TASMANIAN HEALTH SERVICE

ANNUAL REPORT

2015-16

TASMANIAN HEALTH SERVICE

Tasmanian Government

ABOUT THIS REPORT

The Tasmanian Health Service is required under section 53 of the *Tasmanian Health Organisations Act 2011* to produce an annual report in respect of its operation, financial reports and other particulars as required under section 53 of the Act. This report is the first annual report for the Tasmanian Health Service since the amalgamation of the three Tasmanian Health Organisations on 1 July 2015.

Published by the Tasmanian Health Service

Level 1, Northern Integrated Care Service, 41 Frankland Street, Launceston, Tasmania 7250

Published on www.ths.tas.gov.au

September 2016

ISSN 2206-9917

ISSN 2206-9925 (Electronic version)

LETTER OF COMPLIANCE

Hon Michael Ferguson MP

Minister for Health

Minister for Information Technology and Innovation

Leader of Government Business in the House of Assembly

Level 4, 111 Macquarie Street

Hobart Tasmania 7000

Hon Peter Gutwein MP

Treasurer

Level 9, Executive Building, 15 Murray Street

Hobart Tasmania 7000

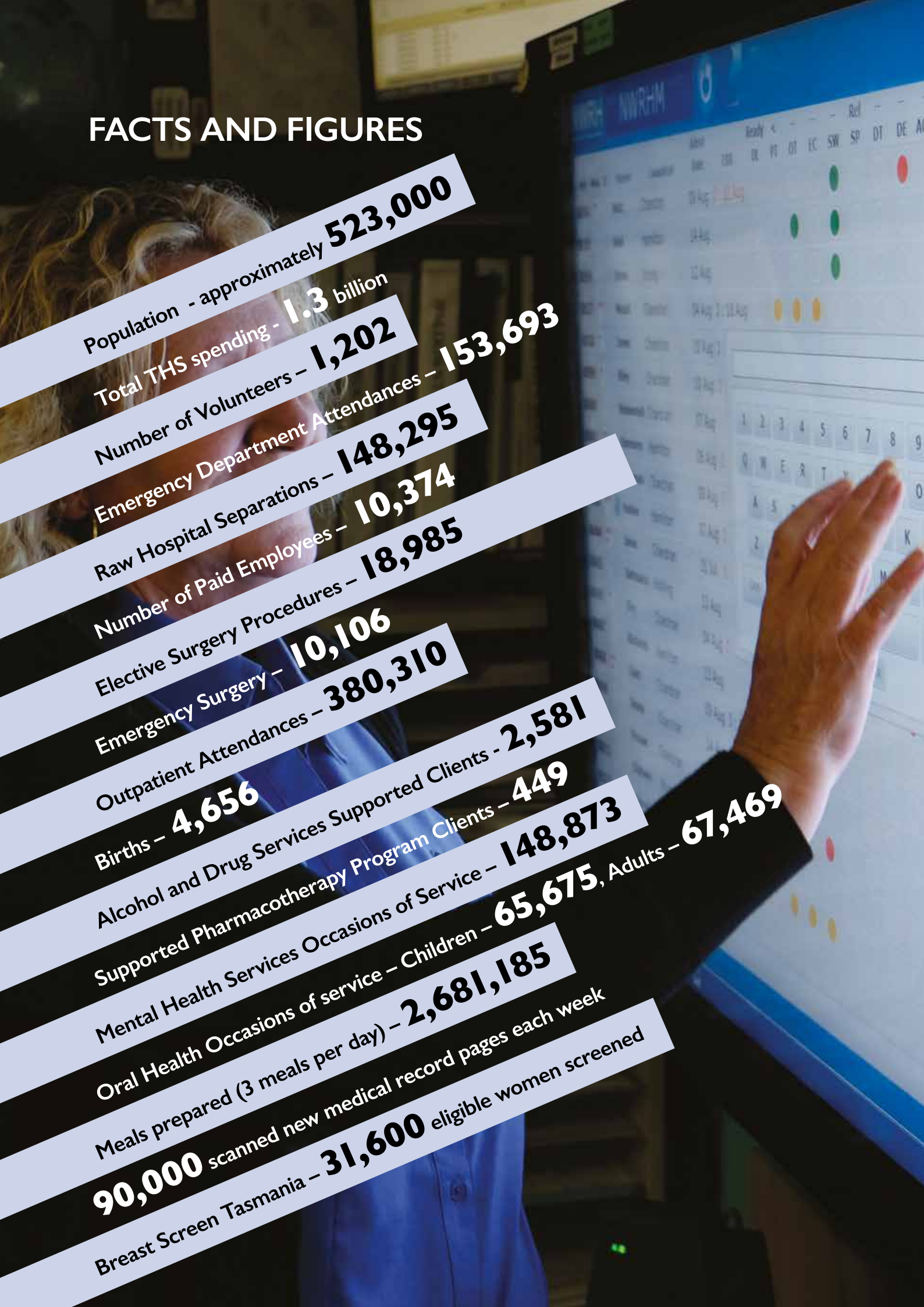
Dear Ministers

In accordance with the requirements of section 53 of the *Tasmanian Health Service Organisations Act 2011* and section 27 of the *Financial Management and Audit Act 1990*, I am pleased to present the Annual Report 2015-16 and the financial statements for the Tasmanian Health Service.

Yours sincerely

John Ramsay
Chair Tasmanian Health Service Governing Council
30 September 2016

FACTS AND FIGURES



Population - approximately **523,000**

Total THS spending - **1.3** billion

Number of Volunteers – **1,202**

Emergency Department Attendances – **153,693**

Raw Hospital Separations – **148,295**

Number of Paid Employees – **10,374**

Elective Surgery Procedures – **18,985**

Emergency Surgery – **10,106**

Outpatient Attendances – **380,310**

Births – **4,656**

Alcohol and Drug Services Supported Clients - **2,581**

Supported Pharmacotherapy Program Clients – **449**

Mental Health Services Occasions of Service – **148,873**

Oral Health Occasions of service – Children – **65,675**, Adults – **67,469**

Meals prepared (3 meals per day) – **2,681,185**

90,000 scanned new medical record pages each week

Breast Screen Tasmania – **31,600** eligible women screened

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NW CANCER CENTRE RADIATION THERAPY SERVICE - LINEAR ACCELERATOR INSTALLED AND OPERATIONAL

The sky ceiling photographic installation in the linear accelerator bunker NW Cancer Centre by local photographer Grant Wells captured an image of an autumn sky which is back lit and is built into the ceiling of the bunker.

The $3 million linear accelerator was shipped into Tasmania on November 13, 2015 and installed the following day. A specialist team from Computertrans handled the installation, with components of the machine weighing up to 4.5 tonnes including delicate electronic equipment.

The linear accelerator is the most advanced available and is housed in a bunker with the side walls and roof 2.4 metres of thick concrete and 1.2 metres on the end walls to prevent leakages of radiation.

The NW Cancer Centre Radiation Therapy Service commenced on May 4th 2016 with 2-3 patients treated per day for the first week.

The number of patients receiving radiation therapy in Burnie increased quite quickly and in June the average number of patients treated with radiation therapy was around 28 patients per day.

With a new CT simulator on site as well there were also 38 new cases simulated for radiation therapy treatment during June.

For that month there were 583 radiation therapy patient visits delivered in Burnie that otherwise would have been required to travel to Launceston for treatment.

This activity puts us well on track to save 7,500 patient visits per year from the North West Coast to Launceston as outlined in the White Paper.

The sky ceiling photographic installation (pictured) in the linear accelerator bunker has also been unveiled. Local photographer Grant Wells captured an image of an autumn sky which is back lit and is built into the ceiling of the bunker.

Grant said the image was chosen to "keep your eye interested. Each of the leaves is different, and the blue and golden colours look striking next to each other."

GOVERNANCE

GOVERNING COUNCIL

The Governing Council is convened and operates in accordance with Divisions 1 and 2 and Schedule 3 of the *Tasmanian Health Service Act 2011*.

In addition to the Governing Council, the Audit and Risk Sub-Committee is convened and operates in accordance with Division 3 and Schedule 5 of the *Tasmanian Health Organisation Act 2011*.

Governing Council members – Professor Judi Walker, Dr Judith Watson, Dr Emil Djakic, John Ramsay (Chair), Martin Wallace, Professor Denise Fassett, Mark Scanlon, Barbara Hingston, Associate Professor Dr Deborah Wilson, Dr David Alcorn (CEO)

REPORT FROM THE CHAIR

The first year of the Tasmanian Health Service (THS), has seen outstanding professionalism and commitment by the THS staff to the delivery of health services to the Tasmanian community.

There have frequently been extreme demand pressures on the personnel of the THS, be it emergency services, acute care services, elective surgery, or outpatient clinics, and the THS staff always pursue the best care possible within the resources that are able to be made available to them.

Clinical and operational service delivery has also occurred through a period of organisational change, with the three former Tasmanian Health Organisations having been merged to form the THS from 1 July 2015.

Any organisational merger needs to be managed to ensure continuity of business. Particular care needs to be taken in the merging of health services businesses. For safety and quality reasons, services are provided in accordance with strict guidelines and protocols, and those guidelines and protocols must only be changed in light of careful consideration and a complete understanding of the effect of the changes. Thanks to the dedication of all staff, this process has started and has been progressively undertaken during 2015-16 and continues.

The year resulted in changes at the executive level of the organisation, with the recruitment process for a new Chief Executive Officer of the THS taking longer than expected. As a result an Interim CEO was appointed and led the organisation for its first 7 months of the year. The Interim CEO, Dr Anne Brand, had previous management experience in the Tasmanian health system and she is to be thanked for her calm and stable leadership in a key period for the establishment of the THS. She commenced the process of unifying regionally focussed services to operate as a single state-wide health service. The appointment of the CEO Dr David Alcorn in February 2016 saw the commencement of a more active process to establish a single health service for Tasmania, to give effect to the vision and direction of the Government's One State, One Health System, Better Health Outcomes policy as set out in the White Paper.

A new corporate executive structure for the organisation was developed and appointments to the Executive Team are progressively being made. Early planning for the organisation and establishment of state-wide clinical services has commenced. Many of the state's senior clinicians have been involved in detailed planning to identify the changes required to give effect to the service and facility role delineation for the major hospitals that is outlined in the White Paper. Those clinicians are to be commended for the time and commitment that they have given to the detailed planning processes, while continuing to discharge their clinical responsibilities.

It is also pleasing to note, and further to the credit of the THS staff, that all the facilities that were required to achieve accreditation against the national health service standards, were successful in that regard in the past year.

The governance responsibilities for the THS have been discharged by the Governing Council collectively and through four sub-committees. The sub-committees provide governance oversight on the areas of audit and risk, safety and quality, financial management and performance and THS relationships with key partners in the primary health and university sectors and with consumers. Members of the Governing Council are to be commended for the diligence and commitment to their responsibilities.

As the single THS continues to develop in accordance with the Government's One State, One Health System, Better Health Outcomes policy, there will be progressive changes in the organisation and delivery of health services around the state.

John Ramsay
Chair

GOVERNING COUNCIL MEMBERS

Dr Emil Djakic

FRACGP
BMed MBBS DipObs Dip Anaesthetics
GAICD

Dr Emil Djakic was born in Launceston and has been a Principal GP in Ulverstone for the past 20 years. He was the Chairman of the Australian General Practice Network for four years and was previously a member of the Tasmanian Health Organisation North West (THO-NW) Governing Council.

Emil is currently the Deputy Chair of the National RACGP Finance and Advocacy Committee, and has previously been a member of the Board of GP North West, State Based GP Organisation Board, RACGP State Faculty Board, Australian Medicare Local Alliance Board and the Mersey Community Hospital Board.

Emil graduated in Medicine from the University of Tasmania, completed a Diploma in Obstetrics at the Queen Victoria Hospital in Launceston and a Diploma in Anaesthetics in London. Emil completed his Fellowship of General Practice in 1994.

Emil is a graduate of the Australian Institute of Company Directors, a Fellow of the Royal College of General Practice and a member of the Australian Medical Association.

Emil is a strong advocate for sustainable, safe, health systems and will bring an excellent mix of committed local, primary care clinical and governance expertise. Emil has a strong understanding of primary health and health reform, as well as regional issues in North West Tasmania.

Professor Denise Fassett

Professor Denise Fassett is a member of the Governing Council Quality & Safety Subcommittee. She was a former member of the Tasmanian Health Organisation - North (THO-N) Governing Council (GC) and Chair of the THO-N GC Quality and Safety Sub-Committee.

Denise is the Dean of the Faculty of Health at the University of Tasmania. Her role in the University includes strategic and operational leadership and responsibility for the Faculty which includes the disciplines of: Psychology; Pharmacy; Medicine, Nursing and Midwifery, Rural Health, Exercise and Sport Science and the Biomedical Sciences. The Faculty also includes Health Service Innovation Tasmania and the Wicking Dementia Research and Education. Prior to her appointment as the Dean of Health, Denise was the Head of the School of Nursing and Midwifery.

Completing a General Nursing Certificate at the Royal Hobart Hospital, Denise is a Registered Nurse with a Bachelor of Health Science, Graduate Diploma in Aged Care Nursing and a Master of Nursing from the University of Tasmania and she has a PhD from the University of Technology Sydney. She is a Fellow of the Australian College of Nursing (FACN).

The former Chair of the Nursing Board of Tasmania from 2006, Denise is currently a member of the Nursing and Midwifery Board of Australia (NMBA) and Chair of the NMBA Registration and Accreditation subcommittee. She is also a board member of both the Menzies Institute for Medical Research and Australian Institute of Health Service Management (AIHSM).

In 2014 Denise was appointed the inaugural Chair of the Health Council of Tasmania.

Ms Barbara Hingston

BA(Admin), BSW, GAICD, MAASW

Barbara is a member of the Governing Council Financial Management and Service Performance Subcommittee.

Based in Hobart, Barbara is a highly experienced Non-Executive Director and consultant in health, social policy and community services . Her professional experience includes the delivery, management and governance of health and community service organisations across Australia.

Barbara is a past Director of Austin Health in Victoria (2005-13) and Director of Headspace the National Youth Mental Health Foundation and National Nursing and Midwifery and Physiotherapy Boards – Victoria Mercy Health Care Australia Ltd.

Her current Directorships include Dental Health Services Victoria, General Practice Training Tasmania; Public Trustee Tasmania and Lady Gowrie Tasmania

Barbara brings a range of capabilities to the Council. These reflect significant experience in governance of clinical quality and safety, finance, audit and risk management – consumer participation, community partnership and stakeholder engagement. She has high level management experience in developing business scope and structure and in the commissioning of health services including in mental health.

As a co-consultant to the Commission on Delivery of Health Services in Tasmania Barbara facilitated stakeholder consultation on sustainability of the Tasmanian health care system and reviewed organisational and clinical governance arrangements in and across the Tasmanian health care system. She also developed the strategy and framework for stakeholder consultation health consumer representation project in Tasmania. Recently she consulted to the University of Tasmania, informing their strategy for addressing health, allied health and community service workforce development needs, linked to reform in the disability, aged and mental health care sectors. Other consultancy roles include wit Breast Screen Australia on Future Directions for the Integration of Mammographic Density in Breast Screening.

Barbara is also an experienced allied health practitioner in public and community health settings. Her practice included therapeutic social work in complex mental health, violence against women and their children, child abuse and sexual assault. She is deeply aware of issues in access, reliability and affordability of whole of life health care and promotion for all Tasmanians, and the value of effective interrelationships between acute and primary health services and providers.

Barbara graduated with a Bachelor of Arts in Administration (with distinction) from the University of Canberra and a Bachelor of Social Work from the Australian Catholic University, Canberra. She is also a graduate of the Australian Institute of Company Directors 2007, a member of the Australian Association of Social Workers and Institute of Public Administration Australia

Mr John Ramsay (Chair)

LI.B (UTas)

John Ramsay is the Chair of the Governing Council. John has significant experience in health and human service delivery in Tasmania.

In 2014, he chaired the Royal Hobart Hospital Redevelopment Rescue Taskforce and from 17 January 2015 until 30 June 2015, he was the Chair of the 3 Tasmanian Health Organisations.

John was Secretary of the Tasmanian Department of Health and Human Services from 1999-2005.

During that time he was Deputy Chair and subsequently Chair of the Australian Health Minister's Advisory Council (AHMAC), and chaired the AHMAC Health Workforce Committees. He was also a member of the Australian Medical Workforce Advisory Committee, a member of the 2002 National Review of Nursing Education, and a member of the Australian Medical Council.

On leaving the Tasmanian Public Service he established a consulting practice and undertook numerous consultancies for the Australian Commission on Safety and Quality in Healthcare and Health Workforce Australia. He was also a member of the Policy Committee of the Australian Medical Council and a member of the Board of the Menzies Research Institute Tasmania.

John was a Department Secretary in Tasmania for 23 years. He was Secretary of what is now titled the Tasmanian Justice Department from 1982-1989. In 1989 he was appointed the Secretary of the Department of Environment and Planning which subsequently became the Department of Primary Industries, Water and the Environment.

His consultancy practice has also included work in the areas of environment, planning and natural resources, strategic planning and facilitation.

From 2008 until 2015, he was Chairperson of the Board of Environmental Management and Pollution Control. He is currently a member of the Tasmanian Planning Commission and the Chair of the Forest Practices Authority.

John is a Fellow of the University of Tasmania and an Honorary Member of the Planning Institute of Australia. While not practicing as a lawyer, John was admitted to practice in the Supreme Court of Tasmania in 1976.

Mr Mark Scanlon

MBA BBus FCPA FAICD

Mark Scanlon is the Chair of the THS Governing Council Audit & Risk Subcommittee. Mark was a member of the Tasmanian Health Organisation - North (THO-N) Governing Council from 1 July 2012 to 30 June 2015. During that period he was Chair of the THO-N Audit and Risk Subcommittee. Mark is Chairman of the Credit and Investments Ombudsman Service Limited and Independent Chairman of the Launceston City Council Audit Panel. Mark was Managing Director of Tasmanian Perpetual Trustees Limited, Managing Director of Tasmanian Banking Services Limited and Joint Chief Executive Officer of MyState Limited.

Other positions held previously include Director of the Motor Accidents Insurance Board (MAIB) and Chairman of the MAIB Audit Committee, Director of the Tasmanian Chamber of Commerce and Industry, President of the Launceston Chamber of Commerce, Director of the Heart Foundation Tasmania and a member of the Heart Foundation National Finance Advisory Committee.

Mark has over 25 years senior executive experience in a variety of industry sectors including funds management, trustee services, banking, health insurance and general insurance. He has a broad set of skills including strategic planning, leadership, business management, marketing and corporate governance.

Mark graduated with a Bachelor of Business (with distinction) from Victoria University. He has a Master of Business Administration from RMIT University and completed a Harvard Club of Australia Leadership Program.

Mark is a Fellow of CPA Australia and the Australian Institute of Company Directors.

Professor Judith Walker

PhD Grad Dip Ed BA (Hons) FACE

Professor Judi Walker is the Chair of the Governing Council Partnerships Subcommittee. Judi has over 20 years' experience in senior academic and health leadership positions. She brings a wealth of knowledge of rural and regional health services, health workforce training and re-design, ageing well policy, community engagement and innovative approaches to regional medical training and health service delivery.

Judi recently completed a five year term as Head of the School of Rural Health at Monash University, with academic, financial and human resource management for one of the largest and the most geographically dispersed school in the Faculty of Medicine. She designed and implemented the School's five year Blueprint with a new committee governance structure and risk management framework. In 2015 she was the Vice Chancellor's nominee leading negotiations for a new funding framework – the Rural Health Multidisciplinary Training Program – with the Commonwealth Department of Health.

Prior to her appointment with Monash University she was Chief Executive of the University of Tasmania's Rural Clinical School, a conjoint appointment with the Tasmanian Department of Health and Human Services where she was responsible for the establishment of both the UTAS University Department of Rural Health and the Rural Clinical School (North West Regional Hospital, North West Private Hospital and the Mersey Community Hospital). Concurrently she was Deputy Dean, Faculty of Health Science and co-Executive Director, Partners in Health, the unique partnership between DHHS and UTAS driving strategic health services and workforce education reform. She was a member of the North West Regional Hospital Executive and has held senior positions on a number of Commonwealth and State Government health committees and working groups.

Judi Walker was recently successful, as Principle Co-Investigator, in winning a major Victorian Government tender to undertake a 10 year longitudinal study into the health impacts of the recent Hazelwood Mine Fire in the Latrobe Valley. This study is now underway. She has held, as Chief Investigator, a number of competitive research grants (National Medical Research Council and Australian Research Council) at both Monash University and the University of Tasmania. She was the recipient of the Dean's 2014 Award for Excellence in External Engagement and was nominee for the Vice Chancellor's Award for Excellence in Research Impact (Economic and Social Impact).

Judi has 15 years' experience as a Board Member/ Board Director of a number of government and private sector not for profit organisations. She is on the Board and immediate past Chair of the national Federation of Rural Australian Medical Educators (FRAME) and was Board Director of the national Australian Rural Health Education Network (ARHEN) and is currently Board Director of Latrobe Community Health Services (LCHS) in Victoria. She sat on the Council of the National Rural Health Alliance, the peak body for rural health organisations. She was Vice President of Monash Academic Board for four years. In Tasmania she was an inaugural Board Member of the Tasmania Together Progress Board, Board Director of the Tasmanian Polytechnic and Chair of the North West Institute of TAFE Council.

Judi is a Fellow of the Australian College of Education and an Associate Fellow of the Australian College of Health Services Executives. She has completed a number of Corporate Governance training courses.

Judi graduated from The University of the West Indies completing a Bachelor of Arts (Hons). She holds a Graduate Diploma in Distance Education from the University of South Australia and completed a PhD at the University of Tasmania in the area of health (disability) and education policy.

Judi and her family have been resident in north west Tasmania for over 35 years with established business and family interests and comprehensive knowledge and understanding of Tasmanian health issues.

Mr Martin Wallace

B Ec (Hons)

Martin Wallace is the Chair of the Governing Council Financial Management & Performance Subcommittee.

Martin is a former Secretary of the Department of Treasury and Finance, Deputy Secretary of the Department of Health and Human Services in Tasmania, and was previously the Director of Inter-government and Financial Policy in Treasury. Martin's diverse employment history also includes executive roles in energy and telecommunications. He was Chief of Staff to former Tasmanian Treasurer, Dr David Crean, between 1999 and 2002.

As well as substantial public administration, public policy and financial and budget management experience, Martin has deep commercial and business experience. He has negotiated many major commercial contracts in energy and telecommunications, as well as in the areas of procurement and supply, and the delivery of services under public-private partnership and purchaser-provider arrangements. During his time in the Department of Health and Human Services he led a number of strategic and policy initiatives to improve the efficiency and effectiveness of health services, including in the areas of e-health, financial management, and business performance.

Martin has a strong background in corporate governance and is an experienced Board member. He is currently a Member of the National Competition Council and previously held directorships with Aurora Energy Pty Ltd; the Tasmanian Public Finance Corporation (Tascorp), Tastel Limited, and Auroracom Pty Ltd. He has also been a Member of the State Grants Commission. Martin holds an Honours degree in Economics.

Dr Judith Watson

MBChB FRNZCGP DipObs GAICD

Dr Judith Watson is a member of the Governing Council Audit & Risk Subcommittee.

She is a General Practitioner, practising in Launceston since 1994 and is the Chair of Primary Health Tasmania. Judith has been a member of not-for-profit primary health organisation boards since 2004 and is currently on the board of Tasprac Services, a Tasmanian practice management company.

Judith graduated from The University of Auckland School of Medicine, completing a Diploma of Obstetrics and Fellowship of Royal New Zealand College of General Practitioners. She is a graduate of the Australian Institute of Company Directors and regularly participates in governance training activities.

She has a strong understanding of disconnects in the patient journey between primary and hospital care, the challenges in changing cultures and need to pursue new opportunities and ways of working for health. She is passionately committed to improving the wellbeing of Tasmanians and contributing to the successful working of the Tasmanian Health Service.

Associate Professor Dr Deborah Wilson

MBBS, FANZCA, ARACMA, Graduate Certificate in Teaching and Learning for Health Professionals

Associate Professor Dr Deborah Wilson is the Chair of the Governing Council Quality & Safety Subcommittee. Deborah is the Co-Director of the Rural Clinical School at the University of Tasmania and a Visiting Medical Officer in Anaesthesia and Intensive Care, at the North West Regional Hospital, the Mersey Community Hospital and the North West Private Hospital. She was previously a member of the Tasmanian Health Organisations – North West (THO-NW) Governing Council.

Deborah graduated from the University of Western Australia with a Bachelor of Medicine and a Bachelor of Surgery. She has a Post Graduate Certificate in Teaching and Learning for Health Professionals and holds the title of Supervisor of Training at the Australian and New Zealand College of Anaesthetists.

Deborah was awarded the 2009 Clinical Teaching Award from the Rural Clinical School, University of Tasmania, the Abbotts Young Investigator Award in 1996 and the Australian and New Zealand College of Anaesthetists Formal Project Prize in 1996.

Deborah is an Associate Fellow of the Royal Australasian College of Medical Administrators and a Fellow of the Australian and New Zealand College of Anaesthetists. Deborah has worked for over seventeen years on the North West Coast and has a deep understanding of the complexities of health services in rural and remote communities. She is committed to teaching, training and research to drive better treatments and innovation within our system.

GOVERNING COUNCIL ATTENDANCE RECORDS

Governing Council Meetings

Name	1 July 2015	21 Jul 2015	18 Aug 2015	22 Sept 2015	20 Oct 2015	17 Nov 2015	15 Dec 2015	Jan 2016	16 Feb 2016	22 Mar 2016	19/20 Apr 2016	24 May 2016	21 Jun 2016
John Ramsay	✓	✓	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓
Dr Emil Djakic	✓	✓	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓
Prof Denise Fassett	✓	✓	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓
Barbara Hingston	✓	✓	✓	✓	✓	✓	✓	N/A	✓	✓	✓	L	✓
Mark Scanlon	✓	✓	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓
Prof Judith Walker	✓	✓	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓
Martin Wallace	L	✓	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓
Dr Judith Watson	✓	✓	✓	✓	✓	L	✓	N/A	✓	✓	✓	✓	✓
Assoc Prof Dr Deborah Wilson	✓	✓	✓	✓	✓	✓	✓	N/A	✓	L	✓	✓	✓

Subcommittee Attendance Record

Audit and Risk

Name	9 Jul 2015	12 Aug 2015	16 Sept 2015	14 Oct 2015	11 Nov 2015	9 Dec 2015	Jan 2016	10 Feb 2016	16 Mar 2016	13 Apr 2016	18 May 2016	15 June 2016
Mark Scanlon - Chair	✓	✓	✓	✓	✓	✓	No Meeting	✓	✓	✓	✓	✓
Dr Judith Watson	✓	✓	✓	✓	✓	✓	No Meeting	L	✓	✓	✓	✓
John Ramsay	✓	✓	A	✓	A	A	No Meeting	✓	L	A	✓	✓

Quality and Safety

Name	Jul 2015	4 Aug 2015	1 Sept 2015	13 Oct 2015	3 Nov 2015	1 Dec 2015	Jan 2016	2 Feb 2016	8 Mar 2016	5 Apr 2016	3 May 2016	7 June 2016
Assoc Prof Dr Deborah Wilson - Chair	No Meeting	✓	✓	✓	✓	✓	No Meeting	✓	✓	✓	✓	✓
Prof Denise Fassett	No Meeting	✓	✓	✓	✓	✓	No Meeting	✓	✓	✓	✓	✓
John Ramsay	No Meeting	✓	✓	✓	✓	✓	No Meeting	✓	✓	✓	✓	✓

Financial Management and Performance

Name	Jul 2015	14 Aug 2015	21 Sept 2015	14 Oct 2015	16 Nov 2015	14 Dec 2015	Jan 2016	15 Feb 2016	21 Mar 2016	18 Apr 2016	23 May 2016	20 June 2016
Martin Wallace - Chair	No Meeting	✓	✓	✓	✓	✓	No Meeting	✓	✓	✓	✓	✓
Barbara Hingston	No Meeting	✓	✓	✓	A	✓	No Meeting	✓	✓	✓	L	✓
John Ramsay	No Meeting	✓	✓	✓	✓	✓	No Meeting	✓	✓	✓	✓	✓

Partnerships

Name	Jul 2015	14 Aug 2015	11 Sept 2015	7 Oct 2015	4 Nov 2015	14 Dec 2015	Jan 2016	3 Feb 2016	2 Mar 2016	6 Apr 2016	4 May 2016	1 June 2016
Prof Judith Walker - Chair	No Meeting	No Meeting	✓	✓	✓	✓	No Meeting	✓	✓	✓	✓	✓
Dr Emil Djakic	No Meeting	No Meeting	A	A	✓	A	No Meeting	✓	✓	✓	✓	✓
John Ramsay	No Meeting	No Meeting	✓	✓	✓	✓	No Meeting	✓	✓	✓	✓	✓

GOVERNING COUNCIL REMUNERATION

Band	Number of Committee Members	Aggregate Directors' Fees	Committee Fees	Superannuation	Other*	Total
> $50,000	1	159,798	-	15,376	9,960	185,134
< $50,000	8	269,599	-	26,515	26,879	322,993

* Other refers to all other forms of non-salary benefits such as motor vehicles, parking, allowances and reimbursements.

SUBCOMMITTEE REPORTS

Audit and Risk Subcommittee

The THS Audit and Risk Subcommittee (A&RS) was established by the Governing Council 1 July 2015 pursuant to Section 26 of the *Tasmanian Health Organisation Act 2011*. The A&RS undertakes a key role in assisting the Governing Council discharge its duties and responsibilities, with due care, diligence and skill, in the areas of corporate governance, financial reporting processes and financial reports, risk management systems, and internal control structures, including fraud prevention, deterrence and detection, (financial and non-financial), internal audit activities, external audit and compliance with laws, regulations, ethical requirements, internal policies (including the code of conduct) and industry standards. Furthermore, the A&RS may perform other duties as requested by the Governing Council from time to time.

Meetings of the Audit and Risk Subcommittee are held monthly, with appropriate advice and recommendations being made to the Governing Council on matters relevant to subcommittee Charter to facilitate well-informed, efficient and effective decision making by the Governing Council. There were no matters considered by the A&RS that would have a material effect on the financial condition or state of affairs of the THS.

During the period under review 2015/2016 financial year the subcommittee met with the external and internal auditors to consider financial reports, audit reports and progress on addressing audit findings and recommendations, audit plans and project scopes. An important focus for the subcommittee was overseeing developments in the consolidation of the three THOs risk management systems to establish a statewide risk management framework for the THS, as well as the creation of a comprehensive compliance register. Progress in both these significant areas has been solid. In addition, the A&RS has an important role in ensuring there is a sound risk management culture in the business. To monitor, appraise and influence the risk culture the subcommittee received briefings from THS senior management to ensure all members of the subcommittee have a broad understanding of the organisation's structure, business and risk management environment, policies, plans and practices.

The subcommittee reviews its Charter (Terms of Reference) annually to ensure it articulates the A&RS's responsibilities and facilitates and supports the effective and efficient operation of the subcommittee. In addition, an annual self-evaluation of the subcommittees performance against the duties and responsibilities specified in the A&RS Charter (Terms of Reference) is undertaken with the results reported to the Governing Council.

Mark Scanlon
Chair

Financial Management and Performance Subcommittee

The FMPSC is the subcommittee of the Governing Council charged with overseeing the financial and service performance of the THS and providing recommendations to the Governing Council on this performance.

Its primary focus is the budget management of the organisation and the delivery of the THS Service Agreement performance obligations and targets.

The Service Agreement sets out the funding available to the THS to deliver agreed activity targets and performance indicators.

The Committee met monthly during 2015-16. At each meeting it considered the latest monthly financial report, trends in service activity, key financial aggregates and employment levels, and progress against the service performance measures set out in the 2015-16 Service Agreement. In addition, it considered or reviewed specific issues impacting on the overall performance of the THS including the delivery of elective surgery and access to emergency care targets, new major contracts or

contract renewals for services with a cost in excess of $1m, and specific financial issues with a material impact on the THS.

In its first year of operation the Committee considered the quality and timeliness of the reports on which it based its considerations and recommended improvements in the financial and service performance reporting of the THS.

Martin Wallace
Chair

Partnerships Subcommittee

The Partnerships Subcommittee (PSC) was formed to promote and support collaboration and partnership between the Tasmanian Health Service (THS) and those organisations with which it can develop a mutually beneficial relationship.

The role of the PSC is to:

- Identify partnership opportunities and make recommendations to the THS GC
- Establish and maintain relationships with partnership organisations
- Monitor and evaluate the effectiveness of existing partnerships
- Report to the THS GC on the status of partnerships
- Provide oversight on MOUs and Partnership Agreements between the THS and its partners.

During 2015-16 the subcommittee identified as 'Priority Partners' those organisations with which the THS has a mutually beneficial relationship to:

- deliver health care services to the Tasmanian community
- facilitate a dialogue on the safety, quality and accessibility of services
- educate, train and maintain the competence of health professionals
- work collaboratively in relation to health and related research
- support the health and wellbeing of the THS staff.

As part of fulfilling its role, the PSC developed six key partnering Principles to assess the health of current partnership arrangements and to use as a guide when developing new relationships. THS Governing Council endorsed and adopted these Principles.

In 2015-16 the Subcommittee commissioned a piece of work to set out the nature of the partnership relationship with two key organisations – the University of Tasmania and Primary Health Tasmania. This work included analysis of the current state of the relationship, key issues and areas of concern and observations about improving the structured interaction between the THS and these partners. New partnership agreements and work plans are being progressed.

In 2016 a similar investigation of the issues relating to the relationship with the private hospital sector is being undertaken.

In 2015-16 the Chair of the PSC represented the THS GC on a Steering Committee to establish the need for a health consumer organisation in Tasmania and to develop and scope a model for the establishment of such an organisation. There was overwhelming support and a phased approach to implementation is underway. The statewide health consumer organisation will assist in building the capacity of consumers to participate in health system activities as well as building the capacity of clinicians and health service providers to effectively engage with and encourage consumer representation.

During its first year the new THS GC Partnership Subcommittee has built a strong foundation on which to promote and support collaboration between the THS and its priority partners.

Professor Judi Walker
Chair

Quality and Safety Subcommittee

The Quality and Safety Subcommittee is one of the four subcommittees of the Tasmanian Health Service (THS) Governing Council (GC). The Subcommittee is constituted in accordance with Section 27 and Schedule 5 of the *Tasmanian Health Organisations Act 2011* and the requirements therein.

The purpose of the Subcommittee is to:

1. Assist the Governing Council of the THS to fulfil its clinical governance and oversight responsibilities in relation to quality, safety and clinical risk.
2. Assist the Governing Council to lead a culture in the THS that will result in safer, more effective and more responsive care and services, and promote to staff and consumers the importance of safe, effective care.

Membership of the Committee includes:

Associate Professor Dr Deborah Wilson – Chair and THS GC member

Professor Denise Fassett – THS GC Member

Mr John Ramsay – Chair of THS GC

In Attendance:

Chief Executive Officer – Dr Anne Brand 1/6/2015-1/2/2016, Dr David Alcorn 1/2/2016 -30/6/2016.

Acting Chief Operating Officer – Mr Craig Watson. Prior to the Appointment of the Acting Chief Operating Officer, meetings were attended by the Executive Directors of Services North, South and North West.

Executive Director for Patient Safety – Dr Annette Pantle. Prior to the appointment of Dr Pantle, meetings were attended by the Directors of Quality and Safety, the Directors of Nursing, the Directors of Allied Health, the Directors of Medical Services North, South, North West on a rotating basis and a representative from Ambulance Tasmania.

The subcommittee met on a monthly basis. The main focus of the committee has been to amalgamate the work of the three previous regionally based Tasmanian Health Organisations to create a statewide approach to quality and safety.

The Activities of the Committee during 2015/16 can be considered under the following broad headings.

1. Monitoring the Quality and Safety of the Care the THS provides – This was achieved by reviewing a number of quality and safety reports. These included reports generated from the THS Safety Reporting Learning System (SRLS), spot light reports of the organisation's performance against the 9 National Safety and Quality Health Service Standards (NSQHS) and a review of Coroner's reports. Particular attention was given to monitoring serious adverse events across the organisation. The organisation's performance against the Quality and Safety Key Performance Indicators in the Service Level Agreement with the DHHS was also monitored.
2. Overseeing the THS Accreditation Processes – A number of facilities across the THS were successful in achieving accreditation against the relevant standards during the year. In the THS Southern region these include the Acute (Royal Hobart Hospital excluding Mental Health) and Community sectors and Oral Health. In the Northern Region, Primary Health. In the North West Region, the Acute Sector (North West Regional Hospital including Mental Health, Mersey Community Hospital) and Aged Care Accreditation (Lyell House – Health West District Hospital).
3. Monitoring Clinical Risk – The committee has worked with the THS Audit and Risk

Subcommittee to ensure clinical risk is identified, assessed, rated, controlled and monitored. Areas of clinical risk have also formed part of the THS internal audit plan.

4. Monitoring Clinical Governance in relation to Clinical Staff – The committee is working with the Executive to develop a robust, statewide system for Credentialling and determining the scope of practice for all clinical staff. The committee has also monitored the performance of a small number of senior clinical staff where AHPRA notification has occurred.
5. Monitoring the organisation's clinical policies, procedures and protocols – The committee has worked with the Executive to create a statewide approach in this area.
6. Ensuring the THS partners with patients and carers in the provision of care – The committee has received reports on feedback the organisation has received from patients and carers in relation to the care the THS has provided. Over the next year the committee will be working towards a statewide approach to collecting consumer feedback.
7. Monitoring Medico-Legal matters – The committee has monitored issues arising from medico legal claims across the organisation.

The committee has had a number of presentations from external parties to help improve its understanding of issues relevant to the committee. These include the Coroner's Office, AHPRA, DHHS representatives Dr Tony Lawler and Martin Hensher, and Frances Hall from Internal Audit.

Associate Professor Dr Deborah Wilson
Chair

ON THE 28TH JUNE 2016, THE DIGITAL MEDICAL RECORD (DMR) WAS SUCCESSFULLY LAUNCHED AT THE LAUNCESTON GENERAL HOSPITAL.

This successful system deployment is the culmination of ten years' work to provide a single instance medical record across all acute facilities across the state of Tasmania.

Tasmania is the only state to have a single medical record spanning all State hospitals and all staff of the DHHS and THS should be very proud of this significant achievement.

Having a single instance medical record across the acute sector ensures all clinicians have access to relevant patient information, regardless of their location; and by providing a central repository for clinical information, the DMR supports patient flow across the state.

Further to this, by providing a statewide platform for viewing the medical record, the DMR offers significant patient safety and quality aspects (such as a platform to view Patient Administration System based Clinical and Administrative Alerts).

There is still significant opportunity for further deployment of the DMR. Currently, work is occurring with many rural facilities and Mental Health to support their transition to and adoption of, the DMR.

Further work is occurring to ensure that information from other Clinical Information Systems (CIS) is received by the DMR, increasing its value to clinicians for accessing holistic clinical information.

Chrtistine Emanuel (seated), Mark Upton, Rhonda Boulter and Tom Simpson.

Continuous system enhancements provide opportunity to ensure the system is able to fulfil the need of its intended function.

The DMR is a necessary step in the State's journey towards a complete Electronic Health Record (EHR) with appreciation that scanning of paper will always be an important aspect of collecting health information. Currently 90,000 new pages are scanned into the system each week.

OPERATIONS

CEO REPORT

It was an honour to be appointed the inaugural Tasmanian Health Service CEO starting in February 2016 and I would like to thank my acting predecessor, Dr Anne Brand, for advancing the THS to a state of readiness prior to my arrival. I would also like to thank the THS Governing Council (especially Chair, Mr John Ramsay) for their fulsome support to progress a busy change agenda, and enabling the appointment of key executive leaders. I am also impressed by the support of staff across the THS and their willingness to participate in the many challenges involved in transforming the health system.

This financial year saw the achievement of a number of accreditation milestones, with the assurance for every Tasmanian that your health services are accredited to Australian standards. It also saw the appointment of Tasmania's first Executive Director for Patient Safety, Dr Annette Pantle.

Many areas of outstanding health need to continue to be identified in community surveys, such as the Australian Atlas of Healthcare Variation. THS is working hard to design statewide models of care to ensure access to better healthcare outcomes. THS has implemented the findings of the Health Services Innovation agency of the University of Tasmania, following the dedicated contributions of many THS employees. Gains in emergency patient access have been measured and are continuing to improve.

It is in the area of elective surgery that the THS, in partnership with the DHHS, has worked so diligently to achieve a record number of surgeries for Tasmanians who had been, in some cases, waiting many years for their procedures. Acknowledgement must be made of the Commonwealth Government contribution through the Tasmanian Health Assistance Package and the opportunities it afforded for patients to be treated by surgeons and anaesthetists in the public and private sectors.

Thanks to the additional commitment from the Government we have been able to increase the number of positions available for graduate nurses. In supporting our graduates to work in Tasmania the THS will establish a workforce pipeline to sustain and grow our services and also be better placed to manage the implications of an ageing workforce into the future.

The consolidation of the three former Tasmanian health organisations into the Tasmanian Health Service has produced many tasks, with 4000 policies currently being standardised, common triage systems being introduced for elective surgery cases, renewed opportunities for statewide training of specialists and doctors and the opportunity to ensure the same, statewide standards for dealing with internal pressures and escalation of patient flow demands. A focus on improving management during winter, along with additional temporary beds opened, has meant that historical access levels were generally maintained.

THS management recognise that much more work is required to improve emergency patient access and are implementing the Health Minister's 'Patients First' statewide strategy. We understand that we must engage with this task through multidisciplinary clinical teams to drive improvements in patient discharge preparation and timing.

Many THS doctors, nurses and midwives, allied health professionals and clinical support staff have contributed to the clinical advisory groups and their associated business cases, established under the White Paper Implementation Framework. Once approved by Governing Council, the business cases will proceed to the next phase of involvement of our patients/consumers and their families, with heightened involvement by nursing and allied health professionals in design of service delivery models.

Finally, I would like to thank the people of Tasmania for their trust in our clinicians, nurses, allied health professionals and support staff every day.

Dr David Alcorn

ORGANISATIONAL STRUCTURE

Tasmanian Health Service Executive Structure

EXECUTIVE MANAGEMENT TEAM

Executive Team members: Kate Prince (Governing Council Support Officer), Craig Watson-Acting Chief Operations Officer, Dr Annette Pantle-Executive Director Patient Safety, Alina Fisher-Executive Support CEO Secretariat, Catherine Schofield-Acting Executive Director Nursing, Midwifery and Allied Health Professions, Scott Adams-Executive Director Corporate Systems, Eleanor Patterson-Acting Chief Finance Officer, Rohan Wade-Acting Director Collaboration and Communication, Dr David Alcorn-Chief Executive Officer

Dr David Alcorn
Chief Executive Officer, Tasmanian Health Service

As CEO of the Tasmanian Health Service, Dr Alcorn is leading State Health system reforms, improving health outcomes for all Tasmanians. Previously, David served at the Royal Melbourne Hospital as Executive Director and led the organisation through a complex transformation. He has previously led Queensland's largest university teaching hospital the Royal Brisbane and Women's Hospital in the same role.

David is passionate about making a difference for communities and the people who need, or will need, healthcare in the future and those who care for them. The needs of patients and their families have been at the centre of David's professional life, in healthcare management and in psychiatry.

David is an experienced health administrator who was awarded the Bernard Nicholson prize of the Royal Australasian College of Medical Administrators and has undertaken additional training in healthcare delivery at the Harvard Business School, Boston. His qualifications include: BMBS, Bachelor of Laws (honours), Master of Laws, Doctor of Judicial Science, Masters of Business Administration, Fellowship RANZCP, and Fellowship RACMA. His blend of medical and business/organisational experience and sound reputation and expertise in healthcare present a strong capability for the THS CEO role.

Dr Annette Pantle
Executive Director for Patient Safety

As Executive Director for Patient Safety in the Tasmanian Health Service, Dr Pantle is responsible for the leadership and delivery of safe, sustainable health care by developing and managing the clinical governance frameworks for the Tasmanian Health Service (THS) including Clinical Standards, Safety and Quality and Accreditation.

Dr Pantle is a graduate of the University of Sydney medical program and has been involved in Australian health care for more than 30 years through rural general practice, hospital medical administration, the NSW Clinical Excellence Commission, NSW Department of Health and St Vincent's Health Australia where she was the inaugural Group General Manager for Clinical Governance and Chief Medical Officer.

She is the Immediate Past President of the Australasian Association for Quality in Health Care. Dr Pantle is also a former Board Director of the Garvan Institute of Medical Research, a current Fellow and Board Director of RACMA and a former member of the NSW Medical Board. She has undertaken a number of reviews of clinical governance systems. Dr Pantle holds a Master of Public Health degree from the University of NSW and is a fellow of the Australian Institute of Company Directors.

Matthew Double
Executive Director of Human Resources and Organisational Development

With tertiary qualifications in HR and Management Matthew has over 25 years' experience in HR and Workplace Safety. His career includes time in the private and public sectors in Tasmania, interstate and overseas. Recently, Matthew has worked across both DHHS and THS.

Eleanor Paterson
Acting Chief Financial Officer

Eleanor acted as the CFO for the THS from 4 January 2016 to 12 August 2016. Eleanor's previous experience includes over 10 years at senior executive level within the Department of Health and Human Services.

