

Tasmanian Health Service

# Annual Service plan 2023-24

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# Contents

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Acknowledgment of Country	4
Recognition Statement	4
<b>THS Service Plan - 2023-24</b>	<b>5</b>
Principal Purpose	5
<b>1. Legislation, Governance and Performance Framework</b>	<b>6</b>
1.1 Legislation	6
1.2 Amendments to the Service Plan	7
1.3 National Agreement	7
1.4 Governance	7
<b>2. Policy Context</b>	<b>9</b>
2.1 The National Policy Context	9
2.2 Tasmanian Policy Context	12
2.3 Department of Health Strategic Priorities	14
2.4 Statement of Purchasing Intent (SoPI)	15
<b>3. Funding Allocation and Activity Schedule</b>	<b>17</b>
3.1 THS Funding Allocation	17
3.2 Small Rural Hospital NEC Funding Allocation	19
3.3 Stand-Alone Mental Health Facilities NEC Funding Allocation	20
3.5 Funding Sources	22
3.6 NPAs and COPEs	23
<b>4. Performance Against Strategic Priorities</b>	<b>24</b>
Strategic Priority 1 - Continuing to respond to the COVID-19 Pandemic	24
Strategic Priority 2 - Improving Access and Patient Flow across our Health System	25
Strategic Priority 3 - Delivering Care in Clinically Recommended Times	28
Strategic Priority 4 - Reforming the Delivery of Care in our Community	30
Strategic Priority 5 - Prioritising Mental Health and Wellbeing	32
Strategic Priority 6 - Building the Infrastructure for our Health Future	33
Internal Foundation 1 - Build and Develop a Sustainable and Positive Workforce	35
Internal Foundation 2 - Strengthen our Governance, Risk and Financial Management, Performance and Accountability	37
Internal Foundation 3 - Strengthen Clinical Safety, Quality and Regulatory Oversight	38
<b>Appendices</b>	<b>40</b>
Provision of Health Services and Health Support Services under Contractual Arrangements	40

## Acknowledgment of Country

The Department of Health Tasmania respectfully acknowledges Tasmanian Aboriginal people as the traditional custodians of the land on which we live, work and play. We pay respect to all Aboriginal and Torres Strait Islander Peoples and Aboriginal Elders past and present.

## Recognition Statement

Tasmanian Aboriginal people's traditional lifestyle promoted physical and emotional health and wellbeing, centred around Country, Kin, Community and Spirituality. Aboriginal people continue to value the importance of culture, community connection and being on Country as vital components of health and wellness. Through colonisation, Aboriginal people experienced displacement and disconnection, which has significantly affected their health and wellbeing. We recognise Aboriginal people are the knowledge holders and provide best practice in promoting health and wellbeing for Aboriginal people. We acknowledge and learn from the ongoing work of Aboriginal organisations in ensuring continued health and wellness. We commit to working in partnership with Tasmanian Aboriginal communities and health leaders now and into the future to improve health and wellbeing.



*Buttongrass plains at Dempster Plains, south of Maytim (the Arthur River), site of the first Aboriginal cultural burn on a state managed park or reserve in Lutruwita (Tasmania) in 2021. Photographer - Jillian Mundy*

# THS Service Plan - 2023-24

## Principal Purpose

The principal purpose of the service plan is to set out the service and performance expectations for funding and other support provided to the Tasmanian Health Service (THS), to ensure the provision of equitable, safe, high quality and human-centred healthcare services. It facilitates accountability to Government and the community for service delivery and funding.

While the 2023-24 service plan fulfils this purpose, its scope has also been expanded to provide a broader coverage of the Tasmanian health system as a whole, and re-balances the performance measure suite to provide more equitable coverage across the Hospitals and Primary Care and Community, Mental Health and Wellbeing portfolios.

The service plan articulates direction, responsibility, and accountability across the Tasmanian health system for the delivery of high quality, effective healthcare services that promote, protect, and maintain the health of the community, in keeping with Tasmanian Government and Department of Health Tasmania (DoH) priorities. Additionally, it specifies the service delivery and performance requirements expected of the THS that will be monitored in line with the *Tasmanian Health Service Performance Framework*.

The *Tasmanian Health Services Act 2018* specifies that after consultation with the THS, the Secretary is to provide to the Minister, before 1 June in a year, a proposed service plan that is to apply to the THS for the following financial year. The Minister is to approve, before 30 June in a year, a proposed service plan that is to apply to the THS for the following financial year. The Minister must, as soon as practicable after approving a service plan, provide a copy of the plan to the Secretary and the Executive.

The service plan must include:

- a schedule of services to be provided by or on behalf of the THS, and the estimated funding to be provided in relation to the provision of those services
- performance standards, performance targets and performance measures for the THS
- standards of patient care and service delivery
- requirements for the THS to report on its performance, as required by or under another provision of this Act or otherwise
- a performance management process that is to be in continuous operation in respect of the THS

Signed by:

Kathrine Morgan-Wicks

Secretary, Department of

Health Date signed: 28 June

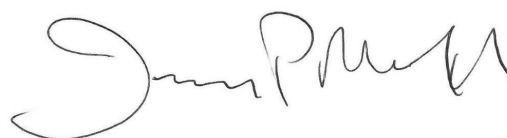
2023 Approved by:

The Honourable Jeremy Rockliff MP

Premier

Tasmanian Minister for Health

Date signed: 28 June 2023



# I. Legislation, Governance and Performance Framework

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## I.1 Legislation

Tasmania's health system is comprised of a wide network of public, private, and not-for-profit services that collectively seek to deliver positive health outcomes for all Tasmanians. The health system covers the full range of services, from population and allied health services, general practitioners, allied health and community services, and tertiary and community hospitals.

A significant part of Tasmania's health system (including services provided under the service plan) is delivered under the *Tasmanian Health Services Act 2018* (the Act). For the purposes of the service plan, the high-level responsibilities of the Minister, the Department, the THS Executive and the THS are summarised below.

### Minister for Health

The Minister is responsible for the administration of the Act. Ministerial guidance and direction are provided through:

- the Ministerial Charter - which sets out the broad policy expectations for the THS and is issued by the Minister. The THS and Secretary must comply with the Ministerial Charter
- the service plan - the Minister approves the service plan that is to apply to the THS each financial year

### The Secretary, Department of Health

The Secretary is responsible to the Minister for the performance of the THS and THS Executive, including ensuring that the THS Executive is performing and exercising the functions and powers of the THS. In line with this responsibility, the Secretary is assigned several functions and powers to guide, monitor and manage the THS in undertaking its functions and powers, including:

- the ability to give direction to THS in relation to the performance of its functions, and the exercise of its powers. This includes issuing policy or directing the THS to undertake actions to improve performance, including actions under the Performance Framework
- responsibility for developing the service plan, including KPI, service volumes and performance standards. The service plan is the key accountability document and is intrinsically linked to the performance of the THS in undertaking its functions and powers

### Tasmanian Health Service Executive

The role of the THS Executive is to administer and manage the THS. This includes:

- performing and exercising the functions and powers of the THS
- ensuring that the THS delivers the services set out in the service plan including the agreed volume and performance standards in accordance with the budget set out in the service plan

## The Tasmanian Health Service

The THS, through its Executive, is accountable to the Minister via the Secretary for performing its functions and exercising its powers in a satisfactory manner. Through its Executive, the output of the THS must be in accordance with the requirements of the service plan.

