

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ANNUAL REPORT

2017–18



**Department of Health and Human Services Annual Report 2017-18**

© Crown in the Right of the State of Tasmania

Department of Health and Human Services

GPO Box 125

Hobart TAS 7001

Telephone: 1300 135 513

Website: [www.dhhs.tas.gov.au](http://www.dhhs.tas.gov.au)

Published October 2018

ISBN 978-0-9924618-2-9

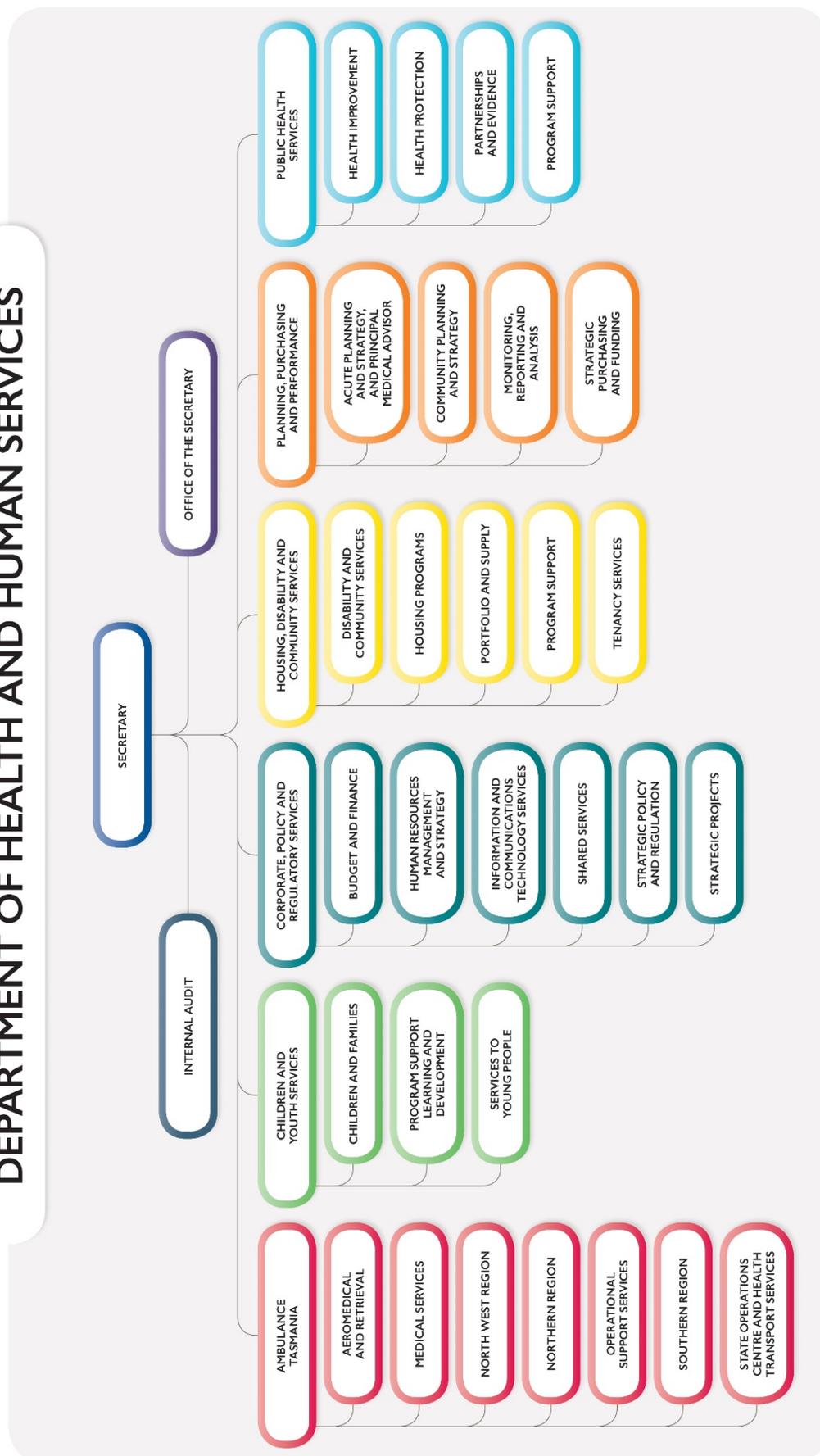
# Contents

Key Acronyms	4	Transparency	95
Organisational Chart	5	Legislation	100
Secretary's Letter of Transmittal	6	Other Annual Reports	104
		<i>Disability Services Act 2011</i>	105
Part 1 – Overview		Council of Obstetric and Paediatric Mortality and Morbidity	110
DHHS Overview	14	Tasmanian Pharmacy Authority	116
Financial Overview	18		
Workforce Overview	21	Part 3 – Financial Report	
Gender Diversity	27	Department of Health and Human Services	
Indicators of Organisational Health	32	Statement of Certification	141
Workplace Health and Safety	33	Statement of Comprehensive Income	142
Performance Measures 2017-18	35	Statement of Financial Position	143
		Statement of Cash Flows	144
Part 2 – Regulatory Information		Statement of Changes in Equity	146
Capital Works and Asset Management	53	Notes to and Forming Part of Financial Statements	147
Consultancies, Contracts and Tenders	62		
Community Sector Organisations	75	Ambulance Tasmania	
Climate Change	90	Statement of Certification	247
Corporate Governance and Risk Management	92	Statement of Comprehensive Income	248
Pricing Policies	94	Statement of Financial Position	249
Superannuation Declaration	94	Statement of Cash Flows	250
		Statement of Changes in Equity	251
		Notes to and Forming Part of Financial Statements	252

# Key Acronyms

AHPRA	Australian Health Practitioner Regulation Agency	RHH	Royal Hobart Hospital
AMS	Asset Management Services	RHHR	Royal Hobart Hospital Redevelopment
AT	Ambulance Tasmania	ROGS	Report on Government Services
CHaPS	Child Health and Parenting Services	RTI	Right to Information
COPMM	Council of Obstetric and Paediatric Mortality and Morbidity	THS	Tasmanian Health Service
CPRS	Corporate, Policy and Regulatory Services	WHS	Work Health and Safety
CPS	Child Protection Services		
CSS	Child Safety Service		
CSCS	Cancer Screening and Control Services		
CYS	Children and Youth Services		
DCS	Disability and Community Services		
DAP	Disability Action Plan		
DFA	Disability Framework for Action		
DHHS	Department of Health and Human Services		
FTE	Full Time Equivalent		
HAPS	Housing Assessment Prioritisation System		
HDCS	Housing, Disability and Community Services		
HRMS	Human Resources Management and Strategy		
KPI	Key Performance Indicator		
LGH	Launceston General Hospital		
MCH	Mersey Community Hospital		
NDIA	National Disability Insurance Agency		
NDIS	National Disability Insurance Scheme		
NWRH	North West Regional Hospital		
PHS	Public Health Services		
PPP	Planning, Purchasing and Performance		

# DEPARTMENT OF HEALTH AND HUMAN SERVICES



# Secretary's Letter of Transmittal

Dear Ministers

I am pleased to present to you the 2017-18 Annual Report for the Department of Health and Human Services (DHHS).

The establishment of two new Departments from 1 July 2018 – the Department of Health (DoH) and Communities Tasmania – makes this the last Annual Report to be provided by DHHS.

In future, separate Annual Reports will be provided for each organisation.

I would like to take this opportunity to thank the many dedicated and hardworking staff of the former DHHS, who continue to deliver essential public services to Tasmanians with endless commitment and compassion.

The dedication of our people has always been behind our achievements and has seen us through our many challenges. I have been proud to lead the DHHS and look forward to continuing to lead our staff under the new organisational arrangements.

## **Creating two new departments**

The establishment of two new departments required significant organisational change and I would like to thank everyone for their effort, patience and support throughout the process.

I'd like to say a big thank you to everyone who helped set up the new Departments in record time. It was achieved through passionate commitment to our respective roles and the strong support of the Government in the delivery of better services to Tasmanians.

The Department of Communities Tasmania comprises Communities, Sport and Recreation and the Silverdome; Children and Youth Services; and Housing, Disability and Community Services.

The Department of Health comprises Ambulance Tasmania, Public Health Services, Planning, Purchasing and Performance and the Corporate Services Group.

Some Communities Tasmania services will continue to be provided through a 'bureau' or 'shared services' model, from the corporate areas within DoH or Department of Premier and Cabinet (DPAC), under service level and partnership agreements.

## **White Ribbon accreditation**

I am pleased to report that DHHS began an 18-month accreditation process in November 2017 with White Ribbon Australia to commit to doing everything it can to end violence against women.

The accreditation process is rigorous and requires organisations to satisfactorily demonstrate that they can help prevent family violence, and recognise and support those who have experienced family violence.

To achieve accreditation DHHS leaders committed to positively modelling and influencing a culture of gender equality, respect, safety and support. If we are to make a difference, our leaders must actively demonstrate commitment to the prevention of violence against women and accountability for breaches of the code of conduct.

## **Target reached under Rapid Re-Housing Program**

Housing Tasmania made great gains in 2017-18, achieving its goal under the Rapid Rehousing Program of creating a pool of 50 rental properties available to Tasmanians experiencing family violence issues. At the end of June 2018, at least 50 Rapid Rehousing properties were available and 120 households had been assisted to escape family violence.

The program is part of the Government's \$26 million *Safe Homes, Safe Families – Tasmania's Family Violence Action Plan 2015-2020*.

