PERIOPERATIVE SERVICES COMMITTEE

Development and implementation of this Plan will be overseen by the State-wide Surgical and Perioperative Services Committee (the Surgical Committee). The Surgical Committee is the chief surgical advisory group to the Health Executive and the Secretary, Department of Health. The Surgical Committee provides advice on strategy and operations concerning the provision, management and monitoring of safe, effective, appropriate and cost-effective surgical and perioperative services.

The Acute Service Development and Enhancement Unit within Health Planning provides secretariat and clinical program support to the Surgical Committee and develops surgery policies and projects under the Surgical Committee's guidance and endorsement.

CLINICAL NETWORKS

Clinical Networks in Tasmania have been established incrementally since 2017. Clinical Networks are a mechanism to engage clinicians, consumers and policy makers from across the health system to develop, drive and implement clinical quality improvement initiatives, ensure equitable access to health services, ensure consistency across the state and promote sustainability in health care delivery.

Clinical Networks lead bottom-up innovation and improvement through integrated, multidisciplinary teamwork and evidence-informed pathways and models of care with a focus on quality, safety, efficiency, reduction of variation and optimisation of patient outcomes.

Clinical Networks incorporate members from all Tasmanian regions, professional groups (doctors, nurses, midwives, allied health professionals, paramedics) and clinical settings. Non-government organisations, peak bodies, research organisations and membership-based advocacy organisations contribute to Clinical Networks.

Primary functions of Clinical Networks are:

- **Engagement and clinical advice** – Empowering those who deliver and receive health care to drive innovative improvements, provide expert advice to the Tasmanian Health Service and Department of Health on Network-related areas in operational improvement, strategy development and clinical service delivery.
- **Clinical improvement** - Driving patient quality and safety through the development of clinical improvement programs and the provision of expert clinical advice to system leaders on priorities and actions to improve healthcare outcomes.
- **Measuring care** – Delivering services that are patient-centred, outcome-focused and provide value relies on the use of regular and reliable data.
- **Supporting innovation** – Enhancing innovation, science and technology by advising on related matters to provide contemporary best practice care to patients.

Clinical Networks will support implementation of this Plan.

CONTEXT OF ELECTIVE SURGERY

COVID-19

COVID-19: SUSPENSION OF NON-URGENT ELECTIVE SURGERY

COVID-19 has impacted elective surgery. On 25 March 2020, National Cabinet agreed that all non-urgent elective surgery was to be suspended. The decision to resume some elective surgery from 27 April 2020 was made by the National Cabinet and reviewed on 15 May 2020, with Category 1, Category 2 and selected Category 3 procedures permitted, guided by principles endorsed by National Cabinet. By early 2020-21 the THS and private hospitals had restored elective surgery activity to 100 per cent of usual activity.

The period of suspension and constrained activity has impacted elective surgery performance, causing an increase in wait times and the number of over boundary patients on the wait list in 2020-21.

The Government was able to reach agreement with the Commonwealth in the first half of 2019-20 to bring forward $15 million in Community Health and Hospitals Program funding for elective surgery and endoscopies. Because of the temporary cessation of non-urgent surgery in the second half of 2019-20, this funding was held over for use in 2020-21 and 2021-22 and, along with the State Government investment, will assist with reducing the backlog of waiting patients.

The ability to increase elective surgery in a COVID environment is dependent on continued availability of sufficient Personal protective equipment (PPE), pharmaceutical and other stocks which continue to be regularly monitored. If circumstances changed and sufficient PPE and pharmaceuticals were not available, elective surgery activity could be reduced within a 24-hour period.

POLICY ENVIRONMENT

OUR HEALTHCARE FUTURE

The Our Healthcare Future Immediate Actions and Consultation Paper was released in late 2020, with the call for submissions closing in February 2021. Submissions were received from a broad cross section of the community, including consumers, clinicians, professional groups, service providers, advocacy groups, policy experts and academics.

The Department has completed an analysis outlining the key themes to emerge from the submissions. The analysis found:

- Wide-ranging support from respondents for the overarching themes of the reforms proposed in the Consultation Paper
- Strong support for more patients to be treated in the community setting where possible and appropriate, and for greater emphasis on preventative health
- An acknowledged need for state-wide digital transformation, long-term infrastructure and workforce planning and clinical service planning to improve access to services and support new models of care.

The next step in the Our Healthcare Future reforms is to co-design a new long-term plan for healthcare in Tasmania that builds on the solid foundation provided by the One State, One Health System, Better Outcomes reforms.

Our Healthcare Future initiatives that will support increased capacity to undertake surgical and perioperative services include:

- A Telehealth Strategy that integrates service delivery across acute, subacute, primary and community care
- A service that provides GPs and other primary care health professionals with rapid access to staff specialists in the North and North West to provide care to people with chronic and complex healthcare needs
- Trial of a Hospital in the Home Service in Southern Tasmania

- A Health ICT Plan 2020-2030 encompassing electronic medical records, a new patient information system, electronic tools for managing care for patients in appropriate settings, and the new Human Resource Information System (HRIS)
- Improving the interface between specialist and primary healthcare through:
    - a single eReferral system between primary care and the THS
    - a secure web-based application to enable GPs to view key information about patients in their care held by the THS
    - a continued partnership-based focus on the development and implementation of jointly agreed clinician-led Tasmanian health pathways.
- A partnership with the University of Tasmania to better support recruitment of targeted specialists in regional areas through conjoint appointments, with a focus on the North West
- A State-wide Clinical Senate to provide expert advice to the Secretary, Department of Health and Ministers on health service planning
- Long term infrastructure and workforce strategies that align with projected demand for hospital services

MASTERPLANNING

Masterplanning and infrastructure development at our public hospitals will be significant in increasing capacity to deliver surgical and perioperative services

RHH Site Masterplan

- The RHH Masterplan 2020-2050 outlines a staged approach to the continued development of the RHH City Campus and RHH Repatriation Campus sites with interim works to support effective operation of the sites through each stage of development.
- The completion of K-Block in 2020 marked the end of Stage 1 and work is underway on Stage 2 which includes expanding the Emergency Department, a comprehensive refurbishment of A-Block, expanding the ICU and a refit of J-Block to meet additional demand and provide for new clinical uses.
- The next planned stage of the Masterplan (Stage 3) will focus on the development of a dedicated sub-acute and mental health campus of the RHH.
- This stage will be underpinned by state-wide clinical services planning and detailed modelling of Tasmanians' current and future health needs as part of Our Healthcare Future – Stage 2, as well as detailed infrastructure assessments and site investigations that will commence in 2022.

