



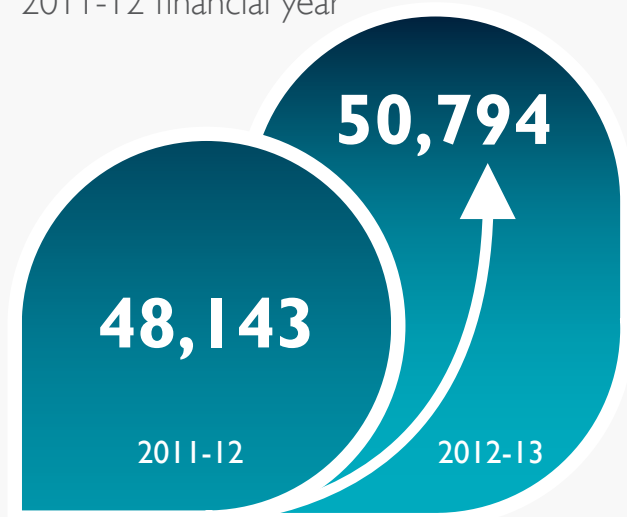
Tasmanian Health Organisation
South



Annual Report 2012-2013

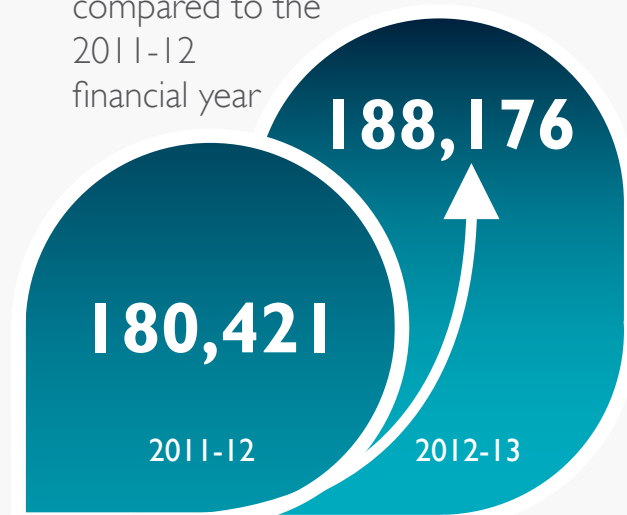
Presentations to Emergency Department

Presentations to the Emergency Department increased by 5.5% compared to the 2011-12 financial year



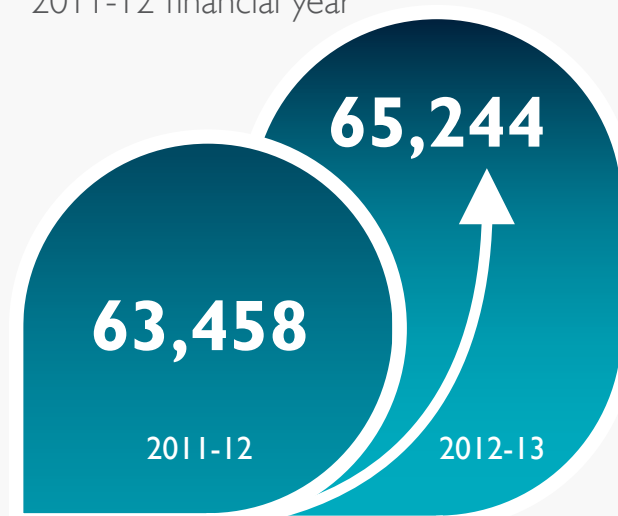
Outpatient Attendances

Outpatient attendances increased by 4.3% compared to the 2011-12 financial year



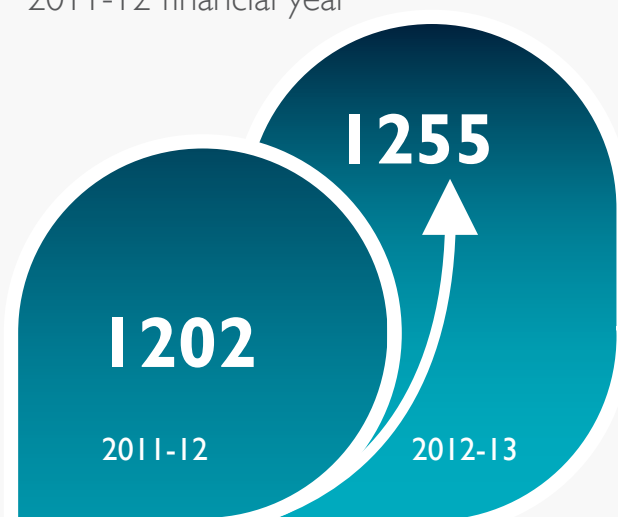
Number of admissions to Royal Hobart Hospital

The number of admissions increased by 2.6% compared to the 2011-12 financial year



Number of adults admitted to Intensive Care Unit

There was an increase of 4.4% of patients admitted compared to the 2011-12 financial year



Communications Unit
handled on average

50,750

calls each month
(with each
officer handling
approximately 5000)

2012-13
Budget was

\$497.576M

\$586M RHH Redevelopment
project has achieved
several milestones including
the Cambridge Production
Kitchen, Wellington Clinics
and the bunker for the new
Linear Accelerator

1.2M

meals were produced by
our Food Services team
in Cambridge

Serves a population
of approximately

250,000

in Southern Tasmania

New Day Chemotherapy
unit relocated in
October 2012

Opening of the Clarence
Integrated Care Centre

Wellington Clinics
opened March 2013
after relocating
in early January

Our team of general
ward orderlies responded
to approximately

120,000

requests for assistance

Establishment of

3,433.49

FTE or

4,382

employees

Medical Imaging
Department

\$9.3M

refurbishment opened
April 2013

87%

of requests for orderly
assistance answered
within 15 minutes

Close to 18M pages have
been scanned to the
Digital Medical Record
(DMR) averaging around
60,000 per week with
520,831 direct data entries

84,040 procedures
processed by our
Department of
Medical Imaging

An average of

5

new Tasmanians born
each day at the
Royal Hobart Hospital

Our Health Roundtable
Hospital Standardised
Mortality Rate (HSMR)
is 97 which is a significant
improvement on
previous years

Our Health Roundtable
Relative Stay Index
improved from 96% in
2011-12 to 86% in 2012-13

Total waiting list for
elective surgery numbers
decreased by just under

540

Half a million eForms
have been created
saving approximately
15,000 hours of scanning

Increase in Own
Source Revenue by
\$12.5M (30.5%)

compared to 2011-12
financial year

402

Overnight beds and

95

day beds

One of the oldest hospitals
in Australia - from settlement
in 1803 patients were treated
in tents and rented wooden
huts up until 1820 when the
first purpose built stone
building was completed
at the current site.

Department of
Pathology performed
in excess of

1.644M

coded tests from
314,000 requests

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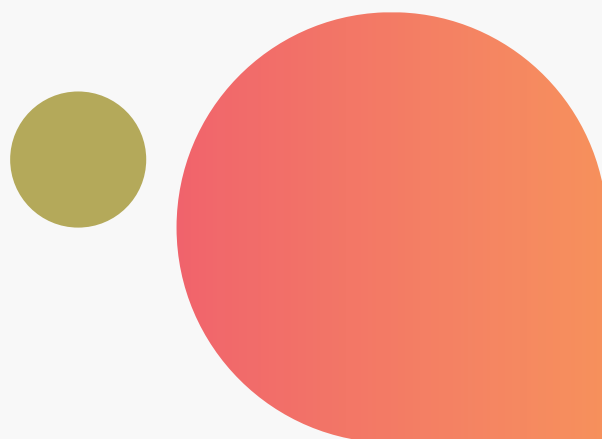


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INTRODUCTION

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CEO's Report

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Chairman's Letter of Transmittal

Dear Minister,

In accordance with the requirements of the *Tasmanian Health Organisation Act 2011*, it is my pleasure to present to you on behalf of its Governing Council the first annual report of the Tasmanian Health Organisation South (THO-South) for the year 2012-13.

The National Health Reforms, agreed in August 2011 by the Commonwealth and all state and territory governments, demanded a major restructure of the health system in Tasmania and across the whole of Australia. *The Tasmanian Health Organisations Act 2011* was developed to meet the objectives of national health reform in establishing Local Hospital Networks. The Act was proclaimed in December 2011 and three Local Hospital Networks known as Tasmanian Health Organisations (THOs) were formally established from 1 July 2012.

The THOs are bodies corporate not operating for financial gain, each with its own independent Governing Council, which are accountable to the responsible Minister for the provision of health services to the community in their region. I have been appointed Chair of the three THO Governing Councils as a mechanism to achieve coordination, efficiency and statewide consistency where appropriate.

The THOs have a clear responsibility and accountability for delivering high quality, efficient and integrated healthcare services in their area, through the public hospital system and primary and community health services. The regional boundaries of the THOs are the same as the previous Area Health Services which they have superseded.

A small THO Secretariat has been established, based in Launceston, to coordinate the activities of the three THOs and to minimise duplication of effort by the three THOs.

The THOs are now the providers of public health services throughout Tasmania. The Department of Health and Human Services (DHHS) purchases services from the THOs on behalf of the community. It is also the 'system manager', leading the planning and coordination of services across the State.

This annual report provides an overview of the activity, performance, highlights, challenges and achievements of the THO-South for its first year of operation. While some of the highlights for 2012-13 are common to the three THOs and reflect whole of system constraints, others are unique to the local environment and the challenges peculiar to the region that the THO serves.

From the perspective of the THO-South Governing Council the major highlights during 2012-13 were:

- Establishment of our new governance structure to reflect increased local accountability to drive improvement in health systems and services in the region;
- Appointment of our first Chief Executive Officer with a wealth of experience, skill, commitment and enthusiasm;
- Establishment of an Audit and Risk Committee, chaired by Suzanne Baker to support the work of the Governing Council;
- Implementation of the new funder, purchaser, and provider relationships and addressing inevitable tensions that emerged with devolution of responsibility and new systems and accountabilities;



- Development of our first Corporate Plan and Business Plan and adoption of our first Service Agreement with the Minister for Health;
- Two joint meetings of the three THO Governing Councils, with their Chief Executive Officers, to work on matters of common interest;
- Participation in the development of a statewide clinical governance framework;
- The building of new relationships with service delivery and community partners in the region;
- Closing the gap between the local price and the national efficient price for hospital services in preparation for the implementation of the new funding model from 2014-15; and
- Achievement of a reducing 2012-13 budget outcome (cash) and the minimisation of any accrued budget deficit in the face of increasing demand for services and cost increases in excess of funding indexation.

The year under review was the third year of operation of Tasmanian health services since a substantial reduction in funding was applied by the State Government to ensure that the State would live within its means. The clear priority for the THO in its first year was to oversee an approach to financial management which would enable it to provide the services required by the community with the funds available, as documented in our first Service Agreement with the Minister for Health.

I have participated in regular performance monitoring meetings with the Executive of the THO and officers of the Strategic Purchasing and Performance unit of the DHHS. The meetings have been conducted in a constructive spirit and the parties have shared information and views about our performance against targets for access to emergency care and elective surgery, and other measures of quality and finance.

The Tasmanian Health Assistance Package is a welcome injection of focus and resources in improving the performance and sustainability of the Tasmanian health system over the next three years. I look forward to the report from the Commission on the Delivery of Health Services in Tasmania and Tasmania's Clinical Services Plan in providing recommendations that will further assist THO-South in this quest.

Strong partnerships in the region and coordination with other THOs will help in our delivery of appropriate health services in the right setting at the right time. In the THO-South region the ageing population, increasing incidence of chronic disease and high prevalence of lifestyle risk factors will continue to challenge our ability to achieve activity targets within our allocated budget. Notwithstanding this, I am confident that with the support of my colleagues on the Governing Council, the continued hard work of our Chief Executive Officer and her team of dedicated staff and collaboration with our valued regional partners, THO-South will continue to deliver high quality health services and achieve service and performance improvements.

I am pleased to have this opportunity also to thank the Minister and the Department of Health and Human Services for their cooperation and support. Both in the establishment of my post and in the establishment and development of the THOs, they have been unfailingly accessible and supportive.

Our community can be confident that its THO will be a vigorous advocate for, and committed provider of, services which are accessible, effective, appropriate, acceptable and – above all – safe. It is clear that this commitment is shared with our Minister and her Department.

Graeme Houghton



Chair
Tasmanian Health Organisations

CEO's Report

THO-South has committed to fearlessly reviewing our performance through open and transparent benchmarking forums such as the Health Roundtable. These benchmarking activities drive improved performance through shared learnings from peer facilities.

THO-South has delivered positive activity performance across the Emergency Department, Elective Surgery, and Safety and Quality indicators. While not achieving all 2012-13 targets, the performance of THO-South in these key areas has improved throughout the year and strategies have been put in place to build on these improvements.

Achievements have been made despite unprecedented acute demand, assessing and treating an additional 5.5% of patients in our Royal Hobart Hospital (RHH) Emergency Department (ED), and managing the successful transition of statewide Oral Health Services to THO-South. Other achievements include reducing the total waiting list for elective surgery by just under 540. Reducing our Average Length of Stay (ALOS) continued to be a focus for the organisation with our performance improving to be comparable with our peer sites on the Health Roundtable.

In 2012-13, the creation of the three THOs and the introduction of Activity Based Funding (ABF) saw THO-South respond to a new Tasmanian Funding Model and a THO-South Governing Council created. During 2012-13, two Governing Council Sub-Committees were created to further strengthen the governance framework for the organisation. In our first year operating as THO-South (previously the Southern Tasmanian Area Health Service - STAHS), we have achieved significant financial improvements, concluding the 2012-13 financial year with a self funded \$5.6M cash deficit, compared to a \$17M deficit the previous year. Importantly, we also increased our Own Source Revenue by \$12.5M (30.5%) compared to the 2011-12 financial year, primarily due to the development and implementation of more efficient business practices. Furthermore, Private Practice earnings increased by \$1.5M this year and on average, more than 18% of all inpatients elected to be treated as private patients compared to the national average of 11.2%. I am also proud to report that non salaries-related expenditure came in \$2.3M under budget this year.

Our four-year accreditation status through the Australian Council on Healthcare Standards (ACHS) was continued for the RHH. As part of this accreditation cycle, ACHS undertook a gap analysis for the organisation, enabling us to better understand our key focus areas for the transition to the new Australian Commission on Safety and Quality in Healthcare (ACSQHC) standards in 2013-14. This analysis revealed the organisation was in a favourable position to address the ten National Standards. An organisational-wide implementation strategy developed by the THO-South Safety and Quality unit will ensure compliance with the new standards by the next financial year.



This year we also implemented the new workplace health and safety legislation through a series of education sessions for staff and developed a Strategic Workplace Health and Safety Management Plan.

The RHH Redevelopment Project has continued to progress positively, with innovative models of care and design agreed in line with a strong hospital governance structure.

We continue to work with DHHS, the North and North West THOs and the Commonwealth, to define roles and responsibilities in the new Purchaser/Provider Model and to deliver improved health outcomes for the population of Southern Tasmania. We also look forward to developing closer links with Tasmania Medicare Local (TML) and peak bodies working in communities and especially our GPs. The creation of General Practitioner Liaison Officer roles within the organisation has strengthened our relationship with our primary care sector stakeholders and resulted in greater involvement with GPs in strategic decision making.

These key activities have contributed to the primary objective of achieving our Mission of:

Working together to provide safe and compassionate patient care founded on excellence in practice, teaching and research within the bounds of the resources entrusted to us by the community.

This Mission is supported by the following organisational values, which we strive to deliver in our day-to-day operations:

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

The challenge now for THO-South is to develop and embrace our Strategic Objectives to ensure that over the next four years our community, our consumers and our staff recognise us as a FLAGSHIP health service supported by a vibrant workforce.

FLAGSHIP stands for the ultimate outcomes of:

- F – Financial strength
- L – Learning organisation
- A – Appropriate, responsive and relevant to our community
- G – Governance, leadership and management of THO-South is effective, innovative and valued
- S – Safety and quality are priorities
- H – Hospital and health facility redevelopments are delivered on time, on budget and meet the needs of our community and staff
- I – Integrate across the continuum of care
- P – Patient-centred clinical practice

As Acting CEO, I would like to thank all of the THO-South staff for their professional and personal commitment to what has been achieved. I am proud of everything we have achieved as an organisation and as a vital community service provider this year. I look forward to building on the good work with our staff, the other THOs, DHHS and the Commonwealth to ensure we continue to improve community health and wellbeing and further strengthen community care in Southern Tasmania.

Jane Holden



Acting Chief Executive Officer
Tasmanian Health Organisation South





GOVERNING COUNCIL

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Governing Council Members



Mr Graeme Houghton

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 member of the Board of Directors of Western Health (Victoria).



Mr Lyn Cox

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



Ms Suzanne Baker

Chair of the Tasmanian Audit Office-Audit Committee and the Inland Fisheries Advisory Council and 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 and a Fellow of the Australian Institute of Company Directors and CPA Australia.



Associate Professor Dr 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.



Ms Lisa Wardlaw-Kelly

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. Chairs the THO-South's Quality Committee. She has a Graduate Certificate in Public Administration, a Master of Public Health and is a graduate of the Australian Institute of Company Directors.

Attendance Report

Governing Council Committee

Chair / Mr Graeme Houghton BSc, MHA, FCHSM, CHM

Mr Lyn Cox BEc, FCA, FAICD

Ms Suzanne Baker BBus, BFA, DipFP, FCPA, FAICD

Associate Professor Anthony Lawler, BMed Sc, MB BS, FACEM, GAICD

Ms Lisa Wardlaw-Kelly BA (Hons), MPH, GAICD

THO-South Governing Council Meeting

Board member	17 Jul 2012	21 Aug 2012	19 Sep 2012	16 Oct 2012	28 Nov 2012	18 Jan 2013	18 Feb 2013	18 Mar 2013	15 Apr 2013	20 May 2013	17 Jun 2013	%ATT
Mr Graeme Houghton	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Mr Lyn Cox	✓	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	91%
Ms Suzanne Baker	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Associate Professor Anthony Lawler	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	91%
Ms Lisa Wardlaw-Kelly	✓	✓	✓	A	✓	✓	✓	✓	✓	✓	A	82%

Table 1: THO-South Governing Council Quality & Safety Sub Committee Meeting Attendance

Audit and Risk Sub-Committee Meeting

Member	27 Sep 2012	15 Nov 2012	6 Mar 2013	27 Mar 2013	6 June 2013	%ATT
Ms Suzanne Baker (Chair)	✓	✓	✓	✓	✓	100%
Mr Lyn Cox	✓	✓	✓	✓	✓	100%
Ms Jane Holden (CEO)	✓	✓	✓	✓	✓	100%
Russell Pockett (Group Manager Finance)	✓	✓	✓	✓	✓	100%

Table 2: THO-South Governing Council Audit & Risk Sub Committee Meeting Attendance

Quality and Safety Sub-Committee Meeting

Member	15 Jan 2013	18 Mar 2013	15 Apr 2013	17 May 2013	%ATT
Ms Lisa Wardlaw-Kelly (Chair)	✓	✓	✓	✓	100%
Mr Graeme Houghton	✓	A	✓	A	50%
Associate Professor Anthony Lawler	✓	✓	✓	✓	100%
Ms Jane Holden (CEO)	✓	✓	✓	✓	100%
Paula Hyland (Director Allied Health THO–North West)	✓	✓	✓	A	100%
Shirleen Wickham (Director Safety & Quality)	A	A	A	✓	25%
Associate Professor Alan Sandford (Executive Director Medical Services)	✓	✓	✓	✓	100%
Coral Paton (Executive Director of Nursing)	✓	✓	✓	✓	100%
Dr Wayne Hsueh (Deputy Executive Director Medical Services)	✓	✓	✓	✓	100%

Table 3: THO-South Governing Council Quality & Safety Sub Committee Meeting Attendance

Governing Council Member and Executive Remuneration Report

Band	Number of Committee Members	Aggregate Directors' Fees	Committee Fees	Super-annuation	Other	Total
>\$50,000	1	\$52,423	\$0	\$2,620	nil	\$55,043
≤ \$50,000	4	\$86,498	\$39,414	\$14,675	nil	\$140,587

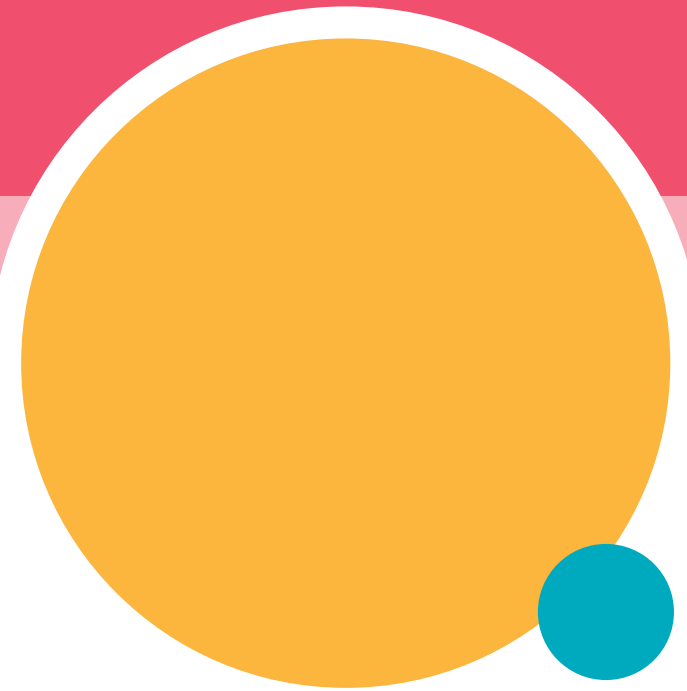
Table 4: THO-South Governing Council Remuneration

Band	No. of Employees	Cash			Other			Total	Previous 2 Years Totals
		Total Base Salaries	Bonuses	Short Term Incentive Payments	Super-annuation	Vehicles	Other Benefits		
>\$200,000	4	875,304	478,228	nil	121,818	3	72,269	1,547,619	*
≤\$200,000	15	1,492,118	165,443	nil	149,180	3	9,322	1,816,064	*

Table 5: THO-South Executive Remuneration

*Comparative figures are not available as 2012-13 is the first year operating as THO-South



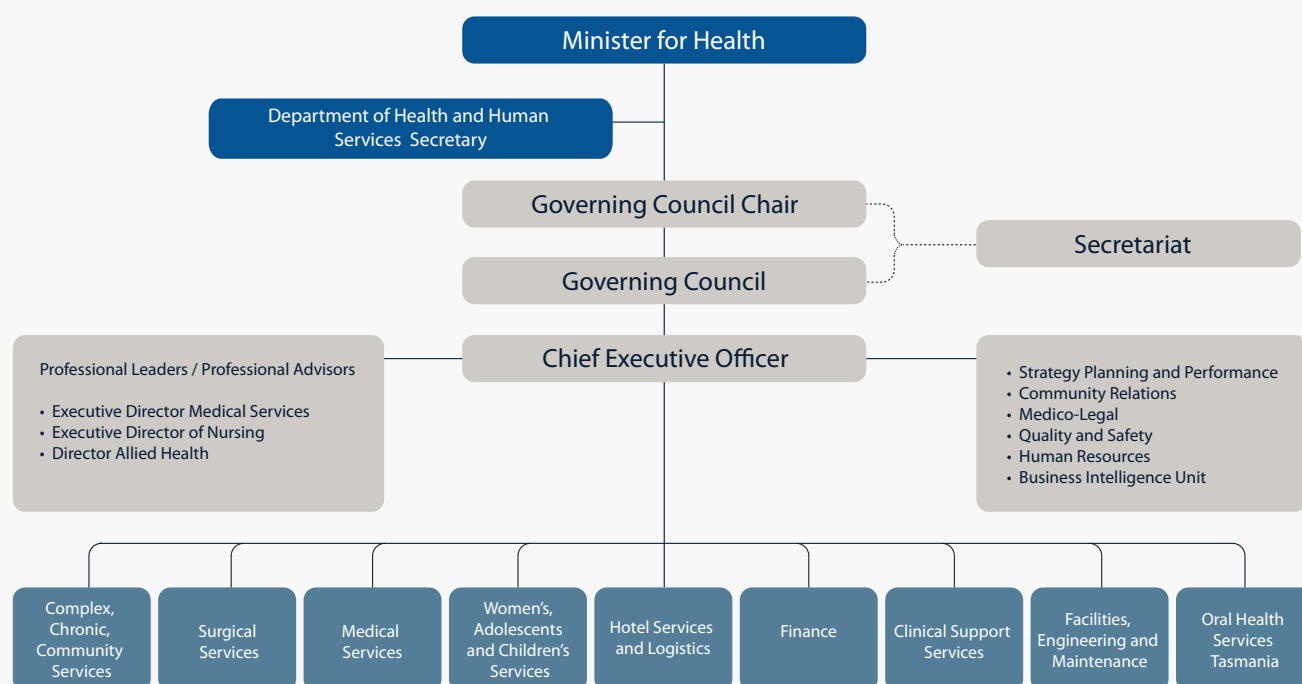


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Organisational Chart



Executive Team

Chief Executive Officer — Jane Holden

Executive Director Medical Services — Associate Professor Alan SC Sandford
MB BS, BMedSc(Hons), DipRACOG, AFACHSM, FRACMA, GAICD

Executive Director of Nursing — Coral Paton
RN, MHN, FACMHN, BAppSc(Nurs), MNurs

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's Services — Heather Giannaros
RN, RM, BAppSc(Nurs), MNurs (outgoing)

Group Manager Complex, Chronic, Community Service — Bruce Edwards
RN, BHIthAdmn, MEd(Human Resources)

Group Manager Oral Health Services Tasmania — Emma Bridge DipCommtyServ

Director Human Resources — Trish Spence

Director Strategy, Planning and Performance — Bridget Jones BAppSc(SpPath)

Director of Community Relations — Pene Snashell BBus (outgoing)

Group Manager Hotel Services & Logistics — Darryl Gillespie

Group Manager Finance — Russell Pockett BCom, CPA

Group Manager Facilities Engineering and Maintenance — Geoff Howard BTech(EngMgt), GradCertBus, AFIEAust

Facilities, Location and Services

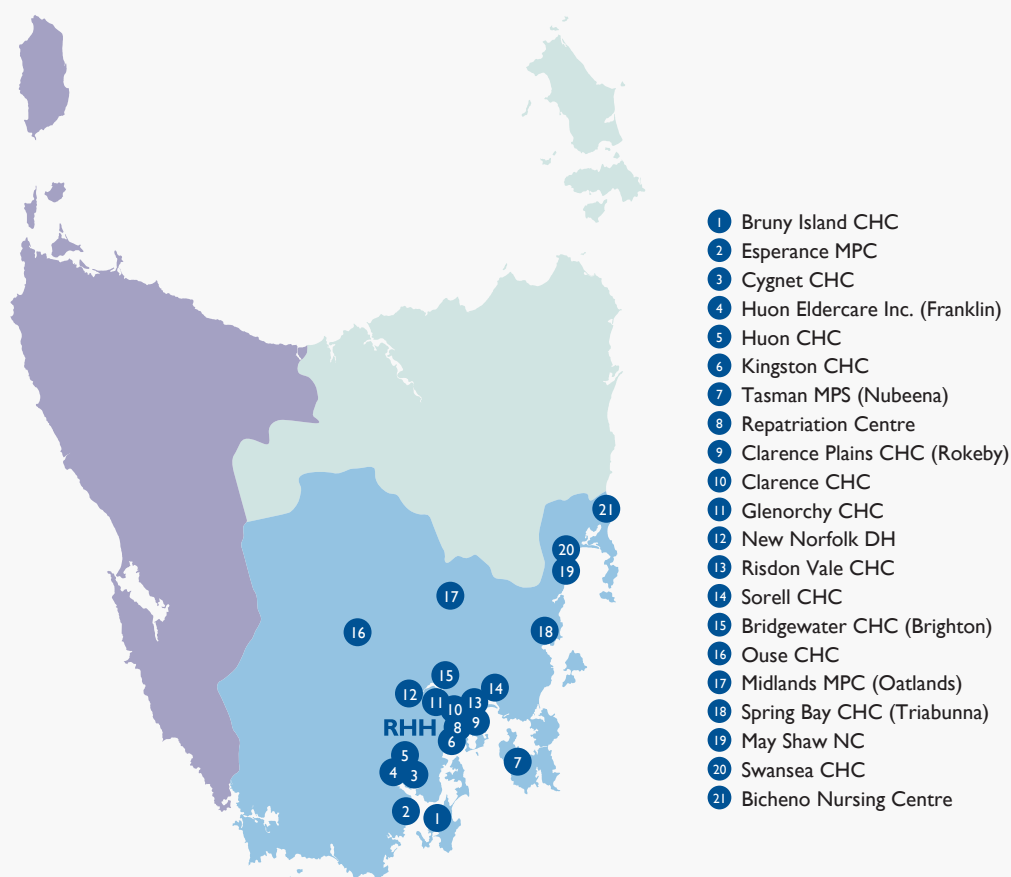
Our Region

THO-South provides services to the population of Southern Tasmania (approximately 250,000) and also provides some statewide services (population approximately 500,000).