Eleanor is a fellow of CPA Australia with more than 20 years' experience in the public sector including 15 years in Health. Eleanor has significant experience in the leadership of financial functions, financial management and compliance and monitoring financial performance. Eleanor's professional qualifications include a Graduate Diploma from the Australian Institute of Company Directors, and a Bachelor of Commerce/Laws.

Scott Adams
Acting Executive Director of Corporate Systems

As A/Executive Director of Corporate Systems, Scott's portfolio covers the functions of Hotel Services and logistics, Information technology, Facilities and Engineering and Procurement and Supply.

Prior to this, Scott was Group Manager, Corporate Services for the Tasmanian Health Organisation-South. Scott's previous experience includes 16 years in the Energy Industry with Aurora Energy, covering a number of senior management roles in Finance, IT and other corporate functions, and over two years working in private industry running an IT consultancy business.

Scott is currently on the Board of Cancer Council Tasmania and has previously held board memberships on a range of not for profit enterprises. Scott's qualifications include Bachelor of Commerce (UTAS), Certified Practicing Accountant, MBA (Deakin) and he is currently studying for his graduate Diploma in Health and Human Services.

Craig Watson
Acting Chief Operating Officer

Craig is responsible for the effective management and delivery of high quality patient-centred health services. Craig previously held the position of Executive Director of Services – South for the THS following several leadership roles with the former Tasmanian Health Organisation – South including Acting Chief Executive.

Craig is a Fellow of CPA Australia and has held a variety of senior and executive positions during a 25 year career in the Tasmanian public service, following completion of a Bachelor of Business at the University of Tasmania.

TASMANIAN HEALTH SERVICE – SERVICE PROFILE

From 1 July 2015 health services in Tasmania has been restructured into one health system (THS). This was achieved by merging of the three Tasmanian Health Organisations (THOs) and complimented by one Tasmanian Primary Health Network. All four major hospitals have a clearly defined role in the system through the Tasmanian Role Delineation Framework (TRDF) with services mapped to a clinical profile.

The Delivering Safe and Sustainable Clinical Services White Paper outlines the reforms to the health system. Governance of the THS is provided through a Governing Council supported by a Health Council and Clinical Advisory Groups (CAGS). A statewide executive structure led by the Chief Executive Officer oversees the operations of the THS and the implementation of the White Paper Implementation Plan. The executive structure is currently in varying stages of the process to recruit and appoint suitably qualified and experienced individuals.

The Department of Health and Human Services is the regulatory body for the state and plays a major role as the purchaser of services from the THS under an annual Service Agreement.

The THS coordinates the delivery of its services across Tasmania through a network of facilities, community services and home based care.

Tasmania has 27 public health facilities. In addition to the four major hospitals, there are 23 rural and community hospital sites (rural health services) across Tasmania.

The services provided at these sites vary considerably and include subacute inpatient health care, day treatment and primary health care services, residential aged care, and emergency response capability, in addition to:

- 21 community health centres
- Three rural nursing centres
- Three youth health centres
- 24 mental health facilities (outpatient and community services)
- 32 oral health facilities
- inpatient and outpatient alcohol and drug facilities
- community nursing
- community health
- cancer screening and control
- palliative care
- dementia services
- aids and appliances
- health promotion programs

The map on the following page shows the locations and name of services.

Our Services Locations

1. King Island Hospital & Health Centre
2. Smithton District Hospital
3. James Muir CHC (Wynyard)
4. North West Regional Hospital
5. Parkside & Burnie CHC
6. Central Coast CHC (Ulverstone)
7. Devonport CHC
8. Mersey Community Hospital
9. Rosebery CHC
10. Zeehan CHC
11. West Coast District Hospital (Queenstown)
12. Strahan CNC
13. Flinders Island MPC
14. Cape Barren Island Nursing Centre
15. George Town DH
16. Beaconsfield MPS
17. North East Soldiers Memorial Hospital (Scottsdale)
18. St Helens DH
19. John L Grove Rehabilitation Unit
20. Mayne Street Day Centre
21. Ravenswood CHC
22. Deloraine DH
23. Westbury CHC
24. Public Palliative Care Beds at Calvary
25. LGH and Northern Integrated Care Service
26. Kings Meadows CHC
27. Toosey Inc. (Longford)
28. Longford CHC
29. St Marys CHC
30. Campbell Town MPS
31. Swansea CHC
32. May Shaw NC (Swansea)
33. Midlands MPC (Oatlands)
34. Ouse CHC
35. Spring Bay CHC (Triabunna)
36. Brighton CHC (Bridgewater)
37. New Norfolk DH
38. Glenorchy CHC
39. Clarence ICC (Rosny Park)
40. Risdon Vale CHC
41. Sorell CHC
42. Repatriation Centre (Hobart)
43. Kingston CHC
44. Huon CHC (Huonville)
45. Huon Eldercare Inc. (Franklin)
46. Cygnet CHC
47. Tasman CHC (Nubeena)
48. Esperance CHC (Dover)
49. Bruny Island CHC (Alonnah)
50. Royal Hobart Hospital

OUR COMMUNITY AND VOLUNTEERS

During the transition phase the THS has continued to work with the existing country groups in each of the regional areas, and their reports follow.

North West Consumer Engagement Reference Group

The Consumer and Community Engagement Strategy 2013-16 (the strategy) was developed to guide consumer engagement direction and activities over a three year period and to meet the organisational objectives outlined in the (then) corporate plan, meet Tasmanian Health Organisation obligations 2.3.3, 2.3.11, and 2.3.13, and outline the ways in which the organisation demonstrates compliance with the National Safety and Quality Health Service Standards (NSQHS). The strategy was led by the Consumer Engagement Reference Group (CERG) who developed the principles of engagement, goals of engagement, and key actions in collaboration with the North West NSQHS Standard 2 Working Party.

As part of closing the strategy in mid-2016, the CERG looked at the number of actions that had been completed, and those in which activity was still outstanding. As there is work to develop a consumer engagement strategy state-wide, the CERG developed a local Quality Plan which they could lead over the next year. This plan includes outstanding actions from the strategy and along with areas of work identified from their review of safety and quality data and member experience, this plan is guiding the CERG's work for 2016-17.

CERG reviewed the existing patient information directories which were placed in our hospitals at the patient bedside. The directories included information for patients and their families / carers about the hospital such as kiosk opening times and also information for keeping safe while in hospital such as how to reduce the risk of falling. As a result, the directories were large and had lots of written information. Their feedback was that the information needed to be simpler and more interactive. A patient safety card was introduced and is now available at each patient bedside.

The card titled 'Keep yourself safe during your hospital stay' has lots of pictures and short, simple sentences to make the information

CERG members displaying the cards: Back left to right – Malcolm Badcock, Gordon Sutton, Norm Britton; middle – Peter Radel, Louise Broomhall, Amanda Diprose; front – Marianne Horvat, Norma Jamieson

easy and fun for patients to read. Some of the CERG members are pictured with A3 versions of the safety card above.

The second part of this review was to identify a way to provide information about the hospital to patients, their families, and visitors. The North West is currently trialling patient information directory televisions in waiting areas of the Emergency and Outpatients Departments of the Mersey Community and North West Regional hospitals. This is following a review of existing information directories which identified that the way information was provided to patients and their families / carers was not ideal. As part of this review CERG identified that the televisions would give patients and their carers the information they need in an easily accessible format.

Consumer representatives sit on three governance committees in the North West and provide valuable contributions to the work of these committees. The CERG group works in close collaboration with staff to progress work which will ensure the organisation meets the National Safety and Quality Health Service (NSQHS) Standard 2: Partnering with

Consumers. A CERG member attended both the national and state meetings on the review of the National Registration and Accreditation Scheme for Health Professionals. Members regularly provide advice on new projects, such as the Health Navigation Project based in the Emergency Department, and have been very involved in various aspects of the newly built Cancer Centre and capital works / redevelopment at North West Regional and Mersey Community hospitals. Recently, individual members of the CERG have been working on models of care with the state-wide working parties which were established as part of One Health System.

In this period, three members were recognised for 5 years' service to the CERG. These inaugural members have consistently attended and contributed to the group, and were acknowledged with a certificate of service.

CERG have been very involved in the review of the North West's safety and quality information which has resulted in changes to the waitlist data reports and patient safety and quality boards at North West Regional Hospital. Members also review feedback on the region's services, including complaints and response letters to identify areas for improvement.

In May 2016, the THS – Northern Consumer Advisory Committee (CAC) and THS – North West CERG travelled to Deloraine House to attend a combined North and North West consumer representative meeting. This was the first time the groups have met and the meeting provided an opportunity to talk about committee histories, successes and achievements. The meeting with the Northern CAC was very well attended, and the members enjoyed discussing the similarities and differences between the services and how consumer engagement occurs. The meeting highlighted the high level of commitment and passion that our volunteers have for our respective services.

CERG continue to review and provide feedback on patient information prior to approval. A satisfaction survey completed in late 2015 identified that CERG are proud of the group's contribution to the organisation and would like to do more. We are very proud and privileged to have such wonderful and dedicated members.

South Consumer Engagement Group

Left to right: *sitting - Kylie Thomson, John Regan, Jane Hope Standing: Teresa Grabek, Jasmine Potter, Jen Van-Achteren Consumer Engagement and participation is not a new concept to our organisation with the CEG being one of the first consumer groups being formed in Australia in 1994.*

The introduction of the National Quality and Health Service Standards particularly Standard 2 Partnering with Consumers has provided further opportunity to embed the principals of consumer participation and engagement within the organisation.

The work of CEG is supported by the Consumer Participation Action Group (CPAG) which operationalises the strategic direction set by CEG.

The membership of the committee comprises of representatives selected from a range of community demographic/interest areas including – youth, older persons, disability, diverse communities, mental health, men's, children & women's health, palliative care, carers rural and remote, membership also includes Director of Safety and Quality and the Manager of Community Engagement. The CEG is chaired by a consumer.

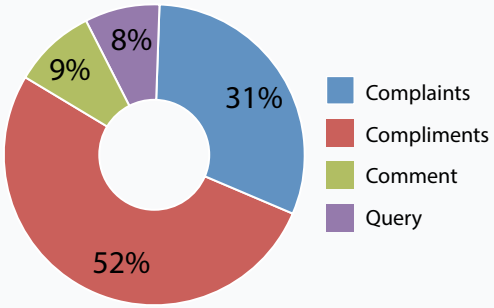
Achievements in the last 12 months:
The CEG members have worked tirelessly over the past 12 months and have achieved the following:

- All criteria of Standard 2 Partnering with Consumers (National Safety and Quality Health Service Standards) was met when the organisation underwent accreditation – Acute; Sub-Acute; Community and Oral Health without recommendations.
- The review and update of the Community and Consumer Engagement Assessed Risk Profile.
- Utilisation of Patient Stories as an education strategy.
- Education – development of education material in regard to Consumer participation and Patient Centred Care.
- Development of, obtaining ethics approval and implementation of an Inpatient Experience survey.
- Review and development of protocol and process for the development of consumer information material (this includes development and implementation of a Communication assessment tool).
- Volunteer Survey
- Implemented Cuddles Program; Emergency Department Volunteer Support Program; Paediatric Surgery Volunteer Support Program; recognition of volunteers (who contribute over 20,000 voluntary hours per year); Baby Care Room refurbishment

Compliment from the Public
Over the many years that I have been living in Hobart, and either myself or my family have had occasion to attend the Royal, I/we have experienced excellent attention. I have often meant to write a letter of thanks or congratulations for the attention that I/we have received.

I would like to put on record that I consider the Royal Hobart Hospital to be a wonderful institution. Sure, it isn't perfect. What is! We all do the best we can with the information and funds available at the time. I often say to people that I am glad, that if I had to have this illness, that it was in Australia and especially Tasmania where I had my treatment.

Consumer Feedback by Percentage



Examples of Outcomes from Consumer Feedback Include:

- Refurbishment of the Baby Care Room
- Provision of Children's Entertainment Package to waiting room ICU
- ED Volunteer Support program
- Education sessions re communication and Consumer Engagement

The Royal Hobart Hospital (RHH) Volunteer Service
The RHH has a long history of supporting volunteer programs that help assist with care and service delivery, dating back to 1967 when the first volunteer unit was formed to help deal with the aftermath of the 'Black Tuesday' bushfires. Today the Volunteer Service has a membership of over 120 volunteers, ranging in age from 18 to 87, contributing over 20,000 hours towards delivering 33 individual services at the hospital.

The RHH Volunteer Service is instrumental in providing services to support consumer engagement, including revision of consumer information brochures, calling our patients to assist in ascertaining patient satisfaction, providing feedback to various committees and also assisting in service delivery, such as the Refreshment Service that provides free tea, coffee and biscuit to consumers waiting for their outpatient appointment at the Wellington Centre, or as a source of support to environmental improvements, such as the newly refurbished RHH Baby Care Room that was made possible due to the fundraising achievements of the RHH Volunteers.

RRH - Tribute project - Stories created by elderly patients admitted to the older persons unit.

REPORT FROM SOUTH

The Tasmanian Health Service (THS) provides a wide range of health services that are delivered to, or coordinated from the South of the State. These services are provided through inpatient, outpatient, community health, residential aged care and in-home settings.

In Southern Tasmania, acute care is provided at the Royal Hobart Hospital (RHH), Tasmania's largest, busiest and oldest hospital and the major teaching hospital of the University of Tasmania. As Tasmania's only tertiary referral hospital, the RHH is Tasmania's sole public provider of a number of services in the State and delivers these for a population of over 500 000. Statewide services delivered by the RHH include cardiothoracic surgery, vascular surgery, neurosurgery, burns, hyperbaric and diving medicine, neonatal and paediatric intensive care, and high-risk obstetrics.

The RHH admitted 7450 procedures last financial year across all funding sources, this achieved 450 procedures more than Service Level Agreement Targets required and equated to 975 more reportable elective procedures than the previous financial year. The RHH Emergency Department also saw increased activity with over 59000 presentations for the year, an increase of over 5% from the previous year. Of these 30% were admitted.

During the past year the RHH adopted the Patients First plan, which is made of a list of 19 actions designed to improve patient-flow and meet increasing demand on services. One of the key actions of Patients First was to develop and implement an escalation plan that includes stepped strategies that can respond to fluctuations in demand. The RHH has been using its escalation plan since May and it's given the facility the flexibility to make fast, informed decisions when managing patient-flow.

A new forensic documentation service base was launched in April at the RHH as part of the Tasmanian Government's Safe Homes, Safe Families Action Plan 2015-2020. The service provides forensic evaluation and documentation to victims of family violence and sexual assault and is administered by a specialist forensic nurse examiner. This important service will provide medico-legal reports to be used as evidence in court cases as well as assist victims to find the most appropriate support services.

The redevelopment of the RHH also progressed through the 2014/15 financial year. The hospital continued to provide high quality, safe care to patients whilst also facilitating a number of significant, but necessary changes that will allow the redevelopment project to move ahead with construction. A number of wards were relocated during the year, which have provided the space necessary for the development of the new inpatient facility K Block.

The THS delivers sub-acute care in the south through rural hospitals, multi-purpose centres, and at the RHH, and services a core population of approximately 250 000. Rural hospitals also offer emergency care and primary health services, and some offer residential aged care as well. Services provided at a community level include access to general practitioners and outreach medical specialists, emergency response, allied health professions, nursing and midwifery, aged and palliative care, community care, aids and appliances, and disease prevention programs. The RHH also supports rural hospitals and health centres in the form of clinical expertise, staff training and professional development.

The THS, through Mental Health and Statewide Services (MHSS), delivers a number of services statewide, as well as some that are specific to the South. The service supports a wide range of clients including people experiencing complex and chronic disease, people experiencing severe mental health problems, alcohol and drug issues and people within the correction and justice system. MHSS consists of Child and

Adolescent Mental Health, Adult Mental Health, Older Persons Mental Health, Alcohol and Drug Services, Forensic Mental Health Services and Correctional Health Services.

Statewide Sexual Health Services (SSHS) operates clinics in Hobart, Launceston, and Devonport. The service is staffed by doctors, nurses, counsellors, psychologists and administrative officers who deliver a range of clinical and counselling services that relate to gender identity, HIV care, sexual activities and safety, sexual health checks, sexual response and desire, sex worker issues and STI diagnosis and treatment. In the 2014/15 year SSHS obtained funding to relocate its Launceston clinic to a new, purpose fitted location and increased its staffing to include a new medical specialist.

Oral Health Services Tasmania (OHST) provides routine and urgent dental treatment, as well as the provision of dentures for children, adolescents and adults across Tasmania. The service operates five major dental centres in Burnie, Devonport, Launceston, Clarence and Hobart, a number of special care dental units and two fully equipped mobile dental units. This passing financial year was highlighted by OHST receiving accreditation under the National Safety and Quality Health Service Standards for the first time.

Population Screening and Cancer Prevention (previously Cancer Screening and Control Services) delivers population screening programs for the prevention or early detection of cancers so that the number of avoidable deaths from cancer amongst Tasmanians can be minimised. Population Screening and Cancer Prevention services are partners in cancer prevention and cancer control in collaboration with local and national health care providers. The Service is actively engaged in the development and national quality monitoring of the outcomes and effectiveness of the screening programs.

January 2016 saw the official opening of the new BreastScreen Tasmania Mobile Screening Unit which will increase the number of locations the two Mobile Units can visit and improve access to BreastScreen services for Tasmanian women. 2015/16 also saw BreastScreen Tasmania continue to increase activity and efficiency, with over 31,600 eligible Tasmanian women screened – another record for the number of women screened in a financial year.

Schematic of the RHH - Liverpool Street view.

ROYAL HOBART HOSPITAL REDEVELOPMENT

The Royal Hobart Hospital (the RHH) has been serving Tasmanians for almost 200 years. Redeveloping and expanding the site is integral to ensuring the hospital can continue to meet the changing health needs of our community.

In July 2015, approximately $50 million worth of refurbishment works commenced across the Royal Hobart Hospital campus.

These refurbishment works are being undertaken to enable the decanting of B Block so that it can be demolished to make way for the new inpatient facility known as K Block.

The decanting required is complex because it requires the relocation of around 20 services and multiple service isolations such as water and power. Upgrades to infrastructure are also critical to refurbishment works underway for the RHH Redevelopment Project.

In September 2015, the Hobart City Council supported the installation of a $10.5 million Helipad on the roof of the new inpatient facility.

As the tertiary specialist facility in Tasmania, the RHH takes all major head trauma and neonatal retrievals. A Helipad is required to facilitate early clinical management of patients who suffer serious health events either through disease or injury.

The Helipad will allow the RHH to respond to critical incidents faster, deliver patients to treatment sooner and reduce preventable adverse outcomes due to avoidable transit delays.

Critically ill patients will be delivered to the Emergency Department or theatres within a few minutes of landing at the RHH. More than 30 critical minutes after an emergency will be saved because ground ambulance retrieval will no longer be necessary.

The Helipad will be a major health asset for Tasmanians.

On 8 December 2015, the Tasmanian Government agreed to accept the critically important $389 million Guaranteed Construction Sum Offer from the Managing Contractor.

The Guaranteed Construction Sum is the maximum price payable to the Managing Contractor to perform the agreed scope of work as required in the Managing Contractor's Contract.

Also in December 2015, the Tasmanian Government approved an additional $12 million in funding to replace the State's ageing Hyperbaric Chamber which will be beyond its design life by 2016.

A wide spectrum of diving and medical emergencies are treated in the Hyperbaric Unit. Tasmania has the highest number of resident recreational and professional divers per capita and aquaculture is a major export industry for the State. Recompression with hyperbaric oxygen is the first-line treatment for decompression sickness from diving. Decompression sickness from diving is time critical and delays in treatment result in worse patient outcomes.

Hyperbaric oxygen treatment is also used to treat medical conditions like diabetic wounds and gangrene, necrotizing infections and tissue injury following radiation treatment of cancer.

The new hyperbaric facility will be built on Level 3 of K-Block. It will provide over 2 000 treatments each year and will have the capacity to treat up to 10 people simultaneously. The modern design of the hyperbaric chamber will allow for the flexible scheduling of treatments for optimal use of the facility, and simultaneous treatment of scheduled and emergency cases.

Replacement of the hyperbaric chamber ensures continuity and safety of services throughout the RHH Redevelopment Project and for years to come.

Interior view of the new Hyperbaric Chamber at the Fiona Stanley Hospital as proposed for RHH (Western Australia Image courtesy of the Fiona Stanley).

The Australian and Tasmanian Governments have now committed a total of $689 million to the RHH Redevelopment Project.

This substantial investment provides an opportunity to transform Australia's second oldest hospital so that it can deliver health services to Tasmanians into the future.

In addition, a redeveloped RHH will enhance health outcomes and provide improved patient amenities via modern clinical facilities where contemporary models of care can be practiced.

There are significant benefits of the RHH Redevelopment including improved patient care and operating efficiencies resulting from bringing together services in 'precincts' such as: women's, adolescents and children's services; mental health services; medical services; and surgical services.

REPORT FROM NORTH AND NORTH WEST

The Tasmanian Health Service (THS) provides a wide range of health services. These services are provided in a range of inpatient, outpatient, community health, residential aged care and in-home settings.

In the North, services are provided to a core population of approximately 140 000 with a number of services available to a greater population of 250 000 people. The North West provides health services to approximately 114 111 Tasmanians (22.3 per cent of Tasmania's total population).

Health services delivered include health promotion activities, disease prevention strategies, primary health care, palliative care, mental health services, rehabilitation, sub-acute and acute care. The services provided are flexible enough to target specific needs at the different stages of a patient's health journey, in order to provide an integrated, holistic and patient-centred approach to health care delivery.

The main acute facilities include the Launceston General Hospital, Mersey Community Hospital and North West Regional Hospital.

About the Launceston General Hospital
The Launceston General Hospital is Tasmania's second largest hospital and the major referral centre for Northern Tasmania. The hospital provides acute care, including emergency and intensive care and maternity services; outpatient; community, and sub-acute services.

Community and outpatient services include allied health, nursing, health promotion, home care and palliative and dementia services. These are provided from community health centres and rural facilities as well as the Northern Integrated Care Service (NICS).

The Launceston General Hospital is an accredited teaching hospital for undergraduate and post graduate general and specialist medical and nursing.

LGH challenges and key achievements:

- Infection Prevention Control Unit - Primary Health National Health Service Standards accreditation projects and activities, including development and implementation of regional Reusable Medical Device (RMD) management structure across both LGH and rural inpatient facilities. Key outputs included procedural framework and auditable traceability systems.
- Medicine - Specialist Clinic redesign and development leading to a reduction in waiting list numbers.
- Women's and Children's Services - Successful in a State funding bid for a redesign of children's ward 4K to include specialist Child and Adolescent Mental Health and outpatient areas.
- Department of Surgery - As part of the Federal Government's $40 million Health and Hospital funding the department increased theatre suite capacity from five to seven theatres and completed building a Short Stay Surgical Unit (SSSU) to help meet elective surgery targets.
- Pool Office - The Pool Office provides a service to the LGH as well as other THS hospitals and community-based care providers to assist with filling short term deficits for nursing, support and clerical staff. The office has approximately 500 staff attached to the unit as casual or rostered pool staff with the vast majority being employed as casual staff.
- Education - Introduction of enrolled nurses to Transition to Practice program which previously had only included registered nurses. This program has also extended to St Marys Hospital and the Flinders Island Multipurpose Centre giving nurses rural and remote nursing experience. Additional registrar trainees under the Commonwealth Specialist Training Program for Tasmania (STP).

- Communication - The LGH and surrounding sites within the health precinct transitioned to a digital phone service as part of the Whole-of-Government Connect V project.
- Digital Medical Records (DMR) - The DMR is a digitised hybrid of scanned paper medical records and electronic diagnostic feeds. The rollout of the DMR was an important milestone for the THS as it represents a key component towards the commitment to use electronic systems to improve healthcare delivery, facilitate a better patient journey and improve safety through the use of electronic medical records.
- Winter Strategy - Extension of the LGH winter strategy to include additional beds on Ward 4D for the period October to late December, 2015.
- Emergency Medical Unit (EMU) - Introduction of the LGH EMU, an eight bed admitted inpatient unit which is to transition to an Emergency Department short stay unit.

Mersey Community Hospital

The Mersey Community Hospital (MCH) is funded by the Commonwealth Government under a Heads of Agreement with the Tasmanian Government. The hospital offers general and specialist health services to the North West region and is an integral part of the Tasmanian Health Service. It works closely with other hospitals and primary health services to meet the needs of patients across the region.

MCH challenges and key achievements:

- Under the Tasmanian Government's One Health System reforms, the hospital is to be utilised as a dedicated elective surgery centre from 1 July 2016. In preparation, the Tasmanian Health Service has repurposed the High Dependency Unit at Mersey Community Hospital, retaining the current staff and skills to provide post-operative surgical support for the dedicated elective surgery service, as well as to provide care to patients who require stabilisation prior to transfer to a larger hospital. The unit is now called the Close Observation Unit, which best reflects its critical post-operative close observation function.
- Additional endoscopy sessions were also undertaken at the hospital this year and will continue.
- The hospital emergency department remains a busy unit managing a large volume of presentations and retains the capacity to provide care for suitable low complexity paediatric patients in the Early Assessment and Medical Unit (EMU) formally named the Short Stay Unit.
- During the course of the current Head of Agreement between the Australian and Tasmanian Governments, the MCH has continued to upgrade and improve facilities and equipment. This has included capital works associated with the redevelopment to upgrade the disability compliance of the Old Nurses Home to meet the needs of patients and staff. This $450 000 project is funded by the Commonwealth of Australia and sees the installation of a vertical lift connecting the ground and upper levels of the Nurses Home; updating of the toilets and accessibility upgrade of the path of travel from the building's main entrance. Staff safety has also been enhanced within the Pre-Admission presentation area.
- The patient volume of the Medical Day Procedure Unit increased significantly this year, following the unit's $446 000 refurbishment last year.
- In 2015, the Tasmanian Government made the decision that public birthing and inpatient maternity services in the North West would be consolidated in Burnie. The Tasmanian Health Service commenced a process to develop the service model for the new service and a maternity services project team – based at Mersey Community Hospital – was established to support this work. Planning consideration included designing a service that provides for antenatal and postnatal care at Mersey Community Hospital, in Burnie and in rural communities. This work continues and includes consultation with staff, key stakeholders, and communities.

- Boosting the resources for hepatitis treatment and prevention in Tasmania, this year saw the appointment of a 0.5 FTE Hepatology Clinical Nurse Specialist at the hospital. An increase of patients accessing this service aligned with the listing of new hepatitis C medication on the National Pharmaceutical Benefits Scheme (PBS).
- Through the National Safety and Quality Health Standards, the hospital was assessed and met 265 criteria to achieve full accreditation for a further 4 years.
- The hospital exceeded its elective surgery activity for this financial year, including additional in-house activity and brokerage of general surgery and ophthalmology cases to the North West Private Hospital of about 2287 cases. There was a significant decrease in over-boundary elective surgery patients in the last 12 months, moving from 145 patients in July 2015 to 17 patients in June 2016. Review and assessment of theatre utilisation to assist improved elective surgery activity remains ongoing, and waiting times have reduced dramatically.

About the North West Regional Hospital

The North West Regional Hospital (NWRH) at Burnie is an acute secondary hospital offering medical, surgical, paediatric and allied health services through inpatient and outpatient care.

The hospital is the receiving centre for North West trauma patients and has a well-equipped Emergency Department (ED) supported by an intensive care/high dependency unit and a 24 / 7 operating theatre. As a secondary level service, the hospital does transfer patients to tertiary hospitals in Launceston, Hobart and Melbourne for some injuries and illnesses. It also has a close working relationship with the Mersey Community Hospital in service delivery and patient care alongside community services.

NWRH challenges and key achievements:

- The Northern Integrated Cancer Centre was officially opened on 6 May 2016, in a ceremony attended by the many community donors who have financially contributed to the capital works program over the past three years. The centre has been operational for medical oncology since 18 December 2015, while the Radiation Oncology Service commenced treating patients on 3 May 2016. This has been celebrated as a major achievement by the community and staff of the North West region and will significantly reduce the burden of travel for patients undergoing radiation oncology treatment, as well as providing a more appropriate treatment space for those having medical oncology treatments.
- The Emergency Department also finalised a significant capital works program to extend and refurbish the existing Emergency Department in the 2015-2016 year. Staff and patients relocated into the new Emergency Department on 13 July 2015 which affords an improved layout and design, as well as up-to-date monitoring and patient care equipment. A link way to Regional Imaging was also completed in March 2016 which now facilitates streamlined access of Emergency Department patients to CT and X-Ray investigations.
- The hospital exceeded its elective surgery activity for this financial year, including additional in-house activity and brokerage of orthopaedic, general surgery and ophthalmology cases to the North West Private Hospital of about 2 046 cases. This year also saw a significant decrease in over-boundary elective surgery patients in the last 12 months, moving from 131 patients in July 2015 to 82 patients in June 2016. As part of the State Government's target of treating those patients waiting greater than two years, ongoing review and assessment of theatre utilisation to assist improved elective surgery activity continues and waiting times have reduced dramatically.

- The hospital underwent an Acute Organisation Wide Accreditation Survey on 16 March and 17 March and received a full four year accreditation with no unmet actions arising. Work continues towards implementing the suggestions for improvement arising from the survey as part of the hospitals ongoing quality and safety program.

Our sub-acute and primary health services

There are 20 rural health service sites across the North and North West (i.e. district hospitals, community health centres, multi-purpose centres / services), with eight of these facilities providing 24/7 sub-acute inpatient care. Some rural facilities also provide residential aged care, as well as a wide range of community health services.

District hospitals in Tasmania do not have Emergency Departments. In the North and North West, some district hospitals offer level one, or level one and level two rural medical emergency service and care.

Rural medical emergency care level one provides for first aid and treatment prior to referral / transfer to a facility able to provide a higher level of service if necessary, and access to a general practitioner. Level two is for all services described for level one plus the facility must be able to treat minor injuries and ailments. There must be capacity for resuscitation and limited stabilisation of a patient prior to referral / transfer to a facility that is able to provide a higher level of service.

Services provided at a community level include community allied health, community health nursing (including specialised nursing in spinal and continence, dementia, neurological, COPD, youth health), home care, specialist palliative care, dementia support services, specialised assessment (Aged Care Assessment teams) and case management services, aids and appliances and health promotion programs. These services are provided from community health centres and rural facilities.

Sub-acute and primary health services challenges and key achievements:

- Medical Services for district hospitals: Secured Ochre Health Pty Ltd to deliver rural medical services This arrangement brings stability to the West Coast, East Coast, King Island and Flinders Island communities. Improving access to doctors as part of private general practice and improving continuity of care for patients at our district hospitals.
- Accreditation of district hospitals – inpatient facilities: District hospitals have been congratulated for their outstanding efforts both prior to and during the recent accreditation survey.
- Specialist Palliative Care Service: We are very pleased to announce the recent successful recruitment of two permanent staff specialists for the Specialist Palliative Care Service in the North West. We are also working in partnership to establish an ongoing general practice registrar position conjoint funded with UTAS.
- Implementation of Clinical Pharmacy Services for admitted inpatients in Primary Health sites across Tasmania: This initiative has a dual purpose as a patient safety initiative and to assist with accreditation requirements for primary health sites. The objective of the service is to improve medication safety, continuity of care and overall patient care for admitted inpatients of primary health sites.
- Improving Health literacy: Health promotion staff and social workers have been involved in facilitating education and awareness programs about health literacy including how to develop and write information for patients, clients and their families.
- Efficient use of resources: There has been a major focus on using resources more efficiently to support budget management but also to reduce wastage. An example is the work across the DHHS and the THS in sharing of Multifunctional Devices (MFDs). Desktop printers and MFDs are an important resource for supporting staff to complete their work and represent a significant cost to the agency.

By reducing the number of desktop printers and MFDs, it is anticipated that energy consumption, and use of consumables (such as paper), ink and toner cartridges will also be reduced. This strategy has reduced the number of leased equipment; and in review of office resources the use of desktop printers with expensive consumables was also reduced. The actual saving compared to what was spent the previous year (2014-2015) is $50 999.00.

- Continued progression on the partnership between acute care facilities and Rural Inpatient facilities in regard to transfer of appropriate patients to assist with patient flow.
- Innovation in community service provision through the Better Access to Community Care initiative:-
    - Community Nursing Enhanced Connections Service (CoNECS) which provides enhanced access for people from the Emergency Department to community health nursing services by providing a non-admitted alternative for the provision of clinical care following Emergency Department presentation, assessment and initial treatment. In 2014, CoNECS commenced in the North and is currently being implemented across the North West. CoNECS meets the principles of right care in the right place at the right time by the right staff and operates within existing resources.
    - The Community Rapid Response Service (ComRRS) commenced in May 2016 in Launceston as a 12 month pilot program. ComRRS provides a responsive and high intensity intermediate multidisciplinary service for people in the community who would otherwise require a period of hospitalisation. ComRRs is a 'shared-care' model with the patient's usual GP.
- There has been an overall increase of referrals, higher numbers of complex client presentations and staffing for primary health service providers who continue to provide high quality care for individuals in the community.
- The redevelopment of Primary Health Sites/ Centres including:-
    - The Ravenswood Community Health Centre which has addressed significant quality and safety issues for clients, visitors and staff and increased services and engagement with the local community
    - Approval for the redevelopment of the St Helens District Hospital to meet the ongoing and future health service delivery for the St Helens district

Mental Health Services in the North and North West

Mental Health Services provides specialist assessment and treatment services to people with a serious mental illness.

Services provided by Mental Health Services in the North and North West include the provision of inpatient, hospital based, and community based services including child and adolescent, older persons and adult community. These services are provided in partnership with community sector organisations.

In the North West, the inpatient unit is based at North West Regional Hospital in the North it based at the Launceston General Hospital. The general adult mental health services for Launceston and child and adolescent mental health are provided from Launceston and in the North West these services are provided from bases at Devonport and Burnie, with the Older Person's Mental Health Service providing outreach from Launceston and Burnie. There is a dedicated crisis assessment and treatment team in both service areas operating seven days a week that manages referrals from the mental health line, and provides emergency response to urgent referrals.

The South continues to deliver some statewide mental health services that are accessible to THS North and North West clients pending their

clinical needs such as psychiatric intensive care and dementia behaviour management and the Mental Health Services Helpline.

MHS challenges and key achievements

- Seclusion rate per thousand care days is 4.2 for the North West and 13.8 for North for the 2015-2016 financial year, with our benchmark at <6. (South, 18.1).
- Post discharge community care improved by 9 per cent in the North West to average 80.2 per cent. The North improved by 2.9 per cent to average 73.9 per cent for the 2015-2016 financial year. (South 82.4 per cent)
- 28 day re admission rate is 10 per cent for the North West an improvement from 10.8 per cent and North is 19.2 per cent an improvement from 20.6 per cent for 2015-2016 financial year. (South 12.6 per cent).
- Consumer representatives in Mental Health Executive and the seclusion and restraint committees.

Allied Health Services in the North and North West

Allied Health Services include those provided by the following professions:

- Nutrition and Dietetics
- Occupational Therapy
- Orthotics and Prosthetics
- Physiotherapy
- Podiatry
- Psychology
- Social Work
- Speech Pathology

They also oversee the NW Elder Care Team, the North and North West chaplains and pastoral care volunteers, the NW Transitional Care Program (TCP), and the NW Rehabilitation Service, and the two Community Equipment Schemes (CES).

Services are provided across Tasmanian's North and North West through the following main sites: Launceston General Hospital, North West Regional Hospital, Mersey Community Hospital, and rural inpatient facilities and Community Health facilities. Outreach services are also provided to the three North West rural hospitals in Smithton, Queenstown and King Island, as well as a number of community health centres. A mix of onsite and outreach services are provided or located at St Helens, St Marys, Scottsdale, George Town, Beaconsfield, Campbell Town, Deloraine, Longford and Westbury.

The Social Work department has successfully led a joint "Health Navigator" project with the Emergency Department at NWRH during the past year. Through a successful grant from Primary Health Tasmania, the project reviewed people with chronic health conditions presenting to the Emergency Department. Patient experience surveys and staff surveys were completed as part of the project. There was a noted lack of confidence from our patients in their knowledge and awareness of their own chronic health condition. The staff survey identified that more education and training is required on the self-management of chronic health conditions. Staff working in our Emergency Departments also learnt more about the impact health literacy levels have on a person's ability to manage their own health.

In addition to the Health Navigator project, social work has developed a health literacy plan and campaign with the message "Small Steps, Big Changes". The campaign has commenced with a number of public forums in the North West.

Allied Health have been involved in major clinical redesign within medicine, surgery, and respiratory. Occupational therapy and physiotherapy in Launceston General Hospital pre-admission clinics identify issues which may affect the patient's recovery in hospital, and prepare the patient for their recovery post-surgery. This allows more time for the ward therapists to focus on patients with greater complexity or following trauma. Joint assessment

clinics are being discussed in the Launceston General Hospital as there is strong evidence that they are able to provide good patient outcomes and divert from elective surgical waitlists.

Positive patient outcomes are being reported from changes in physiotherapy care models for inpatients with exacerbation of COPD and for those undergoing major abdominal surgery.

Launceston General Hospital and Primary Health North won awards at last year's Tasmanian Allied Health Professional Advancement Committee (TAHPAC) Awards for innovative programs provided in the North of the state:

- Overcoming Pain and Living Life (OPALL) submitted by Michelle Nicholson, Senior Social Worker, Tasmanian Health Service - North was awarded the Collaborative Leadership Initiatives Award. This project began as a multidisciplinary initiative between physiotherapy and social work practitioners and involved development, implementation, and evaluation of the first Northern Tasmanian persistent pain program based on the latest bio-psychosocial research and literature.
- The Consumer Centred Pathways Award went to "Food for Thought" (FFT). It is a new interdisciplinary program for obesity management run within the Northern Integrated Care Service (NICS), Tasmanian Health Service. Dr John Mercer, Chronic Condition Psychologist has presented his work on 'Psycho-Dietetic Intervention for Obesity' in Australia, Vienna and the UK.
- Implementation of research findings for the benefit of patients was awarded to Optimising Health Literacy (OPHELIA): a process to address health literacy for Tasmanians with a chronic disease. This project was conducted within the Cardiac Rehabilitation program in the Northern Integrated Care Services, run by physiotherapy.
- Research, training and education: Two staff in the LGH are undertaking their PhD studies, and one member of staff graduated with his PhD last year.
- Research is being actively undertaken in conjunction with Department of Anaesthetics into the prevention of respiratory complications following major abdominal surgery. Ianthe Boden, Clinical Lead Physiotherapist, was recently awarded Australian and New Zealand College of Anaesthetists (ANZCA) Open ePoster Prize ASM 2016 (New Zealand) and the "Jill Nosworthy" Award for Excellence in Research, Australian Physiotherapy Association Conference 2015.

Statistics gathered in 2015-16 show Allied Health Services in the North West have been involved in 21 041 outpatient appointments, 36 530 inpatient consultations, and 10 190 attendances for community patients. In addition there were 5 832 attendances in group programs provided by allied health across the region. In the North, there were 52 883 outpatient appointments, 96,206 inpatient consultations, and 23 576 attendances for community clients. In addition, there were 16 211 group attendances across the North.

The service has and continues to provide leadership within the organisation for progressing work on preventing falls and harm from falls as part of the National Standards for Safety and Quality in the North and North West. A number of policy and protocol documents have been developed and implemented during the year. The North West Falls Working Party has also developed more robust processes to review falls incidents and provide feedback to clinical areas.

PATIENT COMFORT AND PRIVACY IMPROVED IN NEW CLINIC

From left: *The Health Minister Michael Ferguson, MP with members of the Central Auxiliary executive Janet Knowles, Lyn Rigby, Helen Coates and Shanley Piper.*

Volunteers from Central Auxiliary of the Launceston General Hospital have made a major contribution to the redevelopment of the hospital's Specialist Clinic.

Their hard work, operating the hospital's kiosk seven-days-a-week, helped raise $140,000 toward the overall Tasmanian Health Service project.

Extensive planning went into the development of the space.

Feedback had been received that the previous clinic arrangement of one central waiting area did not support the desired level of patient comfort or privacy for clients.

The new 'pod' model allows waiting areas to be divided into smaller groups with individual receptions and suites of rooms, and a distinctly different material palette to that used in the remainder of the hospital gives it a less clinical feel.

Colour coding is also used so as to make it easier for patients to find their way around.

OUR PEOPLE

There are many challenges facing the THS as it strives to provide high standard health services to the community. With both an ageing population and workforce, the demands on the services are set to increase as a significant proportion of the staff exit the workforce. The economic, industrial and political environments provide additional challenges to the organisation. Therefore workforce planning is essential to ensure the provision of health services into the future.

The workforce is pivotal to how successful we are in providing that service. The workforce contributes to the success of the organisation by:

- Working safely and staying injury free and being healthy and able to work to the best of their ability.
- Working efficiently and effectively through having the right people in the right numbers when and where they are needed.
- Continuing to develop and learn and be able to implement current best practice.
- Providing appropriate care and services with minimal risk and harm to clients and patients in accordance with the National Service Standards.

There are many enablers that support the workforce to achieve the above, these include:

- Human Resource (HR) practices and processes such as on-boarding, performance management, recruitment, training, injury prevention and management.
- Organisational commitment to investing in the workforce (including HR practices and processes) and fostering a positive organisational culture.
- Service design including both physical (buildings and equipment) and process (systems).
- Strategies implemented to be reviewed and evaluated.

Cost effectiveness and efficiency must also be considered and value for money should be sought with return on investment monitored. Workforce planning is a vital element of any organisation to ensure that it has strategies in place to meet its overarching goal or service provision.

THS has a strong commitment to ensuring that the right staff are in the right place at the time they are needed and that they are supported and provided with a safe work environment. We recognise and reward excellence and value the contribution that our people make to our success.

HUMAN RESOURCES STATISTICS

Total number of full-time equivalent (FTE) paid employees

As at end of financial year	2013-2014*	2014-2015*	2015-2016
	7955.50	7814.29	8029.70

*Note due to organisational changes data has been remapped to the current organisational structure.

Total number of FTE paid employees by award

As at end of financial year	2013-2014*	2014-2015*	2015-2016
Allied Health Professional	879.37	847.88	877.25
Dental	33.60	33.38	33.83
Health and Human Services	2877.97	2798.30	2818.97
Medical Practitioners	804.28	765.60	798.23
No Award	3.70	0.42	2.15
Nursing	3255.46	3267.63	3396.61
Radiation Therapist	50.30	50.01	53.75
Senior Executive Service (SES)	6.00	6.00	5.00
Visiting Medical Officers**	44.82	45.06	43.91
Total	**7955.50**	**7814.29**	**8029.70**

*Note due to organisational changes data has been remapped to the current organisational structure.

**Includes Rural Medical Practitioners.

Total number (head count) paid by employment category: fixed-term/permanent, full time/part time/casual

As at end of financial year	2013-2014*	2014-2015*	2015-2016
Permanent full-time	3140	2830	2892
Permanent part-time	4437	4371	4559
Fixed-term full-time	794	884	777
Fixed-term part-time	750	1006	970
Part 6**	20	16	16
Casual	999	924	1160
Total	**10140**	**10031**	**10374**

*Note due to organisational changes data has been remapped to the current organisational structure.

** Head of Agency, Holders of Prescribed Offices and Senior Executives and Equivalents.

Total Head Count - number paid by salary bands and award

Salary Band	Allied Health Professional	Dental Officer Award	Health and Human Services Award	Medical Practitioners Award	Nurses Award	Other	Radiation Therapist	Senior Executive Service	Visiting Medical Practitioner	Grand Total
19 001-23 000						5				**5**
40 001-45 000			140							**140**
45 001-50 000			953		84					**1037**
50 001-55 000	4		776		14					**794**
55 001-60 000	91		847		674					**1612**
60 001-65 000	37		407	91	361					**896**
65 001-70 000	41		42	68	213					**364**
70 001-75 000	56		148	23	293		5			**525**
75 001-80 000	14		19	14	1370		9			**1426**
80 001-85 000	49		64	60	991		1			**1165**
85 001-90 000	215		12	54	108		2			**391**
90 001-95 000	384		18		227		6			**635**
95 001-100 000	10		71	35	55		12			**183**
100 001-200 000	190	44	63	445	150		24	5		**921**
200 001-400 000				92		1			186	**279**
400 001-500 000						1				**1**
Grand Total	**1091**	**44**	**3560**	**882**	**4540**	**7**	**59**	**5**	**186**	**10374**

*Based on salary for award classification; Head Count not FTE.

**Visiting Medical Practitioners work on a sessional basis < 20 hours per week and are paid on a pro rata basis.

NOTE: In addition to Salaries and allowances under contracts of employment, Medical Practitioners at the RHH may participate in the Private Patient Scheme (PPS) if eligible by Medicare and under the management of the PPS committee. Under this scheme, Medicare, private health funds and other insurance bodies are billed where appropriate for eligible procedures performed in the RHH. PPS revenue generated by Visiting Medical Practitioners is shared with the RHH; PPS revenue raised by Specialist Medical Practitioners is donated to the RHH and the participating Specialists are then paid an allowance, as determined by the scheme. Revenue in excess of that distributed to medical practitioners is also allocated to hospital unit trusts to support research, clinical training and continuing professional activities of medical and other health employees, medical outreach programs overseas, and specialist medical equipment for the RHH for which public funding is not available.