The functions of the THS are to:

- ensure that the broad policy expectations of the Minister, as specified in the Ministerial Charter, are achieved
- provide the health services and health support services required under the Service Plan, and to provide those services to the specified quality standards and within the specified funding allocation
- conduct and manage public hospitals, health institutions, health services, and health support services, which are under the THS's control
- ensure quality and effective provision of health services and health support services that are purchased by the THS
- manage the funding allocation, as determined by the Service Plan, and its other funds

### 1.2 Amendments to the Service Plan

As outlined in Section 11 of the Act, the Secretary may provide to the Minister, a proposed amendment to the service plan.

If the Minister approves a proposed amendment of the service plan, the service plan is amended in accordance with the amendment, on and from the date on which notice of the amendment is given to the Secretary and the THS Executive.

The Service Plan may be amended at any time before or during the financial year.

### 1.3 National Agreement

The National Cabinet has reaffirmed that providing universal healthcare for all Australians is a shared priority and agreed in a Heads of Agreement for public hospitals funding from 1 July 2020 to 30 June 2025. That Agreement maintains activity-based funding and the national efficient price.

### 1.4 Governance

The THS must ensure that all applicable duties, obligations, and accountabilities are understood and complied with, and that services are provided in a manner consistent with all DoH policies, procedures, plans, circulars, inter-agency agreements, Ministerial directives and other instruments and statutory obligations.

The Secretary, as the accountable officer of the DoH is supported by the Health Executive. The purpose of Health Executive is to lead the strategic direction and provide oversight of DoH key responsibilities.

Some members of Health Executive also comprise the THS Executive.

The Health Executive is supported by the following governance subcommittees:

- Audit and Risk - provides independent oversight of governance, risk, and internal controls for the DoH

- Budget and Finance - provides strategic oversight of all elements of the DoH budget and financial management responsibilities
- Clinical Executive - provides system-wide clinical governance oversight, ensuring risks and issues associated with clinical quality and safety are effectively managed
- Infrastructure - ensures that investment in, and management of, the DoH infrastructure assets support the effective and efficient delivery of health services in Tasmania
- People - oversees strategic human resources, industrial relations and workforce matters across the DoH
- Strategic Information Management and Technology - directs, guides, and oversees the governance of Information Communication Technology (ICT) and information management across the DoH
- System Performance and Forecasting - provides strategic oversight and direction to the DoH performance management responsibilities and health service activity modelling and forecasting
- Work Health and Safety - provides strategic advice and supports the implementation of major work health and safety operations to improve the safety, health, and wellbeing of all employees

#### 1.4.1 Clinical Governance

*The Quality Governance Framework for Tasmania's Publicly Funded Health Services (Quality Governance Framework)* continues to reflect the role of the DoH's 'System Manager', including a requirement to ensure governance systems, structures and processes are robust and maintained across the Tasmanian publicly funded health service systems. The commissioning of key project initiatives and review of policy documents continue to support governance systems, ensuring that the delivery of health services is safe, effective, integrated, high quality and continuously improving.

*The Tasmanian Health Service's Clinical Governance Framework* is aligned to the Australian Commission on Safety and Quality in Health Care's National Model Clinical Governance Framework. It is also aligned with the DoH Quality Governance Framework to support THS leaders, clinicians, employees, and consumers to develop a shared understanding of roles and responsibilities to 'speak up for safety' and enact sound governance.

#### 1.5 Performance Framework

*The Tasmanian Health Service Performance Framework (the Framework)* outlines the DoH approach to monitoring and managing the performance of public sector health services in Tasmania, including against the requirements stipulated in the service plan.

The aim of the Framework is to establish a transparent framework within which the DoH assesses and responds to the performance of the THS against the requirements of the service plan, including setting out the:

- Governance and accountability, including guiding principles
- Components of performance monitoring and review
- Process underpinning performance review
- Performance interventions available



## 2. Policy Context

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The national policy context, including the various longer term plans, serves as a framework for the broader Australian health policy reform agenda over the next 10 years. The Tasmanian policy environment, including the action areas outlined in the *Long-term Plan for Healthcare in Tasmania 2040*, strongly align with the national environment.

Key national and Tasmanian policy and planning frameworks, and the DoH Strategic Priorities, are outlined below.

### 2.1 The National Policy Context

#### Australia's Long Term National Health Plan

*Australia's Long Term National Health Plan (2019)* aims to make Australia's health system the world's number one through measures of quality, efficiency, access to care, equity and outcomes. There are four pillars of reform in the Long-Term National Health Plan:

- Guaranteeing Medicare and improving access to medicines through the Pharmaceutical Benefits Scheme
- Supporting public and private hospitals including improvements to private health insurance
- Mental health and preventative health
- Medical research to save lives and boost our economy

#### National Health Reform Agreement

*The 2020-25 Addendum to the National Health Reform Agreement* aims to improve health outcomes for Australians, by enabling better coordinated and more integrated care in the community and ensuring the future sustainability of Australia's public hospital system.

There are six long-term health reform areas included in the *2020- 25 Addendum to the Reform Agreement*:

- Empowering people through health literacy - person-centred health information and support will empower people to manage their own health well and engage effectively with health services
- Prevention and wellbeing - to reduce the burden of long-term chronic conditions and improve people's quality of life
- Paying for value and outcomes - enabling new and flexible ways for governments to pay for health services
- Joint planning and funding at a local level - improving the way health services are planned and delivered at the local level
- Enhanced health data - integrating data to support better health outcomes and save lives
- Nationally cohesive health technology assessment - improving health technology decisions will deliver safe, effective, and affordable care

## Australia's Primary Health Care 10 Year Plan 2022-32

*Australia's Primary Health Care 10 Year Plan 2022 -2032* is about strengthening primary healthcare as part of the health system and providing a future focused agenda for primary healthcare reform over a decade.

There are three streams of reforms in the *Primary Health Care 10 Year Plan*, with 12 action areas:

- Future focused healthcare:
  - support safe, quality telehealth and virtual healthcare
  - improve quality and value through data-driven insights and digital integration
  - harness advances in healthcare technologies and precision medicine
- Person-centred primary healthcare, supported by funding reform:
  - incentivise person-centred care through funding reform
  - boost multidisciplinary team-based care
  - Close the Gap through a stronger community-controlled sector
  - improve access to primary healthcare in rural areas
  - improve access to appropriate care for people at risk of poorer outcomes
  - empower people to stay healthy and manage their own care
- Integrated care, locally delivered:
  - joint planning and collaborative commissioning
  - research and evaluation to scale up what works
  - cross-sectoral leadership

## National Preventive Health Strategy 2021-2030

*The National Preventive Health Strategy and Implementation Plan* aims to create a stronger and more effective prevention system and recognises that a whole-of-government response is required at all levels. This strategy focuses on prevention not only within the current health system, but also beyond, involving other sectors and industries that have a direct influence on the health and wellbeing of Australians. The strategy will address the third pillar of *Australia's Long Term National Health Plan* and will align to the *2020-25 National Health Reform Agreement*.

## National Agreement on Closing the Gap

All Australian governments are working with Aboriginal people, their communities, organisations and businesses to implement the new *National Agreement on Closing the Gap*. Closing the Gap is underpinned by formal partnerships with Aboriginal people who have a genuine say in the design and delivery of Indigenous policies, programs and services.

There are four priority reforms that focus on changing the way governments work with Aboriginal people that are being implemented at national, state and territory and local levels:

- Strengthen and establish formal partnerships and decision making
- Build the Aboriginal and Torres Strait Islander community-controlled sector
- Transform government organisations so they work better for Aboriginal and Torres Strait Islander people

- Improve and share access to data and information to enable Aboriginal and Torres Strait Islander communities to make informed decisions

The *National Aboriginal and Torres Strait Islander Health Plan 2021-2031* is the new national policy to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander people over the next 10 years, in alignment with the new National Agreement on Closing the Gap.