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

ABS Census data in 2011 showed the Local Government Area with the biggest growth in Tasmania was Kingborough.



Graphic 2: Map of major sites within THO regions

Our Population

Our population is ageing with many consumers presenting with multiple co-morbidities. There are increasing rates of illness caused by lifestyle factors with rates of smoking, alcohol misuse and overweight/obesity higher in Tasmania than the rest of Australia. Tasmania also records higher rates of chronic conditions than other Australian states and territories.

'Health Indicators Tasmania 2013'

Tasmania:

- The proportion of Tasmanians with chronic diseases and disability is increasing.
- Cancer and cerebrovascular disease are the leading causes of death in the population.
- The majority of the adult 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 issues for our population.
- Levels of income and education are below the 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 strokes and ischaemic heart disease but increasing hospitalisations for diabetes and arthritis/musculoskeletal conditions.

Southern Tasmania:

- Highest age-standardised incidence rate for prostate cancer and breast cancer in the State.
- Highest hospitalisation rates in the State for Rheumatoid Arthritis and Osteoporosis (gender neutral).

Overview of Services

Our Services

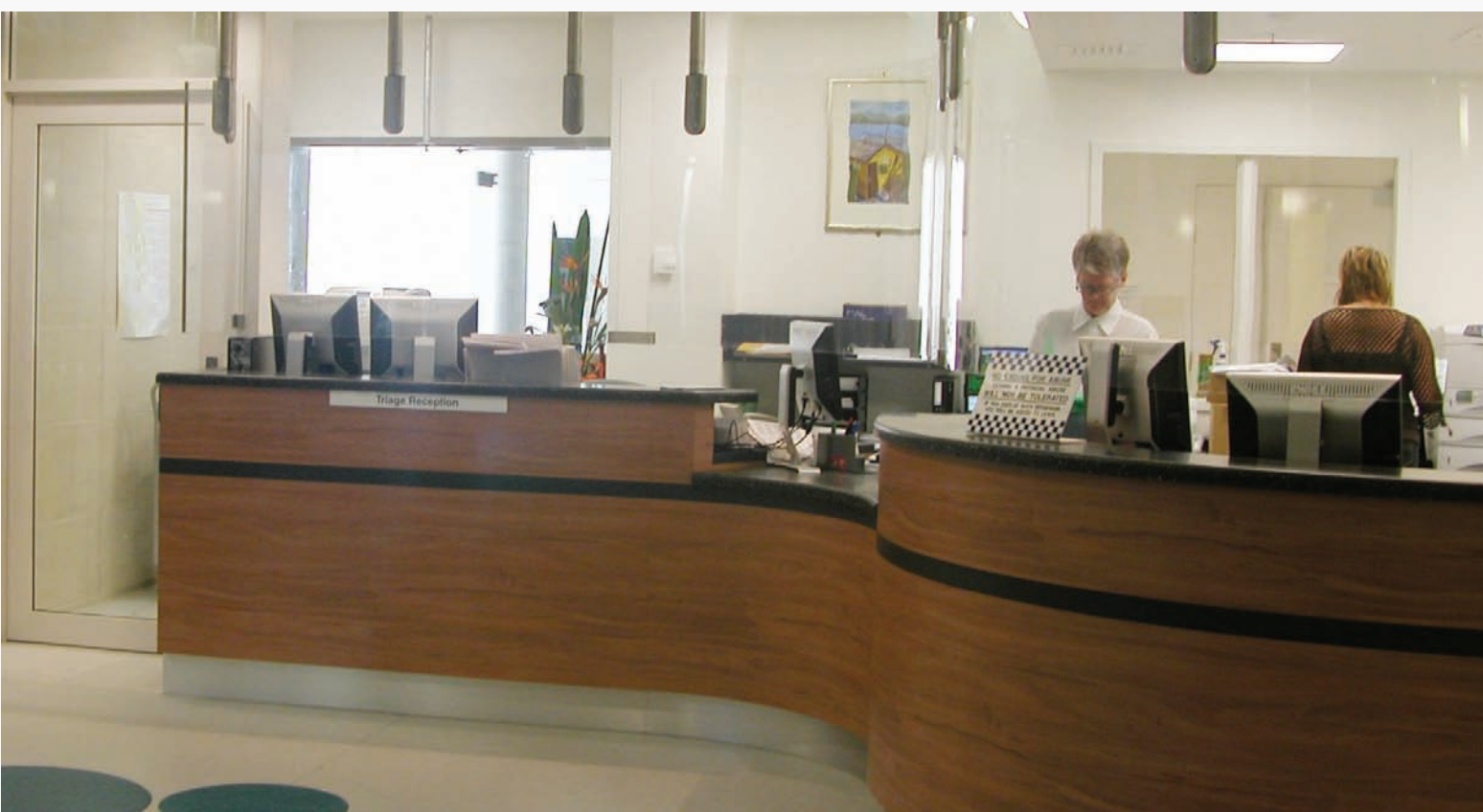
THO-South is responsible for providing a wide range of health services in both hospital and community settings, including acute and sub-acute care, rehabilitation, palliative care, oral health, secondary and primary health care, and health promotion and disease prevention.

In Southern Tasmania, acute care is provided at the RHH, Tasmania's largest and oldest hospital and the major teaching hospital of the University of Tasmania. The RHH has approximately 497 beds (402 overnight and 95 day) and provides all general and specialty medical and surgical services, excluding organ transplant, complicated spinal cord trauma and paediatric cardiac surgery. It provides regional services to a population of approximately 250,000 people in the Southern Region.

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 500,000), 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, nursing and midwifery, aged and palliative care, community care, aids and appliances and disease prevention programs. The RHH also provides support to rural hospitals and health centres in the form of clinical expertise, staff training and professional development.

In early 2012, \$586M of 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.



Our Sites

Clinical and administrative services are provided across the following sites within Southern Tasmania and across the State:

Name	Address	No. of Buildings	Use
RHH	48 Liverpool Street HOBART	8	Acute Care Facility
Hobart Private Hospital	33 Argyle Street HOBART	1	Hospital Facility Leased to private operator
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
Brighton CHC	27 Green Point Road BRIDGEWATER	2	Community Care Facility
Bruny Island CHC	16 School Road ALONNAH	1	Community Care Facility
Bruny Island Pharmacy	3895 Main Road ALONNAH	1	Rural Support Facility
Bruny Island Nurses Accommodation	21 William Carte Drive ALONNAH	1	Accommodation
Central Highlands CHC	6896 Lyell Highway OUSE	3	Community Care Facility
Central Highlands Accommodation Units	6896 Lyell Highway OUSE	4	Independent Living Units
Clarence ICC	16 Bayfield Street BELLERIVE	1	Integrated Care Centre
Clarence Plains CHC	4 Hart Place ROKEBY	1	Community Care Facility
Cygnnet CHC	1 Fredrick Street CYGNET	2	Community Care Facility
Glenorchy CHC	2 Terry Street GLENORCHY	1	Community Care Facility
Huon CHC	7-9 Sale Street HUONVILLE	1	Community Care Facility
Midlands Multi-purpose Health Centre	13 Church Street OATLANDS	1	Multi-purpose Health Care Centre
Risdon Vale CHC	32 Sugarloaf Road RISDON VALE	1	Community Care Facility
Sorell CHC	47 Cole Street SORELL	1	Community Care Facility
Spring Bay/Triabunna CHC	3 Melbourne Street TRIABUNNA	1	Community Care Facility
Tasman Multi-purpose Service	1614 Nubeena Road NUBEENA	1	Multi-purpose Health Care Centre
Centre For Wellbeing 56 Collins Street	56 Collins Street HOBART	1	Offices
Orthotics & Prosthetics Service Tas	94 Davey Street HOBART	1	Support Service
RHH Kitchen Facility Cambridge	Loop Road CAMBRIDGE	1	Support Service [Kitchen]
REPAT A, C, D, E, H & J Blocks	90 Davey Street HOBART	6	Sub-acute Facility, Clinics, Offices Storage, Workshops
St Johns Park Karingal	NEW TOWN	3	Renal/Accommodation/ Offices/Kitchen Facilities/ Support Services
Abbeyfield House	7 Hull Street GLENORCHY	1	Aged Accommodation
May Shaw Nursing Centre	37 Wellington Street SWANSEA	1	Aged Accommodation
Nubeena Settling Ponds	Suckling Street NUBEENA	1	Infrastructure
Ronald McDonald House	62 Collins Street HOBART	1	Family/Carers Accommodation
Warrane Senior Citizens Club	10 Binnalong Road WARRANE	1	Day Care Centre - Seniors
Wellington Street (RICETC)	10 Wellington Street OATLANDS	1	Student Accommodation

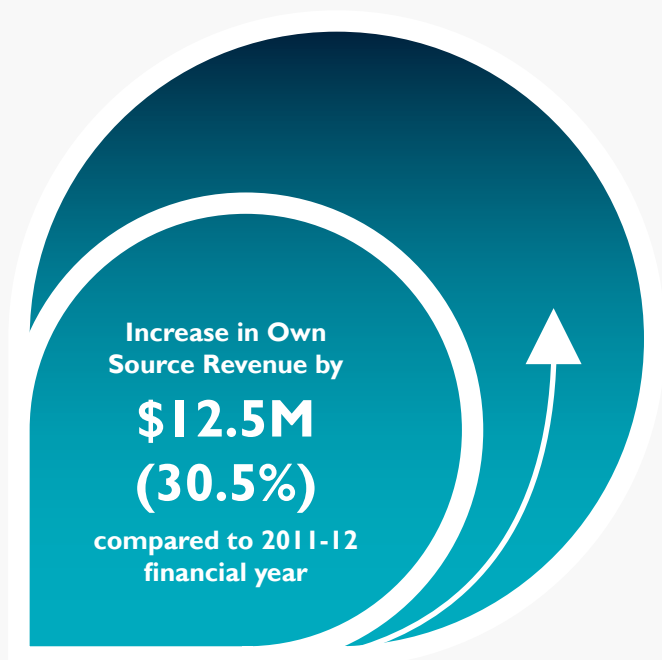
Name	Address	No. of Buildings	Use
Southern Dental Centre	10 Wellington Street OATLANDS	4	Oral Health Facility Oral health services for adults are provided in the four main dental centres in Burnie, Devonport, Hobart and Launceston. Children's services are provided in 27 additional sites in urban and rural settings across Tasmania – not all of these are managed by THO–South. New Town – main administrative offices in Southern Tasmania
Northern Dental Centre	3 Kelham Street LAUNCESTON	1	Oral Health Facility
Oral Health Clinic	Thorne Street ACTON	1	Community Dental Centre
Bridgewater Oral Health Clinic	Eddington Street BRIDGEWATER	1	Community Dental Centre
Glenorchy Oral Health Clinic	Continental Road GLENORCHY	1	Community Dental Centre
Latrobe Oral Health Clinic	23 Lewis Street LATROBE	1	Community Dental Centre
Ulverstone Oral Health Clinic	James Street ULVERSTONE	1	Community Dental Centre
Oral Health Store	Montagu Road SMITHTON	1	Community Dental Centre
Esperance Multi-purpose Health Centre	15 Chapman Avenue DOVER	1	Multi-purpose Health Care Centre
Kingston CHC	29 John Street KINGSTON	2	Community Care Facility
Swansea CHC	9 Schouten Street SWANSEA	1	Community Care Facility
42 Canning Street	42 Canning Street LAUNCESTON	1	Sexual Health Unit
60 Collins Street	60 Collins Street HOBART	1	Sexual Health Clinic
BUPA Tenancy Level 5 & 6	25 Argyle Street HOBART	1	Offices
Commonwealth Bank Building Level 2	81 Elizabeth Street HOBART	1	Offices
Telstra Tenancy Levels 4&5	68-80 Collins Street HOBART	1	Offices
Wellington Centre (6 floors)	46 Argyle Street HOBART	1	Offices/Clinics
Ash Cottage	6899 Lyell Highway OUSE	1	Nurse Accommodation
Bayfield Street Needle Exchange Program	8/2 Bayfield Street BELLERIVE	1	Old Needle Exchange Program Building
Coles Bay Community Health & Ambulance Centre	60 Harold Street COLES BAY	1	Support Service
Podiatry Services	6 Bayfield Street BELLERIVE	1	Support Services [Podiatry]
Doctors Residences	Various sites HOBART CBD	3	Accommodation
Colebrook Online Access Centre	22 Richmond Street COLEBROOK	1	Day Care Centre

Table 6: THO–South sites

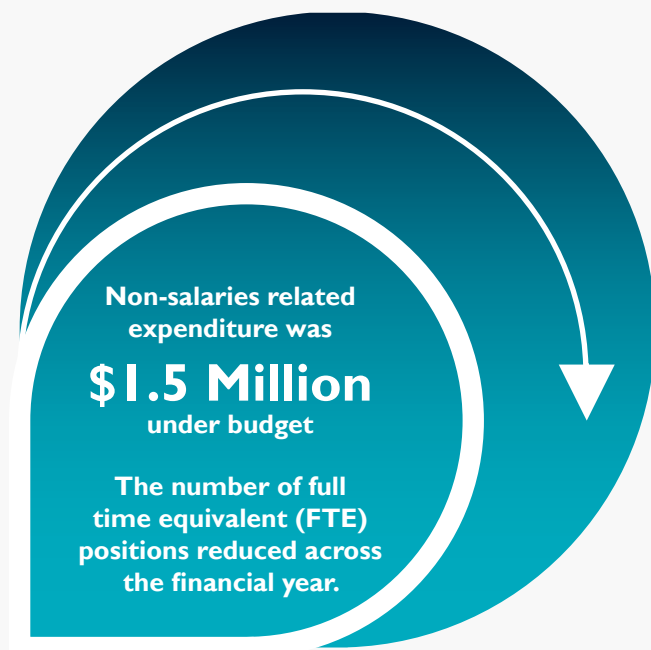
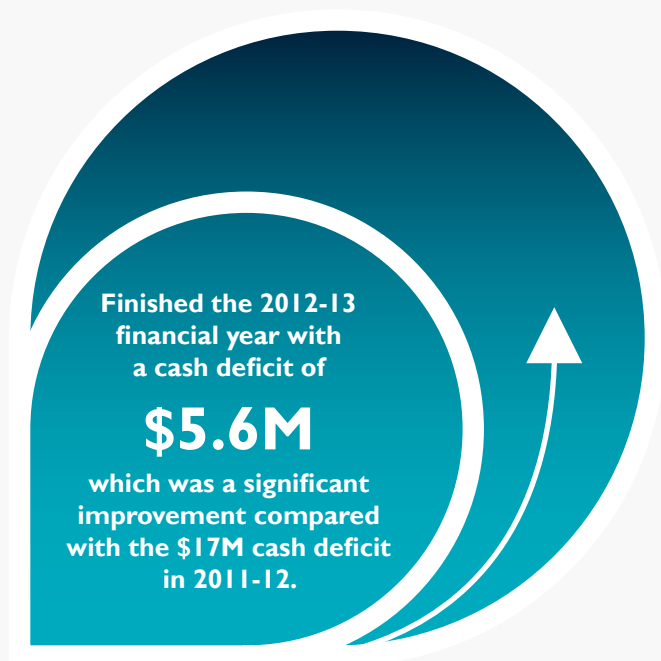
Financial Highlights

On average more than 18% of all inpatients elected to be treated as private patients compared to the national average of 11.2%.

Increase in Private Practice earnings by \$1.5M compared to the preceding financial year



* Own source revenue is all revenue earned by the organisation other than funding provided by either the State or Commonwealth Governments. It includes revenue items such as inpatient bed day fees, outpatient fees, dental fees, food item recoveries, prosthetic recoveries etc.



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.

Growing the health workforce continues to be a priority, and THO-South's increase in clinical placement capacity has strengthened with the success of bids to Health Workforce Australia for additional medical registrar positions and Professional Experience Placement Facilitators for mental health nursing.

Promoting the skill development and core competence of our existing workforce is also a priority. The organisation has 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 continue to actively 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. Staff support all nurses and midwives, including undergraduate students, nurses in their first year of practice and postgraduate students. The Clinical and Professional Honours programs provide additional academic pathways. Some of our achievements over the year include:

- Educators have had a key role in the development of e-learning resources, increasing access to education for the varied and diverse learners across THO-South.

- In addition to specialist subjects, e-learning will be used for ongoing management and delivery of mandatory education for staff. Educators, in conjunction with Human Resources, are engaged in the development of e-learning orientation tools to support students entering placements in THO-South. This work is funded by a Tasmanian Clinical Education Network (TCEN) Clinical Supervision Support Project Grant.
- The excellence of the clinical supervision support workshops (preceptorship workshops) delivered by staff was recognised, being accepted into the Health Workforce Australia (HWA) register of programs.
- Educators are also actively facilitating the implementation of the National Safety and Quality Health Standards at the clinical level. One initiative to support portfolio holders are workshops, where new ideas and networking is leading to improved quality of our health care delivery for patients.

For some time there has been a growth of Practice Development (PD) activities in Tasmania, with the aim of developing person-centred cultures that are dignified, compassionate and safer for all. THO-South, in partnership with UTAS School of Nursing and Midwifery (SNM), joined the International Practice Development Collaborative (IPDC) in October 2012. The IPDC is a community of practice committed to working together to develop healthcare practice. A main pillar of the work is the PD Schools, and the first five-day PD School, run independently by THO-South and SNM in May 2013, was a marked success. This inaugural school, conducted by THO-South as a full IPDC member, also attracted interstate participants.

Nurses and Midwives are also actively engaged in a number of research projects that focus on the patient experience. One international study between the UK, NZ and Tasmania explores children's experiences of chronic illness and symptoms. A major research stream is around students' and clinical supervisors' experiences of Quality Clinical Placements (QCP). This stream has been awarded a Health Workforce Australia (HWA) Clinical Supervision Fellowship (2012) and more recently a TCEN Grant.

Award Recipients

Bronwen Neely: David Collins Leukaemia Foundation Scholarship to support attendance at the Annual Haematology of Australia & New Zealand Annual Scientific Meeting on the Gold Coast.

Jennifer Brakey: Australian College of Nursing Professional Development Scholarship to support attendance at the Annual Haematology & New Zealand Scientific Meeting on the Gold Coast. Claire Morley, Kimbra Thomas, Sharon Rootes and Erin McLeod: Nursing and Allied Health Scholarship and Support Scheme.

Dr Karen Ford: HWA Clinical Supervision National Fellowship.

Dr Karen Ford: Tasmanian Clinical Education Network, Clinical Supervision and Support Program.

Florence Nightingale Grants and Awards for 2013 went to:

Coral Paton and Catherine Schofield: Returned Sisters Nursing Leadership Scholarship.

Natasha Wolf: Robyn Whitworth Scholarship.

Jenny Kerrison: Nell Espie Scholarship.

Allied Health Education and Research

Key Education Initiatives

A major highlight of THO-South's education initiatives was the inspiring allied health professionals support staff seminar held in February 2013. Eleven presenters, including allied health assistants, administration officers, play specialists and the Wingfield librarian, described their services and recent service quality improvements.

There were also presentations on the DHHS Allied Health Assistant Clinical Government Framework and its application within Allied Health Professional Services in THO-South.

The Allied Health Practice Development Unit has been encouraging and supporting Allied Health Professionals to commence postgraduate programs at UTAS through a key education initiative this year. UTAS staff have given presentations on the programs available and how to access the DHHS scholarships for fee-waiver and pathways for specific qualifications (in areas such as clinical research and student supervision) have been promoted.

Three funding applications to the Tasmanian Clinical Education Network in June were successful and will help address long-standing requirements in student supervision competency development.

An online information package was developed to assist staff to understand health literacy and to create patient information publications, including those for informed consent.

Educational material was developed to assist managers to disseminate the Allied Health Professional Services Informed Consent Protocol and education sessions were held.

Information on the old Allied Health Professional Services intranet site was reviewed and new pages were developed to centralise information for staff. In addition, progress has been made in the use of Tasmanian Health Education Online (THEO) for specific education material.

Key Research Initiatives

Publications:

In addition to the many Allied Health Professional Services podium and poster presentations at national and Tasmanian conferences, there were articles published in various journals (included in listed publications).

Ongoing collaborative research:

- Are changes in Substantia Innominata (SI) associated with cognitive decline in Parkinson's Disease (Toby Croft, Discipline Lead, Psychology Services with other THO-South clinicians).
- Confirmatory factor analysis of the 'How Can We Help Questionnaire' (Susanne Smith and Virginia Daune, Social Workers, Social Work Services, RHH with UTAS staff).

Multi-centre research:

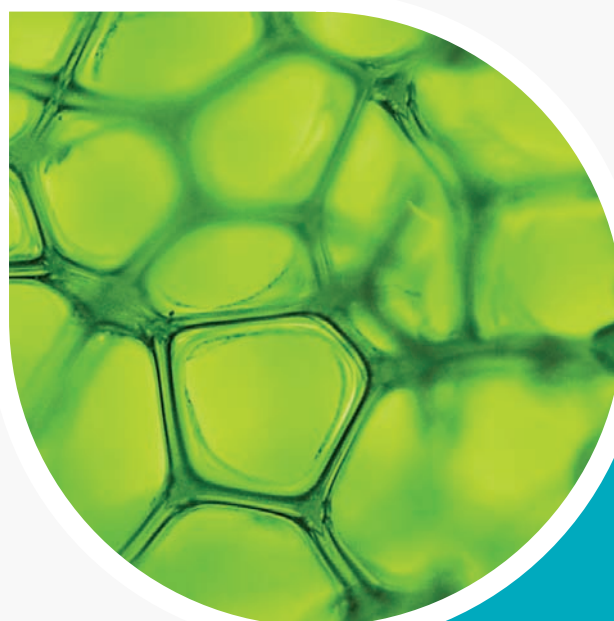
- National paediatric nutrition screening day (Janet Howells, Senior Dietician, Nutrition and Dietetic Services).
- Prospective multi-centre audit of nutrition support parameters following burn injury (Kate Costello, Senior Dietitian, Nutrition and Dietetic Services).

Low-risk ethics approval research:

In Allied Health Professional Services, this was associated with service quality improvements and postgraduate study:

- Implementation of early feeding through the PEG in radiotherapy head and neck patients (Suzanne Polouktsis, Dietician, Nutrition and Dietetic Services).
- Implementation of routine malnutrition screening of chemotherapy outpatients (Jessica Nalder, Dietitian, Nutrition and Dietetic Services).
- Chronic care rural podiatry patients (Vanessa Ireland, Senior Podiatrist, Podiatry Services).
- Charcot neuropathy study (Claire Tutticci, Senior Podiatrist, Podiatry Services).
- Podiatry community client satisfaction survey (Claire Tutticci, Senior Community Podiatrist).

- Community occupational therapy client satisfaction survey (Linda Osborne, Manager, Community Occupational Therapy Services).
- Community physiotherapy client satisfaction survey (Daniel Sih, Deputy Manager Community Physiotherapy Services).
- Speech pathology client satisfaction survey (Bernadette Allen, Team Leader, Swallowing Nutrition and Communication Service).
- Executive functioning and everyday performance in early school age children born less than 32 weeks gestation (Sari O'Meagher, Psychologist, Psychology Services, RHH and PhD qualification student).
- Risks and opportunities for improving the work of Occupational Therapy Assistants (Lewis Powell, Occupational Therapist, Occupational Therapy Services and master qualification student).



Research

Health System Research, which incorporates all aspects of clinical research as well as evidence based healthcare, will underpin decision making and clinical care advances. THO-South actively participates and encourages clinical research in its many facets. The incorporation of research within our Corporate Plan is a key strength as well as commitment. Our record of achievement is significant and noteworthy compared to other national organisations of greater capacity. We 'punch above our weight' and this is a measure of our contributors of which we are proud.

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

The THO-South which is now part of an academic precinct, has many committed contributors to the field of education and research. The outputs, particularly in the area of clinical trials are significantly greater than would be expected from an organisation of our size. Participants in many clinical departments contribute valuable scientific and medical research, using both quantitative and qualitative methodologies. We 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 our skilled medical workforce. Medical students and established clinicians contributed 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 research, as it is embedded within our strategic plan, comes with the full endorsement of our Governing Council. The tangible contribution made by many of our senior clinicians throughout the organisation is significant and laudable. Such a contribution affirms a health clinical workforce and imbues the enquiry required within our field. Indeed it is this commitment to teaching and research which attracts senior and skilled clinicians to add to our workforce and thus our ability to provide the best and most contemporary care.

Clinical Trials and Research 2012-2013

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: 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.

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: Study of Anastrozole and Radiotherapy Sequencing for post-menopausal women.

