

Department of Health and Human Services

ANNUAL REPORT

2014–15

Department of Health and Human Services Annual Report 2014-15

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Department of Health and Human Services

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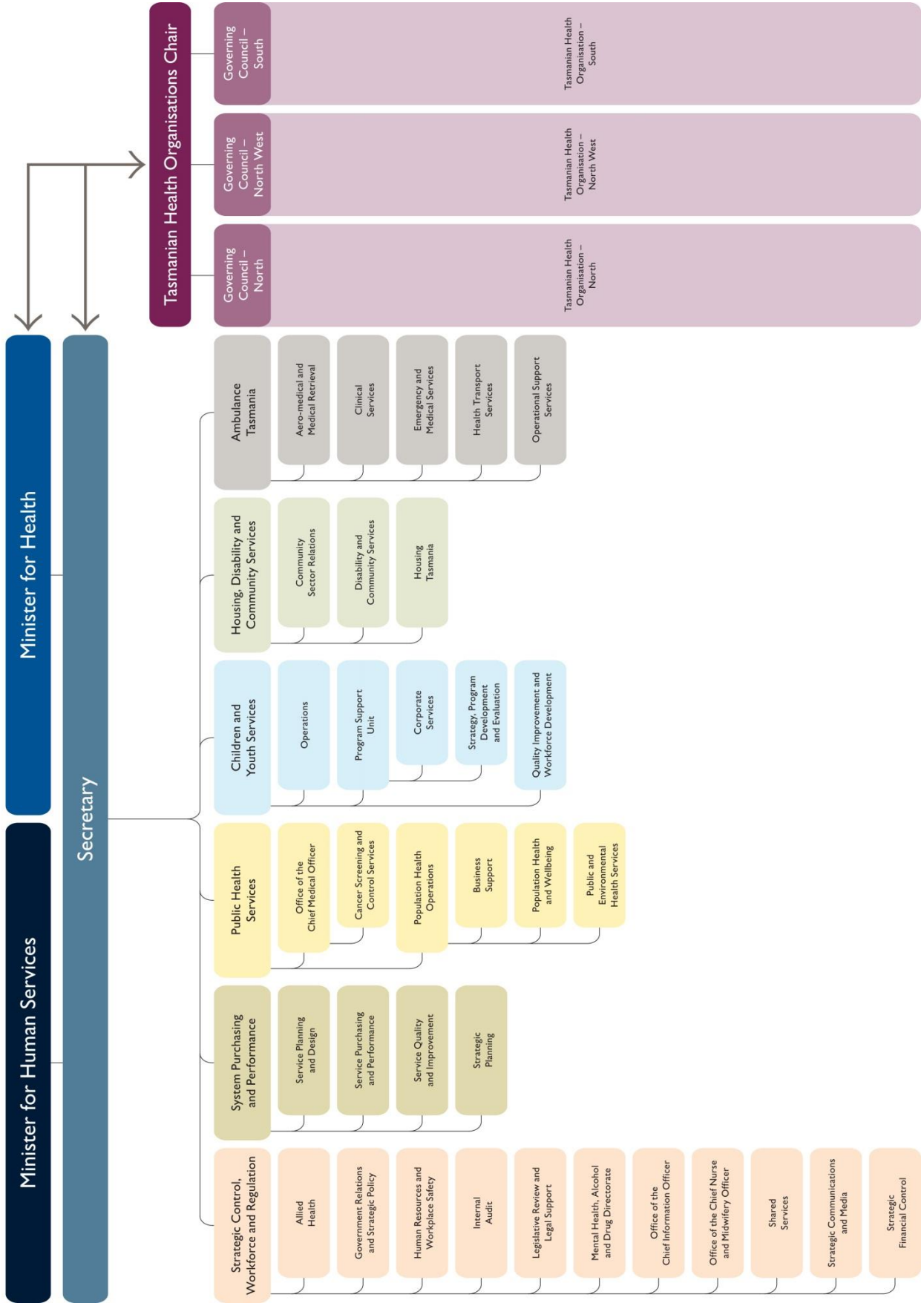
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Department of Health and Human Services June 2015



Secretary's Letter of Transmittal

Dear Ministers

During 2014-15, the Department of Health and Human Services (DHHS) has continued to put patients and clients at the forefront of everything we do. We remained focussed on successfully delivering our mission to improve the health and wellbeing of patients, clients and the Tasmanian community through a sustainable, high quality and safe health and human services system.

Departmental Reform

In the 2014-15 Budget, the Government announced a review of DHHS as one of its savings strategies. The Review set out to achieve efficiencies in a way that minimised the impact on services to the community.

After extensive consultation, led by key working groups within the Agency, the final DHHS Review Report was released to staff in April 2015. It proposed a revised structure for the delivery of corporate and business support to service delivery areas.

The Report also highlighted the potential benefits of consolidation, and provided the opportunity to look at which parts of the Agency currently undertake system management functions for the service purchaser / provider arrangement between the Department and the Tasmanian Health Organisations (THOs) and consider how and where they would best be undertaken in the future.

It recommended the consolidation of all service purchasing functions, reduction in the number of separate business units in the corporate areas and centralisation of a number of the Department's regulatory functions. In addition to the proposed structure, the Review also outlined 26 actions required to successfully implement the new structure.

The implementation of the new structure, and the actions recommended by the Review Report have

commenced, and will progress over the course of the 2015-16 year.

I am very proud of the constructive contribution of a large number of staff engaged in this process.

Government's 365 Day Plan

Looking to the Government's broader reform agenda, in March 2015 the Government released *Our Plan for the Next 365 Days*. This document sets out the Government's road map for the coming year and DHHS has some key initiatives to take forward as part of this program of work.

The Department has worked hard to successfully deliver on these reform priorities the Government has set for us across a number of areas.

Health Reform Priorities

The Government's key goal in the Health portfolio is to make Tasmania the healthiest population in Australia by 2025, and the policy framework for this goal is guided by the commitment to *A Healthy Tasmania*.

The Department has been working to fulfil this vision on behalf of the Minister for Health through the One State, One Health System, Better Outcomes suite of reforms throughout the year. On 28 June 2015, the Minister released the *White Paper on Delivering Safe and Sustainable Clinical Services*, marking the end of an extensive six month consultation program, which saw us engage in a statewide conversation with the community and stakeholders about how to get better outcomes from our health system. The White Paper is a policy framework that will guide the development of an implementation plan in the coming months.

The White Paper was also a vehicle for the Department to put further focus on accountability, leadership and culture as mechanisms that enable an effective and efficient system management role between DHHS and the THOs.

As part of fulfilling the system management role of strategic planner, and in supporting system safety, the White Paper included two planning documents that define the capacity and capabilities of our health system facilities to provide safe and sustainable clinical services of defined complexity: the Tasmanian Role Delineation Framework and the Tasmanian Clinical Service Profile.

In tandem with the White Paper process, work is being undertaken to address the role of preventive health in the system, and work in this space will be guided by a five-year preventive health strategy, currently being formulated in response to the work of the Healthy Tasmania Committee, a sub-committee of the Health Council of Tasmania.

A key pillar of the One Health System reforms saw the three regional THOs replaced with a single statewide Tasmanian Health Service (THS) on 1 July 2015. Careful preparation stands us in good stead for a successful transition, and this major consolidation work is set to pave the way for improved patient outcomes including access to better care and reduced elective surgery waiting lists.

Another important commitment in the Health portfolio is the policy *A long term plan for mental health*. Under this banner are two key policy initiatives – the Rethink Mental Health Project and the Suicide Prevention Strategy.

Rethink Mental Health will deliver an integrated Tasmanian mental health system that provides support in the right place, at the right time and with clear signposts about where and how to get help. A discussion paper was released in October 2014 to prompt community and stakeholder discussion on the topic. Subsequently the Review Report brought together all of this collated feedback, and was released on 30 June 2015. The end result of this ongoing work will be a long term plan for mental health in Tasmania that guides investment into the next decade.

