



Annual Report 2011 – 2012

Department of Health and Human Services



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Secretary's Letter of Transmittal

Dear Ministers

In accordance with the requirements of Section 36 of the *Tasmanian State Service Act 2000* and Section 27 of the *Financial Management and Audit Act 1990*, I am pleased to present to you this report on the activities of the Department of Health and Human Services (the Agency) for the financial year 2011-2012.

Health and human services have changed significantly in the past 12 months.

The Agency has made major organisational changes in response to state budget savings strategies and national and state reforms in housing, homelessness, disability services, children and youth services and health.

The national health reforms agreed in August 2011 by the Australian Government and all states and territories, have demanded the biggest restructure in how health is delivered in a generation with the introduction of three health service delivery bodies known as Tasmanian Health Organisations.

These Tasmanian Health Organisations commenced on 1 July 2012, each with an independent governing council responsible for providing local health services.

As a result of these changes, our hospitals are now funded on the activity they undertake, which allows them to make more informed decisions on the most appropriate use of their resources for their communities.

The Agency's structure now more closely reflects the traditional Westminster model where we support our Ministers and the Government, and provide regulatory and system manager functions in statewide planning, purchasing and performance monitoring of health and human services.

Each year we provide over 1.5 million occasions of service to our patients and clients. In addition to hospital, ambulance and other health services, we also provide human services including housing, disability, community, children and youth services.

Achievements

Health

The number of weighted separations at our four acute public hospitals in the 12 months to 30 June 2012 increased by 0.5 per cent to 103 384 compared to the same period the previous year. This is consistent with a general trend in increased demand for hospital services due to an ageing population and higher rates of chronic disease.

The number of ambulance responses increased from 70 156 in 2010-2011 to 71 879 in 2011-2012, again largely because of the ageing Tasmanian population and an increase in people with chronic conditions cared for at home who require transport to hospital for acute episodes.

Among capital works completed during 2011-2012 were the Launceston General Hospital (LGH) Emergency Department, the Northern Integrated Care Service, the LGH Holman Clinic Bunker and student accommodation – part of the \$110 million LGH redevelopment – and the Central Highlands Community Health Centre.



Work on the \$585 million Royal Hobart Hospital redevelopment is progressing with new PET/CT scanning and fluoroscopy services, an upgraded critical electrical supply and a new production kitchen already completed. Other works underway include the expansion of the Intensive Care Unit.

A \$5.3 million redevelopment of the Mersey Community Hospital Emergency Department, funded by the State Government, was officially opened in March 2012 and planning works are advanced for North West Regional Hospital's Regional Cancer Care Centre.

The *Mental Health Bill 2012* was tabled in Parliament in June 2012. The bill aims to bolster the rights of mental health consumers by ensuring treatment for people with a mental illness reflects a human rights approach.

In October 2011, *Flourish, Mental Health Action in our Hands Inc* was also officially launched as Tasmania's primary independent, statewide mental health consumer organisation.

Meanwhile, a new family support service for people affected by alcohol and drugs was established in the north and north west.

In 2011, the Agency commissioned a review to investigate prescribing practices of opioids and other drugs of dependence in Tasmania. The review, conducted by the National Drug and Alcohol Research Centre, has resulted in a major report: *A review of Opioid Prescribing in Tasmania - A Blueprint for the Future*. Its recommendations will help shape clinical, regulatory and population-level approaches for the use of opioids, not just in Tasmania, but nationally.

Tasmania continues to lead the way in smoking cessation initiatives and in 2011-2012 1 827 health professionals were trained through face-to-face smoking cessation program education sessions. A further 3 225 were trained using the online version of the program. The program aims at cultural change within the healthcare sector so brief smoking cessation interventions are routinely provided to patients.

Disability, Housing and Community Services

Disability and Community Services continued to implement major reforms throughout 2011-2012. These have significantly changed the delivery of services to vulnerable people and those with disability, their families and carers.

In 2011-2012, rights based, person-centred legislation was developed for disability legislation. The proclamation of the *Disability Services Act 2011* followed the review of the former Act and consultation with the sector and key stakeholders.

Gambling help went interactive and online in 2011-2012 with the "Know Your Odds – Ask Jack" campaign spearheading the Agency's social media presence. Starting with a blog and expanding to Facebook, "Jack" has been answering people's questions and dispelling gambling myths all year.

This financial year Housing Tasmania has focused on implementing national and state housing reforms. These include growing the community housing sector, increasing housing options for people who are homeless and on low incomes, and introducing affordable home purchase initiatives.

This has seen improvements in the range of affordable housing options in Tasmania and a decrease in the public housing wait list from 2 675 at 30 June 2012 compared to 2 972 at 30 June 2011.



In addition to the \$16.3 million expended to build 164 homes under the Australian Government's Nation Building Economic Stimulus Plan, Housing Tasmania allocated a further \$18.19 million to deliver 299 additional homes.

Between 2009 and 30 June 2012, we delivered 1 400 new homes for low to moderate income earners in Tasmania through more than \$200 million of Australian and State Government funds.

During 2011-2012, Housing Tasmania spent \$4.4 million on improving public housing energy efficiency including the \$2 million continuation of the Winter Energy Efficiency Program and the \$1 million Energy Champions program, which included installing 100 solar hot water systems.

Additional energy efficiency upgrades as part of the 2011-2012 maintenance budget included installing an additional 150 heat pumps separate to the Winter Energy Efficiency Program, replacing 100 hot water systems and installing new curtain rails in around 1 000 houses.

A new supply of supported accommodation for homeless Tasmanians was completed during 2011-2012.

The first of the supported accommodation facilities, Grove Street, Ulverstone, opened in July 2011 and provides 20 places for people needing supported accommodation.

Thyne House in Launceston opened in August 2011 and provides accommodation for 30 young people.

Thistle Street, Launceston opened in January 2012 and provides long-term supported accommodation for a further 20 people.

Children

During 2011-2012, Children and Youth Services introduced a range of reforms including evidence-based models of care that are sustainable and deliverable within available resources. It has also increased workforce skills development and implemented service level agreements that improve accountability through quarterly performance monitoring.

Unallocated cases in Child Protection Services continue to be managed at low levels with 17 cases reported in the 12 months to 30 June 2012, a decline from 36 the previous year.

Children in out-of-home care this financial year totalled 1 004.

The average daily number of young people at Ashley Youth Detention Centre declined as did the average daily number of young people engaged with Community Youth Justice Services.

During 2011-2012, we consolidated a whole-of-government approach to protecting Tasmania's children, culminating in the adoption of a public health approach outlined in *Sharing Responsibility for Our Children, Young People and their Families; Government Embracing Change in Response to the Select Committee On Child Protection Final Report 2011*.

This has been a busy year characterised by challenge, initiative, reform and achievement. I congratulate Agency staff for their continued commitment and dedication to serving Tasmanians at their time of need.



Matthew Daly
Secretary
Department of Health and Human Services



About This Report

Every year the Department of Health and Human Services (the Agency) is required by legislation to produce an Annual Report. The Report provides the Agency the opportunity to present a comprehensive overview of its major initiatives, performance and operations to the Tasmanian community who have an interest in the provision of health, human and children services across the State.

The report is presented in four parts:

Part 1 – Agency Overview

This section provides an overall view of the Agency, including its organisational arrangements, human and financial resources, our staff, our clients, our services, planning and performance reporting mechanisms and a description of health and wellbeing indicators.

Part 2 – Our Direction

This section provides a brief description of the achievements and future direction of the Agency and its statewide services across Health; Disability, Housing and Community Service; and Children.

A selection of case studies is also featured, providing a greater insight into the diversity of activity undertaken by the Agency. A listing of the Tasmania *Together* goals and benchmarks to which the Agency contributes and activities undertaken under the *Disability Framework for Action 2005-2010* is also included in this section.

Part 3 – Supplementary Information

This section contains a broad range of required reporting information, including asset management, details of consultancies, contracts and tenders, right to information activities, and the legislative frameworks under which the Agency operates. It also includes risk management, climate change, human resources and occupational health and safety statistics.

The Agency also collates annual reports for several statutory bodies and coordinates their publication and on the Agency website at www.dhhs.tas.gov.au.

The Commissioner for Children also produces an Annual Report which can be accessed on the Commissioner's website at www.childcomm.tas.gov.au or by emailing childcomm@childcomm.tas.gov.au.

Part 4 – Financial Statements

This section contains the Agency's audited financial statements (prepared in accordance with legislation).



Part I

Agency Overview

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Our Organisation

The Department of Health and Human Services has undergone major organisational change in recent times. This is in response to state budget savings strategies and a number of national and state reforms in housing, homelessness, disability services, children and youth services, and health (including establishment of three Tasmanian Health Organisations under national health reforms).

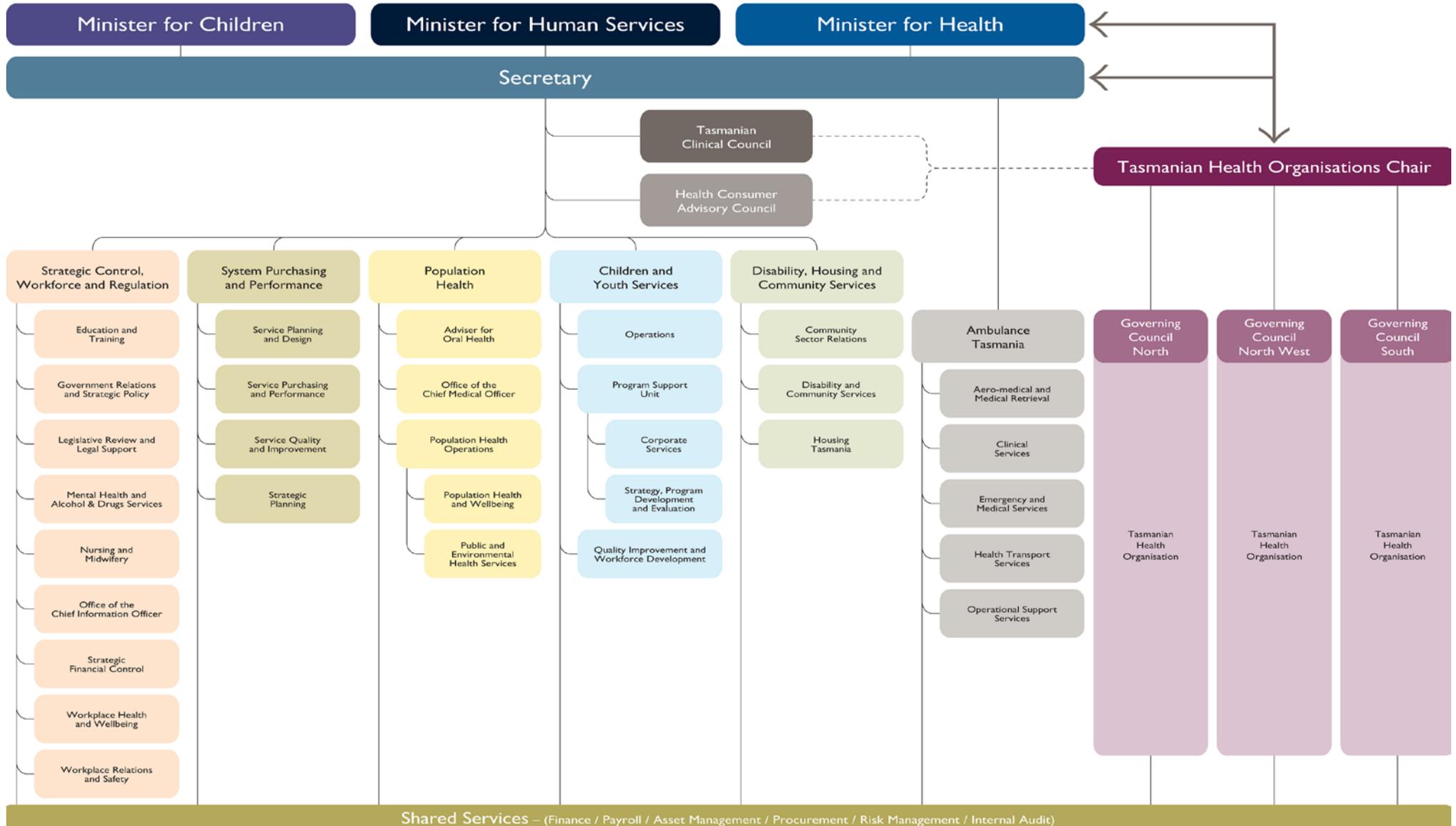
The Department's structure now more closely reflects the traditional Westminster model. It provides functions to support the Ministers and the Government, regulatory functions, and system manager functions in statewide planning, purchasing and performance monitoring of health and human services.

