

TASMANIAN HEALTH ORGANISATION – SOUTH

ANNUAL REPORT

2013-14



STATISTICS

2013-14
53 837

2012-13
50 794

PRESENTATIONS TO THE
EMERGENCY DEPARTMENT
WERE UP 6% ON THE 2012-13
FINANCIAL YEAR.

2013-14
66 634

2012-13
65 244

THE NUMBER OF ADMISSIONS TO THE
ROYAL HOBART HOSPITAL WENT UP
2% ON THE PREVIOUS YEAR.

2013-14
189 730

2012-13
188 176

OUTPATIENT ATTENDANCES
INCREASED BY 0.4%
COMPARED TO 2012-13.

2013-14
1 332

2012-13
1 255

INTENSIVE CARE TREATED 6% MORE
PATIENTS THAN THE YEAR BEFORE.

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Serving a population
of approximately
250 000
in Southern Tasmania
and
513 000
people
statewide.

5
Tasmanians
born each day
at the Royal
Hobart Hospital.

Oral Health
Services
Tasmania provided
64 485
children's appointments
and
56 185
adult's appointments.

The Tasmanian Neonatal
and Paediatric Intensive
Care Unit provided care
for approximately
580
babies, infants and
children from
around the
state.

RHH Communications
Unit handled on
average
50 750
calls per
month.

115
RHH
volunteers
aged
18 to 85 provided
20 000+
hours of support.

1 032 194
meals were produced
by Food Services
team at
Cambridge.

RHH
ward
orderlies
responded to
approximately
128 000
requests for assistance.

51 753
Community
nursing home
visits and
clinics.

Alcohol and Drug Service
supports **444** clients on
the Pharmacotherapy
Program and **718**
clients through
its community
programs.

20M
pages
scanned to
the Digital
Medical Record
averaging around
65 000 per week.

Department of Pathology
performed in excess of
1.6M
coded tests from
330 562
requests.

96 580
procedures
processed by the
Department of
Medical Imaging –
14% increase.

6 216
elective surgery
procedures.

Mental Health Services
South supports
1 523 clients
through its
community
services.

189 730
Outpatient
consultations.

RHH
has **400**
overnight
beds and
83 day beds.

4 115 full-time
equivalent or
5 189
(head count)
employees.

Finished
2013-14 with
a cash deficit of
\$22.2M.

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INTRODUCTION

CHAIR'S LETTER OF TRANSMITTAL

Dear Ministers

In accordance with the requirements of the *Tasmanian Health Organisation Act 2011*, it is my pleasure to present to you on behalf of the Governing Council the second annual report of the Tasmanian Health Organisation – South for 2013-14.



The Governing Council of THO-South met 11 times in the year; the Quality Sub-Committee, chaired by Lisa Wardlaw-Kelly, met four times and the Audit and Risk Sub-Committee, chaired by Suzanne Baker, met five times. The Governing Council and its Acting Chief Executive Officer also participated in three joint meetings of THO Governing Councils and one joint meeting devoted to a shared approach to management of quality clinical services.

Dr Tony Lawler resigned from the Governing Council during the year to take up an appointment as Clinical Adviser to the Minister for Health. The vacancy created by Dr Lawler's resignation was filled early in the new financial year. The Governing Council is very grateful to Dr Lawler for his energetic, thoughtful and insightful contributions to its work.

The three Tasmanian Health Organisations assumed responsibility for provision of state mental health services from the start of the year under review. The THO welcomes the opportunity to contribute to this extremely important area of service to the community as it adds significantly to the complexity of the THO's work.

The arrangements for monitoring and evaluating the performance of Australia's, and Tasmania's, health services were further developed in the year under review. The THOs have worked to achieve national targets for provision of emergency services, for management of elective surgery, and other quality processes and outcomes. There were also several reports released during the year on performance of hospitals and health systems throughout Australia. Some of our performance is as good as, or better than, in other states and territories but, in general, the comparisons show that we need to do better.

The April 2014 report of the Commission on Delivery of Health Services in Tasmania reported that "The proportion of overdue patients on Tasmanian waiting lists far exceeds that of any other state, and is over 30 percentage points higher than the national average".

In the four years to 2012-13, attendances at Tasmanian emergency departments increased by an average 3.1 per cent per annum, while the population grew at an average of 0.7 per cent per annum. Our limited success in meeting this growth in demand is illustrated by the Commission's observation that "In 2012-13, 35.9 per cent of emergency department presentations in Tasmania had a length of stay of eight hours or greater, compared with 26.6 per cent nationally. Tasmania had the highest proportion of all states and territories, with the exception of the Northern Territory".

Tasmania has particular challenges to deal with in providing its public health services. A relatively high proportion of its citizens live outside large, metropolitan areas where there are more health services and a greater concentration of both patients and the clinicians who treat them, and we have an older demographic profile with consequently more acute and chronic disease and comorbidities.

This partly explains why Tasmania lags the other states in its health care outcomes but the Governing Council believes that we can, and must, improve the performance of the THO and the whole Tasmanian health care system.

It is pleasing that THO-South has reduced its cost of producing service closer to the National Efficient Price, which is used by the Commonwealth Government as the basis for funding acute, inpatient care in public hospitals. This progress reflects great credit on all those who continue to work hard and creatively to improve the efficiency of services in the THO.

However, when the cost of all the state's health services are considered, they are more expensive than in other states and territories and the reasons for this need to be more thoroughly analysed. The key issues are the amount of service that we provide and the efficiency with which we provide it.

If efficiency is the issue, we have to ask whether we are allocating our resources (people, goods, services and other assets) to the kinds of services which will maximise benefits to the Tasmanian community and whether, once allocated, we are maximising the output of those resources.

Funding from the Commonwealth Government's Tasmanian Health Assistance Package has continued to flow during the year and the THOs are involved in: re-design of clinical processes; "Health Pathways" in which evidence about best clinical practice is applied in caring for patients in the general practice setting who may need hospital care; the development of a "virtual academic health sciences precinct" to help ensure that scientific evidence informs the design of clinical services; medical workforce planning; and equipping senior clinicians with management skills. Some funds have also been allocated from the Package to provision of elective surgery, mental health and palliative care services.

Late in the year, the Governing Council informed the Premier that it no longer supported its Acting Chief Executive Officer in the role and it recommended that Mr Matthew Daly, the Secretary of the Department of Human Services, be appointed by the Premier to act as CEO for six months. The Premier accepted and acted on this recommendation.

Also, the Integrity Commission reported on deficiencies in some processes and personnel in THO North-West and THO-South.

The report of the Integrity Commission has far reaching implications for the THOs and the wider State Service and actions have been urgently initiated to consider and if necessary rectify deficiencies in procedures within the THOs.

The Government of Tasmania changed during the year and the Governing Council thanks the former Minister and Treasurer for their accessibility and support. We also thank the incoming Minister and Treasurer for their constructive engagement with the THO and its staff. We are grateful also for the continuing partnership with the Department of Health and Human Services and with other state departments, Tasmania Medicare Local, University of Tasmania and other organisations with which we have worked on particular issues.



Graeme Houghton

Chair, Tasmanian Health Organisation – South
Governing Council

EXECUTIVE SUMMARY

PERFORMANCE

The Royal Hobart Hospital (RHH) is the largest and busiest in the state. The number of Tasmanians needing public health care continued to rise in 2013-14. The RHH Emergency Department received more than 53 000 attendances (up 6 per cent), Intensive Care admissions grew 6 per cent, Inpatient admissions increased 3 per cent, and Outpatient activity rose 0.4 per cent (189 730 attendances) on the previous year. The growing demand flowed through to all sections of THO-South for example the Department of Medical Imaging performed about 96 580 procedures (up 14 per cent).

Operating within a resource-constrained environment meant that THO-South did not realise all of its performance targets for 2013-14 however there were many significant achievements including a drop in the average length of patient stay at RHH to 2.65 days.

In 2013-14, THO-South recorded an underlying cash operating deficit of \$22.2M. The operating deficit was the result of salaries and related expenditures exceeding budget by \$20.7M and other operating expenditures exceeding budget by \$9.3M, offset by revenues and carry forward fund movements exceeding budget by \$7.8M.

During the year, THO-South implemented an organisation-wide strategy to meet the 10 National Safety and Quality Health Service (NSQHS) Standards which provide a nationally consistent statement about the level of care consumers can expect from health services. Ten action groups were established to oversee implementation of the standards and ensure that all criteria are fulfilled. Standards were also finalised for Mental Health Services.

RHH REDEVELOPMENT

Continued redevelopment of the Royal Hobart Hospital (RHH) delivered improved facilities and services.

Milestones included:

- ▶ In December 2013 a \$14M redevelopment of the Department of Critical Care Medicine (formerly the Intensive Care Unit) was opened, adding 11 spacious bed bays and the latest technology.
- ▶ The \$20M THO-South Cancer Centre opened in January 2014, establishing a cancer precinct in the RHH campus. The Centre features a new third radiation oncology bunker and dedicated patient support centre.
- ▶ In April 2014, the RHH redevelopment project was placed on hold while a Redevelopment Taskforce reviewed the clinical, technical and budgetary requirements. The Taskforce report is due in November 2014.

While the RHH Redevelopment was placed on hold, several purpose built locations were completed as part of THO-South upgrades:

- ▶ Gavitt House, Glenorchy for the Midwifery Group Practice – providing outreach maternity services supporting women-centred care, education and early discharge.
- ▶ 8th Floor of the Wellington Centre, Hobart – Women's Health Clinics supporting family-focussed care within a multidisciplinary framework.
- ▶ Day Rehabilitation Unit, Hobart – offering community-based rehabilitation, a fast track service supporting early discharge from hospital.

SERVICES

THO-South is pleased to report that the RHH Anaesthetic, Orthopaedic, Vascular, and Paediatric Surgery Departments were all reaccredited for specialist training in 2013. The Department of Anaesthesia also achieved a 100 per cent success rate at the final National Australian and New Zealand College of Anaesthetists (ANZCA) Fellowship exams reflecting the high quality and breadth of specialist training at the hospital.

Benchmarking against Women's Hospitals Australasia demonstrated that THO-South provided safe and contemporary care. The RHH caesarean section rate remained constant at 26 per cent and the rate of life threatening post partum haemorrhage was three times less than the national average.

As the largest statewide service, the Neonatal and Paediatric Intensive Care Unit continued to provide excellent care for more than 580 critically ill babies and children, and the paediatric surgical service began an outreach consultation service in Launceston for children up to 14 years.

The Tasmanian Statewide Sexual Health Services established the state's first walk-in clinic in Hobart, initiated Tasmania's first rapid HIV testing pop-up clinic, established an outreach clinic at Deloraine for chlamydia testing, and set up a transgender multidisciplinary service with specialist endocrinologist, psychiatrist and sexual health physician.

Oral Health Services Tasmania (OHST) redeveloped its clinics and recruited additional staff to help implement the National Partnership Agreement on Treating More Public Dental Patients. This Agreement between the Australian and Tasmanian governments provides \$12.3M to enable more Tasmanians to be provided with public dental care until March 2015.



The challenge ahead for THO-South is to continue to pursue and promote its organisational values:

- ▶ Safe and reliable services
- ▶ Care and respect
- ▶ Valuing resources
- ▶ Trust and integrity
- ▶ Inclusive communications
- ▶ Participation
- ▶ Positive leadership
- ▶ Innovation and learning
- ▶ Cooperation and collaboration.

GOVERNING COUNCIL

GOVERNING COUNCIL MEMBERS

MR GRAEME HOUGHTON GAICD

Chair of the three Tasmanian Health Organisations; member of the Boards of Guide Dogs Victoria and Mayfield Education; Adjunct Associate Professor at the School of Public Health at La Trobe University and a surveyor for the Australian Council on Healthcare Standards. Formerly Chief Executive Officer of Fairfield Hospital, Austin Hospital, Repatriation General Hospital (Daw Park) and The Royal Victorian Eye and Ear Hospital. Regional Director with Healthscope Limited (with responsibility for its operations in Victoria and Tasmania). Hospital Standards and Accreditation Adviser to the National Department of Health of Papua New Guinea and a member of the Board of Directors of Western Health (Victoria).

MS SUZANNE BAKER FAICD

Chair of the Tasmanian Audit Office Audit Committee and the Inland Fisheries Advisory Council. Member of several other boards and committees. Former Director of Australian Health Management Limited. Over 25 years' experience in accounting and finance in the private and public sectors. Chair of the THO-South Audit and Risk Sub-Committee, Fellow of the Australian Institute of Company Directors and CPA Australia.

MR LYN COX FAICD

Chair of Tasmanian financial institution B&E Ltd and Chair of the Tasmanian Development Board. More than 40 years of business experience including over 10 years as Managing Partner Tasmania for Deloitte. Former Director and State President of the Australian Institute of Company Directors. National Director of the Heart Foundation. Fellow of the Institute of Chartered Accountants in Australia and the Australian Institute of Company Directors.

Left to right:
Lyn Cox, Anthony Lawler,
Lisa Wardlaw-Kelly,
Graeme Houghton,
Suzanne Baker.



ASSOC. PROF. ANTHONY LAWLER

Director Acute Health Services Planning and Design Department of Health and Human Services. Associate Professor of Health Services and Deputy Head of the School of Medicine at University of Tasmania. Clinical Leader of the Tasmanian Emergency Care Network. Federal Vice-President of the Australasian College for Emergency Medicine. Board member of the Postgraduate Medical Education Council of Tasmania.

Note: Dr Lawler resigned from the Governing Council in May 2014.

MS LISA WARDLAW-KELLY GAICD

Executive Officer for Governance and Data across the National Registration and Accreditation Scheme for health professions. Previously held a number of senior executive roles in national organisations including Tasmanian State Manager of the Australian Health Practitioner Regulation Agency and the Department of Health and Ageing, and Tasmanian Regional Director of the Australian Bureau of Statistics. Has a long-standing interest in the application of data and evidence to improve clinical practice and was previously Director of Evidence Based Strategies in the Commonwealth Department of Health and Ageing. Chair of THO-South Quality Sub-Committee. Graduate Certificate in Public Administration, Master of Public Health and a graduate of the Australian Institute of Company Directors.



ATTENDANCE REPORT

GOVERNING COUNCIL

- ▶ Chair / Mr Graeme Houghton *BSc, MHA, FCHSM, CHM, GAICD*
- ▶ Ms Suzanne Baker *BBus, BFA, DipFP, FCPA, FAICD*
- ▶ Mr Lyn Cox *BEC, FCA, FAICD*
- ▶ Dr Anthony Lawler *BMed Sc, MB BS, FACEM, GAICD*
- ▶ Ms Lisa Wardlaw-Kelly *BA (Hons), MPH, GAICD*

Board Member	15 Jul 2013	19 Aug 2013	16 Sep 2013	21 Oct 2013	18 Nov 2013	16 Dec 2013	17 Feb 2014	17 Mar 2014	16 Apr 2014	30 May 2014	16 Jun 2014
Graeme Houghton (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Suzanne Baker	✓	✓	✓	✓	✓	✓	✓	✓ Via teleconf.	✓	✓	✓
Lyn Cox	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Assoc. Prof. Anthony Lawler	✓	✗	✗	✓	✓	✓	✓	✓	✓	Resigned	
Lisa Wardlaw-Kelly	✓	✓	✓	✓	✓ Via teleconf.	✓	✓	✓	✓	✓	✓

AUDIT AND RISK SUB-COMMITTEE

Board Member	8 Aug 2013	15 Aug 2013	2 Dec 2013	19 Feb 2014	28 May 2014
Suzanne Baker (Chair)	✓	✓ (Convened to approve Annual Financial Statements)	✓	✓	✓
Scott Adams (GM Corporate Services)	New appointment				✓
Matthew Daly (A/CEO)	New appointment				✓
Lyn Cox	✓	✓	✓	✓	✓
Jane Holden (A/CEO)	✓	✗	✓	✓	Resigned
Russell Pocket (GM Finance)	✓	✓	✓	✓	✓

QUALITY SUB-COMMITTEE

Board Member	10 July 2013	11 Oct 2013	24 Feb 2014	26 May 2014
Lisa Wardlaw-Kelly (Chair)	✓	✓	✓	✓
Sue Baker				✓ (In place of T Lawler)
Matthew Daly (A/CEO)	New appointment			✗
Jane Holden (A/CEO)	✓	✓	✓	Resigned
Graeme Houghton (ex officio)	✓	Via teleconf.	✗	✗
Dr Wayne Hsueh (Deputy Executive Director Medical Services)	✗	✓	✗	✗ Resigned 20 June 2014
Anthony Lawler	✓	✗	✓	Resigned
Coral Paton (Executive Director of Nursing)	✓	✓	✓	✓
John Regan (community representative)	New appointment	✓	✓	✓
Wendy Rowell (Director Allied Health Professionals)	✗	✓	✓	✓
Assoc. Prof. Alan Sandford (Executive Director Medical Services)	✓	✓	✓	✗
Shirleen Wickham (Director Safety and Quality)	✓	✓	✓	✓
Dr Tony Xabregas (Acting Executive Director Medical Services)	New appointment			✓

MEMBER REMUNERATION REPORT

Band	Number of Committee Members	Aggregate Directors' Fees	Committee Fees	Superannuation	Other	Total
> \$50 000	1	52 230	0	4 831	0	57 061
≤ \$50 000	4	98 883	27 111	11 943	530	138 467

AUDIT AND RISK SUB-COMMITTEE REPORT

The THO-South Audit and Risk (A&R) Sub-Committee met five times in its second year of operation. Sub-Committee members, Suzanne Baker (Chair) and Lyn Cox, have extensive experience in finance and accounting, and risk assessment and mitigation.

The A&R Sub-Committee works on behalf of the THO-South Governing Council to provide detailed review and analyses aimed at identifying and addressing policy and procedural gaps and deficiencies.

The Sub-Committee's Charter of Responsibilities are:

- ▶ Risk Management
- ▶ Control Framework
- ▶ External Accountability
- ▶ Compliance with applicable Laws and Regulations
- ▶ Internal Audit
- ▶ External Audit.

Overview of *Finance and Budget* were added to the Sub-Committee's responsibilities during the year.

The Department of Health and Human Services (DHHS) provides internal audit services for testing compliance and continuous improvement for the corporate operations of THO-South, based on an annual Strategic Internal Audit Plan. This provides a continuous audit program as well as audits of specific high-risk corporate activities.

During 2013-14, two areas of delegation were escalated to the Governing Council for monitoring – the RHH Redevelopment Risk Review and THO-South Performance to Budget. The Sub-Committee also recommended to Council that a Strategic Risk Review be conducted to strengthen THO-South's Risk Management System.

The Sub-Committee initiated two external reviews in 2013-14 aimed at identifying and addressing policy and procedural gaps and deficiencies in operational management. These were *Roles and Responsibilities in Human Resource Management* and *RHH Savings Strategies Review*. Both reviews were supported and co-sponsored by DHHS.

A brief for the development of a *Legislative Compliance Register* was formed and has since been expanded to embrace THO-North, THO-North West and DHHS. It is expected to be implemented in 2014-15.

The Sub-Committee is committed to improving the transparency and accountability of THO-South and working with THO-North and THO-North West to share solutions in areas of common concern.



Suzanne Baker

Chair, Audit and Risk Sub-Committee

QUALITY SUB-COMMITTEE REPORT

The THO-South Quality Sub-Committee structures its program around a Quality Framework based on the first two National Safety and Quality Health Service Standards: Governance for Safety and Quality, and Partnering with Consumers. This has provided a useful framework for focusing on key issues for the THO. Each meeting focuses on a different standard and incorporates a report or presentation on the relevant activities undertaken within the THO.

The Sub-Committee's Charter of Responsibilities are:

- ▶ Recognising and responding to clinical deterioration
- ▶ Patient stories
- ▶ Medication safety
- ▶ Blood and blood products
- ▶ Complaints and incident management including the introduction of the new safety reporting and learning system (SRLS)
- ▶ Benchmarking against other health services through the Health Roundtable
- ▶ Credentialing processes.

This year we welcomed community member Mr John Regan, who provides a valuable contribution to ensure that our discussions incorporate a consumer and community perspective.

Early in the year, the Sub-Committee considered the Francis Report into the Mid-Staffordshire Inquiry in the UK and discussed the implications of the findings for our organisation.

The Sub-Committee engaged with the Medical Director of Safety and Quality on the development of the Statewide Clinical Governance Framework and commenced development of a corresponding framework within the THO.

The Sub-Committee engaged with executives from Mental Health Services on safety and quality issues with the transition to a statewide model for mental health services.

As Chair of the Committee, I played a key role in coordinating a statewide Quality and Safety Summit involving the three Tasmanian Health Organisations and the Department of Health and Human Services. A number of collaborative actions are being taken forward which focus on communication, patient feedback, staff safety culture, data sharing and governance for safety and quality.

I would like to thank the members of the Sub-Committee for their support and input over the past year.

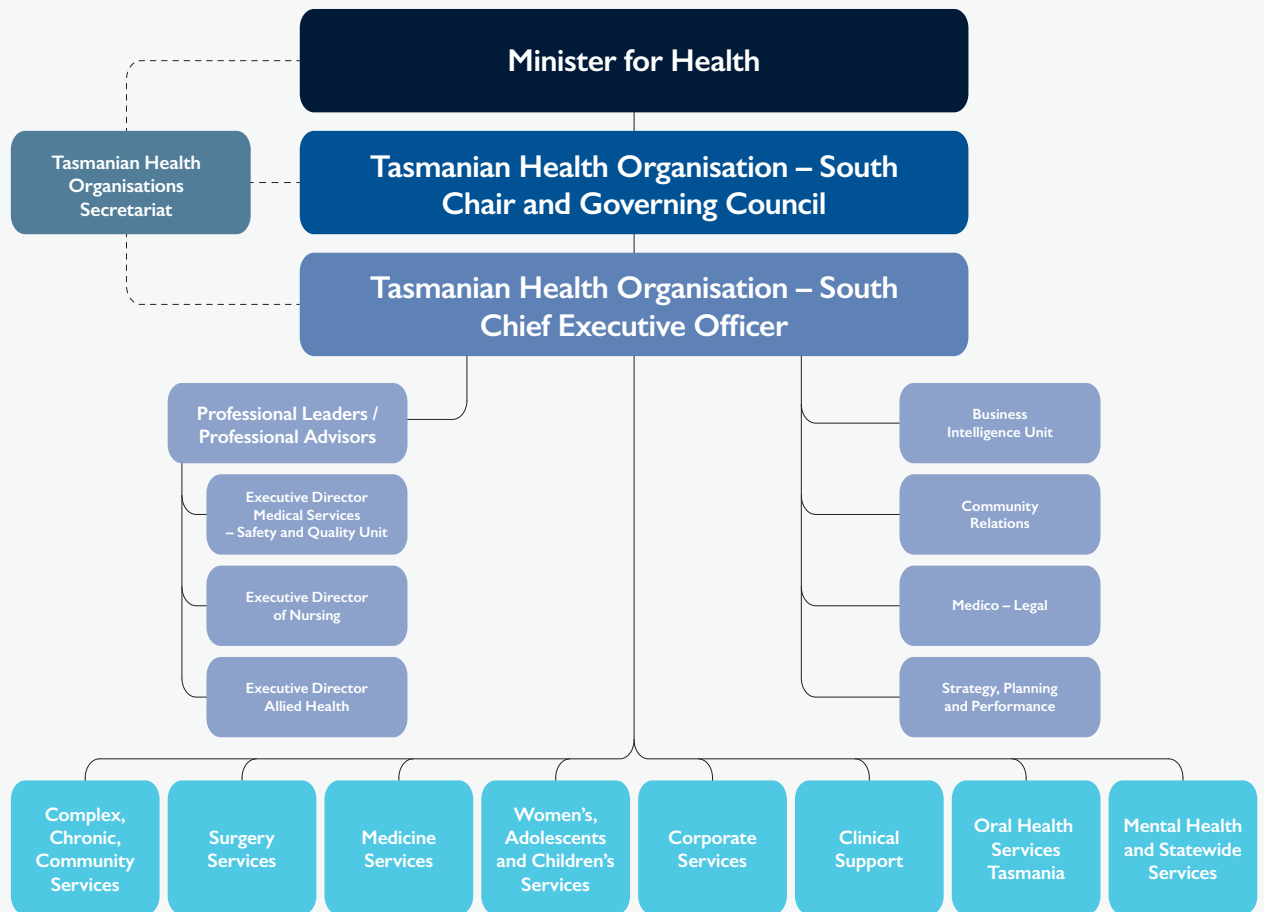


Lisa Wardlaw-Kelly

Chair, Quality Sub-Committee

PART I – OVERVIEW

ORGANISATIONAL CHART



EXECUTIVE TEAM

- ▶ **Acting Chief Executive Officer – Jane Holden** (to May 2014)
- ▶ **Acting Chief Executive Officer – Adjunct Professor Matthew Daly** (June 2014)
ADipHA, BBus
- ▶ **Executive Director Medical Services – Associate Professor Alan SC Sandford** (to May 2014)
MB BS, BMedSc(Hons), DipRACOG, AFACHSM, FRACMA, GAICD
- ▶ **Acting Executive Director Medical Services – Dr Tony Xabregas** (from May 2014)
MB BS, BSc(Med), AdvDipBusMan, FRACS, FCSANZ, AFRACMA, MAICD, MASCTS
- ▶ **Executive Director of Nursing – Associate Professor Coral Paton**
RN, MHN, FACMHN, BAppSc(Nurs), MNurs
- ▶ **Executive Director Allied Health and Group Manager Clinical Support Services – Wendy Rowell**
BAppSc(OccThrp), GradCert(EBP), MHSM
- ▶ **Group Manager Surgery – Adrienne Belchamber**
BNurs
- ▶ **Clinical Director Surgical Services – Dr Tony Xabregas**
MB BS, BSc(Med), AdvDipBusMan, FRACS, FCSANZ, AFRACMA, MAICD, MASCTS
- ▶ **Group Manager Medicine – Catherine Jones**
RN, BAppSc(Nurs), MNurs, PhD
- ▶ **Chair of Medicine – Professor Matthew D Jose**
PhD, FRACP
- ▶ **Group Manager Women's Adolescents and Children Services – Sue McBeath**
RN, RM, BAppSc(Nurs), MNurs
- ▶ **Group Manager Complex, Chronic, Community Services – Bruce Edwards**
RN, BHIthAdmn, MEd(Human Resources)
- ▶ **Group Manager Oral Health Services Tasmania – Emma Bridge**
DipCommtyServ
- ▶ **Clinical Director Oral Health Services Tasmania – Dr Chris Handbury**
BDS, Grad Dip Paediatric Dentistry, MPH, FICD
- ▶ **Group Manager Mental Health and Statewide Services – Umit Agis**
BSW (Social Work), MM (Management)
- ▶ **Clinical Director Mental Health and Statewide Services – Dr Jim Blacket**
FRANZCP FACHAM MBBS hon
- ▶ **Group Manager Corporate Services – Scott Adams**
BCor, CPA, MBA, GAICD
- ▶ **Director Strategy, Planning and Performance – Bridget Jones**
BAppSc(SpPath)
- ▶ **Director Community Relations – Nikki Karpeles (outgoing)**
BBus
- ▶ **Director Human Resources – Trish Spence**
GDipBus (HR)
- ▶ **Clinician Representative Women's Adolescents and Children Services – Associate Professor John Daubenton**
BSc, MBBCh(Wits), MD(Cape Town), DCH, FCP(Paed), FRACP(Paediatrics)
- ▶ **Clinician Representative Surgery – Associate Professor Marcus Skinner**
MSc, BMed Sc, Dip DHM, MB BS, FANZCA
- ▶ **Clinician Representative Complex, Chronic, Community Services – Associate Professor Rosemary Harrup**
FRACP, FRCPA

SERVICES AND FACILITIES

OUR POPULATION

Tasmania's population is ageing and many patients require treatment for multiple co-morbidities. Increasing rates of illness caused by lifestyle factors and rates of smoking, alcohol misuse and overweight/obesity are higher in Tasmania than many other parts of Australia. Tasmania's population also records higher rates of chronic conditions.

HEALTH INDICATORS TASMANIA 2013

- ▶ The proportion of Tasmanians with chronic diseases and disability is increasing.
- ▶ Cancer and cerebro-vascular disease are the leading causes of death.
- ▶ The majority of the population is overweight or obese.
- ▶ Tobacco smoking is the most preventable risk factor.
- ▶ Rates of harmful alcohol consumption are higher in Tasmania than mainland Australia.
- ▶ Inactivity and poor nutrition are challenges for our population.
- ▶ Levels of income and education are below average compared with most other jurisdictions.
- ▶ Life expectancy is steadily improving but Tasmania has one of the lowest life expectancy rates of all jurisdictions.
- ▶ There are reducing hospitalisations and mortality for some chronic conditions such as stroke and ischaemic heart disease but increasing hospitalisations for diabetes and arthritis/musculoskeletal conditions.



OUR SERVICES

THO-South is responsible for providing a wide range of health services in both hospital and community settings including acute and sub-acute care, rehabilitation, palliative care, oral health, mental health, secondary and primary health care, and health promotion and disease prevention.

In Southern Tasmania, acute care is provided at the Royal Hobart Hospital (RHH), Tasmania's busiest and oldest hospital and the major teaching hospital of the University of Tasmania. The RHH has 483 beds (400 overnight and 83 day) and provides all general and specialty medical and surgical services excluding organ transplant, complicated spinal cord trauma and paediatric cardiac surgery.

As the tertiary referral hospital for Tasmania, the RHH draws activity from across the state and provides a significant number of statewide services (population approximately 513 000) including cardiothoracic surgery, vascular surgery, neurosurgery, burns, hyperbaric and diving medicine, neonatal and paediatric intensive care, and high-risk obstetrics.

Sub-acute care is provided in rural hospitals and multi-purpose centres, and at the RHH. Rural hospitals also offer emergency care and primary health services, and some offer residential aged care as well. Services provided at a community level include access to general practitioners and outreach medical specialists, emergency response, allied health professions, nursing and midwifery, oral health, mental health, aged and palliative care, community care, aids and appliances, and disease prevention programs. The RHH also supports rural hospitals and health centres in the form of clinical expertise, staff training and professional development.

In early 2012, \$586M funding was announced for redevelopment of the RHH including \$340M from the Commonwealth. The redevelopment represents the potential for a major expansion of the RHH's capacity and capabilities and will impact on all areas of the hospital for the period covered by the plan and well beyond that time. In May 2014, the newly elected State Government placed the redevelopment on hold for six months to review the project. The review is being undertaken by an independent taskforce which is due to report to Government by the end of 2014.

1 COMPLIMENT FROM THE PUBLIC

"I was recently in the Royal Hobart Hospital for an operation to remove a tumor on my brain. The treatment I received was second to none. The doctors and nursing staff were of world standard, caring and kind, as were all the people in the engine room of the Hospital, the catering, cleaning and maintenance teams."

2 COMPLIMENT FROM THE PUBLIC

"My wife recently had a serious accident while visiting Tasmania and I cannot speak more highly of the care and kindness offered to her by all staff while she was a patient in the Royal Hobart Hospital."

3 COMPLIMENT FROM THE PUBLIC

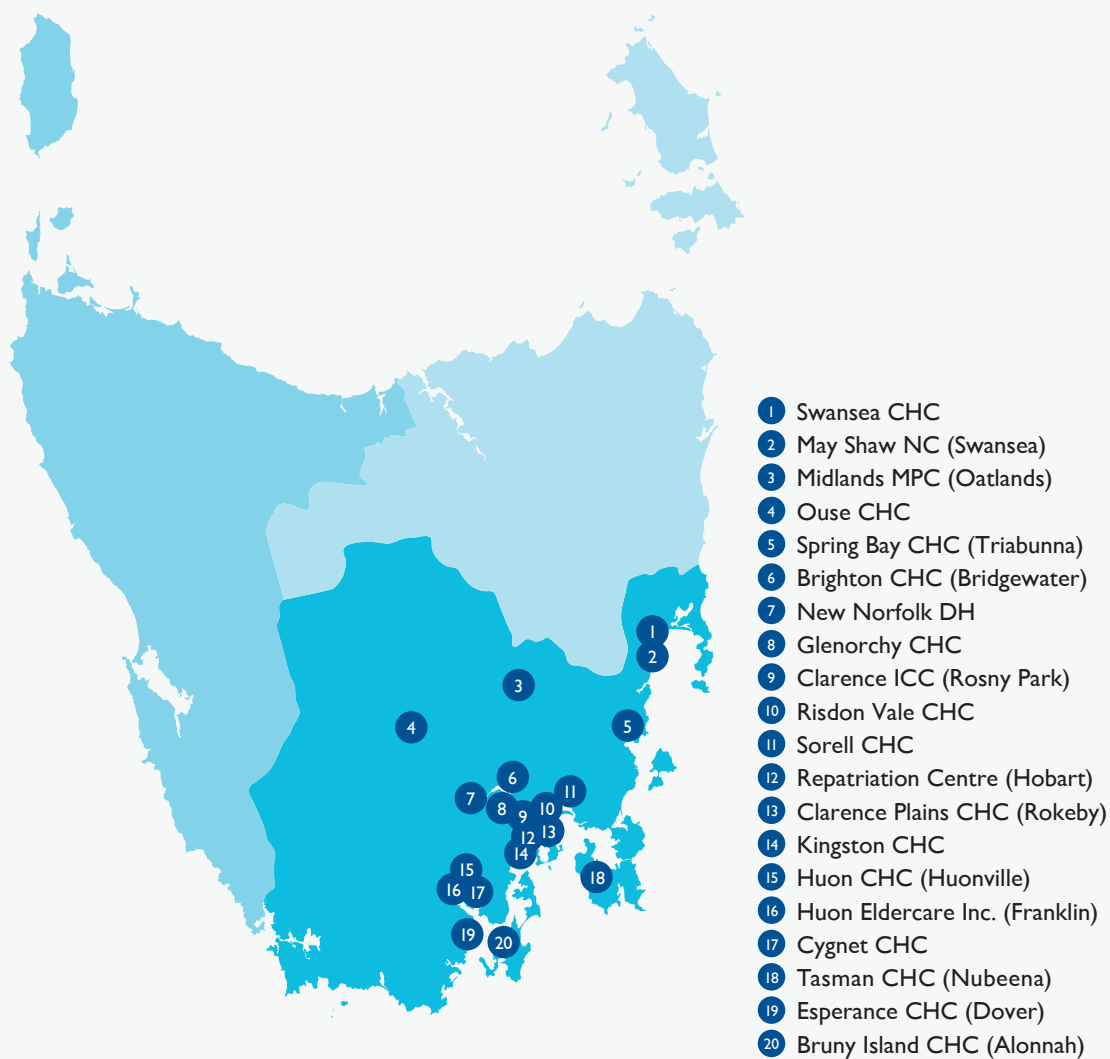
"We are so very grateful for the second-to-none care that our son received from staff during his stay at the Royal Hobart Hospital. Everyone has been simply amazing."

