DEPARTMENT OF HEALTH AND HUMAN SERVICES

ANNUAL REPORT 2016–17



Department of Health and Human Services Annual Report 2016-17

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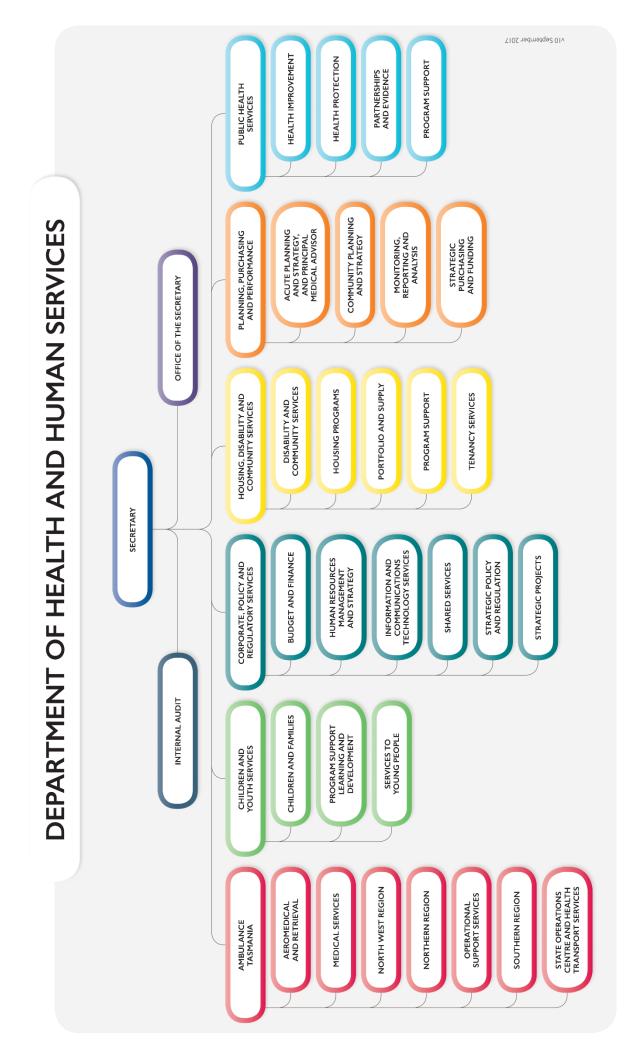
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Key Acronyms

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

ROGS	Report on Government Services
RTI	Right to Information
THS	Tasmanian Health Service
WHS	Work Health and Safety



Secretary's Letter of Transmittal

Dear Ministers

I am delighted to present to you the 2016-17 Annual Report for the Department of Health and Human Services (DHHS).

The last 12 months has been marked by the further consolidation of the DHHS and its development as a health and human services system manager that has enabled the continued successful delivery of the State Government's agenda.

Following a period of substantial change and restructure, DHHS has embarked on a process of committed staff engagement over the last 18 months which has supported the development and pursuit of a clear strategic direction aimed at improving the lives of the people of Tasmania.

The Department now has most of its senior management team in place on a permanent basis and a new DHHS Corporate Plan 2016-18, has been in place for 12 months.

That's not to say that the last year hasn't presented its challenges. Providing health and human services will always present challenges. However, all Tasmanians can be proud of the professionalism, dedication, hard work and skill of our people that has enabled us to meet these challenges.

I am very proud to lead a Department comprising such committed and hardworking people and my thanks and praise go to every one of them.

Some of the highlights of our achievements over 2016-17 include:

Securing the future of the Mersey Community Hospital

In April 2017, agreement was reached between the Australian Government and the Tasmanian Government for a new, fully funded, 10 year deal for the Mersey Community Hospital (MCH) at Latrobe. The funding deal, worth \$730.4 million, sees ownership of the MCH return to the Tasmanian Government, giving long-term security for the hospital's future.

DHHS worked very hard to achieve this result and the formal transfer of ownership took place on 1 July 2017.

Redesigning Children and Youth Services

Strong Families, Safe Kids, the redesign of Tasmania's child protection system, gained considerable momentum during the year. The service was renamed the Child Safety Service and saw the employment of 10 additional Clinical Practice Consultant Educators. Further, the recruitment process is underway to increase the current Support Worker full time equivalent staff by five with some roles already filled.

We have also increased the establishment list of employees in the Child Safety Service to accommodate six additional Child Safety Officers for periods of up to two years. These roles will be recruited to as a priority and managed in a pool of Officers able to work flexibly across our service.

More recruitment is planned to meet the needs of staff, children, young people and their families as expressed through the consultation phase of *Strong Families, Safe Kids*.

During the year the Youth at Risk Strategy was also launched, work continued on reforming the out of home care system in the State, a new Children and Youth Services Practice Manual was developed and implemented and the Ashley Youth Detention Centre Change Management program continues.

Safe Homes, Safe Families: Tasmania's Family Violence Action Plan

The Department has responsibility for implementing a number of actions under the Tasmanian Government's *Safe Homes, Safe Families. Tasmania's Family Violence Action Plan* (the Action Plan). This includes contracting the delivery of statewide counselling services for adults, children and young people affected by family violence, and providing housing options to families impacted by family violence.

Under Action 11, the Rapid Rehousing Program (the Program) assists people affected by family violence to move rapidly into secure and supported housing. The target of 50 homes under the Program was achieved by the end of June 2017 and this number will be maintained each year. Many families have experienced positive outcomes from the Program, including safe and secure accommodation and support to manage legal, transport, medical, education and employment needs.

Action 10 is the redevelopment of the Hobart Women's Shelter to provide increased capacity for women and children requiring crisis accommodation, with an additional 16 beds to be made available. Building has commenced and the new facility is on track for completion in 2018.

Continuing the roll out of the Affordable Housing Strategy

Housing Tasmania provided 588 new properties for Tasmanians needing social and affordable housing. The innovative Community Housing Stock Leverage program was launched which will see 172 new social housing properties built and 31 run-down homes upgraded by transferring the title of 500 houses to community housing organisations.

Providing new accommodation for Dads with Kids

In a first for the State, special accommodation for dads with kids was opened in Moonah in April 2017. The complex of eight, two bedroom units accommodates dads with their children. It provides an opportunity for dads to have custody of their children with Hobart City Mission providing support services. Without supported accommodation these dads would probably not keep custody of their children.

Delivering a low cost hospital bus service for the North West

In September 2016, Hospital Link, a new low cost bus service linking the North West Regional Hospital (NWRH) and the MCH, was launched.

The service provides patient and public pick up and drop off points at both the hospitals and at Latrobe, Devonport, Ulverstone and Burnie, as well as the University of Tasmania's Burnie campus on weekdays.

Hospital Link is part of a \$24 million Patient Transport commitment under the One Health System White Paper.

Providing additional Ambulance services and improving safety for our paramedics

Three Extended Care Paramedics are now actively working in the Northern Region and three more are in the South. Becoming an Extended Care Paramedic involves providing paramedics with additional skills to reduce the need to transport patients to hospital emergency departments and allow the patients to be treated in their home.

During the year, an additional 12 paramedics were employed in the North West.

Following significant staff input, Ambulance Tasmania implemented training and public education concerning violence against paramedics. This involved training for all operational staff and a public awareness campaign including advertisements on ambulances, in hotels, on social media and television.

Establishing Telehealth clinics to make it easier for patients to access specialist services

In September 2016, Telehealth clinics were established enabling Endocrine and General Endocrine Neoplasia patients to access services in the North West of the State with an Endocrinologist located in the Wellington Clinics in Argyle Street, Hobart.

Also in February 2017, the first Telehealth appointment between the Royal Hobart Hospital Wellington Clinics and the King Island Health and Hospital Centre was successfully delivered. Previously, the patient would have been required to travel to Hobart for an in-person consult, or the NWRH for a Telehealth appointment.

Completing the Review of the DHHS Purchasing Framework for Outsourced Services

A comprehensive review was undertaken to improve the governance of community sector funding and management within DHHS. The outcomes from the review will see greater clarity in how government policies impact on purchasing services from the community sector, centralised grants management and greater consistency and standards in services, safety and quality reporting from DHHS funded organisations.

Looking forward to 2017-18

Over the coming year we will remain dedicated to improving what we do to improve the lives of all Tasmanians.

Specifically we will continue to focus on delivering the Government's agenda of providing more affordable housing, implementing the results of the Ambulance Tasmania review, completing the redesign of the child protection system and reform of out of home care, implementing Healthy Tasmania, implementing the Youth at Risk Strategy including providing innovative accommodation for young people at risk and starting consultation around the remodelling of the Home and Community Care program.

Importantly, in 2017-18 DHHS will also involve all our people in the creation of a new set of shared corporate values for the Department. Our values will underpin all aspects of our business, from decisions we make, to the people we hire, to the way we engage with each other and our stakeholders.

Already, the work done with the staff to develop the values reflects a consistent dedication across every function of the Department to improve the health and wellbeing of Tasmanians and to support each other in that focus.

Ministers, I am pleased to transmit to you the DHHS Annual Report for the 2016-17 financial year.

Michael Pervan Secretary

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DHHS Overview

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

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

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

What We Do

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

System management's key elements include:

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

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

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

We also have two units reporting directly to the Secretary:

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

Ambulance Tasmania

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

This range of services include:

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

- highly qualified paramedics throughout urban and rural areas across the State, including approximately 500 Volunteer Ambulance Officers
- Extended Care Paramedics who can provide services that allow patients to be treated at home without the requirement to attend hospital, and
- approximately 785 community defibrillators registered with AT under the life-saving Early Access to Defibrillation program

Children and Youth Services

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

CYS provides services across three service portfolios: Early Years, Child Health and Parenting Services (CHaPS); Services to Children and Families; and Services for Young People. However in 2017, CHaPS, which delivers a universal child health service to all children in Tasmania aged 0-5 years, operating from clinics and providing home visits throughout the State, transferred to the THS.

These services are delivered by a professional workforce who are supported by the Program Support and Quality Improvement and Workforce Development teams. A list of client service activities follows:

- The Child Safety Service delivers a statutory response to notifications of child abuse and neglect; provides out of home care for children unable to remain in their parents' care; and supports families to become safe enough to resume care of their children. Services are statewide and delivered through service centres based in each region as well as home visits throughout Tasmania.
- The Family Violence Counselling and Support Service provides counselling and support services to children, young people and adults who have experienced family violence. Services are service centre based.

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

Housing, Disability and Community Services

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

- maintaining the Department's stock of social housing and agreements with its tenants
- policy and planning of the affordable and social housing system in Tasmania, including homelessness and affordable housing programs
- ensuring progress against the Tasmanian Government's Affordable Housing Strategy 2015-2025 (Affordable Housing Strategy) and Safe Homes, Safe Families: Tasmania's Family Violence Action Plan 2015-2020
- working through the transition of disability services to the National Disability Insurance Scheme (NDIS) and the delivery of policy and programs to support Tasmanians living with disability, and
- provision and oversight of programs to develop community resilience and capacity.

Public Health Services

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

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

In 2016-17, these services included:

- licensing of 747 tobacco premises, 871 point of sales inspections and 222 controlled purchase inspections on tobacco retailers
- regulation of approximately 871 outdoor smoking areas at licensed venues
- provision of vaccines and support services to 206 immunisation providers, including 29 councils, 97 high schools and 11 colleges, and
- a total of 5 665 calls to the Public Health Hotline.

Corporate, Policy and Regulatory Services

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

- managing intergovernmental relations
- coordinating high quality, timely and accurate strategic policy advice to the Secretary, portfolio Ministers and Departmental Executive

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

Planning, Purchasing and Performance

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

- clarify, promote and embed the role and functions of system management within the DHHS, THS and with external stakeholders
- ensure that health and human services are planned and purchased in an evidence-based, effective and efficient manner and have the greatest impact on improving the health and wellbeing of Tasmanians
- ensure all parts of the health and human services systems understand and enact their quality governance responsibilities to safeguard patient and client safety

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- work with our service delivery partners to purchase and deliver joined-up service systems that meet the needs of clients and the community
- implement DHHS-led system reforms, policy initiatives and pilot programs to provide better access to higher-quality health and human services throughout Tasmania (right care, right place, right person, right time)
- represent the interests of Tasmania at local and national fora and translate the incorporation of national policy, funding and pricing directions into practice, and
- act as the single point of access to statistical information for performance monitoring, analysis and reporting for all services purchased by the Department.

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Financial Overview

Budgeted Activity 2016-17

In 2016-17, the total budgeted expenditure for DHHS was \$1.433 billion and the budgeted annual appropriation from the Consolidated Fund for recurrent services was \$1.245 billion.

The Department's 2016-17 budgeted expenditure distributed by Output included:

- Health Services System Management 10.10 per cent
- THS 46.96 per cent
- Statewide Services 7.01 per cent

Expenses

- Human Services 26.52 per cent
- Children Services 8.67 per cent
- Independent Children's and Young Person's Review Service 0.07 per cent
- Capital Investment Program 0.59 per cent, and
- Special Capital Investment Funds 0.08 per cent.

Department of Health and Human Services Expenditure Budget 2016-17

Budget Expenditure by Output	2016-17
	\$ '000
Health Services System Management	144 879
Tasmanian Health Service	672 950
Statewide Services	100 416
Human Services System Management	3 130
Human Services	376 849
Children Services System Management	3 957
Children Services	120 256
Independent Children's and Young Person's Review Service	957
Capital Investment Program	8 401
Special Capital Investment Funds	157
Total	I 432 952

Actual Results 2016-17

The Department had \$1.787 billion in physical assets under its control in 2016-17, and the annual appropriation from the Consolidated Fund for recurrent services was \$1.236 billion.

The Statement of Comprehensive Income identified that total actual expenses for 2016-17 amounted to \$1.430 billion.

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

- salaries and employee related expenses at \$191.498 million
- patient and client services at \$54.832 million, and
- property, including rent, rates, maintenance and electricity at \$63.326 million.
 DHHS Annual Report 2016-17 – Part 1 – Overview

Capital Expenditure for property, plant and equipment in 2016-17 totalled \$110.720 million, which included expenditure on works at the major hospitals, community health centres and ongoing Housing Tasmania capital programs. Further details on the capital program are available in Part 2 of this Annual Report.

Revenue

Department of Health and Human Services Revenue 2016-17 by Major Category

Revenue	2016-17	
	\$ '000	
Revenue from Government	I 267 786	
Revenue from Special Capital Investment Funds	12 315	
Grants	102 660	
Rental revenue	52 5	
Sales of goods and services ¹	14 032	
Interest	49	
Other revenue	27 179	
Total revenue and other income from transactions	476 72	

Note:

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

Net Assets

Department of Health and Human Services Net Assets 2016-17

Net Assets	2016-17
	\$ '000
Total Assets	975 391
Total Liabilities	281 294
Net Assets	I 694 097

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

Department of Health and Human Services Actual Expenditure 2016-17

Actual Expenditure by Output	2016-17
	\$ '000
Health Services System Management	134 263
Tasmanian Health Service	673 907
Statewide Services	103 590
Human Services System Management	2 869
Human Services	364 525
Children Services System Management	3 020
Children Services	116 682
Independent Children's and Young Person's Review Service	876
Capital Investment Program	13 756
Special Capital Investment Funds	16 903
Total	430 39

tual Expenditure by Type	2016-17
Actual Expenditure by Type	\$ '000
Salaries and wages	143 467
Other employee related expenses	27 266
Superannuation expenses	20 765
Depreciation and amortisation	24 276
Consultants	3 302
Maintenance and property services	63 326
Communications	3 245
Information technology	19012
Travel and transport	4 755
Medical, surgical and pharmacy supplies	6 064
Patient and Client Services	54 832
Service Fees	3 714
Other supplies and consumables	6 823
Grants and subsidies	036 801
Finance costs	8 488
Other expenses	4 255
Total	430 39

Workforce Overview

During 2016-17, a number of workforce priority areas were progressed by DHHS. The following provides a summary of some of our key initiatives.

