

NORFOLK ISLAND INTERGOVERNMENTAL AGREEMENT

HEALTH SCHEDULE

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Released under the FOI Act 1982 by the Department of Infrastructure, Transport, Regional Development, Communications and the Arts

NORFOLK ISLAND INTERGOVERNMENTAL AGREEMENT

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This Service Schedule (Schedule) to the *Intergovernmental Partnership Agreement on State Service Delivery to Norfolk Island* (the Agreement) is a Schedule which has been agreed between the Commonwealth of Australia (**Commonwealth**) as represented by the Department of Infrastructure, Transport, Regional Development and Communications and the State of Queensland (**Queensland**) as represented by Queensland Health (“The Parties”). The Schedule sets out the Services to be provided by Queensland Health, on behalf of Queensland. The Schedule should be read in conjunction with the Agreement.

Queensland agrees to provide the Services in accordance with this Schedule.

1. INTERPRETATION AND DEFINITIONS

1.1 This Schedule includes any referred to appendices.

- a) A reference in this Schedule to an Act followed by (Qld) is a reference to the Act as in force in the State from time to time, and a reference to a law made under or pursuant to such an Act is a reference to the law as in force in the State from time to time.
- b) A reference in this Schedule to an Act followed by (Qld)(NI) is a reference to the Act as in force in Norfolk Island from time to time in accordance with section 18A of the *Norfolk Island Act 1979* (Cth), and a reference to a law made under or pursuant to such an Act is a reference to the law as in force in Norfolk Island from time to time.
- c) In this Schedule, the definitions in clause 1 of the Agreement apply and, unless otherwise stated -

Admitted services means services provided to an ‘admitted patient’.

Emergency service means triage, assessment, care and/or treatment for patients experiencing medical condition(s) and/or injury.

Multi-Purpose Services (or MPS) means Multi-Purpose Services established under the *Aged Care Act 1997*.

NIHRACS means the Norfolk Island Health and Residential Aged Care Service, established under the *Norfolk Island Health and Residential Aged Care Service Act 1985* (NI) (Cth).

NIHRACS Manager means the Manager appointed by the Commonwealth Minister under the *Norfolk Island Health and Residential Aged Care Service Act 1985*.

Norfolk Island Health and Aged Care Clinical Services Plan means the Norfolk Island Health and Aged Care Clinical Services Plan 2019 – 2026 as updated from time to time.

Pharmaceutical Benefits Scheme (PBS) means the Commonwealth’s scheme to provide subsidised pharmaceuticals to Australians established under Part VII of the *National Health Act 1953* (Cth) together with the *National Health (Pharmaceutical Benefits) Regulation 1960* (Cth) made under that Act.

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Power includes function or duty, and, in that context, exercise means perform.

Primary Health Network means a body established by the Commonwealth with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time. **Residential Aged Care Services** means Residential aged care services eligible for Commonwealth subsidy as defined in the *Aged Care Act 1997* (Cth).

State means the State of Queensland (Queensland), which includes Queensland Health, and where relevant its officers, agents, employees, representatives, contractors, licensees or invitees.

2. LEGAL FRAMEWORK

2.1 The Parties note the legal framework set out in clause 2 of the Agreement and the Commonwealth's responsibility under clause 4.2(d) of the Agreement for ensuring the legislative framework reasonably necessary for Queensland to deliver the Objects of the Agreement, including any amendments identified by either Party, are applied and function practically.

2.2 The Parties will consult on, and keep under review, the legislative framework reasonably necessary for the delivery by Queensland of the Services specified in Appendix A-B. Parties agree the first review of the legislative framework will occur within three months of the applied laws coming into effect from 1 January 2022, including updates to Appendix A-B as required.

2.3 To avoid doubt, the Parties recognize that Appendix A outlines the detailed amendments identified by the State as required to deliver the services as outlined in Schedule. This does not preclude the Commonwealth from pursuing other legislative means (such interpretation legislation of general application; or repeal rather than suspension of laws), so long as the outcomes outlined in the Appendices is achieved.

2.4 For the purposes of section 18B(5A) of the *Norfolk Island Act 1979*, persons or authorities of Queensland as specified in section 18B(5A)(a) are subject to the Agreement where authorised, within the meaning of section 18B(5A)(b), to exercise a power corresponding to a power under a law specified in Appendix A. Officers or employees of the State, authorities of the State, and officers or employees of authorities of the State are not subject to the Agreement in relation to the powers described in Appendix A.

2.5 The Commonwealth Minister may, under paragraph 18B(5)(b) of the Commonwealth Act, authorise in writing that a person or authority in whom, pursuant to clause 2.4, a power is vested by s18B(5A), may delegate the power, in writing, to another person or authority. Notwithstanding the discretion of the Commonwealth Minister, Queensland understands the delegations set out in Appendices A-B will apply in the context of Norfolk Island

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education service delivery and Queensland may sub-delegate responsibilities where the corresponding Queensland legislation applied on Norfolk Island provides for this.

2.6 The Commonwealth acknowledges that Queensland's ability to deliver the Services could be affected by refusal or unreasonable delay in relation to the exercise of Commonwealth powers under section 18B of the Commonwealth Act requested by Queensland that are necessary to support the effective delivery of the Services. Any such requests by Queensland must be made in writing to the Australian Government, must state clearly the reasons for the request and the specific outcome sought, and be made promptly to allow sufficient time for consideration in accordance with Queensland Government and Commonwealth Government processes. The Commonwealth Government must respond promptly to any such request in writing, and must provide reasons for refusal or delay in progressing the relevant requests.

2.7 The State does not agree to the vesting of powers under the laws in Appendix A when applied as Commonwealth law in Norfolk Island that are vested in the Commonwealth Minister under subsections 18B(1) and (2) of the *Norfolk Island Act 1979*.

2.8 The Commonwealth agrees not to make any instrument the effect of which is to vest a function or power in, or delegate a function or power to, a Queensland official or authority, unless Queensland agrees in writing to that instrument being made.

2.9 Having regard to its commitments under clause 2.5 and clause 4.2(d) of the Agreement, the Commonwealth agrees to consider appropriate modifications of any of the laws in Appendix A when applied as Commonwealth law on Norfolk Island as agreed by the Committee, noting the implementation of these modifications is subject to Commonwealth Government processes.

3. TERM FOR PROVISION OF SERVICES

3.1 This Schedule will commence on the date it is executed (Commencement Date) and will end on termination of the Agreement, unless a variation to the term of the Schedule is agreed in writing by the Parties.

3.2 This Schedule may be terminated by either Party upon a minimum of 24 months' notice to the other Party; or at any time by agreement in writing signed by both Parties, and with due consideration to the continuity of health services for the Norfolk Island community and visitors.

4. PRINCIPLES AND COMMITMENTS

4.1 The Parties are committed to the provision of safe and sustainable health services that promote, protect and maintain the health of the Norfolk Island community, whether on island or the mainland, and provide care and treatment to sick and injured people, consistent with their roles as set out in this Schedule.

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4.2 The Parties agree to co-design Services to be delivered by Queensland under this Schedule with NIHRACS and the Norfolk Island community.

4.3 The Parties recognise that Services to be delivered by Queensland under this Schedule should have regard to:

- a) the remote location, the size of the community, and other constraints on health workforce availability and the provision of Services;
- b) the role of other agencies in the protection and maintenance of the health of the Norfolk Island community;
- c) the legislative and regulatory framework relevant to the provision of the Services; and
- d) the interdependencies between the Parties in the implementation of the governance arrangements to support service provision to the Norfolk Island community.

5. DESCRIPTION OF SERVICES

5.1 The Services to be delivered by Queensland under the terms of the Agreement and this Schedule are the provision of support to NIHRACS, in accordance with Section 7.5 of the Agreement, and other identified services agreed in Appendix B, as amended from time to time. These Services include but are not limited to:

- a) clinical and corporate governance services and support of NIHRACS;
- b) quality and safety system advice to support NIHRACS;
- c) coordination of clinical pathways to mainland care and services; and
- d) assisting NIHRACS to build capacity including service delivery on Norfolk Island.

6. TRANSITION

6.1 Notwithstanding clause 7.5 of the Agreement, Queensland acknowledges and agrees that:

- a) the implementation of the Services will be staged from 1 January 2022 in accordance with Appendix B, as amended from time to time by agreement between the Parties;
- b) in recognition of the fact that Queensland's delivery of the Services will be implemented over time, the Commonwealth has agreed to a scheduled transition of service delivery by Queensland of the Services;
- c) Queensland will actively engage with the Commonwealth and NIHRACS to design the Services as required by the Commonwealth and giving regard to Appendix B, as amended from time to time and agreed between the parties; and

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- d) Queensland will take all necessary steps to ensure the implementation of the Services as soon as possible, in recognition of the relevant timeframe set out in Appendix B.
- e) The parties agree to make best endeavours to achieve the timeframes outlined in the Appendix B.

7. ROLES AND RESPONSIBILITIES OF THE COMMONWEALTH

7.1 The roles and responsibilities of the Commonwealth under this Schedule are as follows:

- a) fully funding Queensland for all costs associated with provision of the Services defined in this Schedule in line with clauses 8.2 and 8.3 of the Agreement.
- b) working with NIHRACS to meet service gaps until the State has had sufficient opportunity to scope, co-design, cost (and receive confirmation from the Commonwealth on the funding of specific health services) and the State has assumed responsibility for the Service; and
- c) funding the following:
 - i. the health services delivered by NIHRACS or contracted out to a private provider
 - ii. NIHRACS capital and infrastructure costs, including maintenance and technology upgrades
 - iii. the design and construction of a new facility for NIHRACS
 - iv. Norfolk Island resident Admitted and Non-admitted activity in mainland public hospitals and non-admitted settings.

8. ROLES AND RESPONSIBILITIES OF THE STATE

8.1 The roles and responsibilities of the State are as follows:

- a) support NIHRACS and the Commonwealth to deliver a safe, sustainable and appropriate health and residential aged care service to Norfolk Island in line with Services and support set out in Appendix B; and
- b) provide Commonwealth funded oversight, management support and (where agreed) clinical services to NIHRACS.

9. DELIVERABLES

9.1 Queensland will develop and provide to the Commonwealth:

- a) a Service scope for Services designed and delivered under Appendix B;
- b) an annual budget for the Services in this Schedule for the consideration of the Commonwealth, including:

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- i. the estimated annual budget must be provided to the Commonwealth for review and agreement in February each year, or another date agreed between the Parties
 - ii. the budget will be based on estimated demand and the resourcing that is required to deliver Services, accounting for the remote location and unique needs of the community;
- c) a revised budget estimate for the Services in this Schedule by the end of October in each year or another date agreed between the Parties; and
- d) a statement of expenditure for the previous financial year on Services under this Schedule by the end of August in each year or another date agreed between the Parties, for annual acquittal purposes and reconciliation against actual services delivered.