THO-SOUTH SOUTHERN REGION CENTRES*

THO-South provides services to the population of Southern Tasmania (approx. 250 000 people) as well as statewide services (approx. 513 000 people).

The catchment area of THO-South encompasses the following Local Government Areas:

- | | | |
|---------------------|------------------------|---------------------|
| ▶ Brighton | ▶ Glamorgan/Spring Bay | ▶ Kingborough |
| ▶ Central Highlands | ▶ Glenorchy | ▶ Sorell |
| ▶ Clarence | ▶ Hobart | ▶ Southern Midlands |
| ▶ Derwent Valley | ▶ Huon Valley | ▶ Tasman |



*This does not include Oral Health Services and Mental Health and Statewide Services.

OUR LOCATIONS

Name	Address	# of Buildings	Use
42 Canning Street	42 Canning Street LAUNCESTON	1	Sexual Health Unit
60 Collins Street	60 Collins Street HOBART	1	Sexual Health Clinic
Abbeyfield House	7 Hull Street GLENORCHY	1	Aged Accommodation
Ash Cottage	6899 Lyell Highway OUSE	1	Nurse Accommodation
Bridgewater Oral Health Clinic	Eddington Street BRIDGEWATER	1	Community Dental Centre
Brighton Adult and Community Mental Health Service	27 Greenpoint Road BRIDGEWATER	1	Community Health Facility
Brighton CHC	27 Green Point Road BRIDGEWATER	2	Community Care Facility
Bruny Island CHC	16 School Road ALONNAH	1	Community Care Facility
Bruny Island Nurses Accommodation	21 William Carte Drive ALONNAH	1	Accommodation
Bruny Island Pharmacy	3895 Main Road ALONNAH	1	Rural Support Facility
BUPA Tenancy	25 Argyle Street HOBART	1	Offices
Burnie Adult and Community Mental Health Service	1st Floor, Parkside Building BURNIE	1	Community Health Facility
Burnie Child and Adolescent Mental Health Service	5th Floor, Reece House BURNIE	1	Community Health Facility
Burnie Dental Centre	Parkside, 1 Strahan Street, BURNIE		Community Health Centre
Burnie Older Persons Mental Health Service	Ground Floor, Parkside Building BURNIE	1	Community Health Facility
Burnie Spencer Clinic Inpatient Unit	North West Regional Hospital BURNIE	1	Hospital
Campbell Town Dental Clinic	70 High Street, CAMPBELL TOWN		Campbell Town Multi Purpose Service
Central Highlands Accommodation Units	6896 Lyell Highway OUSE	4	Independent Living Units
Central Highlands CHC	6896 Lyell Highway OUSE	3	Community Care Facility
Centre For Wellbeing	56 Collins Street HOBART	1	Offices
Clare House – Child and Adolescent Mental Health Service	26 Clare Street NEW TOWN	1	Community Health Facility
Claremont Dental Clinic	Main Road, CLAREMONT	1	
Clarence ICC	16 Bayfield Street BELLERIVE	1	Integrated Care Centre
Clarence Plains CHC	4 Hart Place ROKEBY	1	Community Care Facility
Colebrook Online Access Centre	22 Richmond Street COLEBROOK	1	Day Care Centre
Coles Bay Community Health & Ambulance Centre	60 Harold Street COLES BAY	1	Support Service
Commonwealth Bank Building	81 Elizabeth Street HOBART	1	Offices
Cygnets CHC	1 Fredrick Street CYGNET	2	Community Care Facility
Deloraine Dental Clinic	DELORAINÉ		Deloraine District Hospital
Department of Psychiatry Medicine	48 Liverpool Street HOBART	2	Acute Care Facility
Derwent Valley Adult and Community Mental Health Service	New Norfolk District Hospital	1	Rural Hospital
Derwent Valley Adult and Community Mental Health Service	New Norfolk District Hospital, NEW NORFOLK	1	Rural Hospital
Devonport Adult and Community Mental Health Service	34 Oldaker Street DEVONPORT	1	Community Health Facility
Devonport Dental Centre	23 Steele Street, DEVONPORT		Community Health Centre

Name	Address	# of Buildings	Use
Doctors Residences	Various sites HOBART CBD	3	Accommodation
Esperance Multi-purpose Health Centre	15 Chapman Avenue DOVER	1	Multi-purpose Health Care Centre
Flinders Island Dental Clinic	Davies Street, WHITEMARK		Flinders Island Multi Purpose Centre
Gavitt House Adult and Community Mental Health Service	1/2 Terry Street GLENORCHY	1	Community Health Facility
George Town Dental Clinic	Anne Street, GEORGE TOWN		George Town District Hospital
Glenorchy CHC	2 Terry Street GLENORCHY	1	Community Care Facility
Glenorchy Oral Health Clinic	Continental Road GLENORCHY	1	Community Dental Centre
Hobart Private Hospital	33 Argyle Street HOBART	1	Hospital Leased to private operator
Huon CHC	7-9 Sale Street HUONVILLE	1	Community Care Facility
Huonville Adult and Community Mental Health Service	7/9 Sale Street HUONVILLE	1	Community Health Facility
King Island Dental Clinic	CURRIE		King Island Hospital and Health Centre
Kings Meadows Dental Clinic	McHugh Street, KINGS MEADOWS		Community Health Centre
Kingston Adult and Community Mental Health Service	29 John Street KINGSTON	1	Community Health Facility
Kingston CHC	29 John Street KINGSTON	2	Community Care Facility
Latrobe Oral Health Clinic	23 Lewis Street LATROBE	1	Community Dental Centre
Launceston Adult and Community Mental Health Services	52 Frankland Street LAUNCESTON	1	Community Health Facility
Launceston Child and Adolescent Mental Health Service	46 Cameron Street LAUNCESTON	1	Community Health Facility
Launceston Inpatient Northside	Launceston General Hospital LAUNCESTON	1	Acute Care Hospital
Launceston Older Persons Mental Health Service	52 Frankland Street LAUNCESTON	1	Community Health Facility
Longford Dental Clinic	8 Archer Street, LONGFORD		Community Health Centre
May Shaw Nursing Centre	37 Wellington Street SWANSEA	1	Aged Accommodation
Mental Health Area Management Unit	St Johns Park NEW TOWN	1	Office
Mental Health Area Management Unit	5th Floor, Parkside Building, BURNIE	1	Office
Midlands Multi-purpose Health Centre	13 Church Street OATLANDS	1	Multi-purpose Health Care Centre
Millbrook Rise Centre	3 Hobart Road NEW NORFOLK	1	Inpatient Facility
Mistral Place	4 Liverpool Street HOBART	1	Inpatient Facility
Mowbray Dental Clinic	Beatty and Jellico Streets, Mowbray		Child Health Centre
Needle Exchange Program	8/2 Bayfield Street BELLERIVE	1	Needle Exchange Program
New Norfolk Dental Clinic	Circle Street, NEW NORFOLK		Community Health Centre
New Norfolk District Hospital	3 Richmond Street NEW NORFOLK	2	District Hospital
New Norfolk Doctors Clinic	11-13 Burnett Street NEW NORFOLK	2	Offices/Clinics
Northern Dental Centre	3 Kelham Street LAUNCESTON	1	Oral Health Facility
Nubeena Settling Ponds	Suckling Street NUBEENA	1	Infrastructure

Name	Address	# of Buildings	Use
Older Persons Mental Health Service	16-22 Bayfield Street ROSNY PARK	1	Community Health Facility
Older Persons Mental Health Service	90 Davey Street HOBART	1	Hospital
Oral Health Clinic	Thorne Street ACTON	1	Community Dental Centre
Oral Health Store	Montagu Road SMITHTON	1	Community Dental Centre
Orthotics & Prosthetics Service Tas	94 Davey Street HOBART	1	Support Service
Peacock Centre Adult and Community Mental Health Service	10 Elphinstone Road, NORTH HOBART	1	Community Health Centre
Podiatry Services	6 Bayfield Street BELLERIVE	1	Support Services
Queenstown Dental Clinic	Orr Street, QUEENSTOWN		West Coast District Hospital
REPAT A, C, D, E, H & J Blocks	90 Davey Street HOBART	6	Sub-acute Facility, Clinics, Offices Storage, Workshops
RHH Kitchen Facility	Loop Road CAMBRIDGE	1	Support Service
Risdon Vale CHC	32 Sugarloaf Road RISDON VALE	1	Community Care Facility
Ronald McDonald House	62 Collins Street HOBART	1	Family/Carers Accommodation
Rosebery Dental Clinic	Arthur Street, Rosebery		Community Health Centre
Roy Fagan	54 Kalang Avenue LENAHA VALLEY	1	Inpatient Facility
Royal Hobart Hospital	48 Liverpool Street HOBART	8	Acute Care Facility
Scottsdale Dental Clinic	Cameron Street, SCOTTSDALE		North East Soldiers Memorial Hospital
Sheffield Dental Clinic	Nightingale Street, SHEFFIELD		Kentish Health Centre
Smithdon Dental Clinic	Brittons Street, SMITHTON		Smithton District Hospital
Sorell CHC	47 Cole Street SORELL	1	Community Care Facility
Southern Dental Centre	2 Archer Street NEW TOWN	4	Oral Health Facility
Spring Bay/Triabunna CHC	3 Melbourne Street TRIABUNNA	1	Community Care Facility
St Helens Dental Clinic	Circassian Street, ST HELENS		St Helens District Hospital
St Johns Park	Main Road NEW TOWN	3	Renal/Accommodation/ Offices/Kitchen Facilities/ Support Services
Swansea CHC	9 Schouten Street SWANSEA	1	Community Care Facility
Tasman Multi-purpose Service	1614 Nubeena Road NUBEENA	1	Multi-purpose Health Care Centre
Telstra Tenancy	68-80 Collins Street HOBART	1	Offices
Tolosa Street	108 Tolosa Street GLENORCHY	1	Inpatient Facility
Ulverstone Oral Health Clinic	James Street ULVERSTONE	1	Community Dental Centre
Warrane Senior Citizens Club	10 Binnalong Road WARRANE	1	Day Care Centre – Seniors
Wellington Centre	46 Argyle Street HOBART	1	Offices/Clinics
Wellington Street (RICETC)	10 Wellington Street OATLANDS	1	Student Accommodation
Wynyard Dental Clinic	39 Hogg Street, WYNYARD		James Muir Community Health Centre



ACHIEVEMENTS

THO-South's strategic priorities in 2013-14 were centred on:

- ▶ Enhancing safety and quality
- ▶ Patients, participation and health promotion
- ▶ Building resilience and promoting success
- ▶ Developing sustainability
- ▶ Strengthening partnerships
- ▶ RHH redevelopment program.

APPROPRIATE, RESPONSIVE AND RELEVANT TO OUR COMMUNITY

Bruny Island Community Health Centre introduced an extensive Health Promotion Program focussed on helping residents with a range of chronic health conditions and mobility issues.

The program encompasses a diverse range of activities such as:

- ▶ over 50's strength and balance classes
- ▶ Nordic walking
- ▶ nutrition and cooking programs
- ▶ boxing, and
- ▶ farm safety.

Prompted by surveys showing that residents did not feel safe or confident to walk on the beach or in the bush, which had limited their exercise and made them feel socially isolated, the Bruny Island CHC developed monthly beach walking and bush walking programs. Designed for a range of fitness levels, the programs brought together the community in a supportive, positive environment.

SAFETY AND QUALITY ARE PRIORITIES

In 2013-14, THO-South exceeded the hand hygiene compliance target set by the Tasmanian Government for the first time since the introduction of the National Hand Hygiene Initiative in 2009. This achievement has been sustained and directly supports a safer environment for patients, visitors and healthcare workers.

The improved hand hygiene program was led by Infection Control and Infectious Diseases staff with the active involvement of a variety of Medical Speciality teams, Clinical Units and Services, the Executive Committee, and the Medical Leadership and Advisory Committee.

INTEGRATE ACROSS THE CONTINUUM OF CARE

The Royal Hobart Hospital (RHH) Renal Unit created and introduced a philosophy of Home Dialysis First so that patients with chronic kidney disease are encouraged to self-manage their dialysis at home, rather than visiting a centre.

Patients are supported to be as independent as possible. This model of care promotes improved quality of life, less travel for treatment, and flexibility. These patients also experience less hospitalisation and can maintain a productive working and family life.

As well as showing dramatic benefits for the patient's quality of life, there have been significant cost savings of up to \$126 000 in 2013-14.



PATIENT CENTRED CLINICAL PRACTICE

Mental Health Services Tasmania's Community Step Up and Step Down facility at Mistral Place, Hobart has introduced a model of care to provide an alternative to hospitalisation and enable early discharge.

The Community Assessment and Treatment Team is able to facilitate community admissions by liaising directly with Mistral Place nursing staff.

Community consultants and case managers also work closely with the RHH Inpatient Nursing Team to admit low level mental health clients from the RHH Emergency Department (ED), who may need assessment but not within the Department of Psychiatry or Psychiatric Intensive Care Unit.

This change, along with the introduction of psychiatric nurses in ED and revamping processes within the acute unit, has helped to free-up mental health inpatient beds, accelerate the triage of mental health patients, and reduce the psychiatric inpatient length of stay from an average 13 days in March 2013 to 10 days in March 2014.

GOVERNANCE, LEADERSHIP AND MANAGEMENT IS EFFECTIVE, INNOVATIVE AND VALUED

THO-South Outpatient Clinics provide specialist medical, paediatric, obstetric or surgical assessment and care in several locations in southern Tasmania including the Royal Hobart Hospital (RHH). The clinics also provide associated allied health services (such as physiotherapy) and testing to assist with a patient's diagnosis.

During 2013-14, as part of an Outpatient Improvement Project, THO-South launched Tasmania's first outpatient website to provide user-friendly information for doctors and the general public – <http://outpatientsouth.tas.gov.au>

The website went live in June 2014 and is expected to help reduce the number of no-show appointments and inadequate or inappropriate referrals.



FINANCIAL STRENGTH

The maximisation of own source revenue remained a major focus of the THO-South Finance Group. During 2013-14, THO-South exceeded its own source revenue budget by approximately \$7.9M.

In addition, THO-South was able to increase the earnings of the Private Practise Scheme by more than \$1.3M by streamlining its administrative practices, better engagement with clinicians, and the use of temporary staff to ensure better follow up of outstanding debt.

Increasing such revenue streams will continue to be a priority in THO-South business planning.

THO-South has maintained its private inpatient bed day revenue with 18 per cent of all inpatients treated by the organisation electing to utilise their private insurance (the national average is 11 per cent).

4 COMPLIMENT FROM THE PUBLIC

"I and my husband have nothing but admiration and thankfulness for Oral Health Services care, listening skills and gentleness. You made me feel important in every way no matter how small the issue."

5 COMPLIMENT FROM THE PUBLIC

"I have been to Emergency twice in the last week and a half. I just wanted to say a very sincere thank you for your wonderful, reasonably prompt, thorough, and excellent service."

HOSPITAL AND HEALTH FACILITY REDEVELOPMENTS ARE DELIVERED ON TIME AND BUDGET AND MEET THE NEEDS OF OUR COMMUNITY AND STAFF

Several major THO-South redevelopments were opened in 2013-14. They included:

- ▶ \$20M Cancer Centre
- ▶ \$14M Department of Critical Care Medicine
- ▶ \$8.7M Emergency Medical Unit (EMU).

Other refurbishments have been completed in the Department of Medical Imaging, Wellington Centre Outpatient Clinics, and Northern Dental Centre.

These improvements have enhanced patient care and access to treatment for tens of thousands of Tasmanians.

LEARNING ORGANISATION

In January 2014, Oral Health Services Tasmania (OHST) welcomed two students under the Oral Health Therapist Graduate Year Program, a Commonwealth initiative aimed at increasing the dental workforce in rural and regional Australia. Under the program, the salaries for oral health therapist graduates and mentoring support are provided for 12 months while the graduates work in the public sector and undertake the formal curriculum that underpins the national program.

The program also funded a significant redevelopment at the OHST Southern Dental Centre including two new dental surgeries, storage areas, and expansion of the central sterilisation area. The improvements have enabled many more children to be provided with dental care in Hobart and boosted the prospects of recruiting more oral health therapists to Tasmania.

ENGAGEMENT WITH THE COMMUNITY

OUR COMMUNITY ENGAGEMENT VISION

To lead, facilitate and provide a strong relationship between our consumers, our staff and our community where their opinions and views are heard, respected and valued in decision-making, resulting in a continuously improving health service.

OUR COMMUNITY ENGAGEMENT VALUES

- ▶ Respect
- ▶ Innovation
- ▶ Inclusiveness
- ▶ Compassion
- ▶ Integrity

THO-South connects with a broad range of stakeholders every day including patients, families, carers, clinicians and support groups. The organisation provides a range of ways for its community to be involved with service planning and delivery, and supports inclusive partnerships which improve both the consumer experience and individual health outcomes.

The scope of THO-South community and consumer engagement is underpinned by the Community Engagement Strategy 2013-15 and primarily managed by two units – the Community Relations Unit and the Safety and Quality Unit. These oversee a range of groups, programs, and projects delivered by various THO-South services.

THO-South community engagement includes:

- ▶ Community Engagement Advisory Group (CEAG) – independent members who speak on behalf of consumers, and support planning and decisions that will benefit THO-South consumers.
- ▶ Local Government – a Memorandum of Understanding with the Southern Tasmanian Councils Authority underpins a commitment to work together to create healthier communities.

6 COMPLIMENT FROM THE PUBLIC

“I just wanted to send a huge thank you to all the staff that helped me out after injuring myself during my holiday to Tasmania. Everyone from triage to x-ray, doctors, orderly and even the cleaner who recognised me and said Hi every visit.”

7 COMPLIMENT FROM THE PUBLIC

“I would like to compliment the Royal Hobart Hospital Emergency staff who cared for me during my recent operation. They were reassuring, comforting and friendly, expedient in arranging my care and treatment and liaising with my specialist.”

SWEET SOUNDS AID HEALING

Patients, staff and visitors at the RHH were serenaded by a series of orchestral performances in May 2014.

Tasmanian Symphony Orchestra conductor Greg Stephens and a portable ensemble of 14 musicians visited the Cancer Support Centre to perform four uplifting 15-minute concerts.

Guests were delighted to be so close to the musicians and enjoyed mingling with the orchestra after each performance.

RHH cancer patient Ian Middleton said the music helped take his mind off treatment and diagnosis.

"I absolutely love classical music and I find it extremely soothing; being so close to the music, I can feel it resonating through my body," Mr Middleton said.



Violinist Edwina George, patient Ian Middleton, and Oncology NUM Katrina Hodge.

- ▶ Community Health Services – all divisions of THO-South nurture strong community connections and foster engagement with key health providers such as the Cancer Council and Heart Foundation.
- ▶ Public/Private partnerships – THO-South maintains strategic partnerships with organisations such as the University of Tasmania which support the delivery of strategic objectives and provide additional channels for community feedback. OHST has formal partnerships with the Universities of Adelaide and Queensland, and James Cook University as well as contractual relationships with 69 private dental providers.
- ▶ Complaint and Commendation Management and Ministerial Liaison – an advocacy role and feedback system for patients.
- ▶ Online Enquiries – timely responses to public enquiries provided by the Community Relations Unit.
- ▶ Survey Management – coordinated by the Quality and Safety Unit.
- ▶ The Royal Hobart Hospital (RHH) also enjoys a long history of direct community participation through groups such as its 18 Auxiliaries, the volunteer service and community fundraising campaigns.

COMMUNITY ADVISORY GROUP

The THO-South Community Engagement Advisory Group (CEAG) recognises the vital role consumers play in developing and improving policy, reviewing procedures, identifying risks in the delivery of health care, and supporting the provision of education, advocacy, training, and information services.

The membership of the group aims to represent a broad cross-section of the THO-South community.

Strategically, the CEAG:

- ▶ is responsible for ensuring a collaborative approach with consumers in the provision of quality health care services,
- ▶ provides a forum for consumers to have input into safety and quality issues in the delivery of health services,
- ▶ provides opportunities for staff to be better informed about community views and perceptions while also providing a process of two-way exchange of information,

BIG HEARTED GIVING FOR KIDS

The 11th annual Give Me 5 for Kids Appeal raised a record amount thanks to the generosity of Tasmanians and the dedication of Hobart radio station Heart 107.3FM.

The funds have been invested in the redevelopment of the RHH Paediatric Clinics to provide additional consulting rooms, a designated meeting room, interview room for parents, clinical equipment, and child friendly furniture.

In addition, the Neonatal and Paediatric Intensive Care Unit has been able to purchase a second oscillator ventilator to assist newborn babies and young children with breathing difficulties.

The Give Me 5 for Kids Appeal provides the biggest community donation received by the RHH and THO-South is extremely grateful for such a big-hearted show of support.



Heart 107.3 hosts Kim and Dave present a cheque to Paediatrics Director Assoc. Prof. John Daubenton and A/CEO Lorraine Millar.

- ▶ helps to foster and develop communication links between staff and health consumers to enable them to participate effectively, and
- ▶ promotes the benefit of consumer participation/partnerships and supports consumer involvement in quality improvement activities.

In 2013-14, THO-South CEAG participated in numerous activities including the Specialist Outpatient Strategic Review and Venous Thromboembolism (VTE) Prevention Consumer Focus Group.

VOLUNTEERS

The RHH Volunteer Service provided more than 20 000 hours of voluntary support through the year. It involves 115 volunteers, aged 18 to 85 years.

Volunteers' recruitment includes a written application, a Police Check and a formal interview. If successful, the volunteer attends training including a full day of orientation and one in-house Community Engagement Education Session.

AUXILIARIES

The Auxiliary movement celebrated its milestone Diamond Jubilee in 2013-14 and continues to play a valuable role in assisting Tasmanian hospitals and healthcare providers to purchase vital equipment.

The statewide network of 36 health Auxiliaries raised in excess of \$1 000 000 to be invested in equipment such as wheelchairs, blood storage refrigerators, defibrillators, nebulisers, lasers, ultrasounds, chairs, pressure mattresses, blanket warming cabinets, garden equipment, and vision aids.

COMMUNITY BENEFACTORS

Public support makes an enormous difference to the lives of THO-South patients and their families.

In 2013-14, more than \$429 000 and thousands of useful gifts were given to the RHH. These donations helped to improve the delivery, accessibility and quality of care provided to patients.

Corporate supporters such as Austereo's Heart 107.3, Woolworths and Budget car hire made significant contributions through major campaigns. The hospital Auxiliaries and volunteers also fundraised to purchase equipment such as a ventilator for the Neonatal and Paediatric Intensive Care Unit, vital sign monitors for the IB Medical Precinct, an ultrasound machine for the Renal Unit, and recliners and audio visual equipment for the Department of Critical Care Medicine.

Dozens of smaller groups and dedicated individuals helped in innumerable ways big and small, and many families made donations in memory of their loved ones. The contribution of the Tasmanian community is deeply appreciated by THO-South staff and patients.

DONATIONS

THO-South Recipient	Donations
Complex, Chronic, Community Services	\$47 394
Surgery	\$4 900
Clinical Support	\$5 664
General	\$176
Medicine	\$101 100
Women's and Children's Services	\$269 820
Total	\$429 054

OUR WORKFORCE

THO-South's Strategic Direction objective number five states that it is "shaping our workforce to be capable of meeting changing needs and future requirements". The organisation recognises that in order to continue to provide high quality, safe services it must endeavour to recruit, retain and continuously develop a dynamic well motivated workforce.

To support this objective, THO-South has a Human Resources and Workplace Safety Strategy. The key features of the strategy include strategic staffing, predicting our staffing needs, being well placed to attract, recruit and develop quality staff, developing strategies to retain key personnel, and have appropriate succession plans in place.

Workforce plans have been developed to help future-proof Nursing and Allied Health professions and workforce planning has been progressed in other key areas.

Other elements of the strategy include promoting a performance culture and raising the profile and focus of safety, health and wellbeing, both at work and at home, which is further supported by the THO-South Safety Management System.

In addition, the organisation has continued to strengthen its relationships with the University of Tasmania to develop new programs to meet future recruitment needs. THO-South has continued to foster and encourage participants in Management and Leadership Programs and have all senior supervisors and managers participate in a "Delivering on Results" management program.

THO-South participates at a national level in strategic workforce planning through membership of the Health Workforce Principal Committee and Boards of Health Workforce Australia.

AWARDS AND AGREEMENTS

The awards and agreements established to cover the range of disciplines within THO-South:

▶ **Allied Health Professionals**

Allied Health Professionals (Tasmanian State Service) Agreement 2014

Radiation Therapists (State Service) Union Agreement 2013

▶ **Medical Practitioners**

Medical Practitioners (Public Sector) Award
Rural Medical Practitioners (Public Sector) Agreement 2011

Salaried Medical Practitioners (Australian Medical Association Tasmania/DHHS) Agreement 2009

Tasmanian Visiting Medical Practitioners (Public Sector) Agreement 2013

▶ **Nurses**

Nurses (Tasmanian State Sector) Award 2013
Nurses and Midwives Interim Agreement 2013

▶ **Administrative and Operational**

Health and Human Services (Tasmanian State Service) Award
Public Sector Unions Wages Agreement 2013

▶ **Other Awards and Agreements Not Covered Above**

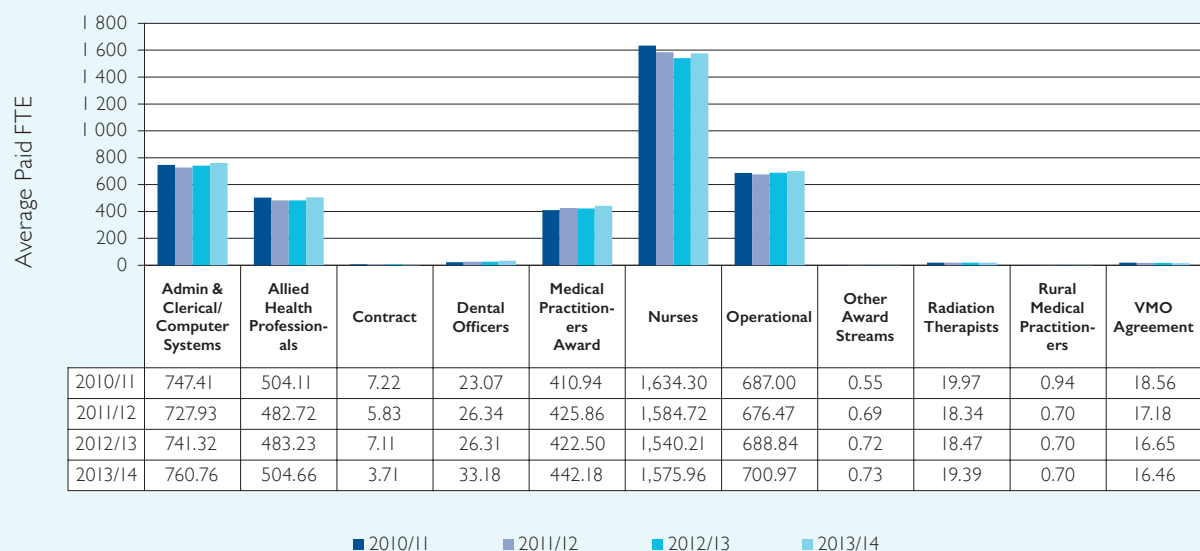
Central Sterilising Department Shift Workers Length of Shift Agreement 2010

Department of Health and Human Services – Roy Fagan Centre Shift Work Arrangement Agreement 2003

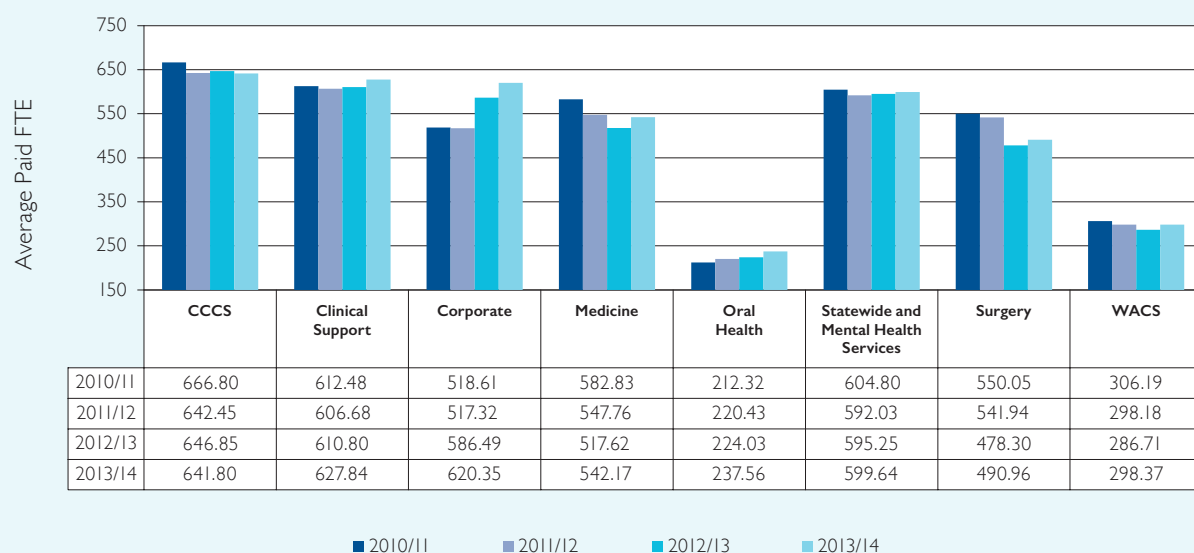
Department of Health and Human Services – Wilfred Lopes Centre – Care Assistant Shift Arrangements 2006

Royal Hobart Hospital Core Laboratory Roster Agreement 2003

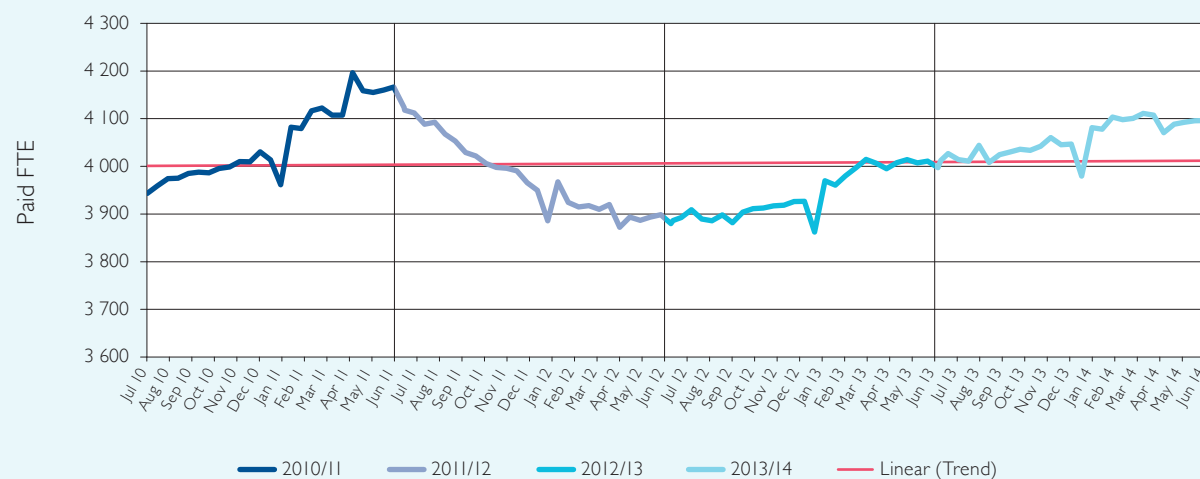
THO-SOUTH AVERAGE PAID FTE BY AWARD CLASS