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 BBI 608 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 Folfox.

Gynae

PARAGON: 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 chemoradiation 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 and Carboplatin/Paclitaxel/Bevacizumab with and without GDC-0941 in patients with previously untreated advanced or recurrent 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 1: 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.

Melanoma

GO28141: A Phase 3, double-blind, placebo-controlled study of Vemurafenib + placebo versus Vemurafenib in combination with GDC-0973 in previously untreated BRAFV600 –mutation positive patients with unrespectable locally advanced or Metastatic Melanoma.

Renal Studies

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: The 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.

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 16: Sorafenib in combination with intensive chemotherapy for previously untreated adult FLT3-ITD Positive AML: A Phase 2, randomised, double-blind, placebo controlled, multi-centre study (ALLG AML M16).

ALLG.AML 18: Australasian Leukaemia and Lymphoma Group Acute Myeloid Leukaemia Registry Protocol.

CLL6 Residuom: 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 Extension C1116: An open-label extension study in patients 65 years or older with Chronic Lymphocytic Leukemia (CLL) or Small Lymphocytic Lymphoma (SLL) who participated in study PCYC-1115-CA (PCI-32765 versus Chlorambucil).

Lymphoma

PROFOUND.ALLOS PDX-017. PTCL: A multicentre, 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. Hodgkins Lymphoma (Replaces RATHL). Brentuximab Vedotin. A randomised, open-label, Phase 3 trial of A+AVD Versus ABVD as frontline therapy in patients with Advanced Classical Hodgkin Lymphoma.

Resonate PCYC1115: A randomised, multi-center, open-label, Phase 3 study of the Bruton's Tyrosine Kinase Inhibitor PCI-32765 versus Chlorambucil in patients 65 years or older with treatment-naive Chronic Lymphocytic Leukemia or Small Lymphocytic Lymphoma.

Roche. PefMab 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 12130: 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-ARD 12130 (FL and MCL arms only).

Quintiles

Millennium PTCL: LUMIERE CLINICAL STUDY 14012: 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 3066K1-4438-WW. (Pfizer protocol B1771007). A randomised Phase 4 study comparing 2 intravenous Temsirolimus (TEM5R) regimens in subjects with relapsed, refractory Mantle Cell Lymphoma.

REMARC: 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 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).

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.

(A Phase 3 myelofibrosis study with an oral JAK2 inhibitor which differs from Ruxolitinib in that it appears to be platelet sparing).

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.

SOFT TISSUE SARCOMA - CytRx: A multi-center, 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: 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

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.

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: Prospective, multi-centre, international registry of male and female patients newly diagnosed with Atrial Fibrillation.

Department of Critical Care Medicine

Point Prevalance Study

CHEST Study: A multi-centre, randomised, controlled trial of fluid resuscitation with starch (6% hydroxyethyl starch 130/0.4) compared to saline (0.9% sodium chloride) in intensive care patients on mortality.

EPO-TBI Study: Erythropoietin in traumatic brain injury (EPO-TBI).

3rd Int. Mech.Ventilation study.

CytoFab SEPSIS Study: Survival evaluation of Sepsis patients.

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 (POST-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 (GODS).

BEAM Study.

ICU Liaison Nurse Project: ICU Liaison Nurse Practice Variation Study.

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

TRANSFUSE Study.

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, blinded, 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: Early goal-directed sedation compared with standard care in mechanically ventilated critically ill patients: A prospective multicentre randomised controlled trial.

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

Public Health

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

Pulmonary Hypertension Clinic

Patent 2: 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: 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: Long Term, single-arm, open-label, Phase 3 study to evaluate the safety and tolerability of ACT-292987 in patients with Pulmonary Arterial Hypertension.

AiRES CS05: A Phase 2, multi-center, open-label, randomised, parallel-dose study to determine the safety and efficacy of AIR001 in subjects with WHO Group I Pulmonary Arterial Hypotension.

AiRES CS06: A Phase 2, multi-venter, open-label, randomised, parallel-dose study to determine the safety and Efficacy of AIR001 in subjects with WHO Group I Pulmonary Arterial Hypotension.

Women's and Children's Services

MAGENTA: Magnesium sulphate at 30 – 34 weeks gestational ages: Neuroprotection Trial.

GS-US-218-0104: A Phase 1b, 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: 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

Cardiothoracic Surgery

NEC 0105: 3 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: Peri-operative Ischemic Evaluation-2 Trial.

Endocrinology

Liraglutide

Hyperbaric Medicine

Hyperbaric O2 in Lower Leg Trauma: Hyperbaric oxygen in lower limb trauma: An international, multi-centre, randomised, controlled trial 'HOLLT'.

Other

Are changes in Substantia Innominata associated with cognitive decline in Parkinson's Disease?

Charcot neuropathy study.

Community Occupational Therapy client satisfaction survey.

Community physiotherapy client satisfaction survey.

Detection & management of depression in people with Diabetes and foot ulceration: A pilot study.

Examining quality care for older persons admitted to an older person unit.

Executive functioning and everyday performance in early school age children born less than 32 weeks gestation.

Eye Clinic audit 2013.

How Can We Help questionnaire.

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.

Podiatry patient satisfaction survey – Community clinics.

Podiatry study – Chronic care rural patients.

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.

Risks & opportunities for improving the work of Occupational Therapy Assistants.

Speech Pathology client satisfaction survey.

Supported guideline implementation in a network of Peritoneal Dialysis Units.

RHH Research Foundation

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

Since establishment in 1997, through the generosity of the local community, the RHH Research Foundation has invested almost \$6m in funding for research that is of particular relevance to diseases and disorders which per capita are more prevalent in Tasmania.

Our Research Philosophy

The RHH Research Foundation is known by both reputation and action 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 assessment process, funds are allocated to projects on the basis of merit to medical, nursing and allied health professionals based on competitive review.

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 amongst career development stages) are encouraged.

Several recent research projects include investigation into genetic profiles associated with various forms of cancer and also better management of chronic respiratory conditions including Cystic Fibrosis 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. 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 regrettably more prevalent in Tasmania than any other Australian state).

The Foundation has also 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 melanoma, 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).

To date in 2013, the following grants have been awarded to teams led by chief investigators as listed below:

STARTER GRANTS for 2013

Management of post-operative pain and the progression to persistent post-operative pain - Dr Chris Orlikowski.

Chronic pain syndromes are a major health issue with significant economic impact. This research will identify factors associated with persistent post-operative pain and identify patient groups that should be targeted for intervention. This research has the potential to significantly improve patient outcomes as well as produce substantial health care savings.

The physical and chemical stability of amoxicillin, daptomycin and quinupristin/dalfopristin in Dianeal, Extraneal or Fresenius peritoneal dialysis solution under three different storage conditions – Mr Troy Wanandy. Kidney dialysis solution is used for the treatment of end stage kidney disease. Many patients who are on this treatment develop peritoneal inflammation and need to be treated with antibiotics mixed in the kidney dialysis solution. The shelf-life of some commonly used antibiotics in various kidney dialysis solutions is currently unknown. Therefore, kidney dialysis solutions containing antibiotics are prepared on a daily basis resulting in significant problems. If antibiotics are found to be stable in kidney dialysis solutions then such admixtures can be prepared and stored in advance avoiding the necessity of daily preparation.

Neuroprotective function of novel short chain-quinones - A/Prof Paul McCartney.

Many eye diseases are associated with mitochondrial dysfunction. A known protector of mitochondria is the drug idebenone. We will make new, improved molecules based on this and test it in a cell culture model that simulates the stresses of glaucoma and retinal degeneration.

CLINICAL GRANTS for 2013

The role of epigenetic changes in the progression of clinical disease in Multiple Endocrine Neoplasia Type 1 (MEN1) - Prof John Burgess.

MEN 1 is an inherited condition that leads to overactivity and tumours of the endocrine glands. MEN 1 is relatively common in Tasmania and our research will study how the gene causing this disease is switched on and off during tumour development.

Effect of vitamin D supplementation of the currently used dosage regime of 400 IU/d on vitamin D levels in infants - Prof Graeme Jones & Dr Ingrid van der Mei.

In this study, one group of breastfed infants will receive daily vitamin D and another group of breastfed infants will receive an identical dummy medicine. We will then examine the effect of vitamin D supplementation on the vitamin D blood levels to ensure that levels increase sufficiently in this Australian setting. In the long-term, vitamin D supplementation may result in a better bone health.

Towards a better understanding of uraemic molecules - Prof Matthew Jose.

Two million Australians have chronic kidney disease (CKD) with more than 2000 each year reaching end-stage kidney failure, requiring dialysis. Although somewhat effective, people on dialysis suffer greatly through cardiovascular (heart attacks) and neuropsychiatric conditions (depression). This study will examine the toxic environment of kidney failure using highly sensitive techniques.

Spirolactone in myocardial dysfunction with reduced exercise capacity (STRUCTURE) - Prof Thomas Marwick.

Many patients with heart failure have apparently normal cardiac contraction and so consequently, the condition is hard to recognize and treat. This study will combine a new method to characterise these patients as well as a new therapeutic strategy to reduce the scarring that is thought to cause this problem.

Examining the role of blood lipids and apolipoproteins on the progression of Multiple Sclerosis (MS) in a prospective clinical cohort - Prof Bruce Taylor.

This project builds upon the Ausimmune Study and the AusLong study, a unique resource of prospective data with information in multiple domains (relapses, disability, Magnetic Resonance Imaging (MRI), lifestyle, immune function, virology and genetics). It proposes to measure the lipid profile in serum samples and examine their association with the progression of MS.

Achievements

FLAGSHIP Initiatives

F: Financial Strength: Revenue Generation

The maximisation of own source revenue was the major focus of the THO-South Finance Group during 2012-13. As a result THO-South was able to increase its own source revenue streams by approximately \$12.5M (30.5%) when compared to the 2011-12 financial year. Much of this increase was derived as a result of improved administrative practices, the temporary employment of three additional Accounts Receivable clerks that enabled the organisation to process more than \$3.5M worth of un-invoiced accounts and a change in the method by which the Commonwealth funds pharmaceuticals.

THO-South also increased its private inpatient bed day revenue and on average more than 18% of all inpatients elected to be treated as a private patient in 2012-13 compared to the national average of just 11.2%.

In addition to the increase in Own Source Revenue THO-South was also able to increase its Private Practice earnings by \$1.5M when compared to the preceding 12 months.

L: Learning: Voluntary Dental Graduate Year Program (VDGYP)

The VDGYP is a Commonwealth initiative aimed at increasing the dental workforce in rural and regional Australia. Under the program, the salaries for dental graduates and mentoring support are provided for twelve months while the graduates work in the public sector and undertake the formal curriculum that underpins the national program. Oral Health Services Tasmania (OHST) was granted two graduate positions, based in the North West, with the first graduates commencing in January 2013. Pleasingly, unlike some jurisdictions, OHST had to undertake a selection process as there were more applicants interested in coming to Tasmania than there were positions available. As the majority of those applying had been on placement in Tasmania in their final year of study, this is testimony to the high regard in which OHST's clinical placement program is held. Infrastructure funding was also part of the VDGYP and OHST, in collaboration with THO-North West is adding two additional dental clinics to the Devonport Dental Centre and increasing sterilisation capacity to accommodate graduates undertaking the program on an ongoing basis. The work will be completed by the end of 2013 in time for next year's graduates.



A: Appropriate, Responsive and Relevant to our Community: Supporting Our Fire Devastated Communities

The first week of 2013 was a terrible time for many due to destructive bushfires across the State. THO-South activated emergency procedures in preparation for bushfire danger conditions not seen since 1967. Extreme to catastrophic fire danger conditions caused by record high temperature of 42 degrees, strong winds and dry conditions set the stage for devastating bushfires that affected the communities of the Forestier and Tasman Peninsula, Derwent Valley and East Coast.

The THO-South Emergency Operations Centre was activated with many areas showing outstanding commitment, work ethic and support to communities. One example was the Food Services Department which – within 10 hours had produced and delivered 900 sandwiches to members of the community who had to evacuate their homes as well as fire rescue personnel battling to control the fires. By the end of the weekend Food Services had produced and delivered more than 4,000 sandwiches and rolls and thousands of bottles of water. The support given to the local community effected by the fires continued well into the following week.

G: Governance, Leadership and Management of THO-South is Effective, Innovative and Valued

On 1 July 2012, as part of the National Health Reform Agreement (NHRA) Tasmania introduced THOs to replace the previous Area Health Services. In addition to THO-South being created through the *Tasmanian Health Organisation Act 2011*, a Governing Council was appointed to oversee the strategic direction and operations of the THOs. The Governing Councils are chaired by a common Chair across all three THOs.

The introduction of the THOs necessitated the development and implementation of compliance measures including a four year Corporate Plan, Annual Business Plan and Annual Report. In addition, an annual Service Agreement was created between THO-South and DHHS outlining how the Purchaser (DHHS) would fund THO-South (the Provider) and the outputs THO-South would deliver across the financial year. Compliance against the Service Agreement is reported to the Governing Council on a monthly basis.

In addition to the creation of a Governing Council Committee, two subcommittees were also established: the Audit and Risk Sub Committee and the Safety and Quality Sub Committee to monitor the organisation's compliance obligations.

*Artists impression of new K Block -
part of Redevelopment RHH*



S: Safety and Quality are Priorities: Life Guard – Improving Management of the Deteriorating Patient

The first stage of Life Guard - Improving Management of the Deteriorating Patient Project was implemented at the RHH in November 2011 with subsequent stages continuing progressively throughout 2012-13 under the guidance of the Safety and Quality unit.



The broad goals for Life Guard include:

- Enhanced systems to ensure patient clinical deterioration is recognised at its earliest stages and care is immediately escalated to the most appropriate level of clinician to ensure optimal and appropriate interventions are put in place without delay.
- Increased knowledge, understanding and clinical decision-making skills related to abnormal physiological observations and assessments by medical and nursing clinicians.
- Implementation of monitoring, analysis and feedback mechanisms to ensure the program is thoroughly embedded as the normal way of working throughout THO-South.
- Integration of these processes with standard clinical practice for the seamless coordination of clinical care, including the review of THO-South clinical governance processes; a review of the Medical Emergency Team (MET) processes; integration with the incident reporting systems and the Serious Incident Investigation Process (SIP); the function of Life Guard in the patient journey analysis work currently being undertaken; the implementation of the ISBAR communication tool (initialisation for how to conduct communications - Introduction, Situation, Background, Assessment and Recommendation/Request); and the integration with patient decision-making processes such as the Goals of Care.

The improved systems and processes were founded on a new observation chart and processes for adults developed from extensive national and international research by the Australian Commission on Safety and Quality in Healthcare (ACSQHC) and tailored to the needs of THO-South. In June 2013 a parallel system was introduced for paediatric patients and a tool is currently being developed to improve the monitoring and care of obstetrics patients. A similar system was also implemented in December 2012 for inpatients and residents of community hospitals and aged care facilities throughout THO-South.

Protocols for the above tools are being implemented progressively throughout 2013, and guide all clinical staff within THO-South in their management of patient care.



H: Hospital and Health Facility Redevelopments are Delivered on Time on Budget and Meet Community and Staff Needs

Over the last 12 months the Redevelopment RHH team has been working to ensure the progression of the project. The construction works on Phase 1 and 2 are continuing with many projects already completed. Patients and staff are enjoying the benefits of the new Production Kitchen at Cambridge, the Assessment and Planning unit (APU), the Department of Medical Imaging and the Wellington Centre. Works on the Cancer Centre (Phase 2) have seen the completion of the Campbell Street façade and entrance as well as the bunker for the new Linear Accelerator, where patients started treatment in early May 2013.

The Redevelopment RHH team has also been working with clinicians on Models of Care (MOC) to ensure patient-centred, clinical practice is at the core of the Phase 3 design stage. These MOC are also aligned with the THO-South's Strategic Plan by focusing on the integration of services across the continuum of care, ensuring safety and quality, and providing services that are appropriate, responsive and relevant to the community. The Models of Service Delivery (MOSD) have also been produced to ensure that non-clinical flows (such as Food Services) are incorporated into both the existing and new buildings.

Clinicians have also been engaged with the Redevelopment RHH team during the Schematic Design (SD) and the Design Development (DD). Throughout the design process clinicians have had input into ward designs to ensure the schedule of accommodation reflects the MOC.

The Facilities & Engineering unit also continues to play its part in supporting health and hospital facilities by achieving significant efficiencies following the establishment of in-house maintenance services for RHH buildings, plant and equipment. In 2010, initial estimates predicted annual savings of approximately \$2M. In 2012-13, the savings were more than \$4M. Taking into consideration the number of facilities, plant and equipment, including biomedical assets, has increased (some in remote locations) the Facilities & Engineering unit continues to achieve considerable savings.

I: Integrate Across The Continuum of Care: Improving Our Links with General Practice

As part of THO-South's focus on delivering "efficient, evidenced-based medicine with the right care of the right patient, at the right time and place" a General Practice Liaison Officer (GPLO) position was created in 2013. Filled through a job sharing arrangement by two current practicing and proactive GPs, Drs Annette Barratt and Liz Webber, an important aspect of their role is improving coordination of care and access to services for GPs and their patients. Effective communication and increasing trust between individuals and services regardless of craft group is an important focus for THO-South and the GPLOs are already supporting improvements in this area.

Through better information flow via newsletters and practice visits, GPs are now approaching the hospital to facilitate better management of complex patients in the community rather than in hospitals or clinics. The development of partnerships to improve integration has become a common discussion point.

The GPLOs are also working on optimising resource usage, including support for hospital avoidance projects and improving shared care and transition management between the primary and acute care settings. Both GPLOs have been able to interpret the needs of the primary sector (particularly general practice), its possibilities and restrictions for the tertiary sector and correct any misconceptions. The presence of a "can-do attitude", with the acknowledgement of a need for economies while not compromising care is strong across all sectors and the GPLOs have been leading this reform.

P: Patient-Centred Clinical Practice: Midwifery Group Practice (MGP)

In response to local and national consumer demand, maternity service review recommendations and local leadership drives, an innovative model of care for RHH Maternity Services was introduced in July 2012 – the Midwifery Group Practice.

In partnership with a MGP midwife, the woman is central to developing, discussing and making informed decisions that formulate her individualised and documented care plan. Collaboration with other medical or allied health professionals is facilitated via the MGP midwife wherever needed, utilising robust national consultation and referral guidelines. MGP provides safe, high quality and appropriate woman-centred midwifery care. Evidence is building that continuity from a known midwife has a positive impact for improving clinical outcomes, as well as reported high satisfaction levels for the experiences of women and their families under this model of care.

Each woman receives care from a known primary (and/or back up) midwife from the first ante-natal visit and throughout her pregnancy, often close to home through local community clinics and ICC's. The midwives work within a group practice to safely provide 24/7 on-call cover with MGP achieving 85% continuity for labour and birth with the one midwife. The assigned midwives also provide home based postnatal care for 10-14 days (which includes a planned early hospital discharge 4-12 hours after birth, with additional education and preparation support prior to birth). In addition, midwives are available 24/7 through a telephone service to provide advice and best manage appropriate presentations and admissions.

Improved job satisfaction, reduced sick leave (2.9% for MGP compared with over 6% for non MGP midwives) and higher staffing attraction/retention rates are positive workplace benefits achieved by midwives working as part of the RHH MGP.



Experience of first time mother with Midwifery Group Practice

"I knew nothing about the program when I attended my first interview at the Royal...and I really wanted to bond - have a close relationship with my midwife... they mentioned the program and asked if I wanted to sign up...which was just putting my name down to join ...really easy...I was then called by {the midwife allocated to her}...I had monthly appointments at first then fortnightly from 30 weeks on at the Davey Street offices...they were always on call, anytime...could ask them anything without feeling overly dramatic...very encouraging and supportive...made a plan for the labour with anything I wanted...I had a 24 hour labour and was so tired at the end of it ...no way I could've gone through it without {midwife's} encouragement...went home early the next day completely down to the program – made you feel so comfortable, gave you so much knowledge...{midwife's} support continued for the next two weeks with home visits ...sad when {midwife} did her last visit - miss her...she will be a part of {son's} life forever...do this again for the next one...friends have experienced other programs and private hospitals but no comparison... if anyone is thinking of doing it (having a baby) can't recommend it enough.... the best program ever and fantastic people!"



Engagement with the Community

Consumer Engagement

There is a range of existing mechanisms and services provided to consumers which support integration of consumer participation in the delivery of services throughout THO-South. These include:

- Complaint & Commendation Management and Ministerial Liaison – providing an advocacy role for patients and consumers;
- Online Enquiries;
- Survey Management; and
- Volunteer Service.

Aligned with the National Safety and Quality Health Service Standards, THO-South will be strengthening its approach to consumer partnerships by developing mechanisms to promote consumer participation across clinical and operational areas of the business, such as strategic and service planning, governance reviews and safety and quality initiatives, to improve the consumer experience and health outcomes of the community. In 2013-14 THO-South will develop a consumer participation plan outlining the key actions, timeframes and performance targets to fostering greater consumer participation in our service.

Community Engagement

The THO-South Community Engagement Advisory Group (CEAG) provides strategic input to the organisation's community engagement activities. The membership of this group has been strengthened to ensure all components of our community are represented, with a particular focus on minority groups, including the growing needs of Tasmania's refugee community.

Our community accesses the health system at various levels and via various means and moving to ensure health services are more strongly and appropriately networked is vital. This will be facilitated through strengthening organisational and clinical governance frameworks and initiatives such as the creation of the new GPLO position.

The community has a strong interest in the Redevelopment RHH project, so it is important to keep the community informed as the project evolves. Engagement must also be broader than the South and should link to Whole of Government initiatives such as the Department of Economic Development, Tourism and the Arts' strategic priority to further develop Tasmania's Antarctic sector with Hobart being the headquarters of Australia's Antarctic program.

Through a dedicated Community Engagement unit, opportunities for feedback from community stakeholders are diverse and will yield immediate input to THO-South's ongoing health service planning.

Community Health Services – across all Divisions of THO-South, well-established connections exist providing input into a range of health services delivered by the organisation. In particular, the Women's, Adolescent & Children's Services Division has proactive links with many stakeholder groups. In addition, ongoing input from key community health providers, such as the Leukaemia Foundation, Heart Foundation and Cancer Council of Tasmania, strengthen the strategic community engagement delivered by THO-South to all Tasmanians. Regular forums and other feedback mechanisms are established to inform the delivery of relevant health services to these groups and their consumers.

THO-South has in place a number of strategic partnerships such as the University of Tasmania and private sector organisations, which support the organisation in delivering its strategic objectives.

Volunteers

Royal Hobart Hospital Volunteer Service

Each year more than 20,000 hours of voluntary support is provided to consumers and staff of the RHH through the RHH Volunteer Service. The RHH Volunteer Service has a membership of 101 volunteers, including both males and females ranging in ages from 18 to 85 years of age.

RHH Volunteers undertake a thorough recruitment process prior to being accepted as a RHH Volunteer. This includes providing a written application, submitting a Police Check and undertaking a formal interview. If successful, the volunteer must then attend mandatory training, including a full day of orientation, and one in-house Community Engagement Education Session. The aim of the Session is to ensure the volunteer is aware that their core role in any task they undertake is to support the consumer.

RHH Volunteer roles undertaken to support the RHH are many and varied, including:

Information Desk/Hospital Guide: Our volunteer guides provide a welcoming presence at point of entry to the hospital. The general public can ask for directions to specific sections of the hospital and a volunteer will accompany them to the right area.

Pharmacy Courier: Hospital volunteers play a valuable role in the delivery of medications to staff for hospitalised patients of the RHH.

Mail courier: A very active role providing collection, and delivery of mail throughout the site.

Refreshment Service: Volunteers provide social support and refreshments to patients and visitors at clinic waiting areas, aimed at reducing consumer frustration and anxiety.

Maternity Service: Volunteers assist in making up information packs for patients related to the Maternity Ward.

Library Service: Volunteers provide an internal delivery and retrieval of books and magazines to inpatients and waiting rooms, as well as offering social support to patients.

Meal Time Assistance: Volunteers ensure patients are able to consume their lunch time meal by assisting to undo difficult packaging, pour cups of tea or juice, and ensure the meal tray is placed in reach of the patient. This is done in conjunction with providing social support to patients.

Emergency Department: Volunteers offer refreshments, books and magazines, guide visitors, tidy and provide a calm presence in this high demand area.

Mail Room: Volunteers photocopy non-confidential documents and have a general knowledge of the various hospital areas.

RHH Cancer Support Centre: Volunteers provide social support to cancer patients and their companions by serving refreshments, providing directions to the Centre's library, conversing with patients and offering general assistance in a calm and supportive environment for those attending the Centre.

Volunteer Fundraising: Volunteers undertake regular stalls and raffles to support THO-South in the purchase of necessary equipment for the benefit of patients and staff.

Auxiliaries

The Auxiliary movement continues to play an important and valuable role in assisting Tasmanian hospitals and healthcare facilities to purchase vital pieces of equipment.

The tireless hard work of members makes a significant difference to the State's healthcare sector and in this financial year well in excess of \$1M has been raised by the network of 36 statewide health auxiliaries.

The equipment purchased ranged from wheelchairs, blood storage refrigerators, defibrillators, nebulisers, lasers, ultrasounds, chairs, pressure mattresses, blanket warming cabinets, garden equipment, wheelchairs and vision aids, helping patients of all ages.

The Auxiliary movement recently celebrated its Diamond Jubilee, a milestone in an organisation's life. Members of the Auxiliary movement have spent more than 60 years helping others in the community, more than 60 years focused on raising funds and more than 60 years donating time and effort to achieve the overall goal of the Auxiliary movement, which is to help others.

Auxiliary members have a great tradition of serving the community and their labour, time and goodwill is greatly appreciated by hospitals and health care centres. The commitment of members has not wavered over decades and their efforts ultimately make a difference to the care, comfort and welfare of patients.

Community Benefactors

THO-South hospitals and healthcare facilities are very appreciative of the support of community benefactors who make an important difference to the lives of patients and their families.

Community benefactors are the family, friends and neighbours of our patients. They are committed to making our patients a priority and to putting others first.



Over this year, in excess of \$488,000 was donated to the RHH. These donations have provided financial support to improve the delivery, accessibility and quality of care we provided to patients.

Larger community organisations such as Heart 107.3 radio station, Woolworths and the David Collins Leukaemia Foundation raised funds throughout the community and purchased a newborn emergency transport cot (used to transfer sick babies from all over the State to the RHH), an ultrasound machine for the Maternity Unit and treatment chairs for oncology patients.

Many smaller community organisations and individuals also made it their focus to assist hospitals and health-care facilities by raising funds to purchase equipment. Many families ask that donations be made to hospital and healthcare facilities in lieu of flowers in memory of their loved ones.

In addition, many in kind donations are received from community members. Donations include toys, books, art and craft tools (crayons, glue, paper) and knitted items such as babies clothing and knee rugs, all of which help in a practical way.

