

2012-2013

ANNUAL REPORT

DEPARTMENT OF HEALTH AND HUMAN SERVICES



Contents

At a Glance		Part 3 – Financial Report	
Secretary's Year in Review	1	Department of Health and Human Services	
Part 1 – Overview		Statement of Comprehensive Income	163
About DHHS	5	Statement of Financial Position	165
Financial Highlights	11	Statement of Cash Flows	167
Health and Human Services Workforce	16	Statement of Changes in Equity	169
Engaging with the Community	24	Notes to and Forming Part of	
Disability Framework for Action 2005-2010	29	Financial Statements	170
Performance 2012-2013	32	Statement of Certification	271
Key Achievements 2012-2013	45	Tasmanian Ambulance Services	
Key Priorities 2013-2014	52	Statement of Comprehensive Income	273
Publications	60	Statement of Financial Position	275
Part 2 – Regulatory Information		Statement of Cash Flows	276
Capital Works and Asset Management	72	Statement of Changes in Equity	278
Consultancies, Contracts and Tenders	79	Notes to and Forming Part of	
Community Sector Organisations	94	Financial Statements	279
Climate Change	112	Statement of Certification	312
Risk Management	115	Glossary and Acronyms	313
Pricing Policies	116	How to Contact Us	314
Administered Payments	116		
Superannuation Declaration	117		
Public Interest Disclosure	117		
Right to Information	118		
Legislation	120		
Other Annual Reports	125		
<i>Disability Services Act 2011</i>	126		
Council of Obstetric and Paediatric Mortality and Morbidity	136		
Tasmanian Pharmacy Authority	151		

Secretary's Year in Review

Dear Ministers

In accordance with the requirements of Section 36 of the *Tasmanian State Service Act 2000* and Section 27 of the *Financial Management and Audit Act 1990*, I am pleased to present to you this report on the activities of the Department of Health and Human Services for the financial year 2012-2013.

During the year the Department of Health and Human Services has continued to deliver vital services to Tasmanians while introducing the benefits of national reform in housing and homelessness, disability services, children and youth services and health.

This year marks the first year of operation of the three Tasmanian Health Organisations (THOs) which were created under national health reforms to manage the delivery of health services locally.

The Department of Health and Human Services has the role of system manager and funding body for the THOs, with the THOs reporting on their activities and responsibilities separately.

This was the first year in which service agreements were required in accordance with the *Tasmanian Health Organisation Act 2011*. The Department of Health and Human Services (on behalf of the Minister for Health) successfully negotiated service agreements with all three THOs within the required legislative timeframes.

Throughout the year the Department of Health and Human Services has continued to focus on its strategic priorities – promoting wellness for Tasmanians, delivering services efficiently and sustainably, and continuing to introduce the benefits of national reforms across all our portfolios. At all times we seek to develop our employees to ensure Tasmanians benefit from of a highly-trained, skilled and efficient workforce.

This has been the second year the Department of Health and Human Services has been subject to Tasmanian Government savings strategies, with a further \$10 million saved through better designing existing programs, implementing efficiencies and cost-reductions.

The Department of Health and Human Services continues to closely manage travel expenses delivering significant savings. Our efforts in reducing greenhouse gases and introducing efficiencies resulted in a cut to overall vehicle costs of more than \$1.6 million and reduced greenhouse gas emissions by more than 700 000kg in the two years to June 2013.

Achievements

Health

As health system manager, the Department of Health and Human Services has valuable insight into the costs of supplying services and remains firmly focussed on ensuring that all Tasmanians get access to the most efficient and timely health services.

Our health system continues to experience increasing demand, especially in ambulance services, emergency departments and for elective surgery.

During 2012-2013, Ambulance Tasmania reduced its statewide median emergency response times by 12 seconds to 11 minutes despite the number of call-outs increasing by more than 12 per cent.

Preventative health remains a core focus for the Department of Health and Human Services and this year the five-yearly *State of Public Health Report* was released, accompanied by the *Health Indicators Tasmania Report*. It shows that the life-expectancy of Tasmanians is improving and self-reported health is generally good. However, Tasmania's health challenges continue to be towards encouraging Tasmanians to maintain healthy lifestyles and to reduce the prevalence of smoking and chronic disease caused by obesity. Tasmania also has a generally older and more dispersed population than other states, creating particular challenges for our health system.

BreastScreen Tasmania experienced yet another record year and continues to out-perform the national target, with 92.9 per cent of clients assessed within the recommended timeframe.

The reforms are being supported by a thorough update of Tasmania's Health Plan. This is being undertaken by the Tasmanian Lead clinicians Group which is consulting widely with clinicians and stakeholders to ensure the vision for health services into the future remains flexible and relevant.

Another significant milestone was the passing of the new *Mental Health Act 2013* through the Tasmanian Parliament, which comes into effect from 1 January 2014. It will ensure there is a human rights approach taken to helping clients suffering from mental illness.

Disability, Housing and Community Services

Tasmania continues to invest heavily in affordable housing. This has produced pleasing results with the number of Tasmanians waiting for public housing at 30 June 2013 recorded at 2 310 – down almost 14 per cent on the previous year. This is the lowest waiting list for more than a decade.

The average housing wait-time for people with priority needs has fallen to 16 weeks.

The year has also seen extensive preparation for the transfer of around 35 per cent of Tasmania's public housing stock to management by the non-government sector. We have been working in collaboration with non-government organisations to prepare for the change, which is part of national reforms. This year *Better Housing Futures* was launched, with tenants at Clarendon Vale and Rokeby having the option to transfer into the new system and have their tenancies managed by the non-government sector. The take-up of the new system has been encouraging and will be further rolled out during 2013-2014. We have also undertaken considerable work in allowing for the new shared system of managing the continuum of housing need. Called, 'Housing Connect', the new system was implemented with stakeholder consultation on 1 October 2013.

Truly ground-breaking reforms were introduced in the area of disability care with the introduction of the National Disability Insurance Scheme (NDIS). In Tasmania the launch has involved funding for around 1 000 Tasmanians with disability between the ages of 15 to 24 years. There will be a transition to the full scheme by July 2019 in which more than 10 500 Tasmanians with disability will be supported.

The NDIS is empowering young Tasmanians to choose the services they need, choose how those services are delivered, and get more directly involved in their communities. This will have a positive effect on waiting lists in the future.

Children and Youth Services

The Department of Health and Human Services continues to prioritise protection and support for Tasmania's children and young people.

During 2012-2013 we have consolidated the whole-of-government approach to protecting Tasmania's children, through the *Sharing Responsibility for Our Children, Young People and their families; Government Embracing Change in response to the Select Committee On Child Protection Final Report 2011*.

Protecting and supporting Tasmania's children is a shared responsibility between many government departments and the community.

The Department of Health and Human Services has adopted a preventative approach, and this is reflected in our performance for the year. Every child protection matter that is notified to Child Protection Services is taken seriously and assessed. Where warranted, notifications are investigated. There has been a four per cent increase in notifications during 2012-2013 and a 13 per cent increase in the number of notifications investigated or 1999 notifications for the year.

Of course some children are also taken into care, and this year health assessments for all children in out of home care were introduced.

This year we also introduced a new public health approach to the safety and wellbeing of children, including a new model of care for the Child Health and Parenting service. The new model aims to better target health checks for children so that health advice and intervention is provided at the right stages of a child's development.

The work of the Department of Health and Human Services is of paramount importance to Tasmanians, and it is a responsibility we take very seriously. I wish to congratulate all staff for the tremendous work they do ensuring we continue to focus on the needs and expectations of our patients and clients.



Matthew Daly
Secretary
Department of Health and Human Services

Part I - Overview

About DHHS	5
Financial Highlights	11
Health and Human Services Workforce	16
Engaging with the Community	24
Disability Framework for Action 2005-2010	29
Performance in 2012-2013	32
Key Achievements in 2012-2013	45
Key Priorities in 2013-2014	52
Publications	60

About DHHS

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

The Department's structure provides functions supporting the Ministers and the Government, regulatory functions and system stewardship functions in statewide planning, purchasing, and performance monitoring of health and human services.

In addition, the Department of Health and Human Services service groups provide population health, ambulance, disability, housing, community, children and youth services.

Tasmanian Health Organisations provide hospital and primary and community health services in Tasmania. Under the National Health Reform, they manage the funding they receive to provide maximum services for their communities. Further information on the Tasmanian Health Organisations is available in the three separate 2012-2013 Tasmanian Health Organisation Annual Reports; North, North West and South.

The organisational structure also includes a shared services entity that provides services to its customers: Department of Health and Human Services departmental/service groups and the Tasmanian Health Organisations. The structure of the Department of Health and Human Services as at June 2013 is reflected in the organisational chart at Figure 1.

Strategic Priorities

The Secretary, with the support of the Departmental Executive sets the organisational direction that supports government policy and priorities through the services, plans, programs and strategies. The Department of Health and Human Services strategic priorities include:

Promoting health and wellbeing and intervening early when needed

- Developing and delivering prevention, promotion and early intervention activities to maintain and improve the health and wellbeing of all Tasmanians.

Planning and delivering services

- Planning and forecasting the delivery of sustainable health and human services guided by evidence-based policy.

Delivering the benefits of reform

- Engaging with and embracing national and state reform agendas to improve our services.
- Become recognised as both a first adopter and demonstration site for reform.

Strengthening sustainability

- Building the Department's system management capacity. Working with service delivery areas to improve service quality, safety and the performance capability of both the Department and service delivery areas.

Shaping our workforce

- Enabling our workforce to be properly educated, trained and developed, motivated and appropriately supported to give of its best.

DHHS Values

The Department of Health and Human Services Values guide our behaviour and decisions, and communicate to our patients and clients, stakeholders and the wider Tasmanian community the conduct they can expect from us. Our Values provide a common standard for each unit, through the leadership of the Departmental Executive, to personalise the behaviours that convey 'the way we work'. Our Values include:

Lead with purpose by:

- Using our experience and knowledge to inspire and influence others.

Be creative and innovative by:

- Fostering a culture of learning; and striving to improve our services informed by the best available evidence.

Be collegial by:

- Engaging with our clients and the community; and by working in partnership with our key stakeholders to meet shared goals.

Act with integrity by:

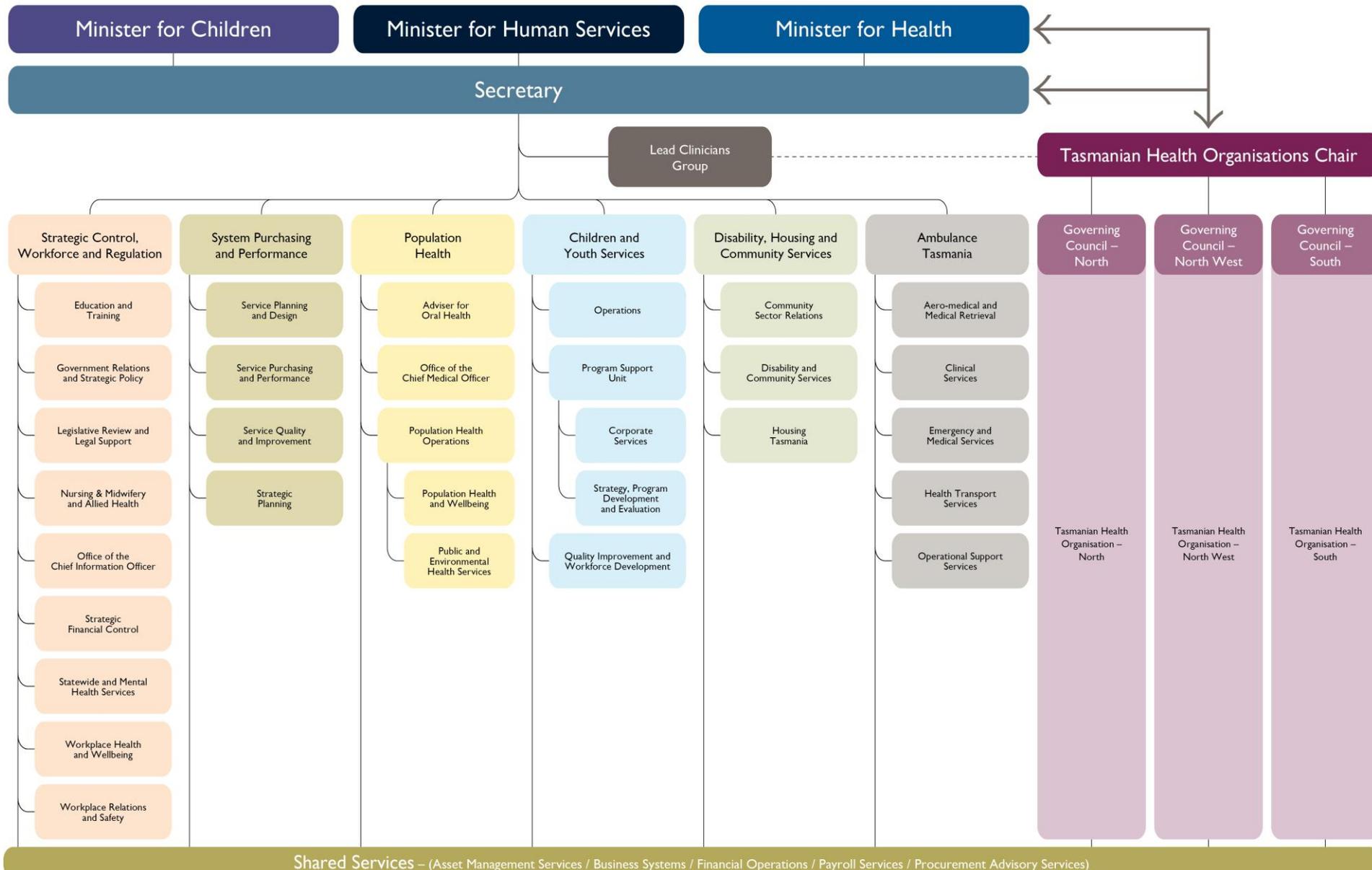
- Being open, honest and fair.

Be accountable by:

- Being answerable for our decisions.

Figure I - Department of Health and Human Services Organisational Chart

Department of Health and Human Services June 2013



DHHS Services

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

The main responsibilities of DHHS include the delivery of:

- Health promotion and protection through emergency management, public health and related preventative services.
- Integrated pre-hospital emergency and medical services, health transport, aero-medical and medical retrieval services to the Tasmanian community.
- A range of accommodation and support services aimed at enhancing the quality of life for people with a disability, their families and carers.
- Statutory responsibilities in relation to vulnerable children and young people including child protection and juvenile justice.
- A wide range of community services for children and their families, including early intervention, family support services and child health services.
- Secure and affordable housing to support low income Tasmanians, as well as accommodation and support for people experiencing homelessness.

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

- 54 ambulance stations and 'first responder' units
- 75 Child Health Centres (including 4 Parenting Centres)
- 1 Child Development Unit
- 4 Children and Youth Service Centres delivering Child Protection Services, Community Youth Justice Services and Family Violence Counselling and Support Service
- 3 Family Violence Counselling and Support Service Centres
- 4 area based Disability Assessment and Advisory Teams providing specialist support to outsourced disability services
- 4 area based Community Partnership Teams who liaise with outsourced community services
- 8 service points, providing tenancy services, advice and support to over 11 039 public, Aboriginal and community managed properties

- Population Health provides services and manages contracts with a variety of organisations to promote, monitor, protect and enhance the health and wellbeing of Tasmanians including:
 - 3 BreastScreen facilities (Hobart, Launceston and a mobile screening unit)
 - 107 Needle and Syringe Program outlets across the State including 14 outlets run from State Government facilities (ie hospitals, health care centres), 84 operating out of pharmacies, the remainder are non-government organisations funded to deliver the Needle and Syringe Program
 - the Get Healthy Information and Coaching Service (1300 806 258), providing phone-based health coaching statewide
- the Ashley Youth Detention Centre.

Case Study – First THO Service Agreements Negotiated

As outlined in the *Tasmanian Health Organisation Act 2011* (the Act), negotiated service agreements between the Minister for Health and the governing council of each Tasmanian Health Organisation (THO) are required on a financial year basis.

Service agreements must include:

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

The Act also outlines the options available to the Minister for Health in circumstances where a THO is deemed to be performing unsatisfactorily and specifies that a THO is deemed to performing unsatisfactorily if the Minister for Health is of the opinion that the THO:

- has failed to meet the requirements of its service agreement or its corporate plan, or
- the governing council of the THO, has not been performing its functions, or exercising its powers, in a satisfactory manner.