The Government has further invested in the long term plan for mental health committing \$3 million over three years for the development of a new all ages Suicide Prevention Strategy for Tasmania

and a new Youth Suicide Prevention Strategy. 2014-15 saw the extension of the current Suicide Prevention Strategy (which expired in December last year) until December 2015 to allow us sufficient time to consult stakeholders, and to develop these important strategies in the next financial year.

Human Services Reform

Across the Minister for Human Services' portfolio, DHHS is driving the delivery of human services reform, in partnership with the community sector, to develop a joined up and streamlined support system for vulnerable and disadvantaged Tasmanians.

Under the Election Commitment *A Hand-up for Vulnerable Tasmanians*, the Tasmanian Government articulated the need to work on a long-term plan, in partnership with the community sector, to deliver a more joined up human services system. During the past financial year, a dedicated project team within DHHS was established to further this goal. The team has worked hard towards achieving a shared vision between Government and the community sector.

Significant work has been undertaken to develop a detailed Project Proposal, and in May it was announced that the Project team will further the implementation, and then evaluate, five priority initiatives under the Building a Joined Up Human Services Support System project. This initial work will help formulate the future roll-out of the Building a Joined Up Human Services Support System initiative.

2014-15 saw the conclusion of the *Better Housing Futures* (BHF) program, with management of the final group of 1 197 properties transferred to Community Housing Limited. The properties (in the north of the State) were located in Mayfield, Mowbray, Ravenswood, Rocherlea and Waverley. The program has seen Tasmania become the only state to meet national housing reform targets to transfer 35 per cent of public housing stock to the community housing sector.

In the Housing Program, a total of 358 new affordable homes, and seven residential lots, were delivered at a total cost of \$36.3 million.

Under the Neighbourhood House Capital Investment Program, \$1.5 million was spent on the upgrade of the statewide network of Neighbourhood Houses in Rocherlea, Zeehan, Dunally, Geeveston, Ulverstone and St Helens; with grants also provided to property owners at Deloraine, Fingal Valley, Goodwood and Exeter to enable works to be undertaken. Further works to upgrade another 18 Houses are planned in 2015-16.

Community Sector Grants provided a total of \$245 million under its Central Grants Program to 230 organisations to assist them to deliver more than 440 services.

In Children and Youth Services (CYS), the Department has progressed a program of work to strive for best practice care for Tasmania's vulnerable children. Reforms in youth justice, Out of Home Care (OOHC) and the manual of practice will all bring us closer to this goal.

The OOHC reforms in progress are about filling in the gaps identified in past reviews and reports, and delivering stronger outcomes for Tasmanian children and young people in OOHC. The reform will ensure the system is evidenced-based, has the capacity to meet the needs of children and ultimately improves outcomes for children, young people and their families.

A key deliverable of Phase 1 of OOHC reform this year was the finalisation of a Request for Proposal (RFP), released on 15 November 2014, to commission specialised care services including Sibling Group Care, Residential Care types and Therapeutic Services. Three organisations have now been engaged to deliver these services sought through the Phase 1 RFP. The successful providers were the Australian Childhood Foundation (Therapeutic Services), Key Assets (Sibling Group Care) and CatholicCare Tasmania (Residential Care). The new services will commence from 1 July 2015 and, for the first time, will mean that placement and therapeutic services will be purposely matched to the specific assessed needs of each child.

Phase 2 of OOHC reform examines Family Based Care options with an initial focus on foster care, including the recruitment, support, training, approval, registration and deregistration of carers.

Children and Youth Services also furthered its Practice Manual Project which aims to ensure quality, consistent practice statewide. This important Project is a critical part of providing our practitioners with the guidance, support, information and procedural clarity they need to work with children, young people, families, carers and partners. The Project Team achieved its goal of 'going live' with the Practice Manual on 1 July 2015.

During the year, the Department continued work on the legislative project to clarify the powers and functions of the Commissioner for Children. These changes have arisen from recommendations made by the Advocacy for Children in Tasmania Committee, one of which was the development of standalone legislation to distance the position from the statutory services provided through the *Children, Young Persons and Their Families Act 1997*.

Stability in Times of Change

Though we are in an environment of major change across every aspect of the Department's functions, and as we strive for innovation and better outcomes across both of the Department's portfolios, our fundamental role remains constant. Our primary focus is to improve the health and wellbeing of Tasmanians.

Without doubt my key message for the DHHS 2014-15 Annual Report is one of thanks. Thanks to the staff of the Department who have bought about this exceptional suite of reforms while continuing to deliver the day to day outcomes required of them to a high standard. Particularly given the program of FTE reductions we completed in 2014-15, this is an exceptional effort, and my thanks and recognition goes out to each and every staff member.

We arrived at these achievements by working together, and seeing what we achieved in 2014-15 consolidated into this Annual Report makes it quite clear just how far we've come in delivering real and positive change for Tasmanians – particularly those most vulnerable.

Ministers, I am very pleased to submit to you the Annual Report of the Department of Health and Human Services for the financial year 2014-15.



Michael Pervan
Acting Secretary

Part One

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DHHS Overview

The objective of public sector health and human services is to deliver safe, high quality services to improve, promote, protect and maintain the health and wellbeing of Tasmanians.

Specifically, it is the Department's management responsibility to provide strategic leadership and direction for the delivery of public sector health and human services in the State. It is also to have in place a framework of processes, procedures and controls to satisfy the needs of the Minister for Health and the Minister for Human Services to ensure the objectives of the system are being met.

The Department is system manager and purchaser of safe, 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 ambulance services.

The Department delivers health promotion and protection through emergency management, public health and related preventative services. It also has a regulatory role for the public and private health sector.

We facilitate residential and rehabilitative care for older Tasmanians, as well as support and assistance to enable them to remain living independently in their own homes. We also run a network of alcohol and drug prevention and treatment services.

The Department provides a range of accommodation and support services which aim to enhance the quality of life for people with disability and this work has been built on this year under the Disability Framework for Action 2013-17.

We hold vital statutory responsibilities relating to vulnerable children and young people in child protection and juvenile justice, and provide a wide range of community services for children and their families, including early intervention, family support services and child health services.

And through a collaboration between Government and the community sector, Housing Connect provides a one-stop shop for Tasmanians in need of housing assistance ranging from emergency accommodation through to finding and sustaining a long-term home.

The Department will continue to implement reform in the coming year while maintaining and striving to improve our service delivery and oversight roles for all Tasmanians.

DHHS at a Glance

As system manager the Department's role includes:

- describing and enacting the strategic direction of the health system
- government relations
- the planning and purchasing of services
- the planning and purchasing of capital resources
- performance management of service providers
- regulation of service providers
- monitoring and oversight of the system
- system reporting
- health promotion and protection through emergency management, and public health services
- continuous improvement in the quality of care statewide clinical governance
- industrial relations and
- integrated pre-hospital emergency and medical services, health transport, aero-medical and medical retrieval services.

Other principal responsibilities:

- statutory responsibilities for vulnerable children and young people including child protection and Youth Justice

DHHS Overview

- either directly, or through funding partnerships, we deliver a wide range of community services for children and their families including early intervention, counselling and support for families affected by family violence, other family support services and child health and parenting services
- secure and affordable housing to support low income Tasmanians, and accommodation and support for people experiencing homelessness, and
- a range of accommodation and support services aimed at enhancing the quality of life for people with disability.

The operational Groups of the Department provided a range of services across Tasmania in 2014-15, including:

- 55 ambulance response locations
- four Children and Youth Service Centres located at Newtown, Launceston, Burnie and Devonport
- three Family Violence Counselling and Support services located in Burnie, Launceston and Hobart, with capacity to provide outreach service within each respective region
- 78 Child Health and Parenting Service (CHaPS) clinics around the State
- three Parenting Centres
- the Ashley Youth Detention Centre
- 22 Housing Tasmania homes for children in OOHC
- four area-based Disability Assessment and Advisory Teams providing specialist support to outsourced disability services
- four area-based Community Partnership Teams who provide relationship management with Community Sector providers
- five service points, providing tenancy services, advice and support to over 11 039 public, Aboriginal and community managed properties, and
- approximately 520 community defibrillators registered with Ambulance Tasmania under the Early Access to Defibrillation program.