Many Tasmanians receive care in hospital and healthcare facilities or benefit from services provided, and contributions from community benefactors are greatly appreciated, as they assist with the provision of quality healthcare and services.

Donations

Donations

Complex, Chronic, Community	\$49,610
Surgery	\$14,486
General	\$15,061
Medicine	\$101,930
Women's & Children's Services	\$307,789
TOTAL	\$488,878

Table 7: Donations received by unit

Some members of the
RHH Volunteer Service

Experience of 5 year RHH Volunteer

“Since the time I was a little girl I wanted to be a ‘Cherry Lady’...two of my aunts were sisters in the hospital and talked about them all the time...”

[the name of the volunteers and the uniform was changed as encouragement to male participation even though one gentleman had signed on regardless]

“...saw an ad in the paper and applied...started in the uniform office but have done lots of different jobs which is good as now I can do most things...made a lot of friends within the team...meet really nice people...”

[She is now a Team Leader who rosters 40 volunteers, mentors and trains new starters]

“...you realise the good fortune of your health... {experience} so many great moments...nice to be able to give back...no pressure not like a real job but have a great team to work with and it is a great challenge...biggest thing for me...was getting all this confidence that I never had before... you give but you get so much more!”



Some members of the RHH Volunteer Service

Adolescent and Young Adults Room

The RHH officially opened a specifically designed room for Adolescent and Young Adults (AYA) in May 2013.

The opening attracted patients, staff and representatives from Canteen, David Collins Leukaemia Foundation, Cancer Council and ONTrac at Peter Mac Victorian Adolescent & Young Adult Cancer Service, which is a multidisciplinary statewide service hosted at the Peter MacCallum Cancer Centre in Melbourne.


The AYA Room is designed to accommodate teens and young adults being treated for cancer. In order to ensure the room was fitted out to its full potential, the RHH had discussions with and sought guidance from Canteen, David Collins Leukaemia Foundation, Cancer Council and ONTrac at Peter Mac.

ONTrac at Peter Mac generously committed \$10,000 (plus a TV) toward the redevelopment of the room and a friend of a cancer patient also donated \$3,500.

Donations were used to purchase, among other things, a sofa bed, an iPad, artworks, an X-Box console, Wii console and board games.

The room now provides a homely atmosphere for patients admitted to 2A Oncology and is a comfortable, age appropriate space.

This was showcased in an article in the Mercury:



*"Home comforts
for cancer battle.*

*The State's first oncology room dedicated to
adolescents and young adults receiving cancer
treatment was officially opened yesterday.*

*Called the AYA (Adolescent and Young Adults) room,
it is a separate area in Royal Hobart Hospital's
oncology inpatient unit and provides a fun and
relaxing space for young adults and teenagers
with games and seating. ..."*

2013/05/25

Opening of Clarence Integrated Care Centre

The newly-constructed Clarence Integrated Care Centre (ICC) was opened by the Premier, The Hon. Lara Giddings MP in July 2012.

Built in two stages on the site of the previous Clarence Community Health Centre, the ICC includes existing services from the former Health Centre, along with new services including community nursing clinics, a respiratory clinic, Mental Health Services, Alcohol and Drug Services, chronic and complex disease services, ambulatory care services and youth health services.

Tasmania's Health Plan (2007) committed to developing Integrated Care Centres in Launceston, Clarence and Kingborough and the completion of this ICC supports an expanded range of services and the integration of acute and community services.

The new centre not only provides for high standard clinical facilities, but also excellent facilities for use by community groups and NGOs assisting in supporting and delivering care to clients.

The ICC service models emphasise prevention and early intervention, multidisciplinary team based care and use of proactive service models and disease management approaches that are client centred, evidence based and empowering.

Stage 1 of construction on the Clarence ICC site incorporated a GP Super Clinic, with \$5.5M in funding received from the Australian Government to assist with the construction of the GP Super Clinic. A further \$1.3M was provided by the State Government for the construction of the ICC.

Community Recognition

Articles from The Mercury:

Royal

Hobart Hospital's Anders

Bown has joined his father and fellow anaesthetist, Bob Bown, in achieving another 'first' for a Tasmanian doctor.

Anaesthesia registrar Dr Bown, 32, has been awarded the Cecil Gray Prize for the highest marks in Australia for this year's final fellowship exam for anaesthesia training. He is the first Tasmanian doctor to win the top honour.

Dr Bob Bown was the first anaesthesia registrar from Tasmania to pass the primary exam, in 1969, and is the longest-practising RHH specialist anaesthetist..."
2012/11/13 -365923

"Mission accomplished. A medical team returned to Hobart yesterday after a long flight into Antarctica's winter darkness to evacuate a sick American expeditioner.

The team included two senior specialists for the Royal Hobart Hospital who treated the patient on an Australian Airbus A319 jetliner, which usually flew to Antarctica in summer."
2012/08/11 - 352635

Article
from The Examiner

"A senior Tasmanian pharmacist was part of a three man team of medicos to come up with strategies for Australia to tackle the threat from the global problem of antibiotic resistance.

Royal Hobart Hospital pharmacy site manager Duncan McKenzie has been working with Royal Perth Hospital infection diseases pharmacist Matthew Rawlins and Queensland Bond University public health professor Chris Del Mar on developing antimicrobial stewardship programs aimed at reducing antibiotic resistance and improving the appropriate use of antibiotics...

Antibiotic stewardship programs at the RHH reduced spending on antibiotics by 30 per cent in its first year and saw a 20 per cent reduction in the prescribing of certain antibiotics, the authors said." 2013/08/03 -The publication is listed below in the Publications Schedule



Compliments

“I have just completed my six week rehab program ... I would like to say a big thank you to the three Cardiac Rehab Nurses that helped me through my rehab. ... I found that they are very supportive and dedicated to their profession.”

“... I attended a 20 week ultrasound to check on the development of my baby ... I have encountered various ultrasound technicians in the past....was by far the best I've experienced....this was quite a pleasant experience and I felt completely relaxed throughout ...”

“... The service and friendliness of the staff at RHH was well above my expectations of a public hospital. Please pass on my thanks to everyone involved in the ward. It really made my operation and recovery easier.”

“... On my final morning I was walking around my ward for exercise when I noticed a box of delicious looking muffins on a bench at the nurses' station. I told the nurse at the desk that they looked nice. She smiled and said that they were a gift from the boss to show appreciation. I said that they were well deserved, and the nurse's smile grew. She was happy that I got it. ...”

“... The nursing staff were superb! Friendly, calm, professional, attentive and thoroughly reassuring during a difficult period. Other staff such as the caterers and cleaners also seemed to be very dedicated to making a hospital stay pleasant and nurturing. ...”

Our Staff

The Tasmanian health workforce is facing significant challenges, including an ageing workforce, increased demand for health services, increasing expectations for service delivery, changing burden of disease and broader labour market issues.

To meet service requirements, given the workforce supply and demand, Human Resources is pursuing innovation around:

- attraction and retention;
- promoting use of interdisciplinary teams;
- succession planning;
- promoting and supporting professional development opportunities;
- more flexible provision of services and workforce;
- ensuring that health professionals are able to operate to the full extent of their training; and
- promoting skill mix to maximise productivity and quality of care to the community.

These innovations will be supported by successfully negotiating competitive enterprise bargaining agreements, covering all areas of the workforce.

THO-South is working collaboratively with the State Service Management Office in the development of workforce surveys to help us understand more about our workforce. This will also inform HR policy development at a THO-South level. Separate workforce surveys within THO-South are also being developed on an individual professional level, i.e. across nursing and the health professions.

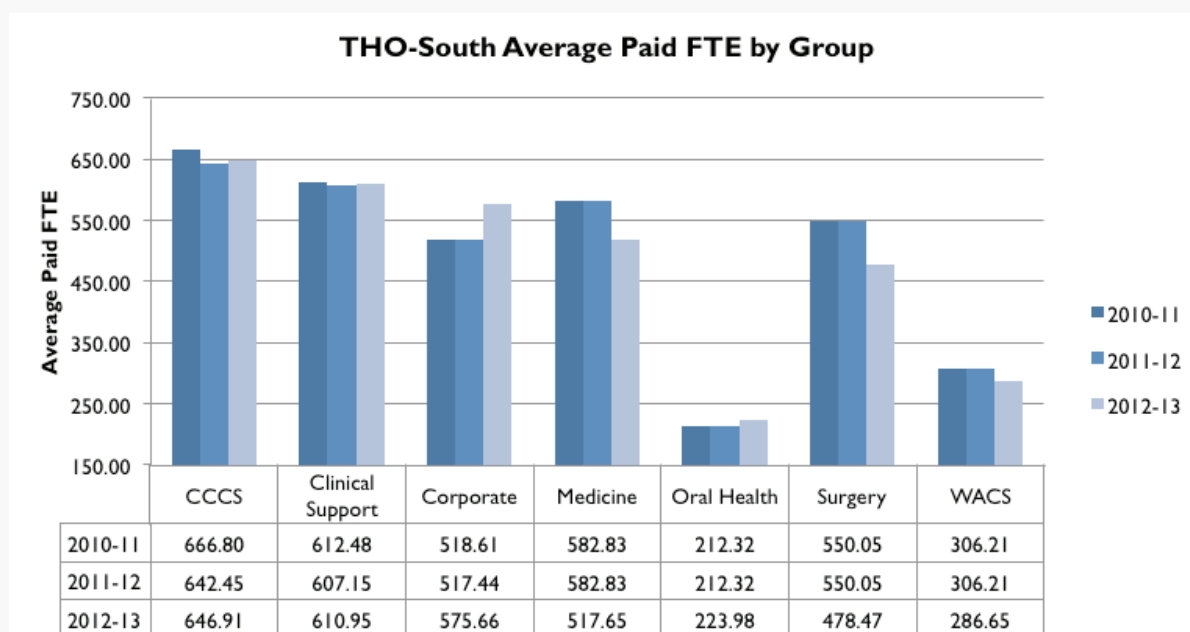
Workforce planning will help us understand the existing workforce characteristics – how long staff intend to remain in the workforce and their movements. While we can plan for future demand based on projected demand for services, there are still some limitations.

THO-South faces an increasing ageing workforce. Our staff are also impacted by the same illness and injury patterns of the general community.

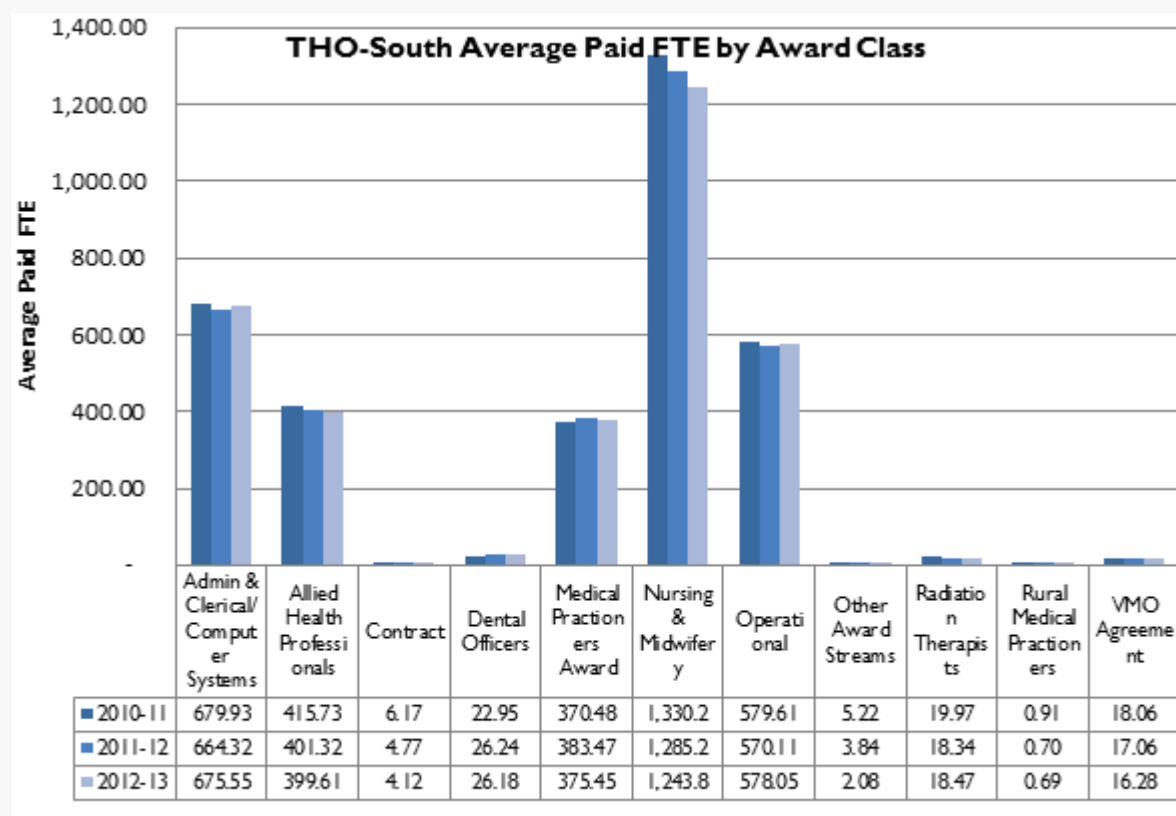
The wellbeing of our workforce is very important and we are supporting our workforce through:

- Health and Wellbeing Programs;
- Strategies to support greater resilience in the workplace;
- Increased awareness and training for managers and staff regarding their responsibilities with regard to occupational health and safety;
- Strategies to support more effective early return to work from illness or injury; and
- A focus on reducing over-time and ensuring staff are working safe hours.

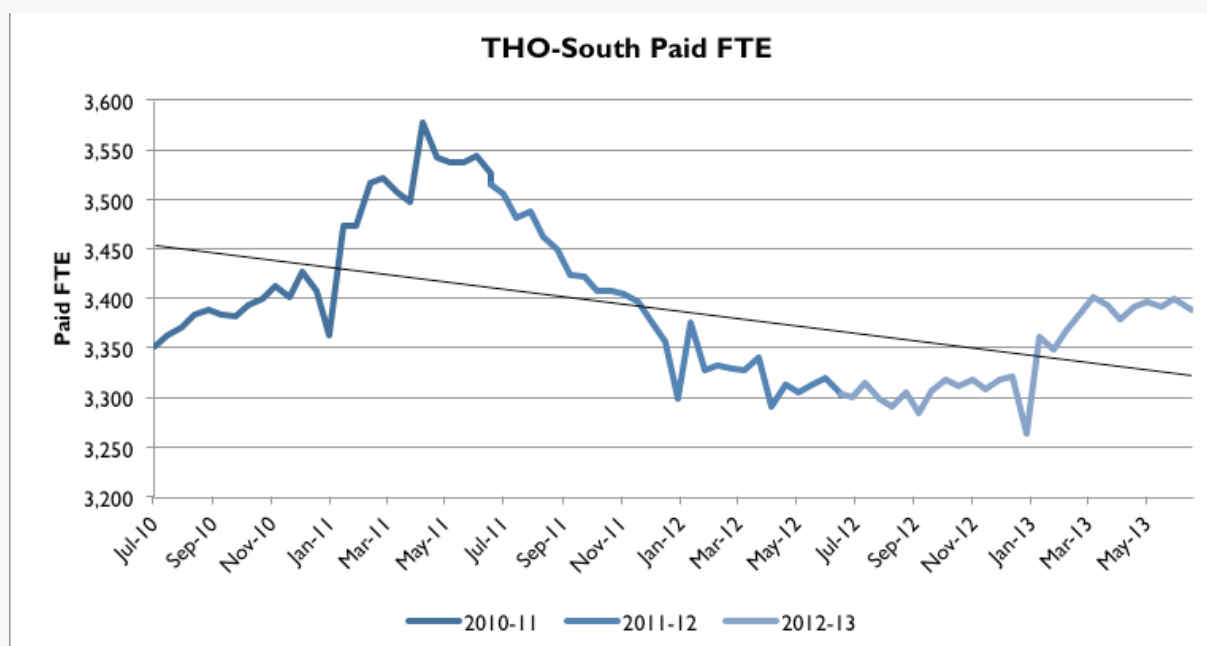




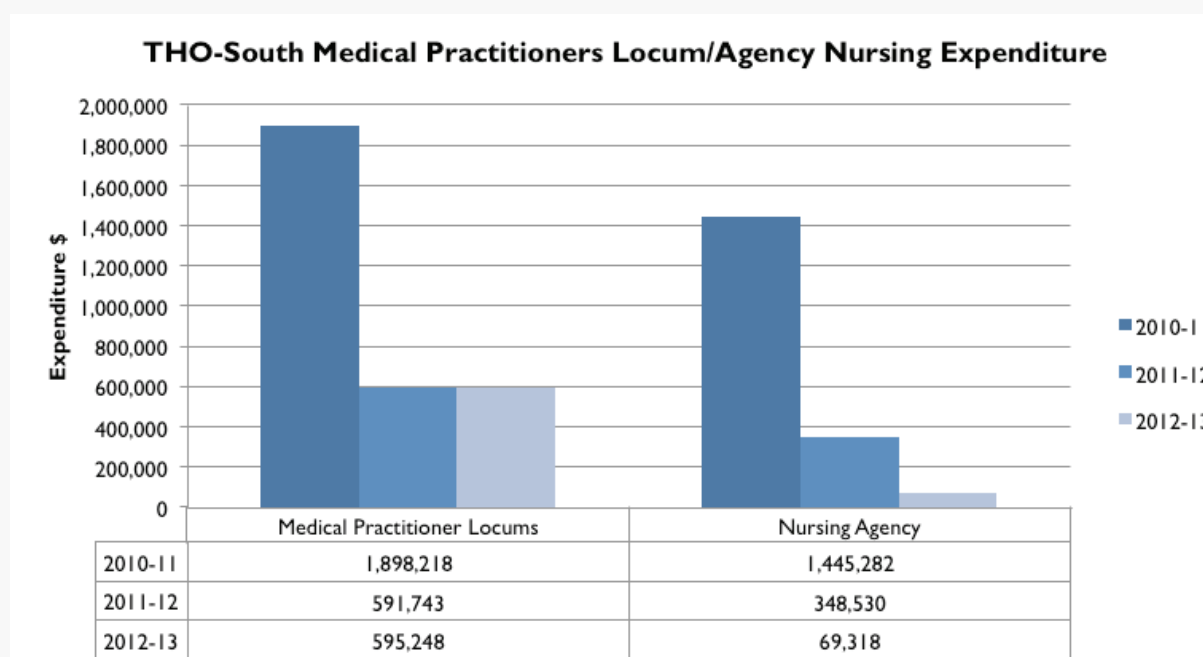
Graph 1: THO-South Average Paid FTE by Group



Graph 2: THO-South Average Paid FTE by Award Class



Graph 3:THO-South Total Paid FTE



Graph 4 THO-South Medical Practitioners Locum Agency Nursing Expenditure





PART 2 — REGULATORY INFORMATION

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Performance Metric from Service Agreement

Performance Score Card: June 2013

Performance Indicator	Target	Performance (YTD)	Status
Activity			
Raw separations (YTD)	60,951	62,263	●
Weighted separations (YTD)	56,094	58,223	●
Elective Surgery admissions (YTD)	6,887	6,308	●
Safety & Quality			
Hand hygiene compliance	70%	69.80%	●
Healthcare Associated Staphylococcus Aureus (incl MRSA) Bacteraemia	<2.0/10,000 patient days	0.56/10,000 patient days	●
Healthcare Associated Clostridium Difficile	<4.0/10,000 patient days	7.2/10,000 patient days	●
Emergency Department (ED) Access			
% of patients who have physically left the ED within 4 hours of arrival (YTD)	78%	59%	●
% of all ED patients seen within recommended time (YTD)	80%	67.20%	●
% of all ED patients who did not wait to be seen (YTD)	5.00%	5.20%	●
Incidence of ambulance presentations to ED experiencing offload delay (YTD)	10%	(15.9%) 2772	●
Total time (hours) spent by ambulance presentations in offload delay (YTD)	nil	1888	
Elective Surgery Access			
% Category 1 patient seen on time (YTD)	92%	66.50%	●
% Category 2 patient seen on time (YTD)	76%	53.10%	●
% Category 3 patient seen on time (YTD)	86%	76.00%	●
Category 1 average overdue wait time (days) – as at period	69	88	●
Category 2 average overdue wait time (days) – as at period	214	314	●
Category 3 average overdue wait time (days) – as at period	264	886	●

Key: ● = outside target/not meeting target ● = on target ● = within target/meeting target

Table 8: THO-South Performance Score Card as at June 2013

Schedules

Climate Change

The Emissions Reduction Strategy

The Agency (DHHS) remains committed to early action toward the State's target of reducing its greenhouse gas emissions to at least 60% below 1990 levels by 2050. The Agency is cooperating with other departments to develop a whole-of-government emission reduction strategy.

A whole-of-Agency Energy Management Strategy has been prepared in accordance with which the Agency continues to focus on the following key areas of activity where greenhouse gas emissions information is readily available:

- Auditing of Agency greenhouse gas emissions from its built assets, and
- Monitoring and reporting greenhouse gas emissions.

The THOs will be developing their own energy management and emission reduction plans in line with the whole-of-Agency strategy.

Auditing of Greenhouse Gas Emissions

DHHS Asset Management Services undertakes energy audits of THO-South facilities. Audit findings are provided to THO-South for progression.

The Agency is monitoring activity in the following areas:

- buildings – energy efficiencies
- travel – emissions from fuel use and air travel and
- purchases – procurement

The Agency is continuing to concentrate its efforts on reducing electricity consumption in buildings and reducing travel while maintaining service provision. It is also continuing a program of energy audits of significant buildings in accordance with the whole-of-Agency Energy Management Strategy.

Monitoring and Reporting Greenhouse Gas Emissions

The Agency reports on its greenhouse gas emissions using the Online System for Comprehensive Activity Reporting (OSCAR) provided by the Australian Government, Department of Climate Change and Energy Efficiency. The Agency is continuing the development of systems to increase the accuracy of the measurements of its emissions volumes.

Greenhouse gas emissions for THO-South during 2012-13 were 10,609 tonnes of carbon dioxide equivalent (CO₂-e).

Current position 2012-13		
Activity	Volume	tCO ₂ -e
Electricity	25.95 GWh	8,783
Natural Gas	0	0
Unleaded Petrol	368 kL	943
Diesel Fuel	153 kL	445
Air Travel	2.8M km	437
Total		10,609

Table 9: Greenhouse Gas Emissions during 2012-13 by Activity

Reducing Greenhouse Gas Emissions

The Agency continues to dedicate its resources toward the minimization of electricity consumption as a priority emissions reduction action, as electricity consumption is the largest contributor towards its greenhouse gas emissions.

The Agency continues to leverage its available information systems to monitor and control energy consumption in buildings. The information is being gathered to inform the identification of realistic and achievable energy efficiency targets that will drive further greenhouse gas emissions reductions.

The Agency continues to require ecologically sustainable design requirements 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.

The Agency maintains its position that directing funds into projects able to deliver energy efficiency improvements will deliver greater benefits than the purchase of “green power”, at least in the short to medium-term.

The Agency has submitted a bid under the Department of Treasury and Finance’s “Structured Infrastructure Investment Review Process” for \$6 million for the first tranche of potential energy efficiency projects identified through the Agency’s ongoing energy audit program.

The Agency will continue energy auditing of all significant buildings, monitoring of electricity consumption through a computerized energy management system and the installation of electricity check meters in a range of buildings. It is anticipated that energy audits of approximately 50 buildings will have been completed by 2015.

The Agency has invested approximately \$500 000 provided by the Australian Government to install approximately 300 kilowatts of grid-connected photovoltaic (PV) renewable energy systems on five rural hospitals and associated residences. This is expected to achieve energy savings of around 15% per annum for those sites for an investment payback period expected over approximately seven years.

Risk Management

Risk Management Framework

Running an organisation involves risk – the chance of an event happening that will impact on its objectives. Responsible business management means being aware of the risks that exist and working to eliminate or minimise their potential impact on the business.

The DHHS and THO Risk Management Framework is based on Australian Standard 31000. We have commenced implementation of the framework through the development of a strategic risk register at the enterprise level, with the organisation's risk tolerance being considered as part of this exercise. The framework requires each operational unit to develop and manage its own risk management system.

Risk management is also being considered in business planning, to ensure it becomes part of the way we do business.

Insurable Risk

The DHHS and THO-South have coverage for various classes of insurable risk through the Tasmanian Risk Management Fund (TRMF), administered by the Department of Treasury and Finance.

Risk by Class	Excess Period/\$ (ex GST)	Contribution \$ (ex GST)	Number of claims	Incurred cost of claims \$ (ex GST)
Personal Injury				
Workers' Compensation	1 week	-	-	-
Personal Accident	50	5,284,784	1,980	3,965,985
Asbestos Levy	-	211,391	-	-
Property				
General Property	14,000	353,454	0	0
Motor Vehicles – Fleet Vehicles	50/1,000	-	40	78,381
Motor Vehicles – Miscellaneous	500	676,928	1	136
Liability				
General Liability	10,000	64,829	0	0
Medical Liability	50,000	3,184,517	13	5,421,000
Miscellaneous				
Government Contingency	-	3,175	-	-
Travel plus Stamp Duty	-	1,881	-	-
Total				9,465,502

Table 10: THO-South Fund Contributions to and Claims

Capital Works and Asset Management

The creation of the THOs and the delegation of greater autonomy and resources will enable stronger local management of facilities within a centrally provided framework and accountability mechanism. Ownership of the Crown assets resides with DHHS while THO-South and other statewide areas retain responsibility for the operational management of their assets.

THO-South maintains asset registers in accordance with the Treasurer's Instructions. Details of acquisitions, disposals and write-offs were recorded in the respective registers. The financial statements for 2012-13 are reported on an accrual basis and contain details of policies in relation to recognition, valuation and depreciation of assets in notes of the statements. Assets have been valued in accordance with the Department's accounting policies and procedures. These values are disclosed in the statements, together with appropriate notes on valuation methods.

In 2012-13, as per the 2012-13 Budget Papers, THO-South did not have a budget for construction and upgrade projects and equipment purchases, as this is held by DHHS.

Asset Planning

The RHH Redevelopment budget has a line item for Site Wide Infrastructure upgrades to ensure all the existing engineering infrastructure complies with the latest Australian Standards, Building Code of Australia, ACHS Standards and Statutory Requirements and can meet the current and future demand for the RHH campus.