Launceston General Hospital Precinct Masterplan

- A draft Masterplan for the Launceston General Hospital (LGH) precinct was released for public consultation on 27 May 2021.
- The Masterplan provides a roadmap for the development of the LGH precinct over the next 20 years and is informed by what we know about future demand, service growth, infrastructure condition and what we have heard so far from the community, service providers and our partner organisations about what is important to them.
- Work is underway to review and consider feedback and input from stakeholders to finalise the Masterplan, which will guide the next stages of redevelopment on the site, for which the Tasmanian Government has committed $580 million. The redevelopment will include:
    - A new mental health services precinct with contemporary facilities to enable safe and therapeutic, recovery-focused care, designed to enhance privacy and dignity, with a range of spaces for patient, family, carer and staff use.
    - A new tower on the current Northside site to provide necessary expansion space to make ward improvements, and to meet projected demand for in-patient and ambulatory care services

The final Masterplan is on track to be finalised and made public by the end of September 2021, with the development of a fully staged program of works to implement the Masterplan to be ready for public release in December 2021.

North West Hospitals

- Planning has commenced to review and update the North West Regional Hospital and Mersey Community Hospital Masterplans.
- Critical to the development of these Masterplans is a clear service direction and strategy for the North West region based on the current and future needs of the community.
- As part of the Our Healthcare Future clinical service planning framework, work will commence with the community, staff and stakeholder organisations to understand the current and future service context for Tasmania's North West community and to inform the Masterplan updates.
- Planning has also commenced for detailed infrastructure assessments and site investigations for the hospitals and surrounding facilities.

HEALTH WORKFORCE STRATEGY 2040

Having the right workforce is vital to increasing surgical and perioperative services.

A consultation draft of *Health Workforce 2040*, Tasmania's first comprehensive health workforce strategy, was released to the public in November 2020 as an immediate action of the *Our Health Care Future* reforms (reform Initiative 3b, 'Build a strong health professional workforce, aligned to a highly integrated health service, to meet the needs of Tasmanians').

Health Workforce 2040 has been updated following consultation and reflects the latest available health workforce data from the National Health Workforce Dataset and is currently being finalised for release.

TASMANIAN ROLE DELINEATION FRAMEWORK

Surgical and perioperative services are delivered across the state within the Tasmanian Role Delineation Framework. The Role Delineation Framework describes the various levels of a clinical service, including supports required for services to function safely and effectively, across levels of complexity from 1 to 6 (most complex). The Role Delineation Framework is applied to the four acute facilities in Tasmania through the vehicle of the Clinical Services Profile, which assigns the appropriate level of complexity for a service provided at a facility. Hospitals must maintain services at the complexity levels assigned by the Clinical Services Profile and function as a single state-wide system.

APPROVED SERVICE LEVELS

 **Royal Hobart Hospital**	 **Launceston General Hospital**	 **North West Regional Hospital**	 **Mersey Community Hospital**
Anaesthetic **Level 6**	Anaesthetic **Level 5**	Anaesthetic **Level 4**	Anaesthetic **Level 3**
ICU/HDU/COU **Level 6**	ICU/HDU/COU **Level 5**	ICU/HDU/COU **Level 4**	ICU/HDU/COU **COU**
Medical Imaging **Level 6**	Medical Imaging **Level 5**	Medical Imaging **Level 4**	Medical Imaging **Level 3**
Pathology **Level 6**	Pathology **Level 5**	Pathology **Level 5**	Pathology **Level 4**
Pharmacy **Level 6**	Pharmacy **Level 5**	Pharmacy **Level 4**	Pharmacy **Level 3**
Cardiothoracic **Level 6**	Cardiothoracic **Level 5**	-	-
Ear, Nose & Throat **Level 6**	Ear, Nose & Throat **Level 5**	Ear, Nose & Throat **Level 4**	Ear, Nose & Throat **Level 3**
General Surgery **Level 6**	General Surgery **Level 5**	General Surgery **Level 4**	General Surgery **Level 3**
Gynaecology **Level 6**	Gynaecology **Level 5**	Gynaecology **Level 4**	Gynaecology **Level 3**
Gynae Oncology	-	-	-
Neurosurgery **Level 6**	Neurosurgery **Level 5**	-	-
Ophthalmology **Level 6**	Ophthalmology **Level 5**	Ophthalmology **Level 4**	Ophthalmology **Level 4**
Oral Health **Level 5**	Oral Health **Level 4**	Oral Health **Level 3**	Oral Health **Level 4**
Oral Maxillo Facial	Oral Maxillo Facial	-	-
Orthopaedics **Level 6**	Orthopaedics **Level 5**	Orthopaedics **Level 4**	Orthopaedics **Level 3**
Paediatric Surgery **Level 5**	Paediatric Surgery **Level 4**	Paediatric Surgery **Level 3**	Paediatric Surgery **Level 1**
Plastic & Reconstructive **Level 5**	Plastic & Reconstructive **Level 5**	Plastic & Reconstructive **Level 4**	Plastic & Reconstructive **Level 3**
Urology **Level 6**	Urology **Level 6**	Urology **Level 4**	Urology **Level 4**

 **Royal Hobart Hospital**	 **Launceston General Hospital**	 **North West Regional Hospital**	 **Mersey Community Hospital**
Vascular Surgery **Level 5**	Vascular Surgery **Level 4**	Vascular Surgery **Level 3**	Vascular Surgery **Level 2**

DEMAND, CAPACITY & UTILISATION

A health services' ability to deliver a sustainable elective surgery program relies on a three part equation: managing and understanding *demand* for elective surgery, ensuring adequate *capacity* to deliver the required level of elective surgery, and ensuring capacity is *utilised* in an effective and efficient way.

DEMAND

GPs refer patients to acute hospital outpatient services and hospitals place those patients on the outpatient wait list. The outpatient wait list is sometimes called the "hidden wait list" because patients who require surgery must wait to see a specialist in an outpatient clinic before being put on a second wait list for elective surgery. Around 67 percent of patients presenting to outpatient clinics for surgical specialties are clinically indicated for surgery.

"Demand" for elective surgery is measured in terms of the number of patients being added to the elective surgery list ("additions to the wait list").