By entering into leases with private landlords, Housing Tasmania developed the pool of furnished properties across the state to rapidly rehouse people who have experienced family violence, and need safe and secure accommodation.

The program will ease demand on our crisis services while meeting the needs of families for whom shelters may not necessarily be appropriate.

The program was developed based on the successful rapid rehousing model used in New South Wales.

## **Youth at Risk Strategy released**

The Minister for Human Services launched one of our major projects, the Government's *Youth at Risk Strategy*, during the 2017 Budget Estimates.

The strategy is based on early intervention and a whole-of-government approach to helping at-risk young Tasmanians.

In launching the strategy the Minister noted that by taking a collaborative approach across government and non-government services, we can better respond to safety and rehabilitative needs.

DHHS continued to develop the implementation plan to support the strategy, which will also incorporate other across-government initiatives announced in the State Budget.

## **Community Rapid Response Service pilot**

The Community Rapid Response Service is a big success story for Ambulance Tasmania.

While the pilot program for the service in Launceston finished on 30 June 2017, the decision was made to continue the program in the North this financial year. The program provides out-of-hospital coordinated care for people with chronic illness.

Further work is being undertaken to roll out of the program in the North-West and the South of the State.

## **Tasmanian Home and Community Care Program – discussion paper**

DHHS released a discussion paper in August 2017, with a view to remodeling the Home and Community Care (HACC) Program to better meet the needs of Tasmanians.

To complement the discussion paper, a response process was undertaken to allow all stakeholders to have their say on the proposed future direction of the Tasmanian HACC Program.

Proposed changes to the program will ensure the HACC program continues to meet client needs and reflect its role in contemporary health, aged care and disability service sectors.

### **Healthy Tasmania Five Year Strategy achievements**

The Healthy Tasmania Workplace Program was launched by the Minister for Health in October 2017, and has been actively taken up in workplaces around Tasmania.

This program, announced as part of the Tasmanian Government's Healthy Tasmania Five Year Strategic Plan, was developed in conjunction with Worksafe Tasmania and DPAC.

It is the first phase of the Healthy Tasmania Challenge, a key initiative under Healthy Tasmania.

The first initiative under the workplace program was the implementation of the free Ritualize app available for all Tasmanian workplaces.

The Ritualize App is one way for people to come together in the workplace around changing their behaviours. It is part of the Total Worker Health approach that integrates injury and illness prevention efforts to improve worker health and wellbeing.

The app challenge participants to embed incrementally healthier and safer behaviours, including eating, physical activity, sleep and resilience.

It also provides a useful and practical engagement tool for workplaces to promote health, safety and wellbeing.

Also in October, we launched the Healthy Tasmania web portal that provides information and resources for Tasmanian people, communities and organisations on making healthy lifestyle changes.

Later in 2017, the first round of the Healthy Tasmania Community Innovations Grants, worth up to \$25 000 each, were made available.

A key part of the strategy, the grants supported healthy eating, physical activity, quitting smoking, and encourage community connection and partnerships.

Initial grants were funded for activities that support innovative, sustainable, grassroots, community-driven programs to improve health and reduce health inequities for Tasmanian communities.

The Tasmanian Government will offer \$500 000 to the second round of the Healthy Tasmania Community Innovations Grants in 2018-19 for activities that support healthy lifestyles in Tasmania.

### **Corporate plan**

At the one year mark of the Corporate Plan in September 2017, we added further actions to ensure our priorities still reflect the DHHS agenda. As such, we introduced several new actions:

*Priority 1 – Healthy and Safe Tasmanians:* Improve the infrastructure available to paramedics and make it easier for them to do their jobs by building a new ambulance station at Campbell Town; completing the upgraded Launceston Ambulance Station; and contributing to the whole-of -government upgrade of emergency services computer aided dispatch systems.

*Priority 2 – Well-Governed Systems:* Implement systems to improve efficiency and minimise burden on frontline child protection staff by commencing the Children and Youth Services Client Information System Project designed to replace the Child Protection Information System.

*Priority 3 – Integrated Services:* Increase the efficiency of Ambulance Tasmania resources and reduce demand on emergency services by implementing the recommendations from the Review of Ambulance Tasmania Clinical and Operational Services.

## **Child safety**

The redesign of the child safety service began with a focus on existing core services. However, it was understood that to make real gains we would have to develop new solutions and work together across DHHS, the State Service and the entire community to provide the kind of care for our kids we all want to see.

A great deal of work has been undertaken this financial year through the *Strong Kids - Safe Families* project and the Government has supported this work with \$20.5 million.

This implementation will take place over four years and progress against key strategies is steady.

I acknowledge and thank all frontline staff across Government who work tirelessly to protect our children.

## **Looking forward to 2018-19**

The new *Tasmanian Health Service Act 2018* came in to effect on 1 July 2018, legislating that the THS reports directly to the Secretary, Department of Health.

While the Tasmanian Health Service (THS) remains a discreet legal entity and organisation, this change will ensure closer collaboration to improve service delivery, support statewide coordination and the local management of our health services.

Local decision making will strengthen the ability of THS facilities to respond to their local communities' healthcare needs as efficiently and effectively as possible.

The creation of the new Department of Communities Tasmania provides a unique opportunity to create strong, active and inclusive communities. To invest in children and young people, strengthen families, build social infrastructure and inspire improved performance.

Communities Tasmania is committed to working with partners across all sectors and across Government.

Through the Strong Families Safe Kids project and the implementation of the Children's Advice and Referral Service, Communities Tasmania is striving to provide better support to vulnerable children and their families.

The continued roll out of the Affordable Housing Action Plan will see more Tasmanians achieving the dream of owning their own home and the commencement of new incentive schemes for property owners will see more affordable rental accommodation across our state.

There is much work being done to create opportunities for Tasmanians to be better connected to their communities through renewed investment in Neighbourhood Houses, with a focus on giving a hand up to those who need it and creating role models who children can aspire to through our sporting and community programs.

Everyone has an important and valuable role to play in achieving strong, active and inclusive communities.

Ministers, I am pleased to transmit to you the DHHS 2017-18 Annual Report.

A handwritten signature in black ink, appearing to read 'MP', with a long horizontal flourish extending to the right.

Michael Pervan  
**Secretary**



PART  

---

ONE



*This page is intentionally blank*



## Contents – Part I - Overview

DHHS Overview .....	14
Financial Overview .....	18
Workforce Overview .....	21
Gender Diversity.....	27
Indicators of Organisational Health.....	32
Workplace Health and Safety .....	33
Performance Measures 2017-18.....	35

## DHHS Overview

Our vision is to deliver services, policies, programs and legislation that improve the health, safety and wellbeing of Tasmanians.

Our commitment is to work together with clients and the community. To work as stewards and partners in the delivery of health and human services.

Through service planning we manage, procure and deliver high quality health and human services for the State.

## What We Do

DHHS has an important role as a steward and strategic partner in health and human services delivery as system manager. The roles and responsibilities of system management stretch across our operational and departmental groups alike.

System management's key elements include:

- describing and enacting the strategic direction of the health and human services systems;
- monitoring and oversight of the health and human services systems;
- planning and purchasing of services;
- continuous improvement in the quality of care and service provision;
- performance management of service providers;
- intergovernmental relations;
- contract management;
- industrial relations; and
- planning and purchasing of capital resources.

We have four operational Groups involved in the direct provision of services: Ambulance Tasmania (AT); Children and Youth Services (CYS); Housing, Disability and Community Services (HDCCS); and Public Health Services (PHS) who all deliver important services to the public.

Our corporate support functions and core system manager elements are provided by our two departmental Groups: Corporate, Policy and Regulatory Services (CPRS); and Planning, Purchasing and Performance (PPP). More detail about each of our Groups follows.

We also have two units reporting directly to the Secretary:

- the Office of the Secretary which provides high level public administration, parliamentary and corporate governance support and advice to DHHS, the Secretary and portfolio Ministers, and
- Internal Audit which is an objective assurance unit which brings a systematic approach to the evaluation of the Department's governance, risk management, and control environment and recommends improvements.

### Ambulance Tasmania

AT provides integrated, high quality, pre-hospital emergency and medical care, health transport and medical retrieval services to the Tasmanian community.

This range of services include:

- dispatching and coordination of road ambulances, fixed wing, rotary wing and non-emergency patient transport services through the State Operations Centre

- 54 ambulance response locations across the State;
- highly qualified paramedics throughout urban and rural areas across the State, including approximately 460 Volunteer Ambulance Officers;
- Extended Care Paramedics who can provide services that allow patients to be treated at home without the requirement to attend hospital; and
- approximately 785 community defibrillators registered with AT under the life-saving Early Access to Defibrillation program.

### Children and Youth Services

CYS provides a range of services and supports that contribute to ensuring children, young people and their families are safe, nurtured and well.

CYS provides services across two service portfolios: Services to Children and Families; and Strategic Youth Services which includes Community Youth Justice, Ashley Youth Detention Centre and Family Violence Counselling and Support Services. . These services are delivered by a professional workforce who are supported by the Program Support and Quality Improvement and Workforce Development teams. A list of client service activities follows:

- The Child Safety Service delivers a statutory response to notifications of child abuse and neglect; provides out of home care for children unable to remain in their parents' care; and supports families to become safe enough to resume care of their children. Services are statewide and delivered through service centres based in each region as well as home visits throughout Tasmania.
- The Family Violence Counselling and

Support Service provides counselling and support services to children, young people and adults who have experienced family violence.

