



2022–23

Department of Health

# Annual Report



## About this publication

This Annual Report provides an overview of the Department of Health's operations for the financial year ending on 30 June 2023. This information is for all stakeholders with an interest in hospitals, ambulances, community health, and related areas such as primary healthcare.

It includes the highlights of the year, an overview of our operations, major initiatives and performance during 2022–23.

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Annual Report 2022–23

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*The artwork has been adapted from local Tasmanian Aboriginal artist Takira Simon-Brown's 2022, 'Health nayri'. The items from Takira's paintings signify different cultural healing elements, including edible wreaths, healing fire, medical plants and healing circles. The underlying layer contains waterways and a bark canoe, representing mob returning to participate in communal healings. Takira is a proud descendant of Chief Mannalargenna of the Plangermaireener nation of lutruwita Tasmania.*

## Acknowledgment of Country

The Tasmanian Department of Health respectfully acknowledges Tasmanian Aboriginal people as the traditional custodians of the land on which we live, work and play and pays respect to Aboriginal Elders past and present.

## Recognition Statement

Tasmanian Aboriginal peoples' 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. We recognise that 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 community-controlled organisations in strengthening health and wellness. We commit to working in partnership with Tasmanian Aboriginal people and health leaders now and into the future to improve health and wellbeing.

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# Submission to the Minister

Jeremy Rockliff MP  
Premier  
Minister for Mental Health and Wellbeing  
Minister for State Development, Trade and the Antarctic  
Minister for Tourism and Hospitality

Hon Guy Barnett MP  
Minister for Health  
Minister for Energy and Renewables  
Minister for Veterans' Affairs

Dear Ministers

## **Department of Health Annual Report 2022–23**

In accordance with the requirements of section 30 of the *Tasmanian Health Service Act 2018*, section 36 of the *State Service Act 2000* and section 42 of the *Financial Management Act 2016*, I have pleasure in presenting the Department of Health Annual Report for the financial year ending 30 June 2023.

Please note that this report also includes the Annual Reports of the Council of Obstetric and Paediatric Mortality and Morbidity and the Tasmanian Pharmacy Authority.



**Kathrine Morgan-Wicks PSM**

Secretary  
Department of Health  
3 October 2023

## Message from the Secretary

As Secretary for the Department of Health I present the 2022–23 Annual Report.

This Report highlights the extraordinary efforts of our hardworking and dedicated staff to deliver high-quality health services to Tasmanians across our 300-plus health sites and settings across the State.

It details the progress we are making on our *Strategic Priorities 2021–23*, as we build a health system that meets our needs now and into the future.



In June this year, I was pleased to see the release of the *Long-Term Plan for Healthcare in Tasmania 2040* and three regional Clinical Services Profiles. The release of the Long-Term Plan is an important milestone in our health reform agenda – *Our Healthcare Future*. It focuses on delivering a more connected health system – a blueprint for how we will achieve our vision that all Tasmanians are supported by a world class, innovative and integrated health system.

Strong progress is being made towards goals under our Long-Term Plan through initiatives like *Health Workforce 2040*, our 10-year *Digital Health Transformation Strategy – Improving Patient Outcomes*, hospital master planning for our four hospitals and 20-year infrastructure planning.

Our *Digital Health Strategy* will transform Tasmania's digital health infrastructure and the way health services are delivered across the State. The project is anticipated to receive more than \$475 million of investment between 2022 and 2032. Projects in the first stage of the strategy are aimed at modernising clinical information systems and introducing new digital technologies. The strategy is aimed at delivering a better integrated and more transparent health system that allows staff and consumers to make more informed decisions about their health.

We are continuing to expand virtual care services, building on the success of the COVID@homeplus program, and developing central virtual care hubs and specialised response teams. The expansion will support people to receive care in the community for as long as possible, reducing unnecessary trips to hospital for patients and freeing up capacity in our hospitals.

We are also progressing major infrastructure projects, including the Royal Hobart Hospital (RHH) Redevelopment, Launceston General Hospital (LGH) Redevelopment, upgrades to the North West Regional Hospital and Mersey Community Hospital, upgrades to district hospitals, and building eight new ambulance stations across Tasmania, which are either recently completed, under construction or in the planning phase.

Ensuring the safety of our staff and patients within our hospitals continues to be a strong focus, and we continue to progress our *Enhancing Health Service Employee Safety* project following the wounding of a staff member at the North West Regional Hospital in April. This project will implement the outcomes of an independent review of safety and security in our emergency departments, which is investigating changes to enhance safety for staff across all emergency departments.

We are working hard to ensure those on the outpatient and elective surgery waiting lists are seen sooner, with significant list reductions achieved by positive results from transformation projects in these areas. Work is underway to deliver 22 000 additional endoscopy procedures by 2027 under our Statewide Endoscopy Four-Year Plan, which is also aimed at reducing wait times.

Importantly, I would like to acknowledge the work of the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings. The Commission hearings focused on the Department of Health were harrowing and challenging, and underlined the need for all of us to take immediate and significant action. The Child Safe Governance Review handed down 92 recommendations to improve child safety in our health service, which we are committed to implementing in full in addition to the Commission recommendations.

There is nothing more important than keeping children safe, and we are continuing to make positive changes within our health service to better protect the most vulnerable in our community. A key part of this is ensuring our staff are trained and educated in child safety, with more than 15 500 people across the Department of Health having completed mandatory training in child safeguarding. This equates to more than 98 per cent of current staff statewide, making it the largest known training and education effort ever completed by the Department.

We are making other changes to ensure all child and adolescent wards across Tasmania are safe and welcoming to children, as part of our ongoing work to improve child safety and wellbeing. Children's inpatient services statewide will soon be known by an animal name voted by staff on the recommendation of children, with Wombats and Penguins still in a fierce contest between North and South!

Underpinning our Strategic Priorities and delivery of our child safeguarding reforms is our work to improve our culture through our One Health Culture Program. One Health is about building an inclusive working environment reflecting the diversity of our workforce and supports employees to work together to improve the health and wellbeing of Tasmanians. It also focuses on leadership and accountability, and engaging all staff to commit to our One Health values of Compassion, Accountability, Respect and Excellence.

Complementing our *Health Workforce 2040* strategy, we are rolling out several important workforce initiatives, including leadership programs and a new allied health scholarship program to boost our allied health workforce across a range of professions.

Ensuring Tasmanians can access timely and appropriate mental health support is an ongoing focus, and we continue to progress mental health policy and reform initiatives including *Rethink 2020: A State Plan for Mental Health in Tasmania 2020–2025* and the *Reform Agenda for the Alcohol and Other Drugs Sector* in Tasmania.

It was pleasing to see the launch of the draft *St Johns Park Health Precinct Masterplan*, a blueprint for the future of the site, which will include mental health, drug and alcohol services, and other community health services.

A number of positive developments are in progress to better support Tasmanians' mental health, including the Tasmanian Eating Disorder Service and the expansion of the successful Mental Health Emergency Response Service to the State's North West.

In closing, I would like to thank everyone across the Department, our working partners, stakeholders and volunteers, for their dedication and commitment to their roles, as we continue to work together to make our health service the best it can be for all Tasmanians.

**Kathrine Morgan-Wicks PSM**  
Secretary

3 October 2023



# Our Key Achievements 2022–23

Over the course of 2022–23, our hospitals performed a total of

**21 381**  
emergency surgery  
and other  
procedures

- LGH performed 8 018
- MCH performed 310
- NWRH performed 2 069
- RHH performed 10 984



**136 579 ambulances**

dispatched including:

**63 573** emergency responses

**55 466** urgent responses

**17 540** non-urgent responses



More than **211 875** hours  
of service contributed by  
**Ambulance  
Tasmania** volunteers

Attended to

**173 888 emergency  
department  
presentations**

an increase of **612** presentations  
compared to the previous year



**5 900+ triple-0**

calls diverted from emergency  
ambulance response into alternate care

Mental Health Emergency Response Service  
**assessed 1 568 total cases**

**75.3%** were able to remain in the community

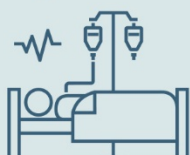
**1 615**

Community AED  
defibrillators in  
the community

**21 364 elective  
surgeries** performed

This is more than at any point on record  
and a **5%** increase on last year

- 8 131 at the LGH
- 1 820 at the MCH
- 1 977 at the NWRH
- 9 436 at the RHH



Since 2021 the Recruitment Health Taskforce  
has increased the number of doctors, nurses

and allied health staff by some **721** (FTE)

Oral Health Services  
Tasmania provided

**182 750** episodes or care



**4 910** Aged Care assessments  
**1 223** Hospital assessments  
**3 687** Community assessments



Performed more than

**13 200**  
**endoscopies**



This is more than at any point on record and an increase of **16%**

## Digital Health Transformation Program:

- eReferrals successfully implemented at all major hospitals providing faster communications between GPs and Outpatient Services
- Implemented new surgical instrument tracking system in NWRH
- Digital Health Transformation program procurement commenced

**4 500+ babies**

born in Tasmanian public and contracted public services at private hospitals.



This includes more than:

**1 900+** at Royal Hobart Hospital  
**1 500+** at Launceston General Hospital  
**900+** at the North West Birthing Service

**597 348 Outpatient appointments attended**

**273 254** in the South

**210 596** in the North

**113 498** in the North West

This is an increase of **20 425**

## Infrastructure

Completed LGH Projects:

- Woman's and Children's Precinct
- Administration and Learning Building
- Acute Medical Unit Upgrade

Completed RHH Projects:

- Opening of the Peacock Centre
- Stage 1 ED Expansion
- Endoscopy Short Stay Unit
- Cardiology Unit Upgrade
- Ward 6A Trauma and Acute Surgical Unit

Completed NWRH Projects:

- North West Antenatal Clinic



**33 352 women**

screened by BreastScreen Tasmania

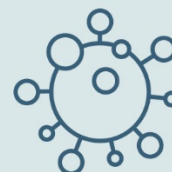
Continued to respond

**COVID**

**21 000** patients cared for through the COVID@Home service

**4 200 000 RATs** distributed

**466 000 PCR** tests performed



Supported Tasmanian families with children **0-5 years**

of age on **51 729 occasions**

through our Child Health and Parenting Service (CHaPS)





## Our Department



## The Role of the Department of Health

The Tasmanian Department of Health, led by the Secretary, delivers high-quality health services and promotes the health and wellbeing of all Tasmanians.

The Department of Health has more than 16 000 staff, with healthcare delivered across our 300-plus health sites and settings across the State. The Department is responsible for hospitals, ambulances and community health, while also supporting related areas such as primary healthcare.

The Department is progressing major infrastructure projects at Tasmania's major hospitals and district hospitals, while also building new ambulance stations across Tasmania. As part of a commitment to delivering new and innovative health services to the Tasmanian community, digital health infrastructure is being transformed and virtual care services are being expanded. The Department is also making positive changes within our health services to better protect children and young people in our community.

The Department provides professional advice to the Ministers for Health and Mental Health and Wellbeing, and advice to public healthcare services.

The Department of Health has recently launched the *Long-Term Plan for Healthcare in Tasmania 2040*. This Plan focuses on delivering a more connected health system into the future for Tasmania and supports the key priority of building a system that delivers the right care, in the right place, at the right time.

## Corporate Governance

The Department of Health (DoH) is committed to ensuring our health system is operating with the most effective governance structure possible.

An effective governance structure:

- supports accountability and responsiveness to change to provide a clear and consistent strategic direction across the DoH
- provides opportunities for clinicians and consumers to inform and shape important decisions about how healthcare is delivered in Tasmania
- allows us to focus on community-based care and health system reform
- supports clinical and business consistency
- provides clarity and transparency of decisions for our staff.

The corporate governance committee structure has been developed to streamline the business of the DoH. It is designed to support the governance framework and strengthen decision-making authority and accountability while continuing to build a stronger sense of collaboration, cooperation and shared purpose within the DoH. Significant changes to our governance framework have been implemented since 1 March 2020 with further governance changes recommended by the Governance Advisory Panel implemented in 2022–23.

## Health Executive

The Secretary, as the accountable officer of the DoH, is supported by the Health Executive. The purpose of the Health Executive is to lead on strategic directions and provide oversight of the DoH's key responsibilities. The Health Executive ensures accountability, transparency and responsiveness to change, providing focus and consistency in decision-making.

The Health Executive has been established to provide oversight and direction to the public health system, to strengthen systems coordination and to ensure implementation of directions set by Government. The DoH and Tasmanian Health Service (THS) executive have been streamlined into one Health Executive, which will enable the executive to work as one team, ensure an appropriate level of visibility and participation of key functions, and that the strategic direction is influenced by local business requirements.

The THS is the service delivery arm of the DoH which provides public hospital, medical, community health and a range of other services relating to the maintenance, improvement and restoration of health.

The THS Executive is responsible to the Secretary for:

- the administration and management of the THS
- the performance and exercise by the THS of the functions and powers of the THS
- compliance with any directions given to the THS under the *Tasmanian Health Service Act 2018*.



Key Health locations in Tasmania

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's 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 Oversight** – ensures that investment in, and management of, the DoH's 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
- **Statewide Health Environmental Sustainability** – leads and provides a more coordinated and strategic approach to climate change opportunities and other environmentally sustainable activities across the Agency
- **System Performance and Forecasting** – provides strategic oversight and direction to the DoH's 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.

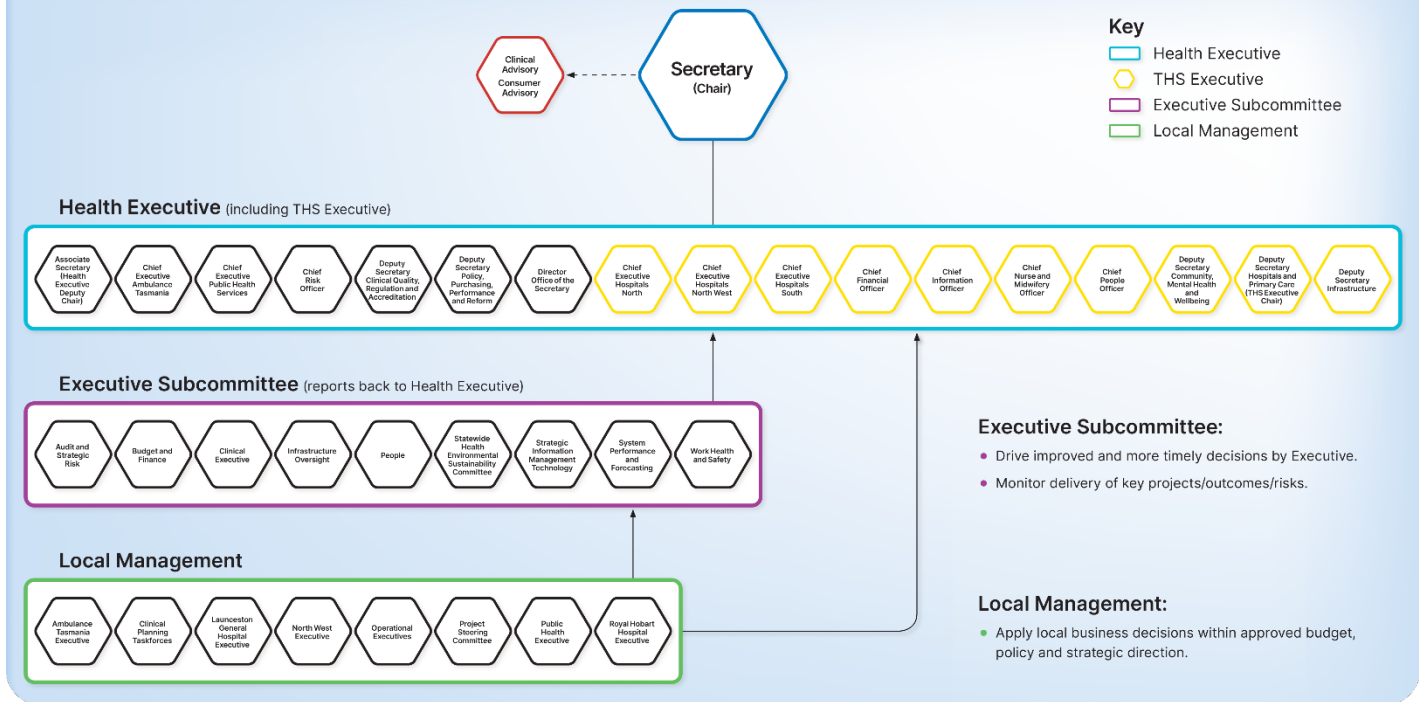
Health Executive subcommittee meetings, July 2022–June 2023

Committee Name	Meetings convened	Expected meetings	Out-of-session papers	% of meetings convened
Audit and Risk	5	5	0	100%
Budget and Finance	8	10	3	80%
Clinical Executive	7	10	1	70%
Health Executive	28	28	2	100%
Infrastructure Oversight	4	6	7	67%
People	9	10	1	90%
Strategic Information Management and Technology	7	10	8	70%
Statewide Health Environmental Sustainability *	6	9	0	67%
System Performance and Forecasting	9	10	1	90%
THS Executive	21	23	0	91%
Work Health and Safety	6	9	0	67%

\*established October 2022

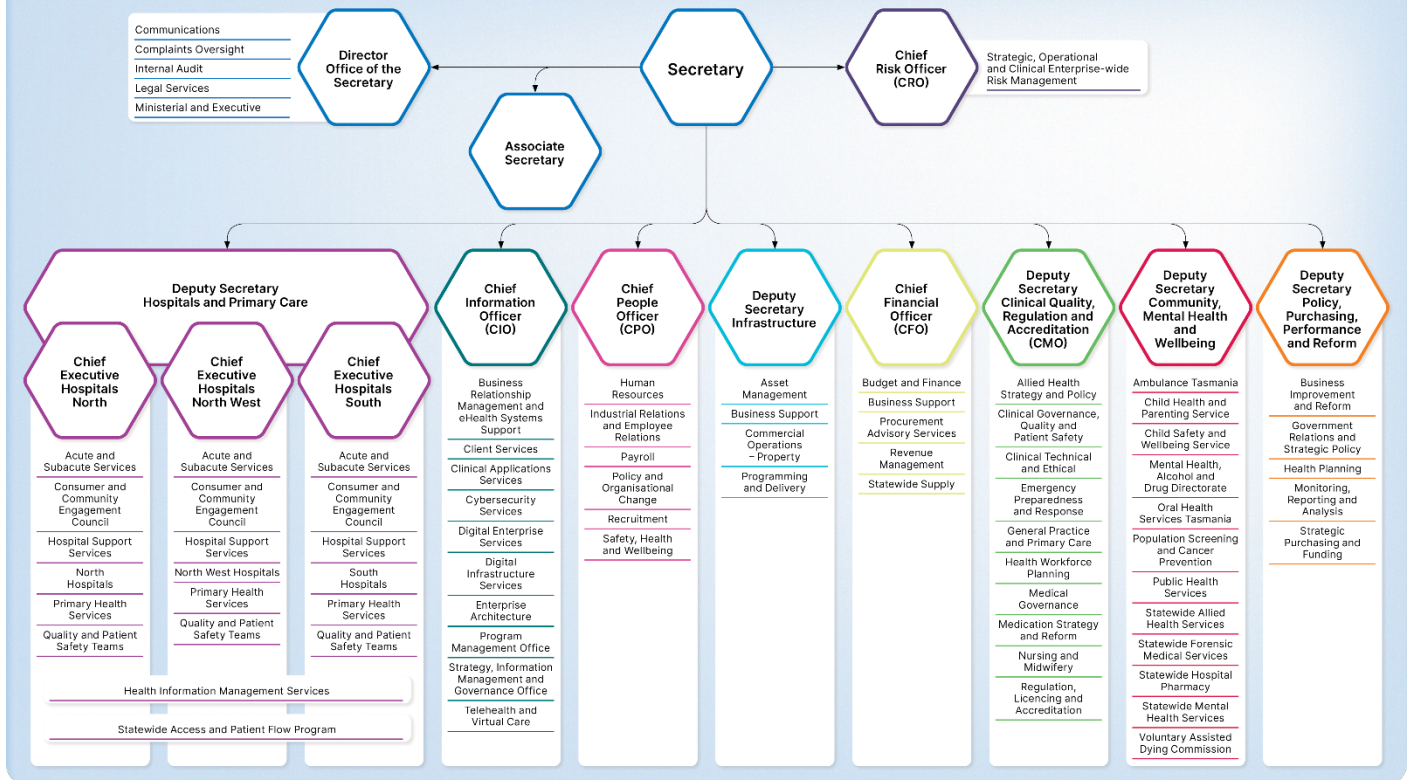


## Department of Health – Governance



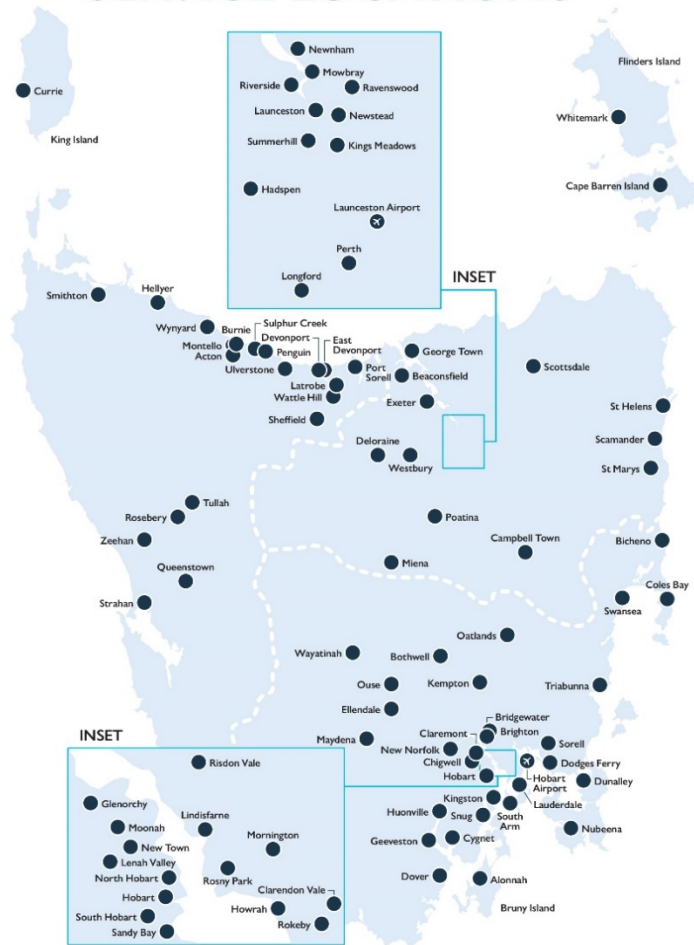
Department of Health and Tasmania Health Service Governance Structure

## Department of Health



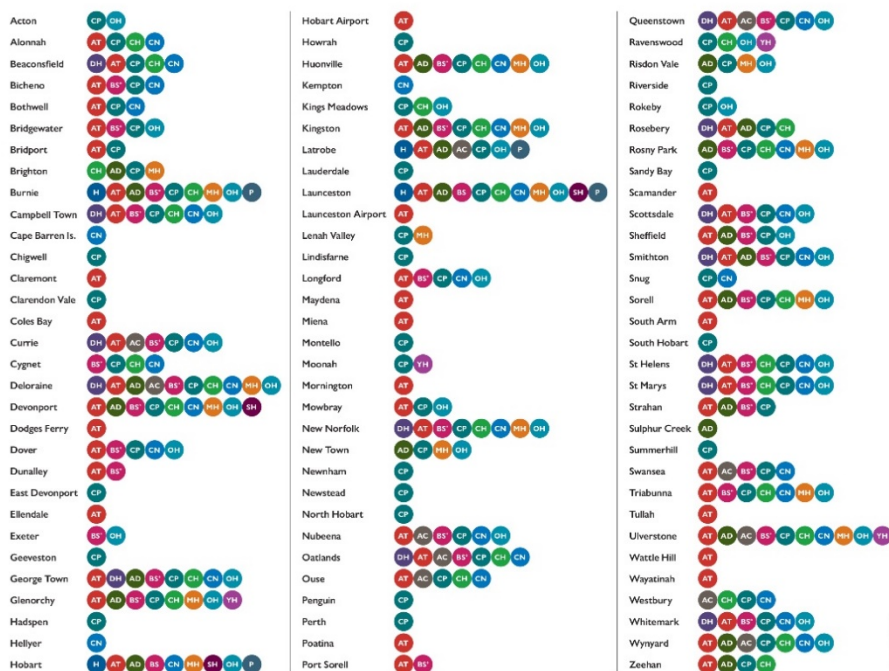
Department of Health Organisation Structure

# DEPARTMENT OF HEALTH SERVICE LOCATIONS



## KEY

- H** Hospital
  - DH** District Hospital
  - AT** Ambulance Tasmania
  - AD** Alcohol and Drug Service\*
  - AC** Aged Care Service
- BS** Breast Screen Tasmania
  - CP** Child Health and Parenting Service
  - CH** Community Health Centre
  - CN** Community Health Nursing Service
  - MH** Mental Health Service
- OH** Oral Health Service
  - P** Pharmacy
  - SH** Sexual Health Service
  - VA** Voluntary Assisted Dying\*
  - YH** Youth Health Service



\*Includes Outreach clinics. \*Mobile units visit this location. \*Statewide service.

August 2023 v2

## Health Executive Members

As at 30 June 2023



**Kathrine Morgan-Wicks PSM**  
Secretary



**Shane Gregory**  
Associate Secretary



**Dale Webster\***  
A/ Deputy Secretary  
Hospitals and Primary Care



**Associate Professor, Tony Lawler**  
Deputy Secretary and Chief Medical Officer  
Clinical Quality, Regulation and Accreditation



**Dr Sonj Hall**  
Deputy Secretary  
Policy, Purchasing, Performance and Reform



**Andrew Hargrave\***  
A/Deputy Secretary  
Infrastructure



**George Clarke**  
A/Deputy Secretary  
Community, Mental Health and Wellbeing



**Craig Jeffery\***  
Chief Financial Officer  
Finance and Business Support



**Michelle Searle\***  
Chief People Officer  
Human Resources



**Warren Prentice**  
Chief Information Officer  
Health Information, Communication and Technology





**Paula Hyland\***  
Chief Executive  
Hospitals North West



**Fiona Lieutier\***  
A/Chief Executive  
Hospitals North



**Susan Gannon\***  
Chief Executive  
Hospitals South



**Jordan Emery\***  
Chief Executive  
Ambulance Tasmania



**Lisa Howes**  
Director  
Office of the Secretary



**Matthew Arnold\***  
A/Chief Executive  
Public Health



**Francine Douce**  
Chief Nurse and Midwife

## Our Groups

### Clinical Quality, Regulation and Accreditation

Clinical Quality, Regulation and Accreditation (CQRA) consolidates specialist clinical and professional advice on clinical quality, regulation, accreditation, professional and workforce issues impacting the Tasmanian health system and in response to national and international agendas.

The Group ensures there are policy, regulatory, quality, strategic workforce and clinical governance frameworks across public and private health services in Tasmania. These frameworks aim to support all elements of the health system to safeguard patient, client and employee safety and shape a health workforce that meets the needs of the community and the workforce. This includes structured credentialing and scope-of-practice processes for relevant health professionals; high-quality, safe, equitable and cost-effective use of and access to medicines; engaging and collaborating with stakeholders to identify workforce barriers and opportunities; and high-quality research in the health system aimed at improving outcomes for Tasmanian patients and facilitating equity of access to national and international research trials.

CQRA includes the following units:

- Allied Health Strategy and Policy
- Clinical Governance, Quality and Patient Safety
- Clinical, Technical and Ethical Advice
- Emergency Preparedness and Response
- General Practice and Primary Care
- Health Workforce Planning
- Medical Governance
- Medication Strategy and Reform
- Nursing and Midwifery
- Regulation, Licensing and Accreditation.

CQRA provides health professional policy and leadership oversight for the Tasmanian public health system. Lead roles include the Chief Medical Officer, Chief Nurse and Midwifery Officer, and Chief Allied Health Advisor. Key functions include contributing to national discussions on health workforce reforms, registration and accreditation, the credentialing of health practitioners, and collaborating on local and national clinical, technical and ethical health policy. The delivery of *Health Workforce 2040*, a key output of the *Our Healthcare Future* reform agenda, also sits with CQRA.

The Group also supports the development of emergency preparedness and response capability across the DoH.

The Group oversees quality use of and equitable access to medicines. This includes medications purchasing, the Quality Use of Medicines policy, Tasmanian Medicines Access and Advisory Committee, and the Tasmanian Medicines Formulary.

CQRA provides 'system management' oversight of the adherence of care to the principles of the *Quality Governance Framework for Tasmania's Publicly Funded Health Services*. The Group also undertakes regulatory functions on behalf of the Minister under the Australian Health Service Safety and Quality Accreditation Scheme, for both public and private health service accreditation. This includes the licensing of private Health Service Establishments on behalf of the Secretary under the *Health Service Establishments Act 2006* and *Health Service Establishments Regulations 2021* and for non-emergency patient transport under section 35D of the *Ambulance Service Act 1982*.

## Hospitals and Primary Care

The Hospitals and Primary Care group is a newly formed group created in October 2022. Hospitals and Primary Care is responsible for the delivery of services throughout hospitals and primary care settings across Tasmania.

This group includes:

- Aged Care Reform Unit
- Health Information Management Service
- Hospitals North
- Hospitals North West
- Hospitals South
- Statewide Hospital Services provided by Hospitals South
- Outpatients Transformation Program
- Primary Healthcare Services
- Statewide Access and Patient Flow Program
- Virtual Care Program.

### Aged Care Reform Unit

The Aged Care Reform Unit (ACRU) was launched in January 2023 to develop and implement a statewide framework for integrating, delivering and monitoring programs of work to improve the flow of older patients between hospitals and residential aged care services. This includes minimising non-clinical delays to hospital discharge, to support better patient outcomes and health system capacity.

## Health Information Management Service (HIMS)

HIMS is responsible for providing advice and guidance for records management to staff in acute and community-based services/facilities, including design, retention, storage and disposal (corporate and health records). HIMS staff are expert custodians of health information, applying, monitoring, and evaluating contemporary governance standards across the THS.

## Hospitals North

**Hospitals North** is responsible for a broad range of healthcare services delivered within the Launceston General Hospital and through Primary Health North. The LGH is Tasmania's second largest hospital and the major referral centre for Northern Tasmania, operating within its designated role in the Tasmanian Role Delineation Framework as a Level 5 hospital.

These services include:

- Emergency Department
- General Medicine
- Surgery and Perioperative Services
- Women's and Children's Services
- Primary Health.

The LGH also delivers extensive outpatient and ambulatory services for the local community. These are patient centred and provided by multidisciplinary practitioners, including doctors, nurses and allied health practitioners with clinical support staff.

**Primary Health North** provides healthcare services at district and community sites including:

- eight district hospitals across the northern geographical area, including Flinders Island, which provide inpatient and ambulatory health care services supported by general practitioners and other healthcare professionals; several also provide residential aged care under Tasmanian or Australian government funding arrangements
- community health centres that incorporate clinics and ambulatory services supported by a diverse range of healthcare practitioners including physiotherapists, social workers, podiatrists and youth health workers
- community nursing services
- home help and personal care services
- specialist palliative care services
- special programs that support care in the home, including the Community Rapid Response Service (ComRRS), HealthCare Connect and Specialist Nursing Services (continence, dementia and wound care).



## Hospitals North West

In September 2022 the Chief Executive Hospitals North West position was created (a recommendation of the Governance Advisory Panel), with Hospitals North West and Hospitals North separating into two regions, each with its own governance structure. **Hospitals North West** provides a broad range of healthcare services across North West Tasmania, similar to those provided at the LGH and the RHH, but generally at a lower level of complexity.

Hospitals North West comprises the following groups:

- King Island District Hospital
- Mersey Community Hospital (MCH)
- North West Regional Hospital (NWRH)
- Primary Health North West
- Smithton District Hospital
- West Coast District Hospital.

**NWRH** maintains a 24-hour emergency department and provides an extensive range of healthcare services, including medical and surgical services, within its designated role in the Tasmanian Role Delineation Framework (generally as a Level 4 hospital). It is the main referral hospital for the North West. More complex patients requiring higher level specialist care are referred to the LGH or RHH as required.

**MCH** maintains a 24-hour emergency department and inpatient care in medicine and rehabilitation and provides day surgery and endoscopy services consistent with its role in the Tasmanian Role Delineation Framework (generally as a Level 3 hospital). The MCH is undergoing major infrastructure works to enhance its capacity, including an expanded outpatient and ambulatory care unit.

**Primary Health North West** provides healthcare services at district and community sites including:

- community health centres that incorporate clinics and ambulatory services supported by a diverse range of healthcare practitioners including physiotherapists, social workers, podiatrists and youth health workers
- community nursing services
- Hospital in the Home (HITH)
- home care/personal care and home maintenance
- specialist palliative care services
- special programs that support care in the home, including the ComRRS, Community Nursing Enhanced Connections Service and Specialist Nursing Services (continence, dementia and wound care)
- three district hospitals across the North West region; each site also coordinates the delivery of a broad range of community services, visiting service and support groups such as community nursing, child health, dental services, antenatal clinics and alcohol and drug services.

**King Island Multipurpose Centre** operates as a multipurpose centre with six acute care beds, eight high care and six low care residential aged care beds and an emergency first response service.

**Smithton District Hospital** operates with 12 acute care beds and an emergency first response service.

**West Coast District Hospital** operates with 9 acute care beds, 16 residential care beds and an emergency first response service.

## Hospitals South

**Hospitals South** delivers a broad range of healthcare services across the following clinical streams:

- Allied Health
- Emergency Department 24-hour
- Critical Care, Clinical Support and Investigations
- Medical and Cancer Services
- Subacute, Aged and Community Services
- Surgical and Perioperative Services
- Women's and Children's Services.

These services are supported by the Integrated Operations Centre and Hospital Support Services.

Health facilities include the RHH, Tasmania's largest hospital and the only Level 6 facility in the Tasmanian Role Delineation Framework, and the major referral centre for the State. It provides acute, subacute, mental health and aged care inpatient and ambulatory services and is the major clinical teaching and research site for the University of Tasmania (UTAS) and other institutions. **Primary Health South** includes New Norfolk District Hospital, Midlands Multipurpose Health Centre, Repatriation Centre and 12 community health centres.

## Statewide Services

Hospitals South provides a range of statewide services including those described below.

The **Tasmanian Burns Service** is coordinated through the Tasmanian Burns Unit, which is based at the RHH. The Unit is the statewide provider of specialised care in the management of burn injuries for paediatric and adult patients. The Tasmanian Burns Unit also facilitates specialist training for staff, provides education and training to rural and regional clinicians, and collaborates with the community and industry groups on burns prevention and first aid.

**Cardiology/Cardiothoracic Services** involves prevention, investigation, diagnosis, treatment and management of a range of adult cardiac diseases, eg coronary artery disease, valvular heart disease, arrhythmias, heart failure, pulmonary hypertension and adult congenital heart disease. Services include emergency care, acute care, angiography, interventional care, diagnostic services, cardiac surgery, cardiac rehabilitation, and ongoing care for patients with chronic cardiac conditions.

The **Department of Diving and Hyperbaric Medicine**, based at the RHH, is the State referral centre for all diving-related injuries and illnesses (eg decompression sickness, gas embolism), and non-diving-related medical conditions that may benefit from hyperbaric oxygen treatment (eg necrotising fasciitis, gas gangrene, chronic hypoxic diabetic ulcers, osteoradionecrosis, soft-tissue radiation injury). Enhanced capabilities have enabled the department to expand its activities into aerospace medicine and other extreme environments.



*RHH Hyperbaric Chambers*

**DonateLife** coordinates a locally focused organ and tissue donation service for all Tasmanians, to provide quality care of the donor family at end of life using the best practice model for organ and tissue donation.

**Gynaecology Oncology Services** provides coordination and care of women with gynaecological malignancy, providing expertise in radical pelvic and abdominal surgery through the RHH, with outreach clinics at LGH and NWRH.

The **Integrated Operations Centre (IOC)** provides a strategic approach to the development of statewide models of care underpinned by the implementation of real-time data analytics and eHealth-based tools. It supports regional IOC hubs in Hobart, Launceston and Burnie to maintain daily operations in the three main public hospital health services in Tasmania. The overarching aim of all initiatives is to ensure that patients receive the right care, in the right place, at the right time, from the right team.

The **Jack Jumper Allergy Unit** at the RHH provides jack jumper ant venom immunotherapy (desensitisation). While treatment is also available at the NWRH, patients must be stable on treatment before care is transferred from RHH to the low-risk clinic at the NWRH. The Unit also manufactures jack jumper ant venom products for treatment of patients with anaphylaxis to the jack jumper sting in Tasmania, Victoria and South Australia.

**Maternity Services** at the RHH provides tertiary referral services for complex pregnancies and births. This is supported by the Maternal Foetal Medicine Service and Neonatal Services.

A new public **Mother and Baby Unit** opened to patients at the RHH in June 2023. The Unit provides support for mothers experiencing mental health challenges, including postnatal depression and anxiety.

The **Neurosurgery Unit** is a statewide tertiary centre based at the RHH receiving elective and emergency neurosurgery and neurology patients from across the State. The Unit has a total of 24 beds, including four to six neurosurgical high-dependency beds and four neurology specialty beds.

**Neonatal and Paediatric Emergency Transport Service** provides safe, emergency and non-emergency transportation for neonates and critically ill children between hospitals intrastate and interstate, by road, fixed-wing aircraft or helicopter.

**Neonatal and Paediatric Intensive Care Unit** provides highly trained staff, and the latest technology to care for sick and premature babies and children.

**Paediatric Neurology Service** is a multidisciplinary service to improve the health outcomes of infants, children and adolescents with disorders of the brain, nerves and muscles. Areas of expertise include epilepsy, demyelination, neuromuscular diseases, paediatric stroke and suspected degenerative neurological disorders.

**Paediatric Oncology and Hematology Services** provides care and treatment for children and their families with the diagnosis and management of childhood cancer. A multidisciplinary approach to care is taken and, where possible, care is delivered close to home or in collaboration with the Royal Children's Hospital and Peter MacCallum Cancer Centre in Victoria.

**Paediatric Rehabilitation Service** provides support with care planning and resources associated with St Giles therapy services. These are services provided by specialists in early childhood intervention and NDIS disability support services.

**Paediatric Surgery Service** is a consultant-delivered specialist service for babies and children up to 14 years of age, providing general and neonatal surgery, paediatric urology and outreach clinics at the LGH.

**Paediatric Cystic Fibrosis Service** provides care across three multidisciplinary teams caring for children and their families affected by cystic fibrosis. The teams are based at the RHH, LGH and NWRH and, in some cases, in collaboration with the Royal Children's Hospital, Melbourne.

**Sexual Assault Forensic and Medical Services** provides child and adult medical forensic support at locations across the State. This is a free service with 24/7 sexual assault service for victim-survivors of recent sexual assault including women, men, children and those who identify as transgender or non-binary.

**Sexual Health Service** operates clinics in Hobart and Launceston, and an outreach clinic in Devonport. The service delivers a range of clinical and counselling services that relate to gender identity (for people aged 17 years and over), HIV care, sexual activities, sexual health checks, sexual response and desire, and sexually transmitted infection diagnosis and treatment.

**Spectacles Assistance Scheme** provides a subsidy towards the cost of prescription spectacles, intra-ocular lenses, low vision aids, frames and eye prostheses for financially disadvantaged Tasmanians.

**Statewide Audiology Service** is a multidisciplinary service that provides the Tasmanian Infant Hearing Screening Program, diagnostic audiology for infants, children and adults, and the Tasmanian Cochlear Implant Program (paediatric and adult service). The Service works closely with specialists from the THS Ear Nose and Throat, Paediatrics and Genetics departments who have an interest in childhood hearing loss.

**Tasmanian Adult Cystic Fibrosis Unit (TACFU)** provides quality healthcare to individuals with cystic fibrosis throughout the State. The TACFU consists of a multidisciplinary team implementing the Australian Standards of Care for the management of cystic fibrosis within each discipline.

**Tasmanian Clinical Genetics Service** provides assessment, diagnosis, genetic testing, management advice, counselling and support for individuals and families who have, or are at risk of having, a genetic condition. The Tasmanian Clinical Genetics Service is a statewide service based at the RHH with genetics clinics also held routinely at the LGH and the MCH.



**Tasmanian Gender Service** supports children and young people up to 17 years, and their families, who are experiencing gender-related issues. The service provides multidisciplinary, person-centred care that is consistent with the 'Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents'. The service has a network of support throughout the State and works closely with the Gender Service of the Royal Children's Hospital in Melbourne.

The **Trauma Service** is a statewide, multidisciplinary service based at the RHH that is resourced to provide the full spectrum of care for injured patients. This spans multiple specialties across all phases of care, including pre-hospital, emergency, intensive care, surgery, medicine and rehabilitation.

**The Department of Vascular and Endovascular Surgery (DOVES)** provides a comprehensive vascular service to the population of Tasmania. The Service is based at the RHH with clinics at the RHH, LGH and MCH.

A range of **Youth Health services** for people aged 12 to 24 are offered throughout the State, providing young people with free and confidential health and wellbeing services. This includes support and information on any issue affecting health and wellbeing, health promotion, group programs and referral to other services.

## Statewide Access and Patient Flow Program

The Statewide Access and Patient Flow Program oversees coordinated statewide improvement in patient access and flow. It does this through support, guidance and project resources for hospitals on key improvement projects. It also manages statewide implementation of projects of strategic importance in this area. It has the benefit of providing dedicated resources focused on critical projects with clear governance and oversight.

The aims of the program are:

- improved clinical experience
- better patient experience
- improved patient outcomes.

## Outpatient Transformation Program

The Outpatient Transformation Program is responsible for oversight and delivery of the *Transforming Outpatient Services Strategy 2022–2026*. This strategy incorporates statewide improvement activities and reforms underpinned by seven improvement streams, including:

- Care Delivery
- Business Process Redesign
- ICT and Virtual Care Capability
- Monitoring and Reporting
- Connecting Care
- Service Development.

## Virtual Care Program

The Virtual Care Program was established in April 2023 to improve services for Tasmanians by providing home-based and virtual patient-centred care and to reduce the burden on acute health services. Under the theme of 'Right Care, Right Place, Right Time', the expansion of virtual care aligns with the reform initiatives in the Long Term Plan for Healthcare in Tasmania to place services closer to communities and in people's preferred place of care, often their home.

Building on the success of Hospital in the Home, the Community Rapid Response Service and virtual care models such as COVID@homeplus, work has started to scope a statewide virtual care service delivered through centralised care navigation hubs.

Embedding sustainable virtual care services into the THS provides advantages for patients, their family and carers, healthcare workers and the health system as a whole. By expanding virtual care services, the organisation will be able to support patients who otherwise would be occupying beds across our facilities and thereby preventing avoidable hospital admissions and/or supporting earlier discharge from hospital. It is envisaged that a statewide focus on virtual care will provide opportunities for additional bed capacity over the next two years, and improve the efficiency of resource use to support the care and management of patients across the health service.



*Virtual Care technology*

## Community, Mental Health and Wellbeing

Community, Mental Health and Wellbeing (CMHW) manages the delivery of a broad range of community-facing health services. It has a strong focus on health promotion, preventative health and improvement services.

CMHW includes:

- Ambulance Tasmania
- Child Health and Parenting Service
- Child Safety and Wellbeing Service
- Mental Health, Alcohol and Drug Directorate
- Mental Health Recovery Team
- Office of the Chief Psychiatrist

- Oral Health Services Tasmania
- Population Screening and Cancer Prevention
- Public Health Services
- Statewide Allied Health Services
- Statewide Forensic Medical Services
- Statewide Hospital Pharmacy Services
- Statewide Mental Health Services
- Voluntary Assisted Dying.

## Ambulance Tasmania

Emergency ambulance services operate from 57 locations across the State that are staffed by a combination of paramedics, doctors and volunteers. This includes 16 metropolitan/ urban stations where paramedic crews are rostered 24 hours per day; eight double branch stations where a paramedic is rostered 24 hours a day, with volunteer support; 16 single branch stations where a paramedic is rostered on day shift and available on call after hours, with volunteer support; 11 volunteer-only stations; four community emergency response teams and two airbases. Through this network, Ambulance Tasmania dispatches and coordinates its fleet of road ambulances, fixed-wing, rotary-wing and non-emergency patient transport services via the Communications Centre.

A team of highly qualified paramedics based in urban and rural areas, and approximately 400 volunteer ambulance officers, collectively provides emergency medical response services across the State. Ambulance Tasmania's Secondary Triage service, commenced in 2021, provides lower acuity patients, who are assessed as not requiring an emergency ambulance response, with a referral to alternative medical care pathways. In addition, extended care paramedics and community paramedics provide patient assessment and medical services that allow patients to be treated at home without the need for an emergency ambulance response. These alternative care pathways ensure Triple Zero callers receive the right care, in the right place, at the right time.

Recognising the importance of accessing life-saving equipment as quickly as possible, there are currently 1 615 community defibrillators registered with Ambulance Tasmania under the Early Access to Defibrillation Program.

## Child Health and Parenting Service

The Child Health and Parenting Service (CHaPS) provides a statewide universal child health service to families with children 0–5 years of age. The work of CHaPS clinicians supports and enhances optimal health and developmental outcomes for Tasmanian children and families.

The CHaPS provides nationally recommended growth and developmental surveillance and screening, enhancing parental confidence and capability through provision of health-focused services tailored for clients. Additional support is provided for those experiencing perinatal mental health challenges, breastfeeding concerns, family violence and identified risk factors that may impact the development and safety of an infant, child and their caregiver/s. The service has operated in the Tasmanian community for over 100 years as a nurse-led service model aligned with the *National Framework for Universal Child and Family Health Services*.



CHaPS nurse caring for young baby

Services are delivered through provision of appointments in clients' homes, clinic settings, parenting centres and via telehealth. The service operates from over 70 community-based locations across Tasmania, including standalone CHaPS centres, co-location with other services (eg non-government organisations) and the Department for Education, Children and Young People's Child and Family Learning Centres.

## Child Safety and Wellbeing Service

The statewide Child Safety and Wellbeing Service was established in late 2022 to implement the *Child Safety and Wellbeing Framework*, which outlines the 10 National Principles for Child Safe Organisations. These principles aim to provide a nationally consistent approach to creating organisational cultures that foster child safety and wellbeing across all sectors in Australia.

There are several workstreams within the Child Safety and Wellbeing Service, with key focus areas including engagement with children and young people, supporting reporting mechanisms, intelligence and analysis about safeguarding issues; policy influence; and education and training. The Service also provides secretariat support to the Child Safety and Wellbeing Panel. This is an independent standing panel that supports review of serious child safeguarding events referred by the Secretary of Health. The role of the Panel is advisory in nature and includes a Chair, two independent members and two consumer representatives.

## Mental Health, Alcohol and Drug Directorate

The Mental Health, Alcohol and Drug Directorate supports the planning and delivery of mental health, alcohol and other drugs and suicide prevention services across Tasmania. The Directorate focuses on the needs of consumers and carers through sustainable, accessible, inclusive and safe services.

The Directorate undertakes projects, reforms, research, policy development, monitoring, evaluation and funding management. The Directorate works closely with government agencies, consumers, families and carer organisations, the community sector, and organisations representing diverse communities, to reduce stigma and promote and raise public awareness of mental health issues, suicide prevention and alcohol and other drugs use in Tasmania. The Directorate has strategic oversight of local and national mental health, alcohol and other drugs and suicide prevention, strategy and policy development activities.



## Mental Health Recovery Team (MHRT)

The *Emergency Management Act 2006* provides the legislation for the Tasmanian Government to respond to and recover from a broad range of natural and human-made emergency events. The Tasmanian Emergency Management Arrangement and the State Special Emergency Management Plan provide further governance in enacting the State Recovery Plan. Under the TEMA and State Recovery Plan, the DoH is a coordinating agency for the social recovery domain. The Mental Health Recovery Team provides clinical, policy and project coordination of mental health and psychosocial health services to impacted consumers.

## Office of the Chief Psychiatrist

The Office of the Chief Psychiatrist, together with the Tasmanian Civil and Administrative Tribunal Mental Health Stream and Official Visitors, provides review and oversight of the assessment, treatment and care for people with mental illness consistent with the objects of the *Mental Health Act 2013*. This includes supporting patients and staff to understand their rights and responsibilities, while ensuring their mental health assessment, treatment and care is delivered in the least restrictive setting. Mental health treatment and care must be consistent with clinical needs and follow legal and judicial constraints. Public safety, in addition to patient health, safety and welfare, are key to decision-making.

The Chief Psychiatrist includes the statutory roles of the Chief Civil Psychiatrist and Chief Forensic Psychiatrist established under the *Mental Health Act 2013*.

## Oral Health Services Tasmania

Oral Health Services Tasmania provides dental services to eligible Tasmanians, including adults who are holders of a current health care card or pensioner concession card. The children's dental service is a universal service for all Tasmanians aged 0–17 years.

The service operates from over 30 sites across Tasmania, including:

- major centres in Burnie, Devonport, Launceston, Clarence, Glenorchy and Hobart
- clinics in health centres, district hospitals and some public schools
- three special care dental units in the major hospitals
- two mobile dental units in rural areas
- three school-based dental vans.

## Population Screening and Cancer Prevention

Population Screening and Cancer Prevention oversees the delivery of the three national population cancer screening programs to the Tasmanian population. The area's health promotion unit, Screening Recruitment and Cancer Prevention, undertakes clinician education and community engagement strategies to encourage eligible Tasmanians to participate in the three national population cancer screening programs. The unit works in collaboration with the broader Department and external Tasmanian agencies to meet its objectives.

The **Tasmanian Bowel Cancer Prevention Program** provides local operational oversight of the National Bowel Cancer Screening Program (Australia's population-based screening program for bowel cancer). This includes promotion and recruitment to the screening program, and follow-up of program participants with a positive screening test with the intent of reducing the morbidity and mortality attributed to bowel cancer in the Tasmanian community.

The **Tasmanian Cervical Cancer Prevention Program** (National Cervical Screening Program) recommends women and people with a cervix aged 25–74 have a Cervical Screening Test every five years.

**BreastScreen Tasmania** provides free screening mammography every two years with the provision of annual screening to people in high-risk categories. This service sees women, and eligible trans and gender diverse people aged 40 and over, with 50–74 being the priority age group. BreastScreen operates at two fixed locations in Hobart and Launceston and in 34 regional and remote Tasmanian locations via two mobile screening units.

## Public Health Services

Public Health Services works across all elements of the health system in Tasmania, providing a whole of population focus to prevent and minimise harms, respond to public health threats, and promote good health and wellbeing for all Tasmanians.

Public Health Services works with a range of partners to develop and deliver public health policy, plans, research, grants, programs and information. It administers public health legislation, including the *Public Health Act 1997*, *Poisons Act 1971*, *Therapeutic Goods Act 2001*, *Fluoridation Act 1968*, *Radiation Protection Act 2005* and *Food Act 2003*.

The service also includes the statutory role of the Director of Public Health, who fulfils legislative responsibilities under the *Public Health Act 1997* and other Acts, leads public health responses, such as to COVID-19, monitors population health trends, and advises the Minister for Health on public health matters and emerging issues.

The Chief Pharmacist is based within Public Health Services and oversees the administration of legislation that provides for the possession, supply and use of medicines and poisons.

## Statewide Allied Health Services

Statewide Allied Health Services' core responsibility is to provide strategic support and an allied health perspective into a range of programs, services and projects for the support, development and recognition of all allied health professionals. Statewide Allied Health Services are actively engaged with the National Disability Insurance Scheme (NDIS) and the Children's Therapy Services Funding Agreement.

The Executive Director Allied Health has executive responsibility for a range of statewide programs including the TasEquip Program, the Patient Travel Assistance Scheme, the Perinatal Mental Health Services Project, Family Violence Counselling and Support Services and the Allied Health Workforce Development Consultant.

## Statewide Forensic Medical Services

Statewide Forensic Medical Services provides forensic pathology and non-clinical forensic medical services to other branches of the DoH, Tasmania Police, the Department of Justice and other agencies at a state, national and international level. These services include impartial advice, support and opinion, expert training and comprehensive death and other ancillary forensic investigations, including forensic toxicology interpretation, anthropology and forensic odontology. The Director of Statewide Forensic Medical Services is also appointed by the Minister for Justice to be the State Forensic Pathologist under section 17 of the *Coroners Act 1995* with functions and powers under section 18 of the Act.

## Statewide Hospital Pharmacy

Statewide Hospital Pharmacy provides hospital pharmacy services to patients of Tasmania's acute public hospitals through onsite pharmacy departments and a remote service to the district hospitals.

Services include clinical and specialist pharmacy services, dispensing medications, onsite doses of chemotherapy, involvement in local, national and international clinical trials, and specialist support services including the telehealth-based Remote Clinical Pharmacy service.

## Statewide Mental Health Services

Statewide Mental Health Services (SMHS) supports a wide range of clients, including people experiencing complex mental health, alcohol and drug issues, and supports Correctional Primary Health Service. The services include the provision of inpatient, hospital-based and community-based services, with many provided in partnership with community sector organisations.

SMHS consists of the following services:

- Access Mental Health
- Adult Mental Health Service
- Alcohol and Drug Service
- Perinatal and Infant Mental Health Services
- Child and Adolescent Mental Health Services
- Forensic Mental Health Service
- Correctional Primary Health Service
- Older Persons Mental Health Services.

**Access Mental Health** is a mental health support, triage, and referral phone line delivered by the DoH in partnership with Lifeline Tasmania. It operates 24 hours a day, 365 days a year to support the Tasmanian community and make it easier to access the Tasmanian mental health system.

**Adult Mental Health Service** offers a free, confidential service for adults aged 18 to 65 years who have severe and complex mental health conditions. This statewide service includes assessment, treatment, support and education, which are provided via a range of community-based and inpatient services. Professional clinical teams provide assessment and treatment to adults across a variety of services, including:

- advice and information about services to assist with mental health problems
- assessment, treatment and rehabilitation for people with serious mental illness
- extended treatment, support and care for people with persistent or recurring mental illness.

The Adult Mental Health Service also works with other service providers, private healthcare providers and emergency services.

**Alcohol and Drug Service** provides treatment to individuals and their families affected by alcohol, tobacco and other drug use. Within the Alcohol and Drug Service, support is provided by specialist medical, allied health and nursing professionals across five service delivery areas: Withdrawal Management, Opioid Pharmacotherapy Program, Consultation Liaison, Psychosocial Interventions and Smoking Cessation.

**Perinatal and Infant Mental Health Services** provides assessment and treatment for mothers during pregnancy and early parenthood.

**Child and Adolescent Mental Health Services** assists infants, children and young people up to 18 years of age who are experiencing severe and complex mental health difficulties, and their families or caregivers.

**Forensic Mental Health Services** undertakes highly specialised interventions and clinical activities by providing community and inpatient mental health care for people who are in contact with the justice system and experiencing mental illness. There are community teams in the North and South, and inpatient care is provided at the Wilfred Lopes Centre in the South.

**Correctional Primary Health Service** provides primary health care, treatment and specialist referral for people in the Tasmanian Prison Service and across a range of correctional facilities.

**Older Persons Mental Health Services** delivers care to older adults with severe and complex mental health conditions, or behavioural and psychological symptoms of dementia. Care in the community is delivered in partnership with consumers, family and carers. Statewide inpatient services are provided at the Roy Fagan Centre in the South.

## Voluntary Assisted Dying

The Voluntary Assisted Dying Unit (VAD) hosts the Voluntary Assisted Dying Commission and supports the effective delivery of voluntary assisted dying services across Tasmania.

The Voluntary Assisted Dying Commission is an independent oversight and decision-making body established under the *End-of-Life Choices (Voluntary Assisted Dying) Act 2021* (the Act). The Commission's functions include monitoring and reporting on the Act's operation, reviewing certain decisions, issuing, amending and revoking VAD Substance Authorisations, and investigating suspected contraventions of the Act.



The VAD unit also undertakes projects, reforms and research, implements systems, and develops strategic policy and procedures for the delivery of coordinated, patient-centred VAD services in Tasmania. This includes the VAD Navigation Service, the VAD Pharmacy Service and the THS's VAD Clinical Service to ensure the delivery of compliant, effective and efficient services.

## Finance and Business Support

Finance and Business Support undertakes finance, revenue, procurement, supply and business support activities for the DoH. The area develops and manages the DoH's budget in liaison with operational areas and the Department of Treasury and Finance.

Finance and Business Support reviews, analyses and reports on financial outcomes across the DoH through cost accounting, business analysis, taxation compliance (superannuation, GST, FBT and payroll tax), financial risk management and fraud prevention.

The area also develops and manages procurement and supply systems and strategies in compliance with the Treasurer's Instructions when purchasing goods and services.

## Health Information and Communications Technology



Health Information and Communications Technology (Health ICT) provides strategic leadership for planning, development, procurement and management of information systems and information and communication technologies. Providing frontline support to clinical services enables the delivery of safe, effective and high-quality integrated patient and client care. Health ICT is also responsible for program and project management, information security advice, policy and strategic information management governance advice, and ICT vendor and contract management. It provides high-level advice on the Digital Health Transformation Strategy, investment and delivery, and the implementation of systems and technologies for effective information management and governance.

Health ICT publishes an annual Highlight Report to showcase its achievements at [www.health.tas.gov.au/publications/health-ict-highlight-report-2022-23](http://www.health.tas.gov.au/publications/health-ict-highlight-report-2022-23)

## Human Resources

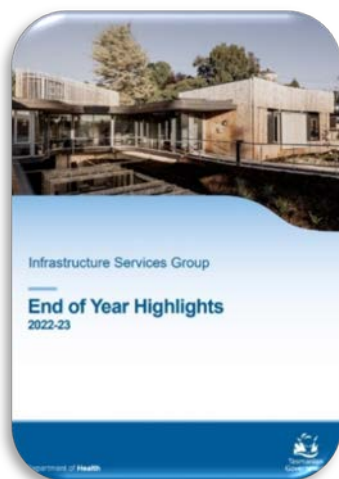
Human Resources provides expert support and advice on all workforce-related matters across the Department. The area provides leadership in recruitment, workplace health, safety and wellbeing, and HR policy. Human Resources also provides specialist HR advice and supports and leads the management and negotiation of statewide awards, agreements and industrial disputes. The area is also responsible for managing the payroll and benefits for all staff. Human Resources publishes an annual Highlight Report which can be viewed at <https://www.health.tas.gov.au/publications/human-resources-end-year-highlights-report>



*HR Annual Highlight  
Report 2022-23*

## Infrastructure

*Infrastructure Annual Highlight  
Report 2022-23*



Infrastructure is responsible for the planning, delivery and management of the DoH asset portfolio.

Building the infrastructure that Tasmania needs for our health future is a key strategic priority for the DoH. To this end, the DoH is laying the foundations for a coordinated, statewide approach to managing our infrastructure and facilities, from high-level planning right through to operational commissioning.

The key functions of the Infrastructure Group include strategic asset management; infrastructure master planning; capital works delivery; critical infrastructure risk management; management of property leases and office accommodation; and managing the motor vehicle fleet.

Infrastructure publishes an annual Highlight Report to showcase its achievements at [www.health.tas.gov.au/publications/infrastructure-services-group-end-year-highlights](http://www.health.tas.gov.au/publications/infrastructure-services-group-end-year-highlights)

## Policy, Purchasing, Performance and Reform

Policy, Purchasing, Performance and Reform delivers the core system functions of strategic planning, purchasing, performance analytics and management, and reporting. This ensures that our health services are planned, purchased and monitored in an evidence-based, effective and efficient manner that optimises the health and wellbeing of Tasmanians.

The Portfolio encompasses intergovernmental relations, representing Tasmania at the national and local level, translating policy, funding and pricing directions into practice. Responsibility is held for managing the Department's government relations agenda such as negotiating intergovernmental agreements and providing advice to the Secretary and Minister for Health in relation to issues of national significance.

## Office of the Secretary

The Office of the Secretary provides high-level public administration, parliamentary and corporate governance, audit, communications and legal support and advice to the Secretary, portfolio ministers and, more broadly, the Department.

The Unit includes:

- Statewide Complaints Management Oversight
- Strategic Communications and Media
- Governance, Executive and Ministerial Services
- Internal Audit
- Legal Services.



## Our Child Safeguarding



## Child Safeguarding

On 31 August 2023, the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings concluded and a Report will be handed to the Governor, Her Excellency the Honourable Barbara Baker AC.

The Commission was established on 15 March 2021 and its hearings concluded on 31 August 2023.

Under its Terms of Reference, the Commission focused on the adequacy and appropriateness of the Tasmanian Government's responses to allegations and incidents of child sexual abuse in institutional contexts, in particular what the Government should do to:

- better protect children against child sexual abuse in institutional contexts in the future
- achieve best practice in the reporting of, and responding to reports or information about, allegations, incidents or risks of child sexual abuse in institutional contexts
- eliminate or reduce impediments that currently exist for responding appropriately to child sexual abuse in institutional contexts, including addressing failures in, and impediments to, reporting, investigation and responding to allegations and incidents of abuse
- address or alleviate the impact of past and future child sexual abuse in institutional contexts, including, in particular, in ensuring justice for victims through processes for referral for investigation and prosecution and support services.

The Tasmanian Government has committed to implementing all the Commission's recommendations and has not waited for the Report in order to start this reform process. Over the course of 2022, 30 interim actions were announced. As of 30 June 2023, 12 of these actions are now complete, and work is well underway across Government on the remaining actions.

Significant amendments have been made to legislation to improve the prosecution of sexual offences, to hold people to account for failing to protect children and to provide better access to justice for those affected by sexual violence. Trauma-informed practice training has been rolled out across the State Service, starting with those in leadership positions, including Heads of Agency, and the accountability of Heads of Agency for child safety has been strengthened through revised Performance Agreements. The Government has also taken significant steps to establish the Child and Youth Safe Organisations Framework to improve the safety and wellbeing of children and young people in institutional settings.

At the Health hearings from 27 June–5 July 2022, and at further hearings in September 2022, evidence was provided by victim-survivors, experts and staff.

## Establishment of the Independent Child Safe Governance Review of the Launceston General Hospital and Human Resources

The nature of the evidence provided at the Commission caused the Tasmanian Government to establish the DoH Child Safe Governance Review of the LGH and Human Resources.

The Governance Review was undertaken by a Governance Advisory Panel (the Panel) established under section 13 of the *Tasmanian Health Service Act 2018*. The Panel included union and staff representatives as well as independent experts with qualifications in governance, child safety, hospital administration and human resources, including independent co-chairs.

The Panel's Terms of Reference were to specifically examine the governance structure of the LGH and Human Resources through a child safety lens, to ensure public confidence in the safety of the service and make recommendations as to changes required to:

- improve the organisational structure
- improve management and leadership including roles, responsibilities and accountabilities
- implement mandatory training in leadership and management, through the One Health Culture Program, including a focus on accountable leadership and management (already underway)
- implement mandatory training in child safety, including grooming behaviours and mandatory notifications, through the Child Safe Organisation Project (already underway)
- implement the DoH Child Safe Organisation Framework and establishment of the Child Safety Panel (already underway)
- establish an independent Statewide Complaints Management Oversight Unit in the Office of the Secretary, responsible for the review of all reports of inappropriate behaviour or misconduct by an employee, in particular child sexual abuse or grooming behaviours, separate from Human Resources
- improve and implement policies, procedures, protocols, quality and safety frameworks, systems and data as they relate to the above.

Between August and November 2022, the full membership of the Panel met on nine occasions, with meetings held either online via Microsoft Teams or face-to-face in Launceston.

The Co-Chairs of the Panel, Professor Debora Picone AO and Adjunct Professor Karen Crawshaw PSM also undertook a number of additional meetings outside the official Panel meetings with departmental officials, including executive members, clinical directors and other staff members, as well as most of the Panel members individually.

As well as the meetings of the Panel, a process for engaging with victim-survivors was established through a Lived Experience: Expert Reference Group. This group was chaired by Dr Maria Harries, a Panel member and expert in child safety matters. Dr Harries had significant engagement with a number of the victim-survivors and their families who agreed to participate in the process.

Dr Harries has captured the observations and views of participants and included these in the report. The participants were also given a chance to review the suite of recommendations before they were delivered to Government and to provide feedback that has been incorporated into the final wording of the recommendations.

The final report of the Panel contains 92 recommendations, grouped by themes reflecting the Terms of Reference. The report can be found on the DoH website at [www.health.tas.gov.au/about/corporate-and-industry-information/child-safe-governance-review](http://www.health.tas.gov.au/about/corporate-and-industry-information/child-safe-governance-review).

## Implementation of the Recommendations of the Report

Following the release and acceptance of all the recommendations by Government, an Implementation Plan was prepared. It also includes the recommendations from the [LGH Community Recovery Initiative](#).

The LGH Community Recovery Initiative was aimed at rebuilding trust in the LGH following the hearings for the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings.

Respected community members from the northern region, Elizabeth Daly and Malcolm White, oversaw the recovery initiative as independent Co-Chairs.

Ms Daly and Mr White conducted community forums to listen to the northern community and understand what the community believed to be important to rebuild their trust in the LGH.

After considering the suggestions raised at the forums, the Co-Chairs produced a report with recommendations around the themes of Leadership, Communications, Training and Protocols. The eight recommendations of this report are being implemented alongside those of the Independent Child Safe Governance Review.

The Implementation Plan takes a broader view outside of Hospitals North and seeks to implement the recommendations statewide to strengthen child safeguarding across the entire Department of Health.

The Implementation Plan assigns lead responsibility for each recommendation to a Health Executive member. The executive lead is responsible for collaboration across other areas, reporting progress and delivery.

To support the implementation, working groups have been established that report to the Health Executive, as the Steering Committee.

- Working Group 1 comprises themes relating to communication and is chaired by the Chief Executive Hospitals North.
- Working Group 2 comprises themes relating to child safeguarding and is chaired by the Deputy Secretary Community, Mental Health and Wellbeing.
- Working Group 3 comprises themes relating to incident management, open disclosure and clinician performance and is chaired by the Deputy Secretary Clinical Quality, Regulation and Accreditation.
- Working Group 4 comprises themes relating to complaints management and is chaired by the Director, Office of the Secretary.
- Working Group 5 comprises themes relating to human resources governance and is chaired by the Chief People Officer.
- Working Group 6 comprises themes relating to organisational structure, management and leadership roles, accountabilities and training and is chaired by the Deputy Secretary Hospitals and Primary Care.

The rollout of mandatory child safety training has been a huge effort and a great success, with more than 15 500 people having undertaken the training.

- Working Group 7 comprises themes relating to record keeping and is chaired by the Chief Information Officer.

Recommendation 91 of the Independent Child Safe Governance Review of the LGH and Human Resources recommended that there be “independent oversight, including regular monitoring of progress, on the implementation of the outcomes of this Review”.

The former Co-Chairs of the Independent Child Safe Governance Review, Adjunct Professor Debora Picone and Adjunct Professor Karen Crawshaw, have been engaged to provide independent oversight of implementation of the report recommendations to December 2023. Dr Maria Harries is also supporting the independent oversight function by engaging with previous lived experience participants in the process.

## Significant Progress of Implementation

Some of the notable progress that has been made is highlighted below:

- Over 15 500 people have increased their awareness of child safety and when and how to raise child safeguarding concerns, including actions that can protect all children. This is important for our workplace and means DoH has an increased awareness of child safety in our communities as well. This is one of the largest efforts to provide child safety education in living memory. The effort will continue, to ensure new starters and those who have been on leave complete the training.
- Child safeguarding can be a difficult topic for people with personal experiences of abuse or neglect. The DoH recognises that staff may have complex reactions when completing the training, or when being exposed to stories of abuse or neglect in the workplace.
- To support employees personally impacted by child abuse/neglect to complete the DoH's mandatory child safeguarding training and continue to undertake their work duties safely, the DoH has developed a *Safety Plan – Employees impacted by child abuse/neglect*. The Safety Plan is a confidential tool between the employee and their manager.
- Child Safeguarding Officers have been successfully recruited and have now commenced in all regions of the State. The Child Safeguarding Officers will operate within the broader, statewide Child Safety and Wellbeing Service. They are there to support and guide the development of the DoH's child-safe culture, as well as provide advice on child safeguarding related matters.
- A statewide Complaints Management Framework has been developed and approved, and a communication process will be undertaken to ensure staff and the community are aware of the details of the framework.
- A new complaints reporting dashboard has been created for the State's Consumer and Community Engagement Councils (CCEC). The dashboard reports are consistent across all three regions, and the revised dashboard is aimed at making it easier for the CCECs to access the information they need.



Child Safety and Wellbeing  
Information QR Code



- A new secure tab has been added to the Digital Medical Record (DMR), allowing only authorised clinicians to access a patient's sexual assault and family violence history when they present to one of the State's public hospitals. To date, these records have been stored separately from a patient's clinical information.
- Once the tab is activated and historical records have been digitised and added to the DMR, patients will not have to retell their stories unnecessarily, and clinicians will have access to information they need to ensure signs of concern are not missed. Access to the tab will be secure and authorisation to access will be guided by a clinical protocol. Access to the secure tab in the DMR will be regularly audited.

Updates have been made to Performance and Development Discussion templates to help managers support employees in understanding their responsibilities relating to child safety, mandatory reporting, confidentiality and cybersecurity. In addition, updates have been made to all current and future Statements of Duties with a new accountability and responsibility as below:

DoH is championing a child-safe culture that upholds the National Principles for Child Safe Organisations. The Department is committed to the safety, wellbeing and empowerment of all children and young people, and expects all employees to actively participate in and contribute to our rights-based approach to care, including meeting all mandatory reporting obligations.

- All staff are supported to fulfil this responsibility and practise safeguarding by the Department's *Child Safety and Wellbeing Framework*, which incorporates staged organisation-wide education, training and awareness.
- A number of recommendations also provide the opportunity for the Department to build a positive health culture. A priority for the Department's One Health Culture Program is to develop and implement programs to enhance leadership and management skills of our people.
- Different parts of the organisation are implementing local programs to build positive health culture across the Department. This includes a change program supported by the Huron Studer Group, Speaking Up for Safety in our Hospitals, Tapping into Talent across Statewide Mental Health Services, and Ambulance Tasmania's Cultural Transformation Strategy. The One Health Culture Program acts as an umbrella for all of these initiatives, ensuring coherence in the direction we are moving.

## Other Child Safeguarding Initiatives Underway

In addition to the implementation of the recommendations of the Independent Child Safe Governance Review, the Department has been undertaking other initiatives aimed at improving our child safeguarding capability. These initiatives are largely being driven by the Child Safety and Wellbeing Service, which is a statewide service established in late 2022 to lead the Department's implementation of the *Child Safety and Wellbeing Framework*. The Framework, now in place across the Department of Health, is aimed at safeguarding children and young people accessing our services and facilities.

The Secretary and the Health Executive have signed the Framework and a [Statement of Commitment](#) demonstrating our commitment to ensuring vulnerable people, in particular children and young people, feel safe, listened to and supported.

The Framework outlines how the Department of Health is implementing the 10 National Principles for Child Safe Organisations established by the Australian Human Rights Commission.

Some of the other child safeguarding initiatives being delivered are described below.



*Child Safety and Wellbeing Framework*

## Renaming of Paediatric Wards

In early June 2023, it was announced that children's wards across Tasmania's major hospitals will soon be known by an animal name voted by staff on the recommendation of children, with Wombats and Penguins strong contenders. This will apply to children's inpatient services at the RHH, LGH and NWRH.

The renaming process has been a collaborative effort, guided by the valuable input of young Tasmanians aged 8 to 18 years. The children and young people contributed their ideas during workshops held at RHH, LGH and the NWRH in April 2023.

These workshops were part of a broader initiative aimed at improving child safety and wellbeing in our health services, by listening to their experiences of our services – what they felt was working well, and what improvements they felt we could make to strengthen our services.



*Images drawn by children from workshops at RHH, LGH and NWRH*

## Establishing the Child Safety and Wellbeing Panel

The Department has also announced appointments to the Child Safety and Wellbeing Panel, an independent panel to review all child safeguarding concerns and complaints in our hospitals and health services.

The establishment of the Panel is part of the implementation of the Department's *Child Safety and Wellbeing Framework* and recommendations of the Child Safe Governance Review.

Following a nationwide search, Barbara Hingston has been appointed Chair of the Panel.

Ms Hingston is an experienced non-executive director and former senior executive with governance experience in national and multi-state not-for-profit businesses and public entities, including tertiary health systems, oral health, youth mental health, disability and other human services. She is a Member of the Order of Australia (AM) for her services to community, health and people with disability.

Two further independent members have been appointed:

- Paula Davies is an experienced lawyer who has worked in legal and policy roles with the South Australian Government and as a lawyer in private practice.
- Ann Stark has been a psychologist since 1974. She has practised extensively in various organisations in Tasmania and Queensland, with an emphasis on roles in family therapy and child psychology. She has held various regulatory appointments in the psychology field.

Importantly, the Panel includes two consumer representatives:

- Erica Edmands has had her own legal practice undertaking workplace investigations and training with clients such as the University of Melbourne and Victoria Police. She is also a partner in a national behaviour change consultancy. Ms Edmands has previously been Associate Director with Mental Health at Work and Associate Director of Managing Work Life Balance.
- Nix Berry grew up in Tasmania and has experience in child and health services. Achievements include being a student facilitator with the School Partnerships Program at La Trobe University in Melbourne and working with secondary and middle school students from diverse and low socio-economic backgrounds.

## Safety Plan

The Department has implemented an updated approach to how it supports employees personally impacted by child abuse/neglect to continue to meet the inherent requirements of their role.

Since the launch of the Department's new *Child Safety and Wellbeing Framework* in late 2022, several workers have come forward to share how their lived experience is impacting their ability to undertake the requirements of their roles, including:

- meeting their mandatory reporting obligations to respond safely to disclosures of harm/abuse and report concerns (including to the Strong Families Safe Kids Advice and Referral Line)
- completing the Department's child safeguarding mandatory training.

Building on existing workforce safety and wellbeing tools, the Department's new *Safety Plan – Employees impacted by child abuse/neglect* is available to assist employees in this situation. The Safety Plan is a confidential tool between the employee and their manager. However, employees and their managers may wish to seek advice from the CSWS, Human Resources and/or expert services to identify actions and implement the Safety Plan.

The Safety Plan is available to employees via the DoH intranet site.





## Our Strategic Priorities

# Introduction

The DoH is focused on looking after the health, safety and wellbeing of all Tasmanians now and into the future. To achieve this long-term goal, the DoH is committed to delivering a number of key priorities to improve the way it provides healthcare across the State. Launched in 2021, the Department's *Strategic Priorities 2021–23* has provided a roadmap to progress immediate actions identified in the *Our Healthcare Future* consultation paper, designed to improve healthcare delivery.

Endorsed and championed by the Health Executive, our Strategic Priorities are increasing access to health services for all Tasmanians, reducing waiting times, tailoring care options to suit patients and providing the best possible health services to patients both in our facilities and in their homes. The six priority areas outline the key improvements:

- 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.

The DoH continues to support the delivery of these priorities through three key areas of focus to help us build and maintain strong internal foundations within the Department:

- 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.

Alongside our efforts to respond to the COVID-19 pandemic, work has also progressed within each strategic priority and key focus area, with implementation of a significant number of actions either in progress or already complete.



Key DoH Strategic Priorities

With the term of the Strategic Priorities set to conclude at the end of 2023, the DoH will be refreshing its strategic priorities over the latter part of 2023. It is expected that these will align with the *Long-Term Plan for Healthcare in Tasmania 2040*.



# Continuing to Respond to the COVID-19 Pandemic

## Our Continued Preparedness

While the Public Health Emergency Declaration made under the *Public Health Act 1997* (Tas) in response to COVID-19 ended on 1 July 2022, Public Health Services and the THS have continued to maintain and deliver a range of programs and initiatives to help plan for and respond to COVID-19, with the goal of keeping Tasmanians safe.

On 5 May 2023, the World Health Organization Director-General declared that “COVID-19 is now an established and ongoing health issue which no longer constitutes a public health emergency of international concern”. In line with this, the State Health Commander formally stood down the DoH’s emergency response in accordance with the COVID-19 State Special Emergency Management Plan on 29 May 2023.

COVID-19 remains an ongoing and high priority issue for the DoH, which continues to monitor COVID-19 indicators, including case numbers, mortality and vaccination coverage, and maintains the capacity to reactivate emergency response arrangements at short notice.

## Outbreak Preparedness and Response

The Australian Government’s *National COVID-19 Health Management Plan for 2023* warns that the COVID-19 pandemic will “throw up new challenges” as new variants emerge with potential to evade current containment strategies. The DoH continues to ensure that the State is prepared to respond to outbreaks of COVID-19 and other acute respiratory illnesses.

Key actions include:

- developing the *2023 Winter Strategy and Plan* for managing acute respiratory illnesses, including COVID-19 and influenza. The plan focuses on prevention, detection and early treatment, minimising health harms, providing high-quality healthcare, and relieving strain on the health system
- working closely with key agencies and stakeholders to ensure that high-risk and priority settings – such as aged care, disability care, education, and early childhood education and care – are prepared, and able to respond rapidly to, acute respiratory illness
- collaborating with the primary care sector and priority settings to optimise influenza and COVID-19 vaccination coverage across the community, with a particular focus on those at risk of severe illness
- continuing surveillance to understand patterns of disease and how best to direct resources
- communicating with the community regarding risks and providing advice on prevention and preparedness



- supporting Tasmanians to access testing, treatment and care, including by maintaining hospital capacity and providing community-based care alternatives (such as COVID@homeplus)
- maintaining preparedness across our public hospitals, including escalation management, outbreak management plans, ED and intensive care surge capacity
- maintaining the State Emergency Medical Stockpile.

## Public Health and Social Measures

Since the end of the Public Health Emergency declaration on 1 July 2022, the Director of Public Health has been managing COVID-19 using non-emergency powers under the *Public Health Act 1997*, similar to other communicable diseases.

Employers are required to provide safe workplaces under the *Work Health and Safety Act 2012*, including consideration of the risk posed by winter illnesses. Employers must implement and maintain COVID-19 safety controls in accordance with workplace risk assessments.

Public Health continues to monitor case notifications, hospitalisation, death numbers and rates, and to support outbreak management in high-risk and priority settings.

Demands on the public hospitals due to patients with COVID-19, outbreaks and staff absences related to COVID-19 are being managed in accordance with the well-established Escalation Management Plans and Outbreak Management Plans. These do not rely on the Department's COVID-19 emergency management arrangements.

## Testing

Early detection of COVID-19 cases through Polymerase Chain Reaction (PCR) and rapid antigen tests (RATs) remains a critical strategy for controlling the spread of COVID-19. During the emergency phase, the DoH established and maintained community testing clinics and laboratory capacity to meet general and surge demand. DoH-run testing clinics conducted over 556 506 individual COVID-19 tests. The DoH central testing laboratory processed and analysed over 670 000 tests.

The DoH, through COVID@homeplus, continues to facilitate access to PCR testing for those at higher risk of severe illness who cannot access a GP and, through Service Tasmania, continues to supply RATs to concession card holders.

Since the COVID-19 outbreak the DoH has distributed over five million RATs to the Tasmanian Community.

## North West COVID-19 Outbreak

In response to the Independent Review of the Response to the North West Tasmania COVID-19 Outbreak, the DoH released an internal Implementation Plan outlining completed and ongoing actions, work in progress and long-term actions. Arrangements to strengthen the State's pandemic preparedness included infection prevention and control measures, sustained supply of personal protective equipment (PPE), fit-testing of masks, outbreak scenario testing and revised communication strategies.



All of the Review's 37 recommendations have been completed, nine of which are completed with ongoing actions.

## **COVID@homeplus**

People diagnosed with COVID-19 are provided with access to 24 hours a day, seven days a week support through the COVID@homeplus virtual service, allowing them to be safely cared for in their own homes. From 1 July 2022 to 30 June 2023, 18 441 Tasmanians have enrolled in the COVID@homeplus program.