10. FUNDING

10.1 Clause 8 of the Agreement applies for the purpose of the Services being provided under this Schedule.

10.2 The annual budget provided to the Commonwealth by Queensland each year for the Services in this Schedule in accordance with clause 8.4 of the Agreement will be based on an estimated FTE staffing profile and will include any other costs identified by Queensland as required to deliver the Services in this Schedule (including travel and legal costs).

10.3 For the avoidance of doubt, the Parties agree that:

- a) the budget submitted by Queensland Health does not reflect the full costs of supporting health services noting some costs may be directly incurred by the Commonwealth or third-party provider as agreed by the Parties;
- b) Queensland Health retains the flexibility to manage its resources in accordance with the agreed total budget, including amending FTE staffing profiles as determined by Queensland Health;
- c) the Commonwealth agrees to reimburse Queensland's administrative costs, including staff costs at a rate of actual costs plus 10%. This additional payment will not be impacted by clause 10.3(d) of this Schedule; and
- d) where any over-payment is made by the Commonwealth, due to actual costs incurred being significantly lower than estimated costs agreed by both Parties, the Parties will:
 - i. offset the over-payment against the costs of future Service provision; or
 - ii. agree other arrangements to ensure the Commonwealth achieves value for money.

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10.4 An invoice presented to the Commonwealth by Queensland in accordance with clause 8.6 of the Agreement will be taken to be valid if:

- a) the invoice contains:
 - i. the full title of the Services
 - ii. the Purchase Order number provided by the Commonwealth;
- b) the invoice is accompanied, where required by the Commonwealth, by reasonable documentation that substantiates the amount claimed in the invoiced; and
- c) the amount claimed in the invoice is due for payment under the Agreement.

11. GOVERNANCE AND ISSUES RESOLUTION

11.1 The Parties acknowledge and agree that:

- a) in accordance with clause 5.1 of the Agreement, the Agreement is to be underpinned with robust and efficient oversight and governance arrangements that focus on delivering the best outcomes for the Norfolk Island community;
- b) they will work together proactively and collaboratively to agree and implement formalised oversight and governance arrangements to ensure Services are delivered so as to provide the best outcomes for the Norfolk Island community; and
- c) they will amend this Schedule following the first review that the Parties conduct of this Schedule to reflect those agreed oversight and governance arrangements.

11.2 As soon as possible following the commencement of this Schedule and before 1 January 2022, joint governance arrangements to support the oversight and implementation of this Schedule will be agreed by the Committee, informed by Queensland Health.

11.3 The Commonwealth, NIHRACS and Queensland Health will work in partnership to manage and resolve day to day operational matters within agreed budget and scope of this Schedule. The Parties may wish to formalise this arrangement into a regular working group, with secretariat support provided by the Commonwealth.

11.4 Policy, funding and service delivery matters that go beyond, or would amend, parts of this Schedule (including new, expanded or reduced services) will be endorsed by the Committee, with advice from operational experts.

11.5 Where possible Queensland and the Commonwealth will seek to resolve issues relating to the Schedule at officer level. If matters cannot be resolved at officer level, the dispute resolution procedure detailed in clause 6.2 of the Agreement will apply.

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12. MANAGEMENT OF RISKS

12.1 In accordance with the Agreement, the Parties agree to develop shared risk planning and risk mitigation strategies. These strategies will be proportionate to the risks and will be agreed by the Committee.

12.2 Where possible risk planning and risk mitigation strategies will align with, and not duplicate, existing risk management approaches of Queensland Health.

13. INTELLECTUAL PROPERTY

13.1 Nothing in this Schedule affects the ownership of intellectual property rights in existence at the commencement date.

13.2 Each Party agrees to grant a non-exclusive, irrevocable, royalty free licence to use, copy and modify any elements of the Material specifically created by it in relation to the provision of the Services.

13.3 For the purposes of clause 13.2 of this Schedule, 'Material' shall mean the materials, in whatever form, used by either Party to provide the Services under this Schedule.

14. RECORDS

14.1 The Parties acknowledge that NIHRACS is responsible for maintaining and holding historical patient records in a safe and secure manner in accordance with the Privacy Act 1988 (Cth).

Patient Records

14.2 The Parties acknowledge that all health records are to be managed and controlled by NIHRACS in a safe and secure manner.

14.3 Requests for exchange of information in relation to patient records shall comply with relevant Queensland and Commonwealth legislation, except to the extent of any inconsistency in which case the relevant Commonwealth legislation will take precedence.

Other Records

14.4 Records are to be retained by both Parties for at least the Term of the Agreement, or for any longer period required by legislation.

14.5 With reasonable notice, the Parties can, either jointly or separately, direct the NIHRACS Manager to allow them to inspect and audit the accounts and records of NIHRACS.

15. PRIVACY / PROTECTION OF PERSONAL INFORMATION

15.1 The Parties agree that any patient record system must comply with relevant Queensland and Commonwealth laws concerning privacy and the protection of personal information. In the event of any inconsistency between Queensland and the Commonwealth laws, the laws of the Commonwealth will take precedence.

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15.2 The Parties will take reasonable steps to ensure that patients' privacy and personal information held by the Parties, by NIHRACS or by health practitioners on Norfolk Island is protected in compliance with relevant Queensland and Commonwealth laws. In the event of any inconsistency between Queensland and the Commonwealth laws, the laws of the Commonwealth will take precedence.

15.3 The Parties will immediately notify each other if there are reasonable grounds to believe that there has been a breach of relevant Queensland or Commonwealth privacy laws in relation to a patient of NIHRACS.

16. REVIEW

16.1 The Parties will review this Schedule within 12 months of the Commencement Date and at least once every 24 months from the date the first review is completed.

16.2 Within the first twelve months of the Agreement, the Parties will regularly review transitional arrangements and progress by Queensland to implement and deliver the Services described in Appendix B.

17. VARIATION

17.1 This Schedule can only be varied by agreement in writing signed by both Parties in accordance with clause 3.5 of the Agreement following approval by the Committee in accordance with clause 7.13 of the Agreement.

17.2 A variation to the Schedule may also require further government approvals.

18. SERVICE STANDARDS AND REPORTING

18.1 The Parties agree to develop and implement a minimum set of activity and performance reports including, but not limited to, an annual review of the Services covered by this Schedule for the Committee.

Appendices

Appendix A – Legislative Framework

Appendix B – Services and indicative implementation timeframes

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Execution

This Service Schedule is made on [insert day month and year in full]

SIGNED for and on behalf of the

Commonwealth of Australia

as represented by the Department of Infrastructure, Transport, Regional Development and Communications ABN 86 267 354 017

s22(1)(a)(ii) [Redacted signature]

Name of signatory: Rachel Bacon

Date: 23/12/21

s22(1)(a)(ii) [Redacted signature]

Signature of witness

Name of witness: s22(1)(a)(ii) [Redacted name]

Date: 23/12/2021

SIGNED for and on behalf of the

State of Queensland

as represented by s22(1)(a)(ii) Director-General, Queensland Health [ABN:]

s22(1)(a)(ii) [Redacted signature]

Name of signatory: s22(1)(a)(ii) Deputy Director-General Healthcare Purchasing and System Performance Division, Department of Health Queensland

Date: 22/12/21

s22(1)(a)(ii) [Redacted signature]

Signature of witness: s22(1)(a)(ii) [Redacted name]

Name of witness: s22(1)(a)(ii) [Redacted name]

Date: 22/12/2021

Released under the FOI Act 1982 by the Department of Infrastructure, Transport, Regional Development, Communications and the Arts

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Appendix A

Legislative Framework

Schedule Appendix A represents Queensland's required applied laws framework and the arrangements are at a point in time on signing of the Schedule, and are subject to modification in line with the review dates specified in the Schedule and from time to time as required by the parties.

Hospital and Health Boards Act 2011 (Qld)

In relation to the *Hospital and Health Boards Act 2011 (Qld)* (HHB Act) and the Hospital and Health Boards Regulation 2012, the following provisions are recommended to be (a) suspended/not applying and (b) modified.

The preferred *initial* approach for the application of the HHB Act is, to the extent practicable, is to mirror the application of the *Health Services Act 1997 (NSW)*.

It is also initially proposed for no powers under the HHB Act or PH Act to be delegated or directed to Queensland Health Officers.

Suspended/not applying

HHB Act – suspended provisions	HHB Regulation
ss.7(2) – (5): Role of Hospital and Health Services	Part 2 Division 1A
s.8A Funding of public sector health system	Part 2 Division 2
s.9 Management of health system performance	Part 3 Employment Matters
s.10 Statewide employment and industrial relations arrangements	Part 5 Quality Assurance Committees
s.16. Meaning of service agreement	Part 6 Root Cause Analysis
s.18 Legal status	Part 6A Nurse to patient ratios
s.19 Functions of services (b) service agreement Comply with health service directions and health employment directives (g) minor capital works (h) maintain buildings (i) employ staff (j) collaborate with QAS (n) manage against performance measures (o) provide performance data (q) other functions approved by the Minister (3) efficient use of public resources	Part 6B State aged care facilities
s.20 Powers of Services (1)(b) property (2) prohibited assets (3) employment (4) employment (5) employment (6) machinery	Part 8 Confidentiality
s.20A Limitation on Service's dealing with land or buildings	Part 8 A Miscellaneous
s.21 Application of other Acts	Part 9 Transitional
Part 1 Division 2 – HHS Boards (ss.22 – 32)	

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Part 1 Division 2A Executive Committees (ss.32A – 34)	
Part 1 Division 3 Health Service Chief Executives (ss.33 – 34)	
Part 1 Division 4 – Service Agreements (ss.35 – 43)	
Part 1 Division 4A Hospital and Health Ancillary Boards (ss.43A – 44e)	
Part 3 Divisions 2 Health Service Directives (ss.47 – 51)	
Part 3 Divisions 2A Health Employment Directives (ss.51A – s.51F)	
Part 3A Funding of the public sector health service (ss.53A – 53ZB)	
Part 4 – Performance Reporting and auditing (ss. 54 – 65)	
Part 5 Health Service Employees (ss.66 – 80D)	
Part 6 Safety and Quality (ss.81 – 138M)	
Part 7 Confidentiality (ss.139 – 161C)	
Part 8 Control of traffic and conduct on health service land (ss.162 – 188)	
Part 9 Health Service Investigations (ss.189 – (200)	
Part 12 Division 1 Transfer Notices (ss.273A – 273E)	
Part 12 Division 2 sections 274 to 280	
Part 13 (ss.283 – 329)	
Schedule 1.	
Part 13 (ss.283 – 329)	

Modifications/amendments

The following provisions of the HHB Act will require modification/amendment.