## National Mental Health and Suicide Prevention Agreement

The *National Mental Health and Suicide Prevention Agreement* sets out the shared intention of all Australian governments to work in partnership to improve the mental health of all Australians and ensure the sustainability and enhance the services of the Australian mental health and suicide prevention system.

Through the Agreement, Australian governments have committed to work together to support and implement a whole-of-government approach to mental health and suicide prevention, with a focus on the following priority areas:

- Prevention and early intervention
- Suicide prevention
- Treatment and support
- Supporting the vulnerable
- Workforce and governance
- Quality and safety

Implementation and funding arrangements for the Agreement are set out in associated bilateral schedules between the Australian Government and each state and territory.

## Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015-2024

The goal of the *Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015-2024* is to improve health and wellbeing across the Australian population by improving oral health status and reducing the burden of poor oral health.

## National Framework for Universal Child and Family Health Services

The *National Framework for Universal Child and Family Health Services* articulates a vision, objectives and principles for universal child and family health services for all Australian children aged zero to eight years and their families. The Framework provides a structure to strengthen (and in some cases build) effective services to ensure all Australian children and their families benefit from free, quality universal child and family health services.

## 2.2 Tasmanian Policy Context

### One State, One Health System, Better Outcomes (2015)

In 2015 stage I of the health reforms begun. *One State, One Health System, Better Outcomes* was the first step of designing and implementing a single, statewide service. The focus was on the four major hospitals and defining their roles within the health system.

### Tasmanian Role Delineation Framework (2023)

The *Tasmanian Role Delineation Framework* describes the breadth of health services that Tasmanians require.

### Our Healthcare Future: Advancing Tasmania's Health (2022)

Provides the vision, guiding principles and strategic ambitions for Tasmania's future healthcare system.

### Long-Term Plan for Healthcare in Tasmania 2040

This Plan provides the blueprint for the future of healthcare in Tasmania. It provides system-wide direction and strategy for the delivery of health services to achieve our goal of a sustainable, integrated and balanced health system that delivers the right care, in the right place, at the right time for our population. It has been developed in partnership with consumers, clinicians and policy makers across Tasmania.

### Clinical Services Profiles: North, Northwest and South (2023)

Describes the demographic and population health characteristics of each region of Tasmania, the parts of the healthcare system located within the region and the capability of each service. Profiles also identify key regional service improvement initiatives to be implemented over the next five years. Initiatives are based on priorities identified through assessment against the *Tasmanian Role Delineation Framework* and extensive stakeholder consultation.

### Rethink 2020: A State Plan for Mental Health in Tasmania

The plan to improve mental health outcomes for Tasmanians.

Rethink 2020 represents the basis for a collaborative approach to mental health service planning and delivery that has the consumer and their support people at the centre.

### Child Safety and Wellbeing Framework

The Framework for Implementing the National Principles for Child Safe Organisations establishes a systemic approach to enhance the way the DoH works with vulnerable people, specifically children and young people.

### Tasmanian Suicide Prevention Strategy (2023-2027)

The third *Tasmanian Suicide Prevention Strategy 2023-2027* was released on 9 December 2022 outlining the vision and priorities for suicide prevention in Tasmania for the next five years.

### Healthy Tasmania Five-Year Strategic Plan (2022-2027)

The plan for preventive health in Tasmania, bringing together communities, services and all levels of government to work in partnership for improved health and wellbeing. It is the Tasmanian Government's second plan of its type, building on the evidence and lessons from the first five years of Healthy Tasmania

from 2016-2021 to inform steps.

## **Health Infrastructure Strategy 2040 (in development)**

A long-term infrastructure strategy that describes the priority areas for infrastructure investment in response to the *Long-Term Plan for Healthcare in Tasmania 2040*. The plan encompasses the three regional masterplans for the Royal Hobart Hospital, Launceston General Hospital, and hospitals of the North West

Region. It also includes our small rural hospitals, mental health facilities, child health and parenting facilities, and Ambulance Tasmania assets.

## **Digital Health Transformation - Improving Patient Outcomes 2022-33**

The 10-year digital health strategy to improve patient care, deliver better health outcomes and increase capacity in the system through investment in digital health technologies that enable contemporary healthcare delivery.

## **Health Workforce 2040 (2021)**

*Health Workforce 2040* is a long-term strategy to shape a health workforce that meets the needs of Tasmanians now and into the future by addressing long-term challenges associated with building a sustainable health workforce

## **Statewide Elective Surgery Four-Year Plan 2021-25 (2021)**

The *Four-Year Elective Surgery Plan* guides the statewide, sustainable delivery of elective surgery. The Plan focuses on equitable access for all patients, as determined by clinical decision making and safety, and enabling patients to receive procedures within clinically recommended times.

## **Public Health Services Strategy 2023-25**

The *Public Health Services Strategy 2023-25* sets a direction for where and how Public Health Services (PHS) will prioritise efforts, resources, work with stakeholders and support PHS staff in achieving these goals. The plan is developed in the context of the Department of Health's *Strategic Priorities 2021-23, Our Healthcare Future - Advancing Tasmania's Health* and the *Tasmania Statement*.

## **Transforming Outpatient Services 2022-26 (2022)**

The four-year plan to improve access and quality of outpatient services in Tasmania. It sets the future vision for outpatient delivery in Tasmania and outlines the service improvements we will make to deliver the service capacity needed to meet current and future needs.

## **Tasmanian Palliative and End of Life Care Policy and Framework 2022-27 (2022)**

The framework to create a path for improving and enhancing palliative care and end of life care in Tasmania and building a shared understanding with communities about what they can do to support this objective by becoming compassionate communities.

## **Statewide Endoscopy Services Four-Year Plan 2023-2027**

The Plan outlines how the Tasmanian health system will use the additional government funding to deliver the increased volume of quality endoscopies needed to reduce the number of Tasmanians waiting for an endoscopy, see more people within clinically appropriate times, and enhance services to meet future demand.

## 2.3 Department of Health Strategic Priorities

The DoH launched its Strategic Priorities for 2021-2023 in August 2021. The Strategic Priorities set out the priorities, actions, and enablers required to ensure that Tasmanians receive the best possible health services.

The Strategic Priorities focus on improving the health and wellbeing of the Tasmanian community by:

1. Continuing to respond to the COVID-19 Pandemic
2. Improving Access and Patient Flow across our Health System
3. Delivering care in clinically recommended times.
4. Reforming the delivery of care in our community
5. Prioritising Mental Health and Wellbeing
6. Building the Infrastructure for our Health Future

These priorities are supported by the following three key internal foundation areas:

1. Build and develop a sustainable and positive workforce we need now and for the future
2. Strengthen our governance, risk and financial management, performance, and accountability
3. Strengthen Clinical safety, quality, and regulatory oversight

Section four of this service plan outlines identified priority actions against each of these strategic priorities and internal foundation areas and aligns identified service plan performance measures to those strategic priorities and internal foundation areas.

## 2.4 Statement of Purchasing Intent (SoPI)

The process of planning and purchasing health services to meet the health needs of the population is known as commissioning.

A priority initiative of the *Long-term Plan for Healthcare in Tasmania 2040* is strengthening the commissioning process to ensure health services purchased by the Tasmanian Government from the THS address the community's health needs in the most effective and efficient way.

The SoPI serves several functions:

- It is a synthesis of Government priorities and a response to health trends across the State
- It signals the Department's intentions over the coming four years to assist the THS with its forward planning
- It creates the basis for the annual THS Service Plan
- It articulates purchasing intent in specific and measurable terms in order that the Department can clearly ascertain and account for what is being purchased

The SoPI will be updated and adjusted annually to account for the introduction of new or amended priorities.