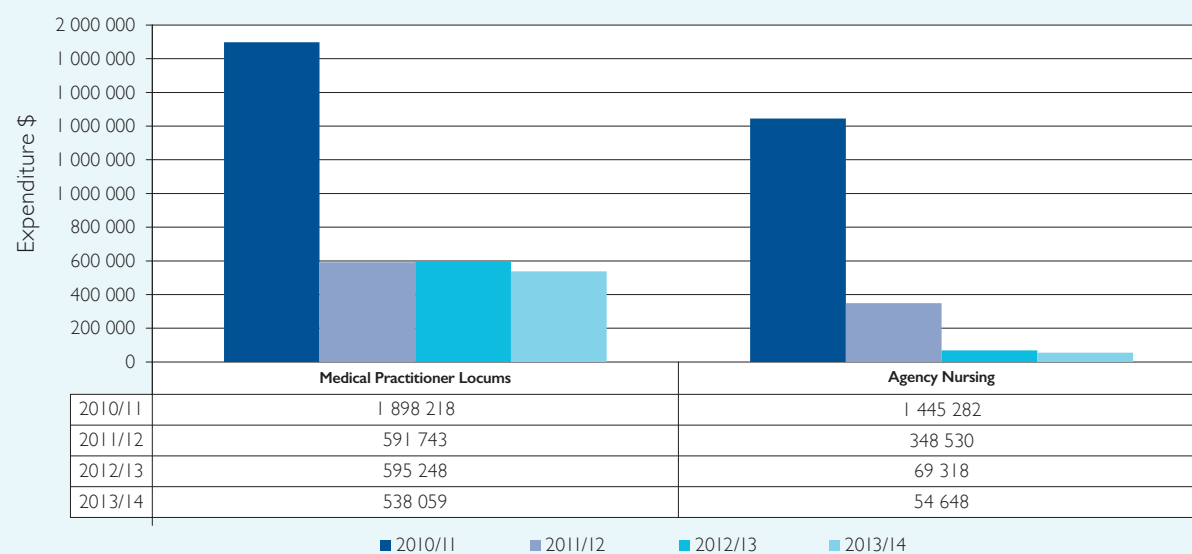
THO-SOUTH AVERAGE PAID FTE BY GROUP



THO-SOUTH PAID FTE



THO-SOUTH MEDICAL PRACTITIONERS LOCUM/AGENCY NURSING EXPENDITURE



OUR PERFORMANCE

SERVICE AGREEMENT 2013-14 PERFORMANCE SUMMARY

Finance					Comments
KPI 1. Variation from budget – full year actual					
▶ Target	Balanced budget				
▶ Final result (as per advice from SFC to SPP on 23 July 2014)	\$1.9 million deficit				▶ Supplementary funding of \$20.3 million provided by Government in 2013-14 ▶ Discretionary funding carried forward to 2014-15 (\$3.2 million) not sufficient to meet outstanding cross border payment commitments (\$5.1 million)
Activity	Quarter 1 Jul to Sep	Quarter 2 Oct to Dec	Quarter 3 Jan to Mar	Quarter 4 Apr to Jun	Comments
KPI 1. Acute admitted weighted separations					
▶ Target (cumulative)	14 894	29 220	43 080	56 604	
▶ Quarterly Performance Level (cumulative) (note: SPP data selection criteria is: admission care type 1, regular list only, ORPs included and DRG version 6.0x Round 15 cost weights. SPP data as per FYI on 28 August 2014)	15 719	31 363	46 573	61 427	▶ Full year target exceeded by 4 823 weighted separations (8.5%) ▶ Activity exceeded target across all four quarters
Safety and Quality	Quarter 1 Jul to Sep	Quarter 2 Oct to Dec	Quarter 3 Jan to Mar	Quarter 4 Apr to Jun	Comments
KPI 1. Hand hygiene compliance (facility: Launceston General Hospital)					
▶ Target	70%	70%	70%	70%	
▶ Quarterly Performance Level	68.4% (June submission)	66.3% (October submission)	79.0% (March submission)	80.0% (June submission)	▶ Target achieved in 2 of 4 quarters ▶ Significant improvement over the last 2 quarters
KPI 2. Healthcare associated staphylococcus aureus (including MRSA) bacteraemia infection rate (facility: Launceston General Hospital)					
▶ Target (cases per 10 000 patient days)	2.0	2.0	2.0	2.0	
▶ Quarterly Performance Level	0.93 (April to June 2013)	0.49 (July to September 2013)	0.99 (October to December 2013)	0.80 (January to March 2014)	▶ Target achieved in all 4 quarters

Emergency Department	Quarter 1 Jul to Sep	Quarter 2 Oct to Dec	Quarter 3 Jan to Mar	Quarter 4 Apr to Jun	Comments
KPI 1. Percentage of Triage 1 emergency department presentations seen within the recommended time					
▶ Target	100%	100%	100%	100%	
▶ Quarterly Performance Level	100%	100%	100%	100%	▶ Target achieved in all 4 quarters
KPI 2. Percentage of Triage 2 emergency department presentations seen within the recommended time					
▶ Target	80.0%	80.0%	80.0%	80.0%	
▶ Quarterly Performance Level	88.0%	85.2%	87.7%	87.5%	▶ Target achieved in all 4 quarters
KPI 3. Percentage of all emergency department presentations seen within the recommended triage time					
▶ Target	80.0%	80.0%	80.0%	80.0%	
▶ Quarterly Performance Level	65.1%	64.7%	67.3%	69.7%	▶ Target failed in all 4 quarters ▶ Steady improvement across year
KPI 4. Percentage of emergency department did not wait presentations					
▶ Target	<= 5%	<= 5%	<= 5%	<= 5%	
▶ Quarterly Performance Level	5.4%	5.4%	4.8%	4.3%	▶ Target achieved in 2 of 4 quarters
KPI 5. Time until most admitted patients (90%) departed emergency department					
▶ Target	17hrs/32min	17hrs/4min	16hrs/37min	16hrs/09min	
▶ Quarterly Performance Level	16hrs/42min	15hr/9min	14hrs/17min	14hrs/20min	▶ Target achieved in all 4 quarters
KPI 6. Incidence of ambulance offload delay					
▶ Target	<10%	<10%	<10%	<10%	
▶ Quarterly Performance Level	18.4%	20.2%	13.5%	15.5%	▶ Target failed in 4 quarters
KPI 7. Total time spent by ambulance presentations in offload delay (compare with same period in 2012-13)					
▶ Target	714hrs/40min	349hrs/39min	393hrs/54min	593hrs/1min	
▶ Quarterly Performance Level	713hr/30min	785hrs/45min	388hrs/2min	430hrs/30min	▶ Target achieved in 3 of 4 quarters

KPI – Elective Surgery	Quarter 1 Jul to Sep	Quarter 2 Oct to Dec	Quarter 3 Jan to Mar	Quarter 4 Apr to Jun	Comments
KPI 1. Elective surgery quarterly admission targets					
▶ Target (cumulative)	1 687	3 213	4 575	6 102	
▶ Quarterly Performance Level (cumulative)	1 583	3 286	4 443	6 216	▶ Admissions within the acceptable threshold established in Service Agreement (6 102 to 6 823)
KPI 2. Percentage of category 1 patients admitted within the recommended time					
▶ Target	72.7%	80.9%	89.1%	97.3%	
▶ Quarterly Performance Level	68.8%	71.0%	71.0%	65.4%	▶ Target failed in all 4 quarters ▶ Performance significantly below target and deteriorated sharply in last quarter
KPI 3. Number of over boundary, category 1 patients on the waiting list					
▶ Target	159	106	53	0	
▶ Quarterly Performance Level	87	85	87	127	▶ Target achieved in 2 of 4 quarters ▶ Performance significantly below target and deteriorated sharply in last quarter
KPI 4. Number of over boundary, category 2 patients on the waiting list					
▶ Target	1 221	1 181	1 140	1 100	
▶ Quarterly Performance Level	871	808	772	980	▶ Target achieved in all 4 quarters
KPI 5. Number of over boundary, category 3 patients on the waiting list					
▶ Target	336	324	312	300	
▶ Quarterly Performance Level	261	264	252	243	▶ Target achieved in all 4 quarters
KPI 6. Number of patients on the waiting list waiting longer than 365 days					
▶ Target	904	853	801	750	
▶ Quarterly Performance Level	629	535	515	445	▶ Target achieved in all 4 quarters
KPI – Alcohol and Drug Service	Quarter 1 Jul to Sep	Quarter 2 Oct to Dec	Quarter 3 Jan to Mar	Quarter 4 Apr to Jun	Comments
KPI 1. Number of individual clients accessing the Pharmacotherapy Program					
▶ Target (equal to or higher than)	650	680	715	750	
▶ Quarterly Performance Level	681	692	617	688	▶ Target achieved in 2 of 4 quarters
KPI – Oral Health	Quarter 1 Jul to Sep	Quarter 2 Oct to Dec	Quarter 3 Jan to Mar	Quarter 4 Apr to Jun	Comments
KPI 1. Number of Dental Weighted Activity Units (DWAUs) delivered between 20 December 2012 and 30 June 2014					
▶ Target	Dec12-Sep13 36 281	Dec12-Sep13 47 446	Dec12-Sep13 59 015	Dec12-Sep13 70 593	
▶ Quarterly Performance Level	37 768	49 558	60 983	73 445	▶ Target achieved in all 4 quarters
KPI 2. Proportion of 'Emergency' clients managed on the same day that they are triaged					
▶ Target	75%	75%	75%	75%	
▶ Quarterly Performance Level	95%	99%	100%	98%	▶ Target achieved in all 4 quarters
NPA IHST					
▶ Target	231				
▶ Final Result	222				▶ Target not achieved

EDUCATION

MEDICAL EDUCATION AND RESEARCH

THO-South, in collaboration with the University of Tasmania (UTAS), has been actively exploring opportunities to establish an academic precinct across both organisations and improve health outcomes through mutually beneficial education and research activities. In addition to this, staff employed by THO-South have contributed to the publication of clinical and basic medical sciences research through collaboration with local, national and international partners during the past year.

THO-South's clinical placement capacity for undergraduate medical education has also supported experiential and structured learning opportunities for the clinical training of students in Years 3, 4 and 5 of the University of Tasmania Medicine (MBBS) Program. This assures an ongoing supply of competent, work-ready graduates who ultimately serve the Tasmanian community. Clinical placements take place in a variety of hospital-based disciplines including Surgery, Medicine, Obstetrics and Gynaecology, Paediatrics, Psychiatry, Emergency Medicine and Critical Care. Numerous clinicians provide ward-based and didactic teaching, as well as performing work-based assessments and feedback. The newly configured Southern Simulation Centre, a joint project between the Royal Hobart Hospital and UTAS, gives priority to undergraduates for high-fidelity simulated learning activities. The recently commissioned Wellington Centre Outpatient Clinics also serve as high quality venues for activities such as Objective Structured Clinical Examinations (OSCE) and the Clinical Teaching Associates program.

The Royal Hobart Hospital maintained accreditation by a broad range of specialist Colleges for providing postgraduate Specialist training in fields including Anaesthetics, Anatomical Pathology, Cardiology, Cardiothoracic Surgery, Chemical Pathology, Dermatology, Endocrinology, Gastroenterology, General Medicine, General Surgery, General Pathology, Haematology, Infectious Diseases, Medical Administration, Microbiology, Nephrology, Neurology, Neurosurgery, Obstetrics and Gynaecology, Medical Oncology, Orthopaedics, Paediatrics, Plastic Surgery, Radiology, Rheumatology, and Vascular Surgery.

Promoting general skill development and core competence of the existing workforce was also a priority. The organisation provided a wide range of on-site training initiatives such as Grand Rounds, staff development sessions, e-learning packages, and targeted professional development activities as well as staff support to attend external education and training opportunities.

NURSING EDUCATION AND RESEARCH

Nurse and Midwifery Education and Research staff continued to work with others to achieve the highest standard of care for patients. The primary focus of the Clinical Nurse and Midwife Educators is the development of clinical staff in practice. In addition, staff work across several areas including professional development, practice development and research. Nurse Education staff support all nurses and midwives including undergraduate students, nurses in their first year of practice and postgraduate students. Achievements over the 2013-14 year include:

- ▶ Educators have had a key role in developing e-learning resources, increasing access to education for the varied and diverse learners across THO-South.
- ▶ Clinical supervision support for nurses supervising others and staff being supervised has continued with a range of activities including preceptorship workshops and study days for newly registered nurses to consolidate their skills and transition into the paid workforce.
- ▶ Educators are actively involved in implementing and monitoring the National Safety and Quality Health Standards at the clinical level.
- ▶ Practice Development (PD) activities in Tasmania have continued with five and three day schools to lead and develop person-centred cultures that are dignified, compassionate and safer for all.

AWARD RECIPIENTS

Bronwen Neely: *David Collins Leukaemia Foundation Scholarship to support attendance at the Annual Haematology of Australia & New Zealand Annual Scientific Meeting in Queensland.*

Jennifer Brakey: *Australian College of Nursing Professional Development Scholarship to support attendance at the Annual Haematology of Australia & New Zealand Annual Scientific Meeting in Queensland.*

ALLIED HEALTH PROFESSIONAL EDUCATION AND RESEARCH

Allied Health professional staff continue to demonstrate strong engagement with education and training activity, meeting mandatory training requirements, participating in one of a number of supported journal clubs and taking opportunities to share expertise in a range of fora such as Grand Rounds.

The response to new learning requirements, including the Safety Learning Reporting System and the *Tasmanian Mental Health Act 2013*, has been positive. A major focus of training has been meeting Activity Bar Code training requirements with approximately 150 Allied Health professional staff across THO-South undertaking intensive training to record their daily workload activity.

Continued staff participation in postgraduate study has been promoted by UTAS and Allied Health Professionals (AHPs) Practice Development Unit information sessions, and supported by access to DHHS scholarships for fee waiver and the development of pathways for specific qualifications directly relevant to staff. A highlight of first semester 2014 was the successful participation of 15 staff in the UTAS unit 'Strategic Management' as a result of an Australian Government Rural Health Continuing Education Grant.

Many THO-South Allied Health professionals participated in the biennial Allied Health Professionals Tasmanian Symposium on 14 November 2013, an initiative of the Allied Health Professional Executive Committee (AHPEC) in partnership with the Tasmanian Allied Health Professional Advancement Committee (TAHPAC).

Several projects supported by successful funding applications to the Tasmanian Clinical Education Network (TCEN) came to fruition. Focusing on student supervision competency and support, the projects included delivery of a number of 'Teaching on the Run' workshops for supervisors and the inception of a community of practice for student supervisors. Staff resources and further needs relating to the coordination and support of student supervision have been mapped and there is ongoing work translating an existing in-house supervisor training workshop to an e-learning program. A training hub was established to provide Tasmanian Medicine, Pharmacy and Nursing undergraduates with an understanding of oral health issues.

Responses to the 2013-14 Allied Health Professional Education Needs Survey have suggested that some learning priorities identified in 2010 have been addressed but others continue to elicit strong staff interest (e.g. chronic disease management) with the overall survey results providing an important planning guide for the next two years.

AWARD RECIPIENTS

Sari O'Meagher

Royal Hobart Hospital Research Foundation New Clinical Grant 2014 to progress stage two of her PhD study 'Executive functioning and everyday performance in early school age children born less than 32 weeks gestation'.

NEW RESEARCH

In Allied Health Professional Services, new low-risk health service evaluations were commenced:

- ▶ **Dorward C, Waugh M, Lange B**
'Occupational therapy chronic obstructive pulmonary disease service review'.
- ▶ **Boman M, Saunders C, Steindl L**
'Healthy Vending RHH survey' and Master of Health and Human Services workplace-based research studies were commenced by:
- ▶ **Waugh M**
'Doctor and occupational therapist knowledge, attitudes and clinical practice of patient fitness-to-drive and the Austroads guideline at the Royal Hobart Hospital'.
- ▶ **Graney, T**
'An investigation into the suitability of an education program for residential aged care staff working with people with communication difficulties'.

DENTAL CLINICS REVAMPED

Oral Health Services
Tasmania dental clinics in Hobart, Launceston and Devonport underwent significant refurbishment in 2013-14.

The Southern Dental Centre now has three additional dental surgeries, new equipment and a bigger central sterilisation area. The clinic can host two new Oral Health Therapist graduates to provide additional dental care for Tasmanian children.



The Northern Dental Centre, Launceston.



Southern Dental Centre with Bridget Sexton (Oral Health Therapist Voluntary Graduate).

The Northern Dental Centre was redeveloped to include a new Education Centre, doubling the State's capacity to offer supervised clinical placements. The new facility provides eight new dental surgeries, six chairs for students, a new reception area and patient waiting area, and refurbishment of the prosthetic laboratories.

The Devonport Dental Centre has two new dental surgeries fitted out with dental equipment, a larger central sterilisation area, and additional x-ray processing bays.



Devonport Dental Centre with Dr Sven Jensen (Voluntary Graduate Dentist 2013) and Merril Redpath (Senior Dental Assistant).

RESEARCH

Health System Research, which incorporates all aspects of clinical research as well as evidence-based healthcare, underpins decision making and clinical care advances. THO-South actively participates and encourages clinical research in its many facets. The incorporation of research within the THO-South Corporate Plan is a key strength as well as commitment. The organisation's record of achievement is significant and noteworthy compared to other national organisations of greater capacity.

The signs of a vibrant and education focused organisation are the activities and outputs which evidence a commitment to teaching, training, education and research. THO-South has this objective as a fundamental platform of its strategic plan.

THO-South, which is now part of an academic precinct, has many committed contributors to the field of medical education and research. Participants in many clinical departments contribute valuable scientific and medical research, using both quantitative and qualitative methodologies. They participate in a large number of multi-centre trials and consequently contribute to the body of literature across a substantial number of clinical disciplines.

The teaching that takes place both at the bedside and within the laboratory forms the academic basis of a highly skilled medical workforce. Medical students and established clinicians contribute to research utilising a variety of teaching modalities as a part of our routine day-to-day running.

The ongoing support in clinical teaching and medical research comes with the full endorsement of the THO-South Governing Council. The tangible contribution made by many of our senior clinicians throughout the organisation is significant and laudable. Indeed it is that commitment to teaching and medical research which helps attract senior and skilled clinicians to build the organisation's ability to provide the best and most contemporary medical care.

CLINICAL TRIALS AND RESEARCH 2013-14

BRAIN

GBM. ACT IV: An international, randomised, double-blind, controlled study of Rindopepimut/ GM-CSF with Adjuvant Temozolomide in patients with newly diagnosed, surgically resected, EGFRvIII-positive Glioblastoma (The "ACT IV" Study) [Protocol No: CDX110-04 (ACT IV)].

CATNON Intergroup trial: A phase 3 trial on concurrent and adjuvant Temozolomide chemotherapy in non-1p/19q deleted Anaplastic Glioma.

TROG GBM: A randomised, phase 3 study of Temozolomide and short-course radiation versus short-course radiation alone in the treatment of newly diagnosed Glioblastoma Multiforme in elderly patients (>65 years old).

BREAST

Quintiles. PEGGY: A phase 2, randomised study of Paclitaxel with GDC-0941 versus Paclitaxel with placebo in patients with locally recurrent or metastatic breast cancer.

Spectrum Breast: A phase 2, open-label, dose-ranging study of HMI0460A or Pegfilgrastim use for the management of Neutropenia in patients with breast cancer who are candidates for adjuvant and neoadjuvant chemotherapy with the Docetaxel + Cyclophosphamide (TC) regimen.

SEAWEED 2012: A study of the interaction between complementary and alternative medicine and standard anti-cancer therapy.

ICON ABBVIE: A randomised, phase 2 study of the efficacy and tolerability of Veliparib in combination with Temozolomide or Veliparib in combination with Carboplatin and Paclitaxel versus placebo plus Carboplatin and Paclitaxel in subjects with BRCA1 or BRCA2 mutation and metastatic breast cancer.

STARS: A study of Anastrozole and radiotherapy sequencing for post-menopausal women.

TROG DCIS BIG 07.0: A randomised, phase 3 study of radiation doses and fractionation schedules in non-low risk Ductal Carcinoma In-Situ (DCIS) of the breast.

ALTTO: Adjuvant Lapatinib and/or Trastuzumab treatment optimisation study.

TRIO-012: A multi-centre, multinational, randomised, double-blind, phase 3 study of IMC-1121B plus Docetaxel versus placebo plus Docetaxel in previously untreated patients with HER2-negative, unresectable, locally-recurrent or metastatic breast cancer.

APHINITY: A randomised, multi-centre, double-blind, placebo-controlled comparison of chemotherapy plus Trastuzumab plus placebo versus chemotherapy plus Trastuzumab plus Pertuzumab as adjuvant therapy in patients with operable HER2-positive primary breast cancer.

GASTRO-INTESTINAL

Sirtex. FOX FIRE (follow on study of SIRFLOX): Assessment of overall survival of FOLFOX6m plus SIR-spheres microspheres versus FOLFOX6m alone as first-line treatment in patients with non-resectable liver metastases from primary colorectal carcinoma in a randomised clinical study.

AGITG. GAP (Resectable pancreas.): A phase 2 study of Gemcitabine and nabPaclitaxel for resectable pancreas cancer.

AGITG. DOCTOR: A randomised, phase 2 trial of pre-operative Cisplatin, 5 Fluorouracil and Docetaxel or Cisplatin, 5 Fluorouracil, Docetaxel plus radiotherapy based on poor early response to standard chemotherapy for resectable adenocarcinoma of the oesophagus and/or OG junction.

AGITG. Ice Cream: A randomised, phase 2 study of Cetuximab alone or in combination with Irinotecan in patients with metastatic CRC with either KRAS WT or G13D mutation.

AGITG. INTEGRATE: A randomised, phase 2, double-blind, placebo-controlled study of Regorafenib in refractory Advanced Oesophago-Gastric Cancer (AOGC).

AGITG. CO23: A randomised, phase 3 study of BBI608 and best supportive care versus placebo and best supportive care in patients with pre-treated advanced colorectal carcinoma.

ATTACHE: A trial of timing of surgery and adjuvant chemotherapy for hepatic metastases from colorectal cancer.

TOP GEAR: A randomised, phase 2/3 trial of preoperative chemoradiotherapy versus preoperative chemotherapy for Resectable Gastric Cancer.

SCOT: Short Course Oncology Therapy – A study of adjuvant chemotherapy in colorectal cancer. SCOT sub study – Ca/Mg as part of Folfex.

GYNAECOLOGY

PARAGON: A phase 2 study of aromatase inhibitors in women with potentially hormone responsive recurrent/metastatic gynaecological neoplasms: ANZGOG 0903.

PORTEC 3: A randomised, phase 3 trial comparing concurrent chemo radiation and adjuvant chemotherapy with pelvic radiation alone in high risk and advanced stage endometrial carcinoma.

SYMPTOM BENEFIT: Does palliative chemotherapy improve symptoms in women with recurrent ovarian cancer? Measuring subjective improvement as well as objective response to estimate the benefit of palliative chemotherapy in women with platinum resistant or refractory ovarian cancer.

SENTINAL NODE Study (Vulval): Project 12/14 – A prospective audit of sentinel node biopsy of vulval carcinoma in Australia and New Zealand.

LUNG

Teva Pharmaceutical. ENSPIRIT: A multinational, randomised, open-label, phase 3 study of Custirsen (TV-1011/OGX-011) in combination with Docetaxel versus Docetaxel as a second-line treatment in patients with advanced or metastatic (Stage IV) non-small cell lung cancer.

PPD. FIGARO. (Genetech GO27912 NSCLC GD-0941 in NSCLC) (Feasibility number BC #36549-01): A phase 2, double-blind, placebo-controlled, randomised study evaluating the safety and efficacy of Carboplatin/Paclitaxel/Bevacizumab with and without GDC-0941 in patients with previously untreated advanced or recurrent non-small cell lung cancer.

START II (EMR 63325-021): A multi-centre, randomised, double-blind, placebo-controlled, phase 3 trial of tecemotide versus placebo in subjects with completed concurrent chemo-radiotherapy for unresectable stage III non-small cell lung cancer.

MAPLE: A randomised, double-blind, phase 3 study evaluating the efficacy and safety of ABP 215 compared with Bevacizumab in subjects with advanced non-small cell lung cancer.

PROSTATE

OncoGenex. AFFinity OGX 011-12: A randomised, phase 3 study comparing Cabazitaxel/Prednisone in combination with Custiren (OGX-011) to Cabazitaxel/Prednisone for second line chemotherapy in men with metastatic castrate resistant prostate cancer.

Exelixis, Inc. Comet I: A phase 3, randomised, double-blind, controlled study of Cabozantinib (XL184) versus Prednisone in metastatic castration-resistant prostate cancer patients who have received prior Docetaxel and prior Abiraterone or MDV3100.

RAVES: Radiotherapy – Adjuvant versus Early Salvage. A phase 3, multi-centre, randomised trial comparing adjuvant radiotherapy (RT) with surveillance and early salvage RT in patients with positive margin or extraprostatic disease following radical prostatectomy.

MILLENNIUM PROSTATE C21004: A phase 3, randomised, double-blind, multi-centre trial comparing Orteronel (TAK-700) plus Prednisone with placebo plus Prednisone in patients with chemotherapy naïve metastatic castration-resistant prostate cancer.

MILLENNIUM PROSTATE C21005: A phase 3, randomised, double-blind, multi-centre trial comparing Orteronel (TAK-700) plus Prednisone with placebo plus Prednisone in patients with metastatic castration-resistant prostate cancer that has progressed during or following Docetaxel-based therapy.

SPARTAN: A multi-centre, randomised, double blind, placebo-controlled, phase 3 study of ARN-509 in men with non-metastatic (MO) castrate resistant prostate cancer.

MELANOMA

GO28141: A phase 3, double-blind, placebo-controlled study of Vemurafenib + placebo versus Vemurafenib in combination with GDC-0973 in previously untreated BRAF V600 –mutation positive patients with unrespectable locally advanced or metastatic melanoma.

WBRTMeI: ANZMTG 01.07 Whole brain radiotherapy following local treatment of intracranial metastases of melanoma – a randomised phase 3 trial.

RENAL

AXITINIB EAP – Metastatic Renal Cell:

A clinical study with Axitinib (AG 013736) in patients with metastatic renal cell carcinoma after failure of one prior systemic first-line therapy.

SHARP-ER: A study of heart and renal protection – extended review.

Exelixis/ PPD: A phase 3, randomised, controlled study of Cabozantinib (XL184) versus Everolimus in patients with metastatic renal cell carcinoma that is refractory to or has progressed after prior VEGFR Tyrosine Kinase Inhibitor Therapy. Part of the 2/3rd line RCC protocol.

GENERAL

BEP Trial: A randomised, phase 3 trial of accelerated versus standard BEP chemotherapy for participants with intermediate and poor-risk advanced germ cell tumours.

HAEMATOLOGICAL STUDIES

LEUKAEMIA

Celgene. QUAZAR. AZA. CC-486-AML-001:

A phase 3, randomised, double-blind, placebo-controlled study to compare efficacy and safety of oral Azacitidine plus best supportive care versus best supportive care as maintenance therapy in subjects with acute myelogenous leukaemia in complete remission.

ALLG. AML I6: A phase 2, randomised, double-blind, placebo controlled, multi-centre study of Sorafenib in combination with intensive chemotherapy for previously untreated adult FLT3-ITD Positive AML.

ALLG. AML I8: Australasian Leukaemia and Lymphoma Group Acute Myeloid Leukaemia Registry Protocol.

CLL6 Residuum: A phase 3, multi-centre, randomised trial comparing Lenalidomide Consolidation versus no consolidation in patients with chronic lymphocytic leukaemia and residual disease following induction chemotherapy.

RESONATE: A randomised, multi-centre, open-label, phase 3 study of the Bruton's Tyrosine Kinase Inhibitor PCI-32765 versus Chlorambucil in patients 65 years or older with treatment-naïve chronic lymphocytic leukaemia or small lymphocytic lymphoma.

RESONATE Extension CIII6: An open-label extension study in patients 65 years or older with chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL) who participated in study PCYC-1115-CA (PCI-32765 versus Chlorambucil).

ALLG CMLII/Pinnacle Study: A phase 2 study of Nilotinib plus Pegylated Interferon Alfa-2b as first-line therapy in chronic phase CML aiming to maximize CMR and MMR.

LYMPHOMA

BRIGHT 3064 (C18083/3064/NL/MN): An open-label, randomised, parallel-group study of Bendamustine Hydrochloride and Rituximab (BR) compared with Rituximab, Cyclophosphamide, Vincristine, and Prednisone (R-CVP) or Rituximab, Cyclophosphamide, Doxorubicin, Vincristine, and Prednisone (R-CHOP) in the first-line treatment of patients with advanced indolent non-Hodgkin's lymphoma (NHL) or mantle cell lymphoma (MCL).

PROFOUND. ALLOS PDX-017. PTCL: A multi-centre, randomised, phase 3 study of sequential Pralatrexate versus observation in patients with previously undiagnosed peripheral T-cell lymphoma who have achieved an objective response following initial treatment with CHOP-based chemotherapy.

Echelon C25003: Hodgkin's lymphoma (replaces RATHL). Brentuximab Vedotin: A randomised, open-label, phase 3 trial of A+AVD versus ABVD as front-line therapy in patients with advanced classical Hodgkin's lymphoma.

Roche. PrefMab study: A randomised, open-label, multi-centre study to evaluate patient preference with subcutaneous administration of Rituximab versus intravenous Rituximab in previously untreated patients with diffuse large B-cell lymphoma or follicular non-Hodgkin's lymphoma.

ARD I2I30: A phase 2 study of SAR245409 in patients with relapsed or refractory mantle cell lymphoma, follicular lymphoma, or chronic lymphocytic leukaemia/small lymphocytic lymphoma, SAR245409- ARDI2I30 (FL and MCL arms only).

Millennium PTCL: LUMIERE CLINICAL STUDY I4012: A phase 3, randomised, 2-arm, open-label, multi-centre trial evaluating Alisertib or investigator choice (selected single agent) in patients with relapsed or refractory PTCL.

ROBIN: BDM3502 non-Hodgkin's lymphoma. A randomised, open-label, multi-centre, phase 3 study to investigate the efficacy of Bendamustine compared to treatment of physician's choice in the treatment of subjects with indolent non-Hodgkin's lymphoma (NHL) refractory to Rituximab.

PFIZER MCL: Temsirolimus Protocol 3066KI-4438-WW. (Pfizer protocol BI771007). A randomised phase 4 study comparing two intravenous Temsirolimus (TEMSR) regimens in subjects with relapsed, refractory mantle cell lymphoma.

REMARC: A double-blind, randomised, phase 3 study of Lenalidomide (REVLIMID®) maintenance versus placebo in responding elderly (60 – 80 years of age) patients with diffuse large B-cell lymphoma and treated with R-CHOP in first-line.

Janssen Cilag. SHINE. Protocol Number: PCI-32765MCL3002: A randomised, double-blind, placebo-controlled, phase 3 study of the Bruton's Tyrosine Kinase (BTK) Inhibitor PCI-32765 (Ibrutinib) in combination with Bendamustine and Rituximab (BR) in subjects with newly diagnosed mantle cell lymphoma.

ALLG SC03: A single-arm study to evaluate the control of chemotherapy induced nausea and vomiting in non-Hodgkin's lymphoma patients receiving R-CHOP.

GSK. Zoster 039 (Haematologic): A phase 2, randomised, observer-blind, placebo-controlled, multi-centre study to assess the safety, immunogenicity and efficacy of GSK Biologicals' Herpes Zoster HZ/su candidate vaccine when administered intramuscularly on a two-dose schedule to adults aged 18 years and older with haematologic malignancies.

Janssen. Phoenix study. Protocol number: PCI-32765DBL3001: Ibrutinib diffuse large B-cell lymphoma study (Ibrutinib/placebo + RCHOP).

ZEST: A phase 3, open-label, multicentre, randomised study of sequential Zevalin (ibritumomab tiuxetan) versus observation in patients at least 60 years of age with newly diagnosed diffuse large B-cell lymphoma in PET-negative complete remission after R-CHOP or R-CHOP-like therapy.

NHL 24: Rituximab in primary central nervous system lymphoma.

OTHER HAEMATOLOGICAL

Eganlee. PERSIST. PACS 325: A randomised, controlled, phase 3 study of oral Pacritinib versus best available therapy in patients with primary myelofibrosis, post-polycythemia vera myelofibrosis, or post-essential thrombocythemia myelofibrosis.

MURANO: A multi-centre, phase 3, open-label, randomised study in relapsed/refractory patients with chronic lymphocytic leukaemia to evaluate the benefit of gdc-0199 (abt-199) plus Rituximab compared with Bendamustine plus Rituximab.

GSK Zoster 002 (Transplant pts): A phase 3, randomised, observer-blind, placebo-controlled, multi-centre clinical trial to assess the prophylactic efficacy, safety, and immunogenicity of GSK Biologicals' Herpes Zoster gE/AS01B vaccine when administered intramuscularly on a two dose schedule to adult autologous haematopoietic stem cell transplant (HCT) recipients.

ZOSTER 039: A Phase 3, randomised, observer-blind, placebo controlled, multi-centre study to assess the safety and immunogenicity of GSK Biologicals' Herpes Zoster HZ/su candidate vaccine when administered intramuscularly on a two-dose schedule to adults aged 18 years and older with haematologic malignancies.

SOFT TISSUE SARCOMA – CytRx:

A multi-centre, randomised, open-label, phase 2b study to investigate the preliminary efficacy and safety of INNO-206 (Doxorubicin-EMCH) compared to Doxorubicin in subjects with metastatic or unresectable soft tissue sarcoma.

SURVIVOR CARE: A psycho-social study for CRC patients. (Nurse led study.)

TRACC Registry: Data collection form (Biogrid Avastin) TRACC is a module of the Accord.

MULTIPLE MYELOMA

MM14: A prospective randomised, phase 2 study of single agent pomalidomide maintenance versus combination pomalidomide and low dose dexamethasone maintenance following induction with the combination of pomalidomide and low dose dexamethasone in patients with relapsed and refractory myeloma previously treated with Lenalidomide.

AMGEN. Denosumab MM. Protocol Number

20090482: A randomised, double-blind, multi-centre study of Denosumab compared with Zoledronic Acid (Zometa®) in the treatment of bone disease in subjects with newly diagnosed multiple myeloma.

DEPARTMENT OF CRITICAL CARE MEDICINE

Point Prevalence Program

EPO-TBI Study: Erythropoietin in traumatic brain injury (EPO-TBI). A randomised, placebo-controlled trial of erythropoietin in ICU patients with traumatic brain injury.

Blood Glucose Study: An observational study comparing the number of episodes of hypoglycaemia and hyperglycaemia after the implementation of the new unit Intravenous Insulin Protocol for blood glucose control in the Intensive Care Unit.

POST RENAL Study: Prolonged outcome study-RENAL.

GODS Study: Outcomes of critically-ill elderly patients admitted over a 3 year period in the Intensive Care Unit at the Royal Hobart Hospital.

ICU Liaison Nurse Project: ICU liaison nurse practice variation study.

ICON Audit: Intensive Care Over Nations (ICON) audit.

TRANSFUSE Study: A multi-centre, randomised, double-blind, phase 3 trial of the effect of standard issue red blood cell blood units on mortality compared to freshest available red blood cell units.