- The Adoption, Transfer of Guardianship and Aftercare Service provides a range of statewide services including local and international adoption and aftercare for young people who have left out of home care.
- Community and Custodial Youth Justice responds to children and young people sentenced by the court to secure detention or community supervision as a result of their offending behaviour. This includes the operation of Ashley Youth Detention Centre.
- CYS funds community sector organisations to deliver some specific services through contracting arrangements.

### Housing, Disability and Community Services

HDCS is responsible for ensuring the provision of housing, disability and community services to people in need. Its responsibilities include:

- maintaining the Department's stock of social housing and agreements with its tenants;
- policy and planning of the affordable and social housing system in Tasmania, including homelessness and affordable housing programs;
- ensuring progress against the Tasmanian Government's *Affordable Housing Strategy 2015-2025 (Affordable Housing Strategy)* and *Safe Homes, Safe Families: Tasmania's Family Violence Action Plan 2015-2020*

- working through the transition of disability services to the National Disability Insurance Scheme (NDIS) and the delivery of policy and programs to support Tasmanians living with disability; and
- provision and oversight of programs to develop community resilience and capacity.

### **Public Health Services**

PHS protects and improves the health of all Tasmanians by building the conditions for Tasmanians to make healthy choices and to live in safe environments.

PHS develops and delivers public health policy, plans and programs; delivers public health information; and administers public health legislation including the *Public Health Act 1997*, the *Radiation Protection Act 2005* and the *Food Act 2003*. PHS also manages public health threats and risks, such as communicable disease outbreaks and public health emergencies.

In 2017-18, these services included:

- licensing of 697 tobacco and e-cigarette premises, 833 point of sales inspections;
- 139 retailer education and consultation visits and 41 controlled purchase test activity with tobacco retailers;
- 463 smoke free area checks;
- provision of vaccines and support services to 205 immunisation providers, including 29 councils, 97 high schools and 11 colleges; and
- a total of 6 316 calls to the Public Health Hotline.

### **Corporate, Policy and Regulatory Services**

CPRS manages the provision of strategic corporate, policy and regulatory services to DHHS and portfolio Ministers. These functions support the delivery of an efficient and effective statewide health and human services system. The key roles of CPRS include:

- managing intergovernmental relations;
- providing shared services (including asset management, procurement services and payroll services) across DHHS and the THS;
- leading the implementation of strategic, policy and reform initiatives on behalf of portfolio Ministers and the Secretary;
- providing Professional Advice, via the Office of the Chief Nurse and Midwifery Officer, Chief Allied Health Advisor and Mental Health, Alcohol and Drug Directorate; and
- managing the delivery of efficient and effective services across DHHS, including:
  - budget and finance services;
  - human resource management;
  - information and communication technology services; and
  - strategic policy and regulatory services.

### **Planning, Purchasing and Performance**

PPP fulfils core system management functions and also provides expert advice and expertise to our portfolio Ministers. The key roles of PPP are to:

- clarify, promote and embed the role and functions of system management within the DHHS, THS and with external stakeholders;

- ensure that health and human services are planned and purchased in an evidence-based, effective and efficient manner and have the greatest impact on improving the health and wellbeing of Tasmanians;
- ensure all parts of the health and human services systems understand and enact their quality governance responsibilities to safeguard patient and client safety;
- work with our service delivery partners to purchase and deliver joined-up service systems that meet the needs of clients and the community;
- implement DHHS-led system reforms, policy initiatives and pilot programs to provide better access to higher-quality health and human services throughout Tasmania (right care, right place, right person, right time);
- represent the interests of Tasmania at local and national fora and translate the incorporation of national policy, funding and pricing directions into practice; and
- act as the single point of access to statistical information for performance monitoring, analysis and reporting for all services purchased by the Department.

# Financial Overview

## Budgeted Activity 2017-18

In 2017-18, the total budgeted expenditure for DHHS was \$1.624 billion and the budgeted annual appropriation from the Consolidated Fund for recurrent services was \$1.401 billion.

The Department's 2017-18 budgeted expenditure distributed by Output included:

- Health Services System Management 9.86 per cent
- THS 49.56 per cent
- Statewide Services 6.43 per cent
- Human Services 24.23 per cent
- Children Services 7.22 per cent
- Independent Children's and Young Person's Review Service 0.06 per cent
- Capital Investment Program 1.27 per cent, and
- Special Capital Investment Funds 1.37 per cent.

## Expenses

Department of Health and Human Services Expenditure Budget 2017-18

Budget Expenditure by Output	2017-18 \$ '000
Health Services System Management	160 194
Tasmanian Health Service	804 858
Statewide Services	104 409
Human Services System Management	4 497
Human Services	388 978
Children Services System Management	3 029
Children Services	114 216
Independent Children's and Young Person's Review Service	928
Capital Investment Program	20 665
Special Capital Investment Funds	22 236
<b>Total</b>	<b>1 624 010</b>

## Actual Results 2017-18

The Department had \$1.913 billion in physical assets under its control in 2017-18, and the annual appropriation from the Consolidated Fund for recurrent services was \$1.467 billion.

The Statement of Comprehensive Income identified that total actual expenses for 2017-18 amounted to \$1.733 billion.

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

- salaries and employee related expenses of \$198.752 million
- patient and client services of \$63.081 million, and
- property, including rent, rates, maintenance and electricity of \$81.184 million.

Capital Expenditure for property, plant and equipment in 2017-18 totalled \$173.749 million, which included expenditure on works at the major hospitals, community health centres and ongoing Housing Tasmania capital programs.

Further details on the capital program are available in Part 2 of this Annual Report.

## Revenue

### Department of Health and Human Services Revenue 2017-18 by Major Category

Revenue	2017-18 \$ '000
Revenue from Government	1 643 057
Revenue from Special Capital Investment Funds	9 296
Grants	41 624
Rental revenue	51 846
Sales of goods and services <sup>1</sup>	17 159
Interest	151
Contributions received	31 843
Other revenue	92 522
<b>Total revenue and other income from transactions</b>	<b>1 887 498</b>

Note:

1 Sales of goods and services includes interstate charging, Ambulance Fees and Compensable Fees for Motor Vehicle Accidents.

## Net Assets

### Department of Health and Human Services Net Assets 2017-18

Net Assets	2017-18 \$ '000
Total Assets	2 139 787
Total Liabilities	267 445
Net Assets	1 872 342

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

## Department of Health and Human Services Actual Expenditure 2017-18

	<b>2017-18</b>
<b>Actual Expenditure by Output</b>	<b>\$ '000</b>
Health Services System Management	138 921
Tasmanian Health Service	899 631
Statewide Services	111 888
Human Services System Management	2 968
Human Services	429 458
Children Services System Management	3 126
Children Services	123 776
Independent Children's and Young Person's Review Service	1 210
Capital Investment Program	17 731
Special Capital Investment Funds	4 370
<b>Total</b>	<b>1 733 079</b>

	<b>2017-18</b>
<b>Actual Expenditure by Type</b>	<b>\$ '000</b>
Salaries and wages	149 870
Other employee related expenses	28 016
Superannuation expenses	20 866
Depreciation and amortisation	25 364
Consultants	2 750
Maintenance and property services	81 184
Communications	3 415
Information technology	19 393
Travel and transport	4 753
Medical, surgical and pharmacy supplies	5 444
Patient and Client Services	63 081
Service Fees	5 956
Other supplies and consumables	14 514
Grants and subsidies	1 294 317
Finance costs	8 108
Other expenses	6 048
<b>Total</b>	<b>1 733 079</b>

# Workforce Overview

The following provides a summary of some of our key workforce initiatives in 2017-18.

## Preparing for the workforce of the future

Under the Tasmanian Government's *100 Day Plan*, a 'Health Workforce Planning Unit' was established to develop the 20-year *Future Health Workforce Plan*.

Its primary focus is on the health professional workforces, with the aim of supporting the roll-out of more than 300 hospital and community beds, and other services, across Tasmania.

## We launched our new Values!

In March 2018, DHHS launched a new set of values and behaviours.

The *DHHS Values Project – Have your say to help shape our future* was an opportunity for employees to contribute to the sort of organisation they wished to work in.

This project used the Barret Values Centre Cultural Transformation tools and delivered the following new Values:

- Our focus is *PEOPLE*
- We work *TOGETHER*
- We act with *INTEGRITY*
- We are *ACCOUNTABLE*

## Embracing a Supportive Workplace Culture

As part of DHHS' commitment to building a supportive workplace culture, in June 2018 we launched new resources to support flexible work options, including the *Flexibility at Work: Guide to Flexible Arrangements* and *Flexibility at Work – Talking to your Manager guide*.

We also launched our new *Workplace Adjustment Procedure* and associated resources to ensure our workplaces are accessible and inclusive of people with disability.

## Investing in engagement

A range of positive workplace activities were undertaken to support a more connected workforce, including:

- actions associated with the *Workplace Diversity Plan 2017-2020* including whole-of-agency activities for 'days of significance' such as Harmony Day, International Women's Day; participation in the Pride March;
- continued support of a Workplace Support Officer network;
- continued offering of webinars provided on employees areas of interest – such as *Investigations with the Integrity Commission*; *Leading in a #MeToo world*; *A Briefing on NDIS*; as well as information sessions with community organisations like headspace and Women's Health Tasmania;

- positive wellbeing activities – such as inaugural Dragons Abreast Dragon-boating Departmental team, the 10 000 Step Challenge and Festive Decorating competition (DHHS and THS-wide); and
- White Ribbon surveys and associated positive workplace initiatives – including a DHHS team in the City to Casino and participation in community events like the Candle-light Vigil.