Industrial relations were a major focus in 2016-17 with a number of Awards and Agreements renegotiated. For example, the *Health and Human Services Award, Nurses and Midwives Award and Agreement*, and the *Allied Health Professional Agreement* were renegotiated with the respective public sector unions.

Alongside this, several large change projects took place including the transfer of CHaPS to the THS and the relocation of a number of DHHS work areas to new premises in Elizabeth Street, Hobart.

The transition to the NDIS continues, which will change future delivery of services provided by DHHS and key external stakeholders. These change processes have been supported by communication with employees and the DHHS working closely with employee groups and public sector unions.

DHHS also made strong progress on a number of initiatives to support the Department's Corporate Plan priority, Building an Engaged Workforce. For example, an action plan based on the 2016 People Matter Survey results was published; work commenced on a project to develop new DHHS values; a Manager Induction Program was established; the Workplace Diversity Plan 2017-2020 was released; and a network of Workplace Support Officers (WSO) was created in October 2016.

DHHS also contributed to a number of whole-ofgovernment workforce initiatives and supported their implementation within the Department. Examples include the development of the Workplace Adjustment Procedure and associated resources, establishing an Occupational Violence and Aggression Procedure and developing a frontline management development program. In 2017-18, DHHS will support the implementation of new whole-of-government initiatives such as the establishment of a State Service Aboriginal Employment Strategy and the implementation of a State Service School-Based Traineeships program.

Another priority for 2017-18 will be a focus on strategic workforce planning, with the establishment of a new Workforce Planning function within DHHS, and work occurring with the THS on health workforce planning.

Embracing a Supportive Workplace Culture

DHHS is committed to building an engaged workforce and embedding a supportive workplace culture.

In 2016-17 the *Workforce Development and HR Policy* (WD&HRP) team was dedicated to progressing a range of initiatives that reflect this commitment.

Workplace Diversity

A Workplace Diversity Committee was set up in August 2016 to develop a *DHHS Workplace Diversity Plan.* The Committee was represented by all Groups and was chaired by the Deputy Secretary, Planning, Purchasing and Performance. The Plan was finalised in May 2017 and a number of actions are well underway including promoting flexible workplace practices, adding diversity information to existing training materials and resources, and collaboration with the State Service Management Office on whole-of-government recruitment strategies.

Workplace Support Officers

A network of WSOs was re-established in October 2016 to provide support to employees and to build positive workplaces. WSOs are fully trained and available to employees across the State.

Supportive Workplace Procedures

Several new procedures focused on engaging and supporting employees were implemented in 2016-17. These include Working from Home, Change Consultation, Recognition of Service and Occupational Violence and Aggression.

Manager Development

In 2017 a *DHHS Manager Resource Kit* was published which was supplemented by a one day Manager Induction Course. In addition, the WD&HRP team worked closely with the State Service Management Office and other agencies to develop a whole-of-government *Manager Essentials Program* which was piloted in May 2017.

New Development Opportunities

New development opportunities were made available in 2016-17 including access to funded qualifications via TasTAFE and a range of online modules on various topics. A training needs analysis of employees was undertaken to inform an ongoing development plan and training calendar.

DHHS Values

Cultural transformation and employee engagement is underpinned by strong workplace values. WD&HRP has been working with the Senior Leadership Group on an approach to developing a set of values and agreed behaviours for DHHS which allows everyone in the Department to voice their ideas on what our values should be. A key priority for 2017-18 will be embedding these values in to everything we do, from recruitment and on-boarding, to performance development and everyday workplace interactions.



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Department of Health and Human Services	Tasmanian Government

Figure 1: Workplace Diversity Plan Front Cover

Current Workforce Profile

The DHHS workforce figures for 2016-17 reflect an increase in FTEs primarily due to the appointment of additional ambulance officers and child safety officers.

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

	2013-14 ¹	2014-151	2015-16 ¹	2016-17'
Allied Health Professional	299.32	293.09	299.16	301.51
Ambulance Tasmania Award	324.89	306.81	340.13	354.85
Health and Human Services	1 025.93	873.85	875.67	903.91
Medical Practitioners	12.03	10.03	12.39	12.60
No Award (Head of Agency)	1.00	1.00	1.00	1.00
Nursing	28.58	23.40	29.83	26.99
Senior Executive Service	22.20	23.50	24.20	29.00
Visiting Medical Officers	0.53	0.50	0.62	0.50
Total	7 4.48	532.18	583.00	I 630.36

Note:

I Due to organisational changes, data for previous years has been recast to reflect the current organisational structure. These figures therefore differ from those previously published in DHHS Annual Reports. The organisational changes include the transfer of Cancer Screening and Control Services (CSCS) and CHaPS to the THS, and the transfer of some administrative functions from the THS to DHHS, including the RHH Redevelopment.

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

	2013-14 ¹	2014-15 ¹	2015-16 ¹	2016-17 ¹
Permanent full-time	259	46	92	170
Permanent part-time	395	366	388	401
Fixed-term full-time	121	85	71	115
Fixed-term part-time	53	29	38	46
Part 6 ²	27	25	26	30
Casual	36	26	24	32
Total	891	I 677	739	I 794

Notes:

I Due to organisational changes, data for previous years has been recast to reflect the current organisational structure. These figures therefore differ from those previously published in DHHS Annual Reports. The organisational changes include the transfer of CSCS and CHaPS to the THS, and the transfer of some administrative functions from the THS to DHHS, including the RHH Redevelopment.

2 Head of Agency, holders of Prescribed Offices and Senior Executives and equivalents.

	2013-14 ¹	2014-15 ¹	2015-16 ¹	2016-17 ¹
40 001-45 000	I	0	0	0
45 001-50 000	62	27	12	5
50 001-55 000	164	3	44	73
55 001-60 000	179	48	154	134
60 001-65 000	74	145	131	152
65 001-70 000	127	114	63	65
70 001-75 000	218	160	203	36
75 001-80 000	157	170	93	173
80 001-85 000	175	167	192	185
85 001-90 000	200	112	168	147
90 001-95 000	164	231	164	170
95 001-100 000	78	48	161	221
100 001-110 000	154	184	183	175
0 00 - 20 000	79	79	98	98
120 001-130 000	3	20	24	105
130 001-140 000	10	10	14	18
140 001-150 000	9	3	5	5
150 000 plus	27	28	30	32
Total	89	I 677	I 739	I 794

Note:

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

Total Number of Paid Employees by Award 2016-17

	2016-17
Allied Health Professional	341
Ambulance Tasmania Award	380
Health and Human Services	993
Medical Practitioners	18
No Award (Head of Agency)	I
Nursing	31
Senior Executive Service (SES)	29
Visiting Medical Officers	I
Total	I 794

Total Number of Paid Employees by Age Profile

	2013-14 ¹	2014-15 ¹	2015-16 ¹	2016-17 ¹
15-19 years	I	0	0	
20-24 years	52	32	46	56
25-29 years	143	108	126	3
30-34 years	259	207	195	201
35-39 years	227	235	238	255
40-44 years	263	228	260	253
45-49 years	272	244	256	260
50-54 years	281	262	242	242
55-59 years	227	203	204	214
60+ years	166	158	172	181
Total	89	677	739	794

Note:

I Due to organisational changes, data for previous years has been recast to reflect the current organisational structure. These figures therefore differ from those previously published in DHHS Annual Reports. The organisational changes include the transfer of CSCS and CHaPS to the THS, and the transfer of some administrative functions from the THS to DHHS, including the RHH Redevelopment.

Gender Diversity

As a signatory to the State Service Diversity and Inclusion Policy and Framework the DHHS is reporting on gender as a separate item for the first time in the 2016-17 Annual Report.

As at 30 June 2017, the overall gender profile for DHHS is 38 per cent male and 62 per cent female. The Senior Executive Service profile for DHHS is 60 per cent male and 40 per cent female.

A number of initiatives were initiated by the Department to support the commitment to gender diversity and the State Service Diversity and Inclusion Policy and Framework during the reporting period. In May 2017, the Department released the DHHS Workplace Diversity Plan, which includes activities such as an upcoming campaign on accessing flexible work arrangements, development of a selection panel training module to focus on diversity principles and the creation of a new Working from Home Procedure. In addition, the Secretary and Group Heads participated in unconscious bias training to support their understanding of the impact of unconscious bias, and steps the Department can take to make our employment practices more inclusive and supportive of all employees.

Gender Profile

Senior Executive Service

The State Service has a commitment to achieve 50/50 gender diversity across the State's Senior Executive Service, with a goal of at least 40 per cent by 2020.

In 2017, the DHHS has 40 per cent female representation in its Senior Executive Service, meeting the State Service commitment of 40 per cent by 2020.

During the reporting period there were eight SES appointments, five of which were female.

Senior Executive Service by Gender

	2013-14	2014-15	2015-16	2016-17
Male	15	18	16	18
Female	9	8	10	12
Total	24	26	26	30

Note: Table excludes Acting SES arrangements

Senior Executive Service Level by Gender

		2013-14		2014-15		2015-16	ja l	2016-17
	Male	Female	Male	Female	Male	Female	Male	Female
SES I	4	4	4	4	5	6	7	6
SES 2	7	4	6	4	6	4	4	5
SES 3	I		5	-	3	/ · · ·	6	-
SES 4	2	-	2	-	L.	-		L,
Head of Agency	- [I	-	I.	-	1	- /-
Total	15	9	18	8	16	10	18	12

Note: Table excludes Acting SES arrangements.

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Overall Headcount by Gender

The Department's gender profile has been relatively stable over the past four years. As mentioned, the current gender profile of DHHS is 38 per cent male and 62 per cent female.

Gender Profile

	2013-14	2014-15	2015-16	2016-17
Male	733	651	662	682
Female	I 158	1 026	077	2
Total	891	I 677	739	I 794

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

	Female	Male	Total
45 001-50 000	3	2	5
50 001-55 000	58	15	73
55 001-60 000	98	36	134
60 001-65 000	126	26	152
65 001-70 000	46	19	65
70 001-75 000	19	17	36
75 001-80 000	106	67	73
80 001-85 000	108	77	185
85 001-90 000	104	43	147
90 001-95 000	6	54	170
95 001-100 000	34	87	221
100 001-110 000	91	84	175
110 001-120 000	36	62	98
120 001-130 000	46	59	105
130 001-140 000	5	13	18
140 001-150 000	4	1	5
150 000 plus	12	20	32
Total	2	682	I 794

Classifications by Gender

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

General Stream

Classification		2017		
	Male	Female		
Bands 1-5	23	379		
Bands 6-8	151	196		
Bands 9-10		3		
Graduate	2	2		
Health Services Officer	33	32		
Information and Communication Technology	60			

Allied Health Professionals

Classification		2017
	Male	Female
AHP I-2	43	152
AHP 3	10	86
AHP 4	8	23
AHP 5	3	12
AHP 6	3	

Classification

Ambulance	Male	Female
Paramedic Intern	12	21
Paramedic	104	99
Clinical Support Officer	6	10
Paramedic Educator	7	
Communications Officer	3	3
Emergency Medical Dispatch Officer	7	19
Branch Station Officer	45	7
Ambulance Manager	29	7

2017

Nursing	:	2017	
	Male	Female	
Grade 3-4	4	6	
Grade 5	I	-	
Grade 6	-	11	
Grade 7	_	2	
Grade 8	-	6	
Grade 9	-	-	
Chief Nurse	_	I	

Medical	2	2017	
	Male	Female	
Rural Medical Practitioner	-	-	
Visiting Medical Practitioner	-		
Medical Practitioner 5-11	-		
Medical Practitioner R5-9	-	3	
Specialist Medical Practitioner I-II	5	4	
Senior Specialist Medical Pracitioner I -3	4	I	

DHHS Annual Report 2016-17 – Part 1 Overview

Indicators of Organisational Health

Leave

	2013-14 ¹	2014-15 ¹	2015-16 ¹	2016-17 ¹
Annual Leave				
Average number of days used per paid FTE	24.1	17.7	22.8	21.3
Number of FTEs with entitlements equal to the two year limit	2	2.6	0	1.8
Number of FTEs in excess of two year limit	59.3	53.7	64.9	72.3
Long Service Leave (includes maternity leave)				
Average number of days used per paid FTE	2.6	2.9	3.1	4.2
Personal Leave Days (includes sick, carers and family leave)				
Personal leave days per average paid FTE	13.2	.	13.6	12.5
Overtime Hours (includes callback and overtime hours)				
Overtime/callback paid hours per average paid FTE	48.1	43.7	46.3	50.5
Turnover Rate ²				
Total number of separations (FTEs) divided by the average paid FTE	9.6%	15.2%	8.5%	6.7%

Notes:

I Due to organisational changes, data for previous years has been recast to reflect the current organisational structure. These figures therefore differ from those previously published in DHHS Annual Reports. The organisational changes include the transfer of CSCS and CHaPS to the THS, and the transfer of some administrative functions from the THS to DHHS, including the RHH Redevelopment.

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

Workplace Health and Safety

DHHS recognises the importance of work health and safety (WHS). We strive for continual improvement in the Department's WHS environment and support a range of activities and strategies. In 2016-17, WHS initiatives have included:

- Continuing improvement of reporting on WHS matters from and for the Department's business units through engaging and supporting business units to meet reporting requirements; consolidation of WHS data; removing duplication; and providing consistent standardised WHS reporting.
- A collective approach with Asset Management Services in the improvement of WHS Contractor Management and ongoing support in emergency management planning and maintenance.
- WHS training for all DHHS staff, including manager and supervisors, and development of a WHS training framework for DHHS.
- The ongoing development, review and updating of policies and procedures relating to Safety, Health and Wellbeing with a particular focus this year on WHS resources for managers and supervisors.

DHHS received 138 workers compensation claims during 2016-17, compared to 109 claims¹ in 2015-16. The major areas of injury were:

- 40 stress claims (an increase from 24 stress related claims in 2015-16).
- 98 non-stress claims (an increase from 85 non-stress related claims in 2015-16).

Subcategories of non-stress claims saw:

- a notable reduction in subcategory slip/trips/falls, which decreased by 58 per cent from 12 in 2015-16 to five in 2016-17, and
- increases in aggression, which increased by 83.3 per cent from six in 2015-16 to 11 in 2016-17; and muscular stress claims, which increased by 27.9 per cent from 43 in 2015-16 to 55 in 2016-17.

Total claim costs (normal weekly earnings plus associated costs) for 2016-17 were \$5.67 million, an increase of approximately \$890 000 from 2015-16 where total claim costs were \$4.78 million.¹ The increase is due to higher payroll costs, common law and disability payments relating to settlements.

During 2016-17, there were 10 settlements paid, seven stress claims with a total common law component of \$1.15 million, and three non-stress claims with a common law and disability cost component of \$362 000.

Cash cost (premium paid plus normal weekly earnings paid, less normal weekly earnings reimbursements from insurer) for 2016-17 was \$3.54 million, a decrease of \$580 000 from \$4.12 million in 2015-16.

Note:

The 2015-16 figure reported here is slightly different to that reported in the 2015-16 Annual Report due to seven CHaPS claims being transferred to the THS following organisational structural changes.

Stakeholder Engagement

During 2016-17, DHHS consulted widely to develop plans and strategies to improve the lives of Tasmanians, particularly our most vulnerable.

Examples of broad consultation in 2016-17 include:

- the development of 'Compassionate Communities: A Tasmanian Palliative Care Policy Framework 2017-2021'
- *Strong Families, Safe Kids* (the redesign of Child Safety Services)
- the Healthy Tasmania Community Innovations Grants Funding
- the Youth at Risk strategy, and
- the One Health System forums.

Operational areas across the Department also continue to undertake consultation with relevant stakeholder groups on key initiatives.

As part of the implementation of the Healthy Tasmania plan to support the Government's goal of making Tasmania the healthiest population in Australia by 2025, the Government is investing \$1 million in the Healthy Tasmania Community Innovations Grants.

These grants will provide seed funding to support innovative, sustainable, grassroots, community-driven programs that aim to improve health and reduce health inequities for Tasmanian communities including supporting healthy eating, physical activity, quitting smoking, and encourage community connection and partnerships. Information sessions were held around the State in June 2017 to provide information on the grants process and an opportunity for interested parties to come together to develop project ideas to apply for funding.