Total number (head count) paid by gender

As at end of financial year	2013-2014*	2014-2015*	2015-2016
Female	7745	7698	7983
Male	2395	2333	2391
Total	**10140**	**10031**	**10374**

*Note due to organisational changes data has been remapped to the current organisational structure.

Total number (head count) paid by age profile

As at end of financial year	2013-2014*	2014-2015*	2015-2016
15-19 years	16	14	31
20-24 years	486	486	566
25-29 years	944	906	994
30-34 years	889	912	1018
35-39 years	878	897	961
40-44 years	1211	1120	1065
45-49 years	1414	1413	1438
50-54 years	1694	1615	1549
55-59 years	1498	1511	1524
60+ years	1110	1157	1228
Total	**10140**	**10031**	**10374**

*Note due to organisational changes data has been remapped to the current organisational structure.

Number of employees (head count) paid by award as at 30 June 2016

As at end of financial year	Total
Allied Health Professionals	1091
Dental Officers	44
Health and Human Services Award	3560
Medical Practitioners	882
No Award	7
Nursing	4540
Radiation Therapist	59
Senior Executive Service	5
Visiting Medical Officers*	186
Total	**10374**

*Includes Rural Medical Practitioners.

Average Personal Leave days per FTE*

As at end of financial year	2013-2014**	2014-2015**	2015-2016
Personal leave days per average paid FTE	12.0	11.9	12.3

* Includes sick, carers leave and family leave.

**Note due to organisational changes data has been remapped to the current organisational structure.

Total paid overtime* hours per average FTE

As at end of financial year	2013-2014**	2014-2015**	2015-2016
Overtime/callback paid hours per averaged paid FTE	49.0	49.8	50.4

* Includes callback and overtime hours.

**Note due to organisational changes data has been remapped to the current organisational structure.

Turnover Rate

The turnover rate is the rate at which people were leaving the THS as at 30 June 2016.

As at end of financial year	2013-2014*	2014-2015*	2015-2016
Turnover rate = total number of separations (FTEs) divided by the average paid FTE	9.4%	11%	10.1%

*Note due to organisational changes data has been remapped to the current organisational structure.

Wastage Rate

The wastage rate is similar to the turnover rate but takes into account the number of employees who joined THS as new starts. A negative result means more people are becoming employees than are exiting.

As at end of financial year	2013-2014*	2014-2015*	2015-2016
Wastage rate = (separation FTE – Newstart FTE)/average paid FTE	-2.0%	2%	0%

*Note due to organisational changes data has been remapped to the current organisational structure.

Long Service Leave

As at end of financial year	2013-2014**	2014-2015**	2015-2016
Average number of days used per paid FTE*	3.3	3.1	3.5

*Includes Maternity Long Service Leave.

**Note due to organisational changes data has been remapped to the current organisational structure.

Annual Leave

As at end of financial year	2013-2014*	2014-2015*	2015-2016
Average number of days used per paid FTE	20.6	19.6	19.1
Number of FTEs with entitlements equal to the 2 year limit	8.3	5.8	5.7
Number of FTEs in excess of 2 year limit	446.4	403.2	435.8

*Note due to organisational changes data has been remapped to the current organisational structure.

HUMAN RESOURCE POLICIES AND PROGRAMS

Activities and initiatives have included:

- Completing the first phase of harmonisation of human resource policies and protocols following the introduction of the THS on 1 July 2015. This phase saw key policies and protocols adopted across the state such as protocols relating to Recruitment and Conflict of Interest. This work will continue in 2016-17.
- Implementation of Working with Children Registration relevant to the health sector. This has involved actions ranging from the identification of roles and services which require this registration and communication with employees to the development of documents, systems and processes to support the implementation and ongoing management. With registration required by 1 August 2016, this work will continue in 2016-17.
- Statewide approach to the facilitation of employee and union engagement, in particular consultation processes to support changed working arrangements and models of care, for example the Royal Hobart Hospital Redevelopment Project.
- Streamlining and consistent approach to vacancy approval processes.
- Continuing provision of support and assistance to key stakeholders in relation to a wide range of human resources matters such as grievances and change management including the management of matters through to external forums.

WORK HEALTH, SAFETY AND WELLBEING

Tasmanian Health Service is committed to a wide range of work health and safety strategies to improve worker safety and lower workers compensation injuries and claims.

The key focus within these strategies is the continued work in developing and increasing the safety culture within THS to help support managers and workers within their workplaces.

Currently THS has 3 WHS Consultants within the state and 122 Health and Safety Representatives (HSR's).

2016 has seen the start of a state-wide WHS harmonisation project being undertaken by WHS Consultants, Manual Task Coordinators and Aggression Management Coordinators. The outcome of this project will have one streamlined and consistent work health and safety management system covering all of THS. This project is due to be completed late October 2016 and will include;

- Review of aggression management training packages and transfer to one training module for the State
- Review of Manual Tasks systems, procedures and proactive measures to reduce workers compensation claims
- Review of reporting systems and development of THS templates for use state-wide
- Review of Officer, Manager, HSR and worker training requirements and development of training packages where required
- Integration of regional WHS policies and protocols into THS wide documents where applicable
- Development of THS WHS Management System
- Development and promotion of WHS safety branding
- Development and improvement of WHS on THS Intranet
- Development and improvement of WHS records database

Notable achievement during 2015/2016 was THS NW Personal Security @ Work training package receiving national recognition at the National Safety Council of Australia Safety Awards – runner up, Best WHS Training package in Australia.

Exposure to Workplace Violence and Aggression (WVA) is the most common Safety Reporting and Learning System (SRLS) entry for WHS. During 2015/2016 there were 1920 incidents reported that included exposure to; verbal threats, physical assaults, inappropriate/aggressive behaviours and/or assault with weapon.

Body strains continue to be the highest incident group for workers compensation claims. During 2015/2016 there were **585** body strain incidents reported on SRLS with the clear majority of these as a result of Muscular Stress while handling or Lifting Person (transporting patient, pushing/pulling). Currently **40%** of all Body Strain incidents result in a workers compensation claim.

Progress against the THS Safety Management System KPI Targets

State WHS objectives (DPAC/SSMO) are for 3% reduction per year

Objective	Measures/Targets	Benchmark (2014-15 FY)	Outcomes (2015-16 FY)
Reduce the total number of workers compensation claims	Number of injuries resulting in workers compensation claims	444	450
Reduce the number of WC claims resulting in >1 week's absence (serious claims)	Number of claims resulting in greater than 1 week off work	196	205
Reduce the Lost Time Injury Frequency Rate (LTIFR)	% of injuries resulting in >1 day off work per 1,000,000 hours worked	23.00%	24.20%
Reduce the Lost Time Injury Severity Rate (LTISR)	Number of days lost per 1,000,000 hours worked	1,249.50	1247.08
Reduce Manual Task Related Injuries	Reduction of injury rate	210	231

AWARDS AND AGREEMENTS

Allied Health Professionals
Allied Health Professionals (Tasmanian State Service) Agreement 2014

Radiation Therapists (State Service) Union Agreement 2013

Nurses
Nurses and Midwives (Tasmanian State Service) Award

Caseload Midwifery Industrial Agreement 2012

Nurses and Midwives (Tasmanian State Service) Agreement 2014

Nurses and Midwives (Tasmanian State Service) Interim Agreement 2013

Nurses and Midwives Work Value Agreement 2015

Medical Practitioners
Medical Practitioners (Public Sector) Award

Rural Medical Practitioners (Public Sector) Agreement 2011 - 2014

Salaried Medical Practitioners Interim Agreement 2015

Salaried Medical Practitioners (AMA Tasmania/ DHHS) Agreement 2009

Tasmanian Visiting Medical Practitioners (Public Sector) Agreement 2013

Administrative and Operational
Public Sector Unions Wages Agreement 2013

Other not listed above
Health and Human Services (Tasmanian State Service) Award

Tasmanian State Service Award
Department of Health and Human Services Mental Health Services NW Crisis Assessment Team 10 Hour Shift Arrangements Agreement 2012

Department of Health and Human Services Northside Clinic Attendant Shift Arrangements Agreement 2010

Department of Health and Human Services - Roy Fagan Centre Shift Work Arrangements Agreement 2003

Department of Health and Human Services - Wilfred Lopes Centre - Care Assistant Shift Arrangements 2006

Tasmanian Health Service - Southern Region Microbiology Laboratory Agreement 2016

EDUCATION, RESEARCH AND CLINICAL TRIALS

Allied Health Professional Education and Research 2015/2016

Education and Training

Allied health professional, allied health assistant and related support staff continue to maintain their commitment to excellence in patient care by demonstrating a high level of engagement in education, training and research activity at all staff levels.

Across the many departments of this diverse professional group a foundation for ongoing staff professional development is provided by well-established 'in-service' programs, e-learning opportunities, participation in journal clubs, profession-specific rounds, communities of practice and access to mentoring and professional supervision relationships. A large proportion of staff are engaged in additional externally-provided training workshops, conferences or online programs to further extend their knowledge base and skill set. At least 50 staff are currently completing or have recently completed postgraduate training beyond their vocational entry level qualifications, with enrolments at universities around the country. Their programs of study span many areas of clinical specialisation and leadership and management competence and are frequently being completed at a masters or doctoral level. A number of staff from the Department of Social Work successfully applied for SARRAH scholarships in order to undertake their postgraduate study (Ella Little, Suzanne Smith, Leonie Hannam, Tamika Holton) and Lisa Cleary, from the Holman Clinic, was awarded the Jeanne Foster Scholarship for 2016 to support professional development in a field of cancer control.

Staff from many allied health professional departments have been active in the development and delivery of profession-specific and also cross-professional training and public education often in collaboration with professional associations or community service organisations (e.g. Speech Pathology Department seminars on choking management for many different staff groups and carers; Psychology Services work with the Prader Willi Syndrome (PWS) Association of Victoria to develop understanding of PWS). The Allied Health Professional Development Unit's collaboration with the University of Tasmania, Faculty of Health Sciences delivered a new postgraduate unit on supervision for health professionals with strong interest and positive feedback from students both locally and interstate.

Around the state allied health professionals have provided in excess of 120 placements for allied health professional students at varying points in their professional entry training, and from a large number of universities. Placements have ranged, depending on profession, from 2 weeks to 4-5 months and have provided students with exposure to a wide range of community and acute service delivery settings and modes of practice.

Research

Staff in all departments are contributing to a large program of work in quality improvement and service evaluation, activity which is encouraging participation in other forms of inquiry and research; higher degree research projects, national and international clinical trials and collaborations with university and Menzies Centre Projects. The Tasmanian Allied Health Professional Symposium, a cross-sector allied health professional initiative, has been strongly supported by Tasmanian Health Service staff as a forum for presenting service innovations and research activity. Their participation in the most recent symposium, held in Launceston on 17th November last year, provided a varied and stimulating program and reflected a healthy climate of inquiry within the service. Of particular note in the area of research endeavour is the awarding of the Peter Bladin Australasian Stroke Society New Investigator Award 2015 to Michele Callisaya from the Physiotherapy Department.

Conference Presentations

Bird M.,Callisaya M et al. *Study protocol of "find technology": a randomised control trial investigating the feasibility and efficacy of controller-free interactive digital technology in an inpatient stroke population.* European Stroke Organisation Conference Barcelona, Spain, May 2016

Bird M.,Callisaya M et al. *Measuring fatigue and perceived exertion in rehabilitation.* European Stroke Organisation Conference Barcelona, Spain, May 2016

Bird, M., Smith, ST., Cannell, J., Elmer, S. & Callisaya, M. *Implementation of an iteratively developed stroke specific rehabilitation system: Perceptions from clinicians and the health service.* International Journal of Stroke Society of Australasia Conference, Melbourne, September 2015

Callisaya ML., Ayers E, Barzilai N, Ferrucci L; Guralnik JM., Lipton RB, Otahal P, Srikanth VK & Verghese J. *Motoric Cognitive Risk Syndrome and Falls Risk - a multi-centre study.* Journal of Alzheimers Disease American Geriatric Society Conference California USA

Callisaya, ML., Blizzard, CL., Wood, AG., Thrift, AG., Wardill, T. & Srikanth, VK. *Longitudinal Relationships Between Cognitive Decline and Gait Slowing: The Tasmanian Study of Cognition and Gait.* VASCOG, Japan, 2015

Callisaya ML, Sharman JE, Close J, Lord SR. & Srikanth VK. *Greater daily defined dose of antihypertensive medication increases the risk of falls in older people – A population-based study.* American Geriatric Society Conference California USA

Callisaya, M., Srikanth, VK., Lord, SR., Close, JC., Brodaty, H., Sachdev, PS., Phan, T., Beare, R., Trollor, J., Wen, W., Zheng, JJ. & Delbaere, K. *Sub-cortical infarcts and the risk of falls in older people: combined results of TASCOG and Sydney MAS studies.* European Stroke Organisation Conference Barcelona, Spain, May 2016

Chen PY, Elmer S, Callisaya ML Greenaway TM, Wills KE, Buchbinder R. & Winzenberg, TM. *Influence of health literacy on foot outcomes in diabetes: A systematic review protocol and preliminary results.* International Symposium of the Diabetic Foot, 2015

Cuellar, WA., Blizzard, CL., Callisaya, M., Hides, J., Jones, G. & Winzenberg, TM. *Ultrasound imaging: Reliability of measurements of abdominal and multifidus muscle thickness and multifidus cross-sectional area of adults aged 50-79 years*, Gold Coast, Australia, October, 2015

Dawborn, J. & Teisch, L. *Arts program on the Older Persons Unit.* Tasmanian Allied Health Symposium, Launceston, November 2015.

Fulton, K & Hunter, C. *Prolonged Aspiration of Blom Singer Indwelling Prosthesis*, Poster presentation at the World Congress on Larynx Cancer, Queensland Australia, July 2015

Green, L. *Motor symptom presentation and the assessment of mood using the HADS in Parkinson's disease.* 5th International Neuropsychological Society Pacific Rim Conference, Sydney 1st – 4th July 2015

Green, L. *Psychology in multidisciplinary teams: Paediatric diabetes service.* Tasmanian Allied Health Symposium, Launceston, November 2015

Gould, D. *Contribution of Social Work to the Management of Refractory Symptoms.* 7th International Conference in Social Work in Health and Mental Health, Singapore, July 2016.

Hart, E. & Leworthy, S. *Clinical supervision training to meet clinician and organisational needs; 'Teaching on the Run' in Tasmanian Health Service- southern region.* Tasmanian Allied Health Symposium, Launceston, November 2015.

Hilder, B. *The RT Profession – where to now?* 2015 NZIMRT-AIR Scientific Meeting, Wellington July 24 2015

Hueston, P. & Thompson, S. *A Place for Sadness – The relevance of the Palliative Care Memorial Service*, The National Grief and Bereavement Conference Melbourne, May 2016

May, J. *Analysis of data following an alternative model to manage inpatient referrals to occupational therapy*. Tasmanian Allied Health Symposium, Launceston, November 2015.

Millner J. *Sounds like a plan: exercise preparation for arthritis and pain* (Invited speaker, Australian Rheumatology Association Annual Scientific Meeting, Darwin, May 2016)

Moran, C., Beare, R., Phan, T., Bruce, D., Callisaya, M. & Srikanth, V. *Type 2 diabetes mellitus, brain atrophy and cerebrospinal fluid (CSF) biomarkers of Alzheimer's Disease*. International Conference on Neurology & Epidemiology, Gold Coast, November 2015

Nalder, J. *Mid meal snacks – to stay or not to stay?* Poster presentation at the Tasmanian Allied Health Symposium, Launceston, November 2016

Nichols, L. *Clinical Usefulness of the Kettle Test in Conjunction with the Montreal Cognitive Assessment in a Neurosurgical Population*. Tasmanian Allied Health Symposium, Launceston, November 2015.

O'Meagher, S., Kemp, N., Skilbeck, C. & Anderson, P. *Does the performance of preterm preschool children on executive function tests predict executive functioning in real life?* Poster presentation at the 5th International Neuropsychological Society Pacific Rim Conference, Sydney 1st – 4th July 2015

Physiotherapy Department. *Evaluating an education resource for physiotherapists to improve confidence and knowledge in treating individuals with cystic fibrosis*. Poster accepted for CF conference, 2015

Ramsden, C. *Musical hallucinations following acquired brain injury*. Poster presentation at the 5th International Neuropsychological Society Pacific Rim Conference, Sydney 1 – 4th July 2015

Ramsden, C. *Mobile Assistive Technology and Cognitive Impairments: How apps and devices can support people in community settings to be more independent*. 2015 Aged and Community Services Tasmania Conference, 20 November 2015.

Simpson, D. *Long term exercise participation after Stroke*. Invited speaker: Australasian Rehabilitation Nurses Association (Victorian/Tasmanian Chapter) Seminar day, 2015.

Simpson, D., Schmidt, M., Smith, S. & Calisaya, M. *Using apps, internet and sensors to connect patients and therapists remotely*. World Congress of Active Ageing, Melbourne, Australia, 2016

Simpson, D., Callisaya, M., English, C., Thrift, A. & Gall, S *Change in long term exercise participation after stroke: The North East Melbourne Stroke Incidence Study (NEMESIS)*. Poster Presentation at the European Stroke Organisation Conference, Barcelona, Spain, 2016

Simpson, D., Callisaya, M., English, C., Thrift, A. & Gall, S. *Exercise after stroke: The North East Melbourne Stroke Incidence Study (NEMESIS)*. Combined 26th Annual Scientific Meeting of the Stroke Society of Australasia and the 11th Australasian Nursing and Allied Health Stroke Conference SMART STROKES, 2015.

Ta'eed, G. *Predicting Referral to Rehabilitation and Amount of Therapy*. 5th International Neuropsychological Society Pacific Rim Conference, Sydney, 1st – 4th July 2015

Ta'eed, G. *Mood and Cognition in Mid-Teens and Young Adults following TBI. T*. The International Brain Injury Association Conference on Paediatric Acquired Brain Injury, Liverpool, UK, 16th – 18th September 2015

Walker, A. *Malnutrition at the Royal Hobart Hospital – going the way of the Tasmanian Tiger?* National Dietetics Association of Australia Conference 2015

Publications

Cameron-Tucker, H. (submitted a paper). A randomized controlled trial of telephone-mentoring with home-based walking preceding rehabilitation in COPD. *International Journal of Chronic Obstructive Pulmonary Disease.*

Millner, JR., et al. Exercise for ankylosing spondylitis: An evidence-based consensus statement. *Seminars in Arthritis and Rheumatism. 45.*(4), WB Saunders, 2016.

Millner, J. et al. 10 Empfehlungen fur die Kranken-gymnastik bei Morbus Bechterew. *Mobus-Bechterew-Journal Nr. 145* (Juni 2016).

Schüz, N., Walters, JAE., Cameron-Tucker, H., Scott, J., Wood-Baker, R. & Haydn Walters, E (2015). Patient anxiety and depression moderate the effects of increased self-management knowledge on physical activity: A secondary analysis of a randomised controlled trial on health-mentoring in COPD. *Journal of Chronic Obstructive Pulmonary Disease, 12:5*, 502-509, DOI: 10.3109/15412555.2014.995289 To link to this article: http://dx.doi.org/10.3109/15412555.2014.995289

Research update

Title	Investigators	Synopsis	Site/Facility	Status
Right Time Every Time: Improving patient outcomes by reducing harm from omitted and duplicated medicines in hospital.	McKenzie, D. Ford, K. McLeod, E. Peterson, G. Walsh, K. Chalmers, L. Morley, C. Gordon-Croal, S.	This project was successful in its aim of reducing the incidence of omitted or delayed administration of charted medications to hospitalised patients in order to reduce associated adverse outcomes. The project used a participatory, collaborative approach to design to test and evaluate a variety of interventions which were then embedded in practice.	RHH	Completed 2015.
Knowledge Brokers for Knowledge Utilisation (KB4KU).	Walsh, K. Ford, K. Moss, C. Campbell, S. Kinsman, L. Sykes, P.	This study aims to support existing clinical staff to be Knowledge Brokers (KBs) in their speciality areas and apply a pragmatic, stepwise, knowledge utilisation intervention (Knowledge Brokers for Knowledge Utilisation Stepped Intervention – KB4KU) to work with their clinical teams to translate evidence into practice change to achieve improved patient outcomes.	RHH (Palliative Care, Orthopaedics and NPICU).	Commenced 2015 – ongoing.
The impact, value and effectiveness of the work of clinical nurse and midwife educators as perceived by educators and stakeholders.	Walsh, K. Ford, K. Paine, E. Walsh, A. Marsden, K. Hosken, E.	This collaborative study seeks to explore the understandings of the impact, value and effectiveness of the work of clinical nurse educators and clinical midwife educators (CNE/CMEs) as perceived by educators and stakeholders. It also seeks to clarify the work of the CNE/CME, explore how CNEs/CMEs do their work and explore the future possibilities of the CNE/CME work and role.	RHH	Commenced 2016-ongoing.

Title	Investigators	Synopsis	Site/Facility	Status
Positive Wards: Making health care encounters visible – a pilot study	Walsh, K. Iedema, R. Ford, K. Walker, K. Duff, J. Kinsman, L. Hughes, C. Campbell, S.	This pilot project involves healthcare professionals reflecting on the clinical, technical, experiential and relational dimensions of the care they provide using Video Reflective Ethnography (VRE). It explores care as it is done: it focuses on day-to-day, moment-to-moment encounters between health professional staff and patients and families which make up the everyday experience of health care provision. The research aims to understand the manifestation of quality relationships in health care; understand the impact of video reflexive ethnography (VRE) on ward culture; validate VRE for future research in this area. Outcomes of this project include: • Increased staff awareness of the therapeutic significance of health professional-health professional and health professional-patient encounters for patient healing and for staff effectiveness • enhanced therapeutic relationship skills among participants through reflection on actual encounters • an improved understanding of patient satisfaction with care	Westbury Community Centre, RHH, St Vincent's Private Sydney	Commenced 2015 – ongoing
Introduction of mealtime assistance interventions, including a coloured tray system, to an acute general medical inpatient ward: a best practice implementation project.	Walsh, K. Sykes, P.	The focus of this study is the assistance given to patients at mealtimes. The study is seen as an initial step in staff to becoming more food aware. It is aimed at designing systems and processes to ensure patients who need assistance at mealtime receive the assistance required. The project will include the introduction and evaluation of a coloured tray system to improve mealtime assistance.	RHH	Commenced 2016-ongoing
Getting the job done - ways of working in the operating room and implications for patient safety and nursing practice.	Bingham,S. Walsh, K. Ford, K.	This research is about patient safety during surgery and the role of the perioperative nurse in minimizing the risk of patient harm. The ways that perioperative nurses respond and adapt to competing goals and demands in order to get the job done is the focus of this project. The aim of this research is to better understand the relationship between the ways that perioperative nurses work and patient safety so that perioperative nurses can minimise the risk of harm to their patients and patients can remain free from injury during their surgery.	RHH	Commenced 2015 -ongoing.
Arts in Health – Pilot Project: Acute Older Person's Unit	Ford, K Dawborn, J Tesch, L Styles, L	This arts in health pilot involved evaluation of the arts in health project on the Acute Older Person's Unit of the RHH. The arts health worker worked with patients, their families/carers and staff of the unit. The program aimed to improve the experiences of patients, families/carers and staff through their engagement in arts activities. The project had 3 phases: 1. Consultation; 2. Implementation and 3: Evaluation.	RHH	Commenced 2015. Completed 2016
The experiences of adults recently diagnosed with Type 1 Diabetes and their care in a tertiary service	Muskett, A Van Galen, R Van Reit, C Armstrong, S Woods, M Ford, K Walsh, K	The study aims to explore the experiences of adults newly diagnosed with Type 1 Diabetes who attend the Diabetes Education Centre at the Royal Hobart Hospital– including their experiences of person-centred care; self-management (including education); shared decision making; patient goals; access to services (including frequency of visits, ease of access; phone support); the treatment 'regime' and its impact for them.	RHH	Commenced 2016

Title	Investigators	Synopsis	Site/Facility	Status
International Children's Illness and Symptom Study: perspectives of children with chronic illness from the UK, Australia and New Zealand	Carter, B Dickinson, A Ford, K Bray, L Arnott, J Water, T Tichanow, C	This is a qualitative study using photovoice and interviews with children aged 7-12 years with a range of chronic illnesses. The purpose of this study was to investigate the experiences of children with chronic conditions, and ways in which they perceive and manage their symptoms. The specific research question is: What do children living with a chronic illness in the UK, Australia and New Zealand perceive and understand about their illness and symptoms? The study aims were to explore: 1. children's understandings of their illness and its associated management (medication and/or medical interventions); 2. children's perceptions of how their lives are shaped (or not) by their illness and its associated management; and 3. to what extent children feel they are involved in the management of their chronic disease.	RHH UK NZ	Complete 2015
Holding children still for clinical procedures: an international survey of health professionals	Bray, L Carter, B Ford, K Dickinson, A Water, T	This study aims to capture an international perspective of professionals reported practice of holding children for clinical procedures. The aim of the study is to investigate the reported perceptions and practices of health professionals (including nurses, doctors, paramedics and anaesthetists as well as students training to become health professionals) relating to holding children and young people still for clinical procedures. The study objectives are: 1. To examine the factors that health professionals report influence their holding of children still for clinical procedures; 2. To investigate the reported practices used when children are held still for clinical procedures; 3. To examine guidance and training that inform holding practices.	RHH (international)	Commenced 2015, ongoing

Multi-disciplinary projects

Epidemiology of Nervous System Tumours in Children: A Survey of cases in Royal Hobart Hospital from 2006 to 2015	Kapoor, U Daubenton, J Starosta, H Collins, L Hofman, S Ford, K	This is a retrospective study of all children younger than 18 years of age who have been diagnosed with a CNS tumour and treated at the Oncology Service at The Royal Hobart Hospital between 2006 and 2015. The review will include Demographic data, age of presentation, age of onset of symptoms, tumour location, classification, histopathology, treatment modalities and associated morbidity and mortality.	RHH	2016 ongoing
A review of Asthma Action Plans for use with children from the perspectives of health care professionals and parents	Beggs, S Kapoor, U Tichanow, C Ford, K	This project used a number of tools to assess a range of asthma action plans (AAPs) to determine the plans that best meet the needs of 1) health professionals – in providing essential information about management and control of asthma; and 2) consumers – parents of children who have asthma. The aim of the study was to systematically examine the readability, suitability, characteristics and useability of a range of asthma action plans for children	RHH	2014, complete 2016

Research Projects with THS(N): Professor of Healthcare Improvement, August 2016

THS staff member(s)	Project	Funding body	Amount	Period	Progress	Comments
John Aitken	Health literacy and cardiac rehabilitation	UTAS	$19,000	2015	Completed	Education sessions modified. Article submitted.
John Aitken, Caroline Handley	Evidence-base for cardiac rehabilitation	UTAS	$7,000	2016	Ongoing	Support with patient database.
Elizabeth Gordon	Chest pain patient journey	UTAS (Clinical Redesign Scholarship)	$5,000	2015-2016	Postponed	
Jess Lawton, Sharon Williams, Helen Bryan, Faye Walsh	CoNECs evaluation	Clifford Craig, UTAS	$5,000 CCMRT and $5,000 UTAS	2016	Ethics approved. Data analysis complete, focus groups underway.	
Maria Unwin, Scott Rigby	Non-urgent presentations to ED	Clifford Craig, UTAS	$5,000 CCMRT and $20,000 UTAS	2015-2016	First class Honours. Report to Minister for Health. CCMRT EOI submitted.	Submitted to international journal and conference (accepted).
Juliet Scott	Evidence-based wound assessment	Wound Management Innovation CRC	$129,000	2016-2017	Funding approved, ethics submitted	Commenced July 2016.
Annette Barrett, Danielle Bywaters	Positive Wards: Using video to inform policy	UTAS	$30,000	2016	Ethics approved	
Fiona Swinton, Daniel Coleman, Ann Corbauld	Evidence-based diabetes management in AMU	Clifford Craig and UTAS	$17,000 CCMRT and $14,000 UTAS	2016	Medical records audit underway	Early results: 60-80% of blood sugars above normal (22 patients)
Danielle Bywaters	Patient education using Video Reflexive Ethnography	APA PhD scholarship	$78,000	2015-2017	Ethics submitted	
Multiple key staff interviewed	Factors impacting Clinical Redesign	UTAS / Saskatchewan	$20,000 UTAS and $40,000 USask	2016	Interviews completed (23 in total)	
Gavin Mackie	Optimising CT scans for pulmonary embolus diagnosis	UTAS Professional Doctorate program	Fees	2015-2018	Proposal approved and data extraction tools under development.	

Current Clinical Trials and Research North

Researchers	Location	Project
Gauden, S; Young, A; Power, J; Byram, D	LGH	IBCSG 24-02 BIG 2-02 SOFT A Phase III trial Evaluating the role of Ovarian Function Suppression and the Role of Exemestane as Adjuvant Therapies for Postmenopausal Women with Endocrine Responsive Breast Cancer
Gauden, S; Power, J; Young, A	LGH	IBCSG 25-02 BIG 3-02 TEXT A Phase III trial Evaluating the Role of Exemestane plus GnRH Analogue as Adjuvant Therapy for Premenopausal Women with Endocrine Responsive Breast Cancer
Mathew, M	LGH	A randomized, controlled, open-label, multi-centre, parallel-group study to assess all-cause mortality and cardiovascular morbidity in patients with chronic kidney disease on dialysis and those not on renal replacement therapy under treatment with MIRCERA or reference ESAs
Razay, G; Wimmer, M	LGH	Normal pressure hydrocephalus: treatable dementia, missed diagnosis: Diagnostic guidelines to improve clinical decision making
Crowther, C; Dennis, AE; Strong, D	LGH	A*STEROID: Australasian antenatal study to evaluate the role of intramuscular Dexamethasone versus Betamethasone prior to preterm birth to increase survival free of childhood neurosensory disability
Cooke, D; Corbould, A	LGH	The CANVAS Study: A Randomized, Multicenter, Double-Blind, Parallel, Placebo-Controlled, Study of the Effects of JNJ-28431754 on Cardiovasular Outcomes in Adult Subjects with Type 2 Diabetes Mellitus
Bell, M; Sharma, S; Power, J	LGH	TOP GEAR: A randomised phase II/III trial of preoperative chemoradiotherapy versus preoperative chemotherapy for resectable gastric cancer
Sharma, S; Gauden, S	WPH LGH	SOLE Study of letrozole extension. Phase III trial evaluating the role of continuous letrozole versus intermittent letrozole following 4 to 6 years of prior adjuvant endocrine therapy for postmenopausal women with hormone-receptor positive, node positive early stage breast cancer
Power, J; Gauden, S	WPH LGH	ANZGOG-0701 Symptom Benefit- Does Palliative Chemotherapy Improve Symptoms in Women with Recurrent Ovarian Cancer
Beamish, M; Khalafallah, AA	WPH LGH	An Australian, phase II, multicentre, randomised, dose intensification study investigating oral fludarabine, oral cyclophosphamide, and i.v. rituximab (poFCivR) tolerance in previously untreated elderly (>= 65 years old) patients with chronic lymphocytic leukaemia
Beamish, M; Khalafallah, AA	WPH LGH	CML10: Response Post Tyrosine Kinase Inhibitor: Assessment of Sensitivity and Therapeutic Response to Next-Line Therapy CML: The Australian RESIST study
Boden, I; Biggins-Tosch, B; Browning, L	LGH NWRH RHH	The effects of pre-operative physiotherapy on the incidence of post-operative pulmonary complications in high and low risk patients following major open upper abdominal surgery: A randomised controlled trial
Singh, B	LGH	A Multi Center, Prospective, Randomized, Double Blind, Placebo Controlled, Parallel Group Study to Evaluate the Effect of AMR101 on Cardiovascular Health and Mortality in Hypertriglyceridemic Patients with Cardiovascular Disease or at High Risk for Cardiovascular Disease: REDUCE IT (Reduction of Cardiovascular Events with EPA Intervention Trial)
Sharma, S; Pandey, R; Power, J	LGH WPH	ASCENT: An Australian translational study to evaluate the prognostic role of inflammatory markers in patients with metastatic colorectal cancer treated with bevacizumab (Avastin TM)
Cooper, D; Aitken, G; McAllister, R	RHH LGH	STandaRd Issue TrANsfusion versuS Fresher red blood cell Use in intenSive carE (TRANSFUSE) a randomised controlled trial

Researchers	Location	Project
Nott, L; Boadle, DJ	LGH	Randomised Phase II study of cetuximab alone or in combination with irinotecan in patients with metastatic CRC with either KRAS WT or G13D mutation.
Power, J; Sharma, S; Bell, M	LGH WPH	A Phase III, Double-Blind, Placebo Controlled Study of Vemurafenib versus Vemurafenib plus GDC-0973 in previously untreated BRAFV600 mutation positive patients with unresectable locally advanced or metastatic melanoma
Beamish, M; Mohamed, M	WPH LGH	A randomised, open label, multi-centre, Phase III study to investigate the efficacy of bendamustine compared to treatment of physicians choice in the treatment of subjects with indolent Non-Hodgkin's Lymphoma NHL refractory to rituximab
Dennis, AE; Crowther, C	LGH	MAGENTA: Magnesium Sulphate at 30 to 34 weeks' Gestational age: Neuroprotection Trial (LTN)
Corbould, A; Campbell, J	LGH	Gestational Diabetes Mellitus (GDM) Wellness project: a pilot study
Marwick, TH; Roberts-Thomson, P; MacIntyre, P; Herman, B	RHH MRIT LGH	Renal Denervation in Patients with Chronic Heart Failure & Renal Impairment (SYMPLICITY-HF)
Cooke, D; Mathew, M; Raj, R	LGH	Clinical Study Protocol M11-352 A Randomized, Multicountry, Multicenter, Double-Blind, Parallel, Placebo-Controlled Study of the Effects of Atrasentan on Renal Outcomes in Subjects with Type 2 Diabetes and Nephropathy SONAR: Study Of Diabetic Nephropathy with Atrasentan
Power, J; Sharma, S; Virik, K	LGH WPH	An open-label, multicentre, phase IIIB study with intravenous administration of pertuzumab, subcutaneous trastuzumab, and a taxane in patients with 2-positive metastatic breast cancer (sapphire)
Mathew, M; Cooke, D; Raj, R	LGH	A Phase 3, Randomized, Double-Blind, Placebo Controlled Study of the Efficacy and Safety of FG-4592 for the Treatment of Anemia in Chronic Kidney Disease Patients not on Dialysis
Byram, D; Blomfield, P	LGH	PeNTAGOn: Peer & Nurse Support Trial to Assist Women with Gynaecological Oncology (Phase III section only)
Singh, B; David, T	LGH	Phase 3 multi-center, double-blind, randomized, placebo-controlled, parallel group evaluation of the efficacy, safety, and tolerability of PF-04950615, in reducing the occurrence of major cardiovascular events in high risk subjects
Boden, I; Sullivan, K; Keating, J; Lane, R	LGH	ICEAGE - Incidence of Complications following Emergency Abdominal Surgery: Get Exercising
Cooke, D; Mathew, M; Raj, R; Corbould, A	LGH	CANVAS- R Trial: Phase 4 A Randomised, Multicentre, Double-Blind, Parallel, Placebo-Controlled Study of the Effects of Canagliflozin on Renal Endpoints in Adult Subjects With Type 2 Diabetes Mellitus
Saykao, SN; Brough, S; Tan, P	LGH	The effectiveness of Intraoperative Hyocine butylbromide in reducing postoperative catheter-related bladder discomfort in urological patients: a prospective, randomised, placebo-controlled, double-blinded study.
Mitchell, BL	LGH	Clinical Study No: GA28950, Phase 3, Double Blind, Placebo-Controlled, Multicentre Study of the Efficacy and Safety of Etrolizumab during Induction and Maintenance in Patients with Moderate to Severe Active Ulcerative Colitis who are Refractory to or Intolerant of TNF Inhibitors
Mitchell, BL	LGH	Clinical Study No: GA28951, an open-label extension and safety monitoring study of moderate to severe ulcerative colitis patients previously enrolled in etrolizumab phase III studies- Launceston Hospital

Researchers	Location	Project
Mitchell, BL	LGH	Clinical Study No: GA28948, Phase III, Randomized, Double-Blind, Double-Dummy, Placebo-Controlled, Multicenter Study to Evaluate the Efficacy (Induction of Remission) and Safety of Etrolizumab Compared With Adalimumab and Placebo in Patients with Moderate to Severe Ulcerative Colitis who are Naive to TNF Inhibitors
Mulford, J	LGH	SOFIE: Surgery for Olecranon Fractures In the Elderly: a randomised controlled trial of operative versus non-operative treatment.
Mathew, M; Cooke, Duncan; Rajesh, R	LGH	A Phase 3, Multicenter, Randomized, Open-Label, Active-Controlled Study of the Safety and Efficacy of Roxadustat in the Treatment of Anemia in Dialysis Patients
Mulford, J; Ogden, K; Wiltshire, K	LGH	Dexamethasone to reduce pain, nausea and vomiting, improve mobilisation and reduce hospital stay in hip and knee arthroplasty: a double blind controlled trial
Frandsen, M; Ferguson, SG; Walters, Julia; Schuez, N; Weber, HC	LGH UTAS	Supporting Expectant Mothers to Quit
Khalafallah, AA; Dennis, AE	LGH	LEAP-1: Lactoferrin Evaluation in Anaemia in Pregnancy
Khalafallah, AA; Mohammed, M	LGH	Protocol: C-935788-047 A Phase 3, Multi-Center, Randomized, Double-Blind, Placebo-Controlled, Study of Fostamatinib Disodium in the Treatment of Persistent/Chronic Immune Thrombocytopenic Purpura
Khalafallah, AA; Mohammed, M	LGH	A Phase 3 Open Label Extension Study of Fostamatinib Disodium in the Treatment of Persistent/Chronic Immune Thrombocytopenic Purpura
Gauden, S; Power, J	LGH	GO29436 A PHASE III, open-label, randomised study of MPDL3280A (Anti-PD-L1 Antibody) in combination with Carboplatin + Paclitaxel with or without Bevacizumab compared with Carboplatin + Faclitaxel + Bevacizumab in chemotherapy-naive patients with stage IV non-squamous non-small cell lung cancer.
Gauden, S	LGH	GO29437 A phase III, Open-Label, Multicenter, randomised study evaluating the efficacy and safety of MPDL3280A (ANTI-PD-L1 antibody) in combination with Carboplatin + Paclitaxel or MPDL3280A in combination with Carboplatin + NAB-Paclitaxel versus Carboplatin + NAB-Paclitaxel in chemotherapy-naive patients with stage IV squamous non-small cell lung cancer.
Khalafallah, AA; Hannan, T; Ling, SH; Tryambake, D	LGH	Medically Ill Patient Assessment of Rivaroxaban Versus Placebo in Reducing Post-Discharge Venous Thrombo-Embolism Risk (MARINER)
Gauden, S; Sharma, S	LGH	(PACIFIC) A Phase III, Randomised, Double blind, Placebo controlled, Multicentre, International Study of MEDI4736 as Sequential Therapy in Patients with Locally Advanced, Unresectable Non Small Cell Lung Cancer (Stage III)
Mathew, M; Cooke, D; Raj, R	LGH	156-13-210, A Phase 3b, Multi-center, Randomized-withdrawal, Placebo-controlled, Double-blind, Parallel-group Trial to Compare the Efficacy and Safety of Tolvaptan (45 to 120 mg/day, Split-dose) in Subjects with Chronic Kidney Disease Between Late Stage 2 to Early Stage 4 to Autosomal Dominant Polycystic Kidney Disease
Mitchell, BL	LGH	A Phase III, randomized, double-blind, placebo-controlled, multicenter study to evaluate the efficacy and safety of etrolizumab as an induction and maintenance treatment for patients with moderately to severely active crohn's disease.

Researchers	Location	Project
Singh, B; David, T	LGH	A randomized controlled trial of rivaroxaban for the prevention of major cardiovascular events in patients with coronary or peripheral artery disease (COMPASS Cardiovascular OutcoMes for People using Anticoagulation StrategieS)
Mitchell, BL; Veldhuis, M	LGH	An open label extension and safety monitoring study of patients with moderately to severely active crohns disease previously enrolled in the etrolizumab Phase III protocol ga29144
Thomson, M; Ogden, K; Parry, L	LGH	A prospective randomised pilot study comparing patient outcomes and cost-effectiveness of injectable collagenase fasciotomy with percutaneous needle fasciotomy for the treatment of Dupuytrens disease of the hand
Singh, B; David, T	LGH	A randomised, double-blind, event driven, multicentre study comparing the efficacy and safety of Rivaroxaban with placebo for reducing the risk of Death, Myocardial Infarction or Stroke in subjects with Heart Failure and significant Coronary Artery Disease following an episode of decompensated Heart Failure (COMMANDER HF)
Singh, B; David, T	LGH	A Randomized, double-blind, Double-dummy, Active-controlled, Parallel-group, Multicenter Study to Compare the Safety of Rivaroxaban versus Acetylsalicylic Acid in Addition to Either Clopidogrel or Ticagrelor Therapy in Subjects with Acute Coronary Syndrome. GEMINI ACS 1
Khalafallah, AA	LGH	Assessment of a single intravenous iron carboxymaltose versus standard care in the management of post-natal anaemia
Ng, Chau Wang ; Mathew, M	LGH	Is the efficacy of nutritional vitamin D (cholecalciferol) comparable to active vitamin D (calcitriol) as maintenance therapy in dialysis dependent chronic kidney disease patients?
Molnar, R	LGH	The effect of immersive virtual reality in reducing preoperative anxiety in patients undergoing surgery
Cooper, D; McAllister, R; Costelloe, K; Brain, MJ; Mineall, S	RHH LGH	The Augmented versus Routine approach to Giving Energy Trial A randomised controlled trial. The TARGET Nutrition Study
Sharma, S; Padinharakam, S	LGH	A Phase 3, Randomized, Controlled, Mulit-Center, Open-Label Study to Compare Tivozanib Hydrochloride to Sorafenib in Subjects With Refractory Advanced Renal Cell
Gauden, S; Bell, M	LGH	VERTU: A Ranomised Phase II Study of Veliparib + Radiotherapy (RT) with adjuvant Temozolamide (TMZ) + Veliparib versus standard RT + TMZ followed by TMZ in patients with newly diagnosed glioblastoma (GBM) with unmethylated O (6)-methylguanine -DNA methyltransferase (MGMT)
Barr, C; Rathjen, A; Cannell, J	LGH	The utility of pedometers in improving mobility outcomes in inpatient rehabilitation - pilot RCT
Edis, D; Shkolnikova, J	LGH	Epidural steroid injections in prevention of lumbar spine surgery. Randomised controlled trial
Cooper, D; McAllister, R; Brain, MJ; Mineall, S	RHH LGH	Proton Pump Inhibitors vs. Histamine-2 Receptor Blockers for Ulcer Prophylaxis Therapy in the Intensive Care Unit (PEPTIC)
Tryambake, D; Singh, B	LGH	Multicenter, randomized, double-blind, double-dummy, active-comparator, event-driven, superiority phase III study of secondary prevention of stroke and prevention of systemic embolism in patients with a recent Embolic Stroke of Undetermined Source (ESUS), comparing rivaroxaban 15 mg once daily with aspirin 100 mg (NAVIGATE ESUS)
Lockstone, J; Boden, I	LGH	Has the implementation of non-invasive ventilation (NIV) therapy to prevent respiratory complications in high-risk patients had an impact on respiratory complication rates at the Launceston General Hospital?