The organisational structure includes a shared services entity that provides services to its customers: Agency business units and the Tasmanian Health Organisations. This Shared Service function will be predominantly owned by the Tasmanian Health Organisations.

The Agency is structured to best deliver services for patients and clients, and to fulfil Tasmanian and Australian Government policy goals. The structure of the Agency as at 30 June 2012 is detailed in the figure and paragraphs below:

Figure 1 - DHHS Organisational Chart

Department of Health and Human Services June 2012





Strategic Control, Workforce and Regulation:

Strategic Control, Workforce and Regulation ensures effective strategic processes are established and maintained across the health and human services system to provide efficient statewide service delivery.

Education and Training

This Unit provides strategic leadership for education and training across the Agency, including strategic responses to national initiatives; developing and implementing the strategic work plan for the Tasmanian Clinical Education Network; multi-profession education and training and the development of a whole of workforce strategic agenda for clinical education and training and leadership and management development.

Government Relations and Strategic Policy

This Unit manages intergovernmental relations and the strategic policy agenda to strengthen relationships with key stakeholders. This includes: managing Australian Government/State relations, Ministerial Councils and Senior Officials' meeting commitments; leading negotiations and managing intergovernmental agreements, National Partnership Agreements and associated implementation plans; providing support to units to develop submissions, applications and business cases associated with intergovernmental agreements and supporting units by providing strategic policy analysis and advice.

Legislative Review and Legal Support

This Unit provides a specialist high-level legislative review and legal support advisory service to the Ministers, the Secretary, and across the Agency. The service is the central point of contact for legal matters and the management of complex legal projects.

Mental Health and Alcohol and Drug Services

Statewide and Mental Health Services (SMHS) delivers high quality safe and integrated health services which includes the provision of mental health, alcohol and drug and forensic health care. These statewide services are provided through specialist teams within SMHS.

Specialist clinical health services are available across the state and provide care and treatment to people experiencing severe mental health problems, alcohol and drug issues and people within the correctional and justice system. SMHS services are provided within a multi-disciplinary framework including allied health, nursing, medical and administrative professionals.

Alcohol and Drug Services provides a range of specialist alcohol, tobacco and other drug treatment services including withdrawal management, opioid pharmacotherapy, consultation and liaison, psychosocial interventions and other specialist programs such as smoking cessation.

Forensic Health Services comprises Community Forensic Mental Health Services, Forensic Mental Health Inpatient Unit – the Wilfred Lopes Centre and Correctional Primary Health Services, which includes delivery of health services to Ashley Youth Detention Centre.



Mental Health Services are delivered across inpatient and community settings. Inpatient facilities provide 24 hour care and treatment, and acute care inpatient units are located at the three public hospitals.

Community mental health services are delivered across three streams; Child and Adolescent Mental Health Services, Adult Community Mental Health Services and Older Persons Mental Health Services. SMHS also operates the Mental Health Services Helpline, providing a 24 hour a day, seven day a week statewide telephone triage service as the primary point of referral to State Government operated mental health services.

Statewide and Mental Health Services funds a range of community sector organisations, which continue to play an important role in the delivery of services under the SMHS umbrella.

Statewide and Mental Health Services state office supports delivery of services while undertaking a range of statewide functions including strategic direction and leadership; service planning and development; clinical and corporate governance, resource and finance management, human resource management, workforce planning and implementation, policy development and implementation, information management and technology, consumer and carer participation, communications and marketing, management of stakeholder relationships and legal and statutory services.

A mental health/alcohol and drugs services working group is supporting the transition of clinical services to the Tasmanian Health Organisations during 2012-2013.

Nursing and Midwifery

This Unit provides high-level specialist advice on nursing policy and clinical workforce planning. This includes advice on aspects of legislation that affect professional practice and regulate health professionals; and strategic health workforce planning across the private and public health and aged care sectors. This links to tertiary and vocational education and training sectors through the leadership of the Tasmanian Clinical Education Network and Partners in Health.

Office of the Chief Information Officer

This Unit works with business units to design and deliver information technology solutions and support. In health, this includes statewide eCare solutions and core clinical systems focused on delivering trusted information and the services needed to improve the health, wellbeing and care provided to patients and clients.

The Unit delivers infrastructure services, stabilises existing services and aligns information technology to support the work of Agency business units. It strengthens Agency-wide architecture and security, redefines the IT service delivery model, refreshes IT policies and procedures, and improves vendor contract performance management and financial controls.

Strategic Financial Control

This Unit ensures the proper allocation of financial resources in accordance with Government and Agency decisions. This includes ensuring financial controls are in place, monitoring overall financial performance and reporting to the Secretary and (via the Secretary) to Ministers, the Department of Treasury and Finance and the Budget Sub-Committee of Cabinet. The Unit also prepares the annual statutory accounts in line with Tasmanian Audit Office requirements.



Workplace Health and Wellbeing

This Unit provides a comprehensive occupational health service for all staff within the Agency to ensure that the Agency meets its legal obligations, reduces costs and appropriately cares for its staff.

Workplace Relations and Safety

This Unit provides strategic leadership in the recruitment and management of staffing within the Agency to enable the delivery of safe, effective and high quality integrated patient and client care.

System Purchasing and Performance

The System Purchasing and Performance Group consolidates a number of complementary functions across policy, planning, funding, monitoring and service improvement. This Group is also the principal support for the Secretary in establishing Agency system-level priorities.

Service Planning and Design

Functions and services of this Unit include developing detailed purchasing plans that integrate policy, legislative requirements, administrative decisions, clinical services planning, funding and resource allocation and use service delivery and quality management to help identify opportunities for service collaboration. This includes developing and implementing statewide clinical and clinical support services; designing health service plans with a particular focus on primary, community and rural health services; and their links with acute health services. It also includes collaborating with private providers and the Australian Government to develop plans, policies and processes for the delivery of integrated health services.

Service Purchasing and Performance

Functions and services of this Unit include: collecting, processing, analysing and disseminating statistics on the health of Tasmanians and their use of health services; assessing service capacity in the State to deliver the broad range of health and human services and strategically developing services where gaps exist; managing and facilitating the implementation of the classification, counting and costing of hospital products necessary to fund hospitals based on activity within national health reform agenda timelines; establishing activity-based funding models for Tasmanian public hospitals; developing an evidence-based, sustainable performance monitoring framework for health and human services; negotiating and developing service agreements with Tasmanian Health Organisations; and developing strategic alliances with Tasmania Medicare Local and the aged care sector.

Service Quality and Improvement

This Unit is responsible for planning, developing and promoting clinical governance policies, programs and safety and quality strategies and achieve system level consistency. The Unit also includes the medication strategy and reform function.



Strategic Planning

Functions and services of this Unit include developing and setting strategic direction and priorities; supporting future updates of Tasmania's Health Plan and developing a system-wide performance management and measurement framework for the reformed health and human services system.

Population Health

The Population Health Group focuses on improving and promoting health and wellbeing for all Tasmanians. It works to reduce inequalities in health and to protect Tasmanians from public and environmental health hazards. The Chief Health Officer oversees this Group and holds the statutory position of Director of Public Health.

Adviser for Oral Health

This is an advisory role to the Department and is provided primarily by Oral Health Services Tasmania with input from Population Health. The role enables links to national and State policy, health promotion and protection, avoiding risk factors and the potential for lifetime health benefits for oral health and dental care.

Chief Medical Officer

This Unit oversees clinical and related matters, including emergency preparedness, research, pharmaceutical services (including the administration of the *Poisons Act 1971*), medical workforce, cancer services system development, blood and blood products, organ and tissue transplantation and the Tasmanian Infection Prevention and Control team. The Unit also incorporates cancer screening and control services such as BreastScreen Tasmania, the Cervical Cancer Prevention Program, Policy and Education team and the National Bowel Cancer Screening Program. These cancer screening and control services report to the Chief Medical Officer.

Population Health Operations

This Unit comprises two sub-units: Population Health and Wellbeing and Public and Environmental Health Services.

Population Health and Wellbeing

This sub-unit has responsibility for the Minister for Health's Healthy Tasmania initiative, physical activity, community nutrition, healthy settings, population health equity (including Aboriginal health, multicultural health, men's and women's health) and tobacco, alcohol and public health nutrition policy.

Public and Environmental Health Services

This sub-unit has responsibility for assessing and managing public health risks in the areas of environmental health, radiation protection and communicable diseases prevention, epidemiology, and monitoring and reporting on the health status of Tasmanians to inform decision-making and health priorities.



Ambulance Tasmania

Ambulance Tasmania provides integrated pre-hospital emergency and medical services, health transport, aero-medical and medical retrieval services to the Tasmanian community. It provides these services through a system of paramedics, doctors, patient transport officers, volunteer officers and the support and partnership of independent services. Ambulance Tasmania establishes new paramedic services, such as air and land-based services; manages the ambulance workforce; and manages asset planning, including fleet, information technology, communications and facilities to respond to the community's medical and transport needs.

Many volunteers work alongside salaried staff, to provide Tasmania with more ambulance response points per capita than any other service in the country. Four Community Emergency Response Teams provide first response.

Aero-medical and Medical Retrieval

This Unit provides inter-facility transport and mobile critical care for patients travelling within and outside Tasmania. Ambulance Tasmania uses a range of transport options for aero-medical and medical retrieval including road ambulances, a fixed-wing air ambulance, special operations vehicles and occasionally the Tasmania Police rescue helicopter.

Clinical Services

This Unit provides a credentialed and competent workforce delivering safe, evidence-based clinical practice to improve patient outcomes.

Ambulance Tasmania activities are supported by a Clinical Governance Framework, which promotes, reviews, measures and monitors the quality of patient care in four key areas: clinical performance and effectiveness, clinical risk management, consumer value and professional learning and development.

Emergency and Medical Services

This Unit provides emergency and urgent pre-hospital medical care by responding to emergency calls from the community on the triple zero telephone service.

Health Transport Services

This Unit provides safe, high quality, non-emergency patient transport services statewide.