This year, Compassionate Communities: A Tasmanian Palliative Care Policy Framework 2017-2021 was launched. Development of the Framework included a significant consultation process undertaken with consumers, families and carers, along with organisations, service providers, community groups and members of the Tasmanian community who shared their experiences, views, knowledge, expertise and vision for the future, which helped to shape this Policy Framework.

The development of the Framework was also guided and assisted by the Partners in Palliative Care Reference Group who continue to provide leadership and advocacy for palliative care in Tasmania. The Government recognises and values the voice of people with lived experience of end of life care and palliative care in Tasmania.

Other work in the palliative care space included consultation and engagement via a range of community sector projects focusing on community engagement and capacity building for specific population groups, including: disability, aged care, culturally and linguistically diverse, lesbian, gay, bisexual, trans, and/or intersex, Aboriginal, and homeless communities. Consultation was also undertaken with general practitioners, which identified a need for ongoing professional development in end of life care (including how to use Medical Goals of Care, Advance Care Directive and have difficult conversations with patients).

The Department is committed to improving the outcomes for all young people at risk in Tasmania, including those in greatest need who have come into contact with the statutory system (Child Safety Services or Youth Justice). 'Youth at risk' is a complex problem that requires collaborative intervention across government and nongovernment service sectors in order to identify risk and intervene earlier in the lives of vulnerable young people. The Youth at Risk Strategy aligns and builds upon a number of reforms occurring across government including *Strong Families, Safe Kids* (Redesign of Child Safety Services), *Safe Homes, Safe Families* (the Family Violence Action Plan), Joined-Up Human Services, Tasmania's *Affordable Housing Strategy* and the Youth Suicide Prevention Plan.

Publications

For the Public

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

These publications are available on our website at: www.dhhs.tas.gov.au/about the department/our p lans and strategies.

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

For Staff

We produce numerous regular internal publications to keep our staff up to date on important work-related issues. For example, all staff receive the weekly News and Announcements e-bulletin and regular communications from the Secretary. Extensive consultation with the community to inform our Youth at Risk strategy continued in 2016-17.

During August 2016, public consultation forums were held in Burnie, Devonport, Hobart and Launceston to share the next steps of the One Health System and to seek community feedback.

Library Services

DHHS Library Services supports staff information and research needs.

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

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

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

A list of high level publications released in 2016-17 follows.

Key Publications 2016-17

Healthy Tasmania Five Year Strategic Plan	2016
Disability Services Operational Plan 2016-17	2016
DHHS Corporate Plan 2016-18	2016
A Review of Disability Services Delivered by Tasmanian Department of Health and Human Services	2016
DHHS Annual Report 2015-16	2016
Strategic Plan for Out of Home Care in Tasmania 2017-2019	2017
Workforces Diversity Plan 2017-2020	2017
Implementation of the National Code of Conduct for Health Care Workers in Tasmania Consultation Paper	2017
Youth at Risk Strategy	2017
Compassionate Communities: A Tasmanian Palliative Care Policy Framework 2017-2021	2017
Tasmanian Child and Youth Wellbeing Framework (draft)	2017
Children's Advice and Referral Alliance (draft)	2017

Disability Framework for Action

DHHS and the THS developed a *Disability Action Plan* (DAP) in 2014 to meet the requirements of the Tasmanian Government's *Disability Framework for Action 2013-2017*.

The DAP outlines the activities DHHS and THS committed to undertake to support people with disability in Tasmania, both as an employer and as a service provider.

Commitments relate to a range of services, policies and programs, from ensuring our online and physical assets are accessible, to supporting the employment and delivery of services to people with disability.

During the reporting period, a number of policy and program developments occurred to support our DAP, including:

- Online Services continued to work collaboratively with business units to ensure DHHS websites and documents meet accessibility requirements.
- Asset Management Services worked closely with a disability access consultant to conduct an audit of the accessibility of all DHHS facilities, and established a prioritised list of recommended remedial actions which will be actioned over the coming years.
- Disability and Community Services (DCS) secured \$3.2 million in sector development funding.
- DCS continued work with the Minister's Disability Advisory Committee to ensure people with disability are able to share their ideas and concerns about strategic projects and policy development.

- Human Resources Management and Strategy (HRMS) released a number of resources and tools on workplace adjustment to support the employment of people with disability.
- HRMS actively supported a number of whole-of-government initiatives to support the employment of people with disability – including involvement in the development of an online disability awareness training module (due to be completed in December 2017).

In addition to the above, implementation of the NDIS has continued to be the most significant reform for people with disability and providers of disability services in Tasmania. As at 30 June 2017, 2 247 participants in the NDIS had approved plans.

Key Achievements 2016-17

Securing the Future of the Mersey Community Hospital

In April 2017, agreement was reached between the Australian Government and the Tasmanian Government for a new, fully funded, 10 year deal for the MCH at Latrobe.

The funding deal, worth \$730.4 million, sees ownership of the Mersey return to the Tasmanian Government, giving long-term security for the hospital's future.

The \$730 million payment, which will be fully exempt from GST calculations, is the biggest ever single cash transfer from the Australian Government to the Tasmanian Government.

DHHS worked very hard to achieve this result and the formal transfer of ownership took place on 1 July 2017.

Once the funds are exhausted, the Mersey will be funded from a combination of Tasmania's annual health budget, and the national arrangements which provide activity based funding.

Reforming the Child Safety Service

Reforms gained momentum during the year with the introduction of the Child Safety Service (previously the Child Protection Service) and the creation of two Hospital Liaison Officers, 10 additional Clinical Practice Consultant Educators, seven of which have been employed, and we are progressively recruiting to five additional full time equivalent Support Worker positions.

We have also increased on-the-ground resources in the Child Safety Service to accommodate six additional Child Safety Officers for periods of up to two years. These roles will be recruited as a priority. These people will be recruited on the basis that they can fill vacancies quickly. They will be based in regions, but able to move into various roles as required ensuring faster responses through increased resource mobility and flexibility.

Six unit coordinator and four court coordinator roles have also been established. These roles will meet the needs of staff as expressed through the consultation phase of *Strong Families, Safe Kids.*

During the year, work continued on reforming the out of home care system to ensure a more therapeutic and targeted approach for children needing care.

In other initiatives, the Youth at Risk Strategy was launched, a new Children and Youth Services Practice Manual was developed and implemented, and the Ashley Youth Detention Centre Change Management program continued to gain momentum.

The Change Management program is focussed on enhancing leadership capability, improving safety and risk management, provision of targeted training as well as developing a model of care that addresses the specific and complex needs of young people

Launch of the Youth at Risk Strategy

In June 2017, the Minister for Human Services launched the Youth at Risk Strategy which focuses on early intervention and a whole-of-government approach to address the complex needs of young people who may have experienced abuse or neglect, or who are struggling with homelessness, mental health, or drug and alcohol issues. Findings from the consultations indicated the key issues impacting on young people at risk included:

- educational disengagement and the provision of flexible education alternatives
- homelessness, particularly for young people under 16 years of age, and
- the need for more holistic and youth-focused drug and alcohol and mental health services.

The strategy has seven key areas:

- I The development of a vulnerability assessment tool and the formation of agreed outcomes based on the Child and Youth Wellbeing Framework.
- 2 Provide timely and appropriate safety and supports for young people in out of home care and those engaged in the Youth Justice System.
- 3 Increase awareness and create alternative pathways within the homelessness and housing system for young people at risk.
- 4 Improve education and employment opportunities by providing flexible learning alternatives for vulnerable young Tasmanians.
- 5 Improve the health and wellbeing of our most vulnerable young people through youth focused drug, alcohol and mental health services.
- 6 Create safe and inclusive communities for young people.
- 7 Establish system-wide overarching support for the youth service sector.

Providing Tasmanians with Affordable Housing

During the year, Housing Tasmania provided 588 new properties for Tasmanians needing social and affordable housing. The innovative Community Housing Stock Leverage Program was launched which will see 172 new social housing properties built and 31 run-down homes upgraded by transferring the title of around 500 houses to community housing organisations.

Housing Tasmania also achieved its goal under the Rapid Rehousing Program of creating a pool of 50 rental properties for Tasmanians experiencing family violence. The program is part of the Government's \$26 million *Safe Homes, Safe Families: Tasmania's Family Violence Action Plan 2015-2020.*

In a first for the State, special accommodation for dads with kids was opened in April 2017 in Moonah. The complex of eight, two bedroom units accommodates eight dads with their children. It provides an opportunity for dads to have custody of their children, with Hobart City Mission providing support services. This supported accommodation is critical for these dads to be able to have custody of their children. For more information refer to the Case Study: Supporting vulnerable Tasmanians by providing affordable housing for Dads with Kids.

Providing accommodation for homeless young people and those at risk of homelessness

During the year construction commenced on a 25 unit Supported Accommodation Facility for young people at Devonport and on an innovative Youth at Risk Response Facility at Moonah.

Both will complement similar facilities recently built at Trinity Hill in North Hobart and Thyne House in Launceston. Together, these sites are about a stronger response to youth homelessness by providing more accommodation and support for young people at risk.

The new Youth Supported Accommodation facility in Devonport is on track to open in early 2018.

The centre will house 25 young people aged 16 to 25 on low incomes, or who are homeless or at risk of homelessness.

The centre will include five purpose built units for young people living with disability who are under the NDIS, with a further four adaptable units if they are needed.

The \$1.8 million Moonah facility, will, for the first time in Tasmania, allow targeting of young people under 16 who are at risk of, or already experiencing, homelessness.

This is an important development in assisting a particularly vulnerable cohort of people and helping break a potentially long-term cycle of homelessness. There is evidence that the younger someone is when they first experience homelessness, the more likely they are to remain homeless for a longer period of time.

The new facility will primarily provide short-term accommodation and specialised crisis support with the aim of ensuring the young person's safety and helping them to reconnect with family, school and other services.

Extending family violence counselling services

During the year, additional counselling services were made available to children, young people and adults experiencing family violence.

The additional services are being delivered as part of *Safe Homes, Safe Families, Tasmania's Family Violence Action Plan 2015-2020.*

The Australian Childhood Foundation and Support, Help and Empowerment have been contracted to deliver the services over three years, and commenced in 2016-17.

Constructing new crisis accommodation in Hobart

In March 2017, construction started in Hobart on new accommodation for people escaping family violence.

Planning and building approvals were finalised in March 2017 and Tasmanian company Fairbrother was awarded the contract to deliver the project. The delivery of this project will greatly increase our ability to deliver accommodation for victims of family violence, substantially increasing places available when compared to what is currently available. The project will be completed in December 2017.

Joining up Human Services

The innovative Joined-Up human services trial aims to make it easier for Tasmanians to access a range of human services.

It provides Tasmanians who have multiple and complex human services needs with a case manager so they have a single point of access to services.

The case manager service has commenced with 16 clients with complex needs receiving a range of services to improve their lives.

These services may include access to social housing, alcohol and drug services, and mental health services.

Additional clients will be brought into the service each month so that 30 clients are receiving support in 2017-18.

A new low cost bus service for the North West

In September 2016, Hospital Link, a new low-cost bus service linking the NWRH and the MCH was launched. The service provides patient and public pick-up and drop off points at both the hospitals and at Latrobe, Devonport, Ulverstone and Burnie, as well as the University of Tasmania's Burnie campus on weekdays. Hospital Link is part of a \$24 million Patient Transport commitment under the One Health System White Paper.

The bus service has proven to be very popular and is well utilised. For further information refer to the Case Study: New bus service provides better access to North West Regional and Mersey Hospitals.

E-Cigarettes

As part of the State Government's *Healthy Tasmania Five Year Strategic Plan*, the *Public Health Amendment - Healthy Tasmania - Bill* 2017 was introduced into the Parliament to increase penalties for selling or supplying smoking products to children, introducing laws to regulate personal vaporiser products (including e-cigarettes) and providing the option for targeted education through quit smoking information at the point-of-sale.

The legislation was passed by both houses of State Parliament in September 2017 and will take effect later this year.

Establishing Telehealth clinics to make it easier for patients to access specialist services

In September 2016, Endocrine and General Endocrine Neoplasia clinics commenced delivering Telehealth services with an Endocrinologist located in the Wellington Clinics in Hobart and the patient accompanied by a Registrar in the North West Regional Hospital. Also in September, the High Risk Foot Clinic for diabetic patients with complex foot concerns commenced delivery of Telehealth services, while in February 2017, the first Telehealth appointment between the RHH Wellington Clinics and the King Island Health and Hospital Centre was successfully delivered. Previously, the patient would have been required to travel to Hobart for an in-person consult, or the NWRH for a Telehealth appointment.

Providing additional Ambulance services and making our paramedics safer

Three Extended Care Paramedics are now actively working in both the Northern and Southern regions. This extended care service involves providing paramedics with additional skills to reduce the need to transport patients to hospital emergency departments and allow the patients to be treated in their home.

During the year, an additional 12 paramedics were employed in the North West.

Following significant staff input,

Ambulance Tasmania implemented training and public education around violence against paramedics. This involved training for all operational staff and a public awareness campaign including advertisements on ambulances, in hotels, on social media and on television.

Completing the review of the DHHS Purchasing Framework for Outsourced Services

The review of the DHHS Purchasing Framework for Outsourced Services 2016 made a number of recommendations to improve the governance of community sector funding and management within DHHS.

These recommendations included:

- a statement of funding intent
- a robust structure with centralised grants management of community sector funding including further implementation of the Outcomes Purchasing Framework, and
- greater consistency, standards and proportionality in services, safety and quality reporting for DHHS funded organisations.

Managed by PPP, implementation of the recommendations has begun, and completion is expected in December 2018.

Roll out of the National Disability Insurance Scheme

The roll out of the NDIS continued during 2016-17.

When fully transitioned, approximately 10 600 Tasmanians with a disability, up to the age of 65, will be supported by the NDIS.

Transition to the full NDIS scheme will take three years (1 July 2016 to 30 June 2019). Commencing on 1 July 2016, the NDIS expanded to include people aged 12-24 and from 1 January 2017, adults aged 25-28. From 1 July 2017, children aged 4-11 began to transition, and adults aged 29-34 will begin transition from 1 January 2018.

A total of 1 067 participant plans were approved in 2016-17.

The total number of participants (from the trial and transition) with approved plans in Tasmania had reached 2 247 at 30 June 2017. This is five more plans than were scheduled as part of the bilateral agreement.

Rethinking Mental Health

In October 2015, the Rethink Mental Health Plan 2015-2025 was launched providing a long term plan to deliver a coordinated and integrated Tasmanian mental health system.

Work continued in 2016-17 to implement initiatives under the Rethink Mental Health Plan and Tasmanian Suicide Prevention Strategy, which was launched in March 2016.

This included:

- the establishment of a peer workforce in public mental health services, to complement the existing workforce, commencing with community mental health teams during 2017
- roll-out of the Safe Wards initiative in public mental health inpatient units to improve safety for consumers, carers and staff
- the establishment of a Suicide Prevention Early Intervention Referral Service
- ongoing support of promotion, prevention and early intervention initiatives throughout the community sector, and
- work to establish consistent mechanisms for seeking feedback on consumer and carer perspectives of care.

Tasmanian Population Health Survey 2016

The Tasmanian Population Health Survey 2016 is the third iteration of the Tasmanian Population Health Survey, following surveys held in 2009 and 2013. A total of 6 300 Tasmanian adults participated in this telephone survey. The results of the survey will contribute to the *Healthy Tasmania Strategic Plan* and help to monitor progress of key indicators in priority preventative health policy focussed on smoking, nutrition, obesity, physical activity and chronic disease screening and management, as well as the use and satisfaction of some DHHS services.

Improvements were noted in the use of preventive health screening and participation in chronic disease management. Compared with the results of previous years, the prevalence of some chronic conditions and overweight/obese BMI have increased in 2016, accompanied by poorer self-assessed health status, noticeably among middle aged Tasmanians. The decline in fruit and vegetable consumption noted since 2009 has continued in 2016.