BLING II Study: A phase 1b, randomised, controlled trial of continuous beta-lactam infusion compared with intermittent beta-lactam dosing in critically ill patients.

Use of m-ASPECT Score in OHCA Study: Use of mASPECT score in prognostication of outcome in out of hospital cardiac arrest (OHCA).

ADRENAL Study / ADRENAL Consent Study:

A phase 3, randomised, blind, placebo-controlled trial of the effect of Hydrocortisone on mortality in critically ill patients with septic shock.

VAP Bundle Audit: Audit of compliance with the ventilation care bundle in the Department of Critical Care Medicine, Royal Hobart Hospital.

International Nutrition Study 2013

ICU Outcomes Study: Long-term outcomes after intensive care – A prospective observational study.

SPICE III Study: RCT: A prospective, multi-centre, randomised, controlled trial of early goal-directed sedation compared with standard care in mechanically ventilated critically ill patients.

IOSWEAN Study: An international prospective observational study of practice pattern variation in discontinuing mechanical ventilation in critically ill adults.

SMARRT Study: Sampling antibiotics in renal replacement therapy. A multi-national, prospective pharmacokinetic study.

SepsIS Audit: Survival evaluation of patients with sepsis.

EMERGENCY DEPARTMENT

A Multi-centre, prospective, observational study of endotracheal intubation in the Emergency Department (The Australia and New Zealand Emergency Department Airway Registry – ANZEDAR).

PUBLIC HEALTH

Gen-D Study: The efficacy of vitamin D supplementation in early life on bone health: Feasibility pilot of a double blind.

PULMONARY ARTERIAL HYPERTENSION TRIALS

PATENT 1: A randomised, double-blind, placebo-controlled, multi-centre, multi-national study to evaluate the efficacy and safety of oral BAY 63-2521 (1mg, 1.5mg, 2mg or 2.5mg tid) in patients with symptomatic pulmonary arterial hypertension (PAH).

PATENT 2: A long-term extension, multi-centre, multinational study to evaluate the safety and tolerability of Oral BAY 63-2521 (1mg, 1.5mg, 2.0mg or 2.5mg tid) in patients with symptomatic pulmonary arterial hypertension (PAH).

GRIPHON: A long term, single-arm, open-label, phase 3 study to assess the safety and tolerability of ACT-292987 in patients with pulmonary arterial hypertension.

GRIPHON OL: A long-term, single-arm, open-label, phase 3 study to evaluate the safety and tolerability of ACT-292987 in patients with pulmonary arterial hypertension.

TDE-PH-310: Protocol TDE-PH-310:

A phase 3, international, multi-centre, randomised, double-blind, placebo-controlled, clinical worsening study of UT-I5C in subjects with pulmonary arterial hypertension receiving background oral monotherapy.

TDE-PH 3I: Protocol TDE-PH-3I:

An open-label extension study of UT-I5C in subjects with pulmonary arterial hypertension (a long-term follow-up to Protocol TDE-PH-310).

CARDIOLOGY

FOURIER Study: Further cardiovascular outcomes research with PCSK9 inhibition in subjects with Elevated Risk.

CANTOS Study: A randomised, double-blind, placebo-controlled, event-driven trial of quarterly subcutaneous Canakinumab in the prevention of recurrent cardiovascular events among stable post myocardial infarction patients with elevated hsCRP.

SNAPSHOT ACS Registry: SNAPSHOT Acute Coronary Syndrome Registry.

GARFIELD Study: A prospective, multi-centre, international registry of male and female patients newly diagnosed with atrial fibrillation.

TAUSSIG Study: A multi-centre, open-label study to assess the long-term safety, tolerability, and efficacy of AMG 145 on LDL-C in subjects with severe familial hypercholesterolemia.

CONCORDANCE: Cooperative National Registry of Acute Coronary Care, Guideline Adherence and Clinical Events.

SYMPPLICITY: Renal denervation in patients with chronic heart failure and renal impairment.

SOCRATES (PRESERVED): Phase 2b safety and efficacy study of four doses regimens of BAY1021189 in patients with worsening HF and preserved EF.

ODYSSEY Outcomes: A randomised, double-blind, placebo-controlled, parallel-group study to evaluate the effect of Alirocumab (SAR236553/REGN727) on the occurrence of cardiovascular events in patients who have recently experienced an acute coronary syndrome (for TAS).

WOMEN'S, ADOLESCENTS AND CHILDREN'S SERVICES

MAGENTA: Magnesium sulphate at 30–34 weeks gestational ages: neuro-protection trial.

GS-US-218-0104: A phase Ib, randomised, double-blind, placebo-controlled, single-dose ranging study evaluating the safety, tolerability, and pharmacokinetics of GS-5806 in subjects < 24 months of age hospitalised for respiratory syncytial virus (RSV) related respiratory infection.

FER-ASAP Iron Deficiency Anaemia: An open-label, multi-centre, randomised, two-arm study to investigate the comparative efficacy and safety of intravenous Ferric Carboxymaltose versus oral iron for the treatment of iron deficiency anaemia in pregnant women.

Child Protocol Version 2: A 10 year audit of children with interstitial lung disease – the Australasian experience.

ASTEROID/A*STEROID: An Australasian antenatal study to evaluate the role of intramuscular Dexamethasone versus Betamethasone prior to preterm birth to increase survival free of childhood neurosensory disability.

PROGRESS: Progesterone after previous preterm birth for the prevention of neonatal respiratory distress syndrome.

OXYTOCIN: 3IU oxytocin versus 5IU oxytocin infusion for elective caesarean section: A comparison of mean difference in blood loss and prevalence of hypotension.

ANZSA: Research Consortium for the Investigation of Stillbirths.

Antenatal patients' attitudes to their pregnancy weight and their satisfaction with current weight related education.

Induction of labour in nulliparous and multiparous women with an unfavourable cervix: A randomised controlled trial comparing double balloon catheter and PGE2 Gel.

A clinical audit of postpartum haemorrhage and survey of staff perceptions around active management of third stage of labour management (AMTSL) at the Royal Hobart Hospital.

A retrospective cohort study of anaemia in pregnancy in Tasmania.

A retrospective study on the management and outcomes of ectopic pregnancies.

FOX Study: A multi-centre study of free foetal RNA in the maternal circulation: a biomarker of intrauterine hypoxia in growth-restricted fetuses.

The Gen-D Study: A randomised controlled trial examining the efficacy of vitamin D supplementation in early life on bone health.

CARDIOTHORACIC SURGERY

NEC 0105: A three part pilot clinical study to determine the correlation of the UBS activated clotting time (ACT) device against the commercially available devices.

ANAESTHETICS

POISE-2 Trial: A peri-operative ischemic evaluation-2 trial.

ENDOCRINOLOGY

Cardiometabolic health in adult offspring with family history of type 2 diabetes: A pilot study (PI Michelle Keske).

LEADER® Liraglutide Effect and Action in Diabetes: A long-term, multi-centre, international, randomised, double-blind, placebo-controlled trial to determine Liraglutide effects on cardiovascular events.

Cognition and Type 2 Diabetes in Older Tasmanians: A pilot, randomised, control trial of exercise (PI Michele Callisaya).

Bariatric surgery in Tasmanian public hospitals (NH&MRC Partnership Grant, PI Alison Venn).

Multiple endocrine neoplasia type I (MEN I):

Screening and registry project.

Measurement of the novel markers BDNF and RBF4 in gestational diabetes.

GLUCOSE: GLP-I Levels Unmasked: GLP-I levels in diabetes and correlation with clinical outcomes to shape efficacy.

Iodine nutrition during pregnancy and breastfeeding: Current status, knowledge and practices among Tasmanian women. (The TWINK Study: Tasmanian Women Iodine Nutrition Knowledge Study).

Relationship between literacy and hearing in Tasmanian school children following iodine deficiency in pregnancy: 11-year follow-up of the gestational iodine cohort (pilot study).

Tasmanian Thyroid Monitoring Program.

An audit examining dysglycemia and outcomes at the Royal Hobart Hospital.

Tasmanian study of echocardiographic detection of left ventricular dysfunction (TAS-ELF).

A study to validate a diagnostic method for measuring glucagon like peptide-I (GLP-I) in plasma.

Measurement of novel markers of insulin resistance and weight regulation in patients undergoing bariatric surgery.

Trends for thyroid carcinoma incidence and management in Tasmania.

A study to develop reliable protocol(s) for the effective use of the AUSDRISK assessment tool as the initial step in screening for diabetes status in adults in Tasmania.

HYPERBARIC MEDICINE

Hyperbaric oxygen in lower limb trauma: An international, multi-centre, randomised, controlled trial 'HOLLT'.

RESEARCH AND PRACTICE DEVELOPMENT – NURSING AND MIDWIFERY

A review of asthma action plans for use with children from the perspectives of health care professionals and parents (H0014206).

International children's illness and symptom study: perspectives of children with chronic illness from the UK, Australia and New Zealand (H0013018).

Evaluating, understanding and improving medication practices in a paediatric setting (H0013677).

Right Time, Every time: Improving patient outcomes by reducing harm from omitted and duplicated medicines in hospital (H0014111).

Assessment of the effects of targeted education on knowledge and self-management of patients on haemodialysis.

Practice development and measures of its impact on workplace cultures.

Understanding the Research Culture of THO-S.

Understanding the CNE role from multiple stakeholder perspectives.

OTHER STUDIES REQUIRING ETHICS APPROVAL

- ▶ Are changes in substantia innominata associated with cognitive decline in Parkinson's Disease?
- ▶ Charcot neuropathy study.
- ▶ Detection & management of depression in people with diabetes and foot ulceration: A pilot study.
- ▶ Examining quality care for older persons admitted to an older persons unit.
- ▶ Executive functioning and everyday performance in early school age children born less than 32 weeks gestation.
- ▶ Eye Clinic Audit 2013.
- ▶ Implementation of early feeding through the PEG in radiotherapy head & neck patients.
- ▶ Implementation of routine malnutrition screening of chemotherapy outpatients.
- ▶ Improving the practice of nutrition therapy in the critically ill: An international quality improvement project.
- ▶ Long term outcomes after intensive care: A prospective observational study.
- ▶ National Paediatric Nutrition Screening Day 2012.
- ▶ Parkinson's disease project.
- ▶ Participation in chart review program for Amgen protocol 20110118.
- ▶ Prospective multi-centre audit of nutrition support parameters following burn injury.
- ▶ Quality of life after decompressive craniectomy for severe traumatic brain injury in Tasmania – Health survey.

OTHER STUDIES NOT REQUIRING ETHICS APPROVAL

- ▶ Neonatal Paediatric Intensive Care satisfaction survey 2013.
- ▶ Dwyer-Rehabilitation Ward patient satisfaction survey 2013, 2014.
- ▶ RHH Acute Stroke Unit survey – evaluation of information and education.
- ▶ RHH Specialists Clinic patient satisfaction survey.
- ▶ Pre-assessment Clinic survey (cardio) 2013.
- ▶ Peacock 3 (Aged and Rehabilitation Services) patient satisfaction survey 2013.
- ▶ Surgical Services same day surgery evaluation.
- ▶ Midwifery Group Practice client satisfaction survey 2013.
- ▶ RHH cardiac rehabilitation self-management questionnaire 2012/2013.
- ▶ Patient and client food and service delivery satisfaction survey 2013.
- ▶ General Surgical Unit and Gynaecology Unit nursing handover patient satisfaction questionnaire 2013.
- ▶ Day Rehabilitation Unit client satisfaction questionnaire 2013.
- ▶ Emergency Department patient satisfaction survey 2013.
- ▶ Consumer satisfaction survey to support the review of the future service directions plan.
- ▶ Clarence Integrated Care Heart Health Program pre and post-angioplasty and heart attack survey.
- ▶ Community Rehabilitation Unit client satisfaction questionnaire 2013.
- ▶ Outpatient Clinic SMS reminder survey.
- ▶ Ambulatory Care consultant satisfaction survey 2013.

- ▶ Pathology Services user feedback survey.
- ▶ Haematology Cancer Care SASS.
- ▶ Memorial service feedback survey.
- ▶ Medical Imaging client satisfaction survey.
- ▶ Food and drink vending machine survey 2013.
- ▶ Community Transition Care Program (CTCP) recipient experience survey.
- ▶ Indwelling Catheter (IDC) patient satisfaction survey 2014.
- ▶ Child Birth Education antenatal class evaluation survey.
- ▶ Tasmanian Palliative Care carer survey 2013.
- ▶ Acute Burns Clinic patient survey.
- ▶ Scar Management Clinic patient survey.
- ▶ Nurse initiated discharge for gynaecological patient survey.
- ▶ Vascular Outpatient Clinic customer satisfaction survey 2014.
- ▶ Shadowing by medical students – paediatric day surgery experience.
- ▶ VTE Prevention – reducing your risk of blood clots.
- ▶ Oncology Inpatient satisfaction survey.
- ▶ Medical Imaging ward transfer form review 2013.
- ▶ Junior doctors survey on term date realignment.
- ▶ Interim survey on modified streaming 2013.
- ▶ JMO doctors experience survey 2013.
- ▶ PGY2 survey on modified streaming 2013.
- ▶ Code Black – staff awareness review survey 2013.
- ▶ General Surgical Unit and Gynaecology Unit nursing handover staff survey 2013.
- ▶ Continence Management community nursing survey 2013.
- ▶ Influenza Vaccination Program staff survey 2013.
- ▶ Medical Imaging staff ward transfer form review 2013.
- ▶ GSU shift to shift handover survey 2013.
- ▶ Survey of clinical staff awareness of acute transfusion reactions.
- ▶ Survey of social worker response to disclosure of family violence.
- ▶ Medical Imaging handover evaluation.
- ▶ Roster Support casual nurse survey 2013.
- ▶ NPICU neonates intensive care staff survey.
- ▶ Surgical Services: benchmark audit NSQHS 2, Partnering with Consumers.
- ▶ Arts in Prison survey 2013.
- ▶ WHC midwives survey on models of care planning.
- ▶ Community Care common standards 2014.
- ▶ Wound Management nurse practitioner stakeholder survey 2014.
- ▶ Trial of wound management document survey 2014.
- ▶ NPICU staff snapshot survey 2013.
- ▶ Oncology Inpatient Unit staff satisfaction surveys.
- ▶ Falls Risk Assessment pilot evaluation 2014.
- ▶ Survey of doctors' and nurses' use of the Adult Deterioration Detection System (ADDs) at the Royal Hobart Hospital 2014.
- ▶ Community Transition Care Program (CTCP) recipient experience survey 2014.
- ▶ Conscious sedation client satisfaction survey
- ▶ Denture repair client satisfaction survey
- ▶ Dental prosthetic client satisfaction survey

RHH RESEARCH FOUNDATION

The RHH Research Foundation is an independent entity, raising funds for local health and medical research in Tasmania.

Since 1997, the RHH Research Foundation has invested over \$6M into research that is of particular relevance to diseases and disorders which are more prevalent in Tasmania.

The RHH Research Foundation is known as an organisation that delivers high value outcomes in alignment with its purpose through:

- ▶ Promoting and supporting health and medical research of relevance to Tasmanians, and
- ▶ Building links between researchers and the wider community.

All research grants are awarded by the Foundation's Scientific Research Advisory Committee (SRAC), which is endorsed by the National Health and Medical Research Council (NH&MRC). Following a rigorous and highly competitive assessment process, funds are allocated on the basis of merit to research studies undertaken by teams of local health professionals, each with an association to the RHH, but with benefits extending right across the statewide community.

LOCAL HEALTH AND MEDICAL RESEARCH

The Foundation supports a range of disciplines and pursues an objective of building research capacity in Tasmania. Providing an important role in supporting specialist doctors, nurses and allied health professionals with emerging research interests, collaborative projects (across disciplines and among career development stages) are encouraged and nurtured.



Several recent research projects included investigation into genetic profiles associated with various forms of cancer and also better management of chronic respiratory conditions including cystic fibrosis, chronic obstructive pulmonary disease and asthma.

Significant research has been conducted in the management and prevention of diabetes and also to determine the positive impacts of Vitamin D exposure across a range of conditions.

Two particularly novel projects explore life-saving techniques in oxygenation of pre-term infants and another aims to predict recovery following brain trauma (a condition which is more prevalent in Tasmania than any other Australian state). A research program that has proven highly successful is focused upon desensitisation to Jack Jumper venom (which provokes a highly allergic response in about two per cent of the community, often leading to anaphylaxis and sometimes death).

Over its history, the Foundation has appointed eight post-doctoral Research Fellows to undertake significant investigations into various neurological conditions (such as multiple sclerosis and Parkinson's disease), general respiratory disease, haematological malignancy, and one Fellow has been engaged to explore better support of the aged in the communities across the North West (seeking to prevent admission to Tasmania's major public hospital, the RHH, where more locally-based support may provide a better health outcome).

In June 2014, the RHH Research Foundation instigated a new approach to higher order grant funding by launching a call for interest in achieving a Project Grant. Focused upon building capacity among early to mid-career level researchers and fostering collaboration across a variety of areas, these grants will provide funding of up to \$150 000 per annum for three years.

NEW STARTER GRANTS FOR 2014

Bariatric surgery in Tasmanian public hospitals: investigating health service use, costs, and policy options. Professor Alison Venn. Bariatric surgery is considered an effective treatment for significant obesity-related illness but it is difficult to access in Australian public hospitals. By describing Tasmanian public patients' characteristics, clinical pathways, costs and outcomes, this project will support better informed decision-making about Tasmanian public hospital services for clinically obese patients.

Novel Molecules of Heparin for the management of asthma. Dr Cameron Hunter. Heparin, a widely used anticoagulant, has shown promising results in the management of asthma with some of its molecules having anti-asthmatic properties and others carrying the risk of bleeding. This study will focus on the separation and identification of heparin's molecules having anti-asthmatic activity but devoid of anti-coagulant effect.

Making it Count: Growing together Perinatal Intervention to Foster Secure Relationships of Infants with Teenage Mothers and Fathers in Southern Tasmania. Dr Fiona Wagg. This project looks at the social situation, mental health and parenting capacity of teenage mothers and fathers, recognising their high risk of adverse parental and infant outcomes. A perinatal intervention will be offered to help both parents achieve a more secure relationship with their baby.

Examination of the mechanism of action of two pre-quit pharmacotherapies for smoking cessation. Dr Stuart Ferguson. This study will examine the impact of individual differences in the speed of nicotine metabolism on the likelihood of successfully quitting smoking among patients treated with either nicotine patch or varenicline. The findings could be used to tailor medication use to individual smokers and thereby improve treatment outcomes.

Mechanistic studies of Jack Jumper Venom desensitisation at the T-cell level. Dr Bruce Lyons. Anaphylaxis due to Jack Jumper ant venom is a medical emergency which affects more than one per cent of Tasmanians. Desensitisation by venom immunotherapy can protect against this type of reaction but fails for some patients. This project seeks to develop a laboratory method to predict treatment success or failure.

Dementia-related presentations at the Royal Hobart Hospital – A pilot program for redesigning statewide clinical care pathways involving Tasmanian residential aged care facilities. Dr Michael Annear. This project explores dementia-related presentations to the RHH to inform the development of new clinical pathways to reduce preventable and unplanned hospital transfers that are costly and have poor outcomes for people with dementia.

Assessing the validity of non-invasive methods to estimate central blood pressure. Dr Martin Schultz. Central blood pressure measurement provides incremental information on cardiovascular risk, but is not in clinical use. Our objective is to determine and refine the accuracy of new 'cuff' devices to estimate central blood pressure, which may lead to wider clinical application of central blood pressure and improve health outcomes related to high blood pressure.

NEW CLINICAL GRANTS FOR 2014

Tasmanian Iodine Nutrition Collaboration (TasINC) Capacity Building Grant. *Dr Kristen Hynes.*

The TasINC has projects investigating the importance of iodine during pregnancy and childhood in Tasmania. This grant will build capacity by funding iodine analysis of urine samples and employing a research assistant to support TasINC activities and data collection.

Epithelial mesenchymal transition in the lungs of patients with chronic obstructive pulmonary disease and lung cancer undergoing thoracotomy: role in both airway fibrosis and lung cancer. *Dr Sukhwinder Sohal.*

Small airway fibrosis is the main contributor to physiological airway obstruction in chronic obstructive pulmonary disease (COPD). The other main airway pathology in COPD is lung cancer; up to 70 per cent of smoking related lung cancer occurs in mild-moderate COPD. It is becoming likely that forms of epithelial mesenchymal transition (EMT) may underlie both pathological features; if true this opens up major new therapeutic possibilities.

Making it count: Establishment of the Conception to Community Public Services Database. *Dr Amanda Neil.*

This study brings together Tasmanian data on every child born at a Tasmanian public hospital from before birth until 5 years of age. The aim is to identify those mothers and infants at risk of poor outcomes and assess the benefits of new interventions and services.

Executive functioning and everyday performance in early school age children born less than 32 weeks gestation STAGE 2. *Mrs Sari O'Meagher.*

The purpose is to investigate which medical, socioeconomic and psychometric assessment factors predict successful emotional control and emergent metacognitive skills (e.g. working memory and organisational skills) in everyday life.

The relationship between Immunoglobulin E, disease severity and the immune response in multiple sclerosis. *Professor Bruce Taylor.*

The immune system in people with multiple sclerosis (MS) thought to favour inflammatory responses that preclude allergic reactions and the production of the antibody Immunoglobulin E (IgE). We propose that IgE levels are in fact high in some people with MS and that this is protective. We propose therefore to measure IgE levels in persons with MS and examine associations between IgE, disease severity, and immune function.

Microvascular dysfunction in adult offspring of type 2 diabetics. *Dr Michelle Keske.*

Offspring of type 2 diabetics have a greater risk of developing diabetes than a person with no family history. This project investigates a novel risk factor (small blood vessel responses in skeletal muscle) for developing type 2 diabetes.

PART 2 – SUPPLEMENTARY INFORMATION

CLIMATE CHANGE

COMMITMENT TO REDUCING GREENHOUSE GAS EMISSIONS

The Tasmanian Health Organisation – South remains committed to making a proportional contribution toward Tasmania's greenhouse gas emissions reduction goals.

GREENHOUSE GAS EMISSIONS

THO-South Greenhouse gas emissions during the financial year 2013-14 equalled 8 482 tonnes of carbon dioxide equivalent (tCO_{2-e}).

THO-South	Current Position 2013-14		Previous Position 2012-13	
Activity	Volume	tCO _{2-e}	Volume	tCO _{2-e}
Electricity*	29.27 GWh	6 731	25.95 GWh	8 783
Natural Gas	0 GJ	0	0 GJ	0
Unleaded Petrol	327 kL	778	368 kL	943
Diesel Fuel	197 kL	533	153 kL	445
Air Travel	2.8M km	440	2.8M km	437
Total**		8 482		10 608

*The increase in electricity consumption for financial year 2013-14 may be mostly attributed to the transfer of responsibility for a number of Mental Health Services and Oral Health Services buildings from the Department of Health and Human Services to THO-South.

**The apparent significant reduction in emissions for financial year 2013-14 as compared with the previous financial year can be mostly attributed to:

- ▶ the difference in emissions factors used by the Australian Government's discontinued Online System for Comprehensive Activity Reporting (OSCAR) for financial year 2012-13 and the revised process using the National Greenhouse Account Factors required by the Tasmanian Climate Change Office to be used for emissions reporting for financial year 2013-14; and
- ▶ the the National Greenhouse Accounts Factors for electricity for Tasmania varying significantly from year to year to reflect changing electricity import levels over Basslink and use of the Tamar Valley gas-fired power station.

REDUCING GREENHOUSE GAS EMISSIONS

The Agency continues to dedicate its resources toward reducing electricity consumption as a priority emissions reduction action. The Agency continues to require ecologically sustainable design as a matter of course in all major capital works. It also ensures that climate change impact is included in the evaluation criteria for all major purchases of goods and services and is taken into consideration in the selection of goods and services for all minor purchases.

RISK MANAGEMENT

The Department of Health and Human Services (DHHS) and Tasmanian Health Organisations' (THO) risk management framework is based on Australian Standard AS/NZS ISO 31000. The framework has been implemented through the development of a strategic risk register at the enterprise level, taking into consideration the organisations' risk tolerance. The framework requires each operational unit to develop and manage its own risk management system. Risk management has also been a consideration in THO-South business planning.

DHHS and THO-South are covered for various classes of insurable risk through the Tasmanian Risk Management Fund (TRMF), administered by the Department of Treasury and Finance. During 2013-14, THO-South made the following contributions to the Fund and lodged the following claims:

Risk by Class	Excess Period/\$ (excl GST)	Contribution \$ (excl GST)	Number of Claims	Incurred Cost of Claims \$ (excl GST)
Personal Injury				
Workers Compensation	26 weeks			
Personal Accident	50	4 607 510	200	6 717 167
Asbestos Levy		184 300		
Property				
General Property	14 000	397 471	1	29 117
Motor Vehicles – Fleet Vehicles	500/1 000	77 000	27	43 374
Motor Vehicles – Miscellaneous	500	17 312	1	1 434
Liability				
General Liability	10 000	78 602	0	0
Medical Liability	50 000	4 122 999	2	195 000
Miscellaneous				
Government Contingency		4 574		
Travel Plus Stamp Duty	Various	495		
Stamp Duty on Travel		42		
Total		9 490 305		6 986 092

CAPITAL WORKS AND ASSET MANAGEMENT

ASSET MANAGEMENT

Ownership of Crown assets resides with the Department of Health and Human Services (DHHS) with the Tasmanian Health Organisations retaining responsibility for the operational management of their assets.

The DHHS Asset Management Services (AMS) area continues to focus on systems to improve analysis of risk, operation and maintenance issues, so as to better inform the DHHS to target acquisition, disposal and funding strategies and future capital investment bids.

Key elements of asset management are planning, procurement and sustainability, which seek to achieve value for money by successfully positioning the DHHS asset portfolio to:

- ▶ match service delivery needs to asset options
- ▶ provide flexible asset options to respond to technological and business change
- ▶ comply with statutory and legislative requirements

- ▶ meets the need of client in terms of location and amenity
- ▶ optimise the use of the asset while minimising the asset related risks and
- ▶ provide a safe and efficient environment for staff and clients.

The DHHS continues to improve rigour on investment analysis of potential capital works projects using the Department of Treasury and Finance's "Structured Infrastructure Investment Review Process". This staged gateway review process is coordinated by AMS through the Department's Corporate Governance Structure. THO-South has supplied a number of submissions via the Structured Infrastructure Investment Review Process for future capital developments.



Installation of a copper "cage" for the new MRI room.

In 2013-14, DHHS had a budget for the following construction of facilities and equipment acquisitions:

TABLE OF CAPITAL WORKS BUDGETS

THO-South Ongoing Major Capital Works 2013-14	2013-14 Expenditure \$'000	Estimated Total Cost \$'000	Estimated Cost to Complete \$'000	Estimated Completion
Glenorchy Community Health Centre	747	21 000	19 324	2017
Hospital Equipment Fund (statewide inc. THO-North and THO North-West)*	1 478	25 000	2 888	2015
Kingston Community Health Centre	-	6 500	6 443	2017
National Health and Hospitals Network – Capital – Elective Surgery – Royal Hobart Hospital	150	4 400	1 948	2015
National Health and Hospitals Network – Capital – Emergency Department – Royal Hobart Hospital	1 382	4 080	1 966	2015
Royal Hobart Hospital	5 191	100 000	19 136	2015
Royal Hobart Hospital – Inpatient Precinct Project	28 560	465 000	417 779	2018
Royal Hobart Hospital Redevelopment Fund	-	35 000	653	2015
Statewide Cancer Services (statewide inc. THO-North and THO North-West)	8 278	63 010	24 855	2016
Statewide Oral Health Ongoing Major Capital Works 2013-14	Total Cost \$'000	Expenditure to 30 June 2014 \$'000	Remaining Funding \$'000	2014-15 Budget
LGH Specialist Dental Unit	300 000	-	300 000	300 000
Ravenswood Additional Surgery	250 000	-	250 000	250 000
Ravenswood Additional Surgery	100 000	-	100 000	100 000
Glenorchy ICC	440 000	-	440 000	440 000
Devonport Dental Clinic	815 000	623 455	191 545	191 545
Devonport Dental Clinic	259 000	259 000	-	-
Launceston Dental Clinic	3 290 000	3 231 578	58 422	58 422
Southern Dental Clinic	507 000	443 772	63 228	63 228
Southern Dental Clinic	61 557	61 446	-	-
Statewide Oral Health Ongoing Major Capital Works 2013-14			2013-14 Expenditure \$'000	Estimated Cost to Complete \$'000
Hospital Equipment Fund – RHH projects			350	1 331
Statewide Cancer Services – RHH projects			1 760	-
Total			2 110	1 331

ASSET PLANNING

The DHHS 2012-17 Strategic Asset Management Plan (SAMP) focuses on providing direction and a common approach to the measurement of performance within the asset portfolio for all the SAMPs developed.

The current 2012-17 SAMP responds to the delivery of highly complex and diverse services, as identified in Tasmania's Health Plan, in a changing environment. Its role in this context is to articulate the coordinating framework and concepts such as adaptability that underpin strategic asset planning across the DHHS. Its specific objectives are to:

- ▶ ensure alignment between asset management and Government strategic planning initiatives
- ▶ ensure that funds which could be directed to the delivery of health and human services are not wasted on avoidable maintenance, unnecessary acquisition or inefficient operation of assets
- ▶ ensure that assets are acquired, operated and maintained in a manner which minimises risk and maximises public confidence in the delivery of services
- ▶ develop and maintain direct links between service delivery and asset support in a manner that ensures integration of tiers of service and is responsive to local need
- ▶ ensure prioritisation of the acquisition and disposal of assets and
- ▶ create responsive, adaptable and sustainable assets that will continue to effectively support services as they evolve and grow into the future.

MAJOR CAPITAL WORKS PROJECTS

THO-South has commenced or completed the following major works projects in the 2013-14 financial year:

- ▶ Emergency Power Generator for the Caruthers building at St John's Park – cost \$145 000
- ▶ Replacement Emergency Power Generators for A block and H block RHH – cost \$480 000
- ▶ Emergency Power Generator for the IT Server Room RHH – cost \$220 000
- ▶ Replacement power transformers for D and H blocks RHH – cost \$230 000
- ▶ Replacement of Domestic Hot Water Heat Pumps for A, D, and H blocks RHH – \$150 000
- ▶ Upgrade 5 passenger lifts at the Hobart Private Hospital – Estimate \$1 400 000

MINOR CAPITAL WORKS PROJECTS

Minor works projects are undertaken throughout THO-South. Projects are generally undertaken to improve the provision of patient services, meet essential Work Health & Safety issues, and comply with changes in Australian Standards requirements. These projects are carried out using a combination of in-house maintenance staff and contractors. The average annual expenditure for minor works projects is in the order of \$1M per annum. Minor works projects are funded from the State Treasury CIP-EM program, the THO-South recurrent budget and other sources on a case-by-case basis.

DISPOSALS

No disposals.

MAINTENANCE

The software program BEIMS (Building Engineering Information Management System) is used throughout THO-South to initiate, control and record statutory, planned and reactive maintenance of facilities, buildings, plant and equipment. A combination of in-house staff, maintenance contracts and local contractors are used to provide these services with an approximate annual cost of \$4.5M.

ACCOMMODATION

Not applicable.

LEASED ACCOMMODATION

During 2013-14, 1129m² was leased in the Wellington Centre on Argyle Street, Hobart as a consequence of the need for decanting space for works associated with the redevelopment of the Royal Hobart Hospital. This space is occupied by the Women's and Children clinics.

TRANSPORT

At 30 June 2014, THO-South operated 275 leased light vehicles, 54 more than the previous financial year due to the inclusion of Mental Health Services. The total cost of leased vehicles was \$2 943 669 (excluding GST), up \$524 768 on the previous financial year, funded from the transfer of Mental Health Services budget.

CONSULTANCIES, CONTRACTS AND TENDERS

THO-South ensures procurement is undertaken in accordance with the mandatory requirements of the Treasurer's Instructions relating to procurement, including that Tasmanian businesses are given every opportunity to compete for business. See Table 1 for a summary of the level of participation by local businesses for contracts, tenders and/or quotations with a value of \$50 000 or over (excluding GST). Table 2 provides detailed information on contracts with a value of \$50 000 or over (excluding GST). Table 3 provides a summary of contracts awarded as a result of a direct/limited submission sourcing process approved in accordance with Instruction 1114 or 1217.

TABLE 1

Summary of Participation by Local Business (for contracts, tenders and/or quotation processes with a value of \$50 000 or over, ex GST)	
Total number of contracts awarded	16
Total number of contracts awarded to Tasmanian suppliers	0
Value of contracts awarded	\$3 542 692
Value of contracts awarded to Tasmanian suppliers	\$0
Total number of tenders called and/or quotation processes run	10 (estimated)
Total number of bids and/or written quotations received	26 (estimated)
Total number of bids and/or written quotations received from Tasmanian businesses	3 (estimated)

TABLE 2

Contracts with a value of \$50 000 or over (ex GST) and excluding consultancy contracts				
Name of Contractor	Location	Description of Contract	Period of Contract	Total Value of Contract \$
AE Atherton & Sons Pty Ltd	VIC	RHH – Steam Steriliser	21/02/2014 – *	71 550
Australian Council on Healthcare Standards	NSW	RHH – Health Accreditation Services	10/06/2014 – 09/06/2018 Option to extend 10/06/2018 – 09/06/2022	423 900 423 900
Australian Imaging Pty Ltd	NSW	Intraoral Phosphor X-Ray System	01/10/2013 – 30/09/2015 Option to extend 01/10/2015 – 30/09/2016	122 706 60 000
Device Technologies Australia Pty Ltd	NSW	RHH – High Frequency Oscillator – Neonatal and Paediatric Intensive Care Unit	03/10/2013 – *	53 440
Heidelberg Engineering Pty Ltd	VIC	RHH – Eye Clinic – Ocular Coherence Tomograph	23/04/2014 – 22/04/2020	107 500
Imaging Partners Online Ltd	NSW	RHH – Provision of Teleradiology Services	13/03/2014 – 12/09/2014	214 000
Lifehealthcare Distribution Pty Ltd	NSW	RHH – Neurodiagnostic System	30/01/2014 – *	77 689
Maquet Australia Pty Ltd	QLD	RHH – Extracorporeal Membrane Oxygenation Machine	18/11/2013 – 17/11/2017	156 967
Mortara Instrument Australia Pty Ltd	NSW	RHH – Holter Monitor Operating System and Holter Recorders	21/04/2014 – *	55 300
Peter MacCallum Cancer Centre	VIC	Familial Cancer Service	01/10/2013 – 30/09/2016 Option to extend 01/10/2016 – 30/09/2018	95 206 64 948
Philips Healthcare Pty Ltd	NSW	RHH – WP Holman Clinic – CT Simulator Upgrade	17/06/2014 – *	142 500
Pro AV Solutions Victoria	VIC	Integrated Cancer Service – Audio Visual Equipment for the MDT Room	01/06/2014 – *	204 016
Roche Diagnostics Australia Pty Ltd	NSW	RHH – Pathology – Immunohistochemistry Staining Machine	18/10/2013 – 31/10/2018	554 000
Terumo BCT Australia	NSW	RHH – Apheresis Machines, Related Consumables and Services	19 136	554 000
Varian Medical Systems Australasia Pty Ltd	NSW	RHH – Linear Accelerator Upgrade	417 779	554 000
Victorian Clinical Genetics Services Ltd	VIC	Clinical Geneticist Service	653	554 000

*Indicates a one-off purchase.