On behalf of the Minister for Health, the Department of Health and Human Services monitors THO performance against the requirements of the service agreement in accordance with the processes outlined in the *Tasmanian Health Organisation Performance Framework* (the Framework). As part of that process, the Department of Health and Human Services provides regular service agreement performance reporting to the Minister for Health and makes recommendations to the Minister for Health regarding any required performance intervention (consistent with the options available to the Minister for Health under the Act).

In 2012-2013, the first year in which service agreements were required in accordance with the Act, the Department of Health and Human Services (on behalf of the Minister for Health) successfully negotiated service agreements with all three THOs within the required legislative timeframes. The agreements were signed by both the Minister and the THO Chair in June 2012. Furthermore, revised agreements were successfully negotiated with all three THOs in December 2012 and again in June 2013 to reflect changed circumstances within the financial year.

The Department of Health and Human Services actively monitored service agreement performance throughout 2012-2013 in accordance with the processes outlined in the Framework, including regular performance review meetings with each of the three THOs. Several performance issues were identified, the most serious of which resulting in a performance intervention by the Minister for Health. Interventions ranged from level 2 (unsatisfactory performance) in relation to financial performance to level 1 (under review) in relation to emergency department and safety and quality performance.

The 2013-2014 service agreements were successfully negotiated and signed by the Governing Council Chairperson and the Minister for Health in May 2013 and the Department of Health and Human Services is now actively applying the Framework to those new agreements.

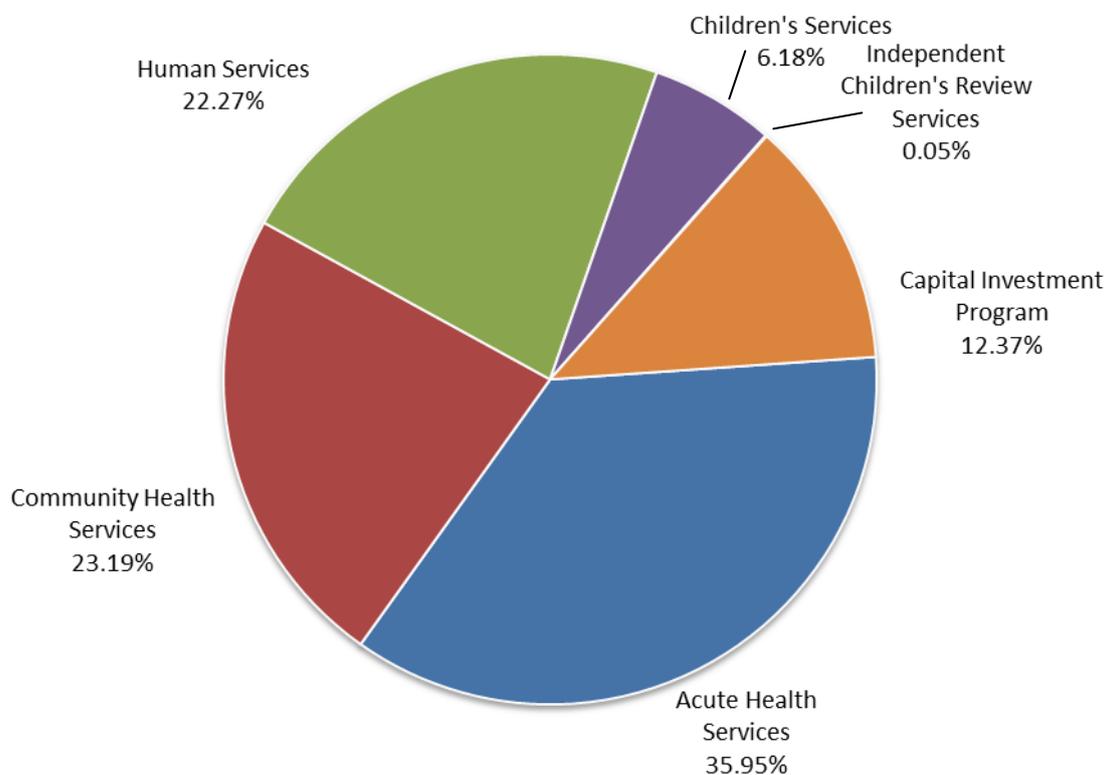
Financial Highlights

In 2012-2013, the total budgeted expenditure for the Department of Health and Human Services was \$1.383 billion. The Department of Health and Human Services had more than \$2.261 billion in physical assets under its control in 2012-2013, and the annual appropriation from the Consolidated Fund was \$1.195 billion.

Financial information for the Tasmanian Health Organisations is reported separately to the Department of Health and Human Services in their respective Annual Reports.

Department of Health and Human Services Revenue Budget by Output Group

Figure 2 - Total Department of Health and Human Services Budget 2012-2013



Expenses

The following chart provides the breakdown of Department of Health and Human Services expenses by major categories for 2012-2013:

Table 1 - Department of Health and Human Services Expenditure Budget 2012-2013 – Breakdown by Output

Budget Expenditure by Group	2009-2010	2010-2011	2011-2012	2012-2013
	\$ '000	\$ '000	\$ '000	\$ '000
Acute Health Services	859.2	899.5	970.2	549.8
Community Health Services	349.9	385.4	406.6	353.9
Human Services	397.2	423.1	425.5	359.9
Children's Services ¹	0	0	0	95.7
Independent Children's Review Services	0.6	0.7	0.8	0.8
Administered Payments	35	37.6	24.9	37.3
Capital Investment Program/s	5.9	7.6	16.1	23.3
Total	1647.8	1753.9	1844.1	1420.7

Note

1 In prior years, the new output group 'Children's Services' was reported under 'Human Services'.

The Statement of Comprehensive Income identified that total expenses for 2012-2013 amounted to \$1.4 billion.

Operating expenses incurred throughout the Department of Health and Human Services are varied but the major categories include:

- salaries and employee related expenses at \$276.137 million
- patient and client services at \$47.326 million and
- property, including rent, rates, maintenance and electricity at \$92.091 million.

During 2012-2013 Department of Health and Human Services employed around 2 970 Tasmanians.

Capital Expenditure for property, plant and equipment in 2012-2013 totalled \$66.340 million, which included expenditure on the Statewide Cancer Centres, Emergency Department, Car Parks at the Launceston General Hospital and North West Regional Hospital, Royal Hobart Hospital redevelopment, development of regional community health centres and ongoing Housing Tasmania capital programs.

Table 2 - Department of Health and Human Services Actual Expenditure 2012-2013

Actual Expenditure by Group	2012-2013
	\$ '000
Acute Health Services	564 130
Community Health Services	254 468
Human Services	410 381
Children's Services	102 982
Independent Children's Review Services	936
Capital Investment Program/s	81 888
Total	1 414 785

Actual Expenditure by Type	2012-2013
	\$ '000
Salaries and wages	240 682
Other employee related expenses	3 948
Superannuation expenses	31 507
Depreciation and amortisation	34 584
Consultants	3 939
Maintenance and property services	92 091
Communications	3 814
Information technology	17 306
Travel and transport	7 737
Medical, surgical and pharmacy supplies	12 052
Advertising and promotion	578
Other supplies and consumables	74 563
Grants and subsidies	871 579
Finance costs	9 326
Other expenses	11 079
Total	1 414 785

Revenue

The following table provides the breakdown of Department of Health and Human Services revenue by major categories for 2012-2013:

Table 3 - Department of Health and Human Services Revenue 2012-2013

Revenue	2012-2013
	\$ '000
Revenue from appropriation	1 121 378
Revenue from Special Capital Investment Funds	38 857
Grants	83 176
Sales of goods and services	100 085
Interest	334
Contributions received	1 488
Other revenue	11 632
Total revenue and other income from transactions	1 356 950

Sale of goods and services includes Residential Rental, Interstate charging, Ambulance Fees and Compensable Fees for Motor Vehicle Accidents.

Net Assets

Net Assets of \$2.048 billion is made up of:

Table 4 - Net Assets

Net Assets	2012-2013
	\$ '000
Total Assets	2 381 678 000
Total Liabilities	-333 415 000
Net Assets	2 048 263 000

For further financial information on the Department of Health and Human Services activities, please refer to the Financial Statements in Part 3 of this Annual Report.

Case Study – Tasmanian Health Assistance Package

The Australian Government announced the \$325 million Tasmanian Health Assistance Package (the Package) in June 2012 to provide additional funding to Tasmania to help address the unique challenges facing the provision of health care services in the State, such as its ageing population and higher rates of chronic diseases.

The Department of Health and Human Services negotiated funding under the package for a range of initiatives, including additional elective surgery, improved community-based palliative care services and investment in eHealth. Many Tasmanians have already seen the benefits of this work, with significant funding flowing to the State in 2012-2013.

An example of a key achievement under the Package has been the securing of more than \$39.6 million to support training and retention of specialists in the Tasmanian health system. The additional funding will provide for up to 51 additional training places for specialist doctors to meet demand in key areas, including emergency medicine, anaesthetics, intensive care medicine, obstetrics and gynaecology, surgery, ophthalmology, adult and paediatric physicians, psychiatry, radiology and pathology.

This funding is being administered by a number of specialist medical colleges, such as the Australasian College for Emergency Medicine and Royal Australasian College of Surgeons. The colleges will contract with the Tasmanian Health Organisations (THOs) to deliver the additional training places, which will also involve the creation of a number of new supervisor and training coordinator positions within each THO.

The Department of Health and Human Services undertook a thorough consultation process as part of the development of the proposal, working closely with key representatives from the Australian Government and each of the specialist medical colleges and THOs to prioritise and consolidate the numbers of training places required. All eligible colleges participated in the process. The Department of Health and Human Services played a key role in negotiating with the Australian Government on a comprehensive, statewide proposal for the \$39.6 million identified for the training places.

The funding has been targeted towards addressing current training shortfalls and high workforce priorities, particularly in psychiatry, addiction medicine, general surgery, public health medicine, emergency medicine and ophthalmology. In addition, new training positions for generalists in acute care medicine, paediatrics and geriatric medicine will help to better meet the needs of Tasmania's rural communities.

An additional 38 specialist trainees will begin their training in early 2014, with the number of available places rising to the full 51 by 2016. This is a significant increase in the number of specialist training places available in the state and will allow Tasmania to establish and maintain a specialist workforce that will meet the future challenges of delivering health care services in Tasmania.

Health and Human Services Workforce

Our managers and employees have a shared obligation to create respectful and courteous workplaces. Resources are made available for all employees to manage Workplace Diversity and build a positive workplace environment.

The Department of Health and Human Services participates at a national level in strategic workforce planning through its membership of the Health Workforce Principal Committee and Boards of Health Workforce Australia.

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

In addition to the recruitment and development of our staff, there has been a significant focus on workplace safety improvement during 2012-2013. This will continue as part of creating an increasingly positive workplace culture.

Management and Leadership Program

The Department of Health and Human Services Leadership and Management Development supports Strategic Priority 5 “Enabling our workforce to be properly educated, trained and developed, motivated and appropriately supported to give of its best” and our Corporate value of “a continuous improvement and learning culture”.

Development Program

The Development Program consists of a three-day, off-site course, followed by a series of workplace activities. Seven Development Programs were held in 2012-2013, with 196 attendees. Evaluation results indicate that 40 per cent of respondents have subsequently been engaged in a more senior position (on a permanent or temporary basis) and 20 per cent have taken up the academic pathway. One unit in the Academic pathway has been designed to act as a bridge from the development programs based on a workplace project.

Academic Program

The Academic Program was also developed under the Partners in Health strategic partnership with the University of Tasmania, Faculty of Health Science. The Faculty supports the program through the conjoint staffing arrangements, provision of scholarships to Department of Health and Human Services employees studying in the Health and Human Services course. Employee surveys indicate that the benefits of this program include an increased motivation to learn, improved job performance, and improved self-esteem.

The academic program was provided to approximately 200 Students in 2012-2013.

Graduate Trainee Program

The Graduate Health Management Trainee Program that commenced in 2010 came to an end in early February 2013 and a new Graduate Trainee program commenced, incorporating four graduates placed in a variety of areas within the Department of Health and Human Services and Tasmanian Health Organisations.

Trainees are provided with significant professional development opportunities, including being mentored by senior management staff, participating in learning sets and attending healthcare forums and master classes. In addition, the trainees undertake a Master of Health Service Management through the University of Tasmania.

Current Workforce Profile

Please note the changes to the figures for 2012-2013 are the result of the establishment of three Tasmanian Health Organisations which are reported separately to the Department of Health and Human Services, in their respective Annual Reports.

Figure 3 - Number of Paid/FTE Employees

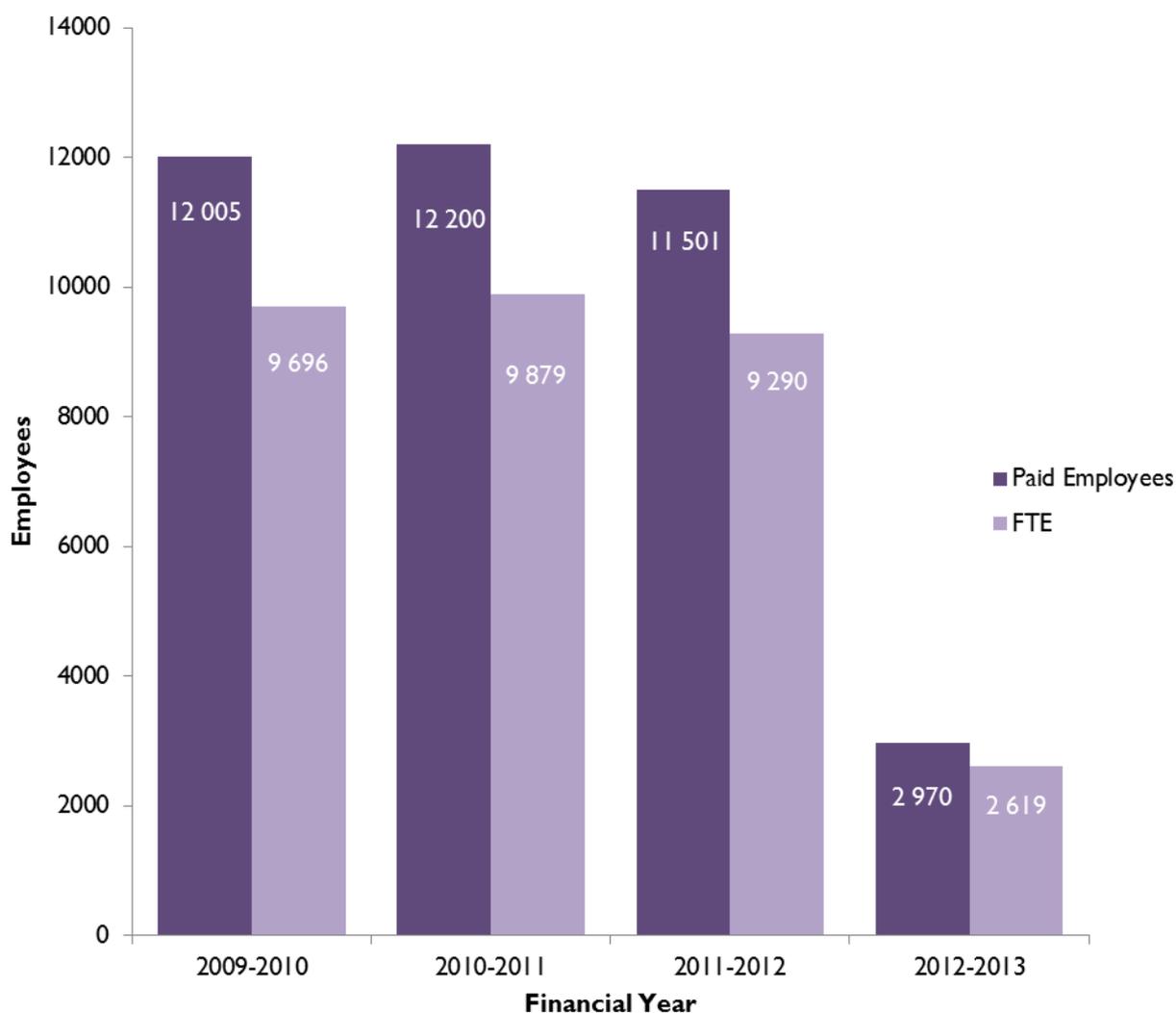


Table 5 – Total Number of Paid Employees by Award 2012-2013

	Award	Departmental ¹	Operational ¹	Total
Children Services	Allied Health Professional	-	243	243
	Health and Human Services Award	1	233	234
	Nurses Award	0	127	127
	Senior Executive Service	2	3	5
Children Services Total		3	606	609
Health Services	Allied Health Professional	8	219	227
	Ambulance Service Award	-	329	329
	Health and Human Services Award ³	214	669	883
	Medical Practitioners Award	6	77	83
	No Award	1	11	12
	Nurses Award	11	471	482
	Senior Executive Service	10	6	16
	Visiting Medical Officer ²	2	8	10
Health Services Total		252	1 790	2 042
Human Services	Allied Health Professional	4	44	48
	Health and Human Services Award	2	260	262
	Nurses Award	-	3	3
	Senior Executive Service	1	5	6
Human Services Total		7	312	319
Total		262	2 708	2 970

Notes

- 1 Departmental Groups that are responsible for the provision of support for policy, planning, funding performance monitoring and improvements across the service groups; interface with government. The Department of Health and Human Services Departmental Groups comprise Strategic Control, Workforce and Regulation and System Purchasing and Performance.