Staffed by a multidisciplinary team of nurses, doctors, allied health professionals and administrative staff, COVID@homeplus enables patients to opt in at any stage of their isolation period. Depending on a person's assessed risk category, they may also receive a kit to enable remote monitoring by clinical staff until their release from isolation. If a person's symptoms worsen and our clinicians determine they need additional care, an escalation process is in place to allow for direct admission to a COVID-19 ward.

The COVID@homeplus service has also helped us manage demand on our hospital system. In many cases, by providing the appropriate support through COVID@homeplus, the need for a person to go to hospital is avoided, and hospital beds can then be kept available for those in greater need.

## **Establishing Long COVID Clinic**

As part of Tasmania's ongoing response to COVID-19, the DoH has established a statewide navigation and referral service specialising in Long COVID.

Tailoring the health response to match the individual needs of the person is critical to managing Long COVID, and it is important that those impacted by Long COVID know that care will be available.

The statewide Post COVID-19 Navigation Service was developed as an extension to the existing COVID@homeplus program and has been operational since 19 September 2022. Two clinical nurse consultants have been appointed and an allied health clinician to support the service.

## **Premier's Economic and Social Recovery Advisory Council**

The Premier's Economic and Social Recovery Advisory Council (PESRAC) was established to provide advice on strategies and initiatives to support Tasmania's short to medium, and longer term, recovery from COVID-19. It brought together experts and prominent Tasmanians. PESRAC consulted extensively and formulated a series of recommendations that were contained in a Final Report (published 16 March 2021). The Tasmanian Government accepted all 116 recommendations and immediately commenced implementation. The implementation of the recommendations that the Department is responsible for is outlined below.

## PESRAC Final Report recommendation 26 (Interim Report recommendation 4)

Status: Complete
<p><b>Action</b></p> <p><i>The State Government should provide regular updates to the community on the initiatives to prepare the State health system's response to future COVID-19 outbreaks.</i></p> <p><i>Interim Report 4</i></p> <p><i>The State Government should pay special attention to building public confidence in the capacity of Tasmania's health system to deal with future COVID-19 outbreaks.</i></p>
<p><b>Delivered</b></p> <p>The DoH has worked extensively with the community, making relevant plans, frameworks and information on hospital preparedness, including COVID@homeplus, publicly available and readily accessible. The DoH has also worked closely with other agencies, including WorkSafe and Tasmania Police, to provide public information about COVID-19 risk management and health system preparedness.</p> <p>Public awareness and confidence in the health system has been supported by public information campaigns and regular updates from the Premier, Minister for Health, State Health Commander and Director of Public Health on outbreak preparedness and response strategies.</p>

## PESRAC Final Report recommendation 27 (Interim Report recommendation 2)

Status: Complete
<p><b>Action</b></p> <p><i>The State Government should explain to the community its future COVID-19 management strategy, including how any future outbreaks will be handled.</i></p>
<p><b>Delivered</b></p> <p>Public Health Services has published the COVID-19 <i>Case and Outbreak Management Framework for Tasmanian Settings</i> and information on preparing for and responding to COVID-19 outbreaks. All resources are available from the coronavirus section of the DoH website and are supported by public communications. The framework may be updated in response to new COVID-19 variants.</p>

## PESRAC Final Report recommendation 30

Status: Complete
<p><b>Action</b></p> <p><i>The State Government should:</i></p> <ul style="list-style-type: none"><li>• rapidly finalise, and commit appropriate funds to implement Rethink 2020 as a matter of priority</li></ul>

- accelerate the implementation of, and fully fund the reforms to, the Child and Adolescent Mental Health Service as a matter of priority
- expand the MHCT Peer Workforce Development Strategy to include youth and fund a mental health Youth Peer Worker model to provide additional, early intervention, awareness raising and support to young people experiencing situational distress
- commit funding for a telephone-based mental health triage service for the duration of the recovery
- support the MHCT proposal to expand the 'check-in' website to provide more mental health education and awareness material
- commit funding for community-level resources to provide face-to-face contact and engagement with community organisations and service providers, with the aim of:
  - *raising awareness about mental health literacy*
  - *developing networks between organisations and service providers*
  - *building capacity within the community for subacute support services.*

### **Delivered**

The *Rethink 2022–23 Implementation Plan*, released in October 2022, contains a range of actions in new and existing priority areas, and is backed by additional funding of \$1.5 million over three years committed in the 2022–23 Budget for implementation and evaluation.

The DoH is continuing to implement recommendations from the review of Child and Adolescent Mental Health Services (CAMHS) to ensure young Tasmanians receive the best possible mental health care. Highly experienced Professor Brett McDermott commenced in the new role of statewide Specialty Clinical Director of CAMHS to lead our reforms. Professor McDermott is overseeing the delivery of a number of key priorities, including:

- reviewing the current workload and model of care for the Perinatal Mental Health Service
- project planning for the service for out-of-home-care children
- project planning for the service for youth
- working with job design for fast-tracking the creation of new positions
- working with UTAS to create a Centre for Mental Health Service Innovation.

The DoH has implemented a number of recommendations from the CAMHS review, including employing project officers to begin the implementation of the service for out-of-home-care children and the youth mental health service. Further consultations with services, including Perinatal, Child Health and Parenting Services, Indigenous Health and Paediatrics, has also occurred, as recommended.

The statewide CAMHS group director position has also been filled, and a new child and adolescent psychiatrist has been recruited.

Launched in 2022, a new and exciting partnership between the DoH and UTAS was made official with the signing of a five-year Memorandum of Understanding to create a Centre for Mental Health Service Innovation. The Centre is facilitating engagement and collaboration between the DoH's statewide Mental Health Services and the University across a range of areas, including workforce development, training and education, research and development, and policy and advocacy. The partnership is a key part of the Government's Mental Health Reform Program, which aims to develop world-class mental health services and recruit skilled mental health clinicians.

The Centre is focusing on all service areas of statewide Mental Health Services including CAMHS; Adult Mental Health Services; Older Persons Mental Health Services; Correctional Primary Health and Forensic Mental Health Services; and Alcohol and Drug Services.

In 2022, the Department established Tasmania's first Multisystemic Therapy mental health program to support young people who have a history of offending to build the skills they need to get themselves on the right track.

The Tasmanian Government is also investing a further \$7.8 million over three years to continue and expand innovative services put in place during the pandemic. This investment includes:

- \$4.8 million to increase the capacity of A Tasmanian Lifeline (1800 98 44 34) over three years (2021–22, 2022–23 and 2023–24). This hotline is a call in/reach out service for any Tasmanian who may feel stressed or anxious about the future, is finding social isolation a challenge, or simply needs a friendly and understanding voice to talk things over with and receive advice, information, comfort and reassurance. The hotline is staffed from 8am to 8pm, 7 days a week.
- \$250 000 to expand the Mental Health Council of Tasmania's Check-In website to provide one-stop advice, information, education and resources.
- \$1.2 million over three years (2021–22, 2022–23 and 2023–24) to train and support Regional Coordinators and Community Engagers to build the capacity of communities to look after their mental wellbeing, through targeted initiatives in collaboration with local government and community groups.
- \$1.5 million over three years (2021–22, 2022–23 and 2023–24) for Rural Alive and Well to provide more outreach mental health services in rural and remote areas of the State.

### PESRAC Final Report recommendation 28 (Interim Report recommendation 3)

**Status: Complete**

#### Action

*The State Government should explain the risk management basis of COVID-19 restrictions as those decisions are being made – including any reimposed or new restrictions.*

**Delivered**



The Department communicates with the Tasmanian community on the risk-based approach to the ongoing management of COVID-19. Information regarding COVID-19 risks and associated restrictions was initially provided via the Tasmanian Government coronavirus website and latterly the COVID-19 section of the DoH website as well as through public information campaigns, such as those relating to the Winter Strategy.

Supported by high rates of vaccination, the availability of testing and health system preparedness, including COVID@homeplus, there was a gradual easing of public health and social restrictions relating to COVID-19. The Public Health Emergency (and all associated Public Health Directions) ended on 1 July 2022.

Public Health Services continues to publish best practice guidance to support businesses, organisations and the community to manage the risk of COVID-19, with a focus on high-risk settings and people at higher risk of serious illness.

## PESRAC Interim Report recommendation 5

### Status: Complete

#### Action

*The State Government should give confidence to Tasmanians that control mechanisms to manage COVID-19 risks are being rigorously applied, particularly in the context of relaxing interstate border restrictions.*

#### Delivered

The Tasmanian Government takes a supportive and educative approach to compliance. Through extensive communication campaigns and direct outreach, agencies ensure that organisations understand their obligations and are well equipped with the resources and tools they need to keep their employees and visitors safe.

WorkSafe Tasmania inspectors educate businesses to ensure that workplaces apply appropriate COVID-19 controls, protecting the safety of all Tasmanian workers and the broader community.

During the emergency phase, joint compliance operations were undertaken by Public Health Services, Tasmania Police, WorkSafe Tasmania, and Liquor and Gaming to ensure compliance with event conditions. Public Health Services attended most events to check on compliance and liaise with event organisers onsite to ensure COVID-19 safety requirements were followed.

Information regarding COVID-19 monitoring and compliance activities, and specific operations, was publicly reported.



# Improving Access and Patient Flow Across our Health System

The Tasmanian DoH is focused on constantly improving healthcare service delivery, with the goal to provide better healthcare faster and improve access for all Tasmanians. Our Statewide Access and Patient Flow Program supports increased efficiency across the entire Tasmanian health system, improving patient flow and delivering better health outcomes 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.

## Statewide Access and Patient Flow Program

The Program is improving patient flow by using digital technologies to improve data access to assist with efficient patient management. The DoH has opened Integrated Operation Centres within our major hospitals, which enable centralised communication to support staff to make timely decisions about resource allocation to improve patient flow.

An important early step in the Program was reviewing the existing regional systems, with the focus on identifying opportunities to improve healthcare delivery to patients around the State. Integrated Operations Centre reviews were completed in North, North West and South, with reports provided to the THS Executive. The Statewide Access and Patient Flow Program is collaborating with the RHH Integrated Operations Centre to deliver a detailed implementation plan addressing the report recommendations with the application statewide.

Through the Program, the DoH will continue developing system-wide improvements that will deliver direct admission pathways for patients to avoid the Emergency Department (ED).



Statewide Access and Patient Flow Program

To achieve the best healthcare outcomes for Tasmanians, the DoH addresses patient access and flow challenges across all areas of healthcare, not simply EDs. The Statewide Access and Patient Flow Program is a key feature of our *Long-Term Plan for Healthcare in Tasmania 2040* to transform our health system and make it more responsive and accessible to all Tasmanians. The Program is ensuring that projects are prioritised based on their ability to ‘free up’ capacity, which will improve hospital workflow, ultimately providing more appointments sooner or admission capacity for Tasmanians.

STATEWIDE  
**ACCESS AND PATIENT FLOW**  
PROGRAM

By identifying and addressing key challenges, the DoH is taking a system-wide, multi-pronged approach, with a united vision, strong leadership and sustained engagement to deliver better healthcare.

Several statewide access and patient flow projects were completed throughout the year, including increasing staffing and additional beds in Emergency Management Units; redeveloping the Paediatric Outpatients area; and improving aged care patient flow by identifying barriers and solutions in an Aged Care Forum in September 2022. The Forum brought aged care providers and other stakeholders together to identify improvement to accessing services following hospital discharge and, more importantly, to discuss what the DoH could do to overcome these delays.



*Statewide Access and Patient Flow map*

## Key actions delivered in 2022–23

- Program governance was escalated to the THS Executive, with the Hospital Executives being empowered to lead improvement.
- The Tasmanian Emergency Departments Network brings together ED expertise to provide oversight and leadership to enable excellence in patient care. The intent is to provide a community of practice where all network members are welcomed and supported and contribute to the emergency care we provide Tasmanians. The network will provide strategic leadership to enhance statewide education and research, drive quality and safety initiatives, and provide advice and recommendations on emergency care matters.
- The Australasian College for Emergency Medicine Hospital Access Targets were implemented, and data and analytics were improved to support increased transparency, improved demand management and better flow across the system.
- Direct admission pathways were implemented for patients to avoid ED (eg surgical referrals and inter-hospital transfers).
- Transfers from EDs to wards and/or emergency theatres were streamlined to avoid admitted patients being held in EDs.
- Critical Care staffing was prioritised to ensure bed capacity is safely maintained and access issues are addressed.
- Hospital in the Home and virtual care pathways were expanded and frailty pathways (pilot North/North West Specialist In-Reach) optimised.
- Medtasker, Pharmacy charting and the Making Care Appropriate for Patients electronic tool were implemented statewide and Tasmanian Health Pathways were expanded.
- Ambulance Patient Care Initiatives to relieve ramping were progressed, including Patient Care Attendants, offload/transfer to waiting room protocols and urgent offload protocols.
- Mental Health Short Stay, Assessment Unit and model of care were expanded.
- An integrated, service-wide and funded sector approach to bed management in Mental Health was examined and implemented.

## Primary Care Support Initiative – GP After Hours Support

The DoH is working closely with general practice, community pharmacies and other primary care services to offer after hours support for communities. The Primary Care Support Initiative – GP After Hours Support (the initiative) helps more Tasmanians receive the right care, in the right place, at the right time, all while reducing pressure on emergency departments and the broader hospital system.

The second and third rounds of the \$2 million initiative were completed in 2023. Five applicants were successful in securing funding under round two, with work being delivered to provide better care in communities across the State. The third grant round prioritised support for vulnerable Tasmanians across the State who may find it particularly difficult to access a GP, including people in regional, rural and remote communities with limited health services; those experiencing homelessness; people with disability; priority population groups such as the LGBTIQ+ community, Aboriginal and Torres Strait Islander peoples; and those who are culturally and linguistically diverse. The seven successful round three grant recipients are located across the State, including in Hobart, Launceston, Bruny Island, St Helens, Deloraine and Cygnet.

The fourth grant round was released in May 2023, with an emphasis on non-government organisations that provide support to vulnerable Tasmanians experiencing homelessness, who have no fixed address, or are at immediate risk of becoming homeless. An announcement of successful applicants will be made in September 2023.

## Ambulance Offload Delay Protocols

During 2022, Ambulance Tasmania created a Patient Transport and Interfacility Coordination Portfolio, with work underway to create and implement new interfacility transport protocols and procedures for non-emergency, low-acuity and medium-acuity patient transport across the State. The effectiveness and efficacy of existing protocols covering the clinical care of patients experiencing ambulance transfer of care delays are also being reviewed.

## Direct Admissions and Inter-Hospital Transfer Policy

A new Inter-Hospital Transfer (IHT) Policy has been introduced to improve patient experience and reduce waiting times for patients requiring a transfer between hospitals. Previously, when a patient was transferred, they were often required to be readmitted through the ED, which can cause delays and contribute to ramping.

Under the new IHT Policy, patients transferred between health facilities will be authorised by a practitioner for direct transfer to a destination ward, bypassing the ED when it is clinically appropriate to do so.

This will not only ease the pressure on our EDs but will also help address broader access and flow challenges in our hospitals and support an efficient patient handover process between ambulance and hospital staff. Importantly, it will allow our ambulances and non-emergency patient transport resources to get back out on the road more quickly, to be ready to respond to other cases.





# Delivering Care in Clinically Recommended Times

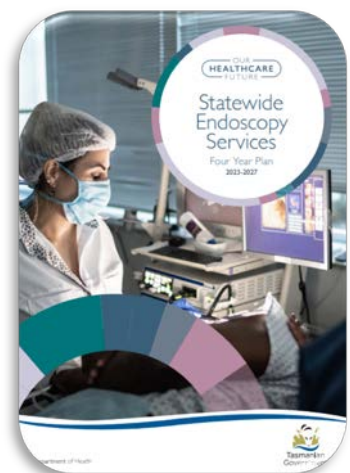
To provide better healthcare for all Tasmanians, the DoH has set ambitious targets to increase the number of admissions and reduce the number of patients waiting longer than clinically recommended to receive treatment. While the DoH has already progressed several priorities under *Delivering care in clinically recommended times*, we will continue to strive to achieve our goals. To ensure sustainability of services into the future, the DoH is implementing strategies to:

- enhance our private sector partnerships to assist in the delivery of more elective surgery
- invest in public sector capital infrastructure and equipment to increase elective surgical capacity
- invest in our workforce to ensure higher levels of elective surgery throughput can be safely delivered and sustained
- implement innovative improvement and service development programs to improve the way the DoH delivers elective surgery and ensure patients receive contemporary, best practice models of care.

## Four-Year Elective Surgery and Endoscopy Plans

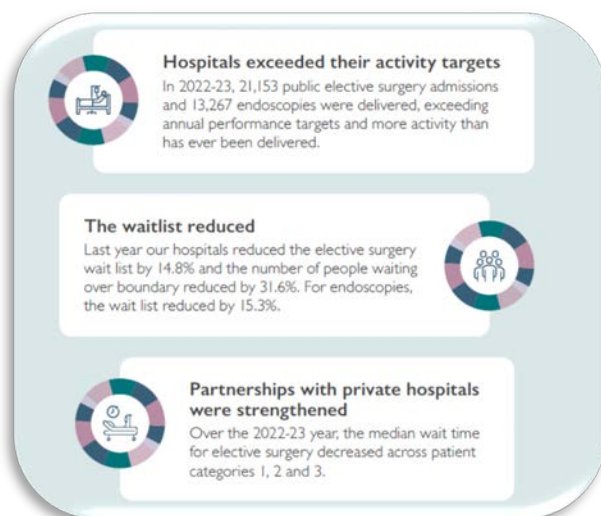
The Elective Surgery Four-Year Plan was publicly released in August 2021. The goal of the *Statewide Elective Surgery Four-Year Plan 2021–2025* (the Plan) is to focus Tasmania's elective surgery program on treating patients within clinically recommended times by June 2025 and sustain it into the future. This includes treating current patients that have been waiting beyond the recommended wait times for each category (overboundary) and reducing the size of the wait list.

The Plan takes a structured and considered approach to reducing the size of the waiting list to ensure that Tasmanians receive their surgery within clinically recommended times. To reduce the waiting list, the DoH is increasing capacity over four years with a focus on specialties with a high number of patients waiting longer than clinically recommended, to ensure patients experiencing long waiting times are provided with treatment. At the same time, hospitals are building their capacity to meet increased demand, so that the wait list stabilises and is maintained at a sustainable level into the future.



*Statewide Endoscopy Four Year Plan 2023-27*

By June 2025, the aim is to reduce the wait list to a clinically recommended level (approximately 5 400 as previously achieved in 2016–17) that can be sustained into the future, where patients are seen within clinically recommended times.



#### *Elective Surgery achievements*

The 2021–22 Tasmanian Budget included two additional funding allocations for increasing elective surgery:

- \$120 million over four years in addition to base funding, and inclusive of an estimated \$54 million of Australian Government Activity Based Funding (election commitment)
- a separate Budget initiative of \$40 million in State funding over four years, with an estimated additional Australian Government funding of \$36.4 million.

In total this provided an additional \$196.4 million for elective surgery

This funding investment will enable the elective capacity of the public and private health system to be fully utilised, delivering an additional 22 300 elective surgeries and endoscopies to bring the wait list to a sustainable level.

During the second year of our Four-Year Plan, clinical, support service and reform teams have made significant improvements to service delivery, helping to deliver a record number of elective surgeries and endoscopies, and improving the timeliness, outcomes and experience for consumers accessing our services.

21 364 elective surgery admissions and more than 13 200 endoscopies were delivered during 2022–23, which is more than any year on record for Tasmania.

- As a result, there has been a reduction in the number of patients waiting for an elective surgery procedure, with the wait list reducing from 9 424 in June 2022 to 7 896 in June 2023, a reduction of 16.2 per cent.
- We have made significant improvements to reduce the number of people waiting overboundary for elective surgery, with the number of patients waiting longer than clinically recommended reducing from 4 562 to 3 043, a reduction of 33.3 per cent.

- In addition to the Elective Surgery Four-Year Plan, the *Statewide Endoscopy Four-Year Plan* was released in May 2023 in response to additional ongoing funding for endoscopy services included in the 2023–24 State Budget. The \$38 million investment will boost the health system capacity to deliver an additional 22 000 endoscopies to reduce the waiting list to a sustainable level and to ensure people are seen within clinically recommended times.



*Statewide Elective Surgery  
Four-Year Plan 2021-2025*

## Private–Public Hospitals Partnership

The outsourcing of activity to private hospitals means more Tasmanians receive the healthcare they need sooner. This is an important element of our *Statewide Elective Surgery Four-Year Plan 2021–2025* and our continued management of COVID-19. This initiative also reduces ED wait times and elective surgery waiting lists.

As at 30 June 2023, 39 beds were available across the State through private–public partnership arrangements. Each of these beds helps free up a bed in our public hospitals and supports delivery of our four-year elective surgery plan.

Discussions are ongoing between the Department and private hospitals statewide to understand private capacity and provide greater clarity on the role private facilities can play in assisting the DoH to deliver the best outcomes for Tasmanian patients.

## Outpatient Transformation Program

The Transforming Outpatient Services in Tasmania four-year strategy was finalised and released by the Premier on 11 November 2022. The Strategy builds on work already underway to increase access to outpatient services for Tasmanians and reduce the time people wait for appointments. This includes improving the quality of referrals, enhancing how the DoH coordinates and manages the outpatient process, and exploring ways to support patients outside traditional settings. These projects and initiatives are using digital technologies and best practice clinical and business service models to enable and enhance contemporary, evidence-based models of outpatient care.

Partnerships with consumers, outpatient clinic staff, clinicians, general practice, Primary Health Tasmania (PHT) and other organisations are key to this approach. Outpatient Central Services has begun moving to centralised statewide referral management, and further improvements are in progress to centralise inbound calls. Additionally, online booking management and self-service tools will be introduced within the next two years of the Outpatient Transformation Program. This will help us to deliver quality, more timely outpatient services across Tasmania.

The Transforming Outpatient Services Strategy in Tasmania is having a significant positive effect on improving access to our health system, which in turn is improving our ability to reach our goal to deliver better healthcare sooner for all Tasmanians.



*Transforming Outpatient Services Strategy*

## New Service Models

Complementary care pathways have been introduced including nurse-led models of care and GPs with specific interest in identified priority services across the State.

Clinical Nurse Consultants training to become Nurse Practitioners are being employed in clinics to support treating clinicians to increase throughput and clinic efficiencies. Nurses are being employed in cardiology, paediatric and neurology clinics, and there is keen interest from other areas to expand this model.

GPs are working across the State in mental health, paediatric, antenatal, breast surgery and neurodevelopmental and behavioural clinics with the primary objective of reducing outpatient waitlists. Additional GPs will be recruited for neurology and youth health clinics later this year.





# Reforming the Delivery of Care in our Community

## Our Healthcare Future

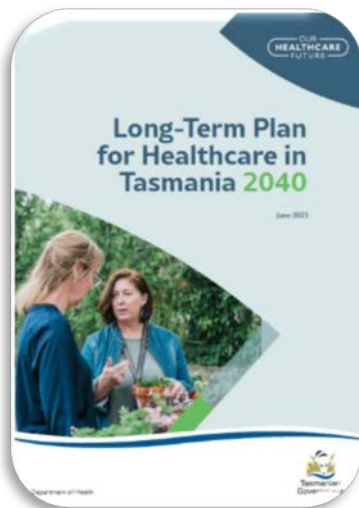
*Our Healthcare Future* is building a sustainable health system by connecting and rebalancing care across acute, subacute, rehabilitation, mental health and primary health to care in the community. The *Our Healthcare Future Immediate Actions and Consultations Paper* outlined the challenges facing our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

Stage Two of *Our Healthcare Future* focuses on rebalancing the system so Tasmanians receive the right care in the right place at the right time, and services are sustainable moving forward. Significant foundational work is already underway:

- Digital Health Transformation Strategy
- Health Workforce 2040
- infrastructure agenda and master planning process.



*Our Healthcare Future Immediate Actions and Outcomes Paper*



*Long-Term Plan 2040 Paper*

In late 2022, the Department released *Advancing Tasmania's Health*, providing a strategic direction for the Tasmanian health system and a vision that all Tasmanians are supported by a world class, innovative and integrated health system.

In June 2023, the Department released the *Long-Term Plan for Healthcare in Tasmania 2040* along with three regional Clinical Service Profiles and a revised Tasmanian Role Delineation Framework. The Long-Term Plan sets the direction the health system in Tasmania should move in to meet the needs of the community now and over the next 20 years.

The Long-Term Plan is future focused, will be implemented over several budget cycles, and guide future priority setting and investment decisions, using an evidence base.

The Long Term Plan focuses on enhancing primary, community and subacute services. This will ensure sustainable acute services moving forward and that care is delivered in the right place at the right time.

The strategic direction and plan were developed through extensive public consultation. The continuing support of, and collaboration with, the Tasmanian community will underpin the ultimate success of the Long-Term Plan.

## Tasmanian Health Senate

It is vital that we provide healthcare that reflects the changing needs of the Tasmanian community. To better understand these needs and the views of Tasmanians. The Tasmanian Health Senate was co-designed with key stakeholders to be a collective voice and brings



together individuals from across the health service and the State, from clinicians to consumers. It will provide leadership and independent advice to the Secretary on system-wide healthcare planning, delivery and advice on health issues of statewide and strategic importance.

Following an overwhelming response to the expression of interest process for membership, the Tasmanian Health Senate was formed with around 50 members and a varied spread of gender, age, background and geography.

The inaugural meeting was held in May 2023. The Senate focused its attention on the exposure draft of the *Long-Term Plan for Healthcare in Tasmania 2040* to provide advice on the future of Tasmania's health system.

The Senate will meet up to three times a year.



*Tasmanian Health Senate Meeting  
held in May 2023*

## Community Rapid Response Service and Pilot Other Hospital in the Home Services

The Community Rapid Response Service (ComRRS) provides healthcare for Tasmanians at risk of needing to go to hospital with an acute illness, injury or the deterioration of a pre-existing condition. The Government is investing \$27.5 million to deliver and permanently embed the ComRRS statewide, to assist GPs to provide care in the community and avoid unnecessary hospitalisation. This in turn is expected to reduce pressure on the EDs and ensure Tasmanians receive the healthcare they need sooner.

The DoH has liaised with regional primary health areas in the THS to determine options for service expansion. This work is now progressing as part of a broader Departmental piece on 'intermediate care'. The DoH is working with each regional clinical service planning group to develop a shared understanding of the intermediate model of care, and this will inform plans for expanding existing services and evaluating ongoing value of these services in each region.

Regional clinical advisory groups will be established to oversee the development of an 'Intermediate Care Service Model for Tasmania' with a dedicated resource to oversee this work. This piece will work with existing services such as ComRRS, Rapid Access In-Reach Service (RAIS), HITH, COVID@homeplus, Community Nursing, Aged Care in reach to streamline and integrate services for patients.

## Improved Data and Analytics

The Health System Dashboard provides an overview of important aspects of the public health system, with statistics available for each of the major hospitals where appropriate. To improve the transparency and currency of health information, key updates are released monthly, including information on elective surgery and outpatient waiting lists. The Dashboard was expanded in March 2022 to include 13 months of data, enabling comparison with the same month in the previous year.

## Bedside Medication Management across the THS

Announced in March 2022, \$4.7 million is being invested over two years to implement an extended Bedside Medication Management trial across the DoH, benefiting nurses, midwives and patients. The new approach embeds ward-based pharmacy technicians in wards across the State with a focus on four objectives:

- improved timeliness of medication treatments
- improved patient safety
- reduced medication waste
- decreasing non-nursing and midwifery tasks, providing the professions with more time for direct patient care.



*Nurse collecting medication*

Under the previous system for medication management on hospital wards, nursing and midwifery staff were responsible for ordering, transporting and counting medications. The new system, operating across our major public hospital wards, ensures each ward is allocated a technician who will take on these medication management responsibilities. This reduces the need for our highly qualified nurses and midwives to undertake administrative tasks associated with medications and enables them to spend more time with patients.

The service has received significant positive feedback, with nursing staff reporting that medicines are more readily available for patients, they are able to spend more time focusing on patient care, and medicine storage areas are tidier and safer:

- 93.9 per cent of nurses report that they spend less time sorting, ordering and looking for medicines.
- 98.75 per cent of the time medicines are more readily available for patients.

## Patient Travel Assistance Scheme Review

Tasmania's Patient Travel Assistance Scheme (PTAS) provides important financial assistance to eligible Tasmanian residents who are required to travel to access specialised medical services. This ranges from people living in rural and regional areas who need to travel to hospitals in metro areas as well as to Tasmanians who need to travel interstate to receive specialist care.



In 2021 an independent review was undertaken to ensure the scheme was meeting the needs of Tasmanians, with a particular focus on improving access and strengthening the patient-centred approach. All 35 recommendations from the review have been accepted. KP Health was engaged in October 2022 to provide project management for the implementation of the PTAS Review recommendations.

Following the review, concession card holders will travel for free. Other key recommendations to be implemented include increased travel and accommodation subsidy rates and indexation of rates every three years; reduced upfront costs by PTAS arranging bookings and travel; and improvements to the PTAS application process to make it simpler for Tasmanians. Recognising the unique healthcare access needs of very remote island communities, the eligibility criteria for residents of King Island and Furneaux Group islands will also be expanded. Further recommendations accepted by the review include:

- the implementation of a robust process of appeal
- a revised process for responding to appeals and complaints
- faster reimbursement of PTAS claims
- improving the public's awareness of PTAS.

These improvements will ensure patients living in remote and regional areas have access to the right care, in the right place, at the right time.



## Improving Palliative Care

The Department is committed to the provision of appropriate and effective care and support for people living with a life-limiting illness. The DoH is working to ensure Tasmanians have access to quality palliative care services as they approach the end of their life, and the DoH supports the delivery of patient-centred care while also providing support for families and caregivers. A final progress report on the *Compassionate Communities: a Tasmanian Palliative Care Framework 2017–2021* highlighted the many completed projects that have improved palliative care in Tasmania. It also highlighted areas for improvement, including further building capacity and capability in palliative care across Tasmania; enhanced bereavement care; and – in a national first – delivery of an end-of-life care policy statement and Palliative Care Community Charter aimed at developing a consistent approach to palliative care across community and health services.



*Tasmanian Palliative and End of Life Care Policy Framework paper*

Tasmania's new *Palliative and End of Life Care Policy Framework 2022–27* was released in November 2022. This Framework will guide the Department's activities over the next five years and is supported by an investment of \$21.5 million into palliative care in Tasmania. This investment is funding more specialist doctors, nurses and allied health professionals, boosting training and education opportunities, and promoting partnerships within the palliative care sector.

As part of the implementation of the new policy framework, a Palliative Care Clinical Network (PCCN) has been established. The PCCN is providing leadership and direction on current and future initiatives.

The Department continues to support our key partners to provide palliative care community and healthcare professional awareness, after hours telephone support, in-home personal and domestic support services and, with the Australian Government, specialist services into aged care facilities.

## Voluntary Assisted Dying

The *End-of-Life Choices (Voluntary Assisted Dying) Act 2021* (the Act) commenced on 23 October 2022. Responsibility for the Act's administration rests with the Minister for Mental Health and Wellbeing and the Department of Health. The Act provides for, and regulates access to, voluntary assisted dying in Tasmania. Voluntary assisted dying is a process that enables a person who is suffering from a terminal medical condition to legally access a substance to end their life, with support and assistance from registered health practitioners.

According to the Voluntary Assisted Dying Commission, in the legislation's first six months of operation, 47 formal first requests from individuals to access voluntary assisted dying in Tasmania were made. Of those requests, 27 had progressed to the point where medical practitioners were given authorisation to access the VAD substance for the individual.

People wishing to access voluntary assisted dying can discuss with their medical practitioner or call 1800 568 956 for further information.

## Additional Dental Services

The DoH on track to achieve the goal of delivering an additional 25 350 dental appointments statewide. Under this program, 8 584 appointments were provided by the private sector and 10 820 appointments were delivered through the employment of nine additional dental graduates and therapists and 494 appointments provided through an additional prosthetist employed in the Devonport Dental centre.

Oral Health Services Tasmania is also aiming to deliver additional services through two new digital denture laboratories being implemented in the Hobart and Launceston clinics.

In addition, the DoH recently approved the application of \$800 000 towards a dental care outsourcing program with the private sector. Between January and May 2023, this program delivered 2 857 dental care appointments with private dentists.



*Patient receiving dental treatment*

## Ambulance Services – Secondary Triage

The Secondary Triage service involves specially trained paramedics and registered nurses speaking directly with patients when a triple-zero (000) call comes in and immediately connecting them to appropriate health services. This ensures callers get the right care, in the right place, at the right time. Importantly, if a call is assessed as an emergency requiring an ambulance response, one will automatically be dispatched as normal.

In 2022–23, 4 263 triple-zero (000) calls were diverted from an emergency ambulance response through the Secondary Triage service to more appropriate treatment options. Secondary triage ensures appropriate care, while reserving our ambulances and paramedics for genuine emergency situations, where they are most needed. My Emergency Doctor was the successful tenderer and commenced the provision of telehealth services for secondary triage on 1 September 2022 assisting Ambulance Tasmania with Secondary Triage services.

## Statewide Allied Health Education and Training Program

An investment of \$6 million over four years has been made into this Program to meet the increase in demand for professional experience placements with the DoH and the Department for Education, Children and Young People under the UTAS new Allied Health Expansion Program. The Allied Health Expansion Program is being embedded as business as usual in the work program for the Allied Health Strategy and Policy Unit.



# Prioritising Mental Health and Wellbeing

Ensuring Tasmanians can access mental health support in a timely, consistent and meaningful manner continues to be a key priority. The DoH is continuing to progress our mental health policy and reform initiatives, with a range of projects implemented and many more underway.

## Rethink 2020: A State Plan for Mental Health in Tasmania 2020–2025

Rethink 2020, Tasmania's overarching mental health plan, is a collaboration between the DoH, Primary Health Tasmania (PHT) and the Mental Health Council of Tasmania (MHCT). The *Rethink 2020 Implementation Plan* outlines the actions the DoH, PHT and MHCT will take to achieve the Rethink 2020 vision for Tasmania to be a community where all people have the best possible mental health and wellbeing. Rethink 2020 aims to improve mental health outcomes for all Tasmanians through a collaborative approach to mental health service planning and delivery that is people focused.

The *2021–22 Progress Review and Update* was released in October 2022 alongside the *2022–23 Rethink 2020 Implementation Plan*. The 2022–23 Implementation Plan maps out current and future mental health reform activities (such as encouraging ethical and accurate media reporting of mental illness, supporting better integration of key parts of the mental health system, and providing services across a continuum of care) and identifies responsibilities and anticipated timeframes for the delivery of each action. Work on these actions is progressing and the DoH, PHT and MHCT are finalising the *2022–23 Progress Review and Update* and *2023–24 Rethink 2020 Implementation Plan*. Together, these will provide activity updates, reporting on annual performance, inclusion of additional actions, and incorporation of new policy directions.



*Rethink 2020 Vision and Values diagram*

## Child and Adolescent Mental Health Services Reform

The DoH is committed to continuing to implement the recommendations from the review of Child and Adolescent Mental Health Services (CAMHS). In 2022–23, the DoH has made significant progress on the three key action areas, which are to:

- establish a statewide leadership structure
- enhance existing CAMHS functions (models of care)
- develop a suite of new specialist services to fill known service gaps.

### Establish a Statewide Leadership Structure

The CAMHS statewide Executive and senior leadership group were finalised in 2022–23 with the appointment of key operational and clinical leadership positions. The CAMHS leadership roles provide increased service capability to prioritise and integrate the phased development of, and repositioning of, CAMHS as a statewide service model. Appointments include:

- Regional Managers for the South and the North/North West
- Program Manager, Strategic Development and Corporate Support
- Team Leaders for each of the CAMHS regional service portfolios, and new Team Leader positions.

The new statewide service model will ensure a consistent service response and support changes to how CAMHS responds to children and young people with the most complex and challenging mental health presentations. This includes the development and delivery of enhanced models of care that are enabling CAMHS to realign services and build stronger partnerships with other services and government agencies.

Recent achievements include:

- establishment of a new Patient Flow Program. Recruitment of three new Patient Flow positions has been completed. CAMHS continues to work closely with Infrastructure Services to explore suitable statewide service accommodation as CAMHS expands its staffing
- the extension of CAMHS staffed hours at the RHH
- CAMHS continues to increase access to community services close to home. CAMHS South has commenced clinics in Huonville and other locations are planned, and CAMHS North has commenced outreach in Scottsdale, St Helens and George Town.

### Child and Adolescent Mental Health Services – Model of Care

The CAMHS Model of Care reflects the needs of Tasmanian mental health patients and is based on best practice approaches to delivering appropriate health and wellbeing care. The DoH's integrated services provide the Tasmanian community with excellence in patient and family-centred healthcare across the continuum of addiction and mental health. Currently, CAMHS enhanced models of care are being scoped and developed to enable CAMHS to realign its services to build capacity and stronger partnerships and links with other services and government agencies.



By identifying needs and opportunities across the health service, the DoH is better able to provide the highest level of care to patients when and where it is needed most. This is demonstrated by the CAMHS RHH Extended Hours Service. The extension of CAMHS staffed hours until 10:00 pm every day, including weekends, ensures that patients presenting to the RHH and paediatric inpatients are receiving the care they need sooner. The expanded CAMHS capacity is supporting the RHH Emergency Department and paediatric areas with consultation liaison and assessment and contributes to reduced wait times for young people in the evenings and on weekends, in some cases preventing the need for inpatient admission.

The CAMHS Model of Care work is extending to statewide triage, intake assessment and allocation processes for CAMHS tertiary services. This work aims to streamline service resources required for initial assessment and to involve consumers, families and carers more fully in service options and decisions about potential care pathways to meet their needs in a timely way.

A key partnership established in 2022–23 has been strengthened between CAMHS and the Department for Education, Children and Young People, forged out of the joint response to supporting the Hillcrest Primary School community following the tragic events of December 2021.

CAMHS has also commenced statewide planning for a CAMHS Eating Disorders Model of Care. This work will align with the planning in relation to the Tasmanian Eating Disorder Service (TEDS).

## Developing New Specialist Services

On 28 November 2022, CAMHS commenced delivering Tasmania's first Multisystemic Therapy (MST) Program as a core part of the Youth Forensic Mental Health Service. MST is an intensive, family and community-based therapeutic program clinically proven to divert young offenders aged 12–16 away from the youth justice system.

The MST team received its first referral into the MST Program on 16 December 2022, marking a significant milestone for the CAMHS Reform. Under the MST model, practitioners work intensively with young people and their families in the home, school and community, providing practical support to achieve family-determined goals. There is a strong focus on removing barriers to family engagement, with practitioners working flexible hours and available for on call-consultation 24 hours a day, 7 days a week.

The first MST team is based in the south of the State. Recruitment of further teams in the North and North West is currently underway. Referrals from the Youth Justice service into the MST program are being prioritised at this stage.

Early development is underway for a number of other new specialist mental health services aimed at supporting some of our most vulnerable children and young people. Consumer voice is playing a key role in informing service development, with opportunities for consumers with lived experience and a wide group of stakeholders to co-design elements of service delivery.

A Youth Psychiatrist has been recruited to the new Youth Mental Health Service to build and establish the new service model. This service will focus on outreach work for youth, between 16 and 25 years, with complex mental health needs. This care pathway enhances the work to date provided by traditional CAMHS or Adult Services and offers a more flexible service model for this difficult to engage cohort with specialist needs. Work has also commenced on a service model for a youth-focused Mental Health Hospital in the Home in the North West. A pilot is planned in the second half of 2023. Planning is also underway to develop an intensive specialist statewide mental health service for Children in Out of Home Care with the most complex and challenging mental health presentations.

Scoping work is also continuing around the different regional structures and functions of current services, focusing on the First 1000 Days and Early Years Mental Health. This is expected to help determine reform options to improve accessibility, consistency and quality of services statewide for both Perinatal Mental Health and Infant Mental Health consumers.

## **Accommodation for an Expanded CAMHS Service**

The CAMHS Reform Team continues to be engaged in identifying and securing accommodation spaces for the therapeutic treatment of children and adolescents for all reform priorities.

All new services will feature flexible treatment and service delivery options to make them as accessible as possible.

Work to secure accommodation has been prioritised in the north of the State (in alignment with CAMHS Review Report Recommendation 6), and a new site in the Launceston CBD is expected to be ready for occupancy in 2023.

## **Tasmanian Centre for Mental Health Service Innovation**

The first Steering Committee meeting of the partnership between the DoH and UTAS was held in June 2023.

Recruitment to the Centre includes the eminent Australian psychiatrist Professor David Castle and three fixed term Research Officers. The inaugural Mental Health Service Innovation Conference is planned for September 2023.

The Centre has an online presence via the DoH website, at [www.health.tas.gov.au/tcmhsi](http://www.health.tas.gov.au/tcmhsi)

## **First 1000 Days and Early Years Services**

Planning for an enhanced and integrated offering for this critical cohort is underway, including consideration of the progress and outcomes of the Community, Mental Health and Wellbeing (CMHW) Perinatal Project to identify alignment and opportunities for leverage. This ongoing project will be a focus for 2023–24. Following the closure of the St Helens private hospital, CAMHS will provide clinical governance and service delivery to the new Mother Baby Unit for an initial six months.

## Head to Health Kids Services (H2HK)

Multi-agency planning for the H2HK services commenced in early 2023 following the announcement to establish three regional H2HK services as a commitment under the Tasmanian Bilateral Agreement for Mental Health and Suicide Prevention Tasmania.

Senior multi-agency leadership and oversight is provided through the establishment of the H2HK Steering Group. A cross-program and cross-sector H2HK Service Model working group has been established to support drafting of the state-level service parameters, objectives, principles, eligibility and collaborative model. This will guide implementation at the three sites (North, North West and South).

The working group includes representatives from Child Family Learning Centres, Department for Education, Children and Young People Professional Support; Child Health and Parenting Services (CHAPS); Women's and Children's Health Services (WACS/Paediatric Kids in Care Services); and CAMHS.

Establishment of three regional H2HK clinical lead positions is underway, and these will lead multidisciplinary teams in each site.

## Tasmanian Suicide Prevention Strategy 2023–2027

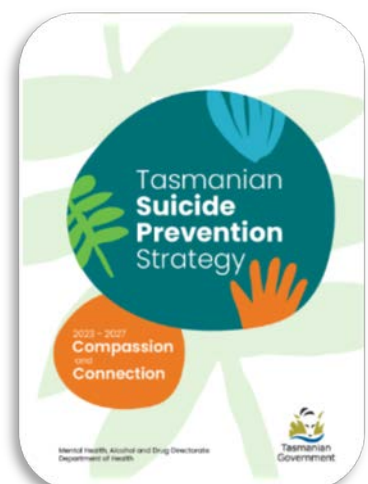
The third suicide prevention strategy for Tasmania, *Compassion and Connection: Tasmanian Suicide Prevention Strategy 2023–2027* was released on 9 December 2022. The Strategy aligns with the national policy agenda and broader work under Rethink 2020 and outlines the Tasmanian Government's vision to build a compassionate and connected community working together to prevent suicide in Tasmania.

The Strategy has been developed through extensive community consultation and for the first time includes messages from people with lived experience in the form of a foreword and statements throughout the Strategy.

Key highlights of the Strategy are the elevation of mental health and suicide prevention to a Premier's priority, a stronger focus on lived experience as well as a commitment to robust monitoring and evaluation of our work.

The Strategy has five priorities:

- enable collective action to prevent the onset of suicidal behaviour and respond early to distress
- deliver compassionate and connected services that meet people's needs
- empower our people and communities to lead suicide prevention action
- develop a skilled, supported and sustained workforce in Tasmania
- enhance whole-of-government mechanisms to coordinate our approach.



*Tasmanian Suicide Prevention Strategy 2023-2027 paper*

Actions and activities will be delivered through implementation plans. The first Implementation Plan was released in March 2023 and covers the period January 2023–30 June 2024. Funding of \$3.7 million has been committed towards implementation.

The first meeting of the Premier's Mental Health and Suicide Prevention Advisory Council was held on 15 May 2023. Specialist working groups and advisory bodies to progress activities have been established, including:

- a whole-of-government, cross-agency working group
- a data and research cross-agency working group
- a young people working group
- a male-focused working group
- a priority populations and community representatives working group.

The Tasmanian Centre for Mental Health Services Innovation has developed an evaluation framework for the Strategy.

## Community, Mental Health and Wellbeing Safety and Quality Positions

The DoH has invested \$2.6 million to establish a dedicated Safety and Quality Team within the Community, Mental Health and Wellbeing Group to strengthen regulatory oversight and to improve clinical safety and quality outcomes.

This initiative supports the DoH's *Strategic Priorities 2021–23* and links to the maintenance of National Standards Accreditation, BreastScreen National Accreditation, NDIS Quality and Safeguards Accreditation and compliance with the Department's Quality Governance Framework.

The permanent Director of Quality and Consumer Safety, CMHW, commenced in December 2022. The role is coordinating and facilitating quality and safety across CMHW.

An additional six FTE quality and safety officer roles have been recruited to better deliver mental health services statewide. The Infection Prevention and Control Clinical Nurse Consultant was appointed and commenced in the role in March 2023.

## Implement the Reform Agenda for the Alcohol and Other Drugs Sector

The *Reform Agenda for the Alcohol and Other Drugs Sector* in Tasmania is a 10-year plan to ensure Tasmanians affected by alcohol, tobacco and other drugs can access appropriate, timely and effective alcohol, tobacco and other drugs services, supports and treatments. Considerable work has been identified for action in the initial five years, with the 10-year timeframe allowing for the staged sequencing of actions and to provide for a period of monitoring post-implementation.



Through the Reform Agenda, the DoH has developed the framework to build a more integrated and coordinated service system and is continuing to progress the phased approach to implementation. This includes development of the Detox@home trial to be launched in August 2023, which will provide supervised withdrawal management support services for people in their home and will operate as a 'virtual unit' of the Inpatient Withdrawal Management Unit.

## **Tasmanian Drug Strategy 2023–2028**

The DoH is leading development of the new Tasmanian Drug Strategy 2023–2028 (TDS). The TDS will encourage collaborative action and activities across agencies, organisations and the community in response to alcohol, tobacco and other drugs use in Tasmania. The vision of the TDS is to create a Tasmania that is inclusive and safe for all people, without stigma and discrimination, where people can make informed health decisions when it comes to their use of alcohol, tobacco and other drugs.

The Mental Health and Drug Directorate has completed a third and final round of public consultation, taking place through an online community survey (open from 21 June 2023 until 4 August 2023), and statewide face-to-face consultation sessions (from 31 July 2023 until 7 August 2023).

It is expected that, following the last round of consultation, the Tasmanian Drug Strategy will be redrafted for release in late 2023.

## **Mental Health Emergency Response**

Commencing in January 2022, a mental health co-response service referred to as the PACER team began working to improve outcomes for mental health patients. Comprising mental health clinicians, police officers and paramedics, this interagency team provides a rapid response to mental health-specific triple-zero (000) calls.

Now known as Mental Health Emergency Response, the service allows people with mental health challenges to be treated at home or in an appropriate local setting, reduces the demand on our Police and Ambulance services, and reduces the need for the person to attend an ED. In 2022–23 a total of 1 568 cases were assessed by the team, with 75 per cent of people remaining in the community.

## Healthy Tasmania: Five Year Strategic Plan 2022–2026

The [Healthy Tasmania Five-Year Strategic Plan 2022–2026](#) brings together communities, services and all levels of government to work in partnership for improved health and wellbeing.

There are eight focus areas to improve health and wellbeing: priority populations; health literacy; mental health and wellbeing; active living; eating well; smoke-free communities; reducing alcohol harm; and climate change and health.

The Healthy Tasmania Strategic Plan is working towards achieving the outcomes of a healthier population; greater equity of health outcomes across the Tasmanian community; liveable, vibrant and healthy places; and greater social connectedness. These outcomes are not only good for individuals, but for our whole State.

Action plans are developed to guide activity. The first year of the Healthy Tasmania Plan built solid foundations for long-term, sustainable action on health and wellbeing, including consultation with community to develop the Strategic Plan, reviewing the Healthy Tasmania Fund, developing the research and evaluation framework, and establishing governance structures.

The second year of the Healthy Tasmania Plan focused on building community capacity through the Healthy Tasmania Fund and by providing resources, training and advice to communities.

The next Healthy Tasmania Plan focuses on new ways of working to achieve greater shared decision-making, more inclusive leadership, better data sharing, increased capacity for health promotion, more responsive funding models, effective communication and engagement, and empowering communities.



*Healthy Tasmania Five Year Strategic Plan 2022–2026 paper*

## Healthy Tasmania Fund Grants Program

The Healthy Tasmania Fund is a grants program for health and wellbeing in Tasmania and a key action of the Strategic Plan. The Government has committed \$8 million over four years for the Fund (2022–25). We have collaborated with other funders to design a model with four grant streams and capacity-building activities, to better respond to community needs. The new Healthy Tasmania Fund launched last September 2022, informed by extensive research and consultation.

The four grant streams are Step Forward, Healthy Focus, Lift Local and Healthy Together.

- **Step Forward** grants are up to \$5 000 for activities and equipment supporting health and wellbeing, including training, posters, brochures, and equipment needed for services and programs. \$100 000 each year has been allocated across three years of the plan. Community sector organisations and local government can apply.
- **Lift Local** grants offer \$20 000 to each Council to strengthen planning for health and wellbeing. Support is provided as part of the growing local government health and wellbeing network. These non-competitive grants are for local government only.

- **Healthy Focus** grants are from \$20 000 to \$100 000 for up to two years to support action on the eight Healthy Tasmania focus areas listed above. Community sector organisations and local government can apply. There was \$2 million available for the first round in 2022–23, with a second round set for 2024.
- **Healthy Together** grants award \$300 000 each to eight selected communities to come together to set health and wellbeing priorities, look at local solutions and test them out over several years. This stream aims to support community-driven action, leverage existing community effort, build stronger collaboration and offer responsive support based on need. These eight grants will be awarded in 2023–24.



*Promotion of Health Tasmania Grants Program*

Since the launch of the new Healthy Tasmania Fund last year:

- 102 organisations and communities have been awarded funding across all grant streams
- 122 initiatives have been funded
- \$2.7 million has been awarded.

## Implement the Youth Smoking Prevention Package for Young People

The Smoking Prevention Package for Young People aims to reduce smoking and vaping among young Tasmanians by helping them not to start smoking or vaping and to help those who already have started smoking or vaping to quit.

The DoH is investing \$1 million over the next four years to develop and implement an evidence-based prevention package targeted specifically at children and young people from Year 6 and up.

In 2022–23 the DoH has worked closely with the Department for Education, Children and Young People to ensure access to the most effective resources and approaches targeting young people from all backgrounds at risk of smoking or vaping. The approach maintains the flexibility to be tailored to the needs of individual school communities.



# Building the Infrastructure for our Health Future

To improve the health and wellbeing of Tasmanians, we must have the enabling infrastructure in the right places to provide healthcare services when and where they are needed. Managing our infrastructure needs with a strategic, long-term focus delivers better patient outcomes, efficient use of resources, improved preparedness for future pandemic events, and inclusion of innovative technologies.

We also remained focused on modernising and strengthening our ICT, including the completion and funding of our digital health strategy *Digital Health Transformation – Improving Patient Outcomes 2022–2032*. The program has now commenced its second year and will provide new ways of caring for the health and wellbeing of all Tasmanians, enabled by digital health technologies.

## 20 Year Infrastructure Strategy

Development of the 20 Year Infrastructure Strategy continued throughout the year. The Strategy builds on the Strategic Asset Management Plan (released in early 2022) and in conjunction with various masterplans, will describe the priority areas for infrastructure investment over the next 20 years. Aligned to the *Long-Term Health Plan for Healthcare in Tasmania 2040*, the 20 Year Infrastructure Strategy will be updated every five years to reflect changes in regional demographics, health service demand, technology and changes in the broader policy and planning environment. The Infrastructure Program is updated as masterplans are developed, reviewed or updated. The 20 Year Infrastructure Strategy will comprise the underpinning Asset Management Policy, Strategic Asset Management Plan, individual masterplans, disposal schedules and work plans.

## Business System Implementation

A new asset management system is currently being deployed with the asset management team. This system will provide a more contemporary way of managing asset inventory condition and maintenance scheduling for the Department's built infrastructure and other assets such as medical equipment.

A new contract management system was implemented in November 2022. To facilitate a more streamlined approach to procurement, a consultancy services panel contract was fully implemented in September 2022.

## Co-located Private Hospital

Planning for a new private hospital co-located with the LGH is progressing. After a review of logistical and design considerations, the site for the co-located private hospital was changed. The co-located private hospital will now be developed on the larger site at the corner of Howick and Charles streets. Planning and design work is underway to prepare the site for construction.



## Launceston General Hospital Masterplan



*LGH Helipad landing site*

Following the release of the LGH masterplan in October 2021, DoH achieved several major milestones in the delivery of Stage 1 this year.

The dedicated Women's and Children's Precinct in the Iutha building opened in the second half of 2022.

The new Tunapri Mapali administration and learning building, incorporating the Anne O'Byrne Education Centre, opened in November 2022.

An upgrade of the Acute Medical Unit was completed in August 2022.

A number of Stage 2 projects identified in the masterplan have been brought forward, including the LGH helipad.

The design for a new helicopter landing site at LGH is being finalised after changes to Civil Aviation Safety Authority (CASA) regulations required the closure of the existing helipad. The new helipad will be on the roof of the Cleveland Street multistorey car park, allowing a state-of-the-art, contemporary helipad construction with efficient patient transfer to the ED, Intensive Care Unit (ICU) and theatres.

## Royal Hobart Hospital Redevelopment

Considerable progress on the RHH Redevelopment was achieved this year. Opening in January 2023, the first stage of the ED expansion provided 28 new beds. It ensures the hospital has the number of beds and treatment points to meet current and future emergency demands. The design for Phase 2 of the ED expansion is continuing, with construction commencing on transition works July 2023.

The Endoscopy Short Stay Suite was completed in June 2023. In May 2023, the Cardiology unit upgrade was completed. The upgraded contemporary space includes a dedicated sleep centre to deliver sleep management and care for chronic sleep conditions.

The New Ward 6A Trauma and Acute Surgical 19-bed Unit has been opened to support an increase in surgical activity. The ICU expansion was completed in May 2023, providing 12 new ICU beds in a state-of-the-art facility.

The design of the A-Block redevelopment is expected to be completed in early 2024 and the lift replacement has progressed, with tenders to be called in late 2023.

In March 2023, tenders were invited for the Pharmacy redevelopment, and works are due to begin in the second half of 2023. Several small projects are also progressing, including the new Angiography suite and equipment upgrade which is due to start construction in 2024.



*RHH Redevelopment: Completed Cardiology Unit*

## Mersey Community Hospital Redevelopment

At the MCH, construction of the new outpatients clinics and operating theatres continue, and several construction milestones were achieved. In October 2022, DoH opened the temporary Outpatients Clinic that allows the hospital to deliver outpatient services while construction is underway. Further progress was made to the site, with the concrete slab for the new E Block poured in March 2023. Building works continue into the coming year, with the project expected to be completed in early 2025.

## Masterplanning

Infrastructure masterplanning provides the framework to make the best use of our land and buildings and to maximise opportunities for development that supports high-quality health services into the future. During the year, development of the masterplan progressed in two key areas: North West Hospitals and St Johns Park Health and Wellbeing Precinct as an alternative for Stage 3 of the RHH redevelopment.



*St John's Park Precinct Masterplan*

The Health and Wellbeing Precinct at St Johns Park in New Town will revitalise the site and provide contemporary facilities for mental health, subacute and community care services to meet forecast future demand. The next stage in developing the Masterplan involves detailed planning and stakeholder, consumer and community engagement and consultation, which will take place in the remainder of 2023.

The North West Hospitals Masterplan will provide a 20-year blueprint for developing and managing health infrastructure at the NWRH and the expansion and modernisation of subacute care services at the MCH, delivering better healthcare to those in the North West over the next 20 years. The Draft Masterplan, which includes a new mental health precinct, was released in April 2023 for community consultation, and the final masterplan is scheduled for release in October 2023.

## Deliver the Regional Infrastructure Upgrade Program

Throughout 2022–23, the DoH has maintained a significant focus on funding new infrastructure and equipment.

Infrastructure Services has worked with the staff in each of the following regional hospitals to purchase new and upgraded equipment:

- North East Soldiers Memorial Hospital at Scottsdale – \$600 000
- New Norfolk District Hospital – \$600 000
- St Helens District Hospital – \$400 000
- West Coast District Hospital – \$400 000
- King Island Hospital and Health Centre – \$200 000
- Smithton District Hospital and Community Services – \$200 000
- Beaconsfield District Health Service– \$200 000
- Campbell Town Health and Community Service – \$200 000
- Deloraine District Hospital – \$200 000
- Flinders Island Multipurpose Centre – \$200 000
- George Town District Hospital and Community Centre – \$200 000
- Midlands Multipurpose Health Centre – \$200 000
- May Shaw Health Centre at Swansea – \$200 000
- St Marys Community Health Centre – \$200 000

Infrastructure Services continues to work with the relevant staff in our health facilities to procure equipment in line with agreed priorities. Purchasing of equipment is being undertaken through local procurement systems.

A further \$1 million is being invested to upgrade equipment to support other THS sites across the State including at Franklin, Longford, Huon and Dover.



*Health services equipment*

### Stage 2 Kingston Health Centre

Clinical services planning is underway and will be completed by the end of 2023. Infrastructure project development and concept design will commence early in 2024.

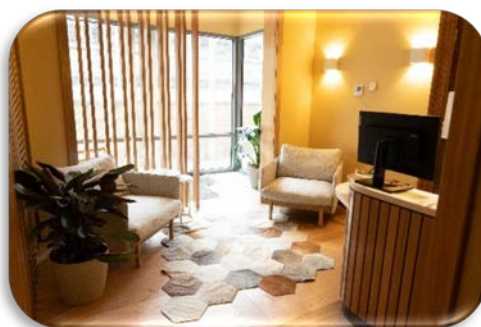
### Strategic Plan for Statewide Hospital Equipment Fund

This is in the final stages of development. An equipment asset management team that will manage medical equipment in accordance with asset management best practice is being established within the Infrastructure Services Asset Management team.

## Mental Health Beds – Peacock Centre and St Johns Park

Progress continues to deliver 27 new short-term mental health beds in southern Tasmania.

The redeveloped Peacock Centre, which includes 12 of these beds, was officially opened in March 2023. The Peacock Centre is the first of its kind in Tasmania. It houses four new mental health services, including a new short-stay unit providing specialist treatment in a home-like environment.



*Room in Peacock Centre mental health facility*

Work to deliver a mental health centre at St Johns Park has also progressed. The design for the centre, which will provide another 15 short stay beds, is complete. Tenders to build the centre have been invited and construction is expected to begin in early 2024.

In the North, the design of the new Northern Tasmanian Eating Disorder service is underway. Tenders for the project are expected to be invited in early 2024.

## Ambulance Tasmania – New and Upgraded Stations

Progress towards delivering new Ambulance Stations around the state continued throughout the year. Construction of the new Bridgewater, Beaconsfield and Queenstown Rural Ambulance Stations began in the second half of 2022, and the Bridgewater Ambulance Station opened in May 2023.

Works are ongoing at Queenstown and Beaconsfield, with both stations due for completion in 2023. Following community consultation in late 2022, the process to secure the preferred site for the Bicheno Ambulance Station is underway, and planning for future projects at Oatlands and Longford is also complete.

Delivery of two state-of-the-art Ambulance Stations at Burnie and Glenorchy also continued. Works to build the Burnie station began in October 2022. Glenorchy ambulance station project, and works commenced on site on 17 July 2023 and are expected to be completed by August 2024.

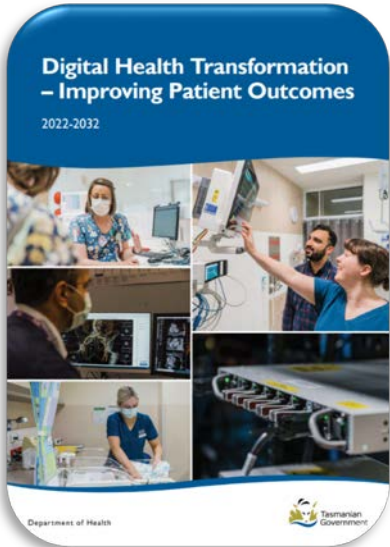


## Digital Health Transformation

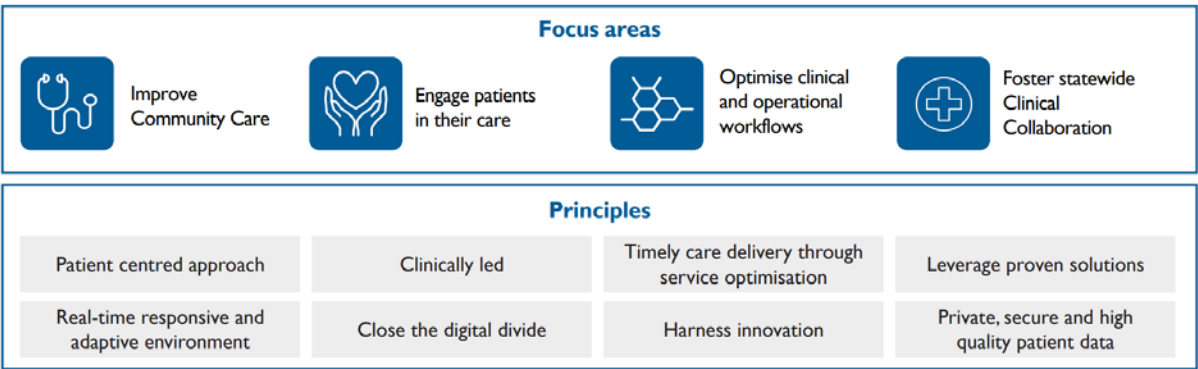
The Department has developed the *Digital Health Transformation – Improving Patient Outcomes 2022–2032* as its strategic plan. It outlines the role of digital technologies in helping to solve the health challenges facing Tasmania. *Digital Health Transformation* lays out a set of digital initiatives to be delivered over a 10-year period. Implementing these initiatives will result in Tasmanians experiencing a fully integrated health system that will increase capacity and enable clinicians and healthcare consumers to make better informed decisions.

Completing the Digital Health Transformation – Improving Patient Outcomes strategy is the first formal step in a system-wide approach to digital transformation. Tasmania will have the unique opportunity to systematically address the technology silos that have evolved over years, and in the process become a leader in digital health.

The Digital Health Transformation initiatives are underpinned by eight guiding principles, shown in the Figure below:



*Digital Health Transformation - Improving Patient Outcomes 2022-23 paper*



*Eight principles of the Digital Health Transformation initiative*

Over the next four years, \$180 million is being invested in the Digital Health Transformation Program (the Program), with an anticipated investment of \$476 million over 10 years. This will enable high-quality patient care and integration across acute, subacute, primary and community care.

Funding of \$30 million was provided for 2022–23 to progress Horizon 1 and parts of Horizon 2 of the 10-year Digital Health Transformation Program. A further \$40 million is budgeted in 2023–24.

During 2022–23, the digital transferral program has delivered several significant milestones:

- Establishment of the Program Team. This team comprises staff with specialist clinical skills from diverse specialisations, staff with extensive Health ICT experience and staff experienced in managing large scale and technically complex projects.
- A Program Control Board is in place, which works alongside independent assurance advisors. Furthermore, a Statewide Clinical Advisory Group ensures a clear and authoritative clinical voice.



- As the first step in establishing a statewide fully integrated care platform, a request for proposal (RFP) was issued on 11 February 2023 seeking an electronic medical record including electronic medication management capability, and an ambulance electronic patient care record. The RFP closed on 5 April 2023.
- Preparations are underway for the issuing of a limited request for tender for both systems by the end of 2023. It is anticipated that the announcement of the successful tenderer/s contract will be made by the end of 2024.
- The eReferrals system has been successfully implemented at all four major hospitals, providing GPs with a more connected and secure platform to refer patients to outpatient services. To date over 20 000 referrals have been managed through this system.
- In 2023–24 enhancements will be introduced to facilitate clinical prioritisation and further roll-out of the eReferral system to include services such as ED and Community Nursing.
- A Digital Outpatient Management and Virtual Care solution has been procured to provide a 'digital front door' and allow patients to securely access their information relating to basic demographics, referrals, appointments as well as the ability to manage their communication preferences. This will be implemented by mid-2024.

Some other notable elements:

- The initial stages of research are underway to identify the requirements for a patient record viewer that encompasses all healthcare facilities within the State. A prototype will be developed and tested during 2023–24, with the complete implementation expected by 2024–25
- A Clinical Alerts Registration solution to allow clinicians to directly enter patient alerts and allergies into an easy-to-use system is being developed. The system will also maintain a source of truth and provide access to alerts in real time and eliminate manual processes. This will be implemented by late 2023.
- A digital system designed to monitor surgical instruments is being delivered at North West regional hospitals. This will be implemented by late 2023.
- A Meal Management solution is being procured to manage meal ordering, provisioning, and allocation electronically in the four major hospitals across the State. This will be implemented by mid-2024.
- Significant investments have been made in cybersecurity, digital health infrastructure, and clinical system upgrades and adoption projects in anticipation of digital transformation.
- Collaborating with Telstra to construct and implement local area network as a service (LANaaS) projects that are gradually enhancing data network services. These initiatives are delivering substantial enhancements to wi-fi capabilities, coverage, availability, performance, security and functionality throughout the Department's physical locations.



# Build and Develop a Sustainable and Positive Workforce we Need Now and for the Future

One of the greatest assets of our health system is our people. The DoH wants to be considered a workplace of choice, where everyone feels valued, staff are recognised, and individuals feel empowered to make positive changes and are given opportunities for growth.

The DoH has progressed a number of initiatives to help build and develop our workforce so that it is capable of providing the best healthcare possible to all Tasmanians. Improving the workplace environment in our hospitals and across the broader health system, including mental health services, is a major focus for the DoH. The DoH wants to provide positive, patient-centric and solutions-focused environments that meet contemporary and best-practice standards.

## One Health Culture Program

Our One Health Culture Program (One Health) was designed to drive cultural improvement, supporting staff to work together, learn, collaborate and problem-solve, share risk, empower and respect each other.

Launched in December 2022, the *One Health Culture Strategy 2022–2027* will undertake activities in five key focus areas:

- leadership accountability
- building capability
- workplace values and behaviours
- health, safety and wellbeing
- systems and processes.

The Department's culture should reflect our diverse workforce and the broad range of services that we deliver to our diverse community, with the aim of connecting internal silos. We understand that cultural change is going to take time; however, we are committed to creating an inclusive and respectful culture that is reflective of our people.

One Health is designed to be an umbrella program, bringing together all the various culture, wellbeing and non-clinical development initiatives already underway across our organisation.

Through One Health, the DoH will become an employer of choice for clinical and non-clinical professionals, and champion progressive and inclusive ways of working to improve the health and wellbeing of all Tasmanians.

In 2022–23 the One Health team:

- established an Internal Reference Group with staff from across the State to provide feedback, guidance and insight on the Department's culture and the ongoing impact of One Health's programs, and to identify gaps, omissions and areas in need of further exploration and innovation
- began developing 'role charters' with the Health Executive to clarify the accountabilities and responsibilities of all leadership positions, and these will be rolled out to senior leadership teams and made available to all staff
- developed and commenced the Aspire Leadership Program and Elevate Management Development Programs
- commenced development of an Equity and Inclusion Strategy and an online training module
- supported the North-West Maternity Services Transition Project to address workplace cultural issues with the aim of unifying the service
- conducted engagement sessions with around 1 500 staff, conducted 47 workshops, and provided 20 presentations.



*Health Workforce 2040  
Strategy Paper*

## Health Recruitment Taskforce

With a commitment to continual improvement, DoH has implemented a number of recommendations from the Health Staff Recruitment Taskforce, to better recruit, retain and develop a diverse and skilled workforce. Delivering its final report in early 2022, the Taskforce focused on strategies and initiatives to support the recruitment of a more stable and permanent workforce, with a particular interest in elective surgery, opening additional beds and taking pressure off EDs.

In 2022–23, the Department continued to deliver on the Health Recruitment Taskforce's recommendations, with recent work to:

- enable longer-term contracts to be offered to doctors in training
- establish a \$25,000 scholarship program to get more allied health professionals into Tasmanian regions
- engage newly graduated allied health professionals on a permanent rather than fixed-term basis
- offer permanent appointments for Transition to Practice nurses in 2023.

## Workforce Training and Development

By investing in the DoH's existing and upcoming leaders, we can improve diversity, drive positive cultural change, and deliver our strategic priorities. Released in November 2021, *Health Workforce 2040* is the DoH's long-term strategy to shape a health workforce that meets the needs of Tasmanians now and into the future.

*Health Workforce 2040* is Tasmania's first detailed health workforce strategy. It aims to:

- shape a health workforce that meets the needs of Tasmanians now and into the future
- look after those who dedicate their careers to looking after others
- provide opportunities to support our health professionals to follow their career ambitions.

Key highlights include:

- working with Aboriginal community-controlled healthcare organisations to co-design a \$1.5 million dollar program for Aboriginal Health Worker Traineeships
- introduction of the Nursing and Midwifery Scholarship Program which saw 91 scholarships awarded statewide and seven additional Ida West Aboriginal Health Scholarships awarded in the 2022 round
- the first North West UTAS School of Nursing graduates completing their degrees in 2022
- the development of key partnerships with UTAS supporting the commencement of the Master of Physiotherapy and Master of Speech Pathology in 2022
- hosting the inaugural Our Healthcare Future Leadership 2040 Conference in late 2022 with 160 emerging health leaders from across the State and launching the Leadership 2040 Virtual Community to enable emerging leaders to stay connected and continue their leadership development
- employing 10 FTE Human Resources assistants to support nurse managers in their recruitment efforts
- increasing support for junior and international medical staff in the North and North West by increasing the hours of Directors of Clinical Training.

To ensure DoH has a workforce capable of driving world class healthcare delivery into the future, DoH is working to strengthen key Tasmanian workforce partnerships to build guaranteed workforce streams. The DoH is working closely with UTAS, TasTAFE, RHH Research Foundation, Clifford Craig and colleges.

As outlined in *Health Workforce 2040*, the Training, Education and Workforce Subcommittee (TEW) of the Clinical Executive was established, with UTAS and TasTAFE represented in the membership. TEW promotes and develops innovative health workforce models to support the emerging healthcare needs of the community, provides a forum to progress partnership arrangements between the Department and other higher education institutions, and monitors trends that may impact Tasmania's workforce.

DoH continues to work closely with UTAS to support the Allied Health Expansion Program, with the new Master of Physiotherapy and Speech Pathology commencing in 2022, and the Master of Occupational Therapy to be offered for the first time in September 2023.

## Human Resource Information System

Work is progressing on the development of a contemporary and fully integrated Human Resource Information System (HRIS). Once fully operational, HRIS will include a rostering interface with payroll, recruitment and onboarding management; dashboards; and a module for performance management and conduct.

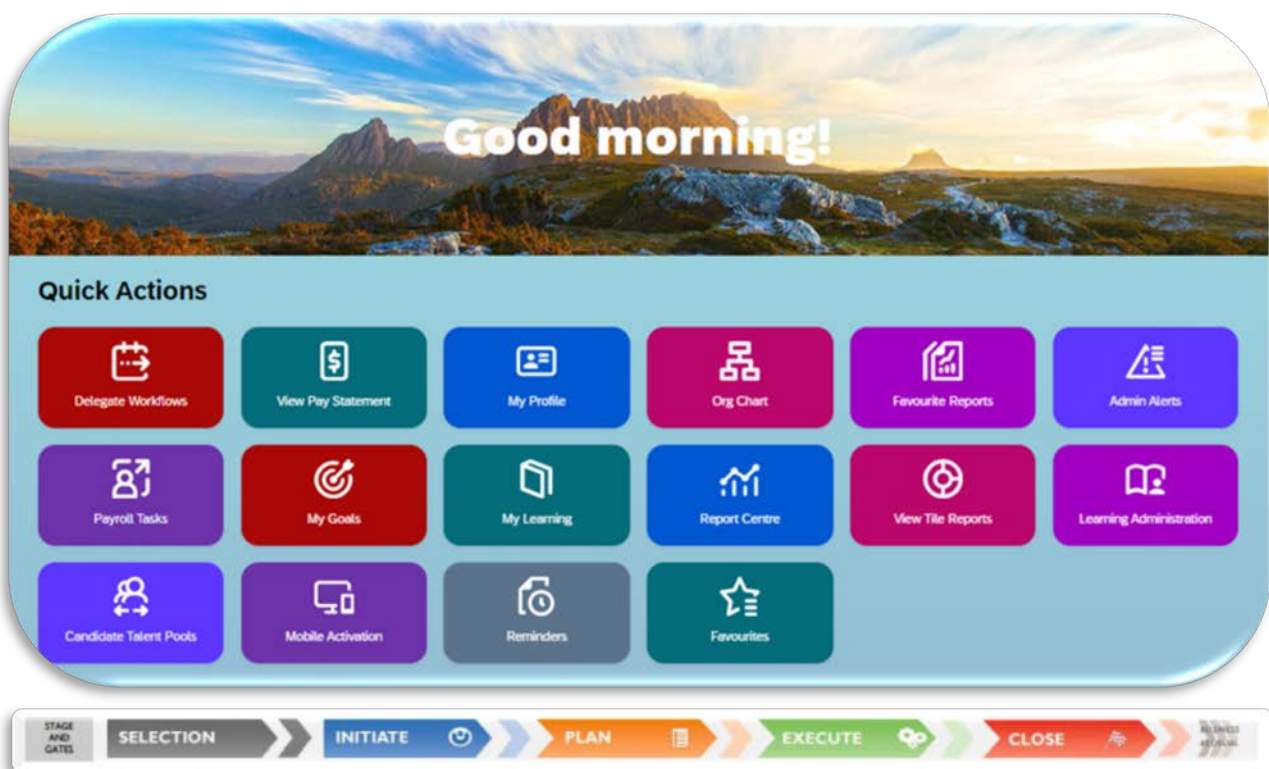
SAP SuccessFactors has been selected as the core HR platform, along with a suite of products to form a single, fully integrated Human Capital Management solution.

In 2022–23, the Department designed the new system with its implementation partner, DXC. Key stakeholders attended demonstrations of the system and provided feedback to validate the overall system design.

The team has begun building the solution and it is expected that testing and validation will commence shortly. The solution is expected to be delivered in stages commencing from mid-2024.

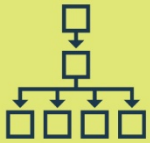
To ensure the success of HRIS, there are significant business readiness activities that will be required, including significant adjustment to existing HR practices, most significantly in the time and leave management and rostering functions.

The HR Transformation Program has been established to lead the transition of Health HR to a contemporary HR service, including the introduction of HRIS, and what Health HR and the Department need to do to get ready for HRIS.



HRIS System preview image





# Strengthen our Governance, Risk and Financial Management, Performance and Accountability

The Department of Health is committed to developing and maintaining robust governance arrangements, managing strategic and operational risks, enhancing accountability, transparency and responsiveness to change and ensuring we deliver high-quality care to Tasmanians.

## Governance Arrangements

The Department takes the following steps to increase transparency and accountability across the Health Executive and Executive subcommittees:

- sharing Executive and subcommittee minutes with staff via the intranet
- conducting annual reviews of each subcommittee's terms of reference to ensure their continued effectiveness.

The Health Executive, supported by the Office of the Secretary, continues to explore opportunities to enhance and refine our governance arrangements, promote transparency, and to clarify the accountability and authority of senior executives.

Governance improvements in 2022–23 include implementing additional senior executive positions in the Health Executive as recommended by the Governance Advisory Panel (Including Deputy Secretary Hospitals and Primary Care, Chief Executive Hospitals North, Chief Executive Hospitals North West and Chief Risk Officer) with significant reforms underway, additional expertise and experience has been brought in to ensure the delivery of the Governments health improvement agenda and organisational uplift.

## Process Improvements

### Strategic Budget Framework

The Department is implementing a strategic budget framework to align with Government and health priorities and improve our approach to annual budget cycles, business case development, asset management and projected demand. Our internal budget process sets out clear rules for budget submissions and ensures each submission is clearly linked to Government and health priorities, is supported by a robust business case, and has been endorsed by the relevant Deputy Secretary.

### Electronic Claim Lodgement and Information Processing Service Environment

The Electronic Claim Lodgement and Information Processing Service Environment (Eclipse) Project involves implementing the Eclipse Billing System, enabling the Department to lodge claims electronically with Medicare. The Department is now implementing Eclipse within the hospitals to facilitate electronic Medicare billing.

## Clinical Service Plans

The Department is preparing and maintaining comprehensive, statewide forward-looking clinical service plans to better support and inform our workforce, infrastructure and ICT strategies.

Building on the solid foundation provided by the One State, One Health System, Better Outcomes reforms, the DoH is taking an evidence-based approach that includes detailed modelling of Tasmania's current and future health needs, clinical and consumer consultation, and a review of current research literature and clinical service planning.

## Compliance, Policy and Risk Frameworks

The DoH is committed to developing and maintaining a risk culture where risk management is integral to the achievement of strategic priorities across all levels of the health service. The implementation of monitoring and reporting mechanisms, risk tracking, policy and compliance systems supports all staff across the DoH to understand and apply the principles of good governance when responding to risk, policy and compliance matters.

In 2022–23, after extensive consultation across the DoH, the Health Executive endorsed the DoH Risk Management Framework, DoH Policy Framework and the Compliance Statement. The Legal Compliance and Policy Committee, as the peak policy subcommittee, is also in the process of being refreshed. It will have a DoH-wide lens for shared governance and oversight responsibilities in relation to high-level legal compliance matters and strategic policy direction. This will enhance accountability, transparency and responsiveness of change to compliance, policy and risk frameworks and supporting information systems.

## MARS Update

The Measurement, Analysis, and Reporting Solution (MARS) online auditing system was launched on 1 April 2020 across four health services to capture and report audit data. Since then, MARS has been broadly adopted and in 2023 has expanded to become a statewide auditing solution for use across the Department.

## Root Cause Analysis and Action (RCA<sup>2</sup>) Project

To further strengthen clinical risk management across the DoH, the Root Cause Analysis and Action (RCA<sup>2</sup>) Project is seeking to improve the efficiency and effectiveness of root cause analysis investigations. It will introduce quality improvement methods into the Action phase, leading to optimal patient outcomes.

The adoption of the RCA<sup>2</sup> approach will create a more effective safety event analysis and improvement system, and is a recognised best-practice investigative approach internationally and across other Australian jurisdictions.

The RCA<sup>2</sup> approach was developed for hospitals. However, it is also applicable to settings that range from aged care to community care, from single healthcare organisations to large health systems, and as part of comprehensive unit-based safety programs.

## Agency-wide RCA<sup>2</sup> Report Template

The RCA<sup>2</sup> Template has been developed to guide consistent documentation of safety event analysis findings and recommendations and minimise service-to-service variation in the documentation.

To further support and progress the Child Safe Governance Review recommendations, preparation for the functional specifications of the Safety Reporting and Learning System Replacement Project has included the organisation-wide safety event management process and RCA<sup>2</sup> Template integrating the RCA<sup>2</sup> approach.

## Health and Medical Research Governance

The DoH is committed to embedding a strong research culture into our health services and thereby increasing opportunities for the Tasmanian community to access novel treatments and care. The DoH continues to promote and implement the strategic goals outlined in *Tasmania's Research Strategy: A Three-Year Plan*, which is the research strategy for the Tasmanian publicly funded health service. This Strategy builds on the foundations of the DoH's *Strategic Priorities 2021–23* and serves as a vision for the THS and the Tasmanian community.