### **Better systems and processes**

As part of our commitment to updating our business systems, we continued the roll out of Empower's Employee and Manager Self Service function to allow staff to update personal information and check and request leave online, rather than use paper-based processes.

Alongside this, we also:

- revised our Human Resources delegations management approach to make it more user-friendly;
- updated information and advice about supporting senior executive recruitment; and
- began work to introduce new dashboards to support stronger reporting.

### **Investing in people management**

To ensure our Human Resources Management and Strategy (HRMS) staff operate using best practice approaches, we invested in their development, providing the following up-skilling opportunities:

- training with Page Seager on workplace conflict and grievances;
- Mercer CED Job evaluation;
- Integrity Commission Managing Misconduct Training; and
- Vicarious Trauma.

### **Building employee capability**

Alongside investing in our HRMS staff, the Workforce Development and Policy Unit continued to support training and development of all staff – such as through promoting training and running face-to-face and e-learning course.

As a snapshot, the following provides a summary of development activities in 2017-18:

- we invested in courses provided by the Training Consortium, the Australian and New Zealand School of Government and the Institute of Public Administration Australia (such as *'Emotional Intelligence for managers'*, *'Managing people and performance'*, *'Think on your feet'*; *'Being bold: how women can improve their power and influence in the public sector'*; *'Confidence to lead'*);
- we continued to administer the *Academic Program* (partnership with UTAS offering HECS-free postgraduate tertiary qualifications targeted at existing and aspiring health sector managers);
- we continued to offer a range of internal training opportunities, such as the face-to-face *Manager Induction and Work Health Safety Training for Managers*; and
- we supported DHHS employee participation in whole-of-government programs such as the *State Service Strategic Management Program (S3MP)*(3 participants); the *Manager Essentials Program* (30 participants); and *SES Leadership Program* (six participants).

## Whole-of-government

Alongside our own activities, we also supported a number of whole-of-government workforce initiatives, including implementing:

- the *Workplace Adjustment Procedure*;
- the *Occupational Violence and Aggression Procedure*;
- the *Diversity and Inclusion Framework*; and
- the *School-Based Traineeships program*.

We also contributed to:

- the continued development of the Aboriginal Employment Strategy;
- the *Active Ageing Survey*; and
- the *UNSW Survey on Gender Equality in the State Service*.

## Other activities

Alongside our proactive activities described above, we also continued to provide our business as usual activities.

## Supporting units through change

We continued to support a number of business units undertake change processes. These include:

- consolidating Information, Coordination & Strategic Unit (ICSU), Business Systems, Technical Services ICT;
- relocating Children and Youth Services units to the Marine Board building; and
- restructuring within Purchasing, Planning and Performance.

## Industrial Relations

The industrial relations area has seen the commencement of negotiations for a number of Agreements, including the Nurses and Midwives Agreement, the Ambulance Tasmania Agreement and the Allied Health Professional Agreement, each having an expiry date of 30 June 2018. This process has included negotiating with public sector unions to identify areas of potential improvement in our employment frameworks.

Alongside negotiations, ongoing compliance work has been occurring to identify, correct and unify the interpretation and application of existing Award and Agreement provisions. Change projects in the Agency have also required industrial oversight and assistance, including the Children's Advice and Referral Service for Children and Youth Services

## Current Workforce Profile

The DHHS workforce figures for 2017-18 reflect an increase in FTEs primarily due to the appointment of additional ambulance officers and child safety officers.

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

	2014-15 <sup>1</sup>	2015-16 <sup>1</sup>	2016-17	2017-18
Allied Health Professional	293.09	299.16	301.51	318.60
Ambulance Tasmania Award	306.81	340.13	354.85	375.78
Health and Human Services	873.85	875.67	903.91	946.36
Medical Practitioners	10.03	12.39	12.60	14.21
No Award (Head of Agency)	1.00	1.00	1.00	1.00
Nursing	23.40	29.83	26.99	25.77
Senior Executive Service	23.50	24.20	29.00	28.80
Visiting Medical Officers	0.50	0.62	0.50	0.50
<b>Total</b>	<b>1 532.18</b>	<b>1 583.00</b>	<b>1 630.36</b>	<b>1 711.02</b>

Note:

- 1 Due to organisational changes, data for previous years has been recast to the current organisational structure. These figures therefore differ from those previously published in DHHS Annual Reports. The organisational changes include the transfer of Cancer Screening and Control Services (CSCS) and Child Health and Parenting to the THS, and the transfer of some administrative functions from the THS to DHHS, including the Royal Hobart Hospital Redevelopment (RHHR).

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

	2014-15 <sup>1</sup>	2015-16 <sup>1</sup>	2016-17	2017-18
Permanent full-time	1 146	1 192	1 170	1 193
Permanent part-time	366	388	401	416
Fixed-term full-time	85	71	115	172
Fixed-term part-time	29	38	46	66
Part 6 <sup>2</sup>	25	26	30	30
Casual	26	24	32	33
<b>Total</b>	<b>1 677</b>	<b>1 739</b>	<b>1 794</b>	<b>1 910</b>

Notes:

- 1 Due to organisational changes, data for previous years has been recast to the current organisational structure. These figures therefore differ from those previously published in DHHS Annual Reports. The organisational changes include the transfer of CSCS and Child Health and Parenting to the THS, and the transfer of some administrative functions from the THS to DHHS, including the RHHR.
- 2 Head of Agency, holders of Prescribed Offices and Senior Executives and equivalents.

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

	2014-15 <sup>1</sup>	2015-16 <sup>1</sup>	2016-17	2017-18
40 001-45 000	0	0	0	0
45 001-50 000	27	12	5	1
50 001-55 000	131	44	73	76
55 001-60 000	48	154	134	137
60 001-65 000	145	131	152	163
65 001-70 000	114	63	65	77
70 001-75 000	160	203	36	49
75 001-80 000	170	93	173	153
80 001-85 000	167	192	185	175
85 001-90 000	112	168	147	142
90 001-95 000	231	164	170	78
95 001-100 000	48	161	221	169
100 001-110 000	184	183	175	329
110 001-120 000	79	98	98	119
120 001-130 000	20	24	105	160
130 001-140 000	10	14	18	29
140 001-150 000	3	5	5	14
150 000 plus	28	30	32	39
<b>Total</b>	<b>1 677</b>	<b>1 739</b>	<b>1 794</b>	<b>1 910</b>

Note:

- 1 Due to organisational changes, data for previous years has been recast to the current organisational structure. These figures therefore differ from those previously published in DHHS Annual Reports. The organisational changes include the transfer of CSCS and Child Health and Parenting to the THS, and the transfer of some administrative functions from the THS to DHHS, including the RHHR.

## Total Number of Paid Employees by Award 2017-18

	2017-18
Allied Health Professional	365
Ambulance Tasmania Award	416
Health and Human Services	1 048
Medical Practitioners	19
No Award (Head of Agency)	1
Nursing	31
Senior Executive Service (SES)	29
Visiting Medical Officers	1
<b>Total</b>	<b>1 910</b>

## Total Number of Paid Employees by Age Profile

	2014-15 <sup>1</sup>	2015-16 <sup>1</sup>	2016-17	2017-18
15-19 years	0	0	1	2
20-24 years	32	46	56	69
25-29 years	108	126	131	145
30-34 years	207	195	201	203
35-39 years	235	238	255	262
40-44 years	228	260	253	248
45-49 years	244	256	260	285
50-54 years	262	242	242	270
55-59 years	203	204	214	236
60+ years	158	172	181	190
<b>Total</b>	<b>1 677</b>	<b>1 739</b>	<b>1 794</b>	<b>1 910</b>

Note:

- 1 Due to organisational changes, data for previous years has been recast to the current organisational structure. These figures therefore differ from those previously published in DHHS Annual Reports. The organisational changes include the transfer of CSCS and Child Health and Parenting to the THS, and the transfer of some administrative functions from the THS to DHHS, including the RHHR.

# Gender Diversity

The *Tasmanian Women's Strategy 2018-2021* and the *Gender Diversity in the State Service* have identified developing women's leadership and participation as a key priority to support gender equality for the benefit of the whole community.

As part of DHHS' commitments under these strategies, we have committed to achieving 50/50 gender diversity in the Senior Executive Service, with a goal of at least 40 per cent by 2020.

The following section outlines our progress in the reporting period.

## Gender Profile

The Department's gender profile has been relatively stable over the past four years. As at 30 June 2018, the overall gender profile for DHHS was 38.38 per cent male, 61.57 per cent female and 0.05 per cent Indeterminate/Intersex/Unspecified.

The Senior Executive Service profile for DHHS in the reporting period was 60 per cent male and 40 per cent female.

## Developing our female leaders

In acknowledgement that we still have work to do to increase the number of female senior leaders, in April 2018 the DHHS hosted a 'Women in Leadership' workshop with around 50 female leaders and aspiring leaders.

This forum focused on helping the DHHS determine actions to support greater female representation in senior leadership positions.

One of the key activities that came out of the forum was the development of the inaugural 'Women in Leadership Program' – which will be open to all female DoH, Department of Communities Tasmania and THS employees.

This program has been developed through a partnership between the DHHS and expert in leadership development Jill Currey. A cohort of 30 participants will go through the twelve-month Program, including ten two-hour workshops from October 2018.

The Program is free for participants, and supported by a Working Group, led by the Chief Executive Officer, PHS.