A detailed report of the findings was released earlier this year on HealthStats Tasmania (Epidemiological Publications). http://www.healthstats.dhhs.tas.gov.au/links

Creating a new cost-effectiveness assessment tool for preventive health programs

The *Healthy Tasmania Five Year Strategic Plan* called for an assessment of the cost-effectiveness of a range of community sector preventative health interventions funded by PHS. To meet this objective, DHHS developed a cost-effectiveness assessment tool (the CEA tool) in late 2016, based on a review of international cost-effectiveness evidence.

The CEA tool was then applied to a range of PHS funded interventions, in areas including reducing tobacco use, promoting healthy eating, physical activity, and preventing a range of chronic conditions.

The results of the CEA assessment indicated that, based on the best available international evidence, most of the interventions funded by PHS are either cost-saving or very cost-effective, and hence should continue to be funded. For a small number of programs, it proved difficult to identify suitable evidence of cost-effectiveness, and it was recommended that these programs would benefit from review and future research. The findings of the CEA assessment have been shared with all the funded organisations concerned.

Controlled Access Scheme for Medical Cannabis

In April 2016, the Tasmanian Government announced the introduction of a Controlled Access Scheme (CAS) to allow Tasmanian patients with a serious illness access to unproven medical cannabis products under prescription from a suitably qualified medical specialist, in certain circumstances where treatment with conventional medication has been unsuccessful.

The scheme came into operation on 1 September 2017.

The 2017-18 Budget provides additional funding of funding of \$3.75 million over four years to commence the CAS for children with severe paediatric refractory epilepsy.

This funding will be used to fund a screening and assessment program for children with severe refractory epilepsy. The program will include a controlled access scheme for medical cannabis as a treatment where it is deemed clinically suitable.

The CAS applies a number of conditions that will need to be met in order to achieve an appropriate balance between patient safety and providing access to unproven medical cannabis products.

DHHS has the mechanisms in place to receive, consider and respond efficiently to any application made under the Scheme by a suitably qualified specialist medical practitioner.

Case Study

Supporting vulnerable Tasmanians by providing affordable housing for Dads with Kids

New affordable housing for Dads with Kids was opened in May 2017 as part of the Affordable Housing Action Plan.

The complex is the first supported, transitional housing for Dads with Kids in Tasmania.

The housing complex consists of eight two bedroom units in Moonah, and can accommodate eight dads with their children. It provides an opportunity for dads to have custody of their children in a supported environment.

The accommodation complex includes a play area, a large common area for dads to get together, individual garages and storage, an outdoor barbecue area, and a woodwork shop. Cooking lessons are also held with a qualified chef.

This allows dads to have custody of their children if accommodation was a problem for them. Housing Tasmania purchased the property and invested \$2.5 million to upgrade and refurbish the complex.

Hobart City Mission provides support services to the fathers and their children including a coordinator who is on site full time.

The facility provides a supportive environment and access to other services as well as acting as an early intervention by providing a place for dads to have custody of their children if needed, such as in child protection matters.

Eighteen year-old dad Torrin Bennett said he was very pleased to get a fresh start with his son, where he could access help and support. "It's really good to have that experience with my son, bonding, playing together and learning to be a father," he said.

He also appreciated the contact with other dads in similar situations, saying he would recommend the program to other fathers for the peer support it offered.

He said if he had not been able to move to the housing facility, he doubted he would have been able to keep custody of his son.

Torrin is also working on expanding some skills at TAFE to assist him gain employment.

The Affordable Housing Action Plan provided the opportunity for Hobart City Mission to work with the DHHS to develop the facility.

The support the fathers could offer each other has been important to the success of the project; providing the opportunity to meet other fathers, share stories and learn together.



Figure 2: from left: young dad Torrin Bennett, Minister Jacquie Petrusma MP and Hobart City Mission CEO John Stubley at the opening of the accommodation.

Case Study

New Bus Service Provides Better Access to North West Regional and Mersey Hospitals

The first stage of Hospital Link, Tasmania's first subsidised bus service linking two of our state's hospitals - the NWRH and MCH - and major hubs on the North West commenced in 2016-17.

The service provides patient and public pick-up and drop off points at both hospitals, Latrobe, Devonport, Ulverstone and Burnie, as well as the University of Tasmania's Burnie campus on weekdays.

Hospital Link is part of a \$24 million Patient Transport commitment under the Health White Paper, which committed to establishing a low-cost, subsidised bus service linking the NWRH, MCH and Launceston General Hospital (LGH). Hospital Link runs seven days a week, including public holidays and uses the existing bus stops outside each hospital - at the main entrance for the NWRH and on Torquay Road for the MCH.

The service is provided by Metro Tasmania.

The Hospital Link service attracts passengers from outside the health sector, with students able to get to university by bus and other passengers connected with employment opportunities along the Coastal strip.

Passengers using the service to either attend hospital as a patient or visit someone, will be entitled to a special Government subsidy of a free return trip.

Any passenger disembarking at a hospital can obtain a token from the driver, which can be validated at reception.



Figure 3: Health Minister Michael Ferguson MP and Infrastructure Minister Rene Hidding MP with Metro CEO Stuart Wiggins at the launch of Hospital Link

Case Study

Establishing Telehealth clinics to make it easier for patients to access specialist services

In September 2016, Endocrine and General Endocrine Neoplasia clinics commenced delivering Telehealth services. An Endocrinologist located in the Wellington Clinics in Argyle St Hobart, and the patient accompanied by a Registrar in the North West Regional Hospital.

The High Risk Foot Clinic for diabetic patients with complex foot concerns also commenced delivery of Telehealth services in September.

In February 2017, Rhonda Nievaart from King Island had a Telehealth appointment between the RHH Wellington Clinics and the King Island Health and Hospital Centre.

The specialist in Hobart was able to assess Rhonda via video conference and her local GP, who was with her, was able to ask questions and help organise tests for her. To have the tests done, Rhonda flew to mainland Tasmania but then had the follow up via Telehealth again.

Previously, Rhonda would have been required to travel to Hobart for an in-person consult, or the NWRH for a Telehealth appointment. Each trip to mainland Tasmania would have required at least an overnight stay and cost the Department at least \$500. Rhonda said that having the appointment using Telehealth was, "Great, the picture and sound quality was fabulous" and she would recommend using Telehealth to anyone to avoid the disruption that the travel caused.

Endocrinologist at the Royal Hobart Hospital Linda Hoffman (pictured) says the Telehealth equipment is easy to use and very convenient for patients.

"Clinically it provides a good service and there is no reason why its use can't be extended to other patients in other specialities," she said.

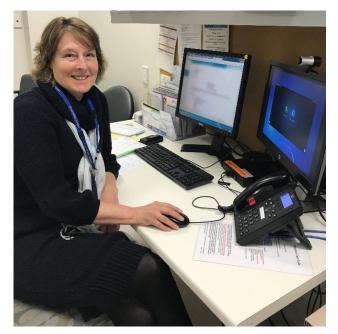


Figure 4: Endocrinologist at the RHH Linda Hoffman in front of her Telehealth equipment

Performance Measures 2016-17

Each year DHHS strives to improve performance in areas that lead to strong health and human services outcomes for Tasmanians. Our performance measures give an insight into how we measure performance and plan improvements. The following is a high level overview of our performance in diverse areas across the Department.

Ambulance Tasmania

Performance Measure	Unit of Measure	2013-14 Actual	2014-15 Actual	2015-16 Actual	2016-17 Actual
Total Ambulance Responses ¹	Number	78 911	78 749	81 409	83 764
Emergency Ambulance Responses	Number	48 607	47 799	49 644	43 064 ²
Satisfaction with Ambulance Services ³	%	98	98	98	98
Median Emergency Response Times (state-wide) ⁴	Mins	2.	12.3	2.9	3.8
Median Emergency Response Times (Burnie) ⁴	Mins	10.2	9.8	0.	12.7
Median Emergency Response Times (Devonport) ⁴	Mins	10.1	10.2	10.5	11.4
Median Emergency Response Times (Hobart) ⁴	Mins	11.1	11.5	.9	14.3
Median Emergency Response Times (Launceston) ⁴	Mins	10.7	11.0	1.7	13.5
Ambulance Services expenditure per person ⁵	\$	32.	133.6	133.83	na

Notes:

I Includes emergency, urgent and non-urgent patient transport.

2 In August 2016 a clinical audit was undertaken of priority dispatching determinants and a number of dispatch coders were reclassified from emergency to a lower level priority resulting in a decrease in emergency responses and a corresponding increase in lower priority cases.

- 2 Level of patient satisfaction is defined as the total number of patients who were either 'satisfied' or 'very satisfied' with ambulance services they had received in the previous 12 months, divided by the total number of patients that responded to the Patient Satisfaction Survey. The Patient Satisfaction Survey results for 2016-17 will be published in the Report on Government Services (ROGS) in January 2018. The figure provided here for 2016-17 is AT's target for 2016-17.
- 4 AT has updated the methodology used to calculate the Median Emergency Response Time (MERT) indicator. The new methodology uses the definition proposed by the Productivity Commission in ROGS, which uses the time of first keystroke as the beginning of the response time calculation. AT has previously used the time when AT had enough information to dispatch an emergency vehicle as the beginning of the response time calculation. The ambulance emergency response time is now calculated as the difference in time between AT recording the first keystroke on receipt of a triple zero call in the AT State Operations Centre, and the first vehicle arriving at the location to treat a sick or injured patient. The MERT is the middle time value when all response times for emergency incidents are ordered from shortest to longest. The MERT can be broadly interpreted as the time within which approximately 50 per cent of the first responding ambulance resources arrive at the scene of an emergency. Response times for all previous years have been updated using this new methodology, and therefore differ from previously reported figures in DHHS Annual Reports. This change in calculation methodology in no way affects the performance of ambulance crews responding to emergencies.
- 5 Historical rates for AT's expenditure per person may differ from those in previous reports, as historical data have been adjusted to 2015-16 dollars using the General Government Final Consumption Expenditure (GGFCE) chain price deflator. The figures here are those reported in ROGS. The figure for 2016-17 is not yet available and will be published in ROGS in January 2018

The latest verified Patient Satisfaction Survey results indicate that 98 per cent of Ambulance Tasmania's patients were satisfied, or very satisfied, with the ambulance service.

The demand for Ambulance services in 2016-17 was 83 764 responses, an increase of 2 355 ambulance responses, or 2.9 per cent on the previous year.

There is a direct correlation between increased calls for help and decreased ambulance response times as the same number of vehicles become busier.

There are a variety of factors which affect ambulance response times in Tasmania including:

- demand for service against the available resource base
- a relatively high proportion of the population living in rural and remote areas
- hilly terrain, ribbon urban development along the Derwent and Tamar rivers
- the ageing population as a primary driver of demand, and
- a high reliance on Volunteer Ambulance Officers.

The 2016-17 median emergency response time for Tasmania is 13.8 minutes. Approximately 50 per cent of all Tasmanian emergency calls were responded to within that timeframe.

Tasmania has the greatest proportion of people living in rural areas of all states and territories and Ambulance response times in Tasmania are affected by the wide dispersal of the population.

Strategies to reduce the impact of demand are a focal point of AT operations. These include improvements in technology and public education campaigns and community announcements encouraging the public to only call an ambulance through Triple Zero to save lives.

An Operational and Technical Review was undertaken in 2015-16, and a Communications Reform Program (CRP) was developed to undertake a comprehensive review of systems through a risk management methodology. The main outcome of the CRP was the upgrading of the Computer Aided Dispatch (CAD) system used to manage Triple Zero calls. AT, together with the Department of Police, Fire and Emergency Management, has had a significant focus on preparing for the implementation of the new CAD system which is due to be rolled out in late 2017. The benefit of a state of the art system will include more effective and efficient response to emergency incidents due to shared capture and sharing of incidents when reported to any of the emergency services. Performance information will also be enhanced which will allow AT to improve future planning of resource requirements.

Ambulance Crews

The 2015-16 Budget provided \$24 million for Patient Transport. The initiative will fund two additional ambulance crews at Devonport and Latrobe and three Extended Care Paramedics based in Launceston.

Extended Care Paramedics have been trained to a higher skill level which will allow them to treat certain patients at home. It is expected that the Extended Care Paramedic program will reduce the number of patients transported to the Emergency Departments in Launceston and Hobart.

The Launceston Extended Care Paramedics were made operational in November 2016. In addition to this, three Extended Care Paramedics have been funded in the Southern Region. These were made operational in February 2017.

Public Health Services

Performance Measure	Unit of Measure	2013-14 Actual	2014-15 Actual	2015-16 Actual	2016-17 Actual
Radiation Protection					
Radiation Management Plan – Notification of review by licence holder	%	NA	82.0	78.0	74.0
Recertification prior to expiry	%	NA	60.0	98.0	96.0
Immunisation					
Vaccine coverage in children aged 12-15 months ¹	%	89.8	90.4	92.9	93.8
Vaccine coverage in children aged 24-27 months ¹	%	93.5	88.7	89.7	92.0
Move Well Eat Well					
Primary School Membership	%	73.8	77.8	80.1	81.0
Primary School Awarded	%	17.2	22.2	24.0	31.8
Early Childhood Membership	%	63.2	80.0	84.0	85.8
Early Childhood Awarded	%	9.	20.0	23.0	28.9

Note:

I Data Source: Australian Childhood Immunisation Register as at 31 December 2016.

Radiation Protection

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

Immunisation

From 2015-16 to 2016-17, reported vaccination coverage in the 12-15 month age cohort increased by 0.9 per cent and is just above the Australian national average of 93.6 per cent.

While reported vaccination coverage in the 24-27 month age cohort increased by 2.3 per cent from 2015-16 to 2016-17, and is above the Australian national average of 91.1 per cent.

Previously reported drops in vaccination coverage rates in the 24-27 month cohort were attributed to changes to the definition of 'fully immunised' to include several new vaccines. Rates typically increase in subsequent years as provision and documentation of new vaccines becomes routine. This coupled with the No Jab, No Play catch-up program has seen a significant increase over the last period.

Move Well Eat Well

As at 30 June 2017, there were 179 member primary schools, 57 of which have achieved a Move Well Eat Well Award. Membership represents 81 per cent of all schools with a primary enrolment in Tasmania and Award status has been achieved by 31.8 per cent of these. Between 2013-14 and 2016-17 the membership in the primary schools program increased by 7.2 per cent and there was an increase of 14.6 per cent in schools achieving Award status.

The Move Well Eat Well Primary School Program has reached over 35 000 Tasmanian primary school children and their families.

As at 30 June 2017 there were 97 member early childhood long day care services, 28 of which have achieved a Move Well Eat Well Award. Membership represents 85.8 per cent of all long day care services and Award status has been achieved by 28.9 per cent of these. Between 2013-14 and 2016-17 the Early Childhood Program's membership increased by 22.6 per cent.

The Early Childhood Program reached 52 per cent of children 0-4 years and their families, in early childhood settings. Since beginning in 2012 the Program has provided support and training to 83 per cent of early childhood educators.

Housing, Disability and Community Services

Disability Services					
Performance Measure	Unit of	2013-14	2014-15	2015-16	2016-17
	Measure	Actual	Actual	Actual	Actual
Accommodation support clients	Number	I 346	I 222	I 2081	1266 ¹
Community access clients	Number	4 9	I 074	I 0781	1021
Supported accommodation waiting list	Number	111	93	82	58
Community access waiting list	Number	82	76	88	2
Housing Tasmania					
Public Housing occupancy rate ²	%	98.1	98.3	98.5	98.5
Applicants housed ³	Number	1 066	1 085	926	I 047
New allocations to those in the greatest need	%	85.3	80.5	95.5	97.8
Households assisted through Private					
Rental Assistance	Number	4 100	3 666	3 544	3 057
Applicants on wait list	Number	2 465	2 771	3 573	2 962
Average wait time for people who					
are housed (year to date)	Weeks	35.7	42.2	47.7	47.3
Average time to house Priority applicants ⁴					
(quarterly)	Weeks	na	na	43.0	48.7
Net recurrent cost per dwelling ^{2, 5}	\$	10 644	8 379	8 7	9 64 [,]
Turnaround time ⁶	Days	28.9	21.5	20.4	32.6

Notes:

I The number of Accommodation Support and Community Access clients are preliminary figures as the data collection is yet to be finalised. Final figures are due to be published by the Australian Institute of Health and Welfare (AIHW) in June 2018. 2015-16 figures have been updated from the previous Annual Report, in line with the release of AIHW figures in June 2017.