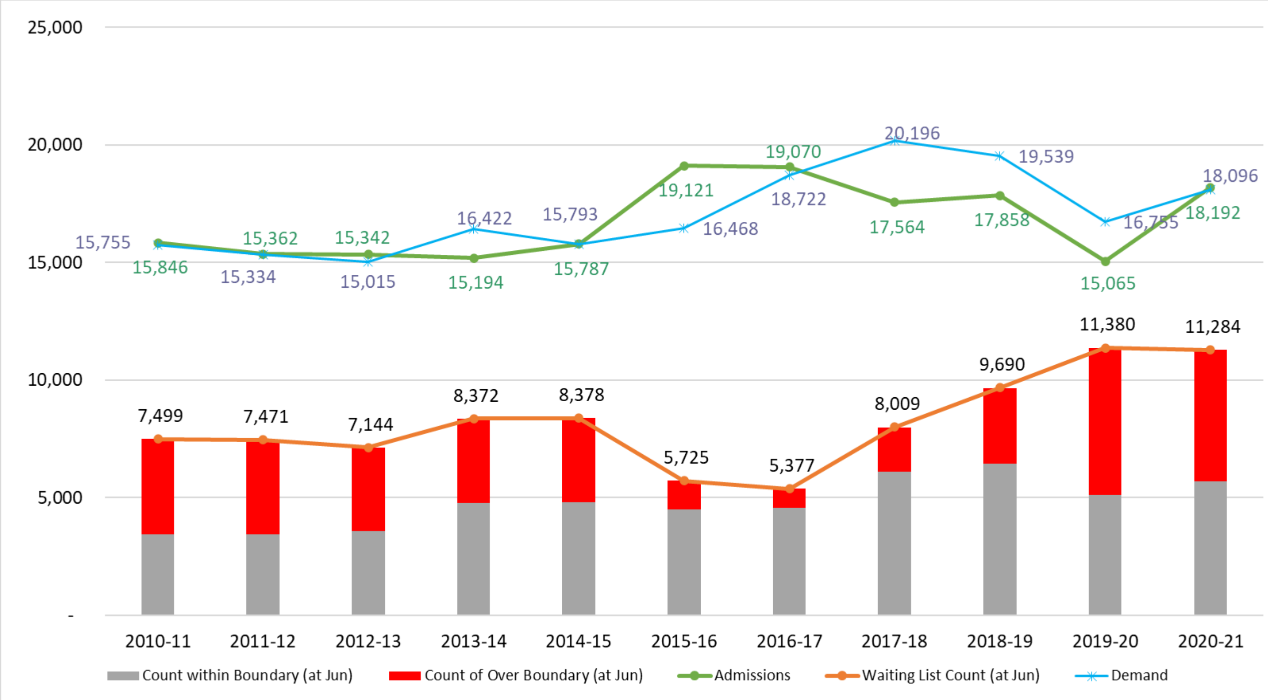
For elective non-surgical procedures, demand drivers for colonoscopies are patient age and Faecal Occult Blood (FOB) testing rates.

When demand for elective surgery is not met, hospital services become inaccessible, unsafe, below national standards and contrary to the National Health Agreement between the Commonwealth and the Tasmanian Government on public hospital funding and health reform.

To prevent wait list growth, supply of elective surgery procedures must meet demand. On an annual basis, the gap between supply of elective surgery admissions and demand equals wait list growth.

Graph 1 below shows the relationship between wait list additions, removals and wait list size. From 2017-18 to 2019-20 demand for elective surgery outstripped supply, resulting in a steady increase to the size of the wait list. Demand and supply were evenly matched in 2020-21, resulting in no change to the size of the wait list on the previous year.

Graph 1: Elective Surgery Wait List Size Resulting from Balance of Supply and Demand



Of note in Graph 1 is the fall in demand in 2019-20 to 16 789 wait list additions. This was due to the onset of the COVID pandemic, during which, outpatient clinics were cancelled, and patients delayed seeing their GPs.

CAPACITY

Matching local capacity to local demand reduces variation in wait list clearance rates by region and specialty and improves equity of access - patients are seen within a similar timeframe regardless of where they live or what specialty they are waiting for. Likewise, theatre facilities, theatre equipment, number of sessions and available appropriate beds must match local demand to clear patients from the wait list equitably.

An elective surgery event requires adequate capacity in:

- Pre-surgical assessment clinics
- Theatre and procedure rooms
- Surgical inpatient beds
- Intensive Care Unit/ High Dependency Unit/ Coronary Care Unit beds
- Pharmacy services
- Pathology services
- Medical imaging
- Allied health support
- Rehabilitation services
- Post-surgical follow up clinics

Capacity constraints (e.g. a shortage of clinicians for a specialty) and utilisation of capabilities impact on clearance rates and equitable access for good reason. Hospitals must balance equity with efficient use of resources that maximise the population that can be served by the existing capacity profile.

While managing within capacity constraints, health services must plan to change the future capacity profile to better match demand. Then, identify mitigation strategies to manage unmet demand and its risks.

New infrastructure, such as the opening of K-Block at RHH, is an opportunity to increase elective surgery capacity, but theatres and beds can only be opened if staff are recruited.

UTILISATION

The ability of facilities to fully utilise existing elective surgery capacity can be impacted by a number of factors.

1. **Access to overnight inpatient surgical beds**

When the number of medical patients requiring a hospital bed exceeds a hospital's medical bed capacity, medical patients are admitted to elective surgery beds. This reduces the number of beds available for elective surgery patients, causing theatre cancellations, a slow-down of elective surgery throughput and longer wait times for surgery, particularly for specialties that require an overnight stay and for patients with complex clinical needs. Increasing medical beds to meet medical demand will reduce these "medical outlier" patients and consequently, improve patient access to elective surgery. Delayed discharge of surgical patients due to insufficient community-based clinical or social support services from example, can also impact on the level of surgical beds available.

2. **Access to other hospital services that are required for elective surgery delivery**

In some circumstances patients who have an elective surgery procedure require post-operative critical care support. An example of this is patients having cardiothoracic surgery. In addition to critical care, access to other services such as diagnostic imaging or pathology may be required during the elective surgical episode, any delays in receiving these services may result in elective surgery cancellation or require a longer than expected length of stay.

3. **Access to theatres**

Access to theatre time to perform elective surgeries can be affected by the number of emergency or acute cases that are presenting to hospitals. Overriding emergency cases will at times take priority over elective cases. If theatres are needed to operate on an emergency case this will reduce the available theatre time for elective procedures.

Making Care Appropriate for Patients (MCAP) Utilisation Audit

The 2017 clinical utilisation audit ("MCAP") of Tasmanian hospitals found 15 percent of surgical beds were non-qualified (the patient was not in the most appropriate bed to meet their current needs).

The most common level of care required by patients in non-qualified beds was "Home". Access to some form of rehabilitation services or sub-acute care accounted for most patients who were identified as needing a different level of care. Adequate capacity at all levels of care will ensure surgical beds can be fully utilised by the right patients.

Top 8 Required Levels of Care	% of non-qualified beds
Home	23%
Home with clinical services	19%
Rehabilitation – Intermediate	15%
Sub-acute Services	12%
Home with Rehabilitation Services	7%
Complex Rehabilitation	5%
Intermediate Care	5%
Nursing home	4%

By hospital, the most common level of care required by patients reflects regional differences in supply and barriers to that supply, pointing to the need to prioritise different solutions by hospital.

Facility	Required Level of Care
RHH	Home with Rehabilitation Services
LGH	Home with clinical services
NWRH	Intermediate Rehabilitation
MCH	Intermediate Rehabilitation

MCAP is currently being implemented in THS hospitals. MCAP will help optimise existing capacity and provide quantitative evidence of bed configuration and staff requirements for wards. It is anticipated that MCAP will be fully implemented within acute facilities by the end of October 2021.