The place of the SoPI in the commissioning process is summarised at Figure 1.

**Figure 1: SoPI in the commissioning process**

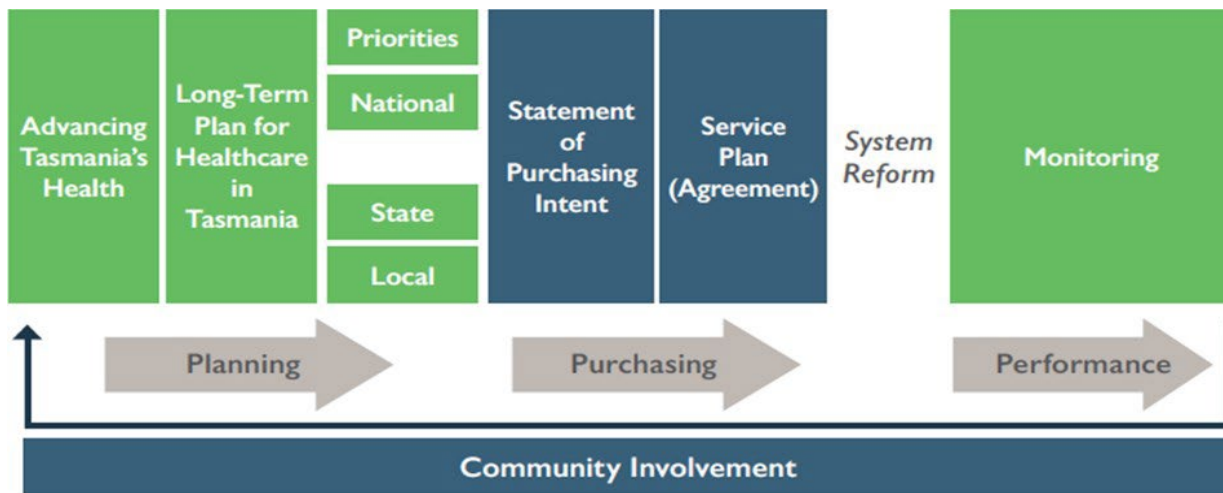


Figure 1 presents the role of the SoPI in the commissioning process and articulates planning, purchasing and performance.

At the start of the process, the Planning phase, includes numerous planning documents such as Advancing Tasmania's Health, the Long-Term Plan for Healthcare in Tasmania and other National, state and local priorities.

The second part of the process, the Purchasing phase, incorporates two components. Firstly, the Statement of Purchasing Intent and secondly the Annual Service Plan. The Service Plan is the legislated document that articulate the contract between the state Government and the THS for that year's activity and funding.

After the Service plan, the third part of the process is the measurement and monitoring of the implementation of the Service Plan.

Outcomes of Performance monitoring and community involvement will contribute to the next planning phase and complete the commissioning cycle. Within this cycle, The Sopl is placed at the juncture with planning and translates planning activities into purchasing intentions.



### 3. Funding Allocation and Activity Schedule

The Addendum to the National Health Reform Agreement 2020-25 continues the financial arrangements for Australian public hospital services, including Activity Based Funding (ABF) and block funding, as set out in Part 3 of this service plan.

The ABF and block funding allocations outlined in Table 1 have been prepared on a whole-of THS basis. When finalised, internal THS budget allocations to individual sites and services may differ from those outlined in Part 3.

#### 3.1 THS Funding Allocation

##### a. Funding for ABF activity

**Table 1: THS Funding Allocation**

Stream	Admission Type	Measure	Activity	NWAU	State Funding (\$'000)	Commonwealth Funding (\$'000)	Total Funding (\$'000)
<b>Acute</b>	Admitted	Episodes	161,960	132,088	473,966	322,787	796,753
Mental Health	Admitted	Episodes	3,061	6,326	22,809	15,346	38,156
Subacute and non-acute	Admitted	Episodes	3,616	10,096	36,016	24,883	60,899
Emergency	Non-Admitted	Attendances	170,736	23,522	84,365	57,520	141,885
Outpatient	Non-Admitted	Occasions	567,743	21,749	78,004	53,183	131,187
Supplementation	Other	n/a	0	0	0	0	0
<b>Total ABF</b>	<b>Total ABF</b>	<b>N/A</b>	<b>907,117</b>	<b>193,780</b>	<b>968,149</b>	<b>473,720</b>	<b>1,441,869</b>

**b. Funding for National Efficient Cost (NEC) Funded Services**

**Table 2: THS Funding Allocation for National Efficient Cost Funded Services**

<b>National Efficient Cost (NEC) Funded Services</b>	<b>State Funding (\$'000)</b>	<b>Commonwealth Funding (\$'000)</b>	<b>Total Funding (\$'000)</b>
<b>Small Rural Hospitals*</b>	46,288	28,298	74,586
Standalone Mental Health Facilities**	44,580	18,672	63,252
Teaching, Training and Research	31,533	18,835	50,368
Non-Admitted Home Ventilation	2,905	2,377	5,281
Non-Admitted Child and Adolescent Mental Health Services	19,694	4,826	24,519
Non-Admitted Mental Health Services (excluding Non-Admitted CAMHS)	45,628	24,442	70,070
<b>Total NEC</b>	<b>190,628</b>	<b>97,449</b>	<b>288,077</b>

(\* ) Funding allocation by hospital provided in Table 4. (\*\*) Funding allocation by facility provided in Table 5. (\*\*\*) Breakdown provided in Table 6.

**c. Total Funding for ABF activity and National Efficient Cost Funded Services**

**Table 3: THS Funding Allocation for National Efficient Cost Funded Services**

<b>Type</b>	<b>Activity</b>	<b>NWAU</b>	<b>State Funding (\$'000)</b>	<b>Commonwealth Funding (\$'000)</b>	<b>Total Funding (\$'000)</b>
Total ABF	907,117	193,780	968,149	473,720	1,441,869
Total NEC	0	0	190,628	97,449	288,077
<b>Grand Total</b>	<b>907,117</b>	<b>193,780</b>	<b>1,534,549</b>	<b>571,169</b>	<b>2,105,718</b>

## 3.2 Small Rural Hospital NEC Funding Allocation

**Table 4: Small Rural Hospital NEC Funding Allocation**

Hospital	Region	State Funding (\$'000)	Commonwealth Funding (\$'000)	Total Funding (\$'000)
Esperance MPC	South	1,346	823	2,169
Huon Hospital*	South	0	0	0
May Shaw District Nursing Centre	South	1,346	823	2,169
Midlands MPC	South	2,123	1,298	3,421
New Norfolk Hospital	South	3,078	1,881	4,959
Tasman MPS	South	1,346	823	2,169
Beaconsfield MPS	North	1,346	823	2,169
Campbell Town MPS	North	2,577	1,576	4,153
Deloraine Hospital	North	3,459	2,115	5,574
Flinders Island MPC	North	2,925	1,788	4,713
George Town Hospital	North	3,655	2,235	5,890
NESM - Scottsdale Hospital	North	4,757	2,908	7,666
St Helens District Hospital	North	3,802	2,324	6,127
St Marys CHC	North	3,212	1,964	5,176
Toosey Memorial - Longford	North	1,346	823	2,169
Health West	Northwest	3,505	2,143	5,648
King Is MPC	Northwest	2,940	1,798	4,738
Smithton Hospital	Northwest	3,523	2,154	5,676
<b>Total</b>	<b>State-wide</b>	<b>46,288</b>	<b>28,298</b>	<b>74,586</b>

(\*) Huon District Hospital has ceased providing acute/sub-acute rural hospital beds.