^In accordance with Treasurer's Instruction 1111, the period of a contract for reporting purposes includes any option to extend. Where applicable, the principal period of the contract is identified as well as any option to extend; this does not signify that the option will be exercised by THO-South.

TABLE 3

Contracts awarded as a result of a direct/limited submission sourcing process and approved in accordance with Treasurer's Instruction 1114 or 1217 (ex GST)			
Name of Supplier	Description of Contract	Reasons for Approval	Total Value of Contract \$
Draeger Medical Australia Pty Ltd	RHH – Emergency Department – Central Monitoring System	Additional deliveries of goods or services by the original supplier or authorised representative that are intended either as replacement parts, extensions or continuing services for existing equipment, software, services or installations, where a change of supplier would compel the agency to procure goods or services that do not meet requirements of interchangeability with existing equipment.	21 638
Imaging Partners Online Ltd	RHH – Provision of Teleradiology Services	In so far as is strictly necessary where, for reasons of extreme urgency brought about by events unforeseen by the agency, the goods or services could not be obtained in time using an open or selective tender.	214 000
Lifehealthcare Distribution Pty Ltd	RHH – Neurodiagnostic System	Additional deliveries of goods or services by the original supplier or authorised representative that are intended either as replacement parts, extensions or continuing services for existing equipment, software, services or installations, where a change of supplier would compel the agency to procure goods or services that do not meet requirements of interchangeability with existing equipment.	77 689
Philips Healthcare Pty Ltd	RHH – WP Holman Clinic – CT Simulator Upgrade	The goods or services can be supplied only by a particular supplier and no reasonable alternative or substitute goods or services exist for the protection of patents, copyrights, or other exclusive rights, or proprietary information.	142 500
Roche Diagnostics Australia Pty Ltd	RHH – Pathology – Immunohisto-chemistry Staining Machine	The goods or services can be supplied only by the particular supplier and no reasonable alternative or substitute goods or services exist for the protection of patents, copyrights, or other exclusive rights, or proprietary information.	554 000
Varian Medical Systems Australasia Pty Ltd	RHH – Linear Accelerator Upgrade	The goods or services can be supplied only by a particular supplier and no reasonable alternative or substitute goods or services exist for the protection of patents, copyrights, or other exclusive rights, or proprietary information.	258 235

RIGHT TO INFORMATION

PUBLIC AUTHORITY DETAILS

Section A: Number of Applications

1. Number of applications for assessed disclosure received.	12
2. Number of applications for assessed disclosure accepted.	12
3. Number of applications for assessed disclosure transferred or part transferred to another public authority.	0
4. Number of applications withdrawn by the applicant.	0
5. Number of applications for assessed disclosure determined.	9

Section B: Outcome of Applications

1. Number of determinations where the information applied for was provided in full.	9
2. Number of determinations where the information applied for was provided in part with the balance refused or claimed as exempt.	0
3. Number of determinations where all the information applied for was refused or claimed as exempt.	0
4. Number of applications where the information applied for was not in the possession of the public authority or Minister.	0
5. Number of applications where the information was not released as it was subject to an external party review under section 44.	0

Section C: Exemptions

Number of times where the following sections were invoked as reasons for exempting information from disclosure

s.25	Executive Council Information	0
s.26	Cabinet Information	0
s.27	Internal briefing information of a Minister	0
s.28	Information not relating to official business	0
s.29	Information affecting national or state security, defence or international relations	0
s.30	Information relating to the enforcement of the law	0
s.31	Legal professional privilege	0
s.32	Information relating to closed meetings of council	0
s.34	Information communicated by other jurisdictions	0
s.35	Internal deliberative information	0
s.36	Personal information of a person other than the applicant	0
s.37	Information relating to the business affairs of a third party	0
s.38	Information relating to the business affairs of a public authority	0
s.39	Information obtained in confidence	0
s.40	Information on procedures and criteria used in certain negotiations of public authority	0
s.41	Information likely to affect the State economy	0
s.42	Information likely to affect cultural, heritage and natural resources of the State	0

Section D: Reasons for Refusal		
Number of times where the following sections were invoked as reasons for refusing or deferring an application for assessed disclosure		
s.5, s.11, s.17	Refusal where information requested was not within the scope of the Act (s.5 – Not official business; s.11 – available at Archives Office and s.17 – Deferred).	0
s.9, s.12	Refusal where information is otherwise available or will become otherwise available in the next 12 months.	0
s.10, s.19	Refusal where resources of public authority unreasonably diverted.	0
s.20	Refusal where application repeated; or Vexatious; or Lacking in definition after negotiation.	0

Section E: Time to Make Decisions		
1.	1 – 20 working days of the application being accepted.	1
2.	More than 20 working days of the application being accepted.	5
3.	Number of requests which took more than 20 working days to decide that involved an extension negotiated under s.15(4)(a).	3
4.	Number of requests which took more than 20 working days to decide that involved an extension gained through an application to the Ombudsman under s.15(4)(b).	0
5.	Number of requests which took more than 20 working days to decide that involved consultation with a third party under s.15(5).	0

Section F: Reviews		
Internal Reviews		
	Number of internal reviews were requested in this financial year.	0
	Number of internal reviews were determined in this financial year.	0
	Number where the original decision upheld in full.	0
	Number where the original decision upheld in part.	0
	Number where the original decision reversed in full.	0
External Reviews (reviews by the Ombudsman)		
	Number of external reviews were requested in this financial year.	0
	Number of external reviews were determined in this financial year.	0
	Number where the original decision upheld in full.	0
	Number where the original decision upheld in part.	0
	Number where the original decision reversed in full.	0

HUMAN RESOURCES STATISTICS

An organisational restructure in July 2013 saw management of Mental Health Services and the Statewide Forensic Medicine and Drug & Alcohol Services moved into THO-South. The employee figures for 2013-14 include these additional employees, whereas 2012-13 does not.

Total Number of Full-Time Equivalent (FTE) Paid Employees		
As at end of financial year	2012-13	2013-14*
	3 433.49	4 115.72

*Includes Mental Health and Statewide Services.

Total Number of FTE Paid Employees by Award		
As at end of financial year	2012-13	2013-14*
Allied Health Professional	409.16	515.82
Dental	26.39	33.60
Health and Human Services	1 295.73	1 483.32
Medical Practitioners	391.90	453.58
No Award	3.34	1.70
Nursing	1 267.65	1 589.47
Radiation Therapist	19.33	20.00
Senior Executive Service (SES)	3.00	2.00
Visiting Medical Officers**	17.00	16.23
Total	3 433.49	4 115.72

*Includes Mental Health and Statewide Services.

**Includes Rural Medical Practitioners.

Total Number (Head Count) Paid by Employment Category: Fixed-Term/Permanent, Full Time/Part Time/Casual		
As at end of financial year	2012-13	2013-14*
Permanent full-time	1 437	1 750
Permanent part-time	1 899	2 130
Fixed-term full-time	350	405
Fixed-term part-time	337	399
Part 6**	11	10
Casual	348	495
Total	4 382	5 189

*Includes Mental Health and Statewide Services.

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

Total Head Count Number Paid by Salary Bands and Award*										
Salary Band**	Allied Health Professional	Dental	Health and Human Services Award	Nursing	Other	Radiation Therapist	Medical Practitioner	Senior Executive Service	Visiting Medical Practitioner	Grand Total
19 001-23 000					11					11
40 001-45 000			347							347
45 001-50 000			421							421
50 001-55 000	31		499	30						560
55 001-60 000	22		252	313						587
60 001-65 000	45		18	167		1	65			296
65 001-70 000	10		58	91		1	26			186
70 001-75 000	8		56	778		1	9			852
75 001-80 000	24		47	456		1	25			553
80 001-85 000	172		3	41		3	31			250
85 001-90 000	216		14	118			32			380
90 001-95 000	6		31	25		5	60			127
95 001-100 000	80	5	3	37						125
100 001-200 000	31	42	49	28		9	259	2		420
200 001-400 000							2		70	72
401 001-550 000					1					1
701 001-850 000							1			1
Total	645	47	1798	2084	12	21	510	2	70	5 189

*Includes Mental Health Services.

**Based on salary for award classification; Head Count not FTE.

***Visiting Medical Practitioners work on a sessional basis < 20 hours per week and are paid on a pro rata basis.

Note: In addition to Salaries and allowances under contracts of employment, Medical Practitioners at the RHH may participate in the Private Patient Scheme (PPS) if eligible by Medicare and under the management of the PPS committee. Under this scheme, Medicare, private health funds and other insurance bodies are billed where appropriate for eligible procedures performed in the RHH. PPS revenue generated by Visiting Medical Practitioners is shared with the RHH; PPS revenue raised by Specialist Medical Practitioners is donated to the RHH and the participating Specialists are then paid an allowance, as determined by the scheme. Revenue in excess of that distributed to medical practitioners is also allocated to hospital unit trusts to support research, clinical training and continuing professional activities of medical and other health employees, medical outreach programs overseas, and specialist medical equipment for the RHH for which public funding is not available.

Total Number (Head Count) Paid by Gender		
As at end of financial year	2012-13	2013-14*
Female	3 354	3 849
Male	1 028	1 340
Total	4 382	5 189

*Includes Mental Health and Statewide Services.

Total Number (Head Count) Paid by Age Profile		
As at end of financial year	2012-13	2013-14*
15-19 years	12	12
20-24 years	232	259
25-29 years	416	482
30-34 years	419	471
35-39 years	376	447
40-44 years	584	639
45-49 years	659	733
50-54 years	704	861
55-59 years	571	733
60+ years	409	552
Total	4 382	5 189

*Includes Mental Health and Statewide Services.

Number of Employees (Head Count) Paid by Award as at 30 June 2014*	
As at end of financial year	Total
Allied Health Professionals	645
Dental Officers	47
Health and Human Services Award	1 798
Medical Practitioners	510
No Award	12
Nursing	2 084
Radiation Therapist	21
Senior Executive Service	2
Visiting Medical Officers**	70
Total	5 189

*Includes Mental Health and Statewide Services.

**Includes Rural Medical Practitioners.

Average Personal Leave Days Per FTE*		
As at end of financial year	2012-13	2013-14**
Personal leave days per average paid FTE	11.4	11.7

*Includes sick, carers leave and family leave.

**Includes Mental Health and Statewide Services.

Total Paid Overtime* Hours Per Average FTE		
As at end of financial year	2012-13	2013-14**
Overtime/callback paid hours per averaged paid FTE	66.2	42.0

*Includes callback and overtime hours.

**Includes Mental Health and Statewide Services.

Turnover Rate		
The turnover rate is the rate at which people were leaving the THO-South as at 30 June 2014.		
As at end of financial year	2012-13	2013-14*
Turnover rate = total number of separations (FTEs) divided by the average paid FTE	9.7%	9.3%

*Includes Mental Health and Statewide Services.

Wastage Rate		
The wastage rate is similar to the turnover rate but takes into account the number of employees who joined THO-South as new starts. A negative result means more people are becoming employees than are exiting.		
As at end of financial year	2012-13	2013-14*
Wastage rate = (separation FTE – Newstart FTE)/average paid FTE	-0.9%	-1.68%

*Includes Mental Health and Statewide Services.

Long Service Leave		
As at end of financial year	2012-13	2013-14*
Average number of days used per paid FTE**	2.9	3.4

*Includes Mental Health and Statewide Services.

**Includes Maternity Long Service Leave.

Annual Leave		
As at end of financial year	2012-13	2013-14*
Average number of days used per paid FTE	20.9	20.9
Number of FTEs with entitlements equal to the 2 year limit	3.1	2.0
Number of FTEs in excess of 2 year limit	208.1	149.2

*Includes Mental Health and Statewide Services.

SUPERANNUATION DECLARATION

I, Graeme Houghton, Chair, Tasmanian Health Organisation – South, hereby certify that the Tasmanian Health Organisation has met its obligations under the *Superannuation Guarantee (Administration) Act 1992* in respect of any employee who is a member of a complying superannuation scheme to which the Tasmanian Health Organisation – South contributes.



Graeme Houghton
Chair, Tasmanian Health Organisations

WORKPLACE HEALTH AND SAFETY

THO-South is committed to a range of employee health and safety strategies. The focus in 2013-14 has been to build on the foundations of a safety and wellbeing culture within the organisation, and support management and workers within their workplace.

Strategies for 2013-14 included:

- ▶ Integration of Mental Health, Alcohol and Drug and Forensic Health Services
- ▶ Ongoing upgrade of the Safety Management System to align with the *Work Health and Safety Act 2012*
- ▶ Continuing training in
 - Manual Handling (ELearning and task specific face-to-face)
 - Emergency Preparedness
 - Warden Training
 - Managers Roles & Responsibilities
- ▶ Upgrading the Safety Management Plan based on the Risk Profile of the Agency
- ▶ Building on the aligned areas of Manual Handling, Work Health and Safety, Emergency Management and Hazardous Chemicals.

THO-South received 200 workers' compensation claims during 2013-14, compared to 254 claims the previous year. The areas of injury were through manual handling (81 claims), falls (31 claims) and as a result of aggressive behaviour (15 claims). The cost of all claim payments for 2013-14 was \$6.7M.

PRICING POLICIES

THO-South has activities for which the pricing of goods and services is required. Each fee/charging program is based on the full cost recovery model, in accordance with the State Government's policy on fees and charges. THO-South levies fees and charges in accordance with the *Health Act 1997*.

THO-South maintains a Revenue Policy that provides information on the financial requirements for funding a program from sources outside the organisation. This policy is subject to ongoing review.

PUBLIC INTEREST DISCLOSURE

The *Public Interest Disclosures Act 2002* encourages and facilitates disclosures about the improper conduct of public officers or public bodies.

THO-South is committed to the aims and objective of the Act. The organisation recognises the value of transparency and accountability in its administrative and management practices. THO-South also supports the making of disclosures that reveal corrupt conduct, conduct involving a substantial mismanagement of public resources, or conduct involving a substantial risk to public health and safety or the environment.

THO-South does not tolerate improper conduct by its staff, or the taking of reprisals against those who come forward to disclose such conduct. THO-South will take all reasonable steps to protect people who make such disclosures from any detrimental action in reprisal for making the disclosure. THO-South will also afford natural justice to any person who is the subject of a disclosure.

During 2013-14 the THO-South did not receive any Public Interest Disclosure reports.

MINISTERIAL DIRECTIONS AND PERFORMANCE ESCALATIONS

There were no Ministerial Directions or Performance Escalations in 2013-14 for THO-South.

PUBLICATIONS

Author, Unit or Area	Year	Title	Publication
Abell RG, Hewitt AW, Andric M, Allen PL, Verma N	2014	The use of heterochromatic flicker photometry to determine macular pigment optical density in a healthy Australian population. (English) Graefe's Archive For Clinical And Experimental Ophthalmology = Albrecht Von Graefe's Archive Für Klinische Und Experimentelle Ophthalmology [Graefe's Arch Clin Exp Ophthalmol], ISSN: 1435-702X, 2014 Mar; Vol. 252 (3), pp. 417-21; Publisher: Springer-Verlag; PMID: 24390399.	Journal Article
Ashby, MA	2013	Death's Dominion: An Appreciation of Ronald Dworkin (1931-2013). Journal of Bioethical Inquiry, 2013 Oct; 10 (3): 283-5. ISSN: 1176-7529 CINAHL AN: 2012334507.	Journal Article – Editorial
Ashby MA, Rich LE	2013	As Flies to Wanton Boys: Dilemmas and Dodging in the Field of Nonhuman Animal Ethics. Journal of Bioethical Inquiry, 2013 Dec; 10 (4): 429-33. ISSN: 1176-7529 CINAHL AN: 2012394963.	Journal Article
Ashby MA, Rich LE	2013	Eating people is wrong ... or how we decide morally what to eat. Journal of Bioethical Inquiry, Vol 10(2), Jun, 2013. pp. 129-131.	Editorial Abstract
Ashby MA, Rich LE	2013	Speak what we feel, not what we ought to say: Moral distress and bioethics. Journal of Bioethical Inquiry, Vol 10(3), Oct, 2013. pp. 277-281. [Editorial] Abstract ISSN: 1176-7529 CINAHL AN: 2012334496.	Editorial Abstract
Ashby MA	2014	A land half won: pain and the modern world. The Medical Journal of Australia (Med J Aust), ISSN: 1326-5377, 2014 Apr 7; Vol. 200 (6), pp. 305-6; Publisher: Australasian Medical Publishing Co; PMID: 24702073.	Journal Article
Ashby MA; Rich LE	2014	Government of the people, by the people, for the people: bioethics, literature, and method. Journal Of Bioethical Inquiry [J Bioeth Inq], ISSN: 1176-7529, 2014 Jun; Vol. 11 (2), pp. 109-12; Publisher: Springer; PMID 24938539.	Journal Article
Ashby MA, Rich LE	2014	How Shall We Thank Thy Merit? Journal of Bioethical Inquiry, 2014 Mar; 11 (1): 5-7. ISSN: 1176-7529 CINAHL AN: 2012513860.	Journal Article – Editorial
Ashby MA, Rich LE	2014	Two Deaths and a Birth: Reminiscing and Rehashing Principles in Biomedical Ethics. Journal of Bioethical Inquiry, 2014 Mar; 11 (1): 1-4. (journal article – editorial) ISSN: 1176-7529 CINAHL AN: 2012513877.	Journal Article – Editorial
Anderson NG; Butler AP	2014	Clinical applications of spectral molecular imaging: potential and challenges. Contrast Media & Molecular Imaging [Contrast Media Mol Imaging], ISSN: 1555-4317, 2014 Jan-Feb; Vol. 9 (1), pp. 3-12; Publisher: Wiley-Blackwell; PMID: 24470290.	Journal Article
Andrews CE, Ford, K	2013	Clinical facilitator learning and development needs: Exploring the why, what and how (includes abstract). Nurse Education in Practice, 2013; 13 (5): 413-7. ISSN: 1471-5953 PMID: 23465333 CINAHL AN: 2012221248.	Journal Article – Research
Andric M, Dixit S, Robaei D, Watchorn R, Verma N	2013	A case of subacute cutaneous lupus erythematosus as a result of ranibizumab (Lucentis) treatment. Indian Journal Of Ophthalmology [Indian J Ophthalmology], ISSN: 1998-3689, 2013 Dec; Vol. 61 (12), pp. 752-4; Publisher: Medknow Publications; PMID: 24212210.	Journal Article
Baines C Diving and Hyperbaric Medicine	2013	Perceptions amongst Tasmanian recreational scuba divers of the value of a diving medical. (English) The Journal Of The South Pacific Underwater Medicine Society [Diving Hyperb Med], ISSN: 1833-3516, 2013 Dec; Vol. 43 (4), pp. 244-6; Publisher: South Pacific Underwater Medicine Society; PMID: 24510335.	Journal Article

Author, Unit or Area	Year	Title	Publication
Bakes B	2014	The lived experience of self-intermittent catheterisation in people with spinal cord injury(includes abstract). Journal of the Australasian Rehabilitation Nurses' Association (JARNA), 2014 Mar; 17 (1): 20. (journal article – research) ISSN: 1440-3994 CINAHL AN: 2012538157.	Journal Article
Banks C & Jeffs L	2013	Kidney Health Australia Health Forum Community Forum. Old Woolstore.10th Nov 2013.	Presentation
Banks C, Jose M	2014	Home dialysis first. The Health Advocate, Issue 23, April 2014.	Journal Article
Basins L, Yong AC, Kilpatrick D	2014	Arrhythmogenicity of hypothermia – a large animal model of hypothermia. Lung & Circulation [Heart Lung Circ], ISSN: 1444-2892, 2014 Jan; Vol. 23 (1), pp. 82-7; Publisher: Elsevier Australia; PMID: 23928033.	Journal Article
Beggs S	2013	Swimming training for asthma in children and adolescents aged 18 years and under. Journal Of Evidence-Based Medicine [J Evid Based Med], ISSN: 1756-5391, 2013 Aug; Vol. 6 (3), pp. 199; Publisher: Wiley-Blackwell; PMID: 24325377.	Journal Article
Beggs S, Walters J A	2013	Cochrane in context: Swimming training for asthma in children and adolescents aged 18 years and under. Evidence-Based Child Health, 2013 Sep; 8 (5): 1582-3. ISSN: 1557-6272 CINAHL AN: 2012314918.	Journal Article
Beggs S, Wong ZH, Kaul S, Ogden KJ, Walters JA	2014	High-flow nasal cannula therapy for infants with bronchiolitis. The Cochrane Database Of Systematic Reviews [Cochrane Database Syst Rev], ISSN: 1469-493X, 2014 Jan 20; Vol. 1; Publisher: Wiley; Cochrane AN: CD009609; PMID: 24442856.	Journal Article
Berney SC, et al	2013	Intensive care unit mobility practices in Australia and New Zealand: a point prevalence study. Crit Care Resusc, 15, 260–265.	Journal Article
Bihari S, et al	2013	Sodium administration in critically ill patients in Australia and New Zealand: a multicentre point prevalence study. Crit Care Resusc, 15, 294–300.	Journal Article
Bradbury RS, French LP, Blizzard L	2014	Prevalence of Acanthamoeba spp. in Tasmanian intensive care clinical specimens. (English) The Journal Of Hospital Infection [J Hosp Infect], ISSN: 1532-2939, 2014 Mar; Vol. 86 (3), pp. 178-81; Publisher: W.B. Saunders For The Hospital Infection Society; PMID: 24530084.	Journal Article
Bradford CM, et al	2013	A randomised controlled trial of induced hypermagnesaemia following aneurysmal subarachnoid haemorrhage. Crit Care Resusc, 15, 119–125.	Journal Article
Booker, A	2013	An Audit of Compliance with the Ventilation Care Bundle in the Department of Critical Care Medicine. Presented at the ANZICS/ACCCN Annual Scientific Meeting in Hobart in October 2013.	Poster
Brieva J, et al	2013	Prediction of death in less than 60 minutes following withdrawal of cardiorespiratory support in ICUs. Crit Care Med, 41, 2677–2687.	Journal Article

Author, Unit or Area	Year	Title	Publication
Buchanan DD, Tan YY, Walsh MD, Clendenning M, Metcalf AM, Ferguson K, Arnold ST, Thompson BA, Lose FA, Parsons MT, Walters RJ, Pearson SA, Cummings M, Oehler MK, Blomfield PB, Quinn MA, Kirk JA, Stewart CJ, Obermair A, Young JP, Webb PM, Spurdle AB	2014	Tumour mismatch repair immunohistochemistry and DNA MLH1 methylation testing of patients with endometrial cancer diagnosed at age younger than 60 years optimizes triage for population-level germline mismatch repair gene mutation testing. (English) Journal Of Clinical Oncology: Official Journal Of The American Society Of Clinical Oncology [J Clin Oncol], ISSN: 1527-7755, 2014 Jan 10; Vol. 32 (2), pp. 90-100; Publisher: American Society of Clinical Oncology; PMID: 24323032.	Journal Article
Carter B, Bray L, Dickenson A, Edwards M and Ford K	2014	Child-Centred Nursing: Promoting critical thinking. SAGE Publications.	Book
Carter B, Ford K	2014	How arts-based approaches can put the fun into child-focused research. Nursing Children & Young People, 2014 Apr; 26 (3): 9. ISSN: 2046-2336 PMID: 24708321 CINAHL AN: 2012542337.	Journal Article
Carter B, Ford K	2014	The art of the matter (includes abstract). Nursing Standard, 2014 Mar 12; 28 (28): 26-7. (journal article – pictorial) ISSN: 0029-6570 CINAHL AN: 2012503094.	Journal Article – Pictorial
Chen P, Baker C	2014	Basic foot screenings for podiatry therapy assistants. Allied Health Professions Symposium.	Podium Presentation
Chong W. Ong	2013	Norovirus: a challenging pathogen (includes abstract). Healthcare Infection, 2013; 18 (4): 133-42. (journal article – review) ISSN: 1835-5617 CINAHL AN: 2012349077.	Journal Article
Conduit C, Free B, Sinha S	2013	TIME-H in clinical practice – a pilot study. Wound Practice & Research, 2013 Nov; 21 (4): 186-9. (journal article – case study, research, tables/charts) ISSN: 1837-6304 CINAHL AN: 2012381047.	Journal Article
Cooper DJ, et al	2013	Albumin resuscitation for traumatic brain injury: is intracranial hypertension the cause of increased mortality? J Neurotrauma, 30, 512-518.	Journal Article
Courtney-Pratt H, FitzGerald M, Ford K(PDU), Johnson C, Wills K	2014	Development and reliability testing of the quality clinical placement evaluation tool. Journal of Clinical Nursing 02/2014; 23 (3-4): 504-14.	Journal Article
Courtney-Pratt H, Ford K (PDU), Marlow A, Andrews C (GSU)	2014	Evaluating, understanding and improving the quality of clinical placements for undergraduate nurses: a Practice Development Approach. 5th International Nurse Education Conference 22-25 June 2014 Noordwijkerhout, The Netherlands.	Conference Proceedings
Davis I, Long A, Martin A, Espinoza D, d S, Thompson JF, Kitchenadasse G, Harrison M, Chalasani V, Lowenthal R, Pavlakis N, Weickhardt A, Kannourakis G, Steer, C. Hovey E, Shapiro J, Stockler MR Australian & New Zealand Urogenital and Prostate Cancer Trials Group	2013	EVERSUN: A phase 2 trial of Everolimus alternating with Sunitinib as first line therapy for advanced renal cell carcinoma (aRCC) (ANZUP trial 0901). Presented at ASCO Urogenital Meeting 2013.	Presentation

Author, Unit or Area	Year	Title	Publication
DePaoli KM, Seal JA, Burgess JR, Taylor R	2013	Improved iodine status in Tasmanian schoolchildren after fortification of bread: a recipe for national success. Med J Aust. 2013 May 20;198(9):492-4.	Journal Article
Doig GS, et al	2013	Early parenteral nutrition in critically ill patients with short-term relative contraindications to early enteral nutrition. A randomized controlled trial. JAMA, 309(20), 2130-2138.	Journal Article
Doig GS, et al	2013	Early parenteral nutrition in critically ill patients with short-term relative contraindications to early enteral nutrition: a full economic analysis of a multicentre randomized controlled trial based on US costs. ClinicoEconomics and Outcomes Research, 5, 369–379.	Journal Article
Dreijerink K, Goudet P, Burgess J, Valk G.	2014	Breast cancer predisposition in Multiple Endocrine Neoplasia type 1. New England Journal of Medicine. 2014. In Press.	In Press/Journal
Dulhunty JM, et al.	2013	A protocol for a multicentre randomised controlled trial of continuous beta-lactam infusion compared with intermittent beta-lactam dosing in critically ill patients with severe sepsis: the BLING II study. Crit Care Resusc, 15, 179–185.	Journal Article
Elliott D, et al	2013	Patient comfort in the intensive care unit: a multicentre, binational point prevalence study of analgesia, sedation and delirium management. Crit Care Resusc, 15, 213–219.	Journal Article
Esteban A, et al	2013	Evolution of mortality over time in patients receiving mechanical ventilation. Am J Respir Crit Care Med, 188(2), 220–230.	Journal Article
Fiorentino L M, Bunting, M W	2013	Cotyledonoid dissecting leiomyoma as a possible cause of chronic lower back pain (includes abstract). BMJ Case Reports, 2013 Oct: 1-5. (journal article – case study, diagnostic images, pictorial) ISSN: 1757-790X CINAHL AN: 2012369004.	Journal Article
Ford, K	2013	COMMENTARY: An international study on innovations in the management of children's pain. International Practice Development Journal, 2013 Nov; 3 (2): 17-8. (journal article – commentary) ISSN: 2046-9292 CINAHL AN: 2012567176.	Journal Article
Ford K	2013	Evaluating, understanding and improving the quality of clinical placements in non-traditional rural and remote settings. 2012 National Clinical Supervision Fellowship Initiative, Health Workforce Australia.	Report
Ford K, Courtney-Pratt H	2014	Improving the experience of acute care for people with dementia. Australian Journal of Dementia Care.	Journal Article
Ford K, Courtney-Pratt H, Tesch L, Johnson C	2013	More than just clowns – clown doctor rounds and their impact for children, families and staff. Journal of Child Health Care 07/2013.	Journal Article
Ford K(PDU), Courtney-Pratt H, Andrews C (GSU), Johnson C	2013	Quality clinical placement evaluations: undergraduate placements in acute care settings. DHHS Tasmania 2010-2012.	Report
Foroudi F, Pham D, Rolfo A, Bressel M, Tang CI, Tan A, Turner S, Hruby G, Williams S, Hayne D, Lehman M, Skala M, Jose CC, Gogna K, Kron T	2014	The outcome of a multi-centre feasibility study of online adaptive radiotherapy for muscle-invasive bladder cancer TROG 10.01 BOLART. (English) Radiotherapy And Oncology: Journal Of The European Society For Therapeutic Radiology And Oncology [Radiother Oncol], ISSN: 1879-0887, 2014 Apr 16; Publisher: Elsevier Scientific Publishers; PMID: 24746580.	Journal Article
Gail Read	2014	Do Iron Guidelines Translate into good clinical practice for patients on haemodialysis? Journal of Renal Care. Issue 40.	Journal Article

Author, Unit or Area	Year	Title	Publication
Gallagher M, et al	2014	Long-term survival and dialysis dependency following acute kidney injury in intensive care: extended follow-up of a randomized controlled trial. PLOS Medicine, 11(2), e1001601.	Abstract
Geake JB, Ritchey DM, Burke J, Halliday A, Wood-Baker R, Maguire G	2014	Sudden death in a young male with a recent pneumothorax: a case report. European Respiratory Review: An Official Journal Of The European Respiratory Society [Eur Respir Rev], ISSN: 1600-0617, 2014 Mar 1; Vol. 23 (131), pp. 145-7; Publisher: European Respiratory Society; PMID: 24591672.	Journal Article
Ghosh R, Ray U, Jana P, Bhattacharya R, Banerjee D, Sinha A	2014	Reduction of death rate due to acute myocardial infarction in subjects with cancers through systemic restoration of impaired nitric oxide. Plos One [PLoS One], ISSN: 1932-6203, 2014 Feb 18; Vol. 9 (2), pp. e88639; Publisher: Public Library of Science; PMID: 24558405.	Journal Article
Goulding EA; Barnden KR	2014	Disseminated herpes simplex virus manifesting as pyrexia and cervicitis and leading to reactive hemophagocytic syndrome in pregnancy. European Journal Of Obstetrics, Gynecology, And Reproductive Biology [Eur J Obstet Gynecol Reprod Biol], ISSN: 1872-7654, 2014 May 22; Publisher: Elsevier Scientific Publishers; PMID: 24890680.	Journal Article
Greenop K, Peters S, Fritschi L, Glass D, Ashton L, Bailey H, Scott R, Daubenton J, De Klerk N, Armstrong B, Milne E	2014	Exposure to household painting and floor treatments, and parental occupational paint exposure and risk of childhood brain tumors: results from an Australian case-control study. Cancer Causes Control (2014) 25:283-291.	Journal Article
Greenaway AK and Greenaway TM	2014	Management of Thyroid Disease and Iodine Nutrition during Pregnancy. O&G 16 (2): 12-14, 2014.	Journal Article
Hammond NE, et al	2013	Temperature management of non-elective intensive care patients without neurological abnormalities: a point prevalence study of practice in Australia and New Zealand. Crit Care Resusc, 15, 228-233.	Journal Article
Harcourt ER, John J, Dargaville PA, Zannin E, Davis PG, Tingay DG Pediatric Critical Care Medicine	2014	Pressure and Flow Waveform Characteristics of Eight High-Frequency Oscillators. A Journal Of The Society Of Critical Care Medicine And The World Federation Of Pediatric Intensive And Critical Care Societies, ISSN: 1529-7535, 2014 Apr 8; Publisher: Lippincott Williams & Wilkins; PMID: 24717904.	Journal Article
Hayes S	2014	Using motivational interviewing to encourage women with gestational diabetes mellitus to breastfeed as a method of reducing their risk of type 2 diabetes mellitus. Australian Nursing & Midwifery Journal, 2014 May; 21 (10): 32-5. (journal article - tables/charts) ISSN: 2202-7114 CINAHL AN: 2012568416.	Journal Article
Hickman M	2014	A PEG Clinic 12 Years On J.GENCA, 2014 Apr; 24 (2): 8-11. ISSN: 444-027X CINAHL AN: 2012555991.	Journal Article
Hunn BH, Mujic A, Sher I, Dubey AK, Peters-Willke J, Hunn AW	2014	Successful treatment of negative pressure hydrocephalus using timely titrated external ventricular drainage: a case series. Clinical Neurology And Neurosurgery [Clin Neurol Neurosurg], ISSN: 1872-6968, 2014 Jan; Vol. 116, pp. 67-71; Publisher: Elsevier; PMID: 24275338.	Journal Article
Holmes M, Ee M, Fenton E, Jones N	2013	Left Amyand's hernia in children: method, management and myth. (English) Journal Of Paediatrics And Child Health [J Paediatr Child Health], ISSN: 1440-1754, 2013 Sep; Vol. 49 (9), pp. 789-90; Publisher: Blackwell Scientific Publications; PMID: 24028519.	Journal Article
Hynes KL, Otahal P, Hay I, Burgess JR	2013	Mild iodine deficiency during pregnancy is associated with reduced educational outcomes in the offspring: 9-year follow-up of the gestational iodine cohort. J Clin Endocrinol Metab. 2013 May;98(5):1954-62.	Journal Article