The Department also provided a range of Public Health Services across Tasmania in 2014-15, including:

- protecting Tasmanians from public health and environmental threats and hazards
- providing public health information, policy and plans
- preventing chronic disease through common risk factor action e.g. nutrition and smoking
- monitoring and responding to communicable disease risks such as flu, hepatitis or gastro, and
- promoting good health and wellbeing through effective programs in the community sector.

Some of the direct services provided included:

- over \$8 million in grants funding to health promotion programs in 27 community sector organisations
- vaccines and support services to 193 immunisation providers, including 29 councils and 103 high schools
- regulation of over 800 tobacco retailers and
- regulation of over 800 outdoor smoking areas at licenced venues.

One State, One Health System, Better Outcomes

The Government's vision in the Health portfolio is for Tasmania to strive for the healthiest population in Australia by 2025, and a world-class health care system. The One State, One Health System, Better Outcomes suite of reforms is a key driver for this vision.

In September 2014, the Minister for Health released an Issues Paper titled Rebuilding Tasmania's Health System. This informed the development of a Green Paper, released in December 2014, which outlined the process to determine where and how services would be provided, balancing safety with access, efficiency, suitability and equity. The Green Paper was informed by extensive statewide consultation, incorporating community forums, and a written submission process.

The culmination of these efforts was the Minister for Health's public release of the *White Paper on Delivering Safe and Sustainable Clinical Services* on 28 June 2015, where he announced that the THS Governing Council is to prepare an implementation plan by September 2015.

There will be a significant program of work required to implement the White Paper post the establishment of the THS from 1 July 2015.

In parallel with the release of the White Paper, the Department progressed a number of other initiatives to improve the health system. They included the establishment of the Health Council of Tasmania (HCT), improvements to the framework for purchasing services and progressing with the development of a new public dashboard to report on health system performance.

Investing in Elective Surgery

The THOs rolled out the Government's *Rebuilding Health Services Elective Surgery Program* which provided over \$10 million and more than 800 additional elective surgery procedures during the financial year. These patients were long waiting overdue patients who had waited too long for their surgery.

Under the Tasmanian Health Assistance Package a further \$4 million in Australian Government funding was spent by THOs in 2014-15 to help Tasmania's longest waiting patients receive their surgery, delivering over 1 400 additional procedures. Under these arrangements, DHHS will establish a panel of local and interstate private providers, alongside existing public sector measures, to help sustainably reduce Tasmania's elective surgery waiting times.

Reducing Tasmania's elective surgery waiting list, along with all work on health system reform, continues to be progressed collaboratively between DHHS as the service purchaser and system manager and the THS.

Healthy Tasmania

In December 2014, the HCT was established to provide high level advisory and consultative assistance to the Minister for Health through accessing representative views of the key stakeholders across the Tasmanian health system. In addition, the work of the HCT also assists the Minister for Health in establishing key strategic priorities for the Tasmanian health system.

The Government's election commitment to build a *Healthy Tasmania* saw the establishment of the Healthy Tasmania Committee, a sub-Committee of the HCT. The Healthy Tasmania Committee has provided advice on how the Tasmanian Government can achieve its vision for Tasmania to become the healthiest state in Australia by 2025.

Joined Up Human Services

The Department continued to implement initiatives to support a more joined up human services system. Work progressed on projects to improve case coordination for individuals with complex needs, to test ways to improve the capacity of human services in a particular geographic location to work together, to identify systems that can support service integration and to explore and resolve barriers to service integration and support.

Reform in Children and Youth Services

Children and Youth Services continued its moves to strengthen services through wide reform, aimed at improving outcomes for children and their families.

Reforms progressed in 2014-15 included transitioning to a statewide leadership structure, reforming the Out of Home Care system, with completion of Phase one and commencement on time of Phase two, redesigning policy, procedures and practice guides and continuing to implement the Signs of Safety Framework.

Affordable Housing

At the last election, the Government committed to the development of an Affordable Housing Strategy, and the Government's *365 Day Plan* promises its launch by 30 September 2015.

Housing Tasmania has been working hard on the development of the Affordable Housing Strategy, which will provide a framework and direction for how Tasmania will work over the next decade to improve access to safe and affordable homes and provide a hand-up to those who need it.

The Affordable Housing Strategy 2015-2025 will be a blueprint, developed in collaboration with key stakeholders. It will provide high level strategic direction for improvements within the housing and homelessness system regarding affordable housing and will include recommendations focused on supply and support services.

Reducing Red Tape

In line with the Government's priority of reducing red tape, the Department has progressed initiatives to reduce administrative burden.

The Joined Up Human Services project has the potential to reduce administrative burden on community sector organisations, by moving to a more integrated system of community services delivery.

A working group has been established to gain insight into where non-government organisations see the key areas of red tape. Specific examples of work currently underway in this space include:

- the Electronic Grants Management System (EGMS) which is an IT solution to provide integrated information for the management of grants both internally for DHHS and ultimately for the community sector. In the future, EGMS will be used to facilitate more efficient reporting options for the sector, and
- the TasCOSS Standards and Performance Pathways Portal which is already reducing the time and effort required by funded organisations to report against their quality and safety requirements.

In 2014-15 communication tools such as the DHHS Private Health Regulation website (<http://www.dhhs.tas.gov.au/privatehealthregulation>) were developed to provide information for individuals and licensed private hospitals and day procedure centres.

The Regulation Unit continued to monitor and support licensed facilities to maintain compliance with the licensing standards and a further educative focus on standards and compliance is planned for 2015-16. A number of reporting processes were simplified in the past financial year, including the implementation of a streamlined process that has reduced the reporting requirements around anticipated deaths.

Internal processes have also been developed to strengthen links between DHHS business units to avoid unnecessary duplication of reporting.

Financial Overview

In 2014-15, the total budgeted expenditure for the Department of Health and Human Services was \$1.640 billion and the budgeted annual appropriation from the Consolidated Fund for recurrent services was \$1.109 billion.

The Department's 2014-15 Budget distributed by Output included:

- Health Services System Management 8.83%
- Tasmanian Health Organisations 35.99%
- Statewide Services 6.26%
- Human Services 30.43%
- Children Services 6.92%
- Independent Children's Review Services 0.05%
- Capital Investment Program 4.66%
- Special Capital Investment Funds 6.86%

Expenses

Department of Health and Human Services Expenditure Budget 2014-15 by Major Category

Budget Expenditure by Output	2014-15 \$ '000
Health Services System Management	144 745
Tasmanian Health Organisations	590 110
Statewide Services	102 679
Human Services	498 941
Children Services	113 496
Independent Children's Review Services	892
Capital Investment Program	76 379
Special Capital Investment Funds	112 579
Total	1 639 821

The Department had \$1.644 billion in physical assets under its control in 2014-15, and the annual appropriation from the Consolidated Fund for recurrent services was \$1.147 billion.

The Statement of Comprehensive Income identified that total expenses for 2014-15 amounted to \$1.423 billion.

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

- salaries and employee related expenses at \$189.546 million
- patient and client services at \$28.040 million and
- property, including rent, rates, maintenance and electricity at \$56.547 million.

Capital Expenditure for property, plant and equipment in 2014-15 totalled \$69.820 million, which included expenditure on works at the major hospitals, community health centres and ongoing Housing Tasmania capital programs. Further details on the capital program are available in Part 2.