HHB Act provision
s.3 Act
ss.201, 220(5)(b),(8)
ss.269, 270 & 271,
s.272

Public Health Act 2005 (Qld)

In relation to *Public Health Act 2005 (Qld)* Queensland intends to, initially, apply in a manner to the extent possible mirror the existing applied laws under the *Public Health Act 2010 (NSW)*. The exception to this is that it is proposed to apply the contract tracing powers and associated confidentiality scheme, due to its core role in the COVID-19 public health emergency response.

It is also intended that no powers are vested in Queensland officials.

Having regard to the above, it is proposed to apply the following provisions of the PH Act and Public Health Regulation 2018. I draw particular attention to the need to deem the Norfolk Island Council a

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local council for the purposes of Chapter 2 Environmental Health, due to the non-applicability of the *Local Government Act 2009* (Qld).

Provisions of the PH Act that are not applied
Chapter 1 – Preliminary [ss.1 -9]
s.7 (c), (d), (e), (f) & (g)
Chapter 2 – Environmental Health [ss.10 – 61]
Part 2 Roles of State and local governments for public health risks s.19 & 20
Part 5A Environmental Health Events Division 4 Confidentiality and use of information supplied for environmental health event register ss.53 - 57
Part 6 Lead (ss.58 & 59)
Part 7 Paint (s.60)
Chapter 2A Water risk management plans [ss.61A – 61K]
s.61A definition of ‘prescribed facility’ - omit (b) [reference to Private Health Facilities Act 1999] definition of ‘responsible person – omit (b) [reference to Private Health Facilities Act 1999]
Chapter 3 – Notifiable conditions [ss.62 – 146]
Part 1 Definitions, purpose of chapter and guiding principles s.66(3)
Part 2 Division 3 Confidentiality of information and use of information supplied for Notifiable Conditions Register ss.76 – 88
Part 3 Contract Tracing Division 2 Obtaining Contact information s.104A s.109(2)&(3)
Chapter 4 – Infection Control for healthcare facilities [ss.147 – 157] [All not applied]
Chapter 4A Health of persons with major disturbance in mental capacity [ss.157A – 157ZG] [All not applied]
Chapter 5 Child Health [s.158 – 213AF] [All not applied]
Chapter 5A Performance of cosmetic procedures on children [ss.213A – 213D] [All not applied]
Chapter 5B Conversion Therapies [213E – 213I] [All not applied]
Chapter 6 Health information management [ss.214 - 313H]
Part 1 Division 4 Confidentiality ss.219 – 228BA
Part 1A Maternal death statistics ss.228C – 228S
Part 2 Division 4 Confidentiality ss.237 - 249
Part 3A Division 4 Report about register and related matters s.279AJ
Part 3A Division 5 Confidentiality and disclosure of information

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ss.279AK – 279AP
Part 4 Research s.279A – s.292
Chapter 7A pollution events [s.313A – 313H] [All not applied]
Chapter 8 Public Health emergencies [ss.314 – 372]
Part 1 Preliminary s.316 omit references to <i>Fire and Emergency Services Act 1990</i> and <i>Public Safety Preservation Act 1986</i> s.317 s.318 omit reference to <i>Police Powers and Responsibilities Act 2000</i>
Part 2 Declaring a public health emergency s.323(4)
Part 5 Appointment of emergency officers s.333(1)(d)
Part 7AA Fees for quarantine during COVID-19 emergency ss.362MA – s.362MG
Part 7B Other provisions for COVID-10 emergency ss.362N 0 362Q
Chapter 11 Miscellaneous [ss.454 – 461]
Part 1 Annual report on public health issues s.454
Part 1 A Civil liability for asbestos-related harm ss.454A – 454L
Part 2 Other provisions s. 457
Chapter 12 Savings and Transitional [ss.462 – 507E] [All not applied]

It is recommended that following provisions of the PH Act are amended:

Provisions of the PH Act which are amended
Chapter 1 – Preliminary [ss.1 -9]
s.3(1)
Chapter 2 – Environmental Health [ss.10 – 61]
<ul style="list-style-type: none"> • s.10 • s.32(3)(a)&(b) – references to <i>Local Government Act 2009</i>
Chapter 3 – Notifiable conditions [ss.62 – 146]
<ul style="list-style-type: none"> • s.67(1) • s.90 • s.138 • s.144(3) references to <i>Supreme Court of Queensland Act 1991</i>, <i>District Court of Queensland Act 1967</i> and <i>Magistrates Court Act 1921</i>
Chapter 6 Health information management
<ul style="list-style-type: none"> • s.215 • s.228D

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<ul style="list-style-type: none"> • s.230
Chapter 8 Public Health emergencies [ss.314 – 372]
<ul style="list-style-type: none"> • s.333(1) • s.333(1)(d) • s.358(2)&(3) • s.362F – reference to <i>Trading (Allowable Hours) Act 1990</i> • s.362N
<ul style="list-style-type: none"> • Chapter 10 Legal Proceedings [ss.437 – 453] • s.441 • s.443 • s. 448(4) • s.451(2) • s.453-

It is recommended that Public Health Regulation 2018 is applied except for the following:

Provisions of the PH Reg that are not applied
Part 2 Public Health Risks [ss.4 – 27A]
Division 1 Asbestos ss.4 – 13
Division 2 Mosquitos ss.14 – 19
Division 4 Other public health risks s.27A
Part 4 Notifiable conditions [ss.31 – 33]
s.33
Part 5 Infection control for health care facilities [s.34] [All not applied]
Part 6 Child health [ss. 35 -39] [All not applied]
Part 7 Performance of cosmetic procedures on children [s. 40] [All not applied]
Part 8 Health Information Management [ss.41 – 49C]
Division 2 Maternal death statistics ss.43 & 44
Part 10 Miscellaneous [ss.60 – 63] [All not applied]
Part 11 Transitional provisions [ss.64 – 71] [All not applied]
Schedule 3 Agreements

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Appendix B

Services and indicative implementation timeframes

Service Allied Health Services	
Overview	Metro North Health will support the delivery of range of allied health services through a pathway of care to mainland services and access to clinical support and advice
Specific Tasks	<p>Initial Phase – From 1 January 2022</p> <ul style="list-style-type: none"> • Metro North Health will provide access to adult and paediatric speech pathology, dietetics, occupational therapy, physiotherapy services through its facilities • Access to clinical support and advice from a multidisciplinary team • Access to prescribed supervision for the NIHRACS psychologist and social worker and access to learning and development opportunities for all allied health professionals • Participation in monthly allied health meetings with NIHRACS • Access to policies, procedures, and credentialing processes if required Access to education and training resources <p>Future (by June 2022)</p> <ul style="list-style-type: none"> • Metro North Health will explore the potential of supporting visiting and/or telehealth adult occupational therapy and speech pathology services
Exclusions	<ul style="list-style-type: none"> • Metro North Health will not be providing on-island visiting services or telehealth services from 1 January 2022 for the following allied health services as these are provided by a separate arrangement NIHRACS has with private allied health professionals: <ul style="list-style-type: none"> ○ Paediatric occupational therapy ○ Paediatric speech pathology ○ Podiatry ○ Audiology • Direct staff management responsibility, including performance management, compliance with professional standards, and direct complaints management. • Note: should the above private service arrangements cease after 1 January 2022, Metro North Health will consider opportunities to support visiting and/or telehealth services.

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Service Allied Health Services	
Assumptions	<ul style="list-style-type: none"> NIHRACS and the Commonwealth will fund all patient transfer costs associated with presentation to Metro North Health mainland clinics
Contacts	<ul style="list-style-type: none"> A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii) s22(1)(a)(ii), Chief Allied Health Practitioner, Metro North Health Executive Director, Allied Health, Royal Brisbane and Women’s Hospital, s22(1)(a)(ii)
Key Contact	<ul style="list-style-type: none"> A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii)
Costings	<ul style="list-style-type: none"> Activity conducted at Metro North facilities will be billed by Metro North Health Other Metro North costs related to the services described above are yet to be determined

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Service Cancer Services	
Overview	Metro North Health will provide access to expert clinical advice on cancer care services and provide a pathway of care to mainland services
Specific Tasks	<p>Initial Phase – From 1 January 2022</p> <ul style="list-style-type: none"> • Access to clinical advice and support • Access to policies, procedures, education and training resources • Development of a pathway to access Metro North cancer care services • Pharmacy support <p>Future</p> <ul style="list-style-type: none"> • Consideration of telehealth services • Tele-chemotherapy (monoclonal antibodies) including access to electronic IOMS • MDT linkages
Exclusions	<ul style="list-style-type: none"> • Nil
Assumptions	<ul style="list-style-type: none"> • Access to applicable Metro North systems can be accommodated • Patients on SESLHD waiting lists will continue to hold these positions and be seen in SESLHD facilities • NIHRACS and the Commonwealth will fund all patient transfer costs associated with presentation to Metro North Health mainland clinics
Contacts	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii) • Executive Director, Cancer Care Services, Royal Brisbane and Women's Hospital, s22(1)(a)(ii) (phone s22(1)(a)(ii)) • s22(1)(a)(ii) , ADOP, CCS, Royal Brisbane and Women's Hospital
Key Contact	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii)
Costings	<ul style="list-style-type: none"> • Will be determined following an assessment of ongoing service requirements

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Service Cardiology	
Overview	Metro North Health will support the delivery of cardiology services to Norfolk Island through a pathway of care to mainland services and the ongoing investigation of potential opportunities for an on-island visiting service.
Specific Tasks	<ul style="list-style-type: none"> • Metro North Health will provide access to cardiology services through its existing clinics and facilities, predominantly operated out of the Royal Brisbane and Women's Hospital. • For patients requiring inpatient treatment, Metro North Health will facilitate referral and management of care as part of its cardiology services, with access and qualification for care consistent to that offered to Queensland residents. <p>Initial Phase – From 1 January 2022</p> <ul style="list-style-type: none"> • 24/7 clinical support and advice for cardiology patients • Access to relevant Metro North Health policies and procedures <p>Future</p> <ul style="list-style-type: none"> • On island scoping visit • On island visits • Telehealth • Remote monitoring • Access to training and professional development
Exclusions	<ul style="list-style-type: none"> • Costs for patients to access mainland care • Respiratory-related services as respiratory services will continue to be provided by the existing New South Wales clinician under a private arrangement with NIHRACS
Assumptions	<ul style="list-style-type: none"> • Patient consent to share clinical records • Adequate clinical handover • Appropriate bandwidth and connectivity are in place on Norfolk Island to support the telehealth/remote monitoring systems • Patients on SESLHD waiting lists will continue to hold these positions and be seen in SESLHD facilities