2 Housing Tasmania data is provided from ROGS where appropriate.

3 This includes applicants housed into public or community housing from the Housing Register.

This indicator has replaced Average time to house Category 1 applicants due to the new HAPS in 2015. The new HAPS has seen a move to a two category system of Priority and General, and has resulted in a higher number of applicants in the Priority category.

5 Data provided is preliminary as data for 2016-17 is not yet available from ROGS.

6 The increase in turnaround time is based on the current state of data within the new information system. The data provides improved information than was previously available, but there will be an ongoing focus on continuous improvement to ensure that data aligns with business processes. A national review of turnaround time, led by the AIHW, is ongoing due to discrepancies in jurisdiction's reporting of ROGS data.

Disability Services

Accommodation support services provide assistance for people with disability within a range of accommodation options, including group homes (supported accommodation) and other settings. The supported accommodation waiting list decreased by 29 per cent from 82 people in June 2016 to 58 in June 2017. Supported accommodation waiting list figures are expected to further reduce as people who utilise supported accommodation services are transitioned to the NDIS.

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

The community access waiting list increased by 27.3 per cent from 88 in June 2016 to 112 in June 2017. The implementation of the NDIS in Tasmania has begun to address the need for community access. The increase is primarily due to a review of individuals' needs for a community access package in preparation for the NDIS and a number of clients in northern Tasmania requiring additional days.

Housing Tasmania

Housing Tasmania continues to assist people on low to moderate incomes to access a range of affordable housing options.

Demand for affordable housing for people on low incomes remains high due to rising house prices and challenges in accessing affordable private rentals.

Occupancy rates for public housing continue to be high at 98.5 per cent as people remain in safe, affordable and stable housing.

The number of households accessing Private Rental Assistance has decreased from 3 544 in 2015-16 to 3 057 in 2016-17. This is due to the lack of affordable properties that are available within the private rental market. Housing Tasmania is expanding its role to assist people in housing need to better access affordable housing through private rental incentives in the future.

The number of new households assisted into public and community housing has increased from 926 in 2015-16 to 1 047 in 2016-17.

There has been a 17 per cent reduction in the number of applicants on the Housing Register from 2015-16 to 2016-17. This was associated with a review and update of active applicant details.

Under the Housing Assessment Prioritisation System, around 69 per cent of Housing Register applicants are priority.

Housing Tasmania continues to perform extremely well at targeting public housing allocations to people most in need. In June 2016, 97.8 per cent of people housed were priority applicants.

The low turnover and high demand for social housing properties means that there continues to be a significant wait time for people to be housed.

Net recurrent cost per dwelling has increased slightly from \$8 117 in 2015-16 to \$9 164 in 2016-17. The cost has increased due to greater expenditure on maintenance, insurance and rates.

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

Capital initiatives will contribute to increasing supply of over 900 affordable housing properties.

Overall, an additional 1 600 households in need will be assisted by June 2019.

Children and Youth Services

Children Services

Performance Measure	Unit of Measure	2013-14 Actual	2014-15 Actual	2015-16 Actual	2016-17 Actual
Children Services					
Mothers attending the eight week Child Health Assessment	%	87.6	86.9	86.8 ¹	89.8 ²
Children in notifications (per 1 000 population) ^{3,4}	Rate	71.0	77.3	86.4	53.I ⁵
Average daily children in active transition at Response ⁶	Number	24.7	15.5	65.5	83.6
Investigation outcome determined within 28 days ³	%	31.9	34.7	19.7	20.3
Children who were the subject of a substantiation during the previous year, who were the subject of a subsequent substantiation within 12 months ^{3,7}	%	21.5	18.5	23.6	n/a
Average daily children in out of home care	Number	064.9	1 046.2	1110.6	1179.7
Children with approved case and care plans	%	72.6	68.3	55.2	60.3
Foster care households with five or more foster children ⁵	%	5.1	5.2	5.0	6.9
Children in out of home care who had 3+ non- respite placements in the last 12 months	%	3.2	4.5	4.2	4.8
Children actively managed while waiting for therapeutic family violence counselling services	Number	112	90	59	33 ⁸

Notes:

Due to the lag effect from continual entry of data into information systems, the data reported for 2015-16 has been retrospectively updated and therefore differs slightly from that reported in the 2015-16 DHHS Annual Report.

2 CHaPS was transferred to the THS on 1 January 2017, however this data is for the full financial year. This CHaPS performance indicator has transferred to the THS Budget Chapter and will be included in the THS Annual Report from 2017-18.

- 3 The 2016-17 actuals are preliminary and may differ from figures published in ROGS or Child Protection Australia as figures for these publications are not provided until 29 September each year.
- 4 The population figures used to calculate this measure are taken from ROGS.

5 From February 2016, any notification to Child Safety Service finalised under Section 17(2)(a) of the *Children, Young Persons and Their Families Act 1997* (i.e. the notification was based on information or observations that were not sufficient to constitute reasonable grounds for the belief or suspicion contained in the notification) was classified as a child concern report for the purpose of national and state level reporting and was not counted as a notification. This change to reporting has only been applied to the above indicator from 1 July 2016. As such, the rate of children in notifications for Tasmania for 2016-17 appears to have decreased compared to previous years.

- 6 Children in active transition at Response are actively managed while awaiting allocation to a child safety officer for an investigation.
- 7 Due to data lag issues, the total percentage of resubstantiations is not yet able to be reliably reported.
- 8 During the financial year, the indicator was revised to reflect a change in business process for managing new referrals to CHYPP. From January 2017, A referral assessment is undertaken within 24 hours of initial contact with the service, and may result in one of a variety of approaches to supporting the child/ren.

CHaPS continues to provide a high level of initial engagement and support to parents of newborn children. The data report attendance rates at the eight week Child Health Check, with this data recorded to align with other key performance measures across Children Services. The data indicates the number of mothers attending the eight week Child Health Assessment increased slightly across Tasmania in the first half of the financial year 2016-17. CHaPS provides a range of Child Health Checks to parents of Tasmanian children from two weeks to five years of age. The service transitioned from DHHS to become part of the THS from 1 January 2017.

There is a shifting national trend towards rising numbers of children receiving child protection services across Australia.

The number of children who were the subject of a notification has declined during 2016-17 due to the change in counting rules. However, even though there was a decrease in reported service activity for Child Safety Service intake functions, it should be noted the overall number of children placed on an order and/or in care continued to grow in Tasmania during 2016-17.

During 2016-17, a daily average number of 83.6 children were in active transition from Intake to Response, representing an increase from 65.5 in 2015-16. There has been a consistent effort over recent months to reduce the number of children in active transition at Response, including an independent Panel of senior clinicians and managers to oversee a review of cases recommended for closure following a referral for investigation. As a result of these efforts, the number of children in active transition at Response had declined considerably by 30 June 2017 to 12 children statewide. The Government's 2017-18 Budget has allocated funding of \$6 million in the development of a replacement to the now aging DHHS child protection client information technology. Any new system is expected to integrate with other critical information systems, and support new processes and practice in the Child Safety Service.

Anecdotal feedback from frontline child safety services staff indicates Tasmania is experiencing greater case complexity in notifications requiring investigation, often due to a range of issues including parental substance abuse and mental health. DHHS has a number of strategies to assist child safety staff in working with complex cases. These include a contract with the Australian Childhood Foundation for professional development of staff in their understanding of, and response to, trauma; and a strong commitment to learning and development in partnership with non-Government providers of service.

CSS through their Out of Home Care team and partnerships with relevant non-Government Organisations provide care for children living away from their parents for protective or other reasons related to child safety and wellbeing.

Reform of the out of home care system is ongoing as part of the *Strong Families, Safe Kids* project which is a comprehensive redesign of the Child Safety Service.

A key objective of the *Strong Families, Safe Kids* project is to promote a common understanding of child wellbeing across the service system, to deliver better outcomes for children.

Outputs include a common Child and Youth wellbeing Framework and the translation of child wellbeing messages to targeted communication materials.

Recently, the Department of Education (DoE) and DHHS identified three common objectives that both Agencies will focus on. These are:

- delivering better outcomes for children in out of home care
- delivering better outcomes for Tasmania's most vulnerable children and their families, and
- building an integrated database across
 DoE and DHHS to report on child
 wellbeing.

A sector-wide symposium on child wellbeing was held in late-2016 to underpin the development of the framework and ongoing stakeholder communication.

As part of *Strong Families, Safe Kids*, the Children's Assessment and Referral Alliance draft was published in June 2017, describing a new 'front door' involving government and non-government services working together to ensure children and families in need are supported to access appropriate services, and that serious concerns for the safety and wellbeing of children are responded to quickly and effectively. Safe Homes, Safe Families launched in August 2015, is a coordinated, whole-ofgovernment response to Family Violence. Under Safe Homes, Safe Families, a wide range of agencies and key partners work together to deliver a cohesive response to family violence. In the Safe Families Coordination Unit, DHHS and other key agencies, led by the Department of Police, Fire and Emergency Services, work collaboratively to provide greater interaction with, and support to, women and children experiencing family violence, and to ensure they receive the services they require.

Safe Homes, Safe Families also collects and collates a range of information and data to ensure that service providers are well placed to meet the needs of the women and children requiring support and safety.

Custodial and Community Youth Justice

Performance Measure	Unit of Measure	2013-14 Actual	2014-15 Actual	2015-16 Actual	2016-17 Actual
Custodial Youth Justice					
Average daily young people in Youth Justice detention ¹	Number	.6	10.3	9.2	10.7
Distinct number of young people in youth justice detention ¹	Number	56	52	33	65
Community Youth Justice					
Average daily young people in Community Youth Justice ¹	Number	309.2	242.7	229.5	197.1
Distinct number of young people in Community Youth Justice	Number	643	523	475	407
Community Service Orders completed before the statutory expiry date ¹	%	92.0	86.4	91.7	94.5
Youth Justice Community Conferences held within six weeks of receipt of referral for conference ¹	%	81.7	86.2	84.1	85.1

Note:

Due to the lag effect from continual entry of data into information systems, the data reported for 2015-16 may have been retrospectively updated and therefore differ from that reported in the 2015-16 DHHS Annual Report.

The average daily number of young people in detention was 10.7 in 2016-17. This is up from the value of 9.2 observed in 2015-16 and in contrast with the declining trend in the reported number of Custodial Youth Justice clients observed between 2013-14 and 2015-16.

The average daily number of people in Community Youth Justice has continued to decrease, falling from 229.5 in 2015-16 to 197.1 in 2016-17. The number of young people engaged with Community or Custodial Youth Justice Services is predominantly influenced by external services. The factors affecting activity levels include referral practices and diversionary programs implemented by Tasmania Police, as well as the effectiveness of prosecutions and sentencing options selected by the Courts.

System Management

Health System Management

Performance Measure	Unit of Measure	2013-14 Actual	2014-15 Actual	2015-16 Actual	2016-17 Actual
Implementation of Government reform agenda goals achieved within published timeframe ¹	%	na	100	75 ²	96 ²
Service Agreements developed and administered in accordance with the THO Act, and policy settings					
endorsed by the Minister for Health	Number	3	3	3	3

Notes:

1 This performance measure was introduced in the 2014-15 Budget and, as such, prior year actuals are not available for this measure.

2 The health reform goals are those specified in the Government's Agenda 2016 and Deliverables 2017. The target of 100 per cent was not achieved due to timeframes regarding the upgrade to the Launceston Ambulance Station upgrade. Significant capital works under Stage I was completed with Stage 2 to be completed in 2017-18.

3 One Service Agreement was required in 2015-16 due to the establishment of the single THS on 1 July 2015.

Patients First

Throughout 2016-17, DHHS continued to support the THS in the delivery of the *Patients First* initiative.

In February 2017, the Minister for Health announced a second stage of the *Patients First* initiative, which included a number of recurrent bed openings across the State to further improve whole-of-hospital patient flow.

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

THS Service Agreement 2016-17

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

The Service Agreement is the key agreement between the Minister for Health and the THS, and sets out the agreed expectations of the THS. The Service Agreement is complemented by a Performance Framework, which provides the arrangements for monitoring THS performance against the Service Agreement requirements.

As system manager, it is the responsibility of DHHS to ensure that THS performance against the requirements of the Service Agreement is monitored and managed to ensure that where necessary, the performance intervention options available to the Minister under the Act are effectively implemented.

DHHS undertakes quarterly performance review meetings with the THS to identify and manage any emerging performance issues.

The 2016-17 Service Agreement was issued by the Minister for Health on 29 June 2016.

There were four amendments to the Service Agreement throughout 2016-17 to incorporate initiatives such as:

- the transfer of CHaPS from DHHS to THS
- changes to elective surgery Key Performance Indicator (KPI) targets, and
- the requirements of *Patients First Stages I and 2.*

All four amendments were signed by the Minister for Health and the Chair of the THS Governing Council.

Performance Escalations

During 2015-16, a level one performance escalation was initiated for unsatisfactory performance against the following service agreement KPI:

 Time until most admitted patients (90 per cent) departed the emergency department.

In the 2016-17 Service Agreement, the above KPI was re-defined as:

• Percentage of patients admitted through the ED with an ED length of stay less than eight hours.

The level one performance escalation initiated in 2015-16 transferred to this re-defined KPI and remains in place. In February 2017, a level one performance escalation was initiated for unsatisfactory performance against four additional service agreement KPIs:

- Percentage of all emergency department presentations seen within recommended time
- Percentage of all emergency patients with an ED length of stay less than four hours
- Percentage of all ED patients with an ED length of stay less than 24 hours, and
- Ambulance offload delay 30 minutes

Consistent with the requirements of a level one performance escalation, the THS was required to submit performance improvement plans for all five KPIs to the Minister for Health, outlining the strategies that would be implemented to remediate performance and a timeframe for the achievement of KPI targets specified in the 2016-17 Service Agreement.

Human Services System Management

Performance Measure	Unit of Measure	2013-14 Actual	2014-15 Actual	2015-16 Actual	2016-17 Actual
Organisations receiving a Quality and Safe Review within relevant timeframes	ty %	60	42.5	31	23.75
Target Population transferred to NDIS tria within agreed timeframes ¹	al %	81.1	100	100	83.7
Social Housing owned and/or managed by the Community Sector ²	%	34.0	42.7	42.4	41.5

Notes:

I Target population transitioned to NDIS is as per 31 March 2017 quarterly report, being the latest data available; once the 30 June 2017 quarterly report is available this measure will be updated.

2 The agreed National Target for community managed social housing stock is 35 per cent. The 2016-17 target was revised to 42.7 per cent in the 2016-17 Budget Papers to reflect the level of social housing stock actually under community management at that time. Although 2016-17 actuals are slightly below that revised target, they are still well above the national target.

Quality and Safety Reviews

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

NDIS Transition to Full Scheme

The NDIS trial for the 15 to 24 year old cohort saw over 1 100 young people supported by the NDIS. A Bilateral Agreement for transition to full scheme was signed by the Tasmanian and Australian Governments on 11 December 2015. The transition of the remaining 9 500 Tasmanians with disability to the NDIS commenced in 2016-17 with people aged 12 to 28 as well as individuals in specialist disability supported accommodation transitioning.

Social Housing

Community housing providers now have an established presence as managers of social housing in Tasmania.

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

The involvement of the community sector in the management of social housing has led to improvements in the way tenants, with special needs in particular, are supported, the building of strong, resilient communities and a concentrated investment in maintenance across the Tasmanian social housing portfolio.