Operational Support Services

Operational Support Services is a statewide unit that underpins the four operational streams of Ambulance Tasmania through: fleet management, including acquisition of ambulance fleet and support vehicles; technical services, including information technology and support for the State Communications Centre and the electronic patient care reporting system; human resource management, including payroll, industrial relations and recruitment; financial and budget management; equipment acquisition and management; asset management, including procurement and capital asset planning; and policy development and support.



Disability, Housing and Community Services

Disability, Housing and Community Services provides human services to Tasmanians including policy, planning, reporting and contract management for disability and community services; community sector relations; and a range of social housing and homelessness programs.

Community Sector Relations

The Community Sector Relations Unit (CSRU) is accountable for the Agency's strategic relationship with the community sector including the Partnership Agreement, the Peaks Network and Government Strategic Forum and the priorities arising from these initiatives. The CSRU includes the Community Sector Quality and Safety Team and the Community Sector Grants Management Team. The CSRU provides an overarching coordination, information and business support or shared services role for DHHS funding agreement managers.

Disability and Community Services

Following a previous reform process, most services provided by this Unit were outsourced to the community sector. Disability and Community Services is responsible for policy, planning, reporting and contract management for these outsourced services. The Unit also has a small specialist disability advisory service and oversees gambling support programs, the Neighbourhood House program and a number of other family support programs.

Housing Tasmania

Housing Tasmania is responsible for policy, planning, reporting and contract management across a range of social housing and homelessness programs. Housing Tasmania manages the direct delivery of public and Aboriginal housing, which involves tenancy management, property maintenance and capital projects. It also provides accommodation to a range of specialist programs such as Disability Services, Mental Health Services, Out-of-Home Care and Neighbourhood Houses.

Children and Youth Services

Children and Youth Services comprises integrated programs that support children and young people and their families in Tasmania.

Operations

Functions and services of this Unit include: Child Health and Parenting Service; Child Protection Services; Community Youth Justice (supervision in the community) and the Ashley Youth Detention Centre (custodial service); Family Violence Counselling and Support Services; and Adoption Services and Out-of-Home Care.

Program Support Unit

This Unit provides support to Operational Areas so that they can deliver their services efficiently and effectively and achieve high quality and enduring outcomes for children, young people and their families. It comprises three teams:



Corporate Services

Functions and services of this team include Financial Management, Human Resource Management and Asset Management for Children and Youth Services.

Strategy, Program Development and Evaluation

Functions and services of this team include program development; review of legislation; program evaluation and information system management within Children and Youth Services.

Quality Improvement and Workforce Development

Functions and services include the Children and Youth Services Quality and Safety Framework, complaints in care and workforce development.

Strategic and Portfolio Services

Reporting to the Secretary, this Unit has unique responsibilities in an environment of intense scrutiny. It provides advice to the Secretary which is independent and reliable. The Unit manages all areas of the Office of the Secretary to support the effective management of the Agency. The area ensures the flow of briefings and critical information to, from and within the Agency, the Secretary and the Ministers' Offices with adherence to deadlines, quality standards and policy congruence and provides an early warning and tracking system.

Shared Services

Functions broadly include finance operations, such as debtor and creditor administration and finance systems including payroll systems; asset management; procurement services; risk management and internal audit.

Area Health Services – Transitioning to Tasmanian Health Organisations

From 1 July 2012, under the national health reforms, three Tasmanian Health Organisations (THOs) began providing hospital and primary and community health services in Tasmania. The THO boundaries are the same as those of the area health services they supersede ie North, North West and South. THOs are far more autonomous than the former area health services, and manage the funding they receive to provide maximum services for their communities.

The Tasmanian Health Organisations are governed by the *Tasmanian Health Organisations Act 2011*, each responsible for delivering integrated services that maintain and improve the health and wellbeing of Tasmanians. The THOs have a clear responsibility and accountability for governing and delivering high quality, efficient and integrated healthcare services in their area, through the public hospital system and primary and community health services (including mental health and oral health services).



This purpose is consistent with the direction established under the existing Area Health Services.

Primary and secondary health care operate under a single management team, bringing operational management closer to the patient. There is also an emphasis on linking information systems between the primary and secondary sectors, and between all health professionals whether they are employed by the State, the Australian Government or the private sector.

The new structure is also supported by a new funding model based on a national efficient price for health services determined by the Australian Government Independent Hospital Pricing Authority. The more efficiently services can be supplied to patients and clients, the more services can be provided under current funding.

Each of the three THOs has a Governing Council whose functions are outlined under section 22 the *Tasmanian Health Organisations Act 2011*. Through their Governing Councils, THOs deliver all aspects of hospital and health services for their local communities under a service agreement with the Agency.



Our Services

The Department of Health and Human Services provides a comprehensive, high quality, safe and sustainable health and human system for Tasmanians. It aims to provide care and services for patients and clients in the best possible way through an integrated and sustainable system that is people-focused and supports individuals and communities to be active partners in the management of their own health and wellbeing.

The main responsibilities of the Agency include the delivery of:

- high quality and efficient healthcare services through the public hospital system, primary and community health services (including mental health, oral health and correctional health services) and patient transport services through the three Tasmanian Health Organisations
- health promotion and protection through emergency management, public health and related preventative services
- residential and rehabilitation care for older Tasmanians, as well as support and assistance to enable them to remain living independently in their own homes
- a network of alcohol and drug prevention and treatment services
- a range of accommodation and support services aimed at enhancing the quality of life for people with a disability, their families and carers
- statutory responsibilities in relation to vulnerable children and young people including child protection and juvenile justice
- a wide range of community services for children and their families, including early intervention, family support services and child health services and
- secure, affordable housing and support to low income Tasmanians, as well as accommodation and support for people experiencing homelessness.

The Agency provides stewardship of services across Tasmania through a network of facilities, community services and home-based care, including:

- 4 acute hospitals – the Royal Hobart Hospital, Launceston General Hospital, North West Regional Hospital and the Mersey Community Hospital (the Mersey Community Hospital is owned by the Australian Government but managed by the Tasmanian Government)
- 13 Agency run rural inpatient facilities
- 5 rural facilities from which the Agency buys inpatient beds
- 19 community health centres
- 2 integrated care centres
- 1 rural nursing centre
- 53 ambulance stations and ‘first responder’ units
- 21 mental health facilities (comprising inpatient and community services)
- 1 inpatient and 4 outpatient alcohol and drug facilities



- 34 oral (dental) health facilities comprising of 4 dental centres, 26 community clinics, 2 special care units, and 2 mobile dental units
- 75 Child Health Centres (including 4 Parenting Centres)
- 1 Child Development Unit
- 4 Children and Youth Service Centres delivering Child Protection Services, Community Youth Justice Services and Family Violence Counselling and Support Service
- 2 Family Violence Counselling and Support Service Centres
- 4 area based Disability Assessment and Advisory Teams providing specialist support to outsourced disability services
- 4 area based Community Partnership Teams who liaise with outsourced community services
- 8 service points, providing tenancy services, advice and support to over 13 400 public, Indigenous and community managed properties
- Population Health provides services and manages contracts with a variety of organisations to promote, monitor, protect and enhance the health and wellbeing of Tasmanians including:
 - 3 BreastScreen facilities (including a mobile screening unit)
 - 107 Needle and Syringe Program (NSP) outlets across the State including 15 outlets run from State Government facilities (ie hospitals, health care centres), 81 operating out of pharmacies, the remainder are non-government organisations funded to deliver NSP and
 - the Get Healthy Information and Coaching Service (1300 806 258), providing phone-based health coaching statewide.
- the Ashley Youth Detention Centre
- the Wilfred Lopes Centre (Secure Mental Health Unit) and
- 231 'TeleCare' facilities, which allow videoconferencing between clinicians, other Agency staff, patients and clients around Tasmania, Australia and the world.

A number of services such as Home and Community Care (HACC) and community nursing are provided directly to clients in their homes by staff working out of a number of sites statewide.

Our Workforce

“Shaping our workforce to be capable of meeting changing needs and future requirements” is strategic objective number five in the Agency’s *Strategic Directions 2009-2012* . In order to continue to provide high quality safe services, the Agency must attract and retain a dynamic workforce that is flexible and can meet the changing health needs of our population.