The Strategy emphasises the importance of leadership and governance, and aims to address this by:

- improving accountability and transparency to promote and support sustainable research and clinical trials
- prioritising the safety and wellbeing of research and clinical trial participants, and ensuring a skilled and qualified research workforce
- developing and fostering strong research partnerships and collaborations, and by actively engaging with consumers and the Tasmanian community
- promoting Tasmanian research and researchers within the health services, to potential investors and to the community.

## Governance and Ethics

This year, the DoH launched its new online Research Governance and Ethics system (REGIS) with the aim of streamlining and expediting research governance and ethics processes. REGIS is a secure, cloud-based system that has been adapted from the NSW context to comply with Tasmanian Government requirements in relation to both State records and ICT security and confidentiality. The system will replace all paper-based research governance forms and will assist in the management of human research projects conducted across the Tasmanian publicly funded health service. Workshops and training materials have been widely distributed throughout the research community and are readily available for all researchers, research governance officers and heads of departments. Implementation of the new system was well received, with researchers reporting an easy user experience. Governance processing and turnover times are tracked within the system, thereby promoting transparency and accountability in the governance process.

## Low-risk Research

The DoH has developed a streamlined and expedited pathway for low-risk research. The goal of this pathway is to encourage and promote low-risk research activities, including quality improvement and audit projects, by facilitating a simple and streamlined ethics and governance process. The low-risk research pathway balances the ethics and governance burden for low-risk projects while simultaneously protecting the interests of research participants, research investigators and the DoH and to ensure adherence to ethical values and principles set out in the [National Statement on Ethical Conduct in Human Research 2023](#).

### The Australian Teletrial Project – Tasmania

Based within the Research Governance Office, the Tasmanian Regional Clinical Trial Coordinating Centre oversees the Tasmanian arm of the Australian Teletrial Program (ATP). The ATP is funded through the Medical Research Future Fund and aims to facilitate access to clinical trials for those living in regional, rural and remote locations. The objectives of this initiative are to expand the reach of clinical trials, build a more interconnected clinical trials system, and increase the clinical trials workforce capacity and capability in Australia. By participating in the ATP, Tasmania hopes to reform the delivery of care in our community through improving access and extending the reach of clinical trials.



Image credit: Website [The Australian Teletrial Program](#)



# Strengthen Clinical Safety, Quality and Regulatory Oversight

The DoH is committed to ensuring clinical safety, improving the quality of our health services and maintaining appropriate regulatory oversight of the health services we regulate. The DoH has implemented robust clinical governance systems and processes across the State. The Health Executive is maintaining oversight of the system's response to adverse events, coronial recommendations and consumer feedback, through a no-blame learning culture.

## Clinical Governance

Clinical Governance, incorporating the Quality and Patient Safety Services, supports continuous improvement in health outcomes, minimisation of risks, and fostering an environment of excellence in service delivery for patients in the Tasmanian public health system.

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 (SQA) Subcommittee.

The SQA Subcommittee takes a whole-of-agency approach by linking key stakeholders from the publicly funded health services within the Department, to advise the Clinical Executive on the effectiveness of clinical governance structures, systems and processes. Members collectively set the SQA Subcommittee's work agenda based on the Quality Governance Framework, aligned with the National Safety and Quality in Healthcare Clinical Care Standards.

## Clinical Oversight and Input

Regular reports are produced for the SQA Subcommittee on topics related to root cause analysis, consumer feedback, open disclosure, and coronial recommendations, with a 'deep dive' report tabled on these issues at each meeting.

The Research and Innovation Subcommittee of the Clinical Executive includes key stakeholders both from the public health sector, and from other services where there is crossover in conducting or funding research. The Subcommittee has representation from the Clifford Craig Research Foundation and the RHH Research Foundation, enabling these foundations to contribute to the conversation on how governance improvements can help them achieve their research goals. The pilot program of the new National Clinical Trial Governance Framework at the RHH also helped to inform some of the research program's required service delivery improvements.



## Regulation and Accreditation

The standards to be met by private health service establishments and private non-emergency patient transport licence holders are specified to ensure services comply with clinical practice guidelines and best practice standards and meet the needs of Tasmanians. Regulatory compliance is monitored by the Regulation, Licensing and Accreditation Unit through a regular audit program that covers Health Service Establishments under the *Health Service Establishments Act 2006* and the *Health Services Establishments Regulations 2021* and private non-emergency patient transport services under section 35D of the *Ambulance Service Act 1982* and the *Ambulance Service (Non-emergency Patient Transport) Regulations 2019*. In addition, periodic environmental scans of unlicensed private Health Service Establishments in Tasmania are conducted by the Department to assess whether licensing is required.

## Clinical Governance and Quality and Patient Safety Services (QPSS)

The role of this service is to support clinicians, safety managers and staff who are accountable for the quality of care to continuously improve health outcomes, mitigate risk, and foster an environment of excellence in service delivery for patients in the Tasmanian public health system.

### Driving Improvement Informed by Data

The Statewide Quality and Patient Safety Unit continues to provide an agency-wide overview of quality improvement activities, patient safety events, consumer feedback, risks, policy, alerts and compliance through regularly published reports and dashboards that can be accessed by all staff. The team provides ongoing staff education on the dashboards to maximise their usage and effectiveness.

The monthly dashboards continue to be used by statewide and local services to inform decision-making aligned with operational and strategic goals. The gathered intelligence in the periodic reports is broadly communicated, focusing on identified key improvement opportunities through the Executive subcommittees and statewide and local peak committees to drive improvement that is locally empowered and informed by data, towards the overall expectations described in the THS Ministerial Charter.

During 2022–23, Statewide QPSS has provided leadership, training and support for Agency staff, who have registered 720 quality improvement activities within their workplaces during that time.

### Quality Improvement

The DoH Quality Improvement Protocol (QI Protocol) was released in January 2023 and is intended to support all staff across the Agency in using QI methods to achieve positive and sustained change. The QI Protocol promotes the following three goals for change within healthcare: Better Professional Development, Better System Performance, and Better Patient Outcomes. The QI Protocol is consistent with national and international practices in QI.

The focus over the past year has been to build staff capability in QI and establish links with the UTAS Redesign team and DoH Research Governance unit to ensure processes are complementary.



## Our Performance Measures

# System Manager and THS Service Plan

## System Management

Performance Measure	Unit of Measure	2019–20 Actual	2020–21 Actual	2021–22 Actual	2022–23 Actual
<b>System Manager – Health</b>					
Implementation of Government reform agenda goals achieved within published timeframe <sup>1</sup>	%	72	100	100	100
Service Plan developed and administered in accordance with the THS Act, and policy settings endorsed by the Minister for Health <sup>2</sup>	Number	1	1	1	1
<b>System Manager – Mental Health and Wellbeing</b>					
Implementation of Government reform agenda goals achieved within published timeframe <sup>1</sup>	%	100	100	100	100

Notes:

1. The reform agenda goals for 2020–21 and 2021–22 are those specified in the Government's First 100 Days Plan. The 2022–23 actual is based on action areas outlined in the Long-term plan for Healthcare in Tasmania 2040, Our Healthcare Future – Advancing Tasmania's Health, actions from the Healthy Tasmania Five-year Strategic Plan 2022–2026 and actions to be delivered by the Department under Rethink 2020: A state plan for mental health in Tasmania 2020–2025. A detailed Implementation Plan will be released in 2023 to support the delivery of the Long Term Plan for Healthcare in Tasmania 2040.
2. The Tasmanian Health Service Act 2018 requires a Service Plan to be prepared by the Secretary of the Department.

The Tasmanian Health Service Act 2018 (the Act) requires an annual Service Plan between the Minister for Health and the Tasmanian Health Service (THS) to be in place by 30 June for the upcoming financial year. It is the key agreement between the Minister for Health and the THS and sets out the agreed expectations of the THS, including key deliverables and performance targets to be achieved by the THS within the allocated annual budget for that year.

In 2022–23, there were no amendments to the Service Plan.

## Tasmanian Health Service 2022–23 Service Plan – Performance

In accordance with the Act, the THS and Secretary carry out their functions consistent with the Ministerial Charter issued under the Act.

As system manager, it is the responsibility of the Department of Health to ensure that THS performance against Service Plan requirements is effectively monitored and managed.

Performance reporting occurs monthly to identify and respond to emerging performance issues. Strategic oversight of THS Service Plan performance is the responsibility of the Department in collaboration with the THS.

## Performance Information – THS Service Plan

Performance Domain	KPI No.	KPI Name	KPI Target	2022–23 End of Year Result
Effectiveness	1.1	Eligible women screened for breast cancer	36 700 (Statewide)	33 352
	1.2	Clients assessed within 28 days of a screen-detected abnormality	Not less than 90% (Statewide)	90.9
Safety	2.1	Hand hygiene compliance	RHH (≥80%)	80.2
			LGH (≥80%)	78.5
			NWRH (≥80%)	83.0
			MCH (≥80%)	82.3
	2.2	Healthcare associated infections – staphylococcus aureus bacteraemia (rate per 10 000 patient days) <sup>1</sup>	RHH (≤1.0 per 10 000)	0.8
			LGH (≤1.0 per 10 000)	1.4
			NWRH (≤1.0 per 10 000)	1.1
			MCH (≤1.0 per 10 000)	1.1
	3.1	Mental health inpatient seclusion (events per 1 000 patient days)	Less than 7.4 per 1 000 (Statewide)	7.9
Appropriateness	4.1	Consumer satisfaction with the quality of treatment and care	RHH (≥80%)	78.6
			LGH (≥80%)	80.4
			NWRH (≥80%)	80.4
			MCH (≥80%)	na
Continuity of care	5.1	Readmissions within 28 days – Mental Health	Not more than 14% (Statewide)	14.7
	5.2	Post discharge community care follow up within seven days – Mental Health	Not less than 75% (Statewide)	64.7
	6.1	Discharge summaries transmitted within 48 hours of separation <sup>2</sup>	100% (Statewide)	55.0
	7.1	Ambulance transfer of care – within 15 minutes <sup>3</sup>	RHH (≥85%)	52.0
			LGH (≥85%)	54.9
			NWRH (≥85%)	78.7
			MCH (≥85%)	86.8
	7.2	Ambulance transfer of care – within 30 minutes <sup>3</sup>	RHH (100%)	59.6
			LGH (100%)	61.1
			NWRH (100%)	86.6
			MCH (100%)	91.8
Accessibility	8.1	Waiting list at 30 June 2023 – Outpatients	At or below 46 000 (Statewide)	57 857
	8.2	Appointments resulting in removal from the waiting list – Outpatients	80 000 (Statewide)	73 418



Performance Domain	KPI No.	KPI Name	KPI Target	2022–23 End of Year Result
Accessibility	8.3	'Did not attend' rate for all appointments, excluding COVID-19 clinics – Outpatients	Not more than 6% (Statewide)	7.8
	8.4	Proportion of all appointments delivered by telehealth – Outpatients <sup>4</sup>	Not less than 5% (Statewide)	np
	8.5	Number of patients on the waiting list who were added before 30 June 2019 – Outpatients	Zero (Statewide)	3 427
	9.1	Seen on time – all triage categories – Elective Surgery	Not less than 81% (Statewide)	61.7
	10.1	Average overdue wait time for those waiting beyond recommended time – Elective Surgery	Not more than 50 days (Statewide)	253
	10.2	Number of patients waiting over boundary – Elective Surgery	1 287 (Statewide)	3 043
	10.3	Number of patients waiting prior to 2020 – Elective Surgery	Zero (Statewide)	103
	11.1	Patients admitted through the ED with an ED length of stay of less than four hours	RHH (≥60%)	9.7
			LGH (≥60%)	10.6
			NWRH (≥60%)	14.3
			MCH (≥60%)	13.9
	11.2	Patients admitted through the ED with an ED length of stay of less than six hours	RHH (≥80%)	23.8
			LGH (≥80%)	21.6
			NWRH (≥80%)	27.6
			MCH (≥80%)	27.8
	11.3	Patients admitted through the ED with an ED length of stay of less than eight hours	RHH (≥90%)	39.3
			LGH (≥90%)	32.6
			NWRH (≥90%)	40.3
			MCH (≥90%)	41.8
	11.4	Patients admitted through the ED with an ED length of stay of less than 12 hours	RHH (100%)	61.6
			LGH (100%)	48.8
			NWRH (100%)	61.0
			MCH (100%)	59.0
	12.1	Patients discharged from the ED with an ED length of stay of less than four hours	RHH (≥80%)	61.8
			LGH (≥80%)	56.6
			NWRH (≥80%)	68.9
			MCH (≥80%)	83.0
	12.2	Patients discharged from the ED with an ED length of stay of less than eight hours	RHH (≥95%)	94.8
			LGH (≥95%)	90.5
			NWRH (≥95%)	94.4
			MCH (≥95%)	98.7



Performance Domain	KPI No.	KPI Name	KPI Target	2022–23 End of Year Result
Accessibility	12.3	Patients discharged from the ED with an ED length of stay of less than 12 hours	RHH (100%)	99.2
			LGH (100%)	97.3
			NWRH (100%)	98.2
			MCH (100%)	99.7
	13.1	Patients admitted to the EMU from the ED with an ED length of stay of less than four hours	RHH (≥60%)	52.1
			LGH (≥60%)	25.2
			NWRH (≥60%)	36.3
			MCH (≥60%)	52.8
	13.2	Patients admitted to the EMU from the ED with an ED length of stay of less than eight hours	RHH (≥90%)	89.1
			LGH (≥90%)	67.0
			NWRH (≥90%)	77.2
			MCH (≥90%)	89.4
	13.3	Patients admitted to the EMU from the ED with an ED length of stay of less than 12 hours	RHH (100%)	97.4
			LGH (100%)	84.7
			NWRH (100%)	90.8
			MCH (100%)	96.7
	14.1	ED presentations seen within recommended time – triage 1	RHH (100%) <sup>5</sup>	99.9
			LGH (100%)	100.0
			NWRH (100%)	100.0
			MCH (100%)	100.0
	14.2	ED presentations who do not wait to be seen	RHH (≤5%)	4.8
			LGH (≤5%)	3.6
			NWRH (≤5%)	2.6
			MCH (≤5%)	1.6
Efficiency and Sustainability	15.1	Elective surgery admissions	20 600 (Statewide)	21 364
	15.2	Dental Weighted Activity Units	35 000 (Statewide)	34 724
	15.3	Dental – Additional Dental Funding	25 350 (Statewide)	23 984
	16.1	Acute admitted – NWAUs major hospitals <sup>5</sup>	131 778 (Statewide)	128 938
	16.2	Mental health admitted – NWAUs major hospitals <sup>6</sup>	6 703 (Statewide)	6 299
	16.3	Emergency department – NWAUs major hospitals <sup>6</sup>	24 295 (Statewide)	23 651
	16.4	Sub and non-acute admitted – NWAUs major hospitals <sup>6</sup>	9 860 (Statewide)	9 672
	16.5	Non-admitted – NWAUs major hospitals <sup>6</sup>	21 001 (Statewide)	22 456
	17.1	National weight activity units (NWAUs) – total – small rural hospitals <sup>6</sup>	7 004 (Statewide)	6 135

Performance Domain	KPI No.	KPI Name	KPI Target	2022–23 End of Year Result
Efficiency and Sustainability	18.1	Variation from funding – full year projected	Expenditure within funding allocation	The THS achieved a balanced budget
	19.1	Clinical coding of admitted patient episodes completed on time within 42 days of separation	100% (Statewide)	45.8
	19.2	Clinical coding errors corrected within 30 days <sup>7</sup>	100% (Statewide)	83.3

Notes: np – not reported, na – not available

- The 2022–23 figure for healthcare associated infections – staphylococcus aureus bacteraemia – is preliminary.
- The 2022–23 figure for discharge summaries transmitted within 48 hours of separation is calculated across Quarters 1, 3 and 4 only.
- The 2022–23 figures for ambulance transfer of care within 15 and 30 minutes are preliminary.
- In 2022–23 there were 83 429 appointments delivered by telehealth or as telephone assessments, representing 10.7 per cent of overall activity. Work is underway to better define and capture true telehealth activity.
- In October 2022 one patient at RHH was not seen in the clinically recommended time. The patient arrived by ambulance and remained in paramedic care until they were seen by a doctor.
- The 2022–23 National Weighted Activity Unit (NWAU) figures are preliminary and subject to change following final reconciliation by the National Health Funding Body.
- Preliminary result only for the nine months to March 2023.

## Performance Information – Budget Papers

Performance Measure	Unit of Measure	2019–20 Actual	2020–21 Actual	2021–22 Actual	2022–23 Actual
<b>Admitted Services</b>					
Admitted patients – National Weighted Activity Unit <sup>1</sup>	Number	117 745	123 310	133 664	144 909
Elective surgery patients seen on time					
Category 1	%	68.2	64.0	63.9	62.6
Category 2	%	36.7	36.2	42.2	52.4
Category 3	%	59.3	35.2	65.8	73.4
Elective surgery patients – average overdue wait time for those waiting beyond the recommended time					
Category 1	Days	102	106	91	67
Category 2	Days	187	231	270	264
Category 3	Days	179	273	283	323
Elective surgery admissions	Number	15 195	18 313	20 314	21 364
Hand hygiene compliance	%	82.8	80.1	77.9	79.9

Performance Measure	Unit of Measure	2019–20 Actual	2020–21 Actual	2021–22 Actual	2022–23 Actual
Healthcare-associated staphylococcus aureus (including MRSA) bacteraemia (rate per 10 000 patient days) <sup>2</sup>	Rate	0.9	0.8	1.1	1.0
Cost per weighted separation <sup>3</sup>	\$	6 432	6 317	6 768	na
<b>Non-admitted Services</b>					
Outpatient attendances	Number	532 802	590 395	576 923	597 348
<b>Emergency Department Services</b>					
Emergency Department presentations	Number	153 738	170 287	173 276	173 888
ED patients who are admitted, referred for treatment or discharged within four hours	%	60.0	57.7	55.2	51.4
Percentage of all ED patients seen within the recommended triage time	%	64.6 <sup>6</sup>	58.4	53.4	52.3
<b>Community Health Services</b>					
District hospitals – separations	Number	3 921	3 934	3 549	3 322
District hospitals – occupancy rate	%	53.5	49.2	45.8	50.6
Community nursing – occasions of service	Number	171 913	177 928	164 696	171 817
Residential aged care – occupancy rate	%	89.6	88.3	85.4	85.2
Aged Care Assessment Program – completed assessments <sup>4</sup> outpatient	Number	4 644	4 634	4 693	4 910
Mothers attending the eight-week Child Health Assessment	%	91.2	89.5	94.0	93.0
<b>Oral Health</b>					
Adults – occasions of service – general	Number	7 054	3 283	5 946	8 046
Adults – occasions of service – episodic	Number	28 588	32 211	31 129	29 851
Adults – occasions of service – dentures	Number	13 960	14 760	13 958	13 372
Children – occasions of service <sup>5</sup>	Number	49 909	50 555	48 359	53 008
General (adults) waiting list	Number	15 381	17 518	15 377	15 187
Dentures waiting list	Number	647	759	609	923
<b>Statewide and Mental Health Services</b>					
Inpatient separations	Number	1 917	2 292	2 307	2 115
28-day readmission rate	%	13.4	15.9	16.0	14.7

Performance Measure	Unit of Measure	2019–20 Actual	2020–21 Actual	2021–22 Actual	2022–23 Actual
Average length of acute inpatient stay	Days	13.1	12.2	13.7	14.8
Community and Residential – active clients <sup>6</sup>	Number	8 202	8 531	8 465	9 965
Proportion of persons with a mental illness whose needs are met by the Tasmanian Mental Health Service <sup>7</sup>	%	71.5	74.9	73.2	74.7
Alcohol and Drug Services – closed episodes of treatment <sup>8</sup>	Number	3 431	3 406	3 143	na
Pharmacotherapy Program – total active participants	Number	866	844	857	912
Withdrawal Unit – bed occupancy	%	55.7	46.5	79.5	60.5
Withdrawal Unit – average length of stay	Days	5.4	5.5	6.0	6.0
<b>Ambulance Services</b>					
Total Ambulance Responses <sup>9</sup>	Number	93 165	105 327	115 875	124 059
Emergency Ambulance Responses	Number	46 302	50 579	61 024	64 269
Satisfaction with Ambulance Services <sup>10</sup>	%	98.0	97.0	97.0	na
Median Emergency Response Times (Statewide) <sup>11</sup>	Mins	13.8	14.0	14.1	14.5
Median Emergency Response Times (Hobart)	Mins	13.1	13.8	13.9	14.5
Median Emergency Response Times (Launceston)	Mins	12.3	12.4	12.3	12.7
Median Emergency Response Times (Devonport)	Mins	11.0	10.8	10.5	9.7
Median Emergency Response Times (Burnie)	Mins	11.0	11.1	10.6	10.1
Ambulance Services expenditure per person <sup>12</sup>	\$	215.29	251.55	264.22	na
<b>Public Health Services</b>					
Eligible women screened for breast cancer	Number	29 487	35 995	34 020	33 352
BreastScreen – percentage of clients assessed within 28 days of screening	%	94.3	89.8	82.4	90.9
<b>Radiation Protection</b>					
Radiation Management Plan – Notifying of a review	%	78.0	80.0	90.0	93.9
Radiation Source Certification – Recertified prior to expiry	%	95.0	94.0	98.0	95.8

Performance Measure	Unit of Measure	2019–20 Actual	2020–21 Actual	2021–22 Actual	2022–23 Actual
<i>Immunisation</i>					
Vaccine coverage in children aged 5 years <sup>13</sup>	%	95.0	95.0	94.6	94.2
<i>Move Well Eat Well</i>					
Primary School Program Membership <sup>14</sup>	%	82.0	83.3	84.0	84.9
Primary School Program Awarded <sup>15</sup>	%	26.0	27.1	27.4	28.8
Early Childhood Program Membership	%	80.6	78.6	77.1	78.2
Early Childhood Program Awarded	%	34.7	35.7	35.4	36.2

Notes:

1. The 2022–23 admitted patient National Weighted Activity Unit figure is preliminary and subject to change following final reconciliation by the National Health Funding Body.
2. The 2022–23 figure for healthcare-associated staphylococcus aureus (including MRSA) bacteraemia is preliminary.
3. The 2021–22 figure for cost per weighted separation is a preliminary result and will be revised after the completion of the Round 26 National Hospital Cost Data Collection, scheduled for November 2023. Preliminary results for 2022–23 will not be available until March 2024.
4. The 2022–23 figure for aged care assessment program – completed assessments – is preliminary and may change. Data is sourced from Australian Government – My Aged Care Health Data Portal, and measures performance against contract.
5. The 2021–22 actual for children – occasions of service – has been corrected to reflect the child occasions of service delivered in that period.
6. The 2021–22 actual for Community and residential – active clients – has been corrected to match the number of active clients in that period.
7. This indicator is based on the estimated three per cent of the Tasmanian population with severe mental illness. The ABS estimated that Tasmania's population was 571 596 persons in the December quarter 2022, giving an estimated 17 147 people with a severe and persistent mental illness in 2022–23 [Population \(treasury.tas.gov.au\)](https://www.treasury.tas.gov.au/population)
8. The 2022–23 end of year figure was not available when this report was finalised as it is extracted from the Alcohol and Other Drug Treatment Services National Minimum Data Set which is not compiled until October this year.
9. An ambulance response is a resource being mobilised to an incident. There can be multiple ambulance responses to an incident, and it is a measure of demand rather than performance.
10. A Patient Satisfaction Survey for the Ambulance Service is undertaken in May/June each year. The results for 2022–23 will be available in October 2023.
11. The ambulance emergency response time is the difference in time between an emergency 000 call being received at the Ambulance Tasmania Communications Centre and the first vehicle arriving at the location to treat the sick or injured patient. The Median Emergency Response Time (MERT) is the middle time value when all the response times are ordered from the shortest to the longest. The MERT 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.
12. Ambulance services expenditure per person figures are produced by the Productivity Commission and are published in the annual *Report on Government Services*. The results for 2022–23 will be available in January 2024.
13. Vaccine coverage indicated the percentage of children fully vaccinated by five years of age (defined as receiving dose 5 diphtheria-tetanus-acellular pertussis and dose 4 polio). Data relate to children turning five years of age between 1 January and 31 December in 2019, 2020, 2021 and 2022, assessed for quarterly cohorts at 30 June, 30 September, 31 December and 31 March ('annualised'). Source: Australian Immunisation Register - Services Australia.
14. As of 30 June 2023, there were 186 primary schools that were members, 63 of which hold a Move Well Eat Well (MWEW) Award. This represents stability in membership, with a small increase in the number of Award schools.
15. The early childhood membership as of 30 June 2023 was 119 with 55 achieving/maintaining MWEW Award status. This is an increase in membership and Award status.



## Accreditation

Accreditation is a crucial element of ensuring the safety and quality of our health system, as it gives the community and government assurance that systems are present in health services to protect the public from harm and improve the quality of health service provision.

All Tasmanian hospitals, day procedure centres and public dental practices are accredited under the Australian Health Service Safety and Quality Accreditation Scheme (the Scheme). The objective of the Scheme is to protect the public from harm by providing a quality assurance mechanism for health service organisations; to test those systems are in place that ensure minimum standards of safety and quality are met; and ensure that mechanisms are in place to allow continuous improvements in the quality of health service provision.

The Australian Health Service Safety and Quality Accreditation Commission requires health service organisations to submit an annual Attestation Statement to their accrediting agency. Attestation is a formal process that involves authorised officers of a health service organisation confirming compliance with the Scheme. This occurred in September 2022, with the Secretary attesting that a robust system of clinical governance was present across the organisation. Each annual attestation statement covers the previous 12-month period. Tasmanians can access information on health facilities compliance with the Standards via the Australian Commission on Safety and Quality in Health Care website.

Area	Last Review	Certification
Launceston General Hospital	30/06/2023	30/06/2026
Mersey Community Hospital	06/04/2023	08/05/2024
North District Hospitals (St Helens, Deloraine, Scottsdale, George Town, St Marys)	06/04/2023	25/06/2025
North West District Hospitals (Smithton, King Island and West Coast)	06/04/2023	23/08/2024
North Multipurpose (Beaconsfield, Campbell Town, Flinders Island)	06/04/2023	25/06/2025
North West Regional Hospital	06/04/2023	08/05/2024
Royal Hobart Hospital (including Midlands and New Norfolk)	17/03/2023	17/03/2027
Statewide Mental Health Services (Alcohol and Drug Services, Forensic Health Services)	09/11/2022	01/01/2025
Statewide Oral Health Service	03/05/2021	20/09/2024



# Our People and Policies

## Workforce Overview

We know the greatest asset in our health system is our people. We want to be a workplace of choice, where everyone feels valued, staff are recognised, and individuals feel empowered to make positive changes and are given opportunities for growth.

The *One Health Culture Strategy 2022–2027* was launched in December 2022 to improve the internal culture of the Department. One Health is about building an inclusive environment that supports us all to work together – to learn, collaborate, problem-solve, share risk, empower and respect one another – drawing on our diverse backgrounds, experiences, knowledge and skills.

Through the One Health Culture Program and other culture activities, we are prioritising enhancing leadership and management skills, building accountability, engaging constructively with the workforce to understand the needs of our people, and implementing the recommendations from the Independent Child Safe Governance Advisory Panel.

## Current Workforce Profile

### Total Number of Full Time Equivalent (FTE) Paid Employees

	2021–22	2022–23
Allied Health Professionals	1 202.20	1 281.47
Ambulance	574.27	545.13
Dental	36.44	36.81
Health and Human Services	4 473.23	4 565.09
Salaried Medical Practitioner	1 191.63	1 236.81
No Award	3.74	2.74
Nursing and Midwifery	4 759.66	4 931.94
Radiation Therapist	59.93	55.36
Senior Executive Service <sup>1</sup>	32.00	28.90
Visiting Medical Practitioner <sup>2</sup>	38.59	35.77
<b>Total</b>	<b>12 371.69</b>	<b>12 720.03</b>

<sup>1</sup> Senior Executive Service figures include Head of Agency.

<sup>2</sup> Includes Rural Medical Practitioners.

### Total Number Paid by Employment Category

	2021–22	2022–23
Permanent full-time	4 395	4 458
Permanent part-time	7 028	7 426
Fixed-term full-time	1 288	1 241
Fixed-term part-time	1 355	1 353
Part 6 <sup>1</sup>	39	36
Casual	1 625	1 618
<b>Total</b>	<b>15 730</b>	<b>16 132</b>

<sup>1</sup> Head of Agency, holders of Prescribed Officer, and Senior Executives and equivalents.

## Total Number Paid Employees by Award

	2021–22	2022–23
Allied Health Professionals	1 487	1 579
Ambulance	637	626
Dental	51	52
Health and Human Services	5 566	5 662
Salaried Medical Practitioner	1 329	1 421
No Award	11	9
Nursing and Midwifery	6 391	6 546
Radiation Therapist	65	61
Senior Executive Service <sup>1</sup>	32	29
Visiting Medical Officer <sup>2</sup>	161	147
<b>Total</b>	<b>15 730</b>	<b>16 132</b>

<sup>1</sup> Senior Executive Service figures include Head of Agency.

<sup>2</sup> Includes Rural Medical Practitioners.

## Total Number Paid Employees by Age Profile

	2021–22	2022–23
15–19 years	56	40
20–24 years	1 142	972
25–29 years	2 003	2 163
30–34 years	2 149	2 284
35–39 years	1 806	2 051
40–44 years	1 581	1 645
45–49 years	1 479	1 486
50–54 years	1 780	1 757
55–59 years	1 791	1 753
60+ years	1 943	1 981
<b>Total</b>	<b>15 730</b>	<b>16 132</b>

## Workplace Diversity

The Department is committed to creating an inclusive and diverse environment that supports all staff to work positively together.

There are a number of activities underway across the Department to support our actions such as, but not limited to:

- staff engagement forums to develop our values and our Diversity, Equity and Inclusion Strategy and Action Plan
- programs to build our leadership capabilities including the Aspire Leadership Program, Elevate Manager Program and the Leadership 2040 Community
- improving LGBTIQ+ learning and support resources, including an online module that covers what is LGBTIQ+, history, laws, and ways to be inclusive



- improving systems and processes so we can raise concerns regarding behaviours and conduct
- support for our people through workplace flexibility and relevant approaches for support.

In addition, we continue to participate in important forum networks encompassing diversity and inclusion across the State Service. A new action plan has been developed to address our obligations under the *Our Watch Workplace Equity and Respects Standards* banner.

## Gender Profile

The Department's gender profile remains relatively stable. As at 30 June 2023, the overall gender profile was 25.1 per cent male, 74.8 per cent female and 0.2 per cent non-binary/not stated.

	2021–22	2022–23
Men	3 867	4 047
Women	11 745	12 059
Non-binary / Not stated	18	26
<b>Total</b>	<b>15 730</b>	<b>16 132</b>

## Senior Executive Service by Gender<sup>1,2</sup>

Under the *Tasmania Women's Strategy 2022–2027* and *Gender Diversity in the State Service Policy*, the Department is committed to developing women's leadership and participation as a key priority to support gender equality for the benefit of the whole community. The Senior Executive Service profile (including Head of Agency) in the reporting period was 44.8 per cent male and 55.2 per cent female.

	2021–22	2022–23
Men	12	13
Women	20	16
<b>Total</b>	<b>32</b>	<b>29</b>

<sup>1</sup> Gender breakdown does not include employees who do not identify their gender as either male or female.

<sup>2</sup> Table excludes Acting SES arrangements.

## Senior Executive Service Level by Gender<sup>1,2</sup>

	2021–22	2021–22	2022–23	2022–23
	Men	Women	Men	Women
SES 1	2	9	5	7
SES 2	3	6	2	4
SES 3	5	3	4	3
SES 4	2	1	2	1
Head of Agency	0	1	0	1
<b>Total</b>	<b>12</b>	<b>20</b>	<b>13</b>	<b>16</b>

<sup>1</sup> Gender breakdown does not include employees who do not identify their gender as either male or female.

<sup>2</sup> Table excludes Acting SES arrangements.



## Classifications by Gender

The following information identifies the gender profile of employee classification groups in 2022–23. Data is by headcount and data has been removed that might identify the individuals who have self-selected non-binary/not stated. Therefore, gender breakdown in the following tables does not include employees who do not identify their gender as either male or female.

### Allied Health Professionals<sup>1</sup>

	2021–22	2021–22	2022–23	2022–23
Classification	Men	Women	Men	Women
AHP 1–2	114	417	118	431
AHP 3	118	558	130	588
AHP 4	58	147	60	171
AHP 5	27	44	29	44
AHP 6	2	2	2	2

<sup>1</sup> This does not include allied health professionals employed as an SES Equivalent Specialist under Part 6 of the *State Service Act 2000*.

### Ambulance

	2021–22	2021–22	2022–23	2022–23
Classification	Men	Women	Men	Women
Paramedic Intern	22	30	8	17
Paramedic	156	165	167	182
Clinical Support Officer	6	5	4	3
Paramedic Educator	9	1	8	0
Communications Officer	2	5	2	7
Emergency Medical Dispatch Officer	21	32	20	29
Brand Station Officer	78	31	76	29
Ambulance Manager	50	24	46	26

### Dental Officers

	2021–22	2021–22	2022–23	2022–23
Classification	Men	Women	Men	Women
DO 1–3	22	25	24	23
DO 4	1	2	1	3
DO 6	1	0	1	0

### General Stream

	2021–22	2021–22	2022–23	2022–23
Classification	Men	Women	Men	Women
Bands 1–5	522	2071	496	2002
Bands 6–8	204	287	200	332
Bands 9–10	5	3	7	3
Graduate	2	4	0	3
Health Services Officer	822	1522	876	1630
Information and Communication Technology	82	12	91	14

## Medical Practitioners

	2021–22	2021–22	2022–23	2022–23
Classification	Men	Women	Men	Women
Rural Medical Practitioner	26	7	17	6
Visiting Medical Practitioner	86	42	84	40
Intern	42	60	46	54
Resident	71	116	83	133
Senior Resident	6	6	5	13
Registrar	239	190	228	187
Senior Registrar – Fellow	4	4	4	4
Senior Registrar – Dual Fellow	2	4	2	4
Career Medical Officer	23	8	23	8
Specialist	224	205	247	246
Senior Specialist	95	29	96	31

## Nursing and Midwifery

	2021–22	2021–22	2022–23	2022–23
Classification	Men	Women	Men	Women
Grade 1	28	167	33	171
Grade 2	82	582	68	568
Grade 3–4	492	3610	505	3663
Grade 5	86	560	85	570
Grade 6	61	417	69	493
Grade 7	26	159	29	163
Grade 8	14	88	15	89
Grade 9	5	14	5	13
Chief Nurse and Midwifery Officer <sup>1</sup>	0	1	0	1

<sup>1</sup> The Chief Nurse is employed as an SES Equivalent Specialist under Part 6 of the *State Service Act 2000*.

## Radiation Therapists

	2021–22	2021–22	2022–23	2022–23
Classification	Men	Women	Men	Women
RT 1–2	7	30	6	25
RT 3	5	10	6	11
RT 4	6	4	6	4
RT 5	1	2	1	2

## Workplace Health and Safety (WHS)

As part of our commitment to ensuring an environment where all staff feel safe, supported and empowered, the Department has continued to focus on providing safe workplaces, training workers, managers and officers, and providing wellbeing programs.

## Key WHS and Wellbeing Activities

- Implemented trauma informed practices in claims and injury management.
- Engaged our employee assistance providers for greater value-adding workplace and communication strategies to employees, including onsite EAP support immediately following critical events.
- Implemented wellbeing initiatives to support staff affected by the Commission of Inquiry.
- Commenced a review into the Department's WHS Management System.
- Implemented an action plan to ensure compliance with managing psychosocial hazards code of practice.
- Introduced new education around aggression management specifically designed for the DoH work environment. This replaced an existing program that is still in operation in statewide Mental Health Services while further training is developed to meet their business requirements.

The DoH leadership teams share a strong position that aggression, verbal abuse, inappropriate behaviour or violence towards our workers is not acceptable and staff safety is a key priority.

In 2022–23, the Department commenced the Enhancing Health Service Employee Safety (EHSES) project to implement evidence-based changes that will support the safety of staff in key areas. To inform this, an Independent Review is currently underway, looking at existing protocols, guidelines, training, induction, risk assessment tools and the security services model to consider changes that can be made to enhance the safety of staff.

## WHS Key Measurable Objectives

Objective	Measures / Targets	Outcomes 2021–22	Outcomes 2022–23
Reduce the total number of workers compensation claims	Number of injuries resulting in new workers compensation claims	645	612
Reduce cost of workers compensation <sup>1</sup>	Total cost of workers compensation (including carry over claims)	\$33.06 million	\$28.41 million
Reduce the lost time injury frequency rate (LTIFR)	Percentage of injuries resulting in >1 day off work per 100 000 hours worked	20.2	17.3
Reduce the lost time injury severity rate (LTISR)	Number of days lost per 100 000 hours worked	1 599	1 653

Note:

- 1 Since last year, limitations have been identified with the reconciliation of claim costs between the fund administrator and DoH systems, and between DoH systems. This is partly due to limitations with the management of legacy claims (ie claims that occurred before the current administrator commenced). We are aiming to address these limitations with the introduction of a Human Resource Information System (HRIS). In the meantime, DoH will defer to the fund administration agent to produce data for the cost of claims. This will result in differences in the costs attributed to 2021–22 compared to previously reported figures.

## Awards and Agreements

The following is a list of current industrial instruments covering wages and conditions for the various employee cohorts in the Department.

### **Administrative and Operational**

- Health and Human Services (Tasmanian State Service) Award
- Public Sector Unions Wages Agreement 2022

### **Allied Health Professionals**

- Health and Human Services (Tasmanian State Service) Award
- Allied Health Professionals Public Sector Unions Wages Agreement 2022
- Radiation Therapists Agreement 2022

### **Ambulance Tasmania**

- Ambulance Tasmania Award
- Ambulance Tasmania Industrial Agreement 2022
- Ambulance Tasmanian – Paramedic Immuniser Agreement 2022

### **Dental Officers**

- Health and Human Services (Tasmanian State Service) Award
- Dental Officers Agreement 2022

### **Medical Practitioners**

- Medical Practitioners (Tasmanian State Service) Award
- Rural Medical Practitioners (Tasmanian State Service) Agreement 2021
- Salaried Medical Practitioners (Tasmanian State Service) Agreement 2019
- Salaried Medical Practitioners (AMA Tasmania/DHHS) Agreement 2009
- Tasmanian Visiting Medical Practitioners Agreement 2019
- Department of Health and Human Services Tasmanian Visiting Medical Practitioners Agreement 2009

### **Nurses and Midwives**

- Nurses and Midwives (Tasmanian State Service) Award
- Nurses and Midwives (Tasmanian State Service) Agreement 2019
- Nurses and Midwives (Tasmanian State Service) Interim Agreement 2013
- Nurses and Midwives Work Value Agreement 2015
- Caseload Midwifery Industrial Agreement 2019

## Various

- Department of Health – Roy Fagan Centre Shift Work Arrangements Agreement 2020
- Department of Health and Human Services – Wilfred Lopes Centre Care Assistant Shift Arrangements 2006
- Department of Health and Human Services Northside Clinic Attendant Shift Arrangements Agreement 2010
- Department of Health and Human Services Mental Health Services NW Crisis Assessment Team Shift Arrangements Agreement 2012
- Tasmanian Health Service – Southern Region Microbiology Laboratory Agreement 2016
- Department of Health and Human Services Public and Environmental Health Services Staff Availability and Recall Agreement 2015
- COVID-19 Response Victorian Deployment (Health) Aged Care Services Agreement 2020
- Frontline Health COVID-19 Agreement 2022





## Our Consumer and Community Engagement

# Consumer and Community Engagement

We recognise the support of the many stakeholders, volunteers, auxiliaries and community groups who help us to continue providing healthcare to our community.

The Department is committed to providing the Tasmanian community with opportunities to engage in planning and decision-making to ensure that the Department's policies, programs and services are effective and appropriate. The Department is guided by the relevant NSQHS Standards – Standard 1 (Clinical Governance) and Standard 2 (Partnering with Consumers). Engagement with the community enables the development of more resilient relationships with stakeholders and clients and can improve the quality of policies and services by making them more practical and relevant.

## Consumer and Community Engagement Councils

The Department engages and works in partnership with three Consumer and Community Engagement Councils (CCECs) across Tasmania. Engagement and participation are guided by our *The Patient Will See You Now* framework and underpinned by the consumer and community engagement principles outlined in that framework. All three CCECs continue to provide valuable feedback on improvement opportunities.

## Significant achievements 2022–23

- Updated THS Consumer Engagement Principles and use of those principles in employment mechanisms and interviews, to embed responsibilities for consumer engagement.
- Continued the development and reinforcement of the three CCECs as the primary resource for consumer engagement in supporting THS activities, and increased opportunities for CCEC members to meaningfully participate in local activities and committees and partner with staff; the CCECs are supported by auxiliary committees and groups that provide advice to local services and hospitals.
- Engaged CCECs in the Health Senate.
- Broadened the diversity of CCEC membership to ensure consumer representation from the CCEC is reflective of local communities.
- Continued consumer representation on statewide and local THS committees; for example, the Review of the statewide Safety Event Management Protocol Working Group is chaired by a consumer.
- Increased consumer representation on NSQHS Standards.
- Continued involvement with the Consumer Advisory Panel as a legitimate and valued partner within the administrative and operational structures of DoH and THS, including through meetings with the Secretary and Executive.
- Increased consumer participation in root cause analysis investigation of serious and adverse events.

- Increased consumer participation in the recruitment of staff, reflecting the commitment to collaborate with consumers in planning and decision-making, identifying them as full and valued members of the THS.
- Continued consumer contribution to the development and review of patient information, supporting use of plain language and health literacy principles; for example, the CCEC South participated in the co-design and development of the *Working Together to Keep Yourself Safe* brochure.
- Continued to consult with consumers as partners in designing the statewide Complaints Management Framework, and consulted about the management of consumer feedback; for example, in the North West, the CCEC regularly reviews samples of de-identified responses to consumers.
- Reviewed and continued to roll out Patient Experience Surveys, including the onboarding of new services, including Home and Community Services and the Rapid Access In-Reach Service by Hospitals North, demonstrating commitment to communicate with consumers and measure and evaluate feedback on services.
- Initiated and began to develop the THS North West Women's Advisory Committee.

## Virtual Care Program

The newly established Virtual Care Program is partnering with consumers across the State to ensure the program delivers relevant and accessible services. This is achieved by engaging with consumers and communities and using information gained at the individual and collective level to improve service planning, design, delivery and evaluation, and to provide equity in access.

Key achievements for 2022–23 are:

- consumer representation on working groups, committees and forums to support the objectives of the Virtual Care Program
- engagement of Health Consumers Tasmania to work with Tasmanian consumers to gather their thoughts about the future of virtual care in Tasmania, including planning of statewide focus groups.

## Aboriginal Community Engagement

The Department supports Closing the Gap activities that focus on enabling Aboriginal people and governments to work together to overcome the inequality experienced by Aboriginal people and to achieve life outcomes equal to all Australians.

The Department continues to engage with Aboriginal community-controlled organisations to implement the *Action Plan for Improving Aboriginal Cultural Respect Across Tasmania's Health System*.

Hospitals South has developed an action plan, *waranta tunapri*, to make health services across Hospitals South culturally safe for Aboriginal people. A project officer has been appointed to lead implementation of *waranta tunapri*.



Hospitals North continues to work in partnership with Aboriginal action group rana rralla payngana rralla to support health services to be culturally safe and appropriate and to meet the healthcare needs of Aboriginal people. Hospitals North also collaborated with rana rralla payngana rralla to select the name for the THS education centre and administration building at 39 Frankland Street, Launceston – tunapri mapali (meaning lots of knowledge in palawa kani), and the name for the women’s and children’s precinct at the LGH – lutha (meaning gumtree in palawa kani).



*Staff celebrating NAIDOC Week*

In the North West, onsite visits and engagement with local Aboriginal organisations and Aboriginal community-controlled medical services continue.

NAIDOC Week is celebrated through a range of Aboriginal cultural activities across health settings throughout the State.

The Department commissioned Tasmanian Aboriginal artists to create artworks for several service areas.

## **Building a Culturally Respectful Health System for Aboriginal people**

The *Improving Aboriginal Cultural Respect Across Tasmania's Health System Action Plan 2020–2026* was endorsed in 2020.

This demonstrates the Department’s commitment to a range of actions to create culturally safe health services, environments and workplaces for Aboriginal people. The focus areas and actions align with the priority reform areas of the 2020 *National Agreement on Closing the Gap*.

A high-level steering committee, established to oversee the implementation of the Action Plan, is co-chaired by an Aboriginal health leader from the Tasmanian Aboriginal Centre and the Deputy Secretary – Community, Mental Health and Wellbeing.

The Steering Committee includes representation from DoH business units and Aboriginal community-controlled organisations.

The Action Plan evaluation is monitored by a Monitoring and Evaluation Working Group, which is chaired by the Director of Aboriginal Partnerships, Department of Premier and Cabinet.

A suite of resources and online training modules has been developed to help health services and staff become more culturally competent, including the four short ‘Ask Away!’ video series and discussion guide, and the ‘Asking the Question’, ‘Are You Aboriginal or Torres Strait Islander?’ resources.

The new Aboriginal Health Worker Traineeship Program has been established and is in progress. Led by the Health Workforce Planning Unit, the traineeship program recognises that increasing the Aboriginal health workforce is critical to an effective health system in Tasmania that delivers better health outcomes for Aboriginal people and communities. Three Tasmanian Aboriginal community-controlled organisations received funding through the program, which will enable them to deliver Aboriginal health worker traineeships to new or existing staff.

## Closing the Gap



Under the *National Agreement on Closing the Gap*, four targets aim to improve health outcomes for Aboriginal and Torres Strait Islander peoples within a generation to:

- 1 close the gap on Aboriginal life expectancy
- 2 increase the number of Aboriginal children born with a healthy birthweight
- 3 ensure Aboriginal children thrive in their early years
- 4 reduce suicide rates of Aboriginal people towards zero.

Tasmania's *Closing the Gap Implementation Plan*, coordinated by the Office of Aboriginal Affairs, includes 11 actions led by the Department to specifically address the four targets above. These actions are focused on building an understanding of mental health, preventive health and early childhood health needs for Tasmanian Aboriginal people.

Tasmania's [Closing the Gap Annual Report 2021–22](#) has been published.

The Government is committed to addressing key priority reform areas under Stage Two, which recognises that Aboriginal people are best placed to determine and deliver services to meet the needs of their community members in culturally appropriate and effective ways.

Broadly the actions under Stage Two encompass strengthening governance structures and service improvements (such as data collection and discharge processes) within healthcare, along with improving representation and retention of Aboriginal workers within the Tasmanian health system.

## Lesbian, Gay, Bisexual, Transgender and Gender Diverse, Intersex, Queer, Asexual +

The Department's Lesbian, Gay, Bisexual, Transgender and Gender Diverse, Intersex and Queer, Asexual + (LGBTIQA+) Reference Group meets three times a year to work collaboratively to improve health outcomes and access to health services for LGBTIQA+ Tasmanians. Membership includes representatives from the Department, community organisations and LGBTIQA+ key groups.



The Reference Group aligns itself to the principles and action areas of the LGBTIQA+ Whole-of-Government Framework.

From 2023, the Tasmanian Government has agreed to include A in the acronym to include those who identify as asexual, agender or aromantic.

A one-page, plain language 'Report Card 2022' was circulated through the LGBTIQA+ community via members of the Reference Group. This was a way to inform the community about the actions undertaken by the Department during the year. This will be an ongoing action at the end of each calendar year.

Promotion of the Department of Health LGBTIQA+ Inclusive Healthcare learning resources is ongoing. As of 30 June 2023, around 2 500 staff had completed the online module. Initiatives to support promotion of the resources, and to engage with staff on the topic include:

- creating a 'LGBTIQA+ Champions' network
- holding discussion groups and presenting to teams
- developing and displaying support materials
- regular messaging via Departmental channels.

Departmental representatives have participated in key community events, such as the TasPride parade and IDAHOBIT breakfast.



*LGBTIQA+ Welcome logo*

The Sex and Gender Reform Senior Advisory Group initiated an internal LGBTIQ+ Inclusive Healthcare SharePoint portal to bring together resources to support staff across the Department. This includes information and resources for:

- teams in frontline service delivery roles helping health consumers
- executive and management teams driving more inclusive, respectful and responsive health services and workplaces
- staff who identify as LGBTIQ+
- champions, allies and supporters
- project teams responsible for delivering system and cultural change.

Ongoing system updates are improving our ability to represent diverse sexuality and gender identities in our employee, patient and client data.

The Department provides funding for several community-based organisations that work with LGBTIQ+ Tasmanians, including Working it Out and TasCAHRD.

## Multicultural Communities

The Department funds the Australian Red Cross to deliver the statewide Bi-cultural Community Health Program. This program works within a community development framework, assisting newly arrived individuals, groups and communities of migrant and refugee backgrounds. This enables communities to better understand and independently access the health system.

Tasmania's migrant communities have skilled, respected, informed and connected community leaders who have long played an important role in the health and wellbeing of communities. Working with communities and their leaders continues to be a key strategy.

Additionally, Healthy Tasmania funding has been provided to the Australian Red Cross to deliver the Connected Women Project. The goal of this project is to promote improved mental health and wellbeing by building and strengthening social connections. The project engages participants to co-design solutions to address barriers, using a strengths-based approach.

The DoH *Culture, Language and Health* learning resources were launched in May 2023. The resources include an online module, webpages with additional links and materials, and a discussion guide to support teams. These have been designed with local content for Departmental staff, and the wider health and community sector. The resources recognise the diverse cultural and language backgrounds of Tasmanians and were developed in collaboration with community stakeholders and DoH representatives.

The Migrant Support Network was established in 2020 to support the exchange of information related to COVID-19 and continues to meet with a broadened focus on health and wellbeing.

The Network promotes engagement with migrant communities and enables sharing between representatives from government and community-based services who work with, and for, migrant and culturally diverse communities.

Public Health Services provided printed resources on COVID-19 vaccinations in 14 languages used in Tasmania (Mandarin, Nepali, German, Greek, Italian, Amharic, Arabic, Dari, Haka Chin, Hazaragi, Karen, Oromo, Persian Farsi and Tigrinya), as well as live radio scripts in five languages (Croatian, Afghan, Greek, Italian and Spanish) for local radio. The translations are all NAATI-accredited and where possible checked by Red Cross bi-cultural health workers for accuracy in the dialects common in Tasmania.

The Aboriginal Health Worker Traineeship Program is an action of the Department's [Health Workforce 2040](#) strategy.

The Department provides grant funding to Aboriginal community-controlled organisations to support projects to improve health and wellbeing outcomes for Tasmanian Aboriginal people.

## Research

In accordance with *Tasmania's Research Strategy – A Three Year Plan*, the Department is committed to “promote the outcomes of research and clinical trials by our researchers to our community, within our health services and to potential investors”. In collaboration with the Tasmanian Collaboration for Health Improvement (TCHI) and Tasmanian health consumers, the Department is developing a consumer engagement strategy for research and clinical trials with the guidance of the Research and Innovation Subcommittee of the Clinical Executive. As part of the strategy to promote genuine and active partnership at all levels of the Tasmanian publicly funded health service, the Department aims to engage consumers at various committees and subcommittees to help steer and shape research that is relevant to and benefits Tasmanians.

Some benefits of genuine partnership with community are:

- driving and shaping research that reflects and addresses areas of need within the community
- increasing public awareness of, and support for, science and research
- ensuring that research is designed with an aim to effectively translate research outcomes to deliver improved health outcomes.

The benefits to researchers and research institutions include:

- increased awareness of community research priorities and projects informed by consumer and community perspectives and lived experiences
- increased public confidence in research through improved openness and transparency
- improved public confidence in research through increased transparency and accountability in the use of public funds for research purposes.

The Department of Health (including the THS) has partnered with UTAS, the Menzies Institute for Medical Research, Primary Health Tasmania, the National Heart Foundation and the Australian Cardiovascular Association to create a Tasmanian Health Leadership Research Forum and a Tasmanian Research Node based on data showing poorer health outcomes for rural and remote Tasmanians with cardiovascular disease. The purpose of this initiative is to identify unmet consumer needs and to link researchers and consumers into a national, collaborative, whole-of-pipeline research community to make a difference to issues of Tasmanian community concern.





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## Our Compliance

# Asset Management

The Asset Management Unit oversees the Department's portfolio of infrastructure assets, including facilities, plant and equipment. The Unit is committed to improving our management and planning practices to ensure our assets deliver safe, high-quality healthcare services to the Tasmanian community. During the year, Asset Management continued to progress a range of initiatives to improve the management of health facilities across Tasmania, and to streamline and consolidate building management activities.

## Masterplanning

Infrastructure masterplanning provides the framework to make the best use of our land and buildings, and to maximise opportunities for future development that support high quality health services into the future. During the year, masterplanning progressed in two key areas.

The North West Hospitals Masterplan provides a blueprint for developing and managing health infrastructure in the North West over the next 20 years. It complements clinical service planning led by the Health Planning Unit through the *Long-Term Plan for Healthcare in Tasmania 2040*, and the *North West Clinical Services Profile*. The Draft Masterplan for the North West Hospitals was released in April 2023 for community consultation. It includes plans for the North West Regional and Mersey Community hospitals. The final North West Hospitals Masterplan is scheduled for release in the second half of 2023.

In the South, a draft masterplan was released for the development of a Health and Wellbeing Precinct at St Johns Park in New Town. The precinct will revitalise the site and provide contemporary facilities for mental health, subacute and community care services to meet forecast future demand. The next stage in developing the St Johns Park Health and Wellbeing Precinct Masterplan involves detailed planning and stakeholder, consumer and community engagement and consultation.

## Medical Equipment Asset Management Framework

Medical equipment plays an integral role in the delivery of health services. As essential tools for our health specialists, medical equipment must be professionally managed. A statewide Medical Equipment Asset Management Framework (MEAMF) is being developed to better plan, acquire, operate, and dispose of medical equipment across the Department.

The first stage of the project, the maturity assessment, has been finalised, which has identified strengths, weaknesses and risks associated with existing management practices for medical equipment. Findings from the maturity assessment inform our next steps, including developing a rolling 10-year Asset and Risk Management Plan. Adopting MEAMF will allow a strategic asset lifecycle management approach to maintaining medical equipment across the State and enable more effective forward planning.



Patient room



## Mental Health Planning

Planning for three new mental health precincts is underway, one for each region, the South, North and North West. The new North and North West facilities will improve access and integration of mental health services with modern facilities that support contemporary care.

Planning for the Mental Health Precinct in the North West is continuing as a part of developing the North West Hospitals Masterplan. The precinct will support the delivery of best-practice models of care and reflect contemporary design standards for mental health facilities.

Simultaneously, planning for the Mental Health Precinct at the LGH Precinct has progressed after confirming the site will be 52 Frankland Street, with construction expected to start in late 2024.

As previously outlined, planning for the Mental Health Precinct in the South, as part of the St Johns Park Health and Wellbeing Precinct masterplanning, is underway.

## Launceston Hospice

The Australian Government pledged \$20 million to build a new hospice in Launceston. The new Launceston Hospice will improve the provision of palliative care in the region. In addition, it will provide increased capacity to help meet future demand as our population grows. Planning is underway, including assessment of potential sites. Once the site is determined, the design process will begin.

The hospice also supports the implementation of the *Tasmanian Palliative and End of Life Care Policy Framework 2022–27* and the *Long-Term Plan for Healthcare in Tasmania 2040*.

## Business Improvements

As part of our commitment to health and safety, we have implemented a Contractor Registration and Management System (CRMS) for contractors who work at our properties. The CRMS provides a portal for contractors to complete site inductions, record their mandatory training and qualifications, and register when they arrive and leave our sites. It replaces outdated registration systems with a centralised digital system that provides real-time information about contractor compliance, and which contractors are working on site. The new system is currently active in the four major hospitals. The next implementation stage will see the system rolled out to other locations around the State.

As an important safety initiative, a new online portal has been introduced to house asbestos registers for all DoH properties around the State. The new portal provides easy access to information for contractors who undertake work in our buildings where the existence of asbestos is known or is likely to exist, providing the necessary information for contractors to undertake their work safely.

## Commercial Services

The Commercial Services branch manages the commercial and contractual arrangements for the Department's property portfolio, fleet operations and capital infrastructure delivery procurement. The Contract Services unit provides procurement services to government contracting and purchasing activities for projects under the Department's Capital Infrastructure Program. The Fleet Services unit manages the Department's vehicle fleet, including the Ambulance Tasmania fleet. The Accommodation Services unit manages the Department's commercial and residential rental activities and office space planning. It ensures office environments are delivered in line with service delivery requirements and the Tasmanian Government Office Accommodation Fit Out Guideline.

## Property Portfolio Management

The Accommodation Services team is responsible for managing 254 lease and licence agreements (both inwards and outwards). During 2022–23, 34 new and renewing leases/licences in and 25 new and renewing leases/licences out were processed. No properties were acquired or disposed of during the year.

In late 2022, implementation of the Hobart CBD Accommodation Plan commenced. The Plan will see the Department's administrative activities reorganised into a series of 'hub' buildings dedicated to a particular function. It involves a large and complex series of refurbishments and office moves that will be staged over 18 to 24 months. Creating these hubs will improve internal connections by bringing teams together. It will also provide contemporary work environments that meet the Tasmanian Government's Office Accommodation Guideline and space for teams to grow over time. As well as hubs within the Hobart CBD, a hub will be created at Cambridge Park to provide a dedicated State Headquarters for Ambulance Tasmania.

The first staff moves began in late 2022 and, since then, over 800 staff members have been moved. These moves included refurbishments and relocation of key functions within the offices at 22 Elizabeth Street, including teams from Human Resources, Finance and Business Support, Infrastructure Services, and Policy, Purchasing, Performance and Reform, Information and Communication Technology and the Office of the Secretary. Two levels in 110 Collins Street were also refurbished to accommodate teams from Community, Mental Health and Wellbeing.

## Residential Accommodation

The Department is developing a statewide approach to managing residential accommodation for staff. Staff accommodation, including the negotiation of leases and rent, were previously managed in each region. The centralised model will help the Department manage staff accommodation more efficiently, provide a consistent approach to residential accommodation, and help meet demand and support staff retention in the future.

## Liverpool Clinics

The newly established Liverpool Clinics at 59 Liverpool Street (formerly the Vodafone Building) now houses outpatient and pre-admission services to support the RHH. The first stage of the Liverpool Clinics opened in May 2023 and saw the redevelopment of nearly 1 800 sqm of leased offices into contemporary clinical space. The Liverpool Clinics project supports the implementation of the Tasmanian Government's four-year elective surgery and endoscopy plans to meet the target of patients receiving surgery within clinically recommended times. Future work will see more clinical services delivered on other building levels as these spaces become available.



*Corridor inside Liverpool Clinics*

## Vehicle Fleet Management

The Fleet Services team manages the Department's motor vehicle fleet of 954 leased light vehicles, comprising 725 operational vehicles and 229 executive vehicles. There are also 105 Type 1 ambulances managed for Ambulance Tasmania.

The Department's transition to a statewide approach to managing our vehicle fleet continued during the year. A dedicated team has been established to streamline services and create a consistent approach to managing the fleet, including additions and renewal of the ambulance fleet. During the year, quarterly dashboard reporting of motor vehicle fleet cost and usage was introduced to map trends and inform decision-making to improve the efficiency and cost-effectiveness of the fleet.

## Capital Works

A number of new projects commenced during 2022–23, including the RHH A Block redevelopment, planning and design for a new facade, roof and internal ward refurbishments. Design for a neurology upgrade at the RHH is also underway. Relocation and upgrading of the paediatric outpatients' facilities is currently in the planning and design phase. Construction of the new angiography CT suite at the RHH has commenced.

Capital works projects in the North and North West include planning and design of a new elevated helipad, Kings Meadows Community Health Centre, a dedicated hospice facility located in Launceston, a multistorey car park on the corner of Charles and Howick streets, and demolition of the Anne O'Byrne Precinct to facilitate the construction of a new Calvary Private Hospital.

Construction continued on the LGH ED airlock ambulance ramp enclosure, MCH outpatient clinics and operating theatres, and a rural medical multidisciplinary workforce centre at MCH. Construction of Burnie, Queenstown and Beaconsfield ambulance stations are also well advanced.

The impacts of a constrained market and ongoing price escalation associated with inflation and high demand for resources continues to have an adverse impact on the delivery of the capital program. A lack of availability of contractors and subcontractors to price work is the result of a building and construction market that is 'saturated' with new and future projects in both the public and private sectors.

### Completed Major Capital Works 2022–23

Completed Major Capital Works 2022–23	Total Cost \$'000
RHH Endoscopy 4A (June 2023)	13 800
RHH ICU (May 2023)	16 800
RHH J Block Redevelopment for Cardiology, Sleep Studies and Emergency Department Short Stay Unit (May 2023)	11 200
RHH Lower Ground H Block – Emergency Department Phase 1 – 28 additional points of care (January 2023)	15 700
Bridgewater Ambulance Station (April 2023)	3 100
Peacock Centre Redevelopment – 15 New Mental Health Short Stay Beds (March 2023)	11 200
North West Regional Hospital Antenatal Clinic	4 700
LGH 9 Negative Pressure Rooms in Acute Medical Unit (August 2022)	8 700
LGH Level 5 of the Women and Children's Tower (October 2023)	4 700
Fit-out of the Paediatric Outpatient Area on Level 3 of the LGH Women and Children's tower (September 2022)	5 200
LGH 39 Frankland Street Administration and Education Precinct (September 2022)	10 500
MCH Critical Infrastructure Upgrade (Early Works)	4 600



Various images of health infrastructure

## Ongoing Major Capital Works 2022–23

	2022–23 Expenditure	Estimated Total Cost	Estimated Cost to Complete	Estimated Completion Year
<b>Ongoing Major Capital Works 2022–23</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	
Air Conditioning Upgrades – statewide	1 507	5 900	2 731	2022–23
Burnie and Glenorchy Ambulance Stations	3 540	28 935	25 395	2023–24
Community Health and Hospitals Program Acute Care Facility NWRH (HVAC)	355	10 000	9 246	2024–25
Community Health and Hospitals Program Kings Meadows Community Centre	129	10 000	10 565	2024–25
Launceston General Hospital S1 Redevelopment	13 025	87 331	50 502	2025–26
Launceston General Hospital S2 Redevelopment	516	580 000	478 500	2026–27
Mersey Community Hospital Upgrades (including Mersey Expanded Redevelopment funds)	11 957	57 386	35 252	2025–26
Rural Medical Workforce Centre	128	1 000	800	2023–24
Regional Health and Ambulance Facilities Fund	2 483	10 000	7 545	2023–24
Royal Hobart Hospital Pharmacy Redevelopment	534	21 861	21 327	2024–25
Royal Hobart Hospital Stage 2 Redevelopment	42 228	201 080	139 387	2025–26
Statewide Hospital Critical Facilities Upgrades	186	6 990	606	2024–25
Statewide Rural Hospital and Ambulance Station Upgrade Fund	4 728	21 035	12 931	2024–25
27 New Mental Health Beds in Southern Tasmania	9 139	20 740	9 027	2024–25
CHHP St Johns Park Eating Disorders Treatment Centre	190	10 000	12 270	2024–25
Midlands Multipurpose Health Centre Upgrade	113	3 500	3 355	2024–25



## Contract Services

In 2022–23, the Contract Services team facilitated approximately 199 procurements with a combined value of over \$116 million. A total of 160 contracts were awarded during the year and another 39 procurements commenced.

As part of its commitment to ongoing process improvement, the Contract Services team reviewed its contracting and procurement processes during the year and introduced several critical changes. An example is the new Consultancy Services Panel contract created to streamline the procurement of the specialist consultants needed to support the delivery of the capital investment program. A panel contract was also established for Workstations and Associated Office Furniture and Hobart CBD Removalist Services. More broadly, a range of new tools (such as the contract management system Open Windows), processes and training to support more coordinated, streamlined and strategic procurement and contracting activity across Infrastructure Services were implemented.

## Consultancies, Contracts and Tenders

The Department ensures procurement is undertaken in accordance with the mandatory requirements of the Treasurer's Instructions relating to procurement, including that Tasmanian businesses are given every opportunity to compete for business.

There were no contract extensions approved pursuant to Treasurer's Instruction PP-6.

### Summary of Participation by Local Businesses

The table below provides a summary of the level of participation by local businesses for contracts, tenders and/or quotations with a value of \$50 000 or over.

Total number of contracts awarded	249
Total number of contracts awarded to Tasmanian businesses	136
Value of contracts awarded <sup>1,2</sup>	\$253 821 246
Value of contracts awarded to Tasmanian businesses <sup>1,2</sup>	\$146 818 508
Total number of tenders called and/or quotation processes run	66
Total number of bids and/or written quotations received	446
Total number of bids and/or written quotations received from Tasmanian businesses	194

Notes:

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

### Consultancies Awarded

The table below provides a summary of consultancies awarded during 2022–23 with a value of \$50 000 or over.

Consultant Name	Location	Consultancy Description	Period of Consultancy	Total Value \$ <sup>2</sup>
a2m Consulting Pty Ltd	Vic	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup>  0 <sup>5</sup>

Consultant Name	Location	Consultancy Description	Period of Consultancy	Total Value \$ <sup>2</sup>
Abt Associates	QLD	Tasmanian Rare Disease Diagnostic Pathways Project	02/12/2022 – 31/12/2023	234 150
AD Design & Consulting Pty Ltd	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
ADG Engineers	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
AMAC Group	NSW <sup>3</sup>	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
Artas Architects Pty Ltd	Tas	Return Brief – LGH Redevelopment Stage 2	14/09/2022 – 02/12/2022	69 225
Artas Architects Pty Ltd	Tas	LGH – NICS Refurbishment – Design Consultancy Services	09/11/2022 – 31/03/2024	138 219
Artas Architects Pty Ltd	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
ARUP Pty Ltd	Qld	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
Booker Consulting Pty Ltd	Tas	Supply of Consultant Services – statewide Patient Flow Program	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
BPSM Pty Ltd	Tas	Supply of Consultant Services – statewide Patient Flow Program	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
BPSM Pty Ltd	Tas	RHH – Principal Design Consultant for the Endocrine and Pre-analytics Laboratories Refurbishment Project	08/09/2022 – 17/09/2022	121 680
Capital Insight Pty Ltd	NSW	Development of a Medical Equipment Asset Management Framework – Tasmania	10/10/2022 – 03/03/2023	320 000
Climatewise Design	NSW	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
Collaboration for Impact	NSW <sup>3</sup>	Supply of Consultancy Services to support Place-Based approaches to Improving Access to Health Services.	19/06/2023 – 31/08/2025	248 614
Connley Walker Pty Ltd	Vic	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>

Consultant Name	Location	Consultancy Description	Period of Consultancy	Total Value \$ <sup>2</sup>
Coordinated Engineering Services Pty Ltd	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
CTG Security Matrix Pty Ltd	SA	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
Design Intent Architecture & Management Pty Ltd	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
Diubaldo Consultants	SA	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
Doll Martin Associates	NSW	Data Strategy	01/03/2023 – 31/08/2023	247 778
Edwards and Simpson Pty Ltd	Tas	Principal Design Consultant – Warehouse and Office Fit Out – 13 Connector Park Drive, Kings Meadows	08/09/2022 – 17/11/2022	104 437
Emerson Health Pty Ltd	Tas	Supply of Consultant Services – IOC South Review	03/10/2022 – 31/12/2022	99 350
Emerson Health Pty Ltd	Tas	Business Support Review for the Tasmanian Department of Health	15/07/2022 – 28/10/2022	99 550
Engineering Solutions Tasmania	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
ERA Planning Pty Ltd	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
Flowtech (QLD) Pty Ltd	QLD	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
Folk Pty Ltd	NSW	Department of Health Intranet – Discovery Phase	11/07/2022 – 30/09/2022 Option to extend <sup>4</sup> 01/10/2022 – 30/10/2022	162 070 0 <sup>6</sup>
Francis+Burne	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
GHD Pty Ltd	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
Hames Sharley (VIC) Pty Ltd	VIC	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
Hansen Partnership Pty Ltd	VIC	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>

Consultant Name	Location	Consultancy Description	Period of Consultancy	Total Value \$ <sup>2</sup>
Hassell Ltd	VIC	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
Engineering Pty Ltd	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
Engineering Pty Ltd	Tas	North West Regional Hospital HVAC Replacement – Stage 1 – Design Consultancy	20/07/2022 – 30/09/2024	762 000
Integral Group Consulting Engineers Pty Ltd	VIC	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
Integrated Land Management and Planning	Tas	Planning Consultancy Services	08/11/2022 – 12/11/2022	99 000
Ireneinc Planning & Urban Design	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
Jacobs Group (Australia) Pty Ltd	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
JMG Engineers & Planners Pty Ltd	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
Larter Consulting	QLD	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
Lee Tyers Building Surveyors	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
Matrix Management Group Pty Ltd	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
MBMpl Pty Ltd	Vic	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
McBride Charles Ryan	Vic	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
Mode Design Corp	QLD	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>
Niche Planning Studio	Vic	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup> 0 <sup>5</sup>

Consultant Name	Location	Consultancy Description	Period of Consultancy	Total Value \$ <sup>2</sup>
Pitt and Sherry (Operations) Pty Ltd	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup>  0 <sup>5</sup>
Prensa Pty Ltd	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup>  0 <sup>5</sup>
Rare Innovation Pty Ltd	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup>  0 <sup>5</sup>
Resonance Consulting Pty Ltd	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup>  0 <sup>5</sup>
Rider Levett Bucknall Victoria Pty Ltd	Vic	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup>  0 <sup>5</sup>
Robert Carroll & Associates Pty Ltd	Tas	Concept design – Mersey Community Hospital – Rural Medical Multidisciplinary Workforce Centre	29/11/2022 – 20/12/2022	59 630
Robert Carroll & Associates Pty Ltd	Tas	Principal Consultant – Emergency Department Modifications Project at Mersey Community Hospital	08/09/2022 – 17/11/2022	99 895
Rod Jager Consulting	Tas	Qlik Support and Maintenance	01/02/2023 – 31/01/2024	180 670
RPS AAP Consulting Pty Ltd	Vic	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup>  0 <sup>5</sup>
Safyre Consulting Pty Ltd	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup>  0 <sup>5</sup>
Slattery Australia Pty Ltd	Vic	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup>  0 <sup>5</sup>
SRTA Life & Rescue	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup>  0 <sup>5</sup>
Strategy and Culture	Tas	One Health Culture Program – Role Charters	29/08/2022 – 31/03/2023	88 800
Terroir Pty Ltd	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup>  0 <sup>5</sup>
Timmins Ray Public Relations	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup>  0 <sup>5</sup>
TSA Management Pty Ltd	NSW	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup>  0 <sup>5</sup>



Consultant Name	Location	Consultancy Description	Period of Consultancy	Total Value \$ <sup>2</sup>
Turner & Townsend Pty Ltd	Vic	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup>  0 <sup>5</sup>
WT Partnerships	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup>  0 <sup>5</sup>
Xsquared Architects Pty Ltd	Tas	Consultancy Services Panel for Health Infrastructure Projects	03/11/2022 – 02/11/2025 Option to extend <sup>4</sup> 03/11/2025 – 02/11/2027	0 <sup>5</sup>  0 <sup>5</sup>

Notes:

- 1 Where an overarching procurement process exists (for example Common Use Contracts and Agency Panel arrangements) individual engagements are not reported.
- 2 All values exclude GST.
- 3 An organisation whose principal place of business is not in Tasmania but has a permanent office or presence in Tasmania and employs Tasmanian workers.
- 4 The period of a contract for reporting purposes includes the value, or estimated value, of any possible options to extend. Where applicable, the principal period of the contract is identified as well as any options to extend; this does not signify that the options have been or will be exercised.
- 5 A '0' contract value signifies a contract for which a value for each supplier cannot be estimated, being dependent on future purchasing patterns.
- 6 Where a value for an option to extend is 0, the total value of the initial contract period is inclusive of any options to extend as part of the contract conditions.

## Contracts Awarded<sup>1</sup>

The table below provides a summary of contracts awarded during 2022–23 with a value of \$50 000 or over, excluding consultancy contracts.