Children Services System Management

Performance Measure	Unit of Measure	2013-14 Actual	2014-15 Actual	2015-16 Actual	2016-17 Actual
Planned strategic projects with milestones achieved	%	65	59	71	86
Planned regular operational performance reviews completed addressing key issues within the remit of Children's Services	%	100	100	100	86 ¹
Planned quality appraisals completed within relevant timeframes	%	100	100	100	100

Note:

2016-17 saw the move to a more proactive performance improvement process and as a result, 37 targeted reviews were identified of which 32 were successfully completed.

CYS has successfully completed a number of strategic projects including the CYS Practice Manual, Delegations Review, amendments to the *Youth Justice Act 1997* and the Family Violence Action Plan, Actions 8 and 9. The Out of Home Care Reform and Youth at Risk Projects were also completed with the release of a Strategic Plan for Out of Home Care in Tasmania 2017-2019 and a Youth at Risk Strategy.

An Out of Home Care Foundations project commenced as part of the broader program of work outlined in the Out of Home Care Strategic Plan. The Out of Home Care Foundations project seeks to build the foundation for a more accountable, integrated and coordinated out of home care system. Children and young people with lived experience of the care system are contributing to the development of an Outcomes Framework for children and young people living in out of home care. Work has also commenced on a Quality and Accountability Framework and future model for foster care.

Following the release of the Youth at Risk Strategy DHHS commenced development of a detailed cross government implementation plan across the seven key action areas. It is anticipated that implementation will occur over four years. The Child Protection Redesign project, *Strong Families, Safe Kids* continued to meet key deliverables including the release of a Child and Youth Wellbeing Framework and a service model for people seeking information, advice and referral in regard to significant concerns for the safety and wellbeing of children.

Performance information dashboards are updated daily by the Performance and Evaluation Unit in CYS and are available for routine access by a range of CYS staff. This allows for proactive performance improvement including the identification of targeted reviews to be undertaken.

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

CYS is in the process of finalising a Quality Improvement Framework. All service delivery and business support areas will be assessed against this framework on a regular basis commencing in 2017-18. The framework will draw on industry standards including the National Out of Home Care and Australian Juvenile Justice Administration standards. In 2016, the DHHS undertook a comprehensive review into Safe Pathways following a number of concerns being raised in relation to children under the care of Safe Pathways. All children placed by the Secretary in the care of Safe Pathways were transitioned to other out of home care providers pending the outcome of the review. The review was finalised and the contract was terminated due to non-compliance by Safe Pathways with the administrative requirements of the Funding Agreement. Financial acquittals for all Special Care Packages delivered by Safe Pathways have now been completed.

Funding provided to Safe Pathways in the 2015-16 and 2016-17 financial years is detailed below.

	2015-16	2016-17	Total
	\$	\$	\$
Special Care Packages ¹	160 510	999 730	60 240

Notes:

No further payments will be made to Safe Pathways for Special Care Packages in 2017-18.

DHHS in 2017-18

In September 2016, the Secretary released the *DHHS Corporate Plan 2016-18.* The Corporate Plan sets out the vision, commitment and principles of the DHHS and establishes five strategic priorities, with supporting actions. The following sections set out some of our key initiatives within these five areas of focus.

Healthy and Safe Tasmanians

In 2017-18 we will continue implementing key smoking, healthy eating and physical activity initiatives as part of Healthy Tasmania.

We will also complete construction of a new crisis accommodation centre in Hobart that will greatly increase our ability to deliver accommodation for victims of family violence, substantially increasing places compared with what is currently available.

The project will be completed in December 2017.

We will continue to implement the Youth at Risk Strategy that will include youth justice reform resulting in a more streamlined, therapeutic system for young people at risk.

We will also provide more supported accommodation for young people at risk. The Moonah and Devonport supported accommodation for young people will be completed in 2017-18.

We will also continue to implement key priorities under *Rethink Mental Health – A long term plan for Mental Health in Tasmania 2015-*25, the Tasmanian Suicide Prevention Plan for Tasmania 2016-20, the Youth Suicide Prevention Plan for Tasmania 2016-20 and the Suicide Prevention Workforce Development and Training Plan for Tasmania 2016-20.

Well-Governed Systems

We will continue to embed the role and functions of system manager within DHHS, the THS and external stakeholders. This will include the administration of:

- the annual Service Agreement between the DHHS and THS
- the DHHS performance framework
- the statewide clinical governance framework, and
- health and human services public reporting.

We will also review and enhance existing records management policies and procedures and support My Health Record and other national and local initiatives designed to give people control of their health and well-being information and provide more seamless and responsive professional intervention.

Integrated Services

We will continue to implement the Joined-Up human services project in 2017-18. Additional clients will be brought into the service so that 30 individual clients are receiving support in 2017-18. We will also commence delivering the service to families who are in need of multiple services.

Redesigning the Child Protection System in the State will continue to be a major priority. This will include continuing to place the well-being of children at the centre of services, building an integrated risk assessment and planning system and the recruitment of additional staff. Closely aligned will be the reform of the out of home care system in the State. This will see a continuum of care implemented that will provide a range of placement options for children and young people. Phase I of these reforms will focus on specialised care services including Sibling Group Care, Residential Care and Therapeutic Services with Phase 2 focusing on Family Based Care - primarily on foster care.

During 2017-18 we will also re-model the Home and Community Care (HACC) system in the State as part of our approach to implement an efficient community care system that is integrated with aged care, disability and primary health services.

Evidence-Based Services

In 2017-18 we will produce an updated framework for DHHS funded community sector delivered services. This will flow from the review of the DHHS Purchasing Framework for Outsourced Services.

The updated framework will provide more robust oversight of grants to community organisations, centralised grants administration and a clearer picture of how funded organisations' strategic priorities match those of the DHHS and state government.

We will continue the roll out of the *Affordable Housing Strategy 2015-25* and the *Affordable Housing Action Plan 2015-19.*

Over the course of the Action Plan, 1 600 households will be provided with additional support, including construction of 941 new homes as well as access to affordable homes in the private market. Through the Minister for Health, the State of Public Health Report 2018 will be submitted to both Houses of Parliament as required by the *Public Health Act 1997*.

An Engaged Workforce

In 2017-18, DHHS will involve its people in the creation of a set of values for the Department.

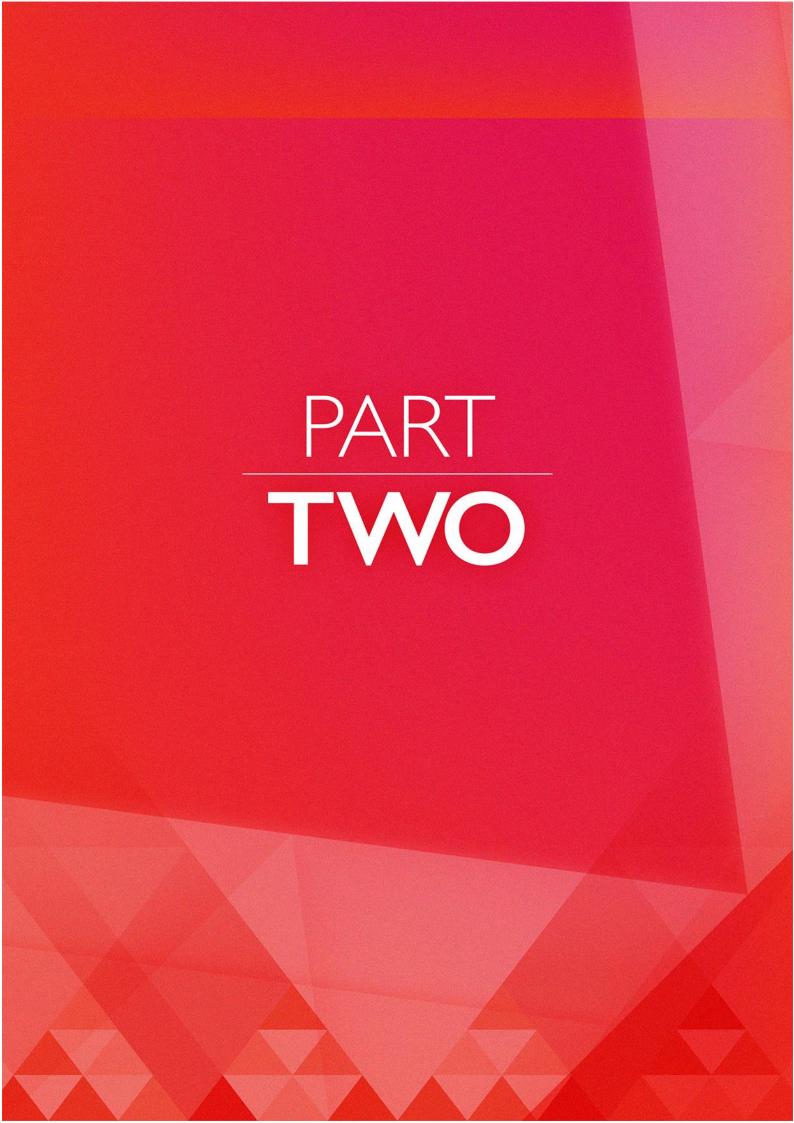
Our values will underpin all aspects of our business, from decisions we make, to the people we hire, to the way we engage with each other and our stakeholders.

All staff will also develop Performance and Development Agreements during the year and an internal communications strategy will be implemented to improve communication and collaboration and engagement within the organisation.

We will also finalise a training needs analysis for the organisation that will see continued investment in the development and growth of our people. DHHS in 2017-18

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Capital Works and Asset Management

Overview

AMS is responsible for delivering key property management elements of planning, procurement and sustainability for DHHS and the THS.

Capital works are delivered by AMS, Housing Tasmania and the RHH Redevelopment Project Team. Many of the capital works projects delivered by AMS are delivered on behalf of the THS.

AMS regularly undertakes projects and initiatives to improve asset management and safety as part of its proactive approach to the ongoing management of Departmental and fixed assets.

Major Capital Works Program

In 2016-17, AMS and Housing Tasmania commenced, progressed and delivered a number of significant capital works projects, while the RHH Redevelopment progressed its construction program on the new K Block on the RHH campus.

Major capital works projects completed in 2016-17 included the LGH Allied Health Clinic and Special Care Dental Unit and the provision of a new Mobile Breast Screening Unit.

A new helipad was constructed on the NWRH site to facilitate the transport initiatives identified under the Government's One Health System White Paper. Additionally, Transit Centres were completed at the MCH and NWRH as part of the larger Health Transport infrastructure initiative, with the Transit centre in the LGH nearing completion. An upgrade of the Ulverstone Oral Health Centre was completed during the year and construction started on a major redevelopment to increase the number of surgeries available at the Archer Street Oral Health Surgery Centre in New Town.

Works continued on a number of major projects including the Glenorchy Health Centre and the new Northern Suburbs Community Centre at Newnham. The St Helens District Hospital received Parliamentary Standing Committee Public Works approval and, following an open tender process, will commence construction in 2017-18.

Design has progressed for the construction of a new Kingston Health Centre with construction scheduled to commence in 2017-18.

The design and tender for the construction of a new antenatal centre at the MCH was completed with construction expected to be completed by the end of 2017.

Completed Major Capital Works 2016-17

	Total Cost
Completed Major Capital Works in 2016-17	\$'000
Launceston General Hospital – Allied Health Clinics ¹	3 400
National Health and Hospitals Network - Capital - Elective Surgery - Royal Hobart Hospital	3 660
Royal Hobart Hospital Redevelopment Fund	35 000
Rural Breast Screening Clinics	268
Housing Capital Program	
Neighbourhood House Program	6 087

Note:

I The Launceston General Hospital Allied Health Clinics project includes \$400 000 provided by Oral Health Services Tasmania to fund the completion of an Oral Health Special Care Dental Unit. This is in addition to the \$3 million provided by the State Government.

Ongoing Major Capital Works 2016-17

Ongoing Major Capital Works in 2016-17 ¹	2016-17 Expenditure \$'000	Estimated total cost \$'000	Estimated cost to complete \$'000	Estimated completion year
Essential Maintenance	I 604	na	na	Ongoing
Glenorchy Health Centre ²	10 635	21 000	6 043	2018
Hospital and Health Centre Maintenance ³	4 334	8 340	86	2018
Health Transport and Coordination Infrastructure ⁴	2 2 1 8	10 000	7 701	2018
Kingston Health Centre ⁵	106	6 500	5 960	20196
Launceston General Hospital - Acute Medical and Surgical Unit ⁷	1 086	45 982	514	2018 ⁸
Launceston Integrated Care Centre ⁹	321	22 700	24	2017
Mersey Community Hospital – SCIF Project	38	900	360	2018
National Health and Hospitals Network - Capital - Emergency Department - Royal Hobart Hospital ^{10,11}	219	3 737	165	201712
Royal Hobart Hospital – Inpatient Precinct Project ¹³	59 396	569 200	396 689	2019
Statewide Cancer Services ¹⁴	425	63 274	74	201815
Northern Suburbs Community Centre	640	660	976	2018
St Helens District Hospital	984	8 0	7 26	2020
Launceston General Hospital – Ward 4K Upgrade	147	7 850	7 703	2020
Strong Families Safe Kids	226	550	324	2018
Housing Capital Program				
National Rental Affordability Scheme support	690	20 000	6 876	2024
North West Youth Accommodation Shelter	500	6 000	4 500	2018
Affordable Housing Strategy ¹⁶	15 999	73 500	50 907	2019

Notes:

- 1 This table does not include expenditure prior to 1 July 2016. It reflects 2016-17 expenditure and anticipated expenditure in future periods.
- 2 Completion of the Glenorchy Health Centre (formerly referred to as the Glenorchy Community Health Centre) was temporarily delayed while a review of the Integrated Care Centre model of care was undertaken. Construction commenced in early 2017 and is on track for completion in 2018.
- Projects under this program include the LGH substation upgrade; Launceston Ambulance Station Structural Works; Flinders Island Sewer Upgrade: Fire Systems Protection Upgrade; Body Protection Wiring Rectification; LGH Intensive Care Unit/Emergency Department Lift Upgrade; Hobart Private Hospital Chiller and Heat Pump Installations; and Emergency Power Supplies.
- 4 Expenditure for improved infrastructure is associated with changes to patient coordination, transport and accommodation arising from the One Health System reforms.
- 5 Completion of the Kingston Health Centre (formerly referred to as the Kingston Community Health Centre) was temporarily delayed as a result of ongoing negotiations for land acquisition and while a review of the Integrated Care Centre model of care was completed. Land negotiations and title transfer for the Kingston Health Centre have been finalised. This project is anticipated for completion in 2018-19.
- 6 The estimated completion date for this project has changed from that reported in last year's Annual Report due to delays in title negotiations.
- 7 The LGH Medical and Surgical Unit project was initially allocated \$40 million by the Australian Government. The THS has provided supplementation of approximately \$5 million, through internal sources. An additional \$960 000 was also contributed from the Crown Land Administration Fund.
- 8 The estimated completion date for this project has changed from that reported in last year's Annual Report due to payment of project funds.
- 9 The Launceston Integrated Care Centre experienced temporary delays related to implementation of new IT systems in 2016-17. The Australian Government contributed \$15 million towards the Launceston Integrated Care Centre, \$4.5 million from the University of Tasmania and \$3 million from the State Government.
- 10 The National Health Reform initiatives: Elective Surgery, Emergency Department and Sub-Acute were primarily funded by the Australian Government under the National Partnership Agreement on Improving Public Hospital Services.
- 11 The National Health and Hospitals Network Emergency Department Royal Hobart Hospital project experienced delays in acquisition of Emergency Department equipment in 2015-16, and this has impacted the completion date of the project.
- 12 The estimated completion date for this project has changed from that reported in last year's Annual Report due to payment of project funds.
- 13 The estimated total cost of this component of the RHH Redevelopment project is \$569.2 million, which reflects \$340 million of Australian Government funding and \$229.2 million of State Government funding. Construction of K-Block will now be finished in 2019 (reported in previous Annual Report as 2018).
- 14 The total Australian Government commitment to the Statewide Cancer Services project is \$36.3 million, with \$23.9 million funded by the State Government and \$2.8 million provided through donations.
- 15 The 2016-17 Budget allocation for the Affordable Housing Strategy was \$60 million over three years. In addition, the State Government provided funding of \$13.5 million in 2015-16 for initial projects outlined in the Affordable Housing Action Plan.