### 3.3 Stand-Alone Mental Health Facilities NEC Funding Allocation

**Table 5: Stand-Alone Mental Health Facilities NEC Funding Allocation\***

<b>Facilities</b>	<b>State Funding (\$'000)</b>	<b>Commonwealth Funding (\$'000)</b>	<b>Total Funding (\$'000)</b>
Alcohol and Drug Services Detoxification Unit	4,932	2,004	6,936
Millbrook Rise	6,106	2,669	8,774
Mistral Place	1,693	919	2,612
Peacock Centre	5,279	2,848	8,127
Roy Fagan Centre	11,112	4,905	16,017
Tasmanian Eating Disorder Service	3,000	0	3,000
Tolosa Street	1,908	1,134	3,042
Wilfred Lopes Centre	10,551	4,194	14,744
<b>Total</b>	<b>44,580</b>	<b>18,672</b>	<b>63,252</b>

(\*) Commonwealth funding is an estimate only that cannot be confirmed until completion of the Supplementary Determination in May 2024.

### 3.4 NHRA Out-Of-Scope Services

**Table 6: NHRA Out-Of-Scope services**

NHRA Out-Of-Scope services	State Funding (\$'000)	Commonwealth Funding (\$'000)	Total Funding (\$'000)
Adoption of Bedside Medication Management across the THS	3,064	0	3,064
Blood Products	8,959	0	8,959
Boarders Subsidy	133	0	133
Cancer Screening	6,763	0	6,763
Child Health and Parenting Services	11,379	0	11,379
Children's Therapy Contract	4,200	0	4,200
Correctional Primary Health Services	17,736	0	17,736
Cross Border Charging	30,000	0	30,000
Cutting Edge Treatments for Children with Cancer	300	0	300
Family Violence Counselling Support Services	3,408	0	3,408
Forensic Pathology	2,308	0	2,308
Medical Retrieval	2,425	0	2,425
Mersey Block Funding	32,998	0	32,998
New Wage Agreement	14,630	0	14,630
Oral Health Services Tasmania	28,641	0	28,641
Organ Procurement	405	0	405
Other Out-Of-Scope Services	119,057	0	119,057
Patient Travel Assistance Scheme	6,647	0	6,647
Primary Health Services	43,127	0	43,127
Sexual Assault Services	595	0	595
Statewide Sexual Health Services	2,142	0	2,142
Transforming Public Outpatient Care, Musculoskeletal and Pain Services	7,500	0	7,500
Transition Care Program	5,877	0	5,877
Two New ICU Beds at RHH	4,782	0	4,782
Virtual Care including COVID@homeplus	18,000	0	18,000
Voluntary Assisted Dying Act Implementation	697	0	697
<b>Total</b>	<b>375,772</b>	<b>0</b>	<b>375,772</b>

### 3.5 Funding Sources

**Table 7: Funding sources**

<b>Funding Source</b>	<b>Total Funding (\$'000)</b>
<b>State Funding</b>	1,534,549
Commonwealth Funding	571,169
Total of State Funding and Commonwealth Funding	2,105,718
THS Retained Revenue*	213,743
Pharmaceutical Benefits Scheme	101,361
<b>Grand Total</b>	<b>2,420,822</b>

(\*) THS retained revenue includes estimate of Commonwealth funding received under National Funding Agreements (NPAs) and Commonwealth Own's Purpose Expenditure payments (COPE's.)

Further information is provided in Table 8.

### 3.6 NPAs and COPEs

**Table 8: National Funding Agreements (NPAs) and Commonwealth Own's Purpose Expenditure payments (COPEs.)**

<b>Funding Agreements</b>	<b>Type of funding</b>	<b>Total Funding (\$'000)</b>
CS&CS Recruitment and Community Engagement Unit	NPA's	208
Child Mental Health And Social And Emotional Wellbeing	NPA's	1,772
Perinatal Data Collection	NPA's	1,237
Eating Disorders	NPA's	1,072
HACC Program	COPE's	171
Community Aged Care Packages	COPE's	94
Medicare	COPE's	1,912
MPS - Multi Purpose Service	COPE's	2205
Midlands MPC Commonwealth Funds	COPE's	742
Home and Community Care (HACC)	COPE's	14911
Aged Care Assessment Program	COPE's	2,755
WP Holman Clinic Radiation Oncology	COPE's	623
Radiation Oncology Capital Equipment	COPE's	851
Transition Care Program	COPE's	4688
Total THS COPE's	COPE's	28,952
Children Dental Benefits Scheme	Non-Discretionary Fund 419	5397
<b>Grand Total</b>	<b>N/A</b>	<b>38,638</b>

## 4. Performance Against Strategic Priorities

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The service plan performance measures outlined in this section are aligned to DoH strategic priorities and internal foundation areas. The strategic priorities set out our priorities, actions, and enablers to ensure all Tasmanians receive the best possible health services. Accordingly, the performance measures outlined below provide coverage of the broader Tasmanian health system and are not restricted to those services delivered by the THS under the Act and within the funding allocation outlined at Table 1.

Throughout these strategic priorities several performance measures are noted as TBD, as these measures are under development. Typically, this development stage includes refining the measure's definition, ensuring data availability and quality, testing of clinical and system appropriateness, and finally determining the baseline and target. Those pilot performance measures for which the baseline and/or target has not yet been determined, are noted as 'increase'. From a clinical and health service perspective over the year an improvement in each measure should become apparent.

### Strategic Priority 1 - Continuing to respond to the COVID-19 Pandemic

Our COVID-19 response will continue to be a significant priority for Public Health Services for at least the next two to five years. Whilst there remains a level of uncertainty on the course of the disease, it is likely that there will be continued waves of infection within the community over the short to medium term. During this time continued enhanced health and public health responses will be required.

We will utilise the lessons learnt from the COVID-19 response to strengthen broader Public Health knowledge and capability, across all aspects of our operations.

Priority actions are outlined below.

#### Priority Actions

- Transition previous COVID-19 emergency operations functions and resources into core business
- Maintain focused epidemiological surveillance and risk assessment
- Maintain and review regulatory responses
- Continue national engagement and contribution to national policy development
- Support the community, hospital and health services and other organisations to plan for and respond to cases and outbreaks
- Strengthen capacity to deliver scalable response, surge capacity and adaptive management to all future emergencies and emerging public health threats, in addition to COVID-19



## Strategic Priority 2 - Improving Access and Patient Flow across our Health System

The Statewide Access and Patient Flow Program supports our vision of innovative patient-centric care that is seamlessly linked across the entire Tasmanian health system to achieve improved flow of patients, better health outcomes and improved experiences for patients and staff. The success of the Program depends on all parts of the health system working better together no matter where they are located.

Priority actions and KPIs are outlined below.