Contractor Name	Location	Contract Description	Period of Contract	Total Value \$ <sup>2</sup>
3M Australia Pty Ltd	NSW <sup>3</sup>	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup>  0 <sup>5</sup>
Abbott Australasia Pty Ltd	Vic <sup>3</sup>	Supply of Cardiac Implantable Electronic Devices and Associated Accessories	01/04/2023 – 31/03/2026 Option to extend <sup>4</sup> 01/04/2026 – 31/03/2028	0 <sup>5</sup>  0 <sup>5</sup>
Abbott Australasia Pty Ltd	Vic <sup>3</sup>	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Advanced Biomedical (Sales) Pty Ltd	Vic	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
AE Atherton & Sons Pty Ltd	Vic <sup>3</sup>	Low Temperature Steriliser System for NWRH	25/10/2023 – 24/10/2028	218 849
Agfa Healthcare Australia Pty Ltd	Vic <sup>3</sup>	Panel of providers for X-Ray Machines	01/06/2023 – 31/05/2026 Option to extend <sup>4</sup> 01/06/2026 – 31/05/2033	0 <sup>5</sup>  0 <sup>5</sup>
Airlines of Tasmania Pty Ltd	Tas	Extension of existing Air freight arrangements for THS – Isotopes	01/12/2022 – 30/11/2023	1 690 000
AJR Construct Pty Ltd	Tas	Central Highlands Community Health Centre – Roof Replacement and Concrete Ambulance Hardstand Area	01/11/2023 – 31/03/2024	668 976
AKVA Surgical	Vic	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Alphapharm Pty Ltd (trading as Viatris) and Viatris Pty Ltd	NSW	Pharmaceutical Products	01/04/2021 – 31/03/2023 Option to extend <sup>4</sup> 01/04/2023 – 31/03/2025	968 416  968 417
Aluminium Offshore Pte Ltd	SG	Pre-fabricated helideck for the LGH – Helicopter Landing Site Project	26/05/2023 – 08/01/2024	1 829 169
Ambu Australia Pty Ltd	NSW	Supply of Oxygen Therapy Consumables	01/03/2023 – 28/02/2026 Option to extend <sup>4</sup> 01/03/2026 – 28/02/2032	0 <sup>5</sup>  0 <sup>5</sup>
Ambulance Private Pty Ltd	Tas	Non-Emergency Patient Transport	30/09/2022 – 29/09/2024 Option to extend <sup>4</sup> 30/09/2024 – 29/09/2028	0 <sup>5</sup>  0 <sup>5</sup>
Amgen Australia Pty Ltd	NSW	Pharmaceutical Products	01/04/2021 – 31/03/2023 Option to extend <sup>4</sup> 01/04/2023 – 31/03/2025	2 768 173  366 173

Contractor Name	Location	Contract Description	Period of Contract	Total Value \$ <sup>2</sup>
AMO Australia Pty Limited	NSW <sup>3</sup>	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Andrew Mathers Removals & Storage	Tas	Removalist Services – Hobart CBD Accommodation Plan	10/01/2023 – 10/01/2026	0 <sup>5</sup>
Anglican Health and Welfare	Tas	Chaplaincy Services statewide	01/07/2023 – 30/06/2028 Option to extend <sup>4</sup> 07/07/2028 – 30/06/2032	2 150 000  1 720 000
Anglican Health and Welfare	Tas	Chaplaincy Services Hospitals South	01/08/2023 – 31/07/2023	199 285
Artfast Removals Pty Ltd	NSW <sup>3</sup>	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Arthrex Australia Pty Ltd	NSW <sup>3</sup>	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Assetic Australia Pty Ltd	Vic	Integrated Asset Management System	30/06/2023 – 31/12/2028	1 830 872
Audmet Australia Pty Ltd trading as Oticon Medical	NSW <sup>3</sup>	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Australian Medical Supplies Pty Ltd	WA	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup>  0 <sup>5</sup>
Avanos Medical Australia Pty Ltd	NSW	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
B Braun Australia Pty Ltd	NSW	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
B Braun Australia Pty Ltd	NSW	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup>  0 <sup>5</sup>
B Braun Australia Pty Ltd	NSW	Pharmaceutical Products	01/04/2021 – 31/03/2023 Option to extend <sup>4</sup> 01/04/2023 – 31/03/2025	294 719  294 719
Babich Maintenance & Steriliser Services Pty Ltd	WA	Steriliser System for NWRH	01/05/2023 – 30/04/2033	660 489
Bard Australia Pty Ltd	NSW	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>

Contractor Name	Location	Contract Description	Period of Contract	Total Value \$ <sup>2</sup>
Bausch & Lomb (Australia) Pty Ltd	NSW	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Baxter Healthcare Pty Ltd	NSW <sup>3</sup>	Four Renal Dialysis machines for the Royal Hobart Hospital Intensive Care Unit Expansion Project	11/10/2022 <sup>8</sup>	269 760
Baxter Healthcare Pty Ltd	NSW <sup>3</sup>	Anaesthetic Gases	01/01/2023 – 31/12/2025 Option to extend <sup>4</sup> 01/01/2026 – 31/12/2031	503 640  1 006 920
Baxter Healthcare Pty Ltd	NSW <sup>3</sup>	Haemodialysis and Peritoneal Dialysis Services	01/06/2023 – 31/05/2031 Option to extend <sup>4</sup> 01/06/2031 – 31/05/2033	29 704 000  7 426 000
Baxter Healthcare Pty Ltd	NSW <sup>3</sup>	Supply Intravenous, Irrigation and Haemofiltration Fluids and Bulk Fluid Delivery Service to Hospital Wards	01/07/2023 – 30/09/2023	541 244
Baxter Healthcare Pty Ltd	NSW <sup>3</sup>	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Bayport Brands Pty Ltd	Vic <sup>3</sup>	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup>  0 <sup>5</sup>
Becton Dickinson Pty Ltd	NSW	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Beckman Coulter Australia Pty Limited	NSW	Purchase, Supply and Installation of Diagnostic Flow Cytometry Workstation	01/07/2023 – 30/06/2030	704 760
Bentley Workspaces PTY LTD	Tas	Supply and installation of workstations and associated furniture	29/09/2022 – 29/05/2025	0 <sup>5</sup>
Biomerieux Australia Pty Limited	NSW	Matrix-Assisted Laser Desorption/Ionization Mass Spectrometer	15/03/2023 – 14/03/2024 Option to extend <sup>4</sup> 15/03/2024 – 14/03/2025	229 540  0 <sup>9</sup>
Biotronik Australia Pty Ltd	NSW <sup>3</sup>	Supply of Cardiac Implantable Electronic Devices and Associated Accessories	01/04/2023 – 31/03/2026 Option to extend <sup>4</sup> 01/04/2026 – 31/03/2028	0 <sup>5</sup>  0 <sup>5</sup>
BK Medical	NSW	Transperineal Ultrasound Biopsy Machine with a five-year maintenance service agreement.	01/12/2022 – 30/11/2027	358 868
Blueline Laundry Inc	Tas	Supply of Linen and Laundry Services – statewide	01/12/2022 – 30/11/2029 Option to extend <sup>4</sup> 01/12/2028 – 30/11/2032	15 310 845  30 621 690
Boston Scientific Pty Ltd	NSW <sup>3</sup>	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>

Contractor Name	Location	Contract Description	Period of Contract	Total Value \$ <sup>2</sup>
Boston Scientific Pty Ltd	NSW <sup>3</sup>	Supply of Cardiac Implantable Electronic Devices and Associated Accessories	01/04/2023 – 31/03/2026 Option to extend <sup>4</sup> 01/04/2026 – 31/03/2028	0 <sup>5</sup>  0 <sup>5</sup>
BS Tech Electrical Service	Tas	Minor Electrical Works – Levels 2 & 6, 22 Elizabeth St, Hobart	15/03/2023 – 28/04/2024	249 875
BS Tech Electrical Service	Tas	Electrical Services – Level 7, 22 Elizabeth St, Hobart	06/02/2023 – 03/03/2023	145 232
BSN Medical (Aust) Pty Ltd t/a Essity Australia	Vic <sup>3</sup>	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup>  0 <sup>5</sup>
Canon Medical Systems ANZ Pty Ltd	NSW <sup>3</sup>	Panel of providers for Echocardiograph (Ultra-Sound) Machines	01/04/2023 – 31/03/2026 Option to extend <sup>4</sup> 01/04/2026 – 31/03/2033	0 <sup>5</sup>  0 <sup>5</sup>
Cardinal Health Australia 316 Pty Ltd	NSW <sup>3</sup>	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup>  0 <sup>5</sup>
Cardinal Health Australia 503 Pty Ltd	NSW <sup>3</sup>	Supply of Nutritional Feeding Products and Equipment	01/08/2023 – 31/07/2026 Option to extend <sup>4</sup> 01/08/2026 – 31/07/2030	0 <sup>5</sup>  0 <sup>5</sup>
Carl Zeiss Pty Ltd	NSW	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Chris Bell Removals Pty Ltd	Tas	Removalist Services – Hobart CBD Accommodation Plan	10/01/2023 – 10/01/2026	0 <sup>5</sup>
CK Surgitech Pty Ltd	QLD	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Clifford Hallam Healthcare Pty Ltd	NSW <sup>3</sup>	Supply of Oxygen Therapy Consumables	01/03/2023 – 28/02/2026 Option to extend <sup>4</sup> 01/03/2026 – 28/02/2032	0 <sup>5</sup>  0 <sup>5</sup>
Clifford Hallam Healthcare Pty Ltd	NSW <sup>3</sup>	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup>  0 <sup>5</sup>
CMJH Consulting Pty Ltd as The Trustee for CMJH Family Trust T/A Ascend Surgical and Medical	QLD	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Cochlear Limited	NSW	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>



Contractor Name	Location	Contract Description	Period of Contract	Total Value \$ <sup>2</sup>
Coloplast Pty Ltd	Vic	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Coloplast Pty Ltd	Vic	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup>  0 <sup>5</sup>
Complete Office Supplies Pty Ltd	NSW <sup>3</sup>	Supply and installation of workstations and associated furniture	29/09/2022 – 29/05/2025	0 <sup>5</sup>
Communicloud Pty Ltd	NSW	COVID@homeplus Video Technology Platform	01/07/2023 – 30/06/2024	710 509
Connected Medical Solutions T/A My Emergency Doctor	Tas	Provision of Telehealth Services for Ambulance Tasmania Secondary Triage	15/08/2022 – 14/08/2025 Option to extend <sup>4</sup> 15/08/2025 – 14/08/2027	586 000  384 000
Contact Electrical Pty Ltd	Tas	Mechanical Services Maintenance Service – Royal Hobart Hospital	09/02/2023 – 08/02/2026 Option to extend <sup>4</sup> 09/02/2023 – 08/02/2028	1 185 488  1 185 488
ConvaTec (Australia) Pty Ltd	Vic <sup>3</sup>	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup>  0 <sup>5</sup>
Cook Medical Australia Pty Ltd	QLD	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
CoreMed Pty. Ltd	NSW	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Corin (Australia) Pty Limited	NSW <sup>3</sup>	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Corporate Travel Management Group Pty Ltd	Tas	Air Travel Management Services	01/02/2023 – 31/01/2026 Option to extend <sup>4</sup> 01/02/2026 – 31/01/2032	6 700 000  13 300 000
Data#3 Limited	Tas	Splunk Cloud Cybersecurity Subscription renewal	21/06/2023 – 20/06/2024	300 605
Device Technologies Australia Pty Ltd	NSW <sup>3</sup>	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
DoseMe Pty Ltd	NJ	DoseMeRx	30/01/2023 – 29/01/2026 Option to extend <sup>4</sup> 30/01/2026 – 29/01/2028	181 845  121 230
Draeger Australia Pty Ltd	Vic	Supply of Anaesthetic Machines, Patient Monitors and associated services to THS	01/06/2023 – 31/05/2026 Option to extend <sup>4</sup> 01/06/2026 – 31/05/2032	0 <sup>5</sup>  0 <sup>5</sup>

Contractor Name	Location	Contract Description	Period of Contract	Total Value \$ <sup>2</sup>
EBOS Group Australia Pty Ltd t/a Tasmanian Medical Supplies	Tas	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup>  0 <sup>5</sup>
Endosoft Pty Ltd	NSW	EndoVault Upgrade Project	17/07/2023 – 30/06/2024	69 583
Esposito Consulting Services Pty Ltd	Vic	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup>  0 <sup>5</sup>
Exactech Australia Pty Ltd	NSW	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Fairbrother Pty Ltd	Tas	MCH-Rural Medical Workforce Centre Project	12/05/2023 – 28/08/2024	668 010
Flavour Creations Pty Ltd	QLD	Supply of Nutritional Feeding Products and Equipment	01/08/2023 – 31/07/2026 Option to extend <sup>4</sup> 01/08/2026 – 31/07/2030	0 <sup>5</sup>  0 <sup>5</sup>
Folk Pty Ltd	NSW	Intranet Project – Execution Phase	10/02/2023 – 10/11/2023 Option to extend <sup>4</sup> 11/11/2023 – 10/11/2024	938 900  0 <sup>9</sup>
Fresenius Kabi Australia Pty Ltd	NSW	Supply of Nutritional Feeding Products and Equipment	01/08/2023 – 31/07/2026 Option to extend <sup>4</sup> 01/08/2026 – 31/07/2030	0 <sup>5</sup>  0 <sup>5</sup>
Frontline Mind Pty Ltd	Tas	CISM and Wellbeing	29/08/2022 – 28/08/2023	120 000
Frontline Mind Pty Ltd	Tas	Aspire Leadership Development Program	01/05/2023 – 30/06/2025 Option to extend <sup>4</sup> 01/05/2025 – 30/06/2028	146 850  244 750
FujiFilm Australia Pty Ltd	NSW <sup>3</sup>	Panel of providers for Echocardiograph (Ultrasound) Machines	01/04/2023 – 31/03/2026 Option to extend <sup>4</sup> 01/04/2026 – 31/03/2033	0 <sup>5</sup>  0 <sup>5</sup>
FYB Pty Ltd	Vic	Content Manager Software	01/05/2023 – 30/04/2025 Option to extend <sup>4</sup> 01/05/2025 – 30/04/2026	304 455  152 482
Gamma Gurus Pty Ltd	NSW	Purchase of One Gamma Camera	01/07/2023 – 30/06/2024	2 235 058
GE Healthcare Australia Pty Ltd	Vic <sup>3</sup>	One Cardiac Ultrasound System for the ICU Expansion (supply and installation of machine)	01/11/2022 – 01/11/2023	214 136
GE Healthcare Australia Pty Ltd	NSW <sup>3</sup>	Panel of providers for Echocardiograph (Ultrasound) Machines	01/04/2023 – 31/03/2026 Option to extend <sup>4</sup> 01/04/2026 – 31/03/2033	0 <sup>5</sup>  0 <sup>5</sup>
GE Healthcare Australia Pty Ltd	Vic <sup>3</sup>	Supply of Anaesthetic Machines, Patient Monitors and associated services to Tasmanian Health Services	01/06/2023 – 31/05/2026 Option to extend <sup>4</sup> 01/06/2026 – 31/05/2032	0 <sup>5</sup>  0 <sup>5</sup>
GE Healthcare Australia Pty Ltd	NSW <sup>3</sup>	Panel of providers for X-Ray Machines	01/06/2023 – 31/05/2026 Option to extend <sup>4</sup> 01/06/2026 – 31/05/2033	0 <sup>5</sup>  0 <sup>5</sup>

Contractor Name	Location	Contract Description	Period of Contract	Total Value \$ <sup>2</sup>
GE Healthcare Australia Pty Ltd	Vic <sup>3</sup>	Public Diagnostic Breast Imaging service – Senographe Pristina Gen 2 – Full Field Digital Mammography Unit	01/07/2024 – 30/06/2029	316 438
			Option to extend <sup>4</sup> 01/07/2029 – 30/06/2034	113 515
Getinge Australia Pty Ltd	NSW	Supply of Prostheses	01/12/2022 – 30/11/2027	0 <sup>5</sup>
			Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>
Haddenham Healthcare Ltd	Vic	Patient Treatment Products	01/09/2022 – 31/08/2025	0 <sup>5</sup>
			Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup>
Hansen Yuncken Pty Ltd	Tas	Millbrook Rise Accreditation Works	07/10/2022 – 07/10/2023	1 658 578
Hansen Yuncken Pty Ltd	Tas	Royal Hobart Hospital Emergency Department Expansion Phase 2a – Emergency Department	22/06/2023 – 21/08/2023	391 838
Hansen Yuncken Pty Ltd	Tas	Rural Ambulance Upgrade Fund – Construction of Bridgewater ambulance stations	09/08/2022 – 03/03/2024	2 358 325
Hansen Yuncken Pty Ltd	Tas	Construction of new suite for a hybrid CT/Angiography device in the Royal Hobart Hospital – Stage 1 Early Works	27/06/2023 – 31/12/2023	1 381 520
HealthCare Software Pty Ltd	Tas	Clinical Suite Software	01/06/2023 – 18/09/2023	185 142
Heraeus Medical Australia Pty Limited	NSW	Supply of Prostheses	01/12/2022 – 30/11/2027	0 <sup>5</sup>
			Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>
Independence Australia	Tas	Patient Treatment Products	01/09/2022 – 31/08/2025	0 <sup>5</sup>
			Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup>
InDepth Cleaners Pty Ltd	Tas	Cleaning Services THS-North. 3 Sites	01/04/2023 – 31/03/2026	1 831 747
			Option to extend <sup>4</sup> 01/04/2026 – 31/03/2032	3 663 495
InfoMedix Pty Ltd	Vic	DPC Alerts Enhancements	16/05/2023 – 30/10/2023	75 200
			Option to extend <sup>4</sup> 31/10/2023 – 30/01/2024	0 <sup>9</sup>
Integra Neurosciences Pty Ltd	Vic	Patient Treatment Products	01/09/2022 – 31/08/2025	0 <sup>5</sup>
			Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup>
Integra Neurosciences Pty Ltd	Vic	Supply of Prostheses	01/12/2022 – 30/11/2027	0 <sup>5</sup>
			Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>
ITL Australia Pty Ltd	Vic	Supply of Pressure Monitoring Transducers and Associated Consumables	01/03/2023 – 28/02/2026	436 746
			Option to extend <sup>4</sup> 01/03/2026 – 28/02/2032	873 492

Contractor Name	Location	Contract Description	Period of Contract	Total Value \$ <sup>2</sup>
Johnson & Johnson Medical Pty Ltd	NSW <sup>3</sup>	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
KCI Medical Australia Pty Ltd	NSW	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup>
KLS Martin Australia Pty Limited	NSW	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Lazaro Pty Ltd	Tas	Cleaning Services THS-North. 3 Sites	01/04/2023 – 31/03/2029 Option to extend <sup>4</sup> 01/04/2029 – 31/03/2032	513 366  1 026 732
Lifehealthcare Distribution Pty Ltd	NSW	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Lima Orthopaedics Australia Pty Ltd	Vic	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Liminal Architecture	Tas	Masterplanning – St John's Park	16/09/2022 – 30/11/2022	274 450
LinkSafe Pty Ltd	Vic	Contractor Management System	12/07/2022 – 11/07/2027	311 115
Livingstone International Pty Ltd	NSW	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup>  0 <sup>5</sup>
LMT Surgical Pty Ltd	QLD	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Lohmann & Rauscher Pty Ltd	Vic	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup>  0 <sup>5</sup>
Mader International Pty Ltd	Tas	Ambulance Fit Out	05/02/2023 – 04/02/2026 Option to extend <sup>4</sup> 05/02/2026 – 04/02/2032	5 215 266  10 430 532
Maxxia Pty Ltd	Vic <sup>3</sup>	Extension – Provision of Salary Packaging Services	01/04/2023 – 31/03/2024	170 000
May Shaw Health Centre Inc	Tas	May Shaw – Purchase of Meals	01/01/2023 – 31/12/2024 Option to extend <sup>4</sup> 01/01/2025 – 31/12/2028	258 000  570 000
Medartis Australia & New Zealand Pty Ltd	QLD <sup>3</sup>	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Med–EI Implant Systems Australasia Pty Ltd	NSW	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Medical Edge Australia Pty Ltd	Tas	Non-Emergency Patient Transport	30/09/2022 – 29/09/2024 Option to extend <sup>4</sup> 30/09/2024 – 29/09/2028	0 <sup>5</sup>  0 <sup>5</sup>

Contractor Name	Location	Contract Description	Period of Contract	Total Value \$ <sup>2</sup>
Medical Specialties Australia Pty Ltd	NSW <sup>3</sup>	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>
Meditech Systems Asia Pacific Pty Limited	WA	Supply of Oxygen Therapy Consumables	01/03/2023 – 28/02/2026 Option to extend <sup>4</sup> 01/03/2026 – 28/02/2032	0 <sup>5</sup> 0 <sup>5</sup>
Medtronic Australasia Pty Ltd	NSW <sup>3</sup>	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup> 0 <sup>5</sup>
Medtronic Australasia Pty Ltd	NSW <sup>3</sup>	Supply of Cardiac Implantable Electronic Devices and Associated Accessories	01/04/2023 – 31/03/2026 Option to extend <sup>4</sup> 01/04/2026 – 31/03/2028	0 <sup>5</sup> 0 <sup>5</sup>
MEGA International	NSW	Enterprise Architecture and Information Governance Software	05/06/2023 – 04/06/2026	193 208
MGC Diagnostics Australia Pty Ltd	Vic	Respiratory Laboratory Information System	17/07/2023 – 16/07/2026 Option to extend <sup>4</sup> 17/06/2026 – 16/07/2028	121 133 29 931
Microport CRM Pty Ltd	Vic	Supply of Cardiac Implantable Electronic Devices and Associated Accessories	01/04/2023 – 31/03/2026 Option to extend <sup>4</sup> 01/04/2026 – 31/03/2028	0 <sup>5</sup> 0 <sup>5</sup>
Molnlycke Health Care Pty Ltd	NSW	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup> 0 <sup>5</sup>
Moreton Group Medical Services	Tas	Non-Emergency Patient Transport	30/09/2022 – 29/09/2024 Option to extend <sup>4</sup> 30/09/2024 – 29/09/2028	0 <sup>5</sup> 0 <sup>5</sup>
Multigate Medical Products Pty Ltd	NSW	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup> 0 <sup>5</sup>
Nestle Australia Limited	Vic <sup>3</sup>	Supply of Nutritional Feeding Products and Equipment	01/08/2023 – 31/07/2026 Option to extend <sup>4</sup> 01/08/2026 – 31/07/2030	0 <sup>5</sup> 0 <sup>5</sup>
Nutricia Australia Pty Ltd	NSW	Supply of Nutritional Feeding Products and Equipment	01/08/2023 – 31/07/2026 Option to extend <sup>4</sup> 01/08/2026 – 31/07/2030	0 <sup>5</sup> 0 <sup>5</sup>
Ochre Health Pty Ltd	NSW <sup>3</sup>	Provision of medical services to the district hospital at Campbell Town	06/01/2023 – 28/02/2023	199 800
Ochre Health Pty Ltd	NSW <sup>3</sup>	Provision of medical services to the district hospital at Campbell Town extension	01/03/2023 – 31/05/2023	340 000
Ochre Health Pty Ltd	NSW <sup>3</sup>	Provision of medical services to the district hospital at Campbell Town- Contract Variation	15/06/2023 – 31/12/2025	3 023 865



Contractor Name	Location	Contract Description	Period of Contract	Total Value \$ <sup>2</sup>
Optus Networks Pty Ltd	Vic <sup>3</sup>	KnowBe4	11/01/2023 – 10/01/2024	143 107
Orion Laboratories Pty Ltd trading as Perrigo Australia	WA	Pharmaceutical Products	01/04/2021 – 31/03/2023 Option to extend <sup>4</sup> 01/04/2023 – 31/03/2025	353 576 353 576
Orthofix Australia Pty Ltd	Vic	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup> 0 <sup>5</sup>
PageUp Pty Ltd	Vic	Online Recruitment Solution (PageUp) – additional functionality	20/03/2023 – 29/01/2024 Option to extend <sup>4</sup> 30/01/2024 – 29/01/2026	178 780 357 560
Paragon Care Group Australia Pty Ltd	Vic	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup> 0 <sup>5</sup>
Pfizer Aust Healthcare	NSW	Pharmaceutical Products	01/04/2021 – 31/03/2023 Option to extend <sup>4</sup> 01/04/2023 – 31/03/2025	353 576 353 576
Philips Electronics Australia Ltd	Vic <sup>3</sup>	Panel of providers for Echocardiograph (Ultrasound) Machines	01/04/2023 – 31/03/2026 Option to extend <sup>4</sup> 01/04/2026 – 31/03/2032	0 <sup>5</sup> 0 <sup>5</sup>
Precision Medical Pty Ltd	NSW	Precision Medical – MaQS (Management and Quality System) software – NWRH	17/03/2023 – 16/03/2030	217 120
Quality Innovation Performance Limited	QLD	Accreditation Services	01/10/2022 – 30/09/2025 Option to extend <sup>4</sup> 01/10/2025 – 30/09/2028	1 126 036 2 252 072
Quantum Healthcare Australia Pty Ltd	NSW	Panel of providers for X-Ray Machines	01/06/2023 – 31/05/2026 Option to extend <sup>4</sup> 01/06/2026 – 31/05/2033	0 <sup>5</sup> 0 <sup>5</sup>
Quantum Healthcare Australia Pty Ltd	NSW	Panel of providers for Echocardiograph (Ultrasound) Machines	01/04/2023 – 31/03/2026 Option to extend <sup>4</sup> 01/04/2026 – 31/03/2033	0 <sup>5</sup> 0 <sup>5</sup>
Roche Products Pty Ltd	NSW	Pharmaceutical Products	01/04/2021 – 31/03/2023 Option to extend <sup>4</sup> 01/04/2023 – 31/03/2025	2 200 340 4 400 680
Schulke Australia Pty Limited	NSW	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup> 0 <sup>5</sup>
Aaxis Pacific	Vic <sup>3</sup>	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup> 0 <sup>5</sup>
Sentry Medical Pty Ltd	Vic <sup>3</sup>	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup> 0 <sup>5</sup>

Contractor Name	Location	Contract Description	Period of Contract	Total Value \$ <sup>2</sup>
Shimadzu Medical Systems (Oceania) Pty Limited	Vic	Panel of providers for X-Ray Machines	01/06/2023 – 31/05/2026 Option to extend <sup>4</sup> 01/06/2026 – 31/05/2033	0 <sup>5</sup> 0 <sup>5</sup>
Siemens Healthcare Pty Ltd	Vic <sup>3</sup>	Panel of providers for X-Ray Machines	01/06/2023 – 31/05/2026 Option to extend <sup>4</sup> 01/06/2026 – 31/05/2033	0 <sup>5</sup> 0 <sup>5</sup>
Siemens Healthcare Pty Ltd	Vic <sup>3</sup>	Panel of providers for Echocardiograph (Ultrasound) Machines	01/04/2023 – 31/03/2026 Option to extend <sup>4</sup> 01/04/2026 – 31/03/2033	0 <sup>5</sup> 0 <sup>5</sup>
Siemens Limited	Vic <sup>3</sup>	K Block Building Management System Support and Maintenance	13/09/2022 – 12/09/2025	445 345
Siemens Healthcare Pty Ltd	Vic <sup>3</sup>	RHH – Digital Fluoroscopy Machine	01/07/2023 – 30/06/2033	1 402 900
SIGNUS Australia Pty Ltd	Vic	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup> 0 <sup>5</sup>
Smith & Nephew Pty Ltd	Vic <sup>3</sup>	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup> 0 <sup>5</sup>
Smith & Nephew Pty Ltd	Vic <sup>3</sup>	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup> 0 <sup>5</sup>
St John Ambulance Tasmania	Tas	Non-Emergency Patient Transport	30/09/2022 – 29/09/2024 Option to extend <sup>4</sup> 30/09/2024 – 29/09/2028	0 <sup>5</sup> 0 <sup>5</sup>
Stryker Australia Pty Ltd	NSW	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup> 0 <sup>5</sup>
Stryker Australia Pty Ltd	NSW	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup> 0 <sup>5</sup>
Stubbs Constructions Pty Ltd	Tas	Rural Ambulance Upgrade Fund – Construction of Queenstown ambulance stations	09/08/2022 – 03/03/2024	2 666 581
Stubbs Constructions Pty Ltd	Tas	Kitchen Kettle Refurbishment Works and Grease Trap Replacement	28/08/2022 – 30/11/2022	145 445
Sutherland Medical Pty Ltd	Vic	Patient Treatment Products	01/09/2022 – 31/08/2025 Option to extend <sup>4</sup> 01/09/2025 – 31/08/2029	0 <sup>5</sup> 0 <sup>5</sup>
Tascon Constructions Pty Ltd	Tas	Minor construction works – Level 7 22 Elizabeth Street	15/02/2023 – 03/03/2023	88 370
Tascon Constructions Pty Ltd	Tas	Minor Construction Works – Levels 2 & 6, 22 Elizabeth St, Hobart	22/03/2022 – 28/04/2023	500 310

Contractor Name	Location	Contract Description	Period of Contract	Total Value \$ <sup>2</sup>
Teleflex Medical Australia Pty Ltd	NSW	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Teleflex Medical Australia Pty Ltd	NSW	Supply of Oxygen Therapy Consumables	01/03/2023 – 28/02/2026 Option to extend <sup>4</sup> 01/03/2026 – 28/02/2032	0 <sup>5</sup>  0 <sup>5</sup>
Terumo Australia Pty Ltd	NSW	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
The Australia Council on Healthcare Standards Limited	NSW	Accreditation Services	01/10/2022 – 30/09/2025 Option to extend <sup>4</sup> 01/10/2025 – 30/09/2031	120 120  240 240
Tilray Australia New Zealand Pty Ltd	NSW	Pharmaceutical Products	01/04/2021 – 31/03/2023 Option to extend <sup>4</sup> 01/04/2023 – 31/03/2025	353 576  353 576
Top Centre Laundry Pty Ltd	Tas	Supply of Linen and Laundry Services – statewide	01/12/2022 – 30/11/2028 Option to extend <sup>4</sup> 01/12/2028 – 30/11/2031	4 407 681  8 815 362
Trisco Foods Pty Ltd	QLD	Supply of Nutritional Feeding Products and Equipment	01/08/2023 – 31/07/2026 Option to extend <sup>4</sup> 01/08/2026 – 31/07/2030	0 <sup>5</sup>  0 <sup>5</sup>
Two-way Taxi Trucks Radcliffe Pty Ltd	Tas	Removalist Services – Hobart CBD Accommodation Plan	10/01/2023 – 10/01/2026	0 <sup>5</sup>
UCI Tasmania Pty Ltd	Tas	Supply and installation of workstations and associated furniture	29/09/2022 – 29/05/2025	0 <sup>5</sup>
Vitramed Pty Ltd	NSW	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>
Vos Construction and Joinery Pty Ltd	Tas	Burnie Ambulance Super Station	27/09/2022 – 29/03/2024	11 837 716
Vos Construction and Joinery Pty Ltd	Tas	NWRH Paediatric Safe Room	16/01/2023 – 10/05/2023	219 017
W.L Gore & Associates (Australia) Pty Ltd	NSW	Supply and installation of workstations and associated furniture	29/09/2022 – 29/05/2025	0 <sup>5</sup>
Work and Training Limited	Tas	Oral Health Trainee Providers	20/03/2023 – 31/03/2026 Option to extend <sup>4</sup> 01/04/2026 – 30/03/2030	3 940 645  5 729 500
Zimmer Biomet Pty Ltd	NSW	Supply of Prostheses	01/12/2022 – 30/11/2027 Option to extend <sup>4</sup> 01/12/2027 – 30/11/2031	0 <sup>5</sup>  0 <sup>5</sup>

Notes:

- 1 Where an overarching procurement process exists (for example Common Use Contracts and Agency Panel arrangements) individual engagements are not reported.
- 2 All values exclude GST.
- 3 An organisation whose principal place of business is not in Tasmania but has a permanent office or presence in Tasmania and employs Tasmanian workers.
- 4 The period of a contract for reporting purposes includes the value, or estimated value, of any possible options to extend. Where applicable, the principal period of the contract is identified as well as any options to extend; this does not signify that the options have been or will be exercised.
- 5 A '0' contract value signifies a contract for which a value for each supplier cannot be estimated, being dependent on future purchasing patterns.
- 6 Contracts with a value of less than \$50 000 reported above are those that form part of a combined procurement valued at \$50 000 or over.
- 7 Where a commencement date is prior to 1 July 2022 or from 1 July 2023 onwards, the contractual arrangements for the procurement were finalised in 2022–23.
- 8 One-off purchase.
- 9 Where a value for an option to extend is 0, the total value of the initial contract period is inclusive of any options to extend as part of the contract conditions.

## Direct/Limited Submission Sourcing

Treasurer's Instruction PP-2 provides the Head of Agency with the discretion, where specified circumstances exist, to approve the direct sourcing or seeking of limited submissions from a supplier or suppliers without the need to seek quotations or call for tenders.

The table below provides a summary of contracts awarded by the Department in 2022–23 as a result of a direct/limited submission sourcing process approved in accordance with Treasurer's Instruction PP-2.

Contractor Name	Contract Description	Reasons for Approval	Total Value \$ <sup>1,2</sup>
Airlines of Tasmania Pty Ltd	Extension of existing Air freight arrangements for THS – Isotopes	Single Supplier	1 690 000
Aluminium Offshore Pte Ltd	Pre-fabricated helideck for the LGH – Helicopter Landing Site Project	Single Supplier	1 829 169
Assetic Australia Pty Ltd	Integrated Asset Management System	Exceptional circumstances	1 830 872
Baxter Healthcare Pty Ltd	Four Renal Dialysis machines for the Royal Hobart Hospital Intensive Care Unit Expansion Project	Additional goods/services from original supplier/representative	269 760
Baxter Healthcare Pty Ltd	Supply Intravenous, Irrigation and Haemofiltration Fluids and Bulk Fluid Delivery Service to Hospital Wards	Exceptional circumstances	541 244
BK Medical	Transperineal Ultrasound Biopsy Machine with a 5-year maintenance service agreement.	Single Supplier	358 868
Data#3 Limited	Splunk Cloud Cybersecurity Subscription renewal	Additional goods/services from original supplier/representative	300 605
DoseMe Pty Ltd	DoseMeRx	Additional goods/services from original supplier/representative	303 075
Folk Pty Ltd	Department of Health Intranet – Discovery Phase	Exceptional circumstances	162 070
Folk Pty Ltd	Intranet Project – Execution Phase	Additional goods/services from original supplier/representative	938 900
GE Healthcare Australia Pty Ltd	One Cardiac Ultrasound System for the ICU Expansion (supply and installation of machine)	Additional goods/services from original supplier/representative	214 136
GE Healthcare Australia Pty Ltd	Public Diagnostic Breast Imaging service – Senographe Pristina Gen 2 – Full Field Digital Mammography Unit	Additional goods/services from original supplier/representative	429 953
Hansen Yuncken Pty Ltd	Rural Ambulance Upgrade Fund – Construction of Bridgewater ambulance stations	No responses/satisfactory responses	2 358 325



Contractor Name	Contract Description	Reasons for Approval	Total Value \$ <sup>1,2</sup>
Hansen Yuncken Pty Ltd	Millbrook Rise Accreditation Works	Urgent requirements	1 658 578
Hansen Yuncken Pty Ltd	Construction of new suite for a hybrid CT/Angiography device in the Royal Hobart Hospital – Stage 1 Early Works	Exceptional circumstances	1 381 520
Liminal Architecture	Masterplanning – St John's Park	Exceptional circumstances	274 450
May Shaw Health Centre Inc	May Shaw – Purchase of Meals	Exceptional Circumstances	828 000
Ochre Health Pty Ltd	Provision of medical services to the district hospital at Campbell Town extension	Urgent requirements	340 000
Ochre Health Pty Ltd	Provision of medical services to the district hospital at Campbell Town.	Urgent requirements	3 023 865
PageUp Pty Ltd	Online Recruitment Solution (PageUp) – additional functionality	Single supplier	536 340
Siemens Limited	K Block Building Management System Support and Maintenance	Single supplier	445 345
Siemens Limited	RHH – Digital Fluoroscopy Machine	Additional goods/services from original supplier/representative	1 402 900
Stubbs Constructions Pty Ltd	Rural Ambulance Upgrade Fund – Construction of Queenstown ambulance stations	No responses/satisfactory responses	2 666 581

Notes:

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

## Disaggregation Exemptions

Treasurer's Instruction PF-2 provides the Head of Agency with discretion to approve an exemption from the requirement to disaggregate substantial contracts where the benefits of aggregation clearly outweigh the potential negative impact on local small and medium sized enterprises/the local economy.

The following table provides a summary of contracts awarded by the Department in 2022–23 where approval to aggregate the procurement was obtained in accordance with Treasurer's Instruction PF-2.

Contract Description	Total Value \$ <sup>1,2</sup>
Provision of Telehealth Services for Ambulance Tasmania Secondary Triage	970 000
Ambulance Fit-Out	15 645 798
Public Diagnostic Breast Imaging service – Senographe Pristina Gen 2 – Full Field Digital Mammography Unit	429 953
Supply Intravenous, Irrigation and Haemofiltration Fluids and Bulk Fluid Delivery Service to Hospital Wards	541 244
Content Manager Software	456 937

<b>Contract Description</b>	<b>Total Value \$<sup>1,2</sup></b>
COVID@homeplus Video Technology Platform	710 509
Intranet Project – Execution Phase	938 900
Splunk Cloud Cybersecurity Subscription renewal	300 605
Integrated Asset Management System	1 830 872
Burnie Ambulance Super Station	11 837 716
Rural Ambulance Upgrade Fund – Construction of Queenstown ambulance stations	2 666 581
Development of a Medical Equipment Asset Management Framework – Tasmania	320 000
Millbrook Rise Accreditation Works	1 658 578
Masterplanning – St John's Park	274 450
North West Regional Hospital HVAC Replacement – Stage 1 – Design Consultancy	762 000
Consultancy Services Panel for Health Infrastructure Projects	10 000 000
Removalist Services – Hobart CBD Accommodation Plan	300 000
One Cardiac Ultrasound System for the ICU Expansion (supply and installation of machine)	214 136 <sup>3</sup>
Mechanical Services Maintenance Service – Royal Hobart Hospital	2 370 976
Central Highlands Community Health Centre – Roof Replacement & Concrete Ambulance Hardstand Area	668 976
Pre-fabricated helideck for the LGH – Helicopter Landing Site Project	1 829 169
MCH–Rural Medical Workforce Centre Project	668 010
Royal Hobart Hospital Emergency Department Expansion Phase 2a – Emergency Department	391 838
Construction of new suite for a hybrid CT/Angiography device in the Royal Hobart Hospital – Stage 1 Early Works	1 381 520
Provision of Short Term Labour Hire Services	15 300 000
Accreditation Services	3 738 468
Patient Treatment Products	33 200 000
Non-Emergency Patient Transport	13 071 125
Supply of Linen and Laundry Services – Statewide	50 340 216
Anaesthetic Gases	1 510 560
Transperineal Ultrasound Biopsy Machine with a 5-year maintenance service agreement.	358 868
Chaplaincy Services Statewide	3 870 000
Air Travel Management Services	20 000 000
Supply of Pressure Monitoring Transducers and Associated Consumables	1 310 238
Provision of medical services to the district hospital at Campbell Town	199 800 <sup>3</sup>
Supply of Prostheses	132 085 515
Cleaning Services THS-North. 3 Sites	7 035 340

<b>Contract Description</b>	<b>Total Value \$<sup>1,2</sup></b>
Extension of existing Air freight arrangements for THS – Isotopes	1 690 000
Provision of medical services to the district hospital at Campbell Town extension	340 000
DoseMeRx	303 075
Oral Health Trainee Providers	9 670 145
Aspire Leadership Development Program	391 600
Steriliser System for NWRH	660 489
Supply of Oxygen Therapy Consumables	640 529
Supply of Cardiac Implantable Electronic Devices and Associated Accessories	9 500 000
Haemodialysis and Peritoneal Dialysis Services	37 130 000
Purchase of One Gamma Camera	2 235 058
Supply of Anaesthetic Machines, Patient Monitors and associated services to Tasmanian Health Services	7 125 000
Supply of Nutritional Feeding Products and Equipment	8 248 415
Provision of medical services to the district hospital at Campbell Town.	3 023 865
RHH – Digital Fluoroscopy Machine	1 402 900

Notes:

- 1 The values in this table include the value, or estimated value, of any possible options to extend.
- 2 All values exclude GST.
- 3 Disaggregation Minute completed below required financial threshold.

## Funded Community Sector Organisations

Non-government organisations in the community sector fulfil a vital role in delivering community-based health services to Tasmanians.

During 2022–23, the Department provided a total of \$73 728 564 under its Central Grants Program to 121 organisations to assist them to deliver services across the State. An additional 13 organisations had active funding arrangements in place, with funding paid in a prior financial year. This highlights the value the Department places on services provided by the community sector.

Where applicable, amounts provided in 2022–23 included indexation of 2.25 per cent to base funding and an additional one-off supplementation payment of 0.75 per cent consistent with the Premier's Cost of Living Booster Package. The total increase of 3 per cent assisted organisations to help with rising costs of fuel, wages or other costs of doing business.

The following table lists grant funding that the Department administered under its Central Grants Program. It should be noted other funds distributed to the sector by other parts of the Department may be listed elsewhere in this report.

Program and Organisation	Funding
<b>Alcohol Tobacco and Other Drug (ATOD) – this funding is now delivered by the Mental Health, Alcohol and Drug Directorate, and provides organisations with support for services to assist the community to address alcohol, tobacco and other drug use. This also provides funding to services to support the implementation of the reform agenda for the alcohol and other drug sector in Tasmania.</b>	<b>Total Funding \$13 089 853</b>
Advocacy Tasmania Inc	354 684
Alcohol and Drug Foundation Inc	548 648
Anglicare Tasmania Inc	982 340
Drug Education Network Inc	1 173 703
Eastern Health	74 032
Holyoake Tasmania Inc	623 670
Launceston City Mission Inc	2 944 634
Pathways Tasmania Inc	353 501
The Alcohol, Tobacco and other Drugs Council (Tas) Inc	929 759
The Link Youth Health Service Inc	843 940
The Salvation Army Property Trust Tasmania	3 334 761
Youth, Family and Community Connections Inc	926 181
<b>Alcohol Tobacco and Other Drug Total</b>	<b>\$13 089 853</b>
<b>Clinical Quality, Regulation &amp; Accreditation Group (CQRA) consolidates specialist advice on health professional, policy and clinical issues impacting the Tasmanian health system, to the Secretary of the Department of Health</b>	<b>Total Funding \$925 877</b>
Circular Head Aboriginal Corporation	163 611
General Practice Workforce Inc	180 000
Ochre Health Pty Ltd	201 532

South East Tasmanian Aboriginal Corporation	162 134
Tasmanian Aboriginal Corporation	218 600
<b>Clinical Quality, Regulation &amp; Accreditation Group Total</b>	<b>\$925 877</b>

<b>Home and Community Care – community nursing, home help and maintenance, respite, personal care, transport, packages of care and delivered meals across the State</b>	<b>Total Funding \$13 109 379</b>
Advocacy Tasmania Inc	214 246
Anglicare Tasmania Inc	2 196 940
Australian Red Cross Society	253 110
Baptcare Ltd	137 492
Bucaan Community House Inc	36 575
Care Assessment Consultants Pty Ltd	1 234 785
Care to Serve Ltd	237 203
Circular Head Aboriginal Corporation	22 977
Clarence City Council	27 783
Community Based Support Inc	1 580 445
Community Care NESB Inc	109 115
Community Transport Services Tasmania Inc	1 048 140
Dementia and Alzheimer's Association (Tas) Inc	328 817
Elders Council of Tasmania Aboriginal Corporation	19 141
Family Based Care Association North West Inc	1 673 942
Greek Orthodox Archdiocese of Australia Consolidated Trust	43 217
Hobart District Nursing Service Inc	663 881
Independent Living Centre Tas Inc	85 083
integratedliving Australia Ltd	801 841
Italian-Australian Pensioners Welfare Association of Tasmania Inc	36 536
Karadi Aboriginal Corporation	1 935
Launceston VFC Services Inc	77 847
Lifeline Tasmania Inc	156 879
Meals on Wheels Association of Tasmania Inc	192 221
Mersey Community Care Association	294 993
Migrant Resource Centre (Southern Tasmania) Inc	114 504
Polish Association in Hobart Inc	8 015
RSL Care RDNS Limited	492 782
South East Tasmanian Aboriginal Corporation	30 362
South Eastern Nursing & Home Care Assn Inc	419 107
St Johns Ambulance Australia Tasmania Inc	31 196
Volunteering Tasmania Inc	247 467
Wyndarra Centre Inc for Wyndarra Board of Management	290 802
<b>Home and Community Care Total</b>	<b>\$13 109 379</b>



**Mental Health, Alcohol and Drug Directorate – funding delivers resources and tools to organisation to provide treatment, care, and support, to maximise quality of life for those experiencing mental health concerns within the Tasmanian community. This includes information and support services for family and friends and community-based accommodation, along with funding to services to support the implementation of the reform agendas for mental health and the alcohol and other drug sectors in Tasmania.**

**Total Funding  
\$25 735 384**

Advocacy Tasmania Inc	562 163
Anglicare Tasmania Inc	6 572 585
Australian Huntington's Disease Association Tasmania Inc	96 546
Australian Red Cross Society	285 676
Australian Medical Assoc Tasmania	25 000
Baptcare Ltd	2 580 000
Beyond Blue Ltd	88 102
Butterfly Foundation	210 000
Colony 47 Inc	779 185
Family Based Care Association North West Inc	114 596
Flourish Mental Health Action in Our Hands Inc	253 703
Grow (Tas)	162 197
Langford Support Services Inc	324 198
Life Without Barriers	1 100 000
Lifeline Australia Ltd	35 000
Lifeline Tasmania Inc	1 312 345
Mental Health Council of Tasmania Inc	1 544 919
Mental Health Families and Friends Tasmania Inc	385 570
Migrant Resource Centre (Southern Tasmania) Inc	190 105
New Mornings Ministries Inc	82 000
Relationships Australia Tasmania Inc	478 822
Rural Alive and Well Inc	1 506 356
The Men's Table Ltd	25 000
The Richmond Fellowship of Tasmania Inc	3 645 508
Wellways Australia Ltd	3 194 808
Working It Out Inc	181 000
<b>Mental Health, Alcohol and Drug Directorate Total</b>	<b>\$25 735 384</b>

**Policy, Purchasing, Performance and Reform – payments to organisations to assist in activities including the recruitment of general practitioners in Tasmania**

**Total Funding  
\$6 375 522**

CanTeen – The Australian Organisation for Young People Living with Cancer	29 241
Cygnnet Family Practice Pty Ltd	249 972
Deloraine & Westbury Medical Pty Ltd	244 669
Epilepsy Assoc of Tasmania Inc	440 000
Family Planning Tasmanian Incorporated	103 500

Health Consumers Tasmania Ltd	2 465 000
Hobart District Nursing Service Inc	500 000
Launceston Central Medical Centre Pty Ltd	99 020
Motor Neurone Disease Assoc of Tasmania Inc	70 000
Ochre Health Pty Ltd	116 860
Palliative Care Tasmania Limited	1 110 000
Pharmaceutical Society of Australia Limited	135 000
Primary Health Tasmania Limited	70 000
The Muscular Dystrophy Assoc of Tasmania Incorporated	102 260
The Trustee for MPMS Telephone Triage Unit Trust	390 000
Your Hobart Doctor	250 000
<b>Policy, Purchasing, Performance and Reform Total</b>	<b>\$6 375 522</b>

<b>Public Health Services – services to prevent illness, protect the Tasmanian community and promote health gain</b>	<b>Total Funding \$13 654 754</b>
A Fairer World Inc	35 660
Anglicare Tasmania Inc	383 557
Arthritis Foundation of Tasmania Inc	244 905
Asthma Australia Ltd	114 536
Australian Red Cross Society	192 904
Bicycle Network Incorporated	99 100
Big hART Inc	92 500
Cancer Council of Tasmania Inc	1 654 020
Central Highlands Council	100 000
Clarendon Vale Neighbourhood Centre Inc	72 000
Cradle Coast Authority	100 000
Delta Society Australia Ltd	17 403
Diabetes Australia – Tasmania	1 007 126
Dunalley Tasman Neighbourhood House Inc	100 000
Eat Well Tasmania Incorporated	692 901
Families Tasmania Inc	344 295
Family Planning Tasmania	1 824 826
Grace Christian Church Inc	99 200
Huon Valley Council	56 500
JCP Youth Limited	73 240
Jordan River Service Inc	63 086
Kidsafe Tasmania Inc	69 764
Launceston Benevolent Society Inc	96 000
Mount Roland Land Care Inc	43 035
Multicultural Council of Tasmania	71 450
Local Government Association of Tasmania	73 442
National Heart Foundation of Australia	133 333

National Stroke Foundation	321 882
Royal Flying Doctor Service Tasmania	62 000
Scarlet Alliance, Australian Sex Workers Association Incorporated	120 000
School Food Matters Inc	234 836
Sorell Council	100 000
Surfing Tasmania Incorporated	62 500
Sustainable Table Limited	40 000
Tasmanian Aboriginal Corporation	300 000
Tasmanian Council of Social Service Inc	330 000
The Blueline Laundry Inc	40 000
The Link Youth Health Service Inc	671 045
The Men's Table Ltd	100 000
The Pharmacy Guild of Australia	26 425
The Salvation Army Property Trust Tasmania	106 714
The Tasmanian Council on AIDS and Related Diseases Inc	605 069
University of Tasmania	1 055 877
West Tamar Council	100 000
Women's Health Tasmania Inc	962 897
Womensport and Recreation Tasmania Inc	97 590
Working It Out Inc	417 231
Youth, Family and Community Connections Inc	45 905
<b>Public Health Services Total</b>	<b>\$13 654 754</b>

<b>Tasmanian Health Service – governing and delivering high-quality, efficient and integrated healthcare services through the public hospital system and primary and community health services</b>	<b>Total Funding</b>
	<b>\$837 796</b>
Cancer Council of Tasmania Inc	643 540
Hospice Care Association of North West Tasmania Inc	194 256
<b>Tasmanian Health Service Total</b>	<b>\$837 796</b>

<b>Grand Total</b>	<b>\$73 728 564</b>
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## Insurable Risk

The Department has coverage for various classes of insurable risk through the Tasmanian Risk Management Fund, administered by the Department of Treasury and Finance.

Risk by Class	Excess Period/\$	Contribution \$ (GST Exclusive)	GST \$	Number of claims	Claims incurred \$ (GST Exclusive)
<b>Personal Injury</b>					
Workers Compensation	6 weeks	\$48 626 881	\$4 862 688	586	\$19 706 692
Personal Accident	50 weeks				
Asbestos Levy <sup>1</sup>	-	\$992 541	\$0		
Aero Medical Retrieval	-	\$100 233	\$10 023		
<b>Property</b>					
General Property	\$14 000	\$2 629 624	\$262 962	9	\$2 231 420
Catastrophe Insurance – DoH	\$6 250 000	\$1 213 750	\$121 374		
Motor Vehicles – Fleet Vehicles	\$500/\$1 000	\$394 416	\$39 442	227	\$548 156
Motor Vehicles – Miscellaneous	\$500	\$166 687	\$16 669	81	\$257 789
<b>Liability</b>					
General Liability	\$40 000	\$71 307	\$7 131	3	\$846 520
Medical Liability	\$50 000	\$9 966 830	\$996 683	17	\$11 962 786
<b>Miscellaneous</b>					
Government Contingency		\$10 200	\$1 020		
Travel	Various	\$2 265	\$34		
<b>Total</b>	<b>-</b>	<b>\$64 174 734</b>	<b>\$6 318 026</b>		

Note:

- 1 The Asbestos Levy is based on three per cent of the contribution for personal injury.

# Voluntary Assisted Dying – Access Standard

Voluntary assisted dying is a legislated process that enables a person who is suffering from a terminal illness to legally access a substance to end their life, with support and assistance from registered health practitioners.

Voluntary assisted dying in Tasmania is regulated by the *End-of-Life Choices (Voluntary Assisted Dying) Act 2021* (the Act). The Act identifies when a person in Tasmania is eligible to access voluntary assisted dying and sets out the steps in the voluntary assisted dying process. It also establishes the Voluntary Assisted Dying Commission (the Commission).

Under section 139(1) of the Act:

*The Secretary of the Department must issue a standard (the **access standard**) setting out how the State intends to facilitate access to voluntary assisted dying for persons ordinarily resident in the State, including how the State intends to facilitate access by those persons to –*

- the services of medical practitioners and other persons who perform functions, or exercise powers, under the Act; and
- voluntary assisted dying substances for use under the Act; and
- information about access to voluntary assisted dying under the Act.

## Report on Steps Taken to Meet the Access Standard

### Access to Services and Information

During 2022–23, the State, through DoH and the Commission, facilitated access to voluntary assisted dying for Tasmanian residents by:

- developing, publishing and widely disseminating a range of resources about voluntary assisted dying including the *Relevant Facts in Relation to Accessing Voluntary Assisted Dying* document (the Relevant Facts), which was published on the DoH website in English, Chinese and Nepali, the two most commonly spoken languages other than English in Tasmania, and in “Easy Read” and audio formats, along with a series of fact sheets on specific aspects of voluntary assisted dying
- developing, hosting and maintaining education and training materials associated with the Act including the Tasmanian Voluntary Assisted Dying Training, which was developed in consultation with stakeholders and approved by the Commission in September 2022, and a shorter Voluntary Assisted Dying Awareness unit, which is available through Health Learning Online or via Tasmania Health Education Online (THEO) for DoH employees
- working with health practitioners, health service providers, and facilities to support their preparedness to respond to inquiries for information from people and their families about voluntary assisted dying by developing and disseminating guidance to health service establishments and residential aged care facilities (the *Minimum Requirements for Health Service Establishments*), and delivering education and training to health practitioners and others on aspects of voluntary assisted dying in Tasmania
- establishing frameworks, policies, protocols and guidelines to implement voluntary assisted dying with the THS, including the Voluntary Assisted Dying – THS Statewide –



Policy, which sets out the policy for managing voluntary assisted dying in all THS services, including the minimum obligations of all medical practitioners under the Act, which applies to all THS staff, and the Voluntary Assisted Dying: Medical Management in THS Medical Facilities – THS Statewide – Protocol, which applies to all staff who prescribe, dispense, administer, monitor, store or dispose of medicines in THS medical facilities

- establishing and supporting the Voluntary Assisted Dying Navigation Service, which operates statewide and is a main point of contact across Tasmania for the community, health practitioners, and health service providers on voluntary assisted dying. During 2022–23, 134 people contacted the Navigation Service enquiring about voluntary assisted dying for themselves or another person.

## Access to Voluntary Assisted Dying Substances

During 2022–23, the State, through DoH and the Commission, facilitated access to voluntary assisted dying substances by establishing and supporting the Voluntary Assisted Dying Pharmacy Service (the Pharmacy Service) as Tasmania’s primary supplier of the voluntary assisted dying substance.

The Pharmacy Service also has a key role in educating medical practitioners and others about VAD substances and their prescription, supply, storage and administration.

As with the Navigation Service, the Pharmacy Service operates statewide.

## Access for Regional Residents

During 2022–23, the State facilitated access to voluntary assisted dying for regional residents by working directly with health practitioners and health service providers statewide to build understanding and awareness of voluntary assisted dying and to encourage and facilitate broad participation through a range of mechanisms including three community information sessions, which were held in Hobart, Burnie and Launceston during August 2022.

Members of the Navigation Service and Pharmacy Service are supported to visit all areas of the State to meet personally with health practitioners, health service providers, patients and their families, and members of the public to build understanding and awareness of voluntary assisted dying.

## Access for Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse Residents

During 2022–23, the Pharmacy Service and Navigation Service engaged with people from all cultural backgrounds with sensitivity and awareness of their differences in traditions and approaches to dying and death.

## Legislation

As detailed in Administrative Arrangements Orders made under the *Administrative Arrangements Act 1990*, the Department administers a wide range of legislation.

Administrative Arrangements Orders assign administrative responsibility for enactments to ministers. Orders also assign a department or departments responsible for the administration of the enactments for which those ministers have administrative responsibility.

As of 30 June 2023, the Minister for Health is responsible for 23 Acts and associated subordinate legislation, and the Minister for Mental Health and Wellbeing is responsible for three Acts. The Department of Health is responsible to each Minister in relation to the administration of those Acts and subordinate legislation.

## Minister for Health

*Ambulance Service Act 1982*

*Anatomical Examinations Act 2006*

*Blood Transfusion (Limitation of Liability) Act 1986*

*Fluoridation Act 1968*

*Food Act 2003*

*Health Act 1997*

*Health Practitioner Regulation National Law (Tasmania) Act 2010*

*Health Professionals (Special Events Exemption) Act 1998*

*Health Service Establishments Act 2006*

*Human Cloning for Reproduction and Other Prohibited Practices Act 2003*

*Human Embryonic Research Regulation Act 2003*

*Human Tissue Act 1985*

*National Health Funding Administration Act 2012*

*Obstetric and Paediatric Mortality and Morbidity Act 1994*

*Optometry Offences Act 2010*

*Pharmacy Control Act 2001*

*Poisons Act 1971* – except in so far as it relates to the Poppy Advisory and Control Board, in respect of which the Minister for Primary Industries and Water has responsibility

*Public Health Act 1997*

*Radiation Protection Act 2005*

*Reproductive Health (Access to Terminations) Act 2013*

*Royal Derwent Hospital (Sale of Land) Act 1995*

*Tasmanian Health Service Act 2018*

*Therapeutic Goods Act 2001*

## Minister for Mental Health and Wellbeing

*Mental Health Act 2013* – except Parts 2 and 3 of Chapter 3, and Schedules 3, 4 and 5, which are administered by the Attorney-General/Minister for Justice

*Mental Health (Transitional and Consequential Provisions) Act 2013*

*End-of-Life Choices (Voluntary Assisted Dying) Act 2021*

## Bills Tabled and Changes to Legislation

Following its introduction to the Tasmanian Parliament on 4 May 2022, the *Health (Miscellaneous Amendments) Act 2022* passed the House of Assembly on 16 August 2022 and the Legislative Council on 8 September 2022, receiving Royal Assent on 20 September 2022. The Act commenced by proclamation from 24 October 2022.

The Act made minor amendments to the *Acts Interpretation Act 1931*, the *Agricultural and Veterinary Chemicals (Control of Use) Act 1995*, the *Ambulance Service Act 1982*, the *Asbestos-Related Diseases (Occupational Exposure) Compensation Act 2011*, the *End-of-Life Choices (Voluntary Assisted Dying) Act 2021*, the *Health Act 1997*, the *Poisons Act 1971*, the *Public Health Act 1997*, the *Public Trustee Act 1930* and the *Workers Rehabilitation and Compensation Act 1988*, and other health-related legislation.

The amendments are intended to improve the operation of legislation for which the Minister for Health has portfolio responsibility. Changes clarified the meaning of the terms ‘paramedic’, ‘pharmacist’ and ‘hospital services’ and corrected other out-of-date references.

The *Mental Health Amendment Act 2023* was tabled in the Tasmanian Parliament on 23 November 2022, passing the House of Assembly on 21 March 2023 and the Legislative Council on 30 March 2023, receiving Royal Assent on 20 April 2023.

The Act amends the *Mental Health Act 2013* and makes a number of minor amendments to the *Corrections Act 1997*, *Criminal Code Act 1924*, *Criminal Justice (Mental Impairment) Act 1999*, *Dangerous Criminals and High Risk Offenders Act 2021*, *Disability Services Act 2011*, *End-of-life Choices (Voluntary Assisted Dying) Act 2021*, *Justices Act 1959*, *Magistrates Court (Criminal and General Division) Act 2019*, *Sentencing Act 1997*, and the *Youth Justice Act 1997*.

The Act establishes the role of Chief Psychiatrist as replacing the former statutory roles of Chief Civil and Chief Forensic Psychiatrist, updates terminology, strengthens patients’ rights and the rights of children, and improves the operability of safeguards and oversight provisions and the general operation of the Mental Health Act.

On 13 October 2022, the most significant legislative reforms to the *Health Practitioner Regulation National Law (Tasmania)* since the National Registration and Accreditation Scheme (the National Scheme) began in 2010 passed the host jurisdiction parliament. The *Health Practitioner Regulation National Law and Other Legislation Amendment Act 2022* (Qld) was tabled in the Tasmanian Parliament on 17 November 2022 in the Legislative Council and 22 November 2022 in the House of Assembly.

The main objectives of the changes are to:

- strengthen public protection and increase public confidence in health services provided by practitioners registered under the National Scheme
- improve governance of the National Scheme

- enhance the effectiveness and efficiency of the National Scheme.

The amendments to the National Scheme are commencing incrementally, with the first group of amendments commencing on assent, 21 October 2022, the second on 15 May 2023, and a third group is yet to commence. As each group of amendments commence, they apply automatically in Tasmania pursuant to the terms of the *Health Practitioner Regulation National Law (Tasmania) Act 2010*.

## Subordinate Legislation

*End-of-Life Choices (Voluntary Assisted Dying) Regulations 2022*

*Food Regulations 2022*

*Health (Fees) Amendment Regulations 2023*

*Health Practitioner Regulation National Law Amendment (Paramedicine Qualification) Regulation 2022 (Victoria)*

*Health Practitioner Regulation National Law Amendment Regulation 2022 (Victoria)*

*Health Service Establishments Amendment Regulations 2023*

*Poisons Amendment Regulations 2023*

*Poisons (Specified Substances) Revocation Order 2023*

*Poisons Amendment Regulations (No. 2) 2022*

*Poisons Amendment Regulations 2022*

*Poisons Amendment (Miscellaneous) Regulations 2022*

*Therapeutic Goods Regulations 2022*

## Performance audit

Performance audits by the Tasmanian Audit Office (TAO) examine whether a State entity is carrying out its activities effectively, economically and efficiently. Audits may cover all or part of a State entity's operations or consider particular issues across a number of State entities.

During 2022–23, there was one performance audit conducted by the TAO involving the Department.

The audit examined the Department's response to previous Auditor-General reports, specifically:

- Report of the Auditor-General No. 11 of 2016–17: Use of fuel cards
- Report of the Auditor-General No. 1 of 2018–19: Use of Tasmanian Government Cards by Central Agency Executives and Executive Assistants.

The conclusion of the audit was that the Department had satisfactorily implemented all the relevant recommendations from the previous reports.

The TAO's complete reports including recommendations are available from the TAO website [www.audit.tas.gov.au/publication-category/performance-audit/](http://www.audit.tas.gov.au/publication-category/performance-audit/)

## Public Interest Disclosure

We are committed to performing our functions appropriately and recognise the value of transparency and accountability in our administrative and management practices. The Department does not tolerate improper conduct by its officers or employees and supports the making of public interest disclosures.

The Department will take all reasonable steps to protect people who make such a disclosure from any detrimental action in reprisal for making the disclosure. It also affords natural justice to all parties involved in the investigation of a disclosure. Officers and employees are encouraged to make public interest disclosures and do not have to understand the policy or procedure in order to be confident their disclosure will be considered properly under the Act. Employees are also encouraged to raise appropriate matters at any time with their management and use existing grievance procedures within the Agency where appropriate.

A person wishing to obtain or access copies of the Department's current Public Interest Disclosure Procedures can do so through the Department's website [Public Interest Disclosure Procedure | Tasmanian Department of Health](#).

In 2022–23, the Department received three matters reported under public interest disclosure. Two of the new matters were not found to be protected disclosures, as not meeting the thresholds for public interest disclosure and/or the disclosure was not about the conduct of a public officer or body. These matters have been addressed through other mechanisms and are closed.

Public Interest Disclosures 2022–23	Number	Type
Total number of disclosures made to the public body during the year that relate to improper conduct	3	
Number of disclosures made to the public body during the year that relate to detrimental action	0	
Number of disclosures determined to be a public interest disclosure	1	
Number of disclosures determined by the public body to be public interest disclosures that were investigated during the year	2	
Number and types of disclosed matters referred to the public body by the Ombudsman for investigation	0	
Number and types of disclosures referred by the public body to the Ombudsman for investigation	0	
Number and types of investigations taken over from the public body by the Ombudsman	0	
Number and types of disclosed matters that the public body has declined to investigate	2	Improper Conduct
Number and types of disclosed matters that were substantiated upon investigation and action taken on completion of the investigation	1	Improper Conduct
Any recommendations made by the Ombudsman that relate to the public body	0	



## Pricing Policy

The Department has activities for which the pricing of goods and services is required. The charging of fees for goods and services is conducted with reference to Government policies and guidelines on fees and charges.

The guidelines clarify the cost-recovery assessment process when the social implications of applying fees or charges should be considered in determining whether a subsidy or concession is provided.

Any amendment to fees charged under regulations are assessed by the Department of Treasury and Finance to determine the impact of the fees on members of the community.

Fees and charges are levied in accordance with the provisions of the following Acts and their regulations:

- Ambulance Service Act 1982
- Anatomical Examinations Act 2006
- Food Act 2003
- Health Act 1997
- Health Service Establishments Act 2006
- Pharmacy Control Act 2001
- Poisons Act 1971
- Public Health Act 1997
- Radiation Protection Act 2005
- Tasmanian Health Service Act 2018

## Right to Information

We are committed to increasing accountability to the public by giving people access to information that we hold in accordance with the *Right to Information Act 2009* (the Act). Under the Act, a person can make an Application for Assessed Disclosure to obtain information contained in the records of the Government and public authorities unless it is exempt from disclosure under the Act.

The Department provides statewide right to information (RTI) support and central coordination of the RTI function and is committed to improving its RTI processes to support applicants participating in this process.

In 2022–23, the Department listed 11 decisions on the public disclosure log. The majority of applications received for the year were for personal information. The total number of pages considered for assessment during this period was 72 000 pages. The number of requests for information continue to increase; the increase this year was 47 per cent following the 287 per cent of the previous year.

In addition to the information disclosed under the Act, the Department also recorded 46 429 disclosures of information under the *Personal Information Protection Act 2004* (PIP Act). This PIP figure does not include the information disclosed by the Emergency Departments and the outpatient summary communicated to general practitioners.

## Number of Applications Received for Assessed Disclosure

Number of applications received during 2022–23	386
Number of applications accepted for decision	337
Number of applications not accepted for decision	49

## Applications Decided

Number of applications for assessed disclosure determined	461
Number of applications accepted during 2022–23 and decided during 2022–23	325
Number of applications accepted during 2021–22 and decided during 2022–23	136

## Outcome of Applications

Number of determinations where information applied for was provided in full	14
Number of determinations where information applied for was provided in part with the balance refused or claimed as exempt	379
Number of determinations where all the information applied for was refused or claimed as exempt	68
Number of applications where information applied for was not in possession of the public authority	23

## Reasons for Refusal<sup>1</sup>

s.5	Refusal where information requested was not within the scope of the Act	
s.11	(s.5 – Not official business; s.11 – Available at Archives Office; and s.17 –	0
s.17	Deferred)	
s.9	Refusal where information is otherwise available or will become otherwise	
s.12	available in the next 12 months	6
s.10	Refusal where resources of public authority unreasonably diverted	
s.19		5
s.20	Refusal where application repeated; or Vexatious; or Lacking in definition after negotiation	0

Note:

1 Applications can be refused for one or more of the above reasons.

## Exemptions

s.25	Executive Council Information	0
s.26	Cabinet Information	0
s.27	Internal briefing information of a Minister	1
s.28	Information not relating to official business	0
s.29	Information affecting national or state security, defence or international relations	0
s.30	Information relating to the enforcement of the law	1
s.31	Legal professional privilege	2
s.32	Information relating to closed meetings of council	0
s.34	Information communicated by other jurisdictions	0

s.35	Internal deliberative information	5
s.36	Personal information of a person other than the applicant	370
s.37	Information relating to the business affairs of a third party	1
s.38	Information relating to the business affairs of a public authority	2
s.39	Information obtained in confidence	0
s.40	Information on procedures and criteria used in certain negotiations of public authority	0
s.41	Information likely to affect the State economy	0
s.42	Information likely to affect cultural, heritage and natural resources of the State	0

### Withdrawn or Transferred Applications for Assessed Disclosure

Number of applications withdrawn by the applicant	20
Number of applications transferred, or part transferred, to another public authority	8

### Time to Make Decisions

1–20 working days of the application being accepted	187
More than 20 working days of the application being accepted	274
Number of requests which took more than 20 working days to decide that involved an extension negotiated under s.15(4)(a)	99
Number of requests which took more than 20 working days to decide that involved an extension gained through an application to the Ombudsman under s.15(4)(b)	0
Number of requests which took more than 20 working days to decide that involved consultation with a third party under s.15(5)	0

## Reviews

### Internal Reviews

Number of internal reviews requested in 2022–23	18
Number of internal reviews determined in 2022–23	16
Number where the original decision was upheld in full	15
Number where the original decision was upheld in part	1
Number where the original decision was reversed in full	0

### External Reviews (Reviews by the Ombudsman)

Number of external reviews requested in 2022–23	4
Number of external reviews determined in 2022–23	2
Number where the original decision was upheld in full	0
Number where the original decision was upheld in part	0
Number where the original decision was reversed in full	2

## Superannuation Declaration

I, Kathrine Morgan-Wicks, Secretary, Department of Health, hereby certify that, to the best of my knowledge, the Department has met its obligations under the *Commonwealth's Superannuation Guarantee (Administration) Act 1992* in respect of any employee who is a member of a complying superannuation scheme to which the Department contributes.



Kathrine Morgan-Wicks  
Secretary  
3 October 2023



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## Our Other Annual Reports



# Council of Obstetric and Paediatric Mortality and Morbidity Annual Report For year ended 30 June 2023

## Contents

- Role and Function of Council
- Council Membership
- Council Meetings
- Council Administration
- Representation on National Bodies
- Registration
- Brief Review of Activities
- Financial Statements as of 30 June 2023

## Role and Function of Council

The Council of Obstetric and Paediatric Mortality and Morbidity (the Council) was established under the Obstetric and Paediatric Mortality and Morbidity Act 1994 (the Act). This legislation requires Council to perform a number of functions as outlined below.

- a) To investigate the circumstances surrounding and the conditions that have, or may have, caused:
  - (i) maternal, late maternal and perinatal deaths in Tasmania.
  - (ii) mortality and morbidity of children in Tasmania in the age group from 29 days to 17 years (inclusive).
  - (iii) congenital abnormalities in children born in Tasmania.
  - (iv) injuries, illness or defects suffered by pregnant women or viable foetuses in Tasmania at any time before or during childbirth.
- b) To maintain a perinatal data collection.
- c) To provide information for the education and instruction in medical theory and practice in obstetrics and paediatrics for medical practitioners, registered nurses, enrolled nurses and midwives.
- d) To investigate and report on any other matters relating to obstetric and paediatric mortality and morbidity referred to the Council by the Minister or the Secretary:
  - (da) to investigate and report to the Minister, a relevant Minister or the Secretary of its own motion on any matter relating to obstetric and paediatric mortality and morbidity that it considers necessary and
  - (db) to communicate to the Minister, or a relevant Minister, the Secretary or a prescribed body, information relating to
    - (i) a child death, maternal death or late maternal death or
    - (ii) the morbidity of a child or a woman who is or had been pregnant.
- e) To perform any other function imposed by this Act or any other Act or the regulations.

The Act contains very strict confidentiality provisions such that the Council and its members are precluded from providing information to other persons except in very limited circumstances.

## Council Membership

The new Council three-year term commenced in August 2022 with the following members formally appointed to their representative roles.

### Council Membership:

Associate Professor Amanda Dennis (Chair)- (nominated by Vice Chancellor of University of Tasmania)

Dr Michelle Williams- (nominated by Tas branch of Paediatrics & Child Health Division of Royal Australasian College of Physicians)

Professor Peter Dargaville- (nominated by Secretary Department of Health as rep employed in delivery of neonatal services at RHH)

Dr Scott McKeown- (nominated by Secretary Department of Health as employed in the Department)

Dr David Gartlan- (nominated by Tas Branch of Royal Australian and New Zealand College of Obstetricians and Gynaecologists)

Dr Anagha Jayakar- (nominated by Vice Chancellor of University of Tasmania)

Dr Jillian Camier- (nominated by the Tas Branch of Royal Australian College of General Practitioners)

Ms Lynne Staff- (nominated by the Tas Branch of Australian College of Midwives Inc)

Ms Leanne McLean- (nominated by Council as per OPMM Act 1994, part 3 of Section 5 for Tas Commissioner for Children & Young People)

Ms Kate Cuthbertson- (nominated by Council as per OPMM Act 1994, part 3 of Section 5 as Community representative)

Membership for COPMM's four committees in the new term was finalised with formal ministerial appointments completed in December 2022. Committee membership in the new term is outlined below.

**Paediatric Mortality and Morbidity Committee Membership:**

Dr Michelle Williams- (Chair- COPMM member)

Dr Anagha Jayakar- (COPMM member)

Dr Jillian Camier- (COPMM member)

Ms Leanne McLean- (Tas Commissioner for Children & Young People- COPMM member)

Dr Ingrid Els- (invited by COPMM and approved by Minister)

Dr Chris Williams- (invited by COPMM and approved by Minister)

Dr Don Ritchey- (invited by COPMM and approved by Minister)

Dr Andrew Reid- (invited by COPMM and approved by Minister)

### **Perinatal Mortality and Morbidity Committee Membership:**

Professor Peter Dargaville- (Chair- COPMM member)

Associate Professor Amanda Dennis (COPMM member)

Dr David Gartlan- (COPMM member)

Ms Lynne Staff- (COPMM member)

Dr Jillian Camier- (COPMM member)

Dr Tony DePaoli- (invited by COPMM and approved by Minister)

Dr Kristine Barnden- (invited by COPMM and approved by Minister)

Dr Frank O'Keeffe- (invited by COPMM and approved by Minister)

Ms Jo Reid- (invited by COPMM and approved by Minister)

### **Maternal Mortality and Morbidity Committee Membership:**

Associate Professor Amanda Dennis (Chair-COPMM member)

Dr David Gartlan- (COPMM Member)

Ms Lynne Staff- (COPMM Member)

Dr Kristine Barnden- (invited by COPMM and approved by Minister)

Dr Frank O'Keeffe- (invited by COPMM and approved by Minister)

### **Data Management Committee Membership:**

Professor Peter Dargaville- (Nominal Chair- COPMM member)

Associate Professor Amanda Dennis (COPMM member)

Dr Michelle Williams- (Chair- COPMM member)

Dr David Gartlan- (COPMM member)

Dr Scott McKeown- (COPMM member)

Dr Kristine Barnden- (invited by COPMM and approved by Minister)

Dr Tony DePaoli- (invited by COPMM and approved by Minister)

## Council Meetings

Council's quarterly meetings were held in August and November 2022 and February and May 2023.

## Council Administration

Contact details are detailed below.

Dr Jo Jordan – Manager, COPMM  
Clinical Governance  
Clinical Quality, Regulation and Accreditation  
Department of Health  
Address: c/- Level 8, 59 Liverpool Street  
HOBART TAS 7000  
Email: [jo.jordan@health.tas.gov.au](mailto:jo.jordan@health.tas.gov.au)  
Telephone: (03) 6166 1052  
Website: [www.dhhs.tas.gov.au/copmm](http://www.dhhs.tas.gov.au/copmm)

## Representation on National Bodies

The Council continues to be represented on the Australian and New Zealand Child Death Review and Prevention Group (ANZCDR&PG) and provides representation on the ObstetrixTas System Management Group and the Perinatal Society of Australia and New Zealand (PSANZ) Perinatal Mortality Classifications Working Group as required. The Council also continues to provide its unidentified child death data annually to the Queensland Family and Child Commission (QFCC) Child Death Prevention team to include in its Australian Child Death Statistics Annual Reports. The ANZCDR&PG held its virtual 2-Day 2022 meeting in May 2023 and Tasmania was represented by the COPMM Manager.

## Registration

Not applicable.

## Review of Activities

COPMM's Operations Report (2021-22FY) and its comprehensive 2020 Annual Report were both tabled in Parliament on 31st October 2022. A key aim of Council's Annual Report was to provide epidemiological information on the women who gave birth to liveborn or stillborn babies in 2020 and on their children. The Annual Report included all four COPMM committee reports detailing relevant key trends arising during 2020 and recommendations based upon committee investigations and findings. National comparisons were made where possible in relation to these trends.

Throughout the 2022–23 financial year, efforts have continued to progress Council's 2021 Annual Report as well as finalise the preliminary 2022 Paediatric Mortality and Morbidity Committee Report. Work will proceed to ensure that the latest COPMM Annual Report is tabled together with its Operations Report (2022–23FY) during the parliamentary sitting days scheduled in October 2023.



In view of the Department's recent move to ensure that all documents meet accessibility standards, archived Annual Reports have been accepted by the National eDeposit (NED) program with electronic copies now accessible through Library Tasmania's catalog or Trove. With support from the Department, future Annual Reports will be prepared to meet document accessibility requirements and resume being archived on the Council of Obstetric and Paediatric Mortality and Morbidity website ([www.health.tas.gov.au/about/corporate-and-industry-information/council-obstetric-and-paediatric-mortality-and-morbidity-copmm](http://www.health.tas.gov.au/about/corporate-and-industry-information/council-obstetric-and-paediatric-mortality-and-morbidity-copmm)). Key issues and recommendations arising from finalised preliminary reports based on latest data will also be highlighted in COPMM's newsletters prior to the end of next financial year where possible. Accessible Council newsletters will be archived on Council's website and serve to highlight pertinent clinical issues to promote improved healthcare.

The ongoing activities of Council and its committees have continued to be progressed throughout the 2022–23 financial year to fulfil its legislative requirements. All members in the new term are applauded for their commitment and invaluable contributions to COPMM's functions. Support from the operational areas within the Department to address COPMM's recommendations where possible continue to be valued by COPMM.

### **Financial Statements as of 30 June 2023**

Not applicable.

# Tasmanian Pharmacy Authority Annual Report for year ended 30 June 2023

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# Establishment of the Authority

The Tasmanian Pharmacy Authority (Authority) is a body corporate, established under section 6(1) of the *Pharmacy Control Act 2001* (Act).

## Authority Roles and Functions

### Functions of the Authority

Section 8 of the Act prescribes the following functions for the Authority

- a) to administer the scheme of registration of pharmacy business premises
- b) to approve the ownership of and interests in pharmacy businesses
- c) to ensure that the services that pharmacy businesses provide to the public from pharmacy business premises are of the highest possible standard
- d) to prosecute offences against the Act
- e) to advise the Minister on matters relating to the Act
- f) such other functions as are imposed on the Authority by this or any other Act or as may be prescribed.

### Role of the Authority

Section 9 of the Act empowers the Authority to do all things necessary or convenient to be done in connection with the performance of its functions.

## Membership of the Authority

Membership of the Authority is prescribed under section 7 of the Act.

The Authority consists of:

- a) two (2) registered pharmacists nominated by the Minister from a list of names submitted by such bodies representing the professional interests of pharmacists as the Minister determined
- b) one person to be a non-pharmacist, nominated by the Minister to represent the interests of the consumers of the services that pharmacists provide.

### Membership Movements During this Reporting Period:

Ms Kimbra Fitzmaurice resigned her appointment as Chair effective 31 August 2022. Ms Fitzmaurice remains on the Authority as the Pharmacist Member until 4 March 2025.

Pharmacist Member Ms Christine Timms was appointed Chair effective 31 August 2022 for a three-year period.

The current members of the Authority at 30 June 2023 were:

- **Chair** Ms Christine Timms - BPharm
- **Members** Ms Kimbra Fitzmaurice – BPharm
- Ms Allyson Warrington – BBus FAMI CPM FAICD

## Meetings of the Authority

There were fifteen (15) meetings held during the reporting period; twelve (12) regular monthly meetings and three (3) out of session meetings.

To reduce operating costs, the Authority conducted nine (9) of the meetings via the Teams Meeting platform, four (4) meetings were held in Hobart and two (2) extraordinary meetings were conducted via email.

Authority Members	Meetings held whilst an Authority Member	Meetings Attended
Ms K Fitzmaurice	15	15
Ms C Timms	15	15
Ms A Warrington	15	13

The Chair attended meetings of the Pharmacy Premises Registering Authorities of Australia (PPRAA) by video link in November 2022 and January 2023, and the Registrar accompanied the Chair to a face-to-face meeting of PPRAA in Sydney in May 2023.

The Chair, Members and Registrar met with the Deputy Secretary, Department of Community Mental Health and Wellbeing in August 2022.

The Chair and Registrar attended external meetings in addition to the Authority meetings, as follows:

- October 2022 - Pharmacy Guild of Australia
- October 2022 – Pharmaceutical Service Branch
- October 2022 – Pharmacist Advisor to the Health Minister December 2022 – Pharmaceutical Services Branch
- December 2022 – Australian Health practitioner Regulation Agency (Ahpra) December 2022 – Pharmacist Advisor to the Health Minister
- December 2022 – Pharmaceutical Services Branch
- January 2023 – Australian Society of Compounding Pharmacists (ASCP) February 2023 – Communicable Diseases Prevention Unit
- March 2023 – Deputy Secretary, Department of Community Mental Health and Wellbeing/General Manager Legal Services, Department of Health/ Chief Pharmacist
- May 2023 – Pharmacy Guild of Australia

## Administration

### Contact and Registrar Details

Ms Lynn Ayers remained Registrar for the full period.

The postal address of the Authority is PO Box 1082, Sandy Bay, TAS 7006 The Authority's ABN is 34 562 572 269.

### Sitting Fees of the Authority

Sitting Fees determined by the Minister for Health, since 1 December 2020, were:

- Chair: \$490.00
- Members: \$371.00

### Representation on National Bodies

The Chair represented the Authority at the Pharmacy Premises Registering Authorities of Australia (PPRAA) meetings that were held in November 2022, January 2023 and May 2023.

The PPRAA is a forum for State and Territory pharmacy premises registering bodies whose responsibility it is to protect the public in registering/approving pharmacy premises. PPRAA activities are intended to allow for the consideration and potential development of a nationally consistent framework by which pharmacists and pharmacy services providers may undertake the provision of pharmacy services within registered premises consistent with nominated scopes of practice.

The present members of PPRAA are representatives of the premises registering bodies in Australian Capital Territory, New South Wales, Northern Territory, Queensland, South Australia, Tasmania, Victoria, and Western Australia. Whilst there are differences in each jurisdiction's legislation, it is generally acknowledged that these bodies should be responsible for the standards within pharmacy premises.

## Registration

### Register of Pharmacy Premises

The number of pharmacy business premises registered with the Authority as at 30 June 2023 was 163, reflecting no increase from the previous year.

At 30 June 2023, 110 (100 in 2021-22) body corporates and 81 (97 in 2021-22) individuals (in their own right or as trustees of a trust) held an Eligibility Certificate for their interests in a pharmacy business.



## Registration Policy

Pharmacy premises registrations and the issuing of Eligibility Certificates continued to be managed in accordance with the requirements of the Act. Pharmacists intending to buy or sell an existing pharmacy, change its ownership structure, or to move or re-name it, must apply to the Authority for approval by submitting the appropriate forms and paying the prescribed fees.

- During the year, the Authority approved the following applications:
- New or relocating pharmacies 2 (4 in 2021-22)
- Applications for a new Body Corporate owner 13 (13 in 2021-22)
- Applications for a new individual owner<sup>5</sup> (2 in 2021-22)

Exempt Premise 0 (0 in 2021-22)

Thirteen (13) applications for alterations of Pharmacy Business Premises or Vaccination Areas were considered by the Authority in contrast to fifteen (15) for the previous financial year.

## Fees

The prescribed fees were increased in accordance with the value of a Statutory Fee Unit at \$1.70. The fees for 2022-23, gazetted on 29 March 2022, effective 1 July 2022 were:

TYPE OF FEE	Section of Act	Fee Units	FEES 2022-23 @ \$1.70 \$
<b>Eligibility Certificate Application</b>			
Each individual involving no Trust	61B	70	119.00
Each individual involving one Trust	61B	620	1054.00
Each individual with more than one Trust	61B	900	1530.00
Each body corporate with no Trust	61B	350	595.00
Each body corporate with one Trust	61B	620	1054.00
Each body corporate with more than one Trust	61B	900	1530.00
<b>Eligibility Certificate Renewal</b>			
Individual eligibility certificate	61E	35	59.50
Body Corporate eligibility certificate	61E	140	238.00
<b>Premises Registration</b>			
Initial registration of pharmacy business premises	71D	310	527.00
<b>Premises Renewal</b>			
Certificate of Premises Registration	71K	250	425.00
<b>Late Fees For Renewal</b>			
Individual Eligibility Certificate	61E	15	25.50
Body Corporate Eligibility Certificate	61E	50	85.00
Premises Registration	71K	100	170.00
<b>Other Fees</b>			
Application to exempt premises from registration	71J	35	59.50
Fee for inspection of register	71M	15	25.50
Fee for a copy or extract from register - per page	71M	5	8.50
Fee for a copy of notice - per page	71M	5	8.50
Application for a Pharmacy Depot			TBA

TYPE OF FEE	Section of Act	Fee Units	FEES 2022-23 @\$1.70 \$
Application for approvals for alterations to pharmacy business premises	71KC	150	255.00

\*A full review of fees charged under the Act is described later in this document.

## Review of Activities and Operations 2022-23

### Achievements

#### Comprehensive Operational Review

A full review of the Authority's operations and associated costs was commenced in 2021-22 and completed in July 2022. This review identified several serious risks to the Authority's capacity to perform its regulatory functions including, but not limited to:

- Increased operational costs without associated increase in revenue from fees
- Insufficient personnel leading to excessive workload for the Registrar, Chair and Members
- Outdated legislation, policies and guidelines failing to keep pace with contemporary pharmacy practice
- Inadequate pharmacy ownership registration database.

An issues paper addressing these risks and proposed solutions was presented to the Deputy Secretary, Community Mental Health and Wellbeing in August 2022. A grant of \$120,000 was received by the Authority in October 2022 to ensure the continued financial viability of the Authority for the remainder of 2023-23.

#### Database Development

Section 8 of the Act prescribes the following functions for the Authority:

- a) to administer the scheme of registration of pharmacy business premises;
- b) to approve the ownership of and interests in pharmacy businesses;

A complete redesign of the ownership database commenced in March 2022 and continued throughout 2022-23. The result is a database which can now accurately manage the extremely complex ownership structures associated with pharmacy businesses in Tasmania and regulate the ownership rules defined by the Act.

The database is now close to full capacity on the current platform. Further enhancements to the database to enable multiple user access, full integration with digital forms and accounting packages, improved programming flexibility and data stability, and enhanced security features will require an upgrade to an SQL version. This project has been estimated to cost approximately \$100,000. The Authority has been advised to make a budget submission for the 2024-25 financial year to fund this project.

## Guideline Review

The Authority publishes Guidelines for the purpose of providing practical guidance and direction to pharmacists regarding their pharmacy business premises. A comprehensive review of the Guidelines was performed, and the revised version published in November 2022.

## Workforce Enhancements

In response to the findings of the operational review, the Authority has taken measures to ensure that all regulatory and administrative functions can be performed in an effective and safe manner. These measures include:

- Registrar contract increased from thirty (30) hours per month to eighty (80) hours per month
- Formation of a new Professional Officer role to perform those tasks which require the technical expertise of a pharmacist. The Chair performed this role as an interim measure until a contract was awarded to Ms Jane Stephens in April 2023.
- Appointment of three (3) new Inspectors to assist with reducing the backlog of cyclical inspections
- Identification of an appropriate mechanism of remuneration for Authority Members for any tasks performed outside scheduled meetings.