Author, Unit or Area	Year	Title	Publication
Jayde V, Boughton M, Blomfield P	2013	The experience of chemotherapy-induced alopecia for Australian women with ovarian cancer (includes abstract). European Journal of Cancer Care, 2013 Jul; 22 (4): 503-12. (journal article – research, tables/charts) ISSN: 0961-5423 PMID: 23528018 CINAHL AN: 2012155122.	Journal Article – Research
Jones, NI	2013	Adolescent bariatric surgery. Journal of Stomal Therapy Australia, 2013 Dec; 33 (4): 8-9. (journal article – pictorial) ISSN: 1030-5823 CINAHL AN: 2012407285.	Journal Article
Kaukonen K-M, et al	2014	Mortality related to severe sepsis and septic shock among critically ill patients in Australia and New Zealand, 2000-2012. JAMA, doi:10.1001/jama.2014.2637.	Abstract
Kerrison J, Jones L, Holroyd E	2013	The art and science of caring for pregnant teenagers in southern Tasmania. Women & Birth, 2013 Oct; 26: S10. (journal article – research) ISSN: 1871-5192 CINAHL AN: 2012306116.	Journal Article – Research
Khanal A, Castelino RL, Peterson GM, Jose MD	2014	Dose adjustment guidelines for medications in patients with renal impairment: how consistent are drug information sources? Intern Med J. 2014 Jan;44(1):77-85. doi: 2014 PMID: 24112311 [PubMed – in process].	Online Abstract
Khanal A, Peterson GM, Castelino RL, Jose MD	2014	Renal drug dosing recommendations: evaluation of product information for brands of the same drug. Intern Med J. 2014 Jun;44(6):591-6. doi: 10.1111/imj.12446 PMID: 24946814 [PubMed – in process].	Online Abstract
Kothari D, Lim BH	2014	Diabetes and pregnancy: time to rethink the focus on type 2 diabetes. The Australian & New Zealand Journal Of Obstetrics & Gynaecology [Aust N Z J Obstet Gynaecol], ISSN: 1479-828X, 2014 Apr; Vol. 54 (2), pp. 181-3; Publisher: Wiley-Blackwell; PMID: 24506506.	Journal Article
Lake H	2013	Ibuprofen belly: A case of small bowel stricture due to non-steroidal anti-inflammatory drug abuse in the setting of codeine dependence. Australian and New Zealand Journal of Psychiatry, Vol 47(12), Dec, 2013. pp. 1210-1211.	Journal Article
Lange B, Castle R, May J	2014	Meeting national standards for falls and pressure management in occupational therapy. Allied Health Professions Symposium.	Podium Presentation
Laslett LL, Quinn SJ, Burgess JR, Parameswaran V, Winzenberg TM, Jones G, Ding C.	2013	Moderate vitamin D deficiency is associated with change in knee and hip pain in older adults: a five year longitudinal study. Ann Rheum Dis. 2013 Apr 17.	Journal Article
Lemieux M, et al	2013	Improving the practice of nutrition therapy in the critically ill: an international quality improvement project. DCCM, Royal Hobart Hospital, Australia. Final Site Report. Critical Care Nutrition, Kingston, ON, Canada K7L 2V7.	Journal Article
Lim K, Wheeler KI, Gale TJ, Jackson HD, Kihlstrand JF, Sand C, Dawson JA, Dargaville PA	2014	Oxygen saturation targeting in preterm infants receiving continuous positive airway pressure. (English) The Journal Of Pediatrics, ISSN: 1097-6833, 2014 Apr; Vol. 164 (4), pp. 730-736.e1; Publisher: Mosby; PMID: 24433828.	Journal Article – Abstract
Lippmann J, Lawrence C, Fock A, Wodak T, Jamieson S Diving and Hyperbaric Medicine	2013	Provisional report on diving-related fatalities in Australian waters 2009. The Journal Of The South Pacific Underwater Medicine Society [Diving Hyperb Med], ISSN: 1833-3516, 2013 Dec; Vol. 43 (4), pp. 194-217; Publisher: South Pacific Underwater Medicine Society; PMID: 24510326.	Journal Article

Author, Unit or Area	Year	Title	Publication
Loveluck M, Liu DS, Froelich J, Yellapu S	2014	Fishbone perforation causing duodenocaval fistula and caval thrombus. ANZ Journal Of Surgery [ANZ J Surg], ISSN: 1445-2197, 2014 Apr 16; Publisher: Wiley-Blackwell Publishing Asia; PMID: 24735121.	Journal Article
Lowenthal RM; Stone JM,	2013	Lymphoma studies by the Australasian Leukaemia and Lymphoma Group. (English) Official Journal Of The World Apheresis Association: Official Journal Of The European Society For Haemapheresis [Transfus Apher Sci], ISSN: 1473-0502, Transfusion and Apheresis Science 2013; 49: 110-112; PMID: 23962397.	Journal Article
Lowenthal RM, Tegg EM, Dickinson JL	2013	The Familial Tasmanian Haematological Malignancies Study (FaTHMS): Its origins, its history and the phenomenon of anticipation. Transfusion and Apheresis Science 2013; 49: 113-115.	Journal Article
Martin WG, Galligan J, Greenaway T and Burgess J:	2013	Admission blood glucose predicts mortality at 90 days in patients admitted to an Australian Teaching Hospital. World Diabetes Congress Melbourne December 2013.	Abstract
McCallum C, McGregor A, Vanniasinkam T	2013	Prevalence of Shiga toxin-producing Escherichia coli (STEC) in Tasmania, Australia. Pathology, ISSN: 1465-3931, 2013 Dec; Vol. 45 (7), pp. 681-8; Publisher: Lippincott Williams & Wilkins; PMID: 24247627.	Journal Article
McKercher C, Sanderson K, Jose MD	2013	Psychosocial factors in people with chronic kidney disease prior to renal replacement therapy. Nephrology (Carlton). 2013 Sep;18(9):585-91. doi: 10.1111/nep.12138. PMID: 23876102 [PubMed - indexed for MEDLINE].	Online Abstract
McKercher CM, Venn AJ, Blizzard L, Nelson MR, Palmer AJ, Ashby MA, Scott JL, Jose MD	2013	Psychosocial factors in adults with chronic kidney disease: characteristics of pilot participants in the Tasmanian Chronic Kidney Disease study. BMC Nephrol. 2013 Apr 12;14:83. doi: 10.1186/1471-2369-14-83. PMID: 23586969 [PubMed - indexed for MEDLINE].	Online Abstract
Mohamed M, Dun, Karen, Grabek J	2013	A typical features in a patient with acute promyelocytic leukaemia: a potential diagnostic pitfall (includes abstract). BMJ Case Reports, 2013 Sep: 1-5. (journal article – case study, pictorial, tables/charts) ISSN: 1757-790X CINAHL AN: 2012329641.	Journal Article
Monga A K	2014	Re: Management of vault prolapse... Ramalingam. The Obstetrician & Gynaecologist 2013;15:167–70.Mazidi, Peyman; Sivanesan, K; Obstetrician & Gynaecologist, 2014 Jan; 16 (1): 71-2. (journal article – commentary, letter, tables/charts) ISSN: 1467-2561 CINAHL AN: 2012420994.	Journal Article
Moore EC, et al	2013	The Burns Evaluation and Mortality Study (BEAMS): Predicting deaths in Australian and New Zealand burn patients admitted to intensive care with burns. J Trauma Acute Care Surg. 75, 298-303.	Journal Article
Moran C, Phan TG, Chen J, Blizzard L, Beare R, PhD, Venn A, Muench G, Wood AG, Forbes J, Greenaway TM, Pearson S and Srikanth V	2013	Brain atrophy in Type 2 Diabetes – Regional distribution and influence on cognition. Diabetes Care DOI:10.2337/dc13-0143 2013/08/12 Epub 2013/05/19.	Journal Article
Morris M, Snedeker M, Reed G, Butcher B, Bradley J	2014	Do iron guidelines translate into good clinical practice for patients on haemodialysis (includes abstract)? Journal of Renal Care, 2014 Mar; 40 (1): 49-54. ISSN: 1755-6678 PMID: 24588980 CINAHL AN: 2012483408.	Journal Article-Pictorial, Research, Tables/Charts
Nash T, Ireland V, Person	2013	Detection and management of depression in people with diabetes and foot ulceration: a pilot study. Australasian Podiatry Conference: synergy research and practice.	Podium Presentation

Author, Unit or Area	Year	Title	Publication
Neill A, Cronin J, Brannigan, D, O'Sullivan R, Cadogan M	2014	The impact of social media on a major international emergency medicine conference. Emergency Medicine Journal, May 2014; 31 (5): 401-404. . (4p) (Journal Article – Academic Journal) ISSN: 1472-0205 CINAHL AN: 95645221.	Journal Article
O'Hern JA, Cooley L	2013	A description of human hydatid disease in Tasmania in the post-eradication era. (English) The Medical Journal Of Australia [Med J Aust], ISSN: 1326-5377, 2013 Jul 22; Vol. 199 (2), pp. 117-20; Publisher: Australasian Medical Publishing Co; PMID: 23879511.	Journal Article
Ong, CW, Roberts JL, Collignon PJ	2013	Long-term survival outcome following Staphylococcus aureus bacteraemia (includes abstract). Healthcare Infection, 2013; 18 (3): 102-9. (journal article – research) ISSN: 1835-5617 CINAHL AN: 2012321833.	Journal Article – Research
Onu DO; Hunn AW; Bohmer RD	2014	Seat belt syndrome with unstable Chance fracture dislocation of the second lumbar vertebra without neurological deficits. BMJ Case Reports [BMJ Case Rep], ISSN: 1757-790X, 2014 Jan 08; Vol. 2014; Publisher: BMJ Pub. Group; PMID: 24403388.	Journal Article – Case Report
Onu DO, Hunn AW, Harle RA	2013	A rare association of cerebral dural arteriovenous fistula with venous aneurysm and contralateral flow-related middle cerebral artery aneurysm BMJ Case Reports ISSN: 1757-790X, 2013 Sep 19; Vol. 2013; Publisher: BMJ Pub. Group; PMID: 24051149	Case Report Journal Article
Onu DO, Hunn AW, Peters-Willke J	2013	Charcot-Marie-Tooth syndrome and neurofibromatosis type I with multiple neurofibromas of the entire spinal nerve roots. BMJ Case Reports [BMJ Case Rep], ISSN: 1757-790X, 2013 Jul 13; Vol. 2013; Publisher: BMJ Pub. Group; PMID: 23853192.	Case Report Journal Article
Orosz, J, Bailey M, Bohensky, M, Gold M, Zalstein S, Pilcher D	2014	Deteriorating patients managed with end-of-life care following Medical Emergency Team calls. Internal Medicine Journal, 2014 Mar; 44 (3): 246-54. ISSN: 1444-0903 PMID: 24373174 CINAHL AN: 2012503707.	Journal Article
Parke RL, et al.	2013	Oxygen therapy in non-intubated adult intensive care patients: a point prevalence study. Crit Care Resusc, 15, 287–293.	Journal Article
Patel RP, Farawahida S, Shastri M, Wanandy T, Jose MD	2014	Retention of knowledge and perceived relevance of basic sciences in an integrated case-based learning (CBL) curriculum. Am J Health Syst Pharm. 2013 Sep 1;70(17):1477-8. doi: 10.2146/ajhp120692. PMID: 23943176 [PubMed – indexed for MEDLINE].	Online Abstract
Patel R, Farawahida S, Shastri M, Wanandy T, Jose MD	2013	Physical and chemical stability of ceftazidime and cefazolin in peritoneal dialysis solutions packaged in dual-chamber infusion bags. American Journal of Health-System Pharmacy, 2013 Sep 1; 70 (17): 1477-8. (journal article – letter; research) ISSN: 1079-2082 PMID: 23943176 CINAHL AN: 2012223907.	Journal Article
Patel RP, Shastri MD, Bakkari M, Wanandy T, Jose MD.	2014	Stability of the combination of ceftazidime and cephalosin in icodextrin or pH neutral peritoneal dialysis solution. Perit Dial Int. 2014 Mar-Apr;34(2):212-8. doi: 10.3747/pdi.2013.00034. Epub 2014 Jan 2. PMID: 24385326 [PubMed – in process].	Online Abstract
Pridmore, Saxby; Khan, Mohammad A	2014	An African PTSD proverb? Australian & New Zealand Journal of Psychiatry, 2014 Feb; 48 (2): 198. (journal article – letter) ISSN: 0004-8674 PMID: 23817858 CINAHL AN: 2012448346.	Journal Article

Author, Unit or Area	Year	Title	Publication
Raymond SH	2013	A survey of prescribing for the management of nausea and vomiting in pregnancy in Australasia. The Australian & New Zealand Journal Of Obstetrics & Gynaecology ISSN: 1479-828X, 2013 Aug; Vol. 53 (4), pp. 358-62; Publisher: Wiley-Blackwell; PMID: 23346891.	Journal Article
Radhakrishnan AK, et al	2013	Outcomes of the elderly admitted with critical illness over a period of 3 years at the Intensive Care Unit of the Royal Hobart Hospital. College of Intensive Care Medicine of Australia and New Zealand, Fellowship Project.	Journal Article
Various	2013/ 2014	Royal Hobart Hospital Patient Information Guide	Publication
Saxena MK, et al	2013	Temperature management in patients with acute neurological lesions: an Australian and New Zealand point prevalence study. Crit Care Resusc, 15, 110–118.	Journal Article
Schultz MG, Davies JE; Hardikar A, Pitt S, Moraldo M, Dhutia N, Hughes AD; Sharman JE	2014	Aortic Reservoir Pressure Corresponds to Cyclic Changes in Aortic Volume: Physiological Validation in Humans. Arteriosclerosis, Thrombosis, And Vascular Biology [Arterioscler Thromb Vasc Biol], ISSN: 1524-4636, 2014 May 8; Publisher: Lippincott Williams & Wilkins; PMID: 24812322.	Journal Article
Smart DR; Sage M; Davis FM	2014	Two fatal cases of immersion pulmonary oedema – using dive accident investigation to assist the forensic pathologist. Diving And Hyperbaric Medicine: The Journal Of The South Pacific Underwater Medicine Society [Diving Hyperb Med], ISSN: 1833-3516, 2014 Jun; Vol. 44 (2), pp. 97-100; Publisher: South Pacific Underwater Medicine Society; PMID: 24986728.	Journal Article
Smith JC; Walker SR, Vascular [Vascular]	2014	Surviving an abdominal aortic aneurysm type II endoleak rupture without surgical intervention. ISSN: 1708-5381, 2014 Jun 17; Publisher: Sage; PMID: 24939919.	Journal Article
Smith L, Ford K	2013	'Communication with children, young people and families – a family strengths-based approach' in Child, Youth and Family Health: Strengthening Communities. M Barnes and J Rowe (ed) Elsevier.	Book Chapter
Sreedharan S; Fiorentino M; Sinha S	2014	Plain abdominal radiography in acute abdominal pain-is it really necessary? [Emerg Radiol], ISSN: 1438-1435, 2014 Jun 1; Publisher: Springer-Verlag New York Inc; PMID: 24880255.	Journal Article
Srikanth V, Westcott B, Forbes J, Phan TG, Beare R, Venn A, Pearson S, Greenaway T, Parameswaran V, Muench G:	2013	Methyl glyoxal, cognitive function and cerebral atrophy. Journal of Gerontology: Biol Sciences & Med Sciences 68(1):68 – 73, 2013.	Journal Article
Thalaivasal A, Tegg E, Lowenthal R.	2013	Retrospective study of absence of expression of HLA-DR in acute myeloid leukaemia. Royal College of Pathologists of Australia Annual Scientific Meeting 2013.	Presentation
Tucker C HL; Wood-Baker R; Owen C; Joseph L; Walters EH	2014	Chronic disease self-management and exercise in COPD as pulmonary rehabilitation: a randomized controlled trial. (English) International Journal Of Chronic Obstructive Pulmonary Disease [Int J Chron Obstruct Pulmon Dis], ISSN: 1178-2005, 2014 May 19; Vol. 9, pp. 513-23; Publisher: DOVE Medical Press; PMID: 24876771.	Journal Article
Tutticci C, Rogers J	2014	State-wide multidisciplinary guidelines for the management of lower limb Charcot Neuropathy. Allied Health Professions Symposium.	Podium Presentation

Author, Unit or Area	Year	Title	Publication
Various	2013	THO-South Annual Report.	Publication
Venkatesh B, et al	2013	The ADRENAL study protocol: ADjunctive corticosteroid tReatment iN critically ill patients with septic shock. Crit Care Resusc, 15, 83–88.	Journal Article
Verma S; Chambers I	2014	Dental emergencies presenting to a general hospital emergency department in Hobart, Australia. Australian Dental Journal [Aust Dent J], ISSN: 1834-7819, 2014 Jun 9; Publisher: Australian Dental Association; PMID: 24913020.	Journal Article
Vervaaert P	2014	The role of the IFCC in supporting e-learning through the Internet. Clinical Biochemistry [Clin Biochem], ISSN: 1873-2933, 2014 Jun; Vol. 47 (9), pp. 761-2; Publisher: Elsevier Science; PMID: 24858209.	Journal Article
Vincent J-L, et al	2013	A randomized, double-blind, placebo-controlled, phase 2b study to evaluate the safety and efficacy of recombinant human soluble thrombomodulin, ART-123, in patients with sepsis and suspected disseminated intravascular coagulation. Crit Care Med, 41, 2070–2079.	Journal Article
Walker SR, Smith A	2013	Randomized, blinded study to assess the effect of povidone-iodine on the groin wound of patients undergoing primary varicose vein surgery. ANZ Journal Of Surgery [ANZ J Surg], ISSN: 1445-2197, 2013 Nov; Vol. 83 (11), pp. 844-6; Publisher: Wiley-Blackwell Publishing Asia; PMID: 23360528.	Journal Article
Wang J; Han W; Wang X; Pan F; Liu Z; Halliday A; Jin X; Antony B; Cicuttini F; Jones G; Ding C, Osteoarthritis And Cartilage / OARS, Osteoarthritis Research Society	2014	Mass effect and signal intensity alteration in the suprapatellar fat pad: associations with knee symptoms and structure. [Osteoarthritis Cartilage], ISSN: 1522-9653, 2014 May 29; Publisher: W.B. Saunders For The Osteoarthritis Research Society; PMID: 24882527.	Journal Article
Waugh, M	2014	Doctor and occupational therapist knowledge, attitudes and clinical practice of patient fitness-to-drive and the Austroads guideline at the Royal Hobart Hospital. UTAS/DHHS Health Services Symposium, Hobart.	Podium Presentation
Weatherburn C	2014	Rebuilding Under Pressure: The Redevelopment of the DCCM at the Royal Hobart Hospital, Tasmania. Critical Times Vol 17 No. 2 June 2014.	Journal Article
Whelan J, Gent H	2013	Viewings of deceased persons in a hospital mortuary: Critical reflection of social work practice. Australian Social Work, Vol 66(1), Mar; 2013. pp. 130-144.	Journal Article
Yanchar NL, Woo K, Brennan M, Palmer CS, Zs Ee M, Sweeney B, Cramer J	2013	Chest x-ray as a screening tool for blunt thoracic trauma in children. The Journal Of Trauma And Acute Care Surgery [J Trauma Acute Care Surg], ISSN: 2163-0763, 2013 Oct; Vol. 75 (4), pp. 613-9; Publisher: Lippincott, Williams & Wilkins; PMID: 24064874.	Journal Article
Zannin E, Ventura ML, Dellacà RL, Natile M, Tagliabue P, Perkins EJ, Sourial M, Bhatia R, Dargaville PA, Tingay DG	2014	Optimal mean airway pressure during high-frequency oscillatory ventilation determined by measurement of respiratory system reactance. (English) Pediatric Research, ISSN: 1530-0447, 2014 Apr; Vol. 75 (4), pp. 493-9; Publisher: Nature Publishing Group; PMID: 24375086.	Journal Article – Abstract

LEGISLATION

Key Health or Health Related Legislation

<i>Health Act 1997</i>
<i>Health Complaints Act 1995</i>
<i>Health Practitioner Regulation National Law (Tasmania) Act 2010</i>
<i>Health Practitioners Tribunal Act 2010</i>
<i>Health Professionals (Special Events Exemption) Act 1998</i>
<i>Health Service Establishments Act 2006</i>
<i>Model Work Health and Safety (WHS) Act 2012</i>
<i>Pharmacy Control Act 2001</i>
<i>Poisons Act 1971</i>
<i>Tasmanian Health Organisations Act 2011</i>
<i>Therapeutic Goods Act 2001</i>

Key Legislation Relating to Human Resources

<i>Anti-Discrimination Act 1998</i>
<i>Industrial Relations Act 1984</i>
<i>State Service Act 2000</i>
<i>Workers Rehabilitation and Compensation Act 1988</i>
<i>Workplace Health and Safety Act 2012</i>

Key Legislation Relating to Governance Responsibilities and Performance

<i>Financial Management and Audit Act 1990</i>
<i>Personal Information Protection Act 2004</i>
<i>Public Interest Disclosures Act 2002</i>
<i>Right to Information Act 2009</i>

Other Tasmanian Health Related Legislation

<i>Adoption Act 1988</i>
<i>Aged Care Act 1997</i>
<i>Alcohol and Drug Dependency Act 1968</i>
<i>Ambulance Service Act 1982</i>
<i>Anatomical Examinations Act 2006</i>
<i>Blood Transfusion (Limitation of Liability) Act 1986</i>
<i>Child Protection (International Measures) Act 1997</i>
<i>Children, Young Persons and Their Families Act 1997</i>
<i>Constitution (State Employees) Act 1994</i>
<i>Disability Services Act 1992 (new act 11/11/12)</i>
<i>Fee Units Act 1997</i>
<i>Fee Units Amendment Act 2002</i>
<i>Fluoridation Act 1968</i>
<i>Food Act 2003</i>
<i>Guardianship and Administration Act 1995</i>
<i>Guardianship and Administration Amendment Act 2006</i>
<i>HIV/AIDS Preventive Measures Act 1993</i>
<i>Human Cloning for Reproduction and Other Prohibited Practices Act 2003</i>
<i>Human Embryonic Research Regulation Act 2003</i>
<i>Human Tissue Act 1985</i>
<i>Medical Radiation Science Professionals Registration Act 2000</i>
<i>Mental Health Act 2003</i>
<i>Misuse of Drugs Act 2001</i>
<i>Obstetric and Paediatric Mortality and Morbidity Act 1994</i>
<i>Optometry Offences Act 2010</i>
<i>Public Health Act 1997</i>
<i>Radiation Protection Act 2005</i>
<i>Royal Derwent Hospital (Sale of land) act 1995</i>
<i>Surrogacy Contracts Act 1993</i>

Broadly Applicable Legislation

Coroners Act 1995

Defamation Act 2005

Fire Damage Relief Act 1967

Guide Dogs and Hearing Dogs Act 1967

Homes Act 1935

Integrity Commission Act 2009

Judicial Review Act 2000

Long Service Leave (State Employees) Act 1994

Long Service Leave Act 1976

Ombudsman Act 1978

Payroll Tax Act 2008

Pensioners (Heating Allowance) Act 1971

Public Account Act 1986

Public Sector Superannuation Reform Act 1999

Retirement Benefits Act 1993

Statutory Holidays Act 2000

Trades Unions Act 1889

Youth Justice Act 1997

Other Broadly Applicable Legislation

Acts Interpretation Act 1931

Archives Act 1983

Audit Act 2008

Building Act 2000

Civil Liability Act 2002

Civil Liability Amendment Act 2008

Dangerous Substances (Safe Handling) Act 2005

Economic Regulator Act 2009

Emergency Management Act 2006

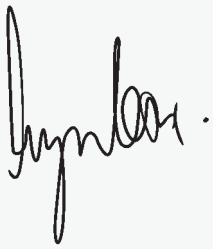
Mutual Recognition (Tasmania) Act 1993

PART 3 – FINANCIAL STATEMENTS

STATEMENT OF CERTIFICATION

The accompanying Financial Statements of Tasmanian Health Organisation – South are in agreement with the relevant accounts and records and have been prepared in compliance with the Treasurer's Instructions issued under the provisions of the *Financial Management and Audit Act 1990* to present fairly the financial transactions for the year ended 30 June 2014 and the financial position as at 30 June 2014.

At the date of signing, we are not aware of any circumstances which would render the particulars included in the financial statements misleading or inaccurate.



Lyn Cox

Acting Chair, Tasmanian Health Organisations
19 September 2014



Coral Paton

Acting Chief Executive Officer
19 September 2014

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2014

	Notes	2014 Budget \$'000	2014 Actual \$'000	2013 Actual \$'000
Continuing operations				
Revenue and other income from transactions				
Grants				
Recurrent grants	1.7(a), 7.1	503 339	543 850	447 109
Capital grants	1.7(a), 7.2	0	86 558	12 620
Sales of goods and services	1.7(b), 7.3	49 669	79 670	60 924
Interest	1.7(c)	0	148	203
Contributions received	1.7(d), 7.4	0	2 209	0
Other revenue	1.7(e), 7.5	37 542	13 480	11 999
Total revenue and other income from transactions		590 550	725 915	532 855
Expenses from transactions				
Employee benefits	1.8(a), 8.1	409 192	450 460	360 340
Depreciation and amortisation	1.8(b), 8.2	13 708	21 658	10 217
Supplies and consumables	8.3	168 706	171 855	145 408
Grants and subsidies	1.8(c), 8.4	3 046	6 826	90
Other expenses	1.8(d), 8.5	6 037	9 458	13 684
Total expenses from transactions		600 689	660 257	529 739
Net result from transactions (net operating balance)		(10 139)	65 658	3 116
Other economic flows included in net result				
Net gain/(loss) on non-financial assets	1.9(a)(c), 9.1	35	(161)	(2 185)
Net gain/(loss) on financial instruments and statutory receivables/payables	1.10(b), 9.2	0	(320)	149
Total other economic flows included in net result		35	(481)	(2 036)
Net result from continuing operations		(10 104)	65 177	1 080
Other comprehensive income				
<i>Items that will not be reclassified subsequently to profit or loss</i>				
Changes in property, plant and equipment revaluation surplus	13.1	14 541	0	101 578
Total other comprehensive income		14 541	0	101 578
Comprehensive result		4 437	65 177	102 658

This Statement of Comprehensive Income should be read in conjunction with the accompanying notes.

Budget information refers to original budget estimates reflected in the 2013-14 Budget Papers and has not been subject to audit.

Explanations of material variances between budget and actual outcomes are provided in Note 4 of the accompanying notes.

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2014

	Notes	2014 Budget \$'000	2014 Actual \$'000	2013 Actual \$'000
Assets				
<i>Financial assets</i>				
Cash and deposits	I.10(a), I4.1	17 233	22 505	18 843
Receivables	I.10(b), I0.1	12 840	12 078	9 334
Other financial assets	I.10(c), I0.2	396	9 439	3 627
<i>Non-financial assets</i>				
Inventories	I.10(d), I0.3	5 339	4 060	3 709
Property, plant and equipment	I.10(e), I0.4	259 144	445 934	350 268
Other assets	I.10(f), I0.6	594	1 596	1 550
Total assets		295 546	495 612	387 331
Liabilities				
Payables	I.11(a), I1.1	7 930	21 136	11 432
Employee benefits	I.11(b), I1.2	81 119	106 428	82 650
Other liabilities	I.11(c), I1.3	5 146	6 990	4 952
Total liabilities		94 195	134 554	99 034
Net assets		201 351	361 058	288 297
Equity				
Contributed capital	I3.2	185 831	193 223	185 639
Reserves	I3.1	27 313	101 578	101 578
Accumulated funds		(11 793)	66 257	1 080
Total equity		201 351	361 058	288 297

This Statement of Financial Position should be read in conjunction with the accompanying notes.

Budget information refers to original budget estimates reflected in the 2013-14 Budget Papers and has not been subject to audit.

Explanations of material variances between budget and actual outcomes are provided in Note 4 of the accompanying notes.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2014

	Notes	2014 Budget \$'000	2014 Actual \$'000	2013 Actual \$'000
Cash flows from operating activities		Inflows (Outflows)	Inflows (Outflows)	Inflows (Outflows)
Cash inflows				
Grants		503 339	541 917	447 109
Sales of goods and services		49 319	75 420	58 462
GST receipts		0	14 881	12 967
Interest received		0	148	203
Other cash receipts		37 477	12 194	11 999
Total cash inflows		590 135	644 560	530 740
Cash outflows				
Employee benefits		(405 770)	(441 859)	(355 110)
GST payments		0	(14 931)	(12 521)
Grants and transfer payments		(3 046)	(6 826)	(90)
Supplies and consumables		(168 654)	(160 739)	(141 944)
Other cash payments		(6 036)	(9 574)	(13 923)
Total cash outflows		(583 506)	(633 929)	(523 588)
Net cash from (used by) operating activities	14.2	6 629	10 631	7 152
Cash flows from investing activities				
Cash inflows				
Proceeds from the disposal of non-financial assets		35	(21)	13
Total cash inflows		35	(21)	13
Cash outflows				
Payment for acquisition of non-financial assets		(5 900)	(6 964)	(3 548)
Total cash outflows		(5 900)	(6 964)	(3 548)
Net cash from (used by) investing activities		(5 865)	(6 985)	(3 535)
Net increase (decrease) in cash and cash equivalents held		764	3 646	3 617
Cash and deposits at the beginning of the reporting period		16 469	18 843	0
Cash transferred in due to restructure	1.6	0	16	15 226
Cash and deposits at the end of the reporting period	14.1	17 233	22 505	18 843

This Statement of Cash Flows should be read in conjunction with the accompanying notes.

Budget information refers to original budget estimates reflected in the 2013-14 Budget Papers and has not been subject to audit.

Explanations of material variances between budget and actual outcomes are provided in Note 4 of the accompanying notes.

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2014

	Notes	Contrib Equity \$'000	Reserves \$'000	Accum Funds \$'000	Total Equity \$'000
Balance as at 1 July 2013		185 639	101 578	1 080	288 297
Net Result		0	0	65 177	65 177
Total comprehensive result		0	0	65 177	65 177
Transactions with owners in their capacity as owners:					
Administrative restructure – net assets received	1.6	7 584	0	0	7 584
Balance as at 30 June 2014		193 223	101 578	66 257	361 058
	Notes	Contrib Equity \$'000	Reserves \$'000	Accum Funds \$'000	Total Equity \$'000
Balance as at 1 July 2012		0	0	0	0
Net Result		0	0	1 080	1 080
Other Comprehensive Income		0	101 578	0	101 578
Total comprehensive result		0	101 578	1 080	102 658
Transactions with owners in their capacity as owners:					
Administrative restructure – net assets received	1.6	185 639	0	0	185 639
Balance as at 30 June 2013		185 639	101 578	1 080	288 297

This Statement of Changes in Equity should be read in conjunction with the accompanying notes.

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NOTE I SIGNIFICANT ACCOUNTING POLICIES

1.1 OBJECTIVES AND FUNDING

Tasmanian Health Organisation – South was established under the *Tasmanian Health Organisation Act 2011* as a result of the implementation of the National Health Reform. THO-South commenced operations on 1 July 2012 as a Statutory Authority with a Governing Council established under the Act.

Under National Health Reform, the majority of funding previously provided by the Australian Government under the Health Specific Purpose Payment (SPP) is now provided directly to the THO-South via the National Health Funding Pool. In 2011-12, this funding was paid to the Department of Health and Human Services by way of a recurrent appropriation. From 2012-13, this funding flowed as grants to the THO. Also, under new administrative arrangements in place for 2013-14, funding due to the THO-South under National Partnership Agreements with the Australian Government and Commonwealth Own Purpose Expenditure was paid as grants rather than by way of appropriation.

In addition, THO-South provides services to patients who elect to be treated privately, or patients who will receive compensation for these expenses due to the circumstances surrounding their injury. The financial statements encompass all funds through which the THO-South controls resources to carry on its functions.

As legislated, the principal purpose of the Tasmanian Health Organisation – South is to:

- ▶ Promote and maintain the health of persons; and
- ▶ Provide care and treatment to, and ease the suffering of, persons with health problems;

as agreed in the Tasmanian Health Organisation – South's Service Agreement and within the budget provided in the Service Agreement.

1.2 BASIS OF ACCOUNTING

The Financial Statements are a general purpose financial report and have been prepared in accordance with:

- ▶ Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board; and
- ▶ the Treasurer's Instructions issued under the provisions of the *Financial Management and Audit Act 1990*.

The Financial Statements were signed by the Acting Chair, Tasmanian Health Organisations and Acting Chief Executive Officer on 19 September 2014.

Compliance with the Australian Accounting Standards (AAS) may not result in compliance with International Financial Reporting Standards (IFRS), as the AAS include requirements and options available to not-for-profit organisations that are inconsistent with IFRS. The THO-South is considered to be not-for-profit and has adopted some accounting policies under the AAS that do not comply with IFRS.