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Service Cardiology	
	<ul style="list-style-type: none"> NIHRACS and the Commonwealth will fund all patient transfer costs associated with presentation to Metro North Health mainland clinics.
Contacts	<ul style="list-style-type: none"> A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii) Chairman of Cardiology, Royal Brisbane and Women’s Hospital, s22(1)(a)(ii) Director, Cardiac Scientists, Royal Brisbane and Women’s Hospital, s22(1)(a)(ii)
Key Contact	<ul style="list-style-type: none"> A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii)
Costings	<ul style="list-style-type: none"> Activity conducted at the Metro North facilities will be billed by Metro North Health Other costs to be confirmed

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Service Clinical Governance, Safety, Quality and Risk – Accreditation	
Overview	<p>Metro North will support NIHRACS in the development of appropriate quality and safety systems, processes and reporting mechanisms to ensure they are supported to undertake the Australian Commission on Safety and Quality HealthCare (Commission) to achieve ACHS accreditation for their health service organisation.</p> <p>Background - NSQHS Standards / Safety and Quality Accreditation</p> <p>Health Service accreditation is mandatory in Australia all hospitals and health services in Australia are required to be accredited against the National Safety and Quality Healthcare (NSQHS) Standards by independent organisations. Accreditation status is achieved when all the all the standards are met. Accreditation provides a snapshot of performance against the standards at a given point in time with a focus being compliance to the nationally legislated minimum standards for safety and quality accreditation. This is also considered an indicator of safety and quality internationally and has a positive impact on patient safety, organisational culture and effective leadership. The NSQHS standards have improved patient safety and quality of health care across Australia.</p> <p>NIHRACS underwent ACHS accreditation in 2014 and did not achieve ACHS accreditation status. NIHRACS has been continuing to work towards full organisational wide ACHS accreditation with a proposed date of December 2022.</p>
Specific Tasks	<p>Initial Phase - From 1 January 2022</p> <ul style="list-style-type: none"> • Support NIHRACS with shared learnings from Metro North and the wider health in relation to experiences from ACHS accreditation. • Co-ordinate and provide advice and support to NIHRACS Executive Management team and staff in relation to evidence and documentation required for ACHS accreditation achievement. <p>Future</p> <ul style="list-style-type: none"> • Undertake an initial peer review assessment by the Executive Director, CGSQR and the Director on the island for a minimum 5 days in early February 2022 to work with the NIHRACS Executive and Management team and Clinical Nurse

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Service Clinical Governance, Safety, Quality and Risk – Accreditation	
	<p>Consultant for quality, safety and accreditation to assess the current status to date in preparation for accreditation and review and assess the gap analysis documents developed.</p> <ul style="list-style-type: none"> • Undertake as required current status site assessment/s to evaluate progress, status compliance and accreditation readiness • Support to develop appropriate information, assessment, data process and reporting mechanisms and provision of evidence to meet the intent of the eight (8) NSQHS standards. • Provide independent guidance, advice and assessment of NIHRACS to ensure the health service is best placed to achieve full NSQHS wide organisational accreditation. • Partner with NIHRACS in the future after achieving ACHS accreditation to consider parallel processes of implementation short notice accreditation for NIHRACS in the future in parallel with Metro North as we implement short notice accreditation.
Exclusions	<ul style="list-style-type: none"> • Support for NIHRACS in achieving ACHS accreditation is not on a short notice assessment pathway as all health care organisations must achieve full whole of organisation accreditation initially to then transition to short notice accreditation.
Assumptions	<ul style="list-style-type: none"> • NIHRACS and the Commonwealth will cover the costs associated with ACHS accreditation fees and costs of any systems required to provide evidence and meet the evidence of standards for example RiskMan and access to Metro North systems policies and procedures, accreditation webpages. • NIHRACS and the Commonwealth will cover the costs of all travel and accommodation costs required for MN CGSQR onsite visits. • The Metro North CGSQR Executive Director and Director will participate and provide support during NIHRACS accreditation assessment • Access to applicable Metro North systems by NIHRACS staff is achievable.
Contacts	<ul style="list-style-type: none"> • s22(1)(a)(ii) [redacted], Executive Director, Metro North, Clinical Governance Safety, Quality and Risk

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Service Clinical Governance, Safety, Quality and Risk – Accreditation	
	<ul style="list-style-type: none"> • §22(1)(a)(ii), A/Nursing Director, Metro North, Clinical Governance Safety, Quality and Risk • A/Project Director, Norfolk Island Transition Team, §22(1)(a)(ii)
Key Contact	<ul style="list-style-type: none"> • §22(1)(a)(ii), Executive Director, Metro North, Clinical Governance Safety, Quality and Risk
Costings	<ul style="list-style-type: none"> • Executive Director, Metro North Clinical Governance, Safety, Quality and Risk 0.2 FTE • (Additional staffing requirements and costings have been included and accounted with the CGSQR Service Scope document)

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Service Clinical Governance, Safety, Quality and Risk	
Overview	Metro North will support NIHRACS in the development of appropriate quality and safety systems, processes and reporting mechanisms to ensure the delivery of safe, quality healthcare and clinical risk minimisation, based on applicable Health Services Standards, Metro North Health and Qld Health policies and procedures
Specific Tasks	<p>Clinical Governance</p> <p>Initial Phase - From 1 January 2022</p> <ul style="list-style-type: none"> • Participate in clinical governance processes including supporting NIHRACS to demonstrate compliance with National Safety and Quality Standards of Healthcare, State and National policy and service frameworks. • Build links between multidisciplinary teams within NIHRACS and between Metro North with respect to clinical audit, quality improvement, patient safety, clinical review and clinical risk management processes. <p>Future</p> <ul style="list-style-type: none"> • Support NIHRACS in developing appropriate methods, processes and reporting mechanisms for the investigation of Clinical SAC 1 and SAC 2 events in line with required timelines with the delivery of high-quality reports where required, with expertise and input from Metro North Health representatives. • Provide independent guidance on the management of clinical incidents at all severity levels, ensuring that accurate and timely information is recorded on the incident management system and that managers take immediate and necessary action to make situations safe and reasonably prevent reoccurrence through local/organisational wide improvement. • Participate in the development, implementation and maintenance of governance and reporting frameworks and processes for development and review of NIHRACS policies and procedures • Coordinate and provide support and advice for NIHRACS staff to subject matter experts, document custodians and other key stakeholders in the development and review of policies and procedures • In consultation with NIHRACS staff, develop and implement effective measurement, monitoring, analysis and reporting of clinical data for patient safety and quality improvement, including the development of clinical indicators and application

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Service Clinical Governance, Safety, Quality and Risk	
	<p>of qualitative and quantitative measures that effectively promotes continuous health service improvement</p> <ul style="list-style-type: none"> • Provide expert advice and support to NIHRACS Executive and Management to build robust safety and quality data measurement into routine health service reporting <p>Safety and Quality</p> <p>Initial Phase - From 1 January 2022</p> <ul style="list-style-type: none"> • Provide advice and support to NIHRACS following urgent Qld Health CEQ Safety Alerts and pharmaceutical recalls. • Integrate and include NIHRACS key NSQHS Standard and Accreditation leads into the Metro North NSQHS Standards Committees and key Safety and Quality Committees • Undertake initial fit testing of respirators and build future local capability for fit testing, noting importance of “just in time” requirement for fit testing <p>Future</p> <ul style="list-style-type: none"> • Provide expert, technical, practical and educational advice to build NIHRACS staff capacity to meet clinical safety objectives. • Liaise with NIHRACS and relevant State and Commonwealth Government Agencies to ensure progress of quality and safety activities are aligned with other bodies of work occurring for NIHRACS. • Support NIHRACS with shared learnings from Metro North and wider Qld Health, to facilitate an organisational culture, in which patient safety, clinical risk management, clinical quality and consumer partnerships become an integral part of core business. • Establish a model for annual fit testing requirements <p>Risk and Compliance</p> <p>Future</p> <ul style="list-style-type: none"> • Transition NIHRACS to the RiskMan integrated information system to collect, integrate, manage and report clinical incidents, consumer feedback and risk

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Service Clinical Governance, Safety, Quality and Risk	
	<ul style="list-style-type: none"> • Support the education and training of NIHRACS staff to ensure end users are equipped to enter, confirm and report incidents within the RiskMan system • Provide access to independent and expert clinical risk management advice and expertise to support NIHRACS staff to devise appropriate plans of care to mitigate clinical and non-clinical risk. • Coordinate and support the development, implementation and maintenance of systems and processes which deliver effective risk and compliance management and assurance, and an integrated approach to governance, risk and compliance. • Support NIHRACS to monitor compliance with legislative, policy and Qld Health Health Service Directive changes and collaborate with relevant NIHRACS stakeholders and accountable officers to ensure changes are assessed, documented, communicated and actioned appropriately. • Assist with the identification of potential areas of compliance vulnerability and risk. In consultation with relevant NIHRACS stakeholders, support them to coordinate the implementation of corrective action plans for resolution of problematic issues, while providing general guidance on how to avoid or mitigate similar situations from recurring.
Exclusions	<ul style="list-style-type: none"> • This service scope agreement does not include data analysis and/or reporting for staff incidents • Fit testing to be costed on a proposal-by-proposal basis
Assumptions	<ul style="list-style-type: none"> • NIHRACS and the Commonwealth will cover the licence cost (initial and ongoing) for the RiskMan integrated information system • Access to applicable Metro North systems by NIHRACS staff is achievable
Contacts	<ul style="list-style-type: none"> • §22(1)(a)(ii) [redacted], Executive Director, Metro North, Clinical Governance Safety, Quality and Risk • §22(1)(a)(ii) [redacted], A/Nursing Director, Metro North, Clinical Governance Safety, Quality and Risk • A/Project Director, Norfolk Island Transition Team, §22(1)(a)(ii) [redacted]

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Service Clinical Governance, Safety, Quality and Risk	
Key Contact	<ul style="list-style-type: none"> • §22(1)(a)(ii), Executive Director, Metro North, Clinical Governance Safety, Quality and Risk
Costings	<ul style="list-style-type: none"> • Nursing Director, Metro North Clinical Governance, Safety, Quality and Risk, NG12 0.2 FTE • Clinical Nurse Consultant, Metro North Clinical Governance, Safety Quality and Risk (Norfolk Island Portfolio), NG7 1.0 FTE • Safety and Quality Data Analyst, Metro North Clinical Governance, Safety, Quality and Risk, AO7 0.5 FTE • Riskman System Administrators, Metro North Clinical Governance, Safety Quality and Risk, AO7 0.1 FTE