Financial Overview

Department of Health and Human Services Actual Expenditure 2014-15

Actual Expenditure by Output	2014-15
	\$ '000
Health Services System Management	1 18 663
Tasmanian Health Organisations	607 857
Statewide Services	97 652
Human Services	469 805
Children Services	105 212
Independent Children's Review Services	847
Capital Investment Program	6 429
Special Capital Investment Funds	16 264
Total	1 422 729

Actual Expenditure by Type	2014-15
	\$ '000
Salaries and wages	147 048
Other employee related expenses	22 806
Superannuation expenses	19 692
Depreciation and amortisation	25 342
Consultants	2 703
Maintenance and property services	56 547
Communications	3 238
Information technology	16 454
Travel and transport	5 406
Medical, surgical and pharmacy supplies	8 239
Patient and Client Services	28 040
Service Fees	3 828
Other supplies and consumables	7 738
Grants and subsidies	1 060 488
Finance costs	9 317
Other expenses	5 843
Total	1 422 729

Revenue

Department of Health and Human Services Revenue 2014-15 by Major Category

Revenue	2014-15 \$ '000
Revenue from Government	1 140 303
Revenue from Special Capital Investment Funds	9 046
Grants	68 616
Sales of goods and services	80 047
Interest	148
Contributions received	0
Other revenue	19 481
Total revenue and other income from transactions	1 317 641

Note: Sale of goods and services includes residential rental, interstate charging, Ambulance Fees and Compensable Fees for Motor Vehicle Accidents.

Net Assets

Net Assets of \$1.500 billion is made up of:

Net Assets	2014-15 \$ '000
Total Assets	1 785 691
Total Liabilities	286 112
Net Assets	1 499 579

For further financial information on the Department's activities, please refer to the Financial Statements in Part 3 of this Report.

Health and Human Services Workforce

In 2014-15, DHHS undertook a comprehensive organisational review to clarify and reinforce its role as system manager to make a leaner, more efficient service with an emphasis on reducing duplication.

The DHHS Review was conducted concurrently with the One State, One Health System, Better Outcomes project and other internal reform actions.

To enable a coordinated and efficient approach to supporting service delivery areas and following extensive consultation, Human Resources Management and Strategy (HRMS) was restructured effective 1 July 2015 and consolidated into one central team. The focus is now on a portfolio approach with key human resources contacts providing personalised support and engaging expert services as required. This single point of contact approach came about after consultation with business units around what they required from a human resources service.

A new Workforce Development and Human Resources Policy team has been created to ensure a coordinated approach to people management and development issues across the whole of DHHS. The focus of this team will be in supporting and educating managers in the comprehensive suite of policies and procedures that were implemented as a priority in 2013-14.

The Allied Health Professional workforce has been comprehensively mapped, and a suite of supporting materials and data will be made available to managers to assist in workforce planning and recruitment activities.

'In-house' learning and development short course webinars, videoconferences and workshops continue to be provided on a wide range of topics across both the DHHS and the THS. In 2014-15 there were 93 events with more than 2 700 attendees.

The DHHS continues to have a strong partnership with the University of Tasmania, offering an Academic Program through the Faculty of Health. Financial support is provided to eligible employees to undertake units towards a Graduate Certificate or Graduate Diploma.

Another major priority in 2014-15 was to provide support to the THOs as they prepare to transition to the THS. HRMS continues to provide services in recruitment, workers compensation, conduct and review, job design and industrial relations to assist preparations for statewide corporate structures to be put in place.

Current Workforce Profile

The DHHS workforce figures for 2014-15 reflect the outcomes of the DHHS Review - the guiding principles of which were achieving efficiencies, the reduction of full time equivalent positions, and achieving budget savings.

The figures for 2012-13 reflect the establishment of three THOs which are reported separately to the Department.

Total Number of FTE Paid Employees by Award

	2011-12	2012-13	2013-14	2014-15
Allied Health Professional	1 141.5	445.24	316.08	308.22
Ambulance Tasmania Award	298.9	309.77	324.89	306.81
Dental Officers	27.2	-	-	-
Health and Human Services	3 799.6	1 242.55	1 044.59	890.69
Medical Practitioners	740.7	74.76	12.03	10.03
No Award	4.6	1.78	1.00	1.00
Nursing	3 197.7	518.29	121.59	109.96
Senior Executive Service (SES)	37.0	24.90	22.20	21.50
Visiting Medical Officers	43.3	2.09	1.57	2.42
Total	9 290.5	2 619.38	1 843.94	1 650.63

Total Number Paid by Employment Category: Permanent, Full Time, Part Time, Fixed Term and Casual

	2011-12	2012-13	2013-14	2014-15
Permanent full-time	4 393	1 753	1 316	1 193
Permanent part-time	4 436	684	507	468
Fixed-term full-time	920	215	119	86
Fixed-term part-time	736	107	59	33
Part 6 ¹	55	33	27	23
Casual	961	178	51	39
Total	11 501	2 970	2 079	1 842

Note:

1 Head of Agency, holders of Prescribed Offices and Senior Executives and equivalents.

Total Number of Paid Employees by Award 2014-15

	Award	Departmental ¹	Operational ²	Total
Health Services	Allied Health Professional	8	58	66
	Ambulance Tasmania Award		325	325
	Health and Human Services Award ³	216	362	578
	Medical Practitioners Award	5	8	13
	No Award	1	-	1
	Nurses Award	12	12	24
	Senior Executive Service	9	4	13
	Visiting Medical Officer		10	10
Health Services Total		251	779	1 030
Human Services	Allied Health Professional	1	284	285
	Health and Human Services Award	2	401	403
	Nurses Award	-	115	115
	Senior Executive Service	1	8	9
Human Services Total		4	808	812
Total		255	1 587	1 842

Notes:

- 1 Departmental areas are responsible for the provision of support for policy, planning, funding performance monitoring and improvements across the service groups; and interface with government. DHHS Departmental Groups comprise Strategic Control, Workforce and Regulation, System Purchasing and Performance, and the Office of the Secretary.
- 2 Operational areas deliver services to the public. DHHS Service Groups include Ambulance Tasmania, Children and Youth Services, Disability, Housing and Community Services and Public Health Services.
- 3 This includes Shared Services that support DHHS and the THOs.

Total Number Paid Employees by Gender

	2011-12	2012-13	2013-14	2014-15
Female	8 579	1 924	1 344	1 187
Male	2 922	1 046	735	655
Total	11 501	2 970	2 079	1 842

Total Number Paid Employees by Gender by Portfolio

	Health	Human Services
Female	557	630
Male	473	182
Total	1 030	812

Total Number Paid by Salary Bands (Total Earnings) – Salary for Award Classification

	2011-12	2012-13	2013-14	2014-15
0-19 000	0	0	0	0
19 001-23 000	9	11	0	0
23 001-27 000	0	0	0	0
27 001-31 000	5	0	0	0
31 001-35 000	0	0	0	0
35 001-40 000	72	0	0	0
40 001-45 000	1 104	57	2	1
45 001-50 000	1 048	173	64	27
50 001-55 000	1 412	226	183	142
55 001-60 000	952	327	185	50
60 001-65 000	694	167	79	150
65 001-70 000	1 816	227	132	116
70 001-75 000	1 268	362	245	182
75 001-80 000	503	388	241	252
80 001-85 000	739	165	179	170
85 001-90 000	541	261	221	128
90 001-95 000	265	210	169	240
95 001-100 000	208	150	80	57
100 000 plus	865	246	299	327
Total	11 501	2 970	2 079	1 842

Total Number of Paid Employees by Age Profile

	2011-12	2012-13	2013-14	2014-15
15-19 years	23	2	1	0
20-24 years	461	69	53	33
25-29 years	977	196	147	114
30-34 years	1 052	304	269	214
35-39 years	1 076	299	237	244
40-44 years	1 507	388	287	249
45-49 years	1 759	436	303	261
50-54 years	1 951	521	310	299
55-59 years	1 604	420	272	239
60+ years	1 091	335	200	189
Total	11 501	2 970	2 079	1 842

Indicators of Organisational Health

Leave

	2011-12	2012-13	2013-14	2014-15
Annual Leave				
Average number of days used per paid FTE	21.9	21.2	22.5	22.5
Number of FTEs with entitlements equal to the two year limit	2.7	0	0	0
Number of FTEs in excess of two year limit	608.72	131.1	60.2	45.2
Long Service Leave (includes Maternity Leave)				
Average number of days used per paid FTE	3.01	3.4	3.4	3.7
Personal Leave Days (includes sick, carers and family leave)				
Personal leave days per average paid FTE	11.2	12.2	12.4	14.1
Overtime Hours (includes callback and overtime hours)				
Overtime/callback paid hours per average paid FTE	51.9	45.6	44.6	40.8
Turnover Rate (rate at which people were leaving DHHS as at 30 June)				
Total number of separations (FTEs) divided by the average paid FTE	12.1%	9.6%	9.6%	14.8% ¹

Note:

¹ The turnover rate is the rate at which people were leaving DHS as at 30 June 2015.