Investing in learning and development opportunities for women not only aligns with our commitments under whole-of-service strategies, but also the DHHS' work towards White Ribbon accreditation and the *DHHS Workforce Diversity Plan 2017-2020*.

## Senior Executive Service by Gender

	2014-15	2015-16	2016-17	2017-18
Male	18	16	18	18
Female	8	10	12	12
<b>Total</b>	<b>26</b>	<b>26</b>	<b>30</b>	<b>30</b>

Note: Table excludes Acting Senior Executive Service (SES) arrangements and includes Head of Agency

## Senior Executive Service Level by Gender

	2014-15		2015-16		2016-17		2017-18	
	Male	Female	Male	Female	Male	Female	Male	Female
SES 1	4	4	5	6	7	6	6	6
SES 2	6	4	6	4	4	5	5	5
SES 3	5	-	3	-	6	-	6	-
SES 4	2	-	1	-	-	1	-	1
Head of Agency	1	-	1	-	1	-	1	-
<b>Total</b>	<b>18</b>	<b>8</b>	<b>16</b>	<b>10</b>	<b>18</b>	<b>12</b>	<b>18</b>	<b>12</b>

Note: Table excludes Acting SES arrangements.

## Gender Profile

	2014-15	2015-16	2016-17	2017-18
Male	651	662	682	733
Female	1 026	1 077	1 112	1 176
Indeterminate/Intersex/Unspecified <sup>1</sup>	-	-	-	1
<b>Total</b>	<b>1 677</b>	<b>1 739</b>	<b>1 794</b>	<b>1 910</b>

Note:

- 1 To support anonymity, in the following sections we have removed data that might identify the individual that has self-selected 'Indeterminate/Intersex/Unspecified'.

**Total Number Paid Employees by Gender and Salary Bands (Total Earnings) –  
Salary for Award Classification**

Salary Bands	Indeterminate/Intersex/ Unspecified	Male	Female	Total
45 001-50 000		1		1
50 001-55 000		26	50	76
55 001-60 000		33	104	137
60 001-65 000		25	138	163
65 001-70 000		25	52	77
70 001-75 000		10	39	49
75 001-80 000		71	82	153
80 001-85 000		74	101	175
85 001-90 000		36	106	142
90 001-95 000		25	53	78
95 001-100 000		46	123	169
100 001-110 000		150	178	328
110 001-120 000		62	57	119
120 001-130 000		98	62	160
130 001-140 000		18	11	29
140 001-150 000		10	4	14
150 000 plus		23	16	39
<b>Total</b>		<b>733</b>	<b>1 176</b>	<b>1 909</b>

## Classifications by Gender

The following information describes the gender profile of particular classification groups of employees, including General Stream employees, as well as those in particular occupations such as Allied Health Professionals. Data is by headcount.

### General Stream

Classification	2017		2018	
	Male	Female	Male	Female
Bands 1-5	123	379	130	388
Bands 6-8	151	196	156	222
Bands 9-10	1	3	2	4
Graduate	2	2	3	3
Health Services Officer	33	32	29	33
Information and Communication Technology	60	11	68	10

### Allied Health Professionals

Classification	2017		2018	
	Male	Female	Male	Female
AHP 1-2	43	152	45	160
AHP 3	10	86	13	88
AHP 4	8	23	13	29
AHP 5	3	12	3	11
AHP 6	3	1	2	1

Classification	2017		2018	
	Male	Female	Male	Female
<b>Ambulance</b>				
Paramedic Intern	12	21	19	25
Paramedic	104	99	117	108
Clinical Support Officer	6	10	9	5
Paramedic Educator	7	1	7	1
Communications Officer	3	3	3	3
Emergency Medical Dispatch Officer	7	19	10	18
Branch Station Officer	45	7	47	7
Ambulance Manager	29	7	25	11

Classification	2017		2018	
	Male	Female	Male	Female
<b>Nursing</b>				
Grade 3-4	4	6	2	6
Grade 5	1	-	1	-
Grade 6	-	11	-	15
Grade 7	-	2	-	-
Grade 8	-	6	-	6
Grade 9	-	-	-	-
Chief Nurse	-	1	-	1

Classification	2017		2018	
	Male	Female	Male	Female
<b>Medical</b>				
Rural Medical Practitioner	-	-	-	-
Visiting Medical Practitioner	-	1	-	1
Medical Practitioner 5-11	-	1	-	1
Medical Practitioner R5-9	-	3	1	1
Specialist Medical Practitioner 1-11	5	4	4	5
Senior Specialist Medical Practitioner 1-3	4	1	4	1

# Indicators of Organisational Health

## Leave

	2014-15	2015-16	2016-17	2017-18
<b>Annual Leave</b>				
Average number of days used per paid full time equivalent (FTE)	17.7	22.8	21.3	20.5
Number of FTEs with entitlements equal to the two year limit	2.6	0	1.8	2.0
Number of FTEs in excess of two year limit	53.7	64.9	72.3	88.4
<b>Long Service Leave (includes maternity leave)</b>				
Average number of days used per paid FTE	2.9	3.1	4.2	4.2
<b>Personal Leave Days (includes sick, carers and family leave)</b>				
Personal leave days per average paid FTE	11.1	13.6	12.5	13.4
<b>Overtime Hours (includes callback and overtime hours)</b>				
Overtime/callback paid hours per average paid FTE	43.7	46.3	50.5	48.5
<b>Turnover Rate<sup>1</sup></b>				
Total number of separations (FTEs) divided by the average paid FTE	15.2%	8.5%	6.7%	7.9%

Note:

- The turnover rate is the rate at which people were leaving DHHS as at 30 June each year.

# Workplace Health and Safety

DHHS recognises the importance of Work Health and Safety (WHS). We strive for continual improvement in the Department's WHS environment and support a range of activities and strategies. In 2017-18, WHS initiatives have included:

- The improvement of reporting on WHS matters from and for the Department's business units through:
  - engaging and supporting business units to meet reporting requirements;
  - consolidation of WHS data;
  - removing duplication;
  - providing consistent standardised WHS reporting; and
  - the development of a new, Workers Compensation, case management system.
- Continuing a collective approach with Asset Management Services in the improvement of WHS Contractor Management and ongoing support in emergency management planning and maintenance.
- Ongoing WHS training for all DHHS staff, including manager and supervisors, and implementation of a WHS training framework for DHHS.
- The introduction of Mental Health First Aid Training within the workplace.
- Regular review and updating of policies and procedures relating to Safety, Health and Wellbeing with a particular focus this year on the DHHS WHS Management System and WHS Risk Register.

## A snapshot of WHS data

DHHS received 119 workers compensation claims during 2017-18, compared to 138 claims in 2016-17.

The major areas of injury were:

- 32 stress claims (a decrease from 40 stress related claims in 2016-17).
- 87 non-stress claims (a decrease from 98 non-stress related claims in 2016-17).
- Subcategories of non-stress claims saw:
  - a notable reduction in subcategory muscular stress from 55 in 2016-17 to 45 in 2017-18;
  - a decrease in aggression from 11 in 2016-17 to 5 in 2017-18;
  - an increase in slip/trips/falls claims from 5 in 2016-17 to 11 in 2017-18.

Total claim costs (normal weekly earnings plus associated costs) for 2017-18 were \$7.06 million, an increase of approximately \$1.39 million from 2016-17 where total claim costs were \$5.67 million. This increase was attributed to higher payroll costs, common law and disability payments relating to settlements.

During 2017-18, there were nine settlements paid, five stress claims with a total common law component of \$1.04 million, and four non-stress claims settled for \$1.05 million.

Cash cost (premium paid plus normal weekly earnings paid, less normal weekly earnings reimbursements from insurer) for 2017-18 was \$5.26 million, an increase of \$1.72 million from \$3.54 million in 2016-17.

# Publications

## For the Public

We have launched several significant publications this financial year that further our goal of improving health and human services in Tasmania.

These publications are available on our website at: [www.dhhs.tas.gov.au/about\\_the\\_department/our\\_plans\\_and\\_strategies](http://www.dhhs.tas.gov.au/about_the_department/our_plans_and_strategies).

We use these plans and strategies to ensure we are providing effective and efficient care and support for all Tasmanians.

## For Staff

We produce numerous regular internal publications to keep our staff up to date on important work-related issues. For example, all staff receive the weekly News and Announcements e-bulletin and regular communications from the Secretary.

## Library Services

DHHS Library Services supports staff information and research needs.

It comprises four libraries: the Wingfield Library and AT Library in the south, and the Ramsay Library and Buttfield Library in the north.

Our Electronic Portal for Online Clinical Help allows users to search for quality health information simply and quickly.

Library Services also publishes academic research and publications written by our staff in its Who's in Print newsletter.

A list of high level publications released in 2017-18 follows.

## Key Publications 2017-18

2017-18 Service Agreement between the Minister for Health and the Tasmanian Health Service	2017
DHHS Annual Report 2016-17	2017
DHHS Corporate Plan 2016-18 (Revised)	2017
End of Life Care: Supporting Tasmanians to Live Well at End of Life - Tasmanian Policy Statement	2017
Tasmania Winter Plan 2018	2018
Tasmanian Child and Youth Wellbeing Framework (Final)	2018

# Performance Measures 2017-18

The DHHS strives to improve performance in areas that lead to strong health and human services outcomes for Tasmanians. Our performance measures give an insight into how we measure performance and plan improvements.

The following provides a high-level overview of our performance in diverse areas across the Department.