Researchers	Location	Project
Mathew, M; Raj, R; Cooke, D	LGH	156-13-211. A Phase 3b, Multi-centre, Open-label Trial to Evaluate the Long Term Safety of Immediate-release Tolvaptan (OPC 41061, 30 mg to 120 mg/day, Split dose) in Subjects with Autosomal Dominant Polycystic Kidney Disease
Gauden, S	LGH	A Ph1 Escalation and Ph2 Randomized, Placebo-Controlled Study of the Efficacy and Tolerability of Veliparib in Combination with Pac/Carboplatin-Based Chemoradiotherapy Followed by Veliparib and Pac/Carboplatin Consolidation in Subjects Stage III NSCLC
Mathew, M; Cooke, D; Ng, Chau Wang	LGH	Treatment of Proteinuria Due to Treatment Resistant or Treatment Intolerant Idiopathic Focal Segmental Glomerulosclerosis: A 2-Part Prospective Study of H.P. Acthar Gel (PODOCYTE)

Current Clinical Trials and Research South

Study name	Sponsor	Department	Action required
Dementia Care In Hospitals Program (DCHP)	RHH & Ballarat Health Services	Aged Care & Geriatric Medicine	Research Governance Approval
Evaluation of Intervention for Persistant Pain CNT 04861 -	UTAS	Allied Health - Psychology	Access Deed
Laryegeal Mask Airway	RHH Research Foundation funded	Anaesthesia	Research Agreement
EXERTION the EXERcise stress Test collaboraTION Tasmanian Pilot Study	UTAS/RHHRF	Cardiology	Research Governance Approval
AHED	Monash Health HREC	ED	
ESSA Study		Emergency Dept	Research Governance Approval
PSP Study	NHMRC	Emergency Dept	Research Governance Approval
Mixed Meal Challenge: A new diagnostic test for screening pre-diabetes	UTAS/RHHRF	Endocrinology	Research Governance Approval
Australian Ovarian Cancer Study	Peter MacCallum Cancer Centre	Gynaecological Oncology	Research Agreement
TasGANS The Tasmanian Gynaecologial & Anal Neoplasia study	UTAS/RHHRF	Gynaecological Oncology	Research Governance Approval
Merino II		ID/Micro	Research Agreement
Merino II		ID-Micro	Research Governance Approval
Performance of early school age children born pre-term	RHH Research Foundation funded	Neonatal and Paed ICU	Grant Agreement
Genetic Basis of Epilepsy Study	RHH Research Foundation funded	Neurology	Access Deed
Prevalence Study	University of Sydney	Neurology	Research Governance Approval
TABITHA	BioGrid	Oncology	Addendum
Cancer Council Service Agreement	Cancer Council	Oncology	Revised Service Agreement as per Crown Law request
Australian Paediatric Cancer Registry (APCR)"	Cancer Australia	Oncology	Registry Agreement
Silver Diamine Flouride Pride	UTAS	Oral Health	RGO Approval

Study name	Sponsor	Department	Action required
SANTO - RI	Fisher & Paykel	Paediatrics	Letter of Agreement
SANTO-RI	UTAS/RHHRF	Paediatrics	Research Governance Approval
SANTO-B	UTAS/RHHRF	Paediatrics	Research Governance Approval
An audit of emergency presentations of febrile children at RHH	UTAS/RHHRF	Paediatrics	Research Governance Approval
Dietitian Survey re current enteral feeding practices in Paed. Intensive Care Units	Curtin University	Paediatrics	Research Governance Approval
Investigating the physical & chemical Y-site incompatibility antifungals & parenteral nutrition solution	UTAS/RHHRF	Pharmacy	Funding submission received from Jo McEvoy (UTAS) THIS STUDY IS NOT BEING COMPLETED AT RHH - information only
Auditory Misattribution on the Schizophrenia Spectrum	UTAS	Psychiatry	Research Agreement
T1 Map - GE - RHH	GE	Radiology	Evaluation Agreement
New Australian Provisional Patent	UTAS/RHH`	WACS	Royalty Sharing Deed & Deed of Assignment
Empowering parents of a child with an eating disorder through a small group intervention	UTAS		Research Agreement
Lung Cancer Service Delivery	Alison Black		Deed of Variation
Jack Jumper sting anaphylaxis			Revoked
Venom Immunotherapy			Revoked
RHHF Grant Agreement	RHH Research Foundation		Minor Grant Agreement signature
Improved clinical Assessment of Blood pressure	UTAS/RHHRF		Funding submission received from Jo McEvoy (UTAS) THIS STUDY IS NOT BEING COMPLETED AT RHH - information only
Ambulatory Insulin Stabilisation Project	Monash University		Confidentiality deed

Clinical trials

SPIRE 1	Pfizer Australia PL	Cardiology	CTRA - Draft
SPIRE 2	Pfizer Australia PL	Cardiology	CTRA - Draft
FOURIER	Amgen	Cardiology	Addendum to CTRA
GARFIELD	Quinties	Cardiology	Addendum to CTRA
ARENA	JAAD Enterprises	Cardiology	CTRA - Draft
Gemini	Janssen	Cardiology	Addendum to CTRA & Indemnity
ARENA - Extension	JAAD Enterprises	Cardiology	CTRA - Draft
Primary Progressive Multiple Sclerosis	Roche ProductPty Ltd	Neurology	Amendment to CTRA (Cancelled)
Primary Progressive Multiple Sclerosis	Roche ProductPty Ltd	Neurology	Amendment to CTRA
Australian Breast Device Registry	Monash University	Oncology	CTRA - Draft

Study name	Sponsor	Department	Action required
Eliminate	ANZBCTG	Oncology	Amendment to CTRA & Indemnity
NHL 29	ALLG	Oncology	CTRA - Draft
AML M20	ALLG	Oncology	CTRA - Draft
INTERAACT	AGTIG	Oncology	CTRA - Draft / New Draft received 10/11/15
DERMA	GlaxoSmithKline Australia	Oncology	Amendment
GS-5745 Combined with Mfolfox6"	Gilead Sciences	Oncology	CTRA - Draft
FUTURE Fertility	University NSW	Oncology	CTRA - Draft
Mirati 265-109	Pharmaceutical Research Associates Pty Ltd	Oncology	22-Sep-15 - 16-Dec-15
Javelin 300	Quintiles	Oncology	CTRA - Draft / New Draft to be submitted by Sponsor 10/11/15
CLL7	ALLG	Oncology	CTRA - Draft
BMS Melanoma	PPD Australia	Oncology	CTRA - Draft
GO29689 - Genentech Breast Cancer	PPD Australia	Oncology	CTRA - Draft
M14-483 (INTELLANCE2)	AbbVie	Oncology	CTRA Amendment
HARMONY	Covance	Oncology	CTRA - Draft
XBI10523	CliniPace	Oncology	CTRA - Draft
Advanced Urothelial Cancer	The University of Sydney	Oncology	CTRA - Draft
CASTOR	Janssen-Cilag	Oncology	Amendment
DERMA	GlaxoSmithKline Australia	Oncology	Amendment
Eortc Brain Tumor Group	AbbVie	Oncology/ Haematology	Addendum to CTN
Eortc Brain Tumor Group	AbbVie	Oncology/ Haematology	Addendum to CTN
TESTOV Pneumo	University NSW	Paediatrics	Addendum to CTRA
CREDENCE	JANSSEN CILAG	Renal	CTRA - Draft
FibroGen	Novotech (Australia)	Renal	Addendum to CTRA
ASK Program	The University of QLD	Speech Pathology	CTRA - Draft
The Fox Study		WACS	HREC Revoked
TasGANS	Menzies03/03/15	WACS	Breach of Confidentiality re pathology reports
TESTOV Pneumo	University of Sydney	WACS	CTRA - Draft
ASPiVLU- (Wound Care)	Monash University	Wound Care	Addendum to CTRA

Current Clinical Trials and Research RHH

Department of Cardiology

TAUSSIGA Multicenter Open-label Study to Assess the Long-term Safety, Tolerability, and Efficacy of AMG 145 on LDL-C in Subjects With Severe Familial Hypercholesterolemia.

FOURIER A Double-blind, Randomized, Placebo-controlled, Multicenter Study Assessing the Impact of Additional LDLCholesterol Reduction on Major Cardiovascular Events When AMG 145 is Used in Combination With Statin Therapy in Patients with Clinically Evident Cardiovascular Disease.

CANTOS A randomized, double blind, placebo-controlled, event driven trial of quarterly subcutaneous Canakinumab in the prevention of recurrent cardiovascular events among stable post-myocardial infarction patients with elevated hsCRP.

COMPASS A randomised controlled trial of Rivaroxaban for the prevention of major cardiovascular events in patients with coronary or peripheral artery disease.

GEMINI A Randomized, Double-blind, Double-dummy, Active-controlled, Parallel-group, Multicentre Study to Compare the Safety of Rivaroxaban vs Acetylsalicylic Acid in Addition to Either Clopidogrel or Ticagrelor Therapy in Subjects with Acute Coronary Syndrome.

ODYSSEY A Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Study to Evaluate the Effect of Alirocumab (SAR236553/REGN727) on the Occurrence of Cardiovascular Events in Patients who have Recently Experienced an Acute Coronary Syndrome.

GARFIELD Prospective, multicentre, International, registry of male and female patients newly diagnosed with atrial fibrillation. A Clinical Outcomes Study to Compare the Incidence of Major Adverse Cardiovascular Events in Subjects Presenting with Acute Coronary Syndrome Treated with Losmapimod Compared to Placebo.

COMMANDER Randomized, Double-blind, Event-driven, Multicenter Study Comparing the Efficacy and Safety of Rivaroxaban with Placebo for Reducing the Risk of Death, Myocardial Infarction or Stroke in Subjects with Heart Failure and Significant Coronary Artery Disease Following an Episode of Decompensated Heart Failure.

COPS A multicentre, double blind, randomised, placebo controlled trial to assess the impact of low dose colchicine on long term cardiovascular outcomes in patients presenting with acute coronary syndromes.

CAAN-AF Cardiac Resynchronisation Therapy (CRT) And AV Node ablation trial in AF.

GEMINI A Randomized, Double-blind, Double-dummy, Active-controlled, Parallel-group, Multicenter Study to Compare the Safety of Rivaroxaban versus Acetylsalicylic Acid in Addition to Either Clopidogrel or Ticagrelor Therapy in Subjects with Acute Coronary Syndrome.

Department of Critical Care

ADRENAL Study A phase 3, randomised, blind, placebo-controlled trial of the effect of Hydrocortisone in critically ill patients with septic shock.

ADRENAL Consent A multi-centre, prospective, observational study of the process of obtaining consent from potential participants or their substitute decision-makers in the Adjunctive Corticosteroid Treatment in Critically ill patients with Septic Shock (ADRENAL) Study.

ATHOS 3 Study A Phase 3, Placebo Controlled, Randomized, Double-blind, Multicenter Study of LJPC501 in Patients with Catecholamine Resistant Hypotension (CRH) (LJ501CRH01).

ICON Audit Intensive Care Over Nations (ICON) audit.

ICU Outcomes Long-term outcomes after intensive care - A prospective observational study.

INTERNATIONAL Nutrition Study Improving the Practice of Nutrition Therapy in the Critically Ill: An International Quality Improvement Project.

IOSWEAN Study An international prospective observational study of practice pattern variation in discontinuing mechanical ventilation in critically ill adults.

Out of Hospital Cardiac Arrest Study Use of m-ASPECT Score in OHCA Study: Use of mASPECT score in prognostication of outcome in out of hospital cardiac arrest (OHCA).

PEPTIC Study A multi-centre, cluster randomised, crossover, registry trial comparing the safety and efficacy of proton pump inhibitors with histamine-2 receptor blockers for ulcer prophylaxis in intensive care patients requiring invasive mechanical intervention.

SPICE III Study RCT: A prospective, multi-centre, randomised, controlled trial of early goal-directed sedation compared with standard care in mechanically ventilated critically ill patients.

TARGET Study "The Augmented versus Routine approach to Giving Energy Trial: A randomised controlled trial." The "TARGET" Nutrition Study.

TRANSFUSE Study A multi-centre, randomised, double-blind, phase 3 trial of the effect of standard issue red blood cell blood units on mortality compared to freshest available red blood cell units.

Department of Neurology

CAMMS03409 An Extension Protocol for Multiple Sclerosis Patients who have participated in Genzyme -Sponsored Studies of Alemtuzumab.

TOPAZ A long term follow up study for Multiple Sclerosis patients who have completed the alemtuzumab Extension Study (CAMMS03409).

ORATORIO A Phase III multicentre, randomised, parallel-group, double blinded placebo controlled study to evaluate the efficacy and safety of Ocrelizumab in Adults with Primary progressive Multiple Sclerosis

LEMTRADA PASS A prospective, multicentre, observational, post - authorization safety study(PASS) to evaluate the long term safety profile of Lemtrada (alemtuzumab) treatment in patients with relapsing remitting Multiple Sclerosis.

PrevANZ Phase IIb, randomised, double blind-placebo - controlled, dose ranging trial of Vitamin D in patients with a first demyelinating event.

Department of Oncology

BRAIN

VERTU VEliparib, Radiotherapy and Temozolomide trial in Unmethylated MGMT Glioblastoma. A Randomised Phase II study of veliparib + radiotherapy (RT) with adjuvant temozolomide (TMZ) + veliparib versus standard RT + TMZ followed by TMZ in patients with newly diagnosed glioblastoma (GBM) with unmethylated O (6)-methylguanine-DNA methyltransferase (MGMT).

AGOG Epidemiology Study AGOG is an established research resource with specific focus on clinical care patterns, functional genomics and epidemiology of glioma, the most common form of primary brain tumour in adults.

BREAST

HydranGea. (Genentech Breast GO29689) A phase ii, open-label, randomized study of gdc-0810 versus fulvestrant in postmenopausal women with advanced or metastatic er+/her2– breast cancer resistant to aromatase.

ELIMINATE. ANZ 1401: ELIMINATE Randomised phase II trial of neoadjuvant chemotherapy +/- concurrent aromatase inhibitor endocrine therapy to down-stage large oestrogen receptor positive breast cancer.

OLYMPIA A randomized, double blind, parallel group, placebo controlled multicenter phase III study to assess the efficacy and safety of olaparib versus placebo as adjuvant treatment in patients with high risk germline BRCA mutated HER2-negative breast cancer who have data completed definitive local and systemic neoadjuvant/adjuvant treatment.

Abbvie M12-914 A Phase 3 study, M12-914, in BRCA mutation carriers with metastatic or locally advanced, unresectable breast cancer.

METRIC A randomised multicenter pivotal study of CDX-011 in patients with metastatic, GPNMB over-expressing, triple-negative breast cancer.

STARS Study of Anastrozole and Radiotherapy Sequencing for post-menopausal women.

The Tabitha study – registry A prospective Multi-Site Database of HER2 positive metastatic breast cancer patients.

Gastro-Intestinal/Colorectal

XBiotech CRC A Phase III Double-blinded, Placebo Controlled Study of Xilonix™ for Improving Survival in Metastatic Colorectal Cancer.

DYNAMIC Circulating Tumour DNA Analysis Informing Adjuvant Chemotherapy in Stage II Colon Cancer.

Javelin 300 A Phase III open-label, multicenter trial of avelumab (MSB0010718C) as a third-line treatment of unresectable, recurrent, or metastatic gastric or gastroesophageal junction adenocarcinoma.

Gilead Gastric. GS-US-296-1080 A Phase 3 Randomized, Double-Blind, Placebo-Controlled Study to Evaluate the Efficacy and Safety of GS-5745 Combined with mFOLFOX6 as First Line Treatment in Patients with Advanced Gastric or Gastroesophageal Junction Adenocarcinoma.

AGITG. InterAACT An International Multicentre Open Label Randomised Phase II Advanced Anal Cancer Trial Comparing Cisplatin plus 5-fluorouracil versus Carboplatin plus Weekly Paclitaxel in Patients with Inoperable Locally Recurrent or Metastatic Disease.

NABNEC I A Phase II Study Of NAB-Paclitaxel In Combination With Carboplatin As First Line Treatment Of Gastrointestinal Neuroendocrine Carcinomas NABNEC

ALT – GIST A randomised phase 11 trial of Imatinib alternating with Regorafenib compared to Imatinib alone for the first line treatment of advanced gastrointestinal stromal tumour (GIST).

Colorectal Transporter Study Profiling and Functional Studies of Drug Transporters in Colorectal Cancer: A Pilot Study in Tasmania.

AGITG. ASCOLT An International, Multi-centre, Double-blind, Randomised Placebo Controlled Phase III Trial of aspirin for dukes c and high risk dukes b colorectal cancers.

TOP GEAR A randomised phase II/III trial of preoperative chemoradiotherapy versus preoperative chemotherapy for resectable gastric cancer.

TRACC Registry Prospective Study of Clinical Outcomes and Analysis of Bevacizumab use in Metastatic Colorectal Cancer.

GYNAE

Australasian Oncofertility Registry Fertility outcomes for patients under 45 who seek fertility preservation.

SENTINAL NODE Study (Vulval) A prospective audit of sentinel node biopsy of vulval carcinoma in Australia and New Zealand.

SENTINAL NODE Study (Endometrial) Role of Sentinel Lymph Node Detection in Patients with Early Stage Endometrial Cancer.

LUNG

Safron II Stereotactic ablative fractionated radiotherapy versus radiosurgery for Oligometastatic Neoplasia to the lung: A randomised phase II trial.

Amethyst Phase 2, Parallel-Arm Study of MGCD265 in Patients with Locally Advanced or Metastatic Non-Small Cell Lung Cancer with Activating Genetic Alterations in Mesenchymal-Epithelial Transition Factor.

BR.31 A phase III double-blind placebo-controlled randomised study of adjuvant MED14736 in completely resected NSCLC.

IMpower Protocol title: A Phase III, Open-Label, Randomized Study of MPDL3280A (anti-PD-L1 Antibody) in Combination with Carboplatin + Paclitaxel with or without Bevacizumab Compared to Carboplatin + Paclitaxel + Bevacizumab in Chemotherapy-Naïve Patients with Stage IV Non-Squamous Non-Small Cell Lung Cancer.

ENSPIRIT A Multinational, Randomized, Open-Label Phase III Study of Custirsen (TV-1011/OGX-011) In Combination With Docetaxel Versus Docetaxel As A Second-Line Treatment In Patients With Advanced or Metastatic (Stage IV) Non-Small Cell Lung Cancer.

The OPAL Study A national, patient-randomised controlled trial which will compare the relative effectiveness of: i) Best standard care (a printed 'Understanding Lung Cancer' information booklet); ii) Proactive Telephone-Delivered Support and Information from a trained oncology nurse consultant; and iii) Proactive Online Delivered (email and live chat) Support and Information from a trained oncology nurse consultant as support for patients recently diagnosed with lung cancer.

MISCELLANEOUS

REKINDLE Testing an online resource to promote sexual wellbeing for both patients and their partners.

ANZUP. BEP study Randomised trial of accelerated versus standard initial BEP chemotherapy for intermediate and poor-risk advanced germ cell tumours.

BL.12 Trial. ANZUP A randomised phase 2 trial of nab-pactlitaxel versus standard paclitaxel for patients with advanced urothelial cancer progressing within 12 months of chemotherapy with a platinum-based regimen .

PROSTATE

Key Note 199. MK3475-199 Phase II Trial of Pembrolizumab (MK-3475) in Subjects with Metastatic Castration-Resistant Prostate Cancer (mCRPC) Previously Treated with Chemotherapy.

ENZAMET Trial ANZUP in collaboration with the NHMRC Clinical Trials Centre is planning to conduct a trial to determine the effectiveness of adding enzalutamide to an LHRHA as part of first line androgen deprivation therapy for metastatic prostate cancer.

ENZARAD Randomized phase 3 trial of radiation plus androgen deprivation therapy with or without enzalutamide for high risk, clinically localized, prostate cancer.

MELANOMA

CHECKMATE 401 Clinical Trial of Nivolumab (BMS-936558) Combined with Ipilimumab Followed by Nivolumab Monotherapy as First-Line Therapy of Subjects with Histologically Confirmed Stage III (Unresectable) or Stage IV Melanoma.

WBRTMel 01.07. Whole Brain Radiotherapy following local treatment of intracranial metastases of melanoma–a randomised phase III trial.

Haematological Studies

LEUKAEMIA

ONCONOVA A Phase III, International, Randomized, Controlled Study of Rigosertib versus Physician's Choice of Treatment in Patients with Myelodysplastic Syndrome after Failure of a Hypomethylating Agent.

CAMMERAY CLL7 An Australasian, phase II, multicentre, randomised, study investigating safety and efficacy for dose reduced fludarabine, cyclophosphamide and i.v. obinutuzumab (G-FC3) versus oral chlorambucil and i.v. obinutuzumab (G-Clb) in previously untreated, comorbid (CIRS score ≥6), elderly (≥65 years old) patients with chronic lymphocytic leukaemia (CLL).

AML M20 A programme of development for older patients with acute myeloid leukaemia and high risk myelodysplastic syndrome.

PINNACLE CML11 Phase II study of nilotinib plus pegylated interferon alfa-2b as first-line therapy in chronic phase CML aiming to maximize CMR and MMR (the ALLG CML11/Pinnacle Study).

CLL6 RESIDUUM A Phase III, Multicentre, Randomised Trial Comparing Lenalidomide Consolidation Vs No Consolidation in Patients with Chronic Lymphocytic Leukaemia and Residual Disease Following Induction Chemotherapy.

AML M16 Sorafenib in combination with intensive chemotherapy for previously untreated adult FLT3-ITD Positive AML: A Phase 2 randomised double-blind placebo controlled multi-centre study (ALLG AML M16).

LYMPHOMA

HARMONY (GO29833) A phase ib/ii study evaluating the safety and efficacy of obinutuzumab in combination with polatuzumab vedotin and venetoclax in participants with relapsed or refractory follicular or diffuse large b-cell lymphoma (HARMONY).

NHL29 - IRiC Trial is a Phase II study in patients ≥75 years with newly diagnosed Diffuse Large B Cell Lymphoma. Ibrutinib has demonstrated efficacy in inhibiting the B-cell-receptor pathways characterising the poor prognosis ABC subtype which is highly prevalent in the very elderly.

REPLY NHL 26 A Phase 2 Study of patients treated for relapsed Follicular Lymphoma: with Revlimid® consolidation added to Rituximab maintenance therapy in those remaining PET positive (RePLY).

ROBIN - BDM3502 Non-Hodgkin's Lymphoma A randomised, open label, multi-centre, phase III study to investigate the efficacy of Bendamustine compared to treatment of physician's choice in the treatment of subjects with indolent Non-Hodgkin's Lymphoma (NHL) refractory to Rituximab.

PFIZER MCL (B1771007) Temsirolimus Protocol 3066K1-4438-WW. A randomized phase 4 study comparing 2 intravenous Temsirolimus (TEMSR) regimens in subjects with relapsed, refractory mantle cell lymphoma.

MISCELLANEOUS

Gauchers Registry A Registry that collects medical information on people with certain rare diseases (such as Gaucher, Fabry, MPS, and Pompe) around the world.

MPN01 Myeloproliferative Neoplasms/Related Bone Marrow Disorders (Polycythaemia Vera, Essential Thrombocythaemia, Myelofibrosis, Chronic Eosinophilic Leukaemia, Hypereosinophilic Syndrome; Refractory Anaemia w. ring sideroblasts) associated with marked thrombocytosis.

ALLG - NBCR Australasian Leukaemia and Lymphoma Group National Blood Cancer Registry.

MULTIPLE MYELOMA

Abbvie M14-031 A Phase 3, Multicenter, Randomized, Double Blind Study of Bortezomib and Dexamethasone in combination with either Venetoclax or Placebo in Subjects with Relapsed or Refractory Multiple Myeloma Who are Sensitive or Naïve to Proteasome Inhibitors.

Myeloma and related diseases registry project outline The Myeloma & Related Diseases Registry (MRDR) is a registry of patients diagnosed with myeloma or related diseases.

CLINICAL ADVISORY GROUPS

The White Paper reinforced the importance of a continued formal mechanism through which clinicians can provide advice on service improvements from a whole of state perspective. A total of 17 CAGs have been operational during 2015-16, providing this state-wide focus across the Tasmanian health care system to inform healthcare provision and lead improvement in service delivery. The CAGs have been meeting quarterly with support provided previously by the Department of Health and Human Services and from April 2016 by the Tasmanian Health Service.

The role and functions of the CAGs has been to:

- provide the expertise and experience for the development of evidence-based clinical advice on discipline specific and cross discipline statewide issues as part of the planning and implementation of service reform and development,
- undertake and facilitate effective clinical engagement within and across disciplines,
- provide reports on specific issues as requested, and
- undertake programs of work identified by the Minister, the Governing Council and the Executive of the Tasmanian Health Service; the Secretary, Department of Health and Human Services; the Health Council of Tasmania.

Membership of the Tasmanian CAGs is broad and reflective of the differences between specialties. For example, the Allergy and Immunology CAG has a diverse membership, including staff specialists across disciplines, primary health and nursing representation. By contrast, the Musculoskeletal CAG also has a diverse membership, but with a high allied health contingent. A number of Primary Health Tasmania representatives are members across different CAGs, as well as private general practitioners. The membership of the CAGs is provided in more detail below.

A separate group has been meeting periodically comprising the CAG Convenors. The CAG Convenors Conference, chaired by Dr John Burgess, is a forum for engagement with the THS CEO Dr David Alcorn, to discuss the reform process and messages for dissemination through the CAGs and the staffing community beyond. This has been a useful forum for direct clinician engagement with the THS Executive and CEO that has encouraged frank dialogue.

The work program for CAGs has been significant. Beyond providing input into development of the Tasmanian Role Delineation Framework (TRDF) and Tasmanian Clinical Services Plan (TCSP), the CAGs have undertaken assessments of services to identify gaps and opportunities to improve patient outcomes within a state-wide service delivery model. Specifically, this has included an assessment against the TRDF and TCSP, and drafting of business cases to support realignment requirements.

All business cases are to be completed within the second quarter of 2016/17, at which time the CAGs will be disbanded. This is consistent with the end of the advisory phase of the reform process and commencement of implementation phases. Key Leaders Groups will be established comprising representatives from medicine, nursing and midwifery, allied health and consumer/patient support groups. Key Leaders Groups will play a key role in the implementation of White Paper reforms.

The leadership demonstrated by the CAG Convenors and membership has been critical to drive the reform process thus far. Engagement has been voluntary and many hours have been dedicated for the sole purpose of ensuring that the THS delivers the best patient outcomes possible. All members are thanked for their dedication and leadership, and encouraged to continue to participate in forums across the THS where clinical engagement is sought and needed.

Clinical Advisory Group Convenor Chair's Report

As chair of the CAG Convenors Conference, I have had the privilege of working cooperatively with my colleagues across the State to consider how we will deliver improved patient outcomes through implementation of a truly state-wide Tasmanian Health Service.

There has been a high level of engagement from within the clinical community that has contributed to meaningful, and at times vigorous, discussions about options to best improve patient experience and outcomes.

The release of the White Paper in June 2015 set the strategic agenda for the CAGs during 2015-16. We are currently in the midst of completing business cases that identify service and workforce gaps that may otherwise moderate the successful transition to state-wide service delivery. This work is due for completion on or before 1 September, and will inform the reform program into the latter half of 2016.

Completion of the business cases also signals the end of the formal advisory role of the CAGs. This is consistent with moving into an implementation phase with a management structure across the THS that will provide clear lines of accountability and engagement across and between specialties and professions. However, I am aware that the memberships of some CAGs will continue to meet to progress important work outside the scope of the current reform agenda. While these groups may no longer have a CAG title, I am confident that their work will continue to inform robust multidisciplinary discussions that are critical to the ongoing vitality of a healthy clinical community across the THS.

I commend the commitment of those clinicians who have taken a leadership role through their membership on the various CAGs, and look forward to continuing to work collegially into 2016-17 and beyond.

Dr John Burgess
Chair
Clinical Advisory Groups

Allergy and Immunology Convenor: Dr Malcolm Turner

Dr Malcolm Turner is a Rheumatologist who also runs the Jack Jumper Allergy Program (JJAP) in Tasmania. Through the JJAP he has seen the benefits of a coordinated approach to insect venom anaphylaxis. Tasmania is the only state or territory in Australia without a coordinated public Allergy and Immunology Service and Dr Turner would like to improve the care for Tasmanians with a home grown service. This would lead to better patient outcomes at a more efficient cost to the Tasmanian budget with more effective care delivered locally. Australia leads the world in prevalence of allergic disorders and care is evolving to match the increased burden of disease brought about by our western lifestyle.

Membership:

- Jenny Gudden, Program Manager Jack Jumper Allergy Program, RHH
- Dr Alasdair MacDonald, Director Department of Medicine, LGH
- Dr Josie Larby, Respiratory Physician, LGH
- Dr Nick Cooling, GP
- Dr Mat Yarrow, Staff Specialist Anaesthetist, RHH
- Anna Stubbs, Registered Nurse, Jack Jumper Allergy Program, RHH
- Troy Wanandy, Professional Specialist Pharmacist / Quality Manager, Jack Jumper Allergy Program, RHH
- Dr Heinrich Weber, Staff Specialist, Paediatrics, NWRH
- Jean Symes, Manager, Nutrition and Dietetics, RHH
- Anthony Milward, Director of Nursing, School Health Nurse Program
- Catherine Spiller, Project Leader, Primary Health Tasmania

- Dr Karl Bleasel, Clinical Immunologist, Private Sector

Co-opted member as required:

- Dr Bob Heddle, Head of Clinical Immunology Unit, Royal Adelaide Hospital
- Dr Wun Yee Lau, Allergist Immunologist, Private Sector
- Dr Jenny Skeat, GP
- Maria Said, President, Anaphylaxis Australia
- Cassandra Tichanow, CNC Paediatrics, RHH
- Gaylene Bassett, Clinical Nurse Specialist, Paediatric Chronic Allergies Disorders, NWRH

Child and Adolescent Mental Health Services
Convenor: Dr Fiona Wagg

Dr Fiona Wagg is a Child and Adolescent Psychiatrist of twenty years' experience who worked in Sydney, Australia and Newcastle-upon-Tyne, UK prior to taking up her role in Child and Adolescent Mental Health Services (CAMHS) – South in 2002. Dr Wagg has clinical special interests in infant mental health, eating disorders, inpatient CAMHS and CAMHS service system innovation. She undertook a Fellowship in Neurodevelopmental Psychiatry and is currently undertaking studies in Health Service Innovation and Post Graduate research enrolled at the University of Tasmania (UTas). She has previously undertaken training in Health Leadership. Dr Wagg is a Senior Lecturer at UTas and lectures in the UTas Perinatal and Infant Mental Health Course. Dr Wagg is Head of Department CAMHS – South. Dr Wagg is the Tasmanian representative on the Faculty of Child and Adolescent Psychiatry and is convening the FCAP binational conference in Hobart this year.

Dr Wagg is a Fellow of the Royal Australian and New Zealand College of Psychiatrists; the RANZCP Faculty of Child and Adolescent Psychiatry; and a Member of the Royal College of Psychiatrist UK.

Membership:

- Dr Fiona Judd, Perinatal Psychiatrist, CAMHS-South
- Dr Tony De Paoli, Staff Specialist – Neonatology, RHH
- Dr Michelle Williams, Staff Specialist – Paediatrician, RHH
- Dr Liz Webber, GP Liaison Officer, Complex, Chronic and Community Services – South
- Jane Austin, Senior Policy Consultant, Mental Health, Alcohol and Drug Directorate (DHHS)
- Chris Handley, ADON, Mental Health South
- Dominca Kelly, Director of Nursing – ChaPs, Child and Youth Services
- Sharni Tattam, Nurse Unit Manager – Team Leader, CAMHS – North
- Anne Easther, Team Leader, CAMHS – South
- Dr Ulla Johnson, Child and Adolescent Psychiatrist, Mental Health Services – North
- Cheryl Smith, Assistant Director of Nursing / Manager – Child Health and Parenting Services, Child and Youth Services – North West
- Sue Nesham, Team Leader, CAMHS – North West
- Kiona Fitzpatrick, Clinical Nurse Specialist – Youth Health Service, Primary Health Service – North West
- Katja Ubenauf, Child and Adolescent Psychiatrist, CAMHS – North West
- Dr Amanda Neil, Senior Research Fellow – Health Economist, Menzies Research Institute Tasmania
- Kristy Bartlett-Clark, Manager Southern Therapy Services, St Giles

- Ali Morse, College Clinical Psychologist for Children and Youth, St Virgil's College
- Denise Brazendale, Regional Leader, Mission Australia
- Dr Neil Atherton, Staff Specialist – Paediatrician, LGH
- Sheree Vertigan, National Board member – Headspace
- Mark Morrissey, Children's Commissioner

Cancer
Convenor: Clinical Associate Professor Rosemary Harrup

Clinical Associate Professor Rosemary Harrup FRACP FRCPA trained in Medical Oncology and Clinical Haematology, completing a dual Fellowship in 2001. She is Head of Department Medical Oncology and Haematology at the RHH and a member of the THS-South Executive, the board of the Cancer Council of Tasmania, the Tasmanian Cancer Registry Advisory Group and the RHH Research Foundation Scientific and Advisory Committee. She has a strong interest in clinical research particularly in the areas of Cancer Clinical Trials, Neuro-Oncology, Malignant Haematology and Late Effects. She is the current Chair of the Medical Oncology Group of Australia Incorporated (MOGA), the peak national body for the Australian Medical Oncology profession. She has been a member of the RACP National Examining Panel since 2004.

Membership:

- Dr Stan Gauden, Director Holman Clinic, LGH
- Dr Judith Watson, General Practitioner, Governing Council member
- Gillian Sheldon-Collins, Registered Nurse – Oncology Outpatients, RHH
- Grant Smith, Chief Radiation Therapist, WP Holman Clinic, LGH
- Janine Griffin, NUM Cancer Services, NWRH
- Peggy Egan, CEO Cancer Council Tasmania
- Gail Ward, State Manager Cancer Screening
- Julie Tate, Operations Manager Medical Imaging, RHH

Cardiac
Convenor: Dr Paul MacIntyre

Dr Paul MacIntyre moved from Scotland in 2011 to take up a post as Staff Specialist – Cardiology at the RHH. Dr MacIntyre trained and first worked in Scotland, and was appointed as Consultant Cardiologist to the Royal Alexandra Hospital in Paisley, Glasgow in 1996. In 2005, he was appointed Lead Clinician for Coronary Heart Disease in Scotland, and Chair of the National Advisory Committee to the Scottish Government. In 2007, Dr MacIntyre received a merit award for his achievements in Cardiology in Scotland and his contribution to the wider National Health Service. Dr MacIntyre is Director of Cardiology at the RHH, and Convenor of the Cardiac CAG. He has a strong interest in governance, service development and re-design, and is currently a Director of the Tasmanian Division of the National Heart Foundation.

Members:

- Shelley Foale, Nurse Unit Manager – Cardiology and Neurology, LGH
- Dr Con Georgakas, Director – Clinical Services, Ambulance Tasmania
- Gillian Mangan, Cardiovascular Health Director, Heart Foundation
- Dr Graeme Bleach, General Practitioner, Primary Health Tasmania
- Dr Ash Hardikar, Director – Cardiothoracic Surgery, RHH
- Dr Brian Herman, Staff Specialist – Interventional Cardiologist, LGH
- Dr Nathan Dwyer, Staff Specialist – Cardiology, RHH
- Therese Hudson, Nurse Unit Manager – Cardiac Catheterisation Laboratory, RHH

- Jacqueline Roberts-Thomson, Nurse Unit Manager – Close Observation Unit, MCH
- Sue Sanderson, Nurse Practitioner – Chronic Cardiac Care, RHH
- Anna Storen, Clinical Nurse Consultant (Acting) – Cardiac Rehabilitation, NWRH

Emergency Department
Convenor: Dr Marielle Ruigrok

Dr Marielle Ruigrok moved to North West Tasmania seven years ago, and spends her time between the emergency departments at the NWRH and MCH. Dr Ruigrok has been a FACEM since 2000, and worked initially at The Canberra Hospital for six months and then as Director of Emergency at Calvary Health Care ACT for the subsequent eight years. Her work interests are to get a smoother running of the ED with improved patient flow, as well as system level change. At home Dr Ruigrok has a farm that takes up the rest of her time.

Membership:

- Maxine Wooler, Nurse Unit Manager, NWRH
- Sarina Jessup, MCH
- Lynn Sims, Nurse Unit Manager, MCH
- Melinda Rose, RHH
- Scott Rigby, Nurse Unit Manager, LGH
- Shaun Probert, LGH
- Paul Pielage, Director – ED, LGH
- John Regan, Consumer representative
- Emma Huckerby, Director – ED, RHH
- Louise Grant, GP representative
- Con Georgakas, Ambulances / Retrieval representative
- Bev Cannon FACEM, ED, LGH
- Tony Bradley, Nurse Unit Manager, RHH

Endocrinology
Convenor: Professor John Burgess

Professor Burgess graduated with an MBBS from the University of Tasmania and underwent Advanced Physician Training at the Royal Hobart Hospital and St Vincent's Hospital Melbourne. Subsequent to gaining his Fellowship, Professor Burgess has undertaken ongoing clinical and basic research for which a Doctorate in Medicine was conferred in 1998, a Doctor of Philosophy in 2007, and Associate Membership of the Royal College of Pathologists of Australasia was conferred in 2015. He maintains an active research profile in the fields of thyroid disease, iodine deficiency disorders and inherited endocrine tumour syndromes. In conjunction with clinical practice in diabetes and endocrinology, his current professional roles include Director of Endocrinology Laboratory (RHH), Director of Medical Subspecialties (RHH), Clinical Director Medicine Services (RHH) and Professor of Endocrinology at the University of Tasmania.

Membership:

- Elisa Williams, Primary Health Tasmania
- Carol Philips, Primary Health Tasmania
- Dr Anne Corbould, Visiting Medical Practitioner, LGH
- Dr Jo Campbell, Director Physician Training, LGH
- Dr Anne Duffield, Staff Specialist (Endocrinologist), RHH
- Dr Roland McCallum, Staff Specialist (Endocrinologist), RHH
- Dr Georgie Stillwell, Visiting Medical Specialist (Endocrinologist), Hobart
- Caroline Wells, CEO, Diabetes Tasmania
- Anne Muskett, NUM, Diabetes Nurse Education, RHH

- Michelle Woods, Nurse Practitioner Diabetes, RHH
- Catherine Spiller, Manager, Tasmanian Health Pathways, Primary Health Tasmania
- Susie Lennox, Diabetes Specialist (Podiatrist), NWRH
- Kathryn Thomas, NUM, Diabetes Centre, NWRH
- Maria Smith, CNS Diabetes, NWRH

Intensive Care
Convenor: Clinical Associate Professor Andrew Turner

Clinical Associate Professor Andrew Turner was a graduate of UTAS in 1988. He obtained Fellowship of the Royal Australasian College of Physicians in 1997, and College of Intensive Care Medicine in 2010. His previous roles within the RHH have included Director of Intern Training and Medical Co-Director Clinical Services Medicine. He is currently employed as Director of Department of Critical Care Medicine and State Medical Director for DonateLife Tasmania. He has been President of the Australia and New Zealand Intensive Care Society, Treasurer of the ANZICS Clinical Trials Group, and has been a Director of the Australian and New Zealand Research Centre, and the Intensive Care Foundation. He was also a member of the Expert Reference Group for the Development of a National Set of High Priority Hospital Complications, Australian Commission on Safety and Quality in Healthcare.

Membership:

- Cindy Weatherburn, Clinical Nurse Specialist – DCCM, RHH
- Belinda McCann, Clinical Nurse Consultant – DCCM, RHH
- Felicity Geeves, Nurse Unit Manager – Intensive Care, RHH
- Maria Downey, Specialist Pharmacist – Critical Care, RHH
- Dr Brady Tassicker, Staff Specialist – Emergency Medicine, NWRH
- Dr David Rigg, Staff Specialist – Critical Care Medicine, RHH
- Dr Matt Brain, Staff Specialist – Intensivist, LGH
- Dr Scott Parkes, Staff Specialist – Intensivist, LGH
- Jenny Parker, Nurse Unit Manager – Intensive Care, LGH
- Dr Michael Buist, Staff Specialist – General Medicine, NWRH
- Trudy Segger, Nurse Unit Manager – Intensive Care, NWRH
- Dr Con Georgakas, Director Clinical Services, Ambulance Tasmania
- Dr Nishanthi Gurusinghe, Visiting Medical Specialist – Surgery, LGH
- Jacqueline Roberts-Thomson, Nurse Unit Manager – High Dependency Unit, MCH
- Ianthe Boden, Clinical Lead Physiotherapist, LGH

Co-opted member as required:

- Mr Ash Hardikar, Director – Cardiothoracic Surgery, RHH
- Professor Peter Dargaville, Staff Specialist – Neonatologist, RHH

Medical Imaging
Convenor: Dr Robert Howie

Dr Robert Howie obtained a degree in Economics and a Diploma of Education prior to undertaking a Medical Degree. He has post graduate qualifications in Obstetrics and has obtained Fellowship of the Royal Australian and New Zealand College of Radiologists. Dr Howie trained in Radiology in Adelaide before working

as a Radiologist at the RHH. He then spent some 17 years working in private practice in Hobart, including some time as managing partner. He has now returned to the RHH, and is currently Director of Medical Imaging.

Dr Howie was involved in establishing BreastScreen Tasmania, and is still involved in the service. His interests include Orthopaedic Imaging, Neuroradiology, Cardiac Imaging including Cardiac CT and particularly Cardiac Magnetic Resonance Imaging.

Membership:

- Dr Garth Faulkner, Operational Manager – Medical Imaging Services, Chief Radiographer, LGH
- Julie Tate, Operations Manager – Medical Imaging Services, RHH
- Mel Chitty, Deputy Chief Radiographer, LGH
- Dr Owen Pointon, Staff Specialist, Nuclear Medicine, RHH

Musculoskeletal
Co-convenors: Dr Deborah Speden and Dr Hilton Francis

Deborah Speden studied medicine at the University of Tasmania, prior to undertaking training in rheumatology at the prestigious Royal National Hospital for Rheumatic Diseases in Bath, UK. After completing doctoral research and clinical trials in biologic therapies, she worked as a clinical rheumatologist in greater Manchester, and won an award for clinical service innovation. When the weather finally got the better of her, she returned to Hobart with her family in 2009, and works in both public and private practice. As Head of the Rheumatology Department at the Royal Hobart Hospital since 2010, Deb has championed the multi-disciplinary team model of care for chronic musculoskeletal conditions, implementing a rheumatology specialist nurse co-ordinator for complex inflammatory joint diseases and a Spinal Assessment Clinic with extended scope allied health professionals. Progressing statewide musculoskeletal services as Co-convenor of the Musculoskeletal Clinical Advisory Group is an ongoing collaborative project. Deb has maintained her interest in clinical trials as co-investigator at Southern Clinical Research, and collaborated in investigator-initiated research in back pain with the Menzies Research Institute.

Membership:

- Dr Alasdair MacDonald, Director of Medicine, LGH
- Dr Don Rose, General Practitioner
- Simon Watt, Clinical Specialist Physiotherapy, Musculoskeletal Deputy Manager, NWRH
- Dr Keith McArthur, GP Liaison Officer, North West region
- Dr Liz Webber, GP Liaison Officer, Southern region
- Hamish Newsham-West, Clinical Lead Physiotherapist – Musculoskeletal, Southern Region
- Catherine Spiller, Project Leader – Tasmanian Health Pathways, Primary Health Tasmania
- Jane Hope, Arthritis Tasmania
- Nadia Zalucki, Clinical Lead Physiotherapist – Musculoskeletal

Co-opted member as required:

- Mr Scott Fletcher, Director of Surgical Services, NWRH
- Mr Scott Mackie, Visiting Medical Officer – Orthopaedics, RHH
- Mr Paul Harvie, Staff Specialist – Surgeon, RHH
- Dr Andrew Hunn
- Dr Arvind Dubey, Staff Specialist – Neurosurgery, RHH

Neurology
Co-Convenors: Dr Dean Jones and Dr Helen Castley

Dr Dean Jones is a staff specialist and current Head of Department of Neurology at RHH. He is from Launceston originally, and completed science and medical degrees at the University of Tasmania. He has clinical experience and training from RHH, Austin Hospital and Radcliffe Infirmary, Oxford UK, along with research experience at Monash, Flinders and Queensland Universities. Dr Jones is also a chief investigator in joint Tasmania/Victoria research on the genetics of epileptic encephalopathies. Further, he is senior lecturer in neurology at UTAS, including video teaching to Launceston and North West clinical schools.

Dr Helen Castley is a staff specialist in neurology at the Royal Hobart Hospital and current Head of the Acute Stroke Unit. She completed her medical degrees at the University of Tasmania before completing her medical training at the RHH, Box Hill Hospital and Monash Medical Centre. Dr Castley has a special interest in Stroke and represents Tasmania on the Australian Stroke Coalition. She is also on the Australian Stroke Clinical Registry steering committee and was a member of the Stroke Clinical Care Standards Topic Working Group. She is actively involved in teaching of both medical students and physicians.

Membership:

- Alexis Bull, Clinical Nurse Coordinator – Rehabilitation Unit, Aged and Rehabilitation Services
- Ben Phegan, Clinical Nurse Educator, Medical Ward Education, MCH
- Cath Craw, Acting EO Tasmania, National Stroke Foundation
- Deidre Broadby, Stroke Nurse / Clinical Nurse Consultant – Stroke Unit, RHH
- Dr Alasdair MacDonald, Director of Medicine, LGH
- Dr Con Georgakas, Medical Director, Clinical Services Division, AT
- Dr Kurien Koshy, Staff Specialist, Neurology, LGH
- Dr Michael Dreyer, Staff Specialist, Neurology, RHH
- Dr Michael Rose, Staff Specialist, Emergency Department, RHH
- Dr Nicole Hancock, Staff Specialist General Medicine, RHH
- Emma Jane McCrum, Senior Psychologist / Neuropsychologist, LGH
- John Cannell, Clinical Lead Physiotherapist – Rehabilitation, LGH
- Lee Wallace, Nursing Director – Rehabilitation / Sub Acute Care Services, LGH
- Paula Hyland, Director Allied Health Services, North West Region
- Sharon Wendon, Clinical Nurse Consultant – Neuromuscular Degenerative Disease, LGH
- Toni Aslett, Director, Programs, National Stroke Foundation

Pathology
Convenor: Dr Vince Murdolo

Dr Vince Murdolo has worked extensively in pathology services across rural and metropolitan Australia, before taking on a number of roles at the RHH. These roles have included Anatomical Pathologist, Director of Anatomical Pathology and now Director, Pathology Services. Dr Murdolo graduated from Monash University in 1986, received Membership of the Australian Association of Clinical Biochemists in 1994 and subsequently Fellowship of the Royal Australasian College of Physicians in 1998. He has an ongoing interest in education, and currently has a position as Lecturer in Pathology at the University of Tasmania, while also studying a Bachelor of Health at the University of Tasmania.