## Ownership Audit

A full audit of all pharmacy ownership information held by the Authority was conducted to ensure the integrity of the information contained in the upgraded database. During the 2023-24 renewals period, pharmacy owners were required to verify their ownership structures and submit amendments if necessary. This process identified a number of instances where ownership structures of pharmacy businesses had changed without the required notification to the Authority. Additionally, one instance was identified where a pharmacy owner did not hold general registration as a pharmacist as required by the Act. This person has since divested all their interests in pharmacy businesses in Tasmania.

## Projects that Commenced or Continued in 2022-23

### Policies

Review of all Authority policies commenced to ensure policy maintains currency with both the requirements of the Act and with contemporary practice. This review is anticipated to be complete by the end of 2023.

### Forms

Review of the application forms used by the Authority commenced with a view to the introduction of digital forms. Whilst this process has been completed for the majority of forms, several require reconfiguration to match the workflow of the new database. It is anticipated that the review of these forms will be completed by the end of 2023.

## Operations

### Pharmacy Inspections

Inspections of pharmacy business premises are triggered by:

- New premises
- Change of Ownership
- Alterations to premises
- Addition of a vaccination space
- A report or complaint
- Cyclical inspection

The Authority has set the expectation that each pharmacy premises in Tasmania is to be inspected at least once every three (3) years. Cyclical inspections were suspended for the first half of 2022-23 due to financial constraints, recommencing in January 2023. Inspections triggered by other events continued throughout the full year. At 30 June 2023, forty nine (49) pharmacy businesses remain overdue for cyclical inspection. It is anticipated that this backlog will be eliminated by the end of 2023- 24.

In 2022-23, the Authority conducted a total of thirty (30) inspections; a decrease of twenty three (23) inspections from 2021-22 and a decrease of seventeen (17) from the 2020-21 year. From those inspections, only one (1) pharmacy business was found to be fully compliant. Of the remaining pharmacy businesses where issues were identified, eleven (11) referrals were made to external agencies for further assessment/investigation of issues outside the remit of the Authority.

## Legislation

### Pharmacy Control (Fees) Regulations

A full review of the fees charged to pharmacy business owners was performed in the first quarter of 2022-23, with a focus on ensuring that full cost recovery is achieved. The proposed fee structure was approved by the Minister in December 2022, and the draft *Pharmacy Control (Fees) Regulations 2023* and accompanying Regulatory Impact Statement were released for stakeholder consultation in May 2023.

Delays in the regulatory process meant that the new Regulations have not yet been introduced. Consequently, fees for the 2023-24 renewal period were charged at the 2022-23 rates which will lead to a further financial shortfall in 2023-24. The Deputy Secretary, Community Mental Health and Wellbeing has initiated the process for the issuing of a further grant to cover this shortfall.

It is not yet known when the *Pharmacy Control (Fees) Regulations 2023* will be implemented, or whether the delay in implementation will require further amendments.

## Pharmacy Control Act 2001

The Authority have met with representatives from the Department of Health on a number of occasions to request approval and assistance to commence a review of the Act. It is anticipated that this review will commence in 2023-24 and will require significant stakeholder engagement.

## Other Legislation

Progress on the pharmacy depot legislation has been stalled since 2018. The Authority has requested Department of Health's support to recommence work on this important project.

The Authority has identified the need to introduce enforceable Standards Regulations allowed for under the Act. Assistance has been sought from the Department of Health to commence this work.

## Right to Information Act 2009

There were no requests for information under the Right to Information Act 2009 in the twelve months ended 30 June 2023.

## Complaints and Disciplinary Issues

The Authority received no advice of a formal complaint about its operations from the Health Complaints Commissioner and had no disciplinary issues during the year.

## Financial Statements

The Authority's financial statements have been audited by the Tasmanian Audit Office, as required by Section 18 of the Audit Act 2008

Below are the Audited Financial Statements:

<b>INCOME</b>	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
Annual renewal – body corp. eligibility certificate	23,166	23,108
Annual renewal – individual eligibility certificate	5,701	10,106
Annual renewal – premises eligibility certificate	65,818	66,412
Application – for new premises	1,023	1,782
Application fee – individual eligibility certificate	347	116
Application fee – individual with trust eligibility certificate	3,069	578
Application fee – new body eligibility certificate	10,511	10,758
Application fee - alterations	2,475	743
Interest	522	7
Late fees collected	-	495
Other sundry income	-	8,193
<b>TOTAL INCOME</b>	<b>112,632</b>	<b>122,298</b>
<b>OTHER INCOME</b>		



**INCOME**

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
Government grants – Department of Health	<u>120,000</u>	-
<b>TOTAL OTHER INCOME</b>	<b><u>120,000</u></b>	-
<b>TOTAL INCOME</b>	<b><u>232,632</u></b>	-

**EXPENSES**

Accounting fees	9,490	8,515
Administration expenses	6,012	3,139
Consultant registrar	-	2,711
Database upgrades & maintenance	26,828	22,100
Depreciation	2,366	2,880
Inspection expenses	13,408	30,887
Meeting expenses	663	3,207
Member reimbursement	534	550
Members and inspector training	6,370	-
Professional officer fees	36,301	-
Registrar fees	83,225	69,649
Sitting fees	20,812	18,447
Sundry expenses	-	308
Superannuation	16,057	12,729
Telephone	466	1,034
Travel	4,671	1,774
Website costs	150	638
<b>TOTAL EXPENSES</b>	<b><u>227,353</u></b>	<b><u>178,568</u></b>
<b>NET SUPLUS/(DEFICT)</b>	<b><u>5,279</u></b>	<b><u>(56,270)</u></b>

	Note	2023 \$	2022 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	3	54,297	89,026
Trade and other receivables	4	79,034	22,869
<b>TOTAL CURRENT ASSETS</b>		<b>133,331</b>	<b>111,895</b>
<b>NON-CURRENT ASSETS</b>			
Plant and equipment	5	5,898	6,116
<b>TOTAL NON-CURRENT ASSETS</b>		<b>5,898</b>	<b>6,116</b>
<b>TOTAL ASSETS</b>		<b>139,229</b>	<b>118,011</b>
<b>CURRENT LIABILITIES</b>			
Trade and other payables	6	23,378	18,079
Deferred income	7	104,236	93,596
<b>TOTAL CURRENT LIABILITIES</b>		<b>127,614</b>	<b>111,675</b>
<b>TOTAL LIABILITIES</b>		<b>127,614</b>	<b>111,675</b>
<b>NET ASSETS</b>		<b>11,615</b>	<b>6,336</b>
<b>EQUITY</b>			
Retained earnings		11,615	6,336
<b>TOTAL EQUITY</b>		<b>11,615</b>	<b>6,336</b>

	Note	2023 \$	2022 \$
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>			
Statutory fees from entities		55,945	94,453
Receipt of government grant – Department of Health		120,000	-
Interest received		522	7
Payments to suppliers, sitting members and contractors		(209,048)	(174,833)
<b>Net cash provided by/(used in) operating activities</b>	<b>8</b>	<b>(32,581)</b>	<b>(80,373)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchase of plant and equipment		(2,148)	(1,544)
<b>Net cash used in investing activities</b>		<b>(2,148)</b>	<b>(1,544)</b>
Net increase/(decrease) in cash and cash equivalents held		(34,729)	(81,917)
Cash and cash equivalent at beginning of the year		89,026	170,943
<b>Cash and cash equivalents at the end of financial year</b>	<b>3</b>	<b>54,297</b>	<b>89,026</b>
	Note	Retained Earnings \$	Total \$
Balance at 1 July 2021		62,606	62,606
Net surplus/(deficit) for the year		(56,270)	(56,270)
<b>Balance at 30 June 2022</b>		<b>6,336</b>	<b>6,336</b>
Balance at 1 July 2022		6,336	6,336
Net surplus/(deficit) for the year		5,279	5,279
<b>Balance at 30 June 2023</b>		<b>11,615</b>	<b>11,615</b>

## Summary of Accounting Policies

The financial report covers Tasmanian Pharmacy Authority as an individual entity. Tasmanian Pharmacy Authority is incorporated in Tasmania under the *Pharmacy Control Act 2001*.

The Authority is responsible for the administration of the *Pharmacy Control Act 2001* which provides for the regulation of ownership and registration of pharmacy premises. The Authority assesses ownership applications for pharmacies and manages changes of ownership. The Authority also considers applications for new and relocated pharmacy premises, alterations to pharmacy premises, and vaccination areas. The Authority conducts inspections of pharmacy premises on a cyclical basis as well as after changes of ownership, new or relocated premises, and after the completion of alterations.

The financial statements are special purpose financial statements prepared in order to satisfy the financial reporting requirements of the *Pharmacy Control Act 2001*. The Board of Tasmanian Pharmacy Authority has determined that the not-for-profit Authority is not a reporting entity.

The financial statements, except for the cash flow information, has been prepared on an accruals basis and are based on historic costs and do not take into account changing money values or, except where stated specifically, current valuations of non-current assets. Financial information, where presented has been rounded to the nearest dollar.

### **Basis of preparation**

These special purpose financial statements comply with the financial reporting requirements of the

*Pharmacy Control Act 2001* and the following Australian Accounting Standard:

- AASB 15 Revenue from Contracts with Customers
- AASB 101 Presentation of Financial Statements
- AASB 107 Cash Flow Statements
- AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors
- AASB 110 Events after the Reporting Period
- AASB 116 Property, Plant and Equipment
- AASB 124 Related Party Disclosures
- AASB 137 Provisions, Contingent Liabilities and Contingent Assets
- AASB 1048 Interpretation of Standards
- AASB 1054 Australian Additional Disclosure
- AASB 1057 Application of Australian Accounting Standards
- AASB 1058 Income for Not-for-profit entities.

No other Accounting standards have been intentionally applied in the compilation of this financial report.

The functional currency is Australian dollars. Balances have been rounded to the nearest dollar.

The following significant accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of these financial statements.

### **Going concern**

The financial statements have been prepared on a going concern basis, which assumes that the Authority will be able to realise its assets and discharge its liabilities in the normal course of business.

The Authority recorded a surplus of \$5,279 in 2022-23 compared to a deficit of \$56,270 in 2021-22. The improved financial result was mainly due to a grant of \$120,000 provided by the Department of Health to the Authority to cover the inherent net deficit, which arose from a shortfall in prescribed fees to cover operating expenditure.

During 2022-23, the Department of Health released the proposed Pharmacy Control (Fees) Regulations 2023 for consultation. The Regulations prescribed fees to be charged by the Authority in performing its functions under the Pharmacy Control Act 2001. Delays in the regulatory process meant that the new Regulations were not effective at date of signing the financial statements. Consequently, prescribed fees for 2023-24 were charged at 2022-23 rates, leading to a potential significant net deficit in 2023-24.

In response to this event, which may cast doubt on the Authority's ability to continue as a going concern, on 29 August 2023, the Department of Health signed a Grant Deed providing a grant of

\$148,723 to the Authority to cover the expected deficit for 2023-24.

After consideration of the above mitigation, the Authority is of the opinion that it is appropriate to prepare the financial statements on a going concern basis and, as a result, the financial statements do not include any adjustments relating to the recoverability and classification of recorded asset amounts or to the amounts and classification of liabilities that might be necessary should the Authority not be able to continue as a going concern.

## **Summary of Significant Accounting Policies**

### **Income tax**

No provision for income tax has been raised as the Authority is exempt from income tax under Division

50 of the *Income Tax Assessment Act 1997*.

### **Revenue**

Revenue is measured at the fair value of the consideration received or receivable after taking into account any discounts or volume rebates allowed. For this purpose, deferred consideration is not discounted to present values when recognising revenue.

Grant or donation income is recognised when the entity obtains control over the funds. If conditions are attached to the grant that must be satisfied before the Authority is eligible to receive the contribution, recognition of the grant as revenue will be deferred until those conditions are satisfied.



All revenue is stated net of the amount of goods and services tax.

### **Interest revenue**

Interest revenue is recognised using the effective interest method.

### **Rendering of services**

Revenue in relation to rendering of services is recognised depending on whether the outcome of the services can be estimated reliably. If the outcome can be estimated reliably then the stage of completion of the services is used to determine the appropriate level of revenue to be recognised in the period. If the outcome cannot be reliably estimated, then the revenue is recognised to the extent of expenses recognised that are recoverable.

Revenue from training services is generally recognised once the training has been delivered.

### **Goods and services tax (GST)**

Revenue, expenses and assets are recognised net of the amount of GST, except where the amount of

GST incurred is not recoverable from the Australian Taxation Office (ATO). Receivables and payables are stated inclusive of GST.

### **Cash and cash equivalents**

Cash on hand includes cash on hand, deposits held at call with banks, and other short-term highly liquid investments with original maturities of three months or less.

### **Plant and equipment**

Each class of plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment.

Plant and equipment is depreciated on a prime cost or diminishing value basis over the asset's useful life to the Authority, commencing when the asset is ready for use

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

	2023 \$	2022 \$
<b>3. Cash and cash equivalents</b>		
Cash at bank	<u>54,297</u>	<u>89,026</u>
<b>Total cash and cash equivalents</b>	<b><u>54,297</u></b>	<b><u>89,026</u></b>
<b>4. Trade and other receivables</b>		
Trade receivables	77,372	21,120
GST receivable	<u>1,662</u>	<u>1,749</u>
	<b><u>79,034</u></b>	<b><u>22,869</u></b>
<b>5. Plant and equipment</b>		
Computer equipment – at cost	16,846	14,698
Accumulated depreciation	<u>(10,948)</u>	<u>(8,582)</u>
	<b><u>5,898</u></b>	<b><u>6116</u></b>
<b>6. Trade and other payables</b>		
Trade payables	958	14,164
PAYG withholding	5,654	1,123
Superannuation payables	<u>16,766</u>	<u>2,792</u>
	<b><u>23,378</u></b>	<b><u>18,079</u></b>
<b>7. Other liabilities</b>		
<b>Current</b>		
Overpayments	241	-
<b>Deferred income</b>		
Premises renewal in advance	71,645	65,175
Application fee – new body eligibility certificate	4,859	4,793
Annual renewal – body corp eligibility certificate	<u>27,491</u>	<u>23,628</u>
	<b><u>103,995</u></b>	<b><u>93,596</u></b>
	<b><u>104,236</u></b>	<b><u>93,596</u></b>

**8. Cash flow information****2023**  
**\$****2022**  
**\$**

(a) Reconciliation of results for the year to cashflows from operating activities

Net Surplus/(deficit) for the year	5,279	(56,270)
Cash flows excluded from profit attributable to operating activities		

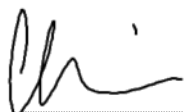
Non-cash flow in profit:

Depreciation	2,366	2,880
Changes in assets and liabilities		
(increase)/decrease in trade and other receivables	(56,165)	(19,645)
Increase/(decrease) in trade and other payables	5,299	(1,514)
Increase/(decrease) in deferred income	10,640	(5,824)
Cash flow from operations	<b>(32,581)</b>	<b>(80,373)</b>

In the opinion of the Board of Tasmanian Pharmacy Authority:

- The accompanying Income Statement presents fairly, in all material respects, the results of the Authority for the financial year ended 30 June 2023.
- The accompanying Statement of Financial Position presents fairly, in all material respects, of the state of affairs of the Authority as at the end of the financial year; and
- At the date of this statement there are reasonable grounds to believe that the Authority will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Board and is signed for and on behalf of the Board by:

**Christine Timms**

Chair Person

Date: **30 August 2023**



# Our Finances



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## **Department of Health Financial Statements for the year ended 30 June 2023**



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## Statement of Certification

The accompanying Financial Statements of the Department of Health (the Department) are in agreement with the relevant accounts and records and have been prepared in compliance with the Treasurer's Instructions issued under the provisions of the *Financial Management Act 2016* to present fairly the financial transactions for the year ended 30 June 2023 and the financial position as at the end of the year.

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



Kathrine Morgan-Wicks  
Secretary

Dated 7 September 2023



Craig Jeffery  
Chief Financial Officer

Dated 7 September 2023

# Statement of Comprehensive Income for the year ended 30 June 2023

<i>Note references update automatically when printed</i>	Notes	2023 Budget \$'000	2023 Actual \$'000	2022 Actual \$'000
<b>Income from continuing operations</b>				
Revenue from Government				
Appropriation revenue - operating	5.1	1 683 794	1 771 068	1 740 530
Appropriation revenue - capital	5.1	129 043	107 862	66 166
Other revenue from Government	5.1	18 324	71 563	9 595
Grants	5.2	589 873	675 378	755 183
Sales of goods and services	5.3	241 981	226 835	226 125
Interest	5.4	39	794	85
Contributions received	5.5	....	20 621	15 148
Other revenue	5.6	43 927	66 205	74 129
<b>Total revenue from continuing operations</b>		<b>2 706 981</b>	<b>2 940 326</b>	<b>2 886 961</b>
Net gain/(loss) on non-financial assets	6.1	183	15	(3 554)
Net gain/(loss) on financial instruments and statutory receivables/payables	6.2	....	(4 580)	(1 165)
<b>Total income from continuing operations</b>		<b>2 707 164</b>	<b>2 935 761</b>	<b>2 882 242</b>
<b>Expenses from continuing operations</b>				
Employee benefits	7.1	1 701 767	1 968 376	1 733 329
Depreciation and amortisation	7.2	94 800	84 460	78 235
Supplies and consumables	7.3	677 690	802 849	807 698
Grants and subsidies	7.4	117 388	96 406	96 751
Finance costs	7.5	288	1 408	984
Contributions provided	7.6	....	6 433	30 755
Other expenses	7.7	48 759	77 222	60 669
<b>Total expenses from continuing operations</b>		<b>2 640 692</b>	<b>3 037 154</b>	<b>2 808 421</b>
<b>Net result from continuing operations</b>		<b>66 472</b>	<b>(101 393)</b>	<b>73 821</b>
<b>Other comprehensive income</b>				
<b>Items that will not be reclassified to net result in subsequent periods</b>				
Net actuarial gains/(losses) on superannuation defined benefit plans	9.4	....	4 774	4 306
Changes in property plant and equipment revaluation surplus	11.1		719 170	
		52 167		121 279
<b>Total other comprehensive income</b>		<b>52 167</b>	<b>723 944</b>	<b>125 585</b>
<b>Comprehensive result</b>		<b>118 639</b>	<b>622 551</b>	<b>199 406</b>

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

Budget information refers to original estimates as disclosed in the 2022-23 Budget Papers and has not been subject to audit.

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

## Statement of Financial Position as at 30 June 2023

	Notes	2023 Budget \$'000	2023 Actual \$'000	2022 Actual \$'000
<b>Assets</b>				
<i>Financial assets</i>				
Cash and cash equivalents	12.1	167 639	198 990	241 006
Receivables	8.1	46 681	59 153	54 746
Contract assets	8.2	....	....	5 249
Other financial assets	8.3	41 762	39 735	32 446
<i>Non-financial assets</i>				
Inventories	8.4	79 247	65 223	78 582
Assets held for sale	8.5	....	3 876	3 944
Property, plant and equipment	8.6	1 866 101	2 557 316	1 814 745
Right-of-use assets	8.7	....	52 464	44 850
Intangible assets	8.8	59 995	3 262	4 502
Superannuation assets	9.4	3 965	12 510	7 718
Other assets	8.9	19 813	26 897	18 230
<b>Total assets</b>		<b>2 285 203</b>	<b>3 019 426</b>	<b>2 306 018</b>
<b>Liabilities</b>				
Payables	9.1	86 968	102 939	69 839
Lease liabilities	9.2	9 373	54 431	45 882
Employee benefit liabilities	9.3	379 349	424 245	378 329
Other liabilities	9.5	45 157	51 400	48 066
<b>Total liabilities</b>		<b>520 847</b>	<b>633 015</b>	<b>542 116</b>
<b>Net assets</b>		<b>1 764 356</b>	<b>2 386 411</b>	<b>1 763 902</b>
<b>Equity</b>				
Reserves	11.1	466 327	1 205 692	486 522
Accumulated funds		1 298 029	1 180 719	1 277 380
<b>Total equity</b>		<b>1 764 356</b>	<b>2 386 411</b>	<b>1 763 902</b>

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

Budget information refers to original estimates as disclosed in the 2022-23 Budget Papers and has not been subject to audit.

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

## Statement of Cash Flows for the year ended 30 June 2023

	Notes	2023 Budget \$'000	2023 Actual \$'000	2022 Actual \$'000
<b>Cash flows from operating activities</b>				
<i>Cash inflows</i>				
Appropriation receipts - operating		1 683 794	1 771 068	1 740 530
Appropriation receipts - capital		129 043	54 818	20 560
Appropriation receipts - other		18 324	71 563	9 595
Grants - continuing operations		589 873	676 179	734 068
Sales of goods and services		240 533	212 634	220 142
GST receipts		110 777	114 865	97 430
Interest received		39	794	85
Other cash receipts		32 434	66 312	74 129
<b>Total cash inflows</b>		<b>2 804 817</b>	<b>2 968 233</b>	<b>2 896 539</b>
<i>Cash outflows</i>				
Employee benefits		(1 692 044)	(1 921 208)	(1 709 348)
Finance costs		(288)	(1 408)	(984)
GST payments		(111 857)	(114 348)	(98 406)
Grants paid		(117 388)	(96 406)	(96 751)
Supplies and consumables		(678 081)	(762 128)	(862 914)
Other cash payments		(37 252)	(66 026)	(48 676)
<b>Total cash outflows</b>		<b>(2 636 910)</b>	<b>(2 961 524)</b>	<b>(2 817 079)</b>
<b>Net cash from/(used by) operating activities</b>	12.2	<b>167 907</b>	<b>6 709</b>	<b>79 460</b>
<b>Cash flows from investing activities</b>				
<i>Cash inflows</i>				
Proceeds from the disposal of non-financial assets		183	899	5 278
Receipts from non-operational capital funding - appropriation		....	53 044	45 606
Receipts from non-operational capital funding - grants		....	1 597	17 613
<b>Total cash inflows</b>		<b>183</b>	<b>55 540</b>	<b>68 497</b>
<i>Cash outflows</i>				
Payments for acquisition of non-financial assets		(174 067)	(97 003)	(80 229)
<b>Total cash outflows</b>		<b>(174 067)</b>	<b>(97 003)</b>	<b>(80 229)</b>
<b>Net cash from/(used by) investing activities</b>		<b>(173 884)</b>	<b>(41 463)</b>	<b>(11 732)</b>
<b>Cash flows from financing activities</b>				
<i>Cash outflows</i>				
Repayment of lease liabilities (excluding interest)		(8 368)	(7 262)	(7 110)
<b>Total cash outflows</b>		<b>(8 368)</b>	<b>(7 262)</b>	<b>(7 110)</b>
<b>Net cash from/(used by) financing activities</b>		<b>(8 368)</b>	<b>(7 262)</b>	<b>(7 110)</b>
<b>Net increase/(decrease) in cash and cash equivalents held</b>		<b>(14 345)</b>	<b>(42 016)</b>	<b>60 618</b>
<b>Cash and cash equivalents at the beginning of the reporting period</b>		<b>181 984</b>	<b>241 006</b>	<b>180 388</b>
<b>Cash and cash equivalents at the end of the reporting period</b>	12.1	<b>167 639</b>	<b>198 990</b>	<b>241 006</b>

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

Budget information refers to original estimates as disclosed in the 2022-23 Budget Papers and has not been subject to audit.

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



## Statement of Changes in Equity for the year ended 30 June 2023

	Notes	Reserves \$'000	Accumulated funds \$'000	Total equity \$'000
<b>Balance as at 1 July 2022</b>		<b>486 522</b>	<b>1 277 380</b>	<b>1 763 902</b>
Net result		....	(101 393)	(101 393)
Other comprehensive income		719 170	4 774	723 944
<b>Total comprehensive result</b>		<b>719 170</b>	<b>(96 619)</b>	<b>622 551</b>
Transactions with owners in their capacity as owners:				
Administrative restructure - net assets/(liabilities) assumed	11.2	....	(42)	(42)
<b>Balance as at 30 June 2023</b>		<b>1 205 692</b>	<b>1 180 719</b>	<b>2 386 411</b>

	Notes	Reserves \$'000	Accumulated funds \$'000	Total equity \$'000
<b>Balance as at 1 July 2021</b>		<b>365 282</b>	<b>1 199 214</b>	<b>1 564 496</b>
Net result		....	73 821	73 821
Other comprehensive income		121 279	4 306	125 585
<b>Total comprehensive result</b>		<b>121 279</b>	<b>78 127</b>	<b>199 406</b>
Transfers from asset revaluation reserve to accumulated funds	11.1	(39)	39	....
<b>Balance as at 30 June 2022</b>		<b>486 522</b>	<b>1 277 380</b>	<b>1 763 902</b>

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

# Notes to and forming part of the Financial Statements for the year ended 30 June 2023

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## Note 1 Departmental Output Schedule

### 1.1 Output Group Information

Comparative information has not been restated for administrative restructures.

Budget information refers to original estimates as disclosed in the 2022-23 Budget Papers and has not been subject to audit.

Applying the principles of AASB 10 *Consolidated Financial Statements*, all internal transactions are eliminated, however, an allocation of revenue and expenditure is still required between Outputs to provide accurate Output reporting.

This treatment results in some items of income and expenses being reported as having negative values in the Output Group disclosures yet ensures that the summation of the Output Groups agrees to the Statement of Comprehensive Income and the other detailed disclosures throughout the Financial Statements.

Significant allocations include:

- Transfer of funding between Output Groups is disclosed as Revenue from Grants.
- Capital contributions are included in Contributions received. These mainly represent the transfer of completed capital works from the Capital Investment Program to the Health Services Output Group.
- Corporate services fees and information management and technology services fees, which are included in Supplies and consumables. These represent a share of centralised services and are allocated from the System Management Output Group to the Health Services Output Group.

The following tables provides details of the impact of these internal transactions on the Department's Output Groups:

2023	Output Group 1 - System Management \$'000	Output Group 2 - Health Services \$'000	Capital Investment Program \$'000	Total \$'000
<b>Revenue</b>				
Grants	(88 793)	94 578	(5 785)	....
Sales of goods and services	(2 815)	2 815	....	....
Contributions received	4 053	87 434	(91 487)	....
<b>Expenses</b>				
Employee benefits	(1 551)	(71)	1 622	....
Supplies and consumables	(51 741)	51 626	115	....
Grants and subsidies	(41 428)	41 199	229	....
<b>2022</b>	<b>Output Group 1 - System Management \$'000</b>	<b>Output Group 2 - Health Services \$'000</b>	<b>Capital Investment Program \$'000</b>	<b>Total \$'000</b>
<b>Revenue</b>				
Grants	(201 291)	206 722	(5 431)	....
Sales of goods and services	(2 746)	2 746	....	....
Contributions received	1 307	4 230	(5 537)	....
<b>Expenses</b>				
Employee benefits	(1 500)	2	1 498	....

Supplies and consumables	(47 542)	47 490	52	....
Grants and subsidies	(748)	748	....	....

### *Output Group 1 – System Management*

This Output Group provides support for corporate services, policy, planning, regulation, funding, monitoring and service improvement across health services. This Output Group also provides support to the Secretary in establishing Output priorities, including service improvement and supporting the Tasmanian Health Service to develop consistent, collaborative models of care particularly for chronic and complex conditions.

	<b>2023 Budget \$'000</b>	<b>2023 Actual \$'000</b>	<b>2022 Actual \$'000</b>
<b>Income from continuing operations</b>			
Revenue from appropriation	179 026	220 760	326 375
Other revenue from Government	5 845	10 742	....
Grants	13 504	(62 242)	(140 903)
Sales of goods and services	2 184	(1 299)	(965)
Interest	....	5	....
Contributions received	....	12 275	5 182
Other revenue	6 296	10 130	19 493
<b>Total revenue from continuing operations</b>	<b>206 855</b>	<b>190 371</b>	<b>209 182</b>
Net gain/(loss) on non-financial assets	(32)	....	(90)
Net gain/(loss) on financial instruments and statutory receivables/payables	....	(402)	(89)
<b>Total income from continuing operations</b>	<b>206 823</b>	<b>189 969</b>	<b>209 003</b>
<b>Expenses from continuing operations</b>			
Employee benefits	81 125	81 990	76 952
Depreciation and amortisation	3 905	4 591	3 752
Supplies and consumables	37 588	16 650	30 117
Grants and subsidies	86 049	34 078	74 310
Finance costs	48	109	56
Other expenses	1 891	3 158	2 376
<b>Total expenses from continuing operations</b>	<b>210 606</b>	<b>140 576</b>	<b>187 563</b>
<b>Net result from continuing operations</b>	<b>(3 783)</b>	<b>49 393</b>	<b>21 440</b>
<b>Other comprehensive income</b>			
<b>Items that will not be reclassified to net result in subsequent periods</b>			
Changes in property, plant and equipment revaluation surplus	1 276	(7 001)	2 997
<b>Total other comprehensive income</b>	<b>1 276</b>	<b>(7 001)</b>	<b>2 997</b>
<b>Comprehensive result</b>	<b>(2 507)</b>	<b>42 392</b>	<b>24 437</b>
<b>Expense by Output</b>			
1.1 System Management - Health	171 994	100 770	139 668
1.2 System Management - Mental Health and Wellbeing	38 612	39 806	47 895
<b>Total</b>	<b>210 606</b>	<b>140 576</b>	<b>187 563</b>
<b>Net assets</b>			
Total assets deployed for System Management		243 139	202 263
Total liabilities incurred for System Management		(53 650)	(40 050)
<b>Net assets deployed for System Management</b>		<b>189 489</b>	<b>162 213</b>



## Output Group 2 – Health Services

This Output Group includes the activities of THS, Ambulance Tasmania and Public Health Services. The THS provides admitted acute, non-admitted acute, emergency department, forensic medicine, community and aged care, oral health and mental health services to patients through Tasmania's major public and rural hospitals, residential aged care and community health based services. Ambulance Tasmania provides integrated emergency and medical services, health transport and aero-medical retrieval services to the Tasmanian community. Public Health Services includes Public and Environmental Health Services, which monitors the health of the Tasmanian population and implements programs to protect and promote health; and Population and Health Priorities, which implements programs to prevent or reduce risk factors that lead to chronic conditions.

	<b>2023 Budget \$'000</b>	<b>2023 Actual \$'000</b>	<b>2022 Actual \$'000</b>
<b>Income from continuing operations</b>			
Revenue from appropriation	1 504	1 550	1 412
	768	308	240
Other revenue from Government	....	35 689	8 542
Grants	563 444	740 805	894 347
Sales of goods and services	239 797	228 134	227 090
Interest	39	789	85
Contributions received	....	99 833	15 503
Other revenue	37 631	56 075	49 627
<b>Total revenue from continuing operations</b>		<b>2 711</b>	<b>2 607</b>
	<b>2 345 679</b>	<b>633</b>	<b>434</b>
Net gain/(loss) on non-financial assets	215	15	1 536
Net gain/(loss) on financial instruments and statutory receivables/payables	....	(4 178)	(1 076)
<b>Total income from continuing operations</b>		<b>2 707</b>	<b>2 607</b>
	<b>2 345 894</b>	<b>470</b>	<b>894</b>
<b>Expenses from continuing operations</b>			
Employee benefits	1 620 642	1 860	1 648
		290	041
Depreciation and amortisation	90 895	79 869	74 483
Supplies and consumables	640 102	757 202	763 539
Grants and subsidies	31 339	62 074	20 381
Finance costs	240	1 299	928
Contributions provided	....	6 433	30 755
Other expenses	46 868	73 692	57 992
<b>Total expenses from continuing operations</b>		<b>2 840</b>	<b>2 596</b>
	<b>2 430 086</b>	<b>859</b>	<b>119</b>
<b>Net result from continuing operations</b>		<b>(133)</b>	
	<b>(84 192)</b>	<b>389)</b>	<b>11 775</b>
<b>Other comprehensive income</b>			
<b>Items that will not be reclassified to net result in subsequent periods</b>			
Net actuarial gains/(losses) on superannuation defined benefit plans	....	4 774	4 306
Changes in property, plant and equipment revaluation surplus	50 891	726 171	118 282
<b>Total other comprehensive income</b>	<b>50 891</b>	<b>730 945</b>	<b>122 588</b>
<b>Comprehensive result</b>	<b>(33 301)</b>	<b>597 556</b>	<b>134 363</b>

**Expense by Output**

2.1 Admitted Services	1 346	1 438	1 189
	821	643	211
2.2 Non-admitted Services	278 423	394 364	351 196
2.3 Emergency Department Services	196 020	240 060	206 268
2.4 Community Health Services	264 044	296 717	266 103
2.5 Statewide and Mental Health Services	171 025	220 036	191 489
2.6 Ambulance Services	142 812	166 329	156 491
2.7 Public Health Services	30 941	84 710	235 361
<b>Total</b>	<b>2 430 086</b>	<b>2 840 859</b>	<b>2 596 119</b>

**Net assets**

Total assets deployed for Health Services	2 647	1 944
	563	976
Total liabilities incurred for Health Services	(569 221)	(492 851)
<b>Net assets deployed for Health Services</b>	<b>2 078 342</b>	<b>1 452 125</b>

*Output Group 89 – Public Building Maintenance Program*

Funding for this program concluded on 30 June 2022. The remaining Net assets/(liabilities) deployed for the Public Building Maintenance Program were transferred to the Department's Capital Investment Program.

	<b>2023 Budget \$'000</b>	<b>2023 Actual \$'000</b>	<b>2022 Actual \$'000</b>
<b>Income from continuing operations</b>			
Grants	....	....	6 024
<b>Total revenue from continuing operations</b>	....	....	<b>6 024</b>
<b>Total income from continuing operations</b>	....	....	<b>6 024</b>
<b>Expenses from continuing operations</b>			
Employee benefits	....	....	(15)
Supplies and consumables	....	....	5 281
<b>Total expenses from continuing operations</b>	....	....	<b>5 266</b>
<b>Net result from continuing operations</b>	....	....	<b>758</b>
<b>Comprehensive result</b>	....	....	<b>758</b>
<b>Expense by Output</b>			
89.1 Public Building Maintenance Program	....	....	5 266
<b>Total</b>	....	....	<b>5 266</b>
<b>Net assets/(liabilities)</b>			
Total assets deployed for Public Building Maintenance Program		....	924
Total liabilities incurred for Public Building Maintenance Program		....	(235)
<b>Net assets/(liabilities) deployed for Public Building Maintenance Program</b>		....	<b>689</b>

## Output Group 90 – COVID-19 Response and Recovery

Funding for this program concluded on 30 June 2022.

	2023 Budget \$'000	2023 Actual \$'000	2022 Actual \$'000
<b>Income from continuing operations</b>			
Revenue from appropriation	....	....	1 915
Grants	....	....	1
<b>Total revenue from continuing operations</b>	....	....	<b>1 916</b>
<b>Total income from continuing operations</b>	....	....	<b>1 916</b>
<b>Expenses from continuing operations</b>			
Grants and subsidies	....	....	1 915
<b>Total expenses from continuing operations</b>	....	....	<b>1 915</b>
<b>Net result from continuing operations</b>	....	....	<b>1</b>
<b>Comprehensive result</b>	....	....	<b>1</b>
<b>Expense by Output</b>			
90.6 Community Healthcare	....	....	1 915
<b>Total</b>	....	....	<b>1 915</b>
<b>Net assets</b>			
Total assets deployed for COVID-19 Response and Recovery		....	....
Total liabilities incurred for COVID-19 Response and Recovery		....	....
<b>Net assets deployed for COVID-19 Response and Recovery</b>		....	....

### Capital Investment Program

This table provides financial information on the Department's Capital Investment Program.

	2023 Budget \$'000	2023 Actual \$'000	2022 Actual \$'000
<b>Income from continuing operations</b>			
Revenue from appropriation	129 043	107 862	66 166
Other revenue from Government	12 479	25 132	1 053
Grants	12 925	(3 185)	(4 286)
Contributions received	....	(91 487)	(5 537)
Other revenue	....	....	5 009
<b>Total revenue from continuing operations</b>	<b>154 447</b>	<b>38 322</b>	<b>62 405</b>
Net gain/(loss) on non-financial assets	....	....	(5 000)
<b>Total income from continuing operations</b>	<b>154 447</b>	<b>38 322</b>	<b>57 405</b>
<b>Expenses from continuing operations</b>			
Employee benefits	....	26 096	8 351
Supplies and consumables	....	28 997	8 760
Grants and subsidies	....	254	145
Other expenses	....	372	302
<b>Total expenses from continuing operations</b>	....	<b>55 719</b>	<b>17 558</b>
<b>Net result from continuing operations</b>	<b>154 447</b>	<b>(17 397)</b>	<b>39 847</b>
<b>Comprehensive result</b>	<b>154 447</b>	<b>(17 397)</b>	<b>39 847</b>
<b>Expense by Output</b>			
Capital Investment Program	....	55 719	17 558
<b>Total</b>	....	<b>55 719</b>	<b>17 558</b>
<b>Net assets</b>			
Total assets deployed for Capital Investment Program		128 724	157 855
Total liabilities incurred for Capital Investment Program		(10 144)	(8 980)
<b>Net assets deployed for Capital Investment Program</b>		<b>118 580</b>	<b>148 875</b>

## 1.2 Reconciliation of total Output Groups comprehensive result to Statement of Comprehensive Income

	2023 Budget \$'000	2023 Actual \$'000	2022 Actual \$'000
<b>Total comprehensive result of Output Groups</b>	118 639	622 551	199 406
<b>Reconciliation to comprehensive result</b>			
Items unallocated to Output Groups	....	....	....
<b>Comprehensive result</b>	118 639	622 551	199 406

## 1.3 Reconciliation of total Output Groups net assets to Statement of Financial Position

	2023 Actual \$'000	2022 Actual \$'000
<b>Total net assets deployed for Output Groups</b>	2 386 411	1 763 902
<b>Reconciliation to net assets</b>		
Assets unallocated to Output Groups	....	....
Liabilities unallocated to Output Groups	....	....
<b>Net assets</b>	2 386 411	1 763 902

## Note 2 Expenditure under Australian Government Funding Arrangements

	State Funding		Australian Government Funding	
	2023 Actual \$'000	2022 Actual \$'000	2023 Actual \$'000	2022 Actual \$'000
<b>Specific Purpose Payments</b>				
Activity Based Funding	804 865	651 736	467 716	419 670
Block Funding	625 652	600 412	93 845	91 016
Public Health Services	22 519	16 356	11 546	9 716
<b>National Partnership Program</b>				
Community Services	3	....	162	9
COVID-19 Response	78 792	196 666	40 760	170 827
Health Services	1 319	5 551	21 309	10 218
<b>Commonwealth Own Purpose Expenditure</b>				
Other	21 416	24 550	41 205	42 617
<b>Total</b>	<b>1 554 566</b>	<b>1 495 271</b>	<b>676 543</b>	<b>744 073</b>

Specific Purpose Payments are payments from the Australian Government to the Tasmanian Government arising from national agreements that set out the Australian Government's agreed objectives and outcomes, outputs, roles and responsibilities and performance indicators for each sector. Specific Purpose Payments are distributed to the states based on their population shares.

National Partnership Payments are similar to Specific Purpose Payments but are provided for the purpose of the delivery of specified projects, facilitate reforms or reward jurisdictions that deliver nationally significant reforms.

Commonwealth Own Purpose Expenditure (COPEs) is funding paid directly from the Australian Government to the states and territories for the provision of services identified by the Australian Government. COPEs funding includes a State contribution to supplement COPEs funded projects where Australian Government funding is exceeded, primarily in relation to the Home and Community Care program.

## Note 3 Explanations of Material Variances between Budget and Actual Outcomes

Budget information refers to original estimates as disclosed in the 2022-23 Budget Papers and has not been subject to audit.

Favourable/(unfavourable) variances are considered material where the variance exceeds the greater of 10 per cent of Budget estimate and \$5 million.

### 3.1 Statement of Comprehensive Income

	Notes	2023 Budget \$'000	2023 Actual \$'000	Variance \$'000	Variance %
<i>Appropriation revenue - capital</i>	(a)	129 043	107 862	(21 181)	(16.4%)
<i>Other revenue from Government</i>	(b)	18 324	71 563	53 239	290.5%
<i>Grants</i>	(c)	589 873	675 378	85 505	14.5%
<i>Contributions received</i>	(d)	....	20 621	20 621	n/a
<i>Other revenue</i>	(e)	43 927	66 205	22 278	50.7%
<i>Employee benefits</i>	(f)	1 701 767	1 968 376	(266 609)	(15.7%)
<i>Depreciation and amortisation</i>	(g)	94 800	84 460	10 340	10.9%
<i>Supplies and consumables</i>	(h)	677 690	802 849	(125 159)	(18.5%)
<i>Grants and subsidies</i>	(i)	117 388	96 406	20 982	17.9%
<i>Contributions provided</i>	(j)	....	6 433	(6 433)	n/a
<i>Other expenses</i>	(k)	48 759	77 222	(28 463)	(58.4%)
<i>Changes in property, plant and equipment revaluation surplus</i>	(l)	52 167	719 170	667 003	1 278.6%

#### Notes to Statement of Comprehensive Income variances

- The variance in Appropriation revenue - capital reflects the reallocation of funding from the current year to future years to better match the expected timing of cash outflows.
- The variance in Other revenue from Government represents an increase in approved Section 23 Rollover funding.
- The variance in Grants primarily relates to Australian Government funding of the Department's response to COVID-19 and a higher level of Activity Based Funding.
- The variance in Contributions received primarily represents the estimated service value of volunteers to Ambulance Tasmania and the Tasmanian Health Service. In the 2022-23 Budget, the estimated service value of volunteers of \$11 million was incorrectly included in Other revenue. The remaining variance in Contributions received relates to the transfer of a lease incentive from the Department of Treasury and Finance for nil consideration.
- See (d) above. The remaining variance in Other revenue reflects an underestimation of the recovery of salaries, wages and workers compensation payments when preparing the 2022-23 budget.
- The variance in Employee benefits is a result of the Department's response to COVID-19, including the unbudgeted Frontline COVID-19 allowance and increases in hospital activity. Also, the variance includes the payment of salaries and wages which are offset by recoveries included in Other revenue.
- The reduction in Depreciation and amortisation is a consequence of delays in capital projects during 2022-23.



- h) The variance in Supplies and consumables largely relates to an increase in Medical, surgical and pharmacy supplies due to COVID-19. Additionally, Capital Investment Project expenditure relating to information technology has been expensed in accordance with the Australian Accounting Standards.
- i) The decrease in Grants and subsidies expense was largely due to an expenditure reallocation of \$26 million from Grant and subsidies to Employee benefits.
- j) The variance in Contributions provided represents the transfer of Rapid Antigen Tests to other Government agencies at no cost.
- k) The increase in Other expenses primarily relates to a revised estimate for the workers compensation premium.
- l) The variance in Changes in property, plant and equipment revaluation surplus reflects an overall higher revaluation increment than was originally estimated when preparing the 2022-23 Budget and is indicative of the increase in building and construction costs.

## 3.2 Statement Of Financial Position

Budget estimates for the 2022-23 Statement of Financial Position were compiled prior to the completion of the actual outcomes for 2021-22. As a result, the actual variance from the Original Budget estimate will be impacted by the difference between estimated and actual opening balances for 2022-23. The following variance analysis therefore includes major movements between the 30 June 2022 and 30 June 2023 actual balances.

	Notes	2023 Budget \$'000	2023 Actual \$'000	2022 Actual \$'000	Budget variance \$'000	Actual variance \$'000
Cash and cash equivalents	(a)	167 639	198 990	241 006	31 351	(42 016)
Receivables	(b)	46 681	59 153	54 746	12 472	4 407
Contract assets	(c)	....	....	5 249	....	(5 249)
Other financial assets	(d)	41 762	39 735	32 446	(2 027)	7 289
Inventories	(e)	79 247	65 223	78 582	(14 024)	(13 359)
Property, plant and equipment	(f)	1 866 101	2 557 316	1 814 745	691 215	742 571
Right-of-use assets	(g)	....	52 464	44 850	52 464	7 614
Intangible assets	(h)	59 995	3 262	4 502	(56 733)	(1 240)
Superannuation assets	(i)	3 965	12 510	7 718	8 545	4 792
Other assets	(j)	19 813	26 897	18 230	7 084	8 667
Payables	(k)	86 968	102 939	69 839	(15 971)	(33 100)
Lease liabilities	(l)	9 373	54 431	45 882	(45 058)	(8 549)
Employee benefit liabilities	(m)	379 349	424 245	378 329	(44 896)	(45 916)
Other liabilities	(n)	45 157	51 400	48 066	(6 243)	(3 334)

### Notes to Statement of Financial Position variances

- a) The Budget variance in Cash and cash equivalents includes a \$59 million higher than anticipated opening balance. The Department's Cash and cash equivalent balances includes \$101.7 million associated with grants, provisions, Private Patient Account, donations and industry funds, where the funds are required to be used for specific purposes. The remaining \$97.3 million represents the Department's working capital used to fund day-to-day operations, including funding capital works and goods and services tax in advance of receiving reimbursements. A portion of these funds is also allocated to specific departmental projects where appropriation revenue is not available.

- b) The Budget variance in Receivables reflects an underestimate of the anticipated opening balance of \$9.8 million. The balance of the Budget variance and the Actual variance is a combination of an overall increase in receivables of \$8.5 million; offset by an increase in the Expected credit loss for receivables of \$4 million.
- c) Contract assets primarily represents guaranteed Australian Government funding under the National Health Reform Agreement. In 2021-22, there was an amount of funding which was not received during that financial year.
- d) Other financial assets primarily represents patient fees, insurance claims and other recoverable expenditure which will be invoiced in the following financial year. The Actual variance in Other financial assets reflects an overall increase in accrued revenue.
- e) The Budget variance in Inventories predominately reflects a \$13.4 million reduction in stock levels during 2022-23.
- f) The Budget and Actual variances in Property, plant and equipment mainly relates to the impact of the cyclical revaluation of the Department's land and building assets.
- g) In the 2022-23 Budget, Right-of-use assets of \$9 million were incorrectly included in Other assets. Further, the anticipated opening balance was \$31.1 million lower than the actual opening balance.
- h) The Budget variance in Intangible assets is due to the anticipated opening balance being \$11.7 million higher than the actual opening balance. Also, the Budget included a forecast of \$44 million of Capital Improvement Project expenditure being capitalised as Intangible assets. In accordance with Australian Accounting Standards, this Software-as-a-Service expenditure has been expensed and is reflected in higher Employee benefits and Information technology expenses.
- i) Superannuation assets represent the balance of the superannuation defined benefit plan's investment portfolio less the plan's projected liabilities. The Budget variances in Superannuation assets reflects an actual opening surplus balance of \$7.7 million rather than an anticipated balance of \$4 million and an increase in value of \$4.8 million during the year.
- j) In the 2022-23 Budget, Right-of-use assets totalling \$9 million were incorrectly included in Other assets - refer to (g) above. This Budget variance was offset by the anticipated opening balance of Prepayments being understated by \$7.4 million when compared to the actual opening balance. The remaining Budget variance and Actual variance represents lease fitout incentives to be received by the Department in 2023-24. These incentives relate to lease contracts, entered into by the Department of Treasury and Finance, while the Department will control the subsequent Leasehold improvements asset.
- k) The Budget variance in Payables is primarily related to the opening balance being \$17 million lower than the 2022-23 Budget and an unbudgeted increase in the estimated cross border liability of \$19 million. This increase reflects the return to interstate travel following the relaxation of COVID-19 travel restrictions.
- l) The movement in the balance of the Lease liabilities is closely aligned with the movement in the Right-of-use assets.

- m) The Budget variance in Employee benefit liabilities is partly attributable to the actual opening balance of employee leave entitlements being \$8.8 million higher than the 2022-23 Budget. The remaining variance is the result of the original budget estimating an increase in employee leave entitlements of \$9.8 million, as compared to an actual increase of \$45.9 million during the year. This increase is comprised of \$11.2 million increase in accrued salaries and wages, including locums and an increase of \$34.7 million for Employee leave entitlements. This increase in Employee leave entitlements relates to increases in average hourly rates, the increase in the superannuation guarantee rate and movements in staffing levels.
- n) The Budget variance in Other liabilities is partly due to the opening balance being \$2.9 million higher than the 2022-23 Budget and the closing balance increasing due to the timing of payroll and Private Patient Scheme disbursements.

### 3.3 Statement of Cash Flows

	Notes	2023 Budget \$'000	2023 Actual \$'000	Variance \$'000	Variance %
<i>Appropriation receipts - capital</i>	(a)	129 043	54 818	(74 225)	(57.5%)
<i>Appropriation receipts - other</i>	(b)	18 324	71 563	53 239	290.5%
<i>Grants - continuing operations</i>	(c)	589 873	676 179	86 306	14.6%
<i>Sales of goods and services</i>	(d)	240 533	212 634	(27 899)	(11.6%)
<i>Other cash receipts</i>	(e)	32 434	66 312	33 878	104.5%
<i>Employee benefits</i>	(f)	(1 692 044)	(1 921 208)	(229 164)	(13.5%)
<i>Grants paid</i>	(g)	(117 388)	(96 406)	20 982	17.9%
<i>Supplies and consumables</i>	(h)	(678 081)	(762 128)	(84 047)	(12.4%)
<i>Other cash payments</i>	(i)	(37 252)	(66 026)	(28 774)	(77.2%)
<i>Receipts from non-operational capital funding - appropriation</i>	(j)	....	53 044	53 044	n/a
<i>Payments for acquisition of non-financial assets</i>	(k)	(174 067)	(97 003)	77 064	44.3%

#### Notes to Statement of Cash Flows variances

- a) The variance in Appropriation receipts - capital is due to a reallocation from operating activities to investing activities within the Statement of Cash Flows. Also refer to Notes to Statement of Comprehensive Income Variances (a).
- b) As per Notes to Statement of Comprehensive Income Variances (b).
- c) The variance in Grants - continuing operations is due to a reallocation of capital grants from operating activities to investing activities within the Statement of Cash Flows. Also, as per Notes to Statement of Comprehensive Income Variances (c).
- d) The variance in Sales of goods and services relates to an increase in Receivables and Other financial assets.
- e) As per Notes to Statement of Comprehensive Income Variances (e).
- f) As per Notes to Statement of Comprehensive Income Variances (f).
- g) As per Notes to Statement of Comprehensive Income Variances (i).
- h) As per Notes to Statement of Comprehensive Income Variances (h). Also relates to the increase in the cross border liability detailed in Notes to Statement of Financial Position Budget Variances (k).

- i) As per Notes to Statement of Comprehensive Income Variances (k).
- j) As per (a) above.
- k) As per Notes to Statement of Comprehensive Income Variances (a). Also, significant Capital Investment Project expenditure was expensed - refer to Notes to Statement of Comprehensive Income Variances (h).

## Note 4 Underlying Net Result

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

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

Budget information refers to original estimates as disclosed in the 2022-23 Budget Papers and has not been subject to audit.

	Notes	2023 Budget \$'000	2023 Actual \$'000	2022 Actual \$'000
<b>Net result from continuing operations</b>		<b>66 472</b>	<b>(101 393)</b>	<b>73 821</b>
<b>Less impact of:</b>				
<b>Non-operational capital funding</b>				
Capital Investment Program				
Appropriation revenue - capital			107	
	5.1	129 043	862	66 166
Other revenue from Government - Appropriation rollover		12 479	25 132	1 053
under section 23 of the <i>Financial Management Act 2016</i>	1.1			
Other revenue	1.1	....	....	5 009
Net gain/(loss) on non-financial assets	6.1	....	....	(5 000)
Total expenses from continuing operations included in Capital Investment Program	1.1	....	(55 719)	(17 558)
Grants to acquire/construct a recognisable non-financial asset				
Other Australian Government grants - capital	5.2	12 925	2 601	1 146
Capital contributions included in the Net result from continuing operations				
Contributions received - fair value of assets assumed at no cost or for nominal consideration	5.5	....	1 413	4 031
Contributions received - lease incentives	5.5	....	8 416	....
<b>Total</b>		<b>154 447</b>	<b>89 705</b>	<b>54 847</b>
<b>Underlying net result from continuing operations</b>		<b>(87 975)</b>	<b>(191 098)</b>	<b>18 974</b>

## Note 5 Revenue

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

Income is recognised in accordance with the requirements of AASB 15 *Revenue from Contracts with Customers* or AASB 1058 *Income of Not-for-Profit Entities*, dependent on whether there is a contract with a customer defined by AASB 15.

### 5.1 Revenue from Government

Appropriations, whether operating or capital, are recognised as revenues in the period in which the Department gains control of the appropriated funds as they do not contain enforceable and sufficiently specific obligations as defined by AASB 15. Except for any amounts identified as carried forward, control arises in the period of appropriation.

Revenue from Government includes revenue from appropriations, unexpended appropriations rolled over under section 23 of the *Financial Management Act 2016* and Items Reserved by Law.

Section 23 of the Financial Management Act allows for an unexpended appropriation at the end of the financial year, as determined by the Treasurer, to be issued and applied from the Public Account in the following financial year. The amount determined by the Treasurer must not exceed five per cent of an Agency's appropriation for the financial year.

Budget information refers to original estimates as disclosed in the 2022-23 Budget Papers and has not been subject to audit.

	2023 Budget \$'000	2023 Actual \$'000	2022 Actual \$'000
<b>Continuing operations</b>			
Appropriation revenue - operating			
Current year	1 683 794	1 771 068	1 740 530
Appropriation revenue - capital	129 043	107 862	66 166
Other revenue from Government			
Appropriation rollover under section 23 of the <i>Financial Management Act 2016</i>	18 324	71 563	9 595
<b>Total revenue from Government</b>	<b>1 831 161</b>	<b>1 950 493</b>	<b>1 816 291</b>

## 5.2 Grants

Grants revenue, where there is a sufficiently specific performance obligation attached, are recognised when the Department satisfies the performance obligation and transfers the promised goods or services. The Department typically satisfies its performance obligations when services have been provided in line with the agreed terms as set out in funding contracts. The Department recognises revenue associated with performance obligations upon receipt of the revenues, which is typically using the input method on a straight line basis.

Note 8.2 outlines the transaction price that is allocated to the performance obligations that have not yet been satisfied at the end of the year and when it is expected to be recognised as revenue.

Grants revenue without a sufficiently specific performance obligation are recognised when the Department gains control of the asset (typically Cash).

Grants to acquire/construct a recognisable non-financial asset to be controlled by the Department are recognised when the Department satisfies its obligations under the transfer. The Department satisfies its performance obligations over time as the non-financial assets are being constructed using the input method.

	2023 Actual \$'000	2022 Actual \$'000
<b>Grants with sufficiently specific performance obligations</b>		
<i>Australian Government recurrent grants - Activity Based Funding</i>	467 716	418 622
<i>COPEs receipts</i>	11 429	11 084
<i>Other Australian Government grants</i>	37 908	176 947
<b>Total</b>	<b>517 053</b>	<b>606 653</b>
<b>Grants without sufficiently specific performance obligations</b>		
<i>Australian Government recurrent grants - Block Funding</i>	105 391	100 732
<i>COPEs receipts</i>	33 675	33 174
<i>Other Australian Government grants</i>	14 859	7 197
<i>State grants - other</i>	1 799	6 281
<b>Total</b>	<b>155 724</b>	<b>147 384</b>
<b>Grants to acquire/construct a recognisable non-financial asset</b>		
<i>Other Australian Government grants - capital</i>	2 601	1 146
<b>Total</b>	<b>2 601</b>	<b>1 146</b>
<b>Total revenue from grants</b>	<b>675 378</b>	<b>755 183</b>

In accordance with AASB 15, the obligations under the *National Health Reform Funding Agreement* have been dissected into two components, being:

- Activity Based Funding, which has sufficiently specific performance obligations attached
- Block Funding, without sufficiently specific performance obligations attached.

Other Australian Government grants include \$33.5 million (2021-22: \$174.9 million) in relation to the National Partnership Agreement on COVID-19 Response.



## 5.3 Sales of goods and services

Revenue from Sales of goods and services is recognised when the Department satisfies a performance obligation by transferring the promised goods or services to the customer.

<b>Goods</b>	<b>Nature of timing of satisfaction of performance obligation, including significant payment terms</b>	<b>Revenue recognition policies</b>
Pharmaceutical, prosthesis and other medical/health related goods.	The Department typically satisfies the performance obligation when the goods have been delivered to the satisfaction of the customer. Payment terms are generally 30 days.	The Department recognises revenue associated with performance obligations upon receipt of the revenues, which is typically using the input method on a straight line basis.
<b>Services</b>	<b>Nature of timing of satisfaction of performance obligation, including significant payment terms</b>	<b>Revenue recognition policies</b>
Licencing, ambulance services, hospital and aged care services.	The Department typically satisfies the performance obligation when the promised services have been delivered to the satisfaction of the customer. Payment terms are generally 30 days.	The Department recognises revenue associated with performance obligations upon receipt of the revenues, which is typically using the input method on a straight line basis.

	<b>2023 Actual \$'000</b>	<b>2022 Actual \$'000</b>
Ambulance fees	5 502	5 739
Dental	6 229	6 127
Inpatient, outpatient nursing home fees	62 037	68 599
Other client revenue	974	1 036
Other user charges	11 518	12 961
Pharmaceutical Benefits Scheme co-payments	508	550
Pharmaceutical Benefits Scheme revenue from Medicare	100 771	92 539
Pharmacy excluding Pharmaceutical Benefits Scheme	3 191	2 640
Private Patient Scheme	30 580	29 548
Prosthesis	5 525	6 386
<b>Total</b>	<b>226 835</b>	<b>226 125</b>

Other user charges include licence fees, other fees and cost recoveries. Licence fees include radiation control and tobacco licences. Other fees include microbiology fees, fees for the Home and Community Care Program services and critical care and advice service fees. Other user charges also include revenue from franchise fees, equipment hire, car parking fees and cost recoveries for work performed on behalf of other agencies.

## 5.4 Interest

Interest on funds is recognised as it accrues using the effective interest rate method.

	<b>2023 Actual \$'000</b>	<b>2022 Actual \$'000</b>
Interest	520	20
Interest on superannuation defined benefit plans	274	65
<b>Total</b>	<b>794</b>	<b>85</b>

## 5.5 Contributions received

Services received free of charge by the Department are recognised as income when a fair value can be reliably determined and when the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense.

Contributions of assets at no cost of acquisition or for nominal consideration are recognised at their fair value when the Department obtains control of the asset, it is probable that future economic benefits comprising the contribution will flow to the Department and the amount can be measured reliably. However, where the contribution received is from another government department as a consequence of restructuring of administrative arrangements, they are recognised as contributions by owners directly within equity. In these circumstances, book values from the transferor department have been used.

The Department has recognised an inflow of resources in the form of volunteer services as income where the fair value of those services can be measured reliably, and the services would have been purchased if they had not been donated.

### *Key estimate and judgement*

Fair value of volunteer services provided for the THS is based upon weekly hours volunteered at comparable recurrent salary rates for equivalent tasks performed.

Fair value of volunteer services provided for Ambulance Tasmania is estimated based upon statewide volunteer hours at a salary rate which reflects that an ambulance volunteer's skill level may range up to advanced first aid and that the emergency care they provide is under approved protocols.

	<b>2023 Actual \$'000</b>	<b>2022 Actual \$'000</b>
Fair value of assets assumed at no cost or for nominal consideration	1 413	4 031
Fair value of volunteer services provided	10 792	11 117
Lease incentives	8 416	....
<b>Total</b>	<b>20 621</b>	<b>15 148</b>

Fair value of volunteer services provided represents the estimated service value of volunteers to Ambulance Tasmania of \$8.9 million (2021-22: \$9.7 million) and the THS of \$1.8 million (2021-22: \$1.5 million). This contribution is offset by an equal value recorded as Other expenses, refer to Note 7.7.

## 5.6 Other revenue

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

Lease income from operating leases where the Department is a lessor is recognised on a straight line basis. The Department does not have any finance leases as lessor.

	2023 Actual \$'000	2022 Actual \$'000
Corporate services revenue	1 830	2 704
Donations	1 507	1 498
Industry funds	3 891	3 522
Operating lease income - commercial rent	7 102	6 672
Operating lease income - residential rent	1 256	871
Recoveries - cafeterias and catering	4 933	4 388
Recoveries - insurance	....	8 430
Recoveries - multipurpose centre	287	207
Recoveries - operating expenses	9 454	12 802
Recoveries - wages and salaries	25 714	24 388
Recoveries - workers compensation	10 231	8 647
<b>Total</b>	<b>66 205</b>	<b>74 129</b>

Donations and Industry funds are amounts received from organisations and individuals to fund services and projects.

## Note 6 Net Gains/(Losses)

### 6.1 Net gain/(loss) on non-financial assets

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

#### *Key judgement*

Impairment exists when the recoverable amount of an asset is less than its carrying amount. Recoverable amount is the higher of fair value less costs to sell and value in use.

Specialised non-financial assets are not used for the purpose of generating cash flows, therefore their recoverable amount is expected to be materially the same as fair value, as determined under AASB 13 *Fair Value Measurement*.

All other non-financial assets are assessed to determine whether any impairment exists, with impairment losses recognised in the Statement of Comprehensive Income.

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

	2023 \$'000	2022 \$'000
Impairment of non-financial assets	....	(5 000)
Net gain/(loss) on disposal of physical assets	15	1 446
<b>Total net gain/(loss) on non-financial assets</b>	<b>15</b>	<b>(3 554)</b>

## 6.2 Net gain/(loss) on financial instruments and statutory receivables/payables

Financial assets are impaired under the expected credit loss approach required under AASB 9 *Financial Instruments*. The expected credit loss is recognised for all debt instruments not held at fair value through profit or loss.

### Key judgement

An impairment loss using the expected credit loss method for all trade debtors uses a lifetime expected loss allowance. The expected loss rates are based upon historical observed loss rates that are adjusted to reflect forward looking macroeconomic factors.

For other financial instruments that are not trade receivables, contract assets or lease receivables, the Department has measured the expected credit loss using a probability-weighted amount that takes into account the time value of money and forward looking macroeconomic factors.

	2023 \$'000	2022 \$'000
Impairment of receivables	(4 580)	(1 165)
<b>Total net gain/(loss) on financial instruments and statutory receivables/payables</b>	<b>(4 580)</b>	<b>(1 165)</b>

Impairment of receivables is recorded in the Reconciliation of movement in expected credit loss for receivables, refer to Note 8.1.

## Note 7 Expenses

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

### 7.1 Employee benefits

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

#### Employee expenses

	2023 \$'000	2022 \$'000
Wages and salaries	1 548 185	1 387 492
Annual leave	101 650	90 064
Long service leave	25 986	3 961
Sick leave	58 984	53 500
Superannuation - defined contribution scheme	192 480	164 495
Superannuation - defined benefit scheme	11 910	13 967
Other employment expenses - recruitment and staff development	27 357	18 083
Other employee expenses - other staff allowances	1 824	1 767
<b>Total</b>	<b>1 968 376</b>	<b>1 733 329</b>

Superannuation expenses relating to defined benefit schemes relate to payments into the Public Account. The amount of the payment is based on a department contribution rate determined by the Treasurer, on the advice of the State Actuary. The current department contribution is 12.95 per cent (2021-22: 12.95 per cent) of salary.

Superannuation expenses relating to defined contribution schemes are paid directly to superannuation funds at a rate of 10.5 per cent (2021-22: 10 per cent) of salary. In addition, departments are also required to pay into the Public Account a "gap" payment equivalent to

3.45 per cent (2021-22: 3.45 per cent) of salary in respect of employees who are members of defined contribution schemes.

#### Remuneration of key management personnel

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

Remuneration during 2022-23 for key management personnel is set by the *State Service Act 2000*. Remuneration and other terms of employment are specified in employment contracts. Remuneration includes salary, motor vehicle and other non-monetary benefits. Long-term employee expenses include long service leave and superannuation obligations.

#### *Acting Arrangements*

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

The following were key management personnel of the Department and unless otherwise indicated were key management personnel for the entire year:

2023	Short-term benefits		Long-term benefits		Termination benefits	Total
	Salary	Other benefits	Superannuation	Other benefits and long service leave		
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Key management personnel</b>						
<i>Kathrine Morgan-Wicks Secretary</i>	438	58	50	13	....	559
<i>Craig Jeffery Chief Financial Officer</i>	203	42	28	8	....	281
<i>Michelle Searle Chief People Officer</i>	176	33	42	6	....	257
<i>Warren Prentice Chief Information Officer</i>	262	23	35	6	....	326
<i>Shane Gregory Associate Secretary (from 30/01/2023) Deputy Secretary Infrastructure (to 07/03/2023)</i>	298	38	33	8	....	377
<i>Dale Webster Acting Deputy Secretary Hospitals and Primary Care (from 10/10/2022) Deputy Secretary Community, Mental Health and Wellbeing (to 09/10/2022)</i>	204	42	81	13	....	340
<i>Susan Gannon Chief Executive Hospitals South (to 09/06/2023)</i>	211	34	39	(33)	....	251
<i>Eric Daniels Chief Executive Hospitals North West (from 10/10/2022 to 19/03/2023) Chief Executive Hospitals North/North West (to 09/10/2022)</i>	168	23	37	6	....	234
<i>Paula Hyland Chief Executive Hospitals North West (from 22/05/2023) Acting Chief Executive Hospitals North West (from 20/03/2023 to 21/05/2023) Acting Chief Executive Hospitals North (from 03/12/2022 to 06/01/2023) Acting Deputy Secretary Community, Mental Health and Wellbeing (from 10/10/2022 to 02/12/2022)</i>	124	18	19	2	....	163



2023	Short-term benefits		Long-term benefits		Termination benefits	Total
	Salary	Other benefits	Superannuation	Other benefits and long service leave		
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Francine Douce	202	24	36	7	....	269
Acting Deputy Secretary Clinical Quality, Regulation and Accreditation (from 10/06/2023)	128	15	15	(2)	....	156
Chief Nurse and Midwifery Officer (to 09/06/2023)						
Jennifer Duncan	128	15	15	(2)	....	156
Chief Executive Hospitals North (from 12/12/2022 to 31/05/2023)						
Acting Chief Executive Hospitals North (from 10/10/2022 to 11/12/2022)						
Joe Acker	181	29	30	(8)	....	232
Acting Deputy Secretary Community, Mental Health and Wellbeing (from 07/02/2023 to 25/05/2023)						
Chief Executive, Ambulance Tasmania (to 25/01/2023)						
Anthony Lawler	434	38	85	6	....	563
Deputy Secretary Clinical Quality, Regulation and Accreditation (to 09/06/2023)						
Sonj Hall	240	23	32	6	....	301
Deputy Secretary Policy, Purchasing, Performance and Reform						
Craig Watson	116	19	25	5	204	369
Executive Director Business Improvement and Reform (to 31/01/2023)						
Sophie Muller	65	20	16	6	....	107
Chief Executive Public Health Services (to 27/11/2022)						
Lisa Howes	129	33	20	5	....	187
Director, Office of the Secretary						
Jordan Emery	87	7	12	2	....	108
Chief Executive, Ambulance Tasmania (from 11/04/2023)						
Acting Chief Executive, Ambulance Tasmania (from 26/01/2023 to 10/04/2023)						

2023	Short-term benefits		Long-term benefits		Termination benefits	Total
	Salary	Other benefits	Superannuation	Other benefits and long service leave		
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Acting key management personnel</b>						
Andrew Hargrave Acting Deputy Secretary Infrastructure (from 08/03/2023)	76	5	11	1	....	93
George Clarke Acting Deputy Secretary Community, Mental Health and Wellbeing (from 05/12/2022 to 06/02/2023 and from 26/05/2023)	71	5	10	1	....	87
Fiona Lieutier Acting Chief Executive Hospitals North (from 01/06/2023) Acting Chief Executive Public Health Services (from 01/12/2022 to 04/06/2023)	108	21	26	3	....	158
<b>Total</b>	<b>3 921</b>	<b>550</b>	<b>682</b>	<b>61</b>	<b>204</b>	<b>5 418</b>

2022	Short-term benefits		Long-term benefits		Termination benefits	Total
	Salary	Other benefits	Superannuation	Other benefits and long service leave		
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Key management personnel</b>						
Kathrine Morgan-Wicks Secretary	455	43	46	14	....	558
Craig Jeffery Chief Financial Officer	188	38	27	7	....	260
Michelle Searle Chief People Officer (from 07/03/2022) Acting Deputy Secretary Policy, Purchasing, Performance and Reform (from 13/09/2021 to 04/03/2022)	152	29	37	8	....	226
Susan Gannon Chief Executive Hospitals South	215	35	37	4	....	291
Eric Daniels Chief Executive Hospitals North/North West	188	24	36	5	....	253
Shane Gregory Deputy Secretary Infrastructure	239	37	26	10	....	312

2022	Short-term benefits		Long-term benefits		Termination benefits	Total
	Salary	Other benefits	Superannuation	Other benefits and long service leave		
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Warren Prentice Chief Information Officer	270	22	44	6	....	342
Dale Webster Deputy Secretary Community, Mental Health and Wellbeing	196	46	74	12	....	328
Anthony Lawler Deputy Secretary Clinical Quality, Regulation and Accreditation	428	52	60	7	....	547
Ross Smith Deputy Secretary Policy, Purchasing, Performance and Reform (to 10/09/2021)	63	28	8	17	....	116
Sonj Hall Deputy Secretary Policy, Purchasing, Performance and Reform (from 07/03/2022)	75	6	11	2	....	94
Craig Watson Executive Director Business Improvement and Reform	175	55	40	7	....	277
Francine Douce Chief Nurse and Midwifery Officer	187	32	34	9	....	262
Lisa Howes Director, Office of the Secretary	129	33	18	4		184
Joe Acker Chief Executive, Ambulance Tasmania (from 19/07/2021) Acting Chief Executive, Ambulance Tasmania (to 18/07/2021)	207	50	30	6	....	293
<b>Acting key management personnel</b>						
Rebecca Howe Acting Chief People Officer (to 02/09/2021)	29	5	11	1	....	46
Nicole Curtin Acting Chief People Officer (from 03/09/2021 to 04/03/2022)	104	6	11	2	....	123
Lisa Howes Director, Office of the Secretary	129	33	18	4	....	184

2022	Short-term benefits		Long-term benefits		Termination benefits	Total
	Salary	Other benefits	Superannuation	Other benefits and long service leave		
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Joe Acker Chief Executive, Ambulance Tasmania (from 19/07/2021) Acting Chief Executive, Ambulance Tasmania (to 18/07/2021)	207	50	30	6	....	293
<b>Acting key management personnel</b>						
Rebecca Howe Acting Chief People Officer (to 02/09/2021)	29	5	11	1	....	46
Nicole Curtin Acting Chief People Officer (from 03/09/2021 to 04/03/2022)	104	6	11	2	....	123
Paula Hyland Acting Deputy Secretary Community, Mental Health and Wellbeing (from 27/09/2021)	147	18	21	4	....	190
<b>Total</b>	<b>3 536</b>	<b>568</b>	<b>592</b>	<b>127</b>	<b>....</b>	<b>4 823</b>

Notes:

- Salary includes all forms of consideration paid and payable for services rendered and compensated absences during the period.
- Other short-term benefits include all other forms of non-salary benefits such as motor vehicles and parking, fringe benefit tax payable in respect of these benefits, payments in lieu of leave, annual leave movements and any other compensation paid or payable.
- Superannuation means the contribution to the superannuation fund of the individual.
- Other long-term benefits and long service leave includes the movements in the discounted long service leave balances.
- Termination benefits exclude accrued annual and long service leave entitlements paid on termination.

[Related party transactions](#)

There are no significant related party transactions requiring disclosure.

## 7.2 Depreciation and amortisation

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

The depreciable amount of improvements to or on leaseholds is allocated progressively over the estimated useful lives of the improvements or the unexpired period of the lease, whichever is the shorter. The unexpired period of a lease includes any option period where exercise of the option is reasonably certain.

### *Key estimate and judgement*

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

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

### Depreciation

	Major depreciation period	2023 \$'000	2022 \$'000
Plant, equipment and vehicles	2-20 years	20 692	18 561
Buildings	40-50 years	53 447	48 704
Leasehold improvements	2-20 years	1 088	1 798
Right-of-use assets	2-22 years	8 197	7 599
<b>Total</b>		<b>83 424</b>	<b>76 662</b>

### Amortisation

	Major amortisation rate	2023 \$'000	2022 \$'000
Intangible assets	20 per cent	1 036	1 573
<b>Total</b>		<b>1 036</b>	<b>1 573</b>
<b>Total depreciation and amortisation</b>		<b>84 460</b>	<b>78 235</b>

### 7.3 Supplies and consumables

	2023 \$'000	2022 \$'000
Audit fees	333	452
Lease expenses	10 075	7 652
Consultants	12 420	9 900
Property services and rental payments	78 819	76 846
Maintenance	28 541	34 004
Communications	16 737	19 257
Information technology	60 591	59 265
Travel, transport and vehicle leasing payments	19 817	15 703
Advertising and promotion	2 329	5 001
Medical, surgical and pharmacy supplies	445 986	451 267
Patient and client services	57 648	46 313
Other licencing costs	4 105	4 588
Equipment and furniture	13 530	14 927
Administration	18 763	15 812
Food production costs	12 421	11 192
Service fees	10 664	20 711
Other supplies and consumables	10 070	14 808
<b>Total</b>	<b>802 849</b>	<b>807 698</b>

Audit fees paid or payable to the Tasmanian Audit Office for the audit of the Department's Financial Statements were \$264 500 (2021-22: \$321 980).

Lease expenses includes lease rentals for short term leases and variable lease payments, as detailed in Note 9.2.

Medical, surgical, and pharmacy supplies include a write down of \$2.36 million regarding one hundred Notus emergency ventilators. The servicing revealed varied and inconsistent failures, some of which could cause patient harm.



## 7.4 Grants and subsidies

Grant and subsidies expenditure is recognised to the extent that:

- the services required to be performed by the grantee have been performed; or
- the grant eligibility criteria have been satisfied.

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

	2023 \$'000	2022 \$'000
<b>Grants</b>		
Alcohol, tobacco and other drugs	9 513	8 549
COVID-19	3 415	4 640
Health planning	8 281	6 464
Mental health	21 719	21 997
NDIS Bilateral Agreement budget neutral adjustment	12 180	11 769
NDIS In-Kind	5 725	10 079
Primary health	3 621	4 240
Public health	14 717	11 309
Other health services	4 744	3 704
<b>Subsidies</b>		
Home and community care	12 491	14 000
<b>Total</b>	<b>96 406</b>	<b>96 751</b>

The Department provides Grants to external service providers for delivery of health care services.

In accordance with the Bilateral Agreement between the Australian Government and Tasmania for the transition to the National Disability Insurance Scheme, a budget neutral adjustment is made each year to offset the additional cost to the Australian Government of net additional responsibilities taken on as part of the National Health Care Reform (ie the additional cost to the Australian Government of Home and community care for older people, and the cost of specialist disability services for older people, less the costs of responsibilities transferred to Tasmania for younger people in aged care).

## 7.5 Finance costs

All finance costs are expensed as incurred using the effective interest method.

Finance costs include lease charges.

	2023 \$'000	2022 \$'000
<b>Interest expense</b>		
Interest on lease liabilities	1 408	984
<b>Total</b>	<b>1 408</b>	<b>984</b>

## 7.6 Contributions provided

Contributions provided free of charge by the Department, to another entity, are recognised as an expense when fair value can be reliably determined.

	2023 \$'000	2022 \$'000
Fair value of assets transferred at no cost or for nominal consideration	6 433	30 755
<b>Total</b>	<b>6 433</b>	<b>30 755</b>

Fair value of assets transferred at no cost or for nominal consideration represents rapid antigen tests that were transferred to the other Government agencies.

## 7.7 Other expenses

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

	2023 \$'000	2022 \$'000
Salary on-costs	49 093	34 958
Fair value of volunteer services	10 792	11 117
Tasmanian Risk Management Fund premium	15 451	14 248
Other	1 886	346
<b>Total</b>	<b>77 222</b>	<b>60 669</b>

Fair value of volunteer services expense is offset by an equal value recorded as Contributions received, refer to Note 5.5.

# Note 8 Assets

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

## 8.1 Receivables

Receivables are initially recognised at fair value plus any directly attributable transaction costs. Trade receivables that do not contain a significant financing component are measured at the transaction price.

### *Key judgement*

Receivables are held with the objective to collect the contractual cash flows and are subsequently measured at amortised cost using the effective interest method. Any subsequent changes are recognised in the net result for the year when impaired, derecognised or through the amortisation process. An allowance for expected credit losses is recognised for all debt financial assets not held at fair value through profit and loss. The expected credit loss is based on the difference between the contractual cash flows and the cash flows that the entity expects to receive, discounted at the original effective interest rate.

For trade receivables, a simplified approach in calculating expected credit losses is applied, with a loss allowance based on lifetime expected credit losses recognised at each reporting date. The Department has established a provision matrix based on its historical credit loss experience for trade receivables, adjusted for forward-looking factors specific to the receivable.

	2023 \$'000	2022 \$'000
Receivables	66 526	58 076
Less: Expected credit loss	(7 373)	(3 330)

	2023 \$'000	2022 \$'000
<b>Total</b>	<b>59 153</b>	<b>54 746</b>
Sales of goods and services (inclusive of GST)	46 660	41 422
Tax assets	12 493	13 324
<b>Total</b>	<b>59 153</b>	<b>54 746</b>
Settled within 12 months	59 153	54 746
<b>Total</b>	<b>59 153</b>	<b>54 746</b>

Reconciliation of movement in expected credit loss for receivables

	2023 \$'000	2022 \$'000
<b>Carrying amount as at 1 July</b>	<b>3 330</b>	<b>2 166</b>
Amounts written off during the year	(537)	(1)
Increase/(decrease) in provision recognised in profit or loss	4 580	1 165
<b>Carrying amount as at 30 June</b>	<b>7 373</b>	<b>3 330</b>

For ageing analysis of the financial assets, refer to Note 13.1.

The Increase/(decrease) in provision recognised in profit or loss is recorded as Net gain/(loss) on financial instruments and statutory receivables/payables, refer to Note 6.2.

## 8.2 Contract assets and liabilities

A contract asset is the Department's right to consideration in exchange for goods or services that the Department has transferred to the customer, but not billed as at the reporting date as all conditions have not been fulfilled due to the timing of the annual acquittal process. Contract assets become receivable when the rights to receive payment become unconditional on satisfactory completion of performance obligations.

A contract liability relates to the Department's obligation to transfer goods or services to a customer for which the Department has received consideration in advance.

2023	Australian Government Funding \$'000	Total \$'000
<b>Contract assets</b>		
<b>Balance as at 1 July</b>	5 249	5 249
Add: Additional costs incurred that are recoverable from customer	....	....
Less: Transfer to receivables	(5 249)	(5 249)
<b>Balance as at 30 June</b>	....	....
<b>Contract liabilities</b>		
<b>Balance as at 1 July</b>	....	....
<b>Balance as at 30 June</b>	....	....
<b>2022</b>	<b>Australian Government Funding \$'000</b>	<b>Total \$'000</b>
<b>Contract assets</b>		
<b>Balance as at 1 July</b>	1 747	1 747
Add: Additional costs incurred that are recoverable from customer	5 249	5 249
Less: Transfer to receivables	(1 747)	(1 747)
<b>Balance as at 30 June</b>	5 249	5 249
<b>Contract liabilities</b>		
<b>Balance as at 1 July</b>	....	....
<b>Balance as at 30 June</b>	....	....
	<b>2023 \$'000</b>	<b>2022 \$'000</b>
Revenue from performance obligations met during the current period	517 053	606 653
Revenue from performance obligations satisfied (or partially satisfied) in previous periods	....	....
The transaction price allocated to unsatisfied performance obligations as at 30 June is as follows:		
	<b>2023 \$'000</b>	<b>2022 \$'000</b>
Australian Government grants	....	....
<b>Total</b>	....	....