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Service Credentialling	
Overview	<p>Metro North Health will credential all Metro North Health health care professionals that attend NIHRACS to deliver health care.</p> <p>Metro North Health will support the credentialing and on-boarding activities undertaken by NIHRACS.</p>
Specific Tasks	<p>Initial Phase – From 1 January 2022</p> <ul style="list-style-type: none"> • Metro North Health will credential all Metro North Health health care professionals (including medical, dental, nursing and health practitioner) that attend NIHRACS to deliver health care and support • Metro North Health will support the onboarding and credentialing for all clinicians by NIHRACS • Support NIHRACS credentialing through conducting various background checks, documentation checks, criminal history and other documentation reviews as required by NIHRACS • Provide credentialing for nurse practitioners (if required, noting there are no nurse practitioners presently in NIHRACS) • Provide credentialing for allied health practitioners (if required) • Provide on-boarding support for all staff, as required by NIHRACS • Conduct review of NIHRACS credentialing process and requirements against Metro North’s requirements and provide advice on the outcome of this gap analysis <p>Future</p> <ul style="list-style-type: none"> • Include NIHRACS credentialed clinicians in routine surveillance and checking undertaken by Metro North Health. • Potential to re-credential all staff following expiration of SESLHD quinquennium on 30 June 2022. • Review overall approach to credentialing to explore opportunities to develop a more streamlined, less segmented approach to credentialing. • Conduct an audit of all onboarding and credentialing undertaken to date, and remediate any issues identified.
Exclusions	<ul style="list-style-type: none"> • Credentialing of visiting clinicians that are not Metro North employees or arranged by Metro North e.g., NIHRACS directly

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Service Credentialling	
	<p>engage nurses (thought noting the support services to be provided to enable this credentialing).</p> <ul style="list-style-type: none"> • Credentialing of clinicians that have already been credentialed by either NIHRACS or SESLHD.
Assumptions	<ul style="list-style-type: none"> • NIHRACS will continue to on-board and credential all staff that it directly engages • The gap analysis to be undertaken by Metro North on the NIHRACS accreditation processes and requirements does not identify any significant concerns or risk to Metro North.
Contacts	<ul style="list-style-type: none"> • Chief Medical Officer and Director Medical Services [Contact TBC] • Deputy Director Medical Services, s22(1)(a)(ii) [redacted], s22(1)(a)(ii) [redacted], + manager med workforce • Chief Allied Health Officer, s22(1)(a)(ii) [redacted], s22(1)(a)(ii) [redacted] • Chief Nursing and Midwifery Officer – s22(1)(a)(ii) [redacted] • Executive Director, Human Resources – s22(1)(a)(ii) [redacted] • A/Project Director, Norfolk Island Transition Team: s22(1)(a)(ii) [redacted]
Key Contact	<ul style="list-style-type: none"> • Deputy Director Medical Services, s22(1)(a)(ii) [redacted]
Costings	<ul style="list-style-type: none"> • Deputy Director Medical Services 0.1FTE • Credentialing Project Officer 1 FTE (AO6) 1 Jan to 30 September

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Service Dental	
Overview	Metro North Health will provide access to specialist dental advice and provide a pathway of care to mainland services.
Specific Tasks	<p>Initial Phase – From 1 January 2022</p> <ul style="list-style-type: none"> • Access to clinical advice and support • Access to policies, procedures, education and training resources • Development of a pathway to access Metro North dental services • For patients requiring inpatient treatment, Metro North Health will facilitate referral and management of care as part of its oral health services, with access and qualification for care consistent to that offered to Queensland residents. <p>Future</p> <ul style="list-style-type: none"> • Consideration of telehealth services if required • Consideration of funding and employment model for the service
Exclusions	<ul style="list-style-type: none"> • Nil
Assumptions	<ul style="list-style-type: none"> • NIHRACS and the Commonwealth will fund all patient transfer costs associated with presentation to Metro North Health mainland clinics
Contacts	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii) • Director of Operations, Metro North Oral Health Services, s22(1)(a)(ii)
Key Contact	<ul style="list-style-type: none"> • Director of Operations, Metro North Oral Health Services, s22(1)(a)(ii)
Costings	<ul style="list-style-type: none"> • Will be determined following an assessment of ongoing service requirements

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Service Emergency Procedure and Pathways	
Overview	Metro North Health will coordinate a comprehensive, 24 hour a day 7 day a week pathway for clinical decision making and medivac coordination for emergency care.
Specific Tasks	<p>Initial Phase – From 1 January 2022</p> <ul style="list-style-type: none"> • Provide a single point of contact through Retrieval Services Queensland (RSQ) for emergency consultation and medivac coordination. This single point of contact will the coordinate within the broader Queensland Health system regarding the patient transfer (including neonates), including identifying the destination hospital and arranging and coordinating medivac transfers for patients requiring clinical care. • Support clinical decision making and triaging by providing advice related to observations, diagnostics and imaging via Metro North Health’s Virtual ED • Support escalation pathways via Executive-on-Call • Mental health and sexual assault advice will be provided of a nature expected for an emergency presentation (that is, focus on stabilisation and management rather than treatment) • Facilitate direct consultation between NIHRACS and clinical specialties (for example, on call psychiatrist, obstetrics etc) where RSQ or Virtual ED is not the most appropriate point of call, through the sharing of key contacts, on-call rosters and ensuring readiness of staff for consultation • Access to applicable policies and procedures <p>Future</p> <ul style="list-style-type: none"> • Mental health and sexual assault models of care to be developed, agreed and implemented • Radiological review provided for emergency or out of hours cases (following implementation of appropriate medical imaging infrastructure) • Provide support for emergency training and scenario planning
Exclusions	<ul style="list-style-type: none"> • Metro North Health will not coordinate with the medivac service providers • Transfers to non-Queensland jurisdictions not included

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Service Emergency Procedure and Pathways	
Assumptions	<ul style="list-style-type: none"> • RSQ will manage all critical care medi-vac activities, including liaising with the medi-vav providers. • NIHRACS will maintain and manage arrangements with medivac service providers for non-critical medi-vacs, and critical medi-vacs to non-Queensland jurisdictions. • Technology necessary to support clinical consultation, for example imaging, will be in place and operational
Contacts	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team: s22(1)(a)(ii) • Director of Emergency Medicine, RBWH: s22(1)(a)(ii)
Key Contact	<ul style="list-style-type: none"> • RSQ (Contact TBC) • Virtual ED (Contact TBC)
Costings	<ul style="list-style-type: none"> • Virtual ED Resource – 0.1FTE • RSQ costs will be on a cost-recovery basis per incident

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Service Endocrinology	
Overview	Metro North Health will provide access to expert clinical advice on endocrinology services and provide a pathway of care to mainland services
Specific Tasks	<p>Initial Phase – From 1 January 2022</p> <ul style="list-style-type: none"> • Access to clinical advice and support • Access to policies, procedures, education and training resources • Development of a pathway to access Metro North endocrinology services <p>Future</p> <ul style="list-style-type: none"> • Consideration of telehealth services if required in the future
Exclusions	<ul style="list-style-type: none"> • Metro North will not be providing on-island visiting services or telehealth services as these services are provided by a separate arrangement NIHRACS has with a private clinician
Assumptions	<ul style="list-style-type: none"> • Patients on SESLHD waiting lists will continue to hold these positions and be seen in SESLHD facilities • NIHRACS and the Commonwealth will fund all patient transfer costs associated with presentation to Metro North Health mainland clinics
Contacts	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii) • Director of Endocrinology, Royal Brisbane and Women's Hospital, s22(1)(a)(ii)
Key Contact	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii)
Costings	<ul style="list-style-type: none"> • Will be determined following an assessment of ongoing service requirements

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Service Financial Management	
Overview	Metro North Health will provide a range of financial and budget management support services
Specific Tasks	<p>Activities below will be progressively implemented from 1 January 2022 onwards and rely on the provision and subsequent review of financial documentation yet to be provided by NIHRACS/DITRDC and confirmation of funding flows.</p> <ul style="list-style-type: none"> • Assist NIHRACS to develop robust financial and governance control processes, policies and procedures as required. • Accounting and Financial reporting, escalation and support for clinical and corporate areas. • Project and general business oversight: monitoring, reporting and advisory responsibilities. Support the identification of key priorities requiring expenditure within both NIHRACS and Metro North • Support the preparation of all Business Cases for new NIHRACS services for review and sign off by NIHRACS Manager • Provide advice to NIHRACS on budgetary performance against funding allocation, through analysis of financial and activity data, identify performance concerns and suggest strategies for improvement. • Provide advice regarding initiatives relating to financial and business functions as directed to Metro North by the relevant State and Commonwealth Government agencies. • Manage delegated financial responsibilities, through the development and maintenance of appropriate strategies and effective allocation of resources, to ensure optimal health outcomes are managed within budget. • Develop and implement appropriate and robust financial and performance activity reporting framework for NIHRACS for reporting to the DITRDC. • Assist NIHRACS as required in developing service agreements and contracts in relation to financial, contractual and reporting requirements, policy development as well as the engagement of suppliers, external service providers, and clinical locums as necessary.

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Service Financial Management	
	<ul style="list-style-type: none"> Act as first point of contact for finance, business and data management support across Metro North for matters relating to NIHRACS and the Norfolk Island Support Team
Exclusions	<ul style="list-style-type: none"> To be determined
Assumptions	<ul style="list-style-type: none"> Nil
Contacts	<ul style="list-style-type: none"> A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii) Business and Clinical Support Partner, Norfolk Island Support Team General Manager, Health Funding and Data Insights, s22(1)(a)(ii)
Key Contact	<ul style="list-style-type: none"> Business and Clinical Support Partner, Norfolk Island Support Team A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii)
Costings	<ul style="list-style-type: none"> Will be determined following an assessment of ongoing service requirements

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Service Geriatrics	
Overview	Metro North Health will support the delivery of a range of geriatric services to Norfolk Island through a pathway of care to mainland services and the ongoing investigation of potential opportunities for an on-island visiting service and telehealth services.
Specific Tasks	<p>Initial Phase – From 1 January 2022</p> <ul style="list-style-type: none"> • Metro North Health will provide access to comprehensive geriatric services, including allied health services, predominantly operated out of the Surgical Treatment and Rehabilitation Service. Acute services will be provided at the Royal Brisbane and Women’s Hospital. • For patients requiring inpatient treatment, Metro North Health will facilitate referral and management of care as part of its geriatric services with access and qualification for care consistent to that offered to Queensland residents • Access to policies, procedures, education and training resources <p>Future</p> <ul style="list-style-type: none"> • On island scoping visit • On island visits • Telehealth services with Metro North Health Geriatricians • Access to training and professional development
Exclusions	<ul style="list-style-type: none"> • ACAT assessments and ACAT support including supervision, review of on-island assessments and training • Costs for patient to access mainland care
Assumptions	<ul style="list-style-type: none"> • Patients on SESLHD waiting lists will continue to hold these positions and be seen in SESLHD facilities. • NIHRACS and the Commonwealth will fund all patient transfer costs associated with presentation to Metro North Health mainland clinics
Contacts	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii) • Clinical Director, Geriatric Medicine and Rehabilitation, Royal Brisbane and Women’s Hospital and the Surgical Treatment

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Service Geriatrics	
	and Rehabilitation Service, s22(1)(a)(ii), Clinical Director, Geriatric and Rehabilitation Services
Key Contact	<ul style="list-style-type: none"> A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii)
Costings	<ul style="list-style-type: none"> Additional costs to be confirmed (including for example, scoping visit, nursing/admin referral management and assessment).