Membership:

- Dr Tony Xabergras, Executive Director, Medical Services, RHH
- Dr Peter Renshaw, Director of Clinical Services, LGH
- Dr Terry Brain, Staff Specialist, LGH
- Dr Louise Cooley, Staff Specialist Microbiology, LGH
- Gerald Bates, Laboratory Manager, LGH
- Denise Parry, General Manager of former THO-NW
- Rob White , Medical Scientist in Charge, Core Laboratory, RHH

Renal
Convenor: Dr Geoffrey Kirkland

Dr Geoffrey Kirkland is Director of Nephrology at the RHH. Dr Kirkland is a medical graduate from the University of Tasmania, with basic physician training undertaken at the RHH. He subsequently undertook nephrology training at the Austin and St Vincent's hospitals in Melbourne, followed by two years of laboratory National Health and Medical Research Council funded research into glomerulonephritis. Dr Kirkland later returned to the RHH as Deputy Director of the Division of Medicine and consultant Nephrologist. He has been involved in a number of clinical research studies in Tasmania including looking at the distribution of Chronic Kidney Disease in Tasmania and has set up the Tasmanian Vasculitis Group to improve the inter-discipline management of vasculitis in the state.

Membership:

- Dr Mathew Mathew, Staff Specialist – Nephrology, LGH
- Dr Rajesh Raj, Staff Specialist, LGH
- Dr Duncan Cooke, Staff Specialist, LGH
- Rose Mace, Nurse Unit Manager – Renal Unit, LGH
- Jen Reynolds, Nurse Unit Manager – North West Renal Satellite Unit
- Dr Keith McArthur, GP Liaison Officer, NWRH
- Professor Matthew Jose, Staff Specialist – Renal Medicine, RHH
- Dr Steven Yew, Staff Specialist – Renal Medicine, RHH
- Dr Lisa Jeffs, Staff Specialist – Renal Medicine, RHH
- Dr Richard Yu, Staff Specialist – Renal Medicine, RHH
- Colin Banks, Nurse Unit Manager – Renal Unit, RHH
- Sheila Campbell, CNC – Palliative Care, Southern Region
- Des Moore, Business Manager – Finance, RHH
- Robyn Montgomery, Senior Dietician, RHH
- Dr Rob Pegram, Director of Medical Services, North West

Respiratory and Sleep Medicine
Convenor: Dr Nicholas Harkness

Dr Nick Harkness is a medical graduate of the University of Tasmania (1997), and attained Fellowship of the Royal Australasian College of Physicians (FRACP) in 2002. Dr Harkness has been engaged at the RHH as Staff Specialist in Respiratory Medicine since 2006, and commenced as Head of Department in 2014. He is also the Medical Director for the RHH Respiratory Function Unit. Dr Harkness has maintained an active interest in research/clinical audit, following an exemplary academic record during his training. Dr Harkness has a number of teaching roles, including at the University of Tasmania as well as through the RACP.

Membership:

- Wendy Chatwin, Clinical Nurse Consultant – Respiratory Unit, LGH
- Dr Collin Chia, Staff Specialist – Respiratory, LGH
- Dr Greg Haug, Staff Specialist – Medicine, LGH
- Dr Jim Markos, Visiting Medical Practitioner, LGH
- Dr Josie Larby, Staff Specialist – Respiratory, LGH
- Melissa Grey, Clinical Nurse Consultant – Respiratory Unit, LGH
- Dr Robert Hewer, Staff Specialist – Respiratory, RHH
- James MacLachlan, Coordinator – Tasmanian Adult Cystic Fibrosis Unit, RHH
- Helen Cameron-Tucker, Senior Physiotherapist – Cardiorespiratory Rehabilitation, RHH
- Dr David Stock, Staff Specialist – Respiratory, RHH
- Margot Thompson, Clinical Nurse Specialist – Tuberculosis, RHH
- Catherine Spiller, Manager, Tasmanian Health Pathways, Primary

Co-opted member as required:

- Dr Ash Hardikar, Director – Cardiothoracic Surgery
- Professor Haydn Walters, Breathe Well Centre for Research Excellence, School of Medicine, University of Tasmania
- Renee Grundy, Clinical Nurse Consultant – Lung and Colon Cancer Care, RHH

Sub-Acute Care
Convenor: Professor Michael Ashby

Michael Ashby is Professor and Director of Palliative Care, and Clinical Director, Complex, Chronic and Community Group, in the Tasmania Health Service based at the Royal Hobart Hospital. After graduation in London, and training in clinical oncology in the UK and France, he held clinical, academic, management and leadership positions in Adelaide and Melbourne prior to moving to Hobart in 2007.

He is a member of the International Working Group on Death Dying and Bereavement, and former Vice-President and currently a director and board member of the Australian Centre for Grief and Bereavement. He sat on the Governing Council of THO South in 2014-5, and is an associate member of Group Relations Australia.

He has research interests in law, ethics and the humanities as they apply to palliative care and decision-making at the end of life, and is currently working on the interface between psychodynamics and death and dying, grief and loss.

He is Consultant Editor to the Journal of Bioethical Enquiry, an editor of the Journal of Palliative Care, and Mortality, and a reviewer for a number of international journals.

Membership:

- Professor Michael Ashby, Director of Palliative Care, RHH
- Bruce Edwards, Group Manager – Complex, Chronic and Community Services, South
- Dr Alasdair MacDonald, Director of Medicine, LGH
- Lee Wallace, Nursing Director – Rehabilitation / Sub Acute Care Services, LGH

- Susan Crave, Northern Area Manager – Mental Health Services, North
- Keith McArthur, GP Liaison Officer, North West
- Angella Downie, Group Manager / Director of Nursing Complex, Chronic and Community Services, North West
- Paula Hyland, Director Allied Health Services, North West
- Dr Mark Slayter, Staff Specialist – Aged and Rehabilitation Services, RHH
- Dr Frank Niklason, Staff Specialist – Geriatric Medicine
- Angela Kosmeyer, Group Manager – J.W Whittle PCU Cancer Services
- Ann Allanby, Assistant Director of Nursing – Cancer Services, J.W Whittle PCU Cancer Services
- Sharlene Meldrum, Manager – Social Work, Social Work Services North West, Primary Health North West
- Catherin Spiller, Project Leader – Tasmanian Health Pathways, Primary Health Tasmania
- Shawn Lee, Manager NICS, LGH

Surgical and Perioperative Services Convenor: Clinical Associate Professor Marcus Skinner was the Inaugural Convenor of the Surgical and Perioperative Services Clinical Advisory Group

Clinical Associate Professor Marcus Skinner, Staff Specialist Anaesthetist, has been the Clinical Director of Anaesthesia and Perioperative Medicine, RHH, since 2010. His extensive committee and professional body membership reflects an enduring commitment to excellence in clinical service provision, research and education.

He maintains a number of teaching roles, locally and internationally, and is passionate about the development of the state trauma and aeromedical system and development of the improvement in patient retrieval capability with a long term desire to have an operational tertiary hospital helipad. He is a member of the Professional Affairs Executive of ANZCA and is Chairman of the Tasmanian Anaesthesia Training Program Committee. Clinical Associate Professor Skinner has an active departmental research program with involvement in a number of local research initiatives and in international multicentre trials.

Membership:

- Mr Ash Hardikar, Director – Cardiothoracic Surgery, RHH
- Dr Chris Middleton, Director – Gastroenterology Department and Endoscopy Unit, RHH
- Mr Brian Kirkby, Director of Surgery, LGH
- Dr David Smart, VMO – Hyperbaric Medicine
- Mr Albert Erasmus, Head of Department – Neurosurgery, RHH
- Mr Ankit Garg, VMO – Oral and Maxillofacial Surgery, RHH
- Mr David Edis, VMO – Orthopaedic Surgeon, LGH
- Mr Nitin Sharma, Staff Specialist – Hand, Wrist and Plastic Surgeon, RHH
- Dr Sandy Zalstein, Interim State Trauma Director, RHH
- Mr David Cottier, Head – State-wide Vascular Surgery Unit, RHH
- Mr Ed Fenton, Head – Paediatric Surgery, RHH
- Mr Scott Fletcher, Director of Surgery, NWRH

- Mary Condon-Williams, Nurse Unit Manager – Surgical Access, RHH
- Katrina Willis, Co-Director, Perioperative and Surgical Clinical Redesign, North West
- Cassandra Sampson, Nursing Director, Surgery, LGH
- Cindy Hollings, Discipline Lead, Occupational Therapy
- ENT representative
- Urology representative

Trauma
Convenor: Dr Sandy Zalstein

Dr Sandy Zalstein is a dual qualified specialist anaesthetist, who moved to Tasmania after working as a specialist intensivist and retrievalist in metropolitan and regional Victoria. Dr Zalstein has had a diverse career with experience in civilian and military trauma, including major trauma centres and operational deployments to East Timor and Afghanistan. Now based at the RHH, Dr Zalstein's interests are in simulation, training and debriefing in resuscitation and non-technical skills, as well as in emergency management. In addition, he has just completed his Associate Fellowship of the Royal Australian College of Medical Administrators. Dr Zalstein has been the Trauma CAG Convenor since the group's inception, has a role as the CAG Convenor's Conference Deputy Chair, and is also a member of the Surgical and Perioperative Services CAG.

Membership:

- Dr Andrew Castley, Visiting Medical Specialist, Plastic Surgery, Head of State Burns Service, RHH
- Mr Brian Kirkby, Director of Surgery, LGH
- Mr Paul Harvie, Staff Specialist, Orthopaedic Surgeon
- Dr Hamish Jackson, Staff Specialist, Paediatric Intensivist and Neonatologist
- Dr Brian Doyle, Staff Specialist, Emergency Medicine Physician
- Clinical Associate Professor Marcus Skinner, Staff Specialist, Anaesthetist
- Dr Emma Huckerby, Staff Specialist, Emergency Medicine Physician
- Dr Ruth Holmes, Staff Specialist, Emergency Medicine Physician
- Shaun White, Manager Aero-medical and Medical Retrieval Operations
- Felicity Geeves, Nurse Unit Manager, Intensive Care
- Shaun Probert, Clinical Nurse Consultant, Emergency Medicine
- Andrew Keygan, Clinical Nurse Educator, Emergency Department

Co-opted member as required:

- Dr Matt Brain, Staff Specialist – Intensivist, LGH
- Dr Scott Parkes, Staff Specialist – Intensivist, LGH

Women and Children Clinical Services
Convenor: Dr Tony De Paoli

Dr Tony De Paoli is a Staff Specialist Neonatologist working in the Tasmanian Neonatal Paediatric Intensive Care Unit (NPICU) at the RHH since 2005; Dr De Paoli commenced as the NPICU Director in 2015. In his role, Dr De Paoli provides clinical services to the Neonatal Follow-up Clinic, the High Risk Antenatal Clinic, and the Newborn Emergency Transport Service based at the RHH. He continues to have a strong interest in clinical research, and is an Honorary Senior Clinical Lecturer at the University of Tasmania. Dr De Paoli represents the NPICU at the Australian and New Zealand Neonatal Network, is a WACS representative on the Genetic Services CAG, and has been the WACS CAG Convenor since 2014.

Membership:

- Dr Sajid Patel, Head of Department – Obstetrics and Gynaecology, RHH
- Dr Neil Atherton, Staff Specialist – Paediatrician, LGH
- Mandy Compton, Nurse Unit Manager – Women's Health Services, MCH
- Francine Douce, Director of Nursing and Midwifery, DHHS
- Dr Deborah Hickling, Staff Specialist – Obstetrics and Gynaecology, NWRH
- Sue McBeath, Executive Director of Nursing, Southern Region
- Dr Emily Hooper, Staff Specialist – Obstetrics and Gynaecology, LGH
- Michelle Paine, Specialist Pharmacist – Women's and Children's Services, Southern Region
- Janette Tonks, Nursing Director – Women's and Children's Services, LGH
- Dr Fiona Wagg, Child and Adolescent Psychiatrist – Mental Health Services South
- Dr Michelle Williams, Staff Specialist Paediatrician, RHH
- Gaylene Bassett, Clinical Nurse Educator / Clinical Midwifery Educator, NWRH
- Dr Kristine Barnden, Staff Specialist – Obstetrics and Gynaecology, RHH
- Mr Ed Fenton, Director of Paediatric Surgery, RHH
- Associate Professor Penny Blomfield, Director of Gynaecologic Oncology, RHH
- Dominica Kelly, Director – Early Years Child Health and Parenting Service

ACCREDITATION

	Service	Accreditation cycle	Comments
THS North West	Netherby Home - King Island Community Health Centre	Aged Care Accreditation	Full accreditation for 3 years awarded in 2014
THS North	LGH & Mental Health North	National Safety & Quality Health Service Standards - NS 1-10	Accredited, 3 years awarded in March 2015
THS North West	Lyell House – Health West District Hospital	Aged Care Accreditation	Accreditation 3 years awarded in Aug 2015
THS North West	Acute – NWRH and MCH & Spencer Clinic	Mental Health National Standards & National Standards Organisation Wide	Table top review NS 1 - 10
THS South	Acute and Community	Organisational Wide Survey – NS 1-10	Accredited 4 years awarded in Feb 2016
THS South	Oral Health	Organisational Wide Survey – NS 1-6	Accredited for 4 years awarded in March 2016
THS North West	Acute – NWRH and MCH & Spencer Clinic	National Standards Organisation Wide Survey NS 1 – 10	Accredited for 4 years awarded
THS North	Primary Health North	Periodic Review - on site EQUIPNational core standards	Maintain Accreditation until April 2018
THS South	Mental Health and Statewide services	Organisational Wide Survey - NS	due 2017
THS North West	Rural Inpatient Facilities NW	National Standards Organisation Wide Survey NS 1 - 10	Waiting on official notification of Full accreditation for 4 years awarded July 2016.
THS North West	Primary Care Services NW	National Standards Organisation Wide Survey	Working on self-assessment due for submission late August 2016.
THS South	Mental Health (South)	Accreditation deferred until review completed	Accreditation scheduled for March 2017

QUALITY AND SAFETY

The last 12 months have seen significant emphasis in the Quality & Safety area. Following the establishment of the THS, the Statewide quality and safety agenda was confirmed by the Governing Council and the Quality & Safety Subcommittee as being of high priority.

The Tasmanian Health Service (THS) Integration Safety and Quality Committee (IS&QC) was convened in September 2015, under the chair of the Interim CEO Dr Anne Brand. This committee's brief was to bring together key safety and quality practitioners from the various THS campuses to provide direction on safety and quality issues that affect patient care at the whole of organisation level; work on the standardisation of key policies and processes; support and promote THS improvement in clinical practice and clinical performance and develop effective internal and external relationships across the THS.

Following the appointment of the CEO, David Alcorn in February, the commitment to Quality and Safety was heightened and in May 2016, Dr Annette Pantle, was the inaugural appointment in the Executive Director of Patient Safety THS role.

Dr Pantle's wealth of experience in the quality and safety field nationally, is welcomed to THS and the IS&QC members have been working with Dr Pantle to enhance and develop the THS quality, safety and clinical risk systems; and address significant quality and safety issues facing the organisation.

New initiatives include: securing Health Round Table membership across the THS hospital services, progression of the clinical risk system, review of THS quality and safety data collection and trends and continued work in learning from serious clinical safety events, high level complaints, medico-legal cases and Coronial and Ministerial feedback

CELEBRATING THE COURAGE AND DETERMINATION OF HOSPITAL'S AWESOME FOURSOME

Picture courtesy Scott Gelston, The Examiner

Four children, who have faced major health battles, are Northern Tasmania's latest super heroes.

Grace, Caleb, Kaije and Oliver, who have all been patients of the children's ward at the Launceston General Hospital (LGH), have been depicted as their favourite super heroes.

To celebrate their bravery The Examiner Newspaper graphic artist and now Marvel Comics recruit Patrick Brown transformed the awesome foursome for a special feature in partnership with the LGH.

OUR PERFORMANCE

PERFORMANCE AGAINST SERVICE AGREEMENT

In accordance with Section 44 of the *Tasmanian Health Organisations Act 2011* the Service Agreement between the Minister for Health and the THS Governing Council clearly sets out the service delivery and performance expectations for the funding provided to THS for the 2015-2016 financial year. As such, the Service Agreement is the key accountability agreement between the Minister for Health and the THS.

The 2015-2016 Service Agreement for the THS consisted of six (6) parts:

A. The accountabilities of the Tasmanian Public Sector Health System.

B. An overview of the service profile of the THS.

C. An outline of the key performance indicator schedule against which THS performance would be monitored and assessed.

D. THS funding allocation.

E. THS funding schedule summary.

F. National Weighted Activity Unit (NWAU) estimates as per the State's obligations under the National Health Reform Agreement.

THS Service Agreement 2015-2016 performance ***Data extracted from FYI 28 July 2016***

Finance and Activity	1st Quarter Result	2nd Quarter Result	3rd Quarter Result	4th Quarter Result	Comments
KPI FA1. Variation from budget – full year projected					
Target	Balanced budget				
Result	$335 000 surplus				To ensure that there was adequate funding available to the THS during the transition phase, a supplementary appropriation of $10 million was provided to the THS in the 2015-16 Revised Estimates Report. Additional supplementation was also provided by the Department of Health and Human Services (DHHS) in the form of $5 million for the Workforce Renewal Incentive Program (WRIP) and Targeted and Negotiated Voluntary Redundancies (TNVRs). The Department also purchased a number of Mental Health properties used by the THS, which will benefit the service going forward.

Finance and Activity	1st Quarter Result	2nd Quarter Result	3rd Quarter Result	4th Quarter Result	Comments
KPI FA2. Cash liquidity					
Target	THO Operating account has a favourable balance				
Result	$71.3 million				At 30 June 2016 the THS had $71.3 million against its Operating Account, of which $30.2 million related to discretionary (untied) funding. Of the discretionary balance approximately $23 million relates to 2014-15 and 2015-16 cross border commitments which will be carried forward into 2016-17 in anticipation of settling these accounts, with the remainder relating to funding for one off large expenditures anticipated to be paid in 2015-16 but not yet incurred.

KPI FA3. Acute admitted raw separations

Target (cumulative)	23 504	46 794	69 586	93 542	
Result (LIVE)	23 764	47 315	70 468	96 114	Performance 2.7 per cent above target

KPI FA4. Acute admitted inlier weighted units

Target (cumulative)	23 699	47 481	69 187	92 636	
Result (LIVE)	23 800	47 130	69 781	95 553*	Performance 3 per cent above target **1 350 un-coded records included in result at an assigned value of 1.0*

KPI FA5. Admitted patient episode coding (clinical coding) including contracted care - timeliness

Target (quarterly)	100% coded within 42 days of separation each quarter				
Result	86%	98%	95%	Result not yet available	

KPI FA6. Admitted patient episode coding (clinical coding) including contracted care - accuracy

Target (quarterly)	100% corrected within 30 days of advice from SPP each quarter				
Result	100%	100%	100%	Result not yet available	

Latest published TIPCU data

Safety and Quality	1st Quarter Result	2nd Quarter Result	3rd Quarter Result	4th Quarter Result	Comments
KPI SQ1. Hand hygiene compliance					
Target (tri-annually)	70%				
Result - RHH	79%	80%	Result not yet available		Reported in arrears based upon latest published TIPCU data
Result - LGH	76%	82%			
Result - NWRH	73%	75%			
Result - MCH	78%	85%			

Latest published TIPCU data

KPI SQ2. Healthcare associated staphylococcus aureus (including MRSA) bacteraemia infection rate -cases per 10 000 patient days

Target (quarterly)	<2.0 cases				
Result - RHH	1.3	0.5	0.5	Result not yet available	Reported in arrears based upon latest published TIPCU data
Result - LGH	1.5	0.6	1.6		
Result - NWRH	0.9	0	0		
Result - MCH	1.5	1.7	2.0		

Access to Emergency Care	1st Quarter Result	2nd Quarter Result	3rd Quarter Result	4th Quarter Result	Comments
KPI AEC1. Triage 1 emergency department presentations seen within recommended time					
Target (quarterly)	100% each quarter				
Result - RHH	100%	100%	100%	100%	
Result - LGH	100%	100%	100%	100%	
Result - NWRH	100%	100%	100%	100%	
Result - MCH	100%	100%	100%	100%	
KPI AEC2. Triage 2 emergency department presentations seen within recommended time					
Target (quarterly)	80.0% each quarter				
Result - RHH	65.1%	74.8%	81.0%	87.6%	Target achieved in 2 of 4 quarters
Result - LGH	76.3%	81.9%	82.5%	81.9%	Target achieved in 3 of 4 quarters
Result - NWRH	85.0%	88.6%	82.3%	86.6%	Target achieved in all 4 quarters
Result - MCH	75.6%	83.5%	83.9%	77.0%	Target achieved in 2 of 4 quarters
KPI AEC3. Emergency department did not wait presentations					
Target (quarterly)	</= 5% each quarter				
Result - RHH	7.3%	5.8%	3.3%	2.2%	Target achieved in 2 of 4 quarters
Result - LGH	4.6%	3.6%	4.0%	2.7%	Target achieved in all 4 quarters
Result - NWRH	1.2%	1.3%	2.6%	1.6%	Target achieved in all 4 quarters
Result - MCH	3.0%	2.4%	2.7%	2.9%	Target achieved in all 4 quarters

Access to Emergency Care	1st Quarter Result	2nd Quarter Result	3rd Quarter Result	4th Quarter Result	Comments
KPI AEC4. Time until most admitted patients (90%) departed the emergency department					
Target (quarterly)	8hours each quarter				
Result-RHH (LIVE)	17.48	13.04	13.43	14.52	Target not achieved in any quarter across all facilities
Result-LGH (LIVE)	49.25	29.07	33.51	26.99	
Result-NWRH (LIVE)	11.18	11.78	10.43	11.39	
Result-MCH (LIVE)	15.88	11.07	9.48	11.17	
KPI AEC5. Ambulance offload delay (Part1)					
Target (quarterly)	85% within 15 minutes each quarter				
Result - RHH	84.7%	89.9%	93.1%	92.8%	Target achieved in all 4 quarters
Result - LGH	84.2%	95.1%	92.5%	88.7%	Target achieved in 3 of 4 quarters
Result - NWRH	94.1%	95.0%	93.5%	95.4%	Target achieved in all 4 quarters
Result - MCH	92.2%	95.8%	95.4%	91.0%	Target achieved in all 4 quarters
KPI AEC6. Ambulance offload delay (part 2)					
Target (quarterly)	100% within 30 minutes each quarter				
Result - RHH	90.1%	93.7%	95.9%	95.6%	Target not achieved in any quarter across all facilities
Result - LGH	88.1%	97.0%	95.3%	92.6%	
Result - NWRH	97.0%	97.2%	96.9%	97.7%	
Result - MCH	95.4%	97.8%	97.7%	94.4%	

Access to Elective Surgery	1st Quarter Result	2nd Quarter Result	3rd Quarter Result	4th Quarter Result	Comments
KPI AES1a&b. Baseline elective surgery admissions (includes Rebuilding Health Services)					
Target (cumulative)	4 095	8 190	12 285	16 386	
Result (LIVE)	3 908	7 766	11 619	17 556	Target exceeded
KPI AES1c. Tasmanian Health Assistance Package					
Target	1 676* (Full year) *includes 500 endoscopies				
Result (LIVE)	1 895				Target exceeded
KPI AES2. Average overdue days					
Target (six monthly)	**Dec-15**		**Jun-16**		
	177		137		
Result (LIVE)	194		148		Target not achieved
KPI AES3. Maximum wait time					
Target (six monthly)	**Dec-15**		**Jun-16**		
	730		600		
Result (LIVE)	2 713		1 184		Target not achieved
KPI AES4. Category 1 admitted within the recommended time					
Target (six monthly)	**Dec-15**		**Jun-16**		
	80%		90%		
Result (LIVE)	77.6%		77.6%		Target not achieved

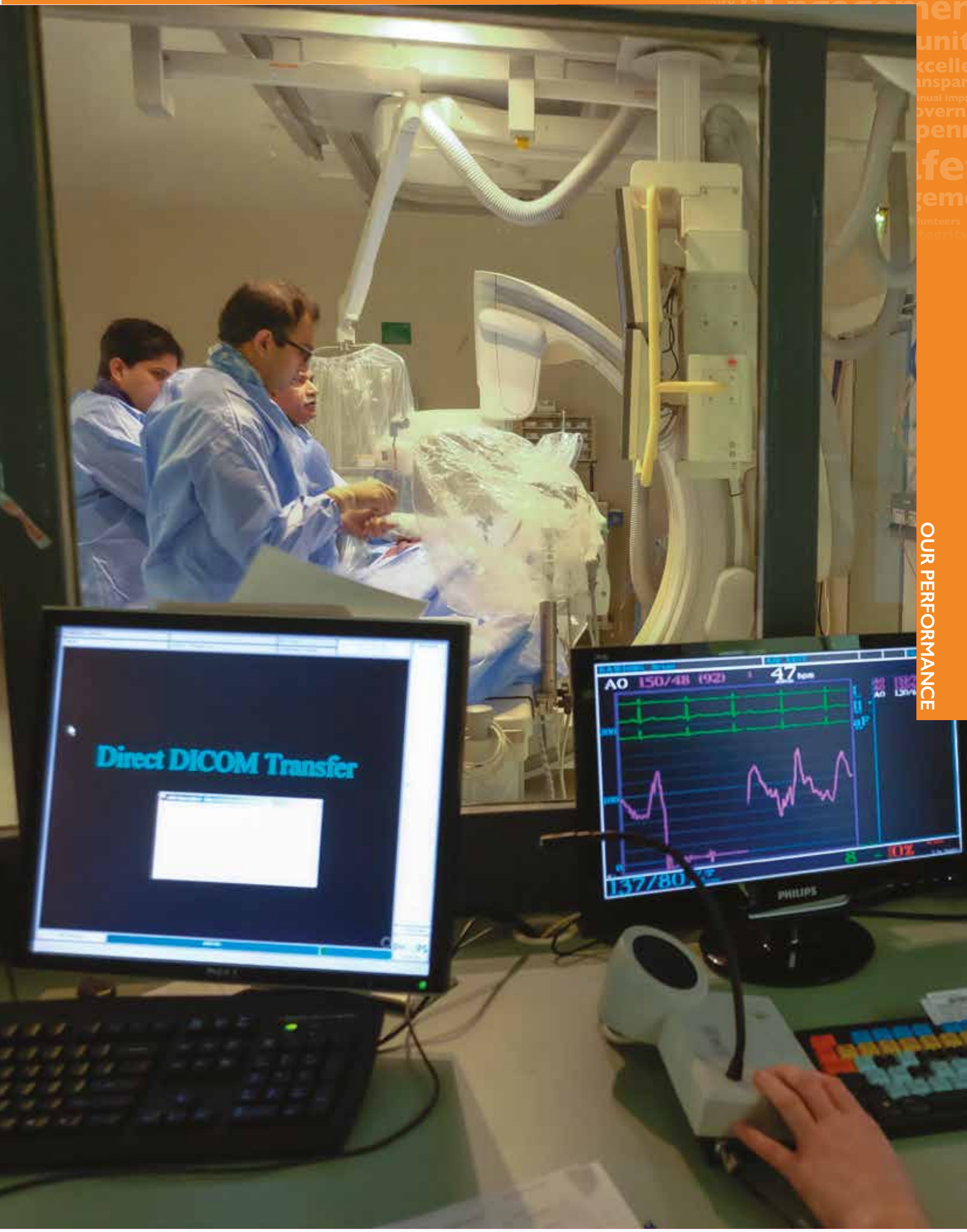
Access to Elective Surgery	1st Quarter Result	2nd Quarter Result	3rd Quarter Result	4th Quarter Result	Comments
KPI AES5. Category 2 admitted within the recommended time					
Target (six monthly)	**Dec-15**		**Jun-16**		
	60%		70%		
Result (LIVE)	46.2%		42.0%		Target not achieved
KPI AES6. Category 3 admitted within the recommended time					
Target (six monthly)	**Dec-15**		**Jun-16**		
	60%		70%		Target achieved in one six month period
Result	60.9%		64.6%		
KPI AES7. Category 2 treat in turn rates					
Target (six monthly)	**Dec-15**		**Jun-16**		
	40%		45%		Target not achieved
Result (LIVE)	27.1%		26.8%		
KPI AES8. Category 3 treat in turn rates					
Target (six monthly)	**Dec-15**		**Jun-16**		
	40%		45%		Target not achieved
Result (LIVE)	37.0%		42.9%		
KPI AES9. Hospital initiated postponements (HIPs)					
Target (six monthly)	**Dec-15**		**Jun-16**		
	14.7%		12.6%		Target achieved
Result (LIVE)	12.3%		9.0%		

Mental Health Service	1st Quarter Result	2nd Quarter Result	3rd Quarter Result	4th Quarter Result	Comments
KPI MH1. 28 day Re-admission rate					
Target (quarterly)	</= 13.9% each quarter				
Result	13.3%	12.7%	14.8%	12.6%	Target achieved in 3 of 4 quarters
KPI MH2. Acute 7 day post discharge community care					
Target (quarterly)	75% each quarter				
Result	80%	82.1%	74.4%	79.6%	Target achieved in 3 of 4 quarters
KPI MH3. Seclusion Rates					
Target (quarterly)	<8 per 1 000 patient days YTD				
Result	14.4	11.0	11.0	17.5	Target not achieved in all 4 quarters

Primary Health	1st Quarter Result	2nd Quarter Result	3rd Quarter Result	4th Quarter Result	Comments
KPI PH1. Aged Care Assessment Team (ACAT) – Priority Category one clients seen 'on time' in all settings					
Target (YTD)	>85% YTD				
Result	100%	100%	100%	Result not yet available	
KPI PH2. Aged Care Assessment Team (ACAT) – Priority Category two clients seen 'on time' in all settings					
Target (YTD)	>85% YTD				
Result	98.7%	97.0%	95.4%	Result not yet available	
KPI PH3. Aged Care Assessment Team (ACAT) – Priority Category three clients seen 'on time' in all settings					
Target (YTD)	>85% YTD				
Result	98.0%	96.0%	89.2%	Result not yet available	

Oral Health	1st Quarter Result	2nd Quarter Result	3rd Quarter Result	4th Quarter Result	Comments
KPI OH1. Number of Dental Weighted Activity Units (DWAUs) delivered between July 2015 and June 2016					
Target (cumulative)	13 125	24 954	35 451	45 883	
Result	14 257	27 009	38 387	51 724	Target exceeded
KPI OH2. Emergency clients managed on same day that they are triaged					
Target (quarterly)	80% each quarter				
Result	96.8%	96.9%	95.1%	97.3%	Target exceeded

Cancer Screening and Control Services (CSCS)	1st Quarter Result	2nd Quarter Result	3rd Quarter Result	4th Quarter Result	Comments
KPI CSCS1. Clients assessed within 28 days of screening mammogram					
Target (YTD)	>90% YTD				
Result	66.2%	95.2%	78.5%	84.7%	Target achieved in 1 of 4 quarters
KPI CSCS2. Eligible women screened for breast cancer					
Target (YTD)	6 953	14 398	21 784	29 236	
Result	8 735	15 778	23 456	31 699	Target achieved in all 4 quarters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PHILIPS

NORTH WEST CANCER CENTRE OFFICIALLY OPENS

Following almost four years of meticulous planning, designing and building, the North West Cancer Centre was officially opened in May 2016. More than 100 guests descended upon North West Regional Hospital to attend the much anticipated opening, including politicians, health stakeholders, building contractors, hospital volunteers, patients and staff.

Tasmanian Premier Will Hodgman, Tasmanian Health Minister Michael Ferguson and former Federal Member for Braddon Brett Whiteley were all on hand to help cut the ribbon on the multi-million dollar facility, which has been operational since the start of the year.

Other noteworthy attendees included local businessman Dale Elphinstone, along with wife Cheryl. The Elphinstone family donated significant funds to the project to allow for the purchase of the MRI machine. The Elphinstone family also sponsor a scholarship for North West students to undertake university studies in radiation medicine, which will allow them to return to work at the Cancer Centre and operate the centre's linear accelerator.

During his speech, Premier Hodgman said the centre would allow many North West Coasters to undertake treatment closer to home.

"It is wonderful to have a facility in the North West to allow people to be treated here and not spend a lot of time travelling east and even south.

Premier Hodgman also thanked all those community members and groups who both lobbied for the centre, and donated funds. All up, the North West community has donated more than $255,000 to the project.

"Today's celebration is about a lot more than what governments can do, it's really been a community effort…it's about working together and that gets the best results."

Following the formalities, guests were able to tour the new centre, including the linear accelerator bunker. The linear accelerator is the most advanced available, and also began operating last week.

SUPPLEMENTARY INFORMATION

CLIMATE CHANGE

Commitment to Reducing Greenhouse Gas Emissions

The Tasmanian Health Service makes a proportional contribution toward Tasmania's greenhouse gas emissions reduction goals.

Total Tasmanian Health Service Emissions

Total THS	Current Position 2015-16		
Activity	**Volume**		**tCO_2-e**
Electricity	92.64	GWh	12,043
Natural gas	93,653	GJ	4,826
Unleaded petrol	446.36	kL	1,063
Diesel fuel	304.17	kL	820
Air travel	6.82	km	1,078
Total THS			**245**

CAPITAL WORKS AND ASSET MANAGEMENT

Asset Management

Asset Management Services (AMS) continues to provide support to the Tasmanian Health Services (THS) for the key property management elements of planning, procurement and sustainability.

In 2014-15, AMS was responsible for implementing an asbestos audit across its entire portfolio of assets. An audit of every asbestos-containing site was completed and a program implemented to provide each site with an updated Asbestos Register. At the same time, an Asbestos Management Plan was developed, which provides a guide for the management of Asbestos Containing Materials (ACM) in the workplace and details the roles and responsibilities of employees and contractors. AMS has continued to improve ACM management by implementing an electronic system called Octfolio. Octfolio is a digital based system that can be updated remotely whilst giving 24 hour on site access to the real time building ACM register.

A state wide Fire Services Maintenance contract was implemented in June 2016 and will ensure fire equipment installed at non-residential properties managed or occupied by THS meets Australian Standards and maintenance is carried out at pre-determined prices and response periods.

The rolling program of Building Condition Assessments continues across the State to identify asset-related risks for inclusion in the essential maintenance program. AMS also represents the Department as a member of the Australasian Health Infrastructure Alliance to provide consistency and promote best practice in hospital design across Australasia and undertaking research and benchmarking into energy efficient measures.

This work includes updating of Australian Health Facilities Guidelines, development of Building Information Management (BIM) principles for health facilities and the development of a national energy benchmark tool specifically for health facilities.

Acquisitions Updated 2/08/2016

During 2015 - 16, DHHS acquired on behalf of the THS three properties for Mental Health Services:

- Millbrook Rise at 3 Hobart Road, New Norfolk;
- 108 Tolosa Street, Glenorchy; and
- 1 Mistral Place, Hobart
- Progress was made on subdividing the old Kingston High School site for a new Kingston Community Health Centre with an expected completion in 2016 – 17.
- Progress was made on acquiring a site for the new St. Helens Hospital. Completion is expected in 2016 – 17.

Disposals

Properties that are surplus to requirements are disposed, with proceeds of sale being reinvested into THS real estate asset portfolios.

During 2015-16 one property, 36 French Street, Launceston, was sold for $484,500 with net proceeds of $460,742 reinvested into THS North's asset portfolio.

Progress was made in obtaining a certificate of title for the former child clinic at 34 Pioneer Drive, Mole Creek before listing with the Department of Treasury and Finance for disposal.

Properties remaining with The Department of Treasury and Finance for disposal include:

- former West Coast Hospital in Queenstown
- Community Hall at 17 Cambridge Road, Bellerive
- former Mental Health Services property at 13 Cambridge Road, Bellerive.

Asset Planning Including Major Capital Works

The Department's 2012-2017 Strategic Asset Management Plan (SAMP), along with the Housing Tasmania SAMP, were both endorsed by the Department of Treasury and Finance in 2013.

During the past 12 months, the focus has continued to be on the development of SAMPs across the remainder of the key Agency business units.

For the Department, the SAMP focuses on providing direction and a common approach to the measurement of performance within the asset portfolio. It responds to the delivery of highly complex and diverse services across the health and human services portfolios.

In 2015-16 the THS continues to progress their internal SAMP.

The Agency submitted its updated Capital Investment Program of budget submissions through the Strategic Infrastructure Investment Review Process (SIIRP) to Treasury in 2016, which has 18 projects at varying stages of Business Case development, for Treasury review and approval.

The Department was successful in obtaining $7.85M funding for the Launceston General Hospital - Ward 4K project for the 2016-20 years and $3.71M for redevelopment of the Royal Hobart Hospital Pharmacy project for the 2017-20 years

Completed Major Capital Works Program 2015-16

Completed Major Capital Works 2015-16 (projects are defined as completed once all of the project funds are expended in the finance system).

Completed Major Capital Works in 2015-16	Total Cost $'000
Flinders Island Multi Purpose Centre	6 002
Ravenswood Community Health Centre[1]	2 623
THS North Back Up Power Supply	600
Priority Infrastructure Works[2]	3 760
Hospital Equipment Fund	1 655
Launceston General Hospital - Specialist Clinics, Pharmacy and Clinical Trial Research Area	4 140

Notes:

1 The Ravenswood Community Health Centre was completed with an underspend. The project handed back $200 000 to the State Government

2 Funding of $3.76m was provided in 2015-16, from State Government, for a range of infrastructure projects including bathroom upgrades at Midlands Multipurpose Centre, Oatlands; roof replacement at St Marys Health Centre and replacement of nurse call systems at Beaconsfield, North West Regional Hospital (NWRH) West Coast District Hospital (WCDH), Repatriation Hospital and Launceston General Hospital (LGH).

Ongoing Major Capital Works 2015-16

Ongoing Major Capital Works in 2015-16	2015-16 Expenditure $'000	Estimated total cost $'000	Estimated cost to complete $'000	Estimated completion year $'000
Essential Maintenance	2 645	N/A	N/A	Ongoing
Glenorchy Community Health Centre[1]	2 291	21 000	17 033	2017
Hospital and Health Centre Maintenance[2]	3 290	8 340	5 050	2018
Health Transport and Coordination Infrastructure[3]	480	10 000	10 000	2018
Kingston Community Health Centre[4]	-	6 500	6 443	2017
Launceston General Hospital - Allied Health Clinics[5]	1 550	3 162	3 000	2016
Launceston General Hospital - Acute Medical and Surgical Unit[6]	4 291	45 019	1 855	2016
Launceston Integrated Care Centre[7]	411	22 500	411	2016
Mersey Community Hospital - SCIF Project[8]	503	1 900	503	2016
National Health and Hospitals Network - Capital - Elective Surgery - Royal Hobart Hospital[9]	72	3 660	1 136	2016
National Health and Hospitals Network - Capital - Emergency Department - Royal Hobart Hospital[10]	813	3 710	783	2016
Royal Hobart Hospital $100 million	1 804	100 000	17 332	2016
Royal Hobart Hospital - Inpatient Precinct Project	11 871	536 900	477 808	2018
Royal Hobart Hospital Redevelopment Fund	-	35 000	653	2016
Rural Breast Screening Clinics	1 026	1 268	175	2016
Statewide Cancer Services[11]	12 832	63 020	11 268	2016

Notes:

1 Early demolition works of existing buildings was undertaken in 2015-16. Construction of the new Glenorchy Community Health Centre is still on track for completion in 2017.

2 Projects funded under this budget include: :LGH substation upgrade; Launceston Ambulance Station Structural Works; Flinders Island Sewer Upgrade; Fire Systems Protection Upgrade; Body Protection Wiring Rectification; LGH ICU/ED Lift Upgrade; HPH Chiller and Heat Pump Installation; Emergency Power Supplies

3 These funds are for improved infrastructure associated with changes to patient coordination, transport and accommodation arising for the One Health System reforms. Projects include creation of Transit Centres at the LGH, MCH and NWRH as well as Helipads at the MCH and NWRH.

4 Land negotiations for the Kingston Community Health Centre have been resolved and title transfer is in progress.

5 The 2015-16 Budget provided $3.0 million to complete the Launceston General Hospital Allied Health Clinics project – this is due for completion in the 2nd quarter of 2016-17.

6 The Launceston General Hospital Acute Medical and Surgical Unit project was initially allocated $40 million by the Australian Government. THS North have provided supplementation of $5.019 million from within its existing funding allocation.

7 The Launceston Integrated Care Centre experienced temporary delays related to contractual negotiations and recruitment in 2014-15.

8 This project is funded by the State Government. The Australian Government separately funded fire rectification and pharmacy works at the Mersey Community Hospital site in 2014-15 (refer to the THO North-West 2014-15 Annual Report for further information).

9 The National Health Reform initiatives: Elective Surgery, Emergency Department and Sub-Acute were primarily funded by the Australian Government under the National Partnership Agreement on Improving Public Hospital Services.

10 The National Health and Hospitals Network – Elective Surgery – Royal Hobart Hospital project experienced delays implementing the Anaesthetic Information System and purchasing equipment in 2014-15. The reduction in the estimated total cost since the publication of the 2013-14 Annual Report is due to $740 000 of unspent funding being redirected to recurrent activities in 2014-15.

11 The total Australian Government commitment to the Statewide Cancer Services project is $36.3 million, with $23.9 million funded by the State and $2.8 million provided through donations.

Transport

At 30 June 2016, the THS operated 484 leased light vehicles comprising 176 executives and 308 operational.

The DHHS, including the THS, saved $825 416 (excluding GST) on vehicle lease costs during the 2015-16 financial year compared to the 2014-15 financial year.

CONSULTANCIES, CONTRACTS AND TENDERS

The Tasmanian Health Service (THS) ensures procurement is undertaken in accordance with the mandatory requirements of the Treasurer's Instructions relating to procurement, including that Tasmanian businesses are given every opportunity to compete for business. It is THS policy to support Tasmanian businesses whenever they offer best value for money for the Government.

See Table 1 for a summary of the level of participation by local businesses for contracts, tenders and/or quotations with a value of $50 000 or over (excluding GST). Tables 2 and 3 provide detailed information on consultancies and other contracts with a value of $50 000 or over (excluding GST). Table 4 provides a summary of contracts awarded as a result of a direct/limited submission sourcing process approved in accordance with Instructions 1114 or 1217. Table 5 provides a summary of contract extensions approved in accordance with Instruction 1115(2). Table 6 provides a summary of contracts where approval to aggregate the procurement was obtained in accordance with Instructions 1119 and 1225.

Table 1 - Summary of Participation by Local Businesses

Below is a summary of participation by local businesses for contracts, tenders and/or quotation processes with a value of $50 000 or over.

Total number of contracts awarded	65
Total number of contracts awarded to Tasmanian businesses	19
Value of contracts awarded	$41 736 118
Value of contracts awarded to Tasmanian businesses	$31 798 414
Total number of tenders called and/or quotation processes run	23
Total number of bids and/or written quotations received	101
Total number of bids and/or written quotations received from Tasmanian businesses	29

Note:

1. In accordance with the requirements of the Treasurer's Instructions, the values in this table do not include the value of options to extend.
2. All values exclude GST.

Table 2 - Consultancies Awarded

The following table provides information on consultancies awarded in the 2015-16 financial year with a value of $50 000 or over.

Consultant Name	Location	Consultancy Description	Period of Consultancy	Total Value $
Healthcare Reform Consulting	WA	LGH - Emergency Department Access Block Capacity Management	28/09/2015 - 31/01/2016	92 420
Transearch Pty Ltd	Vic	Tasmanian Health Service - Revenue Review	21/03/2016 - 05/05/2016	55 000

Notes:

1. Where an overarching procurement process exists (for example Common Use Contracts and Agency Panel arrangements) individual engagements are not reported.
2. All values exclude GST.

Table 3 - Contracts Awarded

The following table provides information on contracts awarded in the 2015-16 financial year with a value of $50 000 or over and excludes consultancy contracts.