## Ambulance Tasmania

Performance Measure	Unit of Measure	2014-15 Actual	2015-16 Actual	2016-17 Actual	2017-18 Actual
Total Ambulance Responses <sup>1</sup>	Number	78 749	81 409	83 764	89 220
Emergency Ambulance Responses	Number	47 799	49 644	43 064 <sup>2</sup>	44 895
Satisfaction with Ambulance Services <sup>3</sup>	%	98	98	97	98
Median Emergency Response Times (state-wide) <sup>4</sup>	Mins	12.3	12.9	13.8	12.8
Median Emergency Response Times (Burnie) <sup>4</sup>	Mins	9.8	10.1	12.7	10.2
Median Emergency Response Times (Devonport) <sup>4</sup>	Mins	10.2	10.5	11.4	9.8
Median Emergency Response Times (Hobart) <sup>4</sup>	Mins	11.5	11.9	14.3	11.5
Median Emergency Response Times (Launceston) <sup>4</sup>	Mins	11.0	11.7	13.5	11.1
Ambulance Services expenditure per person <sup>5</sup>	\$	128.79	132.09	135.8	na

### Notes:

- 1 A response is where an ambulance resource begins responding to an incident. This indicator includes emergency, urgent and non-urgent responses. The indicator excludes non-emergency patient transport responses (7 911), ambulance stand-by responses (3 602) and ambulance contract responses (113).
- 2 In August 2016, a clinical audit was undertaken of priority dispatching determinants and a number of dispatch codes were reclassified from emergency to a lower level priority resulting in a decrease in emergency responses and a corresponding increase in lower priority cases.
- 3 Level of patient satisfaction is defined as the total number of patients who were either 'satisfied' or 'very satisfied' with ambulance services they had received in the previous 12 months, divided by the total number of patients that responded to the Patient Experience Survey. The Patient Experience Survey results for 2017-18 will be published in the Report on Government Services (ROGS) in January 2019. The figure provided here for 2017-18 is ATs target for 2017-18.
- 4 The ambulance emergency response time is calculated as the time interval between AT recording the first keystroke on receipt of a triple zero call in the State Operations Centre, and the first vehicle arriving at the location to treat a sick or injured patient. The median emergency response time (MERT) is the middle time value when all response times for emergency incidents are ordered from shortest to longest. The MERT can be broadly interpreted as the time within which approximately 50 per cent of the first responding ambulance resources arrive at the scene of an emergency.
- 5 Historical rates for Ambulance Tasmania's expenditure per person may differ from those in previous reports, as historical data have been adjusted to 2016-17 dollars using the General Government Final Consumption Expenditure (GGFCE) chain price deflator. The figures here are those reported in ROGS. The figure for 2017-18 is not yet available and will be published in ROGS in January 2019.

The 2016-17 Council of Ambulance Authorities (CAA) *Patient Experience Survey* results indicate that 97 per cent of Ambulance Tasmania's patients were satisfied, or very satisfied, with the ambulance service. The 2017-18 results will be published in January 2019.

In 2017-18, the demand for ambulance services resulted in 89 220 responses, an increase of 5 456, or 6.5 per cent on the previous year.

Although there has been a significant increase in demand for ambulance services, Ambulance Tasmania has been successful in decreasing the statewide median emergency response time (MERT), with approximately 50 per cent of emergency calls responded to within 12.8 minutes, compared to 13.8 minutes in 2016-17. Notably, the MERT decreased in Hobart, Launceston, Burnie and Devonport.

There are a number of factors which affect ambulance response times in Tasmania. Compared to other states and territories, Tasmania has the highest proportion of people living in rural areas. Additional factors include: an ageing population and reliance on Volunteer Ambulance Officers in many areas.

In 2017-18, a number of strategies were implemented, which have positively impacted on ambulance services. The Tasmanian Government funded an additional ambulance crew in Glenorchy and Launceston, and additional coverage from the Mornington ambulance station.

The 2016-17 Patient Transport initiative was fully implemented in 2017-18, with an additional crew established at Devonport and Latrobe.

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

Employment of three Extended Care Paramedics in the Southern Region and the commencement of exploration of secondary triage referral pathways, have extended pre-hospital care options, with the potential to reduce demand for emergency ambulance responses and still provide appropriate patient care options.

The ongoing implementation of the Emergency Services Computer Aided Dispatch (ESCAD) system, will realise a contemporary dispatch system, with a common platform to enhance and support multi-agency communication in responding to emergency situations. ESCAD implementation for AT is planned for late November 2018.

The increase in ambulance services expenditure per person for 2017-18, was consistent with previous years.

# Public Health Services

Performance Measure	Unit of Measure	2014-15 Actual	2015-16 Actual	2016-17 Actual	2017-18 Actual
<b>Radiation Protection</b>					
Radiation Management Plan – Notification of review by licence holder	%	82.0	78.0	74.0	84.0
Recertification prior to expiry	%	60.0	98.0	96.0	97.0
<b>Immunisation</b>					
Vaccine coverage in children aged 12-15 months <sup>1</sup>	%	90.4	92.9	93.8	94.6
Vaccine coverage in children aged 24-27 months <sup>1</sup>	%	88.7	89.7	92.0	90.9
<b>Move Well Eat Well</b>					
Primary School Membership	%	77.8	80.1	81.0	82.4
Primary School Awarded <sup>2</sup>	%	22.2	24.0	25.8	27.2
Early Childhood Membership	%	80.0	84.0	85.8	79.7
Early Childhood Awarded <sup>2</sup>	%	20.0	23.0	24.8	25.2

Notes:

- 1 Data Source: Australian Immunisation Register as at 31 December 2017.  
 2 Percentage Awarded for 2016-17 updated.

## Radiation Protection

Reported approved radiation management plans and recertification of radiation sources are a point in time calculation. Authorised Officers follow up non-compliance and seek evidence that radiation safety and documentation is being maintained.

## Immunisation

From 2016-17 to 2017-18, reported vaccination coverage in the 12-15 month age cohort increased by 0.8 per cent and is just above the Australian national average of 94.1 per cent.

The reported vaccination coverage in the 24-27 month age cohort decreased by 1.1 per cent from 92 per cent in 2016-17 to 90.9 per cent in 2017-18.

The vaccination coverage in this age range in Tasmania remains above the national average of 90.5 per cent.

The decrease reflects a national trend resulting from changes in the definition of 'fully immunised' to include several new vaccines. In Tasmania rates are also impacted by the relatively small size of the cohort.



### ***Move Well Eat Well***

As at 30 June 2018, there were 182 member primary schools, 60 of which have achieved a Move Well Eat Well (MWEW) Award. This represents an increase in membership and the number of award schools since last year. The early childhood membership as at 30 June 2018 was 98 with 31 achieving a MWEW Award. This represents an increase in both membership and awards, however the lower percentage shown in membership for 2017-18 reflects an increase in the total number of Long Day Care centres with more opening during the year.

# Housing, Disability and Community Services

## Disability Services

Performance Measure	Unit of Measure	2014-15 Actual	2015-16 Actual	2016-17 Actual	2017-18 Actual
Accommodation support clients <sup>1</sup>	Number	1 222	1 208	1201 <sup>1</sup>	1084
Community access clients <sup>1</sup>	Number	1 074	1 078	1004 <sup>1</sup>	961
Supported accommodation waiting list	Number	93	82	58	39
Community access waiting list	Number	76	88	112	61

## Housing Tasmania

Public Housing occupancy rate <sup>2</sup>	%	98.3	98.5	98.5	98.8
Applicants housed <sup>3</sup>	Number	1 085	926	1 047	901
New allocations to those in the greatest need	%	80.5	95.5	97.8	98.3
Households assisted through Private Rental Assistance	Number	3 666	3 544	3 057	2 839
Applicants on Housing Register	Number	2 771	3 573	2 962	3 216
Average wait time for people who are housed (year to date)					63.4
Weeks		42.2	47.7	47.3	
Average time to house Priority applicants <sup>4</sup> (quarterly)	Weeks	NA	43.0	48.7	59.6
Net recurrent cost per dwelling <sup>2</sup>	\$	8 379	8 117	9 164	NA
Turnaround time <sup>5</sup>	Days	21.5	20.4	32.6	28.4

### Notes:

- 1 The number of Accommodation Support and Community Access clients are preliminary figures as the data collection is yet to be finalised. Final figures are due to be published by the Australian Institute of Health and Welfare (AIHW) in June 2019. 2016-17 figures have been updated from the previous Annual Report, in line with the release of AIHW figures in June 2018.
- 2 Housing Tasmania data is provided from ROGS where appropriate. ROGS data for 2017-18 is not yet available, therefore internal data has been provided when it is available.
- 3 This includes applicants housed into public or community housing from the Housing Register.
- 4 This indicator has replaced Average time to house Category 1 applicants due to the new HAPS in 2015. The new HAPS has seen a move to a two category system of Priority and General and has resulted in a higher number of applicants in the Priority category.
- 5 This data provides improved information than was previously available, but there will be an ongoing focus on continuous improvement to ensure that data aligns with business processes. A national review of turnaround time, led by the AIHW, is ongoing due to discrepancies in jurisdiction's reporting of ROGS data.

## Disability Services

Accommodation support services provide assistance for people with disability within a range of accommodation options, including group homes (supported accommodation) and other settings. The supported accommodation waiting list decreased by 32.8 per cent from 58 people in June 2017 to 39 in June 2018. Supported accommodation waiting list figures are expected to further reduce as people who utilise supported accommodation services are transitioned to the NDIS.