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Service Gynaecology and Obstetrics	
Overview	Metro North Health will provide access to expert clinical advice on gynaecology and obstetrics services and provide a pathway of care to mainland services.
Specific Tasks	<p>Initial Phase – From 1 January</p> <ul style="list-style-type: none"> • Access to clinical advice and support • Access to policies, procedures, education and training resources • Development of a pathway to access Metro North obstetrics and gynaecology services <p>Future</p> <ul style="list-style-type: none"> • Consideration of telehealth services if required
Exclusions	<ul style="list-style-type: none"> • Metro North will not be providing on-island visiting services
Assumptions	<ul style="list-style-type: none"> • Patients on SESLHD waiting lists will continue to hold these positions and be seen in SESLHD facilities • NIHRACS and the Commonwealth will fund all patient transfer costs associated with presentation to Metro North Health mainland clinics.
Contacts	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii) • Clinical Director, Obstetrics and Gynaecology, Royal Brisbane and Women's Hospital, s22(1)(a)(ii)
Key Contact	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii)
Costings	<ul style="list-style-type: none"> • Will be determined following an assessment of ongoing service requirements

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Service Human Resources	
Overview	Metro North Health will provide a range of human resource, workplace health and safety and industrial relations advisory services to support NIHRACS staff.
Specific Tasks	<p>Initial Phase – From 1 January 2022</p> <ul style="list-style-type: none"> • Single point of contact for advice on human resource, workplace health and safety and industrial relations matters including, recruitment, workplace health and safety, complaints management, return to work programs, training and development activities, and related HR activities • Access to Metro North health policies and procedures <p>Future</p> <ul style="list-style-type: none"> • Access to Metro North Health’s online training (including corporate and clinical) • Advice and support to develop a NIHRACS Training and Development Plan • Advice and support to review orientation packages • Secondment/backfill opportunities for Metro North Health staff • Assistance with sourcing an Enterprise Bargaining Agreement bargaining agent
Exclusions	<ul style="list-style-type: none"> • Negotiation of a replacement Enterprise Bargaining Agreement (current agreement expires on 30 June 2022) • Representation in relevant industrial and other tribunals
Assumptions	<ul style="list-style-type: none"> • Access to applicable Metro North systems can be accommodated • Access to relevant NIHRACS legislation, policies and procedures can be accommodated
Contacts	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii) • s22(1)(a)(ii), A/Executive Director, HR • s22(1)(a)(ii), Director Health and Safety • Principal Workforce Consultant, Norfolk Island Support Program

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Service Human Resources	
Key Contact	<ul style="list-style-type: none"> Principal Workforce Consultant (TBC), Norfolk Island Support Program A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii)
Costings	<ul style="list-style-type: none"> TBC

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Service Infrastructure – Long term	
Overview	Metro North will provide experience-based advice and input into the planned new hospital project.
Specific Tasks	<p>Future</p> <ul style="list-style-type: none"> ● Provide advice on business case / investment proposal development for the planned new hospital. The scope of this role could potentially include: <ul style="list-style-type: none"> ○ peer review of documentation, including business case and design documentation ○ lessons learnt workshops ○ support for the procurement of advisors and consultants to provide technical input into the project ○ templates, guidance and frameworks to assist the development of the business case / investment proposal ○ access to policies, procedures, standards and specifications to support infrastructure business cases ● Subject to an investment decision being made by the Commonwealth, provide advice on project delivery of the new hospital, which could include: <ul style="list-style-type: none"> ○ peer review of design and construction document ○ review and advice on project management documentation, including (for example) construction management plans, programmes, risk registers, site protocols, contract management and stakeholder/communications plans ○ ad hoc advice on project management issues, including support for variation review, claims, matters of time and program and governance and reporting ○ support for procurement and tender award processes ● Access to policies, procedures, standards and specifications to support design development and project delivery

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Service Infrastructure – Long term	
Exclusions	<ul style="list-style-type: none"> Specialist technical advice from specialist consultants and experts Project management of infrastructure and capital projects
Assumptions	<ul style="list-style-type: none"> NIHRACS and the Commonwealth will initiate and lead any business case / investment proposal development and delivery of the new hospital project
Contacts	<ul style="list-style-type: none"> Executive Director, Assets and Infrastructure, s22(1)(a)(ii) Director, Infrastructure Planning and Capital Projects, s22(1)(a)(ii) A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii)
Key Contact	<ul style="list-style-type: none"> Director, Infrastructure Planning and Capital Projects, s22(1)(a)(ii)
Costings	<ul style="list-style-type: none"> Full cost to be developed subject to scope of Metro North, to be agreed at the time.

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Service Infrastructure – Short term	
Overview	Metro North will provide experience-based advice and input into emerging infrastructure issues with the existing NIHRACS hospital.
Specific Tasks	<ul style="list-style-type: none"> • Provide advice and guidance on matters related to repairs and maintenance of the existing NIHRACS hospital • Provide advice on infrastructure planning within the existing campus, including: <ul style="list-style-type: none"> ○ planned COVID infrastructure ○ minor upgrades and capacity initiatives ○ compliance with accreditation requirements ○ compliance with building and safety standards ○ support decision making on equipment specification and purchases ○ input into business cases and briefs for infrastructure investment • Access to policies, procedures, standards and specifications to support infrastructure business cases, design development and project delivery
Exclusions	<ul style="list-style-type: none"> • Specialist technical advice from specialist consultants and experts • Project management of infrastructure and capital projects
Assumptions	<ul style="list-style-type: none"> • NIHRACS and the Commonwealth will initiate and lead infrastructure and capital projects
Contacts	<ul style="list-style-type: none"> • Executive Director, Assets and Infrastructure, s22(1)(a)(ii) • Director, Infrastructure Planning and Capital Projects, s22(1)(a) • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii)
Key Contact	<ul style="list-style-type: none"> • Director, Infrastructure Planning and Capital Projects, s22(1)(a)
Costings	<ul style="list-style-type: none"> • Director, Infrastructure Planning and Capital Projects – 0.05FTE • Specialist technical consultant advice – cost recovery

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Service Medical Imaging	
Overview	<p>Metro North Health will provide clinical and radiological review of images provided by NIHRACS for planned and emergency care.</p> <p>Metro North Health will provide on-going training, support for the NIHRACS medical imaging service.</p> <p>There are a number of limitations on the current and planned infrastructure in the medical imaging space that will impact on Metro North’s ability to deliver the scope of service from the initial transition date.</p>
Specific Tasks	<p>Initial Phase – From 1 January 2022</p> <ul style="list-style-type: none"> • Metro North Health will undertake best endeavours to support clinical decision making in an emergency situation, acknowledging that there will not be infrastructure or systems in place to support the transfer of images from NIHRACS to Metro North Health. • Metro North Health will provide technical and subject matter expert advice (on a cost recovery basis) for the development of the Intelerad system, including support (if required) for data cleansing and migration <p>From completion of Intelerad project on NIHRACS (no later than June 2022)</p> <ul style="list-style-type: none"> • Provide radiological review and reporting of images requested by NIHRACS • For out of hours and emergency review, conduct clinical review of images by Emergency Department (with a radiological review completed in due course) • Assist NIHRACS to consider and plan its current scope of service delivery, resource strategies, staffing profiles (including leave management and recruitment) and contingency planning • Provide quality assurance support, with a view to future accreditation, including governance assistance • Support training, including visits to Metro North Health, and trouble-shooting on an as-needs basis • Access to policies and procedures

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Service Medical Imaging	
	<p>Future</p> <ul style="list-style-type: none"> • Scope, develop and implement the extension of Metro North RIS-PACS system to NIHRACS
Exclusions	<ul style="list-style-type: none"> • Other than a best-endeavours intention, no commitment to delivering review or reporting service prior to the Intelerad (or similar) system being implemented on island • Cost of licences or ICT design work necessary to support the transfer of images from NIHRACS to Metro North Health is not included • Cost of investigating, designing and implementing a potential extension of the Metro North Health RIS-PACS system (the "Future" phase) • Staffing the NIHRACS medical imaging service • Mammography is excluded
Assumptions	<ul style="list-style-type: none"> • Metro North Health is only prepared to work with the Intelerad solution as an interim solution, with the future extension of Metro North Health's RIS-PACS system considered to be the only safe and sustainable long term solution for medical imaging. • The Intelerad (or other) system delivered by Norfolk Island will be capable of interfacing with the Metro North Health system. • NIHRACS and the Commonwealth will continue the use of the existing RA600 licence through SESLHD until 30 June 2022, or the implementation of the Intelerad system. • NIHRACS and the Commonwealth will manage the migration of images from the RA600 system to the new Intelerad system and/or the MNHHS system. • Radiation licencing for QLD, if required, will be in place • Mammography services will continue to be provided via the existing private arrangement direct with NIHRACS
Contacts	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Project, ^{s22(1)} [REDACTED] (a)(ii) • Medical Imaging Department [Contact TBC] • Royal Brisbane and Women's Hospital Emergency Department [Contact TBC]

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Service Medical Imaging	
Key Contact	<ul style="list-style-type: none"> • Medical Imaging Department [Contact TBC] • Royal Brisbane and Women's Hospital Emergency Department [Contact TBC]
Costings	<ul style="list-style-type: none"> • Radiographer – 0.8FTE • Support Team – TBC • Intelerad design support – cost recovery basis • Extension of RIS-PACS – TBC • On-call RBWH Registrar

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Service Mental Health	
Overview	Metro North Health will support the delivery of mental health services to Norfolk Island through a pathway of care to mainland services, input into models of care, and clinical supervision and support to NIHRACS staff
Specific Tasks	<p>Initial Phase – From 1 January 2022</p> <ul style="list-style-type: none"> • Specialist mental health clinical advice and escalation pathways for urgent voluntary admissions (note exclusions below) • Metro North Health will facilitate referral and management of care for patients requiring inpatient treatment as part of its mental health services, with access and qualification for care consistent to that offered to Queensland residents • Access to Metro North mental health services, predominantly operated out of the Royal Brisbane and Women’s Hospital • Assistance with planned admissions including for drug and alcohol detox and rehabilitation services • Advice and support for NIHRACS psychologists and social worker (noting exclusions) <p>Future</p> <ul style="list-style-type: none"> • Access to policies, procedures, education and training resources
Exclusions	<ul style="list-style-type: none"> • Metro North will not be providing on-island visiting services or telehealth services as these services are provided by a separate arrangement NIHRACS has with private clinicians • Clinical advice and facilitation of involuntary mental health transfers to mainland facilities until an appropriate Queensland legislative solution is resolved
Assumptions	<ul style="list-style-type: none"> • Patients on SESLHD waiting lists will continue to hold these positions and be seen in SESLHD facilities • NIHRACS and the Commonwealth will fund all patient transfer costs associated with presentation to Metro North Health mainland clinics • Legislation enables Metro North to provide services (noting exclusions above)