Service Groups deliver services to the public. The Department of Health and Human Services Service Groups include Ambulance Tasmania, Children and Youth Services, Disability, Housing and Community Services and Population Health.
- 2 Includes Rural Medical Practitioners
- 3 Includes Shared Services that support the Department of Health and Human Services and the Tasmanian Health Organisations.

Table 6 – Total Number of FTE Paid Employees by Award

	2009-2010	2010-2011	2011-2012	2012-2013
Allied Health Professional	1 161.0	1 186.7	1 141.5	445.24
Ambulance Officers	273.5	293.4	298.9	309.77
Dental Officers	21.4	25.3	27.2	-
Health and Human Services*	4 147.0	4 084.7	3 799.6	1 242.55
Medical Practitioners	675.2	753.9	740.7	74.76
No Award	1.7	2.0	4.6	1.78
Nursing	3 320.4	3 444.1	3 197.7	518.29
Senior Executive Service (SES)	43.0	40.3	37.0	24.90
Visiting Medical Officers*	53.5	48.8	43.3	2.09
Total	9 696.8	9 879.2	9 290.5	2 619.38

* Includes Rural Medical Practitioners.

Table 7 – Total Number Paid by Employment Category: Permanent, Full Time, Part Time, Fixed Term and Casual

	2009-2010	2010-2011	2011-2012	2012-2013
Permanent full-time	4 619	4 689	4 393	1 753
Permanent part-time	4 321	4 350	4 436	684
Fixed-term full-time	1 151	1 180	920	215
Fixed-term part-time	724	830	736	107
Part 6*	66	60	55	33
Casual	1 124	1 091	961	178
Total	12 005	12 200	11 501	2 970

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

Table 8 – Total Number Paid by Salary Bands (Total Earnings) –Salary for Award Classification

	2009-2010	2010-2011	2011-2012	2012-2013
0-19 000	0	0	0	0
19 001-23 000	9	8	9	11
23 001-27 000	0	0	0	0
27 001-31 000	0	0	5	0
31 001-35 000	2	0	0	0
35 001-40 000	836	86	72	0
40 001-45 000	1 190	1 108	1 104	57
45 001-50 000	1 614	1 393	1 048	173
50 001-55 000	1 215	1 521	1 412	226
55 001-60 000	796	994	952	327
60 001-65 000	1 663	816	694	167
65 001-70 000	1 259	1 610	1 816	227
70 001-75 000	541	1 124	1 268	362
75 001-80 000	1 081	627	503	388
80 001-85 000	508	1 168	739	165
85 001-90 000	390	383	541	261
90 001-95 000	124	362	265	210
95 001-100 000	105	113	208	150
100 000 plus	672	887	865	246
Total	12 005	12 200	11 501	2 970

Table 9 – Total Number Paid by Gender

	2009-2010	2010-2011	2011-2012	2012-2013
Female	8 897	9 080	8 579	1 924
Male	3 108	3 120	2 922	1 046
Total	12 005	12 200	11 501	2 970

Figure 4 – Total Number Paid by Gender by DHHS Portfolio

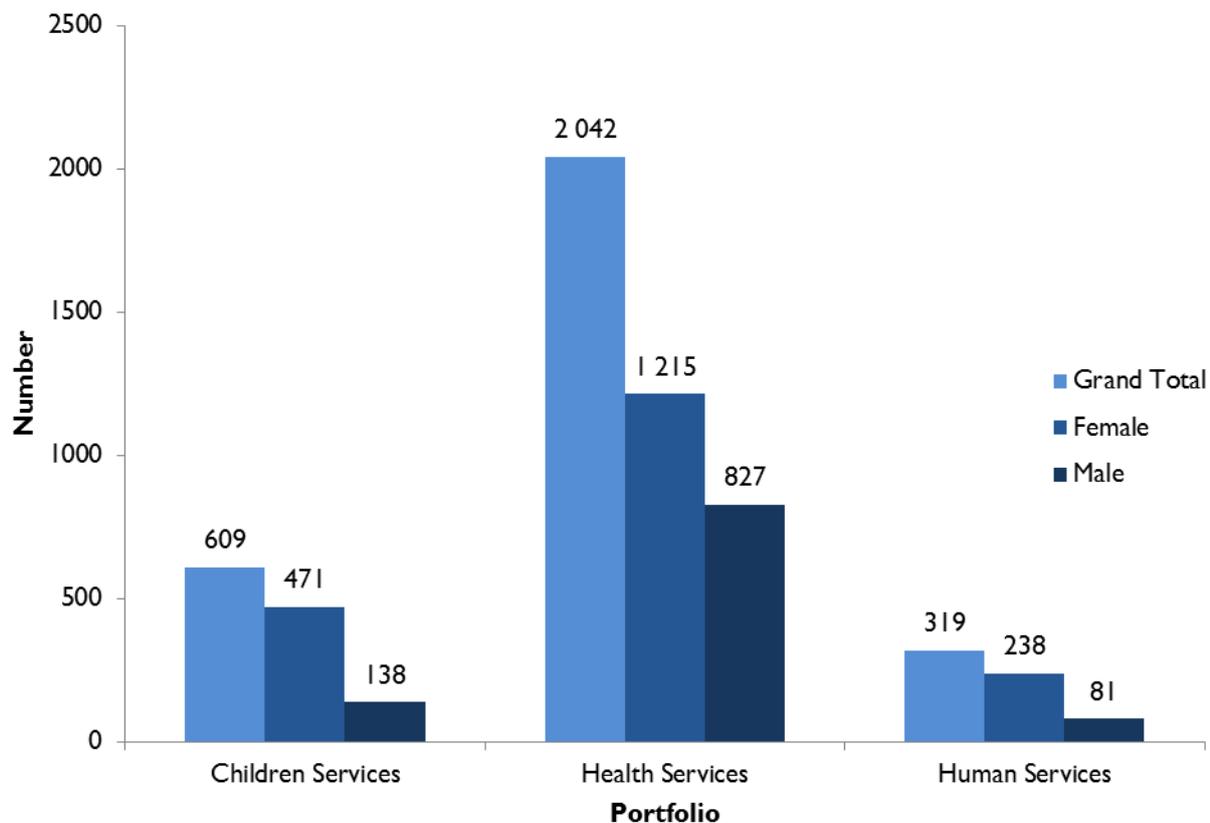


Table 10 – Total Number Paid by Age Profile

	2009-2010	2010-2011	2011-2012	2012-2013
15-19 years	34	33	23	2
20-24 years	556	619	461	69
25-29 years	1 049	1 068	977	196
30-34 years	1 002	1 067	1 052	304
35-39 years	1 272	1 188	1 076	299
40-44 years	1 638	1 649	1 507	388
45-49 years	1 985	1 859	1 759	436
50-54 years	1 999	2 043	1 951	521
55-59 years	1 483	1 609	1 604	420
60+ years	987	1 065	1 091	335
Total	12 005	12 200	11 501	2 970

Indicators of Organisational Health

Table 11 – Annual Leave

	2009-2010	2010-2011	2011-2012	2012-2013
Average number of days used per paid FTE	22.0	20.4	21.9	21.2
Number of FTEs with entitlements equal to the two year limit	3.1	6.0	2.7	0
Number of FTEs in excess of two year limit	608.59	608.64	608.72	131.1

Table 12 – Long Service Leave (includes Maternity and Long Service Leave)

	2009-2010	2010-2011	2011-2012	2012-2013
Average number of days used per paid FTE	3.06	3.04	3.01	3.4

Table 13 – Average Personal Leave Days per FTE (includes sick, carers and family leave)

	2009-2010	2010-2011	2011-2012	2012-2013
Personal leave days per average paid FTE	11.5	11.3	11.2	12.2

Table 14 – Total Paid Overtime Hours per Average FTE (includes callback and overtime hours)

	2009-2010	2010-2011	2011-2012	2012-2013
Overtime/callback paid hours per average paid FTE	76.5	72.9	51.9	45.6

Table 15 – Turnover Rate

The turnover rate is the rate at which people were leaving the Department of Health and Human Services as at 30 June 2013.

	2009-2010	2010-2011	2011-2012	2012-2013
Turnover rate = total number of separations (FTEs) divided by the average paid FTE	9.5%	13.9%	12.1%	9.6%

Occupational Health and Safety

The Department of Health and Human Services is committed to a range of employee health and safety strategies. The focus in the past year has been a continuation of building on the foundations of a safety culture within the Department of Health and Human Services and supporting managers within their workplace. Key work has included:

- development of a Workplace Health and Safety Plan identifying priority areas for improvement
- development of the Workplace Health and Safety Plan Improvement Strategy 2012-2014
- the introduction of a number of new Workplace Health and Safety policies and procedures
- the allocation of new staff resources to improve Workplace Health and Safety
- the completion of a gap analysis by the State Service Management Office of the Department of Health and Human Services work health and safety management system
- the allocation of resources to develop a contractor management system.

The Department of Health and Human Services received a total of 191 workers compensation claims during 2012-2013, compared to 177 claims in 2011-2012. The major areas of injury were through manual handling (78 claims), falls (19 claims) and as a result of aggressive behaviour (20 claims). In 2011-2012 there were 67 manual handling claims, 22 claims from falls and 14 claims as a result of aggressive behaviour.

The cost of all claim payments for 2012-2013 was \$6.5 million, a decrease of \$0.2 million from 2011-2012 when the costs were \$6.7 million.

Please note that figures provided for the Department of Health and Human Services up to 2011-2012 includes the then Area Health Services; now Tasmanian Health Organisations. Details for the Tasmanian Health Organisations are now published in a separate Annual Report for each Tasmanian Health Organisation.

Engaging with the Community

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

Some examples of how the Department of Health and Human Services engages with the community are detailed below.

Your Health and Human Services: Progress Chart

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

Cancer Screening and Control Services

Cancer Screening and Control Services encourage and actively seek participation from communities and their representatives as key stakeholders in relevant structures, processes and activities.

The Cancer Screening and Control Services Consumer Reference Group, of up to 15 members, met three times in 2012-2013 to provide a flow of communication between the service and the community and in terms of advice and initiatives.

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

- Cancer Screening and Control Services has participated in a range of community engagement activities such as:
 - Working in consultation with the Cancer Council, to present at the Red Cross Bi-Cultural Workers 'What is Cancer' Community Forum to provide information on breast and cervical cancer screening programs. In addition, staff educated the Red Cross Bi-Cultural Workers on how cancer develops and preventative measures to help provide cancer awareness and control informational in their communities.

- Providing silver sponsorship for the 2013 Mother's Day Classic Event through BreastScreen Tasmania.
 - Providing a display at Agfest 2013 where Education Officers were available to speak directly with the public.
 - Providing cancer awareness and cancer screening information at the inaugural Shannons 'Take Your Tops Off for Breast Cancer Research'.
 - Promotion of the BreastScreen Mobile Unit on Flinders and Cape Barren Islands to increase cancer awareness and provide interactive education sessions for health professionals and the community.
 - Providing four Well Women's Cancer Awareness Sessions for clients at the Karadi Aboriginal Women's' Health Centre.
 - Providing community education and health promotion events and sessions on Bowel Cancer.
 - Attending the University of Tasmania Market Day at the Newnham Campus to allow health and service providers to interact with large numbers of university students at an Expo style event.
 - Working with the Tasmania Medicare Local to provide a 'GP Roadshow' in each region open to GPs and practice nurses to discuss cancer prevention and screening issues.
- BreastScreen Tasmania received an honorary mention in the 2012 Public Sector Excellence Awards for the Best Practice in the Public Sector.

Statewide and Mental Health Services

Statewide and Mental Health Services coordinated Mental Health Week 2012 across Tasmania to engage communities in activities to promote mental wellbeing, raise awareness and understanding of the needs, experiences and issues concerning people with a mental illness. It also provided an opportunity to encourage community discussion around mental illness, helping reduce the stigma, and to expand knowledge of the services and support available.

Throughout 2012-2013 community awareness was a key focus on the Tasmanian Perinatal Depression Initiative, managed through Statewide and Mental Health Services. Events were held during Postnatal Depression Awareness Week to increase knowledge about antenatal and postnatal depression and other mental illnesses which may be experienced during the perinatal period, presentations to service providers and community groups and displaying of information resources throughout public hospitals.

The Mental Health Services/Community Sector Organisation Interface Forum was established to enable joint identification and progression of issues to provide a seamless and coordinated interface between services and collaborative approaches between sectors. The Forum also enables the provision of consumer and carer views into the planning and delivery of mental health services.

Mental Health Services South facilitates a Southern Partnership Forum, held quarterly and open to public and private service providers, consumers, carers and anyone from the broader community who has an interest in participating. Each forum runs with a theme to provide stakeholders with an improved insight into a particular area of mental health service. Each forum usually involves four guest speakers from the Department of Health and Human Services or a Community Sector Organisation.

The Tasmanian Opioid Pharmacotherapy Program, Policy and Clinical Practice Standards were released in late August 2012 and provide a contemporary best practice framework for the delivery of opioid pharmacotherapy treatment for opioid dependence in Tasmania. The key principles and clinical practices are designed to ensure that individuals affected by opioid dependence receive high quality, safe and effective treatment that will provide them with an opportunity to improve the quality of their lives. The Alcohol and Drug Service has run a number of information and education sessions for community pharmacists and general practitioners that focus on a broad range of alcohol and drug issues aimed at assisting them to provide better support to their clients.

A review of the Alcohol, Tobacco and Other Drug Services Future Service Directions – A Five Year Plan (2008-2009 to 2012-2013) commenced in 2012. A consultation document ‘Future Service Directions Plan – Analysis of Performance’ sought feedback from key stakeholders and consumers. Consultation sessions with key stakeholders and a consumer survey were also provided to gauge feedback. A final review report is being completed and is planned for release in late 2013.

Education and Training Unit

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

The Clinical Education and Training Framework and Clinical Placement System:

- The Framework outlines the broad process to manage clinical placements and is being developed to support operational activity and strategic planning for undergraduate students.
- It is designed to capture information on clinical education and training activity across all service areas and disciplines.
- In late 2013, the System will be piloted within nursing in each of the THOs and will include access to online legal agreement components, and configurable evaluation and student documentation (eg orientation materials). The pilot phase is due to conclude in November 2013, and the rollout of the System to other areas is anticipated to occur progressively in 2014.

The Tasmanian Clinical Education Network (TCEN) was funded by Health Workforce Australia to coordinate, plan and facilitate quality health professional clinical placement activity within Tasmania across a number of sectors including the public and non-government health provider and Higher Education Providers (including the VET sector). There are a number of funded projects that are facilitated by the TCEN, and these include:

Simulated Learning Environments

The Simulated Learning Environment Project aims to expand the use of simulated learning opportunities for students and health professionals located at regional, rural and remote sites across Tasmania. This was achieved through:

- Purchasing a suite of simulation mannequins and equipment including two mobile simulation units to help extend simulation activity into regional and remote areas.
- Employing regional co-ordinators to facilitate simulation training and associated activities statewide.

Tasmanian Clinical Supervision Support Program

The Tasmanian Clinical Supervision Support Program aims to expand clinical supervision capacity and competence across the education and training curriculum. Outputs from this project included a:

- Clinical Supervisor Survey to gain an understanding of the profile of clinical supervisors from all professions and sectors, statewide.
- Trial and evaluation of educational programs that helped inform the future direction of the supervision support program.

Rural Inter-Professional Clinical Education Training Centres

Funding was allocated for the development of five rural health sites in Tasmania. Activities included capital works, the extension of student accommodation facilities and IT infrastructure to support the increase in student clinical placements at Queenstown, Smithton, St Helens, Deloraine and Oatlands.