We also currently have Structured Infrastructure Investment Review Process (SIIRP) bids in for consideration for:

- replacement of the old electrode boilers with new gas fired boilers at the Repatriation Centre at an estimated cost of \$450,000
- replacement of chiller and heat pumps at the Hobart Private Hospital at an estimated cost of \$850,000

And Capital Improvements Program – Essential Maintenance (CIP-EM) bids for:

- the supply and installation of an emergency power generator for Nephrology South at Caruthers building at St Johns Park at an estimated cost of \$120,000
- installation of an emergency power generator at New Norfolk District Hospital at an estimated cost of \$160,000

Major Capital Works Program 2012-13

Engineering infrastructure projects were funded from RHH Redevelopment budget and are accounted for in the DHHS Annual Report. Works completed were the high voltage ring main and switchgear at RHH: air conditioning chillers and heat pump and low voltage installations upgrade for D and H Blocks: and emergency power generators for A, D and H blocks. Ongoing works are the fire protection and detection and upgrades to the hydraulics infrastructure sitewide at RHH.

Ongoing Major Capital Works 2012-13

Ongoing Major Capital Works in 2012-13	2012-13 Expenditure	Estimated total cost	Estimated cost to complete	Estimated completion year
Northern Dental Centre Kelham St Launceston	\$357,945			
Oral Health Services Steel St Devonport	\$51,696			
Southern Dental Centre Archer St New Town	\$10,735			

Table 11: THO-South Ongoing Major Capital Works



Artists impression of the RHH Redevelopment

Disposals

No disposals.

Asset Sustainability

Accommodation

Not applicable

Leased Accommodation

During 2012-13, the Wellington Centre in Hobart of 5 086m² was leased as a consequence of the need for decanting space for works associated with the redevelopment of the RHH. The Wellington Centre is occupied by ambulatory clinics of the RHH, pharmacy and pathology units.

Maintenance

THO-South Facilities Management & Engineering Services Department uses the Building Engineering Information Management System (BEIMS) to initiate, control and record statutory, planned and reactive maintenance of facilities, buildings, plant and equipment. A combination of in-house staff and maintenance contracts is used to provide these services with approximate annual cost of \$4.5M.

Transport

At 30 June 2013, THO-South operated 221 leased light vehicles comprising 102 executive and 119 operational vehicles. This is a decrease of nine vehicles from the previous year (six executive and three operational). The total cost of leased vehicles was \$2,418,901 (excluding GST) in 2012-13.

Consultancies, Grants 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. It is our policy to support Tasmanian businesses whenever they offer the best value-for-money for the Government. See Table 12 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 13 provides detailed information on contracts with a value of \$50,000 or over (excluding GST). No consultancy contracts were awarded with a value of \$50,000 or over (excluding GST). Table 14 provides a summary of contracts awarded as a result of a direct/limited submission sourcing process approved in accordance with Instruction 1114 or 1217.

Summary of Participation by Local Business

(for contracts, tenders and/or quotation processes of \$50 000 or over, ex GST)

Total number of contracts awarded	23
Total number of contracts awarded to Tasmanian suppliers	1
Value of contracts awarded	\$10,902,624
Value of contracts awarded to Tasmanian suppliers	\$68,636
Total number of tenders called and/or quotation processes run	12 (estimated)
Total number of bids and/or written quotations received	57 (estimated)
Total number of bids and/or written quotations received from Tasmanian businesses	10 (estimated)

Table 12: Summary of Participation by Local Business

Details of Contracts and Tenders Awarded in Financial Year				
Name of contractor	Location	Description of contract	Period of contract	Total value of contract \$
Agricultural and Life Sciences Group Pty Ltd	Qld	Royal Hobart Hospital Blood Products Tracking System	05/10/2012 - 31/03/2016	160,873
Brainlab Australia Pty Ltd	NSW	Royal Hobart Hospital Frameless Stereotactic System Upgrade	22/03/2013*	295,000
Brainlab Australia Pty Ltd	NSW	Royal Hobart Hospital Frameless Stereotactic System – Maintenance Service Agreement	22/03/2013 - 31/05/2020	327,600
CC & SE Morgan	Tas	Royal Hobart Hospital Department of Psychological Medicine Alterations	28/08/2012 - 12/10/2012	68,636
Dentsply Australia Pty Ltd	Vic	Artificial Teeth for Dental Prostheses	01/10/2012 - 30/06/2015 Option to extend	150,000
			01/07/2015 - 30/06/2017	100,000
Draeger Medical Australia Pty Ltd	Vic	Royal Hobart Hospital Cardiac Monitoring Equipment	10/10/2012*	99,478
Draeger Medical Australia Pty Ltd	Vic	Royal Hobart Hospital Patient Monitoring and Ventilator Equipment	28/02/2013*	174,049
Draeger Medical Australia Pty Ltd	Vic	Royal Hobart Hospital Patient Monitors	20/03/2013*	88,366
Gallay Medical & Scientific Pty Ltd	Vic	Royal Hobart Hospital Supply of Endoscopy Equipment and Accessories	01/07/2012 - 30/06/2017	149,028
GE Healthcare Australia Pty Ltd	Vic	Royal Hobart Hospital MRI Unit - Maintenance Service Agreement	09/08/2012 - 07/08/2015	464,512
Getinge Australia Pty Ltd	Vic	Royal Hobart Hospital Utensil Washer and Dryer	17/10/2012*	60,062
Hill-Rom Australia Pty Ltd	NSW	Royal Hobart Hospital Speciality ICU Beds	24/05/2013*	94,638
InSight Oceania Pty Ltd	NSW	Royal Hobart Hospital Replacement Linear Accelerator and Associated Equipment - Upgrade of Philips Pinnacle Treatment VMT Planning System	25/06/2013*	355,813
InSight Oceania Pty Ltd	NSW	Royal Hobart Hospital WP Holman Clinic Pinnacle Planning System - Maintenance Service Agreement	09/04/2013 - 08/04/2016 Option to extend	146,868
			09/04/2016 - 08/04/2018	94,914
Krost Business Furniture Centre Pty Ltd	NSW	Royal Hobart Hospital Wellington Centre Ambulatory Clinics Loose Furniture	20/11/2012*	332,004
Olympus Australia Pty Ltd	Vic	Royal Hobart Hospital Supply of Endoscopy Equipment and Accessories	23/07/2012 *	1,390,869
Oxford Scientific Pty Ltd	NSW	Royal Hobart Hospital Replacement Linear Accelerator and Associated Equipment – QA Equipment	15/07/2012*	7,200
Philips Healthcare	NSW	Royal Hobart Hospital Patient Monitoring and Ventilator Equipment	05/04/2013*	626,972
Siemens Ltd	Vic	Royal Hobart Hospital Emergency Department CT Scanner and Associated Equipment	01/04/2013 - 18/09/2023	2,369,200
SonoSite Australasia Pty Ltd	NSW	Royal Hobart Hospital Ultrasound Unit	17/10/2012*	62,373
Varian Medical Systems Australasia Pty Ltd	NSW	Royal Hobart Hospital Replacement Linear Accelerator and Associated Equipment	15/07/2012 – 14/7/2016 Option to extend	3,136,876
			15/07/2016 – 14/7/2022	1,497,202
Wenross Holdings Pty Ltd	Qld	Royal Hobart Hospital Neonatal Emergency Transport System	26/02/2013*	92,150
Willach Australia Pty Ltd	Vic	Royal Hobart Hospital Automated Pharmacy Dispensing Robot	21/05/2013 - 31/05/2018 Option to extend	250,057
			01/06/2018 - 31/05/2023	46,400

* Indicates a one-off purchase.

^ Contracts with a value of less than \$50,000 reported above are those that form part of a combined procurement valued at \$50,000 or over.

^ 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.

Contracts awarded as a result of a direct/limited submission sourcing process and approved in accordance with Treasurer's Instruction 1114 or 1217 (excl GST).			
Name of Supplier	Description of Contract	Reasons for Approval	Total value of contract \$
Brainlab Australia Pty Ltd	Royal Hobart Hospital - Frameless Stereotactic System - Maintenance Service Agreement	The goods or services can be supplied only by the particular supplier and no reasonable alternative or substitute goods or services exist due to an absence of competition for technical reasons.	327,600
Brainlab Australia Pty Ltd	Royal Hobart Hospital Frameless Stereotactic System Upgrade	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.	295,000
Draeger Medical Australia Pty Ltd	Royal Hobart Hospital Patient Monitors	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.	88,366
Draeger Medical Australia Pty Ltd	Royal Hobart Hospital Cardiac Monitoring Equipment	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.	99,478
GE Healthcare Australia Pty Ltd	Royal Hobart Hospital MRI Unit - Maintenance Service Agreement	The goods or services can be supplied only by the particular supplier and no reasonable alternative or substitute goods or services exist due to an absence of competition for technical reasons.	464,512
HealthCare Software Pty Ltd	Software enhancements to Pharmcare modifications to the prescription generation module	The goods or services can be supplied only by a particular supplier and no reasonable alternative or substitute goods or services exist due to the protection of patents, copyrights, or other exclusive rights, or proprietary information.	35,000
InSight Oceania Pty Ltd	Royal Hobart Hospital WP Holman Clinic Pinnacle Planning System - Maintenance Service Agreement	The goods or services can be supplied only by InSight Oceania and no reasonable alternative or substitute goods or services exist due to an absence of competition for technical reasons.	241,782

Table 14: Contracts awarded as a result of a direct/limited submission sourcing process

Right to Information

Number of Applications		
1.	Number of applications for assessed disclosure received	6
2.	Number of applications for assessed disclosure accepted	6
3.	Number of applications for assessed disclosure transferred or part transferred to another public authority	Nil
4.	Number of applications withdrawn by the applicant	Nil
5.	Number of applications for assessed disclosure determined	9

Table 15: THO-South Right to Information Applications

Outcome of Applications		
1.	Number of determinations where the information applied for was provided in full	7
2.	Number of determinations where the information applied for was provided in part with the balance refused or claimed as exempt	1
3.	Number of determinations where all the information applied for was refused or claimed as exempt	Nil
4.	Number of applications where the information applied for was not in the possession of the public authority or Minister	1

Table 16: THO-South Right to Information Application Outcomes

Reasons for Refusal		
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)	Nil
s.9, s.12	Refusal where information is otherwise available or will become otherwise available in the next 12 months	Nil
s.10, s.19	Refusal where resources of public authority unreasonably diverted	Nil
s.20	Refusal where application repeated; or Vexatious; or Lacking in definition after negotiation	Nil

Table 17: THO-South Right to Information Reasons for Refusal

Exemptions		
s.25	Executive Council information	Nil
s.26	Cabinet information	Nil
s.27	Internal briefing information of a Minister	Nil
s.28	Information not relating to official business	Nil
s.29	Information affecting national or state security, defence or international relations	Nil
s.30	Information relating to the enforcement of the law	Nil
s.31	Legal professional privilege	Nil
s.32	Information relating to closed meetings of council	Nil
s.34	Information communicated by other jurisdictions	Nil
s.35	Internal deliberative information	Nil
s.36	Personal information of a person other than the applicant	1
s.37	Information relating to the business affairs of a third party	Nil
s.38	Information relating to the business affairs of a public authority	Nil
s.39	Information obtained in confidence	Nil
s.40	Information on procedures and criteria used in certain negotiations of public authority	Nil
s.41	Information likely to affect the State economy	Nil
s.42	Information likely to affect cultural, heritage and natural resources of the State	Nil

Table 18: THO-South Right to Information Application Exemptions

Time to Make Decisions		
1	Number of requests determined within the following timeframes (matches the number of applications determined as listed in the table Number of Applications #5)	
	• 1 - 20 working days of the application being accepted.	3
	• More than 20 working days of the application being accepted	6
2.	Number of requests which took more than 20 working days to decide that involved an extension negotiated under s.15(4)(a)	Nil
3.	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)	Nil
4.	Number of requests which took more than 20 working days to decide that involved consultation with a third party under s.15(5)	Nil

Table 19: THO-South Right to Information Time to Make Decisions

Reviews

Internal Reviews	
Number of internal reviews requested in 2012-13	Nil
Number of internal reviews determined in 2012-13	Nil
Number where the original decision was upheld in full	Nil
Number where the original decision was upheld in part	Nil
Number where the original decision was reversed in full	Nil

Table 20: THO-South Internal Reviews

External Reviews (Reviews by the Ombudsman)	
Number of external reviews requested in 2012-13	Nil
Number of external reviews determined in 2012-13	Nil
Number where the original decision was upheld in full	Nil
Number where the original decision was upheld in part	Nil
Number where the original decision was reversed in full	Nil

Table 21: Reviews by the Ombudsman of THO-South

Our Workforce

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.

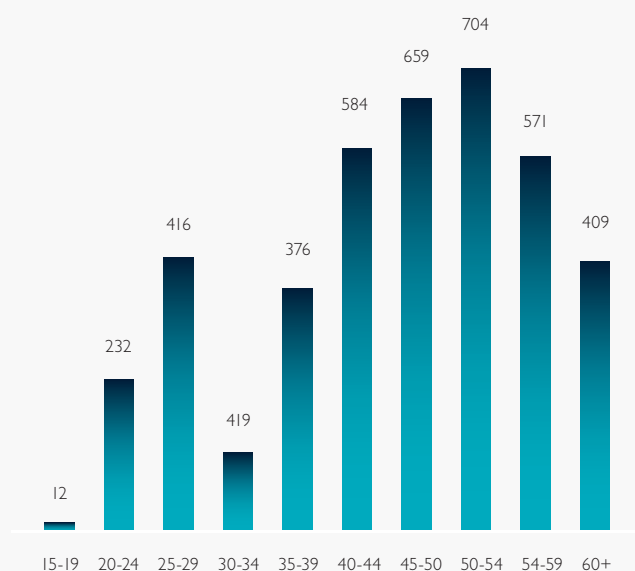
To support this objective, THO-South has a Human Resources and Workplace Safety Strategy. The key features of the strategy include strategic staffing, predicting our staffing needs, being well placed to attract, recruit and develop quality staff and ensuring we develop strategies to retain key personnel, and have appropriate succession plans in place. 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 our 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. This includes the introduction of new programs for paramedics, physiotherapists and nurse practitioners.

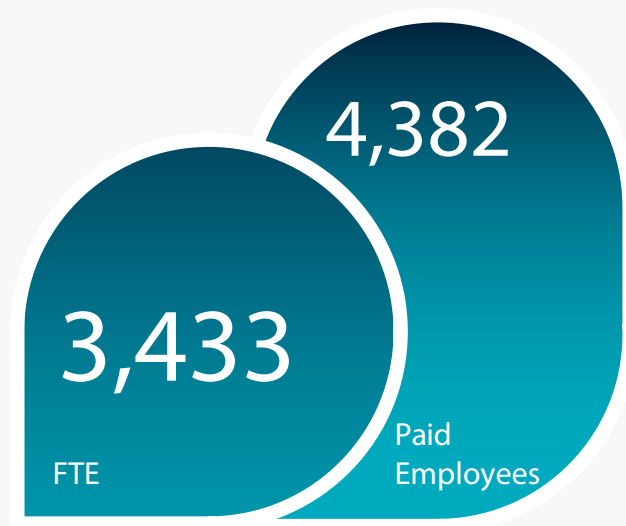
A Management and Leadership Program has been introduced to improve and develop management skills and in particular, the capacity to effectively manage resources and performance.

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

Current Workforce Profile

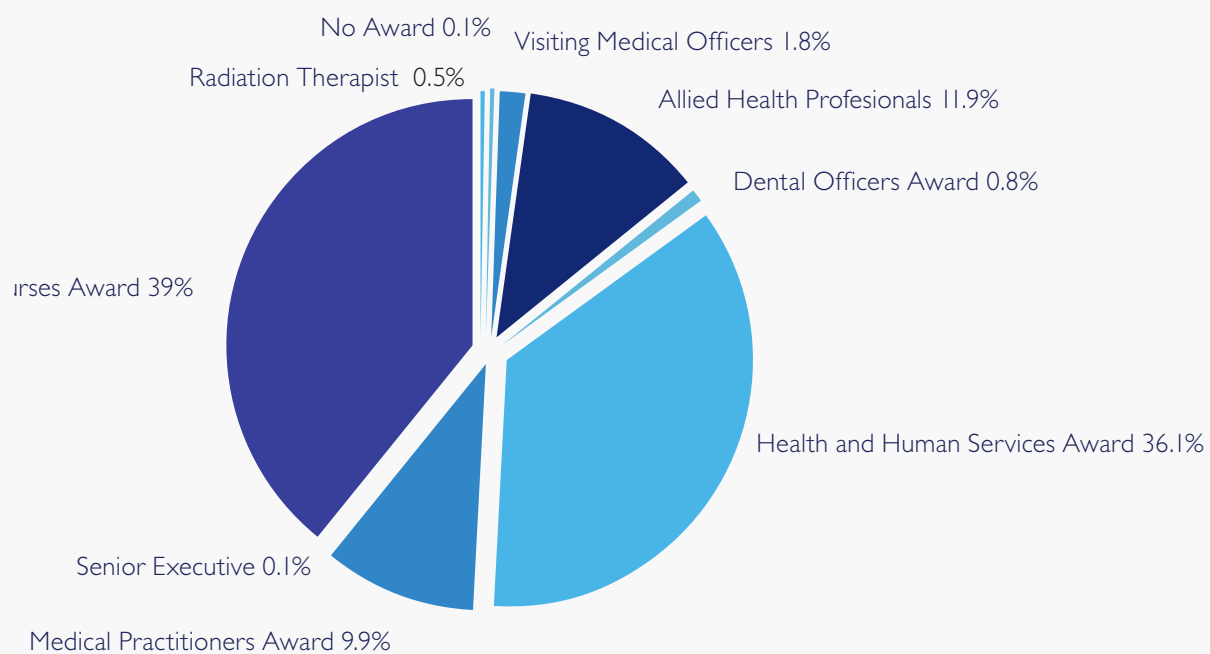


Graph 5: Age Demographic of all Employees



2012-2013

Graph 6: Number of Paid and FTE Employees as at 30 June 2013



Graph 7: Composition of Total Employees as at 30 June 2013

Awards and Agreements

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

Allied Health Professionals

Allied Health Professionals (Tasmanian State Service) Agreement 2012

Radiation Therapists (Public Sector) Industrial Agreement 2009

Medical Practitioners

Medical Practitioners (Public Sector) Award 2007

Rural Medical Practitioners (Public Sector) Agreement 2009

Salaried Medical Practitioners (AMA Tasmania/DHHS) Agreement 2009

Tasmanian Visiting Medical Practitioners (Public Sector) Agreement 2013

Nurses

Nurses (Tasmanian State Sector) Award 2012

Nurses and Midwives Heads of Agreement 2010

Administrative and Operational

Health and Human Services (Tasmanian State Service) Award

Public Sector Unions Wages Agreement 2012

Senior Executive Service

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

Human Resources Statistics

Please note with the creation of the new THOs from 1 July 2012 there are no previous year comparisons.

Total number of full-time equivalent (FTE) paid employees	
As at end of financial years	2012-13
	3,433.49

Table 22: Total Number of FTE Paid Employees

Total number of FTE paid employees by award	
As at end of financial year	2012-13
Allied Health Professional	409.16
Dental	26.39
Health and Human Services	1,295.73
Medical Practitioners	391.90
No Award	3.34
Nursing	1,267.65
Radiation Therapist	19.33
Senior Executive Service (SES)	3.00
Visiting Medical Officers*	17.00
Total	3,433.49

*Includes Rural Medical Practitioners

Table 23: Total Number of FTE Paid Employees by Award

Total number paid by employment category: fixed-term/permanent, full time/part time/casual	
As at end of financial year	2012-13
Permanent full-time	1,437
Permanent part-time	1,899
Fixed-term full-time	350
Fixed-term part-time	337
Part 6*	11
Casual	348
Total	4,382

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

Table 24: Total Number of Paid Employees by Employment Category

Total number paid by salary bands (total earnings)*	
As at end of financial year	2012-13
0-19 000	0
19 001-23 000	0
23 001-27 000	0
27 001-31 000	3
31 001-35 000	0
35 001-40 000	1
40 001-45 000	367
45 001-50 000	303
50 001-55 000	480
55 001-60 000	548
60 001-65 000	271
65 001-70 000	154
70 001-75 000	712
75 001-80 000	559
80 001-85 000	71
85 001-90 000	290
90 001-95 000	173
95 001-100 000	59
100 000 plus	391
Total	4,382

* based on FTE salary for award classification

Table 25: Total Number of Paid Employees by Salary Band

Total number paid by gender	
As at end of financial year	2012-13
Female	3,354
Male	1,028
Total	4,382

Table 26: Total Number of Paid Employees by Gender

Total number paid by age profile	
As at end of financial year	2012-13
15-19 years	12
20-24 years	232
25-29 years	416
30-34 years	419
35-39 years	376
40-44 years	584
45-49 years	659
50-54 years	704
55-59 years	571
60+ years	409
Total	4,382

Table 27: Total Number of Paid Employees by Age Profile

Number of employees paid by award as at 30 June 2013	
As at end of financial year	Total
Allied Health Professionals	521
Dental Officers	33
Health and Human Services Award	1,580
Medical Practitioners	435
No Award	4
Nursing	1,708
Radiation Therapist	20
Senior Executive Service	3
Visiting Medical Officers*	78
Total	4,382

*Includes Rural Medical Practitioners

Table 28: Total Number of Paid Employees by Award

Indicators of Organisational Health	
Average Personal Leave days per FTE*	
As at end of financial year	2012-13
Personal leave days per average paid FTE	11.4

*Includes sick, carers leave and family leave

Table 29: Average Personal Leave days per FTE

Total paid overtime* hours per average FTE	
As at end of financial year	2012-13
Overtime/callback paid hours per averaged paid FTE	66.2

*Includes callback and overtime hours

Table 30: Total Paid Overtime Hours per average FTE

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

Table 31: Turnover Rate

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

* Includes Maternity Long Service Leave

Table 32: Long Service Leave per average FTE

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

Table 33: Annual Leave

Occupational Health and Safety

The Agency is committed to ensuring compliance with the new *Work Health & Safety Act 2012* as well as compliance with MD 27 strategic development achievements in 2012-13 include:

- Preparation of the Work Health and Safety Management Plan
- Ongoing upgrade of the Safety Management System to align with the *Model Work Health and Safety Act 2012*
- Training all managers and supervisor of their roles and responsibilities for work health and safety
- Aligning all areas of safety under the one department (Manual Handling, Work Health and Safety, Emergency Management and Hazardous Chemicals).

THO-South is committed to a range of employee health and safety strategies. The focus in the past year has been to build on the foundations of a safety culture within THO-South and supporting managers within their workplace.

THO-South received a total of 199 workers' compensation claims during 2012-13, compared to 186 claims in the previous year for the organisation. The areas of injury were through manual handling (109 claims), falls (31 claims) and as a result of aggressive behaviour (7 claims). In 2011-12 there were 108 manual handling claims, 27 claims from falls and 1 claim as a result of aggressive behaviour.

The cost of all claim payments for 2012-13 was \$4.6M, an increase of \$0.7M from 2011-12 when the costs were \$3.9M.

Superannuation Declaration

I, Graeme Houghton, Chair, Tasmanian Health Organisations, hereby certify that the Tasmanian Health Organisation South 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 subject to the condition outlined in Financial Statement Note 12.2 regarding Taxation and Superannuation review.



Signed

Graeme Houghton

Chair

Tasmanian Health Organisations

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 Government's policy on fees and charges.