Figure 2 - Age Demographic of Employees as at 30 June 2012

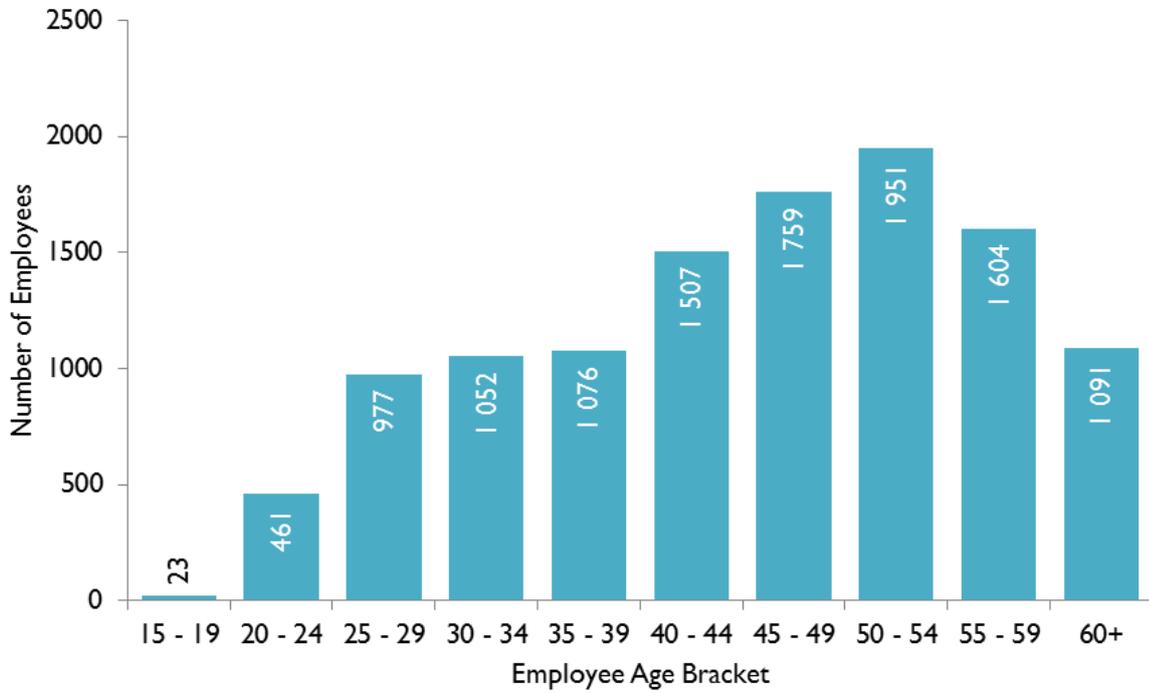


Figure 3 - Number of Paid/FTE Employees as at 30 June 2012

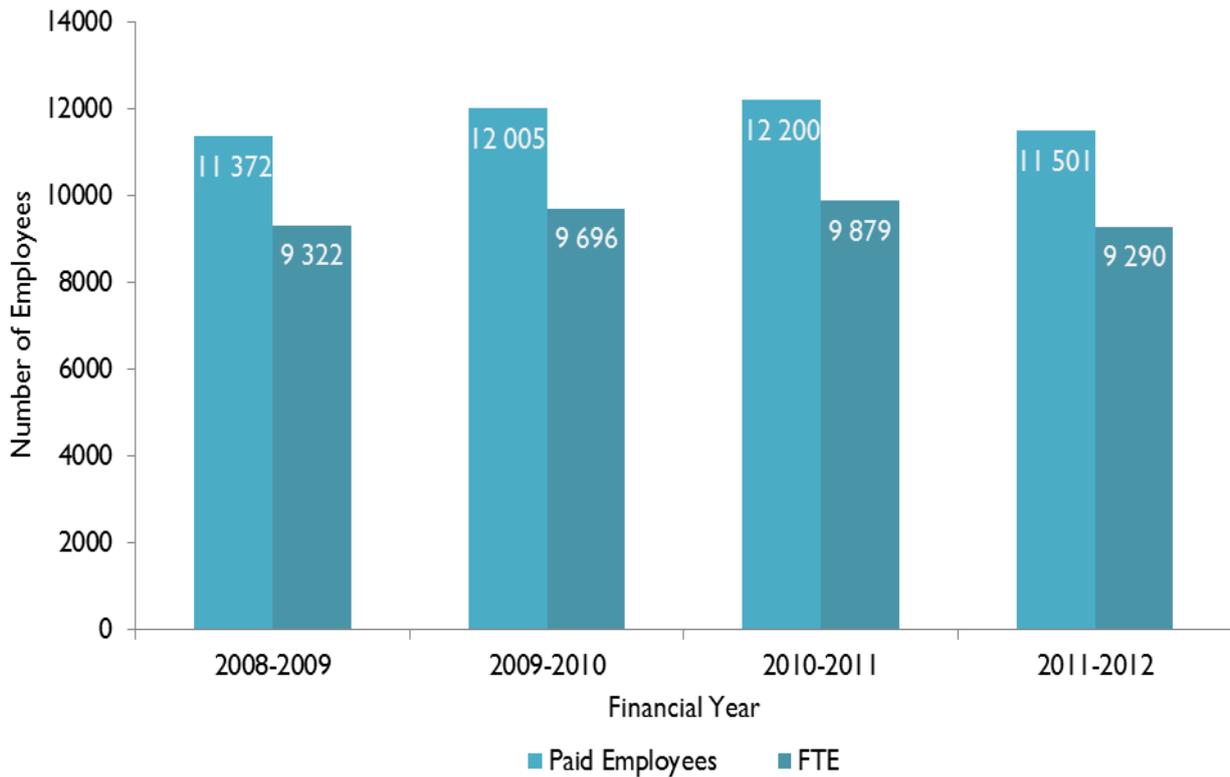
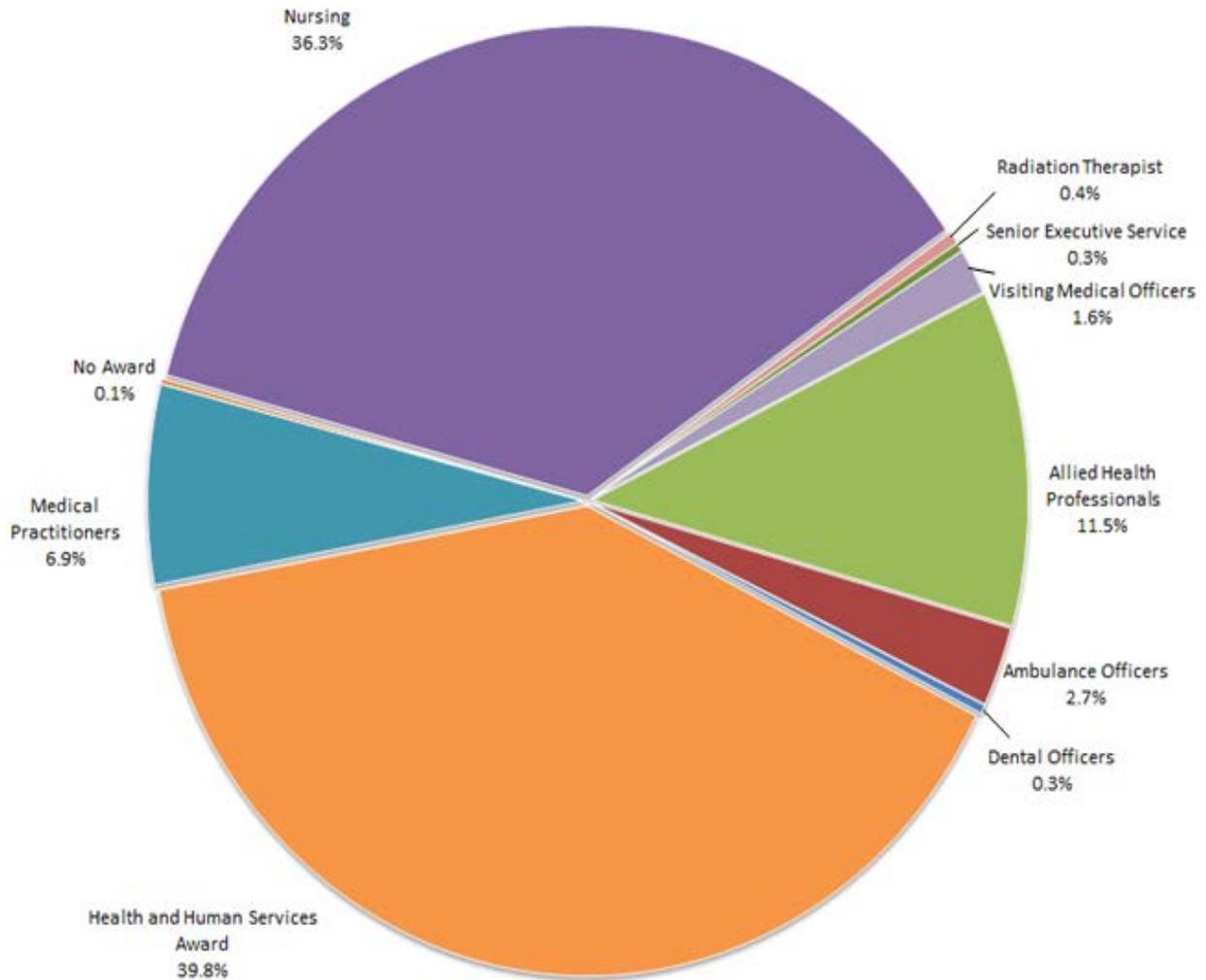




Figure 4 – Staff Composition by Award



The Human Resources and Workplace Safety Strategy aims to ensure that the Agency attracts, develops and retains high quality staff that can help us deliver the current and future needs of our patients and clients. As part of our attraction and retention strategy we provide flexibility to our workforce to help ensure they maintain a good life/work balance and can satisfy outside commitments. Almost 45 per cent of our staff work part-time.

In addition to the recruitment and development of our staff, there has been a significant focus on workplace safety improvement during 2011-2012. This will continue as part of creating an increasingly positive workplace culture.



Management and Leadership Program

The Agency's Leadership and Management Development Program seeks to increase the capabilities of Agency managers and leaders, to shape our workforce to be capable of meeting changing needs and future requirements, in line with the Agency's Strategic Directions.

It includes a Graduate Redevelopment program; a Foundation Program for middle and front-line managers; a University pathway; and a range of short-courses and workplace activities for medical, nursing, allied health and senior management professionals. In 2011-2012, 950 staff participated in the 'in-house' activities, while 100 staff undertook university studies.

For more information please visit the Agency's website, details at the back of this report.

A Healthy Workforce

Over the past year the Workplace Health and Wellbeing Services unit has worked on a number of initiatives to focus on the wellbeing of our workforce. Initiatives include:

Creating a Healthy and Positive Culture

Creating a healthy and positive workplace culture has been facilitated through cultural change workshops focusing on respectful behaviours, changing culture, leading teams and addressing work team stress. This approach acknowledges that while managers need to provide commitment towards change, culture change is everyone's responsibility. Feedback from areas that have participated in workshops is positive and helps shape future directions to develop targeted workshops, integrate best practice models, support managers and implement change.

Taking Responsibility for Health and Wellbeing

Many staff in the health and human services sector spend large parts of their day caring for others. This means they often neglect their own health and wellbeing. Food services staff in the hospitals have taken advantage of an innovative program run by the Agency with the support of the Workplace Health and Wellbeing Service. Under this program staff are starting to make an effort to take responsibility for advocating change in their work environments to improve their health and wellbeing outcome, through participating in health checks, learning about and improving their own nutrition.

Awards and Agreements

The awards and agreements that are established to cover the range of disciplines within the Agency are as follows:

Allied Health Professionals

Allied Health Professionals (Tasmanian Public Sector) Industrial Agreement 2010

Ambulance Service Officers

Ambulance Tasmania Agreement 2010

Tasmanian Ambulance Service Agreement 2007

Tasmanian Ambulance Service Award 2009

Tasmanian Ambulance Service – Patient Extrication (Preservation of Entitlements) Agreement 2006



Medical Practitioners

Medical Practitioners (Public Sector) Award 2007

Rural Medical Practitioners (Public Sector) Agreement 2009

Salaried Medical Practitioners (Australian Medical Association Tasmania/DHHS) Agreement 2009

Nurses

Caseload Midwifery Industrial Agreement 2012

Midwifery Group Practice at Mersey Community Hospital Agreement

Nurses and Midwives Heads of Agreement 2010

Nurses (Tasmanian Public Sector) Award 2005

Nurses (Tasmanian Public Sector) Enterprise Agreement 2007

Nurses (Tasmanian Public Sector) Enterprise Agreement – Variation 2008

Radiation Therapists

Radiation Therapists (Public Sector) Industrial Agreement 2009

Radiation Therapists State Service Unions Agreement 2012

Visiting Medical Practitioners

Department of Health and Human Services Tasmanian Visiting Medical Practitioners (Public Sector) Agreement 2009

Other Awards and Agreements Not Covered Above

Department of Health and Human Services – Child and Family Services Support Workers' Agreement 2003

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

Department of Health and Human Services – Public and Environmental Health Service Staff On Call and Call Back Agreement 2000

Department of Health and Human Services – Rostered Carers Agreement 2008

Department of Health and Human Services – Roy Fagan Centre Shift Work Arrangement Agreement 2003