Workplace Health and Safety

The DHHS is committed to a range of employee health and safety strategies. The focus in the past year has been on continual improvement of the Department's work health and safety environment, which has seen a number of important initiatives achieved. Work has included:

- the creation of the Safety, Health and Wellbeing team, with the merger of Safety and Injury Management, as a result of the DHHS Review
- the ongoing training for all staff and specific Manager training focussed on work health and safety roles and responsibilities, identification and management of hazards, incident investigation and the role of the manager in workers compensation and injury management, and
- the development, review and updating of policies and procedures relating to workplace safety and injury management.

The Department received a total of 130 workers compensation claims during 2014-15, compared to 125 claims in 2013-14. The major areas of injury were 61 manual handling claims (compared to 50 in 2013-14), 10 claims for falls (compared to 11 in 2013-14) and eight as a result of aggressive behaviour (compared to five in 2013-14).

The cost of all claim payments for 2014-15 was \$4.18 million, a decrease of approximately \$680 000 from 2013-14 when the costs were \$4.86 million.

Details for the THOs are published in a separate Annual Report for each THO.

Community Engagement

The Department understands the importance of communicating with its stakeholders.

A significant change in the way DHHS releases information to the community came into effect in June 2015, with the Premier's announcement that many Right to Information decisions (made by all Departments, in accordance with the *Right to Information Act 2009*), will be published on the decision making Department's website.

This move aims to further improve transparency and openness in the way data is released to the public. This change does not apply to personal information, but will see the release of data, reports and other information of public interest on the Department's website. This will provide a clearer insight into what we do, and how we operate.

A significant program of consultation also took place as part of the Disability Framework for Action 2013-17 in 2014-15. The Department consulted extensively with disability community groups, organisations representing people with disability and industry experts to gain insight and advice as to how we can improve the lives of people living with disability as a healthcare service provider and employer.

This consultation has led to the identification of gaps, and actions we can take forward to make real and positive change for people living with disability. Some of this work is underway, and some will be progressed in the next financial year and ongoing.

Another significant program of community engagement took place throughout the development of the *White Paper on Delivering Safe and Sustainable Clinical Services*. This entailed a program of clinical, consumer, community and staff consultation, with wide stakeholder engagement considered to be a key element for the success of the reform program.

The process began by consulting more than 170 nurses, doctors and other key stakeholders, followed by discussions with more than 200 members of the community who attended two rounds of public forums around the State to take part in consultations and to provide written feedback. To give an idea of the scale of this consultation program, approximately 280 responses were received in response to our call for written submissions responding to the Green Paper, and exposure draft of the White Paper.

Publications

A number of significant publications, aimed at furthering stakeholder engagement around major reform efforts for our State, have been released in the past financial year. The Rethink Mental Health Project, the One State, One Health System, Better Outcomes Project and the Joined Up Human Services Project all released discussion papers in line with their respective consultative approaches in 2014-15.

The Department hosts a central resource page on its website titled *Our Plans and Strategies* which lists the plans and strategies DHHS is currently deploying to ensure we are finding new, innovative ways for Tasmanians to receive the best care and support. This page is available at:

http://www.dhhs.tas.gov.au/about_the_department/our_plans_and_strategies.

DHHS Library Services support the information and research needs of employees statewide. It comprise four libraries –the Ambulance Tasmania Library and Wingfield Library in the south, and Buttfield Library and Ramsay Library in the north. Further, the Department's Electronic Portal for Online Clinical Help allows users to search electronically for quality health information across multiple or individual resources simply and quickly. Library Services also periodically compiles and disseminates information on academic research and publications authored by DHHS staff via the 'Who's in Print' newsletter.

The Department produces a range of internal publications, available via email and the intranet, which keep staff informed and up to date on issues important to their workplace such as the DHHS Review.

A list of key high level publications for 2014-15 follows.

Title	Year
Council of Obstetric and Paediatric Mortality and Morbidity Annual Report 2014	2014
DHHS Annual Report 2013-14	2014
Joined Up Services Forums – Stakeholder Feedback Report	2014
One State One Health System Better Outcomes - Delivering Safe and Sustainable Clinical Services in Tasmania	
Rebuilding Tasmania's Health System Issues Paper	2014
Green Paper	2014
Exposure Draft of the White Paper	2015
Patient Transport Services Paper	2015
White Paper on Delivering Safe and Sustainable Clinical Services	2015
Service Agreement 2014-15 Tasmanian Health Organisation – North	2014-15
Service Agreement 2014-15 Tasmanian Health Organisation – North West	2014-15
Service Agreement 2014-15 Tasmanian Health Organisation – South	2014-15
Service Agreement Performance Framework 2014-15	2014-15
Rethink Mental Health Tasmania – Discussion Paper, and subsequent Review Report – Stakeholder Feedback	2014 and 2015
Your Health and Human Services: Progress Chart (September, December 2014) ¹	2014-15
Your Health Progress Chart – March, June 2015	2015
Your Human Services Progress Chart – March, June 2015	2015

Note:

1 The Your Health and Human Services Progress Chart was split into its two distinct portfolios in March 2015.

Disability Framework for Action

Tasmania's approach to the *National Disability Strategy 2010-2020* has been to develop and implement a framework which aims to embed the rights of people living with disability into the structures and processes of all State Government agencies. This framework is known as the *Disability Framework for Action 2013-2017*.

In accordance with the *Disability Framework for Action 2013-2017*, the Department and THOs developed the *Disability Action Plan 2013-2017*. The Plan outlines initiatives which will help improve the lives of Tasmanians living with disability.

In 2013-14, all actions identified for completion during the reporting period were accomplished. In 2014-15, further progress has been made with almost all actions either completed or underway.

Key achievements over the last 12 months include:

- reaching over the agreed target rate of participants entering the National Disability Insurance Scheme (NDIS)
- addressing accessibility issues by prioritising committed funds to improve access to buildings and spaces, and
- developing a DVD as an employee training resource for healthcare professionals to improve the quality of care people living with disability receive.

The DHHS and the THS will continue to work together over the coming 12 months to ensure the Actions set out in the *Disability Action Plan 2013-2017* are met.

DHHS in 2014-15

The Department is tasked with the vital responsibility of ensuring services that maintain and enhance the health and wellbeing of all Tasmanians are delivered in a quality and consistent manner across the State.

All our staff continue to strive for excellence in these obligations.

Ambulance Tasmania

Performance Measure	Unit of Measure	2011-12 Actual	2012-13 Actual	2013-14 Actual	2014-15 Actual
Total Ambulance Responses ¹	Number	71 925	76 377	78 911	78 743
Emergency Ambulance Responses ²	Number	42 034	47 315	48 607	47 795
Satisfaction with Ambulance Services	%	98.0	98.0	98.0	99.0
Emergency Response Times (statewide) ³	Mins	11.2	11.0	11.4	11.6
Emergency Response Times (Burnie) ³	Mins	9.3	9.1	9.5	9.3
Emergency Response Times (Devonport) ³	Mins	9.3	8.9	9.6	9.5
Emergency Response Times (Hobart) ³	Mins	10.3	10.1	10.4	10.8
Emergency Response Times (Launceston) ³	Mins	9.7	9.7	10.1	10.3
Ambulance services expenditure per person ⁴	\$	1 15.19	1 19.80	1 27.60	N/A ⁵

Notes:

- 1 In 2012, the Ambulance Service refined its caseload and response time reporting to exclude vehicle movements that did not involve patients (i.e. driving between stations or to repairs), to provide a more accurate reflection of actual patient related ambulance responses. To enable comparison across years, all demand and response time figures reported in this table have been calculated using the latest data refinements; they may vary from previously published figures.
- 2 The number of vehicles dispatched (responses) is one measure of the workload, and an indicator of the actual demand for, ambulance services in Tasmania. It includes emergency, urgent and non-urgent responses, but excludes cases managed by Ambulance Tasmania's Health Transport Service (i.e. scheduled bookings for Non-Emergency Patient Transport Services).
- 3 The ambulance Emergency Response Time is the difference in time between an emergency 000 call being received at the State Communications Centre and the first vehicle arriving at the location to treat the patient. The Median Emergency Response Time is the middle time value when all the response times are ordered from the shortest to the longest. It can be broadly interpreted as the time within which approximately 50 per cent of the first responding ambulance resources arrive at the scene of an emergency.
- 4 Historical rates for Ambulance Services expenditure per person may differ from those in previous Reports, as historical data has been adjusted to 2013-14 dollars using the General Government Final Consumption Expenditure chain price deflator (as calculated by the Productivity Commission and reported in the Report on Government Services).
- 5 This figure will be available in the Productivity Commission's Report on Government Services published in January 2016.