The organisation levies fees and charges in accordance with the provisions of the following Acts:

Health Act 1997

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

Publications

Author, Unit or Area	Year	Title	Publication
Anderson R, Costello B, Kilpatrick D	2012	'Transient ST-segment Elevation Resembling Acute Myocardial Infarction in a Patient with a Right Secondary Spontaneous Pneumothorax' <i>Heart, Lung & Circulation</i> Epub 2012/07/13	Journal Article
Andrews C, Ford K	2012	'Clinical facilitator learning and development needs: exploring the why, what and how' <i>Clinical Nurse Education Today</i>	Journal Article
Andric M, Dixit S, Dubey A, Jessup P, Hunn A	2012	'Atypical meningiomas – a case series' <i>Clinical Neurology and Neurosurgery</i> 114(6) pp699-702 DOI:10.1016/j.clineuro.2011.11.023	Journal Article
Ashby M	2013	'Caring for dying patients is not about prolonging life at all costs' <i>BMJ(Clinical Research Ed.)</i> 346 3027 Epub 2013/02/28 DOI:10.1136/bmj.f3027	Journal Article
Ashby M, Rich L	2012	'Cases and Culture' <i>Journal of Bioethical Inquiry</i> 9(4) 371-6 DOI:10.1007/s11673-012-9408-5	Journal Article - Editorial
Ashby MA, Thornton RN, Thomas RL	2013	'Advance care planning: lessons from a study of Tasmanian enduring guardianship forms' <i>Medical Journal of Australia</i> 198(4) pp188-9 DOI:10.5694/mja12.10498	Journal Article
Ballard CDJ, Peterson GM, Thompson AJ, Beggs SA	2013	'Off-label use of medicines in paediatric inpatients at an Australian teaching hospital' <i>Journal of Paediatrics and Child Health</i> . 49(1) pp: 38-42. DOI: 10.1111/29c.12065 Epub 2012/12/21	Journal Article
Beggs S, Foong YC, Le HCT, Noor D, Wood-Baker R, Walters JAE	2012	'Swimming training for asthma in children and adolescents aged 18 years and under' <i>Cochrane Database of Systematic Reviews</i> . 4 DOI: 10.1002/14651858.CD009607.pub2 Epub 2013/04/30	Journal Article / Research Support
Beggs S, Foong YC, Le HCT, Noor D, Wood-Baker R, Walters JAE	2013	'Swimming training for asthma in children and adolescents aged 18 years and under' <i>Paediatric Respiratory Reviews</i> . 14(2) pp96-97 DOI: 10.1016/j.prrv.2013.03.002 Epub 2013/04/09	Journal Article
Bereznicki B, Norton L, Beggs S, Peter Gee P, Bereznicki L	2013	'A review of the management of childhood asthma in Tasmania' <i>Journal of Paediatrics and Child Health</i> . 49 pp678-683 DOI: 10.1111/jpc.12267 Epub 2013/06/09	Journal Article
Bereznicki BJ, Norton LC, Beggs SA, Gee P, Bereznicki LR	2013	'Review of the management of childhood asthma in Tasmania' <i>Journal of Paediatrics and Child Health</i> 49(8) DOI:10.1111/jpc.12267 Epub 2013/06/12	Journal Article
Blanchette K	2013	'Perinatal Databases: What you don't know won't hurt you?' <i>Women's Healthcare Australasia Conference Gold Coast June 2013</i>	Presentation
Blomfield P	2012	'Cervical Neoplasia in Pregnancy' <i>O&G Magazine. RANZ-COG</i> 14(1) Autumn 2012. ISSN 1442-531	Journal Article
Blomfield P	2012	'Principles of treatment cervical neoplasia.' <i>American Society for Colposcopy and Cervical Pathology Treatment Course. Melbourne, August 2012</i>	Presentation
Brown SGA, Wiese MD, van Eeden P, Stone SF, Chuter CL, Gunner J, Wanandy T, Phillips M, Hedde R (Jack Jumper Allergy Program and Pharmacy Department, RHH)	2012	'Ultrarush versus semirush initiation of insect venom immunotherapy: a randomized controlled trial' <i>Journal of Allergy and Clinical Immunology</i> . 130(1) pp162-8 DOI:10.1016/j.jaci.2012.02.022 Epub 2012/03/29	Journal Article / Randomised Controlled Trial

Author, Unit or Area	Year	Title	Publication
Canty DJ, Royse CF, Kilpatrick D, Bowman L, Royse AG	2012	'The impact of focused transthoracic echocardiography in the pre-operative clinic' <i>Anaesthesia</i> 67(6) pp618-25 DOI:10.1111/j.1365-2044.2012.07074.x	Journal Article - research
Carter B, Ford K	2013	'Researching children's health experiences: The place for participatory, child-centred, arts-based approaches' <i>Research in Nursing and Health</i> 36(1) pp95-107 DOI:10.1002/nur.21517	Journal Article-Pictorial
Ch'ng S, Plunkett B, Hardikar A, Murton M	2012	'Blunt cardiac rupture in the setting of previous sternotomy' <i>The Annals of Thoracic Surgery</i> 94(4) pp1343-5 DOI:10.1016/j.athoracsur.2012.01.088 Epub 2012/05/11	Journal Article / Case Reports
Chin GSM	2013	'Evolution of PPH Clinical Audit at Royal Hobart Hospital' <i>Health Roundtable. Women's health Australasia. Sydney April 2013</i>	Presentation
Chin GSM, Lim BH, Semmler JE	2013	'Developing a supported, collaborative clinical audit programme in a tertiary hospital's maternity and gynaecology department' <i>Women's Healthcare Australasia Conference Cold Coast June 2013</i>	Presentation
Clarke SJ, Yip S, Brown C, van Hazel GA, Ransom DT, Goldstein D, Mark JG, Tebbutt NC, Buck M, Lowenthal RM, Boland A, Gebiski V, Zalberg J, Simes JR	2012	'Corrigendum to "Single-agent irinotecan or 5-fluorouracil and leucovorin (FOLFIRI) as second-line chemotherapy for advanced colorectal cancer; results of a randomised phase II study (DaVINCI) and meta-analysis"' <i>European Journal of Cancer</i> 48(3) pp407 DOI:10.1016/j.ejca.2011.04.024 Revised 2012/08/17	Corrected Journal Article
Community Relations Unit	2013	InFocus newsletter – Autumn 2013	Newsletter
Community Relations Unit	2012	InFocus newsletter – Spring 2012	Newsletter
Community Relations Unit	2012	InFocus newsletter – Summer 2012-13	Newsletter
Community Relations Unit	2012	InFocus newsletter – Winter 2012	Newsletter
Conduit C, Cunliffe T, Beggs S, Ee M, Fenton E, Jones N	2013	'Multiple magnet ingestion in children: near-fatal attractions' <i>Journal of Paediatrics and Child Health</i> . 49(6) pp505-6 DOI:10.1111/jpc.12229 Epub 2013/06/04	Journal Letter to the Editor
Crinall B, Parameswaran V, Burgess J	2013	'Evaluation of adipokines for predicting macrosomia in gestational diabetes' <i>Int Diabetes Fed Congress</i>	(abstract)
Dargaville PA	2012	'Respiratory support in meconium aspiration syndrome: a practical guide' <i>International Journal of Pediatrics</i> doi:10.1155/2012/965159 Epub 2012/02/23	Journal Article
Dargaville PA, Aiyappan A, De Paoli AG, Dalton RGB, Kuschel CA, Kamlin CO, Orsini F, Carlin JB, Davis PG.	July 2013	'Continuous positive airway pressure (CPAP) failure in preterm infants: incidence, predictors and consequences' <i>Neonatology</i> 104(1) pp8-14 DOI:10.1159/000346460 Epub 2013/04/04	Journal Original Paper
Dargaville PA, Aiyappan A, De Paoli AG, Kuschel CA, Kamlin CO, Carlin JB, Davis PG.		'Minimally invasive surfactant therapy in preterm infants on continuous positive airway pressure.' <i>Arch Dis Child Fetal Neonatal Ed</i> (2013); 98: F122-6	Journal Article
Dargaville PA, Copnell B, Mills JF, Haron I, Lee JKF, Tingay DG, Rohana J, Mildenhall LF, et al	2013	'Fluid recovery during lung lavage in meconium aspiration syndrome' <i>Acta Paediatrica</i> 102 e90-e93	Journal Article
Dargaville PA, Gerber A, De Paoli AG, Carlin JB, Kamlin CO, Davis PG, for the Australia and New Zealand Neonatal Network (ANZNN)	2013	'CPAP as initial respiratory support in preterm infants: trends in uptake and variation between centres' <i>Perinatal Society of Australia and New Zealand (PSANZ) Conference, Adelaide April 2013</i>	Poster

Author, Unit or Area	Year	Title	Publication
Dargaville PA, Gerber A, De Paoli TG, Carlin JB, Kamlin CO, Davis PG	2013	'CPAP as initial respiratory support in preterm infants: a population-based study of the approach to early respiratory management' <i>Pediatric Academic Society/Society for Pediatric Research (PAS/SPR) Conference, Washington DC USA May 2013</i>	Poster
Dargaville PA, Tingay DG	2012	'Lung protective ventilation in extremely preterm infants' <i>Journal of Paediatrics and Child Health</i> 48(9) pp740-46 DOI: 10.1111/j.1440-1754.2012.02532.x Epub 12 Sep 2012	Journal Article
Dargaville PA, Wheeler K	2013	'Minimally invasive surfactant administration versus standard care' <i>3rd Neonatal Resuscitation Research Workshop, Maryland, USA</i>	Presentation
Daubenton JD, Dalla-Pozza L	2013	'Red Flags' Warning signs of cancer in children' <i>Cancer Council Australia</i>	Flyer
De Costa C, Robson S, Lim BH	2013	'Clinical Cases in Obstetrics and Gynaecology' 2nd Edition McGraw Hill Publishers, Australia. June 2013	Book
DePaoli KM, Seal J, Burgess J, Taylor R	2013	'Improved iodine status in Tasmanian schoolchildren after fortification of bread: a recipe for national success' <i>Medical Journal of Australia</i> 198(9), 492-4 DOI:10.5694/mja12.11356	Journal Research
Edwards L, Lim BH	2012	'Challenges of intrapartum care in obese women. Chapter in: Obesity: A Ticking Time Bomb For Fertility' Elsevier Insights. London. September 2012	Journal Article
FitzGerald M, Ford K, Handley C, Schofield C, Dwyer T, McLeod E, Polanowski V, Thomas K	2013	'Transforming Culture and Care through Practice Development: Practice Development School Hobart 2013' <i>International Practice Development Collaborative</i>	Evaluation Report
Ford K	2013	'Evaluating, understanding and improving the quality of clinical placements in non-traditional rural and remote settings' <i>Health Workforce Australia: Fellowship-National Clinical Supervision Initiative</i>	Report
Ford K, Courtney-Pratt H, Fitzgerald M	2013	'The Development and Evaluation of a Preceptorship Program Using a Practice Development Approach' <i>Australian Journal of Advanced Nursing</i>	Journal Article
Ford K, Tesch L, Courtney-Pratt HM	2012	'On the Journey: encounters with clown doctors and impacts for children, families and staff' <i>CHA Conference Sydney, Australia October 2012</i>	Presentation
Ford, K and Middleton, AM, Steedman T	2013	The experiences of children young people and families on the Paediatric Unit: a short report	Report
Ford, K, Courtney-Pratt, H, Fitzgerald, M	2012	'Post discharge experiences of children and their families following children's surgery' <i>Journal of Child Health Care</i> 16 pp320-330 DOI: 10.1177/1367493512448129 Epub 31 Oct 2012	Journal Article
Frerichs I, Dargaville PA, Rimensberger PC.	2013	'Regional respiratory inflation and deflation pressure-volume curves determined by electrical impedance tomography' <i>Physiological Measurement</i> 34 pp567-77	Journal Article
Gale TJ, Lim KKL, Wheeler KI, Dargaville PA	2013	'Modelling of FiO2 adjustments in preterm infants on continuous positive airway pressure (CPAP)' <i>Pediatric Academic Society/Society for Pediatric Research (PAS/SPR) Conference, Washington DC USA and Perinatal Society of Australia and New Zealand (PSANZ) Conference, Adelaide April 2013</i>	Poster

Author, Unit or Area	Year	Title	Publication
Gartlan D	2012	'Survey of GP Shared Care in Maternity in Southern Tasmania' <i>Annual GP Shared Care Day. 2012</i>	Presentation
Gerber A, De Paoli AG, Kamlin CO, Johansson S, Carlin JB, Davis PG, Dargaville PA for (ANZNN)	2013	'Early Continuous Positive Airway Pressure (CPAP) Failure in Preterm Infants: A Population-based Study' <i>Pediatric Academic Society/Society for Pediatric Research (PAS/SPR) Conference, Washington DC USA May 2013</i>	Poster
Gerber A, De Paoli AG, Kamlin CO, Johansson S, Carlin JB, Davis PG, Dargaville PA for ANZNN	2013	'Incidence and consequences of early continuous positive airway pressure (CPAP) failure in preterm infants: a population-based study' <i>Perinatal Society of Australia and New Zealand (PSANZ) Conference, Adelaide April 2013</i>	Poster
Goulding L, Nathan K	2013	'The use of gonadotrophin releasing hormone agonist analogues to preserve ovarian function post chemotherapy' <i>RANZCOG Provincial Fellows ASM 2013, Mildura. April 2013</i>	Presentation
GP Liaison Officer	2013	GP Liaison Newsletter Issue 1 April 2013	Newsletter / Epub
GP Liaison Officer	2013	GP Liaison Newsletter Issue 2 May 2013	Newsletter / Epub
GP Liaison Officer	2013	GP Liaison Newsletter Issue 3 May 2013	Newsletter / Epub
GP Liaison Officer	2013	GP Liaison Newsletter Issue 4 May 2013	Newsletter / Epub
GP Liaison Officer	2013	GP Liaison Newsletter Issue 5 Jun 2013	Newsletter / Epub
GP Liaison Officer	2013	GP Liaison Newsletter Issue 6 Jun 2013	Newsletter / Epub
Griffin PE, Roddam LF, Belessis YC, Strachan R, Beggs S, Jaffe A, et al.	2012	'Expression of PPARGgamma and paraoxonase 2 correlated with Pseudomonas aeruginosa infection in cystic fibrosis' <i>PLOS ONE 7(7) pp e42241. Epub 2012/08/04 DOI:10.1371/journal.pone.</i>	Journal Article
Gudden J Jack Jumper Allergy Program	2013	Jack Jumper Allergy Program – Community Awareness notice	Newsletter
Hahn S, Choi HJ, Soll R, Dargaville PA	2013	'Lung lavage for meconium aspiration syndrome in newborn infants' <i>Cochrane Database of Systematic Reviews 4: CD003486</i>	Journal Article / Research Support
Hammond A, Daniels C, Wilson S, Neurosurgical Unit	2012	'Patient and care-giver' <i>Brain Tumour Education Day November 2012</i>	Open Forum
Hewer S, Lucas R, van der Mei I, Taylor BV	2013	'Journal of Clinical Neuroscience: Official Journal of The Neurosurgical Society of Australasia' <i>20(5) pp634-41 Epub 2013/03/26 DOI:10.1016/j.jocn.2012.10.005</i>	Journal Article
Holmes M, Jackson H, Wheeler KI, Dargaville PA, Jones N, Fenton E, Ee M	2013	'True congenital pancreatic cyst: Challenges of diagnosis and management' <i>Perinatal Society of Australia and New Zealand (PSANZ) Conference, Adelaide April 2013</i>	Poster
Hoy W, Karu N, Foote S, Mathews JD, Thomson R, McMorran B, Hilder E, Davies N, Shellie R, Jose MD	2012	'Enquiry into genetic associations of Renal and related chronic disease in Tiwi aboriginal people' <i>48th Annual Scientific Meeting of ANZSN, Auckland, NZ</i>	Presentation
Hynes K, Otahal P, Hay I, Burgess J	2013	'Mild iodine deficiency during pregnancy is associated with reduced educational outcomes in the offspring: 9 year follow up of the gestational cohort' <i>Journal of Clinical Endocrinology & Metabolism 98 pp1954-62</i>	Journal Article
Jackson HD, Lim K, Gale TJ, Wheeler KI, Dargaville PA	2013	'Mask Versus Prongs For CPAP Delivery: Incidence Of Bradycardia, Apnea And Desaturation (BAD) Events' <i>Perinatal Society of Australia and New Zealand (PSANZ) Conference, Adelaide April 2013</i>	Presentation

Author, Unit or Area	Year	Title	Publication
Jackson HD, Lim KLK, Gale TJ, Wheeler KI, Dargaville PA	2013	'Mask Versus Prongs For CPAP Delivery: Incidence Of Bradycardia, Apnea And Desaturation (BAD) Events' <i>Pediatric Academic Society/Society for Pediatric Research (PAS/SPR) Conference, Washington DC USA May 2013</i>	Poster
Jayde V, Boughton M, Blomfield P	2013	'The experience of chemotherapy-induced alopecia for Australian women with ovarian cancer' <i>European Journal of Cancer Care</i> 22(4) pp503-12 DOI: 10.1111/ecc.12056	Journal Article - research
Jeng MJ, Yeh TF, Dargaville PA, Shaffer TH, Wung JT	2012	'Neonatal respiratory care' <i>International Journal of Pediatrics</i> (2012); DOI: 10.1155/2012/213974	Journal Article
Johnson DW, Jones G, Jose MD et al	2012	'Chronic Kidney Disease and automatic reporting of estimated glomerular filtration rate: Revised recommendations' <i>Medical Journal of Australia</i> 197(4):pp224-5 DOI: 10.5694/mja1111468	Journal Clinical Focus
Jones N, Ee M, Fenton E, Department of Paediatric Surgery	2013	'iMIS – the index of Minimally Invasive Surgery' <i>82nd Annual Scientific Congress of the Royal Australasian College of Surgeons, Auckland</i>	Presentation
Jones P, Dunn B, Brown A, Fatovich D, Taylor D, Hew R, Borland M, Chu K, Lawler A, Holdgate A, Rosengarten P	2012	'Australasian College for Emergency Medicine trainee research project bar is not too high' <i>Emergency Medicine Australasia</i> 24(2) pp201-2 DOI:10.1111/j.1742-6723.2012.01544.x revised 2013/05/10	Journal Letter
Keith L, Rattigan S, Keske M, Jose M, Sharman J	2013	'Exercise aortic stiffness: reproducibility and relation to end-organ damage in men' <i>Journal Human Hypertension</i> 27(8) pp516-22	Journal Article
Kihlstrand JF, Sand C, Dawson JA, Dargaville PA, Davis PG	2013	'Study of neonatal oximetry and oxygen therapy in preterm infants receiving mechanical ventilation' <i>Perinatal Society of Australia and New Zealand (PSANZ) Conference, Adelaide April 2013</i>	Presentation
Knight M, Lim B	2012	'Immunisation against influenza during pregnancy. The benefits outweigh the risks' <i>BMJ</i> 344 ppe3091	Journal Article
Kothari D, Lim BH.	2012	'Outcomes of diabetes in pregnancy in an Australian teaching hospital' <i>20th World Congress in Obstetrics and Gynaecology, Rome October 2012</i>	Presentation
Laslett L, Quinn S, Burgess J, Parameswaran V, Winzenberg T, Jones G, Ding C	2012	'Moderate Vitamin D is associated with changes in knee & hip pain in older adults' <i>Ann. Rheum. Disease</i> 10 pp1136	Journal Article
Lim B		'PASSit, an online revision tool for the MRCOG examinations' <i>Oxford University Press 2012 – 2013</i>	Book
Lim BH, Mahmood TA	2013	'Clinicians in Leadership and Management in the National Health Service' <i>Obstetrics, Gynaecology and Reproductive Medicine, May 2013</i> . 23(5) pp160 – 161.	Journal Article
Lim KLK, Wheeler KI, Gale TJ, Jackson HD, Dawson JA, Dargaville PA	2013	'Oxygen Saturation Targeting in Preterm Infants Receiving Continuous Positive Airway Pressure (CPAP)' <i>Pediatric Academic Society/Society for Pediatric Research (PAS/SPR) Conference, Washington DC USA</i>	Poster
Lim KLK, Wheeler KI, Gale TJ, Jackson HD, Kihlstrand JF, Sand C, Dawson JA, Dargaville PA	2013	'Oxygen Saturation Targeting in Preterm Infants Receiving Continuous Positive Airway Pressure (CPAP)' <i>Perinatal Society of Australia and New Zealand (PSANZ) Conference, Adelaide April 2013</i>	Presentation
Ling Z, Squires K, Amor D, Els I, Dargaville P, Wheeler KI	2013	'Case report of a family with a novel 14q21.1-21.2 deletion' <i>Perinatal Society of Australia and New Zealand (PSANZ) Conference, Adelaide April 2013</i>	Poster
Lloyd B, Jose MD	2012	'Qualitative study investigating how healthcare providers and people with chronic kidney disease (ckd) view dialysis' <i>48th Annual Scientific Meeting of ANZSN, Auckland, NZ</i>	Presentation

Author, Unit or Area	Year	Title	Publication
Maharon B, Studley T, Ee M, Fenton E, Jones N. Department of Paediatric Surgery.	2013	'Clinical decision making in Paediatric Surgery: a quantitative and qualitative pilot study' <i>46th Annual Meeting of the Pacific Association of Paediatric Surgeons together with the Annual Meeting of the Australian and New Zealand Association of Paediatric Surgeons and 82nd Annual Scientific Congress of the Royal Australasian College of Surgeons, Auckland NZ</i>	Presentation
Marsden K	In press	'Chapter 22 Management of patients with arrhythmias and conduction problems' <i>Farrell & Dempsey: Smeltzer & Bare's Textbook of Medical-Surgical Nursing – Third Australian and New Zealand Edition</i>	Book
Marsden K	2013	'Early Parenteral Nutrition in Critically Ill Patients With Short-term Relative Contraindications to Early Enteral Nutrition, A Randomized Controlled Trial' <i>ANZICS Early PN Investigators JAMA</i>	Journal Article
McBride A, Flynn J, Miller G, Barnes M, Mackie S	2013	'Body mass index acetabular component position in total hip arthroplasty' <i>ANZ Journal of Surgery</i> 83(3) pp171-4 DOI:10.1111/j.1445-2197.2012.0316.x Epub 2012/08/21	Journal Article
McDonald JC, Mestitz, HM	2013	'Calcineurin inhibitor encephalopathy can develop years post lung transplantation' <i>Transplant International</i> doi:10.1111/tri.12137	Journal Article
McDonald SP (Ed), Jose MD, Hurst K	2012	'End-stage kidney disease in Indigenous Peoples of Australia and New Zealand' <i>35th ANZDATA Annual Report 2012</i>	Article
McKenzie D, Rawlins M, Del Mar C	2013	'Antimicrobial stewardship: what's it all about?' <i>Australian Prescriber</i> 36(4) pp116–20	Journal Article
McKercher C, Sanderson K, Jose MD	2013	'Psychosocial factors in people with chronic kidney disease prior to renal replacement therapy' <i>Nephrology (Carlton)</i> . 2013	Journal Article
McKercher C, Venn A, Blizzard CL, Nelson M, Palmer AJ, Ashby M, Scott J, Jose MD	2012	'Cognitive function, health decision making and outcomes in people with eGFR 15–29 ml/min/1.73 m ² ' <i>48th Annual Scientific Meeting of ANZSN, Auckland, NZ</i>	Presentation
McKercher C, Venn A, Blizzard CL, Nelson M, Palmer AJ, Ashby M, Scott J, Jose MD	2012	'Psychosocial factors (depression, anxiety and social isolation) and their influence on the progression of chronic kidney disease and use of kidney replacement therapy' <i>48th Annual Scientific Meeting of ANZSN, Auckland, NZ</i>	Presentation
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' <i>BMC Nephrology</i> 2013 (in press date 12/4/13)	Journal Article
Mohamed M, Dun K	2013	'Tetraploidy with double t(15;17)(q22;q21) in acute promyelocytic leukaemia' <i>Pathology</i> . 45(2) pp203-5. DOI: 10.1097/PAT.0b013e32835c772c	Journal Article
Mohamed M, Dun K, Sharma S, Khalafallah A	2013	'Ring chromosome with deletion 7q in acute myeloid leukaemia' <i>BMJ Case Reports</i> . doi:10.1136/bcr-2013-009942 Epub PubMed ID 23813513	Journal Article

Author, Unit or Area	Year	Title	Publication
Moran C, Phan TG, Chen J, Blizzard L, Beare R, Venn A, Munch G, Wood AG, Forbes J, Greenaway TM, Pearson S, Srikanth V	2013	'Brain Atrophy in Type 2 Diabetes' <i>Diabetes Care</i> DOI:10.2337/dc13-0143 2013/08/12 Epub 2013/05/19	Journal Article
Muskett C	2013	'Trauma-informed care in inpatient mental health settings: A review of the literature' <i>International Journal of Mental Health Nursing</i> doi:10.1111/inm.12012 Epub 2013/01/30	Journal Article
Naidoo YS, Gupta R, Sacks R	2012	'A retrospective case review of isolated sinonasal amyloidosis' <i>Journal of Laryngology & Otology</i> 126(6) pp633-7	Journal Article
Nalder J	2012	'Effectiveness of Malnutrition Screening of Oncology Patients on the Appropriateness of Dietetic Referrals'	Research Poster
Nalder J	2013	'Paediatrics Eating Disorder Snacks List'	Leaflet
Nalder J	2013	Lactose Free Vs Dairy Free	Powerpoint
O'Hern JA, Gooley L	2013	'A description of human hydatid disease in Tasmania in the post-eradication era' <i>Medical Journal of Australia</i> 199(2) pp117-20 DOI:10.5694/mja12.11745	Journal Research
Paed CF	2012	'Consumer focused treatment plan (interdisciplinary)'	Internal care plan
Paed CF	2013	'Continuing the CF dietitian Vision'	Poster (conference)
Paed CF	2013	'Cystic fibrosis and schools - information for education department'	Online Flyer
Paed CF	2012	'Moving on Up' – gaining the skills to transition from paediatric to adult care	Newsletter NGO CFT
Paed CF	2012	'Paediatric Cystic Fibrosis Services – the year that was 2011'	Newsletter NGO CFT
Paed CF	2012	'Paediatric Cystic Fibrosis Services – the year that was 2012'	Newsletter NGO CFT
Paed CF	2012	'Pancreatic enzyme replacement therapy – information for teachers'	Booklet
Paed CF	2013	'Partnering with families and the Education Department to improve the CF school experience'	Conference poster (lay and medical program)
Paed CF	2013	Acapella	Leaflet
Paed CF	2013	Blowing games	Leaflet
Paed CF	2013	CF Clinic Information Paediatrics	Leaflet
Paed CF	2012	Do you plan to have another baby? Your reproductive choices	RHH Leaflet
Paed CF	2012	Effects of CF on the body: Digestive System	RHH Leaflet
Paed CF	2012	Effects of CF on the body: Lungs	RHH Leaflet
Paed CF	2012	Effects of CF on the body: Pancreas	RHH Leaflet
Paed CF	2012	Effects of CF on the body: Sweat Glands	RHH Leaflet
Paed CF	2013	Flutter	Leaflet
Paed CF	2012	GP or team	RHH Leaflet

Author, Unit or Area	Year	Title	Publication
Paed CF	2012	Lung functions	Leaflet
Paed CF	2012	New diagnosis information pack	Booklet
Paed CF	2013	PEP mask	Leaflet
Paed CF	2013	Tasmanian Cystic Fibrosis Service: school presentation	Powerpoint
Paed CF	2012	Template for annual CF information letter to teachers	Online Resource
Paed CF	2013	Template for correspondence to GP following clinic	Letter
Paed CF	2013	Update: Australian and New Zealand Cystic Fibrosis Nutrition Guidelines	Newsletter NGO CFT
Paed CF	2012	Useful CF definitions	RHH Leaflet
Paed CF	2013	Vitamin D and the Tasmanian Paediatric Population	Conference poster (lay and medical program)
Paine MJ, Wheeler K, Peterson G, Spiller C	2013	'Variation in Vancomycin Dosing and Monitoring Across Neonatal Units of the ANZ Neonatal Network' <i>Perinatal Society of Australia and New Zealand (PSANZ) Conference, Adelaide April 2013</i>	Poster
Paniak A, Chin GSM, Raymond S, Thomas V	2013	'A narrative review of interagency communication: Improving outcomes for pregnancies with complex psychosocial needs' <i>WHA Conference, Gold Coast. June 2013</i>	Presentation
Patel RP, Farawahida S, Shastri MD, Wanandy T, Jose MD	2013	'Physical and chemical stability of ceftazidime and cefazolin in peritoneal dialysis solutions packaged in dual-chamber infusion bags' <i>American Journal of Health System Pharmacy 70</i>	Journal Article
Patel RP, Shastri MD, Bakkari M, Wanandy T, Jose MD	2013	'Stability of the combination of ceftazidime and cephalosporin in extraneal and fresenius peritoneal dialysis solution' <i>Peritoneal Dialysis International 33(2) (in press date 8/2/13)</i>	Journal Article
Patel RP, Shastri MD, Bakkari M, Wanandy T, Jose MD Jack Jumper Allergy Program and Pharmacy Department, RHH	2013	'Stability of the combination of ceftazidime and cephalosporin in icodextrin or pH neutral peritoneal dialysis solution' <i>Peritoneal Dialysis International 2013 (in press date 8/2/13)</i>	Journal Article
Patel RP, Shastri MD, Bakkari M, Wanandy T, Jose MD	2013	'The physicochemical stability of ceftazidime or cephalosporin in peritoneal dialysis solutions packaged in dual chamber infusion bags.' <i>International Journal of Mental Health Nursing doi:10.1111/inm.12012 Epub 2013/01</i>	Journal Article
Patel RP, Wanandy T, Loring S, Hutchinson JC, Shastri MD Jack Jumper Allergy Program and Pharmacy Department, RHH	2013	'Stability of Diluted Iron Polymaltose in PVC Infusion Bags' <i>Journal of Pharmacy Practice and Research. 43(2) pp112-6</i>	Journal Research
Patel RP, Wanandy T, Loring S, Johns C, Hutchinson J, Shastri M	2013	'Stability of Diluted Iron Polymaltose in PVC Infusion Bags' <i>Journal of Pharmacy Practice & Research 43(2) pp112-6</i>	Journal Article - Research
Patel RP, Wanandy T, Loring S, Johns C, Shastri MD - Jack Jumper Allergy Program and Pharmacy Department, RHH	2012	'The Physicochemical Stability of Diluted Iron Polymaltose in Polyvinyl Chloride Infusion Bags' <i>APSA Annual Conference December 2012, Sydney NSW, pp. 210.</i>	Presentation
Raymond S.H	2013	'A Survey of prescribing for the management of nausea and vomiting in pregnancy in Australasia' <i>Australian & New Zealand Journal of Obstetrics & Gynaecology 53 (4) pp358 – 62. DOI:10.1111/ajog.12045 Epub 2013/01/25</i>	Journal Article