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Service Mental Health	
Contacts	<ul style="list-style-type: none"> A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii)
Key Contact	<ul style="list-style-type: none"> Executive Director, Metro North Mental Health, s22(1)(a)(ii) Nursing Director, Mental Health Centre, Royal Brisbane and Women's Hospital, s22(1)(a)(ii) Clinical Director, Mental Health, Royal Brisbane and Women's Hospital, s22(1)(a)(ii) Director, Governance and Quality Management, Mental Health Metro North, s22(1)(a)(ii)
Costings	<ul style="list-style-type: none"> TBC

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Service Nephrology	
Overview	Metro North Health will support the delivery of nephrology services to Norfolk Island through a pathway of care to mainland services and the ongoing investigation of potential opportunities for an on-island visiting service.
Specific Tasks	<p>Initial Phase – From 1 January 2022</p> <ul style="list-style-type: none"> • Metro North Health will provide access to nephrology services through its existing clinics and facilities, predominantly operated out of the Royal Brisbane and Women’s Hospital and the Kidney Health Centre at Stafford. • For patients requiring inpatient treatment, Metro North Health will facilitate referral and management of care as part of its nephrology services, with access and qualification for care consistent to that offered to Queensland residents. • Metro North Health will facilitate contact with the Princess Alexandra Hospital as the Queensland transplantation facility in relation to transplantation services. • 24/7 clinical support and advice for peritoneal dialysis patients • Clinical prescribing for peritoneal fluid supplies and coordination of ordering process with Baxter • Access to relevant Metro North Health policies and procedures • Participation in regular monthly meetings with NIHRACS staff to discuss current patient cohort and clinical needs <p>Future</p> <ul style="list-style-type: none"> • On island scoping visit • On island visits • Telehealth • Access to training and professional development for NIHRACS staff. • Access to training for patients • Metro North Health acknowledges NIHRACS request for consideration of the re-establishment of a limited care in-centre dialysis service. Metro North Health will provide clinical input to any proposal developed by NIHRACS for consideration by the Commonwealth.

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Exclusions	<ul style="list-style-type: none"> • Freighting of fluid supplies • Costs for patients to access mainland care
Assumptions	<ul style="list-style-type: none"> • Patient consent to share clinical records • Adequate clinical handover • Patients on SESLHD waiting lists will continue to hold these positions and be seen in SESLHD facilities • NIHRACS and the Commonwealth will fund all patient transfer costs associated with presentation to Metro North Health mainland clinics.
Contacts	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, §22(1)(a)(ii) • Staff Nephrologist, Royal Brisbane and Women's Hospital, §22(1)(a)(ii) • Assistant Nursing Director, Kidney Health Service, Royal Brisbane and Women's Hospital, §22(1)(a)(ii) • Nurse Unit Manager, Home, Independent Dialysis and Transition Service, §22(1)(a)(ii) • Nephrologist Co-chair Home Therapies, §22(1)(a)(ii) • Service Development CNC, Royal Brisbane and Women's Hospital, §22(1)(a)(ii)
Key Contact	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, §22(1)(a)(ii)
Costings	<ul style="list-style-type: none"> • Activity conducted at the Metro North facilities will be billed by Health • Other costs to be confirmed

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Service Neurology	
Overview	Metro North Health will provide access to expert clinical advice on neurology services and provide a pathway of care to mainland services.
Specific Tasks	<p>Initial Phase – From 1 January 2022</p> <ul style="list-style-type: none"> • Access to clinical advice and support • Access to policies, procedures, education and training resources • Development of a pathway to access Metro North neurology services <p>Future</p> <ul style="list-style-type: none"> • Consideration of telehealth services if required
Exclusions	<ul style="list-style-type: none"> • Metro North will not be providing on-island visiting services
Assumptions	<ul style="list-style-type: none"> • Patients on SESLHD waiting lists will continue to hold these positions and be seen in SESLHD facilities • NIHRACS and the Commonwealth will fund all patient transfer costs associated with presentation to Metro North Health mainland clinics
Contacts	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii) • Director, Neurology, Royal Brisbane and Women’s Hospital, s22(1)(a)(ii)
Key Contact	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii)
Costings	<ul style="list-style-type: none"> • Will be determined following an assessment of ongoing service requirements.

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Service Ophthalmology	
Overview	Metro North Health will support the delivery of ophthalmology services to Norfolk Island through a pathway of care to mainland services and the ongoing investigation of potential opportunities for an on-island outreach service.
Specific Tasks	<ul style="list-style-type: none"> • Metro North Health will provide access to ophthalmology services through its existing clinics, predominantly operated out of the Royal Brisbane and Women's Hospital. • For patients requiring inpatient treatment, Metro North Health will facilitate referral and management of care as part of its ophthalmology services, with access and qualification for care consistent to that offered to Queensland residents • Access to policies, procedures, education and training resources • Metro North Health acknowledges NIHRACS requirement for an on-island clinic. Although this cannot be provided currently, Metro North will continue to investigate options to deliver this service, including but not limited to, canvassing existing clinician workforce for interest in delivering this service; including potential on-island activity as part of future recruitment, investigations through its networks to identify potential private providers; and support for any recruitment activities undertaken by NIHRACS
Exclusions	<ul style="list-style-type: none"> • Metro North will not be providing an on-island service, although acknowledges the aspirations of NIHRACS in this regard. • Costs for patient to access mainland care
Assumptions	<ul style="list-style-type: none"> • Patients on SESLHD waiting lists will continue to hold these positions and be seen in SESLHD facilities • NIHRACS and the Commonwealth will fund all patient transfer costs associated with presentation to Metro North Health mainland clinics
Contacts	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii) • Ophthalmology Service, RBWH [Contact TBC]
Key Contact	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii)

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Service Ophthalmology	
Costings	<ul style="list-style-type: none">• Activity conducted at RBWH will be billed by Metro North Health• Support for additional clinics to be determined

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Service Pain Services	
Overview	Metro North Health will provide access to expert clinical advice on pain medicine services and provide a pathway of care to mainland services.
Specific Tasks	<p>Initial Phase – From 1 January 2022</p> <ul style="list-style-type: none"> • Access to clinical advice and support • Access to policies, procedures, education and training resources • Development of a pathway to access Metro North pain medicine services <p>Future</p> <ul style="list-style-type: none"> • Consideration of telehealth services if required
Exclusions	<ul style="list-style-type: none"> • Metro North will not be providing on-island visiting services
Assumptions	<ul style="list-style-type: none"> • Patients on SESLHD waiting lists will continue to hold these positions and be seen in SESLHD facilities • NIHRACS and the Commonwealth will fund all patient transfer costs associated with presentation to Metro North Health mainland clinics
Contacts	<ul style="list-style-type: none"> • §22(1)(a)(ii), Director, Multidisciplinary Pain Centre • §22(1)(a)(ii), CNC Multidisciplinary Pain Centre
Key Contact	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, §22(1)(a)(ii)
Costings	<ul style="list-style-type: none"> • Will be determined following an assessment of ongoing service requirements

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Service Palliative Services	
Overview	Metro North Health will support the delivery of palliative and supportive care services through a pathway of care to mainland services and access to clinical support and advice
Specific Tasks	<ul style="list-style-type: none"> • Metro North Health will provide access to palliative care services through its facilities • For patients requiring inpatient treatment, Metro North Health will facilitate referral and management of care as part of its palliative care services, with access and qualification for care consistent to that offered to Queensland residents • Access to clinical support and advice from a multi-disciplinary team • Access to policies, procedures, education and training resources
Exclusions	<ul style="list-style-type: none"> • Costs for patient to access mainland care
Assumptions	<ul style="list-style-type: none"> • NIHRACS and the Commonwealth will fund all patient transfer costs associated with presentation to Metro North Health mainland clinics
Contacts	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii) • Palliative and Supportive Care Service, Royal Brisbane and Women's Hospital
Key Contact	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii) • Clinical Director, Palliative and Supportive Care Service, Royal Brisbane and Women's Hospital
Costings	<ul style="list-style-type: none"> • Activity conducted at Metro North facilities will be billed by Metro North Health

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Service Pathology	
Overview	Metro North Health will liaise with Pathology Queensland to facilitate an agreement between NIHRACS and the Department of Health which outlines the key pathology services provided to NIHRACS. This will include a range of diagnostic and consultative services.
Specific Tasks	<ul style="list-style-type: none"> • Comprehensive diagnostic and consultative laboratory services including the following diagnostic specialities as required: anatomical pathology/cytology; clinical chemistry/endocrinology; microbiology/serology/virology; haematology; blood bank/transfusion services; immunology and genetics • Sexual assault – scope of samples to be determined • Provision of consumables • Pathologist and scientific consultative services for NIHRACS treating doctors and other relevant health care professionals • Clinical governance – scope to be determined • Supervision/support to NIHRACS Medical Scientist • Access to policies, procedures, education and training resources, including for sexual assault • Coronial/post mortem services – to be determined
Exclusions	<ul style="list-style-type: none"> • Blood products • Andrology
Assumptions	<ul style="list-style-type: none"> • Integrated laboratory systems
Contacts	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii) • s22(1)(a)(ii), General Manager, Pathology Queensland • s22(1)(a)(ii), Executive Director, Laboratory Operations, Pathology Queensland • s22(1)(a)(ii), Chief Pathologist, Pathologist Queensland
Key Contact	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii)
Costings	<ul style="list-style-type: none"> • Services to be bulkbilled through Medicare. Services not covered by Medicare will be billed back to NIHRACS

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Service Pharmacy	
Overview	Metro North Health will provide a range of pharmacy support services
Specific Tasks	<p>Initial Phase – From 1 January 2022</p> <ul style="list-style-type: none"> • Provide safety alerts • Provide access to evidence-based clinical information • Provide access to relevant Metro North policies and procedures • Support to develop controls, corporate and logistic functions and investigate options to support supplies if unplanned incidents occur <p>Future</p> <ul style="list-style-type: none"> • Investigate extension of iPharmacy to NIHRACS
Exclusions	<ul style="list-style-type: none"> • To be determined
Assumptions	<ul style="list-style-type: none"> • Nil
Contacts	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii) • Quality and Safety Officer, Norfolk Island Support Team
Key Contact	<ul style="list-style-type: none"> • Quality and Safety Officer, Norfolk Island Support Team
Costings	<ul style="list-style-type: none"> • To be determined