### Priority Actions

- Statewide Access and Patient Flow Program
- Making Care Appropriate for Patients (MCAP)
- Medtasker
- Emergency Department access and patient flow reviews
- Mental Health access and flow in Emergency Departments
- Ambulance offload delay protocols
- Direct Admissions and Interhospital Transfer Policy

KPI Number	Area	KPI	Target
SP2-1	Screening and Detection	Number of eligible women screened for breast cancer	37,240
SP2-2	Screening and Detection	Number of persons aged 50-74 years participating in National Bowel Cancer Screening Program	TBD
SP2-3	Oral Health	Number of general care waiting list entries reviewed for appropriateness within last 12 months	90 per cent
SP2-4	Oral Health	Proportion of all adult appointments resulting in a 'did not attend'	Not more than 6 per cent
SP2-5	Oral Health	Proportion of all child appointments resulting in a 'did not attend'	Not more than 6 per cent

KPI Number	Area	KPI	Target
SP2-6	Ambulance Transfer of Care	Ambulance patient transfer of care - proportion occurring within 30 minutes.	100 per cent
SP2-7	Ambulance Transfer of Care	Ambulance vehicles return to on road services - proportion occurring within one hour of arrival	100 per cent
SP2-8	Emergency Department -Transfers through Emergency Department	Proportion of Interhospital Transfers (from major hospitals) that occur through Emergency Departments	Less than 5 per cent
SP2-9	Emergency Department - Did not Wait	Proportion of ED presentations who do not wait to be seen - all triage categories	Less than 5 per cent
SP2-10	Emergency Department - Did not Wait	Proportion of ED presentations who do not wait to be seen - triage categories two and three	TBD
SP2-11	Emergency Department - Did not Wait	Proportion of ED presentations who do not wait to be seen - triage categories four and five	TBD
SP2-12	Emergency Department Access - Access to Inpatient Beds	Proportion of patients admitted through the ED with an ED length of stay less than four hours	Not less than 60 per cent
SP2-13	Emergency Department Access - Access to Inpatient Beds	Proportion of patients admitted through the ED with an ED length of stay less than eight hours	Not less than 90 per cent
SP2-14	Emergency Department Access - Access to Inpatient Beds	Proportion of patients admitted through the ED with an ED length of stay less than 12 hours	100 per cent
SP2-15	Emergency Department Access - Non-Admitted Patients	Proportion of patients discharged from the ED with an ED length of stay less than four hours	Not less than 80 per cent
SP2-16	Emergency Department Access - Non-Admitted Patients	Proportion of patients discharged from the ED with an ED length of stay less than eight hours	Not less than 95 per cent
SP2-17	Emergency Department Access - Non-Admitted Patients	Proportion of patients discharged from the ED with an ED length of stay less than 12 hours	100 per cent

KPI Number	Area	KPI	Target
SP2-18	Emergency Department Access - EMU-Admitted Patients	Proportion of patients admitted to an EMU from the ED with an ED length of stay of less than 12 hours	100 per cent
SP2-19	Mental Health - Emergency Department Access	Proportion of mental health patients admitted from the ED with an ED length of stay less than eight hours	Increase
SP2-20	Elective Surgery	Number of admissions <sup>1</sup>	21,490
SP2-21	Endoscopy	Number of admissions	13,010
SP2-22	Hospital Access and Patient Flow	Proportion of overnight patients discharged on the weekend	TBD
SP2-23	Hospital Access and Patient Flow	Proportion of overnight patients discharged before 10am	TBD
SP2-24	Hospital Access and Patient Flow	Proportion of overnight patients with an overall length of stay > seven days	TBD
SP2-25	Hospital Access and Patient Flow	Proportion of overnight patients with an overall length of stay > 35 days	TBD
SP2-26	Hospital Access and Patient Flow	Transit Lounge utilisation - occupancy during opening hours	Not less than 80 per cent
SP2-27	Outpatient	Number of waiting list entries reviewed for appropriateness within last 12 months for patient categories two and three	Not less than 95 per cent
SP2-28	Outpatient	Proportion of all appointments resulting in a 'did not attend' (excluding COVID-19 clinics)	Not more than 6 per cent
SP2-29	Outpatient	Number of appointments resulting in the removal from the waiting list	TBD
SP2-30	Outpatient	Time to prioritise incoming referrals (< five days)	100 per cent

<sup>1</sup> Elective Surgery targets may change following completion of the year 3 update to *Statewide Elective Surgery Four-Year Plan*.

## Strategic Priority 3 - Delivering Care in Clinically Recommended Times

We have set ambitious targets to increase the number of admissions and reduce the number of patients waiting longer than clinically recommended to receive treatment. While we have already progressed several priorities, we will continue to strive to achieve our goals.

Priority actions and KPIs are outlined below.

### Priority Actions

- Statewide Elective Surgery Four Year Plan
- Public/Private Hospitals Partnerships
- Outpatients Transformation Program

KPI Number	Area	KPI	Target
SP3-1	Screening and Detection	Proportion of Breast Screen clients assessed within 28 days of screen detected abnormality	90 per cent
SP3-2	Oral Health	Adult general care - occasions of service	8,600
SP3-3	Oral Health	Adult prosthetic care - occasions of service	12,600
SP3-4	Oral Health	Proportion of all adult patients seen within clinically recommended timeframes Triage category priority one (appointment within two days)	70 per cent
SP3-5	Oral Health	Proportion of patients seen within clinically recommended timeframes Triage category priority two (appointment within four weeks)	70 per cent
SP3-6	Oral Health	Proportion of patients receiving treatment under general anaesthetic within clinically recommended timeframes	Not less than 88 per cent
SP3-7	Oral Health	Proportion of emergency adult clients managed on same day as triage	Not less than 80 per cent
SP3-8	Emergency Department	Proportion of ED presentations seen within recommended time - Triage category 1 (seen immediately)	100 per cent

KPI Number	Area	KPI	Target
SP3-9	Emergency Department	Proportion of ED presentations seen within recommended time - Triage category 2 (seen within 10 minutes)	Not less than 80 per cent
SP3-10	Emergency Department	Proportion of ED presentations seen within recommended time - Triage category 3 (seen within 30 minutes)	Not less than 75 per cent
SP3-11	Emergency Department	Proportion of ED presentations seen within recommended time - Triage category 4 (seen within 60 minutes)	Not less than 70 per cent
SP3-12	Emergency Department	Proportion of ED presentations seen within recommended time - Triage category 5 (seen within 120 minutes)	Not less than 70 per cent
SP3-13	Ambulance Tasmania	Urban areas - median emergency response time	10 minutes or less
SP3-14	Ambulance Tasmania	Rural areas - median emergency response time	15 minutes or less
SP3-15	Ambulance Tasmania	Triple zero (000) calls answered within 10 seconds	Not less than 90 per cent
SP3-16	Elective Surgery	Average overdue wait time for those waiting beyond the recommended time*	Not more than 40 days
SP3-17	Elective Surgery	Number of patients waiting over boundary <sup>2</sup>	Not more than 731
SP3-18	Elective Surgery	Number of patients waiting prior to 30 June 2021*	0
SP3-19	Elective Surgery	Proportion of patients seen within clinically recommended timeframes*	Not less than 88 per cent
SP3-20	Outpatients	Proportion of patients seen within clinically recommended timeframes	Increase

<sup>2</sup> Elective Surgery targets may change following completion of the year-three-update to *Statewide Elective Surgery Four-Year Plan*.

## Strategic Priority 4 - Reforming the Delivery of Care in our Community

Our Healthcare Future is building a sustainable health system by connecting and rebalancing care across acute, subacute, rehabilitation, mental health, and primary health to care in the community. *The Our Healthcare Future Immediate Actions and Consultations Paper* outlined the challenges facing our healthcare system and identified immediate actions across the areas of better community care, modernising Tasmania's health system, and planning for the future.

Priority Actions and KPIs are outlined below.