Clinical Training Funding

The Clinical Training Funding Program provided resources to increase the number of clinical training placements for identified health professions and to expand the clinical training capacity of Australia's health system. Outputs include:

- Clinical fit out of four additional dental surgeries at the Oral Health Services Tasmania facility at Clarence.
- The construction of a purpose built six-chair training facility within the Oral Health Services Tasmania facility in Launceston.

Community Sector Relations

A collaborative Peaks Network and Government Strategic Forum meet quarterly and is co-chaired by the Secretary, Department of Health and Human Services and the Chair of the Community Sector Peaks Network.

The Community Sector Relations Unit (CSRU) has worked closely with the Community Development Division of the Department of Premier and Cabinet and community sector organisations to deliver the *Partnership Agreement between DHHS, DPaC and the Community Sector Tasmania 2012-2015*.

Extensive consultation and collaboration including forums, surveys and written submissions and joint working groups help develop the Agreement. The Agreement sets out how government departments and the community sector commit to working together to achieve a shared vision to ensure an honest, open, collaborative, fair, equitable and resilient relationship for the benefit of all Tasmanians.

The CSRU worked with the community sector and across government to implementation of supplementary funding to community sector organisations impacted by the Fair Work Australia Equal Remuneration Order handed down in February 2012. A combined sector and government implementation group and frequent communication with our partner organisations has contributed to an equitable distribution of funding and to a successful implementation over the first two years of a nine year implementation period.

The Community Sector Quality and Safety Team has:

- Continued to progress the quality and safety agenda with Department of Health and Human Services funded community sector organisations through actioning the recommendations of the Quality and Safety Standards Framework for Tasmania's Agency Funded Community Sector 2009-2012.
- Updated the Framework and provided it to the community sector for comment focusing on increased efficiency, recognising existing processes and minimising administrative burden.
- Provided the community sector with a fact sheet outlining the requirements of the Quality and Safety Standards Framework.
- Reviewed and sought community sector input on a policy for community sector organisations to report serious consumer related incidents.

Disability and Community Services

- The *Elder Abuse is Not Okay* media campaign was launched on 21 September 2012 and includes extensive television and promotional resources to help reach a large percentage of Tasmanians, especially older Tasmanians. This campaign sends a message that elder abuse should not be tolerated.
- *Responding to elder abuse: Tasmanian Government practice guidelines for government and non-government employees* have also been developed for service providers that work with older people, and include clear referral pathways for responding to suspected cases of elder abuse.
- The Gambling Support Program initiates media advertising to address the risks and harms associated with gambling. This includes advertising the Gamblers Help service and providing prevention information to the community through the Know Your Odds campaign.
- To support and extend the Know Your Odds advertising campaign, community engagement projects were conducted, including partnerships with the Hobart Chargers basketball team, the Devon Netball Association, and a series of North West youth events. The Know Your Odds flash mob competition drew participation from groups across the state, creating opportunities for improving community awareness of the risks and potential harms of gambling.

The publications listed at the conclusion of Part I are another way of how the Department of Health and Human Services engage with the community and provide information.

Disability Framework for Action 2005-2010

The Disability Framework for Action 2005-2010 sets out the Government's vision of Tasmania as an inclusive and caring community. It provides a whole-of-government approach to addressing the needs of people with disability in the design and delivery of all Government services, policies, programs and facilities. The Department of Health and Human Services launched its Disability Action Plan in 2008 and continues working toward implementation.

A new framework was developed in 2012 to continue the ongoing achievements and launched by the Premier in December 2012. This Disability Framework for Action 2012-2017 will be reported in next year's Annual Report.

The following activities occurred during 2012-2013 toward the implementation of the framework.

Access to Services and Programs:

The Department of Health and Human Services Strategic Priorities emphasise an approach to improving the health and wellbeing of patients, clients and the Tasmanian community through a sustainable, high quality and safe health and human services system available to all Tasmanians.

Specifically, the Disability and Community Services unit is focused on the delivery of disability services and family and community services throughout the State, providing local services and managing outsourced community providers.

Access to Employment Opportunities, Career Development, Retention and Recruitment:

The Right Job, Right Person framework continues to ensure that recruiting managers get the right people in the right job at the right time.

Resources for supporting and managing employee with disabilities are now more available with a dedicated intranet page for managers to access resources, information and advice.

Access to Buildings, Facilities, Venues and Off-Premises Events:

As a consequence of the introduction of the Commonwealth's Disability (Access to Premises – Buildings) Standards 2010 which became effective from 1 May 2011, these standards now impose legislative compliance on a wide range of new and existing building types.

Introduced on 28 November 2012, Schedule 6 of the Director Building Control's Specified List now requires building owners/tenants to also report on disability access issues within the existing building compliance legislation. Where necessary this will involve the upgrading of existing Form 46/Form 56 documentation for any building applications made after 1 May 2011 for new or existing buildings.

To develop a clearer appreciation of the impacts on the Department of Health and Human Services asset portfolio, Small Consulting was engaged to provide:

- A workshop training program for managers and technical staff to aid their identification and evaluation of disability access features in their buildings.
- Conduct and demonstrate on-site assessments of typical DHHS building types.

- Develop a disability access template for inclusion into the Department's Building Condition Assessment template.

The workshop was conducted on 22 February 2013 by Mr Michael Small who previously worked on the drafting of the Premises Standards as a member of the Building Access Policy Committee and various Standards Australia technical committees.

It became evident during the workshop that when making building alterations requiring local government approval to its asset portfolio, the triggering of extra "affected path" works will require the Agency to adopt a more comprehensive consideration of disability access issues when proposing such alterations. This may result in longer project lead times and additional costs.

For training purposes and with the consent of the various site managers, the consultant and invited Department of Health and Human Services staff then conducted 9 disability access assessments covering a variety of building types to determine:

- Access requirements if the building were a new building subject to the Premises Standards.
- Access barriers in the existing building that might be subject to a discrimination complaint and that might be addressed pro-actively through the development of a Building Upgrade Plan.
- The consequences of undertaking work within the building that might trigger the requirement to upgrade the 'affected part' of the building (the path of travel from the principal pedestrian entrance to the area of the new work).

The completed assessments were then provided to the site managers for information and any required actions.

The reporting framework used in these assessments will inform the development of an electronic disability access assessment template to be used in conjunction with the on-going Department of Health and Human Services Building Condition Assessment regimen established by Asset Management Services.

Access to Information (Printed Materials, Websites, Audio and Video):

Web accessibility is a constant consideration in the publication of information on the Department of Health and Human Services website. Accessibility has been included as a component in web editor training and workflow criteria to ensure that editors comply with the minimum requirements to allow greater access to information for the Tasmanian community.

Case Study – Gateway Services

Gateway Services are community service organisations engaged by the Department of Health and Human Services to provide a single point of access at the area level for people with disability, their families and carers. The primary purpose is to aid system navigation and coordination.

Joe was referred by a senior secondary college to the Gateway as Joe was going to be transitioning from school at the end of the year. The Gateway undertook consultation with Joe, his mother and college about Joe's training, support, employment, community access needs and the most suitable pathways to achieve this. It was determined that the most suitable options for Joe were to attend a polytechnic as well as a specialist disability service delivering Community Access. The Department of Health and Human Services, through the Disability and Community Services Individual Support Program provided funding to ensure the necessary personal support was available to undertake the options.

During the transition, the opportunity to support Joe with transport training was identified by the Gateway. This would provide him the confidence to catch public transport to his campus and relieve the burden on his family to provide transport. The Department of Health and Human Services provided one-off funding to undertake the transport training.

As a result of their contact with the Gateway, Joe and his mother have more confidence in 'what the future offers'. The strength based focus of the Gateway service has been able to successfully facilitate educational and community access pathways and help to achieve personal growth for this client. This process has provided much needed support to Joe's family.

Joe's situation is an excellent example of how Government and the community sector work in partnership to achieve holistic outcomes for individual clients and their families.

(Names and personal details have been changed to protect confidentiality)

Performance 2012-2013

This section provides an overview of the Department of Health and Human Services performance against key indicators for 2012-2013.

Ambulance Tasmania¹

Performance Measure	Unit of Measure	2009-2010 Actual	2010-2011 Actual	2011-2012 Actual	2012-2013 Actual
Total Ambulance Responses ²	Number	67 396	70 314	71 879	76 342
Emergency Ambulance Responses ²	Number	38 309	41 061	42 003	47 301
Satisfaction with Ambulance Services	%	98.0	98.0	98.0	N/A ³
Emergency Response Times (Statewide)	Mins	11.1	11.5	11.2	11.0
Emergency Response Times (Burnie)	Mins	9.1	9.4	9.3	9.1
Emergency Response Times (Devonport)	Mins	8.6	9.3	9.3	8.9
Emergency Response Times ⁴ (Hobart)	Mins	10.3	10.7	10.3	10.1
Emergency Response Times (Launceston)	Mins	9.7	10.1	9.7	9.7
Ambulance services expenditure per person	\$	91.4	107.4	112.5 ⁵	N/A ⁶

Notes:

- 1 All of the figures presented here have been produced using Ambulance Tasmania's FYI reporting system.
- 2 The number of responses is defined as the number of vehicles dispatched to attend an incident. In 2012, Ambulance Tasmania refined its case load and response time reporting to exclude vehicle movements that did not involve patients - such as the movement of a vehicle to a repairer or driving between stations when not on cases. Excluding these vehicle movements provides a more accurate reflection of actual patient related ambulance responses. To enable comparison across years, all demand and response time figures reported in this table have been calculated using the latest data refinements.
- 3 This data will not be available until the findings of the Council of Ambulance Authorities' *National Patient Mailout Satisfaction Survey* are released in the *Report on Government Services* in January 2014.
- 4 Ambulance response times may vary from figures published in the previous annual report due to the new reporting methodology referred to in Note 2 above.
- 5 Actual 2009-2010 and 2010-2011 amounts have been GDP adjusted to reflect amounts in 2011-2012 dollars.
- 6 This figure is published by the Productivity Commission in the *Report on Government Services* which will not be available until January 2014.

The number of ambulance responses increased from 71 879 in 2011-2012 to 76 342 in 2012-2013. The daily average number of Emergency Dispatches has also increased from 115 in 2011-2012 to a high of 135 in 2012- 2013. The average daily Emergency Dispatches for 2012-2013 is 129.6.

These increases are largely due to the ageing Tasmanian population and increase in the number of people with chronic conditions. This increasing trend is likely to continue given the ageing population. Despite this increase in caseload Ambulance Tasmania has managed to keep response times within acceptable levels. Ambulance Tasmania is starting to see the benefits of a number of operational procedures aimed at improving response times and which have been implemented over the last 12 months. These include:

- Community Emergency Response Team vehicles provided in five rural locations throughout the state.
- First Intervention Vehicle trial introduced in Hobart.
- Extended Care Paramedic trial introduced in Launceston.
- New response point at Claremont introduced.
- Public education campaign “Save 000 for saving lives”.
- Relocation of a Hobart crew to Mornington to disperse resources to areas of demand.

According to the Rural, Remote and Metropolitan Areas index, Tasmania has almost twice the national average population in rural and remote areas than all other jurisdictions. Tasmania also has the lowest proportion of its population living in highly accessible locations. This as well as factors like hilly terrain and a high reliance on volunteer ambulance officers affects Ambulance response times.

Despite this increase in caseload, Ambulance Tasmania has managed to keep response times within acceptable levels.

Population Health

Performance Measure	Unit of Measure	2009-2010 Actual	2010-2011 Actual	2011-2012 Actual	2012-2013 Actual
Vaccines					
Vaccine coverage in children aged 12-15 months	%	91.7	90.4	91.8	NA ¹
Vaccine coverage in children aged 24-27 months	%	92.8	94.6	94.0	NA ¹
Cancer Screening					
Eligible women screened for breast cancer	Number	27 352	26 470	27 069	28 073
BreastScreen - percentage of clients assessed within 28 days of screening	%	71.2	95.3 ²	92.6	92.9

Note:

- 1 This figure is published by the Productivity Commission in the Report on Government Services which will not be available until January 2014.
- 2 The percentage of clients assessed within 28 days of screening for 2010-2011 has been revised due to an audit of the data.

Vaccines

Tasmania continues to maintain vaccination coverage rates higher than the national average and above or close to the target of 92.5 per cent set under the National Partnership Agreement for Essential Vaccines.

Cancer Screening

Cancer screening programs are integral in the preventative healthcare pathway. Cancer Screening and Control Services manage the statewide BreastScreen Tasmania services, Cervical Cancer Prevention Program and National Bowel Cancer Screening Program.

Cancer Screening and Control Services also provides community education and community awareness activities to encourage all Tasmanians to be cancer aware and to be knowledgeable about healthy behaviours, managing their risk factors, and being proactive in cancer prevention and early detection strategies .

BreastScreen Tasmania has screened a record number of 28 073 eligible women in 2012-2013, improving the chances of early breast cancer detection and successful treatment for these women. BreastScreen Tasmania complies with and is monitored against a rigorous set of national performance indicators. BreastScreen Tasmania has consistently met the National Accreditation Standards and is fully accredited under the BreastScreen Australia national accreditation.

Case Study – Kids given chance to Move Well Eat Well

Growing numbers of young Tasmanian children are lapping up learning in healthier environments thanks to Population Health's exciting Move Well Eat Well Award Program.

Based on national and international research, Move Well Eat Well is offered to early childhood services and primary schools to promote healthy eating and physical activity as a normal and positive part of every child's day.

This year, six primary schools were recognised with a Move Well Eat Well award for taking a sustainable whole-of-school approach to making water the preferred drink, promoting healthy eating and providing daily physical activity.

Since the primary school program launched four years ago, 155 schools have joined and of these one in five has achieved an award.

Albuera Street Primary School in Hobart is one of them.

Principal Kerry McMinn said her school's award acknowledged how far the school had come and encourages them to do more around health and wellbeing.

"Move Well Eat Well is embedded across all classes and we live it on a day to day basis," Kerry said.

"It is what our school is rather than a separate program – staff will say that it is just the way we work".

In line with Population Health's long-term strategy, Move Well Eat Well was extended in 2012 to Early Childhood Education and Care services – long day care, family day care schemes and kindergartens – where it has met with immediate success.

In this time, 104 early childhood services have signed on and 80 orientations involving staff have been held around the state – and two long day care services have already achieved awards.

At Giggles Early Learning in Smithton and Stewart Children's Services in Launceston, management, staff and families have worked together to gain an award by embedding healthy eating and active play into policy and practices.

Other centres, like Glen Dhu Children's Services in Launceston are progressing.

Assistant Manager Kirsty Franklin said the centre and its educators had embraced Move Well Eat Well with excitement and enthusiasm.

"We are a lunchbox centre and are proud to announce that we have a 100 per cent success rate with criterion one: Tap into Water!" Kirsty said.

"Our centre then chose to implement criterion two: Plant Fruit and Vegetables, and our parents have shown great interest in our information and displays and are very supportive ...

"It is a delight to see this in our children's lunchboxes and their excitement when they show their friends what fruit and vegetables they have for the day! ...

"Thank you for your help and resources for this wonderful education program."

In the face of today's obesity challenges, Population Health is working to help tomorrow's adults enjoy healthier, happier lives and ease the burden on the state's health system.

For more information visit www.movewelleatwell.tas.gov.au.

Statewide and Mental Health Services

Performance Measure	Unit of Measure	2009-2010 Actual	2010-2011 Actual	2011-2012 Actual	2012-2013 Actual
Mental Health Services					
Inpatient separations	Number	2 015 ¹	2 031	1 981	1 891
Community and Residential - active clients	Number	4 228	4 465	4 295	5 051
28-day readmission rate	%	12.0 ¹	13.9 ¹	15.1	16.17
Proportion of persons with a mental illness whose needs are met by the Tasmanian Mental Health Service	%	27.9	32.0	32.4	32.9
Average length of acute inpatient stay	Days	11.6	12.2 ¹	12.9	12.81
Alcohol and Drug Services					
Closed episodes of treatment	Number	1 140	1 279 ²	1 086	1 701 ⁴
Pharmacotherapy program - total active participants	Number	785 ³	784 ³	791	800
Withdrawal unit - bed occupancy	%	47	54.6 ²	41	41.5
Withdrawal unit - average length of stay	Days	6.0	6.4 ²	5.2	7.13

Notes:

- 1 As a result of improvements in source reporting systems, data quality and technology, Statewide and Mental Health Services has updated previously published results in order to provide accurate performance and activity data.
- 2 The 2010-2011 figures have been updated to address a data lag.
- 3 Pharmacotherapy Program – total active participants has historically been reported as the average number of participants over the reporting period, however with enhanced information systems it is now possible to report the unique active participants from 2009-2010.
- 4 The figure for Closed Episodes of Treatment is significantly higher than previous years as a result of the implementation of a new recording system, iPM, leading to improvements in data collection and reporting.