FUNDING REQUIRED TO DELIVER THE PLAN

ELECTIVE SURGERY FUNDING REQUIREMENT	2021-22	2022-23	2023-24	2024-25
TOTAL	$181,146,583	$170,774,466	$172,446,448	$ 178,250,814

ENDOSCOPY FUNDING REQUIREMENT	2021-22	2022-23
TOTAL	$22,749,515	$23,193,253

Note:

The tables above provide the estimated funding requirement for each of the four years based on the activity levels needed to reach a sustainable elective surgery list by 30 June 2025.

Final funding allocation for endoscopy services post-2022-23 is yet to be determined. Additional private sector outsourced endoscopy activity is currently being finalised with private hospitals.

STRATEGIES TO ACHIEVE THE FOUR-YEAR PLAN

A substantial elective surgery program will be delivered over the next four years to ensure sustainability of services into the future. To ensure this happens, the Department of Health and the Tasmanian Health Service must implement strategies that will:

1. ***Use the capacity we have*** *more effectively and efficiently*
2. *Enhance our* ***private sector partnerships*** *to assist in the delivery of more elective surgery*
3. ***Invest in public sector capital infrastructure and equipment*** *to increase elective surgical capacity*
4. ***Invest in our workforce*** *to ensure higher levels of elective surgery throughput can be safely delivered and sustained*
5. *Implement* ***innovative improvement*** *and service development programs to improve the way we deliver elective surgery and ensure patients receive contemporary, best practice models of care*

1. INFRASTRUCTURE & EQUIPMENT STRATEGIES

INFRASTRUCTURE PROJECT COORDINATOR

	ACTION	ACTION DETAILS	RESPONSIBLE	TIMEFRAME
1.1	*STATEWIDE* - Engage dedicated Logistics Coordinator resource	Coordinate elective surgery capacity-building projects and equipment needs across all public hospitals	Department of Health Policy, Purchasing, Performance and Reform and Infrastructure Services	Sep 2021

LGH INFRASTRUCTURE

	ACTION	ACTION DETAILS	RESPONSIBLE	TIMEFRAME
1.2	*LGH* - Refurbishment of the 28-bed medical ward on Ward 3D	Reopen Ward 3D to expand general medical bed capacity to reduce the number of non-surgical patients occupying surgical beds	Launceston General Hospital and Infrastructure Services	2021-22
1.3	*LGH* - Expanded capacity of Short Stay Surgical Unit beds	Short Stay Surgical Unit beds to be opened 7-days, with overnight beds increased from 8 to 12 to support additional elective surgery	Launceston General Hospital	Sep 2021-22
1.4	*LGH* - New Paediatric Unit on Ward 4K	Adding an additional 13 beds which will support additional elective surgery throughput for patients under 18 years of age	Launceston General Hospital and Infrastructure Services	2021-22
1.5	*LGH* – Capacity expansion of the Sterilizing Department (SD) including the redevelopment of the current footprint	Extend the SD footprint into the Level 5 void to create loan kit store and redevelop and refurbish the current SD footprint to accommodate additional decontamination space for scopes and probes	Launceston General Hospital and Infrastructure Services	Quarter 2 2021-22
1.6	*LGH* – Open an additional 1.5 Operating Room Suites (ORS) to fully utilise 8 in-hours theatres to work at capacity 5 days/week, including 2 emergency theatres & 6 elective theatres	Staff and refurbish the 2 oldest theatres within ORS with appropriate infrastructure and capital equipment to support the full utility of the LGH ORS in a staged approach	Launceston General Hospital and Infrastructure Services	2021-22
1.7	*LGH* - Optimise the current Orthopedic Clinic footprint to accommodate changing models of care and increased workload	Redevelop the orthopedic clinic to allow for the inclusion of Joint Assessment Teams and additional clinic spaces for intended additional throughput	Launceston General Hospital and Infrastructure Services	2021-22
1.8	*LGH* - Create space for additional endoscopy within the current Day Procedure Unit (interim whilst Master	Redesign the Day Procedure Unit model of care to exclude current services that can be accommodated in a specialist clinics environment	Launceston General Hospital and	2022-23

	ACTION	ACTION DETAILS	RESPONSIBLE	TIMEFRAME
	Plan progresses)		Infrastructure Services	
1.9	*LGH* - Master Plan Level 5 Surgical Services Development	Ongoing master planning for the development of LGH Level 5 for all surgical services, increasing ORS and endoscopy capacity with shared support services, as well as inpatient and outpatient zones	Launceston General Hospital and Infrastructure Services	Beyond 2024-25
1.10	*LGH* - Master plan options to integrate with co-location of Calvary	Work has commenced with infrastructure services to align Calvary plans with LGH surgical and medical needs considering very close proximity to LGH ORS	Launceston General Hospital and Infrastructure Services	Ongoing

NORTH WEST INFRASTRUCTURE

	ACTION	ACTION DETAILS	RESPONSIBLE	TIMEFRAME
1.11	*NWRH* – Establish additional medical beds to service demand and reduce medical patients occupying surgical beds	Increase the current medical bed capacity from 40 beds to 47 beds	North West Regional Hospital and Infrastructure Services	2021-22
1.12	*NWRH* - Establish a Short Stay Surgical Unit	8 Beds to be quarantined for surgical patients	North West Regional Hospital	2022-23
1.13	*NWRH* - Establish post-operative high dependency beds in the surgical ward	Establish 4 beds to allow post-operative close observation to reduce requirement of current ICU/HDU beds. Quarantined for surgical patients	North West Regional Hospital	2022- 23
1.14	*NWRH* - Additional emergency theatre list running five mornings per week	Additional emergency theatre sessions will reduce the number of elective list cancellations and help support provision of: • Trans Oesophageal Echocardiograms • Gastroenterology • Oncology Insertion of Infusaports/ Percutaneous Endoscopic Gastrostomy • Respiratory-Bronchoscopy • Emergency surgery • Mental Health-Electroconvulsive Therapy	North West Regional Hospital	2021-22
1.15	*NWRH* – Refurbish Theatre 4 and endoscopy reprocessing areas	Increase endoscopy capacity in the North West Regional Hospital	North West Regional Hospital and Infrastructure Services	2021-22
1.16	*NWRH* - Increase outpatient capacity for pre- and post-surgical assessments	Investigate short-and long-term options to support outpatient increases in: • Cardiology	North West Regional Hospital	TBD Master planning Process