The Financial Statements have been prepared on an accrual basis and, except where stated, are in accordance with the historical cost convention. The accounting policies are generally consistent with the previous year except for those changes outlined in Note 1.4.

The Financial Statements have been prepared as a going concern. The continued existence of the THO-South in its present form, undertaking its current activities, is dependent on Government policy and continuing funding by the Department of Health and Human Services for the THO-South's administration and activities.

1.3 FUNCTIONAL AND PRESENTATION CURRENCY

These Financial Statements are presented in Australian dollars, which is the THO-South's functional currency.

1.4 CHANGES IN ACCOUNTING POLICIES

(a) Impact of new and revised Accounting Standards

In the current year, THO-South has adopted all of the new and revised Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that are relevant to its operations and effective for the current annual reporting period. These include:

- ▶ AASB 13 Fair Value Measurement (AASB 2011 – 8 *Amendments to Australian Accounting Standards arising from AASB 13*) - This standard defines fair value, sets out a framework for measuring fair value and requires disclosures about fair value measurements. AASB 13 sets out a new definition of 'fair value' as well as new principles to be applied when determining the fair value of assets and liabilities. The new requirements will apply to all of the THO-South's assets and liabilities (excluding leases), that are measured and/or disclosed at fair value or another measurement based on fair value.

The THO-South has reviewed its fair value methodologies (including instructions to valuers, data used and assumptions made) for all items of property, plant and equipment measured at fair value to ensure those methodologies comply with AASB 13. There is no financial impact.

AASB 13 requires increased disclosures in relation to fair value measurements for both assets and liabilities. To the extent that any fair value measurement for an asset or liability uses data that is not 'observable' outside the department, the disclosures are significantly greater.

AASB 2011-8 replaces the existing definition and fair value guidance in other Australian Accounting Standards and Interpretations as a result of AASB 13.

- ▶ AASB 119 *Employee Benefits* (2011-10 *Amendments to Australian Accounting Standards – arising from AASB 119*) - This Standard supersedes AASB 119 *Employee Benefits*, introducing a number of changes to accounting treatments. The Standard was issued in September 2013. There is no financial impact.
- ▶ 2012-2 *Amendments to Australian Accounting Standards - Disclosures – Offsetting Financial Assets and Financial Liabilities* [AASB 7 & AASB 132] – This Standard makes amendments to AASB 7 and AASB 132 as a consequence of the issuance of amendments to IFRS 7 by the International Accounting Standards Board in December 2011. It is anticipated that there will not be any financial impact.
- ▶ 2012-6 *Amendments to Australian Accounting Standards – Mandatory Effective Date of AASB 9 and Transition Disclosures* [AASB 9, AASB 2009-11, AASB 2010-7, AASB 2011-7 & AASB 2011-8] – This Standard makes amendments to various standards as a consequence of the issuance of International Financial Reporting Standard Mandatory Effective Date and Transition Disclosures (Amendments to IFRS 9 and IFRS 7) by the International Accounting Standards Board in December 2011. It is anticipated that there will not be any financial impact.

(b) Impact of new and revised Accounting Standards yet to be applied

The following applicable Standards have been issued by the AASB and are yet to be applied:

- ▶ *AASB 9 Financial Instruments* – This Standard supersedes *AASB 139 Financial Instruments: Recognition and Measurement*, introducing a number of changes to accounting treatments. The Standard was reissued in December 2010 and is available from 1 January 2017 for application by not-for-profit entities. The THO-South has determined that there will be no financial impact.
- ▶ *AASB 2012-3 Amendments to Australian Accounting Standards – Offsetting Financial Assets and Financial Liabilities [AASB 132]* – This Standard adds application guidance to AASB 132 to address inconsistencies identified in applying some of the offsetting criteria, including clarifying the meaning of “currently has a legally enforceable right of set-off” and that some gross settlement systems may be considered equivalent to net settlement. It is anticipated that there will not be any financial impact.
- ▶ *AASB 2013-5 Amendments to Australian Accounting Standards arising from Annual Improvements 2009-2011 Cycle [AASB 1, AASB 101, AASB 116, AASB 132 & AASB 134 and Interpretation 2]* – This Standard makes amendments to the Australian Accounting Standards and Interpretations as a consequence of the annual improvements process. It is anticipated that there will not be any financial impact.

(c) Voluntary changes in accounting policy

Other than indicated in note 1.4(a), there were no changes to accounting policies.

1.5 ACTIVITIES UNDERTAKEN UNDER A TRUSTEE OR AGENCY RELATIONSHIP

Transactions relating to activities undertaken by the THO-South in a trust or fiduciary (agency) capacity do not form part of the THO-South’s activities. Trustee and agency arrangements, and transactions/balances relating to those activities, are neither controlled nor administered.

Fees, commissions earned and expenses incurred in the course of rendering services as a trustee or through an agency arrangement are recognised as controlled transactions.

Transactions and balances relating to a Trustee or Agency Agreement are shown in Note 16.

1.6 TRANSACTIONS BY THE GOVERNMENT AS OWNER – RESTRUCTURING OF ADMINISTRATIVE ARRANGEMENTS

Net assets received under a restructuring of administrative arrangements are designated as contributions by owners and adjusted directly against equity. Net assets relinquished are designated as distributions to owners. Net assets transferred are initially recognised at the amounts at which they were recognised by the transferring agency immediately prior to the transfer.

On 1 July 2013, Statewide and Mental Health Services transferred from the Department of Health and Human Services to the respective THOs. Under the changes, Mental Health Services (North, North West and South) transferred to the respective THOs, while statewide Forensic Health and Alcohol and Drug Services are provided through THO-South. A new central Mental Health/Alcohol and Drug Services unit now operates within the Department of Health and Human Services with statewide responsibilities including strategic policy, national reform and the Office of the Chief Psychiatrist.

The transfer of assets, liabilities and staff took place on 1 July 2013. These are detailed in the Statement of Changes in Equity under the heading Administrative restructure, and are detailed in the following Balance Sheet.

	Transfer to THO-South \$'000
Assets	
<i>Financial assets</i>	
Cash and deposits	16
Receivables	827
Other financial assets	69
<i>Non-financial assets</i>	
Inventories	21
Property, plant and equipment	21 734
Intangibles	0
Other assets	1 050
Total assets	23 716
Liabilities	
Payables	1 255
Employee benefits	13 956
Other liabilities	921
Total liabilities	16 132
Net assets transferred	7 584

1.7 INCOME FROM TRANSACTIONS

Income is recognised in the Statement of Comprehensive Income when an increase in future economic benefits related to an increase in an asset or a decrease of a liability has arisen that can be measured reliably.

(a) Grants

Grants payable by the Australian Government are recognised as revenue when the THO-South gains control of the underlying assets. Where grants are reciprocal, revenue is recognised as performance occurs under the grant.

Non-reciprocal grants are recognised as revenue when the grant is received or receivable. Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant.

The construction and redevelopment of buildings is undertaken by the Department of Health and Human Services. When the buildings are commissioned they are transferred, together with the land, to the THO-South.

(b) Sales of goods and services

Amounts earned in exchange for the provision of goods are recognised when the significant risks and rewards of ownership have been transferred to the buyer. Revenue from the provision of services is recognised in proportion to the stage of completion of the transaction at the reporting date. The stage of completion is assessed by reference to surveys of work performed.

(c) Interest

Interest on funds invested is recognised as it accrues using the effective interest rate method.

(d) Contributions received

Services received free of charge by THO-South, are recognised as income when a fair value can be reliably determined and at the time the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense.

Contributions of assets at no cost of acquisition or for nominal consideration are recognised at their fair value when the THO-South obtains control of the asset, it is probable that future economic benefits comprising the contribution will flow to the THO-South and the amount can be measured reliably. However, where the contribution received is from another government agency as a consequence of restructuring of administrative arrangements, they are recognised as contributions by owners directly within equity. In these circumstances, book values from the transferor agency have been used.

(e) Other revenue

Other revenue is primarily the recovery of costs incurred and is recognised when an increase in future economic benefits relating to an increase in an asset or a decrease of a liability has arisen that can be reliably measured.

(f) Activity Based Funding and Block Funding

Activity Based Funding (ABF) refers to a system for funding public hospital services provided to individual patients using national classifications, cost weights and nationally efficient prices developed by the Independent Hospital Pricing Authority.

Block Funding refers to funding provided to support:

- ▶ Public hospital functions other than patient services; and
- ▶ Public patient services provided by facilities that are not appropriately funded through ABF.

Under National Health Reform, ABF from the Australian Government and the Department of Health and Human Services is provided directly to the THO-South via the Tasmanian state pool account (Reserve Bank of Australia account established in 2012-13), which is part of the National Health Funding Pool.

Block Funding is provided by the Australian Government through the state pool account, but is provided to the THO-South via the State Managed Fund, which is an account established by the State for the purposes of health funding under the National Health Reform Agreement.

Block Funding provided to the THO-South by the Department of Health and Human Services is made via the State Managed Fund.

When a resident of one state receives hospital treatment in another state, the resident state compensates the treating or provider state for the cost of that care via a cross border payment. Current year cross border payments are made on behalf of the THO-South through the state pool account by the Department of Health and Human Services, with the associated revenue and expenditure being recognised in the THO-South's accounts.

I.8 EXPENSES FROM TRANSACTIONS

Expenses are recognised in the Statement of Comprehensive Income when a decrease in future economic benefits related to a decrease in an asset or increase of a liability has arisen that can be measured reliably.

(a) Employee benefits

Employee benefits include, where applicable, entitlements to wages and salaries, annual leave, sick leave, long service leave, superannuation and any other post-employment benefits.

(b) Depreciation and amortisation

All applicable Non-financial assets having a limited useful life are systematically depreciated over their useful lives in a manner which reflects the consumption of their service potential. Land and artwork, being an assets with an unlimited useful life, are not depreciated.

Depreciation is provided for on a straight line basis, using rates which are reviewed annually.

Major depreciation periods are:

Vehicles	5 years
Plant and equipment	2-20 years
Medical equipment	4-20 years
Buildings	40-50 years

All intangible assets having a limited useful life are systematically amortised over their useful lives reflecting the pattern in which the asset's future economic benefits are expected to be consumed by the THO-South.

Major amortisation periods are:

Software	3-5 years
----------	-----------

(c) Grants and subsidies

Grant and subsidies expenditure is recognised to the extent that:

- ▶ the services required to be performed by the grantee have been performed; or
- ▶ the grant eligibility criteria have been satisfied.

A liability is recorded when the THO-South has a binding agreement to make the grants but services have not been performed or criteria satisfied. Where grant monies are paid in advance of performance or eligibility, a prepayment is recognised.

(d) Other expenses

Other expenses are recognised when a decrease in future economic benefits related to a decrease in an asset or an increase of a liability has arisen that can be reliably measured.

1.9 OTHER ECONOMIC FLOWS INCLUDED IN NET RESULT

Other economic flows measure the change in volume or value of assets or liabilities that do not result from transactions.

(a) Gain / (loss) on sale of non-financial assets

Gains or losses from the sale of Non-financial assets are recognised when control of the assets has passed to the buyer.

(b) Impairment – Financial assets

Financial assets are assessed at each reporting date to determine whether there is any objective evidence that there are any financial assets that are impaired. A financial asset is considered to be impaired if objective evidence indicates that one or more events have had a negative effect on the estimated future cash flows of that asset.

An impairment loss, in respect of a financial asset measured at amortised cost, is calculated as the difference between its carrying amount, and the present value of the estimated future cash flows discounted at the original effective interest rate.

Impairment losses are recognised in the Statement of Comprehensive Income.

An impairment loss is reversed if the reversal can be related objectively to an event occurring after the impairment loss was recognised. For financial assets measured at amortised cost, the reversal is recognised in the Statement of Comprehensive Income.

(c) Impairment – Non-financial assets

All non-financial assets are assessed to determine whether any impairment exists. Impairment exists when the recoverable amount of an asset is less than its carrying amount. Recoverable amount is the higher of fair value less costs to sell and value in use. The THO-South's assets are not used for the purpose of generating cash flows; therefore value in use is based on depreciated replacement cost where the asset would be replaced if deprived of it.

Impairment losses are recognised in the Statement of Comprehensive Income.

In respect of other assets, impairment losses recognised in prior periods are assessed at each reporting date for any indications that the loss has decreased or no longer exists. An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

(d) Other gains / (losses) from other economic flows

Other gains/(losses) from other economic flows includes gains or losses from reclassifications of amounts from reserves and/or accumulated surplus to net result, and from the revaluation of the present values of the long service leave liability due to changes in the bond interest rate.

I.10 ASSETS

Assets are recognised in the Statement of Financial Position when it is probable that the future economic benefits will flow to the THO-South and the asset has a cost or value that can be measured reliably.

(a) Cash and deposits

Cash means notes, coins, any deposits held at call with a bank or financial institution, as well as funds held in the Special Deposits and Trust Fund, being short term of three months or less and highly liquid. Deposits are recognised at amortised cost, being their face value.

(b) Receivables

Receivables are recognised at amortised cost, less any impairment losses, however, due to the short settlement period, receivables are not discounted back to their present value.

(c) Other financial assets

Other financial assets are recorded at fair value.

(d) Inventories

Inventories held for distribution are valued at cost adjusted, when applicable, for any loss of service potential. Inventories acquired for no cost or nominal consideration are valued at current replacement cost. Inventories held for resale are valued at cost.

(e) Property, plant, equipment and infrastructure

(i) Valuation basis

Land, buildings, artwork assets and other long-lived assets are recorded at fair value less accumulated depreciation. All other Non-current physical assets, including work in progress, are recorded at historic cost less accumulated depreciation and accumulated impairment losses. All assets within a class of assets are measured on the same basis.

Cost includes expenditure that is directly attributable to the acquisition of the asset. The costs of self-constructed assets includes the cost of materials and direct labour, any other costs directly attributable to bringing the asset to a working condition for its intended use, and the costs of dismantling and removing the items and restoring the site on which they are located. Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment.

When parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major components) of property, plant and equipment.

Fair value is based on the highest and best use of the asset. Unless there is an explicit Government policy to the contrary, the highest and best use of an asset is the current purpose for which the asset is being used or occupied.

(ii) Subsequent costs

The cost of replacing part of an item of property, plant and equipment is recognised in the carrying amount of the item if it is probable that the future economic benefits embodied within the part will flow to the Department and its costs can be measured reliably. The carrying amount of the replaced part is derecognised. The costs of day-to-day servicing of property, plant and equipment are recognised in the Statement of Comprehensive Income as incurred.

(iii) Asset recognition threshold

The asset capitalisation threshold adopted by THO-South is:

Vehicles	\$10 000.00
Plant and equipment	\$10 000.00
Land and buildings	\$10 000.00
Intangibles	\$50 000.00
Artwork	\$10 000.00

Assets valued at less than \$10 000 (or \$50 000 for intangible assets) are charged to the Statement of Comprehensive Income in the year of purchase (other than where they form part of a group of similar items which are material in total).

(iv) Revaluations

The THO-South's land and building assets were revalued by an independent valuer as at 30 June 2014. A full revaluation of land at fair value, and buildings at replacement depreciated cost on net basis is undertaken every five years. In the intervening years the values are adjusted by an indice supplied by a valuer. Land acquired and building commissioned in their first year are not revalued. They are revalued in subsequent years.

(f) Other assets

Other assets are recorded at fair value and include prepayments.

1.11 LIABILITIES

Liabilities are recognised in the Statement of Financial Position when it is probable that an outflow of resources embodying economic benefits will result from the settlement of a present obligation and the amount at which the settlement will take place can be measured reliably.

(a) Payables

Payables, including goods received and services incurred but not yet invoiced, are recognised at amortised cost, which due to the short settlement period, equates to face value, when the THO-South becomes obliged to make future payments as a result of a purchase of assets or services.

(b) Employee benefits

Liabilities for wages and salaries and annual leave are recognised when an employee becomes entitled to receive a benefit. Those liabilities expected to be realised within 12 months are measured at the amount expected to be paid. Other employee entitlements are measured as the present value of the benefit at 30 June 2014, where the impact of discounting is material, and at the amount expected to be paid if discounting is not material.

A liability for long service leave is recognised, and is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date.

(c) Other liabilities

Other liabilities and other financial liabilities are recognised in the Statement of Financial Position when it is probable that an outflow of resources embodying economic benefits will result from the settlement of a present obligation and the amount at which the settlement will take place can be measured reliably. Other liabilities include revenue received in advance and on-costs associated with employee benefits. Revenue received in advance is measured at amortised cost. On-costs associated with employee benefits expected to be realised within 12 months are measured at the amount expected to be paid. Other on-costs associated with employee benefits are measured at the present value of the cost at 30 June 2014, where the impact of discounting is material, and at the amount expected to be paid if discounting is not material.

1.12 LEASES

The THO-South has entered into a number of operating lease agreements for property, plant and equipment, where the lessors effectively retain all the risks and benefits incidental to ownership of the items leased. Equal instalments of lease payments are charged to the Statement of Comprehensive Income over the lease term, as this is representative of the pattern of benefits to be derived from the leased property.

The THO-South is prohibited by Treasurer's Instruction 502 *Leases* from entering into finance leases.

1.13 JUDGEMENTS AND ASSUMPTIONS

In the application of Australian Accounting Standards, the THO-South is required to make judgements, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgements. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Judgements made by the THO-South that have significant effects on the Financial Statements are disclosed in the relevant notes to the Financial Statements. In particular, information about significant areas of estimation, uncertainty and critical judgements in applying accounting policies that have the most significant effect on the amounts recognised in the financial statements are described in the following notes:

- ▶ 1.8(b) & 8.2 Depreciation and amortisation;
- ▶ 1.10(f) & 10.5 Property, plant and equipment;
- ▶ 1.9(b) & 9.2 Impairment;
- ▶ 1.10(b) & 10.1 Provision for impairment;
- ▶ 1.11(c) & 11.2 Employee benefits;

- ▶ 12.1 & 12.2 Commitments and contingencies; and
- ▶ 1.10(a) & 14 Key assumptions used in cash flow projections.

The THO-South has made no other judgements or assumptions that may cause a material adjustment to the carrying amounts of assets and liabilities.

1.14 FOREIGN CURRENCY

Transactions denominated in a foreign currency are converted at the exchange rate at the date of the transaction. Foreign currency receivables and payables are translated at the exchange rates current as at balance date.

1.15 COMPARATIVE FIGURES

Comparative figures have been adjusted to reflect any changes in accounting policy or the adoption of new standards at Note 1.4.

Where amounts have been reclassified within the Financial Statements, the comparative statements have been restated.

1.16 BUDGET INFORMATION

Budget information refers to original Budget estimates as reflected in the 2013-14 Budget Papers and is not subject to audit.

1.17 ROUNDING

All amounts in the Financial Statements have been rounded to the nearest thousand dollars, unless otherwise stated. Where the result of expressing amounts to the nearest thousand dollars would result in an amount of zero, the financial statement will contain a note expressing the amount to the nearest whole dollar.

1.18 TAXATION

The THO-South is exempt from all forms of taxation except Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

1.19 GOODS AND SERVICES TAX

Revenue, expenses and assets are recognised net of the amount of GST, except where the GST incurred is not recoverable from the Australian Taxation Office (ATO). Receivables and payables are stated inclusive of GST. The net amount recoverable, or payable, to the ATO is recognised as an asset or liability within the Statement of Financial Position.

In the Statement of Cash Flows, the GST component of cash flows arising from operating, investing or financing activities which is recoverable from, or payable to, the Australian Taxation Office (ATO) is, in accordance with the Australian Accounting Standards, classified as operating cash flows.

NOTE 2 OUTPUT SCHEDULES

2.1 OUTPUT GROUP INFORMATION

Budget information refers to original Budget estimates reflected in the 2013-14 Budget Papers which has not been subject to audit.

	Note	2014 Budget \$'000	2014 Actual \$'000	2013 Actual \$'000
Expense by Output				
I.1 Admitted Services	(a)	330 524	366 389	340 886
I.2 Non-admitted Services	(b)	45 527	58 876	54 607
I.3 Emergency Department Services	(c)	33 464	48 314	42 098
I.4 Community and Aged Care Services	(d)	92 709	102 698	90 279
I.5 Statewide and Mental Health Services	(e)	96 852	82 585	0
I.6 Forensic Medicine Services	(f)	1 613	1 395	1 869
Total		600 689	660 257	529 739

Notes

- (a) This Output provides admitted acute, sub acute and non acute inpatient services (elective and non elective) provided by Tasmania's major public hospitals to patients either admitted to a ward or in an out of hospital setting. It excludes designated mental health wards in major public hospitals.
- (b) This Output provides non admitted services, including ambulatory acute and sub acute services provided by Tasmania's major public hospitals either on site or in an out of hospital setting.
- (c) This Output provides services relating to emergency presentations at Tasmania's major public hospital emergency departments.
- (d) This Output comprises rural hospitals, residential aged care, and community health based services including:
- rehabilitation, allied health assessments and case management; and
 - community nursing, continence, orthotics and prosthetics services, and equipment schemes.
- In addition, community palliative care services provide interdisciplinary care, support and counselling to people living with life limiting illnesses and their families. These services are provided in a community health centre or home based environment.
- Emergency and general oral care and dentures to eligible adults (holders of Health Care or Pensioner Concession cards) and all children under the age of 18 years as well as a range of health promotion and prevention activities is also provided through this Output.
- (e) This Output provides services to clients and their families to treat, support and manage mental health disorders. The service also provides:
- crisis assessment and treatment, intensive support, community care and rehabilitation services;
 - Correctional Primary Health, which provides primary health care services to correctional facilities;
 - Forensic Mental Health services, which provides care and treatment for people with mental illnesses who have come into contact with the criminal justice system; and
 - Alcohol and Drug Services, which provides a range of specialist alcohol and other drug interventions and treatments at both the individual and population levels.
- (f) This Output provides forensic and medical services, forensic pathology and clinical forensic medicine.

NOTE 3 EXPENDITURE UNDER AUSTRALIAN GOVERNMENT FUNDING ARRANGEMENTS

	State Funds	Australian Govt Funds	State Funds	Australian Govt Funds
	2014 \$'000	2014 \$'000	2013 \$'000	2013 \$'000
National Partnership Agreements payments				
Health Services	207	17 329	0	15 925
Commonwealth Own Purpose Expenditures				
Other	1 488	14 188	2 142	22 869
National Health Reform Funding Arrangements				
Activity Based Funding	219 535	111 019	116 777	147 210
Block Funding	138 468	20 093	127 216	16 478
Total	359 698	162 629	246 135	202 482

This schedule shows the cash expenditure acquitted against each of the Fund groups. The Grant revenue received for each of these is outlined in Note 7.1.

National Partnership Payments (NPPs) are provided for the purpose of the delivery of specified projects, facilitate reforms or reward jurisdictions that deliver nationally significant reforms.

Commonwealth Own Purpose Expenditure (COPE) is funding paid directly from the Australian Government to the States and Territories for the provision of services identified as a priority by the Australian Government.

NOTE 4 EXPLANATIONS OF MATERIAL VARIANCES BETWEEN BUDGET AND ACTUAL OUTCOMES

The following are brief explanations of material variances between Budget estimates and actual outcomes. In the majority of instances the cause for the material variance between the Budget Estimate and Actual is a result of the difficulty associated with establishing an accurate allocation at the time the Budget Papers were prepared. Variances are considered material where the variance exceeds the greater of 10 per cent of Budget estimate or \$1 million.

4.1 STATEMENT OF COMPREHENSIVE INCOME

	Note	Budget \$'000	Actual \$'000	Variance \$'000	Variance
Capital grants	(a)	0	86 558	86 558	n/a
Sales of goods and services	(b)	49 669	79 670	30 001	60.4%
Contributions received	(c)	0	2 209	2 209	n/a
Other revenue	(d)	37 542	13 480	(24 062)	(64.1%)
Employee benefits	(e)	409 192	450 460	(41 268)	(10.1%)
Depreciation and amortisation	(f)	13 708	21 658	(7 950)	(58.0%)
Grants and subsidies	(g)	3 046	6 826	(3 780)	(124.1%)
Other expenses	(h)	6 037	9 458	(3 421)	(56.7%)

Notes to Statement of Comprehensive Income variances

- (a) The large variance in this category is attributable to the receipt of \$86.6 million in capital grants for which no budget was originally allocated. Capital grants represent the transfer of assets from DHHS to THO-South, the majority of which relates to items previously held in work in progress against the RHH Redevelopment project.
- (b) Subsequent to the release of the original budget allocation the budget for sales of goods and services was increased by \$21.4 million. The majority of this increase relates to the transfer of Highly Specialised Drugs reimbursements from COPES to the Pharmaceutical Benefits Scheme (\$12.1 million), an increase in other user charges (\$6.2 million) and the implementation of the Child Dental Benefits Scheme (\$2.2 million). The remaining variance is attributable to a \$1.9 million surplus following the 2012-13 DVA reconciliation.
- (c)
- (d) The variance in this category is due to the inclusion of the COPES budget (\$24 million) budget, for which the revenue was received in the grants and sales of goods and services categories.
- (e) Of the \$41.3 million variance in this category \$17.5 million relates to an additional budget allocation after the release of the original budget. The remaining variance is largely attributable to an increase in the number of staff employed by THO-South compared to 2012-13. The average paid FTE in 2013-14 was 113 higher than the previous year and is directly attributable to the growth in patient activity over and above the levels contracted in the Service Agreement.
- (f) The original budget allocation for depreciation and amortisation did not account for the large number of assets that were to be transferred from DHHS to THO-South in 2013-14.
- (g) Following the release of the original budget allocation the budget for grants and subsidies was increased by \$3 million due to the transfer of some commitments from the Grants Unit to THO-South.
- (h) The variance in this category is due to a portion of the TRMF budget (\$3.4 million) sitting in the employee benefits category rather than the other expenses category, where \$4.9 million of the premium was incurred.

4.2 STATEMENT OF FINANCIAL POSITION

	Note	Budget \$'000	Actual \$'000	Variance \$'000	Variance
Cash and deposits	(a)	17 233	22 505	5 272	30.6%
Other financial assets	(b)	396	9 439	9 043	n/a
Inventories	(c)	5 339	4 060	(1 279)	(24.0%)
Property, plant and equipment	(d)	259 144	445 934	186 790	72.1%
Other assets	(e)	594	1 596	1 002	168.7%
Payables	(f)	7 930	21 136	(13 206)	(166.5%)
Employee benefits	(g)	81 119	106 428	(25 309)	(31.2%)
Other liabilities	(h)	5 146	6 990	(1 844)	(35.8%)
Reserves	(i)	27 313	101 578	(74 265)	(271.9%)

Notes to Statement of Financial Position variances

- (a) Of the \$5.3 million variance, \$1.9 million relates to an underestimation in the original budget of the carry forward amount from 2012-13, whilst the remaining variance relates to an increase in cash held due to operating activities.
- (b) The variance in this category is largely due to no budget being originally allocated for accrued revenue. The accrued revenue balance is mostly made up of patient billing (\$1.9 million), DVA (1.8 million), interstate charging (\$1.6 million) and highly specialised drugs (\$900 000). There were also inter-entity transactional timing issues between DHHS and THO-South (\$1.9 million). These transactions relate to the movement of expenditure between the three THOs and DHHS.
- (c) Following the release of the original budget the allocation for inventory was increased by \$976 000. After this additional allocation is included the variance between budget and actual becomes immaterial.
- (d) The original budget allocation for property, plant and equipment was \$91.1 million less than the 2012-13 closing balance. In addition to this, property, plant and equipment increased by \$93.8 million between 2012-13 and 2013-14, \$86.6 million of which relates to capital grants for buildings and equipment previously held by DHHS being transferred to THO-South. The majority of this transfer is associated with the capitalisation of assets generated through the RHH Redevelopment project.
- (e)
- (f) The budget for payables was increased by \$4.9 million after the initial allocation was made. The majority of the remaining variance relates to accrued interstate charging costs. Once the 2012-13 and 2013-14 reconciliations for cross border activity between the various States have been finalised by the Commonwealth it is expected that THO-South will incur a net cost of \$5.3 million against the original budget.
- (g) The budget for employee benefits increased by \$16.9 million following the release of the original allocation. The remaining variance can be attributed to the unforeseen increase in staff employed by THO-South in 2013-14.
- (h) The majority of the \$1.8 million variance in this category relates to the Private Patients Scheme (PPS) clearing account, which consists of PPS earnings yet to be distributed to participating Medical Specialists.
- (i) The budget figures for this category were prepared prior to the finalisation of the 2012-13 financial statements and therefore did not account for the accounting treatment of assets revalued and transferred to THO-South upon commencement.

4.3 STATEMENT OF CASH FLOWS

	Note	Budget \$'000	Actual \$'000	Variance \$'000	Variance
Sales of goods and services	(a)	49 319	75 420	26 101	52.9%
GST receipts	(b)	0	14 881	14 881	n/a
Other cash receipts	(c)	37 477	12 194	(25 283)	(67.5%)
GST payments	(d)	0	(14 931)	14 931	n/a
Grants and transfer payments	(e)	(3 046)	(6 826)	3 780	(124.1%)
Other cash payments	(f)	(6 036)	(9 574)	3 538	(58.6%)
Payment for acquisition of non-financial assets	(g)	(5 900)	(6 964)	1 064	(18.0%)

Notes to Statement of Cash Flows variances

- (a) Subsequent to the release of the original budget allocation the budget for sales of goods and services was increased by \$21.4 million. The majority of this increase relates to the transfer of Highly Specialised Drugs reimbursements from COPES to the Pharmaceutical Benefits Scheme (\$12.1 million), an increase in other user charges (\$6.2 million) and the implementation of the Child Dental Benefits Scheme (\$2.2 million). The remaining variance is attributable to a \$1.9 million surplus following the 2012-13 DVA reconciliation.
- (b) There was no allocation in the original budget papers for GST receipts.
- (c) The variance in this category is due to the inclusion of the COPES budget (\$24 million) budget, for which the revenue was received in the grants and sales of goods and services categories.
- (d) There was no allocation in the original budget papers for GST payments.
- (e) Following the release of the original budget allocation the budget for grants and subsidies was increased by \$3 million due to the transfer of some commitments from the Grants Unit to THO-South.
- (f) The variance in this category is due to a portion of the TRMF budget (\$3.4 million) sitting in the employee benefits category rather than the other expenses category, where \$4.9 million of the premium was incurred.
- (g) The variance in this category relates to buildings classified as work in progress within Oral Health Services Tasmania. The budget for this category has been subsequently updated to include this amount.

NOTE 5 EVENTS OCCURRING AFTER BALANCE DATE

On 26 July 2014, the Minister for Health announced reforms to Tasmania's health system which includes the creation of one Tasmanian Health Organisation, known as the Tasmanian Health Service, which will come into operation on 1 July 2015 and replace the current three THOs.

The financial impact of this reform on the THO-South, if any, for the financial year ending 30 June 2015 cannot be quantified at this stage.

NOTE 6 UNDERLYING NET OPERATING BALANCE

Non-operational capital funding is the income from transactions relating to funding for capital projects. This funding is classified as income from transactions and included in the net operating balance. However, the corresponding capital expenditure is not included in the calculation of the net operating balance. Accordingly, the net operating balance will portray a position that is better than the true underlying financial result.

For this reason, the net operating result is adjusted to remove the effects of funding for capital projects.

	2014 Budget \$'000	2014 Actual \$'000	2013 Actual \$'000
Net result from transactions (net operating balance)	(10 139)	65 658	3 116
<i>Less impact of Non-operational capital funding</i>			
Assets transferred	0	86 558	12 620
Total	0	86 558	12 620
Underlying Net operating balance	(10 139)	(20 900)	(9 504)

NOTE 7 INCOME FOR TRANSACTIONS

7.1 RECURRENT GRANTS

	2014 \$'000	2013 \$'000
<i>Continuing operations</i>		
Grants from the Australian Government		
Commonwealth Recurrent Grants – Block Funding	20 094	17 934
Commonwealth Recurrent Grants – Activity Based Funding	112 693	123 698
COPES Receipts	13 935	20 731
Other Commonwealth Grants	16 861	20 067
Total	163 583	182 430
Grants from the State Government		
State Grants – Block Funding	160 540	137 393
State Grants – Activity Based Funding	219 535	127 286
Total	380 075	264 679
WIP expensed grants		
Expenses transferred	192	0
Total	192	0
Total revenue from Grants	543 850	447 109

7.2 CAPITAL GRANTS

	Note	2014 \$'000	2013 \$'000
<i>Continuing operations</i>			
Capital grants			
Assets Transferred	10.4(b)	86 558	12 620
Total		86 558	12 620

7.3 SALES OF GOODS AND SERVICES

	2014 \$'000	2013 \$'000
Residential Rent Income	32	23
Commercial Rent Income	389	315
Income From Purchase Of Dwellings	8	0
Pharmacy Non-Pharmaceutical Benefits Scheme	242	322
Prostheses	4 182	4 713
Inpatient, Outpatient Nursing Home Fees	25 274	18 999
Ambulance Fees	(1)	(11)
Dental	4 924	2 674
Pharmaceutical Benefits Scheme Co-payments	401	353
Pharmaceutical Benefits Scheme Revenue from Medicare	14 059	6 093
Private Patient Scheme	17 555	16 290
Other Client Revenue	1 129	1 031
Hobart Private Hospital Revenue	1 534	2 073
Pathology Services	2 126	2 027
Other user charges	7 816	6 022
Total	79 670	60 924

7.4 CONTRIBUTIONS RECEIVED

	2014 \$'000	2013 \$'000
Fair Value of assets assumed at no cost or for nominal consideration	2 209	0
Total	2 209	0

7.5 OTHER REVENUE

	2014 \$'000	2013 \$'000
Wages and Salaries Recoveries	5 393	3 957
Food recoveries	1 027	1 511
Multipurpose Centre Recoveries	108	103
Workers Compensation Recoveries	2 337	2 077
Operating Recoveries	2 455	2 014
Donations	756	1 360
Industry Funds	1 404	977
Total	13 480	11 999

NOTE 8 EXPENSES FROM TRANSACTIONS

8.1 EMPLOYEE BENEFITS

	2014 \$'000	2013 \$'000
Wages and salaries including FBT	352 276	287 911
Annual leave	25 775	17 599
Long service leave	9 859	1 540
Sick leave	12 852	10 059
Other post-employment benefits	3 537	2 149
Other employee expenses – other staff allowances	602	592
Superannuation expenses – defined contribution and benefits schemes	45 559	40 490
Total	450 460	360 340

Superannuation expenses for defined benefits schemes relate to payments into the Consolidated Fund. The amount of the payment is based on an employer contribution rate determined by the Treasurer, on the advice of the State Actuary. The current employer contribution is 12.5 per cent of salary.