Author, Unit or Area	Year	Title	Publication
Raymond SH	2013	'Changes in Admissions for Hyperemesis following an Education day for GPs' RANZCOG Provincial Fellows ASM Mildura April 2013	Poster
Rich L, Ashby M,	2012	'A Time to Give Thanks' <i>Journal of Bioethical Inquiry</i> 9(4) pp381-3 DOI:10.1007/s11673-012-90404-9	Journal Article - Editorial
Rich L, Ashby M,	2012	'Rethinking the Body and Its Boundaries' <i>Journal of Bioethical Inquiry</i> 9(1) pp1-6 DOI:10.1007/s11673-011-9353-8	Journal Article - Editorial
Rich L, Ashby M,	2012	'Today's 'Sexmission'' <i>Journal of Bioethical Inquiry</i> 9(3) pp229-33 DOI:10.1007/s11673-012-9385-8	Journal Article - Editorial
Roehrer E, Cummings E, Turner P, Hauser J, Cameron-Tucker H, Beggs SA et al	2013	'Supporting cystic fibrosis with ICT' <i>Studies in Health Technology and Informatics.</i> 183 pp137-41. Epub 2013/02/08	Journal Article
Schofield C, Sladden MJ	2012	'Ulcerative necrobiosis lipoidica responsive to colchicine' <i>The Australasian Journal of Dermatology</i> 53(3) ppe54-7 DOI10.1111/j.1440-0960.2011.00768.x	Journal Article / Case Study
Sim AHY, Squires K, Dargaville P, EE M, Brothers L, Lim B, Wheeler K	2013	'Gastroschisis: A case of unexpected third trimester gastric exteriorisation' <i>Perinatal Society of Australia and New Zealand (PSANZ) Conference Adelaide April 2013</i>	Poster
Smith L, Ford K	2013	'Communicating with children, young people and families – a family strengths-based approach' <i>Children, Youth and Family Health: Strengthening Communities. Second Edition.</i> pp97-110	Book
South M, Beggs S	2012	'The clinical consultation.' <i>Practical Paediatrics.</i> 7th ed: Churchill Livingstone Elsevier; 2012	Book
Srikanth V, Westcott B, Forbes J, Phan TG, Beare R, Venn A, Pearson S, Greenaway T, Parameswaran V, Munch G	2013	'Methyl glyoxal, cognitive function and cerebral atrophy' <i>Journal of Gerontology: Biol Sciences & Med Sciences</i> 68(1) pp68 - 73	Journal Article
Stirling C, Lloyd B, Scott J, Abbey J, Croft T, Robinson A	2012	'A qualitative study of professional and client perspectives on information flows and decision aid use' <i>BMC Medical Informatics and Decision Making.</i> 12 pp26 doi:10.1186/1472-6947-12-26	Journal Article
Udayan R	2012	'Clinical Cases in the Practice' <i>Annual Conference of Association of Medical Biochemists of India Bhubaneswar India, December 2012</i>	Presentation
Udayan R	2012	'Insulin Resistance in Malignancy' <i>Annual Scientific Conference of the American Association of Clinical Chemistry Los Angeles USA, July 2012</i>	Poster
Udayan R	2012	'NGAL – A novel marker for AKI' <i>Annual Conference of Association of Medical Biochemists of India Bhubaneswar India, December 2012</i>	Presentation
Walker S	2012	'Regarding Protamine, ACT and Sheath Removal...' <i>Journal of Interventional Cardiology</i> 25(3) pp 313-4 DOI: 10.1111/j.1540-8183.2012.00724.x	Journal Article-commentary
Walker S	2012	'U Clips for arteriovenous anastomosis: a pilot, randomized study' <i>ANZ Journal of Surgery</i> 82(9) pp630-2 Epub2012/08/20 DOI: 10.1111/j.1445-2197.2012.06153.x	Comparative Study / Journal Article
Walker S, Beasley C, Reeves M	2012	'A retrospective study on the use of heparin for peripheral vascular intervention' <i>Perspectives in Vascular Surgery & Endovascular Therapy</i> 24(2) pp63-9 DOI:10.1177/1531003512459889 Epub 2012/10/24	Journal Article

Author, Unit or Area	Year	Title	Publication
Walker S, Harle R, Froelich J	2012	'Caution: abnormal venous anatomy when inserting central venous catheters' <i>ANZ Journal of Surgery</i> 82(9) pp653-4 DOI:10.1111/j.1445-2197.2012.063170.x	Journal Article / Case Report
Walker SR, Smith A	2013	'Randomized, blinded study to assess the effect of povidone-iodone on the groin wound of patients undergoing primary varicose vein surgery' <i>ANZ Journal of Surgery</i> Epub 2013/01/29	Journal Article
Ware T, Whitelaw C, Flett P, Parameswaran V	2013	'Vitamin D status in Tasmanian children with Cerebral Palsy' <i>Journal of Paediatrics & Child Health</i> , 49(4) pp348-54 DOI:10.1111/jpc.12144	Letter to the Editor
Wheeler KI, Lim KLK, Gale TJ, Dargaville PA	2013	'Effects of inspired oxygen adjustments on spo2 in pre-term infants receiving continuous positive airway pressure' Perinatal Society of Australia and New Zealand (PSANZ) Conference, Adelaide April 2013	Poster
Wheeler KI, Lim KLK, Gale TJ, Dargaville PA	2013	'Inspired Oxygen Adjustments: Effects upon SpO2 in Preterm Infants Receiving Continuous Positive Airway Pressure (CPAP)' Pediatric Academic Society/Society for Pediatric Research (PAS/SPR) Conference, Washington DC USA May 2013	Poster
Wheeler KI, Reed A, Newham T, Gallahar S, Dargaville PA	2013	'Staff perceptions of two systems for delivering neonatal continuous positive airway pressure' Perinatal Society of Australia and New Zealand (PSANZ) Conference, Adelaide April 2013	Poster
Whelan J, Gent H	2013	'Viewings of deceased persons in a hospital mortuary: critical reflection of social work practice' <i>Australian Social Work</i> 66(1) pp130-44 DOI:10.1080/0312407X.2011.645244 Epub 2012/05/25	Journal Article
Whyte AF, Jones DL, Dreyer MD	2012	'Vitamin B12 deficiency causing hyperhomocysteinaemia and venous sinus thrombosis' <i>Internal Medicine Journal</i> 42(5) pp601-3	Journal Article / Case Study
Williams C	2012	'Viral bronchiolitis for the clinician...' <i>Paediatr Child Health</i> . 47(4) pp160-6' <i>Journal of Paediatrics & Child Health</i> 48(5) pp453 DOI:10.1111/j.1440-1754.2012.02456.x	Journal Article - commentary
Williamson J (Leang SK, et al)	2013	'Influenza antiviral resistance in the Asia Pacific region during 2011' <i>Antiviral Research</i> 97(2) pp206-10 Feb 2013	Research Article
Wilson RK, Connolly MJ, Harrop RA	2013	'Severe Infusion -Related Reaction to Liposomal Amphotericin B' <i>Journal of Pharmacy Practice and Research</i> 43(1) pp51-2	Journal Article / Case Study
Yasin A, Chin GSM, Lim BH	2013	'Variations in the Practice of Active Management of Third Stage of Labour (AMTSL). Can we do better?' Women's Healthcare Australasia Conference Gold Coast June 2013	Presentation

Table 35: Publications and Presentations

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 objectives 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. The THO-South will also afford natural justice to any person who is the subject of a disclosure.

During 2012-13 the THO-South did not receive any Public Interest Disclosure reports.



Ministerial Directions and Performance Escalations

THO-South Level	Nature of Escalation	Date of Escalation	Date of De-escalation
Level 1 (Under Review)	"Emergency Department Access" Performance Domain	4 October 2012	8 March
Level 1 (Under Review)	"Safety and Quality" Performance Domain	1 November 2012	Remained at Level 1 at 30 June 2013
Level 1 (Under Review)	Under section 52 of the <i>Tasmanian Health Organisation Act 2011</i> , THOs were requested to provide a progress report on how 2012-13 savings strategies were being implemented to ensure a balanced budget outcome is achieved.	30 November 2012	Remained at Level 2 at 30 June 2013
Level 2 (Unsatisfactory Performance)	At the end of December 2012, THO-South was projecting a budget overrun of \$13.3M request issued for detailed savings strategies.	22 January 2013	Remained at Level 2 at 30 June 2013

Table 36: Ministerial Directions and Performance Escalations

Key Health or Health Related Legislation

Health Act 1997

Health Complaints Act 1995

Health Practitioner Regulation National Law (Tasmania) Act 2010

Health Practitioners Tribunal Act 2010

Health Professionals (Special Events Exemption) Act 1998

Health Service Establishments Act 2006

Model Work Health and Safety (WHS) Act 2012

Pharmacy Control Act 2001

Poisons Act 1971

Tasmanian Health Organisations Act 2011

Therapeutic Goods Act 2001

Other Tasmanian Health Related Legislation

Adoption Act 1988

Aged Care Act 1997

Alcohol and Drug Dependency Act 1968

Ambulance Service Act 1982

Anatomical Examinations Act 2006

Blood Transfusion (Limitation of Liability) Act 1986

Child Protection (International Measures) Act 1997

Children, Young Persons and Their Families Act 1997

Constitution (State Employees) Act 1994

Disability Services Act 1992 (new act 11/12)

Fee Units Act 1997

Fee Units Amendment Act 2002

Fluoridation Act 1968

Food Act 2003

Guardianship and Administration Act 1995

Guardianship and Administration Amendment Act 2006

HIV/AIDS Preventive Measures Act 1993

Human Cloning for Reproduction and Other Prohibited Practices Act 2003

Human Embryonic Research Regulation Act 2003

Human Tissue Act 1985

Medical Radiation Science Professionals Registration Act 2000

Mental Health Act 1996

Misuse of Drugs Act 2001

Obstetric and Paediatric Mortality and Morbidity Act 1994

Optometry Offences Act 2010

Public Health Act 1997

Radiation Protection Act 2005

Royal Derwent Hospital (Sale of land) act 1995

Surrogacy Contracts Act 1993

Key Legislation relating to Human Resources

Anti-Discrimination Act 1998

Industrial Relations Act 1984

State Service Act 2000

Workers Rehabilitation and Compensation Act 1988

Workplace Health and Safety Act 2012

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

Key Legislation relating to Governance Responsibilities and Performance

Financial Management and Audit Act 1990

Personal Information Protection Act 2004

Public Interest Disclosures Act 2002

Right to Information Act 2009

Other Broadly Applicable Legislation

Acts Interpretation Act 1931

Archives Act 1983

Audit Act 2008

Building Act 2000

Civil Liability Act 2002

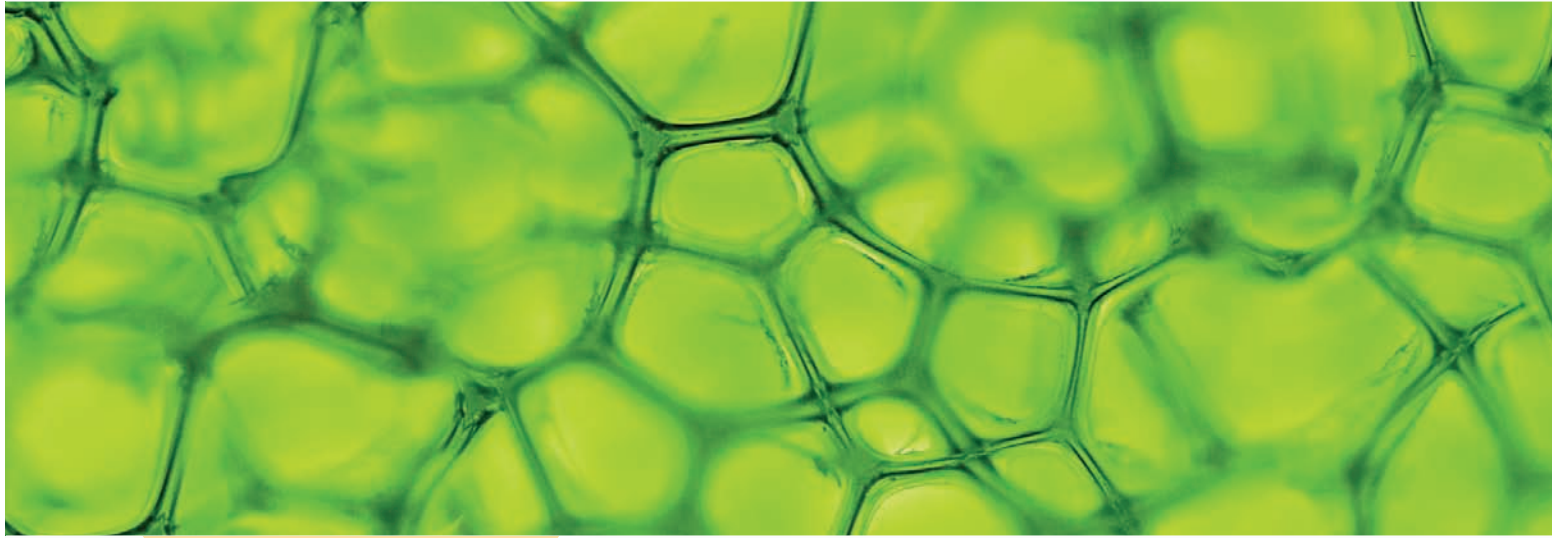
Civil Liability Amendment Act 2008

Dangerous Substances (Safe Handling) Act 2005

Economic Regulator Act 2009

Emergency Management Act 2006

Mutual Recognition (Tasmania) Act 1993





PART 3 — FINANCIAL STATEMENTS

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Statement of Comprehensive Income for the Year Ended 30 June 2013

	Notes	2013 Budget \$'000	2013 Actual \$'000
<i>Continuing operations</i>			
Revenue and other income from transactions			
Grants	1.7(b), 7.1	436 918	459 729
Sales of goods and services	1.7(c), 7.2	38 559	60 924
Interest	1.7(d)	283	203
Other revenue	1.7(f), 7.3	6 728	11 999
Total revenue and other income from transactions		482 488	532 855
Expenses from transactions			
Employee benefits	1.8(a), 8.1	320 302	360 340
Depreciation and amortisation	1.8(b), 8.2	12 646	10 217
Supplies and consumables	8.3	137 424	145 408
Grants and subsidies	1.8(c), 8.4	400	90
Other expenses	1.8(e), 8.5	22 390	13 684
Total expenses from transactions		493 162	529 739
Net result from transactions (net operating balance)		(10 674)	3 116
Other economic flows included in net result			
Net gain/(loss) on non-financial assets	1.9(a), 9.1	35	(2 185)
Net gain/(loss) on financial instruments and statutory receivables/payables	1.10(b), 9.2	0	149
Total other economic flows included in net result		35	(2 036)
Net result from continuing operations		(10 639)	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	1.10(e), 13.2	46 244	101 578
Total other comprehensive income		46 244	101 578
Comprehensive result		35 605	102 658

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

Budget information refers to original Budget reflected in the 2012-13 Budget Papers, which 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 2013

	Notes	2013 Budget \$'000	2013 Actual \$'000
Assets			
<i>Financial assets</i>			
Cash and deposits	I.10(a), 14.1	7 153	18 843
Receivables	I.10(b), 10.1	5 537	9 334
Other financial assets	I.10(c), 10.2	379	3 627
<i>Non-financial assets</i>			
Inventories	I.10(d), 10.3	0	3 709
Property, plant and equipment	I.10(e), 10.4	230 043	350 268
Intangibles	I.10(f)	1 140	0
Other assets	I.10(g), 10.5	1 624	1 550
Total assets		245 876	387 331
Liabilities			
Payables	I.11(a), 11.1	3 258	11 432
Employee benefits	I.11(c), 11.2	67 701	82 650
Other liabilities	I.11(e), 11.3	9 027	4 952
Total liabilities		79 986	99 034
Net assets		165 890	288 297
Equity			
Contributed capital	I.1, 13.1	130 285	185 639
Reserves	13.2	46 244	101 578
Accumulated funds		(10 639)	1 080
Total equity		165 890	288 297

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

Budget information refers to original Budget reflected in the 2012-13 Budget Papers, which 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 2013

	Notes	2013 Budget \$'000	2013 Actual \$'000
		Inflows (Outflows)	Inflows (Outflows)
Cash flows from operating activities			
Cash inflows			
Grants		436 918	447 109
Sales of goods and services		38 375	58 462
GST receipts		0	12 967
Interest received		283	203
Other cash receipts		6 728	11 999
Total cash inflows		482 304	530 740
Cash outflows			
Employee benefits		(321 170)	(355 110)
GST payments		0	(12 521)
Grants and transfer payments		(400)	(90)
Supplies and consumables		(137 463)	(141 944)
Other cash payments		(22 226)	(13 923)
Total cash outflows		(481 259)	(523 588)
Net cash from (used by) operating activities	14.2	1 045	7 152
Cash flows from investing activities			
Cash inflows			
Proceeds from the disposal of non-financial assets		35	13
Receipts from Investments		7 697	0
Total cash inflows		7 732	13
Cash outflows			
Payment for acquisition of non-financial assets		(1 624)	(3 548)
Total cash outflows		(1 624)	(3 548)
Net cash from (used by) investing activities		6 108	(3 535)
Net increase (decrease) in cash and cash equivalents held		7 153	3 617
Cash and deposits at the beginning of the reporting period		0	0
Cash transferred in on establishment		0	15 226
Cash and deposits at the end of the reporting period	14.1	7 153	18 843

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

Budget information refers to original Budget reflected in the 2012-13 Budget Papers, which 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 2013

	Notes	Contrib Capital \$'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	1.1,1.6	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.

Notes to and Forming Part of the Financial Statements for the Year Ended 30 June 2013

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Notes to and Forming Part of the Financial Statements for the Year Ended 30 June 2013

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Note I Significant Accounting Policies

I.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.

THO-South replaced the Southern Area Health Service (STAHS) that was directly managed by the Department of Health and Human Services. On 1 July 2012 the assets and liabilities directly attributable to STAHS were transferred to THO-South as follows:

	Notes	Transfer on the 1 July 2012 \$'000
Assets		
<i>Financial assets</i>		
Cash and deposits		15 226
Receivables		8 195
Other financial assets		520
<i>Non-financial assets</i>		
Inventories		4 398
Assets held for sale		0
Property, plant and equipment		244 900
Intangibles		36
Other assets		890
Total assets		274 165
Liabilities		
Payables		5 966
Employee benefits		77 420
Other liabilities		5 141
Total liabilities		88 527
Net assets transferred	13.1	185 638

Under National Health Reform, the majority of funding previously provided by the Australian Government under the Health Specific Purpose Payment (SPP) is now provided to the THO via accounts held in the National Pool. In 2011-12, this funding was paid to the DHHS by way of a recurrent appropriation, in 2012-13 this funding flowed as grants to the THO. Also, under new administrative arrangements in place for 2012-13, funding due to the THO 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 fee paying privately insured patients, or patients who will receive compensation for these expenses due to the circumstances surrounding their injury. The financial statements encompass all funds through which the 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.

As these are the inaugural financial statements of THO-South no prior year comparative data is available.

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 Chair of the Governing Council and the Acting Chief Executive Officer on 15 August 2013, and re-signed by the Chair of the Governing Council and the Acting Chief Executive Officer on 30 September 2013.

Compliance with the Australian Accounting Standards may not result in compliance with International Financial Reporting Standards, as the AAS include requirements and options available to not-for-profit organisations that are inconsistent with IFRS. The THO 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 Financial Statements have been prepared as a going concern. The continued existence of the THO, undertaking its current activities, is dependent on Government policy and continuing funding by the Department of Health and Human Services for the THO's administration and activities.

1.3 Functional and Presentation Currency

These Financial Statements are presented in Australian dollars, which is the THO'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 that are relevant to its operations and effective for the current annual reporting period. These include:

- *AASB 2010-6 Amendments to Australian Accounting Standards – Disclosures on Transfers of Financial Assets* [AASB s 1 & 7] – This Standard introduces additional disclosure relating to transfers of financial assets in AASB 7. An entity shall disclose all transferred financial assets that are not derecognised and any continuing involvement in a transferred asset, existing at the reporting date, irrespective of when the related transfer transaction occurred. There is no financial impact.
- *AASB 2011-1 Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project* [AASB s 1, 5, 101, 107, 108, 121, 128, 132 & 134 and Interpretations 2, 112 & 113] – this Standard, in conjunction with AASB 1054, removes disclosure requirements from other Standards and incorporates them in a single Standards to achieve convergence between Australian and New Zealand Accounting Standards. There is no financial impact.
- *AASB 2011-9 Amendments to Australian Accounting Standards – Presentation of Items Other Comprehensive Income* [AASB 1, 5, 7, 101, 112, 120, 121, 132, 133, 134, 1039 & 1049] – This Standard requires to group items presented in other comprehensive income on the basis of whether they are potentially reclassifiable to profit or loss subsequently (reclassification adjustments). There is no financial impact.
- *AASB 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 amends the mandatory effective date of AASB 9 Financial Instruments so that AASB 9 is required to be applied for annual reporting periods beginning on or after 1 January 2015 instead of 1 January 2013. There is no financial impact.

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

The following relevant standards have been issued by the AASB and are yet to be applied:

- *AASB 13 Fair Value Measurement* – This Standard defines fair value, sets out a framework for measuring fair value and requires disclosures about fair value measurements. *AASB 13 Fair Value Measurement* 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's assets and liabilities (excluding leases), that are measured and/or disclosed at fair value or another measurement based on fair value.

The THO has commenced reviewing 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 determine whether those methodologies comply with AASB 13. To the extent that the methodologies don't comply, changes will be necessary. While the THO is yet to complete this review, no substantial changes are anticipated, based on the fair value methodologies presently used. Therefore, at this stage, no consequential material impacts are expected for the THO's property, plant and equipment as from 2013-14.

AASB 13 will require an increased amount of information to be disclosed 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 THO, the amount of information to be disclosed will be relatively greater.

- *AASB 119 Employee Benefits* – This Standard supersedes *AASB 119 Employee Benefits*, introducing a number of changes to accounting treatments. The Standard was issued in September 2012. The THO has not yet determined the potential financial impact of the standard.
- *AASB 2010-7 Amendments to Australian Accounting Standards arising from AASB 9 (December 2010)* [AASB s 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Interpretations 2, 5, 10, 12, 19, & 127] – This Standard makes consequential amendments to other Australian Accounting Standards and Interpretations as a result of issuing AASB 6 in December 2010. It is not anticipated that there will be any financial impact.

- *AASB 2011-8 Amendments to Australian Accounting Standards arising from AASB 13 [AASB 1, 2, 3, 4, 5, 7, 101, 116, 117, 118, 119, 120, 121, 131, 132, 133, 134, 136, 138, 139, 140, 141, 1004, 1023 & 1038 and Interpretations 2, 4, 12, 13, 14, 17, 19, 131 & 132]* – This Standard replaces the existing definition and fair value guidance in other Australian Accounting Standards and Interpretations as the result of issuing AASB 13 in September 2011. It is anticipated that there will not be any financial impact.
- *AASB 2011-10 Amendments to Australian Accounting Standards arising from AASB 119 (September 2011) [AASB 1, 8, 101, 124, 134, 1049, & 2011-8 and Interpretation 14]* – This Standard makes amendments to other Australian Accounting Standards and Interpretations as a result of issuing AASB 119 in September 2011. It is anticipated that there will be limited financial impact.
- *AASB 2012-2 Amendments to Australian Accounting Standards – Disclosures – Offsetting Financial Assets and Financial Liabilities [AASB 7 & AASB 132]* – This Standard amends the required disclosures in AASB 7 to include information that will enable users of an entity's financial statements to evaluate the effect or potential effect of netting arrangements, including rights of set-off associated with the entity's recognised financial assets and recognised financial liabilities, on the entity's financial position. It is anticipated that there will not be any 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 2012-5 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.
- *AASB 2013-1 Amendments to AASB 1049 – Relocation of Budgetary Reporting Requirements* – This Standard removes the requirements relating to the disclosure of budgetary information from AASB 1049 (without substantive amendment). All budgetary reporting requirements applicable to public sector entities are now located in a single, topic based, Standard AASB 1055 Budgetary Reporting. Budgetary Reporting. There is no financial impact.

(c) Voluntary changes in accounting policy

The THO adopted the DHHS accounting policies during the financial year ended 30 June 2013. 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 in a trust or fiduciary (agency) capacity do not form part of the THO's activities. Trustee and agency arrangements, and transactions/balances relating to those activities, are neither controlled nor administered.

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.

THO-South replaced the Southern Area Health Service (STAHS) that was directly managed by the Department of Health and Human Services. On 1 July 2012 the assets and liabilities directly attributable to STAHS were transferred to THO-South and are detailed in Note 1.1.

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) Revenue from Government

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

(b) Grants

Grants payable by the Australian Government are recognised as revenue when the THO gains control of the underlying assets. Where grants are reciprocal, revenue is recognised as performance occurs under 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. This transfer is treated as a capital grant to the THO.

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.

(c) 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.

(d) Interest

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

(e) Contributions received

Services received free of charge by the THO, 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 obtains control of the asset, it is probable that future economic benefits comprising the contribution will flow to the THO 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, where they are recognised as contributions by owners directly within equity. In these circumstances, book values from the transferor agency have been used.

(f) 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.

1.8 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 an 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, being an asset with an unlimited useful life, is not depreciated.

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

Item	Period
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.

Major amortisation periods are:

Item	Period
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 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) Contributions provided

Contributions provided free of charge by the THO to another entity, are recognised as an expense when fair value can be reliably determined. No contributions were provided free of charge during 2012-13.

(e) 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 affect 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.

All 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'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.

1.10 Assets

Assets are recognised in the Statement of Financial Position when it is probable that the future economic benefits will flow to the THO 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 and buildings are recorded at fair value. All other non-current physical assets, including work in progress, are recorded at historic cost less accumulated depreciation and accumulated impairment losses.

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.

(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 THO 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 for tangible assets is \$10,000. 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's land and building assets are revalued by an independent valuer. 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 indices supplied by the valuer. Land acquired and buildings commissioned during the current year are not revalued in the first year. They are revalued in subsequent years.

(f) Intangibles

An intangible asset is recognised where:

- it is probable that an expected future benefit attributable to the asset will flow to the THO; and
- the cost of the asset can be reliably measured.