	ACTION	ACTION DETAILS	RESPONSIBLE	TIMEFRAME
		• Respiratory • Gastroenterology • Elective surgery pre- and post-surgery assessments, for inhouse and brokered surgery • Allied health		
1.17	*NWRH* - Increase equipment requirements to deliver additional surgical activity	Coordinate purchase and supply of capital equipment requests inclusive of: • CSD low temperature washers • Anaesthetic machines • Diathermies • Endoscopes • CSD instrument tracking system • Monitors • High level air filtration system • Negative/positive pressure interchangeable manual control system	North West Regional Hospital and Infrastructure Services	2021-22
1.18	*MCH* - Commission overnight surgical bed capacity	Investigate infrastructure requirements and determine staffing requirements Flex up capacity as and when required	Mersey Community Hospitals and Infrastructure Services	2022-2024
1.19	*MCH* - Refurbishment of theatre and outpatients rebuild	As per North West Regional Hospital and Mersey Community Hospital Masterplans	Mersey Community Hospitals and Infrastructure Services	March 2022-2024

RHH INFRASTRUCTURE

	ACTION	ACTION DETAILS	RESPONSIBLE	TIMEFRAME
1.20	*RHH* - Increase to 23 general medical beds on Ward 2A	Action completed	Royal Hobart Hospital	Action completed
1.21	*RHH* - Additional 24 beds (19 surgical and 5 medical) on Ward 6A to form a new Trauma and Acute Surgical Unit	Staffing requirements and models of care are currently being developed	Royal Hobart Hospital	Quarter 1 2021-22
1.22	*RHH* - Extended recovery capacity for close observation after surgery – 6 to 10 beds	Opening 2 beds in August 2021, 7 days per week. Moving Elective Post-Operative Care Unit patients to the recovery space to reduce dependency on ICU. Safe staffing models to be investigated and established. Research shows reduces MET calls, reduces take back to ICU.	Royal Hobart Hospital	2021 to 2024

	ACTION	ACTION DETAILS	RESPONSIBLE	TIMEFRAME
1.23	*RHH* - 4 additional medical beds for Older Persons Unit	Recruitment process have commenced. Beds will be opened as staffing levels increase	Royal Hobart Hospital	Quarter 1 2021-22
1.24	*RHH* - Extended 24/7 operation for the 6-bed Mental Health Short Stay Unit (MHSSU)	The MHSSU has been open 24/7 from 12 May 2021 and opened all 6 Beds by 24 May 2021	Community, Mental Health and Well-being	Action completed
1.25	*RHH* - Expansion of Pre-Assessment Clinic space and reforms to the model of care	To move into location outside the RHH but in Central Business District. Further expansion to be built into RHH master planning process.	Royal Hobart Hospital and Infrastructure Services	Quarter 2 2021-22
1.26	*RHH* - Increase ICU Capacity	Approval has been granted to open an additional 12 ICU beds in Ward 1H. Total of 18 ICU-level beds by June 2021, 20 by June 2022 and 22 by June 2023.	Royal Hobart Hospital	2021-23
1.27	*RHH* - 4 additional beds for a Paediatric Short Stay Unit	Processes are currently being finalised. These are medical beds for children aged 3 months to 14 years presenting to ED who meet selection criteria, with a stay less than 24 hours. Goal is to prevent long waits in ED for children, e.g. children waiting for test results for gastroenterology, asthma or head injury.	Royal Hobart Hospital	Quarter 1 2021-22

2. WORKFORCE STRATEGIES

	ACTION	ACTION DETAILS	RESPONSIBLE	TIMEFRAME
2.1	*STATEWIDE* -Nursing workforce state-wide recruitment project	A number of initiatives are currently underway across the Department of Health (which includes the Tasmanian Health Service (THS) to address both long term and immediate issues related to how nurses and midwives are recruited, retained in the public health workforce, and the structures that support their practice and professional development. This work has built on the 2021 Nursing and Midwifery State-wide Recruitment Workforce action plan, the strategies contained in Our HealthCare Future, Health Workforce 2040 and broader THS initiatives such as Pathways to Excellence and the THS Nursing and Midwifery Strategic Framework 2018-2022. Four priority areas include: • Rostering • Recruitment • Retention • Workforce Capability	Department of Health	Ongoing
2.2	*STATEWIDE* - Implementation of Health Workforce 2040 Strategy	Support implementation of the Health Workforce 2040 Strategy, once released, to increase and further develop the surgical and perioperative services workforce. The draft Health Workforce 2040 Strategy was released for consultation as part of Our Healthcare Future long term health reforms. *Health Workforce 2040* has been updated following consultation and reflects the latest available health workforce data from the National Health Workforce Dataset and is currently being finalised for release.	Department of Health	Ongoing
2.3	*STATEWIDE* - Implementation of Health Workforce Taskforce	The Health Professional Recruitment Taskforce has been established and met for the first time in June 2021. The focus of the Taskforce is recruitment and retention strategies for the Tasmanian health workforce.	Department of Health	Ongoing
2.4	*STATEWIDE* – University of Tasmania partnership to recruit targeted specialists for regional areas	Engage with the University of Tasmania to explore the alignment of future course offerings to identified future gaps in the workforce	Department of Health	Ongoing
2.5	*STATEWIDE* - Investigate private-public sector appointments to improve recruitment and retention of clinical staff, particularly medical positions	Work with the private sector to investigate employment options and opportunities	Department of Health	Ongoing

	ACTION	ACTION DETAILS	RESPONSIBLE	TIMEFRAME
2.6	*STATEWIDE* – Targeted theatre and surgical nurse training programs	Develop in-house evidence-based training programs to support operating theatre specialty areas. This will increase qualified staff to undertake specialty-specific surgeries and improve staff retention. Investigate formalising the training courses and having courses accredited through the University of Tasmania, as occurred for the High Dependency Unit course.	Royal Hobart Hospital Launceston General Hospital North West Hospitals	Ongoing

3. STRATEGIES TO ENHANCE SURGICAL SUPPORT SERVICES

	ACTION	ACTION DETAILS	RESPONSIBLE	TIMEFRAME
3.1	*STATEWIDE* - Increase Medical Imaging capacity	Hold discussion with private providers to ensure increased elective surgery throughput can be supported via existing private contracts. Work with public hospital medical imaging departments to facilitate increased capacity.	Department of Health Royal Hobart Hospital Launceston General Hospital	Ongoing
3.2	*STATEWIDE* - Ensure adequate access to critical care services	Review staffing needs, training programs and infrastructure required for critical care services	Tasmanian Critical Care Network Royal Hobart Hospital Launceston General Hospital North West Hospitals Department of Health	Ongoing
3.3	*STATEWIDE* - Hospital in The Home (HiTH) Optimisation and Review Project	Analyse and report on effectiveness of HiTH services state-wide and develop consistent state-wide service model	Department of Health	Ongoing
3.4	*STATEWIDE* - Additional rehabilitation services to support increase in elective surgery throughput	Investigate the development of Rehabilitation in the Home (RiTH) models of care	Department of Health	Ongoing
3.5	*STATEWIDE* - Ensure Pharmacy Services have adequate supply of pharmaceuticals to meet increased demand due to increased elective surgery throughput	Continue to work with statewide pharmacy services to ensure adequate supply of pharmaceuticals	Royal Hobart Hospital Launceston General Hospital North West Hospitals Department of Health	Ongoing
3.6	*STATEWIDE* - Ensure state-wide equipment service- (TasEquip) has capacity to address demand due to increased elective surgery throughput	Work with TasEquip to quantify service capacity increases required to meet increased elective throughput	Department of Health	Ongoing
3.7	*STATEWIDE* - Enhance Tasmanian Home and Community Care (HACC) Services	Develop strategies to better connect surgical patients requiring post-operative home support packages, to facilitate discharge.	Department of Health	Ongoing