### 8.3 Other financial assets

Other financial assets are classified and measured at amortised cost. Impairment losses, where applicable, are recorded in the Statement of Comprehensive Income. Any gain or loss arising on derecognition is recognised directly in net result and presented in other gains/(losses).

	2023 \$'000	2022 \$'000
Accrued revenue	39 726	32 078
Inter-entity balance	9	368
<b>Total</b>	<b>39 735</b>	<b>32 446</b>
Settled within 12 months	39 735	32 446
<b>Total</b>	<b>39 735</b>	<b>32 446</b>

Inter-entity balance represents Goods and Services Tax settlement entries arising between the Department and other entities.

### 8.4 Inventories

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

	2023 \$'000	2022 \$'000
<i>Pharmacy</i>	15 283	16 938
<i>Catering</i>	431	371
<i>Linen</i>	429	870
<i>General supplies</i>	49 080	60 403
<b>Total</b>	<b>65 223</b>	<b>78 582</b>
Consumed within 12 months	65 223	78 582
<b>Total</b>	<b>65 223</b>	<b>78 582</b>

### 8.5 Assets held for sale

Assets held for sale (or disposal groups comprising assets and liabilities) that are expected to be recovered primarily through sale rather than continuing use are classified as held for sale. Immediately before classification as held for sale, fair value assets (or components of a disposal group) are remeasured in accordance with the Departmental policy. Upon initial classification to assets held for sale, assets are remeasured at the lower of carrying amount and fair value less costs to sell. An impairment loss is recognised in profit or loss for any initial and subsequent write-down from the carrying amount measured immediately before re-measurement to fair value less costs of disposal. Such assets are no longer amortised or depreciated upon being classified as held for sale.

## Carrying amount

	2023 \$'000	2022 \$'000
Land	2 516	2 533
Buildings	1 360	1 411
<b>Total</b>	<b>3 876</b>	<b>3 944</b>
Settled within 12 months	3 876	3 944
<b>Total</b>	<b>3 876</b>	<b>3 944</b>

The land and buildings held for sale have been deemed excess to requirements and are either in the process of being sold or will be advertised for sale during 2023-24.

### Key estimate and judgement

The recognised fair value of non-financial assets is classified according to the fair value hierarchy that reflects the significance of the inputs used in making these measurements.

*Level 1* the fair value is calculated using quoted prices in active markets;

*Level 2* the fair value is estimated using inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly (as prices) or indirectly (derived from prices); and

*Level 3* the fair value is estimated using inputs for the asset or liability that are not based on observable market data.

### Fair value measurement of assets held for sale (including fair value levels)

2023	Carrying value at 30 June \$'000	Fair value measurement at end of reporting period		
		Level 1 \$'000	Level 2 \$'000	Level 3 \$'000
Land	2 516	....	2 516	....
Buildings	1 360	....	1 360	....
<b>Total</b>	<b>3 876</b>	<b>....</b>	<b>3 876</b>	<b>....</b>

2022	Carrying value at 30 June \$'000	Fair value measurement at end of reporting period		
		Level 1 \$'000	Level 2 \$'000	Level 3 \$'000
Land	2 533	....	2 533	....
Buildings	1 411	....	1 411	....
<b>Total</b>	<b>3 944</b>	<b>....</b>	<b>3 944</b>	<b>....</b>

### Key judgement

The property held for sale is carried at fair value less costs of disposal utilising the capital value assessment undertaken by the Office of the Valuer-General.



### Level 3 significant valuation inputs and relationship to fair value

	<b>Fair value as at 30 June \$'000</b>	<b>Significant unobservable inputs used in valuation</b>	<b>Possible alternative values for Level 3 inputs</b>	<b>Sensitivity of fair value to changes in Level 3 inputs</b>
Buildings - specific purpose/use buildings	....	A - Construction costs B - Age and condition of asset C - Remaining useful life	When valuing these assets, their existing use and likely alternative uses are taken into account by valuers. As a result, it is most unlikely that alternative values will arise unless there are changes in known inputs.	Tasmanian construction costs have stabilised over the past six months. Design and useful lives are reviewed regularly but generally remain unchanged. As a result, it is unlikely that significant variations in values will arise in the short term.

## 8.6 Property, plant and equipment

### *Key estimate and judgement*

#### *(i) Valuation basis*

Land, buildings and heritage and cultural assets are recorded at fair value, less accumulated depreciation for building assets. All other non-current physical assets, including work in progress, are recorded at historic cost less accumulated depreciation and accumulated impairment losses. All assets within a class of assets are measured on the same basis.

Cost includes expenditure that is directly attributable to the acquisition of the asset. The costs of self-constructed assets includes the cost of materials and direct labour, any other costs directly attributable to bringing the asset to a working condition for its intended use, and the costs of dismantling and removing the items and restoring the site on which they are located. Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment.

When parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major components) of property, plant and equipment.

Fair value is based on the highest and best use of the asset. Unless there is an explicit Government policy to the contrary, the highest and best use of an asset is the current purpose for which the asset is being used or occupied.

The recognised fair value of non-financial assets is classified according to the fair value hierarchy that reflects the significance of the inputs used in making these measurements.

*Level 1* the fair value is calculated using quoted prices in active markets;

*Level 2* the fair value is estimated using inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly (as prices) or indirectly (derived from prices); and

*Level 3* the fair value is estimated using inputs for the asset or liability that are not based on observable market data.

#### *(ii) Subsequent costs*

The cost of replacing part of an item of property, plant and equipment is recognised in the carrying amount of the item if it is probable that the future economic benefits embodied within the part will flow to the Department and its costs can be measured reliably. The carrying amount

of the replaced part is derecognised. The costs of day to day servicing of property, plant and equipment are recognised in the Statement of Comprehensive Income as incurred.

*(iii) Asset recognition threshold*

The asset capitalisation threshold adopted by the Department are:

Land and buildings     \$10 000

Leasehold improvements     \$10 000

Plant, equipment and vehicles     \$10 000

Heritage and cultural assets     \$10 000

Assets valued at less than the threshold amount are charged to the Statement of Comprehensive Income in the year of purchase (other than where they form part of a group of similar items which are material in total or where the details of the asset are required for tracing purposes).

*(iv) Revaluations*

Assets are grouped on the basis of having a similar nature or function in the operations of the Department.

Assets are revalued with sufficient regularity to ensure they reflect fair value at balance date.

The Department's land and building assets were revalued independently by the Valuer-General as at 31 December 2022 and these values were confirmed by the Valuer-General as being applicable as at 30 June 2023. The Department's heritage and cultural assets were revalued independently by an industry specialist as at 30 June 2023. All of these assets were valued in accordance with *AASB 116 Property, Plant and Equipment*.

Revaluations are shown on a gross basis where a replacement cost basis of valuations has been used. Asset revaluations based on a market basis are disclosed on a net basis, however, the Department has endeavoured to obtain replacement cost valuations where possible to enable gross values to be disclosed.

*(v) Assets in respect of leases where the Department is the lessor*

The Department leases building assets (including office accommodation, consulting rooms and residential accommodation) and medical equipment under operating leases, with rental payments payable in instalments as per agreed terms with the tenants. *Lease payments may include amounts for outgoings and rent escalation for a fixed percentage, dollar increase per year or future index or rate.*

*(vi) Service concession assets*

The Department has not entered into any agreements covered by AASB 1059 *Service Concession Arrangements: Grantors*.

## Carrying amount

	2023 \$'000	2022 \$'000
<b>Land</b>		
At fair value	167 125	138 157
<b>Total</b>	<b>167 125</b>	<b>138 157</b>
<b>Buildings</b>		
At fair value	2 844 535	2 221 406
Less: Accumulated depreciation	(699 090)	(815 430)
	<b>2 145 445</b>	<b>1 405 976</b>
Work in progress (at cost)	125 608	146 382
<b>Total</b>	<b>2 271 053</b>	<b>1 552 358</b>
<b>Leasehold improvements</b>		
At cost	22 646	22 646
Less: Accumulated depreciation	(18 086)	(16 997)
<b>Total</b>	<b>4 560</b>	<b>5 649</b>
<b>Plant, equipment and vehicles</b>		
At cost	230 287	205 441
Less: Accumulated depreciation	(136 711)	(119 446)
	<b>93 576</b>	<b>85 995</b>
Work in progress (at cost)	14 873	27 808
<b>Total</b>	<b>108 449</b>	<b>113 803</b>
<b>Heritage and cultural assets</b>		
At fair value	5 438	3 631
	<b>5 438</b>	<b>3 631</b>
Work in progress (at cost)	691	1 147
<b>Total</b>	<b>6 129</b>	<b>4 778</b>
<b>Total property, plant and equipment</b>	<b>2 557 316</b>	<b>1 814 745</b>

### Reconciliation of movements (including fair value levels)

Reconciliations of the carrying amounts of each class of property, plant and equipment at the beginning and end of the current and previous financial year are set out below. Carrying value means the net amount after deducting accumulated depreciation and accumulated impairment losses.

2023	Land	Buildings	Buildings	Leasehold improve- ments	Plant, equipme nt and vehicles	Heritage and cultural assets Level 3	Total
	Level 2 \$'000	Level 2 \$'000	Level 3 \$'000	\$'000	\$'000	\$'000	\$'000
<b>Carrying value as at 1 July</b>	<b>138 157</b>	<b>90 970</b>	<b>1 461 388</b>	<b>5 649</b>	<b>113 803</b>	<b>4 778</b>	<b>1 814 745</b>
Additions	4 083	15 211	63 437	....	15 476	55	98 262
Disposals	(169)	....	....	....	(138)	(124)	(431)
Administrative restructure - net assets transferred	268	....	530	....	....	....	798
<i>Gains/losses recognised in other comprehensive income</i>							
Revaluation increments/(decrements)	24 786	28 614	664 350	....	....	1 420	719 170
Depreciation	....	(2 615)	(50 832)	(1 089)	(20 692)	....	(75 228)
<b>Carrying value as at 30 June</b>	<b>167 125</b>	<b>132 180</b>	<b>2 138 873</b>	<b>4 560</b>	<b>108 449</b>	<b>6 129</b>	<b>2 557 316</b>
<b>2022</b>	<b>Land</b>	<b>Buildings</b>	<b>Buildings</b>	<b>Leasehold improve- ments</b>	<b>Plant, equipme nt and vehicles</b>	<b>Heritage and cultural assets Level 3</b>	<b>Total</b>
	Level 2 \$'000	Level 2 \$'000	Level 3 \$'000	\$'000	\$'000	\$'000	\$'000
<b>Carrying value as at 1 July</b>	<b>114 120</b>	<b>84 678</b>	<b>1 366 236</b>	<b>7 439</b>	<b>113 686</b>	<b>4 291</b>	<b>1 690 450</b>
Additions	2 516	64	59 460	8	21 474	487	84 009
Disposals	(6)	(166)	(85)	....	(2 796)	....	(3 053)
<i>Gains/losses recognised in other comprehensive income</i>							
Revaluation increments/(decrements)	23 517	8 697	89 064	....	....	....	121 278
Impairment losses	....	....	(5 000)	....	....	....	(5 000)
Transfer to Assets held for sale	(2 516)	....	(1 360)	....	....	....	(3 876)
Depreciation	....	(2 303)	(46 401)	(1 798)	(18 561)	....	(69 063)
Transfers between asset classes	526	....	(526)	....	....	....	....
<b>Carrying value as at 30 June</b>	<b>138 157</b>	<b>90 970</b>	<b>1 461 388</b>	<b>5 649</b>	<b>113 803</b>	<b>4 778</b>	<b>1 814 745</b>

Carrying amount of property, plant and equipment held and used by the Department

	2023 \$'000	2022 \$'000
<b>Land</b>		
At fair value	156 847	129 551
<b>Total</b>	<b>156 847</b>	<b>129 551</b>
<b>Buildings</b>		
At fair value	2 714 051	2 109 675
Less: Accumulated depreciation	(671 450)	(779 637)
	<b>2 042 601</b>	<b>1 330 038</b>
Work in progress (at cost)	125 608	146 382
<b>Total</b>	<b>2 168 209</b>	<b>1 476 420</b>
<b>Leasehold improvements</b>		
At cost	22 646	22 646
Less: Accumulated depreciation	(18 086)	(16 997)
<b>Total</b>	<b>4 560</b>	<b>5 649</b>
<b>Plant, equipment and vehicles</b>		
At cost	230 287	205 441
Less: Accumulated depreciation	(136 711)	(119 446)
	<b>93 576</b>	<b>85 995</b>
Work in progress (at cost)	14 873	27 808
<b>Total</b>	<b>108 449</b>	<b>113 803</b>
<b>Heritage and cultural assets</b>		
At fair value	5 438	3 631
	<b>5 438</b>	<b>3 631</b>
Work in progress (at cost)	691	1 147
<b>Total</b>	<b>6 129</b>	<b>4 778</b>
<b>Total property, plant and equipment</b>	<b>2 444 194</b>	<b>1 730 201</b>

Reconciliation of movements (including fair value levels) of property, plant and equipment held and used by the Department

Reconciliations of the carrying amounts of each class of property, plant and equipment held and used by the Department at the beginning and end of the current financial year are set out below. Carrying value means the net amount after deducting accumulated depreciation and accumulated impairment losses.

2023	Land	Buildings	Buildings	Leasehold improvements	Plant, equipment and vehicles	Heritage and cultural assets Level 3	Total
	Level 2 \$'000	Level 2 \$'000	Level 3 \$'000	\$'000	\$'000	\$'000	\$'000
<b>Carrying value as at 1 July</b>	<b>129 551</b>	<b>44 259</b>	<b>1 432 161</b>	<b>5 649</b>	<b>113 803</b>	<b>4 778</b>	<b>1 730 201</b>
Additions	4 083	15 211	63 437	....	15 476	55	98 262
Disposals	(169)	....	....	....	(138)	(124)	(431)
Administrative restructure - net assets transferred	268	....	530	....	....	....	798
<i>Gains/losses recognised in other comprehensive income</i>							
Revaluation increments/(decrements)	23 672	1 403	656 212	....	....	1 420	682 707
Depreciation	....	(742)	(49 762)	(1 089)	(20 692)	....	(72 285)
Transfers between asset classes	(558)	(1 397)	6 897	....	....	....	4 942
<b>Carrying value as at 30 June</b>	<b>156 847</b>	<b>58 734</b>	<b>2 109 475</b>	<b>4 560</b>	<b>108 449</b>	<b>6 129</b>	<b>2 444 194</b>

2022	Land	Buildings	Buildings	Leasehold improvements	Plant, equipment and vehicles	Heritage and cultural assets Level 3	Total
	Level 2 \$'000	Level 2 \$'000	Level 3 \$'000	\$'000	\$'000	\$'000	\$'000
<b>Carrying value as at 1 July</b>	<b>107 545</b>	<b>42 017</b>	<b>1 342 171</b>	<b>7 439</b>	<b>113 686</b>	<b>4 291</b>	<b>1 617 149</b>
Additions	2 516	64	59 460	8	21 474	487	84 009
Disposals	(6)	(166)	(85)	....	(2 796)	....	(3 053)
<i>Gains/losses recognised in other comprehensive income</i>							
Revaluation increments/(decrements)	22 026	4 100	86 187	....	....	....	112 313
Impairment losses	....	....	(5 000)	....	....	....	(5 000)
Transfer to Assets held for sale	(2 516)	....	(1 360)	....	....	....	(3 876)
Depreciation	....	(42)	(1 798)	(18 561)	....	....	(63 612)
		(843)	410)				
Transfers between asset classes	(14)	(6)	....	....	....	....	(7 729)
		(913)	802)				
<b>Carrying value as at 30 June</b>	<b>129 551</b>	<b>44 259</b>	<b>1 432 161</b>	<b>5 649</b>	<b>113 803</b>	<b>4 778</b>	<b>1 730 201</b>



### Carrying amount of property where the Department is the lessor under operating leases

	2023 \$'000	2022 \$'000
<b>Land</b>		
At fair value	10 278	8 606
<b>Total</b>	<b>10 278</b>	<b>8 606</b>
<b>Buildings</b>		
At fair value	130 484	111 731
Less: Accumulated depreciation	(27 640)	(35 793)
<b>Total</b>	<b>102 844</b>	<b>75 938</b>
<b>Total property, plant and equipment</b>	<b>113 122</b>	<b>84 544</b>

### Reconciliation of movements (including fair value levels) of property, plant and equipment where the Department is the lessor under operating leases

Reconciliations of the carrying amounts of each class of property, plant and equipment where the Department is the lessor under operating leases at the beginning and end of the current financial year are set out below. Carrying value means the net amount after deducting accumulated depreciation and accumulated impairment losses.

2023	Land Level 2 \$'000	Buildings Level 2 \$'000	Buildings Level 3 \$'000	Total \$'000
<b>Carrying value as at 1 July</b>	<b>8 606</b>	<b>46 711</b>	<b>29 227</b>	<b>84 544</b>
<i>Gains/losses recognised in other comprehensive income</i>				
Revaluation increments/(decrements)	1 114	27 211	8 138	36 463
Depreciation	....	(1 873)	(1 070)	(2 943)
Transfers between asset classes	558	1 397	(6 897)	(4 942)
<b>Carrying value as at 30 June</b>	<b>10 278</b>	<b>73 446</b>	<b>29 398</b>	<b>113 122</b>
2022	Land Level 2 \$'000	Buildings Level 2 \$'000	Buildings Level 3 \$'000	Total \$'000
<b>Carrying value as at 1 July</b>	<b>6 575</b>	<b>42 661</b>	<b>24 065</b>	<b>73 301</b>
<i>Gains/losses recognised in other comprehensive income</i>				
Revaluation increments/(decrements)	1 491	4 597	2 877	8 965
Depreciation	....	(1 460)	(3 991)	(5 451)
Transfers between asset classes	540	913	6 276	7 729
<b>Carrying value as at 30 June</b>	<b>8 606</b>	<b>46 711</b>	<b>29 227</b>	<b>84 544</b>

### Maturity analysis of lease payments receivable in respect of operating leases

	2023 \$'000	2022 \$'000
One year or less	6 518	6 663
From one to two years	6 429	6 504
From two to three years	6 322	6 480
From three to four years	6 149	6 393
From four to five years	5 956	6 190
More than five years	64 620	73 168
<b>Total</b>	<b>95 994</b>	<b>105 398</b>

### Level 3 significant valuation inputs and relationship to fair value

	Fair value as at 30 June \$'000	Significant unobservable inputs used in valuation	Possible alternative values for Level 3 inputs	Sensitivity of fair value to changes in Level 3 inputs
Buildings - specific purpose/use buildings	2 138 873	A - Construction costs B - Age and condition of asset C - Remaining useful life	When valuing these assets, their existing use and likely alternative uses are taken into account by valuers. As a result, it is most unlikely that alternative values will arise unless there are changes in known inputs.	Tasmanian construction costs have stabilised over the past six months. Design and useful lives are reviewed regularly but generally remain unchanged. As a result, it is unlikely that significant variations in values will arise in the short term.
Heritage and cultural assets	6 129	A - Acquisition costs B - Condition of the asset C - Market transactions for identical or similar assets	Valuing these assets is an inexact science and it is not likely that alternative values applying other inputs would result in a materially different value.	Given the diversity of the heritage and cultural assets held, it is unlikely that a variation in the market transactions for identical or similar assets would impact a large proportion of the assets held. As a result, it is unlikely that significant variations in values will arise in the short term.

### Assets where current use is not the highest and best use

The Department has no assets where the current use is not the highest and best use.

## 8.7 Right-of-use assets

AASB 16 requires the Department to recognise a right-of-use asset, where it has control of the underlying asset over the lease term. A right-of-use asset is measured at the present value of initial lease liability, adjusted by any lease payments made at or before the commencement date and lease incentives, any initial direct costs incurred, and estimated costs of dismantling and removing the asset or restoring the site.

The Department has elected not to recognise right-of-use assets and lease liabilities arising from short term leases, rental arrangements for which Finance-General has substantive substitution rights over the assets and leases for which the underlying asset is of low-value. Substantive substitution rights relate primarily to major office accommodation and the motor vehicle fleet. An asset is considered low-value when it is expected to cost less than \$10 000.

Right-of-use assets are depreciated over the shorter of the assets useful life and the term of the lease. Where the Department obtains ownership of the underlying leased asset or if the cost of the right-of-use asset reflects that the Department will exercise a purchase option, the Department depreciates the right-of-use asset over its useful life.

2023	Buildings \$'000	Plant and equipment \$'000	Total \$'000
<b>Carrying value as at 1 July</b>	<b>39 412</b>	<b>5 438</b>	<b>44 850</b>
Additions	14 150	1 838	15 988
Disposals/derecognition	(177)	....	(177)
Depreciation	(6 910)	(1 287)	(8 197)
<b>Carrying value as at 30 June</b>	<b>46 475</b>	<b>5 989</b>	<b>52 464</b>
2022	Buildings \$'000	Plant and equipment \$'000	Total \$'000

2023	Buildings \$'000	Plant and equipment \$'000	Total \$'000
<b>Carrying value as at 1 July</b>	<b>17 458</b>	<b>1 360</b>	<b>18 818</b>
Additions	34 193	5 135	39 328
Disposals/derecognition	(5 697)	....	(5 697)
Depreciation	(6 542)	(1 057)	(7 599)
<b>Carrying value as at 30 June</b>	<b>39 412</b>	<b>5 438</b>	<b>44 850</b>

## 8.8 Intangible assets

An intangible asset is recognised where:

- it is probable that an expected future benefit attributable to the asset will flow to the Department; and
- the cost of the asset can be reliably measured.

Intangible assets held by the Department, where no active market exists, are valued at cost less any accumulated amortisation and any accumulated impairment losses.

Intangible assets with a finite useful life held by the Department principally comprise computer software.

### Carrying amount

	2023 \$'000	2022 \$'000
<b>Intangible assets with a finite useful life</b>		
At cost	20 488	20 337
Less: Accumulated amortisation	(17 303)	(16 220)
	<b>3 185</b>	<b>4 117</b>
Work in progress (at cost)	77	385
<b>Total</b>	<b>3 262</b>	<b>4 502</b>

### Reconciliation of movements (including fair value levels)

	2023 Level 2 \$'000	2023 Level 3 \$'000	2023 Total \$'000	2022 Total \$'000
<b>Carrying amount as at 1 July</b>	<b>4 502</b>	....	<b>4 502</b>	<b>6 602</b>
Additions	151	....	151	252
Disposals	(382)	....	(382)	(779)
Administrative restructure - net additions	27	....	27	....
Amortisation	(1 036)	....	(1 036)	(1 573)
<b>Carrying amount as at 30 June</b>	<b>3 262</b>	....	<b>3 262</b>	<b>4 502</b>

### Level 3 significant calculation inputs and relationship to fair value

The Department does not hold any intangible assets classified as Level 3.

## 8.9 Other assets

Other assets are recorded at amortised cost and include prepayments.

### Carrying amount

	2023 \$'000	2022 \$'000
<b>Other current assets</b>		
Prepayments	17 595	17 805
Lease incentives	8 416	....
<b>Total</b>	<b>26 011</b>	<b>17 805</b>
<b>Other non-current assets</b>		
Prepayments	886	425
<b>Total</b>	<b>886</b>	<b>425</b>
<b>Total other assets</b>	<b>26 897</b>	<b>18 230</b>
Recovered within 12 months	26 011	17 805
Recovered in more than 12 months	886	425
<b>Total</b>	<b>26 897</b>	<b>18 230</b>

Prepayments primarily include information technology expenditure for hardware and software support and software licencing contracts, in addition to equipment maintenance contracts, property rental and National Blood Authority supplies.

Lease incentives represent fit-out contributions for Finance-General managed office accommodation leases.

### Reconciliation of movements

	2023 \$'000	2022 \$'000
<b>Carrying amount as at 1 July</b>	<b>18 230</b>	<b>10 853</b>
Additions	26 472	17 424
Utilised	(17 805)	(10 047)
<b>Carrying amount as at 30 June</b>	<b>26 897</b>	<b>18 230</b>

## Note 9 Liabilities

Liabilities are recognised in the Statement of Financial Position when it is probable that an outflow of resources embodying economic benefits will result from the settlement of a present obligation and the amount at which the settlement will take place can be measured reliably.

### 9.1 Payables

Payables, including goods received and services incurred but not yet invoiced, are recognised at amortised cost, which due to the short settlement period, equates to face value, when the Department becomes obliged to make future payments as a result of a purchase of assets or services.

	2023 \$'000	2022 \$'000
Creditors	44 147	35 415
Accrued expenses	58 602	34 143
Paid Parental Leave Scheme liabilities	190	281
<b>Total</b>	<b>102 939</b>	<b>69 839</b>
Settled within 12 months	66 190	44 792
Settled in more than 12 months	36 749	25 047
<b>Total</b>	<b>102 939</b>	<b>69 839</b>

Accrued expenses predominantly relate to medical services provided to Tasmanian residents in other states and territories of Australia, less the medical services provided in Tasmania to residents from other states and territories. These accrued expenses are also referred to as the Department's cross border liability. Due to the complexity of the calculations, there is two to three year delay in settlement.

Settlement of Creditors is usually made within 14 days.

## 9.2 Lease liabilities

A lease liability is measured at the present value of the lease payments that are not paid at that date. The discount rate used to calculate the present value of the lease liability is the rate implicit in the lease. Where the implicit rate is not known and cannot be determined the Tascorp indicative lending rate including the relevant administration margin is used.

The Department has elected not to recognise right-of-use assets and lease liabilities arising from short term leases, rental arrangements for which Finance-General has substantive substitution rights over the assets and leases for which the underlying asset is of low-value. Substantive substitution rights relate primarily to major office accommodation and the motor vehicle fleet. An asset is considered low-value when it is expected to cost less than \$10 000.

The Department has entered into the following leasing arrangements:

Class of right-of-use asset	Details of leasing arrangements
Plant and equipment	<i>These leases are paid monthly or quarterly. Lease payments include rent escalation for a fixed percentage, dollar increase per year or future index or rate.</i>
Buildings	<i>These leases are paid monthly, quarterly or annually. Lease payments include rent escalation for a fixed percentage, dollar increase per year or future index or rate. Some leases include options to extend the lease term.</i>

	2023 \$'000	2022 \$'000
<b>Current</b>		
Lease liabilities	6 824	6 628
<b>Non-current</b>		
Lease liabilities	47 607	39 254
<b>Total</b>	<b>54 431</b>	<b>45 882</b>

Maturity analysis of lease liabilities:

	2023 \$'000	2022 \$'000
One year or less	6 824	6 628
From one to five years	23 258	19 339
More than five years	24 349	19 915
<b>Total</b>	<b>54 431</b>	<b>45 882</b>

The lease liability in the maturity analysis is presented using undiscounted contractual amounts before deducting finance charges.

The following amounts are recognised in the Statement of Comprehensive Income:

	2023 \$'000	2022 \$'000
Interest on lease liabilities included in Note 7.5	1 408	984
Lease expenses included in Note 7.3:		
Short term leases	10 183	8 291
Variable lease payments	(108)	(639)
<b>Net expenses from leasing activities</b>	<b>11 483</b>	<b>8 636</b>

## 9.3 Employee benefit liabilities

### *Key estimate and judgement*

*Liabilities for wages and salaries and annual leave are recognised when an employee becomes entitled to receive a benefit. Those liabilities expected to be realised within 12 months are measured as the amount expected to be paid. Other employee entitlements are measured as the present value of the benefit at 30 June, where the impact of discounting is material, and at the amount expected to be paid if discounting is not material.*

A liability for long service leave is recognised, and is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date.

	2023 \$'000	2022 \$'000
Accrued salaries	39 393	28 167
Annual leave	173 144	155 049
Long service leave	181 865	168 427
Sabbatical leave	14 444	12 556
Development leave	11 873	11 125
Other employee benefits	3 526	3 005
<b>Total</b>	<b>424 245</b>	<b>378 329</b>
Expected to settle wholly within 12 months	160 834	130 453
Expected to settle wholly after 12 months	263 411	247 876
<b>Total</b>	<b>424 245</b>	<b>378 329</b>

Other employee benefits are comprised of Purchased Leave Scheme, time off in lieu provisions, excess on-call leave and State Service Accumulated Leave Scheme entitlements.

## 9.4 Superannuation

### (i) Defined contribution plans

A defined contribution plan is a post-employment benefit plan under which an entity pays fixed contributions into a separate entity and will have no legal or constructive obligation to pay further amounts. Obligations for contributions to defined contribution plans are recognised as an expense when they fall due.

### (ii) Defined benefit plans

A defined benefit plan is a post-employment benefit plan other than a defined contribution plan.

### *Key estimate and judgement*

With the exception noted below, the Department does not recognise a liability for the accruing superannuation benefits of Departmental employees. This liability is held centrally and is recognised within the

Finance-General Division of the Department of Treasury and Finance.

The Department's superannuation obligations, in respect of the contributory service of current and past Ambulance Tasmania employees under the Tasmanian Ambulance Service Superannuation Scheme, are recognised at the latest actuarial assessment of the member's entitlements, net of Scheme assets. The valuation is determined by discounting to present value, the gross benefit payments at a current, market-determined, risk-adjusted discount rate appropriate to the plan.

Actuarial gains or losses arising from the actuarial revaluation of Ambulance Tasmania superannuation liabilities are recognised in the Statement of Comprehensive Income.



## Type of plan

### *Tasmanian Ambulance Service Superannuation Scheme*

The Tasmanian Ambulance Service Superannuation Scheme is a defined benefit scheme where members receive lump sum benefits on resignation, retirement, death or invalidity.

The Tasmanian Ambulance Service Superannuation Scheme balances reported are provided in respect of those employees who are defined benefit members.

The Scheme is closed to new members.

The Scheme forms part of the Retirement Benefits Fund and operates under the Public Sector Superannuation Reform Act 2016. The rules of the Scheme are set out in the Tasmanian Ambulance Service Superannuation Scheme Trust Deed.

The Superannuation Commission has fiduciary responsibility for, and oversees the administration of the Scheme. The day to day running of the Scheme is managed by the Office of the Superannuation Commission within the Department of Treasury and Finance.

There are a number of risks to which the Scheme exposes the Department. The more significant risks relating to the defined benefits are:

- Investment risk - The risk is that investment returns will be lower than assumed and employers will need to increase contributions to offset this shortfall over the long term.
- Salary growth risk - The risk is that wages or salaries (on which future benefit amounts will be based) will rise more rapidly than assumed, increasing defined benefit amounts and the associated employer contributions over the long term.
- Legislative risk - The risk is that legislative changes could be made which increase the cost of providing the defined benefits.

There were no Scheme amendments, curtailments or settlements during the year.

The present value of the superannuation asset or liability is reflected in the difference between net assets available to pay benefits and the amount of accrued benefits as at 30 June 2023.

An independent actuarial assessment is undertaken into the Tasmanian Ambulance Service Superannuation Scheme as at 30 June each financial year.

The State Actuary undertook a revaluation of the present value of the defined benefit obligation and the fair value of the plan assets as at 30 June 2023 using the process outlined in AASB 119 *Employee Benefits*. As a result of the revaluation, it was determined that the Tasmanian Ambulance Service Superannuation Scheme was in surplus by \$12.5 million (2021-22: \$7.7 million surplus).

### Reconciliation of movements in fair value of Scheme assets

	<b>Tasmanian Ambulance Service Superannuation Scheme</b>	
	<b>2023</b>	<b>2022</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Fair value balance as at 1 July</b>	<b>59 125</b>	<b>68 090</b>
<b>Included in profit or loss</b>		
Employer contributions	1 120	1 178
Interest income	2 061	928
Taxes, premiums and expenses paid	(168)	(177)
<b>Total</b>	<b>3 013</b>	<b>1 929</b>
<b>Included in other comprehensive income</b>		

Return/(loss) on plan assets excluding interest	2 048	(3 960)
<b>Total</b>	<b>2 048</b>	<b>(3 960)</b>
<b>Other</b>		
Contributions by plan participants	786	907
Benefits paid	(11 820)	(7 841)
<b>Total</b>	<b>(11 034)</b>	<b>(6 934)</b>
<b>Fair value balance as at 30 June</b>	<b>53 152</b>	<b>59 125</b>

#### Reconciliation of the defined benefit obligation

	Tasmanian Ambulance Service Superannuation Scheme	
	2023	2022
	\$'000	\$'000
<b>Present value of defined benefit obligations as at 1 July^</b>	<b>51 407</b>	<b>64 009</b>
Current service cost	1 376	1 912
Interest expense	1 787	863
Contributions by Scheme participants	786	907
Actuarial (gains)/losses arising from changes in financial assumptions	(1 476)	(8 512)
Actuarial (gains)/losses arising from liability experience	(1 250)	246
Benefits paid	(11 820)	(7 841)
Taxes, premiums and expenses paid	(168)	(177)
<b>Present value of defined benefit obligations as at 30 June^</b>	<b>40 642</b>	<b>51 407</b>

^includes defined benefit contributions tax provision.

#### Reconciliation of movements in present value of superannuation liability/(asset)

	Tasmanian Ambulance Service Superannuation Scheme	
	2023	2022
	\$'000	\$'000
<b>Balance as at 1 July</b>	<b>(7 718)</b>	<b>(4 081)</b>
<b>Included in profit or loss</b>		
Current service cost	1 376	1 912
Interest income	(274)	(65)
<b>Total</b>	<b>1 102</b>	<b>1 847</b>
<b>Included in other comprehensive income</b>		
Actuarial (gains)/losses arising from changes in financial assumptions	(1 476)	(8 512)
Actuarial (gains)/losses arising from liability experience	(1 250)	246
(Returns)/losses on plan assets excluding interest	(2 048)	3 960
<b>Total</b>	<b>(4 774)</b>	<b>(4 306)</b>
<b>Other</b>		
Employer contributions	(1 120)	(1 178)
<b>Total</b>	<b>(1 120)</b>	<b>(1 178)</b>
<b>Balance as at 30 June</b>	<b>(12 510)</b>	<b>(7 718)</b>

#### Scheme assets at fair value

Tasmanian Ambulance Service Superannuation Scheme

Scheme assets as at 30 June 2023^ comprise:

Asset category	Level 1 Quoted in active market		Level 2 Observable inputs, not quoted		Level 3 Unobservable inputs		Total Fair value	
	2023	2022	2023	2022	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Australian equities	....	....	8 239	10 288	....	....	8 239	10 288
International equities	....	....	9 993	12 475	....	....	9 993	12 475

Infrastructure	....	....	2 073	1 951	6 378	5 676	8 451	7 627
Diversified fixed interest	....	....	12 543	13 185	....	....	12 543	13 185
Property	....	....	1 010	1 005	9 036	10 051	10 046	11 056
Alternative investments	....	....	3 880	4 494	....	....	3 880	4 494
<b>Total</b>	<b>....</b>	<b>....</b>	<b>37 738</b>	<b>43 398</b>	<b>15 414</b>	<b>15 727</b>	<b>53 152</b>	<b>59 125</b>

^Estimated based on estimated Scheme assets as at 30 June 2023 and asset allocation of the Retirement Benefits Fund Scheme as at 30 June 2022.

The fair value of Scheme assets includes no amounts relating to:

- any of the Department's own financial instruments.
- any property occupied by, or other assets used by the Department.

### Key actuarial assumptions

#### Tasmanian Ambulance Service Superannuation Scheme

Assumptions to determine defined benefit cost	2023 %	2022 %
Discount rate	3.65	1.45
Expected salary increase rate	3.50	3.00

Assumptions to determine defined benefit obligation	2023 %	2022 %
Discount rate	4.05	3.65
Expected salary increase rate	3.50	3.50

As at 30 June 2023, the weighted average duration of the defined benefit obligation for the Scheme was 7.5 years (2021-22: 6.7 years).

### Sensitivity analysis

#### Tasmanian Ambulance Service Superannuation Scheme

The defined benefit obligation as at 30 June 2023 under several scenarios is presented below.

Scenario A and B relate to discount rates sensitivity. Scenario C and D relate to expected pension increase rate sensitivity.

Scenario A: 1.0% pa lower discount rate assumption

Scenario B: 1.0% pa higher discount rate assumption

Scenario C: 1.0% pa lower than expected pension increase rate assumption

Scenario D: 1.0% pa higher than expected pension increase rate assumption

Defined benefit obligations	Base Case	Scenario A -1.0% pa discount rate	Scenario B +1.0% pa discount rate	Scenario C -1.0% pa pension increase rate	Scenario D +1.0% pa pension increase rate
Discount rate (% pa)	4.05%	3.05%	5.05%	4.05%	4.05%
Pension increase rate (% pa)	3.50%	3.50%	3.50%	2.50%	4.50%
Defined Benefit Obligation^ (A\$'000s)	40 642	44 559	37 325	37 867	43 806

^includes defined benefit contribution tax provision.

The defined benefit obligation has been recalculated by changing the assumptions as outlined above, whilst retaining all other assumptions.

#### Funding arrangements

Contributions to the Tasmanian Ambulance Superannuation Scheme in respect of defined benefit schemes are made on an emerging cost basis.

The Department expects to make a contribution of \$1.1 million (2021-22: \$1.2 million) to the defined benefit plan for the Tasmanian Ambulance Superannuation Scheme during the next financial year.

## 9.5 Other liabilities

Other liabilities are recognised in the Statement of Financial Position when it is probable that an outflow of resources embodying economic benefits will result from the settlement of a present obligation and the amount at which the settlement will take place can be measured reliably.

Other liabilities include revenue received in advance and on-costs associated with employee benefit liabilities. Revenue received in advance is measured at amortised cost. On-costs associated with employee benefit liabilities expected to be realised within 12 months are measured at the amount expected to be paid. Other on-costs associated with employee benefit liabilities are measured at the present value of the cost at 30 June 2023, where the impact of discounting is material, and at the amount expected to be paid if discounting is not material.

	2023 \$'000	2022 \$'000
<b>Revenue received in advance</b>		
Other revenue received in advance	2 631	2 117
<b>Total</b>	<b>2 631</b>	<b>2 117</b>
<b>Other financial liabilities</b>		
Employee benefit liabilities - on-costs	10 493	10 089
Payroll clearing	23 885	23 038
Funds held for distribution - Private Patient Scheme	13 970	12 673
Other liabilities	421	149
<b>Total</b>	<b>48 769</b>	<b>45 949</b>
<b>Total other liabilities</b>	<b>51 400</b>	<b>48 066</b>
Settled within 12 months	44 164	40 877
Settled in more than 12 months	7 236	7 189
<b>Total other liabilities</b>	<b>51 400</b>	<b>48 066</b>

Payroll clearing represents payroll related payables which will be disbursed next financial year, relating to the final payroll of the current financial year.

Funds held for distribution are funds held by the THS for distribution under the Private Patient Scheme.

## Note 10 Commitments and Contingencies

### 10.1 Schedule of commitments

Commitments represent those contractual arrangements entered by the Department that are not reflected in the Statement of Financial Position.

Leases are recognised as right-of-use assets and lease liabilities in the Statement of Financial Position, excluding short term leases and leases for which the underlying asset is of low value, which are recognised as an expense in the Statement of Comprehensive Income.

### Key estimate and judgement

Commitments are valued at the amount expected to be paid, net of any GST payable to the supplier and claimable from the Australian Taxation Office.

	2023 \$'000	2022 \$'000
<b>By type</b>		
<b>Capital commitments</b>		
Property, plant and equipment	139 914	72 859
<b>Total</b>	<b>139 914</b>	<b>72 859</b>
<b>Commitments held with Finance-General</b>		
Major office accommodation	133 507	68 715
Motor vehicle fleet (base usage charge)	8 772	8 455
<b>Total</b>	<b>142 279</b>	<b>77 170</b>
<b>Other commitments</b>		
Department of Police, Fire and Emergency Management - communication support	....	603
Department of Police, Fire and Emergency Management - critical incident stress management program	165	162
Emergency services computer-aided dispatch	....	839
Information technology	118 347	94 993
Linear accelerator maintenance agreements	11 608	13 132
Maternity services	4 847	26 084
Medical priority enterprise maintenance agreement	190	254
Miscellaneous goods and services contracts	53 058	58 587
Miscellaneous grants	136 730	116 726
Pathology services	7 358	11 250
Radiology services	45 564	62 985
Rescue helicopter contract and helicopter services	36 126	20 892
Royal Flying Doctor Service air ambulance standing charge	7 962	4 438
Rural medical services	24 442	24 280
Secondary triage	759	560
Short term and/or low-value leases	9 869	9 879
<b>Total</b>	<b>457 025</b>	<b>445 664</b>
<b>Total commitments</b>	<b>739 218</b>	<b>595 693</b>
	<b>2023 \$'000</b>	<b>2022 \$'000</b>
<b>By maturity</b>		
<b>Capital commitments</b>		
One year or less	105 016	71 509
From one to five years	34 849	150
More than five years	49	1 200
<b>Total</b>	<b>139 914</b>	<b>72 859</b>
<b>Commitments held with Finance-General</b>		
One year or less	14 823	11 140
From one to five years	48 364	28 092
More than five years	79 092	37 938
<b>Total</b>	<b>142 279</b>	<b>77 170</b>
<b>Other commitments</b>		
One year or less	193 340	192 476
From one to five years	250 582	237 886
More than five years	13 103	15 302
<b>Total</b>	<b>457 025</b>	<b>445 664</b>
<b>Total commitments</b>	<b>739 218</b>	<b>595 693</b>

### Capital commitments

#### Property, plant and equipment

Property, plant and equipment commitments primarily include commitments to either build or improve existing properties and also the purchase of equipment. The balance represents contractual commitments primarily associated with the Mental Health Facility at St John's Park, Mersey Community Hospital Capital Upgrades, Burnie and Glenorchy Ambulance Stations, the Royal Hobart Hospital Expansion Project Phase 2 and medical equipment purchases.

### **Commitments held with Finance-General**

#### *Major office accommodation*

Major office accommodation leases are executed by the Finance-General Division of the Department of Treasury and Finance. As there is no lease contract between Finance-General and the Department, for the purposes of AASB 16 *Leases*, the Department is not required to recognise a lease liability and right-of-use asset. Major office accommodation primarily relates to 22 Elizabeth St Hobart, 25 Argyle St Hobart, 16-24 Charles St Launceston (CH Smith Building), 70 Collins St Hobart and 89 Cambridge Park Drive Cambridge Park.

#### *Motor vehicle fleet (base usage charge)*

The Government's motor vehicle fleet is owned and managed by the Finance-General Division of the Department of Treasury and Finance. Treasury is the central agency which purchases vehicles on behalf of the Department. The Department pays a monthly payment to Finance-General via LeasePlan Australia for use of the vehicles. As there is no lease contract between Finance-General and the Department, for the purposes of AASB 16 *Leases*, the Department is not required to recognise a lease liability and right-of-use asset. Motor vehicle fleet payments are rental payments which vary according to the type of vehicle. The majority of vehicles are for a period of three years or 60 000 km, whichever comes first.

### **Other commitments**

Department of Police, Fire and Emergency Management - critical incident stress management program

The Department is committed to the critical incident stress management program, which assists in managing the impact of critical incidents on emergency services personnel (including carers and volunteers).

#### *Information technology*

Information technology includes software licence commitments.

#### *Linear accelerator maintenance agreements*

As part of the purchase and planned purchase of new linear accelerators across the State, the Department has entered into maintenance agreements that are for a period of nine years post expiration of the warranty period.

#### *Maternity services*

There is one hospital in the North West that provides maternity services, being the North West Private Hospital. This hospital is not part of the Department and, as such, the Department contracts the hospital to deliver all inpatient public maternity services. This arrangement will conclude in December 2023.

#### *Medical priority enterprise maintenance agreement*

The medical priority enterprise maintenance agreement ensures that Ambulance Tasmania's emergency dispatch and call taking software/systems are maintained to ensure that protocols are in accordance with scientifically validated, updated, and dynamic protocols.



#### *Miscellaneous goods and services contracts*

The Department is party to contracts for the supply of various goods and services, including medical supplies and equipment maintenance.

#### *Miscellaneous grants*

The Department provides grants to external service providers to deliver a range of services including, mental health support services, public health services, alcohol and drug rehabilitation services, as well as palliative, respite and home and community care.

#### *Pathology services*

Pathology services in the North West are delivered by an external contractor, namely North West Pathology, as the North West does not have its own pathology service within the Department.

#### *Radiology services*

All radiology services at the two North West hospitals and rural hospital sites in the North and North West are outsourced to an external contractor, namely Regional Imaging.

#### *Rescue helicopter contract and helicopter services*

The Rescue helicopter contract is a contract to secure the availability of specialist helicopter services to both Ambulance Tasmania and the Department of Police, Fire and Emergency Management, with Ambulance Tasmania being the lead agency in the contract. The actual cost of the service will be shared between the agencies based on a cost sharing agreement.

#### *Royal Flying Doctor Service air ambulance standing charge*

The Royal Flying Doctor Service charge covers availability of the aircraft and a back-up aircraft, with pilots available 24 hours a day and other fixtures, including a hangar. It does not include variable costs such as flying hours and aviation charges.

#### *Rural medical services*

Provision of medical services at a number of THS rural sites are outsourced to Ochre Health as it has been beyond the THS's capacity to staff on a permanent basis. Sites include Flinders Island, Scottsdale, St Helens, Queenstown, King Island and Smithton.

#### *Secondary triage*

To improve on Ambulance Tasmania's response to 000 calls, a "secondary triage" process was implemented to ensure Tasmanian's receive the right care, in the right place and at the right time. Secondary triage will help Ambulance Tasmania keep emergency ambulances available for life-threatening and serious cases where paramedic care is needed.

#### *Short term and/or low-value leases*

The Department leases a range of medical equipment and properties/tenancies around the State for service delivery purposes. Short term leases and leases for which the underlying asset is of low value do not qualify for recognition as right-of-use assets and lease liabilities and are recognised as commitments.

## 10.2 Contingent assets and liabilities

Contingent assets and liabilities are not recognised in the Statement of Financial Position due to uncertainty regarding any possible amount or timing of any possible underlying claim or obligation.

### Quantifiable contingencies

A quantifiable contingent asset is any possible asset that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity. The Department does not have any quantifiable contingent assets as at 30 June 2023.

A quantifiable contingent liability is any possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity, or any present obligation that arises from past events but is not recognised because it is not probable that an outflow of resources embodying economic benefits will be required to settle the obligation. To the extent that any quantifiable contingencies are insured, details provided below are recorded at net value.

	2023 \$'000	2022 \$'000
<b>Quantifiable contingent liabilities</b>		
Contingent claims		
Legal claims (including medical negligence and workers compensation)	4 334	12 271
Bank guarantees	368	368
<b>Total</b>	<b>4 702</b>	<b>12 639</b>

#### *Legal Claims*

At 30 June 2023, the Department had a number of legal claims against it for professional negligence and other matters. The Department manages its legal claims through the Tasmanian Risk Management Fund. An excess is payable for every claim (\$40 000 for general liability and \$50 000 for medical liability) and amounts over the excess are met by the Tasmanian Risk Management Fund. Workers Compensation claims are also managed through the Tasmanian Risk Management Fund. The Department is responsible for the payment of the employee's wage for the first six weeks of the claim period (previously 26 weeks) and the remainder of the claim is covered by the Tasmanian Risk Management Fund.

### Unquantifiable Contingencies

At 30 June 2023, there remained several unresolved issues of potential non-compliance with taxation and superannuation legislation, which at the time of finalising the Financial Statements remained unquantified. These matters particularly relate to the Private Patient Scheme and have been referred to the Solicitor-General for specific superannuation and taxation advice.

During 2018-19, the Tasmanian Government agreed to participate in the Australian Government's National Redress Scheme for Institutional Child Sexual Abuse. The Scheme allows for redress to be provided to individuals who suffered abuse (sexual abuse and related non-sexual abuse) which occurred when the person was a child while in the care of an institution. Survivors are able to lodge an application with the Scheme, including where they suffered abuse in more than one institution. The National Scheme will be operated by the Australian Government's Department of Social Services for a period of 10 years, from 1 July 2018 to 30 June 2028. The Department has received a small number of applications for redress from individuals who have suffered abuse under the National Redress Scheme for Institutional Child Sexual Abuse. Additionally, a number of civil claims have been made against various Government agencies, including the Department, relating to child abuse in state care. As these claims have not yet been assessed, it is not possible at the reporting date to accurately estimate the amounts of any eventual payments that may be required in relation to these claims. As a result, these claims are currently classified as unquantifiable contingent liabilities.

## Note 11 Reserves

### 11.1 Reserves

2023	Land	Buildings	Heritage and cultural assets	Total
	\$'000	\$'000	\$'000	\$'000
<b>Asset revaluation reserve</b>				
<b>Balance as at 1 July</b>	<b>68 216</b>	<b>416 325</b>	<b>1 981</b>	<b>486 522</b>
Transfers to/(from) accumulated funds	(27)	27	....	....
Revaluation increments/(decrements)	24 786	692 964	1 420	719 170
<b>Balance as at 30 June</b>	<b>92 975</b>	<b>1 109 316</b>	<b>3 401</b>	<b>1 205 692</b>

2022	Land	Buildings	Heritage and cultural assets	Total
	\$'000	\$'000	\$'000	\$'000
<b>Asset revaluation reserve</b>				
<b>Balance as at 1 July</b>	<b>44 700</b>	<b>318 601</b>	<b>1 981</b>	<b>365 282</b>
Transfers to/(from) accumulated funds	(1)	(38)	....	(39)
Revaluation increments/(decrements)	23 517	97 762	....	121 279
<b>Balance as at 30 June</b>	<b>68 216</b>	<b>416 325</b>	<b>1 981</b>	<b>486 522</b>

#### Nature and purpose of reserves

##### Asset revaluation reserve

The asset revaluation reserve is used to record increments and decrements on the revaluation of non-financial assets, as described in Note 8.6.

Transfers to/from accumulated funds are in relation to the disposal of assets which had a corresponding asset revaluation adjustment in the Statement of Changes in Equity.

### 11.2 Administrative restructuring

Net assets received under a restructuring of administrative arrangements are designated as contributions by owners and adjusted directly against equity. Net assets relinquished are designated as distributions to owners. Net assets transferred are initially recognised at the amounts at which they were recognised by the transferring department immediately prior to the transfer.

The administrative restructure of the former Department of Communities Tasmania resulted in a transfer of the following functions to the Department on 1 December 2022:

- Board of Exceptional Needs; and
- Family Violence Counselling and Support Service.

In respect of activities assumed, the net book values of assets and liabilities transferred to the Department from the former Department of Communities Tasmania for no consideration and recognised as at the date of transfer were:

	2023 \$'000
<b>Contributions by owners</b>	
Receivables	7
Property, plant and equipment	798
Intangible assets	27
<b>Total assets recognised</b>	<b>832</b>

Employee benefit liabilities	839
Other liabilities	35
<b>Total liabilities recognised</b>	<b>874</b>
<b>Net assets/(liabilities) assumed on restructure</b>	<b>(42)</b>

## Note 12 Cash Flow Reconciliation

Cash means notes, coins, any deposits held at call with a bank or financial institution, as well as funds held in Specific Purpose Accounts, being short term of three months or less and highly liquid. Deposits are recognised at amortised cost, being their face value.

### 12.1 Cash and cash equivalents

Cash and cash equivalents includes the balance of the Specific Purpose Accounts held by the Department, and other cash held, excluding those accounts which are administered or held in a trustee capacity or agency arrangement.

	2023 \$'000	2022 \$'000
<b>Specific Purpose Account balances</b>		
<i>Private Patient Account</i>	15 964	16 438
<i>Operating Account</i>	182 523	224 068
<b>Total</b>	<b>198 487</b>	<b>240 506</b>
<b>Other cash held</b>		
<i>Other cash and equivalents not included above</i>	503	500
<b>Total</b>	<b>503</b>	<b>500</b>
<b>Total cash and cash equivalents</b>	<b>198 990</b>	<b>241 006</b>

Other cash and equivalents represent the payroll advance account balance as well as petty cash and cash floats.

### 12.2 Reconciliation of net result to net cash from operating activities

	2023 \$'000	2022 \$'000
Net result from continuing operations	(101 393)	73 821
Non-actuarial gains/(losses) on superannuation defined benefit plans	(18)	669
Depreciation and amortisation	84 461	78 235
Recognition of non-cash contributions	(1 413)	(4 031)
Non-operational capital funding	(53 044)	(45 606)
Capital grants income	(1 597)	(17 613)
Impairment of non-financial assets	....	5 000
Transfer of assets due to administrative restructure	(867)	....
Net (gain)/loss on non-financial assets	(15)	(1 446)
Net (gain)/loss on financial instruments and statutory receivables/payables	4 580	1 165
Decrease/(increase) in Receivables	(8 987)	(12 641)
Decrease/(increase) in Contract assets	5 249	(3 502)
Decrease/(increase) in Other assets	(15 956)	(1 450)
Decrease/(increase) in Inventories	13 359	(1 878)
Increase/(decrease) in Employee benefit liabilities	45 916	18 534
Increase/(decrease) in Payables	33 100	(15 465)
Increase/(decrease) in Other liabilities	3 334	5 668
<b>Net cash from/(used by) operating activities</b>	<b>6 709</b>	<b>79 460</b>

## 12.3 Acquittal of Capital Investment Program

The Department received capital appropriation funding to fund specific projects.

Cash outflows relating to these projects, funded from the Capital Investment Program, are listed below.

Budget information refers to original estimates as disclosed in the 2022-23 Budget Papers and has not been subject to audit.

### Project expenditure

	2023 Budget \$'000	2023 Actual \$'000	2022 Actual \$'000
<b>Capital Investment Program</b>			
Aeromedical Helicopter Service	....	....	108
Air Conditioning Upgrades - Statewide	2 411	1 507	560
Better Accommodation for Health Professionals on Flinders Island	....	....	(3)
Burnie and Glenorchy Ambulance Stations	6 726	3 540	640
Campbell Town Ambulance Station	....	....	10
CHHP Acute Care Facility NWRH	4 000	355	53
CHHP Birthing Suites Upgrade LGH	....	1	238
CHHP Kings Meadows Community Centre	4 000	129	69
CHHP Queenstown Allied Health and Aged Care Facility	....	114	54
CHHP St Johns Park Eating Disorders Treatment Centre	4 925	190	9
Digital Health Transformation	30 000	24 145	....
Dover Helipad	300	197	....
Health Transport and Coordination Infrastructure	....	....	1 158
Hospital Equipment Fund	10 000	8 606	4 368
Human Resources Information System	14 000	14 445	5 189
Launceston General Hospital Redevelopment - Stage 1	11 247	13 025	21 797
Launceston General Hospital Redevelopment - Stage 2 (including Mental Health Precinct)	2 000	516	500
Maternity Services at the North West Regional Hospital	1 500	1 724	3 445
Mersey Community Hospital - Expanded Redevelopment	1 000	....	....
Mersey Community Hospital - Rural Medical Workforce Centre	1 000	128	....
Mersey Community Hospital - Capital Upgrades	14 775	11 957	5 279
Midlands Multipurpose Health Centre Upgrade	1 600	113	150
New Ambulance Vehicles and Equipment	4 000	3 669	2 000
North West Regional Hospital - Mental Health Precinct	2 000	729	....
North West Regional Hospital - Upgrade	750	....	....
Priority Infrastructure Works - Health	....	(129)	139
Regional Health and Ambulance Facilities Fund	2 500	2 483	46
Royal Hobart Hospital - New Angiography Suite and Equipment Upgrade	....	251	....
Royal Hobart Hospital Pharmacy Redevelopment	5 315	534	429
Royal Hobart Hospital Redevelopment	....	1 813	722
Royal Hobart Hospital Stage 2 Redevelopment	26 114	42 228	13 546
Rural Hospital Equipment Boost	2 500	1 974	1 010
St Helens Helipad	300	202	....
Stage 2 of the King Island Hospital Redevelopment	....	(73)	114
Statewide Hospital Critical Facility Upgrades	918	186	1 640
Statewide Rural Health Facility Infrastructure Upgrades	1 318	676	473
Statewide Rural Hospital and Ambulance Station Upgrade Fund	735	4 728	2 894
THS Infrastructure Upgrades	580	448	514
27 New Mental Health Beds in Southern Tasmania	7 933	9 139	5 815
RHH Women's and Children's Hospital	....	3	....
<b>Total</b>	<b>164 447</b>	<b>149 553</b>	<b>72 966</b>

### Classification of cash flows

The project expenditure above is reflected in the Statement of Cash Flows as follows.

	2023 \$'000	2022 \$'000
<b>Cash outflows</b>		
Employee benefits	30 781	5 269
Supplies and consumables	30 045	7 785
Payments for acquisition of assets	88 727	59 912
<b>Total</b>	<b>149 553</b>	<b>72 966</b>

## 12.4 Financing facilities

The Department does not have any financing facilities.

## 12.5 Reconciliation of liabilities arising from financing activities

Liabilities arising from financing activities are liabilities for which cash flows were, or future cash flows will be, classified in the Statement of Cash Flows as cash flows from financing activities.

	2023 \$'000	2022 \$'000
<b>Lease liabilities</b>		
<b>Balance as at 1 July</b>	<b>45 882</b>	<b>19 361</b>
New leases	15 988	39 327
Surrender of existing leases	(177)	(5 696)
Changes from financing cash flows:		
Repayment of lease liabilities (excluding interest)	(7 262)	(7 110)
<b>Balance as at 30 June</b>	<b>54 431</b>	<b>45 882</b>



## Note 13 Financial Instruments

### 13.1 Risk exposures

#### Risk management policies

The Department has exposure to the following risks from its use of financial instruments:

- credit risk;
- liquidity risk; and
- market risk.

The Secretary (Accountable Authority) has overall responsibility for the establishment and oversight of the Department's risk management framework. Risk management policies are established to identify and analyse risks faced by the Department, to set appropriate risk limits and controls, and to monitor risks and adherence to limits.

#### Credit risk exposures

Credit risk is the risk of financial loss to the Department if a customer or counterparty to a financial instrument fails to meet its contractual obligations.

Financial Instrument	Accounting and strategic policies (including recognition criteria, measurement basis and credit quality of instrument)	Nature of underlying instrument (including significant terms and conditions affecting the amount, timing and certainty of cash flows)
<b>Financial assets</b>		
Cash and cash equivalents	Cash and deposits are recognised at face value.	Cash means notes, coins and any deposits held at call with a bank or financial institution.
Receivables	<i>Receivables are recognised at the nominal amounts due, less any provision for impairment. Collectability of debts is reviewed on a monthly basis. Provisions are made when the collection of the debt is judged to be less rather than more likely.</i>	<i>Receivables credit terms are generally 30 days.</i>
Other financial assets	<i>Other financial assets are recognised at the nominal amounts due, less any provision for impairment.</i>	<i>Other financial assets credit terms are generally 30 days.</i>

The Department has made no changes to its credit risk policy during 2022-23. The Department does not hold any security instrument for its cash and cash equivalents, receivables and other financial assets.

No credit terms on any significant departmental financial assets have been renegotiated.

The carrying amount of financial assets recorded in the Financial Statements, net of any allowances for losses, represents the Department's maximum exposure to credit risk without taking into account of any collateral or other security.

#### Expected credit loss analysis of receivables

The simplified approach to measuring expected credit losses is applied, which uses a lifetime expected loss allowance for all trade receivables.

The expected loss rates are based on historical observed loss rates adjusted for forward looking factors that will have an impact on the ability to settle the receivables. The loss allowance for trade debtors as at 30 June are as follows:

2023	Not past due	Past due 1-30 days	Past due 31-60 days	Past due 61-90 days	Past due 91+ days	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Expected credit loss rate (A)	0.54%	4.98%	15.28%	17.68%	18.74%	13.65%
Total gross carrying amount (B)	10 431	5 315	2 398	3 766	32 122	54 032
Expected credit loss (A x B)	56	265	366	666	6 020	7 373

2022	Not past due	Past due 1-30 days	Past due 31-60 days	Past due 61-90 days	Past due 91+ days	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Expected credit loss rate (A)	0.78%	0.99%	4.35%	13.47%	11.14%	7.58%
Total gross carrying amount (B)	10 392	3 796	1 870	1 062	26 809	43 929
Expected credit loss (A x B)	81	38	81	143	2 987	3 330

#### Liquidity risk

Liquidity risk is the risk that the Department will not be able to meet its financial obligations as they fall due. The Department's approach to managing liquidity is to ensure that it will always have sufficient liquidity to meet its liabilities when they fall due.

Financial Instrument	Accounting and strategic policies (including recognition criteria, measurement basis and credit quality of instrument)	Nature of underlying instrument (including significant terms and conditions affecting the amount, timing and certainty of cash flows)
<b>Financial liabilities</b>		
Payables	<i>Payables, including goods received and services incurred but not yet invoiced, are recognised at amortised cost, which due to the short settlement period equates to face value, when the Department becomes obliged to make future payments as a result of a purchase of assets or services.</i>	Apart from accrued expenses relating to inter-jurisdictional provision of medical services (refer Note 9.1), settlement is usually made within 14 days.
Other financial liabilities	<i>Other financial liabilities are recognised at amortised cost, which due to the short settlement period equates to face value, when the Department becomes obliged to make payments as a result of the purchase of assets or services. The Department regularly reviews budgeted and actual cash outflows to ensure that there is sufficient cash to meet all obligations.</i>	Settlement is usually made within 30 days.

#### Maturity analysis for financial liabilities

The following tables detail the undiscounted cash flows payable by the Department by remaining contractual maturity for its financial liabilities. It should be noted that as these are undiscounted, totals may not reconcile to the carrying amounts presented in the Statement of Financial Position:

<b>2023</b>	<b>1 year \$'000</b>	<b>2 years \$'000</b>	<b>3 years \$'000</b>	<b>4 years \$'000</b>	<b>5 years \$'000</b>	<b>5+ years \$'000</b>	<b>Undiscounted total \$'000</b>	<b>Carrying amount \$'000</b>
<b>Financial liabilities</b>								
Payables	66 190	15 197	21 552	....	....	....	102 939	102 939
Other financial liabilities	41 533	7 236	....	....	....	....	48 769	48 769
<b>Total</b>	<b>107 723</b>	<b>22 433</b>	<b>21 552</b>	<b>....</b>	<b>....</b>	<b>....</b>	<b>151 708</b>	<b>151 708</b>

<b>2022</b>	<b>1 year \$'000</b>	<b>2 years \$'000</b>	<b>3 years \$'000</b>	<b>4 years \$'000</b>	<b>5 years \$'000</b>	<b>5+ years \$'000</b>	<b>Undiscounted total \$'000</b>	<b>Carrying amount \$'000</b>
<b>Financial liabilities</b>								
Payables		11 547	13 500	....	....	....	69 839	69 839
Other financial liabilities	38 760	7 189	....	....	....	....	45 949	45 949
<b>Total</b>	<b>83 552</b>	<b>18 736</b>	<b>13 500</b>	<b>....</b>	<b>....</b>	<b>....</b>	<b>115 788</b>	<b>115 788</b>

#### Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. The primary market risk that the Department is exposed to is interest rate risk. As the Department does not have any interest bearing financial assets or liabilities, the exposure to this risk is considered negligible.

## 13.2 Categories of financial assets and liabilities

	<b>2023 \$'000</b>	<b>2022 \$'000</b>
<b>Financial assets</b>		
Financial assets measured at amortised cost	297 878	328 198
<b>Total</b>	<b>297 878</b>	<b>328 198</b>
<b>Financial liabilities</b>		
Financial liabilities measured at amortised cost	151 708	115 788
<b>Total</b>	<b>151 708</b>	<b>115 788</b>

## 13.3 Derecognition of financial assets

No derecognition of financial assets occurred during 2022-23.

## 13.4 Comparison between carrying amount and net fair value of financial assets and liabilities

	Carrying amount 2023 \$'000	Net fair value 2023 \$'000	Carrying amount 2022 \$'000	Net fair value 2022 \$'000
<b>Financial assets</b>				
Cash in Specific Purpose Accounts	198 487	198 487	240 506	240 506
Other cash held	503	503	500	500
Other financial assets:				
Receivables	59 153	59 153	54 746	54 746
Other financial assets	39 735	39 735	32 446	32 446
<b>Total financial assets</b>	<b>297 878</b>	<b>297 878</b>	<b>328 198</b>	<b>328 198</b>
<b>Financial liabilities (recognised)</b>				
Other financial liabilities:				
Payables	102 939	102 939	69 839	69 839
Other liabilities	48 769	48 769	45 949	45 949
<b>Total financial liabilities (recognised)</b>	<b>151 708</b>	<b>151 708</b>	<b>115 788</b>	<b>115 788</b>

## 13.5 Net fair value of financial assets and liabilities

2023	Net fair value Level 1 \$'000	Net fair value Level 2 \$'000	Net fair value Level 3 \$'000	Total \$'000
<b>Financial assets</b>				
Cash in Specific Purpose Accounts	198 487	....	....	198 487
Other cash held	503	....	....	503
Other financial assets				
Receivables	59 153	....	....	59 153
Other financial assets	39 735	....	....	39 735
<b>Total financial assets</b>	<b>297 878</b>	<b>....</b>	<b>....</b>	<b>297 878</b>
<b>Financial liabilities (recognised)</b>				
Other financial liabilities				
Payables	102 939	....	....	102 939
Other liabilities	48 769	....	....	48 769
<b>Total financial liabilities (recognised)</b>	<b>151 708</b>	<b>....</b>	<b>....</b>	<b>151 708</b>

2022	Net fair value Level 1 \$'000	Net fair value Level 2 \$'000	Net fair value Level 3 \$'000	Total \$'000
<b>Financial assets</b>				
Cash in Specific Purpose Accounts	240 506	....	....	240 506
Other cash held	500	....	....	500
Other financial assets				
Receivables	54 746	....	....	54 746
Other financial assets	32 446	....	....	32 446
<b>Total financial assets</b>	<b>328 198</b>	<b>....</b>	<b>....</b>	<b>328 198</b>
<b>Financial liabilities (recognised)</b>				
Other financial liabilities				
Payables	69 839	....	....	69 839
Other liabilities	45 949	....	....	45 949
<b>Total financial liabilities (recognised)</b>	<b>115 788</b>	<b>....</b>	<b>....</b>	<b>115 788</b>

The recognised fair values of financial assets and financial liabilities are classified according to the fair value hierarchy that reflects the significance of the inputs used in making these measurements. The Department uses various methods in estimating the fair value of a financial instrument. The methods comprise:

*Level 1* the fair value is calculated using quoted prices in active markets;

*Level 2* the fair value is estimated using inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly (as prices) or indirectly (derived from prices); and

*Level 3* the fair value is estimated using inputs for the asset or liability that are not based on observable market data.

#### [Transfer between categories](#)

The Department did not transfer any financial assets or financial liabilities between Level 1 and Level 2.

#### [Reconciliation of Level 3 fair value movements](#)

The Department does not have any Level 3 instruments.

#### *Financial assets*

The net fair values of cash and non-interest bearing monetary financial assets approximate their carrying amounts.

#### *Financial liabilities*

The net fair values for trade creditors are approximated by their carrying amounts.

#### *Unrecognised financial instruments*

The net fair values of indemnities are regarded as the maximum possible loss which the Government faces while the indemnity remains current.

## **Note 14 Details of Aggregated Entities**

### **14.1 List of entities**

The following entities have been aggregated by the Department:

Commissioner of Ambulance Services	100 per cent
Tasmanian Health Service	100 per cent

Further information is provided at Note 17.3.

## **Note 15 Transactions and Balances Relating to a Trustee or Agency Arrangement**

### **15.1 Activities undertaken under a trustee or agency arrangement**

Transactions relating to activities undertaken by the Department in a trust or fiduciary (agency) capacity do not form part of the Department's activities. Trustee and agency arrangements, and transactions/balances relating to those activities, are neither controlled nor administered.

Fees, commissions earned and expenses incurred in the course of rendering services as a trustee or through an agency arrangement are recognised as controlled transactions.

Account	Opening balance \$'000	Net transactions during 2022-23 \$'000	Closing balance \$'000
<i>Patient Trust and Bequest Account</i>	7 248	1 364	8 612
<i>Mental Health Services Client Trust Account</i>	...	2	2

## Note 16 Events Occurring after Balance Date

There have been no events subsequent to balance date which would have a material effect on the Department's Financial Statements as at 30 June 2023.

## Note 17 Other Significant Accounting Policies and Judgements

### 17.1 Objectives and funding

The Department's objective is to improve the health and wellbeing of patients, clients and the Tasmanian community through a sustainable, high quality and safe health system. The Department achieves this through the following strategic priorities: promoting health and wellbeing and intervening early when needed; planning and delivering services; delivering the benefits of reform; strengthening sustainability; and shaping our workforce.

Departmental activities are classified as either controlled or administered.

Controlled activities involve the use of assets, liabilities, revenues and expenses controlled or incurred by the Department in its own right. Administered activities involve the management or oversight by the Department, on behalf of the Government, of items controlled or incurred by the Government. In the current financial year, there are no administered items.

The Department is a Tasmanian Government not-for-profit entity that is predominantly funded through Parliamentary appropriations.

In addition to Parliamentary appropriations, Ambulance Tasmania provides services to fee paying patients, or patients who will receive compensation due to the circumstances surrounding their injury.

Under the National Health Reform Agreement, funding is provided to the THS on the basis of activity through activity based funding wherever practicable. Funding for smaller regional or rural hospitals is provided on a block funding basis. Funds for teaching, training and research are also provided on a block funding basis. Pricing under the National Health Reform Agreement is determined by an Independent Hospitals Pricing Authority. Funding due to the THS under Australian Government National Partnership Agreements and COPEs programs is paid as grants. The THS also provides services to fee paying privately insured patients, or patients who will receive compensation due to the circumstances surrounding their injury.

The Financial Statements encompass all funds through which the Department controls resources to carry on its functions.

### 17.2 Basis of accounting

The Financial Statements are a general purpose financial report and have been prepared in accordance with:

- Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board; and
- The Treasurer's Instructions issued under the provisions of the *Financial Management Act 2016*.



The Financial Statements were signed by the Secretary of the Department of Health and the Chief Financial Officer on 7 September 2023.

Compliance with the Australian Accounting Standards may not result in compliance with International Financial Reporting Standards, as the AAS include requirements and options available to not-for-profit organisations that are inconsistent with IFRS. The Department is considered to be not-for-profit and has adopted some accounting policies under the AAS that do not comply with IFRS.

The Financial Statements have been prepared on an accrual basis and, except where stated, are in accordance with the historical cost convention. The accounting policies are generally consistent with the previous year except for those changes outlined in Note 17.5.

The Financial Statements have been prepared as a going concern. The continued existence of the Department in its present form, undertaking its current activities, is dependent on Government policy and on continuing appropriations by Parliament for the Department's administration and activities.

The Department has made no assumptions concerning the future that may cause a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

### 17.3 Reporting entity

The Financial Statements include all the controlled activities of the Department. The Financial Statements consolidate material transactions and balances of the Department and entities included in its Output Groups, being Ambulance Tasmania and the THS as detailed in Note 14.1. Material transactions and balances between the Department and such entities have been eliminated or offset, so as to not overstate the Department's account balances, yet provide accurate Output Group reporting.

### 17.4 Functional and presentation currency

These Financial Statements are presented in Australian dollars, which is the Department's functional currency.

### 17.5 Changes in accounting policies

#### Impact of new and revised Accounting Standards

In the current year, there are no new or revised Standards and Interpretations issued by the AASB that are relevant to the Department's operations and effective for the current annual reporting period.

#### Impact of new and revised Accounting Standards yet to be applied

There are no applicable Standards that have been issued by the AASB that are yet to be applied by the Department.

#### Voluntary changes in accounting policy

The Department has made no voluntary changes in accounting policy during 2022-23.

### 17.6 Foreign currency

Transactions denominated in a foreign currency are converted at the exchange rate at the date of the transaction. Foreign currency receivables and payables are translated at the exchange rates current as at balance date.

## 17.7 Comparative figures

Comparative figures have been adjusted to reflect any changes in accounting policy or the adoption of new standards. Details of the impact of changes in accounting policy on comparative figures are at Note 17.5.

Where amounts have been reclassified within the Financial Statements, the comparative statements have been restated.

The comparatives for external administrative restructures are not reflected in the Financial Statements.

## 17.8 Rounding

All amounts in the Financial Statements have been rounded to the nearest thousand dollars, unless otherwise stated. As a consequence, rounded figures may not add to totals. Amounts less than \$500 are rounded to zero and are indicated by the symbol “....”.

## 17.9 Taxation

The Department is exempt from all forms of taxation except Fringe Benefits Tax and Goods and Services Tax.

### 17.10 Goods and Services Tax

Revenue, expenses and assets are recognised net of the amount of Goods and Services Tax, except where the GST incurred is not recoverable from the Australian Taxation Office. Receivables and payables are stated inclusive of GST. The net amount recoverable, or payable, to the Australian Taxation Office is recognised as an asset or liability within the Statement of Financial Position.

In the Statement of Cash Flows, the GST component of cash flows arising from operating, investing or financing activities which is recoverable from, or payable to, the Australian Taxation Office is, in accordance with the Australian Accounting Standards, classified as operating cash flows.

## Auditor's Report

### To the Members of Parliament

### The Department of Health

### Report on the Audit of the Financial Statements

#### Opinion

I have audited the financial statements of the Department of Health (the Department), which comprises the statement of financial position as at 30 June 2023 and statements of comprehensive income, changes in equity and cash flows for the year then ended, notes to the financial statements, including a summary of significant accounting policies, other explanatory notes and the statement of certification signed by the Secretary of the Department.

In my opinion, the accompanying financial statements:

- a) present fairly, in all material respects, the Department's financial position as at 30 June 2023 and its financial performance and its cash flows for the year then ended
- b) are in accordance with the *Financial Management Act 2016* and Australian Accounting Standards.

#### Basis for Opinion

I conducted the audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Department in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to my audit of the financial statements in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code.

The *Audit Act 2008* further promotes the independence of the Auditor-General. The Auditor-General is the auditor of all Tasmanian public sector entities and can only be removed by Parliament. The Auditor-General may conduct an audit in any way considered appropriate and is not subject to direction by any person about the way in which audit powers are to be exercised. The Auditor-General has for the purposes of conducting an audit, access to all documents and property and can report to Parliament matters which in the Auditor-General's opinion are significant.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion. My audit is not designed to provide assurance on the accuracy and appropriateness of the budget information in the Department's financial statements.

## Key Audit Matters

Key audit matters are those matters that, in my professional judgement, were of most significance in my audit of the financial statements of the current period. These matters were addressed in the context of my audit of the financial statements as a whole, and in forming my opinion thereon, and I do not provide a separate opinion on these matters.

Why this matter is considered to be one of the most significant matters in the audit	Audit procedures to address the matter included
<b>Revenue from sale of goods and services</b> <i>Refer to note 5.3</i>	
<p>The Department recognises significant revenue from the sales of goods and services, \$226.84 million.</p> <p>The major revenue streams are inpatient, outpatient and nursing home fees, private patient scheme revenue and reimbursement from Medicare under the Pharmaceutical Benefits Scheme.</p> <p>Sales of goods and services are recognised when consideration is received or receivable in respect of a wide range of services rendered captured through discrete systems.</p> <p>Due to the number of revenue streams and systems at varying sites across the Department, the manual nature of some billing processes, and the significant revenue amounts received, we identified a number of significant risks around the accuracy and completeness of revenue.</p>	<ul style="list-style-type: none"> <li>• Reviewing the design and implementation of key controls and testing a sample of controls to confirm their operating effectiveness.</li> <li>• Examining reconciliations of information from subsidiary systems to the general ledger.</li> <li>• Performing substantive testing over a sample of sales of goods and services transactions.</li> <li>• Examining transactions around 30 June 2023 to ensure allocation of transactions to the correct financial year.</li> <li>• Assessing the adequacy of relevant disclosures in the financial statements for compliance with Australian Accounting Standards.</li> </ul>
<b>Valuation of property assets</b> <i>Refer to note 8.6</i>	
<p>At 30 June 2023, the Department's property assets included land and buildings totaling \$2 312.57 million recognised at fair value.</p> <p>The fair value of these assets is based on market values and current replacement cost. The Department undertakes formal revaluations on a regular basis and applies</p>	<ul style="list-style-type: none"> <li>• Assessing the scope, expertise and independence of experts involved in the valuations.</li> <li>• Evaluating the appropriateness of the valuation methodology applied to determine fair values, including assumptions and key inputs.</li> </ul>

<p>indexation between valuations to ensure carrying values represent fair value.</p> <p>During the year a formal revaluation was undertaken based on fair values determined by an external expert</p>	<ul style="list-style-type: none"> <li>• Testing, on a sample basis, the mathematical accuracy of the valuation calculations.</li> <li>• Evaluating management's assessment of the valuation report provided by the independent expert, including the completeness of the assets in the report.</li> <li>• Assessing the adequacy of relevant disclosures in the financial statements for compliance with Australian Accounting Standards.</li> </ul>
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## Responsibilities of the Secretary for the Financial Statements

The Secretary is responsible for the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards, and the financial reporting requirements of Section 42 (1) of the *Financial Management Act 2016*. This responsibility includes such internal control as determined necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Secretary is responsible for assessing the Department's ability to continue as a going concern unless the Department's operations will cease as a result of an administrative restructure. The assessment must disclose, as applicable, matters related to going concern and the appropriateness of using the going concern basis of accounting.

## Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Department's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Secretary.

- Conclude on the appropriateness of the Secretary's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Department's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusion is based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Department to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Secretary regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

From the matters communicated with the Secretary, I determine those matters that were of most significance in the audit of the financial statements of the current period and are therefore the key audit matters. I describe these matters in my auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, I determine that a matter should not be communicated in my report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.



David Bond  
**Assistant Auditor-General**  
**Delegate of the Auditor-General** Tasmanian Audit  
 Office

8 September 2023  
 Hobart



## **Tasmanian Health Service Financial Statements For The Year Ended 30 June 2023**

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## Statement of Certification

The accompanying Financial Statements of the Tasmanian Health Service are in agreement with the relevant accounts and records and have been prepared in compliance with the Treasurer's Instructions issued under the provisions of the *Financial Management Act 2016* to present fairly the financial transactions for the year ended 30 June 2023 and the financial position as at the end of the year.