Intangible assets held by the THO are valued at fair value less any subsequent accumulated amortisation and any subsequent accumulated impairment losses where an active market exists. Where no active market exists, Intangible assets held by the THO are valued at cost less any subsequent accumulated amortisation and any subsequent accumulated impairment losses. The asset capitalisation threshold for intangible assets is \$50,000.

(g) Other assets

Other assets are recorded at fair value and include prepayments.

I.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 becomes obliged to make future payments as a result of a purchase of assets or services.

(b) Provisions

A provision arises if, as a result of a past event, the THO has a present legal or constructive obligation that can be estimated reliably, and it is probable that an outflow of economic benefits will be required to settle the obligation. Provisions are determined by discounting the expected future cash flows at a rate that reflects current market assessments of the time value of money and the risks specific to the liability. Any right to reimbursement relating to some or all of the provision is recognised as an asset when it is virtually certain that the reimbursement will be received.

(c) 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 2013, 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.

(d) Superannuation

(i) Defined contribution plans

A defined contribution plan is a post-employment benefit plan under which an entity pays fixed contributions into a separate entity and will have no legal or constructive obligation to pay further amounts. Obligations for contributions to defined contribution plans are recognised as an expense when they fall due.

(ii) Defined benefit plans

A defined benefit plan is a post-employment benefit plan other than a defined contribution plan.

The THO does not recognise a liability for the accruing superannuation benefits of State Service employees. This liability is held centrally and is recognised within the Finance-General Division of the Department of Treasury and Finance.

(e) 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 2013, 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 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 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 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 on-going 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 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(e) & 10.4 Property, plant and equipment;
- 1.9(b) Impairment;
- 1.10(b) & 10.1 Provision for impairment;
- 1.11(c) & 11.2 Employee benefits;
- 12.1 & 12.2 Contingencies; and
- 1.10(a) & 14 Key assumptions used in cash flow projections;

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

I.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.

I.15 Budget Information

Budget information refers to original estimates as disclosed in the 2012-13 Budget Papers and is not subject to audit.

I.16 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.

I.17 Taxation

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

I.18 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. 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 is, in accordance with the Australian Accounting Standards, classified as operating cash flows.

Note 2 THO-South Output Schedules

2.1 Output Group Information

	Notes	2013 Budget \$'000	2013 Actual \$'000
Expense by Output			
I.1 Admitted Services	(a)	361 026	340 886
I.2 Non-admitted Services	(b)	33 125	54 607
I.3 Emergency Department Services	(c)	24 532	42 098
I.4 Community and Aged Care Services	(d)	74 479	92 147
Total		493 162	529 738

Notes

- (a) This Output provides admitted acute, sub-acute and non-acute inpatient services (elective and non-elective) provided by the THO's public hospitals 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 the THO either on site or in an out-of-hospital setting.
- (c) This Output provides services relating to emergency presentations at the Royal Hobart Hospital emergency department.
- (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 home based environment.

Note 3 Expenditure Under Australian Government Funding Arrangements

	State Funds 2013 \$'000	Australian Govt Funds 2013 \$'000
National Partnership Agreements payments		
Health Services	0	15 523
Community Services	0	402
Commonwealth Own Purpose Expenditures		
Other	2 142	22 869
National Health Reform Funding Arrangements		
Activity Based Funding	116 777	147 210
Block Funding	127 216	16 478
Total	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 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 %
Sales of goods and services	(a)	38 559	60 924	22 365	58%
Other revenue	(b)	6 728	11 999	5 271	78%
Employee benefits	(c)	320 302	360 340	(40 038)	(13%)
Depreciation and amortisation	(d)	12 646	10 217	2 429	19%
Other expenses	(e)	22 390	13 684	8 706	39%
Net gain/(loss) on non-financial assets	(f)	35	(2 185)	(2 220)	n/a

Notes to Statement of Comprehensive Income variances

As noted in the Parliament of Tasmania's 2012-2013 Budget Paper Number 2, Volume 2 - Government Services (the 'Budget Paper'), funding for 2013-2013 was yet to be finalised between the Minister for Health and the THO Governing Council, with final funding levels to be reflected in the 2012-2013 Service Agreement. In addition to this, the following factors have resulted in variances between the THOs actual performance when compared to the Budget Paper:

- The positive variance between the budget and actual relates to the non-inclusion in the original budget of \$14.0 million relating to Special Purpose and Trust (SP&T) accounts, \$4.6 million relating to the transfer of Highly Specialised Drugs from the revenue from government grants reporting category, \$1.3 million relating to the higher than expected receipts from prosthetic sales, a \$1.1 million increase in Department of Veteran Affairs Inpatient bed day revenue, a \$588,000 increase in pathology services receipts, and a \$515,000 increase in income received from the Hobart Private Hospital for services provided by the THO.
- The variance relates to the non-inclusion of SP&T budget to the value of \$2.0 million in the original allocated budget and a subsequent \$2.5 million increase in the salaries and wages recoveries budget.
- \$18.0 million of the variance relates to additional budget not recognised in the original budget papers. Of this additional allocation, \$11.8 million relates to SP&T accounts, whilst the remaining \$6.2 million relates to NPA and COPES adjustments. In addition, \$6.1 million of accrued employee benefits were incurred that were not budgeted for. The remaining \$15.9 million variance is due to overspends in nursing, medical practitioner, administrative and operational staffing categories. These increases were offset marginally by a lower than budget expenditure on visiting medical practitioner payments.
- The variance between the original budget and actual is the result of an overestimate in the original budget allocation. This was due to difficulties in identifying an accurate budget figure during the transition of these items to THO-South from the Department of Health and Human Services.
- The surplus in other expenses is largely due to the removal of \$12.5 million of payroll tax budget during the financial year due to a change in policy by the Department of Treasury and Finance. This decrease was offset partially by a \$3.3 million budget increase for Tasmanian Risk Management Fund payments transferred to THO-South from DHHS during the financial year.
- The variance relates to decrements arising from the revaluation of land and buildings. This was not predicted at the time the published budget was formulated.

4.2 Statement of Financial Position

	Note	Budget \$'000	Actual \$'000	Variance \$'000	Variance %
Cash and deposits	(a)	7 153	18 843	11 690	163%
Receivables	(b)	5 537	9 334	3 797	69%
Other financial assets	(c)	379	3 627	3 248	n/a
Inventories	(d)	0	3 709	3 709	n/a
Property, plant and equipment	(e)	230 043	350 268	120 225	52%
Intangibles	(f)	1 140	0	(1 140)	n/a
Payables	(g)	3 258	11 432	(8 174)	n/a
Employee benefits	(h)	67 701	82 650	(14 949)	(22%)
Other liabilities	(i)	9 027	4 952	4 075	45%

Notes to the Statement of Financial Position variances

As noted in the Parliament of Tasmania's 2012-2013 Budget Paper Number 2, Volume 2 - Government Services (the 'Budget Paper'), all assets and liabilities would be subject to review in 2012-2013. This has resulted in significant variances between the balances recorded in the Budget Papers and the actual financial position of the THO at 30 June 2013.

- (a) The original budget for cash and deposits of \$7.2 million did not include all cash balances relating to the THO's SP&T accounts transferred to THO-South on establishment. The actual amount transferred was \$15.2 million. The remaining variance predominately relates to an increase in cash held due to operating activities.
- (b) The published budget of \$5.5 million did not accurately reflect the actual balance of receivables transferred to the THO on 1 July 2013 of \$7.5 million. The remaining variance is due to an slight increase in the level of outstanding debtors as a 30 June 2013.
- (c) The variance is due to timing issues with transactions between THO-South and DHHS.
- (d) The variance is due to the incorrect omission of inventories in the published budget transferred to THO-South.
- (e) The variance in Property, Plant and Equipment is due to the revaluation of assets transferred to THO-South during 2012/13.
- (f) The intangibles figure contained in the published budget was incorrectly assigned to THO-South.
- (g) The published budget for payables of \$3.3 million was later revised to \$6.0 million on establishment of THO-South. The remaining variance is largely explained by the accrual of the Commonwealth funded component of 2012/13 Victorian interstate charging expense, as well as the final creditor payment run for 2012/13 not being processed.
- (h) Employee benefits transferred to THO-South on commencement equalled \$77.4 million. The remaining difference is due to the exclusion of long service leave provisions from the published budget.
- (i) There was an immaterial movement in other liabilities during 2012/13. The published budget was overstated by \$3.1 million compared to the amount actually transferred to THO-South on commencement.

4.3 Statement of Cash Flows

	Note	Budget \$'000	Actual \$'000	Variance \$'000	Variance %
Sales of goods and services	(a)	38 375	58 462	20 087	52%
<i>GST receipts</i>	(b)	0	12 967	12 967	n/a
Other cash receipts	(c)	6 728	11 999	5 271	78%
Employee benefits	(d)	(321 170)	(355 110)	33 940	(11%)
GST payments	(e)	0	(12 521)	12 521	n/a
<i>Other cash payments</i>	(f)	(22 226)	(13 923)	(8 303)	37%
<i>Receipts from Investments</i>	(g)	7 697	0	(7 697)	n/a
Payment for acquisition of non-financial assets	(h)	(1 624)	(3 548)	1 924	n/a

Notes to the Statement of Cash Flow Variances

- (a) The positive variance between the budget and actual relates to the non-inclusion in the original budget of \$14.0 million relating to Special Purpose and Trust (SP&T) accounts, \$4.6 million relating to the transfer of Highly Specialised Drugs from the revenue from government grants reporting category, \$1.3 million relating to the higher than expected receipts from prosthetic sales, a \$1.1 million increase in Department of Veteran Affairs Inpatient bed day revenue, a \$588,000 increase in pathology services receipts, and a \$515,000 increase in income received from the Hobart Private Hospital for services provided by the THO.
- (b) There was no allocation in the original budget papers for GST receipts.
- (c) The variance relates to the non-inclusion of SP&T budget to the value of \$2.0 million in the original allocated budget and a subsequent \$2.5 million increase in the salaries and wages recoveries budget.
- (d) \$18.0 million of the variance relates to additional budget not recognised in the original budget papers. Of this additional allocation, \$11.8 million relates to SP&T accounts, whilst the remaining \$6.2 million relates to NPA and COPES adjustments. In addition, \$6.1 million of accrued employee benefits were incurred that were not budgeted for. The remaining \$15.9 million variance is due to overspends in nursing, medical practitioner, administrative and operational staffing categories. These increases were offset marginally by a lower than budget expenditure on visiting medical practitioner payments.
- (e) There was no allocation in the original budget papers for GST payments.
- (f) The surplus in other cash payments is largely due to the removal of \$12.5 million of payroll tax budget during the financial year due to a change in policy by the Department of Treasury and Finance. This decrease was offset partially by a \$3.3 million budget increase for Tasmanian Risk Management Fund payments transferred to THO-South from DHHS during the financial year.
- (g) THO-South was incorrectly allocated a budget for this income category in the published budget.
- (h) The variance is due to the purchase of a 3rd linear accelerator in 2012/13 that had not been anticipated in the published budget.

Note 5 Events Occurring After Balance Date

Mental Health Services transition

On 1 July 2013, the Statewide and Mental Health Services clinical services transferred from the Department to the respective THOs.

Income Statement

As a result of this transition, the THO gained in the order of 603 FTE and \$80.2 million in budget for the provision of Southern Mental Health Services, Statewide Forensic Mental Health Services and Statewide Alcohol and Drug Services.

Balance Sheet

	Transfer from DHHS \$'000
Assets	
<i>Financial assets</i>	
Cash and deposits	2 771
Receivables	665
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	26 310
Liabilities	
Payables	1 255
Employee benefits	13 957
Other liabilities	818
Total liabilities	16 030
Net assets to be transferred	10 280

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.

	Note	2013 Budget \$'000	2013 Actual \$'000
Net result from transactions (net operating balance)		(10 674)	3 116
<i>Less impact of Non-operational capital funding</i>			
Assets Transferred	7.1	0	12 620
Total		0	12 620
Underlying Net operating balance		(10 674)	(9 504)

Note 7 Income from Transactions

7.1 Grants

	2013 \$'000
Continuing Operations	
Grants from the Australian Government	
Commonwealth Recurrent Grants - Block Funding	17 934
Commonwealth Recurrent Grants - Activity Based Funding	123 698
COPEs Receipts	20 731
Other Commonwealth Grants	20 067
Total	182 430
Grants from the State Government	
State Grants - Block Funding	137 393
State Grants - Activity Based Funding	127 286
Total	264 679
Capital Grants	
Assets Transferred	12 620
Total	12 620
Total revenue from Grants	459 729

Activity Based Funding 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, Activity Based Funding from the Australian Government and the Department of Health and Human Services is provided directly to the THO 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 also provided by the Australian Government through the state pool account, but is provided to the THO 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 by the Department is also 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 through the state pool account by the Department, with the associated revenue and expenditure being recognised in the THO's accounts.

7.2 Sales of Goods and Services

	2013 \$'000
Residential Rent Income	23
Commercial Rent Income	315
Pharmacy Non-PBS	322
Prostheses	4 713
Inpatient, Outpatient Nursing Home Fees	18 999
Ambulance Fees	(11)
Dental	2 674
PBS Co-payments	353
PBS Revenue from Medicare	6 093
Private Patient Scheme	16 290
Other Client Revenue	1 031
Hobart Private Hospital Revenue	2 073
Other user charges	8 049
Total	60 924

7.3 Other Revenue

	2013 \$'000
Salaries and Wages Recoveries	3 957
Food Recoveries	1 511
Multipurpose Centre Recoveries	103
Workers Compensation Recoveries	2 077
Operating Recoveries	2 014
Donations	1 360
Industry Funds	977
Total	11 999

Note 8 Expenses from Transactions

8.1 Employee Benefits

	2013 \$'000
Wages and salaries including FBT	287 911
Annual leave	17 599
Long service leave	1 540
Sick leave	10 059
Other post-employment benefits	2 149
Other employee expenses - other staff allowances	592
Superannuation expenses - defined contribution and benefits schemes	40 490
Total	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 12.3 per cent of salary.

Superannuation expenses relating to defined contribution schemes are paid directly to nominated superannuation funds at a rate of nine per cent of salary. In addition, THOs are also required to pay into the Consolidated Fund a "gap" payment equivalent to 3.3 per cent of salary in respect of employees who are members of contribution schemes.

8.2 Depreciation and Amortisation

(a) Depreciation

	2013 \$'000
Plant, equipment and vehicles	3 916
Buildings	6 265
Total	10 181

(b) Amortisation

	2013 \$'000
Intangibles	36
Total	36
Total depreciation and amortisation	10 217

This year's amortisation resulted in the intangibles being fully amortised.

8.3 Supplies and Consumables

	2013 \$'000
Consultants	296
Property Services	10 784
Maintenance	2 742
Communications	2 405
Information Technology	1 869
Travel and Transport	4 977
Medical, Surgical and Pharmacy Supplies	80 320
Advertising and Promotion	50
Patient and Client Services	10 668
Leasing Costs	2 096
Equipment and Furniture	2 022
Administration	2 892
Food Production Costs	3 486
Other Supplies and Consumables	19 427
Service Fees	1 332
Audit Fees - financial audit	42
Total	145 408

The total fees for the audit of the annual financial statements is \$94,000. The fee includes the base fee of \$85,000, a one off charge for the review of opening balances and establishment of the engagement and incidentals.

8.4 Grants and Subsidies

	2013 \$'000
Other Grants	
Grant - Other	90
Total	90

8.5 Other Expenses

	2013 \$'000
Salary on-costs	9 683
Tasmanian Risk Management Fund premium	3 895
Other	106
Total	13 684

Note 9 Other Economic Flows Included in Net Result

9.1 Net Gain/(Loss) on Non-Financial Assets

	2013 \$'000
Revaluation decrement	(2 185)
Total	(2 185)

The net loss on non-financial assets reflects the 30 June 2013 revaluation decrement.

9.2 Net Gain/(Loss) on Financial Instruments and Statutory Receivables/Payables

	2013 \$'000
Impairment of loans and receivables	149
Total	149

The impairment loss on receivables relates to an increase in the Provision for Impairment.

Note 10 Assets

10.1 Receivables

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

Reconciliation of movement in provision for impairment of receivables	2013 \$'000
Carrying amount at 1 July	0
Amounts transferred in on establishment	1 459
Amounts written off during the year	(72)
Increase/(decrease) in provision recognised in profit or loss	(149)
Carrying amount at 30 June	1 238

10.2 Other Financial Assets

	2013 \$'000
Accrued Revenue	1 370
Inter Entity Loans	2 257
Total	3 627
Settled within 12 Months	3 627
Total	3 627

10.3 Inventories

	2013 \$'000
Pharmacy	1 584
Catering	148
Linen	1 280
General Supplies	697
Total	3 709
Consumed within 12 Months	3 709
Total	3 709

Inventories relate to stocks held for distribution at no or nominal consideration, predominantly at hospitals.

10.4 Property, Plant and Equipment

(a) Carrying amount

	2013 \$'000
Land	
Land at fair value	33 469
Total land	33 469
Buildings	
Buildings at fair value	295 579
Less: Accumulated depreciation	0
Total	295 579
Leasehold Improvements at cost	3 222
Less: Accumulated depreciation	(1 284)
Total	1 938
Total buildings	297 517
Plant, equipment and vehicles	
At cost	21 385
Less: Accumulated depreciation	(3 916)
Total plant, equipment and vehicles	17 469
Work in progress	
Buildings	1 225
Plant, equipment and vehicles	588
Total work in progress	1 813
Total property, plant and equipment	350 268

All the THO's land and building assets were revalued independently by Australian Valuation Office as at 30 June 2013. Land was valued at fair value, and buildings were revalued on a depreciated replacement cost and a net basis. The value for Buildings Accumulated Depreciation relates to buildings commissioned during the current year which were not revalued. Under the net basis the depreciation is transferred to the cost of the building at 30 June 2013, this results in the accumulated depreciation being zero.

(b) Reconciliation of movements

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.

2013	Note	Land \$'000	Buildings \$'000	Plant, equipment & vehicles \$'000	Works in progress \$'000	Total \$'000
Carrying value at 1 July		0	0	0	0	0
Additions - THO Acquisition		0	12	2 991	545	3 548
Additions - DHHS Capital grant		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)	9.1, 13.2	(2 185)	101 578	0	0	99 393
Net transfers		0	12 357	624	(12 981)	0
Depreciation	8.2	0	(6 265)	(3 916)	0	(10 181)
Carrying value at 30 June		33 469	297 517	17 469	1 813	350 268

10.5 Other assets

(a) Carrying amount

	2013 \$'000
Prepayments	1 550
Total	1 550
Recovered within 12 months	1 550
Total	1 550

(b) Reconciliation of movements

	2013 \$'000
Carrying amount at 1 July	0
Additions	1 550
Carrying Amount at 30 June	1 550

Note 11 Liabilities

11.1 Payables

	2013 \$'000
Creditors	9 959
Accrued Expenses	1 473
Total	11 432
Settled within 12 months	11 432
Total	11 432

11.2 Employee Benefits

	2013 \$'000
Accrued salaries	8 336
Annual leave	26 939
Long service leave	40 743
Sabbatical leave	3 637
Development leave, time off in lieu and state service accumulated leave scheme	2 995
Total	82 650
Settled within 12 months	35 507
Settled in more than 12 months	47 143
Total	82 650

11.3 Other Liabilities

	2013 \$'000
Other Liabilities	
Employee benefits - on-costs	1 267
Other liabilities - security deposits	150
Other liabilities	3 535
Total	4 952
Settled within 12 months	4 802
Settled in more than 12 months	150
Total	4 952

Note 12 Commitments and Contingencies

12.1 Schedule of Commitments

	2013 \$'000
By type	
<i>Operating Lease Commitments</i>	
Motor Vehicles	2 340
Medical Equipment	6 802
Rent on Buildings	39 543
<i>Total Lease Commitments</i>	48 686
<i>Other Commitments</i>	
Miscellaneous Grants	11 958
<i>Total Other Commitments</i>	11 958
Total	60 644
By Maturity	
<i>Operating Lease Commitments</i>	
One year or less	6 241
From one to five years	21 151
More than five years	21 293
<i>Total Operating Lease Commitments</i>	48 686
<i>Other Commitments</i>	
One year or less	3 656
From one to five years	8 302
<i>Total Other Commitments</i>	11 958
Total	60 644

Medical Equipment (Operating lease)

The THO is party to a Master Facility Agreement. No restrictions, provisions for price adjustments or purchase options are contained in the lease agreement. Terms of leases are set for specific periods. The average period of a lease is six years with an option to renew for a period of twelve months or the initial term, whichever is the lesser.

Rent on Buildings (Operating lease)

The THO leases a range of properties/tenancies for service delivery purposes.

Miscellaneous Goods and Services Contracts

The THO has commitments for sub acute beds and palliative care.

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.

Taxation and Superannuation review

At 30 June 2013, there remained a number of unresolved issues requiring clarification of interpretation of taxation and superannuation legislation, which at the time of finalising the financial statements remained unquantified. These issuers will be more fully explored during the 2013-14 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.

	2013 \$'000
Quantifiable contingent liabilities	
<i>Contingent claims</i>	
Medical and other legal claims	2 350
Total quantifiable contingent liabilities	2 350

At 30 June 2013, the THO had a number of legal claims against it for medical and other liability claims. These claims are at the net cost to the THO.

The THO manages its legal claims through the Tasmanian Risk Management Fund (TRMF). A \$50,000 excess remains payable for every claim. Amounts over that excess are met by the TRMF.

Note 13 Reserves

13.1 Contributed Capital

	2013 \$'000
Contributed capital	
Balance at the beginning of financial year	0
Administrative restructure - net assets received	185 638
Balance at the end of financial year	185 638

Net assets received due to administrative restructure relate to assets and liabilities transferred on the 1 of July 2012. Refer to Note 1.1.

13.2 Reserves

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

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

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, and other cash held, excluding those accounts which are administered or held in a trustee capacity or agency arrangement.

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

I4.2 Reconciliation of Net Result to Net Cash from Operating Activities

	Total \$'000
Net result from transactions (net operating balance)	3 116
Depreciation and amortisation	10 217
Non-Operational Capital Funding	(12 620)
Decrease (increase) in Receivables	(1 612)
Decrease (increase) in Other assets	(3 145)
Decrease (increase) in Inventories	689
Increase (decrease) in Employee entitlements	5 230
Increase (decrease) in Payables	5 616
Increase (decrease) in Other liabilities	(339)
Net cash from (used by) operating activities	7 152

The balances transferred to the THO, as detailed in Note I.I have been used as the opening balances in the calculation of the reconciliation of net result from transactions to net cash from operating activities.

Note 15 Financial Instruments

15.1 Risk Exposures

(a) Risk management policies

The THO 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 has overall responsibility for the establishment and oversight of the THO's risk management framework. Risk management policies are established to identify and analyse risks faced by the THO, 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 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 does not hold any security instrument for its cash and deposits, other financial assets and receivables. Loan advances are secured by a mortgage over real property. No credit terms on any THO 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's maximum exposure to credit risk without taking into account any collateral or other security.

	2013 \$'000
Guarantee provided	0
Total	0

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

Analysis of financial assets that are past due at 30 June 2013 but not impaired	Past due < 30 days \$'000	Past due 30 – 120 days \$'000	Past due > 120 days \$'000	Total \$'000
Receivables	5 377	379	2 724	8 479

(c) Liquidity risk

Liquidity risk is the risk that the THO will not be able to meet its financial obligations as they fall due. The THO'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 Liabilities		
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 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 becomes obliged to make payments as a result of the purchase of assets or services. The THO regularly reviews budgeted and actual cash outflows to ensure that there is sufficient cash to meet all obligations.	Settlement is usually made within 30 days.

The following tables detail the undiscounted cash flows payable by the THO 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.

2013	Maturity analysis for financial liabilities							
	1 Year	2 Years	3 Years	4 Years	5 Years	More than 5 Years	Undiscounted Total	Carrying Amount
	\$ 000	\$ 000	\$ 000	\$ 000	\$ 000	\$ 000	\$ 000	\$ 000
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 is exposed to is interest rate risk.

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

15.2 Categories of Financial Assets and Liabilities

	2013 \$'000
Financial assets	
Cash and cash equivalents	18 843
Loans and receivables	12 961
Total	31 804
Financial Liabilities	
Financial liabilities measured at amortised cost	11 432
Total	11 432

The THO's maximum exposure to credit risk for its financial assets is \$31.8 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 actively manages its credit risk exposure for the collectability of its receivables and outstanding loans.

15.3 Comparison between Carrying Amount and Net Fair Value of Financial Assets and Liabilities

	Carrying Amount 2013 \$'000	Net Fair Value 2013 \$'000
Financial assets		
Other financial assets		
Other	31 804	31 804
Total financial assets	31 804	31 804
Financial liabilities (Recognised)		
Other financial liabilities		
Other	11 432	11 432
Total Financial liabilities (Recognised)	11 432	11 432
Unrecognised financial instruments	0	0
Total unrecognised financial instruments	0	0

Note 16 Transactions and Balances Relating to a Trustee or Agency Arrangement

Account/Activity	Opening balance \$'000	Net trans- actions during 2012-13 \$'000	Closing balance \$ 000
T475 – THO-South Patient Trust and Hospital Bequest Account	0	893	893
Royal Hobart Hospital Patients Trust Account	0	7	7

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 *Tasmanian Health Organisation Act 2011* and the *Financial Management and Audit Act 1990* to present fairly the financial transactions for the year ended 30 June 2013 and the financial position as at 30 June 2013

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.



Graeme Houghton

Chair Tasmanian Health Organisations
30 September 2013



Lorraine Millar

Acting Chief Executive Officer
30 September 2013

Independent Auditor's Report**To Members of the Parliament of Tasmania****Tasmanian Health Organisation - South****Financial Statements for the Year Ended 30 June 2013****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 2013 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 Chair of the Governing Council and the 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 2013 and its financial performance, cash flows and changes in equity for the year then ended; and
- (b) are in accordance with the *Tasmanian Health Organisations Act 2011*, the *Financial Management and Audit Act 1990* and *Australian Accounting Standards*.

Responsibility for the Financial Statements

The Chair of the Governing Council and the Acting 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 Organisations 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 the auditor's judgement, including the assessment of risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Chair of the Governing Council 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 of the Governing Council 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.

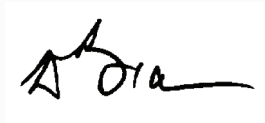
My audit is not designed to provide assurance on the accuracy and appropriateness of the budget information in the Organisation's financial statements.

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, and
- 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

A handwritten signature in black ink, appearing to read 'H M Blake', is displayed within a white rectangular box.

H M Blake
Auditor-General

Hobart
30 September 2013

Glossary

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
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
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-N /THO-North	Tasmanian Health Organisation – North
THO-NW/THO-North West	Tasmanian Health Organisation – North West
THO-S/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



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