Department of Health and Human Services Support Workers Agreement 2009

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

Health and Human Services (Tasmanian State Service) Award

Miscellaneous Workers (Public Sector) Award

Senior Executive Service

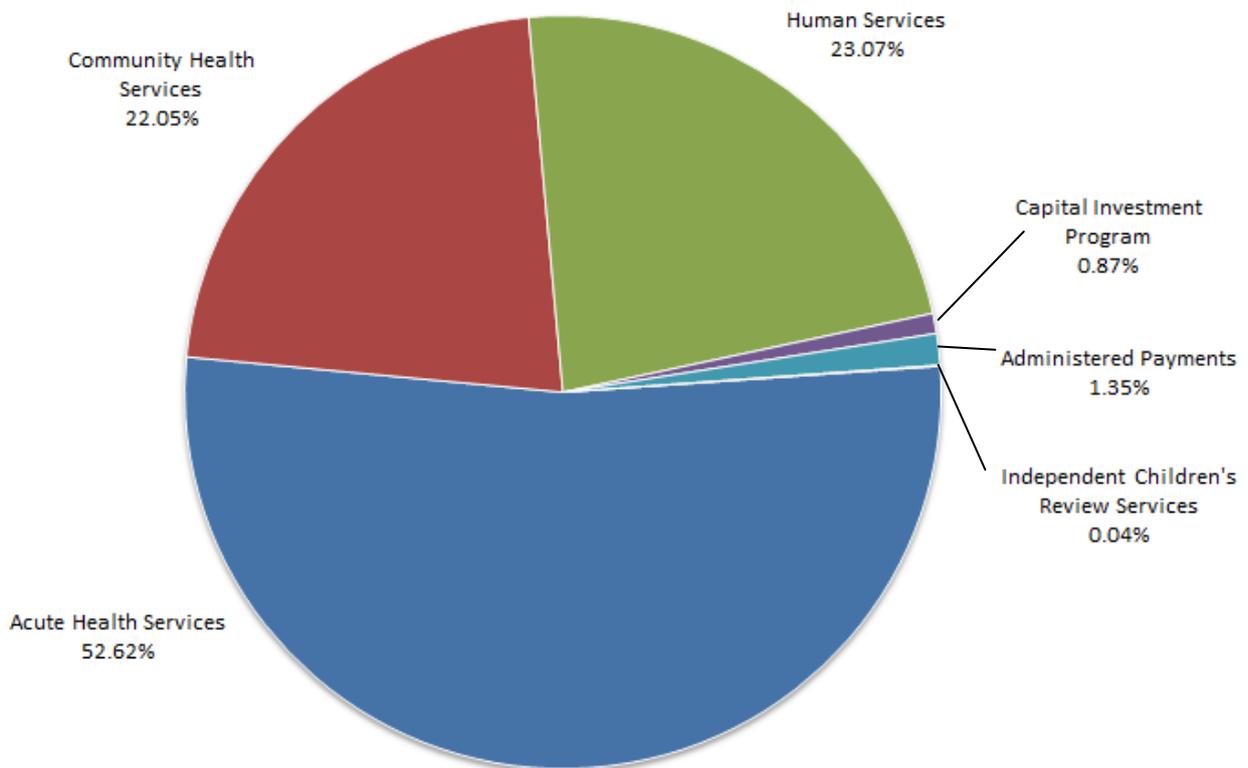
Tasmanian State Service Award



Our Finances

In 2011-2012, the total budgeted expenditure for health and human services was \$1.844 billion, representing an increase of \$90 million or 4.9 per cent from 2010-2011. The figure below shows that Acute Health Services made up 52.62 per cent of the Agency's gross operating expenditure budget (Figure 5). The Agency had almost \$3 billion in physical assets under its control in 2011-2012, and the annual appropriation from the Consolidated Fund increased by \$53 million, or 3.3 per cent, to more than \$1.6 billion.

Figure 5 - Agency Gross Operating Expenditure Budget 2011-2012 by Output





The Agency's operating expenditure budget increased by 21.2 per cent from 2008-2009 to 2011-2012 (refer to Figure 6).

Figure 6 - Total Agency Budget from 2008-2009 to 2011-2012

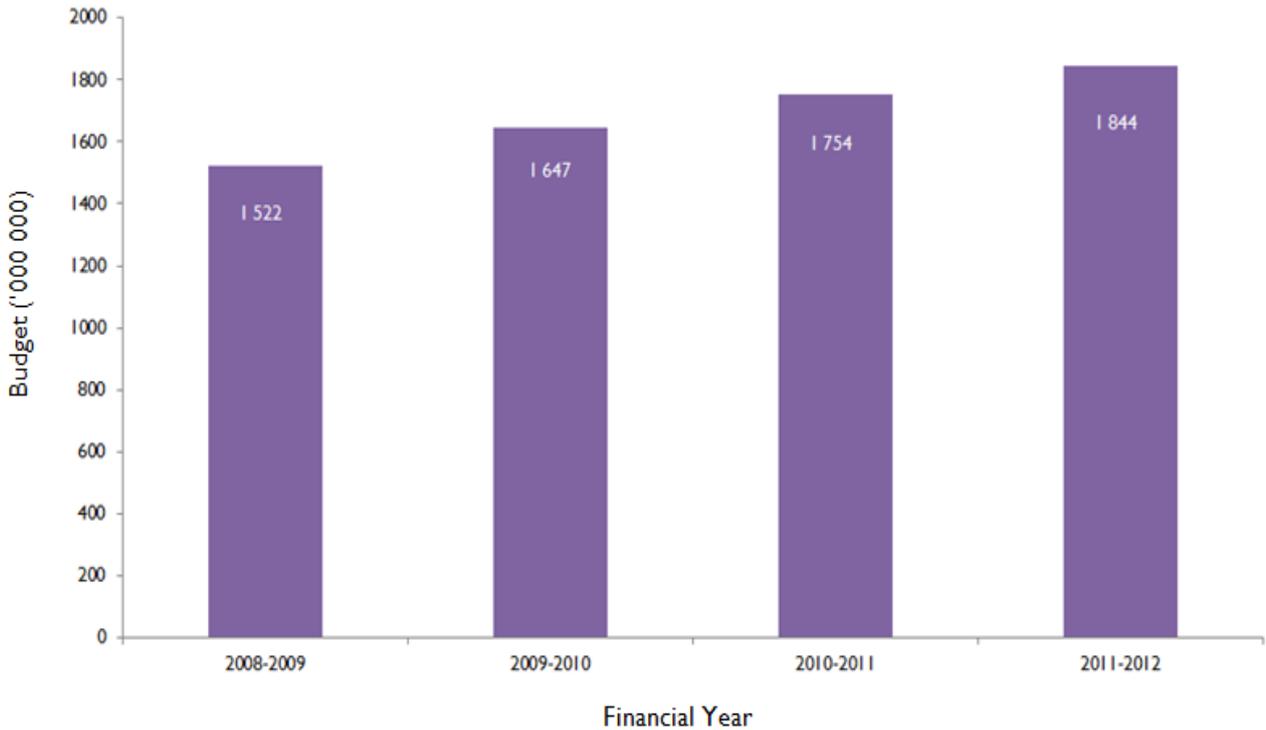


Table I provides a breakdown of budgeted expenditure over the past four years to the major Agency service delivery areas.

Table I – Expenditure Budget Allocation by Output Groups from 2008-2009 to 2011-2012

Group	2008-2009 \$ million	2009-2010 \$ million	2010-2011 \$ million	2011-2012 \$ million
Acute Health Services	757.5	859.2	899.5	970.2
Community Health Services	333.6	349.9	385.4	406.6
Human Services	383.6	397.2	423.1	425.5
Independent Children's Review Services	0.6	0.6	0.7	0.8
Administered Payments	32.2	35.0	37.6	24.9
Capital Investment Programs/Funds	15.0	5.9	7.6	16.1
Total	1 521.9	1 647.2	1 753.9	1 844.1



Key Financial Highlights for 2011-2012

The Statement of Comprehensive Income identifies that total expenses for 2011-2012 amounted to \$1.9 billion, which is a 4.6 per cent increase over 2010-2011.

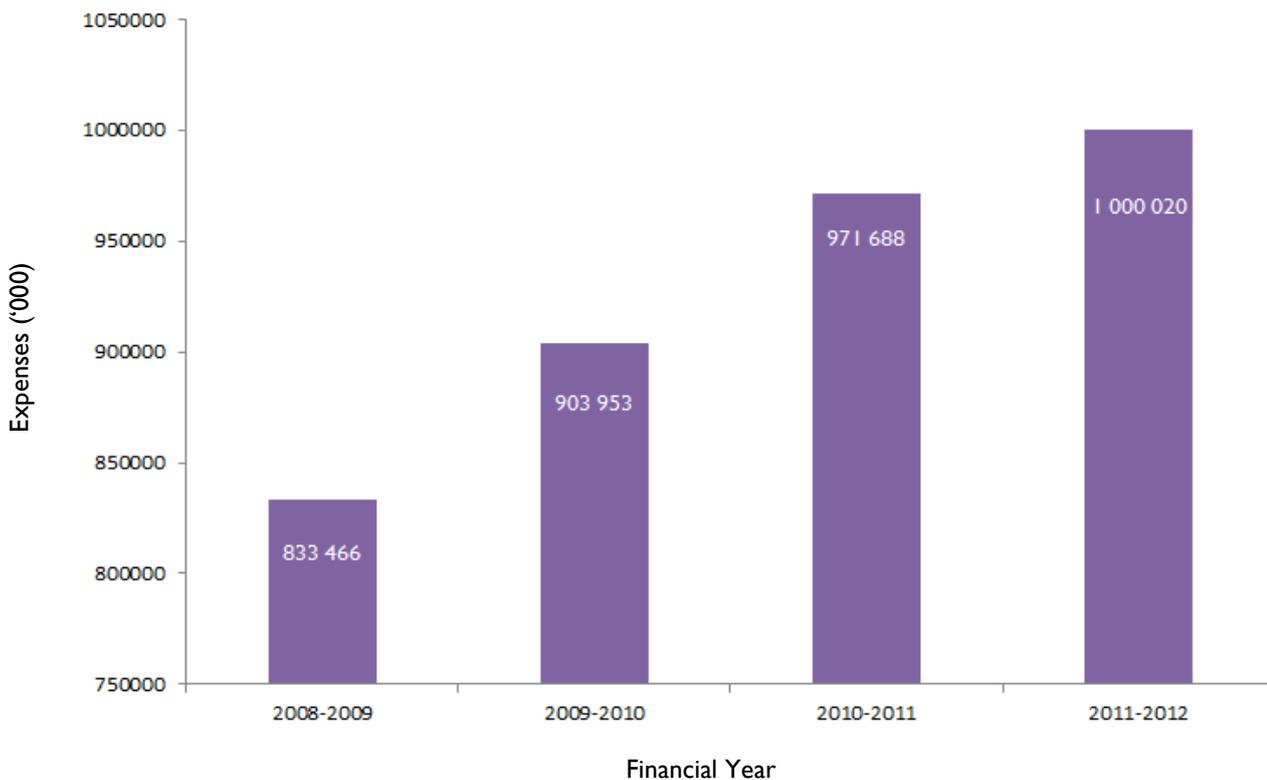
Operating expenses incurred throughout the Agency are varied but the major categories include:

- salaries and employee related expenses at \$1 002.02 million (\$971.69 million in 2010-2011)
- medical, pharmacy, pathology and patient supplies at \$254.543 million (\$253.61 million in 2010-2011) and
- property, including rent, rates, maintenance and electricity at \$118.71 million (\$119.28 million in 2010-2011).

During 2011-2012, the Agency employed around 11 501 Tasmanians. Employee related expenditure has increased to \$1 002.02 million, an increase of 19.98 per cent increase from 2008-2009 (refer to Figure 7). The increase in expenditure from 2010-2011 is primarily the result of an increase in the superannuation and annual leave accruals and payment of Targeted Voluntary Redundancy Arrangements.

Capital expenditure for property, plant and equipment in 2011-2012 totalled \$138.6 million, which included expenditure on the Statewide Cancer Centres, Clarence GP Superclinic/Integrated Care Centre, Emergency Department and Car Park at the Launceston General Hospital, expenditure on the Launceston Integrated Care Centre, the Royal Hobart Hospital redevelopment, development of regional community health centres and ongoing Housing Tasmania capital programs.