Mental Health Services

Across acute mental health inpatient facilities there was a slight reduction in inpatient separations in 2012-2013 compared with previous years. This is a positive indicator that suggests fewer people needed hospitalisation during the period and, coupled with the increase in community and residential active clients, suggests that mental health clients were being supported in managing their mental health needs in the community.

The 28 day readmission rate, which statewide for 2012-2013 indicates an increase, needs to be considered in the context of improvements made in source reporting systems, data quality and technology, as noted in note 4 above, and that this indicator is inclusive of planned and unplanned admissions. Planned admissions can be more frequent in some areas due to geographical and access issues for clients when receiving treatment.

Alcohol and Drug Services

The total number of individual clients who accessed the Tasmanian Opioid Pharmacotherapy Program in 2012-2013 was 800. This highlights an increase in client access to this program.

There was an increase in the total number of closed episodes of treatment from 1086 in 2011-2012 to 1701 for 2012-2013. As explained in Note 4 above the increase is likely related to the improvement in data collection and reporting systems.

The average bed occupancy rate for the Inpatient Withdrawal Unit remains at similar levels for 2011-2012 and 2012-2013. There has been a slight increase in the average length of stay for this unit.

Case Study – Policy and Clinical Practice Standards

The Tasmanian Opioid Pharmacotherapy Program, Policy and Clinical Practice Standards were released by the Minister for Health in late August 2012.

The Policy and Clinical Practice Standards marry the latest evidence on treating opioid dependence with the needs of Tasmanians and set the future direction for delivery of safe and effective opioid pharmacotherapy in Tasmania. They recognise the importance of psychosocial interventions, case management and risk and protective frameworks in the delivery of opioid pharmacotherapy; and aim to achieve consistent practice across the alcohol, tobacco and other drugs sector and establish best practice standards for clinical practice.

For clients, the new framework identifies risks and protective factors, ensures their involvement in clinical management plans, goal setting and treatment planning, and helps re-establish them in their communities.

Development of the policy and clinical practice standards involved local consultation and consideration of national and international evidence and guidelines. The document replaces the out-dated Tasmanian Methadone Policy 2000, and follows the release of the world-leading report *A Review of Opioid Prescribing in Tasmania – A Blueprint for the Future*.

The roll out of the policy and practice standards has been an ongoing process, with a range of forums held with GP's and pharmacists across the state. Alcohol and Drug Services continue to deliver a comprehensive implementation plan that identifies training and resource needs, and develops these resources to help the sector align their practise with the new framework.

Access to opioid pharmacotherapy assists individuals to stabilise their lives, to improve their physical and mental health, and their social functioning and relationships. The regulatory structures of this treatment program allow for the re-establishment of routine activities of daily living. These important documents ensure that individuals and their families affected by opioid dependence will receive high quality, contemporary, safe and effective treatment that will assist them to improve their quality of life.

Disability, Housing and Community Services

Performance Measure	Unit of Measure	2009-2010 Actual	2010-2011 Actual	2011-2012 Actual	2012-2013 Actual
Disability Services					
Accommodation support clients	Number	1 246	1 280	1 301	1 299
Community access clients	Number	1 527	1 579	1 533	1 506
Supported accommodation waiting list	Number	41	75	75	135 ¹
Community access waiting list	Number	94	70 ²	109 ²	173 ²
Housing Tasmania					
Public housing occupancy rate	%	98.7	98.4	97.3 ³	97.9
Applicants housed	Number	1 054 ⁴	1 190	1 031	1 011
New allocations to those in the greatest need	%	94.8	96.2	94.9 ³	77.2 ⁵
Households assisted through the Private Rental Support Scheme	Number	3 984	3 911	4 162	4 128
Applicants on the waitlist	Number	3 179	2 972	2 675	2 310
Average wait time for people who are housed	Weeks	42.1	39.4	45.6 ³	37.9
Average time to house Category I applicants	Weeks	17 ⁴	17.2 ⁴	17.9 ³	16.2
Net recurrent cost per dwelling	\$	8 069 ³	8 777 ³	8 194	NA ⁶
Turnaround time	Days	27.4	29.3	37.0 ³	22.6

Notes:

- 1 Supported accommodation waitlist figure is at April 2013.
- 2 The day options (Community Access) waiting list for 2011-2012 has been updated with correct data and the 2012-2013 figures are at April 2013.
- 3 These figures have been revised to compensate for data lag and may differ from the previous Annual Report.
- 4 These figures for applicants housed, average time to house Category I applicants and net recurrent cost per dwelling has been revised to reflect audited data.
- 5 This data is for the month of June 2013 and can be updated to reflect full year data when the Report on Government Services report is released in 2014.
- 6 Net recurrent cost per dwelling is not available until the Report on Government Services report is released in 2014.

Disability Services

Accommodation support services provide assistance for people with disability within a range of accommodation options, including group homes (supported accommodation) and other accommodation settings. While no additional new funds have been allocated for supported accommodation in the 2012-2013 year, clients from the waiting list access any vacancies that arise in the current system.

Community access services provide activities which promote learning and skill development and enable access, participation and integration in the local community. Since January 2013 there have been no new packages for community access but as vacancies in the current system arise, people with disability are placed in community access services. It is also important to note that the increase in people waiting for full time or part time community access placement includes people who already have a placement and are seeking additional days.

Housing Tasmania

There were positive improvements in Housing Tasmania's performance during 2012-2013. The wait times to be housed have reduced significantly. The average wait time for people who are housed reduced from 45.6 weeks in 2011-2012 to 37.9 weeks in 2012-2013. Additionally, the turnaround time for public housing properties from the time they are vacated to the time that people are housed has reduced from 37 to 22.6 days.

People with priority housing needs are also being housed sooner. There has been a significant improvement in the time to house people with the highest needs. The time to house Category 1 applicants reduced to an average of 16.2 weeks.

There has also been a significant reduction in the number of people overall on the public housing wait list. The wait list has declined to 2 310 applicants at 30 June 2013 from 2 675 applicants at the same time last year.

These trends reflect a greater turnaround of public housing properties as people access other affordable housing options, including private rental and home ownership. Additionally, there are more affordable housing options through community managed housing. Despite this, occupancy rates for public housing remain high.

The capacity to house priority applicants quickly is contingent upon the availability of homes that meet household amenity and locational needs.

This decline in the wait list is also partly due to the delivery of more than 1500 new affordable housing properties, under a variety of Government programs, between 2009 and 2013.

In future months, it is anticipated that the wait list will stabilise and will not continue to decline.

The performance data shows that new allocations to those in greatest need declined with 77.2 per cent of allocations to people in greatest need at the end of June 2013. This is largely due to a high turnover of public housing properties and large number of people housed in the lower categories of need during this month and does not reflect overall trends during the year.

Children and Youth Services

Children and Youth Services

Performance Measure	Unit of Measure	2009-2010 Actual	2010-2011 Actual	2011-2012 Actual	2012-2013 Actual
Children's Services					
Parents enrolling their newborn with Child Health and Parenting Services (CHAPS)	%	96.3	97.4	97.1 ¹	95.8
Proportion of people attending Child Health and Parenting Services at eight weeks who were exclusively breastfeeding	%	49.3	49.3	50.0	51.0
Children in notifications (per 1 000 population)	Rate	60.9	64.8	67.0 ¹	69.9
Child protection notifications referred for investigation	%	18.4	21.4	14.6 ¹	16.5
Investigations finalised within 28 days of receipt of notification	%	24.2	29.3	44.9 ¹	49.7
Finalised child protection investigations that were substantiated	%	60.0	63.5	68.3 ¹	55.8
Children who were the subject of an investigation and a decision not to substantiate, who were the subject of a subsequent substantiation within the next 12 months	%	17.7	18.3	17.4 ¹	10.8
Children who were the subject of a substantiation during the previous year, who were the subject of a subsequent substantiation within 12 months	%	21.3	20.1	18.6 ¹	18.0
Child abuse or neglect: Number of unallocated cases	Number	0	36	8 ¹	1
Children on Care and Protection Orders (per 1 000 children)	%	9.4	10.5	10.2 ¹	10.9
Children in out-of-home care at 30 June	Number	893	964	1 009 ¹	1 065
Children in out-of-home care who had 3 + placements during the previous 12 months	%	20.7	18.3	21.3 ¹	17.6

Custodial Youth Justice					
Average daily number of young people in detention ²	Number	27.8	26.4	21.9	19.0
Distinct number of young people in detention	Number	146	108 ¹	104	74
Community Youth Justice					
Average daily number of Community Youth Justice Service clients	Number	638 ³	559 ³	438 ³	390
Total number of active clients of Community Youth Justice Services	Number	1184 ³	1050 ³	957 ³	811
Community Service Orders completed before the statutory expiry date	%	82.6	77.9 ¹	88.2	83.8
Youth Justice Community Conferences that are held within six weeks of receipt of referral for conference	%	43.3 ¹	50.8 ¹	72.9 ¹	86.0

- 1 Due to improvements in data quality, actual figures reported in the Annual Report 2012-2013 have been updated and may differ from the 2011-2012 Annual Report.
- 2 The definition of this measure has been changed from *Average daily number of young people on-site at Ashley Youth Detention Centre* to *Average daily number of young people in detention* to ensure a small number of young people under custodial arrangements in other facilities are also captured. Historical figures have been updated accordingly.
- 3 Actual figures reported in the Annual Report 2012-2013 have been updated from previous publications such as Annual Reports and Budget papers to exclude young people whose orders had expired and include young people supervised by Youth Justice on supported bail.

Children and Youth Services

During 2012-2013, Children and Youth Services introduced a range of strategic reform initiatives that are expected to have a positive impact on performance over time. These initiatives include:

- Models of care for each of the program areas to ensure that services provided are evidence based, sustainable and deliverable within available resources.
- Service Level Agreements and a business intelligence capability to improve accountability across program areas.
- A quality and safety framework to support delivery of safe, high quality services that are client centred.
- Increased capacity for workforce development and training including:
 - A structured induction program encompassing mentoring and support for new staff.
 - The development of a training continuum for all staff.
 - The introduction of a Clinical Nurse Educator.

Child Health and Parenting Services maintained a high level of initial engagement with parents of newborn children, with 97.1 per cent of parents enrolling their newborn children in 2011-2012.

Child Protection Services aims to finalise investigations of child abuse or neglect within 28 days of receiving a notification. The proportion of investigations finalised within this timeframe increased from 44.9 per cent during 2011-2012 to 49.7 per cent in 2012-2013. The rate of re-substantiations and the rate of substantiations following a decision not to substantiate have declined during 2012-2013. Ongoing effort is being directed to address cumulative harm and to link children and their families to a range of support services that work collaboratively to address client needs.

As at 30 June 2013, there was one unallocated case compared to eight at the same time in the previous year. The Department of Health and Human Services has remained committed to keeping this number low. However, the number of unallocated cases is subject to fluctuations due to variations in notification patterns. An overall reduction in this number in recent years has been achieved as a result of several improvements including the introduction of new models of care as well as information systems and tools to support operational staff.

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

During 2012-2013, 17.6 per cent of children in care had three or more placements in the previous 12 months. Carer availability is a critical factor in improving stability for children in care. While it is anticipated that strategies to enhance the carer pool in all regions will deliver some improvement, a considerable increase will be required to significantly improve placement stability.

The average daily number of young people in Custodial Youth Justice Services continued to decline during 2012-2013 as did the average daily number of young people engaged with Community Youth Justice Services, which is consistent with the diversionary principles of the *Youth Justice Act 1997*.

During 2012-2013 a lower percentage of community service orders were completed before expiry than in 2011-2012, due in part to resource availability. The proportion of community conferences held within six weeks of referral for conference is influenced by a number of external factors, such as facilitator availability, coordination of multiple parties to attend a conference and the time taken to prepare a young person for conferencing. Performance against this indicator improved in 2012-2013.

Case Study – Anna’s Story

Anna is a six year old girl who is placed in foster care along with her younger sibling. She has some behaviours which have been challenging for her carers and has been diagnosed as being on the autism spectrum as well as assessed as having behaviours that are consistent with Reactive Attachment Disorder. Anna experienced neglect and instability during the critical early years of brain development.

While Anna and her sibling have a strong attachment to both carers, calling them ‘mum’ and ‘dad’, Anna’s foster carers have had a limited understanding of trauma and how to provide trauma based care, and have had frustrations in managing aspects of her behaviour. It appears that Anna’s incontinence, in particular, has been difficult for them. At times the male carer has been reactive and physically disciplined Anna inappropriately.

These concerns were brought to the attention of Children and Youth Services, and were managed in accordance with Schedule 1 of the Care Concerns Policy which was introduced in February 2013.

In accordance with the procedures Anna was interviewed by two child protection workers, one of whom being someone that she was familiar with. Having someone familiar to her assisted Anna to feel comfortable, and she was able to provide workers with clear information regarding concerns and to answer the questions the workers had. Anna was aware that workers would be following up on these concerns. The whole process assisted Anna to feel “heard” and to be confident that the concerns were being treated seriously.

As a result of this process a work plan was written up to ensure that recommendations would be actioned and completed in a timely way. The actions included focusing on increasing carer understanding of trauma and developing their knowledge and skills around the provision of trauma based care.

In addition, regular Care Team Meetings occur, including other stakeholders such as Education, focusing on ensuring a consistent approach to Anna.

As a result of this approach Anna and her siblings’ have been able to remain in a placement where they have strong attachment to their carers, and the carers have been supported to develop their skills and knowledge in relation to providing trauma based care specific to Anna’s needs.

This new approach to managing complaints in care reduces the potential for complaints to re-emerge because key issues are addressed systematically through careful planning, record keeping, and monitoring of progress. The approach also emphasises working in partnership with all stakeholders, including the child involved, to identify and resolve issues that are affecting the achievement of positive outcomes.

(Names and personal details have been changed to protect confidentiality).

Key Achievements 2012-2013

This section provides a snapshot of the Department of Health and Human Services key achievements for 2012-2013. Information on other achievements is located throughout the Annual Report including a range of Case Studies in this Part.

Children

- The introduction of health assessment for all children in Out-of-Home Care.
- Provided leadership in support of the strategic directions of Sharing Responsibility for our Children, Young People and their Families – Embracing Change. For further information, refer to the Annual Report 2012-2013 for Sharing Responsibility for our Children, Young People and Their Families: Government Embracing Change on the Department of Health and Human Services website (www.dhhs.tas.gov.au).
- Provided leadership across the Department of Health and Human Services on data linkages for the purpose of informing practice, performance policy and program development.
- The Public Health approach to the safety and wellbeing of children, including the introduction of a new model of care for Child Health and Parenting Service.
- The models of care updated across all program areas.
- The establishment of a Youth Justice Management Committee to oversee Youth Justice projects of significance.

Ambulance Tasmania

- Completed Hobart Complex Stage 2 redevelopment completing the full construction of the State Operations Headquarters Centre and Hobart redevelopment over four years.
- The new Ambulance Tasmania fixed wing aircraft commenced operations.
- The Kingston station opened as an urban centre.
- The delivery of the first 18 of the new ETT Sprinter vehicles.
- The successfully completed the Hobart First Intervention Vehicle trial.
- The implementation of the Extended Care Paramedic trial into Launceston.

Strategic Control, Workforce and Regulation

- Establishment of the Strategic Control, Workforce and Regulation Group as the corporate services and strategy and policy division of the Department of Health and Human Services, drawing together a number of organisational units to create a more streamlined and efficient whole.

- The statutory requirements of the National Health Reform Agreement were met,¹ including:
 - establishing three Local Hospital Networks (known as Tasmanian Health Organisations) and
 - establishing Governing Councils for each THO.
- The achievement of a balanced budget for the Department of Health and Human Services, delivering on the savings target required by Government.
- The development of the revised Department of Health and Human Services Policy Framework.
- The negotiation of additional funding under the \$325 million Tasmanian Health Assistance Package for a range of initiatives, including:
 - \$30.5 million to provide an additional 2 600 elective surgery procedures statewide over four years from 2012-2013
 - more than \$39.6 million to support up to 51 additional training places for specialist doctors in the State
 - an additional \$8.9 million investment in eHealth to undertake the modernisation of core information technology infrastructure, system software and key clinical systems
 - approximately \$22 million for innovating care in emergency departments to help public patients access the services they need, relieve pressure on emergency departments and reduce unnecessary hospitalisation and readmission and
 - additional investment in areas such as Palliative Care and Mental Health Services to alleviate pressure on the Tasmanian health system and provide improved patient care.
- Completed preparatory work to enable the transfer of mental health clinical services to the Tasmanian Health Organisations on 1 July 2013.
- Made targeted improvements in statewide procurement that yielded savings of over \$3 million.
- Finalised industrial negotiations with Visiting Medical Officers.
- Provided secretariat support to the Commission on Delivery of Health Services in Tasmania, including the provision of specialist policy advice to the Commission.
- The Department of Health and Human Services was awarded the 2013 Fleet Environment Award from the Australasian Fleet Management Association for success in reducing greenhouse gas emissions from the vehicle fleet.