Superannuation expenses relating to defined contribution schemes are paid directly to employee nominated superannuation funds at a rate of 9.25 per cent of salary. In addition, THO-South is also required to pay into the Consolidated Fund a “gap” payment equivalent to 3.25 per cent of salary in respect of employees who are members of contribution schemes.

8.2 DEPRECIATION AND AMORTISATION

(a) Depreciation

	2014 \$'000	2013 \$'000
Plant, equipment and vehicles	5 067	3 916
Buildings	16 591	6 265
Total	21 658	10 181

(b) Amortisation

	2014 \$'000	2013 \$'000
Intangibles	0	36
Total	0	36
Total depreciation and amortisation	21 658	10 217

8.3 SUPPLIES AND CONSUMABLES

	2014 \$'000	2013 \$'000
Consultants	393	296
Property Services	17 810	10 784
Maintenance	7 509	2 742
Communications	3 059	2 405
Information Technology	5 124	1 869
Travel and Transport	6 307	4 977
Medical, Surgical and Pharmacy Supplies	90 642	80 320
Advertising and Promotion	98	50
Patient and Client Services	11 853	10 668
Leasing Costs	2 704	2 096
Equipment and Furniture	2 483	2 022
Administration	3 682	2 892
Food Production Costs	4 150	3 486
Other Supplies and Consumables	4 083	4 435
Corporate Overhead Charge	11 292	14 992
Service Fees	571	1 332
Audit Fees – financial audit	95	42
Total	171 855	145 408

8.4 GRANTS AND SUBSIDIES

	2014 \$'000	2013 \$'000
Other Grants		
Grant – Other	6 826	90
	6 826	90
Total	6 826	90

8.5 OTHER EXPENSES

	2014 \$'000	2013 \$'000
Salary on-costs	4 502	9 683
Tasmanian Risk Management Fund premium	4 883	3 895
Other	73	106
Total	9 458	13 684

NOTE 9 OTHER ECONOMIC FLOWS INCLUDED IN NET RESULT

9.1 NET GAIN/(LOSS) ON NON-FINANCIAL ASSETS

	2014 \$'000	2013 \$'000
Impairment of non-financial assets	(141)	(2 185)
Net gain/(loss) on disposal of physical Assets	(20)	0
Total net gain/(loss) on non-financial assets	(161)	(2 185)

9.2 NET GAIN/(LOSS) ON FINANCIAL INSTRUMENTS AND STATUTORY RECEIVABLES/PAYABLES

	2014 \$'000	2013 \$'000
Impairment of loans and receivables	(320)	149
Total	(320)	149

NOTE 10 ASSETS

10.1 RECEIVABLES

	2014 \$'000	2013 \$'000
Receivables	13 484	10 572
Less: Provision for impairment	(1 406)	(1 238)
Total	12 078	9 334
Sales of goods and services (inclusive of GST)	10 281	8 478
Tax assets	1 797	856
Total	12 078	9 334
Settled within 12 months	12 078	9 334
Total	12 078	9 334

Reconciliation of movement in provision for impairment of receivables	2014 \$'000	2013 \$'000
Carrying amount at 1 July	1 238	0
Amounts written off during the year	(152)	(72)
Net transfers through restructure	0	1 459
Increase/(decrease) in provision recognised in profit or loss	320	(149)
Carrying amount at 30 June	1 406	1 238

10.2 OTHER FINANCIAL ASSETS

	2014 \$'000	2013 \$'000
Accrued Revenue	7 549	1 370
Inter Entity Loans	1 890	2 257
Total	9 439	3 627
Settled within 12 Months	9 439	3 627
Total	9 439	3 627

10.3 INVENTORIES

	2014 \$'000	2013 \$'000
Pharmacy	1 738	1 584
Catering	186	148
Linen	1 368	1 280
General Supplies	768	697
Total	4 060	3 709
Settled within 12 Months	4 060	3 709
Total	4 060	3 709

10.4 PROPERTY, PLANT AND EQUIPMENT

(a) Carrying amount

	2014 \$'000	2013 \$'000
Land		
Land at fair value	35 434	33 469
Total land	35 434	33 469
Buildings		
Buildings at fair value	362 449	295 579
Total	362 449	295 579
Leasehold Improvements at cost	15 110	3 222
Less: Accumulated depreciation	(3 889)	(1 284)
Total	11 221	1 938
Total buildings	373 670	297 517
Plant, equipment and vehicles		
At cost	38 460	21 385
Less: Accumulated depreciation	(8 981)	(3 916)
Total plant, equipment and vehicles	29 479	17 469
Work in progress		
Buildings	6 462	1 225
Plant, equipment and vehicles	889	588
Total work in progress	7 351	1 813
Total property, plant and equipment	445 934	350 268

The THO-South's land and building assets were revalued independently by the Valuer-General of Tasmania as at 30 June 2014 using adjustment indices based on market movement factors and building cost indices. This revaluation was in accordance with the Treasurer's Instruction 303 *Recognition and Measurement of Non-Current Assets* and the Australian Accounting Standard (AASB 116). Revaluations are shown on a gross basis where a replacement cost basis of valuations has been used. Prior year values have been restated to be shown on a gross basis. The indice factor identified for use in 2013-14 by the Valuer-General of Tasmania was 1.0.

(b) Reconciliation of movements (including fair value levels)

Reconciliations of the carrying amounts of each class of Property, plant and equipment at the beginning and end of the current and previous financial year are set out below. Carrying value means the net amount after deducting accumulated depreciation and accumulated impairment losses.

2014		Land Level 2	Buildings Level 3	Plant, equipment and vehicles	Works in progress	Total
	Note	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying value at 1 July		33 469	297 517	17 469	1 813	350 268
Additions – THO-South acquisition		0	1	3 713	5 460	9 174
Additions – DHHS capital grant	7.2	0	77 435	9 123	0	86 558
Disposals		0	0	1	0	1
Net additions through restructuring	1.6	1 965	15 308	3 872	587	21 732
Impairment losses		0	0	(141)	0	(141)
Net transfers		0	0	509	(509)	0
Depreciation		0	(16 591)	(5 067)	0	(21 658)
Carrying value at 30 June		35 434	373 670	29 479	7 351	445 934

2013		Land	Buildings	Plant, equipment and vehicles	Works in progress	Total
		\$'000	\$'000	\$'000	\$'000	\$'000
Carrying value at 1 July		0	0	0	0	0
Additions – THO-South acquisition		0	12	2 991	545	3 548
Additions – DHHS capital grant	7.2	0	0	0	12 620	12 620
Disposals		0	0	(12)	0	(12)
Net additions through restructuring		35 654	189 835	17 782	1 629	244 900
Revaluation increments (decrements)		(2 185)	101 578	0	0	99 393
Net transfers		0	12 357	624	(12 981)	0
Depreciation		0	(6 265)	(3 916)	0	(10 181)
Carrying value at 30 June		33 469	297 517	17 469	1 813	350 268

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at measurement date. It is based on the principle of an exit price, and refers to the price an entity expects to receive when it sells an asset, or the price an entity expects to pay when it transfers a liability.

Valuation techniques used to measure fair value shall maximise the use of relevant observable inputs and minimise the use of unobservable inputs.

Agencies should make an assessment as to which fair value hierarchy level assets should be valued at, based on inputs to valuation techniques used to measure fair value. The levels are as follows:

- ▶ Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at the measurement date.
- ▶ Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- ▶ Level 3 inputs are unobservable inputs for the asset or liability. Unobservable inputs shall be used to measure the fair value to the extent that relevant observable inputs are not available.

(c) Level 3 significant valuation inputs and relationship to fair value

All THO-South buildings (with the exception of Rental Dwellings and Housing Stock) are valued at Depreciated Replacement Cost. As such, they are categorised as Level 3 within the fair value hierarchy. The valuation method used for THO-South's land was a market approach and therefore, land is categorised as Level 2.

Description	Fair Value at 30 June	Significant unobservable inputs used in valuation	Possible alternative values for level 3 inputs	Sensitivity of fair value to changes in level 3 inputs
Building	362 449	A – Construction costs B – Age and condition of asset C – Remaining useful life	When valuing these assets, their existing use and unlikely alternative uses are taken into account by valuers. As a result, it is most unlikely that alternative values will arise unless there are more changes in known inputs.	Tasmanian construction indexes have remained stable over the last 12 months. Design and useful lives are reviewed regularly but generally remain unchanged. As a result, it is unlikely that significant variations in values will arise in the short term.

(d) Assets where current use is not the highest and best use

It has determined that the highest and best use of the THO-South's land and buildings is the purpose for which they are currently being used.

10.5 INTANGIBLES

Intangible assets with a finite useful life held by THO-South principally comprise computer software and related capital works in progress.

(a) Carrying amount

	2014 \$'000	2013 \$'000
Intangibles with a finite useful life		
Other non-current assets	36	0
Less: Accumulated amortisation	(36)	0
Total	0	0

(b) Reconciliation of movements

	2014 \$'000	2013 \$'000
Carrying amount at 1 July	0	36
Amortisation – Intangible assets	0	(36)
Carrying amount at 30 June	0	0

10.6 OTHER ASSETS

(a) Carrying amount

	2014 \$'000	2013 \$'000
Prepayments	1 596	1 550
Total	1 596	1 550
Recovered within 12 months	1 596	1 550
Recovered in more than 12 months	0	0
	1 596	1 550

(b) Reconciliation of movements

	2014 \$'000	2013 \$'000
Carrying amount at 1 July	1 550	0
Additions	1 596	1 550
Utilised	(1 550)	0
Carrying amount at 30 June	1 596	1 550

NOTE 11 LIABILITIES

11.1 PAYABLES

	2014 \$'000	2013 \$'000
Creditors	20 815	9 959
Accrued Expenses	321	1 473
Total	21 136	11 432
Settled within 12 months	21 136	11 432
Total	21 136	11 432

11.2 EMPLOYEE BENEFITS

	2014 \$'000	2013 \$'000
Accrued salaries	11 306	8 336
Annual leave	32 915	26 939
Long service leave	54 580	40 743
Sabbatical leave	4 090	3 637
Development leave, time off in lieu and state service accumulated leave scheme	3 537	2 995
Total	106 428	82 650
Expected to settle wholly within 12 months	43 558	35 507
Expected to settle wholly after 12 months	62 870	47 143
Total	106 428	82 650

11.3 OTHER LIABILITIES

	2014 \$'000	2013 \$'000
Revenue received in advance		
Other revenue received in advance	111	0
Other Liabilities		
Employee benefits – on-costs	1 619	1 267
Other liabilities – security deposits	0	150
Other liabilities	5 260	3 535
Total	6 990	4 952
Settled within 12 months	5 914	4 802
Settled in more than 12 months	1 076	150
Total	6 990	4 952

NOTE 12 COMMITMENTS AND CONTINGENCIES

12.1 SCHEDULE OF COMMITMENTS

	2014 \$'000	2013 \$'000
By Type		
<i>Operating Lease Commitments</i>		
Motor Vehicles	3 065	2 340
Medical Equipment	4 202	6 802
Rent on Buildings	34 951	39 543
<i>Total Lease Commitments</i>	42 218	48 686
<i>Other Commitments</i>		
Miscellaneous Goods and Services contracts	16 743	11 958
<i>Total Other Commitments</i>	16 743	11 958
Total	58 961	60 644
By Maturity		
<i>Operating Lease Commitments</i>		
One year or less	7 551	6 241
From one to five years	18 421	21 151
More than five years	16 246	21 293
<i>Total Operating Lease Commitments</i>	42 218	48 686
<i>Other Commitments</i>		
One year or less	6 773	3 656
From one to five years	9 970	8 302
More than five years	0	0
<i>Total Other Commitments</i>	16 743	11 958
Total	58 961	60 644

12.2 CONTINGENT ASSETS AND LIABILITIES

Contingent assets and liabilities are not recognised in the Statement of Financial Position due to uncertainty regarding any possible amount or timing of any possible underlying claim or obligation.

Tax and Superannuation review

As at 30 June 2014, there were a number of unresolved issues of potential non-compliance with taxation and superannuation liabilities, which at the time of finalising the financial statements remain unquantified. These issues will be more fully assessed during the 2014-15 financial year.

Quantifiable contingencies

A quantifiable contingent asset is any possible asset that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity.

A quantifiable contingent liability is any possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity; or any present obligation that arises from past events but is not recognised because it is not probable that an outflow of resources embodying economic benefits will be required to settle the obligation. To the extent that any quantifiable contingencies are insured, details provided below are recorded net.

	2014 \$'000	2013 \$'000
Quantifiable contingent liabilities		
<i>Contingent claims</i>		
Other legal claims	16 347	19 003
Total quantifiable contingent liabilities	16 347	19 003

At 30 June 2014, THO-South had a number of legal claims against it for medical and other liability claims. These claims are at the net cost to the THO-South.

THO-South manages its legal claims through the Tasmanian Risk Management Fund (TRMF). The nominated excess period for THO-South is 26 weeks, amounts incurred in excess of 26 weeks are met by the TRMF.

NOTE 13 RESERVES

13.1 RESERVES

2014	Buildings	Total \$'000
Asset revaluation reserve		
Balance at the beginning of financial year	101 578	101 578
Revaluation increments/(decrements)	0	0
Balance at the end of financial year	101 578	101 578

2013	Buildings	Total \$'000
Asset revaluation reserve		
Balance at the beginning of financial year	0	0
Revaluation increments/(decrements)	101 578	101 578
Balance at the end of financial year	101 578	101 578

13.2 CONTRIBUTED CAPITAL

	Note	2014 \$'000	2013 \$'000
Contributed capital reserve			
Balance at the beginning of financial year		185 639	0
Administrative restructure – net assets received	1.6	7 584	185 639
Balance at the end of financial year		193 223	185 639

Asset Revaluation Reserve

The Asset Revaluation Reserve is used to record increments and decrements on the revaluation of Non-financial assets, as described in Note 1.10(e).

Capital Contributed Reserve

Net assets received due to administrative restructure relate to assets and liabilities transferred on the 1 July 2013. Refer to Note 1.6.

NOTE 14 CASH FLOW RECONCILIATION

14.1 CASH AND DEPOSITS

Cash and deposits includes the balance of the Special Deposits and Trust Fund Accounts held by the THO-South, and other cash held, excluding those accounts which are administered or held in a trustee capacity or agency arrangement.

	2014 \$'000	2013 \$'000
Special Deposits and Trust Fund Balance		
T475 THO-South Patient Trust and Hospital Bequest Account	8 103	8 270
T530 THO-South Operating Account	14 009	10 081
Total	22 112	18 351
Other cash held		
Other Cash equivalents not included above	393	492
Total	393	492
Total cash and deposits	22 505	18 843

14.2 RECONCILIATION OF NET RESULT TO NET CASH FROM OPERATING ACTIVITIES

	2014 \$'000	2013 \$'000
Net result from transactions (net operating balance)	65 658	3 116
Depreciation and amortisation	21 658	10 217
Recognition of assets as a result of stocktake/donations	(2 209)	0
Non-operational capital funding	0	(12 620)
Capital grants income	(86 558)	0
Doubtful debts	(320)	0
Decrease (increase) in Receivables	(1 917)	(1 612)
Decrease (increase) in Other assets	(4 739)	(3 145)
Decrease (increase) in Inventories	(330)	689
Increase (decrease) in Employee entitlements	9 822	5 230
Increase (decrease) in Payables	8 449	5 616
Increase (decrease) in Other liabilities	1 117	(339)
Net cash from (used by) operating activities	10 631	7 152

NOTE 15 FINANCIAL INSTRUMENTS

15.1 RISK EXPOSURES

(a) Risk management policies

The THO-South has exposure to the following risks from its use of financial instruments:

- ▶ credit risk;
- ▶ liquidity risk; and
- ▶ market risk.

The Governing Council and the CEO have responsibility for the establishment and oversight of the THO-South's risk management framework. Risk management policies are established to identify and analyse risks faced by the THO-South, to set appropriate risk limits and controls, and to monitor risks and adherence to limits.

(b) Credit risk exposures

Credit risk is the risk of financial loss to the THO-South if a customer or counterparty to a financial instrument fails to meet its contractual obligations.

Financial Instrument	Accounting and strategic policies (including recognition criteria and measurement basis)	Nature of underlying instrument (including significant terms and conditions affecting the amount, timing and certainty of cash flows)
Financial Assets		
Loans and Receivables	Loans and Receivables are recognised at the nominal amounts due, less any provision for impairment. Collectability of debts is reviewed on a monthly basis. Provisions are made when the collection of the debt is judged to be less rather than more likely.	Receivables credit terms are generally 45 days.
Other financial assets	Other financial assets are recognised at the nominal amounts due, less any provision for impairment.	Other financial assets credit terms are generally 45 days.
Cash and deposits	Cash and deposits are recognised at face value.	Cash means notes, coins and any deposits held at call with a bank or financial institution.

The THO-South does not hold any security instrument for its cash and deposits, other financial assets and receivables. No credit terms on any departmental financial assets have been renegotiated.

The carrying amount of financial assets recorded in the Financial Statements, net of any allowances for losses, represents the THO-South's maximum exposure to credit risk without taking into account of any collateral or other security:

	2014 \$'000	2013 \$'000
Guarantee provided	0	0
Total	0	0

The following tables analyse financial assets that are past due but not impaired.

Analysis of financial assets at 30 June 2014 but not impaired					
	Not past due \$'000	Past due < 30 days \$'000	Past due 30 – 120 days \$'000	Past due > 120 days \$'000	Total \$'000
Receivables	2 182	3 264	2 622	2 213	10 281

Analysis of financial assets at 30 June 2013 but not impaired					
	Not past due \$'000	Past due < 30 days \$'000	Past due 30 – 120 days \$'000	Past due > 120 days \$'000	Total \$'000
Receivables	4 692	684	379	2 724	8 479

(c) Liquidity risk

Liquidity risk is the risk that the THO-South will not be able to meet its financial obligations as they fall due. The THO-South's approach to managing liquidity is to ensure that it will always have sufficient liquidity to meet its liabilities when they fall due.

Financial Instrument	Accounting and strategic policies (including recognition criteria and measurement basis)	Nature of underlying instrument (including significant terms and conditions affecting the amount, timing and certainty of cash flows)
Financial Assets		
Payables	Payables, including goods received and services incurred but not yet invoiced, are recognised at amortised cost, which due to the short settlement period equates to face value, when the THO-South becomes obliged to make future payments as a result of a purchase of assets or services.	Settlement is usually made within 30 days.
Other financial liabilities	Other financial liabilities are recognised at amortised cost, which due to the short settlement period equates to face value, when the THO-South becomes obliged to make payments as a result of the purchase of assets or services.	Settlement is usually made within 30 days.
	The THO-South regularly reviews budgeted and actual cash outflows to ensure that there is sufficient cash to meet all obligations.	

The following tables detail the undiscounted cash flows payable by the THO-South by remaining contractual maturity for its financial liabilities. It should be noted that as these are undiscounted, totals may not reconcile to the carrying amounts presented in the Statement of Financial Position.

2014								
	Maturity analysis for financial liabilities							
	1 Year \$'000	2 Years \$'000	3 Years \$'000	4 Years \$'000	5 Years \$'000	More than 5 Years \$'000	Undiscounted Total	Carrying Amount
Financial liabilities								
Payables	21 136	0	0	0	0	0	0	21 136
Other financial liabilities	6 990	0	0	0	0	0	0	6 990
Total	28 126	0	0	0	0	0	0	28 126
2013								
	Maturity analysis for financial liabilities							
	1 Year \$'000	2 Years \$'000	3 Years \$'000	4 Years \$'000	5 Years \$'000	More than 5 Years \$'000	Undiscounted Total	Carrying Amount
Financial liabilities								
Payables	11 432	0	0	0	0	0	0	11 432
Other financial liabilities	4 952	0	0	0	0	0	0	4 952
Total	16 384	0	0	0	0	0	0	16 384

(d) Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. The primary market risk that the THO-South is exposed to is interest rate risk.

The THO-South currently has no financial liabilities at fixed interest rates.

15.2 CATEGORIES OF FINANCIAL ASSETS AND LIABILITIES

	2014 \$'000	2013 \$'000
Financial assets		
Cash and cash equivalents	22 505	18 843
Loans and receivables	21 517	12 961
Available-for-sale financial assets	0	0
Total	44 022	31 804
Financial Liabilities		
Financial liabilities measured at amortised cost	21 136	11 432
Total	21 136	11 432

The THO-South's maximum exposure to credit risk for its financial assets is \$44 million. It does not hold nor is a party to any credit derivatives and no changes have occurred to the fair value of its assets as a result of market risk or credit risk. While interest rates have changed during the financial year, the value of security held is significantly more than the value of the underlying asset and no loan advances are impaired. The value of receivables is not affected by changes in interest rates. The THO-South actively manages its credit risk exposure for the collectability of its receivables and outstanding loans.

15.3 RECLASSIFICATIONS OF FINANCIAL ASSETS

No reclassification of Financial Assets occurred during 2013-14.

15.4 COMPARISON BETWEEN CARRYING AMOUNT AND NET FAIR VALUE OF FINANCIAL ASSETS AND LIABILITIES

	Carrying Amount 2014 \$'000	Net Fair Value 2014 \$'000	Carrying Amount 2013 \$'000	Net Fair Value 2013 \$'000
Financial assets				
Other financial assets				
Other	44 022	44 022	31 804	31 804
Total financial assets	44 022	44 022	31 804	31 804
Financial liabilities (Recognised)				
Other financial assets				
Other	21 136	21 136	11 432	11 432
Total Financial liabilities (Recognised)	21 136	21 136	11 432	11 432
Financial liabilities (Recognised)	0	0	0	0
Total Financial liabilities (Recognised)	0	0	0	0

15.5 NET FAIR VALUE OF FINANCIAL ASSETS AND LIABILITIES

2014	Net Fair Value Level 1 \$'000	Net Fair Value Level 2 \$'000	Net Fair Value Level 3 \$'000	Net Fair Value Level 4 \$'000
Financial assets				
Other financial assets				
Other	44 022	0	0	44 022
Total financial assets	44 022	0	0	44 022
Financial liabilities (Recognised)				
Other financial assets				
Other	21 136	0	0	21 136
Total Financial liabilities (Recognised)	21 136	0	0	21 136
Financial liabilities (Recognised)	0	0	0	0
Total Financial liabilities (Recognised)	0	0	0	0

	Net Fair Value Level 1 \$'000	Net Fair Value Level 2 \$'000	Net Fair Value Level 3 \$'000	Net Fair Value Level 4 \$'000
2013				
Financial assets				
Other financial assets				
Other	31 804	0	0	31 804
Total financial assets	31 804	0	0	31 804
Financial liabilities (Recognised)				
Other financial assets				
Other	11 432	0	0	11 432
Total Financial liabilities (Recognised)	11 432	0	0	11 432
Financial liabilities (Recognised)	0	0	0	0
Total Financial liabilities (Recognised)	0	0	0	0

The recognised fair values of financial assets and financial liabilities are classified according to the fair value hierarchy that reflects the significance of the inputs used in making these measurements. The THO-South uses various methods in estimating the fair value of a financial instrument. The methods comprise:

- ▶ Level 1 – the fair value is calculated using quoted prices in active markets;
- ▶ Level 2 – the fair value is estimated using inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly (as prices) or indirectly (derived from prices); and
- ▶ Level 3 – the fair value is estimated using inputs for the asset or liability that are not based on observable market data.

Transfer between categories

The THO-South did not transfer any financial assets or financial liabilities between Level 1 and Level 2.
The THO-South does not have any Level 3 instruments.

Financial Assets

The net fair values of cash and non-interest bearing monetary financial assets approximate their carrying amounts.

Financial Liabilities

The net fair values of borrowings and other financial liabilities are based on the outstanding value owed by the THO-South and are approximated by their carrying amounts.

Unrecognised Financial Instruments

The net fair values of indemnities are regarded as the maximum possible loss which the State faces while the indemnity remains current.

NOTE 16 TRANSACTIONS AND BALANCES RELATING TO A TRUSTEE OR AGENCY ARRANGEMENT

Account/Activity	Opening balance \$'000	Net transactions during 2013-14 \$'000	Closing balance \$'000
T475 THO-South Patient Trust and Hospital Bequest Account	893	(23)	870
Royal Hobart Hospital Patients Trust Account	7	(3)	4
Mental Health Services Client Trust Account	0	3	3

Independent Auditor's Report

To Members of the Tasmanian Parliament

Tasmanian Health Organisation – South

Financial Statements for the Year Ended 30 June 2014

Report on the Financial Statements

I have audited the accompanying financial statements of Tasmanian Health Organisation – South (the Organisation), which comprise the statement of financial position as at 30 June 2014 and the statements of comprehensive income, changes in equity and cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the statement by the Acting Chair, Tasmanian Health Organisations and Acting Chief Executive Officer.

Auditor's Opinion

In my opinion the Organisation's financial statements:

- (a) present fairly, in all material respects, its financial position as at 30 June 2014 and its financial performance, cash flows and changes in equity for the year then ended
- (b) are in accordance with the *Tasmanian Health Organisation Act 2011*, the *Financial Management and Audit Act 1990* and Australian Accounting Standards.

The Responsibility for the Financial Statements

The Chair, Tasmanian Health Organisations and the Chief Executive Officer are jointly responsible for the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards, Section 34 of the *Tasmanian Health Organisation Act 2011* and Section 27 (1) of the *Financial Management and Audit Act 1990*. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based upon my audit. My audit was conducted in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance as to whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on my judgement, including the assessment of risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, I considered internal control relevant to the Chair, Tasmanian Health Organisations and the Acting Chief Executive Officer's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate to the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organisation's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Chair, Tasmanian Health Organisations and the Acting Chief Executive Officer, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.


My audit is not designed to provide assurance on the accuracy and appropriateness of the budget information in the Organisation's financial statements.

Independence

In conducting this audit, I have complied with the independence requirements of Australian Auditing Standards and other relevant ethical requirements. *The Audit Act 2008* further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General
- mandating the Auditor-General as auditor of State Entities but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Tasmanian Audit Office are not compromised in their role by the possibility of losing clients or income.

Tasmanian Audit Office



H M Blake

Auditor-General

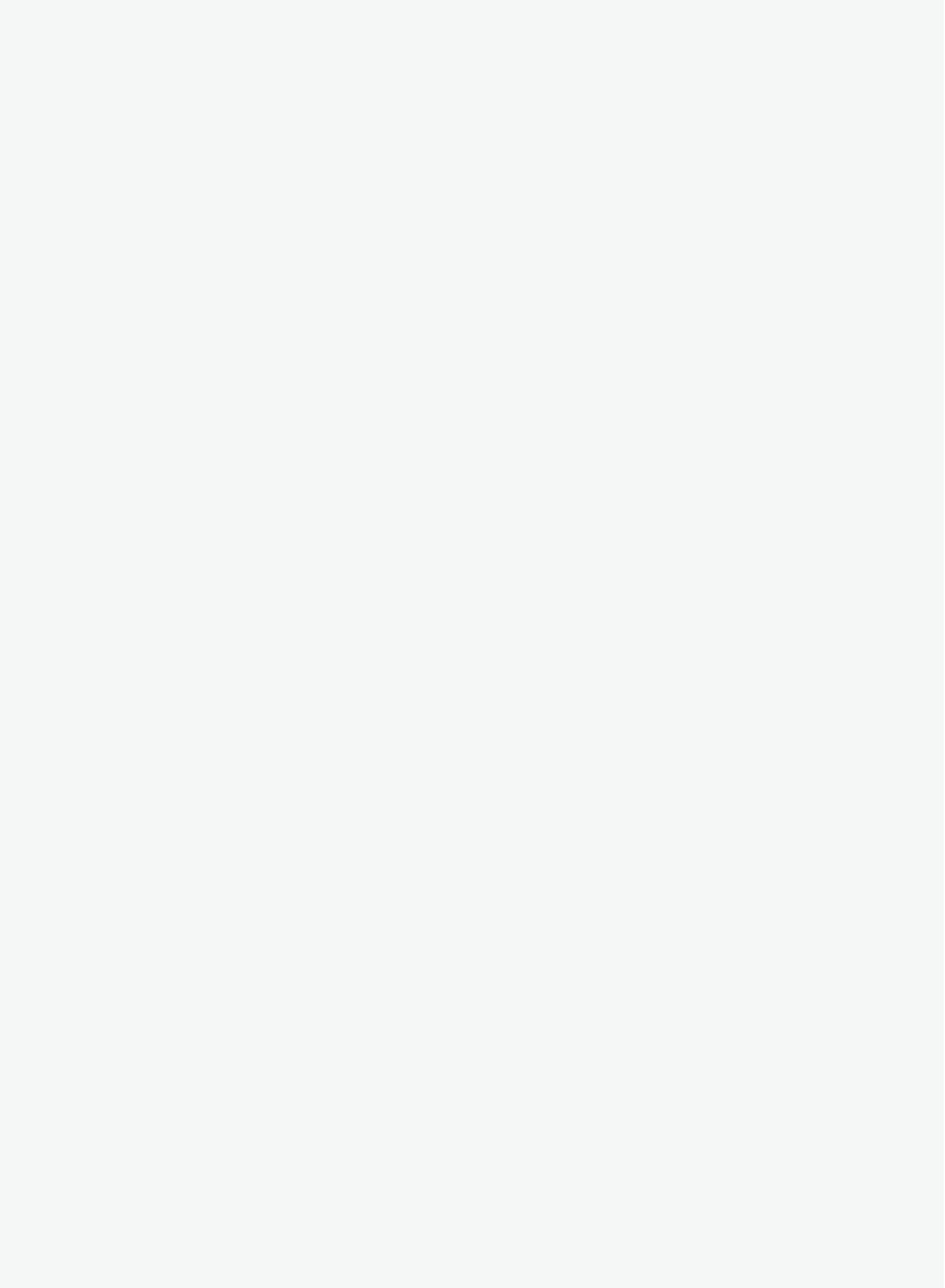
Hobart

19 September 2014

GLOSSARY

Acronym	Name in Full
AAS	Australian Accounting Standards
AASB	Australian Accounting Standards Board
ABF	Activity Based Funding
ABS	Australian Bureau of Statistics
ACAA	Aged Care Association Australia
ACC	Acute Care Certificates
ACHS	Australian Council on Healthcare Standards
ACP	Advance Care Planning
ACSQHC	Australian Commission on Safety and Quality in Healthcare
AIHW	Australian Institute of Health and Welfare
A&RSC	Audit and Risk Sub-Committee
ANZCA	Australian and New Zealand College of Anaesthetists
ATS	Australasian Triage Scale
BEIMS	Building Engineering Information Management System
CEAG	Community Engagement Advisory Group
CEO	Chief Executive Officer
CERG	Consumer Engagement Reference Group
CHAPS	Child Health and Parenting Services
CHC	Community Health Centre
CNC	Clinical Nurse Consultant
COAG	Council of Australian Governments
COPE	Commonwealth Own Purpose Expenditure
CPI	Consumer Price Index
CIP-EM	Capital Improvements Program – Essential Maintenance
DCHSC	Devonport Community and Health Services Centre
DFA	Disability Framework for Action 2005-2010
DHHS	Department of Health and Human Services
DMR	Digital Medical Record
DON	Director of Nursing
ECO	Employee Contact Officer
ED	Emergency Department
FTE	Full Time Equivalent
GEM	Geriatric Evaluation and Management
GP	General Practitioner
GPLO	General Practice Liaison Officer
GST	Goods and Services Tax
HACC	Home and Community Care
HOA	Heads of Agreement
HR	Human Resources

Acronym	Name in Full
HSO	Health Service Officer
ICU	Intensive Care unit
IFRS	International Financial Reporting Standards
IHPA	Independent Hospital Pricing Authority
KIHCHC	King Island Hospital and Community Health Centre
KPI	Key Performance Indicator
LGH	Launceston General Hospital
MCH	Mersey Community Hospital
MGP	Midwifery Group Practice
MOC	Models of Care
MRI	Magnetic Resonance Imaging
NHRA	National Health Reform Agreement
NICU	Neonatal Intensive Care unit
NPA-IHST	National Partnership Agreement on Improving Health Services in Tasmania
NWRH	North West Regional Hospital
PICU	Paediatric Intensive Care unit
QI	Quality Improvement
RBF	Retirement Benefit Fund
RCS	Rural Clinical School
RHH	Royal Hobart Hospital
RJRP	Right Job Right Person
RTI	Right to Information
SAB	Staphylococcus Aureus bacteraemia
SAAP	Supported Accommodation Assistance Program
SAMP	Strategic Asset Management Plan
SDH	Smithton District Hospital
SEIFA	Socio-Economic Indexes for Areas
SIIRP	Structured Infrastructure Investment Review Process
SPA	Superannuation Provision Account
STAHS	Southern Tasmania Area Health Service
THO-North	Tasmanian Health Organisation – North
THO-North West	Tasmanian Health Organisation – North West
THO-South	Tasmanian Health Organisation – South
THP	Tasmania's Health Plan
TML	Tasmania Medicare Local
TRMF	Tasmanian Risk Management Fund
UTAS	University of Tasmania
WACS	Women's and Children's Services
WCDH	West Coast District Hospital
WH&S	Work Health and Safety





TASMANIAN
HEALTH
ORGANISATION
SOUTH



Tasmanian Health Organisation – South
GPO Box 1061, Hobart TAS 7001
Phone (03) 6222 8308
www.dhhs.tas.gov.au