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Service Procurement Stores and Logistics	
Overview	Metro North Health will provide support for a number of procurement, stores and logistics functions and where possible and appropriate, will explore the potential of leveraging state contract pricing
Specific Tasks	<p>Initial Phase – From 1 January 2022</p> <ul style="list-style-type: none"> • Single point of contact for enquiries. <p>Future</p> <ul style="list-style-type: none"> • Consideration for access to Metro North's procurement mechanisms • Determination of the scope of potential items for purchasing and freighting/transporting support • Review of biomedical requirements including an inventory review and exploration of the potential for the supply of loan
Exclusions	<ul style="list-style-type: none"> • To be determined
Assumptions	<ul style="list-style-type: none"> • NIHRACS will continue to progress a range of independent procurement, transport and freighting arrangements.
Contacts	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii)
Key Contact	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii)
Costings	<ul style="list-style-type: none"> • Will be determined following an assessment of ongoing service requirements

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Service Public Health and COVID-19	
Overview	<p>Metro North Health will provide advice on matters related to public health matters, including advice on notifiable diseases, vaccinations, immunisation schedules, environmental health and public health directions.</p> <p>Metro North Health will also provide advice on COVID-19 related matters, including but not limited to quarantine and border requirements (from a health perspective), contact tracing, models of care, infrastructure, escalation pathways and emergency planning.</p>
Specific Tasks	<p>COVID:</p> <p>From 1 January 2022</p> <ul style="list-style-type: none"> • Provide a single point of contact for all enquiries related to COVID • Access to Metro North COVID IMT processes and planning • Access to relevant policies and procedures • Provide health advice on matters such as quarantine, border restrictions, isolation, testing and tracing, hospital entrance protocols, emergency planning for NIHRACS and Norfolk Island more broadly <p>Future</p> <ul style="list-style-type: none"> • Review NIHRACS proposed models of care (including infrastructure) and scenario planning to inform COVID preparedness, including approach to treating / medi-vac transfer of COVID positive cases and to develop and agree a pathway for COVID positive patients • Provide clinical advice, protocols and processes in relation to the use of COVID treatment medications. • Support the vaccination program where necessary, including provision of advice regarding adverse events and boosters (including advice from infectious diseases clinicians and recommendations for patients) • Provide contact tracing in the event of a COVID positive case on island (while this practice aligns with COVID management strategy and recognising that this strategy will evolve). This will be more effective if COVID Check-In App system that enables the identification of contacts at exposure sights is in place, but

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Service Public Health and COVID-19	
	<p>Metro North confirms that this contact tracing can be provided regardless</p> <ul style="list-style-type: none"> • Support the implementation of contact tracing systems and infrastructure that support the identification of contacts attending exposures sights (technology or paper based) • Supply of routine vaccinations (via the Department of Health) • Support the implementation of plans and policy via health directives (if possible – refer assumptions re legislation) <p>Public Health (non-COVID)</p> <ul style="list-style-type: none"> • Provide advice on notifiable diseases, including health directives as required • Provide access to Metro North health surveillance and mandatory reporting processes and procedures • Access to relevant policies and procedures (noting specifically a requirement around meningococcal) • Routine childhood vaccination support, including advice on immunisation schedules • Routine vaccination support, including advice on immunisation schedules • Provide advice on environmental health functions, including potentially etymology, as required (scope to be agreed in discussions with Norfolk Island Regional Council).
Exclusions	<ul style="list-style-type: none"> • Enforcement of public health directives • Supply of COVID vaccinations • Supply of COVID treatment medications • The cost for the supply of equipment or medical supplies • Specialist technical advice regarding infrastructure to support COVID response plans (though can be procured via Metro North – at a cost to be determined if required) • Cost of implementing the contact tracing system is excluded
Assumptions	<ul style="list-style-type: none"> • Appropriate legislation is applied to Norfolk Island to enable the described Metro North functions • A solution can be found to support the “check in” process to support contact tracing

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Service Public Health and COVID-19	
	<ul style="list-style-type: none"> • Contact tracing will, at a point to be agreed between the parties, cease as the COVID strategy moves to suppression and then eventually living with COVID. Contact tracing beyond this agreement will be costed separately • Metro North Health will not provide a “Chief Health Officer” and the Commonwealth will provide this function • The Commonwealth will continue to supply COVID vaccinations
Contacts	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team: s22(1)(a)(ii) • s22(1)(a)(ii), Public Health Physician, Metro North Health Public Health Unit • s22(1)(a)(ii), Acting Director, Metro North Public Health Unit • s22(1)(a)(ii), COVID Incident Controller, Metro North
Key Contact	<ul style="list-style-type: none"> • s22(1)(a)(ii), Clinical Director, Metro North Health Public Health Unit
Costings	<ul style="list-style-type: none"> • Clinical Director, MNH Public Health Unit, 0.1FTE • Contact Tracer, MNH Public Health Unity, 0.1FTE • Fit testing to be costed on a proposal-by-proposal basis

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NORFOLK ISLAND INTERGOVERNMENTAL AGREEMENT

HEALTH SERVICE SCHEDULE

Appendix B

Service Residential Aged Care	
Overview	Metro North Health will provide advice and support for the delivery of residential age care services by NIHRACS.
Specific Tasks	<ul style="list-style-type: none"> • Access to clinical advice and support • Access to policies, procedures, education and training resources
Exclusions	<ul style="list-style-type: none"> • Metro North Health will not provide any clinical service in relation to residential age care, including the provision of any accommodation for NIHRACS residents.
Assumptions	<ul style="list-style-type: none"> • Nil
Contacts	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii) • TBC
Key Contact	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii)
Costings	<ul style="list-style-type: none"> • TBC

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NORFOLK ISLAND INTERGOVERNMENTAL AGREEMENT

HEALTH SERVICE SCHEDULE

Appendix B

Service Respiratory	
Overview	Metro North Health will provide access to expert clinical advice on respiratory services and provide a pathway of care to mainland services
Specific Tasks	<p>Initial Phase – From 1 January 2022</p> <ul style="list-style-type: none"> • Access to clinical advice and support • Access to policies, procedures, education and training resources • Development of a pathway to access Metro North endocrinology services <p>Future</p> <ul style="list-style-type: none"> • Consideration of telehealth services if required in the future
Exclusions	<ul style="list-style-type: none"> • Metro North will not be providing on-island visiting services or telehealth services as these services are provided by a separate arrangement NIHRACS has with a private clinician
Assumptions	<ul style="list-style-type: none"> • Patients on SESLHD waiting lists will continue to hold these positions and be seen in SESLHD facilities • NIHRACS and the Commonwealth will fund all patient transfer costs associated with presentation to Metro North Health mainland clinics
Contacts	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii) • Director of Thoracic Medicine, Royal Brisbane and Women's Hospital, s22(1)(a)(ii)
Key Contact	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii)
Costings	<ul style="list-style-type: none"> • Will be determined following an assessment of ongoing service requirements

NORFOLK ISLAND INTERGOVERNMENTAL AGREEMENT

HEALTH SERVICE SCHEDULE

Appendix B

Service Rheumatology	
Overview	Metro North Health will provide access to expert clinical advice on rheumatology services and provide a pathway of care to mainland services.
Specific Tasks	<p>Initial Phase – From 1 January 2022</p> <ul style="list-style-type: none"> • Access to clinical advice and support • Access to policies, procedures, education and training resources • Development of a pathway to access Metro North rheumatology services <p>Future</p> <ul style="list-style-type: none"> • Consideration of telehealth services if required
Exclusions	<ul style="list-style-type: none"> • To be determined
Assumptions	<ul style="list-style-type: none"> • Patients on SESLHD waiting lists will continue to hold these positions and be seen in SESLHD facilities • NIHRACS and the Commonwealth will fund all patient transfer costs associated with presentation to Metro North Health mainland clinics
Contacts	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii) • Director, Rheumatology, Royal Brisbane and Women's Hospital, s22(1)(a)(ii)
Key Contact	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii)
Costings	<ul style="list-style-type: none"> • Will be determined following an assessment of ongoing service requirements

NORFOLK ISLAND INTERGOVERNMENTAL AGREEMENT

HEALTH SERVICE SCHEDULE

Appendix B

Service Telehealth	
Overview	Metro North Health will provide technical support to the telehealth components of the clinical service delivery to NIHRACS
Specific Tasks	<ul style="list-style-type: none"> • Support the PEXIP technology platform to connect NIHRACS to mainland clinical services • On site training and technical support as required • Support the scheduling of clinics between NIHRACS and the individual clinical services operated by Metro North Health • Support NIHRACS review of telehealth audit and options for future technologies, capability and systems
Exclusions	<ul style="list-style-type: none"> • New system, or changes to existing to technology platform • Upgrades to bandwidth or backbone infrastructure to support the telehealth platform • Support for telehealth sessions operated with private providers facilitated directly by NIHRACS
Assumptions	<ul style="list-style-type: none"> • Appropriate bandwidth and connectivity is in place on Norfolk Island to support the telehealth systems • Specific telehealth coordination will be agreed for each clinical stream in confirm the scope of service for those streams
Contacts	<ul style="list-style-type: none"> • Telehealth Coordinator [TBC], Norfolk Island Support Team, Metro North Health • §22(1)(a)(ii) , Telehealth Manager, Metro North Health
Key Contact	<ul style="list-style-type: none"> • Telehealth Coordinator [TBC], Norfolk Island Support Team, Metro North Health
Costings	<ul style="list-style-type: none"> • Telehealth technical support and setup to be costed on a case by case basis • Telehealth Manager, Metro North Health – 1 day a month, or 0.05FTE

NORFOLK ISLAND INTERGOVERNMENTAL AGREEMENT

HEALTH SERVICE SCHEDULE

Appendix B

Service Urology	
Overview	Metro North Health will provide access to expert clinical advice on urology services and provide a pathway of care to mainland services.
Specific Tasks	<p>Initial Phase – From 1 January 2022</p> <ul style="list-style-type: none"> • Access to clinical advice and support • Access to policies, procedures, education and training resources • Development of a pathway to access Metro North urology services <p>Future</p> <ul style="list-style-type: none"> • Consideration of telehealth services if required
Exclusions	<ul style="list-style-type: none"> • To be determined
Assumptions	<ul style="list-style-type: none"> • Patients on SESLHD waiting lists will continue to hold these positions and be seen in SESLHD facilities • NIHRACS and the Commonwealth will fund all patient transfer costs associated with presentation to Metro North Health mainland clinics
Contacts	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii) • s22(1)(a)(ii) Director, Urology, Royal Brisbane and Women's Hospital
Key Contact	<ul style="list-style-type: none"> • A/Project Director, Norfolk Island Transition Team, s22(1)(a)(ii)
Costings	<ul style="list-style-type: none"> • Will be determined following an assessment of ongoing service requirements