4. STRATEGIES TO PARTNER WITH THE PRIVATE SECTOR

	ACTION	ACTION DETAILS	RESPONSIBLE	TIMEFRAME
4.1	*STATEWIDE* - Utilising specialist clinical services in other jurisdictions	Continue to refer patients to hospitals in other jurisdictions for highly specialised surgical services, when clinically appropriate and if deemed clinically necessary.	Department of Health	Ongoing
4.2	*STATEWIDE* - Development of a State-wide Ophthalmology Contract with the Private Sector	Contract for inpatient surgical services has been completed	Department of Health	Complete
4.3	*STATEWIDE* - Development of a State-wide Elective Surgery Contract with the Private Sector	Contract for inpatient surgical services being finalised	Department of Health	Quarter 1 2021-22
4.4	*STATEWIDE* - Seek submissions from the private sector to provide initiatives that support the public sector to deliver services to the Tasmanian community	Written proposals have been received and assessed by the Department and letters of intention provided to the private hospitals in line with the Government's 100 day commitment. This includes proposals to assist our public hospital sector to meet the elective surgery schedule	Department of Health Royal Hobart Hospital Launceston General Hospital North West Hospitals	2021-22
4.5	*STATEWIDE* – Provide greater clarity to the private sector regarding public outsourcing volumes	Inform private sector of expected 4-year activity to assist with private service planning. Manage purchasing of contracted surgery with each hospital.	Department of Health	Ongoing

5. REFORM & SERVICE ENHANCEMENT STRATEGIES

	ACTION	ACTION DETAILS	RESPONSIBLE	TIMEFRAME
5.1	*STATEWIDE* - Outpatient Transformation Project	Includes: • e-Referral into Outpatient Service • Electronic referral management and virtual care solution • Clinical Prioritisation Criteria for outpatients • Enhanced outpatient SMS communication • Patient-focused outpatient bookings	Department of Health Royal Hobart Hospital Launceston General Hospital North West Hospitals	2021-22 to 2023-24
5.2	*RHH* - Implementation of a State-wide Musculoskeletal Triage Assessment Service	The Musculoskeletal Triage Assessment Service proposes a new model of service delivery to streamline musculoskeletal services, addressing current fragmentation, inefficacies, and inequity in services. The underpinning premise of the proposed alternate model of care is to align all musculoskeletal services with a consistent referral approach via the Musculoskeletal Triage and Assessment Service (MTAS) enabling patients' timely access to the most appropriate care pathway. There is now strong evidence that alternative models of care are more cost effective in managing many sub-groups of musculoskeletal patients, such as those with low back pain, and hip and knee arthritis. Such alternative models of care have common features: simplified entry points; standardised triaging processes; assessment of suitable patients by experienced non-medical health professionals acting as 'gate-keepers' and access to appropriate care pathways for those patients meeting defined criteria. Expected outcomes: • Ensure patients access the most appropriate, best practice care model • Reduce unwarranted variation e.g. rates of spinal surgery in Tasmania • Reduce number of patients being added to the wait list for musculoskeletal surgery	Department of Health Royal Hobart Hospital Launceston General Hospital North West Hospitals	2021-22 to 2023-24
5.3	*STATEWIDE* - Joint Assessment Services	The Joint Assessment Service offers knee and/or hip assessments performed by a physiotherapist. These assessments determine the best pathway for patients – surgery vs physiotherapy. In addition to determining which patient should progress to surgery, these clinics also offer an opportunity to ensure those patients that will have surgery are better prepared, ensuring optimal outcomes.	Department of Health Royal Hobart Hospital Launceston General Hospital North West Hospitals	2021-22 to 2023-24

	ACTION	ACTION DETAILS	RESPONSIBLE	TIMEFRAME
		Expected outcomes of the Joint Assessment Service: • Surgical avoidance • Improved patient management and workup • Interdisciplinary approach • Alternative patient pathway to surgical intervention • Reduced cost • Reduced surgical waitlists		
5.4	*RHH* - Spinal Assessment Service (state-wide service)	The Spinal Assessment Service is a specialist outpatient service for patients referred by their local doctor (GP) for diagnosis or advice regarding the management of their back pain. The service results in: • Surgical avoidance • Improved patient management and workup • Interdisciplinary approach • Alternative patient pathway to surgical intervention • Reduced cost • Reduced surgical waitlists • High Value Care	Department of Health Royal Hobart Hospital Launceston General Hospital North West Hospitals	2021-22 to 2023-24
5.5	*LGH & NWRH* - Persistent Pain Service	Investigate contemporary models of care for persistent pain services in the North and North West. Persistent (chronic) pain is seen in every age group from paediatric to geriatric, and across all medical and surgical disciplines. Because of the complexity of persistent pain problems, multidisciplinary pain clinics/centres have been developed throughout Australia and New Zealand. Assessment and conservative pain management can result in patients being diverted from a surgical pathway.	Department of Health Royal Hobart Hospital Launceston General Hospital North West Hospitals	2021-22 to 2023-24
5.6	*LGH* - Physiotherapy-led earlier discharge for abdominal surgery	LGH is delivering the Enhanced Physiotherapy Care Package - intensive physiotherapy to reduce length of stay in ICU and improve quality of life	Launceston General Hospital	Completed 2021 Ongoing implementation
5.7	*STATEWIDE* - Hip fracture pathway	Develop an evidence-based hip fracture clinical pathway to meet the Hip Fracture Clinical Care Standards released by the Commission on Safety and Quality in Healthcare, to improve health outcomes and timelier discharge	Department of Health Royal Hobart Hospital Launceston General Hospital North West Hospitals	Emergency Dept Clinical Pathway completed 2020 and is in use Inpatient through to discharge component to