Contractor Name	Location		Contract Description	Period of Contract	Total Value $
Abbott Australasia Pty Ltd	NSW		Supply of Nutritional Feeding Products and Equipment	01/06/2016 - 31/05/2019 Option to extend 01/06/2019 - 31/05/2023	0 0
Advanced Lifecare Pty Ltd	Tas		Supply of hospital beds, mattresses, trolleys, associated accessories and services	01/11/2015 - 31/10/2018 Option to extend 01/11/2018 - 31/10/2020	0 0
Aidacare Pty Ltd	Tas		Supply of hospital beds, mattresses, trolleys, associated accessories and services	01/11/2015 - 31/10/2018 Option to extend 01/11/2018 - 31/10/2020	0 0
AlphaXRT Ltd	NSW		North West Cancer Centre - Immobilisation Equipment	21/09/2015 (one-off purchase)	30 090
AlphaXRT Ltd	NSW		North West Cancer Centre - Quality Assurance Systems for VMAT and IMRT Treatments	07/10/2015 - 06/10/2021	256 560
Atlas Copco Australia Pty Ltd	Tas		LGH - Maintenance of Medical Air Compressors	05/11/2015 - 04/11/2020	114 850
Australian Linen Supply Pty Ltd t/a Confident Care Products	NSW		Supply of hospital beds, mattresses, trolleys, associated accessories and services	01/11/2015 - 31/10/2018 Option to extend 01/11/2018 - 31/10/2020	0 0
Baptcare Limited	Vic	#	Transition Care Program - Flexible Residential and Community Packages	01/07/2016 - 31/12/2016	357 292
Baxter Healthcare Pty Ltd	NSW		Reverse Osmosis System	01/06/2016 (one-off purchase)	250 000
Better Living Care Pty Ltd	NSW		Supply of hospital beds, mattresses, trolleys, associated accessories and services	01/11/2015 - 31/10/2018 Option to extend 01/11/2018 - 31/10/2020	0 0
Boston Scientific Pty Ltd	NSW		LGH - SpyGlass™ DS Direct Visualisation System	01/06/2016 - 31/05/2019	150 000
Butler Investment Group Pty Ltd t/a Keystone Healthcare Supplies	Vic		Supply of hospital beds, mattresses, trolleys, associated accessories and services	01/11/2015 - 31/10/2018 Option to extend 01/11/2018 - 31/10/2020	0 0
Carl Zeiss Pty Ltd	NSW		RHH - Metaphase Slide Scanner	31/03/2016 (one-off purchase)	186 000
Covidien Pty Ltd	NSW		Supply of Nutritional Feeding Products and Equipment	01/06/2016 - 31/05/2019 Option to extend 01/06/2019 - 31/05/2023	278 715 371 619
Designed to Stick Pty Ltd	Qld		Patient Identification Bands	01/07/2016 - 30/06/2019 Option to extend 01/07/2019 - 30/06/2022	230 985 230 985
Diagnostic Services Pty Ltd	Tas		Provision of Pathology Services to BreastScreen Tasmania	01/10/2015 - 30/09/2017 Option to extend 01/10/2017 - 30/09/2021	310 000 620 000

Contractor Name	Location		Contract Description	Period of Contract	Total Value $
Dickson & Dickson Healthcare Ltd	NSW		Supply of hospital beds, mattresses, trolleys, associated accessories and services	01/11/2015 - 31/10/2018 Option to extend 01/11/2018 - 31/10/2020	0 0
Dynamx Australia Pty Ltd t/a MacMed Healthcare	Qld		Supply of hospital beds, mattresses, trolleys, associated accessories and services	01/11/2015 - 31/10/2018 Option to extend 01/11/2018 - 31/10/2020	0 0
Electroboard Solutions Pty Ltd	Tas		Audio Visual and Video Conference Equipment - North West Cancer Centre	17/07/2015 (one-off purchase)	188 072
Everlight Radiology Pty Ltd	NSW		RHH - Provision of Teleradiology Services	01/01/2016 - 31/12/2016 Option to extend 01/01/2017 - 31/12/2018	200 000 400 000
Fink Engineering Pty Ltd	Qld		RHH - Two Monoplace Hyperbaric Chambers	15/04/2016 - 30/08/2017	575 961
Flavour Creations Pty Ltd	Qld		Supply of Nutritional Feeding Products and Equipment	01/06/2016 - 31/05/2019 Option to extend 01/06/2019 - 31/05/2023	61 146 81 528
Fresenius Medical Care Australia Pty Ltd	Vic		North West Cancer Centre - Patient Treatment Chairs	12/10/2015 (one-off purchase)	89 825
G4S Custodial Services Pty Ltd	Vic	#	Provision of Security Services for Wilfred Lopes Centre	01/06/2016 - 31/07/2016	216 000
G4S Custodial Services Pty Ltd	Vic	#	Provision of Security Services for Wilfred Lopes Centre	19/03/2016 - 31/05/2016	216 000
GE Healthcare Australia Pty Ltd	NSW	#	RHH - MRI Unit - Maintenance Service Agreement	18/03/2016 - 17/03/2019	536 370
Getinge Australia Pty Ltd	Vic		North West Cancer Centre - Pan Flushers and Instrument Washers	25/05/2016 (one-off purchase)	63 210
HCX Pty Ltd t/a Eden Healthcare Solutions	NSW		Supply of hospital beds, mattresses, trolleys, associated accessories and services	01/11/2015 - 31/10/2018 Option to extend 01/11/2018 - 31/10/2020	0 0
Hill-Rom Pty Ltd	NSW		Supply of hospital beds, mattresses, trolleys, associated accessories and services	01/11/2015 - 31/10/2018 Option to extend 01/11/2018 - 31/10/2020	0 0
Honeywell Limited	Tas		RHH - Building Management System	07/01/2016 - 06/01/2019 Option to extend 07/01/2019 - 06/01/2021	807 266 538 177
HospEquip	WA		Supply of hospital beds, mattresses, trolleys, associated accessories and services	01/11/2015 - 31/10/2018 Option to extend 01/11/2018 - 31/10/2020	0 0
Howard Wright Ltd	NSW		Supply of hospital beds, mattresses, trolleys, associated accessories and services	01/11/2015 - 31/10/2018 Option to extend 01/11/2018 - 31/10/2020	0 0
Huntleigh Healthcare Pty Ltd t/a Arjohuntleigh	NSW		Supply of hospital beds, mattresses, trolleys, associated accessories and services	01/11/2015 - 31/10/2018 Option to extend 01/11/2018 - 31/10/2020	0 0

Contractor Name	Location		Contract Description	Period of Contract	Total Value $
IBIS No.3 Pty Ltd	Tas		Transition Care Program - Flexible Residential and Community Packages	01/07/2016 - 31/12/2016	194 886
Independent Living Specialists Pty Ltd	NSW		Supply of hospital beds, mattresses, trolleys, associated accessories and services	01/11/2015 - 31/10/2018 Option to extend 01/11/2018 - 31/10/2020	0 0
InSight Oceania Pty Ltd	NSW		North West Cancer Centre - Radiation Therapy Treatment Planning System	01/08/2015 - 31/10/2020	654 000
Invacare Australia Pty Ltd	NSW		Supply of hospital beds, mattresses, trolleys, associated accessories and services	01/11/2015 - 31/10/2018 Option to extend 01/11/2018 - 31/10/2020	0 0
Jomor Healthcare Pty Ltd	Vic		Supply of hospital beds, mattresses, trolleys, associated accessories and services	01/11/2015 - 31/10/2018 Option to extend 01/11/2018 - 31/10/2020	0 0
K Care Pty Ltd t/a K Care Healthcare Equipment	WA		Supply of hospital beds, mattresses, trolleys, associated accessories and services	01/11/2015 - 31/10/2018 Option to extend 01/11/2018 - 31/10/2020	0 0
Lazaro Pty Ltd	Tas		Cleaning Services - Southern Dental Centre and various other Southern sites	30/11/2015 - 30/11/2017	198 938
Midmed Pty Ltd	Qld		Supply of hospital beds, mattresses, trolleys, associated accessories and services	01/11/2015 - 31/10/2018 Option to extend 01/11/2018 - 31/10/2020	0 0
Nestle Australia Limited	Vic		Supply of Nutritional Feeding Products and Equipment	01/06/2016 - 31/05/2019 Option to extend 01/06/2019 - 31/05/2023	1 477 843 1 970 457
NL-Tec Pty Ltd	WA		North West Cancer Centre - Immobilisation Equipment	21/09/2015 (one-off purchase)	36 757
Novis Healthcare Pty Ltd	NSW		Supply of hospital beds, mattresses, trolleys, associated accessories and services	01/11/2015 - 31/10/2018 Option to extend 01/11/2018 - 31/10/2020	0 0
Nucletron Pty Ltd	NSW		North West Cancer Centre - Immobilisation Equipment	21/09/2015 (one-off purchase)	45 278
Nutricia Australia Pty Ltd	NSW		Supply of Nutritional Feeding Products and Equipment	01/06/2016 - 31/05/2019 Option to extend 01/06/2019 - 31/05/2023	538 958 718 611
Ochre Health Pty Ltd	NSW	#	Rural Medical Services for the Tasmanian West Coast and King Island	01/01/2016 - 31/12/2020 Option to extend 01/01/2021 - 31/12/2025	14 027 799 16 262 069
Ochre Health Pty Ltd	NSW	#	Rural Medical Services for St Helens, Flinders Island and Cape Barren Island	01/07/2016 - 31/12/2020 Option to extend 01/01/2021 - 31/12/2025	8 054 048 10 318 852

Contractor Name	Location		Contract Description	Period of Contract	Total Value $
Olympus Australia Pty Ltd	Vic		NWRH - Operating Theatre - Endoscopy Equipment	07/12/2015 (one-off purchase)	223 713
Oxberry Pty Ltd (t/a Marcom Watson)	Tas		Wilfred Lopes Centre - Two-Way Digital Radio System	22/09/2015 - 31/12/2017	200 060
Oxberry Pty Ltd (t/a Marcom Watson)	Tas		Wilfred Lopes Centre - Duress System	22/09/2015 - 31/12/2017	249 408
Philips Electronics Australia Ltd	Vic		LGH - Neonatal Monitoring Equipment	28/01/2016 (one-off purchase)	96 389
Philips Electronics Australia Ltd	Vic		NWRH - Patient Monitoring Equipment	05/10/2015 (one-off purchase)	75 048
Presbyterian Care Tasmania Inc	Tas		Transition Care Program - Flexible Residential Care Packages	01/02/2016 - 31/01/2019 Option to extend 01/02/2019 - 31/01/2021	2 558 095 1 705 397
Sexton Trading Company Pty Ltd	Qld		Supply of hospital beds, mattresses, trolleys, associated accessories and services	01/11/2015 - 31/10/2018 Option to extend 01/11/2018 - 31/10/2020	0 0
Siemens Healthcare Pty Ltd	Vic	#	LGH - Fluoroscopic Imaging Equipment	01/05/2016 - 01/08/2026	1 249 330
Siemens Ltd Healthcare Sector	NSW		RHH - Department of Medical Imaging - Refurbishment of two Ultrasound Machines	01/08/2015 (one-off purchase)	100 000
Stryker Australia Pty Ltd	NSW		Supply of hospital beds, mattresses, trolleys, associated accessories and services	01/11/2015 - 31/10/2018 Option to extend 01/11/2018 - 31/10/2020	0 0
Sultan Holdings Pty Ltd	Tas		RHH - Provision of car parking spaces	01/11/2015 - 31/10/2018	2 320 000
Toshiba (Australia) Pty Ltd	Vic		NWRH - CT Simulator and Accessories	20/08/2015 - 28/02/2026	1 414 013
TRUMPF Med (Aust) Pty Ltd	NSW		LGH - Provision of Operating Theatre Tables and Equipment	28/02/2016 - 27/02/2017 Option to extend 28/02/2017 - 27/02/2019	262 270 0
Varian Medical Systems Australasia Pty Ltd	NSW		Equicare Active Patient Portal	31/03/2016 - 01/12/2025	173 933
Vision Software Solutions Pty Ltd	Qld		RHH - Clinical Information System	31/03/2016 - 30/03/2021	2 319 590

Notes:

1. Where an overarching procurement process exists (for example Common Use Contracts and Agency Panel arrangements) individual engagements are not reported.
2. A '0' contract value signifies a contract for which a value cannot be estimated, being dependent on future requirements.
3. A '#' adjacent to a 'Location' denotes an organisation whose principal place of business is not in Tasmania but has a permanent office or presence in Tasmania and employs Tasmanian workers.
4. Where a commencement date is prior to 1 July 2015 or from 1 July 2016 onwards, the contractual arrangements for the procurement were finalised in 2015-16.
5. Contracts with a value of less than $50 000 reported above are those that form part of a combined procurement valued at $50 000 or over.
6. In accordance with Treasurer's Instruction 1111, the period of a contract for reporting purposes includes the value, or estimated value, of any possible option to extend. Where applicable, the principal period of the contract is identified as well as any option to extend; this does not signify that the option has been or will be exercised by the THS.
7. All values exclude GST.

Table 4 - Direct/limited submission sourcing

Treasurer's Instructions 1114 and 1217 provide heads of agencies with the discretion, where specified circumstances exist, to approve the direct sourcing, or seeking of limited submissions from a supplier or suppliers, without the need to seek quotations or call for tenders. For the purpose of Instructions 1114 and 1217 the Head of Agency for the THS is the Secretary of the Department of Health and Human Services.

The following table provides details of contracts awarded by the THS in 2015-16 as a result of a process approved in accordance with Instructions 1114 and 1217.

Contractor Name	Contract Description	Reasons for Approval	Total Value $
AlphaXRT Ltd	North West Cancer Centre - Quality Assurance Systems for VMAT and IMRT Treatments	(i) Licencing and Installation - additional deliveries of goods or services by the original supplier or authorised representative that are intended either as replacement parts, extensions or continuing services for existing equipment, software, services or installations, where a change of supplier would compel the agency to procure goods or services that do not meet requirements of interchangeability with existing equipment; and	197 080
		(ii) Maintenance Support Services - the goods or services can be supplied only by a particular supplier and no reasonable alternative or substitute goods or services exist for the protection of patents, copyrights, or other exclusive rights, or proprietary information.	46 230
Boston Scientific Pty Ltd	LGH - SpyGlass™ DS Direct Visualisation System	The goods or services can be supplied only by a particular supplier and no reasonable alternative or substitute goods or services exist due to an absence of competition for technical reasons.	150 000
Carl Zeiss Pty Ltd	RHH - Metaphase Slide Scanner	The goods or services can be supplied only by a particular supplier and no reasonable alternative or substitute goods or services exist for the protection of patents, copyrights, or other exclusive rights, or proprietary information.	186 000
GE Healthcare Australia Pty Ltd	RHH - MRI Unit - Maintenance Service Agreement	The goods or services can be supplied only by a particular supplier and no reasonable alternative or substitute goods or services exist due to an absence of competition for technical reasons.	536 370
Healthcare Reform Consulting	LGH - Emergency Department Access Block Capacity Management	Exceptional circumstances exist that justify the use of a direct/limited submission sourcing process rather than a quotation or tender process as prescribed in Instructions 1106 and 1107.	92 420
Honeywell Limited	RHH - Building Management System	Where, in response to a prior notice, invitation to participate or invitation to tender, no tenders were submitted; and the agency has not substantially modified the essential requirements of the procurement.	1 345 443

Contractor Name	Contract Description	Reasons for Approval	Total Value $
InSight Oceania Pty Ltd	North West Cancer Centre - Radiation Therapy Treatment Planning System	(i) Licencing and Installation - additional deliveries of goods or services by the original supplier or authorised representative that are intended either as replacement parts, extensions or continuing services for existing equipment, software, services or installations, where a change of supplier would compel the agency to procure goods or services that do not meet requirements of interchangeability with existing equipment; and	279 000
		(ii) Maintenance Support Services - the goods or services can be supplied only by a particular supplier and no reasonable alternative or substitute goods or services exist for the protection of patents, copyrights, or other exclusive rights, or proprietary information.	375 000
Olympus Australia Pty Ltd	NWRH - Operating Theatre - Endoscopy Equipment	Additional deliveries of goods or services by the original supplier or authorised representative that are intended either as replacement parts, extensions or continuing services for existing equipment, software, services or installations, where a change of supplier would compel the agency to procure goods or services that do not meet requirements of interchangeability with existing equipment	223 713
Philips Electronics Australia Ltd	NWRH - Patient Monitoring Equipment	Additional deliveries of goods or services by the original supplier or authorised representative that are intended either as replacement parts, extensions or continuing services for existing equipment, software, services or installations, where a change of supplier would compel the agency to procure goods or services that do not meet requirements of interchangeability with existing equipment	75 048
Siemens Ltd Healthcare Sector	RHH - Department of Medical Imaging - Refurbishment of two Ultrasound Machines	The goods or services can be supplied only by a particular supplier and no reasonable alternative or substitute goods or services exist due to an absence of competition for technical reasons.	100 000
Sultan Holdings Pty Ltd	RHH - Provision of car parking spaces	The goods or services can be supplied only by a particular supplier and no reasonable alternative or substitute goods or services exist due to an absence of competition for technical reasons.	2 320 000
Transearch Pty Ltd	Tasmanian Health Service - Revenue Review	For reasons of extreme urgency brought about by events unforeseen by the agency, the goods or services could not be obtained in time using an open or selective tender.	55 000
Varian Medical Systems Australasia Pty Ltd	Equicare Active Patient Portal	The goods or services can be supplied only by a particular supplier and no reasonable alternative or substitute goods or services exist for the protection of patents, copyrights, or other exclusive rights, or proprietary information.	173 933

Notes:

1. The values in this table include the value, or estimated value, of any possible option to extend.
2. All values exclude GST.

Table 5 - Contracts Extensions

Treasurer's Instruction 1115 provides heads of agencies with the discretion to approve the extension of contracts beyond existing provisions for a period of no longer than one year. For the purpose of Instruction 1115 the Head of Agency for the THS is the Secretary of the Department of Health and Human Services.

The following table provides details of contracts awarded by the THS in 2015-16 as a result of approval in accordance with Instruction 1115(2).

Contractor Name	Contract Description	Period of Extension	Total Value $
Baptcare Limited	Transition Care Program - Flexible Residential and Community Packages	01/07/2016 - 31/12/2016	357 292
G4S Custodial Services Pty Ltd	Provision of Security Services for Wilfred Lopes Centre	01/06/2016 - 31/07/2016	216 000
G4S Custodial Services Pty Ltd	Provision of Security Services for Wilfred Lopes Centre	19/03/2016 - 31/05/2016	216 000
IBIS No.3 Pty Ltd	Transition Care Program - Flexible Residential and Community Packages	01/07/2016 - 31/12/2016	194 886

Note:
1. All values exclude GST.

Table 6 – Disaggregation Exemptions

Treasurer's Instructions 1119(5) and 1225(5) provide heads of agencies with discretion to approve an exemption from the requirement to disaggregate substantial contracts where the benefits of aggregation clearly outweigh the potential negative impact on local SME suppliers/the local economy.

The following table provides details of contracts awarded by the THS in 2015-16 as a result of such an approval.

Contract Description	Total Value $
LGH - Fluoroscopic Imaging Equipment	1 249 330
NWRH - CT Simulator and Associated Equipment	1 414 013
Patient Identification Bands	461 970
Provision of Pathology Services to BreastScreen Tasmania	930 000
RHH - Clinical Information System	2 319 590
RHH - Provision of Teleradiology Services	600 000
RHH - Two Monoplace Hyperbaric Chambers	575 961
Rural Medical Services for St Helens, Flinders Island and Cape Barren Island	18 372 900
Rural Medical Services for the Tasmanian West Coast and King Island	30 289 868
Supply of Nutritional Feeding Products and Equipment	5 498 876
Transition Care Program - Flexible Residential Care Packages	4 263 492

Notes:
1. The values in this table include the aggregated value and the value, or estimated value, of any possible options to extend.
2. All values exclude GST.

RIGHT TO INFORMATION

1.	Number of determinations where the information applied for was provided in full.	34
2.	Number of determinations where the information applied for was provided in part with the balance refused or claimed as exempt.	7
3.	Number of determinations where all the information applied for was claimed as exempt.	2
4.	Number of applications where the information applied for was not in the possession of the public authority or Minister	2
5.	Number of applications where the information was not released as it was subject to an external party review under section 44	0
Reasons for refusal		
s.5, s.11, s.17	Refusal where information requested was not within the scope of the Act (s.5 – Not official business; s.11 – available at Archives Office and s.17 – Deferred).	0
s.9, s.12	Refusal where information is otherwise available or will become otherwise available in the next 12 months	3
s.10, s.19	Refusal where resources of public authority unreasonably diverted	0
s.20	Refusal where application repeated; or Vexatious; or Lacking in definition after negotiation	1
Number of times where the following sections were invoked as reasons for exempting information from disclosure.		
s.25	Executive Council Information	0
s.26	Cabinet Information	1
s.27	Internal briefing information of a Minister	2
s.28	Information not relating to official business	0
s.29	Information affecting national or state security, defence or international relations	0
s.30	Information relating to the enforcement of the law	1
s.31	Legal professional privilege	0
s.32	Information relating to closed meetings of council	0
s.34	Information communicated by other jurisdictions	0
s.35	Internal deliberative information	0
s.36	Personal information of a person other than the applicant	3
s.37	Information relating to the business affairs of a third party	0
s.38	Information relating to the business affairs of a public authority	0
s.39	Information obtained in confidence	0
s.40	Information on procedures and criteria used in certain negotiations of public authority	0
s.41	Information likely to affect the State economy	0
s.42	Information likely to affect cultural, heritage and natural resources of the State	0
Number of requests determined within the following timeframes.		
1.	1 – 20 working days of the application being accepted.	18
2.	More than 20 working days of the application being accepted.	27

3.	Number of requests which took more than 20 working days to decide that involved an extension negotiated under s.15(4)(a).	3
4.	Number of requests which took more than 20 working days to decide that involved an extension gained through an application to the Ombudsman under s.15(4)(b).	0
5.	Number of requests which took more than 20 working days to decide that involved consultation with a third party under s.15(5)	0
Reviews		
	Number of internal reviews were requested in this financial year	2
	Number of internal reviews were determined in this financial year	2
	Number where the original decision upheld in full	1
	Number where the original decision upheld in part	1
	Number where the original decision reversed in full	0
External Reviews (reviews by the Ombudsman)		
	Number of external reviews were requested in this financial year?	2
	Number of external reviews were determined in this financial year?	0
	Number where the original decision upheld in full?	-
	Number where the original decision upheld in part?	-
	Number where the original decision reversed in full?	-

MINISTERIAL DIRECTIONS AND PERFORMANCE ESCALATIONS

Register of Ministerial Directions from 1 July 2015

Date Signed by Minister	Date Received by THS	Title	Details
10 November 2015	12 November 2015	Financial Recovery Appointment of a Financial Recovery Team Actions included: • appointing a Financial Recovery Team (FRT) to prepare a new Financial Recovery Plan (FRP) with a focus on FTEs and achievement of critical elective surgery targets • strengthening vacancy control • developing a statewide medical workforce and locum reduction plan • commencing a Workplace Renewal Incentive Program and Targeted Negotiated Voluntary Redundancy program, and • implementing an appropriate executive structure.	Governing Council to implement the 6 actions. THS to submit a Performance Improvement Plan and regularly meet with DHHS to monitor progress
9 December 2015	11 December 2015	Emergency Services Management Minister to convene an Emergency Services Management Committee (ESMC), co-chaired by the DHHS Secretary and the THS CEO.	The Committee was tasked with providing advice to the Minister on issues affecting consumer access to (and delivery of) public hospital emergency care, to oversee implementation of both specific immediate actions and to commission a wider review into patient flow through all our major hospitals.
14 December 2015	16 December 2015	Service Agreement KPI Level one Performance Escalation – Service Agreement KPI – time until admitted patients (90 percent) departed the emergency department	All four major hospitals to submit Performance Improvement Plans to achieve the 8 hour target as specified in the Service Agreement.

PUBLICATIONS

Journal Articles, Books and Book Chapters by THS-N Staff 2015-2016

Author, Unit or Area	Year	Title	Publication
Aitken, J, Zalucki, N, Hardikar ,A	2015	Clinical management and rehabilitation of persistent sternal instability	International Journal of Therapy and Rehabilitation; 2015; 22(9):443-445
Boden, I	2015	The LIPPSMAck POP (Lung Infection Prevention Post Surgery – Major Abdominal – with Pre-Operative Physiotherapy) trial: study protocol for a multi-centre randomised controlled trial	Trials; 2015; 16:573
Boden, I	2016	The physiotherapy management of patients undergoing abdominal surgery	New Zealand Journal of Physiotherapy; 2016; 44(1): 33-49
Brain, MJ	2016	Physiology of extracorporeal life support (ECLS) (chapter in a book)	In Gregory A. Schmidt (ed), Extracorporeal life support for adults (pp. 1-60), 2016; New York: Springer
Cannell, J	2015	Implementation of an iteratively developed stoke specific rehabilitation system: Perceptions from clinicians and the health service	International Journal of Stroke; 2015; 10(suppl 3): 34
Cannell, J	2016	Accuracy, validity and reliability of an electronic visual analog scale for pain on a touch screen tablet in healthy older adults: a clinical trial	Interactive Journal of Medical Research; 2016; 5(1): e3
Cannell, J, Jovic, E, Rathjen, A, Lane, K	2016	'FIND Technology": investigating the feasibility, efficacy and safety of controller-free interactive digital rehabilitation technology in an impatient stroke population: study protocol for a randomized controlled trial	Trials; 2016; 17:203
Cetti, R	2016	The impact of extended thromboprophylaxis on the risk of venous thromboembolism after open radical prostatectomy	BJU International, 2016; 117(suppl 3): Abstract 162 from Urological Society of Australia and New Zealand 69th Annual Scientific Meeting "Bringing out the best", April 16-19, 2016, Gold Coast, Queensland
Clarke, P	2016	Male baldness	Australian Family Physician; 2016; 45(4): 186-188
Crisp, L, Virik, K	2015	The cost-benefit of prophylactic biosimilar filgrastim in TC breast cancer chemotherapy	Asia-Pacific Journal of Clinical Oncology, 2015; 11(suppl 4): 154. Poster presented at COSA's 42nd Annual Scientific Meeting "Rare Cancers: Common Goals", November 17-19, 2015, Hobart
Dennis, A	2016	Obstetric and perinatal morbidity in northern Tasmanian aboriginal population: a retrospective cohort study	Journal of Clinical and Diagnostic Research; 2016, 10(5): 6-9
Frohmader, T	2015	Patient perceptions of nurse mentors facilitating the Aussie Heart Guide: A home-based cardiac rehabilitation programme for rural patients	Nursing Open, 2015; published online October 4

Author, Unit or Area	Year	Title	Publication
Gillams, K, Brough, S	2016	Evaluation of pathological findings in radical cystectomy for bladder malignancy in (a region of Australia) 2000-2015	BJU International, 2016; 117(suppl 3): Abstract 162 from Urological Society of Australia and New Zealand 69th Annual Scientific Meeting "Bringing out the best", April 16-19, 2016, Gold Coast, Queensland
Gurusinghe, N	2015	Multidisciplinary operating room simulation-based team training to reduce treatment errors: a feasibility study in New Zealand hospitals	New Zealand Medical Journal; 2015; 128(1418):40-51
Hannan, T	2015	Solving a health information management problem. An international success story	World Hospitals and Health Services; 2015; 51(2):32-35
Hughes, R, Khalafallah, A, Aras, D	2015	Perioperative iron deficiency anaemia – a review with a regional flavour	In Richard Riley (ed) Australasian Anaesthesia 2015 (pp. 35-43), 2015; Melbourne: Australian and New Zealand College of Anaesthetists
Khalafallah, A	2016	Changes to fibrinolysis in patients with systemic lupus erythematosus are associated with endothelial cell damage and inflammation, but not antiphospholipid antibodies	Blood Coagulation and Fibrinolysis; published online May 10
Khalafallah, A, Chuang, A, Kwok, C, Yan, C, Pavlov, T, Falloon, P, Dennis, A	2015	Time to abandon the oral iron mine, intravenous iron is the gem	Poster presented at the 41st (The Society of Hospital Pharmacists of Australia)SHPA National Conference "Hidden Gems Come Explore", December 3-6, 2015, Melbourne
Khalafallah, A, Phuah, E, Al Barzan,A, Nikakis, I, Radford, A, Clarkson, W, Trevett, C, Brain, T, Corbould, A	2016	Glycosylated haemoglobin for screening and diagnosis of gestational diabetes mellitus	BMJ Open; 2016; published online April 4
Keung, C	2016	The management of gastro-oesophageal reflux disease	Australian Prescriber; 2016; 39(1): 6-10
Kinghorn, V	2016	What does it take to develop a website for clinical dietitians to enhance learning of the nutrition care process	Nutrition & Dietetics; 2016; 73(suppl 1): 71. Poster abstract 346 from Dietitians Association of Australia 33rd National Conference, May 19-21, 2016, Melbourne
Lemon, G	2016	Trust and the dilemma of suicide risk assessment in non-government mental health services	Australian Social Work; 2016; 69(2): 145-157
Li, L	2015	Incidence of geriatric hip fractures in Tasmania 2011-2012	The Australian Journal of Rural Health; 2015; 23(4):247-8

Author, Unit or Area	Year	Title	Publication
Lim, K	2015	Modified TIME-H: a simplified scoring system for chronic wound management	Journal of Wound Care; 2015; 24(9): 415-419
Lim, K	2016	Central venous catheter associated blood stream infection in neonatal intensive care unit – prediction and prevention	Journal of Paediatrics and Child Health; 2016; 52(suppl 1): 3-4 Abstract for the RACP Congress 2016 "Evolve, Educate, Engage", May 16-18, 2016, Adelaide
Markos, J	2016	Cohort Profile: The Tasmanian Longitudinal Health STUDY (TAHS)	International Journal of Epidemiology; 2016; published online June 6
Markos, J	2016	Mother's smoking and complex lung function of offspring in middle age: a cohort study from childhood	Respirology; 2016; published online March 11
Massey, C	2015	The foot-health of adult diabetics in regional Australia: baseline findings from an epidemiological study	Journal of Foot and Ankle Research; 2015; 8(suppl 2): O32
McTaggart, D	2016	A long term follow-up study of carriers of hypertrophic cardiomyopathy mutations	Heart, Lung and Circulation; 2016; published online May 20
Minchin, A	2016	Early intervention for children with autism: an Australian rural hub and spokes model	Research and Practice in Intellectual Developmental Disabilities; 2016; published online March 23
Mohamed, M	2015	Acute myeloid leukaemia with t(8;21)(q22;q22.3) and loss of the X chromosome	BMJ Case Reports; 2015; published online August 6
Mohamed, M	2016	Two diagnoses from bone marrow biopsy: multiple myeloma and Paget's disease of bone	BMJ Case Reports; 2016; published online February 24
Mohamed, M	2016	Hereditary haemochromatosis	BMJ; 2016; published online June 30
Mohamed, M, Tan, J, Kalpurath, KK	2015	Non- Hodgkin lymphoma manifesting as massive malignant chylothorax: successful management with chemotherapy and ambulatory drainages using indwelling pleural catheter	Internal Medicine Journal; 2015; 45(9):980-983
Mohamed, M, McEwen, F, Connelley, G	2015	Leucapheresis for management of retinopathy in chronic myeloid leukaemia	BMJ Case Reports; 2015; published online December 1
Mohamed, M, Sharma, S	2016	Atypical presentation of therapy-related acute promyelocytic leukemia with marrow fibrosis	Pathology; 2016; 48(3): 286-8
Mohamed, M, Mahmud, A	2016	A pregnant woman with anaemia and thrombocytopenia	BMJ; 2016; published online June 3
Molnar, R	2016	Creative disruption in medicine & healthcare	Hershey, Pennsylvania; IGI Publishing ISBN 9780646948393
Monahan, R	2015	Limitations of the vastus lateralis muscle as a substitute for lost abductor muscle function: an anatomical study	The Journal of Arthroplasty; published online July 17
Monsour, M	2015	Profiles of dyadic adjustment for advanced prostate cancer to inform couple-based intervention	Psychology & Health; 2015; 30(11):1259-1273
Monsour, M, Jensen, R, Brough, S, Cetti, R	2016	Utility of intra-operative ureteral frozen section analysis	BJU International, 2016; 117(suppl 3): Abstract 162 from Urological Society of Australia and New Zealand 69th Annual Scientific Meeting "Bringing out the best", April 16-19, 2016, Gold Coast, Queensland

Author, Unit or Area	Year	Title	Publication
Mulford, J	2015	Short-term outcomes of local infiltration anaesthetic in total knee arthroplasty: a randomized controlled double-blind controlled trial	ANZ Journal of Surgery; published online December 3
Mulford, J, Mackay, N, Babazadeh, S	2016	Three dimensional printing in orthopaedic surgery: a review of current and future applications	The Orthopaedic Journal of Sports Medicine; 2016; 4(2 suppl 1)
Mulford, J, Mackay, N, Babazadeh, S	2016	Three dimensional printing in orthopaedic surgery: a review of current and future applications	ANZ Journal of Surgery; 2016; published online April 12
Noor, WD	2015	Epithelial mesenchymal transition in smokers: large versus small airways and relation to airflow obstruction	International Journal of COPD; 2015; published online August 4
Pande, G	2016	Liver resection (chapter in a book)	In P. K. Mishra (ed), Textbook of Surgical Gastroenterology (pp. 852-877), 2016; New Delhi: Jaypee Brothers Medical Publishers
Parameswaran, R, Herman, B	2015	A case of haemorrhagic pericardial tamponade in an adolescent	AMSRJ: American Medical Students Research Journal; 2015; 6(2):51-53
Power, J	2016	Use and impact of selective internal radiation therapy (SIRT) in routine care patients with metastatic colorectal cancer (mCRC)	Journal of Clinical Oncology; 2016; 34(4_February 1suppl):abstract 742. Presented at Gastrointestinal Cancers Symposium, January 21-23, 2016, San Francisco
Raj, R	2016	Symptoms and their recognition in with quality of life	Nephrology; 2016; published online February 18)
Ranasinghe, WKB	2015	Beware the stone in the duplex: use of CT intravenous pyelogram (CT IVP) in detecting calculi in duplex ureteric systems	Journal of Clinical Urology; 2015; published online August 3
Ranasinghe, WKB	2015	Trends in incidence and survival for upper tract urothelial cancer (UTUC) in the state of Victoria – Australia	BJU International; 2015; published online October 21
Ranasinghe, WK, Cetti, R	2015	Intravesical Bacillus Calmette-Guerin for nonmuscle invasive urothelial carcinoma of the bladder – patterns of use, and impact on outcomes	Asia-Pacific Journal of Clinical Oncology; 2015; 11(suppl 2):40
Ranasinghe, WK, Cetti, R	2015	Visual detection of recurrences post Bacillus Calmette-Guerin (BCG) for high risk non-muscle-invasive bladder cancer (NMIBC): are we adhering to the guidelines?	Asia-Pacific Journal of Clinical Oncology; 2015; 11(suppl 2):42
Ranasinghe, WKB	2016	Prostate cancer screening in Primary Health Care: The current state of affairs - Beyond The Abstract	http://www.urotoday.com/recent-abstracts/urologic-oncology/prostate-cancer/86060-prostate-cancer-screening-in-primary-health-care-the-current-state-of-affairs-beyond-the-abstract.html; 2016; published online February 1
Rooney, K	2015	Enhancing international medical graduates' communication: the contribution of applied linguistics	Medical Education; 2015; 49(8):828-837
Rooney, K	2015	A web-based nutrition competency implementation toolkit for entry-level medical courses	Sydney, NSW; Office for Learning and Teaching, Department of Education, ISBN 9781760286026

Journal Articles, Books and Book Chapters by THS-NW Staff July 2015- June2016

Author, Unit or Area	Year	Title	Publication
Anne Jong	2015	Severity and duration of pain after colonoscopy and gastroscopy: a cohort study	Journal of Clinical Nursing 2015; (published online May 6)
James Robert-Thomson	2015	An immunosuppressed man with an aortic rupture secondary to Salmonella aortitis successfully treated with endovascular aortic repair	Annals of Vascular Surgery 2015; 29 (4) 839e8 – e8
Dr Yi Chao Foong - Intern	2015	Mobile phones as a potential vehicle of infection in a hospital setting	Journal of Occupational and Environmental Hygiene 2015; (published online June 17)
Prof Michael Buist et al	2015	Getting more efficient Rapid Response System (RRS) utilization by the use of a general ward based deteriorating patient contract	Safety in Health 2015; 1:8 (Published 8 July 2015)
Dr Jarrad Wilson et al	2015	Never underestimate inflammatory bowel disease: High prevalence rates and confirmation of high incidence rates in Australia	Journal of Gastroenterology and Hepatology 2015; (Published online July 29)
Deborah Wilson et al	2015	Regional universities and rural clinical schools contribute to rural medical workforce, a cohort study of 2002 to 2013 graduates	Rural and Remote Health 2015; 15 (3): 3219
Leah Spencer	2015	Recruiting the next generation of rural doctors should start in schools.	RACGP Conference for General Practice, Melbourne 21-23 September
Dr Trish Banks Dr Sheryl Sim	2015	Unmet needs of newly diagnosed cancer patients in North West Tasmania	Asia-Pacific Journal of Clinical Oncology 2015; 11 (suppl 3);50 Abstract from The Medical Oncology Group of Australia 2015 ASM Pathays on Medical Oncology – The Path Less Travelled, August 5-7 2015, Hobart
Sanjay Dutta – Med V Student Dr Sheryl Sim	2015	Compliance with guidelines for the management of febrile neutropenia	Asia-Pacific Journal of Clinical Oncology 2015; 11 (suppl 3): 53 Abstract from The Medical Oncology Group of Australia 2015 ASM Pathays on Medical Oncology – The Path Less Travelled, August 5-7 2015, Hobart
Mr Andrew Chappell	2015	The foot-health of adult diabetics in regional Australia: baseline findings from an epidemiological study	Journal of Foot and Ankle Research, 2015; 8 (suppl 2): O32 Abstract from the Australian Podiatry Conference, May 6-8 2015, Queensland
Dr Sheryl Sim	2015	Evaluating a direct access colonoscopy program for suspected colorectal cancer	Asia-Pacific Journal of Clinical Oncology 2015; 11 (suppl 4): 164. Abstract of poster presentation at COSA's 42nd Annual Scientific Meeting 'Rare Cancers: Common Goals', November 17-19, 2015. Hobart

Author, Unit or Area	Year	Title	Publication
Assoc Prof Heinrich Weber	2015	Clinical features and lung function in HIV-infected children with chronic lung disease	South African Journal of Child Health, 2015; 9(3): 72-75
Ms Denise Parry Dr Marielle Ruigrok	2015	Low-acuity presentations to regional emergency departments: What is the issue?	Emergency Medicine Australasia, 2015; (published online December 28)
Dr Thiru Thirukkumaran	2015	Childhood bereavement: a case based discussion and review of existing research evidence on the effectiveness and shortcomings of current bereavement services in the UK	Brunei Darussalam Journal of Health, 2015; 6(1): 28-34
Mrs Giuliana Murfet	2016	Diabetes Nurse Practitioner: converting practice into value	Australian Nursing and Midwifery Journal, 2016; 23(9): 41
Dr Wei How Lim	2016	Cerebral palsy: causes, pathways, and the role of genetic variants	American Journal of Obstetrics and Gynecology, 2016; 214(5): 670-71
Dr Wei How Lim	2016	Conservative management of morbidly adherent placenta	American Journal of Obstetrics and Gynecology, 2016; (published online April 16)
Dr Jarrad Wilson	2016	Relations between symptom severity, illness perceptions, visceral sensitivity, coping strategies and well-being in irritable bowel syndrome guided by the common sense model of illness	Psychology, Health & Medicine, 2016; (Published online April 4)
Dr Jarrad Wilson	2016	Influence of food and lifestyle on the risk of developing Inflammatory Bowel Disease	Internal Medicine Journal, 2016; (Published online April 5)

Journal Articles, Books and Book Chapters by THS-SOUTH

Author, Unit or Area	Year	Title	Publication
Ambrose M, Malley RC, Warren SJ, Beggs SA, Swallow OF, McEwan B, Stock D, Roddam LF	2016	Pandoraea pnomenusa Isolated from an Australian Patient with Cystic Fibrosis.	Frontiers In Microbiology [Front Microbiol] 2016 May 11; Vol. 7, pp. 692. Date of Electronic Publication: 20160511 (Print Publication: 2016).
Antony B, Venn A, Cicuttini F, March L, Blizzard L, Dwyer T, Halliday A, Cross M, Jones G, Ding C	2016	Correlates of knee bone marrow lesions in younger adults.	Arthritis Research & Therapy [Arthritis Res Ther] 2016 Jan 26; Vol. 18, pp. 31. Date of Electronic Publication: 2016 Jan 26.
Awad R, Nott L	2016	Radiation recall pneumonitis induced by erlotinib after palliative thoracic radiotherapy for lung cancer: Case report and literature review.	Asia-Pacific Journal Of Clinical Oncology [Asia Pac J Clin Oncol] 2016 Mar; Vol. 12 (1), pp. 91-5. Date of Electronic Publication: 2016 Feb 05.

Author, Unit or Area	Year	Title	Publication
Baines CR, McGuiness W, O'Rourke GA,	2016	An integrative review of skin assessment tools used to evaluate skin injury related to external beam radiation therapy.	Journal Of Clinical Nursing [J Clin Nurs] 2016 Jun 20. Date of Electronic Publication: 2016 Jun 20.
Bereznicki BJ, Beggs S, Duff C, Bereznicki L	2016	Adherence to management guidelines for childhood asthma in Australia.	Australian Family Physician (AUST FAM PHYSICIAN), Dec2015; 44(12): 933-938. (6p)
Bonar R, Favaloro EJ, Mohammed S, Ahuja M, Pasalic L, Sioufi J, Marsden K	2016	The effect of the direct factor Xa inhibitors apixaban and rivaroxaban on haemostasis tests: a comprehensive assessment using in vitro and ex vivo samples.	Pathology [Pathology] 2016 Jan; Vol. 48 (1), pp. 60-71. Date of Electronic Publication: 2015 Dec 17.
Byrns G, Foong YC, Green M, Zargari A, Siddique R, Tan V, Brain T, Ogden K	2015	Mobile Phones as a Potential Vehicle of Infection in a Hospital Setting.	Journal of Occupational & Environmental Hygiene (J OCCUP ENVIRON HYG), Oct2015; 12(10): D232-D235. (0p)
Cleland H, Greenwood JE, Wood FM, Read DJ, She RW, Maitz P, Castley A, Vandervord JG, Simcock J, Adams CD, Gabbe BJ	2016	The Burns Registry of Australia and New Zealand: progressing the evidence base for burn care.	Medical Journal of Australia (MED J AUST), 3/21/2016; 204(5): 195.e1-195.e7. (7p)
Conduit C, Harle R, Jones DL	2016	Non-ketotic hyperglycaemia causing occipital seizures and persistent microhaemorrhages: mechanisms of focal deficits in hyperglycaemia.	Internal Medicine Journal [Intern Med J] 2016 May; Vol. 46 (5), pp. 634-5.
Cooper PD, Smart DR	2016	Hyperbaric oxygen therapy for osteoradionecrosis.	Diving And Hyperbaric Medicine [Diving Hyperb Med] 2016 Mar; Vol. 46 (1), pp. 56-7.
Courtney-Pratt H, Ford K, Marlow A	2015	Evaluating, understanding and improving the quality of clinical placements for undergraduate nurses: A practice development approach.	Nurse Education In Practice [Nurse Educ Pract] 2015 Nov; Vol. 15 (6), pp. 512-6. Date of Electronic Publication: 2015 Jul 26.
Dargaville P	2015	CPAP, Surfactant, or Both for the Preterm Infant: Resolving the Dilemma.	In: JAMA Pediatrics; (Chicago, Illinois) Aug2015; v.169 n.8, 715-717. (3p)
Dargaville PA	2016	Inflammation in meconium aspiration syndrome-One of many heads of the hydra.	Pediatric Pulmonology [Pediatr Pulmonol] 2016 Jun; Vol. 51 (6), pp. 555-6. Date of Electronic Publication: 2016 Jan 15.
Dargaville PA, Lavizzari A, Padoin P, Black D, Zonneveld E, Perkins E, Sourial M, Rajapaksa AE, Davis PG, Hooper SB, Moss TJ, Polglase GR, Tingay DG	2015	An authentic animal model of the very preterm infant on nasal continuous positive airway pressure.	Intensive Care Medicine Experimental [Intensive Care Med Exp] 2015 Dec; Vol. 3 (1), pp. 51. Date of Electronic Publication: 2015 Apr 29.
Davies N, Murphy DG, van Rij S, Woo HH, Lawrentschuk N,	2015	Online and social media presence of Australian and New Zealand urologists.	BJU International [BJU Int] 2015 Dec; Vol. 116 (6), pp. 984-9. Date of Electronic Publication: 2015 Jun 15.