Royal Hobart Hospital Redevelopment

For over 200 years, the RHH has been serving the Tasmanian community. In 1820 it moved to its present site in the centre of Hobart. The configuration and condition of existing buildings have made it increasingly difficult to provide contemporary health services at the hospital. Some of the hospital's buildings are nearing the end of their functional life. The redevelopment and expansion of the site will help ensure the RHH can continue to meet the changing health needs of our community.

The Australian and Tasmanian Governments have now committed a total of \$689 million to the RHH Redevelopment Project.

This substantial investment provides an opportunity to transform Australia's second oldest hospital so that it can deliver health services to Tasmanians into the future.

In 2016, approximately \$50 million worth of refurbishment works were completed across the RHH campus.

The refurbishment works were undertaken to enable the decanting of B-Block so that it could be demolished to make way for the new inpatient facility known as K-Block.



Figure 6: Department of General Medicine in the Temporary Inpatient Facility

Structural demolition of B-Block is now complete (including the Main B-Block building, B-Fan and B-Tail) and all demolition rubble has now been removed from the site.

Bulk earthworks to prepare the site for the construction of K-Block are now substantially completed and the construction of K-Block has commenced with the drilling of pilings and the installation of the structural footings of K-Block underway.

The Managing Contractor and the RHH Redevelopment Project Team are continuing to encourage Tasmanian businesses to be part of the RHH Redevelopment Project.

Between April and June 2017, more than \$126.45 million of sub-contracts were awarded by the Managing Contractor for the construction of K-Block.

Of the 13 sub-contracts awarded during this period, eight sub-contracts were awarded to Tasmanian businesses with a total value of approximately \$69.14 million.

The RHH Redevelopment will provide significant benefits. These include improved patient care and operating efficiencies as a result of consolidating services in 'precincts' such as: women's, adolescents and children's services; mental health services; medical services; and surgical services.

Importantly, K-Block will provide more beds, more operating and procedure rooms and contemporary facilities for Tasmanians.

Housing Tasmania

Housing Tasmania, along with its partners in the Better Housing *Futures* (BHF) program, manages the stock of public and social housing to ensure low income Tasmanians have access to quality housing for themselves and their families.

The Department's approach to asset management is supported by *Tasmania's Affordable Housing Strategy*, the *Affordable Housing Action Plan* and the *Strategic Asset Management Plan 2014-17*, which assists DHHS to align the housing requirements of applicants and tenants with available accommodation.

Affordable Housing Strategy and Affordable Housing Action Plan

Tasmania's Affordable Housing Strategy 2015-2025 and Affordable Housing Action Plan outline the Tasmanian Government's reform agenda in the areas of housing and homelessness and the capital investment required to underpin progress.

Key capital projects funded in 2016-17 for the *Affordable Housing Action Plan* included:

- Additional funding of \$2.8 million for the HomeShare shared equity scheme that has assisted 38 households on low to moderate incomes into home ownership.
- Completion of the purchase of 33 social housing dwellings from private developers (eight units in the South and 25 units in the North West). At a cost of around \$8.8 million, this exceeded the target of 27 homes.
- Purchase of three additional Youth Castles to assist young people in the transition to independent living. Five Castles in total have been delivered.
- Completion of eight units in Moonah for Dads with Kids accommodation in the South.

- Land release of 23 lots in Devonport, and 42 lots at Huntingfield for affordable housing.
- Ongoing works on the Devonport Youth Supported Accommodation Facility.

At the end of June 2017, 352 new households have been assisted through the *Affordable Housing Action Plan.* This includes 197 new dwellings and 155 new assistance initiatives. Housing Tasmania is on track to achieve the target of assisting over 1 600 households by the end of 2018-19.

Better Housing Futures

The BHF initiative has been fully implemented and there are now four new community housing organisations delivering property and tenancy management. BHF has transferred around 3 900 properties into community management.

The BHF initiative will leverage around \$70 million in additional Australian Government funds over 10 years and deliver 321 new dwellings by 2024.

All of the BHF organisations are working closely with their clients, the community and other key stakeholders and organisations in their respective portfolios in order to improve liveability within their communities.

Properties are being maintained and upgraded, with over 1 400 new heaters installed between 2014 and 2017.

BHF organisations are spending well in excess of \$10 million per annum on maintaining properties under their management.

The BHF initiative is delivering on our commitment to provide sustainable, quality social housing to Tasmanians in greatest need.

Indigo Lodge Supported Accommodation Facility

- Indigo Lodge is a Supported Accommodation Facility, located in Prospect, providing long term supported accommodation facilities for adults at risk of homelessness.
- As part of the agreed funding for capital works upgrades in the 2015-16 period, a substantial refurbishment of this existing facility was completed in July 2017. The capital investment in the project was \$2 million with funding providing 30 remodelled, full ensuite, bed-sit style accommodation units, a fully refurbished self-contained caretaker's unit, new communal laundry facilities and a refurbished communal dining room. Also supplied were a resident computer and training room, art and activities spaces, new resident lounge rooms, a cinema room and break out quiet spaces.
 - All existing offices were remodelled with new office accommodation, client consultation rooms and meeting rooms provided to address the shortage of such facilities in the building and address issues such as confidentiality and privacy for residents and staff in the day-to-day operations of the facility. The property is now fully operational since the contracted works have been completed with Anglicare Tasmania, the facility operators, reporting enhanced health and wellbeing outcomes for all residents and staff as a direct result of the works.

DIY Dads

• The Minister for Human Services officially opened 'DIY Dads', a new supported accommodation facility for dads with kids, in April 2017. It is the first accommodation of its kind in the State.

- Housing Tasmania purchased a property in Moonah for the initiative with \$2.5 million in funding provided to upgrade and refurbish the property. Housing Tasmania leases the complex to Hobart City Mission who manages the site and provides support services to fathers and their children.
- The property consists of eight two-bedroom units and a large common area which includes consulting rooms, barbeque and children's play area. All units are occupied.
- This facility is a key initiative under the *Affordable Housing Action Plan* and in response to an identified gap in the provision of supported accommodation for dads with kids in Tasmania.
- Some dads haven't been able to gain access to their children until now because they didn't have secure accommodation. As a result of this development and the services provided by City Mission, a number of dads have gained full access to their children.
- This project recognises the growing number of single fathers caring for their children and the importance of supporting these families.

National Rental Affordability Scheme – Melville Street Development

- In 2016-17, the University of Tasmania delivered 430 new units at Melville Street, Hobart in partnership with the Australian and State governments under the National Rental Affordability Scheme (NRAS).
- The accommodation will be used to house students and as a result of the funding provided by Government, will provide discounted rent to students.
- The 430 units delivered under NRAS were completed in May 2017, with all periphery construction completed by July 2017.

• The delivery of the units is the completion of delivery of new units in Tasmania, with all units under NRAS being available at a discounted rent for a minimum of 10 years and up to 30 years across community housing organisations who have participated in the program.

Youth Castles

- Youth Castles are self-contained, demountable and moveable 'micro homes' capable of housing a single young person. The homes are intended for short term use by young people who are homeless, at risk of homelessness or otherwise excluded from mainstream housing.
- Construction of the Youth Castles is undertaken through a social enterprise model involving 'Work for the Dole' participants. The training program is delivered by Youth Futures Inc.
- Identified as a priority initiative under the *Affordable Housing Action Plan*, three castles have been provided to at risk youths in 2016-17, with three more purchased and due to be tenanted by the end of 2017.
- The Youth Castle initiative has multiple benefits, both during construction and after.
- Construction creates opportunities for young people to access training and education, as well as gain work experience and possibly employment.
- Youth Castles provide safe, secure accommodation while enabling youths at risk to develop skills to transition to independent living. They have also been shown to assist youths to reunite with family and provide them with their own space while addressing family relationship issues.

Neighbourhood House Program

- In the final year of a \$6 million capital investment program, \$770 000 was expended in 2016-17 on capital and minor works at Neighbourhood Houses. These included improvements at – Fingal (Break O'Day Council), Karadi (Karadi Aboriginal Corporation), Pittwater (Sorell Council) and Starting Point - Ravenswood (Launceston City Council). These improvements have enhanced community development activities and amenity for staff and volunteers.
- The 2016-17 financial year also saw significant work on the Derwent Valley Neighbourhood House and the Northern Suburbs Community Centre (NSCC). Both of these projects will be finalised in 2017-18 and are being managed by AMS.
- A new site for relocation of the Derwent Valley Neighbourhood House has been identified at a former Department of Education kindergarten at Blair Street in New Norfolk. Preliminary works at this site were completed in 2016-17 with further works to improve the amenity of the building and fit for purpose to be completed in 2017-18. The NSCC will see the construction of a new facility for the Rocherlea Neighbourhood House. Around \$640 000 was allocated to this project in 2016-17. The project is due for completion in September 2017.

Asset Management

In 2016-17, AMS continued to implement initiatives to improve the management of DHHS (outside of the housing program) and THS assets.

This included the implementation of comprehensive maintenance contracts for lifts and mechanical and hydraulic maintenance contracts for AMS-managed properties.

Continuing AMS's commitment to providing a safe and healthy working environment for all workers, including contractors, AMS will build on the preparatory work undertaken during 2016-17 to enable implementation of the Concept Safety Systems Contractor Safety Management and Emergency Management System on AMS-managed properties during the second half of 2017.

Acquisitions

During 2016-17, DHHS purchased land at:

 Annie Street, St Helens for the new hospital, and The Concept Safety System provides site specific on-line contractor inductions and inductions and refresher training for DHHS Emergency Control Organisations.

During 2017, AMS has been working with The Consumer, Building and Occupational Services (CBOS) section of the Department of Justice on a three year plan to audit electrical installations of high risk buildings within our community. CBOS has identified a number of DHHS buildings which it will audit and provide a report to AMS detailing any safety and compliance issues.

In 2016-17, work continued on the rolling program of Building Condition Assessments across the state, to identify asset-related risks for inclusion in the essential maintenance program.

• the former Blair Street Kindergarten in New Norfolk was purchased from the Department of Education and converted for utilisation by the Neighbourhood House program.

Disposals

Disposal of all DHHS and THS managed properties is undertaken by AMS within DHHS.

During 2016-17, the former west coast hospital at Queenstown, managed by the THS, was sold for \$159 091 with net proceeds of \$154 204 to be reinvested in the asset portfolio.

Properties listed for disposal with sale expected in 2017-18 include:

• a Community Hall at 17 Cambridge Road, Bellerive that will be sold to the Clarence City Council

- a former Mental Health Services property at 13 Cambridge Road, Bellerive, and
- a former child health clinic, managed by the THS, in Mole Creek.

Maintenance

In 2016-17, AMS continued to manage statutory building compliance. Where required, works were promptly completed to ensure compliance with the *Building Act 2000*.

During 2016-17, a number of maintenance projects have been completed. This has included a major upgrade to the waste water system, façade repair and lift upgrade at the Carruthers Building, St Johns Park and the upgrade of the building control system at 2 Terry Street, Glenorchy.

A number of audits of building roofs were undertaken during 2016-17 to inform a program of roof repairs over future years.

During 2016-17, DHHS responded to a number of emergency maintenance calls and associated provision of alternative accommodation due to an after hours electrical fire at 2 Terry Street, Glenorchy, which required the relocation of the Mental Health Services teams located in the building.

An arson attack on the Peacock Centre in North Hobart required relocation of all Mental Health Staff in the building and temporary accommodation was provided.

There were also flooding incidents and a wind damage incident at the St Johns Park complex which required AMS support.

Asset Management and the Disability Action Plan

From the built environment perspective, AMS is a key contributor to the DHHS Disability Action (DDA) Plan.

In 2016-17, \$265 200 was allocated for essential maintenance to address disability access issues across the DHHS asset portfolio.

Access to the NWRH, Summerhill Child Health Centre, North West Child Development Unit in Burnie, Clare House in New Town, and Adult Mental Health Services at Mistral Place in Hobart was improved and a compliant DDA toilet facility was constructed at the Dunalley Tasman Neighbourhood House at Nubeena. Various issues at the St Johns Park Campus were also addressed.

A number of DDA compliance audits were undertaken to continue to identify a future program of improvement works. These audits will continue in future years and will encompass all DHHS facilities.

Transport

At 30 June 2017, DHHS operated 458 leased light vehicles, comprising 39 executive vehicles and 419 operational vehicles.

In 2016-17, DHHS fleet costs increased \$126 593 (excluding GST) on vehicle lease costs compared to 2015-16. This increase primarily related to an increase in Ambulance Tasmania's service delivery and to fuel increases that have occurred in the past 12 months.

Consultancies, Contracts and Tenders

DHHS ensures procurement is undertaken in accordance with the requirements of the Treasurer's Instructions relating to procurement. This includes ensuring that Tasmanian businesses are given every opportunity to compete for business. It is the Department's policy to support Tasmanian businesses whenever they offer best value for money for the Government.

Table I provides a summary of the level of participation by local businesses for contracts, tenders and/or quotations with a value of \$50 000 or over (excluding GST).

Tables 2 and 3 provide detailed information on consultancies and other contracts with a value of \$50 000 or over (excluding GST).

Table 4 provides a summary of contracts awarded as a result of a direct/limited submission sourcing process approved in accordance with Treasurer's Instructions 1114 or 1217.

Table 5 provides a summary of contract extensions approved in accordance with Treasurer's Instruction 1115(2).

Table 6 provides a summary of contracts where approval to aggregate the procurement was obtained in accordance with Treasurer's Instructions 1119 and 1225.

Table 1 - Summary of Participation by Local Businesses

Participation by local businesses for contracts, tenders and/or quotation processes with a value of \$50 000 or over.

Total number of contracts awarded	138
Total number of contracts awarded to Tasmanian businesses	108
Value of contracts awarded ^{1,2}	\$77 232 473
Value of contracts awarded to Tasmanian businesses ^{1,2}	\$63 985 446
Total number of tenders called and/or quotation processes run	79
Total number of bids and/or written quotations received	360
Total number of bids and/or written quotations received from Tasmanian businesses	287

Notes:

I In accordance with the requirements of the Treasurer's Instructions, the values in this table do not include the value of any options to extend.

2 All values exclude GST.

Table 2 - Consultancies Awarded

Consultancies awarded during the 2016-17 financial year with a value of \$50 000 or over.