Figure 7 – Salaries and Employee Related Expenses from 2008-2009 to 2011-2012



Further financial information on the Agency's activities is detailed in Part 4, Financial Statements.



Our Community

The Agency is committed to providing the Tasmanian community with opportunities to engage in planning and decision making processes to ensure that its policies, programs and the services it provides are effective and appropriate. Engagement with the community enables the development of more resilient relationships with the Agency's stakeholders and clients and can improve the quality of policies and services by making them more practical and relevant.

Cancer Screening and Control Services encourages and actively seeks participation from key stakeholders in relevant structures, processes and activities. The Cancer Screening and Control Services (CSCS), Consumer Reference Group is a committee that advises on consumer and community issues relevant to specific initiatives and services of CSCS. The Group consists of up to 15 volunteers and as far as possible is reflective of community perspectives. The members act as representatives of their community or organisation providing a two-way flow of communications between CSCS and their organisation or community.

BreastScreen Clinic Volunteers serve in the Hobart BreastScreen clinic on assessment days, where further tests are performed following screening mammograms. The volunteers are valued members of the BreastScreen team, providing companionship and hospitality to clients and their companions, as well as liaising with staff to ensure clients' questions are answered appropriately. Many volunteers have been through the assessment process themselves, so they understand what women may be going through.

Your Health and Human Services: Progress Chart

Since November 2006, the *Your Health and Human Services: Progress Chart* has been published on a quarterly basis to promote transparency and accountability about the performance of the Agency, as well as provide a balanced view of the Agency's performance to the community. The Progress Chart is an important way that the Agency lets all Tasmanians know how Tasmania's health and human services are performing and what is being done to achieve a healthier community. The Progress Chart can be accessed at http://www.dhhs.tas.gov.au/about_the_department/about_us/performance.

Health and Wellbeing Indicators

The Department of Health and Human Services uses a set of indicators to monitor the health and wellbeing of the Tasmanian community. Analysis of this information is then used to inform policy development and decision making to meet the future health and human service needs of Tasmanians.

To ensure that the services provided are effectively meeting the needs of the people, the Agency monitors changes in the health and wellbeing of the Tasmanian community over time and compares these to national data.

The health and wellbeing indicators are categorised into:

- Health and wellbeing outcomes: these measure the state of the community's health and wellbeing (refer to Table 2).
- Determinants of health and wellbeing: these influence the health and wellbeing of individuals and the community (refer to Table 3).



The indicators in Tables 2 and 3 may be influenced by the Agency's policies and services. It should be noted, however, that the indicators can be influenced by factors that are beyond the control of the Agency and some are difficult to attribute to any one particular service delivery area.

The indicators provided show comparisons between the most recent available data and data for the preceding years. However, it should be noted that not all indicators are updated every year.

In summary, a number of health and wellbeing indicators show improvement over time:

- life expectancy at birth has been steadily increasing and is slightly below the national average
- the avoidable mortality rate has continued to decrease
- the proportion of Tasmanians 18 years and over reporting high or very high levels of psychological distress has continued to improve and the level is below the national average and
- the rate of potentially preventable hospitalisations has reduced and is still below the national rate.

On the other hand, there are still improvements to be made in the areas identified below:

- the age-standardised mortality rate is above the national rate
- the rate of substantiations for child abuse has increased and continues to be above the national average
- the proportion of Tasmanians aged 15 years and over self-reporting their health as very good/excellent has decreased since 2005, although is still similar to the national average
- the suicide rate has decreased but is still higher than the national rate and
- the proportion of young people per 1 000 who were under juvenile justice supervision has decreased but still remains above the national average.

It should be noted that some of these changes may represent sampling errors and may not have been statistically significant.

In addition to these indicators, the comprehensive five yearly report by the Director of Public Health on the State of Public Health, together with its companion document Health Indicators Tasmania 2008, provides a more detailed analysis of the health and wellbeing of Tasmania's community.

Under the national health reforms, the Tasmania Government has signed up to the National Partnership Agreement (NPA) on Preventive Health, where efforts are being focused on improving health and wellbeing and reducing chronic diseases and the NPA on Essential Vaccines, which aims to improve the health and wellbeing of Australians through the cost-effective delivery of immunisation programs under the National Immunisation Program. The Agency has incorporated selected indicators from these NPAs into its suite of health and wellbeing indicators.



Table 2 – Health and Wellbeing Outcomes

Indicator	Tasmanian previously recorded data	Tasmanian previously recorded data	Tasmanian most recent data	National most recent data	Data Source
Lift Expectancy at Birth	(2008)	(2009)	(2010)	(2010)	
Males (years)	77.7	77.9	78.0	79.5	ABS, Deaths Australia, 2010
Females (years)	82.3	82.2	82.3	84.0	
Infant Mortality	(2008)	(2009)	(2010)	(2010)	
Deaths per 1 000 live births ²	3.8	3.6	4.1	4.1	ABS Deaths Australia, 2010
Age-standardisation Mortality Rate	(2008)	(2009)	(2010)	(2010)	
Deaths per 1 000 population	6.9	6.7	6.7	5.7	ABS Deaths Australia, 2010
Index of Socio-Economic Disadvantage	(2001)	(2006)	(2011)	(2011)	
Socio-Economic Index for Areas (SEIFA) (Areas with less relative need have a score >1 000, those of greater disadvantage have a score of <1 000)	966	963	N/A	N/A	ABS Census of Population and Housing 2001, 2006 and 2011 ³
Juvenile Justice	(2008-2009)	(2009-2010)	(2010-2011)	(2010-2011)	
Rates of young people under juvenile justice supervision aged 10-17 years per 1 000 people	7.5	8.0	7.5	5.4	AIHW4, Juvenile Justice in Australia 2010-2011
Child Abuse	(2008-2009)	(2009-2010)	(2010-2011)	(2010-2011)	
Rate of substantiations – Rate per 1 000 children in the target populations	9.7	7.4	9.5	6.1	AIHW Child Protection Australia 2010-2011, Table 2.7
Housing Stress⁵	(2009)	(2010)	(2011)	(2011)	
Housing stress experienced by low income earners in Tasmania within the private rental market	32.4%	33.6%	32.6%	40.1%	Report on Government Services 2012, Table 16A.67



Indicator	Tasmanian previously recorded data	Tasmanian previously recorded data	Tasmanian most recent data	National most recent data	Data Source
Self-assessed Health Status	(2000-2001)	(2004-2005)	(2007-2008)	(2007-2008)	
Proportion of Tasmanians 15 years and over who report their health as very good or excellent	51.1%	56.5%	55.0%	55.8%	ABS National Health Survey, 2007-2008
Potentially Preventable hospitalisations	(2008-2009)	(2009-2010)	(2010-2011)	(2010-2011)	
(age standardised rates)					AIHW, Australian Hospital Statistics 2010-2011
Total selected conditions (separations per 1 000)	23.3	25.6	20.2	27.7	
Chronic conditions (separations per 1 000)	12.6	14.0	9.7	12.9	
Avoidable Mortality⁶	(2007)	(2008)	(2009)	(2009)	
Age standardised mortality rates for potentially avoidable deaths, under 75 years, per 100 000 persons	191.0	188.0	182.4	144.9	COAG Reform Council, Healthcare 2010-2011, 2012
Suicide	(2004-2008)	(2005-2009)	(2006-2010)	(2010)	
5 year age standardised death rate due to suicide per 100 000 population	15.6	15.1	14.4	10.4	ABS Causes of Death Australia 2010
Mental Health	(2000-2001)	(2004-2005)	(2007-2008)	(2007-2008)	
Proportion of Tasmanians 18 years and over reporting high or very high levels of psychological distress	14.0%	12.6%	11.0%	12.0%	ABS National Health Survey, 2007-2008

Notes:

- 1 Australian Bureau of Statistics.
- 2 Although the though the 2010 rate is slightly higher than in previous years, for very small numbers, such as infant deaths, the rates can increase very quickly, but the increase in the underlying numbers is negligible and not statistically significant.
- 3 Australian Bureau of Statistics data for 2011 Socio-Economic Index for Areas has not been released at this stage and will not be available on their website until early 2013.
- 4 Australian Institute for Health and Welfare.
- 5 Housing Stress is calculated as the proportion of people receiving Commonwealth Rent Assistance, who are spending over 30 per cent of income on rent.
- 6 A voidable mortality refers to deaths that could potentially be avoided through effective interventions against specific diseases in a population.



Table 3 – Determinants of Health and Wellbeing

Indicator	Tasmanian previously recorded data	Tasmanian previously recorded data	Tasmanian most recent data	National most recent data	Data Source
Infant and Maternal Health	(2009-2010)	(2010-2011)	(2011-2012)	N/A	
Percentage of mothers still breastfeeding at 6 months of age	47.9%	48.7% ¹	47.1%	N/A	DHHS Children and Family Services statistics from CHAPS (unpublished)
Vaccine Coverage	30 June 2009	30 June 2010	30 June 2012	30 June 2012	
Rate in children 12-15 months	90.3%	91.7%	93.0%	91.9%	Aus Childhood Immunisation Register
Rate in children 24-27 months	93.0%	92.8%	93.6%	92.3%	
Rate in children under five years ²	N/A	N/A	90.8%	90.5%	
Smoking	(2000-2001)	(2004-2005)	(2007-2008)	(2007-2008)	
Proportion of population 18 years and over who are current daily smokers	24.4%	25.4%	24.9%	20.8%	ABS National Health Survey, 2007-2008 ³
Nutrition	(2000-2001)	(2004-2005)	(2007-2008)	(2007-2008)	
Proportion of population 18 years and over who eat at least 5 serves veg per day	20.6%	20.1%	21.2%	8.9%	ABS National Health Survey, 2007-2008
eat at least 2 serves fruit per day	50.6%	53.6%	48.4%	51.4%	
Alcohol	(2000-2001)	(2004-2005)	(2007-2008)	(2007-2008)	
Proportion of population 18 years and over at risk of long-term alcohol related harm (risky + high risk categories)	9.8%	11.4%	13.4%	13.2%	ABS National Health Survey, 2007-2008
Physical Activity	(2000-2001)	(2004-2005)	(2007-2008)	(2007-2008)	
Proportion of population 18 years and over classified as sedentary	31.9%	34.1%	36.4%	35.9%	ABS National Health Survey, 2007-2008
Body Mass Index	(2000-2001)	(2004-2005)	(2007-2008)	(2007-2008)	
Proportion of population 18 years and over classified as:					ABS National Health Survey, 2007-2008
overweight	30.5%	31.8%	37.2%	36.6%	
obese	14.7%	17.1%	26.7%	24.8%	

Notes:

- 1 The 2010-2011 breastfeeding figure now reflects full year data.
- 2 From 2012, immunisation rates are recorded from children five years and under and is not comparable to previous data recorded for children aged four years.
- 3 Data derived from the National Health Survey is from self-assessed data.



Our Performance

This section provides an overview of the Agency's performance against key indicators for 2011-2012.