The demand for Ambulance Services in 2014-15 was 78 743 responses, a decrease of 168 ambulance responses or 0.2 per cent on the previous year. However, it should be noted that the number of ambulance incidents increased by 1 111 or 1.7 per cent on the previous year. The main reason for the difference in the two measures is that the quick responding First Intervention Vehicle (FIV) trial of a single paramedic in a sedan concluded with the withdrawal of Australian Government funding.

The cessation of this funding for the FIV meant that this performance improvement initiative was no longer available to first respond to medical emergencies. As a result an increase in the time to provide care by the service was noted due to ambulance vehicles travelling from further away to attend 000 calls.

Increasing ambulance activity 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 require transport to hospital for acute episodes. This increasing trend is likely to continue.

The 2014-15 median emergency response time for Tasmania is 11.6 minutes. Approximately 50 per cent of all Tasmanian emergency calls were responded to within that timeframe.

The increase in demand for services can explain the decline in median emergency response times.

Ambulance response times in Tasmania are affected by the wide dispersal of the population. Tasmania has the greatest proportion of people living in rural areas of all states and territories.

Strategies to reduce the impact of demand are a focal point of Ambulance Tasmania operations. These include public education campaigns, community announcements, and improvements in technology.

Public Health Services

Performance Measure	Unit of Measure	2011-12 Actual	2012-13 Actual	2013-14 Actual	2014-15 Actual
Vaccines					
Vaccine coverage in children aged 12-15 months	%	93.0	92.7	89.8	90.4
Vaccine coverage in children aged 24-27 months	%	93.6	94.0	93.5	88.7
Cancer Screening					
Eligible women screened for breast cancer	Number	27 069	28 074	29 236	30 265
BreastScreen - percentage of clients assessed within 28 days of screening	%	92.5 ¹	92.9	94.2	90.3

Note:

- ¹ The percentage of clients assessed within 28 days has been amended to correctly reflect the outcome reported by BreastScreen.

Vaccination continues to be accepted as a fundamentally important way to protect Tasmanian children from potentially serious infectious disease.

The reported vaccination coverage rate in the 24-27 month age cohort is influenced by the change in definition of 'fully immunised' with the inclusion of new vaccines. A drop in coverage is expected and a return to a new increased baseline is likely to occur over two to three years.

Cancer screening programs are integral in the preventive healthcare pathway. Cancer Screening and Control Services engages with people from all social and cultural backgrounds to improve the health of all Tasmanians through increased awareness of ways to reduce our risks of developing cancer, and the importance of early detection in reducing morbidity and mortality from cancer.

Cancer Screening and Control Services aims to maximise retention and increase participation in the breast, cervical and bowel cancer screening programs. By managing these factors, and being proactive in cancer prevention and early detection strategies, Tasmanians can enjoy longer and better lives.

BreastScreen Tasmania has screened a record number of 30 265 eligible women in 2014-15 financial year, improving the chances of early breast cancer detection and successful treatment for these women.

BreastScreen Tasmania continues to meet the BreastScreen Australia target of 90 per cent for the measure of client assessments within 28 days of screening.

Disability, Housing and Community Services

Performance Measure	Unit of Measure	2011-12 Actual	2012-13 Actual	2013-14 Actual	2014-15 Actual
Disability Services					
Accommodation support clients	Number	1 301	1 326 ¹	1 346	1 222
Community access clients	Number	1 533	1 567 ¹	1 419	1 074
Supported accommodation waiting list	Number	75	142 ¹	111	93
Community access waiting list	Number	109	176 ¹	82	76

Performance Measure	Unit of Measure	2011-12 Actual	2012-13 Actual	2013-14 Actual	2014-15 Actual
Housing Tasmania					
Public housing occupancy rate ¹	%	97.3	97.1	98.1	98.5
Applicants housed ²	Number	1 031	1 011	1 066	1 085
New allocations to those in the greatest need ^{1,3}	%	94.9	89.3	85.3	83.9
Households assisted through Private Rental Assistance	Number	4 162	4 128	4 100	3 666
Applicants on the wait list	Number	2 675	2 310	2 465	2 771
Average wait time for people who are housed	Weeks	45.6	37.9	35.7	42.2
Average time to house Category 1 applicants ³	Weeks	17.9	16.2	20.7	22.4
Net recurrent cost per dwelling ^{1,4}	\$	8 413	8 015	10 644	8 375
Turnaround time ⁵	Days	37.0	27.9	28.9	21.5

Notes:

- 1 data is provided from the Report on Government Services (ROGS) where appropriate. For 2013-14, actual data was previously not available from ROGS. This has now been updated to reflect published ROGS data. ROGS data is not yet available for 2014-15, so internal data has been used.
- 2 This includes applicants housed into public or community housing from the common wait list.
- 3 2014-15 figures are as at 14 June 2015. Housing Tasmania moved to a new Housing Assessment Prioritisation System (HAPS) at 15 June 2015.
- 4 This is updated annually to reflect the current year dollar value, all figures have been updated to reflect 2013-14 dollars. Figures for 2014-15 are estimates that are subject to audit review and will be finalised in ROGS.
- 5 A national review of turnaround time is taking place due to discrepancies in jurisdictions' reporting of ROGS data. Turnaround time data from 2012-13 has been updated to reflect Housing Tasmania's data definitions.

Disability Services

Accommodation support services provide assistance for people with disability within a range of accommodation options, including group homes (supported accommodation) and other settings. The supported accommodation waiting list decreased by 16 per cent from 111 in June 2014 to 93 in June 2015. Supported accommodation waiting list figures are expected to further reduce as people who utilise supported accommodation services are transitioned to the NDIS.

Community access services provide activities which promote learning and skill development and enable access, participation and integration in the local community.

Housing Tasmania

There is a range of affordable housing options available to people in housing need. The number of applicants housed in both public housing and non-government housing has increased with 1 085 applicants housed in 2014-15.

Demand for public housing remains high and turnover is low as people remain in safe, affordable and stable housing. This level of occupancy at 98.5 per cent in 2014-15 is expected to continue.

The wait list increased in 2014-15. The new housing and homelessness access and support system 'Housing Connect' was introduced in October 2013 and may have encouraged more people to seek assistance. It may also be the result of the wait list expanding from public to community housing and applicants having a greater range of housing choices. This has stabilised during the year.

The community access waiting list decreased by seven per cent from 82 in June 2014 to 76 in June 2015. While an increase in demand for services is apparent within national trends, implementation of the NDIS in 2013-14 and 2014-15 has begun to address the issue in Tasmania. This is particularly evident within community access services where, as a result of the transition to the NDIS for people within the launch cohort (ages 15 – 24 years), waiting list figures have reduced by more than 56 per cent

Net recurrent costs per dwelling increased from \$8 015 in 2012-13 to \$10 644 in 2013-14. This was a result of the management transfer of Better Housing *Futures* dwellings to community housing organisations during the year. Savings associated with the Better Housing *Futures* stock transfer initiative are now reflected in 2014-15, with costs reducing to around \$8 375 per dwelling.