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

The community access waiting list decreased by 45.5 per cent from 112 in June 2017 to 61 in June 2018. The implementation of the NDIS in Tasmania has begun to address the need for community access, with older age cohorts becoming eligible for the NDIS

## Housing Tasmania

This Government is taking significant action in addressing housing need. It has a long-term plan to improve housing outcomes and assist people experiencing housing stress.

*Tasmania's Affordable Housing Strategy 2015-2025 and Action Plan 2015-2019 (Action Plan)* outline the housing reform agenda for Tasmania over the next 10 years.

Housing Tasmania is delivering the new housing assistance and supply initiatives to increase the affordable housing options available for people in housing need.

This is in an environment of growing demand for affordable housing for people on low incomes. A strong economy is resulting in rising house prices and challenges in accessing affordable private rentals.

Occupancy rates for public housing continue to be very high at 98.8 per cent as people remain in safe, affordable and stable housing.

There was a reduction in the number of applicants on the Housing Register in June 2017 associated with a review and update of active applicant details. This has increased to 3 216 applicants on the Housing Register at June 2018, showing there is still significant ongoing demand for social housing.

The number of households accessing Private Rental Assistance has decreased from 3 057 in 2016-17 to 2 839 in 2017-18. This is due to the lack of affordable properties that are available within the private rental market.

In response, Housing Tasmania has commenced the new Private Rental Incentives Program in May 2018 to provide greater opportunities for people on low incomes to access affordable private rentals. This program will be rolled out to assist 110 new households by June 2019.

The number of new households assisted into public and community housing has decreased from 1 047 in 2016-17 to 901 in 2017-18. This again reflects the low turnover of social housing properties.

Under the Housing Assessment Prioritisation System, around 70 per cent of Housing Register applicants are priority.



Housing Tasmania continues to perform extremely well at targeting public housing allocations to people most in need. In June 2018, 98.3 per cent of people housed were priority applicants.

The low turnover and high demand for social housing properties means that there been significant increases in wait times for people to be housed.

To address housing demand, the Government is investing a further \$125 million in the next stage of our Affordable Housing Strategy, which is expected to provide an additional 1 500 new affordable homes for Tasmanians and assist around 2 000 households.

Taken with the investment in the first Action Plan, this will represent an unprecedented investment of \$200 million over eight years, providing 2 400 new affordable homes and assisting around 3 600 households in need by 30 June 2023.

# Children and Youth Services

## Children Services

Performance Measure <sup>1</sup>	Unit of Measure	2014-15 Actual	2015-16 Actual	2016-17 Actual	2017-18 Actual
<b>Children Services</b>					
Children in notifications (per 1 000 population) <sup>2,3</sup>	Rate	77.1	70.4 <sup>4</sup>	55.0	52.4
Average daily children in active transition at Response <sup>5</sup>	Number	15.5	65.3	83.6	38.0
Investigation outcome determined within 28 days <sup>2,8</sup>	%	33.8	19.9	17.2	17.4
Children who were the subject of a substantiation during the previous year, who were the subject of a subsequent substantiation within 12 months <sup>2,6</sup>	%	18.5	24.5	23.8	19.3
Average daily children in out of home care	Number	1 046.5	1 112.4	1 180.7	1 237.1
Children with approved case and care plans <sup>9</sup>	%	67.5	55.3	60.0	55.2
Foster care households with five or more foster children <sup>10</sup>	%	5.2	5.3	6.6	5.7
Children in out of home care who had 3+ non-respite placements in the last 12 months	%	4.5	4.0	4.5	4.9
Children with Children and Young Person's Program (CYPP) status 'referral assessment completed' as at 30 June	Number	90	59	33 <sup>7</sup>	67

### Notes:

- 1 The continual entry of data means data above may be retrospectively updated from that previously published.
- 2 The 2017-18 actuals are preliminary and may differ from figures published in national reports.
- 3 The population figures used to calculate rates are taken from the most recently released ROGS. The population for these calculations is assumed to be the same as that published for the prior financial year.
- 4 From February 2016, any notification to Child Safety Service finalised under Section 17(2)(a) of the *Children, Young Persons and Their Families Act 1997* (i.e. the notification was based on information or observations that were not sufficient to constitute reasonable grounds for the belief or suspicion contained in the notification) was classified as a child concern report for the purpose of national and state level reporting and was not counted as a notification.
- 5 Children in active transition at Response are actively managed while awaiting allocation to a Child Safety Officer for an investigation.
- 6 Due to the continual entry of data, the total percentage of resubstantiations is not able to be reliably reported at the time of publication. As such the figure reported for the most recent financial year should be interpreted with caution.
- 7 During 2016-17, the 'waitlist' indicator for children referred to CHYPP was revised to 'children with status referral assessment completed' to reflect a change in business process for managing new referrals. From January 2017, a referral assessment was required to be undertaken within three working days of initial contact with the service, and this may result in one of a variety of approaches to supporting children referred. For this reason figures are not comparable across years.
- 8 This indicator has been retrospectively updated to align with national counting rules. The figures included above therefore do not align with those previously published in the Annual report and other publications.
- 9 This indicator has been retrospectively updated to exclude children on extension orders who are not subject to a guardianship or custody order. The figures included above therefore do not align with those previously published in the Annual report and other publications.
- 10 Foster care households with five or more foster children is reported as at 30 June of the given financial year and as 'point in time' snapshot figures.

Children and Youth Services continue to deliver on the 2016 Tasmanian Government commitment of the comprehensive reform *Strong Families, Safe Kids*.

In 2017, the Government released the *Strategic Plan for Out of Home Care in Tasmania 2017-2019*, which addresses recommendations made by the Commissioner for Children and Young People's in his report *Children and Young People in Out of Home Care in Tasmania*.

The Out of Home Care Foundations Project also builds on the recommendations made by the Commissioner by seeking to build a more coordinated, integrated and accountable Out of Home Care system.

In the later part of the year the updated Tasmanian Child and Youth Wellbeing Framework was launched fulfilling a key deliverable in the *Strong Families, Safe Kids* Implementation Plan. The Framework articulates an agreed, common definition of child wellbeing and provides a launch pad for a range of future initiatives.

From a performance view, the number of children per 1 000 in the population who were the subject of a notification has decreased from 55.0 in 2016-17 to 52.4 in 2017-18. Figures before 2016-17 cannot be compared due to the change in counting rules in February 2016. Despite a decrease in reported service activity for Child Safety Service intake functions, it should be noted the overall number of children placed on an order and/or in care continued to grow in Tasmania during 2017-18.

During 2017-18, a daily average number of 38.0 children were in active transition from Intake to Response, representing a considerable decrease from 83.6 in 2016-17. This is a reflection on the consistent effort to reduce the number of children in active transition at Response.

Tasmania continues to experience greater case complexity in notifications requiring investigation, which is consistent across every jurisdiction in Australia. This continues to see Child Safety Officers spending more time working with families in an attempt to prevent the need for statutory intervention and to keep families together longer. This is also consistent with the approach being adopted through the Children's Advice and Referral Service as part of the *Strong Families, Safe Kids* reform.

A number of strategies continue to be implemented to assist in working with complex cases. These include:

- Professional development for employees in their understanding of, and response to, trauma
- The continuation of the trial of Intensive Family Engagement Services which consists of a panel of services to provide intensive family functioning and parenting skills aimed at preventing the imminent separation of children from their primary caregivers.
- The investment of \$7.5 million saw planning commence to support young people in Out of Home Care including extending the out of home care age from 18 up to 21 years, additional incentives to support education outcomes, and planning for the new initiative to extend support payments to foster/kinship carers whilst the young people in their care are engaged in education between the ages of 18 up to 21 years.
- The announcement of an additional \$24 million over four years to employ up to an additional 25 Child Safety Officers is also expected to go a long way in managing demand across the service system.

## Custodial and Community Youth Justice

Performance Measure	Unit of Measure	2014-15 Actual	2015-16 Actual	2016-17 Actual	2017-18 Actual
<b>Custodial Youth Justice</b>					
Average daily young people in Custodial Youth Justice <sup>1</sup>	Number	10.3	9.2	10.7	11.4 <sup>2</sup>
Distinct number of young people in Custodial Youth Justice <sup>1</sup>	Number	52	33	65	58
<b>Community Youth Justice</b>					
Average daily young people in Community Youth Justice <sup>1</sup>	Number	242.6	227.7	198.2	182.3
Distinct number of young people in Community Youth Justice <sup>1</sup>	Number	523	476	411	399
Community Service Orders completed before the statutory expiry date <sup>1</sup>	%	86.4	91.7	94.5	83.8
Youth Justice Community Conferences held within six weeks of receipt of referral for conference <sup>1</sup>	%	86.3	84.2	85.3	83.7

Note:

- Given the continual entry of data into information systems and the KIDZ data warehouse, the most recent data reported above may have been retrospectively updated from that published previously in the Annual Report and other publications.
- The 2017-18 actuals are preliminary and may differ from figures published in national reports as data for these publications are not submitted until late September each year and figures are not generally published until January of the subsequent year.

The Youth at Risk Strategy was launched in June 2017 to focus on early intervention and a whole of government approach to address the complex needs of young people. A key action area of the Strategy is to provide timely and appropriate safety and supports for young people in Out of Home Care and those engaged in the Youth Justice System. The Government committed \$16.4 million in the 2017-18 Budget to support implementation of the Strategy.