Author, Unit or Area	Year	Title	Publication
Davies N, Papa N, Ischia J, Bolton D, Lawrentschuk N, Peter MacCallum	2015	Consistency of written post-operative patient information for common urological procedures.	ANZ Journal Of Surgery [ANZ J Surg] 2015 Dec; Vol. 85 (12), pp. 941-5. Date of Electronic Publication: 2015 Apr 19.
Dhara SS, McGlone DJ, Skinner MW	2015	Development of a new system for guidewire-assisted tracheal intubation: manikin and cadaver evaluation.	Anaesthesia [Anaesthesia] 2016 Jan; Vol. 71 (1), pp. 44-9. Date of Electronic Publication: 2015 Nov 12.
Diedrich CR, O'Hern J, Wilkinson RJ	2016	HIV-1 and the Mycobacterium tuberculosis granuloma: A systematic review and meta-analysis.	Tuberculosis (Edinburgh, Scotland) [Tuberculosis (Edinb)] 2016 May; Vol. 98, pp. 62-76. Date of Electronic Publication: 2016 Mar 10.
El-Ansary D, Aitken J, Zalucki N, Hardikar A	2015	Clinical management and rehabilitation of persistent sternal instability.	International Journal of Therapy & Rehabilitation (INT J THER REHABIL), Sep2015; 22(9): 443-445. (3p)
Elliott KJ, Scott JL, Monsour M, Nuwayhid F	2015	Profiles of dyadic adjustment for advanced prostate cancer to inform couple-based intervention.	Psychology & Health (PSYCHOL HEALTH), Nov2015; 30(11): 1259-1273. (15p)
Fathabadi OS, Gale T, Wheeler K, Plottier G, Owen LS, Olivier JC, Dargaville PA	2016	Hypoxic events and concomitant factors in preterm infants on non-invasive ventilation.	Journal Of Clinical Monitoring And Computing [J Clin Monit Comput] 2016 Feb 20. Date of Electronic Publication: 2016 Feb 20.
Fonseca R, Galligan J, Neilson S, Quan H, Makoto S, Kazuaki N, Marwick TH	2016	Appropriate Use of Transthoracic Echocardiography and Impact in Heart Failure Survival.	Journal of Hand Therapy (J HAND THER), Apr/Jun2016; 29(2): B57-B57. (1/3p)
Ford K, Courtney-Pratt H, Marlow A, Cooper J, Williams D, Mason R	2016	Quality clinical placements: The perspectives of undergraduate nursing students and their supervising nurses.	Nurse Education Today [Nurse Educ Today] 2016 Feb; Vol. 37, pp. 97-102. Date of Electronic Publication: 2015 Dec 03.
Gabbe B, Cleland H, Watterson D, Schrale R, McRae S, Parker C, Taggart S, Edgar D	2015	Long term outcomes data for the Burns Registry of Australia and New Zealand: Is it feasible?	Burns (03054179) (BURNS), Dec2015; 41(8): 1732-1740. (9p)
Galligan A, Greenaway T	2016	Novel approaches to the treatment of hyperglycaemia in type 2 diabetes mellitus.	Internal Medicine Journal (INTERN MED J), May2016; 46(5): 540-549. (10p)
Ghimire S, Castelino RL, Lioufas NM, Peterson GM, Zaidi ST,	2015	Nonadherence to Medication Therapy in Haemodialysis Patients: A Systematic Review.	Plos One [PLoS One] 2015 Dec 04; Vol. 10 (12), pp. e0144119. Date of Electronic Publication: 20151204 (Print Publication: 2015).
Gollapalli RB, Naiman AN, Merry D	2015	Cervical necrotizing fasciitis as a complication of acute epiglottitis managed with minimally aggressive surgical intervention: Case report.	Ear, Nose, & Throat Journal [Ear Nose Throat J] 2015 Jul; Vol. 94 (7), pp. E5-7.
Gupta R, Nyakunu RP, Kippax JR	2016	Is the emergency department management of ENT foreign bodies successful? A tertiary care hospital experience in Australia.	ENT: Ear, Nose & Throat Journal (ENT EAR NOSE THROAT J), Mar2016; 95(3): 113-116. (5p)

Author, Unit or Area	Year	Title	Publication
Hamilton S, Tran V, Jamieson J	2016	Compassion fatigue in emergency medicine: The cost of caring.	Emergency Medicine Australasia: EMA [Emerg Med Australas] 2016 Feb; Vol. 28 (1), pp. 100-3. Date of Electronic Publication: 2016 Jan 17.
Han W, Aitken D, Zhu Z, Halliday A, Wang X, Antony B, Cicuttini F, Jones G, Ding C	2015	Signal intensity alteration in the infrapatellar fat pad at baseline for the prediction of knee symptoms and structure in older adults: a cohort study.	Annals Of The Rheumatic Diseases [Ann Rheum Dis] 2015 Nov 26. Date of Electronic Publication: 2015 Nov 26.
Hyun K, Brieger D, Chow CK, Ilton M, Amos D, Alford K, Roberts-Thomson P, Santo K, Atkins ER, Redfern J	2016	Impact of medical consultation frequency on risk factors and medications 6 months after acute coronary syndrome.	Public Health Research & Practice [Public Health Res Pract] 2016 Jan 28; Vol. 26 (1), pp. e2611606. Date of Electronic Publication: 2016 Jan 28.
Jamieson J, Tran V, Mackenzie S	2016	Gender equality in emergency medicine: Ignorance isn't bliss.	Emergency Medicine Australasia: EMA [Emerg Med Australas] 2016 Jun; Vol. 28 (3), pp. 341-3. Date of Electronic Publication: 2016 May 10.
Jeffs L	2015	Response to Wiwanitkit et al. comment on the report: 'A randomised trial investigating the safety and efficacy of influenza vaccination in patients with ANCA-associated vasculitis'.	Nephrology (Carlton, Vic.) [Nephrology (Carlton)] 2015 Aug; Vol. 20 (8), pp. 584.
Jeffs LS, Nitschke J, Tervaert JW, Peh CA, Hurtado PR	2016	Viral RNA in the influenza vaccine may have contributed to the development of ANCA-associated vasculitis in a patient following immunisation.	Clinical Rheumatology [Clin Rheumatol] 2016 Apr; Vol. 35 (4), pp. 943-51. Date of Electronic Publication: 2015 Sep 12.
Jones N	2016	Tune-in and Time-out: Toward Surgeon-Led Prevention of "Never" Events.	Journal Of Patient Safety [J Patient Saf] 2016 Jan 11. Date of Electronic Publication: 2016 Jan 11.
Karakiewicz PI, Nott L, Joshi A, Kannourakis G, Tarazi J, Alam M	2016	Evaluation of response from axitinib per Response Evaluation Criteria in Solid Tumors versus Choi criteria in previously treated patients with metastatic renal cell carcinoma.	Oncotargets And Therapy [Onco Targets Ther] 2016 May 12; Vol. 9, pp. 2855-63. Date of Electronic Publication: 20160512 (Print Publication: 2016).
Khalafallah A, Phuah E, Al-Barazan AM, Nikakis I, Radford A, Clarkson W, Trevett C, Brain T, Gebski V, Corbould A	2016	Glycosylated haemoglobin for screening and diagnosis of gestational diabetes mellitus.	BMJ Open [BMJ Open] 2016 Apr 04; Vol. 6 (4), pp. e011059. Date of Electronic Publication: 2016 Apr 04.
Khan FS, Ali I, Afridi UK, Ishtiaq M, Mehmood R	2016	Epigenetic mechanisms regulating the development of hepatocellular carcinoma and their promise for therapeutics.	Hepatology International [Hepatol Int] 2016 Jun 7. Date of Electronic Publication: 2016 Jun 7.
Knowles SR, Austin DW, Sivanesan S, Tye-Din J, Leung C, Wilson J, Castle D, Kamm MA, Macrae F, Hebbard G	2016	Relations between symptom severity, illness perceptions, visceral sensitivity, coping strategies and well-being in irritable bowel syndrome guided by the common sense model of illness.	Psychology, Health & Medicine [Psychol Health Med] 2016 Apr 4, pp. 1-11. Date of Electronic Publication: 2016 Apr 4.

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Koehler AV, Spratt DM, Norton R, Warren S, McEwan B, Urkude R, Murthy S, Robertson T, McCallum N, Bradbury RS, Gasser RB	2016	More parasitic myositis cases in humans in Australia, and the definition of genetic markers for the causative agents as a basis for molecular diagnosis.	Infection, Genetics And Evolution: Journal Of Molecular Epidemiology And Evolutionary Genetics In Infectious Diseases [Infect Genet Evol] 2016 Jun 13. Date of Electronic Publication: 2016 Jun 13.
Kuzminov A, Palmer AJ, Wilkinson S, Khatsiev B, Venn AJ	2016	Re-operations after Secondary Bariatric Surgery: a Systematic Review.	Obesity Surgery [Obes Surg] 2016 Jun 8. Date of Electronic Publication: 2016 Jun 8.
Lee AY, Hudspeth AR	2015	Evaluation of antinuclear antibody (ANA) in ANA-associated connective tissue diseases.	Journal Of Clinical Pathology [J Clin Pathol] 2015 Oct; Vol. 68 (10), pp. 853-4. Date of Electronic Publication: 2015 Jun 10.
Lim A, Samarage A, Lim BH	2016	Venous thromboembolism in pregnancy.	Obstetrics, Gynaecology & Reproductive Medicine (OBSTET GYNAECOL REPROD MED), May2016; 26(5): 133-139. (7p)
Lim K, Free B, Sinha S	2015	Modified TIME-H: a simplified scoring system for chronic wound management.	Journal Of Wound Care [J Wound Care] 2015 Sep; Vol. 24 (9), pp. 415-9.
Lim K, Wheeler KI, Jackson HD, Sadeghi Fathabadi O, Gale TJ, Dargaville PA	2015	Lost without trace: oximetry signal dropout in preterm infants.	Archives Of Disease In Childhood. Fetal And Neonatal Edition [Arch Dis Child Fetal Neonatal Ed] 2015 Sep; Vol. 100 (5), pp. F436-8. Date of Electronic Publication: 2015 Jun 08.
Lippmann J, Lawrence C, Fock A, Wodak T, Jamieson S, Harris R, Walker D	2015	Provisional report on diving-related fatalities in Australian waters 2010.	Diving And Hyperbaric Medicine [Diving Hyperb Med] 2015 Sep; Vol. 45 (3), pp. 154-75.
Loveluck M, Liu DS, Froelich J, Yellapu S	2015	Fishbone perforation causing duodenocaval fistula and caval thrombus.	ANZ Journal Of Surgery [ANZ J Surg] 2015 Dec; Vol. 85 (12), pp. 986-7. Date of Electronic Publication: 2014 Apr 16.
Mahmood MQ, Sohal SS, Shukla SD, Ward C, Hardikar A, Noor WD, Muller HK, Knight DA, Walters EH	2015	Epithelial mesenchymal transition in smokers: large versus small airways and relation to airflow obstruction.	International Journal Of Chronic Obstructive Pulmonary Disease [Int J Chron Obstruct Pulmon Dis] 2015 Aug 04; Vol. 10, pp. 1515-24. Date of Electronic Publication: 20150804 (Print Publication: 2015).
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Maung H, Buxey K, Cernelc J, Evans T	2015	Multifocal abdominal splenosis.	ANZ Journal Of Surgery [ANZ J Surg] 2015 Dec 21. Date of Electronic Publication: 2015 Dec 21.
Maung H, Buxey KN, Studd C, Ket S	2016	Acute gastric dilation in a bulimic patient.	Gastrointestinal Endoscopy [Gastrointest Endosc] 2016 Mar 11. Date of Electronic Publication: 2016 Mar 11.
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Author, Unit or Area	Year	Title	Publication
Messmer AA, Potts JM, Orlikowski CE	2016	A prospective observational study of maternal oxygenation during remifentanil patient-controlled analgesia use in labour.	Anaesthesia [Anaesthesia] 2016 Feb; Vol. 71 (2), pp. 171-6. Date of Electronic Publication: 2015 Nov 30.
Meumann EM, Mitchell BG, McGregor A, McBryde E, Cooley L	2015	Urinary Escherichia coli antimicrobial susceptibility profiles and their relationship with community antibiotic use in Tasmania, Australia.	International Journal Of Antimicrobial Agents [Int J Antimicrob Agents] 2015 Oct; Vol. 46 (4), pp. 389-93. Date of Electronic Publication: 2015 Jun 29.
Mitchell E, Jones G	2016	Subcutaneous tocilizumab for the treatment of rheumatoid arthritis.	Expert Review Of Clinical Immunology [Expert Rev Clin Immunol] 2016; Vol. 12 (2), pp. 103-14. Date of Electronic Publication: 2016 Jan 28.
Mohamed M, Dun K	2015	Acute myeloid leukaemia with t(8;21)(q22;q22.3) and loss of the X chromosome.	BMJ Case Reports [BMJ Case Rep] 2015 Aug 06; Vol. 2015. Date of Electronic Publication: 2015 Aug 06.
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GLOSSARY

A&RS	Audit and Risk Sub-Committee
AAS	Australian Accounting Standards
AASB	Australian Accounting Standards Board
ABF	Activity Based Funding
ABS	Australian Bureau of Statistics
ACAA	Aged Care Association Australia
ACC	Acute Care Certificates
ACGB	Australian Centre for Grief and Bereavement
ACHS	Australian Council on Healthcare Standards
ACP	Advance Care Planning
ACSQHC	Australian Commission on Safety and Quality in Healthcare
Activity Based Funding (ABF)	Activity Based Funding (ABF) is the model of reimbursing a health care service for the cost of patient care. The ABF system provides payment for acute patients treated within hospitals. Hospitals are paid a set amount for each patient treated based on the relative cost of the group (DRG) to which the separation is allocated.
Acute admission	Acute care is care in which the primary clinical purpose or treatment goal is to: manage labour (obstetric), cure illness or provide definitive treatment of injury, perform surgery, relieve symptoms of illness or injury (excluding palliative care), reduce severity of an illness or injury, protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function, perform diagnostic or therapeutic procedures.
Admission	An admission is a process whereby a hospital accepts responsibility for a patient's care or treatment. Admission follows a clinical decision based upon specified criteria that a patient requires same-day or overnight (or multi-day) care or treatment. An admission may be formal or statistical. A formal admission is the adminstrative process by which a hospital records the commencement of treatment/care or accommodation of a patient. A statistical admission is the administrative process by which a hospital records the commencement of treatment/care or accommodation of a patient.
Admissions from elective surgery waiting lists:	Patients on waiting lists for elective surgery are assigned a clinical urgency status which indicates the clinical assessment of the urgency with which a patient requires elective hospital care. On admission, they will also be assigned an urgency of admission category, which may or may not be elective.
AIHW	Australian Institute of Health and Welfare
AMS	Asset Management Services
ANZSPM	Australia and New Zealand Society for Palliative Medicine
APHCRI	Australian Primary Health Care Research Institute
ARSC	Audit and Risk Sub-Committee
ATO	Australian Taxation Office
ATS	Australasian Triage Scale
BEIMS	Building Engineering Information Management System
CAC	Consumer Advisory Council
CALD	Culturally and linguistically diverse
CEAG	Community Engagement Advisory Group
CEC	Consumer Engagement Committee
CEO	Chief Executive Officer
CERG	Consumer Engagement Reference Group
CHAPS	Child Health and Parenting Services
CHC	Community Health Centre

CIP	Capital Improvements Program
CIP-EM	Capital Improvements Program - Essential Maintenance
CNC	Clinical Nurse Consultant
COAG	Council of Australian Governments
COPE	Commonwealth Own Purpose Expenditure
Cost weight	A measure of the relative cost of a Diagnosis Related Group (DRG). Usually the average cost across all DRGs is chosen as the reference value, and given a weight of 1.
CPI	Consumer Price Index
CSO	Community Sector Organisation
DCHSC	Devonport Community and Health Services Centre
DFA	Disability Framework for Action 2005 -2010
DH	District Hospital
DHHS	Department of Health and Human Services
Diagnosis Related Group (DRG)	DRGs are a patient classification system that provide a clinically meaningful way of relating the types of patients treated in a hospital to the resources required by the hospital. DRGs were developed for use in acute inpatient settings. The latest version of the Australian Refined-Diagnosis Related Group (AR-DRG) Classification (Version 6.0x is to be used from 1 July 2012)
DMR	Digital Medical Record
DON	Director of Nursing
ECO	Employee Contact Officer
ED	Emergency Department
Elective admission (Urgency status assigned)	Elective admissions: If an admission meets the definition of elective below, it is categorised as elective, regardless of whether the admission actually occurred after 24 hours or more, or it occurred within 24 hours. The distinguishing characteristic is that the admission could be delayed by at least 24 hours.
FBT	Fringe Benefits Tax
FTE	Full Time Equivalent
GEM	Geriatric Evaluation and Management
GGS	General Government Sector
GM5	Give Me Five For Kids
GP	General Practitioner
GPLO	General Practice Liaison Officer
GST	Goods and Services Tax
HACC	Home and Community Care
HOA	Heads of Agreement
HR	Human Resources
HSO	Health Service Officer
HSR	Health and Safety Representative
HVAC	Heating, Ventilation and Air Conditioning
IAS	International Accounting Standards
IASB	International Accounting Standards Board
ICC	Integrated Care Centre
ICU	Intensive Care Unit
IFRS	International Financial Reporting Standards
IHPA	Independent Hospital Pricing Authority
KIHCHC	King Island Hospital and Community Health Centre

KPI	Key Performance Indicator
LGH	Launceston General Hospital
MCH	Mersey Community Hospital
MGP	Midwifery Group Practice
MHS-N	Mental Health Services - North
MOC	Models of Care
MPC	Multipurpose Centre
MPS	Multipurpose Service
MRI	Magnetic Resonance Imaging
NEP	National Efficient Price
NHCDC	National Hospital Cost Data Collection
NHRA	National Health Reform Agreement
NICU	Neonatal Intensive Care Unit
NPA-IHST	National Partnership Agreement on Improving Health Services in Tasmania
NPICU	Neonatal Paediatric Intensive Care Unit
NPPs	National Partnership Payments
NSQHSS	National Safety and Quality Health Service Standards
NWRH	North West Regional Hospital
PAH	Pulmonary arterial hypertension
PHN	Primary Health North
QI	Quality Improvement
QS&CRS	Quality Safety and Clinical Risk Sub-Committee
RBF	Retirement Benefit Fund
RCS	Rural Clinical School
RHH	Royal Hobart Hospital
RJRP	Right Job Right Person
RTI	Right to Information
SAAP	Supported Accommodation Assistance Program
SAB	Staphylococcus Aureus bacteraemia
SAMP	Strategic Asset Management Plan
Scheduled admissions:	A patient who expects to have an elective admission will often have that admission scheduled in advance. Whether or not the admission has been scheduled does not affect the categorisation of the admission as emergency or elective, which depends only on whether it meets the definitions above. That is, patients both with and without a scheduled admission can be admitted on either an emergency or elective basis.
SCIF	Special Capital Investment Fund
SDH	Smithton District Hospital
SEIFA	Socio-Economic Indexes for Areas
SES	Senior Executive Services
SIIRP	Structured Infrastructure Investment Review Process
SLA	Service Level Agreement
SME	Small Medium Enterprise
SPA	Superannuation Provision Account
SRLS	Safety Reporting and Learning System

Sub-acute activity	Sub-acute care in this data set specification is identified as admitted episodes in rehabilitation care, palliative care, geriatric evaluation and management care and psychogeriatric care whereas maintenance care is identified as non-acute care. The scope of the collection is: 1) Same day and overnight sub-acute and non-acute care episodes in designated sub-acute and non-acute care units, programs or hospitals. 2) Admitted public patients provided on a contracted basis by private hospitals in designated sub-acute and non-acute care units, programs or hospitals. 3) Admitted patients in rehabilitation care, palliative care, geriatric evaluation and management, psychogeriatric and maintenance care designated programs treated in the hospital-in-the-home.
Tasmanian Health Organisations / THOs	Three Tasmanian Health Organisations (THOs) were established under the national health reforms to provide hospital, primary and community health services to Tasmanians.
Tasmanian Health Service / THS	The Tasmanian Health Service (THS) will be established on 1 July 2015 under the One State, One Health System, Better Outcomes reforms that will see hospitals working together to provide access to better care and higher quality services.
THEO	Tasmania Health Education Online
THO - North West	Tasmanian Health Organisation — North West
THP	Tasmania's Health Plan
THS	Tasmanian Health Service
TI	Treasurer's Instruction
TIPCU	Tasmanian Infection Prevention and Control Unit
TML	Tasmania Medicare Local
Transfer	A transfer is when the physical location of the patient changes. Patients can be transferred between health care facilities, between wards or from bed to bed within a ward. Within these KPIs transfers between wards are counted only.
TRMF	Tasmanian Risk Management Fund
UTas	University of Tasmania
WACS	Women's and Children's Services
Waitlist clinical urgency categories	Category 1 - Urgent patients who require surgery within 30 days. Category 2 - Semi-urgent patients who require surgery within 90 days. Category 3: Non-urgent patients who need surgery at some time in the future. For reporting purposes, these patients are counted as requiring surgery with 365 days
WCDH	West Coast District Hospital
Weighted cost	Is the cost weight multiplied out by the average cost of patient care.
Weighted separation	The aggregate number of DRGs in any time period, multiplied by the cost weight of each, results in a number called a weighted separation.
WH&S	Work Health and Safety
WHS	Workplace Health and Safety
WHS	Work Health and Safety
YTD	Year to Date

LEGISLATION

Legislation Governing the Operations of THOs
Aged Care Act 1997
Alcohol and Drug Dependency Act 1968
Ambulance Service Act 1982
Anatomical Examinations Act 2006
Anti-Discrimination Act 1998
Audit Act 2008
Blood Transfusion (Limitation of Liability) Act 1986
Fee Units Amendment Act 2002
Financial Management and Audit Amendment Act 2012
Fluoridation Act 1968
Food Act 1968
Health Act 1997
Health Complaints Amendment Act 2005
Health Practitioner Regulation National Law (Tasmania) Act 2010
Health Practitioners Tribunal Act 2010
Health Professionals (Special Events Exemption) Act 1998
Health Service Establishments Act2006
HIV/AIDS Preventative Measures Act 1993
Human Cloning for Reproduction and Other Prohibited Practices Act 2003
Human Embryonic Research Regulation Act 2003
Human Tissue Act 1985
Industrial Relations Act 1984
Medical Radiation Science Professionals Registration Act 2000
Mental Health Act 2013
Model Work Health and Safety (WHS) Act 2012
Obstetric and Paediatric Mortality and Morbidity Act 1994
Optometry Offences Act 2010
Personal Information Protection Act 2004
Pharmacy Control Act 2001
Poisons Act 1971 - except in so far as it relates to the Poppy Advisory Control Board (See the Department of Justice under the Minister for Justice)
Public Health Act 1997
Public Interest Disclosures Act 2002
Radiation Protection Act 2005
Right to Information Act 2009
State Service Act 2000
Tasmanian Health Organisations Act 2011
Therapeutic Goods Act 2001
Workers Rehabilitation and Compensation Act 1988
Workplace Health and Safety Act 2012

Other Tasmanian Health Legislation
Adoption Act 1988
Child Protection (International Measurements) Act 1997
Children, Young Persons and Their Families Act 1997
Constitution (State Employees) Act 1994
Disability Services Act 1992 (new Act 1/1/12)
Guardianship and Administration Amendment Act 1997
Misuse of Drugs Act 2001
Royal Derwent Hospital (Sale of Land) Act 1995
Surrogacy Contract Act 1993
Broadly Applicable Legislation
Coroners Act 1995
Defamation Act 2005
Fire Damage Relief Act 1967
Guide Dogs and Hearing Dogs Act 1967
Homes Act 1935
Integrity Commission Act 2009
Judicial Review Act 2000
Long Service Leave (State Employee) Act 1994
Long Service Leave Act 1976
Ombudsman Act 1978
Payroll Tax Act 2008
Pensioners (Heating Allowance) Act 1971
Public Account Act 1986
Public Sector Superannuation Reform Act 1999
Retirement Benefits Act 1993
Statutory Holidays Act 2000
Trades Union Act 1997
Youth Justice Act 1997
Acts Interpretation Act 1931
Archives Act 1983
Building Act 2000
Civil Liability Amendment Act 2008
Dangerous Substances (Safe Handling Act) 2005
Economic Regulator Act 2009
Emergency Management Act 2006
Mutual Recognition (Tasmania) Act 1993

SUPERANNUATION DECLARATION

I, John Ramsay, Chair, Tasmanian Health Service Governing Council hereby certify that the Tasmanian Health Service has met its obligations under the *Superannuation Industry (Supervision) Act 1993* in respect of those employees who are members of complying superannuation schemes to which the Agency contributes.

John Ramsay
Chair, Tasmanian Health Service Governing Council

PRICING POLICIES

The Tasmanian Health Service (THS) undertakes activities for which the pricing of goods and service is required. Each fee charging program is based on the full cost recovery model in accordance with the Government's policy on fees and charges.

The THS levy fees and charges in accordance with the provisions of the following Acts:

- *Adoption Act 1988*
- *Anatomical Examinations Act 2006*
- *Health Act 1997*
- *Pharmacy Control Act 2001*
- *Public Health Act 1997*
- *Tasmanian Health Organisations Act 2011*
- *Ambulance Service Act 1982*
- *Food Act 2003*
- *Health Services Establishments Act 2006*
- *Poisons Act 1971*
- *Radiation Protection Act 2005*

The THS maintain a Revenue Policy that provides information on the financial requirements for funding a program from sources outside of the Organisations. This policy is subject to ongoing review.

Fees and charges subject to the *Fee Units Act 1997* were revised and gazetted in accordance with the provisions of that legislation on 27 March 2013.

PUBLIC INTEREST DISCLOSURE

The *Public Interest Disclosures Act 2002* encourages and facilitates disclosures about the improper conduct of public officers or public bodies.

The THS is committed to the aims and objective of the Act and recognise the value of transparency and accountability in its administrative and management practices. The THS also support the making of disclosures that reveal corrupt conduct, conduct involving a substantial mismanagement of public resources, or conduct involving a substantial risk to public health and safety or the environment.

The THS does not tolerate improper conduct by staff, or the taking of reprisals against those who come forward to disclose such conduct. The Organisation take all reasonable steps to protect people who make such disclosures from any detrimental action in reprisal for making the disclosure. The THS will also afford natural justice to any person who is the subject of a disclosure.

The Tasmanian Health Service received one Public Interest Disclosure report during 2015-16.

GEORGE TOWN UNIT NAMED IN HONOUR OF DONOR FAMILY

A new palliative care suite at the George Town Hospital has been name in honour of one of the facility's original benefactors.

The Triptree family donated the land on which the hospital was built.

The first sod was turned for the original building in 1951.

A note from the late Mrs Zella Triptree at the time reads: "….we donated three blocks of land for a hospital and doctor's home – the Council thought it was grand!"

Mrs Triptree was president of the hospital auxiliary from 1951-1961.

The palliative care suite was developed with the support of the George Town community to meet the needs of clients and their families in the region.

The Tasmanian Association of Hospice and Palliative Care and the George Town Hospital Auxiliary provided the funds for the work. The Lions Club of George Town also assisted with the project.

From left: Margaret Gibbons from the George Town Lions Club with George Town Hospital's Nurse Unit Manager Diane Jessup, UTas student nurse Rebecca Hayes and hospital staff Steven Yeardsley and Ros Hawkins.

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2016

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STATEMENT OF CERTIFICATION

The accompanying Financial Statements of the Tasmanian Health Service (THS) and its related bodies are in agreement with the relevant accounts and records and have been prepared in compliance with the Treasurer's Instructions issued under the provisions of the *Financial Management and Audit Act 1990* to present fairly the financial transactions for the year ended 30 June 2016 and the financial position as at the end of the year.

At the date of signing, we are not aware of any circumstances which would render the particulars included in the financial statements misleading or inaccurate.

Chair of the Governing Council
13 September 2016

Chief Executive Officer
13 September 2016

STATEMENT OF COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2016

	Notes	2016 Budget $'000	2016 Actual $'000
Continuing operations			
Revenue and other income from transactions			
Grants	5.1	1 459 909	1 248 734
Sales of goods and services	5.2	138 458	160 794
Interest		0	258
Contributions received	5.3	0	28
Other revenue	5.4	29 276	38 043
Total revenue and other income from transactions		**1 627 643**	**1 447 857**
Expenses from transactions			
Employee benefits	6.1	922 096	948 973
Depreciation and amortisation	6.2	37 536	39 218
Supplies and consumables	6.3	345 162	394 575
Grants and subsidies	6.4	40 495	7 178
Finance costs		192	0
Other expenses	6.5	10 155	22 786
Total expenses from transactions		**1 355 636**	**1 412 730**
Net result from transactions (net operating balance)		**272 007**	**35 127**
Other economic flows included in net result			
Net gain/(loss) on non-financial assets	7.1	0	208
Net gain/(loss) on financial instruments and statutory receivables/payables	7.2	0	(446)
Total other economic flows included in net result		**0**	**(238)**
Net result from continuing operations		**272 007**	**34 889**
Other comprehensive income			
Items that will not be reclassified subsequently to profit or loss			
Changes in property, plant and equipment revaluation surplus	11.1	45 889	13 749
Total other comprehensive income		**45 889**	**13 749**
Comprehensive result		**317 896**	**48 638**

This Statement of Comprehensive Income should be read in conjunction with the accompanying notes.

Budget information refers to original estimates and has not been subject to audit.

Explanations of material variances between budget and actual outcomes are provided in Note 3 of the accompanying notes.

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2016

	Notes	2016 Budget $'000	2016 Actual $'000
Assets			
Financial assets			
Cash and deposits	12.1	43 955	89 535
Receivables	8.1	19 521	21 280
Other financial assets	8.2	20 233	15 873
Non-financial assets			
Inventories	8.3	7 997	11 055
Assets held for sale	8.4	0	95
Property, plant and equipment	8.5	1 406 188	982 222
Intangibles	8.6	3 463	700
Other assets	8.7	3 901	4 375
Total assets		**1 505 258**	**1 125 135**
Liabilities			
Payables	9.1	44 390	64 306
Interest bearing liabilities		3 333	0
Employee benefits	9.2	196 754	224 895
Other liabilities	9.4	12 023	10 993
Total liabilities		**256 500**	**300 194**
Net assets		**1 248 758**	**824 941**
Equity			
Contributed capital reserve	11.3	461 875	583 796
Reserves	11.1	267 946	206 531
Accumulated funds		518 937	34 614
Total equity		**1 248 758**	**824 941**

This Statement of Financial Position should be read in conjunction with the accompanying notes.

Budget information refers to original estimates and has not been subject to audit

Explanations of material variances between budget and actual outcomes are provided in Note 3 of the accompanying notes.

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2016

	Notes	2016 Budget $'000	2016 Actual $'000
Cash flows from operating activities		Inflows (Outflows)	Inflows (Outflows)
Cash inflows			
Grants		1 123 709	1 175 954
Sales of goods and services		137 038	156 713
GST receipts		29 369	35 561
Interest received		0	258
Other cash receipts		29 276	38 043
Total cash inflows		**1 319 392**	**1 406 529**
Cash outflows			
Employee benefits		(918 660)	(929 456)
Finance costs		(192)	0
GST payments		(29 369)	(36 456)
Grants and transfer payments		(40 495)	(7 178)
Supplies and consumables		(347 330)	(398 718)
Other cash payments		(10 157)	(22 796)
Total cash outflows		**(1 346 203)**	**(1 394 604)**
Net cash from/(used by) operating activities	12.2	**(26 811)**	**11 925**
Cash flows from investing activities			
Cash inflows			
Proceeds from the disposal of non-financial assets		0	80
Total cash inflows		**0**	**80**
Cash outflows			
Payment for acquisition of non-financial assets		(3 552)	(1 959)
Total cash outflows		**(3 552)**	**(1 959)**
Net cash from/(used by) investing activities		**(3 552)**	**(1 879)**
Cash flows from financing activities			
Cash outflows			
Repayment of borrowings		(1 667)	(5 000)
Total cash outflows		**(1 667)**	**(5 000)**
Net cash from/(used by) financing activities		**(1 667)**	**(5 000)**
Net increase/(decrease) in cash and cash equivalents held		**(32 030)**	**5 046**
Cash transferred in on establishment of THS		**75 985**	**84 453**
Cash transferred in due to restructure		**0**	**36**
Cash and deposits at the end of the reporting period	12.1	**43 955**	**89 535**

This Statement of Cash Flows should be read in conjunction with the accompanying notes.

Budget information refers to original estimates and has not been subject to audit.

Explanations of material variances between budget and actual outcomes are provided in Note 3 of the accompanying notes.

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2016

	Notes	Contrib Equity $'000	Reserves $'000	Accum Funds $'000	Total Equity $'000
Balance as at 1 July 2015		**0**	**0**	**0**	**0**
Net result		0	0	34 889	34 889
Changes to revaluation reserve		0	13 749	0	13 749
Total comprehensive result		**0**	**13 749**	**34 889**	**48 638**
Transfers from asset revaluation reserve to accumulated surplus	11.1	0	(210)	210	0
Transfer sale proceeds to the Crown Lands Administration Fund (CLAF)		0	0	(485)	(485)
Transactions with owners in their capacity as owners:					
Establishment of THS - net assets received		583 980	192 992	0	776 972
Administrative restructure - net assets received	11.2	(184)	0	0	(184)
Balance as at 30 June 2016		**583 796**	**206 531**	**34 614**	**824 941**

This Statement of Changes in Equity should be read in conjunction with the accompanying notes.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2016

NOTE 1 TASMANIAN HEALTH SERVICE OUTPUT SCHEDULES

1.1 Establishment of the Tasmanian Health Service

The THS is a Statutory Authority that commenced operations on 1 July 2015 as a key component of the Tasmanian Government's *One State, One Health System, Better Outcomes* reform program. Prior to this, health services in Tasmania were provided through three regionally based Tasmanian Health Organisations (THOs), being THO-North, THO-North West and THO-South. The THOs were established under the *Tasmanian Health Organisation Act 2011* as a result of the National Health Reform Agreement, and commenced on 1 July 2012. Upon commencement THS replaced the THOs and appointed a single Governing Council and Chief Executive Officer to oversee the provision of health services in Tasmania state wide.

The THOs were combined pursuant to an Order (Tasmanian Health Organisations (Tasmanian Health Service) Order 2015) made by the Governor of Tasmania. Under the Order, THO-South and THO-North West were amalgamated into THO-North on 1 July 2015. The establishment of the THS has been accounted for as an amalgamation of the THOs and not as an acquisition of THO-South and THO-North West by THO-North because:

(i) the combination was imposed pursuant to the Governor's Order without any of the THOs involved in the decision;

(ii) the formation of the new THS Governing Council precludes THO-North from gaining control of THS operations at the time the combination occurred; and,

(iii) the economic substance of the combination is that a new entity (THS) was established notwithstanding the legal form of the resulting entity.

On 1 July 2015, the THS recognised the identifiable assets and liabilities that were recognised in the financial statements of the THOs as at that date after eliminating the effects of all transactions between the THOs. The THS measured the identifiable assets and liabilities of the THOs at their carrying values in the financial statements of the THOs at 1 July 2015, subject to any adjustments required to conform to THS accounting policies. The identifiable assets and liabilities recognised by the THS as at 1 July 2015 are disclosed in note 16.1.

As the economic substance of the combination is that a new entity (THS) was established, no restated comparative information has been disclosed.

Information on the financial performance of the former THOs can be found on the Tasmanian Department of Health and Human Services (the Department) website at: HTTP://www.dhhs.tas.gov.au/tho/annual reports.

1.2 Output Group Information

Budget information refers to original Budget estimates reflected in the 2015-16 Budget Papers which has not been subject to audit.

	2016 Budget $'000	2016 Actual $'000
Expense by Output		
1.1 Admitted Services	760 331	788 755
1.2 Non-admitted Services	154 239	183 874
1.3 Emergency Department Services	122 114	123 535
1.4 Community and Aged Care Services	200 907	198 814
1.5 Statewide and Mental Health Services	116 803	116 300
1.6 Forensic Medicine Services	1 242	1 452
Total	**1 355 636**	**1 412 730**

NOTE 2 EXPENDITURE UNDER AUSTRALIAN GOVERNMENT FUNDING ARRANGEMENTS

	State Funding 2016 Actual $'000	Australian Govt Funding 2016 Actual $'000
Expense by Output		
National Health Reform Funding Arrangements		
Activity Based Funding	367 543	488 260
Block Funding	222 384	0
National Partnership Payments		
Health Services	0	35 213
Commonwealth Own Purpose Expenditures		
Mersey Community Hospital	0	74 861
Other	3 589	35 638
Total	**593 516**	**633 972**

This schedule shows the cash expenditure acquitted against each of the funding groups. The grant revenue received for each of these is outlined in Note 5.1.

National Partnership Payments (NPPs) are provided for the purpose of the delivery of specified projects, facilitate reforms or reward jurisdictions that deliver nationally significant reforms.

Commonwealth Own Purpose Expenditure (COPES) is funding paid directly from the Australian Government to the states and territories for the provision of services identified by the Australian Government.

NOTE 3 EXPLANATIONS OF MATERIAL VARIANCES BETWEEN BUDGET AND ACTUAL OUTCOMES

Budget information refers to original estimates as disclosed in the 2015-16 Budget Papers and is not subject to audit.

Variances are considered material where the variance exceeds the greater of 10 per cent of Budget estimate and $1 million.

3.1 Statement of Comprehensive Income

	Note	2016 Budget $'000	2016 Actual $'000	Variance $'000	Variance %
Grants	(a)	1 459 909	1 248 734	(211 175)	(14.5%)
Sales of goods and services	(b)	138 458	160 794	22 336	16.1%
Other revenue	(c)	29 276	38 043	8 767	29.9%
Supplies and consumables	(d)	345 162	394 575	(49 413)	(14.3%)
Grants and subsidies	(e)	40 495	7 178	33 317	82.3%
Other expenses	(f)	10 155	22 786	(12 631)	(124.4%)

Notes to Statement of Comprehensive Income variances

(a) The reduction in Grants of $211.2 million primarily relates to the lower than expected transfer of infrastructure costs from the Department to the THS largely due to unanticipated delays in progressing the Royal Hobart Hospital Redevelopment project. In addition, the THS received $29 million in capital grants in relation to the North West Cancer Centre for which a budget had not been allocated.

(b) The increase in Sales of goods and services primarily reflects additional revenue as a result of hepatitis C medication being made available on the Pharmaceutical Benefits Scheme (PBS) list. In addition the budget for sales of goods and services was increased by $9.3 million subsequent to the release of the initial estimates to more accurately reflect revenue targets for 2016.

(c) The increase in Other revenue primarily reflects additional salary recoveries in relation to the Training More Specialist Doctors in Tasmania initiative. The THS also received higher than expected workers compensation and operating recoveries.

(d) The increase in Supplies and consumables predominantly reflects the inclusion of cross border expenses ($33.1 million), which were originally budgeted against Grants and subsidies, and Tasmanian Risk Management Fund (TRMF) premiums ($11.2 million) which have been reclassified against Other expenses. Also, an additional $2.4 million of maintenance costs were not budgeted for.

(e) The decrease in Grants and subsidies reflects the reallocation of cross border payments to Supplies and consumables ($33.1 million).

(f) The increase in Other expenses reflects the reclassification of the TRMF premium from Supplies and consumables ($11.2 million).

3.2 Statement of Financial Position

	Note	2016 Budget $'000	2016 Actual $'000	Budget Variance $'000	Budget Variance %
Cash and deposits	(a)	43 955	89 535	45 580	103.7%
Other financial assets	(b)	20 233	15 873	(4 360)	(21.5%)
Inventories	(c)	7 997	11 055	3 058	38.2%
Property, plant and equipment	(d)	1 406 188	982 222	(423 966)	(30.2%)
Intangibles	(e)	3 463	700	(2 763)	(79.8%)
Payables	(f)	44 390	64 306	19 916	44.9%
Interest bearing liabilities	(g)	3 333	0	(3 333)	(100.0%)
Employee benefits	(h)	196 754	224 895	28 141	14.3%

Notes to Statement of Financial Position Budget Variances

(a) The increase in Cash and deposits reflects a higher than estimated cash balance upon establishment of the THS and as at 30 June 2016.

(b) The decrease in Other financial assets relates to lower than expected outstanding patient account receivables as at 30 June 2016.

(c) The increase in Inventories is directly attributable to the high cost of hepatitis C medication, which was included in the Pharmaceutical Benefits Scheme for the first time in 2016.

(d) The reduction in Property, plant and equipment primarily reflects differences in methodology and assumptions to estimate the value of completed assets within the capital program from the Department of Health and Human Services (the Department) to the THS. During 2015-16, the Department updated its Budget methodology to more accurately align with actuals. The fully redeveloped RHH is now scheduled to be received in 2018-19.

(e) The original budget estimate included an allowance for the capitalisation of two intangible assets valued at $2.9 million. These assets were later identified as not fit for purpose and consequently were not added to property, plant and equipment.

(f) The increase in Payables reflects an accrual in relation to the 2015-16 cross border payments which were originally budgeted to be expended in 2015-16 ($22.3 million).

(g) The decrease in Interest bearing liabilities reflects the full repayment of a loan provided to the THO-South to fund staff separation payments in 2014-15.

(h) The increase in Employee benefits reflects the transfer of Cancer Screening staff from the Department to the THS on 1 July 2015; the recognition of staff sabbatical leave for Dentists; and increases in annual and long service leave entitlements reflecting a general increase in staff numbers.

3.3 Statement of Cash Flows

	Note	2016 Budget $'000	2016 Actual $'000	Variance $'000	Variance %
Sales of goods and services	(a)	137 038	156 713	19 675	14.4%
GST receipts	(b)	29 369	35 561	6 192	21.1%
Other cash receipts	(c)	29 276	38 043	8 767	29.9%
GST payments	(d)	(29 369)	(36 456)	7 087	(24.1%)
Grants and transfer payments	(e)	(40 495)	(7 178)	(33 317)	82.3%
Supplies and consumables	(f)	(347 330)	(398 718)	51 388	(14.8%)
Other cash payments	(g)	(10 157)	(22 796)	12 639	(124.4%)
Payment for acquisition of non-financial assets	(h)	(3 552)	(1 959)	(1 593)	44.8%
Repayment of borrowings	(i)	(1 667)	(5 000)	3 333	(199.9%)

Notes to Statement of Cash Flows variances

(a) The increase in Sales of goods and services primarily reflects additional revenue as a result of hepatitis C medication being made available on the Pharmaceutical Benefits Scheme (PBS) list.

(b) The increase in Goods and Services Tax (GST) receipts is to be offset against the increase in GST payments.

(c) The increase in Other cash receipts primarily reflects additional revenue in relation to the Training More Specialist Doctors in Tasmania initiative which is funded by the Australian Government through the medical profession colleges. The THS also received higher than expected workers compensation and operating recoveries.

(d) The increase in GST payments is to be offset against the increase in GST receipts.

(e) The decrease in Grants and transfer payments reflects the reclassification of cross border payments to Supplies and consumables.

(f) The increase in Supplies and consumables reflects the inclusion of cross border expenses ($33.1 million) which were originally budgeted against Grants and subsidies and Tasmanian Risk Management Fund (TRMF) premiums ($11.2 million) which have been reclassified against Other expenses. Also, an additional $2.4 million of maintenance costs were not budgeted for.

(g) The increase in Other cash payments reflects the reallocation of TRMF premiums from Supplies and consumables ($11.2 million).

(h) The decrease in the Payment for acquisition of non-financial assets is due to the Department acquiring additional medical equipment and transferring it to the THS through capital grants. It was originally anticipated that this equipment would have to be purchased by the THS.

(i) The increase in the Repayment of borrowings reflects the early repayment of temporary borrowings provided to fund the cost of staff separations in the THO South in 2015-16.

NOTE 4 UNDERLYING NET OPERATING BALANCE

Non-operational capital funding is the income from transactions relating to funding for capital projects. This funding is classified as income from transactions and reflected in the net operating balance. However, the corresponding capital expenditure is not included in the calculation of the net operating balance. Accordingly, the net operating balance will portray a position that is better than the true underlying financial result.

For this reason, the net operating result is adjusted to remove the effects of funding for capital projects.

Non-operational expenditure that is removed from the net operating balance consists of capital transfers to the THS.

	2016 Budget $'000	2016 Actual $'000
Net result from transactions (net operating balance)	**272 007**	**35 127**
Less impact of:		
Non-operational capital funding		
Assets transferred	336 200	72 780
Total	**336 200**	**72 780**
Underlying Net operating balance	**(64 193)**	**(37 653)**

NOTE 5 INCOME FROM TRANSACTIONS

Income is recognised in the Statement of Comprehensive Income when an increase in future economic benefits related to an increase in an asset or a decrease of a liability has arisen that can be measured reliably.

5.1 Grants

Grants payable by the Australian Government are recognised as revenue when the THS gains control of the underlying assets. Where grants are reciprocal, revenue is recognised as performance occurs under the grant.

Non-reciprocal grants are recognised as revenue when the grant is received or receivable. Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant.

	2016 $'000
Continuing Operations	
Grants from the Australian Government	
Commonwealth Recurrent Grants - Block Funding	55 913
Commonwealth Recurrent Grants - Activity Based Funding	311 424
COPES Receipts	35 798
Other Commonwealth Grants	107 854
Total	**510 989**
Grants from the State Government	
State Grants - Block Funding	366 682
State Grants - Activity Based Funding	295 672
Total	**662 354**
Capital Grants	
Assets Transferred	72 780
Total	**72 780**
WIP Expensed Grants	
Expenses Transferred	2 611
Total	**2 611**
Total Revenue from Grants	**1 248 734**

5.2 Sales of Goods and Services

Amounts earned in exchange for the provision of goods are recognised when the significant risks and rewards of ownership have been transferred to the buyer. Revenue from the provision of services is recognised in proportion to the stage of completion of the transaction at the reporting date. The stage of completion is assessed by reference to surveys of work performed.

	2016 $'000
Residential rent income	556
Commercial rent income	1 031
Pharmacy non-pharmaceutical benefits scheme	1 409
Prostheses	8 209
Inpatient, outpatient nursing home fees	50 609
Dental	8 085
Pharmaceutical benefits scheme co-payments	900
Pharmaceutical benefits scheme revenue from Medicare	46 260
Private patient scheme	28 140
Other client revenue	787
Hobart Private Hospital revenue	827
Other user charges	13 981
Total	**160 794**

The THS entered into a lessor arrangement with HPH Developments Pty Ltd in 1999 to lease its Queen Alexandra premises on the corner of Argyle and Collins Streets, Hobart. The lease agreement is for a period of twenty years, due to expire in 2019. Revenue generated from the lease consists of a $15 million lump sum payment made by HPH Developments Pty Ltd at the beginning of the lease period, as well as an annual franchise fee charge for which the THS receives $750,000 p.a.

5.3 Contributions Received

	2016 $'000
Fair Value of assets assumed at no cost or for nominal consideration	28
Total	**28**

5.4 Other Revenue

Other revenue primarily reflects the recovery of costs incurred and is recognised when an increase in future economic benefits relating to an increase in an asset or a decrease of a liability has arisen that can be reliably measured.