¹ For additional information, see

www.dhhs.tas.gov.au/about_the_department/our_plans_and_strategies/national_health_reforms

Statewide and Mental Health Services

- Consistent with the national health reform process, full preparation for the transition to deliver mental health services, alcohol and drug and forensic health services through the Tasmanian Health Organisations to achieve a greater integration of services and to improve local accountability, transparency and responsiveness to the needs of local communities.
- The new *Mental Health Act 2013* was passed by Tasmanian Parliament. The new Act reflects a significant reform in the legal framework for the care and treatment of people with a serious mental illness in Tasmania. It has been drafted around a capacity framework, is rights focussed and consumer centred.
- Release of the Tasmanian Opioid Pharmacotherapy Program, Policy and Clinical Practice Standards in late August 2012, providing a contemporary best practice framework for the delivery of opioid pharmacotherapy treatment for opioid dependence in Tasmania.
- As part of the implementation of the National Perinatal Depression Initiative, Perinatal Mental Health Liaison Co-ordinators have been established in each region to work collaboratively with key stakeholders to improve service pathways, to promote access across the region and as part of the broader work occurring in Tasmania, to improve the prevention and early detection of antenatal and postnatal depression and to further develop services for expectant and new mothers experiencing perinatal depression.
- Everybody's Business: A Strategic Framework for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Averting Alcohol, Tobacco and Other Drugs Use was launched in March 2013.
- Development of a Tasmanian Suicide Prevention Community Network, hosted by Relationships Australia and funded by the Department of Health and Human Services enabling service providers and key stakeholders to work collaboratively to address suicide prevention. The Network has also:
 - Helped communities to take local action to prevent suicide through the development of Community Action Plans, conducted the inaugural Tasmanian Suicide Prevention Forum.
 - Developed the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Community Action Plan.
- Release of the Report – A Review of Opioid Prescribing in Tasmania – A Blueprint for the Future. The review of opioid prescribing in Tasmania was undertaken in 2012 to provide a framework to reduce the risk of harms from the over-prescribing and use of opioids in Tasmania and to ensure that opioid analgesics are prescribed appropriately.
- Development of the new Tasmanian Drug Strategy 2013-2018 was completed in May 2013, to guide whole of government and community activities to reduce the harm associated with the use of licit and illicit drugs in Tasmania.

Nursing and Midwifery

- Worked collaboratively with the University of Tasmania to provide professional Practice Master Classes for Nurses and Midwives across the State and a new Clinical Honours program for Graduate Nurses. The unit also collaborates with Strategic Workforce and the Chief Medical Officer and the Chief Allied Health officer to provide advice on Clinical workforce planning.

System Purchasing and Performance

- The Tasmanian Lead Clinicians Group was established and commenced work on drafting the revised Tasmania's Health Plan.
- The first THO Service Agreements and a new Service Agreement Performance Framework were negotiated and signed by the Minister for Health and the Governing Council Chairperson within the required legislative timeframes.
- The THO Service Agreements were monitored in accordance with the THO Performance Framework. A number of performance interventions were instigated by the Minister for Health on the recommendation of the Department of Health and Human Services and in accordance with the THO Act. These interventions all resulted in improved performance by the THOs.
- Working to implement reforms to the Home and Community Care (HACC) program arising from changes agreed with the Australian Government. Activities have been undertaken to plan design and implement a community care framework to improve access to services for the HACC program younger target population.
- Finalisation of a new Agreement with the Australian Government on strategic directions for primary health care in Tasmania. The plan will inform development of Tasmania's new Health Plan which as outlined above, is being overseen by the Tasmanian lead Clinicians Group.
- The Department of Health and Human Services, Tasmanian Health Organisations and Tasmania Medicare Local have signalled their shared commitment to working together to provide better health services through the signing of a new Memorandum of Understanding "*Improving the Health of Tasmanians*". It ensures a statewide coordination in the future planning, delivery and evaluation of primary health care services in Tasmania.

Population Health

- The *State of Public Health Report* is produced every five years and tabled in Parliament to present the evidence and offer policy direction for improving health and wellbeing and health equity in Tasmania. This report is accompanied by the Health Indicators Tasmania report which provides extensive data on health determinants, inequities and outcomes. Important findings and implications of the 2013 report were:
 - The life-expectancy of Tasmanians is improving and self-reported health is generally good.

- Tasmania's overall health status more closely parallels that of regional Australia than Australia as a whole. The health differences associated with regions are largely linked to socio-economic and cultural conditions. Addressing inequities to improve Tasmanians' health is an important challenge.
- The life expectancy gap between Tasmanian and Australian women is widening, in part at least because of higher smoking rates among females in Tasmania.
- Obesity continues to increase. Physical inactivity and over-nutrition contribute. Preventing overweight in children is critically important to avoid our younger generations losing quality and length of life, and to reduce long-term demands on Tasmania's healthcare system for care for the complications of obesity.
- The healthcare system is generally performing well, but we have an older and aging population, and a higher prevalence of several important risk factors for poor health. This is generating increasing needs for treatment and care for chronic conditions.
- Worked to ensure public safety during and after the January 2013 bushfire emergency.
- Developed and introduced new workplace health and wellbeing tools for Tasmanian businesses.

Office of the Chief Medical Officer

- In March 2013, Cancer Screening and Control Services conducted a 'GP Roadshow' in the State's three regions in collaboration with Medicare Locals. The sessions were open to GPs and practice nurses and covered:
 - The reasons for recommending either diagnostic or screening mammography, including screening age range and risk factors.
 - Management protocols for symptomatic women and women at high risk of breast cancer.
 - Appropriate techniques for the management of women with dense breast tissue.
 - Testing methods and patient pathways for bowel cancer, including iFOBT (immunochemical Faecal Occult Blood Test).
 - 59 participants attended the sessions. Positive feedback was received.
- The design and implementation of an electronic template for the Tasmanian GP 'Assessment Form' has enabled GPs to report referrals to the National Bowel Cancer Screening Register in a timely manner and has resulted in the Register being able to show a more accurate reflection of a participant's position in the pathway.
- BreastScreen tested more than 28 000 Tasmanian women during 2012-2013, improving their chances of early detection and successful treatment – this was a record number and 1 000 more than the previous year – itself a record.

- BreastScreen National Accreditation Standards require that ≥90 per cent of women requiring assessment attend an assessment clinic within 28 calendar days of their screening visit. In 2012-2013, 92.7 per cent of clients from across the state, attended an assessment clinic in Hobart within 28 days of their screening visit, exceeding the national standards requirements.
- BreastScreen Tasmania was awarded the Searson Buck Business Excellence Award, at the “Hobart City Council, Exceptional Customer Service Awards for Business 2013.
- BreastScreen Tasmania was Highly Commended in the 2013 Institute of Public Administration Australia Awards for Tasmanian Public Sector Excellence.
- Of the 32 BreastScreen services around the country, BreastScreen Tasmania was selected as one of two pilot sites to test and validate the new accreditation system.
- The development and approval of a Ministerial Policy relating to Emergency Management.
 - The development of an updated emergency management plan covering the Department of Health and Human Services and the Tasmanian Health Organisations.
- A review arrangement has been provided to patients, carers and medical practitioners where they are dissatisfied with decisions made under Section 59E of the *Poisons Act 1971*.
- There has been a continued rollout of DORA to community medical practitioners (DORA is an electronic system providing real time information on the prescribing of narcotic substances).
 - An education and information package has been developed for pharmacists for the use of DORA in collaboration with the Pharmaceutical Society of Australia.
 - A security review of DORA has been conducted to ensure that security is at the best possible standard.
- An agreement has been reached with the Commonwealth for the trialling of Electronic Recording and Reporting of Controlled Drugs (ERRCD) system.
- The provision of quarterly Healthcare Associated Infection Surveillance Reports.
- The delivery of a statewide education and training program.
- The delivery of an Infection Control Assessment Program for rural hospitals and non-acute sites.
- The delivery of an Evaluation Environmental Hygiene Program.

Disability, Housing and Community Services

- Reform of public and social housing continues through increased capital developments and is guided by the National Homelessness Strategy and the National Affordable Housing Strategy.
- Housing Tasmania continues to roll out the *Better Housing Futures* program which will see 4 000 public housing dwellings transferred to community based management.

- *Housing Connect* model which will provide a streamlined housing and support assessment process for all those wishing to access social housing and homelessness services has been developed and is being rolled out from 1 July 2013.
- Housing Tasmania commenced the refurbishment of the 85 unit complex at Stainforth Court, New Town. This project will deliver a substantially refurbished property that offers tenants contemporary amenity, substantially improved security and safety, an enhanced sense of community and the provision of 10 platinum standard disability units.
- Housing Tasmania purchased the former Adult Learning site at Church Street North Hobart, for redevelopment as a supported accommodation and training facility for young people, including young people living with disability.
- May 2013, the Tasmanian Premier and the Prime Minister signed an agreement for the implementation of the full national disability insurance scheme in Tasmania. Tasmania is an initial launch site for the scheme involving 1 000 young people aged between 15 to 24 years.
- Delivery of the Equal Remuneration Implementation Project developed a Community Sector Salary Census collecting information about funding and salaries from funded organisations.
- Protecting children and our most vulnerable people is a priority for Government. Extensive work and consultation had occurred to establish a checking and risk assessment process for those employees and volunteers working with these groups of Tasmanians.
- The *Elder Abuse is Not Okay* media campaign was launched on 21 September 2012. This campaign sends a message that elder abuse should not be tolerated. A key initiative of the Elder Abuse Prevention Strategy is training; over 300 participants took part in the Responding to Elder Abuse Service Provider Training over June and July 2013. This training is to empower staff who work in health services, government and community sector organisations with the skills and ability to identify, and appropriately respond to, suspected cases of elder abuse.
- The Partnership Agreement between the Tasmanian Government and the community sector was jointly launched by the Premier of Tasmania and the Chair of the Peaks Network in October 2012.
- The Gateway and Integrated Family Support Services mid-term review was published establishing that Tasmania was benefiting from the reformed model.
- Gamblers Help non-government organisation educators extended their community and venue based education program.
- Gambling Help also went interactive and online with the “Know your Odds – Ask Jack” campaign.

Key Priorities 2013-2014

The Department of Health and Human Services' direction is guided and influenced by government policy and Department of Health and Human Services specific priorities. The key priorities for each area are outlined below.

Children and Youth Services

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

Priorities for 2013-2014 include:

- *Sharing Responsibility for Our Children, Young People and their Families: Government Embracing Change in Response to the Select Committee on Child Protection Final Report 2011*, incorporating the Tasmanian Government Agenda for Children and Young People (Our Children, Our Young People, Our Future).
- Leadership in support of the strategic directions of *Sharing Responsibility for Our Children, Young People and their Families*, and the Tasmanian Government Agenda for Children and Young People, within/across the Agency and across Government Agencies.
- Leadership for a collaborative, whole-of-government approach to child safety and wellbeing.

Legislative Review and Practice Reform

- Amendments to the *Children Young Persons and their Families Act 1997* following a report from Professor Maria Harries (Chair) Legislative Review Reference Committee.
- Additional powers for the Council of Obstetrics and Paediatric Mortality and Morbidity relating to enhanced reporting on child deaths.
- Provide across-agency leadership on data linkage for the purpose of informing practice, performance, policy and program development.

Youth Justice Legislative review and practice reform

- Reform in Youth Justice models and practice, including alternatives to incarceration.

Children and Youth Services

- Easier and earlier access to services for families and children who require them.
- Out of Home Care review and reform.
- Development of multidisciplinary response capability around children and young people at risk of engagement, or in the in the early stages of engagement with the youth justice system.
- Establish a Carer Portfolio.
- Information and communications technology development.
- Establish a support service for families engaging with Child Protection Services.

Workforce Development

- Training and Professional Development Pathways for staff and carers.
- Embedding change and reflective practice.
- Implementation of Signs of Safety practice framework.
- Developing leadership and management in good governance.

Ambulance Tasmania

The concept of operations of Ambulance Tasmania is to provide integrated, high quality, pre-hospital emergency and medical care, health transport and medical retrieval services to the Tasmanian community. Ambulance Tasmania achieves this through a team of highly trained operational staff and committed support staff.

The Business Plan for Ambulance Tasmania sets the direction for Ambulance Tasmania for the next three years. The Ambulance Tasmania priorities include:

- Provide best practice in out of hospital clinical care.
- Enhance clinical, operational and corporate governance arrangements and pursue continuous quality improvement.
- Ensure a safe working environment for staff and others.
- Enhance workforce planning.
- Ensure infrastructure development.
- Develop effective partnerships with health and human services providers, emergency services and other stakeholders.
- Maximise the benefits of technology.
- Pursue a sustainable funding model that facilitates service delivery to meet the needs of the community.

Strategic Control, Workforce and Regulation

The Strategic Control, Workforce and Regulation (SCWR) Group is the strategy, policy, and corporate services Group of the Department of Health and Human Services. It is responsible for leading the implementation of strategic and policy initiatives on behalf of the portfolio Ministers and Secretary, and delivering Finance, Information Communication Technology, Human Resources and Shared Services to the DHHS and to and in support of the Tasmanian Health Organisations.

Priorities for 2013-2014 include:

- Development of the Shared Services model to drive efficiencies in corporate service provision.
- Implementation of an enterprise-wide risk management framework.

- Implementation of a financial strategy that is able to guide the delivery of efficient and sustainable strategic change.
- Development of a comprehensive Strategic Workforce Management Framework.
- Development of a new DHHS Workplace Health and Safety system.
- Achievement of a balanced budget and delivery on required savings targets.
- Implementation of Statewide Information Technology Connected Care Strategy and action plan aligned with national eHealth planning and funding sources.
- Implementation of a new regulatory framework, including accreditation.
- Negotiation of a new Heads of Agreement with the Australian Government for the management, operation and funding of the Mersey Community Hospital.
- Achievement of a reduction in overall DHHS energy use by 10 per cent.

Mental Health, Alcohol and Drug Directorate

The Mental Health, Alcohol and Drug Directorate was established on 1 July 2013 as a component of the transfer of Mental Health Services, Alcohol and Drug Services and Forensic Health Services to Tasmanian Health Organisations.

Consistent with the purchaser/provider model of public health care delivery now operating in Tasmania, the Directorate is responsible for setting the mental health, alcohol and drug and forensic health strategic agenda and commissioning Tasmanian Health Organisations and community sector organisations to deliver the required services.

The Directorate works collaboratively with Tasmanian Health Organisations, community sector organisations and other key stakeholders to progress the implementation of national and state strategic directions for the delivery of mental health, alcohol and drug and forensic health services.

Priorities for 2013-2014 include:

- Development of a new strategic plan for Tasmanian mental health services.
- Development of a Tasmanian Illicit Drug Use Plan.
- Implementation of the new *Mental Health Act 2013*.
- Continued implementation of Tasmania's Mental Health Promotion, Prevention and Early Intervention (PPEI) Framework, Tasmania's Suicide Prevention Strategy, Tasmania's Alcohol Tobacco and Other Drugs PPEI Framework, The Tasmanian Drug Strategy and the Tasmanian Alcohol Action Framework.
- Further development of mental health consumer and carer engagement and participation.

Nursing and Midwifery

The Nursing and Midwifery Unit provides high level specialist advice on nursing and midwifery policy and clinical workforce planning. This includes advice on aspects of legislation that affect professional practice and the regulation of health professionals.

The Nursing and Midwifery Unit contributes to national initiatives such as the Health Workforce Australia's Innovation and Reform agenda; the National Maternity Services Plan; Practice Standards through the National Nursing and Midwifery Board and education standards through the Australian Nursing and Midwifery Accreditation Council.