Acute Hospitals

Performance Measure	Unit of Measure	2008-2009 Actual	2009-2010 Actual	2010-2011 Actual	2011-2012 Actual
Admitted Services					
Admitted patients – weighted separations	Number	101 510	101 286 ¹	102 849 ¹	103 384
Elective surgery patient: Category 1 (admitted within 30 days)	%	73.0	77.0	72.0	76.0
Elective surgery patient: Category 2 (admitted within 90 days)	%	51.0	55.0	61.0	60.3
Elective surgery patient: Category 3 (admitted within 365 days)	%	71.0	80.0	73.0	71.6
Median waiting time for elective surgery	Days	46.0	34.0	37.0	37.0
Waiting list	Number	7 742	7 680	7 782	7 869
Salaried medical officers per 1 000 people: public hospitals	Number	1.6	1.8	1.9	N/A ²
Nurses per 1 000 people: public hospitals	Number	5.2	5.3	5.5	N/A ²
Recurrent expenditure per person (public hospitals)	\$	1 260	1 653	1 769	N/A ²
Recurrent cost per case mix adjusted separation	\$	4 801	5 474	5 915	N/A ²
Emergency Department Services					
Emergency Department presentations	Number	125 954	141 967	143 864	141 528
Patients seen within the recommended timeframe for ED Triage Category 1 ³	%	98.6	99.0	99.4	99.6
Patients seen within the recommended timeframe for ED Triage Category 2 ³	%	76.9	73.0	72.4	76.9

Notes:

- 1 The difference in weighted separations is due to the fact that the cost weighting of procedures changes every year. These figures are correct in terms of the most up-to-date cost weighting at the time of writing.
- 2 Not available at time of publication, but will be available in the Australian Hospital Statistics Report 2011-2012.
- 3 As per the Emergency Department Australian Triage Scale; Category 1 (immediate) and Category 2 (10 minutes).



Admitted Services

In the 12 months ending 30 June 2012 compared to the same period in the previous year, the number of weighted separations increased by 0.5 per cent. This is consistent with a general trend for increased demand for hospital services due to an ageing population and higher rates of chronic disease.

The proportion of patients seen on time for elective surgery categories 1 increased, while the proportion seen on time for category 2 and 3 decreased. The statewide median response time remained steady at 37 days.

In order to improve the long-term sustainability of health services, the Agency implemented savings strategies in November 2011 to reduce health expenditure in 2011-2012, and in future years. One of the key Agency savings strategies was a targeted reduction in the provision of elective surgery.

This reduction has been carefully managed resulting in a reduction in patient additions and a smaller reduction in the number of patients admitted for surgery than was anticipated. Over the last 12 months, Tasmania has undertaken major redevelopments at the Royal Hobart and Launceston General Hospitals which caused short-term disruption, but will provide long-term gains for these facilities. As part of its commitment to health reform, Tasmania signed the National Partnership Agreement on Improving Public Hospital Services, on 1 August 2011. The funding available under this agreement is being used to make as great as possible an effort to meet the stringent National Partnership Agreement targets.

The Agency faces considerable challenges in meeting these elective surgery targets and improving the time to treatment for long waiting patients. As a central part of this agreement, Tasmania has committed to implementing 20 Australian Government funded projects that will provide a coordinated statewide delivery of elective surgery services over the next four years.

Emergency Department Services

Emergency Department services are provided at each of the State's major public hospitals. Emergency Department's provide care for a range of illnesses and injuries, particularly those of a life-threatening nature. In the 12 months ending 30 June 2012 compared to the same period in the previous year, Emergency Department presentations decreased by 1.6 per cent.

Over the same period there was an improvement in the proportion of patients seen within the recommended timeframes for category 1 patients, when compared to 2009-2010 from 99.4 per cent to 99.6 per cent, while there was also an increase in the proportion seen on time for Category 2 from 72.4 per cent to 76.9 per cent.



Ambulance Tasmania¹

Performance Measure	Unit of Measure	2008-2009 Actual	2009-2010 Actual	2010-2011 Actual	2011-2012 Actual
Total Ambulance Responses	Number	65 057	69 899	70 156 ²	71 879
Emergency Ambulance Responses	Number	32 630	38 306	41 100 ²	42 003
Satisfaction with Ambulance Services	%	98.0	98.0	98.0 ²	N/A
Emergency Response Times (Statewide) ³	Mins	10.9	11.0	11.4	11.2
Emergency Response Times (Hobart) ³	Mins	10.0	10.2	10.6	10.3
Emergency Response Times (Launceston) ³	Mins	9.7	9.6	10.1	9.7
Emergency Response Times (Devonport) ³	Mins	8.6	8.6	9.3	9.3
Emergency Response Times (Burnie) ³	Mins	8.6	9.1	9.4 ³	9.3
Ambulance services expenditure per person	\$	83.6	91.4 ⁴	107.4	N/A

Notes:

- 1 Total ambulance response figures for 2011-2012 are sourced using a new reporting system developed by Ambulance Tasmania which excludes non patient related vehicle movements to give a more accurate representation of Ambulance case load in Tasmania. Figures prior to 2011-2012 are sourced using the old reporting system.
- 2 The 2010-2011 total ambulance responses, emergency ambulance responses and the satisfaction with Ambulance Services have been updated from last year's annual report due to data audits.
- 3 The times have been rounded to one decimal place for reporting purposes. Burnie's figure for 2010-2011 was incorrectly rounded last year.
- 4 Actual 2009-2010 amounts have been revised from figures published in the 2011-2012 Budget to reflect amounts in 2010-2011 dollars.

The number of ambulance responses increased from 70 156 in 2010-2011 (using new criteria) to 71 879 in 2011-2012. The increase is largely due to the ageing Tasmanian population and an increase in the number of people with chronic conditions who are cared for at home and who require transport to hospital for acute episodes. The total number of ambulance responses is likely to continue to increase with the ageing population.

According to the Rural, Remote and Metropolitan Areas Index, Tasmania has twice the national average of population proportionally in small rural and remote areas (the remote areas include the populated offshore islands) and has the lowest proportion of its population living in highly accessible locations. These factors affect response times in Tasmania.



Other factors include:

- Tasmania's hilly terrain in both urban and rural areas combined with “ribbon” urban development along the Derwent and Tamar Rivers
- a high reliance on volunteers and
- the low population density of Tasmania's two major cities, Hobart and Launceston, compared to the mainland capital cities which have at least double the population density.

Community and Aged Care Health Services

Performance Measure	Unit of Measure	2008-2009 Actual	2009-2010 Actual	2010-2011 Actual	2011-2012 Actual
Rural hospitals - separations	Number	4 853	4 438 ¹	4 316 ¹	4 512
Rural hospitals - occupancy rate	%	63.9	56.0 ¹	56.0 ¹	57.0
Community nursing - occasions of service	Number	165 538	145 058 ¹	141 740 ¹	170 252
Residential aged care - occupancy rate	%	92.5	82.0 ¹	95.0 ¹	90.0
Aged Care Assessment Program - completed assessments	Number	5 610	4 882	4 817	5 169
Palliative Care - specialist community - clients accessing the service	Number	4 472	4 420	4 277 ²	N/A ³

Notes:

- 1 Due to the changeover to a new Patient Administration System, the figures now provided for 2009-2010 and 2011-2012 are now correct; previously they were not full year figures.
- 2 The 2010-2011 figures have been updated due to data audits.
- 3 2011-2012 data is still being finalised and is not yet available.

Rural hospital activity is affected by the availability of rural GPs to provide inpatient services. The national shortage of rural GPs is likely to have an ongoing impact on hospital utilisation at some sites. The 2011 GP Census identified that Tasmania had 72.5 full-time workload equivalent (FWE) GPs per 100 000 people compared to the national rate of 75.0 FWE GPs per 100 000 people. There has been a decline in both the state and national rate from the 2010 GP Census of 76.4 and 80.1 FWE GPs respectively. The rural hospital occupancy rate remained relatively unchanged from the previous year at 57 per cent and there has been a slight increase in separations.

Residential aged care is provided by the Agency in rural communities where the population is too small to support a viable, non-government nursing home. Utilisation of these beds is influenced by the numbers of people living in rural locations needing this type of care and occupancy rate can vary as demonstrated by the increase from 82 per cent in 2009-2010 to 95 per cent in 2010-2011 and then decrease to 90 per cent in 2011-2012.



Oral Health Services

Performance Measure	Unit of Measure	2008-2009 Actual	2009-2010 Actual	2010-2011 Actual	2011-2012 Actual
Adults - occasions of service – general	Number	4 440	4 264	4 696	5 598
Adults - occasions of service – episodic	Number	21 877	22 233	23 032	27 024
Adults - occasions of service- dentures (prosthetics)	Number	8 479	9 879	9 441	10 707
Children - occasions of service	Number	64 224	65 162	63 023	66 932
General (adults) waiting list	Number	8 479	9 659	12 863	14 486
Dentures - waiting list	Number	2 272	1 675	1 932	2 604

Oral Health Services Tasmania provides dental services to eligible Tasmanians, including emergency dental care, general dental care, prosthetic services and children’s dental services. To be eligible, adults must be holders of either a current health care card or pensioner concession card. The children’s dental service is a universal service for Tasmanians aged 0-17 years.

Oral Health Services Tasmania also supports and provides:

- community oral health promotion
- clinical placements for students in dental disciplines and
- professional development for the Tasmanian public sector oral health workforce.

Occasions of service were higher in all service areas in 2011-2012, reflecting improved access to dental care. In the adult service episodic care increased by 17 per cent, general care by 19 per cent, and prosthetic care by 13 per cent. The children’s’ service saw a six per cent increase in occasions of service.

A range of recruitment and retention strategies are in place to increase and sustain clinician numbers. Under the Government's Better Dental Care Package, a \$1.9 million education and service centre opened in Hobart in mid-2008. Ongoing partnerships with the University of Queensland and the University of Adelaide have resulted in successful and increasing dental student clinical placements.

Dental care for children is provided by dental therapists. An ageing workforce and a growing national shortage of dental therapists is likely to affect future services. To counter this, Oral Health Services Tasmania has increased recruitment of graduates of a new qualification; the Bachelor of Oral Health. Graduates will provide services to children and adults and in the long-term will replace the dental therapy workforce.

Both the general (adult) care and dentures waiting lists increased in 2011-2012 as a direct effect of increased activity. Demand for episodic care impacts capacity to provide general care, while more general care increases demand for dentures.



Population Health

Performance Measure	Unit of Measure	2008-2009 Actual	2009-2010 Actual	2010-2011 Actual	2011-2012 Actual
Vaccines					
Vaccine coverage in children aged 12-15 months	%	90.3	91.7	90.4	NA
Vaccine coverage in children aged 24-27 months	%	93.0	92.8	94.6	NA
Cancer Screening					
Eligible women screened for breast cancer	Number	25 371	27 352	26 470	27 069
BreastScreen - percentage of clients assessed within 28 days of screening	%	30.8	71.2	95.3 ¹	92.6

Note:

¹ The percentage of clients assessed within 28 days of screening for 2010-2011 has been revised due to an audit of the data.

Vaccines

Children in the age groups, 12 to 15 months and 24 to 27 months, are considered fully immunised if they have received the vaccines for diphtheria, pertussis and tetanus, polio, Haemophilus influenza type b and hepatitis B. Children aged 24 to 27 months require the additional vaccines measles, mumps and rubella. Tasmania continues to record high rates of child immunisation in both age groups, with rates being above the national average.