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



Kathrine Morgan-Wicks  
Secretary  
Department of Health

Dated 7 September 2023



Craig Jeffery  
Chief Financial Officer  
Department of Health

Dated 7 September 2023

## Statement of Comprehensive Income for the year ended 30 June 2023

	Notes	2023 Actual \$'000	2022 Actual \$'000
<b>Income from continuing operations</b>			
Grants	4.1	2 146 995	1 936 593
Sales of goods and services	4.2	217 414	216 014
Interest	4.3	514	20
Contributions received	4.4	85 720	4 252
Other revenue	4.5	52 268	46 110
<b>Total revenue from continuing operations</b>		<b>2 502 911</b>	<b>2 202 989</b>
Net gain/(loss) on non-financial assets	5.1	(223)	1 239
Net gain/(loss) on financial instruments and statutory receivables/payables	5.2	(3 360)	(465)
<b>Total income from continuing operations</b>		<b>2 499 328</b>	<b>2 203 763</b>
<b>Expenses from continuing operations</b>			
Employee benefits	6.1	1 716 167	1 470 863
Depreciation and amortisation	6.2	75 079	70 073
Supplies and consumables	6.3	689 530	610 245
Grants and subsidies	6.4	49 950	9 520
Finance costs	6.5	1 285	902
Other expenses	6.6	57 810	42 664
<b>Total expenses from continuing operations</b>		<b>2 589 821</b>	<b>2 204 267</b>
<b>Net result from continuing operations</b>		<b>(90 493)</b>	<b>(504)</b>
<b>Other comprehensive income</b>			
<b>Items that will not be reclassified to net result in subsequent periods</b>			
Changes in property, plant and equipment revaluation surplus	10.1	721 631	113 945
<b>Total other comprehensive income</b>		<b>721 631</b>	<b>113 945</b>
<b>Comprehensive result</b>		<b>631 138</b>	<b>113 441</b>

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

## Statement of Financial Position as at 30 June 2023

	Notes	2023 Actual \$'000	2022 Actual \$'000
<b>Assets</b>			
<i>Financial assets</i>			
Cash and cash equivalents	11.1	16 003	70 817
Receivables	7.1	52 409	45 951
Other financial assets	7.3	30 630	25 612
<i>Non-financial assets</i>			
Inventories	7.4	18 916	20 995
Assets held for sale	7.5	....	68
Property, plant and equipment	7.6	2 322 832	1 576 271
Right-of-use assets	7.7	47 956	41 803
Intangible assets	7.8	2 966	4 052
Other assets	7.9	8 446	7 189
<b>Total assets</b>		<b>2 500 158</b>	<b>1 792 758</b>
<b>Liabilities</b>			
Payables	8.1	80 436	54 573
Lease liabilities	8.2	49 734	42 662
Employee benefit liabilities	8.3	368 749	327 538
Other liabilities	8.5	30 720	27 819
<b>Total liabilities</b>		<b>529 639</b>	<b>452 592</b>
<b>Net assets</b>		<b>1 970 519</b>	<b>1 340 166</b>
<b>Equity</b>			
Reserves	10.1	1 166 315	444 652
Accumulated funds		804 204	895 514
<b>Total equity</b>		<b>1 970 519</b>	<b>1 340 166</b>

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

## Statement of Cash Flows for the year ended 30 June 2023

	Notes	2023 Actual \$'000	2022 Actual \$'000
<b>Cash flows from operating activities</b>			
<i>Cash inflows</i>			
Grants - continuing operations		2 146 995	1 937 642
Sales of goods and services		204 268	199 611
GST receipts		68 780	59 355
Interest received		514	20
Other cash receipts		52 268	46 110
<b>Total cash inflows</b>		<b>2 472 825</b>	<b>2 242 738</b>
<i>Cash outflows</i>			
Employee benefits		(1 674 478)	(1 455 226)
Finance costs		(1 285)	(902)
GST payments		(69 228)	(60 473)
Grants paid		(49 950)	(9 520)
Supplies and consumables		(662 855)	(632 151)
Other cash payments		(55 584)	(40 504)
<b>Total cash outflows</b>		<b>(2 513 380)</b>	<b>(2 198 776)</b>
<b>Net cash from/(used by) operating activities</b>	11.2	<b>(40 555)</b>	<b>43 962</b>
<b>Cash flows from investing activities</b>			
<i>Cash inflows</i>			
Proceeds from the disposal of non-financial assets		296	4 072
<b>Total cash inflows</b>		<b>296</b>	<b>4 072</b>
<i>Cash outflows</i>			
Payments for acquisition of non-financial assets		(8 753)	(12 751)
<b>Total cash outflows</b>		<b>(8 753)</b>	<b>(12 751)</b>
<b>Net cash from/(used by) investing activities</b>		<b>(8 457)</b>	<b>(8 679)</b>
<b>Cash flows from financing activities</b>			
<i>Cash outflows</i>			
Repayment of lease liabilities (excluding interest)		(5 802)	(5 822)
<b>Total cash outflows</b>		<b>(5 802)</b>	<b>(5 822)</b>
<b>Net cash from/(used by) financing activities</b>		<b>(5 802)</b>	<b>(5 822)</b>
<b>Net increase/(decrease) in cash and cash equivalents held</b>		<b>(54 814)</b>	<b>29 461</b>
<b>Cash and cash equivalents at the beginning of the reporting period</b>		<b>70 817</b>	<b>41 356</b>
<b>Cash and cash equivalents at the end of the reporting period</b>	11.1	<b>16 003</b>	<b>70 817</b>

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



## Statement of Changes in Equity for the year ended 30 June 2023

	Notes	Reserves \$'000	Accumulated funds \$'000	Total equity \$'000
<b>Balance as at 1 July 2022</b>		<b>444 652</b>	<b>895 514</b>	<b>1 340 166</b>
Net result		....	(90 493)	(90 493)
Other comprehensive income		721 631	....	721 631
<b>Total comprehensive result</b>		<b>721 631</b>	<b>(90 493)</b>	<b>631 138</b>
Transfers to asset revaluation reserve from accumulated funds	10.1	32	(32)	....
Transactions with owners in their capacity as owners:				
Administrative restructure - net assets/(liabilities) assumed	10.2	....	(785)	(785)
<b>Balance as at 30 June 2023</b>		<b>1 166 315</b>	<b>804 204</b>	<b>1 970 519</b>

		Reserves \$'000	Accumulated funds \$'000	Total equity \$'000
<b>Balance as at 1 July 2021</b>		<b>330 707</b>	<b>896 018</b>	<b>1 226 725</b>
Net result		....	(504)	(504)
Other comprehensive income		113 945	....	113 945
<b>Total comprehensive result</b>		<b>113 945</b>	<b>(504)</b>	<b>113 441</b>
<b>Balance as at 30 June 2022</b>		<b>444 652</b>	<b>895 514</b>	<b>1 340 166</b>

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

## Notes to and forming part of the financial statements for the year ended 30 June 2023

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## Note 1 Tasmanian Health Service Output Schedules

### 1.1 Output Group Information

Comparative information has not been restated for administrative restructures.

Under the *Tasmanian Health Service Act 2018*, the THS is a separate legal entity governed by an Executive reporting directly to the Secretary of the Department of Health. The THS's activities are Outputs of the Department of Health and as a result, the annual Budget Papers do not provide discrete budget information for the THS and therefore budget information is not provided in the Financial Statements of the THS.

	2023 Actual \$'000	2022 Actual \$'000
<b>Expense by Output</b>		
2.1 Admitted Services	1 438 643	1 189 211
2.2 Non-admitted Services	394 364	351 196
2.3 Emergency Department Services	240 060	206 268
2.4 Community Health Services	296 717	266 103
2.5 Statewide and Mental Health Services	220 036	191 489
<b>Total</b>	<b>2 589 821</b>	<b>2 204 267</b>

## Note 2 Expenditure under Australian Government Funding Arrangements

	State Funding		Australian Government Funding	
	2023 Actual \$'000	2022 Actual \$'000	2023 Actual \$'000	2022 Actual \$'000
<b>Specific Purpose Payments</b>				
Activity Based Funding	804 865	651 736	467 716	419 670
Block Funding	625 652	600 412	93 845	91 016
Public Health Services	....	....	723	....
<b>National Partnership Program</b>				
Health Services	....	....	15 441	8 444
<b>Commonwealth Own Purpose Expenditure</b>				
Other	8 856	10 531	36 519	38 004
<b>Total</b>	<b>1 439 373</b>	<b>1 262 679</b>	<b>614 244</b>	<b>557 134</b>

Specific Purpose Payments are payments from the Australian Government to the Tasmanian Government arising from national agreements that set out the Australian Government's agreed objectives and outcomes, outputs, roles and responsibilities and performance indicators for each sector. Specific Purpose Payments are distributed to the states on the basis of their population shares.

National Partnership Payments are similar to Specific Purpose Payments but are provided for the purpose of the delivery of specified projects, facilitate reforms or reward jurisdictions that deliver nationally significant reforms.

Commonwealth Own Purpose Expenditure (COPEs) is funding paid directly from the Australian Government to the states and territories for the provision of services identified by the Australian Government. COPEs funding includes a State contribution to supplement COPEs funded projects where Australian Government funding is exceeded, primarily in relation to the Home and Community Care program.

## Note 3 Underlying Net Result

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

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

	Notes	2023 Actual \$'000	2022 Actual \$'000
Net result from continuing operations		(90 493)	(504)
Less impact of:			
Non-operational capital funding			
Contributions received - fair value of assets assumed at no cost or for nominal consideration	4.4	83 873	2 790
Total		83 873	2 790
Underlying net result from continuing operations		(174 366)	(3 294)

Contributions received - fair value of assets assumed at no cost or for nominal consideration primarily consists of capital grants for assets transferred to the THS from the Department of Health for no consideration.

## Note 4 Revenue

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

Income is recognised in accordance with the requirements of AASB 15 *Revenue from Contracts with Customers* or AASB 1058 *Income of Not-for-Profit Entities*, dependent on whether there is a contract with a customer defined by AASB 15.

### 4.1 Grants

Grants revenue, where there is a sufficiently specific performance obligation attached, are recognised when the THS satisfies the performance obligation and transfers the promised goods or services. The THS typically satisfies its performance obligations when services have been provided in line with the agreed terms as set out in funding contracts. The THS recognises revenue associated with performance obligations upon receipt of the revenues, which is typically using the input method on a straight line basis.

Note 7.2 outlines the transaction price that is allocated to the performance obligations that have not yet been satisfied at the end of the year and when it is expected to be recognised as revenue.

Grants revenue without a sufficiently specific performance obligation are recognised when the THS gains control of the asset (typically Cash).

	2023 Actual \$'000	2022 Actual \$'000
<b>Grants with sufficiently specific performance obligations</b>		
<i>Australian Government recurrent grants - Activity Based Funding</i>	467 716	418 622
COPEs receipts	11 429	11 084
<i>Other Australian Government grants</i>	2 049	1 450
State grants - Activity Based Funding	804 865	651 736
<b>Total</b>	<b>1 286 059</b>	<b>1 082 892</b>
<b>Grants without sufficiently specific performance obligations</b>		
<i>Australian Government recurrent grants - Block Funding</i>	94 568	91 016
COPEs receipts	28 781	28 496
<i>Other Australian Government grants</i>	12 248	4 946
State grants - Block Funding	574 697	575 853
State grants – Mersey Community Hospital	92 811	89 672
State grants - other	1 647	257
Grants from the Department of Health	56 184	63 461
<b>Total</b>	<b>860 936</b>	<b>853 701</b>
<b>Total revenue from grants</b>	<b>2 146 995</b>	<b>1 936 593</b>

## 4.2 Sales of goods and services

Revenue from Sales of goods and services is recognised when the THS satisfies a performance obligation by transferring the promised goods or services to the customer.

<b>Goods</b>	<b>Nature of timing of satisfaction of performance obligation, including significant payment terms</b>	<b>Revenue recognition policies</b>
Pharmaceutical, prosthesis and other medical/health related goods.	The THS typically satisfies the performance obligation when the goods have been delivered to the satisfaction of the customer. Payment terms are generally 30 days.	The THS recognises revenue associated with performance obligations upon receipt of the revenues, which is typically using the input method on a straight line basis.
<b>Services</b>	<b>Nature of timing of satisfaction of performance obligation, including significant payment terms</b>	<b>Revenue recognition policies</b>
Licencing, hospital and aged care services.	The THS typically satisfies the performance obligation when the promised services have been delivered to the satisfaction of the customer. Payment terms are generally 30 days.	The THS recognises revenue associated with performance obligations upon receipt of the revenues, which is typically using the input method on a straight line basis.

	2023 Actual \$'000	2022 Actual \$'000
Dental	6 229	6 127
Inpatient, outpatient nursing home fees	62 037	68 599
Other client revenue	973	1 036
Other user charges	7 600	8 589
Pharmaceutical Benefits Scheme co-payments	508	550
Pharmaceutical Benefits Scheme revenue from Medicare	100 771	92 539
Pharmacy excluding Pharmaceutical Benefits Scheme	3 191	2 640
Private Patient Scheme	30 580	29 548
Prosthesis	5 525	6 386
<b>Total</b>	<b>217 414</b>	<b>216 014</b>



## 4.3 Interest

Interest on funds is recognised as it accrues using the effective interest rate method.

	2023 Actual \$'000	2022 Actual \$'000
Interest	514	20
<b>Total</b>	<b>514</b>	<b>20</b>

## 4.4 Contributions received

Services received free of charge by the THS, are recognised as income when a fair value can be reliably determined and when the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense.

Contributions of assets at no cost of acquisition or for nominal consideration are recognised at their fair value when the THS obtains control of the asset, it is probable that future economic benefits comprising the contribution will flow to the THS and the amount can be measured reliably. However, where the contribution received is from another government department as a consequence of restructuring of administrative arrangements, they are recognised as contributions by owners directly within equity. In these circumstances, book values from the transferor department have been used.

The THS has recognised an inflow of resources in the form of volunteer services as income where the fair value of those services can be measured reliably, and the services would have been purchased if they had not been donated.

### *Key estimate and judgement*

Fair value of volunteer services provided for the THS is based upon weekly hours volunteered at comparable recurrent salary rates for equivalent tasks performed.

	2023 Actual \$'000	2022 Actual \$'000
Fair value of assets assumed at no cost or for nominal consideration	83 873	2 790
Fair value of volunteer services provided	1 847	1 462
<b>Total</b>	<b>85 720</b>	<b>4 252</b>

In 2022-23, the fair value of assets assumed at no cost or for nominal consideration primarily represents the transfer of completed capital works on buildings.

Fair value of volunteer services provided represents the estimated service value of volunteers to the THS. This contribution is offset by an equal value recorded as Other expenses, refer to Note 6.6.

## 4.5 Other revenue

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

Lease income from operating leases where the THS is a lessor is recognised on a straight line basis. The THS does not have any finance leases as lessor.

	2023 Actual \$'000	2022 Actual \$'000
Corporate services revenue	155	....
Donations	1 507	1 498
Industry funds	3 891	3 522
Operating lease income - commercial rent	1 817	1 738
Operating lease income - residential rent	1 256	871
Recoveries - cafeterias and catering	4 933	4 388
Recoveries - multipurpose centre	287	207
Recoveries - operating expenses	5 993	3 930
Recoveries - wages and salaries	25 272	23 937
Recoveries - workers compensation	7 157	6 019
<b>Total</b>	<b>52 268</b>	<b>46 110</b>

Donations and Industry funds are amounts received from organisations and individuals to fund services and projects.

## Note 5 Net Gains/(Losses)

### 5.1 Net gain/(loss) on non-financial assets

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

#### *Key judgement*

Impairment exists when the recoverable amount of an asset is less than its carrying amount. Recoverable amount is the higher of fair value less costs to sell and value in use.

Specialised non-financial assets are not used for the purpose of generating cash flows, therefore their recoverable amount is expected to be materially the same as fair value, as determined under AASB 13 *Fair Value Measurement*.

All other non-financial assets are assessed to determine whether any impairment exists, with impairment losses recognised in the Statement of Comprehensive Income.

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

	2023 \$'000	2022 \$'000
Net gain/(loss) on disposal of physical assets	(223)	1 239
<b>Total net gain/(loss) on non-financial assets</b>	<b>(223)</b>	<b>1 239</b>

## 5.2 Net gain/(loss) on financial instruments and statutory receivables/payables

Financial assets are impaired under the expected credit loss approach required under AASB 9 *Financial Instruments*. The expected credit loss is recognised for all debt instruments not held at fair value through profit or loss.

### Key judgement

An impairment loss using the expected credit loss method for all trade debtors uses a lifetime expected loss allowance. The expected loss rates are based upon historical observed loss rates that are adjusted to reflect forward looking macroeconomic factors.

For other financial instruments that are not trade receivables, contract assets or lease receivables, the THS has measured the expected credit loss using a probability-weighted amount that takes into account the time value of money and forward looking macroeconomic factors.

	2023 \$'000	2022 \$'000
Impairment of receivables	(3 360)	(465)
<b>Total net gain/(loss) on financial instruments and statutory receivables/payables</b>	<b>(3 360)</b>	<b>(465)</b>

Impairment of receivables is recorded in the Reconciliation of movement in expected credit loss for receivables, refer to Note 7.1.

## Note 6 Expenses

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

### 6.1 Employee benefits

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

#### c) Employee expenses

	2023 \$'000	2022 \$'000
Wages and salaries	1 353 473	1 177 267
Annual leave	86 184	74 782
Long service leave	22 629	3 009
Sick leave	50 617	45 691
Superannuation - defined contribution scheme	169 978	143 467
Superannuation - defined benefit scheme	9 836	10 530
Other employment expenses - recruitment and staff development	22 286	15 145
Other employee expenses - other staff allowances	1 164	972
<b>Total</b>	<b>1 716 167</b>	<b>1 470 863</b>

Superannuation expenses relating to defined benefit schemes relate to payments into the Public Account. The amount of the payment is based on a contribution rate determined by the Treasurer, on the advice of the State Actuary. The current contribution is 12.95 per cent (2021-22: 12.95 per cent) of salary.

Superannuation expenses relating to defined contribution schemes are paid directly to superannuation funds at a rate of 10.5 per cent (2021-22: 10 per cent) of salary. In addition, the THS is also required to pay into the Public Account a “gap” payment equivalent to 3.45 per cent (2021-22: 3.45 per cent) of salary in respect of employees who are members of defined contribution schemes.

d) Remuneration of key management personnel

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

Remuneration during 2022-23 for key management personnel is set by the *State Service Act 2000*. Remuneration and other terms of employment are specified in employment contracts. Remuneration includes salary, motor vehicle and other non-monetary benefits. Long-term employee expenses include long service leave and superannuation obligations.

## Acting Arrangements

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

The following were key management personnel of the THS and unless otherwise indicated were key management personnel for the entire year:

2023	Short-term benefits Salary	Other benefits	Long-term benefits Superan uation	Other benefits and long service leave \$'000	Terminat ion benefits \$'000	Total \$'000
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Key management personnel</b>						
Kathrine Morgan-Wicks Secretary	438	58	50	13	....	559
Craig Jeffery Chief Financial Officer	203	42	28	8	....	281
Michelle Searle Chief People Officer	176	33	42	6	....	257
Warren Prentice Chief Information Officer	262	23	35	6	....	326
Shane Gregory Associate Secretary (from 30/01/2023) Deputy Secretary Infrastructure (to 07/03/2023)	298	38	33	8	....	377
Dale Webster Acting Deputy Secretary Hospitals and Primary Care (from 10/10/2022) Deputy Secretary Community, Mental Health and Wellbeing (to 09/10/2022)	204	42	81	13	....	340
Susan Gannon Chief Executive Hospitals South (to 09/06/2023)	211	34	39	(33)	....	251
Eric Daniels Chief Executive Hospitals North West (from 10/10/2022 to 19/03/2023) Chief Executive Hospitals North/North West (to 09/10/2022)	168	23	37	6	....	234

2023	Short-term benefits Salary	Other benefits	Long-term benefits Superan uation	Other benefits and long service leave	Terminat ion benefits	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<i>Paula Hyland</i>	124	18	19	2	....	163
<i>Chief Executive Hospitals North West (from 22/05/2023)</i>						
<i>Acting Chief Executive Hospitals North West (from 20/03/2023 to 21/05/2023)</i>						
<i>Acting Chief Executive Hospitals North (from 03/12/2022 to 06/01/2023)</i>						
<i>Acting Deputy Secretary Community, Mental Health and Wellbeing (from 10/10/2022 to 02/12/2022)</i>						
<i>Francine Douce</i>	194	29	35	7	....	265
<i>Chief Nurse and Midwifery Officer (to 09/06/2023)</i>						
<i>Jennifer Duncan</i>	128	15	15	(2)	....	156
<i>Chief Executive Hospitals North (from 12/12/2022 to 31/05/2023)</i>						
<i>Acting Chief Executive Hospitals North (from 10/10/2022 to 11/12/2022)</i>						
<b>Acting key management personnel</b>						
<i>Joe Acker</i>	65	13	13	....	....	91
<i>Acting Deputy Secretary Community, Mental Health and Wellbeing (from 07/02/2023 to 25/05/2023)</i>						
<i>Andrew Hargrave</i>	76	5	11	1	....	93
<i>Acting Deputy Secretary Infrastructure (from 08/03/2023)</i>						
<i>George Clarke</i>	71	5	10	1	....	87
<i>Acting Deputy Secretary Community, Mental Health and Wellbeing (from 05/12/2022 to 06/02/2023 and from 26/05/2023)</i>						
<i>Fiona Lieutier</i>	14	3	3	....	....	20
<i>Acting Chief Executive Public Health Services (from 01/12/2022 to 04/06/2023)</i>						
<i>Acting Chief Executive Hospitals North (from 01/06/2023 to 30/06/2023)</i>						
<b>Total</b>	<b>2 632</b>	<b>381</b>	<b>451</b>	<b>36</b>	<b>....</b>	<b>3 500</b>



2022	Short-term benefits		Long-term benefits			Total
	Salary	Other benefits	Superannuation	Other benefits and long service leave	Termination benefits	
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Key management personnel</b>						
Kathrine Morgan-Wicks Secretary	455	43	46	14	....	558
Craig Jeffery Chief Financial Officer	188	38	27	7	....	260
Michelle Searle Chief People Officer (from 07/03/2022)	50	14	13	2	....	79
Susan Gannon Chief Executive Hospitals South	215	35	37	4	....	291
Eric Daniels Chief Executive Hospitals North/North West	188	24	36	5	....	253
Shane Gregory Deputy Secretary Infrastructure	239	37	26	10	....	312
Warren Prentice Chief Information Officer	270	22	44	6	....	342
Dale Webster Deputy Secretary Community, Mental Health and Wellbeing	196	46	74	12	....	328
<b>Acting key management personnel</b>						
Rebecca Howe Acting Chief People Officer (to 02/09/2021)	29	5	11	1	....	46
Nicole Curtin Acting Chief People Officer (from 03/09/2021 to 04/03/2022)	104	6	11	2	....	123
Paula Hyland Acting Deputy Secretary Community, Mental Health and Wellbeing (from 27/09/2021)	147	18	21	4	....	190
<b>Total</b>	<b>2 081</b>	<b>288</b>	<b>346</b>	<b>67</b>	<b>....</b>	<b>2 782</b>

Notes:

- Salary includes all forms of consideration paid and payable for services rendered and compensated absences during the period.
- Other short-term benefits include all other forms of non-salary benefits such as motor vehicles and parking, fringe benefit tax payable in respect of these benefits, payments in lieu of leave, annual leave movements and any other compensation paid or payable.
- Superannuation means the contribution to the superannuation fund of the individual.
- Other long-term benefits and long service leave includes the movements in the discounted long service leave balances.
- Termination benefits exclude accrued annual and long service leave entitlements paid on termination.

a) **Related party transactions**

There are no significant related party transactions requiring disclosure.

## 6.2 Depreciation and amortisation

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

The depreciable amount of improvements to or on leaseholds is allocated progressively over the estimated useful lives of the improvements or the unexpired period of the lease, whichever is the shorter. The unexpired period of a lease includes any option period where exercise of the option is reasonably certain.

### *Key estimate and judgement*

Depreciation is provided for on a straight-line basis, using rates which are reviewed annually.

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

### Depreciation

	Major depreciation period	2023 \$'000	2022 \$'000
Plant, equipment and vehicles	2-20 years	15 472	14 162
Buildings	40-50 years	51 174	46 671
Leasehold improvements	2-20 years	814	1 523
Right-of-use assets	2-22 years	6 721	6 294
<b>Total</b>		<b>74 181</b>	<b>68 650</b>

### (a) Amortisation

	Major amortisation rate	2023 \$'000	2022 \$'000
Intangible assets	20 per cent	898	1 423
<b>Total</b>		<b>898</b>	<b>1 423</b>
<b>Total depreciation and amortisation</b>		<b>75 079</b>	<b>70 073</b>

## 6.3 Supplies and consumables

	2023 \$'000	2022 \$'000
Audit fees	131	226
Lease expenses	7 912	6 178
Consultants	2 645	2 848
Property services and rental payments	48 905	48 512
Maintenance	26 122	25 335
Communications	10 813	10 153
Information technology	10 139	11 171
Travel, transport and vehicle leasing payments	14 856	10 676
Advertising and promotion	640	95
Medical, surgical and pharmacy supplies	428 738	369 869
Patient and client services	42 970	35 112
Other licencing costs	3 814	4 528
Equipment and furniture	10 911	12 432
Administration	14 131	11 790
Food production costs	12 159	11 031
Corporate overhead charge	45 769	42 287
Service fees	2 208	1 670

Other supplies and consumables	6 667	6 332
<b>Total</b>	<b>689 530</b>	<b>610 245</b>

Audit fees paid or payable to the Tasmanian Audit Office for the audit of the THS's Financial Statements were \$120 000 (2021-22: \$186 920).

Lease expenses includes lease rentals for short term leases and variable lease payments, as detailed in Note 8.2.

## 6.4 Grants and subsidies

Grant and subsidies expenditure is recognised to the extent that:

- the services required to be performed by the grantee have been performed; or
- the grant eligibility criteria have been satisfied.

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

	2023 \$'000	2022 \$'000
<b>Grants</b>		
Other health service providers	9 330	8 772
Grants to the Department of Health	40 620	748
<b>Total</b>	<b>49 950</b>	<b>9 520</b>

The THS provides Grants to external service providers to deliver alcohol and drug rehabilitation services, as well as palliative, respite and community care.

## 6.5 Finance costs

All finance costs are expensed as incurred using the effective interest method.

Finance costs include lease charges.

	2023 \$'000	2022 \$'000
<b>Interest expense</b>		
Interest on lease liabilities	1 285	902
<b>Total</b>	<b>1 285</b>	<b>902</b>

## 6.6 Other expenses

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

	2023 \$'000	2022 \$'000
Salary on-costs	41 024	28 042
Fair value of volunteer services	1 847	1 462
Tasmanian Risk Management Fund premium	14 071	13 097
Other	868	63
<b>Total</b>	<b>57 810</b>	<b>42 664</b>

Fair value of volunteer services represents the estimated service value of volunteers to the THS. This expense item is offset by an equal value recorded as Contributions received, refer to Note 4.4.

## Note 7 Assets

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

### 7.1 Receivables

Receivables are initially recognised at fair value plus any directly attributable transaction costs. Trade receivables that do not contain a significant financing component are measured at the transaction price.

#### *Key judgement*

Receivables are held with the objective to collect the contractual cash flows and are subsequently measured at amortised cost using the effective interest method. Any subsequent changes are recognised in the net result for the year when impaired, derecognised or through the amortisation process. An allowance for expected credit losses is recognised for all debt financial assets not held at fair value through profit and loss. The expected credit loss is based on the difference between the contractual cash flows and the cash flows that the entity expects to receive, discounted at the original effective interest rate.

For trade receivables, a simplified approach in calculating expected credit losses is applied, with a loss allowance based on lifetime expected credit losses recognised at each reporting date. The THS has established a provision matrix based on its historical credit loss experience for trade receivables, adjusted for forward-looking factors specific to the receivable.

	2023 \$'000	2022 \$'000
Receivables	57 043	47 677
Less: Expected credit loss	(4 634)	(1 726)
<b>Total</b>	<b>52 409</b>	<b>45 951</b>
Sales of goods and services (inclusive of GST)	43 672	38 140
Tax assets	8 737	7 811
<b>Total</b>	<b>52 409</b>	<b>45 951</b>
Settled within 12 months	52 409	45 951
<b>Total</b>	<b>52 409</b>	<b>45 951</b>

#### (a) Reconciliation of movement in expected credit loss for receivables

	2023 \$'000	2022 \$'000
<b>Carrying amount as at 1 July</b>	<b>1 726</b>	<b>1 262</b>
Amounts written off during the year	(452)	(1)
Increase/(decrease) in provision recognised in profit or loss	3 360	465
<b>Carrying amount as at 30 June</b>	<b>4 634</b>	<b>1 726</b>

For ageing analysis of the financial assets, refer to Note 12.1.

The Increase/(decrease) in provision recognised in profit or loss is recorded as Net gain/(loss) on financial instruments and statutory receivables/payables, refer to Note 5.2.

## 7.2 Contract assets and liabilities

A contract asset is the THS's right to consideration in exchange for goods or services that the THS has transferred to the customer, but not billed as at the reporting date as all conditions have not been fulfilled due to the timing of the annual acquittal process. Contract assets become receivable when the rights to receive payment become unconditional on satisfactory completion of performance obligations.

A contract liability relates to the THS's obligation to transfer goods or services to a customer for which the THS has received consideration in advance.

<b>2023</b>	<b>Australian Government Funding \$'000</b>	<b>Total \$'000</b>
<b>Contract assets</b>		
Balance as at 1 July	....	....
Balance as at 30 June	....	....
<b>Contract liabilities</b>		
Balance as at 1 July	....	....
Balance as at 30 June	....	....

<b>2022</b>	<b>Australian Government Funding \$'000</b>	<b>Total \$'000</b>
<b>Contract assets</b>		
Balance as at 1 July	1 049	1 049
Less: Transfer to receivables	(1 049)	(1 049)
Balance as at 30 June	....	....
<b>Contract liabilities</b>		
Balance as at 1 July	....	....
Balance as at 30 June	....	....

	<b>2023 \$'000</b>	<b>2022 \$'000</b>
Revenue from performance obligations met during the current period	467 716	418 622
Revenue from performance obligations satisfied (or partially satisfied) in previous periods	....	....

The transaction price allocated to unsatisfied performance obligations as at 30 June is as follows:

	<b>2023 \$'000</b>	<b>2022 \$'000</b>
Australian Government grants	....	....
<b>Total</b>	....	....



### 7.3 Other financial assets

Other financial assets are classified and measured at amortised cost. Impairment losses, where applicable, are recorded in the Statement of Comprehensive Income. Any gain or loss arising on derecognition is recognised directly in net result and presented in other gains/(losses).

	2023 \$'000	2022 \$'000
Accrued revenue	30 621	25 612
Inter-entity balance	9	...
<b>Total</b>	<b>30 630</b>	<b>25 612</b>
Settled within 12 months	30 630	25 612
<b>Total</b>	<b>30 630</b>	<b>25 612</b>

Inter-entity balance represents Goods and Services Tax settlement entries arising between the THS and other entities.

### 7.4 Inventories

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

	2023 \$'000	2022 \$'000
<i>Pharmacy</i>	12 384	14 050
<i>Catering</i>	431	371
<i>Linen</i>	429	870
<i>General supplies</i>	5 672	5 704
<b>Total</b>	<b>18 916</b>	<b>20 995</b>
Consumed within 12 months	18 916	20 995
<b>Total</b>	<b>18 916</b>	<b>20 995</b>

Personal protective equipment on hand as at 30 June 2023 is primarily held in the Department of Health inventories balance.

## 7.5 Assets held for sale

Assets held for sale (or disposal groups comprising assets and liabilities) that are expected to be recovered primarily through sale rather than continuing use are classified as held for sale. Immediately before classification as held for sale, fair value assets (or components of a disposal group) are remeasured in accordance with the THS policy. Upon initial classification to held for sale, assets are remeasured at the lower of carrying amount and fair value less costs to sell. An impairment loss is recognised in profit or loss for any initial and subsequent write-down from the carrying amount measured immediately before re-measurement to fair value less costs of disposal. Such assets are no longer amortised or depreciated upon being classified as held for sale.

### (a) Carrying amount

	2023 \$'000	2022 \$'000
Land	....	17
Buildings	....	51
<b>Total</b>	<b>....</b>	<b>68</b>
Settled within 12 months	....	68
<b>Total</b>	<b>....</b>	<b>68</b>

Land and buildings held for sale are assets that have been deemed excess to requirements. There are no assets classified as held for sale as at 30 June 2023.

#### Key estimate and judgement

The recognised fair value of non-financial assets is classified according to the fair value hierarchy that reflects the significance of the inputs used in making these measurements.

Level 1 the fair value is calculated using quoted prices in active markets;

Level 2 the fair value is estimated using inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly (as prices) or indirectly (derived from prices); and

Level 3 the fair value is estimated using inputs for the asset or liability that are not based on observable market data.

### (b) Fair value measurement of assets held for sale (including fair value levels)

2023	Carrying value at 30 June \$'000	Fair value measurement at end of reporting period		
		Level 1 \$'000	Level 2 \$'000	Level 3 \$'000
Land	....	....	....	....
Buildings	....	....	....	....
<b>Total</b>	<b>....</b>	<b>....</b>	<b>....</b>	<b>....</b>

2022	Carrying value at 30 June \$'000	Fair value measurement at end of reporting period		
		Level 1 \$'000	Level 2 \$'000	Level 3 \$'000
Land	17	....	17	....
Buildings	51	....	51	....
<b>Total</b>	<b>68</b>	<b>....</b>	<b>68</b>	<b>....</b>

#### Key judgement

The property held for sale is carried at fair value less costs of disposal utilising the capital value assessment undertaken by the Office of the Valuer-General.

(c) Level 3 significant valuation inputs and relationship to fair value

	Fair value as at 30 June \$'000	Significant unobservable inputs used in valuation	Possible alternative values for Level 3 inputs	Sensitivity of fair value to changes in Level 3 inputs
Buildings - specific purpose/use buildings	....	A - Construction costs B - Age and condition of asset C - Remaining useful life	When valuing these assets, their existing use and likely alternative uses are taken into account by valuers. As a result, it is most unlikely that alternative values will arise unless there are changes in known inputs.	Tasmanian construction costs have stabilised over the past six months. Design and useful lives are reviewed regularly but generally remain unchanged. As a result, it is unlikely that significant variations in values will arise in the short term.

## 7.6 Property, plant and equipment

### *Key estimate and judgement*

#### *(i) Valuation basis*

Land, buildings and heritage and cultural assets are recorded at fair value, less accumulated depreciation for building assets. All other non-current physical assets, including work in progress, are recorded at historic cost less accumulated depreciation and accumulated impairment losses. All assets within a class of assets are measured on the same basis.

Cost includes expenditure that is directly attributable to the acquisition of the asset. The costs of self-constructed assets includes the cost of materials and direct labour, any other costs directly attributable to bringing the asset to a working condition for its intended use, and the costs of dismantling and removing the items and restoring the site on which they are located. Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment.

When parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major components) of property, plant and equipment.

Fair value is based on the highest and best use of the asset. Unless there is an explicit Government policy to the contrary, the highest and best use of an asset is the current purpose for which the asset is being used or occupied.

The recognised fair value of non-financial assets is classified according to the fair value hierarchy that reflects the significance of the inputs used in making these measurements.

*Level 1* the fair value is calculated using quoted prices in active markets;

*Level 2* the fair value is estimated using inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly (as prices) or indirectly (derived from prices); and

*Level 3* the fair value is estimated using inputs for the asset or liability that are not based on observable market data.

#### *(ii) Subsequent costs*

The cost of replacing part of an item of property, plant and equipment is recognised in the carrying amount of the item if it is probable that the future economic benefits embodied within the part will flow to the THS and its costs can be measured reliably. The carrying amount of the replaced part is derecognised. The costs of day to day servicing of property, plant and equipment are recognised in the Statement of Comprehensive Income as incurred.

#### *(iii) Asset recognition threshold*

The asset capitalisation threshold adopted by the THS are:

Land and buildings	\$10 000
Leasehold improvements	\$10 000
Plant, equipment and vehicles	\$10 000
Heritage and cultural assets	\$10 000

Assets valued at less than the threshold amount are charged to the Statement of Comprehensive Income in the year of purchase (other than where they form part of a group of similar items which are material in total or where the details of the asset are required for tracing purposes).

#### *(iv) Revaluations*

Assets are grouped on the basis of having a similar nature or function in the operations of the THS.

Assets are revalued with sufficient regularity to ensure they reflect fair value at balance date.

The THS's land and building assets were revalued independently by the Valuer-General as at 31 December 2022 and these values were confirmed by the Valuer-General as being applicable as at 30 June 2023. The THS's heritage and cultural assets were revalued independently by an industry specialist as at 30 June 2023. All of these assets were valued in accordance with *AASB 116 Property, Plant and Equipment*.

Revaluations are shown on a gross basis where a replacement cost basis of valuations has been used. Asset revaluations based on a market basis are disclosed on a net basis, however, the THS has endeavoured to obtain replacement cost valuations where possible to enable gross values to be disclosed.

#### *(v) Assets in respect of leases where the THS is the lessor*

*The THS leases building assets (including office accommodation, consulting rooms and residential accommodation) and medical equipment under operating leases, with rental payments payable in instalments as per agreed terms with the tenants. Lease payments may include amounts for outgoings and rent escalation for a fixed percentage, dollar increase per year or future index or rate.*

#### *(vi) Service concession assets*

The THS has not entered into any agreements covered by AASB 1059 Service Concession Assets: Grantors.

(a) Carrying amount

	2023 \$'000	2022 \$'000
<b>Land</b>		
At fair value	138 550	113 153
<b>Total</b>	<b>138 550</b>	<b>113 153</b>
<b>Buildings</b>		
At fair value	2 731 906	2 111 477
Less: Accumulated depreciation	(635 701)	(738 753)
	<b>2 096 205</b>	<b>1 372 724</b>
Work in progress (at cost)	4 115	3 754
<b>Total</b>	<b>2 100 320</b>	<b>1 376 478</b>
<b>Leasehold improvements</b>		
At cost	17 153	17 153
Less: Accumulated depreciation	(16 563)	(15 749)
<b>Total</b>	<b>590</b>	<b>1 404</b>
<b>Plant, equipment and vehicles</b>		
At cost	189 495	170 378
Less: Accumulated depreciation	(115 155)	(99 952)
	<b>74 340</b>	<b>70 426</b>
Work in progress (at cost)	3 830	11 327
<b>Total</b>	<b>78 170</b>	<b>81 753</b>
<b>Heritage and cultural assets</b>		
At fair value	5 149	3 414
	<b>5 149</b>	<b>3 414</b>
Work in progress (at cost)	53	69
<b>Total</b>	<b>5 202</b>	<b>3 483</b>
<b>Total property, plant and equipment</b>	<b>2 322 832</b>	<b>1 576 271</b>

(b) Reconciliation of movements (including fair value levels)

Reconciliations of the carrying amounts of each class of property, plant and equipment at the beginning and end of the current and previous financial year are set out below. Carrying value means the net amount after deducting accumulated depreciation and accumulated impairment losses.

2023	Land	Buildings	Buildings	Leasehold improve- ments	Plant, equipment and vehicles	Heritage and cultural assets Level 3	Total
	Level 2 \$'000	Level 2 \$'000	Level 3 \$'000	\$'000	\$'000	\$'000	\$'000
<b>Carrying value as at 1 July</b>	<b>113 153</b>	<b>80 935</b>	<b>1 295 543</b>	<b>1 404</b>	<b>81 753</b>	<b>3 483</b>	<b>1 576 271</b>
Additions - acquisitions	1 939	375	2 444	....	5 258	2	10 018
Additions - contributions from the Department of Health	....	14 674	60 778	....	6 650	356	82 458
Disposals	(67)	....	....	....	(19)	....	(86)
<i>Gains/losses recognised in other comprehensive income</i>							
Revaluation increments/(decrements)	21 727	26 133	672 410	....	....	1 361	721 631
Depreciation	....	(2 100)	(49 074)	(814)	(15 472)	....	(67 460)
Transfers between asset classes	1 798	....	(1 798)	....	....	....	....
<b>Carrying value as at 30 June</b>	<b>138 550</b>	<b>120 017</b>	<b>1 980 303</b>	<b>590</b>	<b>78 170</b>	<b>5 202</b>	<b>2 322 832</b>

2022	Land	Buildings	Buildings	Leasehold improve- ments	Plant, equipment and vehicles	Heritage and cultural assets Level 3	Total
	Level 2 \$'000	Level 2 \$'000	Level 3 \$'000	\$'000	\$'000	\$'000	\$'000
<b>Carrying value as at 1 July</b>	<b>93 435</b>	<b>75 167</b>	<b>1 249 313</b>	<b>2 919</b>	<b>87 657</b>	<b>3 434</b>	<b>1 511 925</b>
Additions - acquisitions	....	64	2 138	8	10 703	4	12 917
Additions - contributions from the Department of Health	....	....	2 406	....	184	45	2 635
Disposals	(29)	(166)	30	....	(2 629)	....	(2 794)
<i>Gains/losses recognised in other comprehensive income</i>							
Revaluation increments/(decrements)	19 222	7 710	87 012	....	....	....	113 944
Depreciation	....	(1 840)	(44 831)	(1 523)	(14 162)	....	(62 356)
Transfers between asset classes	525	....	(525)	....	....	....	....
<b>Carrying value as at 30 June</b>	<b>113 153</b>	<b>80 935</b>	<b>1 295 543</b>	<b>1 404</b>	<b>81 753</b>	<b>3 483</b>	<b>1 576 271</b>



(c) Carrying amount of property, plant and equipment held and used by the THS

	2023 \$'000	2022 \$'000
<b>Land</b>		
At fair value	129 090	104 975
<b>Total</b>	<b>129 090</b>	<b>104 975</b>
<b>Buildings</b>		
At fair value	2 606 260	2 003 128
Less: Accumulated depreciation	(611 255)	(705 657)
	<b>1 995 005</b>	<b>1 297 471</b>
Work in progress (at cost)	4 115	3 754
<b>Total</b>	<b>1 999 120</b>	<b>1 301 225</b>
<b>Leasehold improvements</b>		
At cost	17 153	17 153
Less: Accumulated depreciation	(16 563)	(15 749)
<b>Total</b>	<b>590</b>	<b>1 404</b>
<b>Plant, equipment and vehicles</b>		
At cost	189 495	170 378
Less: Accumulated depreciation	(115 155)	(99 952)
	<b>74 340</b>	<b>70 426</b>
Work in progress (at cost)	3 830	11 327
<b>Total</b>	<b>78 170</b>	<b>81 753</b>
<b>Heritage and cultural assets</b>		
At fair value	5 149	3 414
	<b>5 149</b>	<b>3 414</b>
Work in progress (at cost)	53	69
<b>Total</b>	<b>5 202</b>	<b>3 483</b>
<b>Total property, plant and equipment</b>	<b>2 212 172</b>	<b>1 492 840</b>

(d) Reconciliation of movements (including fair value levels) of property, plant and equipment held and used by the THS

Reconciliations of the carrying amounts of each class of property, plant and equipment held and used by the THS at the beginning and end of the current financial year are set out below. Carrying value means the net amount after deducting accumulated depreciation and accumulated impairment losses.

2023	Land	Buildings	Buildings	Leasehold improve- ments	Plant, equipment and vehicles	Heritage and cultural assets Level 3	Total
	Level 2 \$'000	Level 2 \$'000	Level 3 \$'000	\$'000	\$'000	\$'000	\$'000
<b>Carrying value as at 1 July</b>	<b>104 975</b>	<b>34 909</b>	<b>1 266 316</b>	<b>1 404</b>	<b>81 753</b>	<b>3 483</b>	<b>1 492 840</b>
Additions - acquisitions	1 939	375	2 444	....	5 258	2	10 018
Additions - contributions from the Department of Health	....	14 674	60 778	....	6 650	356	82 458
Disposals	(67)	....	....	....	(19)	....	(86)
<i>Gains/losses recognised in other comprehensive income</i>							
Revaluation	20	(581)	664 272	....	....	1 361	685 889
increments/(decrements)	837						
Depreciation	....	(919)	(48 004)	(814)	(15 472)	....	(65 209)
Transfers between asset classes	1 406	(244)	5 100	....	....	....	6 262
<b>Carrying value as at 30 June</b>	<b>129 090</b>	<b>48 214</b>	<b>1 950 906</b>	<b>590</b>	<b>78 170</b>	<b>5 202</b>	<b>2 212 172</b>

2022	Land	Buildings	Buildings	Leasehold improve- ments	Plant, equipment and vehicles	Heritage and cultural assets Level 3	Total
	Level 2 \$'000	Level 2 \$'000	Level 3 \$'000	\$'000	\$'000	\$'000	\$'000
<b>Carrying value as at 1 July</b>	<b>86 860</b>	<b>32 419</b>	<b>1 225 983</b>	<b>2 919</b>	<b>87 657</b>	<b>3 434</b>	<b>1 439 272</b>
Additions - acquisitions	....	64	2 138	8	10 703	4	12 917
Additions - contributions from the Department of Health	....	....	2 406	....	184	45	2 635
Disposals	(29)	(166)	30	....	(2 629)	....	(2 794)
<i>Gains/losses recognised in other comprehensive income</i>							
Revaluation	17 805	3 181	84 135	....	....	....	105 121
increments/(decrements)							
Depreciation	....	(772)	(40 841)	(1 523)	(14 162)	....	(57 298)
Transfers between asset classes	339	183	(7 535)	....	....	....	(7 013)
<b>Carrying value as at 30 June</b>	<b>104 975</b>	<b>34 909</b>	<b>1 266 316</b>	<b>1 404</b>	<b>81 753</b>	<b>3 483</b>	<b>1 492 840</b>

(e) Carrying amount of property where the THS is the lessor under operating leases

	2023 \$'000	2022 \$'000
<b>Land</b>		
At fair value	9 460	8 178
<b>Total</b>	<b>9 460</b>	<b>8 178</b>
<b>Buildings</b>		
At fair value	125 646	108 349
Less: Accumulated depreciation	(24 446)	(33 096)
<b>Total</b>	<b>101 200</b>	<b>75 253</b>
<b>Total property, plant and equipment</b>	<b>110 660</b>	<b>83 431</b>

(f) Reconciliation of movements (including fair value levels) of property, plant and equipment where the THS is the lessor under operating leases

Reconciliations of the carrying amounts of each class of property, plant and equipment where the THS is the lessor under operating leases at the beginning and end of the current financial year is set out below. Carrying value means the net amount after deducting accumulated depreciation and accumulated impairment losses.

2023	Land Level 2 \$'000	Buildings Level 2 \$'000	Buildings Level 3 \$'000	Total \$'000
<b>Carrying value as at 1 July</b>	<b>8 178</b>	<b>46 026</b>	<b>29 227</b>	<b>83 431</b>
<i>Gains/losses recognised in other comprehensive income</i>				
Revaluation increments/(decrements)	890	26 714	8 138	35 742
Depreciation	....	(1 181)	(1 070)	(2 251)
Transfers between asset classes	392	244	(6 898)	(6 262)
<b>Carrying value as at 30 June</b>	<b>9 460</b>	<b>71 803</b>	<b>29 397</b>	<b>110 660</b>
2022	Land Level 2 \$'000	Buildings Level 2 \$'000	Buildings Level 3 \$'000	Total \$'000
<b>Carrying value as at 1 July</b>	<b>6 575</b>	<b>42 748</b>	<b>23 330</b>	<b>72 653</b>
<i>Gains/losses recognised in other comprehensive income</i>				
Revaluation increments/(decrements)	1 417	4 529	2 877	8 823
Depreciation	....	(1 068)	(3 990)	(5 058)
Transfers between asset classes	186	(183)	7 010	7 013
<b>Carrying value as at 30 June</b>	<b>8 178</b>	<b>46 026</b>	<b>29 227</b>	<b>83 431</b>

(g) Maturity analysis of lease payments receivable in respect of operating leases

	2023 \$'000	2022 \$'000
One year or less	978	1 061
From one to two years	889	966
From two to three years	788	941
From three to four years	620	859
From four to five years	427	675
More than five years	1 487	4 607
<b>Total</b>	<b>5 189</b>	<b>9 109</b>

(h) Level 3 significant valuation inputs and relationship to fair value

	Fair value as at 30 June \$'000	Significant unobservable inputs used in valuation	Possible alternative values for Level 3 inputs	Sensitivity of fair value to changes in Level 3 inputs
Buildings - specific purpose/use buildings	1 980 303	A - Construction costs B - Age and condition of asset C - Remaining useful life	When valuing these assets, their existing use and likely alternative uses are taken into account by valuers. As a result, it is most unlikely that alternative values will arise unless there are changes in known inputs.	Tasmanian construction costs have stabilised over the past six months. Design and useful lives are reviewed regularly but generally remain unchanged. As a result, it is unlikely that significant variations in values will arise in the short term.
Heritage and cultural assets	5 202	A - Acquisition costs B - Condition of the asset C - Market transactions for identical or similar assets	Valuing these assets is an inexact science and it is not likely that alternative values applying other inputs would result in a materially different value.	Given the diversity of the heritage and cultural assets held, it is unlikely that a variation in the market transactions for identical or similar assets would impact a large proportion of the assets held. As a result, it is unlikely that significant variations in values will arise in the short term.

(i) Assets where current use is not the highest and best use

The THS has no assets where the current use is not the highest and best use.

## 7.7 Right-of-use assets

AASB 16 requires the THS to recognise a right-of-use asset, where it has control of the underlying asset over the lease term. A right-of-use asset is measured at the present value of initial lease liability, adjusted by any lease payments made at or before the commencement date and lease incentives, any initial direct costs incurred, and estimated costs of dismantling and removing the asset or restoring the site.

The THS has elected not to recognise right-of-use assets and lease liabilities arising from short term leases, rental arrangements for which Finance-General has substantive substitution rights over the assets and leases for which the underlying asset is of low-value. Substantive substitution rights relate primarily to major office accommodation and the motor vehicle fleet. An asset is considered low-value when it is expected to cost less than \$10 000.

Right-of-use assets are depreciated over the shorter of the assets useful life and the term of the lease. Where the THS obtains ownership of the underlying leased asset or if the cost of the right-of-use asset reflects that the THS will exercise a purchase option, the THS depreciates the right-of-use asset over its useful life.

2023	Buildings \$'000	Plant and equipment \$'000	Total \$'000
Carrying value as at 1 July	36 999	4 804	41 803
Additions	11 172	1 838	13 010
Disposals/derecognition	(136)	....	(136)
Depreciation	(6 067)	(654)	(6 721)
Carrying value as at 30 June	41 968	5 988	47 956

2022	Buildings \$'000	Plant and equipment \$'000	Total \$'000
<b>Carrying value as at 1 July</b>	<b>14 844</b>	<b>37</b>	<b>14 881</b>
Additions	33 778	5 134	38 912
Disposals/derecognition	(5 696)	....	(5 696)
Depreciation	(5 927)	(367)	(6 294)
<b>Carrying value as at 30 June</b>	<b>36 999</b>	<b>4 804</b>	<b>41 803</b>

## 7.8 Intangible assets

An intangible asset is recognised where:

- it is probable that an expected future benefit attributable to the asset will flow to the THS; and
- the cost of the asset can be reliably measured.

Intangible assets held by the THS, where no active market exists, are valued at cost less any accumulated amortisation and any accumulated impairment losses.

Intangible assets with a finite useful life held by the THS principally comprise computer software.

### (a) Carrying amount

	2023 \$'000	2022 \$'000
<b>Intangible assets with a finite useful life</b>		
At cost	8 860	8 709
Less: Accumulated amortisation	(5 971)	(5 025)
	<b>2 889</b>	<b>3 684</b>
Work in progress (at cost)	77	368
<b>Total</b>	<b>2 966</b>	<b>4 052</b>

### (b) Reconciliation of movements (including fair value levels)

	2023 Level 2 \$'000	2023 Level 3 \$'000	2023 Total \$'000	2022 Total \$'000
<b>Carrying amount as at 1 July</b>	<b>4 052</b>	....	<b>4 052</b>	<b>5 524</b>
Additions - acquisitions	150	....	150	181
Disposals	(365)	....	(365)	(230)
Administrative restructure - net additions	27	....	27	....
Amortisation	(898)	....	(898)	(1 423)
<b>Carrying amount as at 30 June</b>	<b>2 966</b>	....	<b>2 966</b>	<b>4 052</b>

### (c) Level 3 significant calculation inputs and relationship to fair value

The THS does not hold any intangible assets classified as Level 3.

## 7.9 Other assets

Other assets are recorded at amortised cost and include prepayments.

### (a) Carrying amount

	2023 \$'000	2022 \$'000
<b>Other current assets</b>		
Prepayments	8 362	7 092
<b>Total</b>	<b>8 362</b>	<b>7 092</b>
<b>Other non-current assets</b>		
Prepayments	84	97
<b>Total</b>	<b>84</b>	<b>97</b>
<b>Total other assets</b>	<b>8 446</b>	<b>7 189</b>
Recovered within 12 months	8 362	7 092
Recovered in more than 12 months	84	97
<b>Total</b>	<b>8 446</b>	<b>7 189</b>

Prepayments primarily include equipment maintenance contracts, library subscriptions, property rental and National Blood Authority supplies.

### (b) Reconciliation of movements

	2023 \$'000	2022 \$'000
<b>Carrying amount as at 1 July</b>	<b>7 189</b>	<b>6 772</b>
Additions	8 349	6 398
Utilised	(7 092)	(5 981)
<b>Carrying amount as at 30 June</b>	<b>8 446</b>	<b>7 189</b>

## Note 8 Liabilities

Liabilities are recognised in the Statement of Financial Position when it is probable that an outflow of resources embodying economic benefits will result from the settlement of a present obligation and the amount at which the settlement will take place can be measured reliably.

### 8.1 Payables

Payables, including goods received and services incurred but not yet invoiced, are recognised at amortised cost, which due to the short settlement period, equates to face value, when the THS becomes obliged to make future payments as a result of a purchase of assets or services.

	2023 \$'000	2022 \$'000
Creditors	22 762	20 888
Accrued expenses	57 674	33 685
<b>Total</b>	<b>80 436</b>	<b>54 573</b>
Settled within 12 months	43 687	29 526
Settled in more than 12 months	36 749	25 047
<b>Total</b>	<b>80 436</b>	<b>54 573</b>

Accrued expenses predominantly relate to medical services provided to Tasmanian residents in other states and territories of Australia, less the medical services provided in Tasmania to residents from other states and territories. These accrued expenses are also referred to as the THS's cross border liability. Due to the complexity of the calculations, there is a two to three year delay in settlement.



Settlement of Creditors is usually made within 14 days.

## 8.2 Lease liabilities

A lease liability is measured at the present value of the lease payments that are not paid at that date. The discount rate used to calculate the present value of the lease liability is the rate implicit in the lease. Where the implicit rate is not known and cannot be determined the Tascorp indicative lending rate including the relevant administration margin is used.

The THS has elected not to recognise right-of-use assets and lease liabilities arising from short-term leases, rental arrangements for which Finance-General has substantive substitution rights over the assets and leases for which the underlying asset is of low-value. Substantive substitution rights relate primarily to major office accommodation and the motor vehicle fleet. An asset is considered low-value when it is expected to cost less than \$10 000.

The THS has entered into the following leasing arrangements:

Class of right-of-use asset	Details of leasing arrangements
Plant and equipment	<i>These leases are paid monthly or quarterly. Lease payments include rent escalation for a fixed percentage, dollar increase per year or future index or rate.</i>
Buildings	<i>These leases are paid monthly, quarterly or annually. Lease payments include rent escalation for a fixed percentage, dollar increase per year or future index or rate. Some leases include options to extend the lease term.</i>

	2023 \$'000	2022 \$'000
<b>Current</b>		
Lease liabilities	5 755	5 389
<b>Non-current</b>		
Lease liabilities	43 979	37 273
<b>Total</b>	<b>49 734</b>	<b>42 662</b>

Maturity analysis of lease liabilities:

	2023 \$'000	2022 \$'000
One year or less	5 755	5 389
From one to five years	19 629	17 358
More than five years	24 350	19 915
<b>Total</b>	<b>49 734</b>	<b>42 662</b>

The lease liability in the maturity analysis is presented using undiscounted contractual amounts before deducting finance charges.

The following amounts are recognised in the Statement of Comprehensive Income:

	2023 \$'000	2022 \$'000
Interest on lease liabilities included in Note 6.5	1 285	902
Lease expenses included in Note 6.3:		
Short term leases	7 927	6 841
Variable lease payments	(15)	(663)
<b>Net expenses from leasing activities</b>	<b>9 197</b>	<b>7 080</b>

## 8.3 Employee benefit liabilities

### *Key estimate and judgement*

*Liabilities for wages and salaries and annual leave are recognised when an employee becomes entitled to receive a benefit. Those liabilities expected to be realised within 12 months are measured as the amount expected to be paid. Other employee entitlements are measured as the present value of the benefit at 30 June, where the impact of discounting is material, and at the amount expected to be paid if discounting is not material.*

A liability for long service leave is recognised, and is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date.

	2023 \$'000	2022 \$'000
Accrued salaries	35 349	25 079
Annual leave	149 764	133 583
Long service leave	155 515	143 699
Sabbatical leave	14 042	12 146
Development leave	11 493	10 782
Other employee benefits	2 586	2 249
<b>Total</b>	<b>368 749</b>	<b>327 538</b>
Expected to settle wholly within 12 months	137 355	110 811
Expected to settle wholly after 12 months	231 394	216 727
<b>Total</b>	<b>368 749</b>	<b>327 538</b>

Other employee benefits is comprised of Purchased Leave Scheme, time off in lieu provisions, excess on-call leave and State Service Accumulated Leave Scheme entitlements.

## 8.4 Superannuation

### (i) Defined contribution plans

A defined contribution plan is a post-employment benefit plan under which an entity pays fixed contributions into a separate entity and will have no legal or constructive obligation to pay further amounts. Obligations for contributions to defined contribution plans are recognised as an expense when they fall due.

### (ii) Defined benefit plans

A defined benefit plan is a post-employment benefit plan other than a defined contribution plan.

### *Key estimate and judgement*

The THS does not recognise a liability for the accruing superannuation benefits of State Service employees. This liability is held centrally and is recognised within the Finance-General Division of the Department of Treasury and Finance.

## 8.5 Other liabilities

Other liabilities are recognised in the Statement of Financial Position when it is probable that an outflow of resources embodying economic benefits will result from the settlement of a present obligation and the amount at which the settlement will take place can be measured reliably.

Other liabilities include revenue received in advance and on-costs associated with employee benefit liabilities. Revenue received in advance is measured at amortised cost. On-costs associated with employee benefit liabilities expected to be realised within 12 months are measured at the amount expected to be paid. Other on-costs associated with employee benefit liabilities are measured at the present value of the cost at 30 June 2023, where the impact of discounting is material, and at the amount expected to be paid if discounting is not material.

	2023 \$'000	2022 \$'000
<b>Revenue received in advance</b>		
Other revenue received in advance	1 279	531
<b>Total</b>	<b>1 279</b>	<b>531</b>
<b>Other financial liabilities</b>		
Employee benefit liabilities - on-costs	9 106	8 727
Inter-entity balance	6 288	5 830
Funds held for distribution - Private Patient Scheme	13 970	12 673
Other liabilities	77	58
<b>Total</b>	<b>29 441</b>	<b>27 288</b>
<b>Total other financial liabilities</b>	<b>30 720</b>	<b>27 819</b>
Settled within 12 months	24 364	21 534
Settled in more than 12 months	6 356	6 285
<b>Total other financial liabilities</b>	<b>30 720</b>	<b>27 819</b>

Inter-entity balance represents Goods and Services Tax settlement entries arising between the THS and the Department of Health.

## Note 9 Commitments and Contingencies

### 9.1 Schedule of commitments

Commitments represent those contractual arrangements entered by the THS that are not reflected in the Statement of Financial Position.

Leases are recognised as right-of-use assets and lease liabilities in the Statement of Financial Position, excluding short term leases and leases for which the underlying asset is of low value, which are recognised as an expense in the Statement of Comprehensive Income.

#### *Key estimate and judgement*

Commitments are valued at the amount expected to be paid, net of any GST payable to the supplier and claimable from the Australian Taxation Office.

	2023 \$'000	2022 \$'000
<b>By type</b>		
<b>Capital commitments</b>		
Property, plant and equipment	4 648	4 604
<b>Total</b>	<b>4 648</b>	<b>4 604</b>
<b>Commitments held with Finance-General</b>		
Major office accommodation	13 371	13 741
Motor vehicle fleet (base usage charge)	5 265	4 416
<b>Total</b>	<b>18 636</b>	<b>18 157</b>
<b>Other commitments</b>		
Information technology	21 291	24 915
Linear accelerator maintenance agreements	11 608	13 132
Maternity services	4 847	26 084
Miscellaneous goods and services contracts	44 302	50 200
Miscellaneous grants	1 135	4 489
Pathology services	7 358	11 250
Radiology services	45 564	62 985
Rural medical services	24 442	24 280
Short term and/or low-value leases	8 859	9 171
<b>Total</b>	<b>169 406</b>	<b>226 506</b>
<b>Total commitments</b>	<b>192 690</b>	<b>249 267</b>
<b>By maturity</b>		
<b>Capital commitments</b>		
One year or less	3 286	3 254
From one to five years	1 362	150
More than five years	....	1 200
<b>Total</b>	<b>4 648</b>	<b>4 604</b>
<b>Commitments held with Finance-General</b>		
One year or less	4 306	3 999
From one to five years	8 156	6 969
More than five years	6 174	7 189
<b>Total</b>	<b>18 636</b>	<b>18 157</b>
<b>Other commitments</b>		
One year or less	63 638	72 341
From one to five years	92 878	138 863
More than five years	12 890	15 302
<b>Total</b>	<b>169 406</b>	<b>226 506</b>
<b>Total commitments</b>	<b>192 690</b>	<b>249 267</b>

## **Capital commitments**

### *Property, plant and equipment*

Property, plant and equipment commitments primarily include commitments to either build or improve existing properties and also the purchase of equipment. The balance represents contractual commitments, primarily associated with the purchase of a linear accelerator for the Royal Hobart Hospital WP Holman Clinic.

## **Commitments held with Finance-General**

### *Major office accommodation*

Major office accommodation leases are executed by the Finance-General Division of the Department of Treasury and Finance. As there is no lease contract between Finance-General and the THS, for the purposes of AASB 16 *Leases*, the THS is not required to recognise a lease liability and right-of-use asset. Major office accommodation primarily relates to 70 Collins St Hobart and 91-97 Charles St Launceston (Henty House).

### *Motor vehicle fleet (base usage charge)*

The Government's motor vehicle fleet is owned and managed by the Finance-General Division of the Department of Treasury and Finance. Treasury is the central agency which purchases vehicles on behalf of the THS. The THS pays a monthly payment to Finance-General via LeasePlan Australia for use of the vehicles. As there is no lease contract between Finance-General and the THS, for the purposes of AASB 16 *Leases*, the THS is not required to recognise a lease liability and right-of-use asset. Motor vehicle fleet payments are rental payments which vary according to the type of vehicle. The majority of vehicles are for a period of three years or 60 000 km, whichever comes first.

## **Other commitments**

### *Information technology*

Information technology includes software licence commitments.

### *Linear accelerator maintenance agreements*

As part of the purchase and planned purchase of new linear accelerators across the State, the THS has entered into maintenance agreements that are for a period of nine years post expiration of the warranty period.

### *Maternity services*

There is one hospital in the North West that provides maternity services, being the North West Private Hospital. This hospital is not part of the THS and, as such, the THS contracts the hospital to deliver all inpatient public maternity services. This arrangement will conclude in December 2023.

### *Miscellaneous goods and services contracts*

The THS is party to contracts for the supply of various clinical and non-clinical services, including security, pathology, radiology, maternity and other medical services.

### *Miscellaneous grants*

The THS provides grants to external service providers to deliver a range of services including palliative, respite and home and community care.

### *Pathology services*

Pathology services in the North West are delivered by an external contractor, namely North West Pathology, as the North West does not have its own pathology service within the THS.

#### *Radiology services*

All radiology services at the two North West hospitals and rural hospital sites in the North and North West are outsourced to an external contractor, namely Regional Imaging.

#### *Rural medical services*

Provision of medical services at a number of THS rural sites are outsourced to Ochre Health as it has been beyond the THS's capacity to staff on a permanent basis. Sites include Flinders Island, Scottsdale, St Helens, Queenstown, King Island and Smithton.

#### *Short term and/or low-value leases*

The THS leases a range of medical equipment and properties/tenancies around the State for service delivery purposes. Short term leases and leases for which the underlying asset is of low value do not qualify for recognition as right-of-use assets and lease liabilities and are recognised as commitments.

## 9.2 Contingent assets and liabilities

Contingent assets and liabilities are not recognised in the Statement of Financial Position due to uncertainty regarding any possible amount or timing of any possible underlying claim or obligation.

### (a) Quantifiable contingencies

A quantifiable contingent asset is any possible asset that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity. The THS does not have any quantifiable contingent assets as at 30 June 2023.

A quantifiable contingent liability is any possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity, or any present obligation that arises from past events but is not recognised because it is not probable that an outflow of resources embodying economic benefits will be required to settle the obligation. To the extent that any quantifiable contingencies are insured, details provided below are recorded at net value.

	2023 \$'000	2022 \$'000
<b>Quantifiable contingent liabilities</b>		
Contingent claims		
Legal claims (including medical negligence and workers compensation)	4 009	11 123
<b>Total</b>	<b>4 009</b>	<b>11 123</b>



## *Legal Claims*

At 30 June 2023, the THS had a number of legal claims against it for professional negligence and other matters. The THS manages its legal claims through the Tasmanian Risk Management Fund. An excess is payable for every claim (\$40 000 for general liability and \$50 000 for medical liability) and amounts over the excess are met by the Tasmanian Risk Management Fund. Workers Compensation claims are also managed through the Tasmanian Risk Management Fund. The Department is responsible for the payment of the employee's wage for the first six weeks of the claim period (previously 26 weeks) and the remainder of the claim is covered by the Tasmanian Risk Management Fund.

### **(b) Unquantifiable Contingencies**

At 30 June 2023, there remained several unresolved issues of potential non-compliance with taxation and superannuation legislation, which at the time of finalising the Financial Statements remained unquantified. These matters particularly relate to the Private Patient Scheme and have been referred to the Solicitor-General for specific superannuation and taxation advice.

During 2018-19, the Tasmanian Government agreed to participate in the Australian Government's National Redress Scheme for Institutional Child Sexual Abuse. The Scheme allows for redress to be provided to individuals who suffered abuse (sexual abuse and related non-sexual abuse) which occurred when the person was a child while in the care of an institution. Survivors are able to lodge an application with the Scheme, including where they suffered abuse in more than one institution. The National Scheme will be operated by the Australian Government's Department of Social Services for a period of 10 years, from 1 July 2018 to 30 June 2028. The THS has received a small number of applications for redress from individuals who have suffered abuse under the National Redress Scheme for Institutional Child Sexual Abuse. Additionally, a number of civil claims have been made against various Government agencies, including the THS, relating to child abuse in state care. As these claims have not yet been assessed, it is not possible at the reporting date to accurately estimate the amounts of any eventual payments that may be required in relation to these claims. As a result, these claims are currently classified as unquantifiable contingent liabilities.

## Note 10 Reserves

### 10.1 Reserves

2023	Land	Buildings	Heritage and cultural assets	Total
	\$'000	\$'000	\$'000	\$'000
<b>Asset revaluation reserve</b>				
<b>Balance as at 1 July</b>	<b>51 034</b>	<b>391 642</b>	<b>1 976</b>	<b>444 652</b>
Transfers to/(from) accumulated funds	5	27	....	32
Revaluation increments/(decrements)	21 726	698 544	1 361	721 631
<b>Balance as at 30 June</b>	<b>72 765</b>	<b>1 090 213</b>	<b>3 337</b>	<b>1 166 315</b>

2022	Land	Buildings	Heritage and cultural assets	Total
	\$'000	\$'000	\$'000	\$'000
<b>Asset revaluation reserve</b>				
<b>Balance as at 1 July</b>	<b>31 811</b>	<b>296 920</b>	<b>1 976</b>	<b>330 707</b>
Revaluation increments/(decrements)	19 223	94 722	....	113 945
<b>Balance as at 30 June</b>	<b>51 034</b>	<b>391 642</b>	<b>1 976</b>	<b>444 652</b>

#### (a) Nature and purpose of reserves

##### *Asset revaluation reserve*

The asset revaluation reserve is used to record increments and decrements on the revaluation of non-financial assets, as described in Note 7.6.

Transfers to/from accumulated funds are in relation to the disposal of assets which had a corresponding asset revaluation adjustment in the Statement of Changes in Equity.

### 10.2 Administrative restructuring

Net assets received under a restructuring of administrative arrangements are designated as contributions by owners and adjusted directly against equity. Net assets relinquished are designated as distributions to owners. Net assets transferred are initially recognised at the amounts at which they were recognised by the transferring department immediately prior to the transfer.

The administrative restructure of the former Department of Communities Tasmania resulted in a transfer of the following functions to the THS on 1 December 2022:

- Family Violence Counselling and Support Service.

In respect of activities assumed, the net book values of assets and liabilities transferred to the THS from the former Department of Communities Tasmania for no consideration and recognised as at the date of transfer were:

	2023 \$'000
<b>Contributions by owners</b>	
Receivables	7
Intangible assets	27
<b>Total assets recognised</b>	<b>34</b>
Employee benefit liabilities	786
Other liabilities	33
<b>Total liabilities recognised</b>	<b>819</b>
<b>Net assets/(liabilities) assumed on restructure</b>	<b>(785)</b>

## Note 11 Cash Flow Reconciliation

Cash means notes, coins, any deposits held at call with a bank or financial institution, as well as funds held in Specific Purpose Accounts, being short term of three months or less and highly liquid. Deposits are recognised at amortised cost, being their face value.

### 11.1 Cash and cash equivalents

Cash and cash equivalents includes the balance of the Specific Purpose Accounts held by the THS, and other cash held, excluding those accounts which are administered or held in a trustee capacity or agency arrangement.

	2023 \$'000	2022 \$'000
<b>Specific Purpose Account balances</b>		
Private Patient Account	15 964	16 438
Operating Account	....	54 341
<b>Total</b>	<b>15 964</b>	<b>70 779</b>
<b>Other cash held</b>		
Other cash and equivalents not included above	39	38
<b>Total</b>	<b>39</b>	<b>38</b>
<b>Total cash and cash equivalents</b>	<b>16 003</b>	<b>70 817</b>

Other cash and equivalents represent petty cash and cash floats.

### 11.2 Reconciliation of net result to net cash from operating activities

	2023 \$'000	2022 \$'000
Net result from continuing operations	(90 493)	(504)
Depreciation and amortisation	75 079	70 073
Recognition of non-cash contributions	(83 873)	(2 790)
Transfer of assets due to administrative restructure	(812)	....
Net (gain)/loss on non-financial assets	223	(1 239)
Net (gain)/loss on financial instruments and statutory receivables/payables	3 360	465
Decrease/(increase) in Receivables	(9 818)	(10 600)
Decrease/(increase) in Contract assets	....	1 049
Decrease/(increase) in Other assets	(6 275)	(6 601)
Decrease/(increase) in Inventories	2 079	(2 951)
Increase/(decrease) in Employee benefit liabilities	41 211	14 144
Increase/(decrease) in Payables	25 863	(20 176)
Increase/(decrease) in Other liabilities	2 901	3 092
<b>Net cash from/(used by) operating activities</b>	<b>(40 555)</b>	<b>43 962</b>

### 11.3 Financing facilities

The THS does not have any financing facilities.

### 11.4 Reconciliation of liabilities arising from financing activities

Liabilities arising from financing activities are liabilities for which cash flows were, or future cash flows will be, classified in the Statement of Cash Flows as cash flows from financing activities.

	2023 \$'000	2022 \$'000
<b>Lease liabilities</b>		
<b>Balance as at 1 July</b>	<b>42 662</b>	<b>15 268</b>
New leases	13 027	38 912
Surrender of Existing Leases	(153)	(5 696)
Changes from financing cash flows:		
Repayment of lease liabilities (excluding interest)	(5 802)	(5 822)
<b>Balance as at 30 June</b>	<b>49 734</b>	<b>42 662</b>

## Note 12 Financial Instruments

### 12.1 Risk exposures

#### (a) Risk management policies

The THS has exposure to the following risks from its use of financial instruments:

- credit risk;
- liquidity risk; and
- market risk.

The Secretary (Accountable Authority) has overall responsibility for the establishment and oversight of the THS's risk management framework. Risk management policies are established to identify and analyse risks faced by the THS, to set appropriate risk limits and controls, and to monitor risks and adherence to limits.

(b) Credit risk exposures

Credit risk is the risk of financial loss to the THS if a customer or counterparty to a financial instrument fails to meet its contractual obligations.

Financial Instrument	Accounting and strategic policies (including recognition criteria, measurement basis and credit quality of instrument)	Nature of underlying instrument (including significant terms and conditions affecting the amount, timing and certainty of cash flows)
<b>Financial assets</b>		
Cash and cash equivalents	<i>Cash and deposits are recognised at face value.</i>	<i>Cash means notes, coins and any deposits held at call with a bank or financial institution.</i>
Receivables	<i>Receivables are recognised at the nominal amounts due, less any provision for impairment. Collectability of debts is reviewed on a monthly basis. Provisions are made when the collection of the debt is judged to be less rather than more likely.</i>	<i>Receivables credit terms are generally 30 days.</i>
Other financial assets	<i>Other financial assets are recognised at the nominal amounts due, less any provision for impairment.</i>	<i>Other financial assets credit terms are generally 30 days.</i>

The THS has made no changes to its credit risk policy during 2022-23. The THS does not hold any security instrument for its cash and cash equivalents, receivables and other financial assets.

No credit terms on any significant THS financial assets have been renegotiated.

The carrying amount of financial assets recorded in the Financial Statements, net of any allowances for losses, represents the THS's maximum exposure to credit risk without taking into account of any collateral or other security.

Expected credit loss analysis of receivables

The simplified approach to measuring expected credit losses is applied, which uses a lifetime expected loss allowance for all trade receivables.

The expected loss rates are based on historical observed loss rates adjusted for forward looking factors that will have an impact on the ability to settle the receivables. The loss allowance for trade debtors as at 30 June are as follows:

2023	Not past due	Past due 1-30 days	Past due 31-60 days	Past due 61-90 days	Past due 91+ days	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Expected credit loss rate (A)	0.36%	0.99%	5.71%	14.35%	13.59%	9.59%
Total gross carrying amount (B)	9 208	4 663	1 933	3 535	28 967	48 306
Expected credit loss (A x B)	33	46	110	507	3 937	4 634

2022	Not past due	Past due 1-30 days	Past due 31-60 days	Past due 61-90 days	Past due 91+ days	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Expected credit loss rate (A)	0.21%	0.48%	3.45%	12.88%	6.11%	4.43%
Total gross carrying amount (B)	8 249	3 700	1 265	1 038	24 752	39 004
Expected credit loss (A x B)	18	18	43	134	1 513	1 726

### (c) Liquidity risk

Liquidity risk is the risk that the THS will not be able to meet its financial obligations as they fall due. The THS's approach to managing liquidity is to ensure that it will always have sufficient liquidity to meet its liabilities when they fall due.

Financial Instrument	Accounting and strategic policies (including recognition criteria, measurement basis and credit quality of instrument)	Nature of underlying instrument (including significant terms and conditions affecting the amount, timing and certainty of cash flows)
<b>Financial liabilities</b>		
Payables	<i>Payables, including goods received and services incurred but not yet invoiced, are recognised at amortised cost, which due to the short settlement period equates to face value, when the THS becomes obliged to make future payments as a result of a purchase of assets or services.</i>	Apart from accrued expenses relating to inter-jurisdictional provision of medical services (refer Note 8.1), <i>settlement is usually made within 14 days.</i>
Other financial liabilities	<i>Other financial liabilities are recognised at amortised cost, which due to the short settlement period equates to face value, when the THS becomes obliged to make payments as a result of the purchase of assets or services.</i> <i>The THS regularly reviews budgeted and actual cash outflows to ensure that there is sufficient cash to meet all obligations.</i>	Settlement is usually made within 30 days.



### Maturity analysis for financial liabilities

The following tables detail the undiscounted cash flows payable by the THS by remaining contractual maturity for its financial liabilities. It should be noted that as these are undiscounted, totals may not reconcile to the carrying amounts presented in the Statement of Financial Position:

2023	1 year \$'000	2 years \$'000	3 years \$'000	4 years \$'000	5 years \$'000	5+ years \$'000	Undiscounted total \$'000	Carrying amount \$'000
<b>Financial liabilities</b>								
Payables	43	15	21	....	....	....	80 436	80 436
	687	197	552					
Other financial liabilities	23	6 356	....	....	....	....	29 441	29 441
	085							
<b>Total</b>	<b>66 772</b>	<b>21 553</b>	<b>21 552</b>	<b>....</b>	<b>....</b>	<b>....</b>	<b>109 877</b>	<b>109 877</b>
2022	1 year \$'000	2 years \$'000	3 years \$'000	4 years \$'000	5 years \$'000	5+ years \$'000	Undiscounted total \$'000	Carrying amount \$'000
<b>Financial liabilities</b>								
Payables	29 526	11 547	13	....	....	....	54 573	54 573
			500					
Other financial liabilities	21 003	6 285	....	....	....	....	27 288	27 288
<b>Total</b>	<b>50 529</b>	<b>17 832</b>	<b>13 500</b>	<b>....</b>	<b>....</b>	<b>....</b>	<b>81 861</b>	<b>81 861</b>

#### (d) Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. The primary market risk that the THS is exposed to is interest rate risk. As the THS does not have any interest bearing financial assets or liabilities, the exposure to this risk is considered negligible.

## 12.2 Categories of financial assets and liabilities

	2023 \$'000	2022 \$'000
<b>Financial assets</b>		
Financial assets measured at amortised cost	99 042	142 380
<b>Total</b>	<b>99 042</b>	<b>142 380</b>
<b>Financial liabilities</b>		
Financial liabilities measured at amortised cost	109 877	81 861
<b>Total</b>	<b>109 877</b>	<b>81 861</b>

## 12.3 Derecognition of financial assets

No derecognition of financial assets occurred during 2022-23.

## 12.4 Comparison between carrying amount and net fair value of financial assets and liabilities

	Carrying amount 2023 \$'000	Net fair value 2023 \$'000	Carrying amount 2022 \$'000	Net fair value 2022 \$'000
<b>Financial assets</b>				
Cash in Specific Purpose Accounts	15 964	15 964	70 779	70 779
Other cash held	39	39	38	38
Other financial assets:				
Receivables	52 409	52 409	45 951	45 951
Other financial assets	30 630	30 630	25 612	25 612
<b>Total financial assets</b>	<b>99 042</b>	<b>99 042</b>	<b>142 380</b>	<b>142 380</b>
<b>Financial liabilities (recognised)</b>				
Other financial liabilities:				
Payables	80 436	80 436	54 573	54 573
Other liabilities	29 441	29 441	27 288	27 288
<b>Total financial liabilities (recognised)</b>	<b>109 877</b>	<b>109 877</b>	<b>81 861</b>	<b>81 861</b>

## 12.5 Net fair value of financial assets and liabilities

2023	Net fair value Level 1 \$'000	Net fair value Level 2 \$'000	Net fair value Level 3 \$'000	Total \$'000
<b>Financial assets</b>				
Cash in Specific Purpose Accounts	15 964	....	....	15 964
Other cash held	39	....	....	39
Other financial assets				
Receivables	52 409	....	....	52 409
Other financial assets	30 630	....	....	30 630
<b>Total financial assets</b>	<b>99 042</b>	<b>....</b>	<b>....</b>	<b>99 042</b>
<b>Financial liabilities (recognised)</b>				
Other financial liabilities				
Payables	80 436	....	....	80 436
Other liabilities	29 441	....	....	29 441
<b>Total financial liabilities (recognised)</b>	<b>109 877</b>	<b>....</b>	<b>....</b>	<b>109 877</b>

2022	Net fair value Level 1 \$'000	Net fair value Level 2 \$'000	Net fair value Level 3 \$'000	Total \$'000
<b>Financial assets</b>				
Cash in Specific Purpose Accounts	70 779	....	....	70 779
Other cash held	38	....	....	38
Other financial assets				
Receivables	45 951	....	....	45 951
Other financial assets	25 612	....	....	25 612
<b>Total financial assets</b>	<b>142 380</b>	<b>....</b>	<b>....</b>	<b>142 380</b>
<b>Financial liabilities (recognised)</b>				
Other financial liabilities				
Payables	54 573	....	....	54 573
Other liabilities	27 288	....	....	27 288
<b>Total financial liabilities (recognised)</b>	<b>81 861</b>	<b>....</b>	<b>....</b>	<b>81 861</b>

The recognised fair values of financial assets and financial liabilities are classified according to the fair value hierarchy that reflects the significance of the inputs used in making these measurements. The THS uses various methods in estimating the fair value of a financial instrument. The methods comprise:

*Level 1* the fair value is calculated using quoted prices in active markets;

*Level 2* the fair value is estimated using inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly (as prices) or indirectly (derived from prices); and

*Level 3* the fair value is estimated using inputs for the asset or liability that are not based on observable market data.

(a) [Transfer between categories](#)

The THS did not transfer any financial assets or financial liabilities between Levels.

(b) [Reconciliation of Level 3 fair value movements](#)

The THS does not have any Level 3 instruments.

*Financial assets*

The net fair values of cash and non-interest bearing monetary financial assets approximate their carrying amounts.

*Financial liabilities*

The net fair values for trade creditors are approximated by their carrying amounts.