	2016 $'000
Wages and salaries recoveries	18 303
Food recoveries	5 412
Multipurpose centre recoveries	255
Workers compensation recoveries	3 349
Operating recoveries	5 465
Donations	1 684
Industry funds	3 575
Total	**38 043**

NOTE 6 EXPENSES FROM TRANSACTIONS

Expenses are recognised in the Statement of Comprehensive Income when a decrease in future economic benefits related to a decrease in an asset or an increase of a liability has arisen that can be measured reliably.

6.1 Employee Benefits

Employee benefits include, where applicable, entitlements to wages and salaries, annual leave, sick leave, long service leave, superannuation and any other post-employment benefits.

(a) Employee expenses

	2016 $'000
Wages and salaries including FBT	756 497
Annual leave	49 439
Long service leave	14 373
Sick leave	25 646
Other post-employment benefits	7 941
Other employee expenses - other staff allowances	929
Superannuation expenses - defined contribution and benefits schemes	94 148
Total	**948 973**

(b) Remuneration of Key management personnel

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the THS, directly or indirectly.

Remuneration during 2015-16 for key personnel is set by the *State Service Act 2000*. Remuneration and other terms of employment are specified in employment contracts. Remuneration includes salary, motor vehicle and other non-monetary benefits. Long term employee expenses include long service leave, superannuation obligations and payments made on departure.

Acting arrangements

When members of key management personnel are unable to fulfil their duties, consideration is given to appointing other members of senior staff to their position during their period of absence. Individuals are considered members of key management personnel when acting arrangements are for more than a period of four weeks.

The following were key management personnel of the THS at any time during the financial year and unless otherwise indicated were key management personnel for the entire year.

	Short-term benefits		Long-term benefits			
2016	**Salary[1] $'000**	**Other Benefits[2] $'000**	**Super-annuation[3] $'000**	**Other Benefits and Long-Service Leave[4] $'000**	**Termination Benefits[5] $'000**	**Total $'000**
Key management personnel						
Governing Council						
- John Ramsay (Governing Council Chair)	160	10	15	0	0	185
- Dr Emil Djakic	34	2	3	0	0	39
- Professor Denise Fasset	34	9	3	0	0	46
- Barbara Hingston	33	0	3	0	0	36
- Mark Scanlon (Chair Audit and Risk Sub-Committee)	34	2	3	0	0	39
- Professor Judith Walker (Chair of Partnerships Sub Committee)	33	3	3	0	0	40
- Martin Wallace (Chair Financial Management and Performance Sub-Committee)	33	2	3	0	0	39
- Dr Judith Watson	33	9	3	0	0	46
- Assoc. Professor Deborah Wilson (Chair Quality and Safety Sub-Committee)	34	0	3	0	0	38
Total Governing Council Remuneration	**429**	**37**	**42**	**0**	**0**	**508**

2016	Short-term benefits		Long-term benefits		Termination Benefits[5] $'000	Total $'000
	Salary[1] $'000	Other Benefits[2] $'000	Super-annuation[3] $'000	Other Benefits and Long-Service Leave[4] $'000		
Executive Directors						
Chief Executive Officer						
- Dr Anne Brand (01/07/2015 - 31/01/2016)	144	98	21	0	10	274
- Dr David Alcorn (01/02/2016 - 30/06/2016)	155	0	15	0	0	169
Chief Operating Officer						
- Craig Watson (18/04/2016 - 30/06/2016)	53	5	5	-1	0	61
Chief Financial Officer						
- Eleanor Patterson (04/01/2016 - 30/06/2016)	79	12	8	4	0	103
Executive Director Human Resources and Organisational Design						
- Matthew Double (02/10/2015 - 30/06/2016)	114	13	11	4	0	142
Executive Director Nursing, Midwifery & Allied Health						
- Catherine Schofield (18/04/2016 - 30/06/2016)	21	4	2	0	0	27
Executive Director Patient Safety						
- Dr Annette Pantle (23/05/2016 - 30/06/2016)	27	4	3	0	0	34
Executive Director Corporate Systems						
- Scott Adams (18/04/2016 - 30/06/2016)	30	7	3	0	0	40
Executive Director of Services						
- Craig Watson (South, 01/07/2015 - 17/04/2016)	212	18	20	-6	0	245
- Sonia Purse (North, 01/07/2015 - 18/04/2016)	217	19	21	3	0	260
- Dr Anne Brand (North West, 01/07/2015 - 12/07/2015)	8	5	1	0	0	14
- Pat Martin (North West, 13/07/2015 - 31/10/2015)	61	34	8	0	2	105
- Sue Wyeth (North West, 09/11/2015 - 03/01/2016)	41	1	4	0	0	46
- Dr Annette Pantle (North West, 04/01/2016 -22/05/2016)	97	14	10	0	0	120
Total Executive Management Remuneration	**1 259**	**235**	**131**	**4**	**11**	**1 640**
Acting Key management personnel						
- Adrianne Belchamber (Executive Director of Services, South, 28/09/2015 - 13/11/2015)	27	2	3	0	0	31
Total Key Management Personnel Remuneration	**1 715**	**274**	**176**	**4**	**11**	**2 180**

1 Salary includes all forms of consideration paid and payable for services rendered and compensated absences during the period.

2 Other benefits includes all other forms of non-salary benefits such as motor vehicles, parking and salary packaging, fringe benefit tax payable in respect of these benefits, payments in lieu of leave, annual leave movements and any other compensation paid or payable.

3 Superannuation means the contribution to the superannuation fund of the individual.

4 Other long term benefits and long service leave includes the movements in the discounted long service leave balances.

5 Termination Benefits for 2015-16 totalled $11,115 which includes accrued annual and long service leave entitlements and payments in accordance with Clause 11.3(a)(ii) of Employment Direction No. 17 and Instrument of appointments.

6.2 Depreciation and Amortisation

All applicable non-financial assets having a limited useful life are systematically depreciated over their useful lives in a manner which reflects the consumption of their service potential. Land and artwork, being assets with unlimited useful lives, are not depreciated.

Key estimate and judgment

Depreciation is provided for on a straight line basis, using rates which are reviewed annually. Major depreciation periods are:

Vehicles	5 years
Plant and equipment	2-20 years
Medical equipment	4-20 years
Buildings	40-50 years

All intangible assets having a limited useful life are systematically amortised over their useful lives reflecting the pattern in which the asset's future economic benefits are expected to be consumed by the THS.

Major amortisation periods are:

Software	3-20 years

(a) Depreciation

	2016 $'000
Plant, equipment and vehicles	10 304
Buildings	28 801
Total	**39 105**

(b) Amortisation

	2016 $'000
Intangibles	113
Total	**113**
Total depreciation and amortisation	**39 218**

6.3 Supplies and Consumables

	2016 $'000
Consultants	934
Property services	31 967
Maintenance	17 193
Communications	6 431
Information technology	5 132
Travel and transport	10 209
Medical, surgical and pharmacy supplies	235 914
Advertising and promotion	171
Patient and client services	28 222
Leasing costs	3 524
Equipment and furniture	5 049
Administration	6 899
Food production costs	9 208
Other supplies and consumables	5 241
Corporate overhead charge	26 600
Service fees	1 642
Audit fees - Financial Audit	239
Total	**394 575**

6.4 Grants and Subsidies

Grant and subsidies expenditure is recognised to the extent that:
- the services required to be performed by the grantee have been performed; or
- the grant eligibility criteria have been satisfied.

A liability is recorded when the THS has a binding agreement to make the grants but services have not been performed or criteria satisfied. Where grant monies are paid in advance of performance or eligibility, a prepayment is recognised.

	2016 $'000
Other Grants	
Grant - Other	7 178
	7 178
Total	**7 178**

6.5 Other Expenses

Other expenses are recognised when a decrease in future economic benefits related to a decrease in an asset or an increase of a liability has arisen that can be reliably measured.

	2016 $'000
Salary on-costs	8 994
Tasmanian Risk Management Fund premium	13 242
Other	550
Total	**22 786**

NOTE 7 OTHER ECONOMIC FLOWS INCLUDED IN NET RESULT

Other economic flows measure the change in volume or value of assets or liabilities that do not result from transactions.

7.1 Net gain/(loss) on Non-Financial Assets

Gains or losses from the sale of non-financial assets are recognised when control of the assets has passed to the buyer.

Key Judgement

All non-financial assets are assessed to determine whether any impairment exists. Impairment exists when the recoverable amount of an asset is less than its carrying amount. Recoverable amount is the higher of fair value less costs to sell and value in use. The THS' assets are not used for the purpose of generating cash flows; therefore value in use is based on depreciated replacement cost where the asset would be replaced if deprived of it.

All impairment losses are recognised in the Statement of Comprehensive Income.

In respect of other assets, impairment losses recognised in prior periods are assessed at each reporting date for any indications that the loss has decreased or no longer exists. An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

	2016 $'000
Net gain/(loss) on disposal of physical assets	208
Total net gain/(loss) on non-financial assets	**208**

7.2 Net gain/(loss) on Financial Instruments and Statutory Receivables/Payables

Financial assets are assessed at each reporting date to determine whether there is any objective evidence that there are any financial assets that are impaired. A financial asset is considered to be impaired if objective evidence indicates that one or more events have had a negative effect on the estimated future cash flows of that asset.

Key Judgement

An impairment loss, in respect of a financial asset measured at amortised cost, is calculated as the difference between its carrying amount, and the present value of the estimated future cash flows discounted at the original effective interest rate.

Impairment losses are recognised in the Statement of Comprehensive Income.

An impairment loss is reversed if the reversal can be related objectively to an event occurring after the impairment loss was recognised. For financial assets measured at amortised cost, the reversal is recognised in the Statement of Comprehensive Income.

	Notes	2016 $'000
Impairment of loans and receivables	8.1	(446)
Total		**(446)**

NOTE 8 ASSETS

Assets are recognised in the Statement of Financial Position when it is probable that the future economic benefits will flow to the THS and the asset has a cost or value that can be measured reliably.

8.1 Receivables

Receivables are recognised at amortised cost, less any impairment losses, however, due to the short settlement period, receivables are not discounted back to their present value.

	2016 $'000
Receivables	22 292
Less: Provision for impairment	(1 012)
Total	**21 280**
Sales of goods and services (inclusive of GST)	15 170
Tax assets	6 110
Total	**21 280**
Settled within 12 months	21 280
Total	**21 280**

Reconciliation of movement in provision for impairment of receivables	2016 $'000
Carrying amount at 1 July	**0**
Amounts written off during the year	(246)
Net transfer in upon establishment	812
Increase/(decrease) in provision recognised in profit or loss	446
Carrying amount at 30 June	**1 012**

8.2 Other Financial Assets

Other financial assets are recorded at fair value.

	2016 $'000
Accrued Revenue	12 210
Inter Entity Balance	3 663
Total	**15 873**
Settled within 12 months	15 873
Total	**15 873**

The Inter entity balance represents the net balance of shared service transactions that have taken place between the THS and the Department.

8.3 Inventories

Inventories held for distribution are valued at cost adjusted, when applicable, for any loss of service potential. Inventories acquired for no cost or nominal consideration are valued at current replacement cost.

	2016 $'000
Pharmacy	6 935
Catering	344
Linen	1 693
General supplies	2 083
Total	**11 055**
Consumed within 12 months	11 055
Total	**11 055**

8.4 Assets Held for Sale

Assets held for sale (or disposal groups comprising assets and liabilities) that are expected to be recovered primarily through sale rather than continuing use are classified as held for sale. Immediately before classification as held for sale, the assets (or components of a disposal group) are remeasured at the lower of carrying amount and fair value less costs to sell.

(a) Carrying amount

	2016 $'000
Land	71
Buildings	24
Total	**95**
Settled within 12 months	95
Settled in more than 12 months	0
Total	**95**

(b) Fair value measurement of assets held for sale (including fair value levels)

	Carrying value at 30 June $'000	Fair value measurement at end of reporting period		
		Level 1 $'000	Level 2 $'000	Level 3 $'000
Land	71	0	71	0
Buildings	24	0	24	0
Total	**95**	**0**	**95**	**0**

8.5 Property, Plant and Equipment

Key estimate and judgement

(i) Valuation basis

Land and buildings is recorded at fair value less accumulated depreciation. All other non-current physical assets, including work in progress, are recorded at historic cost less accumulated depreciation and accumulated impairment losses. All assets within a class of assets are measured on the same basis.

Cost includes expenditure that is directly attributable to the acquisition of the asset. The costs of self-constructed assets includes the cost of materials and direct labour, any other costs directly attributable to bringing the asset to a working condition for its intended use, and the costs of dismantling and removing the items and restoring the site on which they are located. Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment.

When parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major components) of property, plant and equipment.

Fair value is based on the highest and best use of the asset. Unless there is an explicit Government policy to the contrary, the highest and best use of an asset is the current purpose for which the asset is being used or occupied.

(ii) Subsequent costs

The cost of replacing part of an item of property, plant and equipment is recognised in the carrying amount of the item if it is probable that the future economic benefits embodied within the part will flow to the THS and its costs can be measured reliably. The carrying amount of the replaced part is derecognised. The costs of day-to-day servicing of property, plant and equipment are recognised in the Statement of Comprehensive Income as incurred.

(iii) Asset recognition threshold

The asset capitalisation threshold adopted by the THS is:

Vehicles	$10,000
Plant and equipment	$10,000
Land and buildings	$10,000
Intangibles	$50,000

Assets valued at less than $10,000 (or $50,000 for intangible assets) are charged to the Statement of Comprehensive Income in the year of purchase (other than where they form part of a group of similar items which are material in total).

(iv) Revaluations

The THS' land and building assets were revalued independently by the Valuer-General of Tasmania as at 30 June 2016 using an adjustment indice of 1.035 for land and 1.045 for buildings. This was based on market movement factors and building cost indices. This revaluation was in accordance with the Treasurer's Instruction *303 Recognition and Measurement of Non-Current Assets* and the Australian Accounting Standard (AASB 116). Revaluations are shown on a net basis and will continue to do so until the next full revaluation is performed. This is due to occur as at 30 June 2018.

(a) Carrying amount

	2016 $'000
Land	
Land at fair value	56 428
Total land	**56 428**
Buildings	
Buildings at net fair value	848 080
Less: Accumulated depreciation	(72)
Total	**848 008**
Leasehold Improvements at fair value	23 160
Less: Accumulated depreciation	(9 118)
Total	**14 042**
Total buildings	**862 050**
Plant, equipment and vehicles	
At cost	97 179
Less: Accumulated depreciation	(39 287)
Total plant, equipment and vehicles	**57 892**
Work in progress	
Buildings	3 438
Plant, equipment and vehicles	2 414
Total work in progress	**5 852**
Total property, plant and equipment	**982 222**

(b) Reconciliation of movements (including fair value levels)

Reconciliations of the carrying amounts of each class of property, plant and equipment at the beginning and end of the current and previous financial year are set out below. Carrying value is defined as the net amount after deducting accumulated depreciation and accumulated impairment losses.

2016	Land Level 2 $'000	Buildings Level 3 $'000	Plant equipment & vehicles $'000	Work in progress $'000	Total $'000
Carrying value at 1 July	**0**	**0**	**0**	**0**	**0**
Additions - THS acquisition	0	0	915	1 044	1 959
Additions - DHHS capital grant	1 450	63 924	7 406	0	72 780
Disposals	0	0	(17)	0	(17)
Net transfers upon establishment of the THS	53 119	812 488	57 873	8 760	932 240
Net transfers through restructuring	0	134	378	130	642
Revaluation increments (decrements)	1 859	11 890	0	0	13 749
WIP transfers	0	2 415	1 641	(4 056)	0
WIP expensed	0	0	0	(26)	(26)
Depreciation	0	(28 801)	(10 304)	0	(39 105)
Carrying value at 30 June	**56 428**	**862 050**	**57 892**	**5 852**	**982 222**

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at measurement date. It is based on the principle of an exit price, and refers to the price an entity expects to receive when it sells an asset, or the price an entity expects to pay when it transfers a liability.

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at the measurement date.

Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3 inputs are unobservable inputs for the asset of liability. Unobservable inputs shall be used to measure the fair value to the extent that relevant observable inputs are not available.

(c) Level 3 significant valuation inputs and relationship to fair value

Description	Fair Value at 30 June $'000	Significant unobservable inputs used in valuation	Possible alternative values for level 3 inputs	Sensitivity of fair value to changes in level 3 inputs
Buildings	862 050	A - Construction costs B - Age and condition of asset C - Remaining useful life	When valuing these assets, their existing and alternative uses are taken into account by valuers. As a result, it is unlikely that alternative values will arise unless there are changes in known inputs.	Tasmanian construction indexes have remained stable over the last 12 months. Design and useful lives are reviewed regularly but generally remain unchanged. As a result, it is unlikely that significant variations in values will arise in the short term.

8.6 Intangibles

An intangible asset is recognised where:

- it is probable that an expected future benefit attributable to the asset will flow to the THS; and
- the cost of the asset can be reliably measured.

Intangible assets held by the THS are valued at fair value less any subsequent accumulated amortisation and any subsequent accumulated impairment losses where an active market exists. Where no active market exists, intangible assets held by the THS are valued at cost less any subsequent accumulated amortisation and any subsequent accumulated impairment losses.

(a) Carrying amount

	2016 $'000
Intangibles with a finite useful life	
Other non-current assets at cost	937
Less: Accumulated amortisation	(428)
Total	**509**
Capital work in progress	191
Total Intangibles	**700**

(b) Reconciliation of movements

	2016 $'000
Carrying amount at 1 July	**0**
Intangible Assets - purchases	29
Net transfers through restructuring	784
Amortisation - Intangible Assets	(113)
Carrying amount at 30 June	**700**

8.7 Other Assets

Other assets are recorded at fair value and include prepayments.

(a) Carrying amount

	2016 $'000
Prepayments	4 375
Total	**4 375**
Recovered within 12 months	3 759
Recovered in more than 12 months	616
	4 375

(b) Reconciliation of movements

	2016 $'000
Carrying amount at 1 July	**0**
Additions	4 375
Utilised	0
Carrying amount at 30 June	**4 375**

NOTE 9 LIABILITIES

Liabilities are recognised in the Statement of Financial Position when it is probable that an outflow of resources embodying economic benefits will result from the settlement of a present obligation and the amount at which the settlement will take place can be measured reliably.

9.1 Payables

Payables, including goods received and services incurred but not yet invoiced, are recognised at amortised cost, which due to the short settlement period, equates to face value, when the THS becomes obliged to make future payments as a result of a purchase of assets or services.

	2016 $'000
Creditors	34 541
Accrued Expenses	29 765
Total	**64 306**
Settled within 12 months	64 306
Total	**64 306**

Bank loans and other loans are initially measured at fair value, net of transaction costs. Bank loans and other loans are subsequently measured at amortised cost using the effective interest rate method, with interest expense recognised on an effective yield basis.

The effective interest rate method is a method of calculating the amortised cost of a financial liability and allocating interest expense over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash payments through the expected life of the financial liability, or where appropriate, a shorter period.

9.2 Employee Benefits

Liabilities for wages and salaries and annual leave are recognised when an employee becomes entitled to receive a benefit. Those liabilities expected to be realised within 12 months are measured at the amount expected to be paid. Other employee entitlements are measured as the present value of the benefit at 30 June, where the impact of discounting is material, and at the amount expected to be paid if discounting is not material.

A liability for long service leave is recognised, and is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date.

	2016 $'000
Accrued salaries	31 828
Annual leave	72 704
Long service leave	107 447
Sabbatical leave	6 701
Other employee benefits	6 215
Total	**224 895**
Expected to settle wholly within 12 months	101 652
Expected to settle wholly after 12 months	123 243
Total	**224 895**

Other employee benefits is comprised of Purchased leave, Development leave, TOIl provisions and State Service Accumulated Leave Scheme (SSALS) entitlements.

9.3 Superannuation

(i) Defined contribution plans

A defined contribution plan is a post-employment benefit plan under which an entity pays fixed contributions into a separate entity and will have no legal or constructive obligation to pay further amounts. Obligations for contributions to defined contribution plans are recognised as an expense when they fall due.

(ii) Defined benefit plans

A defined benefit plan is a post-employment benefit plan other than a defined contribution plan.

Key estimate and judgement

The THS does not recognise a liability for the accruing superannuation benefits of State Service employees. This liability is held centrally and is recognised within the Finance-General Division of the Department of Treasury and Finance.

9.4 Other Liabilities

Other liabilities and other financial liabilities are recognised in the Statement of Financial Position when it is probable that an outflow of resources embodying economic benefits will result from the settlement of a present obligation and the amount at which the settlement will take place can be measured reliably. Other liabilities include revenue received in advance and on-costs associated with employee benefits. Revenue received in advance is measured at amortised cost. On-costs associated with employee benefits expected to be realised within 12 months are measured at the amount expected to be paid. Other on-costs associated with employee benefits are measured at the present value of the cost at 30 June 2016, where the impact of discounting is material, and at the amount expected to be paid if discounting is not material.

	2016 $'000
Revenue received in advance	
Other revenue received in advance	797
Other Liabilities	
Employee benefits - on-costs	2 489
Other liabilities	7 707
Total	**10 993**
Settled within 12 months	9 397
Settled in more than 12 months	1 596
Total	**10 993**

Other liabilities represents funds held by the THS for distribution under the Private Patients Scheme, as well as its Tasmanian Government Card outstanding balances.

NOTE 10 COMMITMENTS AND CONTINGENCIES

The THS has entered into a number of operating lease agreements for property, plant and equipment, where the lessors effectively retain all the risks and benefits incidental to ownership of the items leased. Equal instalments of lease payments are charged to the Statement of Comprehensive Income over the lease term, as this is representative of the pattern of benefits to be derived from the leased property.

The THS is prohibited by Treasurer's Instruction 502 Leases from holding finance leases.

10.1 Schedule of Commitments

	2016 $'000
By Type	
Operating lease commitments	
Motor vehicles	5 346
Medical equipment	2 760
Rent on buildings	32 724
Information technology	6 618
Total lease commitments	**47 448**
Other commitments	
Miscellaneous grants	8 007
Miscellaneous goods and services contracts	120 845
Total other commitments	**128 852**
Total	**176 300**
By Maturity	
Operating lease commitment	
One year or less	10 378
From one to five years	28 483
More than five years	8 587
Total operating lease commitments	**47 448**
Other commitments	
One year or less	39 163
From one to five years	67 210
More than five years	22 479
Total other commitments	**128 852**
Total	**176 300**

Motor vehicles

The THS' motor vehicle fleet is managed by LeasePlan Australia as part of a Whole-of-Government arrangement with the Department of Treasury and Finance as lessor. Lease payments vary according to the type of vehicle and, where applicable, the price received for trade-in vehicles. Lease terms for the majority of existing vehicles are for a period of three years or 60,000 kms, whichever comes first, with no change to the lease rate. No restrictions or purchase options are contained in the lease.

Medical Equipment

The THS is party to a Master Facility Agreement. No restrictions, provisions for price adjustments or purchase options are contained in the lease agreement. Terms of leases are set for specific periods. The average period of a lease is six years with an option to renew for a period of twelve months or the initial term, whichever is the lesser.

Rent on Buildings

The THS leases a range of properties/tenancies around the State for service delivery purposes.

Information Technology

The THS is party to a number of IT related contracts to support clinical and non clinical IT systems.

Miscellaneous Grants

The THS provides Grants to external service providers to deliver alcohol and drug rehabilitation services, as well as palliative, respite and community care.

Miscellaneous Goods and Services Contracts

The THS is party to contracts for the supply of various clinical and non clinical services, including security, pathology, radiology, maternity and other medical services.

10.2 Contingent Assets and Liabilities

Contingent assets and liabilities are not recognised in the Statement of Financial Position due to uncertainty regarding any possible amount or timing of any possible underlying claim or obligation.

Quantifiable contingencies

A quantifiable contingent asset is any possible asset that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity.

A quantifiable contingent liability is any possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity; or any present obligation that arises from past events but is not recognised because it is not probable that an outflow of resources embodying economic benefits will be required to settle the obligation. To the extent that any quantifiable contingencies are insured, details provided below are recorded net.

	2016 $'000
Quantifiable contingent liabilities	
Contingent claims	
Medical negligence and workers compensation claims	4 574
Total quantifiable contingent liabilities	**4 574**

At 30 June 2016, the THS had a number of legal claims against it for medical negligence and workers compensation. These claims are reported at the net cost to the THS.

The THS manages its legal claims through the Tasmanian Risk Management Fund (TRMF). An excess of $50,000 remains payable for every claim and amounts over that excess are met by the TRMF.

NOTE 11 RESERVES

11.1 Reserves

2016	Land	Buildings	Artwork	Total $'000
Asset revaluation reserve				
Balance at the beginning of financial year	0	0	0	0
Transfers to accumulated surplus	0	(210)	0	(210)
Revaluation transferred in on establishment	1 549	191 402	41	192 992
Revaluation increments/(decrements)	1 858	11 891	0	13 749
Balance at the end of financial year	**3 407**	**203 083**	**41**	**206 531**

Asset Revaluation Reserve

The asset revaluation reserve is used to record increments and decrements on the revaluation of non-financial assets, as described in Note 8.5.

11.2 Administrative Restructuring

Net assets received under a restructuring of administrative arrangements are designated as contributions by owners and adjusted directly against equity. Net assets relinquished are designated as distributions to owners. Net assets transferred are initially recognised at the amounts at which they were recognised by the transferring agency immediately prior to the transfer.

On 1 July 2015, Cancer Screening and Control Services transferred from the Department to the THS.

The transfer of assets and liabilities took place on 1 July 2015. These are detailed in the Statement of Changes in Equity under the heading Administrative restructure, and are detailed in the following Balance Sheet:

	Total transfer to THS $'000
Assets	
Financial assets	
Cash and deposits	36
Receivables	48
Property, plant and equipment	642
Other assets	38
Total assets	**764**
Liabilities	
Payables	74
Employee benefits	874
Total liabilities	**948**
Net assets transferred	**(184)**

11.3 Contributed Capital

	Notes	2016 $'000
Contributed capital		
Balance at the beginning of financial year		0
Establishment of THS - net assets received	1.1, 16.1	583 980
Administrative restructure - net assets received	11.2	(184)
Balance at the end of financial year		**583 796**

NOTE 12 CASH FLOW RECONCILIATION

12.1 Cash and Deposits

Cash means notes, coins, any deposits held at call with a bank or financial institution, as well as funds held in the Special Deposits and Trust Fund, being short term of three months or less and highly liquid. Deposits are recognised at amortised cost, being their face value.

Cash and deposits includes the balance of the Special Deposits and Trust Fund Accounts held by the THS, and other cash held, excluding those accounts which are administered or held in a trustee capacity or agency arrangement.

	2016 $'000
Special Deposits and Trust Fund Balance	
T477 THS Patient Trust & Bequest Account	17 777
T533 THS Operating Account	71 266
Total	**89 043**
Other cash held	
Other cash equivalents not included above	492
Total	**492**
Total cash and deposits	**89 535**

Other cash equivalents represents cash held by the THS derived from Private Patients Scheme debtor payments, as well as petty cash and cash floats.

12.2 Reconciliation of Net Result to Net Cash from Operating Activities

	2016 $'000
Net result from transactions (net operating balance)	35 127
Depreciation and amortisation	39 218
Recognition of assets as a result of stocktake/donations	(28)
Capital grants income	(72 780)
WIP expensed	26
Doubtful debts	(446)
Transfer of assets on establishment of THS	(235 941)
Transfer of assets due to restructure	(862)
Decrease (increase) in Receivables	(21 280)
Decrease (increase) in Other assets	(20 248)
Decrease (increase) in Inventories	(11 055)
Increase (decrease) in Employee entitlements	224 895
Increase (decrease) in Payables	64 306
Increase (decrease) in Other liabilities	10 993
Net cash from/(used by) operating activities	**11 925**

NOTE 13 FINANCIAL INSTRUMENTS

13.1 Risk Exposures

(a) Risk management policies

The THS has exposure to the following risks from its use of financial instruments:

- credit risk;
- liquidity risk; and
- market risk.

The Governing Council and the Chief Executive Officer have overall responsibility for the establishment and oversight of the THS' risk management framework. Risk management policies are established to identify and analyse risks faced by the THS, to set appropriate risk limits and controls, and to monitor risks and adherence to limits.

(b) Credit risk exposures

Credit risk is the risk of financial loss to the THS if a customer or counterparty to a financial instrument fails to meet its contractual obligations.

Financial Instrument	Accounting and strategic policies (including recognition criteria and measurement basis)	Nature of underlying instrument (including significant terms and conditions affecting the amount, timing and certainty of cash flows)
Financial Assets		
Loans and Receivables	Loans and receivables are recognised at the nominal amounts due, less any provision for impairment. Collectability of debts is reviewed on a monthly basis. Provisions are made when the collection of the debt is judged to be less rather than more likely.	Receivables credit terms are generally 45 days.
Other Financial Assets	Other financial assets are recognised at the nominal amounts due, less any provision for impairment.	Other financial assets credit terms are generally 45 days.
Cash and Deposits	Cash and deposits are recognised at face value.	Cash means notes, coins and any deposits held at call with a bank or financial institution.

The THS has made no changes to its credit risk policy during 2015-16. The THS does not hold any security instrument for its cash and deposits, other financial assets and receivables.

The carrying amount of financial assets recorded in the Financial Statements, net of any allowances for losses, represents the THS' maximum exposure to credit risk without taking into account any collateral or other security.

The following tables analyse financial assets that are past due but not impaired.

Analysis of financial assets at 30 June 2016 but not impaired		Past due		
	Not past due $'000	30 – 120 days $'000	> 120 days $'000	Total $'000
Receivables	10 332	7 557	3 391	**21 280**
Other financial assets	15 873	0	0	**15 873**
Total	**26 205**	**7 557**	**3 391**	**37 153**

(c) Liquidity risk

Liquidity risk is the risk that the THS will not be able to meet its financial obligations as they fall due. The THS' approach to managing liquidity is to ensure that it will always have sufficient liquidity to meet its liabilities when they fall due.

Financial Instrument	Accounting and strategic policies (including recognition criteria and measurement basis)	Nature of underlying instrument (including significant terms and conditions affecting the amount, timing and certainty of cash flows)
Financial Liabilities		
Payables	Payables, including goods received and services incurred but not yet invoiced, are recognised at amortised cost, which due to the short settlement period equates to face value, when the THS becomes obliged to make future payments as a result of a purchase of assets or services	Settlement is usually made within 30 days.
Interest bearing liabilities	Loans are initially measured at fair value net of transaction costs. Loans are subsequently measured at amortised cost using the effective interest rate method, with interest expense recognised on an effective yield basis.	Contractual payments are made in accordance with contractual terms.
Other financial liabilities	Other financial liabilities are recognised at amortised cost, which due to the short settlement period equates to face value, when the THS becomes obliged to make payments as a result of the purchase of assets or services. The THS regularly reviews budgeted and actual cash outflows to ensure that there is sufficient cash to meet all obligations.	Settlement is usually made within 30 days.

The following tables detail the undiscounted cash flows payable by the THS by remaining contractual maturity for its financial liabilities. It should be noted that as these are undiscounted, totals may not reconcile to the carrying amounts presented in the Statement of Financial Position.

Maturity analysis for financial liabilities								
2016	1 Year $'000	2 Years $'000	3 Years $'000	4 Years $'000	5 Years $'000	More than 5 Years $'000	Undis-counted Total $'000	Carrying Amount $'000
Financial liabilities								
Payables	64 306	0	0	0	0	0	0	64 306
Other financial liabilities	9 397	1 596	0	0	0	0	0	10 993
Total	**73 703**	**1 596**	**0**	**0**	**0**	**0**	**0**	**75 299**

(d) Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. The primary market risk that the THS is exposed to is interest rate risk.

The THS currently has no financial liabilities at fixed interest rates.

13.2 Categories of Financial Assets and Liabilities

	2016 $'000
Financial Assets	
Cash and cash equivalents	89 535
Loans and receivables	37 153
Total	**126 688**
Financial Liabilities	
Financial liabilities measured at amortised cost	64 306
Total	**64 306**

The THS' maximum exposure to credit risk for its financial assets is $162.4 million. It does not hold, nor is a party to, any credit derivatives and no changes have occurred to the fair value of its assets as a result of market risk or credit risk. While interest rates have changed during the financial year, the value of security held is significantly more than the value of the underlying asset and no loan advances are impaired. The value of receivables is not affected by changes in interest rates. The THS actively manages its credit risk exposure for the collectability of its receivables and outstanding loans.

13.3 Reclassifications of Financial Assets

No reclassification of Financial Assets occurred during 2015-16.

NOTE 14 TRANSACTIONS AND BALANCES RELATING TO A TRUSTEE OR AGENCY ARRANGEMENT

Transactions relating to activities undertaken by the THS in a trust or fiduciary (agency) capacity do not form part of the THS' activities. Trustee and agency arrangements, and transactions/balances relating to those activities, are neither controlled nor administered. Fees, commissions earned and expenses incurred in the course of rendering services as a trustee or through an agency arrangement are recognised as controlled transactions.

14.1 Activities Undertaken Under a Trustee or Agency Relationship

Account/Activity	Opening balance $'000	Net transactions during 2015-16 $'000	Closing balance $'000
T477 Patient Trust and Hospital Bequest Account	0	6 120	6 120
Royal Hobart Hospital Patients Trust Account	0	4	4
Mental Health Services Client Trust Account	0	46	46

NOTE 15 EVENTS OCCURRING AFTER BALANCE DATE

There are no known events post 30 June 2016 that will have a material impact on the Financial Statements.

As such, the Financial Statements for the year ended 30 June 2016 have been prepared on a going concern basis.

NOTE 16 OTHER SIGNIFICANT ACCOUNTING POLICIES AND JUDGEMENTS

16.1 Objectives and Funding

Under the National Health Reform Agreement (NHRA), funding is provided to the THS on the basis of activity through Activity Based Funding (ABF) wherever practicable. Funding for smaller regional or rural hospitals is provided on a block funding basis. Funds for teaching, training and research are also provided on a block funding basis. Pricing under the NHRA is determined by an Independent Hospitals Pricing Authority (IHPA). Funding due to the THS under Australian Government National Partnership Agreements and Commonwealth Own Purpose Expenditure programs is paid as grants. The THS also provides services to fee paying privately insured patients, or patients who will receive compensation for these expenses due to the circumstances surrounding their injury. The financial statements encompass all funds through which the THS controls resources to carry on its functions.

As legislated, the principal purpose of the Tasmanian Health Service is to:

- promote and maintain the health of persons; and
- provide care and treatment to, and ease the suffering of, persons with health problems;

as agreed in the THS' Service Agreement and within the budget provided in the Service Agreement.

Due to the amalgamation of THO North, THO North West and THO South, the following assets and liabilities were transferred to the THS on 1 July 2015. Details of the amalgamation can be found at Note 1.1.

	THO-North $'000	THO-North West $'000	THO-South $'000	Total $'000
Assets				
Financial assets				
Cash and deposits	35 899	13 483	35 071	84 453
Receivables	4 366	2 994	14 229	21 589
Other financial assets	5 688	4 515	9 035	19 238
Non-financial assets				
Inventories	2 789	1 735	4 228	8 752
Assets held for sale	340	95	0	435
Property, plant and equipment	387 464	102 114	442 662	932 240
Intangibles	784	0	0	784
Other assets	1 405	296	2 443	4 144
Total assets	**438 735**	**125 232**	**507 670**	**1 071 635**
Liabilities				
Payables	18 722	21 566	31 990	72 278
Interest bearing liabilities	0	0	5 000	5 000
Employee benefits	63 538	33 124	108 575	205 237
Other liabilities	3 863	979	7 306	12 148
Total liabilities	**86 123**	**55 669**	**152 871**	**294 663**
Net assets	**352 612**	**69 563**	**354 799**	**776 972**

In addition, Cancer Screening and Control Services was transferred to the THS from the DHHS on 1 July 2015. Details of the restrucutre, and the associated transfer of assets and liabilities, can be found at Note 11.2.

16.2 Basis of Accounting

The Financial Statements are a general purpose financial report and have been prepared in accordance with:

- Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board; and
- The Treasurer's Instructions issued under the provisions of the *Financial Management and Audit Act 1990.*

The Financial Statements were signed by the Chief Executive Officer on 11 August 2016 and the Acting Chair of the Governing Council on 12 August 2016, and subsequently resigned by the Chief Executive Officer and the Chair of the Governing Council on 13 September 2016.

Compliance with the Australian Accounting Standards (AAS) may not result in compliance with International Financial Reporting Standards (IFRS), as the AAS include requirements and options available to not-for-profit organisations that are inconsistent with IFRS. The THS is considered to be not-for-profit and has adopted some accounting policies under the AAS that do not comply with IFRS.

The Financial Statements have been prepared on an accrual basis and, except where stated, are in accordance with the historical cost convention.

The Financial Statements have been prepared on a going concern basis. The continued existence of the THS in its present form, undertaking its current activities, is dependent on Government policy and on continuing appropriations by Parliament for the THS' administration and activities.

The THS has made no assumptions concerning the future that may cause a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

16.3 Functional and Presentation Currency

These Financial Statements are presented in Australian dollars, which is the THS' functional currency.

16.4 Changes in Accounting Policies

(a) Impact of new and revised Accounting Standards

In the current year, the THS has adopted all of the new and revised Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that are relevant to its operations and effective for the current annual reporting period. These include:

- *2013-9 Amendments to Australian Accounting Standards - Conceptual Framework, Materiality and Financial Instruments* [Operative dates: Part A *Conceptual Framework* - 20 December 2013; Part B *Materiality* - 1 January 2015; Part C *Financial Instruments* - 1 January 2016] - The objective of this Standard is to make amendments to the Standards and Interpretations listed in the Appendix:

  (a) as a consequence of the issue of Accounting Framework AASB CF 2013-1 *Amendments to the Australian Conceptual Framework*, and editorial corrections, as set out in Part A of the Standard;

  (b) to delete references to AASB 1031 *Materiality* in other AAS, and to make editorial corrections, as set out in Part B of the Standard; and

  (c) as a consequence of the issuance of IFRS 9 *Financial Instruments - Hedge Accounting* and amendments to IFRS 9, IFRS 7, and IAS 39 by the IASB in November 2013, as set out in Part C of the Standard.

  There is no financial impact.

- 2015-1 *Amendments to Australian Accounting Standards - Annual Improvements to Australian Accounting Standards 2012-14 Cycle [AASB 1, AASB 2, AASB 3, AASB 5, AASB 7, AASB 11, AASB 110, AASB 110, AASB 119, AASB 121, AASB 133, AASB 134, AASB 137, & AASB 140]* - The objective of this Standard is to make amendments to AAS that arise from the issuance of International Financial Reporting Standard *Annual Improvements to IFRSs 2012-2014 Cycle* by the IASB. This Standard applies to annual reporting periods beginning on or after 1 January 2016. There is no financial impact.
- AASB 2015-2 *Amendments to Australian Accounting Standards - Disclosure Initiative: Amendments to AASB 101 [AASB 7, AASB 101, AASB 134 & AASB 1049]* - The objective of this Standard is to amend AASB 101 to provide clarification regarding the disclosure requirements in AASB 101. This Standard applies to annual reporting periods beginning on or after 1 January 2016. This has resulted in some changes in the presentation of these financial statements.
- AASB 2015-3 *Amendments to Australian Accounting Standards arising from the Withdrawal of AASB 1031 Materiality* - The objective of this Standard is to effect the withdrawal of AASB 1031 *Materiality* and to delete references to AASB 1031 in the Australian Accounting Standards. This Standard is applicable to annual reporting periods beginning on or after 1 July 2015. There is no financial impact.

(b) Impact of new and revised Accounting Standards yet to be applied

The following applicable Standards have been issued by the AASB and are yet to be applied:

- AASB 15 *Revenue from Contracts with Customers* – The objective of this Standard is to establish the principles that an entity shall apply to report useful information to users of financial statements about the nature, amount, timing, and uncertainty of revenue and cash flows arising from a contract with a customer. This Standard applies to annual reporting periods beginning on or after 1 January 2017. Where an entity applies the Standard to an earlier annual reporting period, it shall disclose that fact. The THS does not believe there will be any financial impact.
- 2010-7, 2014-7 and 2014-8 *Amendments to Australian Accounting Standards arising from AASB 9* – The objective of these Standards is to make amendments to various standards as a consequence of the issuance of AASB 9 *Financial Instruments* in December 2010. The THS has determined that there will be no financial impact.
- 2014-5 *Amendments to Australian Accounting Standards arising from AASB 15* - The objective of this Standard is to make amendments to AAS and Interpretations arising from the issuance of AASB 15 *Revenue from Contracts with Customers*. This Standard applies to annual reporting periods beginning on or after 1 January 2017, except that the amendments to AASB 9 (December 2009) and AASB 9 (December 2010) apply to annual reporting periods beginning on or after 1 January 2018. This Standard shall be applied when AASB 15 is applied. The THS does not believe there will by any financial impact.
- 2015-6 *Amendments to Australian Accounting Standards - Extending Related Party Disclosures to Not-for-Profit Public Sector Entities* - The objective of this Standard is to make amendments to AASB 124 *Related Party Disclosures* to extend the scope of that Standard to include not-for-profit public sector entities. This Standard applies to annual reporting periods beginning on or after 1 July 2016. The impact is increased disclosure in relation to related parties.
- 2015-8 *Amendments to Australian Accounting Standards - Effective Date of AASB 15* - The objective of this Standard is to amend the mandatory effective date of AASB 15 *Revenue from Contracts with Customers* so that AASB 15 is required to be applied for annual reporting periods beginning on or after 1 January 2018 instead of 1 January 2017. The THS does not believe there will be any financial impact.

- 2016-2 *Amendments to Australian Accounting Standards - Disclosure Initiative: Amendments to AASB 107* - The objective of this Standard is to amend AASB 107 *Statement of Cash Flows* to require entities preparing statements in accordance with Tier 1 reporting requirements to provide disclosures that enable users of financial statements to evaluate changes in liabilities arising from financing activities, including both changes arising from cash flows and non-cash changes. This standard applies to annual reporting periods beginning on or after 1 January 2017. The impact is increased disclosure in relation to cash flows and non-cash changes.
- AASB 16 *Leases* - The objective of this Standard is to introduce a single lessee accounting model and require a lessee to recognise assets and liabilities for all leases with a term of more than 12 months, unless the underlying asset is of low value. This Standard applies to annual reporting periods beginning on or after 1 January 2019. The impact is enhanced disclosure in relation to leases. The THS has yet to calculate the financial impact due to the expected movements in operating lease balances between 30 June 2016 and 30 June 2019. Currently, all operating leases listed in the Commitments note would be recognised as assets and liabilities under the new standard.

16.5 Rounding

All amounts in the Financial Statements have been rounded to the nearest thousand dollars, unless otherwise stated. Amounts less than $500 are rounded to zero.

16.6 Departmental Taxation

The THS is exempt from all forms of taxation except Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

16.7 Goods and Services Tax

Revenue, expenses and assets are recognised net of the amount of GST, except where the GST incurred is not recoverable from the Australian Taxation Office (ATO). Receivables and payables are stated inclusive of GST. The net amount recoverable, or payable, to the ATO is recognised as an asset or liability within the Statement of Financial Position.

In the Statement of Cash Flows, the GST component of cash flows arising from operating, investing or financing activities which is recoverable from, or payable to, the ATO is, in accordance with the AAS, classified as operating cash flows.

Independent Auditor's Report

To Members of the Tasmanian Parliament

Tasmanian Health Service

Financial Statements for the Year Ended 30 June 2016

Report on the Financial Statements

I have audited the accompanying financial statements of the Tasmanian Health Service (the THS), which comprises the statement of financial position as at 30 June 2016 and the statements of comprehensive income, changes in equity and cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the statement by the Chair of the Governing Council and Chief Executive Officer.

Auditor's Opinion

In my opinion the THS's financial statements:

(a) present fairly, in all material respects, its financial position as at 30 June 2016 and its financial performance, cash flows and changes in equity for the year then ended

(b) are in accordance with the *Tasmanian Health Organisation Act 2011*, the *Financial Management and Audit Act 1990* and Australian Accounting Standards.

The Responsibility for the Financial Statements

The Chair of the Governing Council and the Chief Executive Officer are jointly responsible for the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards, Section 34 of *Tasmanian Health Organisation Act 2011* and Section 27 (1) of the *Financial Management and Audit Act 1990*. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial statement that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based upon my audit. My audit was conducted in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance as to whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on my judgement, including the assessment of risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, I considered internal control relevant to the Chair of the Governing Council and the Chief Executive Officer's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate to the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the THS's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Chair of the Governing Council and the Chief Executive Officer, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

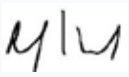
My audit is not designed to provide assurance on the accuracy and appropriateness of the budget information in the THS's financial statements.

Independence

In conducting this audit, I have complied with the independence requirements of Australian Auditing Standards and other relevant ethical requirements.

The *Audit Act 2008* further promotes the independence of the Auditor-General. The Auditor-General is the auditor of all Tasmanian public sector entities and can only be removed by Parliament. The Auditor-General may conduct an audit in any way considered appropriate and is not subject to direction by any person about the way in which audit powers are to be exercised. The Auditor-General has for the purposes of conducting an audit, access to all documents and property and can report to Parliament matters which in the Auditor-General's opinion are significant.

Tasmanian Audit Office



Rod Whitehead
Auditor-General

Hobart
15 September 2016

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TASMANIAN HEALTH SERVICE

Tasmanian Government