	ACTION	ACTION DETAILS	RESPONSIBLE	TIMEFRAME
				be completed by Dec 2021
5.8	*STATEWIDE* - State-wide guidelines for the management of osteoporosis	Develop state-wide guidelines that will improve patient management on discharge to reduce re-admission through prevention of secondary fractures	Department of Health Royal Hobart Hospital Launceston General Hospital North West Hospitals	2021-22
5.9	*STATEWIDE* - Osteoarthritis of the knee	Implement conservative management strategies in line with Osteoarthritis of the Knee Clinical Care Standard, to facilitate preliminary non-surgical intervention to delay or divert patients from a surgical pathway	Department of Health Royal Hobart Hospital Launceston General Hospital North West Hospitals	2021-22
5.10	*STATEWIDE* - Direct Access Endoscopy Process - Guidelines, Protocols etc	Formalise and streamline direct access to endoscopy procedures so that patients do not have to be referred to outpatient clinics first. This removes a major waiting point for patients and improves timely access to endoscopy. This will be achieved through formally agreed state-wide clinical criteria.	Department of Health Royal Hobart Hospital Launceston General Hospital North West Hospitals	2021-22
5.11	*STATEWIDE* - Venous Thrombo-Embolism (VTE) prevention working group	Establish state-wide VTE working group to agree on evidence-based protocol, an overarching guideline, and practical clinical tools to meet the VTE Clinical Care Standards. This will reduce potential complications of surgery and further reduce length of stay.	Department of Health Royal Hobart Hospital Launceston General Hospital North West Hospitals	2021-22

6. ENHANCED CLINICAL ENGAGEMENT STRATEGIES

	ACTION	ACTION DETAILS	RESPONSIBLE	TIMEFRAME
6.1	*STATEWIDE* - Investigate establishment of the State-wide Clinical Senate	Enhancing clinical engagement across the Tasmanian Health Service, through forums such as the State-wide Clinical Senate, will assist to strengthen clinical engagement across surgical and perioperative services and improve delivery of surgical and perioperative services. Consistent with a key theme of Our Healthcare Future of strengthening the clinical and consumer voice in health planning, the following activities will take place in close collaboration with stakeholders: • co-design of a State-wide Clinical Senate with clinicians and consumers • design of a Future Health Leaders Forum. The collaborative design process will commence with the upcoming release of an Issues Paper on the establishment of a State-wide Clinical Senate for Tasmania and a series of regional workshops with clinicians and consumers. More information will be provided throughout the year as this work progresses.	Department of Health	2021-22
6.2	*STATEWIDE* - Establish Tasmanian Ophthalmology Network	Ophthalmology is an area of high demand for surgical and perioperative services. Along with its work to drive clinical improvement, the Network will also support delivery of ophthalmology surgical program. Draft Terms of Reference and membership is currently being established	Department of Health	By end of Dec 2022
6.3	*STATEWIDE* - Establish Tasmanian Trauma Network	Trauma injury is an area of high demand for surgical and perioperative services. Along with its work to drive clinical improvement, the Network will also support delivery of the trauma surgical program. Tasmanian Trauma Network has been established.	Department of Health	First meeting by Sep 2021

APPENDIX 1.1 SERVICE PROFILES OVER FOUR YEARS (ELECTIVE SURGERY AND ENDOSCOPIES) – YEAR 1

The specialty profile and regional distribution of the Service Plan-funded volume is set by the Surgical Committee based on balancing the requirements outlined in this Plan, including equity of access, role delineation, accreditation and training, safety and quality, capacity limits and opportunities, fiscal responsibility, the reform agenda, impact of new models of care and technologies, Statement of Purchaser Intent priorities, etc. The Surgical Committee has set the specialty profiles to be delivered by each region over four years. The Surgical Committee revises the specialty profiles at the start of each year based on the most recent wait list and projections of demand.

Table 1.1.1 and Table 1.1.2 below show the modelled service profiles at specialty and regional level set by the Surgical Committee, necessary to achieve a sustainable wait list where most patients are seen within clinically recommended time frames by 30 June 2025. These service profiles will be subject to change by the Surgical Committee based on demand and available service capacity. The service profiles will be updated by the Surgical Committee on an annual basis.

Table 1.1.1 Service Profile by Specialty and Region over Four Years - Elective Surgery – As at Year 1

	2021-22 Admissions Profile					2022-23 Admissions Profile					2023-24 Admissions Profile					2024-25 Admissions Profile				
	LGH	MCH	NWRH	RHH	THS	LGH	MCH	NWRH	RHH	THS	LGH	MCH	NWRH	RHH	THS	LGH	MCH	NWRH	RHH	THS
Cardiothoracic Surgery	0	0	0	198	198	0	0	0	197	197	0	0	0	220	220	0	0	0	227	227
Ear Nose & Throat	447	17	88	861	1,413	395	13	61	607	1,076	431	15	64	635	1,146	442	16	65	645	1,169
General Surgery	1,229	525	851	1,091	3,696	1,338	421	696	862	3,317	1,232	453	751	925	3,361	1,208	463	769	946	3,386
Gynae Oncology	0	0	0	189	189	0	0	0	177	177	0	0	0	197	197	0	0	0	203	203
Gynaecology	826	223	648	1,670	3,367	647	142	509	1,103	2,401	668	183	545	1,134	2,529	676	195	557	1,147	2,574
Neurosurgery	0	0	0	743	743	0	0	0	508	508	0	0	0	528	528	0	0	0	535	535
Ophthalmology	1,787	944	50	1,116	3,897	1,855	636	55	1,014	3,560	1,619	657	62	1,118	3,456	1,560	666	65	1,150	3,441
Oral Maxillo Facial Surgery	0	0	0	140	140	0	0	0	96	96	0	0	0	100	100	0	0	0	102	102
Orthopaedic Surgery	949	124	585	1,627	3,286	1,371	112	1,200	954	3,638	1,052	123	844	948	2,968	970	126	750	950	2,797
Paediatric Surgery	0	0	0	307	307	0	0	0	284	284	0	0	0	315	315	0	0	0	324	324
Plastic and Reconstructive Surgery	1,005	0	0	1,224	2,229	798	0	0	1,068	1,866	868	0	0	1,168	2,036	891	0	0	1,199	2,090
Urology	1,675	290	0	1,103	3,069	1,244	209	0	982	2,436	1,456	246	0	1,079	2,780	1,518	257	0	1,109	2,884
Vascular & Endovascular Surgery	95	0	0	173	268	72	0	0	143	214	82	0	0	155	237	85	0	0	158	244
Total	**8,013**	**2,123**	**2,222**	**10,441**	**22,800**	**7,720**	**1,533**	**2,521**	**7,996**	**19,771**	**7,408**	**1,678**	**2,267**	**8,521**	**19,874**	**7,351**	**1,724**	**2,206**	**8,696**	**19,976**

Table 1.1.2. Service Profile by Region – Endoscopies – As at Year 1

	2021-22 Admissions Profile					2022-23 Admissions Profile				
	LGH	MCH	NWRH	RHH	THS	LGH	MCH	NWRH	RHH	THS
Endoscopies	4,522	2,733	390	4,090	11,735	4,522	2,733	390	4,090	11,735
Total	**4,522**	**2,733**	**390**	**4,090**	**11,735**	**4,522**	**2,733**	**390**	**4,090**	**11,735**

APPENDIX 1.2 SERVICE PROFILES OVER FOUR YEARS (ELECTIVE SURGERY AND ENDOSCOPIES) – YEAR 2

Table 1.2.1 and Table 1.2.2 below show the modelled service profiles at specialty and regional level set by the Surgical Committee, necessary to achieve a sustainable wait list where most patients are seen within clinically recommended time frames by 30 June 2025. These service profiles will be subject to change by the Surgical Committee based on demand and available service capacity. The service profiles will be updated by the Surgical Committee on an annual basis.