Cancer Screening

Screening for breast cancer amongst the eligible population occurs biennially. Service performance is therefore best measured by comparing the screening numbers for any given period with the equivalent period two years earlier. Although the target population is all Tasmanian women aged between 50 and 69 years, all women aged over 40 years are eligible for screening services.

BreastScreen National Accreditation Standards require that all women who are recalled to assessment following screening attend an assessment clinic within 28 days of their screening visit. In 2011-2012, 93 per cent of clients attending for assessment at BreastScreen Tasmania did so within 28 days of their screening visit, this exceeds national standards and is an improvement of 71 per cent from 2009-2010.



Statewide and Mental Health Services

Performance Measure	Unit of Measure	2008-2009 Actual	2009-2010 Actual	2010-2011 Actual	2011-2012 Actual
Mental Health Services					
Inpatient separations	Number	1 964	2 015 ¹	2 031	1 981
Community and Residential - active clients	Number	4 255	4 228	4 465	4 295
28-day readmission rate	%	14.0	12.0 ¹	13.9 ¹	15.1
Proportion of persons with a mental illness whose needs are met by the Tasmanian Mental Health Service	%	34.5	27.9	32.0	32.4
Average length of acute inpatient stay	Days	12.2	11.6	12.2 ¹	12.9
Alcohol and Drug Services					
Closed episodes of treatment	Number	1 373	1 140	1 279 ²	1 086
Pharmacotherapy program - total active participants	Number	634	785 ³	784 ³	791
Withdrawal unit - bed occupancy	%	45	47	54.6 ²	41
Withdrawal unit - average length of stay	Days	6.6	6.0	6.4 ²	5.2

Notes:

1. As a result of improvements in source reporting systems, data quality and technology, Statewide and Mental Health Services has updated previously published results in order to provide accurate performance and activity data.
2. The 2010-2011 figures have been updated to address a data lag.
3. Pharmacotherapy Program – total active participants has historically been reported as the average number of participants over the reporting period, however with enhanced information systems it is now possible to report the unique active participants from 2009-2010.

During 2011-2012, Statewide and Mental Health Services continued to support improved data quality as it moved towards the implementation of an electronic information system which has resulted in indicators that more accurately reflect clinical activity across all care settings.

Inpatient average length of stay is expected to remain stable, though 28-day readmission rates are likely to be variable as new models of care that will better integrate inpatient and community care are bedded down and efforts continue to address data quality issues.

Alcohol and Drug Services continue to grow as the Future Directions program is implemented with the number of closed episodes increasing by 12.2 per cent between 2009-2010 and 2010-2011.

Overall activity levels in both Mental Health and Alcohol and Drug Services are forecast to remain at similar levels in line with current funding levels.



Disability, Housing and Community Services

Performance Measure	Unit of Measure	2008-2009 Actual	2009-2010 Actual	2010-2011 Actual	2011-2012 Actual
Disability Services					
Supported accommodation clients	Number	1 187	1 246	1 280	1301
Day options clients	Number	1 510	1 527	1 579	1545
Supported accommodation waiting list	Number	33	41	75	79 ¹
Day options waiting list	Number	74	94	70 ²	88 ²
Housing Tasmania					
Public housing occupancy rate	%	99.0	98.7	98.7	97.8
Applicants housed	Number	1 021	1 054 ³	1 190	1 031
New allocations to those in the greatest need	%	93.7	94.8	97.3	89.0
Households assisted through the Private Rental Support Scheme	Number	3 734	3 984	3 911	4 162
Applicants on the waitlist	Number	3 039	3 179	2 972	2 675
Average wait time for people who are housed	Weeks	29	42.1	39.4	46
Average time to house Category I applicants	Weeks	19	17 ³	17.2 ³	21
Net recurrent cost per dwelling	\$	7 498	8 069 ³	8 777 ³	N/A ⁴
Turnaround time	Days	26.7	27.4	29.3	30.4

Notes:

- 1 Supported accommodation waitlist figure is at April 2012.
- 2 The day options (Community Access) waiting list for 2010-2011 has been updated with correct data and the 2011-2012 figure is at April 2012.
- 3 These figures for applicants housed, average time to house Category I applicants and net recurrent cost per dwelling has been revised to reflect audited data.
- 4 Net recurrent cost per dwelling is not available until the Report on Government Services report is released in 2013.

Disability Services

Disability Services continues to operate in an environment where demand for services outstrips supply. This increase in need for services is consistent with national trends and is evidenced in the apparent rise in the supported accommodation (urgent) wait list figure from 39 in 2008-2009 to 79 in 2011-2012.

There was a modest increase in the number of clients receiving accommodation support in 2011-2012 and it is anticipated this number will remain relatively stable in 2012-2013. Despite the small decrease in community access numbers it is anticipated that demand for community access services will continue to increase, with the number of clients receiving a service remaining fairly stable.



Housing Tasmania

Housing Tasmania has been focusing on implementing national and state housing reforms including growth of the community housing sector, a range of housing options for people who are homeless and on low incomes, and affordable home purchase initiatives.

This has seen improvements in the range of affordable housing options in Tasmania and a subsequent decrease in the public housing wait list. There were 2 675 applicants on the wait list as at 30 June 2012 compared to 2 972 as at 30 June 2011.

Housing Tasmania continues to maintain high occupancy rates of public housing rental dwellings at 97.8 per cent. These high occupancy rates are expected to continue in the future.

The transfer of public housing to the community sector and targeting of public housing allocations to priority applicants has meant that Housing Tasmania continues to perform well in terms of housing people most in need (89.0 per cent of allocations to people in greatest need at end of June 2012). The targeting of allocations is higher across the year with an average of 95 per cent of allocations to people in greatest need in 2011-2012. This trend is expected to continue as people with lower needs seek alternative housing options and are replaced by applicants in higher categories of need.

There has been some increase in turnaround time for public housing properties (30 days) and wait times for people who are housed (46 weeks). Wait time for people who are housed varies from month to month but has remained relatively consistent with past performance. Turnaround time spiked in the first half of 2012 due mainly to resourcing constraints and difficulty in allocating properties according to area preferences.

The number of households assisted through the Private Rental Support Scheme has increased slightly from 3 911 in 2010-2011 to 4 162 in 2011-2012. This may be related to a market decrease in private rental costs and greater opportunity to assist more households with funding available. This level of assistance is anticipated to remain stable in the future.

Children and Youth Services

Performance Measure	Unit of Measure	2008-2009 Actual	2009-2010 Actual	2010-2011 Actual	2011-2012 Actual
Children's Services					
Parents enrolling their newborn with Child Health and Parenting Services	%	96.5	96.3	97.4	96.5
Proportion of people attending Child Health and Parenting Services at eight weeks who were exclusively breastfeeding ¹	%	50.8	49.3	49.3	50.0
Children in notifications (per 1 000 population)	Rate	63.1	60.9	64.8 ²	67.5
Child protection notifications referred for investigation	%	23.8	18.4 ²	21.4 ²	14.7
Investigations finalised within 28 days of receipt of notification	%	18.5	24.2 ²	29.3 ²	44.6



Performance Measure	Unit of Measure	2008-2009 Actual	2009-2010 Actual	2010-2011 Actual	2011-2012 Actual
Finalised child protection investigations that were substantiated	%	57.6	60.0 ²	63.5	68.2
Children who were the subject of an investigation and a decision not to substantiate, who were the subject of a subsequent substantiation within the next 12 months	%	13.5	17.7	18.3	17.0
Children who were the subject of a substantiation during the previous year, who were the subject of a subsequent substantiation within 12 months	%	13.5 ²	21.3	20.1	17.5
Child abuse or neglect: Number of unallocated cases	Number	26	0	36	17
Children on Care and Protection Orders (per 1 000 children) ²	%	8.6	9.7 ²	10.5 ²	10.4
Children in out-of-home care	Number	738 ³	848 ³	921 ³	1 004 ³
Children in out-of-home care who had 3 + placements during the previous 12 months ¹	%	20.7	20.7 ²	18.3	20.8
Ashley Youth Detention Centre					
Average daily number of young people on site	Number	28.3	27.6	25.4	21.1
Total number of active clients	Number	145	146	109	104
Community Youth Justice					
Average daily number of Community Youth Justice Service clients	Number	660.7	685.1	599.2	453
Total number of active clients of Community Youth Justice Services	Number	1 135	1 255	1 108	1 003
Community Service Orders ended before the statutory expiry date	%	N/A	82.6	77.8	88.2
Youth Justice Community Conferences that are held within six weeks of receipt of referral for conference	%	N/A	43.7	53.0	75.1

Notes:

- 1 This figure was previously reporting for 6 weeks.
- 2 Due to recent improvements in data quality, actual figures reported in the Annual Report 2011-2012 may have been updated from previous publications such Annual Reports and Budget papers to account for data lag.
- 3 The calculation methodology has been changed from the number of children as at 30 June to the daily average number of children in out-of-home care during the year as it provides a more accurate reflection of activity and costs over the year.



During 2011-2012, Children and Youth Services introduced a range of strategic reform initiatives including:

- a Strategic Plan to identify clear goals and priority areas for action across a range of services
- implementation of a Quality and Safety Framework to support delivery of safe, high quality services that are client centred
- development of Models of Care that are evidence based, sustainable and deliverable within available resources
- an increased capacity for workforce development of skills under a performance management framework and
- implementation of Service Level Agreements that improve accountability through quarterly monitoring of performance.

Child Health and Parenting Services have a consistently high level of initial engagement with parents of newborn children, with 96.5 per cent of parents enrolling their newborn children in 2011-2012.

Child Protection Services aims to finalise investigations of child abuse or neglect within 28 days of receiving a notification. The proportion of investigations finalised within this timeframe increased from 29.3 per cent during 2010-2011 to 44.6 per cent in 2011-2012 and performance is continuing to improve statewide. The rate of re-substantiations and the rate of substantiations following a decision not to substantiate have declined during 2011-2012. This is in part due to a concerted effort to address cumulative harm by ensuring multiple adverse events in a child's life are not investigated in isolation.

As at 30 June 2012, there were 17 unallocated cases compared to 36 at the same time in the previous year. The Agency has remained committed to keeping this number low, however, the number of unallocated cases is subject to fluctuations due to notification patterns. An overall reduction in recent years has been achieved as a result of several improvements including the introduction of a new information system.

Out-of-Home Care Services provide care for children placed away from their parents for protective or other reasons related to family welfare. As has been the case nationally, there was an increase in the number of children in out-of-home care in Tasmania and based on current projections it is anticipated this number will continue to rise. Further refinement of new models for out-of-home care is expected to improve the capacity of the care system to better respond to the needs of children requiring placement.

During 2011-2012, 20.8 per cent of children in care had three or more placements in the previous 12 months. Carer availability is a critical factor in improving stability for children in care. While it is anticipated that strategies to enhance the carer pool in all regions will deliver some improvement, a considerable increase will be required to significantly improve placement stability.

The average daily number of young people on site at Ashley Youth Detention Centre declined during 2011-2012 as did the average daily number of young people engaged with Community Youth Justice Services which is consistent with the diversionary principles of the *Youth Justice Act 1997*.

During 2011-2012 a higher percentage of Community Service Orders were completed before expiry than 2010-2011. The proportion of Community Conferences held within six weeks of referral for conference is influenced by a number of external factors, such as facilitator availability, coordination of multiple parties to attend a conference and the time taken to prepare a young person for conferencing. Performance against this indicator improved in 2011-2012.