Turnaround times from when a public housing property becomes vacant, to the time the property is once again occupied, has improved from 28.9 days in 2013-14 to 21.5 days in 2014-15. This reflects efficient service delivery practices. A significant review of this performance indicator is being undertaken nationally to ensure that there is consistent and comparable data across jurisdictions.

Children and Youth Services

Performance Measure ¹	Unit of Measure	2011-12 Actual	2012-13 Actual	2013-14 Actual	2014-15 Actual
Child Health and Parenting Services					
Mothers attending the eight week Child Health Assessment	%	83.4	85.0	87.6	86.5
Child Protection Services					
Children in notifications (per 1 000 population) ^{2,3}	Rate	67.0	68.5	71.0	75.2
Average daily children in active transition at Response ⁴	Number	5.5	8.9	24.7	15.5
Investigation outcome determined within 28 days ^{5,2}	%	44.9	48.5	31.9	35.4
Children who were the subject of a substantiation during the previous year, who were the subject of a subsequent substantiation within 12 months ²	%	18.6	17.7	21.5	18.5
Average daily children in out of home care ⁶	Number	1 004.1	1 034.0	1 064.9	1 045.1
Children with approved case and care plans ⁷	%	56.9	77.8	75.9	68.4
Foster care households with five or more foster children ²	%	10.3	7.6	5.1	5.5
Children in out of home care who had 3+ non-respite placements in the last 12 months	%	7.7	3.8	3.2	4.5
Children on the children's waiting list for family violence counselling	Number	82	69	112	94
Custodial Youth Justice					
Average daily number of young people in youth justice detention ⁶	Number	21.4	18.4	11.6	10.6
Distinct number of young people in youth justice detention	Number	103	72	56	52
Community Youth Justice					
Average daily number of Community Youth Justice clients ⁶	Number	438.0	389.7	309.2	241.7
Distinct number of young people in Community Youth Justice	Number	957	811	643	519
Community Service Orders completed before the statutory expiry date	%	88.2	83.8	92.0	88.5
Youth Justice Community Conferences held within six weeks of receipt of referral for conference	%	72.9	86.1	81.7	86.2

Notes:

- 1 Indicators for CYS¹ section of the DHHS Annual Report have been brought into line with the Budget Papers such that both now report the same performance measures.
- 2 The 2014-15 actuals are preliminary and may differ from figures published in the Report on Government Services 2016 or Child Protection Australia 2014-15.
- 3 The population figures used to calculate this measure are taken from the Report on Government Services 2014.
- 4 Children in active transition at Response are provisionally allocated to a team leader while awaiting allocation to a child protection worker.
- 5 The title of this indicator has been changed to reflect the time to record substantiation rather than finalisation of investigations.
- 6 The titles of these indicators have been subject to minor changes.

- 7 The counting rule for children with approved case and care plans changed during 2014-15 such that children transferred from Response to Case Management are now included as having an approved case and care plan. The changed counting rule has resulted in the percentages published in this report being higher than the percentages published in earlier Budget Papers.

Child Health and Parenting Services maintained a high level of initial engagement with parents of newborn children, and the proportion of parents attending at eight weeks fell only slightly in 2014-15.

Child Protection Services aims to substantiate investigations of child abuse or neglect within 28 days of receiving a notification. The proportion of investigations having an outcome determined within this timeframe improved from 31.9 per cent during 2013-14 to 35.4 per cent in 2014-15.

During 2014-15 the average daily number of children in active transition at Response was 15.5, in the context of more than 1 500 notifications being referred for investigation.

Out of Home Care Services provide care for children placed away from their parents for protective or other reasons related to child safety and well-being.

During 2014-15, 4.5 per cent of children in care had three or more non-respite placements in the previous 12 months. Carer availability is a critical factor in improving stability for children in care.

A continuing decline in the reported number of Custodial Youth Justice clients has been observed in recent years. The average daily number of young people in detention fell again during 2014-15 to 10.6, from 11.6 in 2013-14.

Similarly, the average daily number of people in Community Youth Justice has continued to decrease, falling from 309 in 2013-14 to 242 in 2014-15.

Tasmanian Health Organisations

Service Agreements 2014-15

The *Tasmanian Health Organisations Act 2011* (the Act) requires annual service agreements between the Minister for Health and each of the three THOs to be in place by 30 June for the forthcoming financial year.

Service agreements set out the agreed expectations of each THO, of which the objectives are to:

- enable the THO to deliver a coordinated, high quality health service to the communities it services and to support its teaching, training and research roles
- clearly set out the service delivery and performance expectations for the funding provided to the THO
- promote accountability to Government and the community
- establish with the THO a performance management and accountability system that assists the achievement of effective and efficient performance management
- facilitate the progressive implementation of a purchasing framework incorporating activity based funded services, and
- address the requirements of the National Health Reform Agreement and the Act in relation to the establishment of service agreements between the Minister for Health and the THO.

It is the responsibility of Governing Councils to ensure that THOs deliver the requirements of service agreements. It is the responsibility of the Department to ensure that THO performance against those requirements is monitored and managed to ensure that where necessary, the performance intervention options available to the Minister under the Act are effectively implemented.

Service Agreement Performance Framework

The *Service Agreement Performance Framework* provides the arrangements for monitoring THO performance against the requirements of the service agreements. The Framework also provides the Department and THOs with a clear delineation of roles, responsibilities and expectations in response to identified service agreement performance issues.

The Framework is applied throughout the year in the monitoring and management of identified performance issues and responding in accordance with defined processes. Quarterly performance review meetings are held with all three THOs to focus on quarterly performance against the requirements of service agreements and identified and emerging performance issues.

The *Service Agreement Performance Framework* update for 2014-15 was issued alongside the 2014-15 service agreements.

Performance Escalation

In July 2014, a Level 1 (unsatisfactory performance) performance escalation was initiated against THO - South by Minister's direction to the Acting Chief Executive Officer (CEO) of THO - South. During July 2014, a Level 1 (unsatisfactory performance) performance escalation was also initiated against THO - North West by the Minister for Health.

In response to these escalations, THO - South and THO - North West submitted a Financial Recovery Plan and regularly met with the Department through the development and implementation of the Plan.

In November 2014, after continued non-performance against the service agreement key performance indicator 'Variation from budget – full year projected', both THO - South and THO - North West were escalated to Level 2 (sustained unsatisfactory performance) and a Performance Improvement Team was appointed to help address the issues.

In September 2014, a Level 1 (unsatisfactory performance) performance escalation was initiated against the THO - South by Premier's direction to the Acting CEO of THO - South. This escalation related to the service agreement key performance indicator of 'Emergency Department - ambulance offload delay'.

In response to the escalation, THO - South submitted a Performance Improvement Plan and regularly met with the Department through the development and implementation of the Plan.

In October 2014, a Level 1 (unsatisfactory performance) performance escalation was initiated against the THO - North by letter to the THO Chair from the DHHS Secretary. This escalation related to the service agreement key performance indicator of 'Variation from budget – full year projected'.

In response to the escalation, the THO - North submitted a Financial Recovery Plan and regularly met with the Department through the development and implementation of the Plan.

In December 2014, after sustained unsatisfactory performance against this key performance indicator, a Performance Improvement Team was appointed to help address the issues.

In November 2014, a Level 1 (unsatisfactory performance) performance escalation was initiated against the THO - North by letter to the THO Chair from the DHHS Secretary.

This escalation related to the service agreement key performance indicator of 'Emergency Department – time until most admitted patients (90 per cent) departed the emergency department'.

In response to the escalation, THO - North submitted a Performance Improvement Plan in December 2014 and regularly met with the Department through the development and implementation of the Plan.

While not subject to a formal performance escalation, in November 2014, a senior DHHS clinician was appointed to work with THO - North West to address safety and quality concerns in accordance with Section 67 of the Act. This work continued throughout 2014-15.