Table 1.2.1 Service Profile by Specialty and Region over Four Years - Elective Surgery – as at Year 2

	2021-22 Admissions (ACTUAL)					2022-23 Admissions Profile					2023-24 Admissions Profile					2024-25 Admissions Profile					2025-26 Admissions Profile				
TOTAL ELECTIVE	LGH	MCH	NWRH	RHH	THS	LGH	MCH	NWRH	RHH	THS	LGH	MCH	NWRH	RHH	THS	LGH	MCH	NWRH	RHH	THS	LGH	MCH	NWRH	RHH	THS
Cardiothoracic Surgery	0	0	0	235	235	0	0	0	232	232	0	0	0	233	233	0	0	0	234	234	0	0	0	235	235
Ear Nose & Throat	314	2	117	616	1,049	445	0	95	723	1,263	439	0	95	694	1,228	441	0	96	697	1,234	426	0	95	630	1,150
General Surgery	913	426	682	1,106	3,127	1,303	358	726	1,033	3,419	1,236	357	714	1,026	3,334	1,242	359	718	1,032	3,351	1,092	357	689	1,012	3,150
Gynae Oncology	0	0	0	151	151	0	0	0	155	155	0	0	0	155	155	0	0	0	156	156	0	0	0	156	156
Gynaecology	686	233	437	1,071	2,427	713	247	512	920	2,392	697	247	506	881	2,330	700	248	509	885	2,342	661	247	493	796	2,197
Neurosurgery	0	0	0	587	587	0	0	0	617	617	0	0	0	590	590	0	0	0	593	593	0	0	0	533	533
Ophthalmology	2,036	1,012	0	1,069	4,117	1,537	884	0	1,155	3,577	1,544	881	0	1,153	3,578	1,552	886	0	1,159	3,597	1,557	875	0	1,146	3,578
Cataracts	*1,504*	*775*	*0*	*806*	*3,085*	*1,123*	*683*	*0*	*931*	*2,737*	*1,129*	*681*	*0*	*927*	*2,738*	*1,135*	*685*	*0*	*932*	*2,752*	*1,141*	*677*	*0*	*919*	*2,738*
All Other Ophthalmology	*532*	*237*	*0*	*263*	*1,032*	*414*	*201*	*0*	*224*	*840*	*415*	*200*	*0*	*225*	*840*	*417*	*201*	*0*	*226*	*845*	*416*	*197*	*0*	*227*	*840*
Oral Maxillo Facial Surgery	0	0	0	95	95	0	0	0	133	133	0	0	0	125	125	0	0	0	126	126	0	0	0	110	110
Orthopaedic Surgery	719	75	638	1,265	2,697	1,069	56	739	821	2,684	1,013	56	693	821	2,583	1,018	56	696	826	2,596	893	56	594	821	2,365
Joint replacement	*252*		*294*	*508*	*1,054*	*425*	*0*	*381*	*323*	*1,129*	*396*	*0*	*348*	*318*	*1,062*	*397*	*0*	*350*	*319*	*1,066*	*332*	*0*	*278*	*305*	*915*
All Other Orthopaedic Surgery	*467*	*75*	*344*	*757*	*1,643*	*644*	*56*	*358*	*498*	*1,555*	*618*	*56*	*345*	*504*	*1,522*	*620*	*56*	*346*	*506*	*1,529*	*560*	*56*	*316*	*517*	*1,450*
Paediatric Surgery	0	0	0	334	334	0	0	0	347	347	0	0	0	348	348	0	0	0	349	349	0	0	0	348	348
Plastic and Reconstructive Surgery	951	0	0	945	1,896	895	0	0	1,173	2,068	888	0	0	1,149	2,037	892	0	0	1,155	2,047	871	0	0	1,098	1,970
Urology	1,603	319	0	1,282	3,204	1,784	301	0	1,378	3,463	1,761	302	0	1,371	3,434	1,770	304	0	1,378	3,451	1,711	305	0	1,353	3,368
Vascular & Endovascular Surgery	92	0	0	164	256	103	0	0	148	252	102	0	0	147	249	102	0	0	148	250	98	0	0	145	243
Total	**7,314**	**2,067**	**1,874**	**8,920**	**20,175**	**7,849**	**1,845**	**2,071**	**8,835**	**20,600**	**7,679**	**1,844**	**2,008**	**8,693**	**20,225**	**7,718**	**1,854**	**2,018**	**8,737**	**20,327**	**7,309**	**1,840**	**1,872**	**8,382**	**19,402**

Table 1.2.2. Service Profile by Region – Endoscopies – As at Year 2

	2021-22 Admissions Actual					2022-23 Admissions Profile				
ENDOSCOPIES	LGH	MCH	NWRH	RHH	THS	LGH	MCH	NWRH	RHH	THS
Total	4,001	2,727	437	4,770	11,935	4,073	2,715	365	4,970	12,123

APPENDIX 2.1 KEY PERFORMANCE REQUIREMENTS FOR YEAR 1

Based on the Year 1 specialty profile (Appendix 1.1), performance requirements for Year 1 are shown in Table 2.1.1 below.

Table 2.1.1 Performance Requirements – as at Year 1

Service Plan KPIs for Elective Surgery Patients	2021-22 Target	2022-23 Target	2023-24 Target	2024-25 Target
Seen on time (%)	74%	81%	88%	95%
Average overdue wait time for those waiting beyond the recommended time (days)	60	50	40	30
Admission volume (no.)	22,800	19,771	19,874	19,976
Number of patients waiting over boundary	1,941	1,287	731	270
"No patients waiting prior to 2019"	0	0*	0**	0***

* No patients waiting prior to 2020
** No patients waiting prior to 2021
*** No patients waiting prior to 2022

APPENDIX 2.2 KEY PERFORMANCE REQUIREMENTS FOR YEAR 2

Based on the Year 2 specialty profile (Appendix 1.2), performance requirements for Year 2 are shown in Table 2.2.1 below.

Table 2.2.1 Performance Requirements Year 2 Update

Service Plan KPIs for Elective Surgery Patients	2021-22 Target	2022-23 Target	2023-24 Target	2024-25 Target
Seen on time (%)	74%	81%	88%	95%
Average overdue wait time for those waiting beyond the recommended time (days)	60	50	40	30
Admission volume (no.)	22,800	20,600	20,225	20,327
Number of patients waiting over boundary	1,941	1,287	731	270
"No patients waiting prior to 2019"	0	0*	0**	0***

* No patients waiting prior to 2020
** No patients waiting prior to 2021
*** No patients waiting prior to 2022