### Priority Actions

- Improved data and analytics
- Our Healthcare Future
- Ambulance Services Secondary Triage
- Mental Health Emergency Response

KPI Number	Area	KPI	Target
SP4-1	Continuity of Care	Proportion of discharge summaries transmitted within 48 hours of separation	100 per cent
SP4-2	Continuity of Care	Number of discharges based on Criterion Led Discharge	Increase
SP4-3	Continuity of Care	Proportion of discharge summaries commenced on admission	Increase
SP4-4	Hospital In the Home	Hospital In the Home admitted activity - (proportion of total admitted activity)	Increase
SP4-5	Mental Health Hospital in the Home	Mental Health Hospital in the Home admitted activity - (proportion of total admitted activity)	Increase
SP4-6	Child Health and Parenting Service (CHAPs)	Number of babies born in Tasmania, seen in the community by the Child Health and Parenting Service within the last 12 months	Not less than 96 per cent
SP4-7	Child Health and Parenting Service (CHAPs)	Occasions of service - delivered in clinic	TBD

<b>KPI Number</b>	<b>Area</b>	<b>KPI</b>	<b>Target</b>
<b>SP4-8</b>	Child Health and Parenting Service (CHAPs)	Occasions of service - delivered by home visit	TBD
<b>SP4-9</b>	Child Health and Parenting Service (CHAPs)	Occasions of service - delivered by virtual care	TBD
<b>SP4-10</b>	Ambulance Tasmania	Proportion of client interactions with the Mental Health Emergency Response Team (PACER) who are not transported to an ED	Not less than 75 per cent
<b>SP4-11</b>	Ambulance Tasmania	Completed secondary triage assessments not requiring emergency ambulance response	Not less than 55 per cent
<b>SP4-12</b>	Outpatients	Proportion of total appointments delivered by telehealth	Increase
<b>SP4-13</b>	Covid@HomePlus	Proportion of patients assessed within 24hrs of enrolment.	100 per cent
<b>SP4-14</b>	Immunisation Rates	Essential vaccine coverage rate for 1-,2- and 5-year-old children	Not less than 95 per cent
<b>SP4-15</b>	Immunisation Rates	Essential vaccine coverage rate for 1-,2- and 5-year-old Aboriginal and Torres Strait Islander children	Not less than 95 per cent
<b>SP4-16</b>	Immunisation Rates	Human Papillomavirus (HPV) coverage rate for both females and males aged 15 years old	Not less than 80 per cent
<b>SP4-17</b>	Tobacco Control Compliance	Proportion of all licensed smoking product retailers (excluding pharmacies) for whom twice yearly compliance checks are conducted	100 per cent

## Strategic Priority 5 - Prioritising Mental Health and Wellbeing

Ensuring Tasmanians can access mental health support in a timely, consistent, and meaningful way is more important than ever. We are continuing to progress our mental health policy and reform initiatives, with a range of projects implemented and many more underway.

Priority Actions and KPIs are outlined below.

### Priority Actions

- Rethink 2020: A State Plan for Mental Health in Tasmania 2020-25
- Child and Adolescent Mental Health Services Reform
- Reform Agenda for Alcohol and Other Drugs Sector
- Healthy Tasmania: Five Year Strategic Plan 2022-26

KPI Number	Area	KPI	Target
SP5-1	Mental Health	Proportion of mental health inpatient seclusions per 1,000 patient days	Less than 6 seclusion events per 1,000 patient care days
SP5-2	Mental Health	Average length of stay for mental health acute overnight admissions	Not more than 13 days
SP5-3	Mental Health	Proportion of re-admissions within 28 days	Not more than 14 per cent
SP5-4	Mental Health	Proportion of post-discharge community care follow-up within seven days	Not less than 75 per cent
SP5-5	Mental Health	Bed-based HoNOS Compliance - proportion of discharges that received a valid HoNOS outcome measure assessment	Not less than 95 per cent
SP5-6	Mental Health	Community Mental Health HoNOS compliance - proportion of total active referrals for the month with a valid HoNOS outcome measure assessment completed within the previous 91 days	Not less than 95 per cent



## Strategic Priority 6 - Building the Infrastructure for our Health Future

Our capital investment program provides for upgrades to buildings and facilities at all of our major public hospitals, with significant progress made on several infrastructure projects throughout the year. We also continue to modernise and strengthen our ICT, including the completion and funding of our digital health strategy *Digital Health Transformation - Improving Patient Outcomes 2022-2032*. Digital health will provide new ways of caring for the health and wellbeing of all Tasmanians, enabled by digital health technologies.

Priority actions are outlined below.

### Priority Actions

- Asset Management Policy and Strategic Asset Management Plan
- LGH Masterplan and Implementation Program
- Vehicle Fleet Management
- RHH Redevelopment Stage 2
- Digital Health Transformation

KPI Number	Area	KPI	Target
SP6-1	Digital Foundations	ICT infrastructure uplift - percentage of identified site upgrades completed	Not less than 85 per cent
SP6-2	Incremental Enhancements	eReferrals - proportion of relevant staff trained to use the Referral Management System	Not less than 75 per cent
SP6-3	Data Quality Standards and Workforce	Workforce readiness - percentage of identified clinicians actively participating in the Digital Health Clinical Advisory Group	Not less than 75 per cent
SP6-4	Vehicle Fleet management	Proportion of fleet utilisation	Not less than 70 per cent
SP6-5	Vehicle Fleet management	Proportion of fleet that are low emission vehicles	Not less than 30 per cent

KPI Number	Area	KPI	Target
SP6-6	Asset Management Policy	Master Planning Suite of Documents (RHH, LGH, MCH, NWRH)	Completed
SP6-7	Asset Management Policy	Develop Asset Management Policy to guide Infrastructure Operations, Maintenance and Renewal/Upgrades.	Completed

## Internal Foundation I - Build and Develop a Sustainable and Positive Workforce

We have progressed several initiatives to help us build and develop our workforce to provide effective and efficient healthcare services for all Tasmanians. Improving staff satisfaction and engagement will allow us to retain and attract staff and, through investment in our existing and upcoming leaders, we can improve diversity, drive positive cultural change, and deliver our strategic priorities. Health Workforce 2040 is our long-term strategy to shape a health workforce that meets the needs of Tasmanians now and into the future.

Priority Actions and KPIs are outlined below.

### Priority Actions

- One Health Culture Program
- Health Recruitment Taskforce
- Workforce Training and Development
- Human Resource Information System
- Commission of Inquiry into the Tasmanian Government's Response to Child Sexual Abuse in Institutional Settings

KPI Number	Area	KPI	Target
<b>IFI-1 a</b>	Mandatory Education, Training & Assessment	Safeguarding of Children and Young People - proportion of new staff and volunteers completing initial training upon commencement	100 per cent
<b>IFI-1 b</b>	Mandatory Education, Training & Assessment	Safeguarding of Children and Young People - proportion of all staff and volunteers completing refresher training annually	100 per cent
<b>IFI-2</b>	Mandatory Education, Training & Assessment	Basic Life Support - proportion of clinical workforce that completes Basic Life Support on commencement then annually.	100 per cent
<b>IFI-3</b>	Mandatory Education, Training & Assessment	Hand hygiene - proportion of staff and volunteers working within healthcare services who complete mandatory training on commencement then annually.	100 per cent
<b>IFI-4</b>	Mandatory Education, Training & Assessment	Fire and Emergency Awareness - proportion of staff who complete mandatory training on commencement then annually.	100 per cent

<b>KPI Number</b>	<b>Area</b>	<b>KPI</b>	<b>Target</b>
<b>IFI-5</b>	Mandatory Education, Training & Assessment	Human Resource Essentials - proportion of relevant staff who complete mandatory training within prescribed timeframe	100 per cent
<b>IFI-6</b>	Mandatory Education, Training & Assessment	Work Health and Safety - proportion of relevant staff who complete mandatory training within prescribed timeframe	100 per cent
<b>IFI-7</b>	Staff Engagement	Response rate for people matters survey	Increase
<b>IFI-8</b>	Staff Engagement	Staff engaged in culture development programs	Increase
<b>IFI-9</b>	Leadership and Management Training	Staff completing Leadership and Management Training	Increase
<b>IFI-10</b>	Respecting Diversity	Staff completing LGBTQIA+ inclusive healthcare training	Increase
<b>IFI-11</b>	Respecting Diversity	Staff completing aboriginal cultural respect in health services training	Increase
<b>IFI-12</b>	Building Workforce Capacity	Enrolled nurse workforce as a percentage of total nursing workforce (state-wide)	Increase by 10 per cent

## Internal Foundation 2 - Strengthen our Governance, Risk and Financial Management, Performance and Accountability

Work continues to ensure our governance arrangements, the way we manage strategic and operational risks, and how we plan for the future support the attainment of our strategic priorities and the delivery of high-quality care to Tasmanians.