Priorities for 2013-2014 include:

- Respond to the recommendations of the Nursing Productivity and Retention Report to be released through Health Workforce Australia.
- Respond to the recommendations of the National Maternity Service Plan.
- Develop a strategic workforce planning framework for Tasmania.
- Work to develop legislative frameworks to ensure nurses and Midwives are working to their full scope of practice.
- Building Nursing and Midwifery Capacity in rural and remote areas.
- Collaborate with education providers to further develop articulated education pathways available to Nurse and Midwives in Tasmania.
- Contribute and respond to National regulatory and education standards to improve the nursing and midwifery profession.
- Provide advice and support for the implementation of the Tasmania Child Health and Parenting Centres new model of care.
- Review of Nursing and Midwifery Staffing allocation models in specialised areas of care.

System Purchasing and Performance

The System Purchasing and Performance Group consolidate a number of complementary functions across policy, planning, funding, monitoring and service improvement. This Group is also the principal support to the Secretary in establishing Department of Health and Human Services system-level priorities.

Priorities for 2013-2014 include:

- Develop and implement the Statewide Clinical Governance Framework.
- Negotiate the THO Service Agreements and associated performance monitoring and reporting.
- Review the THO Ministerial Charters.

- Develop and implement the Service Monitoring Framework for the Department of Health and Human Services Service Groups.
- Develop the Department of Health and Human Services Corporate Plan.
- Progress a project to introduce a new post graduate educational pathway for young doctors to become a General Practitioner - Rural Medical Generalists (RMG) that will lead to advanced skills in a specialty area of clinical practice, such as obstetrics, palliative care, anaesthetics, emergency medicine and more, that they can use in their everyday general practice and where possible, in rural hospitals.
- Through the provisions of the Memorandum of Understanding, “Improving the Health of Tasmanians”, delivery of projects including Health Pathways and shared access to information and data to inform joint service planning.
- Provide technical and policy support for the Commission into Health Service Delivery in Tasmania.

Royal Hobart Hospital Redevelopment

Priorities for 2013-2014 include:

- Announcement of the Managing Contractor for the Redevelopment RHH. This commences the first stage of the final and largest phase of the Redevelopment.
- Approval to the Guaranteed Construction Sum.
- Site preparation works allowing for the construction of the new inpatient precinct to commence.

Population Health

The Population Health Group focuses on improving and promoting health and wellbeing for all Tasmanians. It works to reduce inequalities in health and to protect Tasmanians from public and environmental health hazards.

Priorities for 2013-2014 include:

- Respond to the prevention recommendations of the Health and Wellbeing Advisory Council for a Healthy Tasmania.
- Increase access to culturally appropriate health and human services for refugees under the Better Access for Former Humanitarian Entrants Project.
- Work to establish a culture and capacity for all staff to work in health promoting ways in line with the Working in Health Promoting Ways Strategic Framework.
- Conduct the Tasmanian Population Health Survey 2014 to inform service planning and improve public health monitoring and surveillance capabilities.

- Work with the University of Tasmania and Tasmania Medicare Local to deliver health literacy training and resources for health and human services workers.
- Through the Tasmanian Shellfish Quality Assurance Program, in collaboration with DPIPWVE, ensure the safety of shellfish eaten by Tasmanians. Review and develop plans for managing the threats of hazardous algal blooms.

Office of the Chief Medical Officer

This Unit oversees clinical and related matters. They include emergency preparedness, research, pharmaceutical services, medical workforce, cancer services system development, blood and blood products, organ and tissue transplantation and the Tasmanian Infection Prevention and Control Team.

The Unit also incorporates cancer screening and control services such as BreastScreen Tasmania, the Cervical Cancer Prevention Program, Policy and Education team and the National Bowel Cancer Screening Program.

- Emergency Preparedness
 - Publication of the *Plan for the Delivery of Integrated Emergency Management* within the Department of Health and Human Services and Tasmanian Health Organisations.
 - Implementation of the Australian Medical Assistance Team Database in Tasmania.
- Pharmaceutical Services
 - A pilot project to make DORA available to pharmacies is underway and a further rollout of DORA to medical practitioners. For further information on DORA, please refer to the Key Achievements section.
 - A project with Tasmanian Medicare Local is underway to improve arrangements for medical practitioners to make application to the Department of Health and Human Services for the prescribing of narcotic substances. The project will look to support decision making and have prescribers make application online.
 - An update the Poisons Act and Regulations.
 - To undertake an upgraded inspection and counselling program.
- Tasmanian Infection Prevention and Control
 - Continue to report on healthcare associated infections in Tasmania quarterly.
 - Continue to support the work of infection prevention and control professional in the Tasmanian Health Organisations through the provision of existing Tasmanian Infection Prevention and Control Unit programs.

- Cancer Screening and Control Services
 - Continue to support various initiatives in primary, secondary and tertiary prevention of cancer in Tasmania. Strategies are informed by evidence based best practice, and the National Screening Framework.
- Breast Screening Program
 - Complete the design and commissioning of a New Mobile Breast Screening Unit. Liaise with local governments to ensure community awareness of increased service availability.
 - Expansion of the target age range to include women from 70 to 74 years, once finalised by the Australian Government.
 - Implement a new electronic Client Management System. Orion to complete the Digital Integration Project.
- Bowel Screening Program
 - Increased GP acceptance and endorsement of the National Program to their patients.
- Cervical Cancer Prevention Program
 - Continue to improve internal program efficiencies by monitoring and reviewing data sources and systems to reduce manual processing (such as iPM client lookup reducing phone call rates by 95 per cent)
 - Plan for a smooth transition to a 'renewed' National Cervical Screening Program.

Disability, Housing and Community Services

The Disability, Housing and Community Services Group (DHCS) support Tasmanians in need to build better lives and achieve their potential. DHCS work with community sector partners to deliver specialist disability services, housing and homelessness services, plus a range of community support programs for individuals and families, to help them get their lives back on track. Through a focus on early intervention, integration and client-centred services, DHCS aims to support individuals and families to fully participate in and contribute to their community and the economy.

The priorities for 2013-2014 include:

- Housing
 - Grow the community housing sector through stock transfer under Better Housing Futures and ensure appropriate mechanisms are in place to protect tenants and the Director of Housing's interests.
 - Increase the supply of affordable housing.
 - Establish Housing Connect as an integrated assessment service and prioritise housing for those in greatest need.

- Continue roll out of energy efficiency program to drive down cost of living for Housing Tasmania tenants.
- Develop Tasmanian Housing Plan to guide future planning and services.
- Ensure compliance with Residential Development Strategy.
- Homelessness
 - Align Specialist Homelessness Service System to broader social housing reforms.
- Disability Services
 - Participate in the launch of DisabilityCare Australia and work on the full scheme from 2016.
 - Continue to enact the *Disability Services Act 2011* (DSA) through the development of the Disability Services Strategic Plan 2013-2015.
- Community Services
 - Undertake capital improvement project with the Neighbourhood Houses.
 - At risk communities are a focus of grants, community education, school activities and services.
 - Continue to implement the elder Abuse Prevention Strategy including the community awareness campaign.
- Community Sector
 - Maintain a positive and productive working relationship with community sector stakeholders.
 - To improve the efficiency and effectiveness of the community sector by assessing, for example, opportunities for co-location of services, opportunities to share corporate services and undertake joint training.

Publications

Author, Unit or Area	Year	Title	Publication
Adoptions and Permanency	2012	Adoptions Search Guide	Booklet
Adoptions and Permanency	2012	Apology For Past Forced Adoption	Fact Sheet
Adoptions and Permanency	2012	Apology to People Hurt by Past Forced Adoption Practices	Apology Parchment
Advocacy for Children in Tasmania Committee	2013	Advocacy for Children in Tasmania	Discussion Paper
Alcohol and Drug Services	2013	Alcohol and Drug Services Tasmania	Brochure
Alcohol and Drug Services	2012	Future Services Direction Plan Analysis of Performance	Consultation Document
Alcohol and Drug Services	2013	Statewide Inpatient Withdrawal Management Unit	Brochure
Alcohol and Drug Services	2012	Tasmanian Opioid Pharmacotherapy Program, Policy and Clinical Practice Standards	Document
Ambulance Tasmania	2013	Ambulance Tasmania Business Plan 2010-2013 - Action Plan Results	Brochure
Ambulance Tasmania	2013	Ambulance Tasmania Business Plan 2013-2016	Brochure
Ambulance Tasmania	2013	Values Poster	Brochure
Asset Management Services	2013	Capital Investment into Improving the Health of Tasmanians. Second Tasmanian Major Projects Conference May 2013	Presentation
Asset Management Services	2013	'The Department for Health and Human Services, Tasmania Achieves World-Class Patient Care Through Engagement.' <i>Healthcare Global 2013, Construction Digital and Business Review Australia</i>	Article
Cancer Screening and Control Services	2012	Breast Cancer and Family History	Brochure
Cancer Screening and Control Services	2012	BreastScreen Tasmania 'Over-Diagnosis' Terminology Explained	Brochure
Cancer Screening and Control Services	2013	HPV Facts	Brochure
Cancer Screening and Control Services	2013	Prevention and Early Detection of Bowel Cancer	Brochure
Cancer Screening and Control Services	2013	Risk of Thyroid Cancer Due to Mammography Radiation	Position Statement
Cancer Screening and Control Services	2012	'What is Cancer' (For Bi-Cultural Health Workers)	Community Forum
Child Health and Parenting Services	2013	Information for Parents - Child Health and Parenting Services Model of Care	Fact Sheet
Child Health and Parenting Services	2013	Information for Professionals - Child Health and Parenting Services Model of Care	Fact Sheet

Author, Unit or Area	Year	Title	Publication
Child Health and Parenting Services	2013	Service Diagram – Child Health and Parenting Services Model of Care	Brochure
Community Care Reform	2012	Tasmanian Aged Care Assessment Program Annual Performance Report 2011-2012	Report
Community Care Reform	2012	Tasmanian Home and Community Care Program Business Report 2011-2012	Report
Community Care Reform	2012	Tasmanian Home and Community Care Program Cessation of Home and Community Care Vouchers	Brochure
Community Care Reform	2012	Tasmanian Home and Community Care Program Explaining the Home and Community Care Program	Brochure
Community Care Reform	2012	Tasmanian Home and Community Care Program Fees	Brochure
Community Care Reform	2012	Tasmanian Home and Community Care Program Manual	Guidelines
Community Care Reform	2012	Tasmanian Home and Community Care Program Rights and Responsibilities	Brochure
Community Sector Quality and Safety Team	2012	Continuous Improvement Plan Template	Template – Internet and Email
Community Sector Quality and Safety Team	2012	Policy for DHHS Funded Community Sector Organisations to Report Serious Incidents Relating to Consumers – Consultation Draft	Policy - Email
Community Sector Quality and Safety Team	2013	Quality and Safety Standards Framework for Tasmania's DHHS Funded Community Sector	Internet/Email
Community Sector Quality and Safety Team	2013	Quality and Safety Standards – Six documents	Internet
Community Sector Quality and Safety Team	2013	Quality and Safety Standards Framework for Tasmania's DHHS Funded Community Sector – Consultation Draft	Internet/Email
Community Sector Relations Unit	2013	Community Sector Industry Profile	Brochure Internet/Email
Community Sector Relations Unit	2012-2013	Community Sector News (three publications)	Brochure Internet/Email
Community Sector Relations Unit	2012	Community Sector Relations Unit and Partnership Agreement	Internet Page
Community Sector Relations Unit	2012	Equal Remuneration Order	Internet Page
Community Sector Relations Unit	2012-2013	Equal Remuneration Order Communiques x 10	Brochure Internet/Email
Community Sector Relations Unit	2012-2013	Equal Remuneration Order – Quarterly Fact Sheets	Fact Sheet Internet/Email
Community Sector Relations Unit	2012	Partnership Agreement	Fact Sheet Internet/Email

Author, Unit or Area	Year	Title	Publication
Council of Obstetric and Paediatric Mortality and Morbidity	2012-2013	Council of Obstetric and Paediatric Mortality and Morbidity Newsletter (December 2012, March and June 2013)	Newsletter
Council of Obstetric and Paediatric Mortality and Morbidity	August 2012	Council of Obstetric and Paediatric Mortality and Morbidity Annual Report 2010	Annual Report
DePaoli KM, Seal JA, Burgess JR & Taylor R.	2013	Improved iodine status in Tasmanian school children after fortification of bread: a recipe for national success. Medical Journal of Australia 2013; 198: 492-494.	Journal
Department of Health and Human Services	2012	Annual Report 2011-2012	Report
Department of Health and Human Services	2012-2012	Your Health and Human Services: Progress Chart (September, December 2012, March, June 2013)	Report
Department of Health and Human Services	2012-2013	Service Agreement 2012-2013 THO-N	Agreement
Department of Health and Human Services	2012-2013	Service Agreement 2012-2013 THO-N - Revised	Agreement
Department of Health and Human Services	2012-2013	Service Agreement 2012-2013 THO-NW	Agreement
Department of Health and Human Services	2012-2013	Service Agreement 2012-2013 THO-NW - Revised	Agreement
Department of Health and Human Services	2012-2013	Service Agreement 2012-2013 THO-S	Agreement
Department of Health and Human Services	2012-2013	Service Agreement 2012-2013 THO-S - Revised	Agreement
Department of Health and Human Services	2012-2013	Service Agreement 2012-2013 - Performance Framework	Framework
Department of Health and Human Services	2012-2013	Service Agreement 2012-2013 - Key Performance Indicator Metadata Summary	Manual
Departments of Health and Human Services and Premier and Cabinet, with Community Sector Peak Bodies	2012	Partnership Agreement 2012-2015	Booklet and Internet
Disability and Community Services	2013	Application Process for Planned use of Restrictive Intervention	Flow Chart
Disability and Community Services	2013	Cash and In-Kind Transferring of Services to DisabilityCare Australia	Fact Sheet
Disability and Community Services	2013	Change to Individual Support Program Package Banked Hours Guidelines	Fact Sheet
Disability and Community Services	2013	Clinical Consultant –Intensive Support	Fact Sheet
Disability and Community Services	2013	Community Access Form	Form
Disability and Community Services	2013	Community Access Guidelines 2013	Fact Sheet
Disability and Community Services	2012	Community Services Excellence Award	DVD
Disability and Community Services	2012	Disability Gateway Review – Easy English	Fact Sheet
Disability and Community Services	2012	Disability Gateway Review	Fact Sheet

Author, Unit or Area	Year	Title	Publication
Disability and Community Services	2012	Elder Abuse is Not OK Community Awareness Campaign	TV and DVD
Disability and Community Services	2013	Enquiries relating to National Disability Insurance Scheme	Fact Sheet
Disability and Community Services	2012	Environmental Restriction	Fact Sheet
Disability and Community Services	2013	Family Support Services Operational Framework	Booklet
Disability and Community Services	2012	Evaluation Criteria	Fact Sheet
Disability and Community Services	2013	Gamblers Help	Advertising
Disability and Community Services	2012	Gambling and Young People	DVD/Fact Sheets
Disability and Community Services	2013	Know Your Odds prevention campaign	Advertising
Disability and Community Services	2013	Individual Funding Unit – Summary	Fact Sheet
Disability and Community Services	2013	National Disability Insurance Scheme Consent Form	Form
Disability and Community Services	2013	National Disability Insurance Scheme – Tasmanian Launch	Fact Sheet
Disability and Community Services	2012	National Disability Insurance Scheme - What do I need to do?	Fact Sheet
Disability and Community Services	2013	Neighbourhood Houses Capital Improvement Program 2013	Fact Sheet
Disability and Community Services	2013	Neighbourhood House Capital Investment Program 2013-2014 – Information for Houses	Fact Sheet
Disability and Community Services	2013	Pathway for Addressing Elder Abuse for Community Workers in Tasmania	Desktop Poster
Disability and Community Services	2012	Personal Restriction	Fact Sheet
Disability and Community Services	2012	Practitioner Networks Communiqué	Fact Sheet
Disability and Community Services	2013	Process for Application for Planned use of Restrictive Intervention	Fact Sheet
Disability and Community Services	2013	Resource Allocation and Unit Pricing – Intensive Support Services	Fact Sheet
Disability and Community Services	2013	Restrictive Intervention Not Requiring Authorisation	Fact Sheet
Disability and Community Services	2013	Reviews of Individual Support Packages	Fact Sheet
Disability and Community Services	2013	TasEquip Equipment Library – Process for New Equipment	Flow Chart
Disability and Community Services	2013	TasEquip – Submission for Supply to Equipment	Form
Disability and Community Services	2012	Tasmanian Disability Services Act 2011 - Administration of the Act (Planning and Reporting)	Fact Sheet