An investment of \$7.3 million was also committed for the redesign of the Ashley Youth Detention Centre and to support a more therapeutic approach in a youth justice correctional setting.

In regards to performance, while the average daily number increased, the distinct number of young people in detention throughout the year

declined from 65 in 2016-17 to 58 in 2017-18. The increase in the average daily number occurred because of an increase in the average number of days each young person spent in custody.

The average daily number of people in Community Youth Justice has continued to decrease, declining from 198.2 in 2016-17 to 182.2 in 2017-18.

The number of young people engaged with Community and Custodial Youth Justice Services is predominantly influenced by external services. The factors affecting activity levels include referral practices and diversionary programs implemented by Tasmania Police, as well as the effectiveness of prosecutions and sentencing options selected by the Courts.

# System Management

## Health System Management

Performance Measure	Unit of Measure	2014-15 Actual	2015-16 Actual	2016-17 Actual	2017-18 Actual
Implementation of Government reform agenda goals achieved within published timeframe	%	100	75	96	92 <sup>1</sup>
Service Agreements developed and administered in accordance with the THO Act, and policy settings endorsed by the Minister for Health	Number	3	1 <sup>2</sup>	1 <sup>2</sup>	1 <sup>2</sup>

### Notes:

- 1 The health reform goals are those specified in the Government's Deliverables 2017 and the First 100 days. The target of 100 per cent was not achieved due to start for upgrade of housing infrastructure on Cape Barren Island and Flinders Island being delayed to September 2018. The evaluation of the Joined up Human Services Place-based Initiative; the mental health best practice framework for workplaces in Tasmania; and the Safe Families, Safe Kids new state wide advice and referral services; and the 10 year Community Sector Industry Development Plan to be developed with TASCOS have been delayed until later in 2018.
- 2 One Service Agreement was required in 2015-16 due to the establishment of the single THS on 1 July 2015.

### Patients First

Throughout 2017-18, DHHS continued to support the THS in the delivery of the *Patients First* and *Patients First (Stage 2)* initiatives.

The actions within the *Patients First* and *Patients First (Stage 2)* initiatives were monitored and actioned by the DHHS and THS through the Service Agreement.

### THS 2017-18 Service Agreement

The *Tasmanian Health Organisations Act 2011* (the Act) required an annual Service Agreement between the Minister for Health and the THS to be in place by 30 June for the forthcoming financial year.

The Service Agreement is the key agreement between the Minister for Health and the THS, and sets out the agreed expectations of the THS.

The Service Agreement is complemented by a Performance Framework, which provides the arrangements for monitoring THS performance against the Service Agreement requirements. As system manager, it is the responsibility of DHHS to ensure that THS performance against the requirements of the Service Agreement is monitored and managed to ensure that where necessary, the performance intervention options available to the Minister under the Act are effectively implemented.

In 2017-18 the DHHS undertook quarterly performance review meetings with the THS to identify and manage emerging performance issues.

The 2017-18 Service Agreement was signed by the Minister for Health on 26 June 2017 and by the Chair of the THS Governing Council on 27 June 2017.

There was one amendment to the Service Agreement in April 2018 that included:

- National Partnership on transfer of the Mersey Community Hospital – to include activity levels agreed between the Commonwealth and Tasmanian Governments;
- additional funding for the Royal Hobart Hospital and Repatriation Hospital Support Package, Statewide Operations and Command Centre and Launceston General Hospital Ward 4D boost;
- adjustment to Elective Surgery Key Performance Indicators;
- transfer of Child Health and Parenting Service administrative positions from DHHS to THS;
- additional funding for the Statewide Trauma Service; and
- adjustment for the National Efficient Cost.

The amendment was signed by the Minister for Health and the Chair of the THS Governing Council.

## Performance Escalations

During 2017-18, level one performance escalations, for unsatisfactory performance, were in place against the following service agreement Key Performance Indicators (KPIs):

- Percentage of all emergency department presentations seen within recommended time
- Percentage of all emergency patients with an Emergency Department (ED) length of stay less than four hours
- Percentage of patients admitted through the ED with ED length of stay less than eight hours
- Percentage of all ED patients with an ED length of stay less than 24 hours
- Ambulance offload delay – 30 minutes

Consistent with the requirements of a level one performance escalation, the THS was required to submit performance improvement plans for all five KPIs to the Secretary for DHHS, outlining the strategies that would be implemented to remediate performance and a timeframe for the achievement of KPI targets specified in the 2017-18 Service Agreement.

## Human Services System Management

Performance Measure	Unit of Measure	2014-15 Actual	2015-16 Actual	2016-17 Actual	2017-18 Actual
Organisations receiving a Quality and Safety Review within relevant timeframes	%	42.5	31	23.75	23.8
Target Population transferred to NDIS within agreed timeframes <sup>1</sup>	%	100	100	100	91
Social Housing owned and/or managed by the Community Sector <sup>2</sup>	%	42.7	42.4	41.5	40.8

### Notes:

- 1 The 2016-17 Actual has been revised from figures previously reported with the most recent data.
- 2 The agreed National Target for community managed social housing stock is 35 per cent. The 2016-17 target was revised to 42.7 per cent in the 2016-17 Budget Papers to reflect the level of social housing stock actually under community management at that time. Although 2017-18 actuals are slightly below that revised target, they are still well above the national target.

### Quality and Safety Reviews

DHHS conducts regular reviews of funded community sector organisations under the *Quality and Safety Framework for Tasmania's DHHS Funded Community Sector*. DHHS funded organisations are continuing to actively participate in the review process and are showing a commitment to continuous improvement against quality and safety standards. The Department is responsible for triennial reviews under the Framework. However, quality and safety standards are also monitored annually through DHHS funding agreement management.

### NDIS Transition to Full Scheme

Tasmania's transition to full scheme NDIS commenced on 1 July 2016.

As at 30 June 2018 3 879 Tasmanians had become NDIS participants and an additional 537 children under 6 years accessed the NDIS Early Childhood Intervention Program. This represents 91 percent of the anticipated bilateral transition estimate. It is anticipated that around 10 600 Tasmanians will be participants in the Scheme by 30 June 2019. 1 159 service providers have registered to provide NDIS supports in Tasmania. Tasmania continues to provide coverage of quality and safeguarding arrangements for NDIS participants and providers during transition.

## Social Housing

Community housing providers continue to manage over 40 per cent of social housing properties in Tasmania.

Around 3 900 properties have transferred under the Better Housing *Futures* program since its commencement.

The involvement of the community sector in the management of social housing has led to improvements in the way tenants, with special needs in particular, are supported, the building of strong, resilient communities and a concentrated investment in maintenance across the Tasmanian social housing portfolio. Partnerships with community housing providers are being expanded to enable further investment into affordable housing. The Stock Leverage initiative will see the transfer of ownership of parcels of social housing for community housing providers to redevelop existing social housing and provide new additional supply.

## Children Services System Management

Performance Measure	Unit of Measure	2014-15 Actual	2015-16 Actual	2016-17 Actual	2017-18 Actual
Planned strategic projects with milestones achieved	%	59	71	86	92
Planned regular operational performance reviews completed addressing key issues within the remit of Children's Services	%	100	100	78 <sup>1</sup>	75 <sup>1</sup>
Planned quality appraisals completed within relevant timeframes	%	100	100	100	100

Note:

- <sup>1</sup> Routine performance reports that were issued for reviews were excluded from this measure for 2016-17 and 2017-18 where formal meetings were neither planned nor held.

Following the successful completion of a number of key strategic projects and frameworks in 2016-17, the focus for CYS in 2017-18 was on implementation.

The *Strong Families, Safe Kids* redesign continued to meet key deliverables with the appointment of additional staff into frontline Child Safety Services. These positions are focused on building capacity, providing expert advice and oversight on practice issues and creating critical linkages between health practitioners and child safety practitioners.

Work to develop another key element of the redesign, the establishment of the Children's Advice and Referral Service, is well advanced with the finalisation of the operational model for a new front door to the child safety system. The Children's Advice and Referral Service is focused on early interventions through facilitating appropriate and timely support to ensure the safety and wellbeing of vulnerable children.

To further support children in Out of Home Care a Child Advocate has been appointed. The Child Advocate hears directly from young people about their experiences in Out of Home Care and advocates to ensure those children are getting everything they need and deserve.

The Out of Home Care Foundations project has focused on the development of an outcomes framework for the Out of Home Care System and a discussion paper outlining key elements of a strong family-based care program. This will be released in 2018-19.

The *Youth at Risk Strategy* contains 34 actions, spread across seven key action areas. These actions span multiple Government Departments and existing reforms and are aimed at improving outcomes for youth through improved information sharing, coordination and realignment of existing services. Funding under the 2017-18 budget has directly assisted with the delivery of six actions including:

- ongoing support for young people on bail; and
- youth transitioning from juvenile detention and 'Colville Place', a Youth at Risk Response Centre designed to provide crisis accommodation and provision of integrated services, including support coordination.



The Strategy will be fully implemented over a four-year period.

The 2017-18 forward budget included \$6 million for digital transformation across CYS. The long-term goal is to implement an Integrated Client Information System that enables the capture, exchange and viewing of live, operational data for clients across all CYS service lines, functional areas and programs. A Strategy has been under development through 2017-18, with a final report expected to be completed in Quarter 1 2018-19.

Quality appraisals were undertaken by staff in the Quality Improvement and Workforce Development Unit on individual cases as required. These appraisals occur in response to practice issues arising in relation to the Child Safety Service, Community Youth Justice and the Ashley Youth Detention Centre.