Priority actions and KPIs are outlined below.

### Priority Actions

- Governance Arrangements
- Process Improvements
- Risk Management
- Clinical Service Plans

KPI Number	Area	KPI	Target
IF2-1	Finance and Budget	Total National Weighted Activity Units (NWAU's)	TBD
IF2-2	Finance and Budget	Variation from budget - full year projected	Expenditure within budget
IF2-3	Clinical Coding	Proportion of admitted patient episodes completed within 42 days of separation	Not less than 100 per cent
IF2-4	Clinical Coding	Proportion of errors corrected within 30 days	Not less than 100 per cent

## Internal Foundation 3 - Strengthen Clinical Safety, Quality and Regulatory Oversight

Establishing an effective clinical governance structure is critical to improving healthcare across the public health system by ensuring accountability, transparency, and responsiveness to change. This is underpinned by the Quality Governance Framework for Tasmania's Publicly Funded Health Services (the Quality Governance Framework). The Clinical Executive provides reporting, policy and strategic advice to the Health Executive and operates with a system-wide safety and quality focus. In this, it is supported by its Safety, Quality and Accreditation Subcommittee (SQA).

Key actions and KPIs are outlined below.

### Priority Actions

- Clinical Governance
- Clinical Oversight and Input
- Regulation and Accreditation

KPI Number	Area	KPI	Target
IF3-1	Consumer Satisfaction	Consumer satisfaction with the quality and treatment of care - Hospital inpatients	Not less than 80 per cent
IF3-2	Consumer Satisfaction	Consumer satisfaction with the quality and treatment of care - Hospital outpatients	Not less than 80 per cent
IF3-3	Consumer Satisfaction	Consumer satisfaction with the quality and treatment of care - Emergency Departments	Not less than 80 per cent
IF3-4	Consumer Satisfaction	Consumer satisfaction with the quality and treatment of care - Mental health	Not less than 80 per cent
IF3-5	Consumer Satisfaction	Consumer satisfaction with the quality and treatment of care - Oral Health	Not less than 80 per cent

<b>KPI Number</b>	<b>Area</b>	<b>KPI</b>	<b>Target</b>
<b>IF3-6</b>	Consumer Satisfaction	Satisfaction with ambulance services - Ambulance Tasmania	Not less than 98 per cent
<b>IF3-7</b>	Health Service Safety & Quality	Hand hygiene compliance - major and rural hospitals	Not less than 80 per cent
<b>IF3-8</b>	Health Service Safety & Quality	Hand hygiene compliance - Oral Health	Not less than 80 per cent
<b>IF3-9</b>	Health Service Safety & Quality	Hand hygiene compliance - Ambulance Tasmania	Not less than 80 per cent
<b>IF3-10</b>	Health Service Safety & Quality	Hand hygiene compliance - Mental Health inpatient facilities	Not less than 80 per cent
<b>IF3-11</b>	Health Service Safety & Quality	Healthcare associated infections - staphylococcus aureus bacteraemia	Not more than 1.0 per 10,000 patient days
<b>IF3-12</b>	Health Service Safety & Quality	Proportion of relevant healthcare professionals who are credentialed	100 per cent

# Appendices

## Provision of Health Services and Health Support Services under Contractual Arrangements

The THS is required to provide the health services and health support services as defined in s.3 of the Tasmanian Health service Act 2018 pursuant to contractual arrangements entered between that party and the THS from time to time.

Party	Health Services and/or Health Support Services
Commonwealth of Australia	<p>Health Services</p> <p>The provision of such medical services, paramedical services and any other services which fall within the meaning of paragraphs (b), (c) and (f) of the definition of “health service” in s.3 of the Act as may be required to treat and/or stabilise and/or evacuate patients from Australia’s Antarctic Territory and/or the Southern Ocean region to a public hospital in Tasmania. Such services are to include where appropriate the provision of medical services comprising professional advice or diagnostic services either remotely or in person.</p> <p>Health support services</p> <p>The provision of a health support service within the meaning of paragraph (b) of the definition of ‘health support service’ in the Act being the supply of a service in the form of training of Commonwealth personnel in Antarctic and remote medicine and/or the sterilisation of the entity’s medical and scientific equipment for use in the Antarctic and Southern Ocean region to the Party in its capacity as a provider of health services.</p>
Any party that is a provider of health services (within the meaning of the definition of ‘health service’ in s.3 of the Act)	<p>The provision of a health support service within the meaning of paragraph (b) of the definition of ‘health support service’ in the Act being the supply of a good or substance, in the form of Ant venom extracts for use in venom immunotherapy and diagnosis of allergy, to the party in its capacity as a provider of health services.</p>



Party	Health Services and/or Health Support Services
<p>Health Care Burnie Pty Ltd</p>	<p>The provision of such medical services, paramedical services and any other services which fall within the meaning of paragraphs (b), (c) and (f) of the definition of “health service” in s 3 of the Act as may be required in a medical emergency to stabilise patients of the North West Private Hospital, transfer those patients from the North West Private Hospital to a public hospital, or for maternity services.</p>
<p>Healthscope (Tasmania) Pty Ltd</p>	<p>Health Services</p> <p>The provision of services which fall within the meaning of paragraphs (b), (c) and (f) of the definition of “health service” in section 3 of the Act as may be required to provide Continence Nursing Services, Stomal Therapy Nursing Services and Endoscopic Retrograde Cholangic Pancreatography (ERCP) Endoscopy Services to patients of the Hobart Private Hospital Private.</p> <p>Health support services</p> <p>The provision of a health support service within the meaning of paragraph (b) of the definition of ‘health support service’ in the Act being the supply of a service, in the form of the collection, disposal and / or transfer of waste, human tissue and deceased bodies from the Hobart Private Hospital to the Party in its capacity as a provider of health services.</p>
<p>Any party that is a provider of health services (within the meaning of the definition of ‘health service’ in s.3 the Act)</p>	<p>Corporate and administrative support</p> <p>The provision of all health support services in the form of corporate or administrative support and any other services that fall within the meaning of paragraph (d) of the definition of ‘health support service’ in s.3 of the Act as may be required to assist, support or enable the delivery of any services that fall within the meaning of the definition of ‘health service’ in s.3 of the Act.</p> <p>Provision of equipment and consumables</p> <p>The provision of health support services in the form of the supply or procurement of goods, substances or services that fall within the meaning of paragraph (b) of the definition of ‘health support service’ in s.3 of the Act and being such general office or medical consumables equipment, pharmaceutical products and associated services as may be required to assist, support or enable the delivery of any services that fall within the meaning of the definition of ‘health service’ in s.3 of the Act.</p> <p>Sterilising Services</p> <p>The provision of health support services in the form of the supply or procurement of equipment sterilising services that fall within the meaning of paragraph (b) of the definition of ‘health support service’ in s.3 of the Act as may be required to assist, support or enable the delivery of any services that fall within the meaning of the definition of ‘health service’ in s.3 of the Act.</p>