*Unrecognised financial instruments*

The net fair values of indemnities are regarded as the maximum possible loss which the Government faces while the indemnity remains current.

## Note 13 Transactions and Balances Relating to a Trustee or Agency Arrangement

### 13.1 Activities undertaken under a trustee or agency arrangement

Transactions relating to activities undertaken by the THS in a trust or fiduciary (agency) capacity do not form part of the THS's activities. Trustee and agency arrangements, and transactions/balances relating to those activities, are neither controlled nor administered.

Fees, commissions earned and expenses incurred in the course of rendering services as a trustee or through an agency arrangement are recognised as controlled transactions.

Account	Opening balance \$'000	Net transactions during 2022-23 \$'000	Closing balance \$'000
<i>Patient Trust and Bequest Account</i>	7 153	1 376	8 529
<i>Mental Health Services Client Trust Account</i>	....	2	2

## Note 14 Events Occurring after Balance Date

There have been no events subsequent to balance date which would have a material effect on the Department's Financial Statements as at 30 June 2023

## Note 15 Other Significant Accounting Policies and Judgements

### 15.1 Objectives and funding

As legislated, the principal purpose of the THS is to:

- promote and maintain the health of persons who are in Tasmania; and
- the provision of care and treatment to, and ease the suffering of, persons with health problems in Tasmania

as agreed in the THS's 2022-23 Service Plan and within the funding allocated in the Service Plan.

THS activities are classified as either controlled or administered.

Controlled activities involve the use of assets, liabilities, revenues and expenses controlled or incurred by the THS in its own right. Administered activities involve the management or oversight by the THS, on behalf of the Government, of items controlled or incurred by the Government. In the current financial year there are no administered items.

Under the *National Health Reform Agreement*, funding is provided to the THS on the basis of activity through activity based funding wherever practicable. Funding for smaller regional or rural hospitals is provided on a block funding basis. Funds for teaching, training and research are also provided on a block funding basis. Pricing under the National Health Reform Agreement is determined by an Independent Hospitals Pricing Authority. Funding due to the THS under Australian Government National Partnership Agreements and COPEs programs is paid as grants. The THS also provides services to fee paying privately insured patients, or patients who will receive compensation for these expenses due to the circumstances surrounding their injury.

The Financial Statements encompass all funds through which the THS controls resources to carry on its functions.

## 15.2 Basis of accounting

The Financial Statements are a general purpose financial report and have been prepared in accordance with:

- Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board;
- The Treasurer's Instructions issued under the provisions of the *Financial Management Act 2016*; and
- The Tasmanian Health Service Act 2018.

The Financial Statements were signed by the Secretary of the Department of Health and the Chief Financial Officer on 7 September 2023.

Compliance with the Australian Accounting Standards may not result in compliance with International Financial Reporting Standards, as the AAS include requirements and options available to not-for-profit organisations that are inconsistent with IFRS. The THS is considered to be not-for-profit and has adopted some accounting policies under the AAS that do not comply with IFRS.

The Financial Statements have been prepared on an accrual basis and, except where stated, are in accordance with the historical cost convention. The accounting policies are generally consistent with the previous year except for those changes outlined in Note 15.5.

The Financial Statements have been prepared as a going concern. The continued existence of the THS in its present form, undertaking its current activities, is dependent on Government policy and on continuing appropriations by Parliament to the Department of Health for the THS's administration and activities.

The THS has made no assumptions concerning the future that may cause a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

## 15.3 Reporting entity

The Financial Statements include all the controlled activities of the THS. The Financial Statements consolidate material transactions and balances of the THS.

## 15.4 Functional and presentation currency

These Financial Statements are presented in Australian dollars, which is the THS's functional currency.

## 15.5 Changes in accounting policies

### (a) Impact of new and revised Accounting Standards

In the current year, there are no new or revised Standards and Interpretations issued by the AASB that are relevant to the THS's operations and effective for the current annual reporting period.

(b) Impact of new and revised Accounting Standards yet to be applied

There are no applicable Standards that have been issued by the AASB that are yet to be applied by the THS.

(c) Voluntary changes in accounting policy

The THS has made no voluntary changes in accounting policy during 2022-23.

## 15.6 Foreign currency

Transactions denominated in a foreign currency are converted at the exchange rate at the date of the transaction. Foreign currency receivables and payables are translated at the exchange rates current as at balance date.

## 15.7 Comparative figures

Comparative figures have been adjusted to reflect any changes in accounting policy or the adoption of new standards. Details of the impact of changes in accounting policy on comparative figures are at Note 17.5.

Where amounts have been reclassified within the Financial Statements, the comparative statements have been restated.

The comparatives for external administrative restructures are not reflected in the Financial Statements.

## 15.8 Rounding

All amounts in the Financial Statements have been rounded to the nearest thousand dollars, unless otherwise stated. As a consequence, rounded figures may not add to totals. Amounts less than \$500 are rounded to zero and are indicated by the symbol “....”.

## 15.9 Taxation

The THS is exempt from all forms of taxation except Fringe Benefits Tax and Goods and Services Tax.

## 15.10 Goods and Services Tax

Revenue, expenses and assets are recognised net of the amount of Goods and Services Tax, except where the GST incurred is not recoverable from the Australian Taxation Office. Receivables and payables are stated inclusive of GST. The net amount recoverable, or payable, to the Australian Taxation Office is recognised as an asset or liability within the Statement of Financial Position.

In the Statement of Cash Flows, the GST component of cash flows arising from operating, investing or financing activities which is recoverable from, or payable to, the Australian Taxation Office is, in accordance with the Australian Accounting Standards, classified as operating cash flows.



**Independent Auditor's Report**  
**To the Members of Parliament**  
**Tasmanian Health Service**  
**Report on the Audit of the Financial Statements**

**Opinion**

I have audited the financial statements of the Tasmanian Health Service (the THS), which comprises the statement of financial position as at 30 June 2023 and statements of comprehensive income, changes in equity and cash flows for the year then ended, notes to the financial statements, including a summary of significant accounting policies, other explanatory notes and the statement of certification signed by the Secretary of the Department of Health.

In my opinion, the accompanying financial statements:

- a) present fairly, in all material respects, the THS's financial position as at 30 June 2023 and its financial performance and its cash flows for the year then ended
- b) are in accordance with the *Financial Management Act 2016* and Australian Accounting Standards.

**Basis for Opinion**

I conducted the audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the THS in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to my audit of the financial statements in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code.

The *Audit Act 2008* further promotes the independence of the Auditor-General. The Auditor-General is the auditor of all Tasmanian public sector entities and can only be removed by Parliament. The Auditor-General may conduct an audit in any way considered appropriate and is not subject to direction by any person about the way in which audit powers are to be exercised. The Auditor-General has for the purposes of conducting an audit, access to all documents and property and can report to Parliament matters which in the Auditor-General's opinion are significant.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

## Key Audit Matters

Key audit matters are those matters that, in my professional judgement, were of most significance in my audit of the financial statements of the current period. These matters were addressed in the context of my audit of the financial statements as a whole, and in forming my opinion thereon, and I do not provide a separate opinion on these matters.

Why this matter is considered to be one of the most significant matters in the audit	Audit procedures to address the matter included
<b>Revenue from sale of goods and services</b> <i>Refer to note 4.2</i>	
<p>The THS recognises significant revenue from the sales of goods and services, \$217.41 million.</p> <p>The major revenue streams are inpatient, outpatient and nursing home fees, private patient scheme revenue and reimbursement from Medicare under the Pharmaceutical Benefits Scheme.</p> <p>Sales of goods and services are recognised when consideration is received or receivable in respect of a wide range of services rendered captured through discrete systems.</p> <p>Due to the number of revenue streams and systems at varying sites across the THS, the manual nature of some billing processes, and the significant revenue amounts received, we identified a number of significant risks around the accuracy and completeness of revenue.</p>	<ul style="list-style-type: none"> <li>• Reviewing the design and implementation of key controls and testing a sample of controls to confirm their operating effectiveness.</li> <li>• Examining reconciliations of information from subsidiary systems to the general ledger.</li> <li>• Performing substantive testing over a sample of sales of goods and services transactions.</li> <li>• Examining transactions around 30 June 2023 to ensure allocation of transactions to the correct financial year.</li> <li>• Assessing the adequacy of relevant disclosures in the financial statements for compliance with Australian Accounting Standards.</li> </ul>
<b>Valuation of property assets</b> <i>Refer to note 7.6</i>	
<p>At 30 June 2023, the THS's property assets included land and buildings totalling \$2 234.76 million recognised at fair value.</p> <p>The fair value of these assets is based on market values and current replacement cost. The THS undertakes formal revaluations on a regular basis and applies indexation between valuations to ensure carrying values represent fair value.</p>	<ul style="list-style-type: none"> <li>• Assessing the scope, expertise and independence of experts involved in the valuations.</li> <li>• Evaluating the appropriateness of the valuation methodology applied to determine fair values, including assumptions and key inputs.</li> </ul>

During the year a formal revaluation was undertaken based on fair values determined by an external expert.	<ul style="list-style-type: none"> <li>• Testing, on a sample basis, the mathematical accuracy of the valuation calculations.</li> <li>• Evaluating management's assessment of the valuation report provided by the independent expert, including the completeness of the assets in the report.</li> <li>• Assessing the adequacy of relevant disclosures in the financial statements for compliance with Australian Accounting Standards.</li> </ul>
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## Responsibilities of the Secretary for the Financial Statements

The Secretary is responsible for the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards, and the financial reporting requirements of Section 42 (1) of the *Financial Management Act 2016*. This responsibility includes such internal control as determined necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Secretary is responsible for assessing the THS's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the THS is to be dissolved by an Act of Parliament, or the Secretary intends to cease operations, or has no realistic alternative but to do so.

## Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the THS's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Secretary.
- Conclude on the appropriateness of the Secretary's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the THS's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusion is based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the THS to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Secretary regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

From the matters communicated with the Secretary, I determine those matters that were of most significance in the audit of the financial statements of the current period and are therefore the key audit matters. I describe these matters in my auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, I determine that a matter should not be communicated in my report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.



David Bond  
**Assistant Auditor-General**  
**Delegate of the Auditor-General** Tasmanian Audit  
 Office

8 September 2023  
 Hobart

## **Ambulance Tasmania Special Purpose Financial Report for the year ended 30 June 2023**

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## Statement of Certification

The accompanying Special Purpose Financial Report of the Commissioner of Ambulance Services is in agreement with the relevant accounts and records and has been prepared in compliance with the *Audit Act 2008* to present fairly the financial transactions for the year ended 30 June 2023 and the financial position as at the end of the year.

At the date of signing, we are not aware of any circumstances which would render the particulars included in the Special Purpose Financial Report misleading or inaccurate.



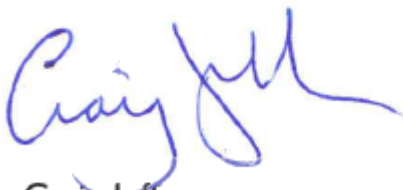
Kathrine Morgan-Wicks  
Commissioner of Ambulance Services

Dated 7 September 2023



Jordan Emery  
Chief Executive, Ambulance Tasmania

Dated 07 September 2023



Craig Jeffery  
Chief Financial Officer, Department of Health

Dated 7 September 2023

# Statement of Comprehensive Income for the year ended 30 June 2023

	Notes	2023 Actual \$'000	2022 Actual \$'000
<b>Income from continuing operations</b>			
Revenue from Government			
Appropriation revenue - operating	2.1	115 355	109 463
Grants	2.2	20 548	24 300
Sales of goods and services	2.3	8 346	8 535
Interest	2.4	274	65
Contributions received	2.5	13 716	11 333
Other revenue	2.6	4 100	3 332
<b>Total revenue from continuing operations</b>		<b>162 339</b>	<b>157 028</b>
Net gain/(loss) on non-financial assets	3.1	237	301
Net gain/(loss) on financial instruments and statutory receivables/payables	3.2	(771)	(600)
<b>Total income from continuing operations</b>		<b>161 805</b>	<b>156 729</b>
<b>Expenses from continuing operations</b>			
Employee benefits	4.1	109 919	102 345
Depreciation and amortisation	4.2	4 488	4 097
Supplies and consumables	4.3	36 023	34 774
Grants and subsidies	4.4	657	32
Finance costs	4.5	9	23
Other expenses	4.6	15 233	15 220
<b>Total expenses from continuing operations</b>		<b>166 329</b>	<b>156 491</b>
<b>Net result from continuing operations</b>		<b>(4 524)</b>	<b>238</b>
<b>Other comprehensive income</b>			
<b>Items that will not be reclassified to net result in subsequent periods</b>			
Net actuarial gains/(losses) on superannuation defined benefit plans	6.4	4 774	4 306
Changes in property plant and equipment revaluation surplus	8.1	4 903	4 191
<b>Total other comprehensive income</b>		<b>9 677</b>	<b>8 497</b>
<b>Comprehensive result</b>		<b>5 153</b>	<b>8 735</b>

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

## Statement of Financial Position as at 30 June 2023

	Notes	2023 Actual \$'000	2022 Actual \$'000
<b>Assets</b>			
<i>Financial assets</i>			
Cash and cash equivalents	9.1	680	1 311
Receivables	5.1	1 226	1 096
Other financial assets	5.2	3 595	2 841
<i>Non-financial assets</i>			
Inventories	5.3	1 062	1 378
Property, plant and equipment	5.4	52 493	46 702
Right-of-use assets	5.5	170	913
Intangible assets	5.6	46	73
Superannuation assets	6.4	12 510	7 718
Other assets	5.7	156	1 454
<b>Total assets</b>		<b>71 938</b>	<b>63 486</b>
<b>Liabilities</b>			
Payables	6.1	1 502	1 353
Lease liabilities	6.2	165	930
Employee benefit liabilities	6.3	30 262	26 324
Other liabilities	6.5	907	930
<b>Total liabilities</b>		<b>32 836</b>	<b>29 537</b>
<b>Net assets</b>		<b>39 102</b>	<b>33 949</b>
<b>Equity</b>			
Reserves	8.1	21 283	16 380
Accumulated funds		17 819	17 569
<b>Total equity</b>		<b>39 102</b>	<b>33 949</b>

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

## Statement of Cash Flows for the year ended 30 June 2023

	Notes	2023 Actual \$'000	2022 Actual \$'000
<b>Cash flows from operating activities</b>			
<i>Cash inflows</i>			
Appropriation receipts - operating		115 355	109 463
Grants - continuing operations		20 548	24 300
Sales of goods and services		6 557	6 066
GST receipts		4 091	3 363
Interest received		274	65
Other cash receipts		4 100	3 332
<b>Total cash inflows</b>		<b>150 925</b>	<b>146 589</b>
<i>Cash outflows</i>			
Employee benefits		(105 999)	(99 812)
Finance costs		(9)	(23)
GST payments		(4 031)	(3 289)
Grants paid		(657)	(32)
Supplies and consumables		(34 245)	(37 133)
Other cash payments		(6 252)	(5 481)
<b>Total cash outflows</b>		<b>(151 193)</b>	<b>(145 770)</b>
<b>Net cash from/(used by) operating activities</b>	9.2	<b>(268)</b>	<b>819</b>
<b>Cash flows from investing activities</b>			
<i>Cash inflows</i>			
Proceeds from the disposal of non-financial assets		736	517
<b>Total cash inflows</b>		<b>736</b>	<b>517</b>
<i>Cash outflows</i>			
Payments for acquisition of non-financial assets		(334)	(558)
<b>Total cash outflows</b>		<b>(334)</b>	<b>(558)</b>
<b>Net cash from/(used by) investing activities</b>		<b>402</b>	<b>(41)</b>
<b>Cash flows from financing activities</b>			
<i>Cash outflows</i>			
Repayment of lease liabilities (excluding interest)		(765)	(843)
<b>Total cash outflows</b>		<b>(765)</b>	<b>(843)</b>
<b>Net cash from/(used by) financing activities</b>		<b>(765)</b>	<b>(843)</b>
<b>Net increase/(decrease) in cash and cash equivalents held</b>		<b>(631)</b>	<b>(65)</b>
<b>Cash and cash equivalents at the beginning of the reporting period</b>		<b>1 311</b>	<b>1 376</b>
<b>Cash and cash equivalents at the end of the reporting period</b>	9.1	<b>680</b>	<b>1 311</b>

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

## Statement of Changes in Equity for the year ended 30 June 2023

	Reserves \$'000	Accumulated funds/(deficit) \$'000	Total equity \$'000
<b>Balance as at 1 July 2022</b>	<b>16 380</b>	<b>17 569</b>	<b>33 949</b>
Net result	....	(4 524)	(4 524)
Other comprehensive income	4 903	4 774	9 677
<b>Total comprehensive result</b>	<b>4 903</b>	<b>250</b>	<b>5 153</b>
<b>Balance as at 30 June 2023</b>	<b>21 283</b>	<b>17 819</b>	<b>39 102</b>

	Reserves \$'000	Accumulated funds/(deficit) \$'000	Total equity \$'000
<b>Balance as at 1 July 2021</b>	<b>12 189</b>	<b>13 025</b>	<b>25 214</b>
Net result	....	238	238
Other comprehensive income	4 191	4 306	8 497
<b>Total comprehensive result</b>	<b>4 191</b>	<b>4 544</b>	<b>8 735</b>
<b>Balance as at 30 June 2022</b>	<b>16 380</b>	<b>17 569</b>	<b>33 949</b>

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

# Notes to and forming part of the Special Purpose Financial Report for the year ended 30 June 2023

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## Note 1 Underlying Net Result

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

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

	Notes	2023 \$'000	2022 \$'000
<b>Net result from continuing operations</b>		<b>(4 524)</b>	<b>238</b>
<b>Less impact of:</b>			
<b>Non-operational capital funding</b>			
Contributions received - fair value of assets assumed at no cost or for nominal consideration	2.5	4 771	1 679
<b>Total</b>		<b>4 771</b>	<b>1 679</b>
<b>Underlying net result from continuing operations</b>		<b>(9 295)</b>	<b>(1 441)</b>

## Note 2 Revenue

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

Income is recognised in accordance with the requirements of AASB 15 *Revenue from Contracts with Customers* or AASB 1058 *Income of Not-for-Profit Entities*, dependent on whether there is a contract with a customer defined by AASB 15.

### 2.1 Revenue from Government

Appropriations, whether operating or capital, are recognised as revenues in the period in which Ambulance Tasmania gains control of the appropriated funds as they do not contain enforceable and sufficiently specific obligations as defined by AASB 15. Except for any amounts identified as carried forward, control arises in the period of appropriation.

Revenue from Government includes revenue from appropriations, unexpended appropriations rolled over under section 23 of the *Financial Management Act 2016* and Items Reserved by Law.

Section 23 of the Financial Management Act allows for an unexpended appropriation at the end of the financial year, as determined by the Treasurer, to be issued and applied from the Public Account in the following financial year. The amount determined by the Treasurer must not exceed five per cent of an Agency's appropriation for the financial year.

	2023 \$'000	2022 \$'000
<b>Continuing operations</b>		
Appropriation revenue - operating		
Current year	115 355	109 463
<b>Total revenue from Government</b>	<b>115 355</b>	<b>109 463</b>

## 2.2 Grants

Grants revenue, where there is a sufficiently specific performance obligation attached, are recognised when Ambulance Tasmania satisfies the performance obligation and transfers the promised goods or services. Ambulance Tasmania typically satisfies its performance obligations when services have been provided in line with the agreed terms as set out in funding contracts. Ambulance Tasmania recognises revenue associated with performance obligations upon receipt of the revenues, which is typically using the input method on a straight line basis.

Grants revenue without a sufficiently specific performance obligation are recognised when Ambulance Tasmania gains control of the asset (typically Cash).

	2023 \$'000	2022 \$'000
<b>Grants with sufficiently specific performance obligations</b>		
Other Australian Government grants	1 554	3 323
<b>Total</b>	<b>1 554</b>	<b>3 323</b>
<b>Grants without sufficiently specific performance obligations</b>		
Other Australian Government grants	2 335	4 353
Grants from the Department of Health	16 659	16 624
<b>Total</b>	<b>18 994</b>	<b>20 977</b>
<b>Total revenue from grants</b>	<b>20 548</b>	<b>24 300</b>

## 2.3 Sales of goods and services

Revenue from Sales of goods and services is recognised when Ambulance Tasmania satisfies a performance obligation by transferring the promised goods or services to the customer.

Services	Nature of timing of satisfaction of performance obligation, including significant payment terms	Revenue recognition policies
Ambulance services	Ambulance Tasmania typically satisfies the performance obligation when the promised services have been delivered to the satisfaction of the customer. Payment terms are generally 30 days.	Ambulance Tasmania recognises revenue associated with performance obligations upon receipt of the revenues, which is typically using the input method on a straight line basis.

	2023 \$'000	2022 \$'000
Ambulance fees	8 317	8 485
Other user charges	29	50
<b>Total</b>	<b>8 346</b>	<b>8 535</b>

## 2.4 Interest

Interest on funds is recognised as it accrues using the effective interest rate method.

	2023 \$'000	2022 \$'000
<b>Interest revenue</b>		
Interest on superannuation defined benefit plans	274	65
<b>Total</b>	<b>274</b>	<b>65</b>

## 2.5 Contributions received

Services received free of charge by Ambulance Tasmania are recognised as income when a fair value can be reliably determined and when the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense.

Contributions of assets at no cost of acquisition or for nominal consideration are recognised at their fair value when Ambulance Tasmania obtains control of the asset, it is probable that future economic benefits comprising the contribution will flow to Ambulance Tasmania and the amount can be measured reliably. However, where the contribution received is from another government department as a consequence of restructuring of administrative arrangements, they are recognised as contributions by owners directly within equity. In these circumstances, book values from the transferor department have been used.

Ambulance Tasmania has recognised an inflow of resources in the form of volunteer services as income where the fair value of those services can be measured reliably, and the services would have been purchased if they had not been donated.

### *Key estimate and judgement*

Fair value of volunteer services provided for Ambulance Tasmania is estimated based upon statewide volunteer hours at a salary rate which reflects that an ambulance volunteer's skill level may range up to advanced first aid and that the emergency care they provide is under approved protocols.

	2023 \$'000	2022 \$'000
Fair value of assets assumed at no cost or for nominal consideration	4 771	1 679
Fair value of volunteer services provided	8 945	9 654
<b>Total</b>	<b>13 716</b>	<b>11 333</b>

Fair value of assets assumed at no cost or for nominal consideration consists of capital grants for assets transferred to Ambulance Tasmania from the Department of Health for no consideration.

Fair value of volunteer services provided represents the estimated service value of volunteers to Ambulance Tasmania. This contribution is offset by an equal value recorded as Other expenses, refer to Note 4.6.

## 2.6 Other revenue

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

	2023 \$'000	2022 \$'000
Corporate overhead funding	1 215	920
Recoveries - operating expenses	16	30
Recoveries - wages and salaries	157	84
Recoveries - workers compensation	2 712	2 298
<b>Total</b>	<b>4 100</b>	<b>3 332</b>

Corporate overhead funding represents a contribution by the Department of Health to partially offset the Corporate overhead charge levied against Ambulance Tasmania, refer to Note 4.3.

## Note 3 Net Gains/(Losses)

### 3.1 Net gain/(loss) on non-financial assets

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

#### *Key judgement*

Impairment exists when the recoverable amount of an asset is less than its carrying amount. Recoverable amount is the higher of fair value less costs to sell and value in use.

Specialised non-financial assets are not used for the purpose of generating cash flows, therefore their recoverable amount is expected to be materially the same as fair value, as determined under AASB 13 *Fair Value Measurement*.

All other non-financial assets are assessed to determine whether any impairment exists, with impairment losses recognised in the Statement of Comprehensive Income.

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

	2023 \$'000	2022 \$'000
Net gain/(loss) on disposal of physical assets	237	301
<b>Total net gain/(loss) on non-financial assets</b>	<b>237</b>	<b>301</b>

### 3.2 Net gain/(loss) on financial instruments and statutory receivables/payables

Financial assets are impaired under the expected credit loss approach required under AASB 9 *Financial Instruments*. The expected credit loss is recognised for all debt instruments not held at fair value through profit or loss.

#### *Key judgement*

An impairment loss using the expected credit loss method for all trade debtors uses a lifetime expected loss allowance. The expected loss rates are based upon historical observed loss rates that are adjusted to reflect forward looking macroeconomic factors.

For other financial instruments that are not trade receivables, contract assets or lease receivables, Ambulance Tasmania has measured the expected credit loss using a probability-weighted amount that takes into account the time value of money and forward looking macroeconomic factors.

	2023 \$'000	2022 \$'000
Impairment of receivables	(771)	(600)
<b>Total net gain/(loss) on financial instruments and statutory receivables/payables</b>	<b>(771)</b>	<b>(600)</b>

Impairment of receivables is recorded in the Reconciliation of movement in expected credit loss for receivables, refer to Note 5.1.

## Note 4 Expenses

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

### 4.1 Employee benefits

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

#### Employee expenses

	2023 \$'000	2022 \$'000
Wages and salaries	81 089	75 906
Annual leave	9 263	8 795
Long service leave	1 966	187
Sick leave	4 921	4 721
Superannuation - defined contribution scheme	10 781	9 449
Superannuation - defined benefit scheme	865	2 113
Other employment expenses - recruitment and staff development	607	639
Other employee expenses - other staff allowances	427	535
<b>Total</b>	<b>109 919</b>	<b>102 345</b>

Superannuation expenses relating to defined benefit schemes relate to payments into the Public Account. The amount of the payment is based on an employer contribution rate determined by the Treasurer, on the advice of the State Actuary. The current employer contribution is 12.95 per cent (2021-22: 12.95 per cent) of salary.

Superannuation expenses relating to defined contribution schemes are paid directly to superannuation funds at a rate of 10.5 per cent (2021-22: 10 per cent) of salary. In addition, Ambulance Tasmania is also required to pay into the Public Account a “gap” payment equivalent to 3.45 per cent (2021-22: 3.45 per cent) of salary in respect of employees who are members of defined contribution schemes.

### 4.2 Depreciation and amortisation

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

The depreciable amount of improvements to or on leaseholds is allocated progressively over the estimated useful lives of the improvements or the unexpired period of the lease, whichever is the shorter. The unexpired period of a lease includes any option period where exercise of the option is reasonably certain.

### Key estimate and judgement

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

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



## Depreciation

	Major depreciation period	2023 \$'000	2022 \$'000
Plant, equipment and vehicles	2-20 years	3 001	2 613
Buildings	40-50 years	717	629
Right-of-use assets	2-22 years	743	830
<b>Total</b>		<b>4 461</b>	<b>4 072</b>

## Amortisation

	Major amortisation rate	2023 \$'000	2022 \$'000
Intangible assets	20 per cent	27	25
<b>Total</b>		<b>27</b>	<b>25</b>
<b>Total depreciation and amortisation</b>		<b>4 488</b>	<b>4 097</b>

## 4.3 Supplies and consumables

	2023 \$'000	2022 \$'000
Audit fees	39	37
Lease expenses	365	178
Consultants	54	53
Property services and rental payments	2 923	2 861
Maintenance	799	1 121
Communications	492	680
Information technology	2 617	3 169
Travel, transport and vehicle leasing payments	5 246	4 244
Advertising and promotion	5	1
Medical, surgical and pharmacy supplies	3 462	5 242
Patient and client services	16 149	12 634
Other licencing costs	93	58
Equipment and furniture	564	526
Administration	471	159
Food production costs	220	108
Corporate overhead charge	1 958	1 682
Service fees	505	1 767
Other supplies and consumables	61	254
<b>Total</b>	<b>36 023</b>	<b>34 774</b>

Audit fees paid or payable to the Tasmanian Audit Office for the audit of Ambulance Tasmania's Special Purpose Financial Report were \$38 500 (2021-22: \$37 390).

Lease expenses includes lease rentals for short term leases and variable lease payments, as detailed in Note 6.2.

The Corporate overhead charge is levied against Ambulance Tasmania by the Department of Health. This charge is partially offset by a Corporate overhead funding contribution by the Department of Health, refer to Note 2.6.

## 4.4 Grants and subsidies

Grant and subsidies expenditure is recognised to the extent that:

- the services required to be performed by the grantee have been performed; or
- the grant eligibility criteria have been satisfied.

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

	2023 \$'000	2022 \$'000
<b>Grants</b>		
Grants to the Department of Health	654	6
Other	3	26
<b>Total</b>	<b>657</b>	<b>32</b>

## 4.5 Finance costs

All finance costs are expensed as incurred using the effective interest method.

Finance costs include lease charges.

	2023 \$'000	2022 \$'000
<b>Interest expense</b>		
Interest on lease liabilities	9	23
<b>Total</b>	<b>9</b>	<b>23</b>

## 4.6 Other expenses

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

	2023 \$'000	2022 \$'000
Salary on-costs	5 969	5 343
Fair value of volunteer services	8 945	9 654
Tasmanian Risk Management Fund premium	319	222
Other	...	1
<b>Total</b>	<b>15 233</b>	<b>15 220</b>

Fair value of volunteer services represents the estimated service value of volunteers to Ambulance Tasmania. This expense item is offset by an equal value recorded as Contributions received, refer to Note 2.5.

## Note 5 Assets

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

### 5.1 Receivables

Receivables are initially recognised at fair value plus any directly attributable transaction costs. Trade receivables that do not contain a significant financing component are measured at the transaction price.

### Key judgement

Receivables are held with the objective to collect the contractual cash flows and are subsequently measured at amortised cost using the effective interest method. Any subsequent changes are recognised in the net result for the year when impaired, derecognised or through the amortisation process. An allowance for expected credit losses is recognised for all debt financial assets not held at fair value through profit and loss. The expected credit loss is based on the difference between the contractual cash flows and the cash flows that the entity expects to receive, discounted at the original effective interest rate.

For trade receivables, a simplified approach in calculating expected credit losses is applied, with a loss allowance based on lifetime expected credit losses recognised at each reporting date. Ambulance Tasmania has established a provision matrix based on its historical credit loss experience for trade receivables, adjusted for forward-looking factors specific to the receivable.

	2023 \$'000	2022 \$'000
Receivables	3 478	2 579
Less: Expected credit loss	(2 252)	(1 483)
<b>Total</b>	<b>1 226</b>	<b>1 096</b>
Sales of goods and services (inclusive of GST)	1 050	786
Tax assets	176	310
<b>Total</b>	<b>1 226</b>	<b>1 096</b>
Settled within 12 months	1 226	1 096
<b>Total</b>	<b>1 226</b>	<b>1 096</b>

#### Reconciliation of movement in expected credit loss for receivables

	2023 \$'000	2022 \$'000
<b>Carrying amount as at 1 July</b>	<b>1 483</b>	<b>883</b>
Amounts written off during the year	(2)	....
Increase/(decrease) in provision recognised in profit or loss	771	600
<b>Carrying amount as at 30 June</b>	<b>2 252</b>	<b>1 483</b>

The Increase/(decrease) in provision recognised in profit or loss is recorded as Net gain/(loss) on financial instruments and statutory receivables/payables, refer to Note 3.2.

## 5.2 Other financial assets

Other financial assets are classified and measured at amortised cost. Impairment losses, where applicable, are recorded in the Statement of Comprehensive Income. Any gain or loss arising on derecognition is recognised directly in net result and presented in other gains/(losses).

	2023 \$'000	2022 \$'000
Accrued revenue	3 595	2 841
<b>Total</b>	<b>3 595</b>	<b>2 841</b>
Settled within 12 months	3 595	2 841
<b>Total</b>	<b>3 595</b>	<b>2 841</b>

## 5.3 Inventories

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

	2023 \$'000	2022 \$'000
Pharmacy	127	125
General supplies	935	1 253
<b>Total</b>	<b>1 062</b>	<b>1 378</b>
Consumed within 12 months	1 062	1 378
<b>Total</b>	<b>1 062</b>	<b>1 378</b>

## 5.4 Property, plant and equipment

### *Key estimate and judgement*

#### *(i) Valuation basis*

Land, buildings and heritage and cultural assets are recorded at fair value, less accumulated depreciation for building assets. All other non-current physical assets, including work in progress, are recorded at historic cost less accumulated depreciation and accumulated impairment losses. All assets within a class of assets are measured on the same basis.

Cost includes expenditure that is directly attributable to the acquisition of the asset. The costs of self-constructed assets includes the cost of materials and direct labour, any other costs directly attributable to bringing the asset to a working condition for its intended use, and the costs of dismantling and removing the items and restoring the site on which they are located. Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment.

When parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major components) of property, plant and equipment.

Fair value is based on the highest and best use of the asset. Unless there is an explicit Government policy to the contrary, the highest and best use of an asset is the current purpose for which the asset is being used or occupied.

The recognised fair value of non-financial assets is classified according to the fair value hierarchy that reflects the significance of the inputs used in making these measurements.

*Level 1* the fair value is calculated using quoted prices in active markets;

*Level 2* the fair value is estimated using inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly (as prices) or indirectly (derived from prices); and

*Level 3* the fair value is estimated using inputs for the asset or liability that are not based on observable market data.

#### *(ii) Subsequent costs*

The cost of replacing part of an item of property, plant and equipment is recognised in the carrying amount of the item if it is probable that the future economic benefits embodied within the part will flow to Ambulance Tasmania and its costs can be measured reliably. The carrying amount of the replaced part is derecognised. The costs of day to day servicing of property, plant and equipment are recognised in the Statement of Comprehensive Income as incurred.

#### *(iii) Asset recognition threshold*

The asset capitalisation threshold adopted by Ambulance Tasmania are:

Land and buildings     \$10 000

Plant, equipment and vehicles \$10 000

Heritage and cultural assets \$10 000

Assets valued at less than the threshold amount are charged to the Statement of Comprehensive Income in the year of purchase (other than where they form part of a group of similar items which are material in total or where the details of the asset are required for tracing purposes).

*(iv) Revaluations*

Assets are grouped on the basis of having a similar nature or function in the operations of Ambulance Tasmania.

Assets are revalued with sufficient regularity to ensure they reflect fair value at balance date.

Ambulance Tasmania's land and building assets were revalued independently by the Valuer-General as at 31 December 2022 and these values were confirmed by the Valuer-General as being applicable as at 30 June 2023. Ambulance Tasmania's heritage and cultural assets were revalued independently by an industry specialist as at 30 June 2023. All of these assets were valued in accordance with AASB 116 *Property, Plant and Equipment*.

Revaluations are shown on a gross basis where a replacement cost basis of valuations has been used. Asset revaluations based on a market basis are disclosed on a net basis, however, Ambulance Tasmania has endeavoured to obtain replacement cost valuations where possible to enable gross values to be disclosed.

*(v) Service concession assets*

Ambulance Tasmania has not entered into any agreements covered by AASB 1059 *Service Concession Arrangements: Grantors*.

Carrying amount

	2023 \$'000	2022 \$'000
<b>Land</b>		
At fair value	17 712	14 651
<b>Total</b>	<b>17 712</b>	<b>14 651</b>
<b>Buildings</b>		
At fair value	34 885	34 829
Less: Accumulated depreciation	(10 597)	(15 293)
<b>Total</b>	<b>24 288</b>	<b>19 536</b>
<b>Plant, equipment and vehicles</b>		
At cost	24 189	23 471
Less: Accumulated depreciation	(14 023)	(14 181)
	<b>10 166</b>	<b>9 290</b>
Work in progress (at cost)	123	3 048
<b>Total</b>	<b>10 289</b>	<b>12 338</b>
<b>Heritage and cultural assets</b>		
At fair value	192	151
	<b>192</b>	<b>151</b>
Work in progress (at cost)	12	26
<b>Total</b>	<b>204</b>	<b>177</b>
<b>Total property, plant and equipment</b>	<b>52 493</b>	<b>46 702</b>
Reconciliation of movements (including fair value levels)		

Reconciliations of the carrying amounts of each class of property, plant and equipment at the beginning and end of the current and previous financial year are set out below. Carrying value means the net amount after deducting accumulated depreciation and accumulated impairment losses.

2023	Land	Buildings	Buildings	Plant, equipment and vehicles	Heritage and cultural assets Level 3	Total
	Level 2 \$'000	Level 2 \$'000	Level 3 \$'000	\$'000	\$'000	\$'000
<b>Carrying value as at 1 July</b>	<b>14 651</b>	<b>7 117</b>	<b>12 419</b>	<b>12 338</b>	<b>177</b>	<b>46 702</b>
Additions - acquisitions	....	....	....	336	....	336
Additions - contributions from the Department of Health	345	162	3 148	1 115	....	4 770
Disposals	....	....	....	(499)	....	(499)
<i>Gains/losses recognised in other comprehensive income</i>						
Revaluation increments/(decrements)	2 716	657	1 502	....	27	4 902
Depreciation	....	(253)	(464)	(3 001)	....	(3 718)
<b>Carrying value as at 30 June</b>	<b>17 712</b>	<b>7 683</b>	<b>16 605</b>	<b>10 289</b>	<b>204</b>	<b>52 493</b>

2022	Land	Buildings	Buildings	Plant, equipment and vehicles	Heritage and cultural assets Level 3	Total
	Level 2 \$'000	Level 2 \$'000	Level 3 \$'000	\$'000	\$'000	\$'000
<b>Carrying value as at 1 July</b>	<b>12 120</b>	<b>6 644</b>	<b>10 212</b>	<b>14 717</b>	<b>95</b>	<b>43 788</b>
Additions - acquisitions	....	....	....	451	....	451
Additions - contributions from the Department of Health	30	....	1 618	....	82	1 730
Disposals	....	....	....	(216)	....	(216)
<i>Gains/losses recognised in other comprehensive income</i>						
Revaluation increments/(decrements)	2 501	700	991	....	....	4 192
Depreciation	....	(227)	(402)	(2 614)	....	(3 243)
<b>Carrying value as at 30 June</b>	<b>14 651</b>	<b>7 117</b>	<b>12 419</b>	<b>12 338</b>	<b>177</b>	<b>46 702</b>



## Level 3 significant valuation inputs and relationship to fair value

	<b>Fair value as at 30 June \$'000</b>	<b>Significant unobservable inputs used in valuation</b>	<b>Possible alternative values for Level 3 inputs</b>	<b>Sensitivity of fair value to changes in Level 3 inputs</b>
Buildings - specific purpose/use buildings	16 605	A - Construction costs B - Age and condition of asset C - Remaining useful life	When valuing these assets, their existing use and likely alternative uses are taken into account by valuers. As a result, it is most unlikely that alternative values will arise unless there are changes in known inputs.	Tasmanian construction costs have stabilised over the past six months. Design and useful lives are reviewed regularly but generally remain unchanged. As a result, it is unlikely that significant variations in values will arise in the short term.
Heritage and cultural assets	204	A - Acquisition costs B - Condition of the asset C - Market transactions for identical or similar assets	Valuing these assets is an inexact science and it is not likely that alternative values applying other inputs would result in a materially different value.	Given the diversity of the heritage and cultural assets held, it is unlikely that a variation in the market transactions for identical or similar assets would impact a large proportion of the assets held. As a result, it is unlikely that significant variations in values will arise in the short term.

### Assets where current use is not the highest and best use

Ambulance Tasmania has no assets where the current use is not the highest and best use.

## 5.5 Right-of-use assets

AASB 16 requires Ambulance Tasmania to recognise a right-of-use asset, where it has control of the underlying asset over the lease term. A right-of-use asset is measured at the present value of initial lease liability, adjusted by any lease payments made at or before the commencement date and lease incentives, any initial direct costs incurred, and estimated costs of dismantling and removing the asset or restoring the site.

Ambulance Tasmania has elected not to recognise right-of-use assets and lease liabilities arising from short term leases, rental arrangements for which Finance-General has substantive substitution rights over the assets and leases for which the underlying asset is of low-value. Substantive substitution rights relate primarily to major office accommodation and the motor vehicle fleet. An asset is considered low-value when it is expected to cost less than \$10 000.

Right-of-use assets are depreciated over the shorter of the assets useful life and the term of the lease. Where Ambulance Tasmania obtains ownership of the underlying leased asset or if the cost of the right-of-use asset reflects that Ambulance Tasmania will exercise a purchase option, Ambulance Tasmania depreciates the right-of-use asset over its useful life.

<b>2023</b>	<b>Buildings</b>	<b>Plant and equipment</b>	<b>Total</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
<b>Carrying value as at 1 July</b>	<b>280</b>	<b>633</b>	<b>913</b>
Depreciation	(110)	(633)	(743)
<b>Carrying value as at 30 June</b>	<b>170</b>	<b>...</b>	<b>170</b>

<b>2022</b>	<b>Buildings</b>	<b>Plant and equipment</b>	<b>Total</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
<b>Carrying value as at 1 July</b>	<b>56</b>	<b>1 324</b>	<b>1 380</b>
Additions	362	...	362
Depreciation	(138)	(691)	(829)
<b>Carrying value as at 30 June</b>	<b>280</b>	<b>633</b>	<b>913</b>

## 5.6 Intangible assets

An intangible asset is recognised where:

- it is probable that an expected future benefit attributable to the asset will flow to Ambulance Tasmania; and
- the cost of the asset can be reliably measured.

Intangible assets held by Ambulance Tasmania, where no active market exists, are valued at cost less any accumulated amortisation and any accumulated impairment losses.

Intangible assets with a finite useful life held by Ambulance Tasmania principally comprise computer software.

Carrying amount

	<b>2023</b>	<b>2022</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Intangible assets with a finite useful life</b>		
At cost	325	325
Less: Accumulated amortisation	(279)	(252)
<b>Total</b>	<b>46</b>	<b>73</b>

#### Reconciliation of movements (including fair value levels)

	2023 Level 2 \$'000	2023 Level 3 \$'000	2023 Total \$'000	2022 Total \$'000
Carrying amount as at 1 July	73	....	73	43
Additions	....	....	....	55
Amortisation	(27)	....	(27)	(25)
Carrying amount as at 30 June	46	....	46	73

Level 3 significant calculation inputs and relationship to fair value

Ambulance Tasmania does not hold any intangible assets classified as Level 3.

## 5.7 Other assets

Other assets are recorded at amortised cost and include prepayments.

Carrying amount

	2023 \$'000	2022 \$'000
<b>Other current assets</b>		
Prepayments	156	1 454
<b>Total</b>	<b>156</b>	<b>1 454</b>
Recovered within 12 months	156	1 454
<b>Total</b>	<b>156</b>	<b>1 454</b>

Prepayments primarily include information technology expenditure for hardware and software support and software licencing contracts, in addition to property rental, medical equipment and services.

Reconciliation of movements

	2023 \$'000	2022 \$'000
Carrying amount as at 1 July	1 454	646
Additions	156	1 454
Utilised	(1 454)	(646)
Carrying amount as at 30 June	156	1 454

## Note 6 Liabilities

Liabilities are recognised in the Statement of Financial Position when it is probable that an outflow of resources embodying economic benefits will result from the settlement of a present obligation and the amount at which the settlement will take place can be measured reliably.

## 6.1 Payables

Payables, including goods received and services incurred but not yet invoiced, are recognised at amortised cost, which due to the short settlement period, equates to face value, when Ambulance Tasmania becomes obliged to make future payments as a result of a purchase of assets or services.

	2023 \$'000	2022 \$'000
Creditors	1 474	1 251
Accrued expenses	28	102
<b>Total</b>	<b>1 502</b>	<b>1 353</b>
Settled within 12 months	1 502	1 353
<b>Total</b>	<b>1 502</b>	<b>1 353</b>

Settlement of Creditors is usually made within 14 days.

## 6.2 Lease liabilities

A lease liability is measured at the present value of the lease payments that are not paid at that date. The discount rate used to calculate the present value of the lease liability is the rate implicit in the lease. Where the implicit rate is not known and cannot be determined the Tascorp indicative lending rate including the relevant administration margin is used.

Ambulance Tasmania has elected not to recognise right-of-use assets and lease liabilities arising from short term leases, rental arrangements for which Finance-General has substantive substitution rights over the assets and leases for which the underlying asset is of low-value. Substantive substitution rights relate primarily to major office accommodation and the motor vehicle fleet. An asset is considered low-value when it is expected to cost less than \$10 000.

Ambulance Tasmania has entered into the following leasing arrangements:

Class of right-of-use asset	Details of leasing arrangements		
Plant and equipment	<i>These leases are paid monthly or quarterly. Lease payments include rent escalation for a fixed percentage, dollar increase per year or future index or rate.</i>		
Buildings	<i>These leases are paid monthly, quarterly or annually. Lease payments include rent escalation for a fixed percentage, dollar increase per year or future index or rate. Some leases include options to extend the lease term.</i>		
		2023 \$'000	2022 \$'000
<b>Current</b>			
Lease liabilities		90	765
<b>Non-current</b>			
Lease liabilities		75	165
<b>Total</b>		<b>165</b>	<b>930</b>

### Maturity analysis of lease liabilities:

	2023 \$'000	2022 \$'000
One year or less	90	765
From one to five years	75	165
<b>Total</b>	<b>165</b>	<b>930</b>

The lease liability in the maturity analysis is presented using undiscounted contractual amounts before deducting finance charges.

The following amounts are recognised in the Statement of Comprehensive Income:

	2023 \$'000	2022 \$'000
Interest on lease liabilities included in Note 4.5	9	23
Lease expenses included in Note 4.3:		
Short term leases	351	167
Variable lease payments	14	11
<b>Net expenses from leasing activities</b>	<b>374</b>	<b>201</b>

## 6.3 Employee benefit liabilities

### Key estimate and judgement

*Liabilities for wages and salaries and annual leave are recognised when an employee becomes entitled to receive a benefit. Those liabilities expected to be realised within 12 months are measured as the amount expected to be paid. Other employee entitlements are measured as the present value of the benefit at 30 June, where the impact of discounting is material, and at the amount expected to be paid if discounting is not material.*

A liability for long service leave is recognised, and is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date.

	2023 \$'000	2022 \$'000
Accrued salaries	2 439	1 412
Annual leave	14 101	12 598
Long service leave	12 765	11 601
Sabbatical leave	172	242
Development leave	209	122
Other employee benefits	576	349
<b>Total</b>	<b>30 262</b>	<b>26 324</b>
Expected to settle wholly within 12 months	13 701	10 983
Expected to settle wholly after 12 months	16 561	15 341
<b>Total</b>	<b>30 262</b>	<b>26 324</b>

Other employee benefits is comprised of Purchased Leave Scheme and State Service Accumulated Leave Scheme entitlements.

## 6.4 Superannuation

### (i) Defined contribution plans

A defined contribution plan is a post-employment benefit plan under which an entity pays fixed contributions into a separate entity and will have no legal or constructive obligation to pay further amounts. Obligations for contributions to defined contribution plans are recognised as an expense when they fall due.

### (ii) Defined benefit plans

A defined benefit plan is a post-employment benefit plan other than a defined contribution plan.

*Key estimate and judgement*

With the exception noted below, Ambulance Tasmania does not recognise a liability for the accruing superannuation benefits of State Service employees. This liability is held centrally and is recognised within the Finance-General Division of the Department of Treasury and Finance.

Ambulance Tasmania's superannuation obligations, in respect of the contributory service of current and past Ambulance Tasmania employees under the Tasmanian Ambulance Service Superannuation Scheme, are recognised at the latest actuarial assessment of the member's entitlements, net of Scheme assets. The valuation is determined by discounting to present value, the gross benefit payments at a current, market-determined, risk-adjusted discount rate appropriate to the plan.

Actuarial gains or losses arising from the actuarial revaluation of Ambulance Tasmania superannuation liabilities are recognised in the Statement of Comprehensive Income.

Type of plan

*Tasmanian Ambulance Service Superannuation Scheme*

The Tasmanian Ambulance Service Superannuation Scheme is a defined benefit scheme where members receive lump sum benefits on resignation, retirement, death or invalidity.

The Tasmanian Ambulance Service Superannuation Scheme balances reported are provided in respect of those employees who are defined benefit members.

The Scheme is closed to new members.

The Scheme forms part of the Retirement Benefits Fund and operates under the *Public Sector Superannuation Reform Act 2016*. The rules of the Scheme are set out in the Tasmanian Ambulance Service Superannuation Scheme Trust Deed.

The Superannuation Commission has fiduciary responsibility for, and oversees the administration of the Scheme. The day to day running of the Scheme is managed by the Office of the Superannuation Commission within the Department of Treasury and Finance.

There are a number of risks to which the Scheme exposes Ambulance Tasmania. The more significant risks relating to the defined benefits are:

- Investment risk - The risk is that investment returns will be lower than assumed and employers will need to increase contributions to offset this shortfall over the long term.
- Salary growth risk - The risk is that wages or salaries (on which future benefit amounts will be based) will rise more rapidly than assumed, increasing defined benefit amounts and the associated employer contributions over the long term.
- Legislative risk - The risk is that legislative changes could be made which increase the cost of providing the defined benefits.

There were no Scheme amendments, curtailments or settlements during the year.

The present value of the superannuation asset or liability is reflected in the difference between net assets available to pay benefits and the amount of accrued benefits as at 30 June 2023.

An independent actuarial assessment is undertaken into the Tasmanian Ambulance Service Superannuation Scheme as at 30 June each financial year.



The State Actuary undertook a revaluation of the present value of the defined benefit obligation and the fair value of the plan assets as at 30 June 2023 using the process outlined in AASB 119 *Employee Benefits*. As a result of the revaluation, it was determined that the Tasmanian Ambulance Service Superannuation Scheme was in surplus by \$12.5 million (2021-22: \$7.7 million surplus).

#### Reconciliation of movements in fair value of Scheme assets

	<b>Tasmanian Ambulance Service Superannuation Scheme</b>	
	<b>2023</b>	<b>2022</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Fair value balance as at 1 July</b>	<b>59 125</b>	<b>68 090</b>
<b>Included in profit or loss</b>		
Employer contributions	1 120	1 178
Interest income	2 061	928
Taxes, premiums and expenses paid	(168)	(177)
<b>Total</b>	<b>3 013</b>	<b>1 929</b>
<b>Included in other comprehensive income</b>		
Return/(loss) on plan assets excluding interest	2 048	(3 960)
<b>Total</b>	<b>2 048</b>	<b>(3 960)</b>
<b>Other</b>		
Contributions by plan participants	786	907
Benefits paid	(11 820)	(7 841)
<b>Total</b>	<b>(11 034)</b>	<b>(6 934)</b>
<b>Fair value balance as at 30 June</b>	<b>53 152</b>	<b>59 125</b>

#### Reconciliation of the defined benefit obligation

	<b>Tasmanian Ambulance Service Superannuation Scheme</b>	
	<b>2023</b>	<b>2022</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Present value of defined benefit obligations as at 1 July<sup>^</sup></b>	<b>51 407</b>	<b>64 009</b>
Current service cost	1 376	1 912
Interest expense	1 787	863
Contributions by Scheme participants	786	907
Actuarial (gains)/losses arising from changes in financial assumptions	(1 476)	(8 512)
Actuarial (gains)/losses arising from liability experience	(1 250)	246
Benefits paid	(11 820)	(7 841)
Taxes, premiums and expenses paid	(168)	(177)
<b>Present value of defined benefit obligations as at 30 June<sup>^</sup></b>	<b>40 642</b>	<b>51 407</b>

<sup>^</sup>includes defined benefit contributions tax provision.

# Reconciliation of movements in present value of superannuation liability/(asset)

	Tasmanian Ambulance Service Superannuation Scheme	
	2023	2022
	\$'000	\$'000
<b>Balance as at 1 July</b>	<b>(7 718)</b>	<b>(4 081)</b>
<b>Included in profit or loss</b>		
Current service cost	1 376	1 912
Interest income	(274)	(65)
<b>Total</b>	<b>1 102</b>	<b>1 847</b>
<b>Included in other comprehensive income</b>		
Actuarial (gains)/losses arising from changes in financial assumptions	(1 476)	(8 512)
Actuarial (gains)/losses arising from liability experience	(1 250)	246
(Returns)/losses on plan assets excluding interest	(2 048)	3 960
<b>Total</b>	<b>(4 774)</b>	<b>(4 306)</b>
<b>Other</b>		
Employer contributions	(1 120)	(1 178)
<b>Total</b>	<b>(1 120)</b>	<b>(1 178)</b>
<b>Balance as at 30 June</b>	<b>(12 510)</b>	<b>(7 718)</b>

## Scheme assets at fair value

Tasmanian Ambulance Service Superannuation Scheme

Scheme assets as at 30 June 2023<sup>^</sup> comprise:

Asset category	Level 1 Quoted in active market		Level 2 Observable inputs, not quoted		Level 3 Unobservable inputs		Total Fair value	
	2023	2022	2023	2022	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Australian equities	....	....	8 239	10 288	....	....	8 239	10 288
International equities	....	....	9 993	12 475	....	....	9 993	12 475
Infrastructure	....	....	2 073	1 951	6 378	5 676	8 451	7 627
Diversified fixed interest	....	....	12 543	13 185	....	....	12 543	13 185
Property	....	....	1 010	1 005	9 036	10 051	10 046	11 056
Alternative investments	....	....	3 880	4 494	....	....	3 880	4 494
<b>Total</b>	<b>....</b>	<b>....</b>	<b>37 738</b>	<b>43 398</b>	<b>15 414</b>	<b>15 727</b>	<b>53 152</b>	<b>59 125</b>

<sup>^</sup>Estimated based on estimated Scheme assets as at 30 June 2023 and asset allocation of the Retirement Benefits Fund Scheme as at 30 June 2022.

The fair value of Scheme assets includes no amounts relating to:

- any of Ambulance Tasmania's own financial instruments.
- any property occupied by, or other assets used by Ambulance Tasmania.

Key actuarial assumptions

*Tasmanian Ambulance Service Superannuation Scheme*

<b>Assumptions to determine defined benefit cost</b>	<b>2023</b>	<b>2022</b>
	<b>%</b>	<b>%</b>
Discount rate	3.65	1.45
Expected salary increase rate	3.50	3.00
<b>Assumptions to determine defined benefit obligation</b>	<b>2023</b>	<b>2022</b>
	<b>%</b>	<b>%</b>
Discount rate	4.05	3.65
Expected salary increase rate	3.50	3.50

As at 30 June 2023, the weighted average duration of the defined benefit obligation for the Scheme was 7.5 years (2021-22: 6.7 years).

Sensitivity analysis

*Tasmanian Ambulance Service Superannuation Scheme*

The defined benefit obligation as at 30 June 2023 under several scenarios is presented below.

Scenario A and B relate to discount rates sensitivity. Scenario C and D relate to expected pension increase rate sensitivity.

Scenario A: 1.0% pa lower discount rate assumption

Scenario B: 1.0% pa higher discount rate assumption

Scenario C: 1.0% pa lower than expected pension increase rate assumption

Scenario D: 1.0% pa higher than expected pension increase rate assumption

<b>Defined benefit obligations</b>	<b>Base</b>	<b>Scenario A</b>	<b>Scenario B</b>	<b>Scenario C</b>	<b>Scenario D</b>
	<b>Case</b>	<b>-1.0% pa discount rate</b>	<b>+1.0% pa discount rate</b>	<b>-1.0% pa pension increase rate</b>	<b>+1.0% pa pension increase rate</b>
Discount rate (% pa)	4.05%	3.05%	5.05%	4.05%	4.05%
Pension increase rate (% pa)	3.50%	3.50%	3.50%	2.50%	4.50%
Defined Benefit Obligation^ (A\$'000s)	40 642	44 559	37 325	37 867	43 806

^includes defined benefit contribution tax provision.

The defined benefit obligation has been recalculated by changing the assumptions as outlined above, whilst retaining all other assumptions.

Funding arrangements

Contributions to the Tasmanian Ambulance Superannuation Scheme in respect of defined benefit schemes are made on an emerging cost basis.

Ambulance Tasmania expects to make a contribution of \$1.1 million (2021-22: \$1.2 million) to the defined benefit plan for the Tasmanian Ambulance Superannuation Scheme during the next financial year.

## 6.5 Other liabilities

Other liabilities are recognised in the Statement of Financial Position when it is probable that an outflow of resources embodying economic benefits will result from the settlement of a present obligation and the amount at which the settlement will take place can be measured reliably.

Other liabilities include revenue received in advance and on-costs associated with employee benefit liabilities. Revenue received in advance is measured at amortised cost. On-costs associated with employee benefit liabilities expected to be realised within 12 months are measured at the amount expected to be paid. Other on-costs associated with employee benefit liabilities are measured at the present value of the cost at 30 June 2023, where the impact of discounting is material, and at the amount expected to be paid if discounting is not material.

	2023 \$'000	2022 \$'000
<b>Other financial liabilities</b>		
Employee benefit liabilities - on-costs	748	712
Inter-entity balance	159	218
<b>Total</b>	<b>907</b>	<b>930</b>
Settled within 12 months	452	485
Settled in more than 12 months	455	445
<b>Total</b>	<b>907</b>	<b>930</b>

Inter-entity balance represents Goods and Services Tax settlement entries arising between Ambulance Tasmania and the Department of Health.

## Note 7 Commitments and Contingencies

### 7.1 Schedule of commitments

Commitments represent those contractual arrangements entered by Ambulance Tasmania that are not reflected in the Statement of Financial Position.

Leases are recognised as right-of-use assets and lease liabilities in the Statement of Financial Position, excluding short term leases and leases for which the underlying asset is of low value, which are recognised as an expense in the Statement of Comprehensive Income.

*Key estimate and judgement*

Commitments are valued at the amount expected to be paid, net of any GST payable to the supplier and claimable from the Australian Taxation Office.

	2023 \$'000	2022 \$'000
<b>By type</b>		
<b>Commitments held with Finance-General</b>		
Major office accommodation	17 807	28
Motor vehicle fleet (base usage charge)	919	1 040
<b>Total</b>	<b>18 726</b>	<b>1 068</b>
<b>Other commitments</b>		
Department of Police, Fire and Emergency Management - communication support	....	603
Department of Police, Fire and Emergency Management - critical incident stress management program	165	162
Emergency services computer-aided dispatch	....	839
Information technology	....	316
Medical priority enterprise maintenance agreement	190	255
Miscellaneous goods and services contracts	948	854
Rescue helicopter contract and helicopter services	36 126	20 892
Royal Flying Doctor Service air ambulance standing charge	7 962	4 438
Secondary triage	759	560
Short term and/or low-value leases	756	166
<b>Total</b>	<b>46 906</b>	<b>29 085</b>
<b>Total commitments</b>	<b>65 632</b>	<b>30 153</b>
<b>By maturity</b>		
<b>Commitments held with Finance-General</b>		
One year or less	2 016	576
From one to five years	6 608	492
More than five years	10 102	....
<b>Total</b>	<b>18 726</b>	<b>1 068</b>
<b>Other commitments</b>		
One year or less	18 541	19 697
From one to five years	28 150	9 388
More than five years	215	....
<b>Total</b>	<b>46 906</b>	<b>29 085</b>
<b>Total commitments</b>	<b>65 632</b>	<b>30 153</b>

Commitments held with Finance-General

*Major office accommodation*

Major office accommodation leases are executed by the Finance-General Division of the Department of Treasury and Finance. As there is no lease contract between Finance-General and Ambulance Tasmania, for the purposes of AASB 16 *Leases*, Ambulance Tasmania is not

required to recognise a lease liability and right-of-use asset. Major office accommodation primarily relates to 89 Cambridge Park Drive, Cambridge Park.

#### *Motor vehicle fleet (base usage charge)*

The Government's motor vehicle fleet is owned and managed by the Finance-General Division of the Department of Treasury and Finance. Treasury is the central agency which purchases vehicles on behalf of Ambulance Tasmania. Ambulance Tasmania pays a monthly payment to Finance-General via LeasePlan Australia for use of the vehicles. As there is no lease contract between Finance-General and Ambulance Tasmania, for the purposes of AASB 16 *Leases*, Ambulance Tasmania is not required to recognise a lease liability and right-of-use asset. Motor vehicle fleet payments are rental payments which vary according to the type of vehicle. The majority of vehicles are for a period of three years or 60 000 km, whichever comes first.

### **Other commitments**

#### *Department of Police, Fire and Emergency Management - critical incident stress management program*

Ambulance Tasmania is committed to the critical incident stress management program, which assists in managing the impact of critical incidents on emergency services personnel (including carers and volunteers).

#### *Information technology*

Information technology commitments include the In-Vehicle Information System contract, which relates to the maintenance and support of the on-board computer system placed in operational ambulance vehicles. This system provides a mobile interface to the State Communications Centre for ambulance crews.

#### *Medical priority enterprise maintenance agreement*

The medical priority enterprise maintenance agreement ensures that Ambulance Tasmania's emergency dispatch and call taking software/systems are maintained to ensure that protocols are in accordance with scientifically validated, updated, and dynamic protocols.

#### *Miscellaneous goods and services contracts*

Ambulance Tasmania is party to contracts for the supply of medical services, equipment purchase and maintenance contracts and other development projects.

#### *Rescue helicopter contract and helicopter services*

The Rescue helicopter contract is a contract to secure the availability of specialist helicopter services to both Ambulance Tasmania and the Department of Police, Fire and Emergency Management, with Ambulance Tasmania being the lead agency in the contract. The actual cost of the service will be shared between the agencies based on a cost sharing agreement.

#### *Royal Flying Doctor Service air ambulance standing charge*

The Royal Flying Doctor Service charge covers availability of the aircraft and a back-up aircraft, with pilots available 24 hours a day and other fixtures, including a hangar. It does not include variable costs such as flying hours and aviation charges.

#### *Secondary triage*

To improve on Ambulance Tasmania's response to 000 calls, a "secondary triage" process was implemented to ensure Tasmanian's receive the right care, in the right place and at the right

time. Secondary triage will help Ambulance Tasmania keep emergency ambulances available for life-threatening and serious cases where paramedic care is needed.

#### *Short term and/or low-value leases*

Ambulance Tasmania leases a range of properties/tenancies around the State for service delivery purposes. Short term leases and leases for which the underlying asset is of low value do not qualify for recognition as right-of-use assets and lease liabilities and are recognised as commitments.

## 7.2 Contingent assets and liabilities

Contingent assets and liabilities are not recognised in the Statement of Financial Position due to uncertainty regarding any possible amount or timing of any possible underlying claim or obligation.

#### Quantifiable contingencies

A quantifiable contingent asset is any possible asset that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity. Ambulance Tasmania does not have any quantifiable contingent assets as at 30 June 2023.

A quantifiable contingent liability is any possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity, or any present obligation that arises from past events but is not recognised because it is not probable that an outflow of resources embodying economic benefits will be required to settle the obligation. To the extent that any quantifiable contingencies are insured, details provided below are recorded at net value.

	2023 \$'000	2022 \$'000
<b>Quantifiable contingent liabilities</b>		
Contingent claims		
Legal claims (including medical negligence and workers compensation)	67	992
<b>Total</b>	<b>67</b>	<b>992</b>

#### *Legal Claims*

At 30 June 2023, Ambulance Tasmania had a number of legal claims against it for professional negligence and other matters. Ambulance Tasmania manages its legal claims through the Tasmanian Risk Management Fund. An excess is payable for every claim (\$40 000 for general liability and \$50 000 for medical liability), and amounts over the excess are met by the Tasmanian Risk Management Fund. Workers Compensation claims are also managed through the Tasmanian Risk Management Fund. Ambulance Tasmania is responsible for the payment of the employee's wage for the first six weeks of the claim period (previously 26 weeks) and the remainder of the claim is covered by the Tasmanian Risk Management Fund.

#### Unquantifiable contingencies

There are no unquantifiable contingencies as at 30 June 2023.



## Note 8 Reserves

### 8.1 Reserves

2023	Land	Buildings	Heritage and cultural assets	Total
	\$'000	\$'000	\$'000	\$'000
<b>Asset revaluation reserve</b>				
Balance as at 1 July	10 924	5 443	13	16 380
Revaluation increments/(decrements)	2 716	2 159	28	4 903
<b>Balance as at 30 June</b>	<b>13 640</b>	<b>7 602</b>	<b>41</b>	<b>21 283</b>
2022	Land	Buildings	Heritage and cultural assets	Total
	\$'000	\$'000	\$'000	\$'000
<b>Asset revaluation reserve</b>				
Balance as at 1 July	8 423	3 753	13	12 189
Revaluation increments/(decrements)	2 501	1 690	....	4 191
<b>Balance as at 30 June</b>	<b>10 924</b>	<b>5 443</b>	<b>13</b>	<b>16 380</b>

Nature and purpose of reserves

*Asset revaluation reserve*

The asset revaluation reserve is used to record increments and decrements on the revaluation of non-financial assets, as described in Note 5.4.

## Note 9 Cash Flow Reconciliation

Cash means notes, coins, any deposits held at call with a bank or financial institution, as well as funds held in Specific Purpose Accounts, being short term of three months or less and highly liquid. Deposits are recognised at amortised cost, being their face value.

### 9.1 Cash and cash equivalents

Cash and cash equivalents includes the balance of the Specific Purpose Accounts held by Ambulance Tasmania, and other cash held, excluding those accounts which are administered or held in a trustee capacity or agency arrangement.

	2023 \$'000	2022 \$'000
<b>Specific Purpose Account balances</b>		
Operating Account	678	1 309
<b>Total</b>	<b>678</b>	<b>1 309</b>
<b>Other cash held</b>		
Other cash and equivalents not included above	2	2
<b>Total</b>	<b>2</b>	<b>2</b>
<b>Total cash and cash equivalents</b>	<b>680</b>	<b>1 311</b>

Other cash and equivalents represent petty cash and cash floats.

### 9.2 Reconciliation of net result to net cash from operating activities

	2023 \$'000	2022 \$'000
Net result from continuing operations	(4 524)	238
Non-actuarial gains/(losses) on superannuation defined benefit plans	(18)	669
Depreciation and amortisation	4 488	4 097
Recognition of non-cash contributions	(4 771)	(1 679)
Net (gain)/loss on non-financial assets	(237)	(301)

	2023 \$'000	2022 \$'000
Net (gain)/loss on financial instruments and statutory receivables/payables	771	600
Decrease/(increase) in Receivables	(901)	(246)
Decrease/(increase) in Other assets	544	(2 808)
Decrease/(increase) in Inventories	316	280
Increase/(decrease) in Employee benefit liabilities	3 938	1 864
Increase/(decrease) in Payables	149	(1 906)
Increase/(decrease) in Other liabilities	(23)	11
<b>Net cash from/(used by) operating activities</b>	<b>(268)</b>	<b>819</b>

### 9.3 Financing facilities

Ambulance Tasmania does not have any financing facilities.

### 9.4 Reconciliation of liabilities arising from financing activities

Liabilities arising from financing activities are liabilities for which cash flows were, or future cash flows will be, classified in the Statement of Cash Flows as cash flows from financing activities.

	2023 \$'000	2022 \$'000
<b>Lease liabilities</b>		
<b>Balance as at 1 July</b>	<b>930</b>	<b>1 411</b>
New leases	....	362
Changes from financing cash flows:		
Repayment of lease liabilities (excluding interest)	(765)	(843)
<b>Balance as at 30 June</b>	<b>165</b>	<b>930</b>

## Note 10 Transactions and Balances Relating to a Trustee or Agency Arrangement

### 10.1 Activities undertaken under a trustee or agency arrangement

Transactions relating to activities undertaken by Ambulance Tasmania in a trust or fiduciary (agency) capacity do not form part of Ambulance Tasmania's activities. Trustee and agency arrangements, and transactions/balances relating to those activities, are neither controlled nor administered.

Fees, commissions earned and expenses incurred in the course of rendering services as a trustee or through an agency arrangement are recognised as controlled transactions.

Account	Opening balance \$'000	Net transactions during 2022-23 \$'000	Closing balance \$'000
<i>Patient Trust and Bequest Account</i>	95	(12)	83

## Note 11 Events Occurring after Balance Date

There have been no events subsequent to balance date which would have a material effect on Ambulance Tasmania's Special Purpose Financial Report as at 30 June 2023.

## Note 12 Other Significant Accounting Policies

### 12.1 Objectives and funding

Ambulance Tasmania provides emergency ambulance, transport and care services and a non-emergency patient transport service. The provision of ambulance services in rural communities

relies on the strength and commitment of volunteer ambulance officers working in volunteer units, branch stations and independent services.

Ambulance Tasmania's activities are classified as either controlled or administered.

Controlled activities involve the use of assets, liabilities, revenues and expenses controlled or incurred by Ambulance Tasmania in its own right. Administered activities involve the management or oversight by Ambulance Tasmania, on behalf of the Government, of items controlled or incurred by the Government. In the current financial year, there are no administered items.

Ambulance Tasmania is predominantly funded through appropriation funding, through the Department of Health. In addition, Ambulance Tasmania provides services to fee paying patients or patients who will receive compensation for these expenses due to the circumstances surrounding their injury.

The Special Purpose Financial Report encompasses all funds through which Ambulance Tasmania controls resources to carry on its functions.

## 12.2 Basis of accounting

The Commissioner of Ambulance Services has determined that, as there are no users dependent on General Purpose Financial Statements, this Special Purpose Financial Report has been prepared in order to meet the financial reporting obligations of Ambulance Tasmania and the *Audit Act 2008*.

The Special Purpose Financial Report has been prepared in accordance with:

- The recognition and measurement requirements specified by Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board and the disclosure requirements of AASB 101 *Presentation of Financial Statements*, AASB 107 *Statement of Cash Flows*, AASB 108 *Accounting Policies, Changes in Accounting Estimates and Errors*, AASB 1048 *Interpretation of Standards*, AASB 1054 *Australian Additional Disclosures*, AASB 13 *Fair Value Measurement*, AASB 15 *Revenue from Contracts with Customers*, AASB 16 *Leases*, AASB 102 *Inventories*, AASB 116 *Property Plant and Equipment*, and AASB 138 *Intangible Assets*.

The Special Purpose Financial Report was signed on 7 September 2023.

Compliance with the Australian Accounting Standards may not result in compliance with International Financial Reporting Standards, as the AAS include requirements and options available to not-for-profit organisations that are inconsistent with IFRS. Ambulance Tasmania is considered to be not-for-profit and has adopted some accounting policies under the AAS that do not comply with IFRS.

The Special Purpose Financial Report has reduced disclosure in terms of financial instruments, remuneration of key management personnel and related party transactions.

The Special Purpose Financial Report has been prepared on an accrual basis and, except where stated, are in accordance with the historical cost convention. The accounting policies are generally consistent with the previous year except for those changes outlined in Note 12.5.

The Special Purpose Financial Report has been prepared as a going concern. The continued existence of Ambulance Tasmania in its present form, undertaking its current activities, is dependent on Government policy and on continuing appropriations through the Department of Health for Ambulance Tasmania's administration and activities.

Ambulance Tasmania has made no assumptions concerning the future that may cause a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

### 12.3 Reporting entity

The Special Purpose Financial Report includes all the controlled activities of Ambulance Tasmania. The Special Purpose Financial Report consolidates material transactions and balances of Ambulance Tasmania.

### 12.4 Functional and presentation currency

This Special Purpose Financial Report is presented in Australian dollars, which is Ambulance Tasmania's functional currency.

### 12.5 Changes in accounting policies

#### Impact of new and revised Accounting Standards

In the current year, there are no new or revised Standards and Interpretations issued by the AASB that are relevant to Ambulance Tasmania's operations and effective for the current annual reporting period.

#### Impact of new and revised Accounting Standards yet to be applied

There are no applicable Standards that have been issued by the AASB that are yet to be applied by Ambulance Tasmania.

#### Voluntary changes in accounting policy

Ambulance Tasmania has made no voluntary changes in accounting policy during 2022-23.

### 12.6 Foreign currency

Transactions denominated in a foreign currency are converted at the exchange rate at the date of the transaction. Foreign currency receivables and payables are translated at the exchange rates current as at balance date.

### 12.7 Comparative figures

Comparative figures have been adjusted to reflect any changes in accounting policy or the adoption of new standards. Details of the impact of changes in accounting policy on comparative figures are at Note 17.5.

Where amounts have been reclassified within the Special Purpose Financial Report, the comparative statements have been restated.

The comparatives for external administrative restructures are not reflected in the Special Purpose Financial Report.

### 12.8 Rounding

All amounts in the Special Purpose Financial Report have been rounded to the nearest thousand dollars, unless otherwise stated. As a consequence, rounded figures may not add to totals. Amounts less than \$500 are rounded to zero and are indicated by the symbol "...".

### 12.9 Taxation

Ambulance Tasmania is exempt from all forms of taxation except Fringe Benefits Tax and Goods and Services Tax.

## 12.10 Goods and Services Tax

Revenue, expenses and assets are recognised net of the amount of Goods and Services Tax, except where the GST incurred is not recoverable from the Australian Taxation Office.

Receivables and payables are stated inclusive of GST. The net amount recoverable, or payable, to the Australian Taxation Office is recognised as an asset or liability within the Statement of Financial Position.

In the Statement of Cash Flows, the GST component of cash flows arising from operating, investing or financing activities which is recoverable from, or payable to, the Australian Taxation Office is, in accordance with the Australian Accounting Standards, classified as operating cash flows.

## **Independent Auditor's Report**

### **To the Members of Parliament**

### **Ambulance Tasmania**

### **Report on the Audit of the Special Purpose Financial Report**

## **Opinion**

I have audited the financial report, being a special purpose financial report of the Commissioner of Ambulance Tasmania (Ambulance Tasmania), which comprises the statement of financial position as at 30 June 2023 and the statements of comprehensive income, changes in equity and cash flows for the year then ended, notes to the financial statements including a summary of significant accounting policies and the statement of certification signed by the Commissioner.

In my opinion, the accompanying financial report presents fairly, in all material respects, the financial position of Ambulance Tasmania as at 30 June 2023, and its financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Section 17 of the *Audit Act 2008*.

## **Basis for Opinion**

I conducted the audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. I am independent of Ambulance Tasmania in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code.

The *Audit Act 2008* further promotes the independence of the Auditor-General. The Auditor-General is the auditor of all Tasmanian public sector entities and can only be removed by Parliament. The Auditor-General may conduct an audit in any way considered appropriate and is not subject to direction by any person about the way in which audit powers are to be exercised. The Auditor-General has for the purposes of conducting an audit, access to all documents and property and can report to Parliament matters which in the Auditor-General's opinion are significant.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

### **Emphasis of Matter - Basis of Accounting**

I draw attention to Note 12.2 to the financial report, which describes the basis of

accounting. The financial report has been prepared to assist Ambulance Tasmania to meet the financial reporting requirements of the *Audit Act 2008*. As a result, the financial report may not be suitable for another purpose. My opinion is not modified in respect of this matter.

### Responsibilities of the Commissioner for the Financial Report

The Commissioner is responsible for the preparation and fair presentation of the financial report in accordance with the financial reporting requirements of the *Audit Act 2008* and for such internal control as determined necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Commissioner is responsible for assessing Ambulance Tasmania's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting, unless Ambulance Tasmania is to be dissolved by an Act of Parliament, or the Commissioner intends to cease operations, or has no realistic alternative but to do so.

### Auditor's Responsibilities for the Audit of the Financial Report

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Ambulance Tasmania's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Commissioner



- Conclude on the appropriateness of the Commissioner's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on Ambulance Tasmania's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusion is based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause Ambulance Tasmania to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Commissioner regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



David Bond  
**Assistant Auditor-General**  
**Delegate of the Auditor-**  
**General** Tasmanian Audit  
Office

8 September 2023  
Hobart

## Key Acronyms

Acronym	Full name
<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>CMHW</b>	Community, Mental Health and Wellbeing
<b>COPMM</b>	Council of Obstetric and Paediatric Mortality and Morbidity
<b>CQRA</b>	Clinical Quality, Regulation and Accreditation
<b>DoH</b>	Department of Health
<b>ED</b>	Emergency department
<b>FTE</b>	Full-time equivalent (employee)
<b>HITH</b>	Hospital in the Home
<b>ICU</b>	Intensive care unit
<b>KPI</b>	Key performance indicator
<b>LGBTIQA+</b>	Lesbian, gay, bisexual, transgender and gender diverse, intersex, queer, asexual +
<b>LGH</b>	Launceston General Hospital
<b>MCH</b>	Mersey Community Hospital
<b>MHCT</b>	Mental Health Council of Tasmania
<b>NDIS</b>	National Disability Insurance Scheme
<b>NSQHS</b>	National Safety and Quality Health Service Standards
<b>NWRH</b>	North West Regional Hospital
<b>PHT</b>	Primary Health Tasmania
<b>RHH</b>	Royal Hobart Hospital
<b>THS</b>	Tasmanian Health Service
<b>UTAS</b>	University of Tasmania
<b>VAD</b>	V=Voluntary assisted dying

# Key Website References

## **Infrastructure end of year highlights**

[www.health.tas.gov.au/publications/infrastructure-services-group-end-year-highlights](http://www.health.tas.gov.au/publications/infrastructure-services-group-end-year-highlights)

## **Health ICT end of year highlights:**

[www.health.tas.gov.au/publications/health-ict-highlight-report-2022-23](http://www.health.tas.gov.au/publications/health-ict-highlight-report-2022-23)

## **Child Safety and Wellbeing Page**

[Child Safety and Wellbeing | Tasmanian Department of Health](#)

## **Statement of Commitment from DoH Executives**

[Statement of Commitment | Tasmanian Department of Health](#)

## **Statewide Endoscopy Services Four Year Plan**

[Statewide Endoscopy Services \(health.tas.gov.au\)](http://health.tas.gov.au)

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

[Long-Term Plan for Healthcare in Tasmania 2040](#)

## **Health Workforce 2040 Strategy**

[Microsoft Word - HW2040 - 2019 - Strategy - Draft - v9.docx \(health.tas.gov.au\)](#)

## **Digital Health Transformation - Improving Patient Outcomes 2022–2032**

[Digital Health Transformation - Improving Patient Outcomes \(2022-2032\)](#)

## **Tasmanian Suicide Prevention Strategy 2023-2027**

[Tasmanian Suicide Prevention Strategy 2023-2027 \(health.tas.gov.au\)](http://health.tas.gov.au)

## **Our Healthcare Future Immediate Actions and Consultation Paper 2020**

[Our Healthcare Future - Immediate Actions and Consultation Paper 2020](#)

## **Tasmanian Palliative and End of Life Care Policy Framework 2022–27**

[Tasmanian Palliative and End of Life Care Policy Framework 2022-2027 \(health.tas.gov.au\)](http://health.tas.gov.au)

## **Transforming Outpatient Services Four Year strategy 2022–26**

[Transforming outpatient services A four-year strategy to improve access and quality of public outpatient services in Tasmania 2022-26 \(health.tas.gov.au\)](#)

## **Healthy Tasmania Five-Year Strategic Plan 2022–2026**

[HEALTHY TASMANIA FIVE-YEAR STRATEGIC PLAN 2022-2026](#)

# Contact Us

## Department Contacts

Person or Department	Contact Details
If you know who to call	Visit the Tasmanian Government Directory
If you don't know who to call	Phone Service Tasmania on 1300 135 513
Reporting concerns of inappropriate behaviour	Reporting Concerns of Inappropriate Behaviour Form ( <a href="http://health.tas.gov.au">health.tas.gov.au</a> )
Coronavirus (COVID-19) information	Visit our coronavirus website
Media enquiries	<a href="mailto:comms@health.tas.gov.au">comms@health.tas.gov.au</a>
Creditor enquiries (invoice/payment queries)	Phone: 03 6166 3864 Email: <a href="mailto:finance@health.tas.gov.au">finance@health.tas.gov.au</a> Fax: 03 6173 0317
Debtor enquiries (non-hospital related queries)	Phone: 03 6166 3865 Email: <a href="mailto:finance@health.tas.gov.au">finance@health.tas.gov.au</a> Fax: 03 6173 0317
General enquiries, feedback and complaints	Use our online feedback form
Other Tasmanian Government departments	Visit the Tasmanian Government Directory

## Department Services and Support Contacts

Person or Department	Contact Details
Mental Health Services	Phone: 1800 332 388 or 03 6166 6333
Alcohol and Drug Services	Phone: 1300 139 641
Oral (Dental) Health	Phone: 1300 011 013
Public Health Hotline	Phone: 1800 671 738



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