Tasmanian Health Organisations

Services delivered by the THOs include acute, subacute, rehabilitation, primary health care, palliative care, oral health, mental health and alcohol and drug services. 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 THOs operate four major hospitals, each with a specific role in the system:

- the Royal Hobart Hospital is the principal tertiary referral hospital for residents of southern Tasmania and also provides a number of statewide services
- the Launceston General Hospital is the principal referral hospital for the North and North West of Tasmania and also provides a number of tertiary services for residents of those areas
- the North West Regional Hospital in Burnie provides acute general hospital services in the North West Region, and

- the Australian Government owned Mersey Community Hospital at Latrobe provides a mix of general hospital services to the local community.

Sub-acute inpatient care is provided at the major hospitals and the THOs' network of rural hospitals (including multi-purpose services and multi-purpose centres). The rural hospitals also provide some emergency care as well as a wide range of community health services. Some rural facilities also provide residential aged care. The THOs also provide services at the community level including allied health, community nursing (including specialised nursing), home care, palliative care, dementia services, specialised case management services, aids and appliances and health promotion programs. These services are generally provided from community health centres and rural facilities, but can also be provided in patients' homes, schools and workplaces.

The Tasmanian Health Service

Commencing 1 July 2015, the THS was established by the amalgamation of the three THOs into one statewide organisation. The primary role of the THS is to provide and coordinate health services and health support services across Tasmania through a range of inpatient, outpatient, community health, residential aged care and in-home settings.

Further information regarding the transition to the THS is discussed in other sections of this Report in connection with the One State, One Health System, Better Outcomes Project.

DHHS in 2015-16

2015-16 will be a year focussed on continuing to implement reforms commenced in 2014-15, as well as targeting better outcomes through the redesign and reform of other areas within the DHHS.

Implementing a redesigned health and human services system

The DHHS Review, the creation of the THS and the release of the *White Paper on Delivering Safe and Sustainable Clinical Services* provide a robust foundation for delivering better outcomes in Tasmanian health system.

Through 2015-16, the Department will continue to implement the recommendations of the DHHS Review to deliver a strong and focussed system management capability and to ensure that the public and private health and human service systems in Tasmania deliver value for the Tasmanian community. Priorities will include continued consolidation of purchasing functions (including monitoring and reporting) across health and human services.

The creation of the Tasmanian Clinical Service Profile (TCSP) and the Tasmanian Role Delineation Framework (TRDF) provide new tools for DHHS to articulate and deliver on the Government's expectations regarding the scope, quality and safety of public health services. Over the coming year, the Department will work closely with the THS to progress the implementation of the TCSP, refine the TRDF and ensure that the purchasing of services through the Service Agreement aligns with, and supports, continued reform of Tasmania's acute health sector.

In 2015-16 the *Health Service Establishments Act 2006* (HSE Act) and the Health Service Establishments Regulations 2011 will be reviewed and updated to better reflect contemporary delivery of health care and, to where possible, reduce regulatory requirements while ensuring high levels of service safety and quality are maintained. This process will also include a review of the Health Service Regulation Management Committee, the body responsible for responding to serious patient safety events, and important departmental policies such as the Health Service Regulation Management Guide and Tasmanian Accreditation Framework.

The Department currently administers over 230 grants encompassing an investment of over \$245 million. During 2015-16 the Department will continue to work with relevant organisations to ensure that the grants program delivers value for the Tasmanian community and that the services are aligned with the priorities of the Government. As part of this work, DHHS will continue to develop an outcomes-focussed purchasing framework with streamlined reporting and reduced administrative burden.

Delivering Better Outcomes through Service Reform

A diverse range of reforms commenced in 2014-15 and will continue to be delivered throughout the coming year. Improving the outcomes of Tasmania's elective surgery system will continue to be a priority for DHHS in 2015-16.

DHHS and THOs are working to stabilise the elective surgery system by rebuilding public hospital capacity to manage activity for the long term, while using targeted funding to dramatically reduce the problem of long waits through the use of innovative purchasing strategies in the private and interstate sectors. At the same time we will support the THS to undertake a range of reforms to redesign and reform the way elective surgery is provided to improve timeliness, quality and efficiency.

The reformed surgical services will, as a result, be firmly placed to sustain the levels of care and performance that Tasmanians will need in the future.

The Rethink Mental Health Project, part of the Government's commitment to a *Long term plan for mental health*, has delivered its Review Report which allows informed work to move forward on the development of the Plan.

The Review Report's summary of the information provided during the consultation phase highlights key themes and presents the views, opinions and perceptions of all involved. The stakeholder feedback compiled in the Review Report will be vital in informing the development of the Plan.

Effort in the second half of 2015 will be directed at the development of the long term Plan. Ultimately this body of work will achieve better outcomes for consumers, their families and carers from existing mental health expenditure and direct resources to frontline services and support.

Through the Joined Up Human Services Project, DHHS will continue to work with the community sector to deliver better outcomes for people that need help. This Project will provide a foundation for ongoing investment in strategies that improve the integration of services and extend the Government's investment in service coordination for people with complex needs.

Children and Youth Services will continue to work on strategies to deliver better outcomes for children at risk and their families throughout 2015-16. CYS will also continue to identify other opportunities for improvement and redesign.

During 2015-16 an Affordable Housing Strategy will be launched. The Strategy will provide direction for the next ten years on how Tasmania can improve housing affordability and help those most vulnerable to housing stress and homelessness. The agreement for the full roll-out of the NDIS will also be signed. This agreement will guide the transition of the NDIS from the trial phase through to the full roll-out in July 2019.

Capital Works

Continual improvement is a hallmark of the Tasmanian health system. This includes the redevelopment of health facilities so they can continue to deliver quality, contemporary health services to Tasmanians. The Australian and Tasmanian Governments have committed \$657 million in funding to the Royal Hobart Hospital Redevelopment project which will deliver newly refurbished patient areas within the current hospital and construct a new ten-storey inpatient facility. The inpatient precinct known as K-Block will be home to a new adolescent ward, more operating theatres, a helipad and a new one-stop arrivals and departure area for patients; along with many other new wards and facilities. These works will ensure that the State's tertiary hospital is a state-of-the-art health facility for generations of Tasmanians to come.

More information on the Redevelopment, and other Capital Projects, is available in the Capital Works and Asset Management section in Part 2 of this Annual Report.

Improving the Health of all Tasmanians

Public health will continue to be a significant priority for DHHS in 2015-16. Particular priorities include:

- establishing an information portal for local government Environmental Health Officers to have real time access to relevant regulatory advice and assistance
- securing additional prevention and treatment of hepatitis for Tasmanians most at risk and
- publishing and disseminating a new evidence base for Working in Health Promoting Ways to build the capabilities in health workforce to build health literacy and patient centred care.

In 2015-16, the Department will also develop an Action Plan to support the Vision for a Healthy Tasmania Framework. The Health Council of Tasmania will take a lead role in driving community consultation on the Action Plan and will collaborate with the Department to report to the Minister.

Working with the Commonwealth, other Government Agencies and other partners

The Tasmanian community expects that Governments will work together and with external partner to deliver better outcomes for the community.

Tasmania is playing a key role in COAG reforms including working with other states and territories to progress work to reform Australia's Federation arising from the Leaders' Retreat in July 2015. This work includes the consideration of major reforms in the health and housing portfolios. DHHS is actively participating and contributing to the development of reform directions in these policy areas.

DHHS will continue to manage and operate the Australian Government owned Mersey Community Hospital in accordance with the recently signed Heads of Agreement. DHHS will also work with the Australian Government

to enable the role of the Mersey as set out in the One State, One Health System, Better Outcome reforms, to be implemented.

Responding to Family Violence

The Government will progress its Safe Home, Safe Families: Tasmania's Family Violence Action Plan 2015 to 2020 to respond to the issue of family violence in 2015-16 and DHHS has a key role to play. As foreshadowed in the 356 Day Plan, the Government will be rolling out a suite of initiatives aimed at changing attitudes and behaviours that contribute to family violence, to support families affected by violence, and to strengthen our legal responses to family violence. DHHS will provide a representative to work with other Agencies towards a whole of Government approach, and the Department is looking forward to providing our support and input into this important body of work.