Author, Unit or Area	Year	Title	Publication
Disability and Community Services	2012	Tasmanian <i>Disability Services Act 2011</i> - Definition of Disability	Fact Sheet
Disability and Community Services	2012	Tasmanian <i>Disability Services Act 2011</i> - Entry of Premises – Authorised Officers	Fact Sheet
Disability and Community Services	2012	Tasmanian <i>Disability Services Act 2011</i> - Funding Agreements	Fact Sheet
Disability and Community Services	2012	Tasmanian <i>Disability Services Act 2011</i> - Regulation of Restrictive Interventions	Fact Sheet
Disability and Community Services	2012	Tasmanian <i>Disability Services Act 2011</i> - Senior Practitioner position	Fact Sheet
Disability and Community Services	2012	Tasmanian <i>Disability Services Act 2011</i> - Sharing Information	Fact Sheet
Disability and Community Services	2013	Unit Pricing Framework – Family Support Services	Fact Sheet
Disability and Community Services	2013	Unit Pricing Phase 2 - Update to Service Providers: Community Access	Fact Sheet
Disability and Community Services	2013	Use of Community Access Package	Form
Forensic Health Service	2013	Correctional Primary Health Services: Information on Health and Community Services For When You Are Released	Booklet
Gall S, Seal, J, Taylor R, Dwyer T & Venn A.	2012	Folate status and socio-demographic predictors of folate status, among a national cohort of women aged 26-36 in Australia, 2004-2006. ANZJPH, 2012; 36:421-6.	Journal
Harlock M and Fitzsimmons G.	2013	The OzFoodNet story: 2000 to present day. Microbiology Australia 34(3), 59-62. http://microbiology.publish.csiro.au/?paper=MA13021	Journal
Healthy Dying Initiative	2013	Advance Care Directive for End of Life Care (Tasmania) – For Community Empowerment	Form
Healthy Dying Initiative	2013	Advance Care Directives in Tasmania – For Community Empowerment	Boucher
Healthy Dying Initiative	2012-2013	Advance Care Planning for Healthy Dying	Internet
Healthy Dying Initiative	2012-2013	Community Awareness Raising - Healthy Dying	Presentations
Housing Tasmania	2012-2013	Better Housing <i>Futures</i>	Internet
Housing Tasmania	April 2013	Better Housing <i>Futures</i> : Information for Housing Tasmania tenants	Fact Sheet
Housing Tasmania	April 2013	Better Housing <i>Futures</i> : Information for Social Housing Applicants	Fact Sheet

Author, Unit or Area	Year	Title	Publication
Housing Tasmania	March 2013	Better Housing <i>Futures</i> : Information for Tenants in Clarendon Vale and Rokeby	Fact Sheet
Housing Tasmania	June 2013	Better Housing <i>Futures</i> Questions and Answers: Information for Tenants in Clarendon Vale and Rokeby	Fact Sheet
Housing Tasmania	February/ March 2013	Better Housing <i>Futures</i> Stage 2 Community Information sessions – Rocherlea, Mayfield, Shorewell Park, East Devonport, Bridgewater, Gagebrook, Ravenswood, Waverley, Ulverstone	Information Session
Housing Tasmania	December 2012	Gordon's Hill Road Community Awareness	Letters and Consultation
Housing Tasmania	2012-2013	Housing Chat – Tenant Newsletter (September 2012, May 2013)	Newsletter
Housing Tasmania	2012-2013	Housing Connect	Internet
Housing Tasmania	2012-2013	Housing Connect Newsletter: Implementation of Tasmania's Social Housing and Homelessness Service (November 2012, March and May 2013)	Newsletter
Housing Tasmania	August 2012	Shore Street Community Awareness	Letters
Housing Tasmania	2012-2013	Stainforth Court Redevelopment and Information for Residents, including Information Session	Internet Brochure
Housing Tasmania	July 2012	Tasmanian Affordable Housing Construction Program Report 2012	Report
Housing Tasmania	July 2012	Tasmanian Homelessness Charter Guide	Brochure Poster
Housing Tasmania	2013	Trinity Hill Community Awareness, including Information Session	Internet Letters,
Johnston FH and Bowman DMJS.	2013	Bushfire smoke – an exemplar of coupled human and natural systems. Geographical Research 2013 Geographical Research. June 2013 doi: 10.1111/1745-5871.12028.	Journal
Johnston FH and Bowman DMJS.	2013	Bushfire smoke – an exemplar of coupled human and natural systems. Geographical Research 2013 Geographical Research. June 2013 doi: 10.1111/1745-5871.12028.	Journal
Johnston FH, Hanigan IC, Henderson SB and Morgan GG.	2013	Evaluation of interventions to reduce air pollution from biomass smoke on mortality in Launceston, Australia: retrospective analysis of daily mortality, 1994-2007.	Journal

Author, Unit or Area	Year	Title	Publication
Johnston FH, Hanigan IC, Henderson SB and Morgan GG.	2013	Evaluation of interventions to reduce air pollution from biomass smoke on mortality in Launceston, Australia: retrospective analysis of daily mortality, 1994-2007. <i>BMJ</i> 2013;346:e8446.	Journal
Johnston FH, Hanigan IC, Henderson SB and Morgan GG.	2013	Clearing the air in Launceston. Did the air quality interventions of 2001 save lives? Menzies Research Institute Tasmania. Seminar. April 2013.	Conference
Johnston FH, Hanigan IC, Henderson SB and Morgan GG.	2012	Biomass air pollution control on mortality rates in Launceston, Australia, 1994-2007: an intervention study. Australasian Public Health Congress. Adelaide, Australia 10-13 September 2012.	Conference
Johnston FH.	2013	Biomass smoke: A nuisance, a health hazard or potentially fatal? Video podcast for the EPA Tasmania April 2013 see www.youtube.com/watch?v=gQPHjrKSNMI	YouTube
Leadership and Management Development Unit	2012-2013	Leadership and Management Development Bi-monthly Newsletter	Newsletter
Legislative Amendment Review Reference Committee, Children and Youth Services	2013	Report and Recommendations – Parts A and B	Report
Martin KL, Hanigan IC, Morgan GG, Henderson SB and Johnston FH.	2013	Air pollution events from vegetation fires and their association with hospital admissions in Sydney, Newcastle and Wollongong, Australia, 1994-2007. <i>Australian and New Zealand Journal of Public Health</i> 2013; (37)3: 238–243.	Journal
Martin KL, Hanigan IC, Morgan GG, Henderson SB and Johnston FH.	2013	Air pollution events from vegetation fires and their association with hospital admissions in Sydney, Newcastle and Wollongong, Australia, 1994-2007. <i>Australian and New Zealand Journal of Public Health</i> 2013; (37)3: 238–243.	Journal
McKeown S.	2013	When Should Pregnant Women Be Vaccinated Against Pertussis. Royal Australasian College of Physicians Congress Perth 28 May 2013.	Conference
McKeown, CA.	2013	How does relevant theory inform a public alcohol policy model. Tasmanian Institute of Law Enforcement Studies (TILES), School of Government/Social Sciences, UTas.	Journal
Mental Health Services South	2013	Electroconvulsive Therapy: Information for Patients and Carers	Booklet
Mental Health Services South	2013	Psychiatric Medication Information: A Guide for Patients and Carers	Booklet

Author, Unit or Area	Year	Title	Publication
Mental Health Services South	2013	Your Rights Under the <i>Mental Health Act 1996</i>	Fact Sheet
Mitchell, B, Gardner, A	2013	Clostridium Difficile Infection and Mortality in an Australian Setting	Presentation Poster
Mitchell, B, Gardner, A, Barnett, AG, Hiller, J, Graves, N	2013	The Prolongation of Length of Stay due to Clostridium Difficile Infection Using a Multistate Model	Presentation
Mitchell, B, Gardner, A, Stewart, L	2013	The Labyrinth of Infection Prevention: New frameworks for Using Healthcare Infection Data	Presentation
Mitchell, B, McGregor, A, Wells, A, Wilson, F	2012-2013	Tasmanian Acute Public Hospitals Healthcare Associated Infection Surveillance Report. Reports No.15, 16 and 17	Report
Mitchell, B, Wells, A, McGregor, A, McKenzie, D	2013	A Solution for Fit Testing: A Randomised Double Blind Control Trial	Presentation
Office of the Chief Medical Officer	2012	Adolescent and Young Adult Cancer Supportive Care Contacts Southern and Northern Tasmania	Posters and Wallet Cards
Population Health	2013	State of Public Health 2013	Report
Price OF, Williamson GJ, Henderson SB, Johnston FH, Bowman DMJS.	2012	The relationship between particulate pollution levels in Australian cities, meteorology, and landscape fire activity detected from MODIS hotspots. PLOS One 2012;7(10):e47327.	Journal
Price OF, Williamson GJ, Henderson SB, Johnston FH, Bowman DMJS.	2012	The relationship between particulate pollution levels in Australian cities, meteorology, and landscape fire activity detected from MODIS hotspots. PLOS One 2012;7(10):e47327.	Journal
Program Support Unit, Children and Youth Services	2012	Legislative Reform Project Discussion Paper	Discussion Paper
Program Support Unit, Children and Youth Services	2013	Position Paper on Adoption Law Reform	Paper
Program Support Unit, Children and Youth Services	2013	Stakeholder Forum February 2013 Outcomes	Fact Sheet
Rural Health Program, Service Planning and Design	2013	TAZREACH Newsletter (Outreach Services) - Quarterly	Newsletter
Shannon, E	2012-2013	CAM537 Foundations in Health and Human Services, University of Tasmania Course	Course Material
Shannon, E	2013	CAM101 Foundations of Medicine; HSD421 Policy Development; HPP211/311 Social Policy in Welfare States, University of Tasmania Course	Course Material
Shannon, E	2013	HSD405 Health Policy, University of Tasmania Course	Course Material

Author, Unit or Area	Year	Title	Publication
Shannon, E and Van Dam, P and Stokes, H.	2012	'Building resilience in a professional services community: The role of leadership development.' 52nd Adult Learning Australia National Conference 11 to 12 October 2013, Byron Bay	Conference Paper
Shannon, E, Burchill, A	2013	'Shaping our Workforce: a Tasmanian Development Program.' Australian Health Review, 37(1), 131-133.	Journal
Shannon, E, Holden J, Van Dam, P	2013	'Implementing National Health Reform – Is Organisational Culture the Key?' Australian Political Studies Association 24 to 26 September 2013	Conference Paper
Shannon, EA and van Dam, PJ.	2012	'Barrier and Enablers to Quality Improvement: Looking Outside the Framework, 3rd Conference on Leadership and Practice Development in Health: Quality and Safety through Workplace Learning 29 to 30 November 2012, Hobart	Conference Paper
Shaw K.	2013	Carers' Perceptions of Home Telehealth Monitoring and Sustainability of Use. Australasian J on Ageing, Feb 2013, in press.	Journal
Shaw K.	2013	Leadership in faith-based aged and community care. Leadership in Health Services. Leadership in Health Services, 2013; 26(3).	Journal
Shaw K.	2012	Factors relating to home telehealth acceptance and usage compliance. Risk Management and Healthcare Policy, 2012;5 25-33.	Journal
Shaw K.	2012	Factors affecting provision of successful monitoring in home telehealth: Results of a randomised controlled trial. Gerontology. 2012; 58:371-377.	Conference
Shaw K.	2012	Scenario planning and analysis in practice: Investigating leadership development using action research in faith-based not-for-profit organisations in Australia. EURAM 12th Annual Conference 2012, Rotterdam, in EURAM 12th Annual Conference 2012, ed Volberda, Hank, EURAM, Rotterdam.	Conference
Shaw K.	2013	Investigating leadership development of faith-based not-for-profit organizations providing aged and community care in Australia. EURAM 12th Annual Conference 2012, Rotterdam, June 2012 in EURAM 12th Annual Conference 2012, ed Volberda, Henk, EURAM, Rotterdam. 2012.	Conference
Shaw K.	2012	Investigating leadership development of faith-based not-for-profit organizations providing aged and community care in Australia. EURAM 2013: 13th Annual Conference of the European Academy of Management, Istanbul, June 2013 in -, ed Yamak, S. (EURAM 2013).	Conference

Author, Unit or Area	Year	Title	Publication
Shaw K.	2012	Investigating leadership capability development of faith-based not-for-profit organisations providing aged and community care in Australia. Proceedings of the 12th European Academy of Management Conference (EURAM 2012). 2012.	Journal
Shaw K.	2012	Cochrane Review: Vitamin D supplementation for improving bone mineral density in children. Evidence-Based Child Health: A Cochrane Review Journal. 2012;7(1):294-386.	Journal
Shaw K.	2013	Vitamin D supplementation in infancy for improving bone density. The Cochrane Library. 2013.	Journal
Shaw K.	2013	Using Delphi as a democratic research method facilitating involvement to investigate leadership capability development in Australia. EURAM 2013: 13th Annual Conference of the European Academy of Management, Istanbul, June 2013 in -, ed Yamak, S., EURAM, Istanbul, pp. 1-31.	Conference
Statewide and Mental Health Services	2013	Everybody's Business: A Strategic Framework for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Averting Alcohol, Tobacco and Other Drugs Use	Document
Statewide and Mental Health Services	2012	Mental Health Week Promotion	Internet Poster
Statewide and Mental Health Services	2013	Perinatal Mental Health Information	Brochure
Strategic Workforce and Education Unit	August 2012 May 2013	Clinical Education and Training Framework and System Facts Sheets and Contract Awarded	Fact Sheet
Strategic Workforce and Education Unit	2013	Collette Ferguson Workshop	Brochure
Strategic Workforce and Education Unit	2013	Simulated Learning Environment	Fact Sheet
Strategic Workforce and Education Unit	2012	Tasmanian Clinical Education Network Combined Regional Workshop – North and South	Brochure
Strategic Workforce and Education Unit	2012-2013	Tasmanian Clinical Education Network Newsletters – Five Published	Newsletter
Strategic Workforce and Education Unit	2013	Tasmanian Clinical Education Network Work Plan	Document
Strategic Workforce and Education Unit and University of Tasmania	2013	Agfest – Simulation Stall – Community Engagement	Presentation
Strategic Workforce and Education Unit and University of Tasmania	2012	Tasmanian Clinical Placement Partnership Project - End of Project Presentation	Brochure
Tasmanian Infection Prevention and Control Unit	2013	Environmental Assessment Program – Launceston General, Mersey Community and Royal Hobart Hospitals	Training

Author, Unit or Area	Year	Title	Publication
Tasmanian Infection Prevention and Control Unit	2013	Infection Control Professional Development Forum – April and June 2013	Forum
Turnball A, Harrison R, McKeown S.	2013	Paralytic Shellfish Poisoning in South Eastern Tasmania. Communicable Diseases Intelligence, vol. 37, no. 1, 2013.	Journal
Wells, A	2012	Preventing and Controlling Healthcare Associated Infections – Standard 3 National Safety and Quality Health Service Standards	Presentation
Wells, A	2012	Tasmanian Infection Prevention and Control Unit Education in Rural Hospitals – St Marys Community Health Centre, Deloraine and St Helens District Hospitals, Swansea	Study Day
Wells, A, Wilson, FL, Mitchell, B	2013	Balancing the Responsibility: Risk Assessment in Non-Acute Settings	Presentation
Wilson, FL	2013	Aged Care Nurse Graduate Program	Presentation
Wilson, FL	2012	Tasmanian Infection Prevention and Control Unit Education in Rural Hospitals – Flinders Island Multi Purpose Centre and Healthwest Queenstown, Esperance Multi Purpose Centre	Study Day
Wilson, FL, Mitchell, B, Wells, A	2013	The What and the How: Assessing Environmental Cleanliness in Healthcare	Presentation
Wilson, FL, Turnbull, K	2012	Tasmanian Infection Prevention and Control Unit Education in Rural Hospitals – Beaconsfield and Scottsdale District Hospitals and North Eastern Soldiers Memorial Hospital,	Study Day
Wilson, FL, Wells, A	2012	Aged Care	Study Day
Wilson, FL, Wells, A	2013	Australian Nursing Federation Infection Control	Study Day
Wilson, FL, Wells, A	2012	Lessons from the Australasian College for Infection Prevention and Control Conference	Presentation
Wilson, FL, Wells, A	2013	Statewide Mental Health Education	Study Day
Wilson, FL, Wells, A	2012	Tasmanian Infection Prevention and Control Unit Education in Rural Hospitals – Midlands Multi Purpose Centre and Campbell Town Health and Community Service, New Norfolk District Hospital	Study Day