Consultant Name	Location	Consultancy Description	Period of Consultancy	Total Value \$2
Architects Designhaus Pty Ltd	Tas	22 Elizabeth Street Relocation and Refurbishment - Principal Consultant	27/09/2016 - 30/06/2017	145 291
Artas Pty Ltd	Tas	Launceston General Hospital - Ward 4D Isolation Room – Principal Consultant	29/03/2017 - 30/06/2018	90 000
			01/05/2017 - 30/04/2019	O ³
Australian Healthcare Associates Pty Ltd	Vic	Clinical Expert Panel	Option to extend ⁴	
Associates Fily Liu			01/05/2019 - 30/04/2023	O ³
BPSM Pty Ltd	Tas	Kingston Health Centre Development - Principal Consultant	29/08/2016 - 30/06/2018	414 522
CBM Sustainable Design Pty Ltd	Tas	Stronger Remote Aboriginal Services – Project Management and Professional Services	20/07/2016 - 20/07/2019	238 420
			01/05/2017 - 30/04/2019	O ³
Ernst & Young	NSW	Clinical Expert Panel	Option to extend ⁴	
			01/05/2019 - 30/04/2023	O ³
GHD Pty Ltd	Tas	North West Regional Hospital - Pre-Admission Clinic Redevelopment – Principal Consultant	17/05/2017 - 01/04/2019	83 72
			01/05/2017 - 30/04/2019	O ³
Glenrock Health	NSW	Clinical Expert Panel	Option to extend ⁴	
Consulting Pty Ltd			01/05/2019 - 30/04/2023	O ³
			22/11/2016 - 21/11/2019	168 100
Goanna Energy Consulting Pty Ltd	Tas	Statutory High Voltage Maintenance - Consultancy Services	Option to extend ⁴	
Consulting Fty Lta		Consultancy services	22/11/2019 - 21/11/2021	20 000
			01/05/2017 - 30/04/2019	O ³
Healthcare Redesign	SA	Clinical Expert Panel	Option to extend ⁴	
			01/05/2019 - 30/04/2023	O ³
			01/05/2017 - 30/0 <mark>4/</mark> 2019	O ³
HealthSense (Aust)	Vic	Clinical Expert Panel	Option to extend⁴	
Pty Ltd			01/05/2019 - 30/04/2023	O ³
			01/05/2017 - 30/04/2019	O ³
KP Health (Aus) Pty Ltd	Tas	Clinical Expert Panel	Option to extend ⁴	
			01/05/2019 - 30/04/2023	O ³

Consultant Name	Location	Consultancy Description	Period of Consultancy	Total Value \$2
			01/05/2017 - 30/04/2019	O ³
KPMG	Tas	Clinical Expert Panel	Option to extend ⁴	
			01/05/2019 - 30/04/2023	O ³
Loop Architecture Pty Ltd	Tas	St Helens District Hospital Development - Principal Consultant	7/08/20 6 - 30/06/202	762 907
Philp Lighton Architects Pty Ltd	Tas	Launceston General Hospital - Ward 4K WACS Extension/Redevelopment - Principal Consultant	3/02/2017 - 31/12/2019	560 229
Robert Carroll & Associates	Tas	Mersey Community Hospital - Maternity Services Redevelopment - Principal Consultant	12/08/2016 - 31/07/2018	97 100
			01/05/2017 - 30/04/2019	O ³
Siggins Miller Consultants	Qld	Clinical Expert Panel	Option to extend ⁴	
Pty Ltd			01/05/2019 - 30/04/2023	O ³
Siggins Miller Consultants Pty Ltd	Qld	Alcohol and other Drugs - Service System Framework	30/11/2016 - 30/06/2017	199 980
UniQuest Pty Ltd	Qld	Development of Advice on Priorities for, and Governance of, Telehealth in the Tasmanian Health Service	31/05/2017 - 26/07/2017	99 807
			01/05/2017 - 30/04/2019	O ³
University of South	SA	Clinical Expert Panel	Option to extend ⁴	
Australia			01/05/2019 - 30/04/2023	O ³
University of Tasmania	Tas	Regional Bereavement Care Networks and Initiatives	09/09/2016 - 30/12/2016	172 285
			01/05/2017 - 30/04/2019	O ³
Vanguard Consulting &	Qld	Clinical Expert Panel	Option to extend ⁴	
Services Pty Ltd			01/05/2019 - 30/04/2023	O ³

Notes:

I Where an overarching procurement process exists (for example Common Use Contracts and Agency Panel arrangements) individual engagements are not reported.

2 All values exclude GST.

3 A '0' contract value signifies a panel contract for which a value cannot be estimated, being dependent on future requirements.

4 In accordance with Treasurer's Instruction 1111, the period of a contract for reporting purposes includes any options to extend. When applicable, the principal period of the contract is identified as well as any options to extend; this does not signify that the options have been or will be exercised by DHHS.

Table 3 - Contracts Awarded¹

Contracts awarded during the 2016-17 financial year with a value of \$50 000 or over, excluding consultancy contracts.

Contractor Name	Location	Contract Description	Period of Contract	
		Patient Treatment Products (including	01/06/2017 - 31/05/2020	952 065
3M Australia Pty Ltd	NSW	Wound Care, Compression Products and	Option to extend ⁴	
		Associated Devices)	01/06/2020 - 31/05/2022	634 710
			01/03/2017 - 29/02/2020	4 880 718
Affinity Nursing	Qld	Supply of Agency Nurses	Option to extend ⁴	
Recruitment Pty Ltd			01/03/2020 - 28/02/2023	4 880 718
AJR Construct Pty Ltd	Tas	Launceston Ambulance Station - Internal Redevelopment	05/06/2017 - 26/07/2017	242 389
AJR Construct Pty Ltd	Tas	North West Regional Hospital - Raised Helicopter Landing Site and Bridge Link Construction	01/08/2016 - 14/11/2016	6 444
AJR Construct Pty Ltd	Tas	Launceston Ambulance Station - Remedial Work and Improvements	14/11/2016 - 17/03/2017	309 054
Alexia Pty Ltd t/a Living Here Launceston	Tas	Marketing and Sale of Housing Tasmania Properties - Contract Extension	13/07/2016 - 31/12/2016	03
			01/01/2017 - 31/12/2019	628 212
Ansell Limited	Vic	Supply of Gloves - Medical and General	Option to extend ⁴	
			01/01/2020 - 31/12/2023	837 616
Australasian Medical & Scientific Ltd	NSW	Supply of Blood Glucose Monitoring Equipment and Consumables	15/05/2017 - 19/05/2018	248 500
		Patient Treatment Products (including	01/06/2017 - 31/05/2020	128 424
B Braun Australia Pty Ltd	NSW	Wound Care, Compression Products and	Option to extend ⁴	
		Associated Devices)	01/06/2020 - 31/05/2022	85 616
Baxter Healthcare Pty Ltd	NSW ⁵	Pharmaceutical Compounding – Contract Extension	13/05/2017 - 25/07/2017	550 000
Bennett Construction (Tas) Pty Ltd	Tas	Carruthers Sewer Upgrade Stage 1	16/09/2016 - 15/12/2016	113 355
Bennett Construction (Tas) Pty Ltd	Tas	Wingfield Office Refurbishment	05/06/2017 - 31/07/2017	219 032
		Patient Treatment Products (including	01/06/2017 - 31/05/2020	384 484
BSN Medical (Aust)	Vic	Wound Care, Compression Products and	Option to extend ⁴	
Pty Ltd		Associated Devices)	01/06/2020 - 31/05/2022	256 322

Contractor Name	Location	Contract Description	Period of Contract	Total Value \$²
Calmbrook Pty Ltd t/a PRD Nationwide Hobart	Tas	Marketing and Sale of Housing Tasmania Properties - Contract Extension	3/08/20 6 - 3 / 2/20 6	O ³
Chubb Fire & Security Pty Ltd	Tas	Launceston General Hospital – Air Handling Unit Smoke Management	19/10/2016 - 31/03/2017	59 305
Construction 3 Pty Ltd	Tas	2-10 Liverpool Street - Alteration and Ramp Installation	/ /20 6 - 20/ 2/20 6	135 300
Contact Electrical Pty Ltd	Tas	Launceston General Hospital - Computer Room Fire Suppression System	12/09/2016 - 31/01/2017	97 635
Contact Electrical Pty Ltd	Tas	Mersey Community Hospital - Nurse Call Upgrade	03/04/2017 - 07/08/2017	200 213
Contact Electrical Pty Ltd	Tas	Mersey Community Hospital - Computer Room Fire Suppression System	12/09/2016 - 31/01/2017	53 505
Contact Electrical Pty Ltd	Tas	North West Regional Hospital -Computer Room Fire Suppression System	12/09/2016 - 31/01/2017	57 625
ConvaTec (Australia) Pty Ltd	Vic	Patient Treatment Products (including Wound Care, Compression Products and	01/06/2017 - 31/05/2020 Option to extend ⁴	451 333
, 		Associated Devices)	01/06/2020 - 31/05/2022	300 889
Cosmac Surgical Appliances Pty Ltd	NSW	Patient Treatment Products (including Wound Care, Compression Products and	01/06/2017 - 31/05/2020 Option to extend ⁴	37 701
Appliances i ty Eta		Associated Devices)	01/06/2020 - 31/05/2022	25 34
Data#3 Limited	Tas	vRealize Operations Manager Procurement 2017	28/02/2017 - 27/02/2018	217 557
De Jong & Sons Constructions Pty Ltd	Tas	22 Elizabeth Street Hobart - Level 4 and 5 Internal Office Refurbishment	03/01/2017 - 13/04/2017	1 093 025
De Jong & Sons Constructions Pty Ltd	Tas	Younger Persons in Residential Aged Care – Supported Disability Accommodation	15/05/2017 - 30/08/2017	1 298 720
Ditech Systems Pty Ltd t/a Intuit Technologies	Tas	Citrix Support and Maintenance Services	01/10/2016 - 30/09/2017	118 313
Fairbrother Pty Ltd	Tas	Design and Construction of a Supported Accommodation Facility - Hobart	21/04/2017 - 30/11/2017	3 821 245
Fairbrother Pty Ltd	Tas	Northern Suburbs Community Centre - Launceston	06/02/2017 - 3 <mark>0/09/2017</mark>	I 756 276
FYB Pty Ltd	Vic ⁵	HP Records Manager Annual Software Maintenance	01/07/2017 - 30/06/2018 ⁷	126 426
FYB Pty Ltd	Vic ⁵	RM8 Licence Maintenance - Contract Extension	01/08/2016 - 31/07/2017	122 741

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Contractor Name	Location	Contract Description	Period of Contract	Total Value \$2
G Marriott Builders	Tas	Tasman Community House - Alterations	12/09/2016 - 30/10/2016	95 422
Hardings Hotmix Pty Ltd	Tas	Devonport Land Supply – Civil Contractor	26/09/2016 - 16/01/2017	702 6
Hardings Hotmix Pty Ltd	Tas	Somerset Land Supply	06/02/2017 - 31/07/2017	393 390
Honeywell Limited	Tas	2 Terry Street Glenorchy - Automatic Controls System Upgrade	10/02/2017 - 09/06/2017	95 481
			01/07/2017 - 30/06/20207	269 586
Imaging Technology Australia Pty Ltd	Qld	Office Consumables	Option to extend ⁴	
Australia F ty Etu			01/07/2020 - 30/06/2026	539 172
		Patient Treatment Products (including	01/06/2017 - 31/05/2020	339 596
Independence Australia	Vic ⁵	Wound Care, Compression Products and	Option to extend ⁴	
Group		Associated Devices)	01/06/2020 - 31/05/2022	893 064
		Patient Treatment Products (including	01/06/2017 - 31/05/2020	16 260 ⁶
Integra Neurosciences	Vic	Wound Care, Compression Products and	Option to extend ⁴	
Pty Ltd		Associated Devices)	01/06/2020 - 31/05/2022	10 840
iSoft Australia Pty Ltd	NSW	Managed Service for iPM and iPharmacy	21/06/2016 - 02/05/20187	295 000
		Patient Treatment Products (including	01/06/2017 - 31/05/2020	73 65
KCI Medical Australia	NSW	Wound Care, Compression Products and	Option to extend ⁴	
Pty Ltd		Associated Devices)	01/06/2020 - 31/05/2022	782 0
			01/06/2017 - 01/06/2020	52 620
Kone Elevators Pty Ltd	Tas	Comprehensive Maintenance of Lift	Option to extend ⁴	
		Services - THS North	01/06/2020 - 01/06/2022	35 080
Kone Elevators Pty Ltd	Tas	Comprehensive Maintenance of Lift Services - THS Launceston General Hospital #1	01/06/2017 - 01/06/2020	92 700
Kone Elevators Pty Ltd	Tas	Comprehensive Maintenance of Lift Services - THS Launceston General Hospital #2	01/06/2017 - 01/06/2020	51 300
		Patient Treatment Products (including	01/06/2017 - 31/05/2020	7 7096
Linear Medical Pty Ltd	NSW	Wound Care, Compression Products and	Option to extend ⁴	
Sec. And		Associated Devices)	01/06/2020 - 31/05/2022	5 39
		Patient Treatment Products (including	01/06/2017 - <mark>31/05/202</mark> 0	31 387
Livingstone International	NSW	Wound Care, Compression Products and	Option to extend ⁴	
Pty Ltd		Associated Devices)	01/06/2020 - 31/05/2022	20 924

Contractor Name	Location	Contract Description	Period of Contract	Total Value \$2
		Patient Treatment Products (including	01/06/2017 - 31/05/2020	13 1046
Lymphoedema Supply	Vic	Wound Care, Compression Products and	Option to extend ⁴	
Company		Associated Devices)	01/06/2020 - 31/05/2022	8 736
M & M Harcourts Tasmania Pty Ltd	Tas	Marketing and Sale of Housing Tasmania Properties - Contract Extension	01/08/2016 - 31/12/2016	O ³
Macquarie Builders Pty Ltd	Tas	Albert Road Youth Residence	20/03/2017 - 25/11/2017	750 796
Macquarie Builders Pty Ltd	Tas	Oral Health Services - New Town Refurbishment	01/06/2017 - 24/01/2018	968 361
Meridian Health Informatics Pty Ltd	NSW	Electronic Perinatal Database (Clinixian) - Support and Maintenance Services	01/01/2015 - 31/12/20197	261 500
MMS Security Pty Ltd	Tas	22 Elizabeth Street - Reception and Security Desk Services	03/07/2017 - 02/07/2019 ⁷	148 083
			01/01/2017 - 31/12/2019	2 067 375
Mun (Australia) Pty Ltd	NSW	Supply of Gloves - Medical and General	Option to extend ⁴	
			01/01/2020 - 31/12/2023	2 756 500
			01/07/2017 - 30/06/20207	3 575 229
OfficeMax Australia Ltd	Tas	Office Consumables	Option to extend ⁴	
			01/07/2020 - 30/06/2026	7 150 458
			01/06/2017 - 01/06/2020	52 800
Otis Elevator Company	Tas	Comprehensive Maintenance of Lift	Option to extend ⁴	
Pty Ltd		Services - THS North West	01/06/2020 - 01/06/2022	35 200
		Comprehensive Maintenance of Lift	01/06/2017 - 01/06/2020	52 800
Otis Elevator Company	Tas	Services - THS North West Regional	Option to 4	
Pty Ltd		Hospital	' 01/06/2020 - 01/06/2022	35 200
		Community Minterpress (1)	01/06/2017 - 01/06/2020	62 400
Otis Elevator Company	Tas	Comprehensive Maintenance of Lift Services - THS Mersey Community	Option to extend ⁴	02 100
Pty Ltd		Hospital	01/06/2020 - 01/06/2022	41 600
Premium Constructions (Tas) Pty Ltd	Tas	Launceston General Hospital - Transit Centre Construction	31/03/2017 - 26/06/2017	187 390
Premium Constructions (Tas) Pty Ltd	Tas	Launceston General Hospital - Transit Centre Construction - Main Entrance Ramp and Stairs	15/05/2017 - 26/06/2017	95 471
Premium Constructions (Tas) Pty Ltd	Tas	Launceston General Hospital - Pathology Refurbishment	07/03/2017 - 01/09/2017	696 185

Contractor Name	Location	Contract Description	Period of Contract	Total Value \$ ²
Primary Health Tasmania Limited	Tas	Tasmanian Provider Directory - Data Management Services	01/09/2016 - 31/08/2017	90 000
RCR Haden Pty Ltd	Tas	Hobart Private Hospital - Chiller and Heat Pump Replacement	14/07/2016 - 30/12/2016	505 974
Saunders Property Group Pty Ltd	Tas	Marketing and Sale of Housing Tasmania Properties - Contract Extension	18/07/2016 - 31/12/2016	O ³
			01/04/2015 - 31/03/20187	762 500
Seqirus Pty Ltd	Vic	Vaccine Storage and Distribution	Option to extend ⁴	
			01/04/2018 - 31/03/2021	880 000
Skyline Roofing and Sheetmetal Pty Ltd	Tas	Beaconsfield District Hospital - Roof Replacement	05/06/2017 - 26/09/2017	219 132
Staples Australia Pty Ltd	Tas	CommVault Support and Maintenance	01/10/2016 - 30/09/2017	89 992
Staples Australia Pty Ltd	Tas	VMWare - Basic Level Support and Maintenance	01/11/2016 - 31/10/2017	110 815
Staples Australia Pty Ltd	Tas	VMWare - Production Level Support and Maintenance	01/11/2016 - 31/10/2017	176 797
T & V Mead Pty Ltd t/a Mead Con	Tas	Construction of Devonport Youth Accommodation	19/12/2016 - 31/12/2017	7 249 029
T & V Mead Pty Ltd t/a Mead Con	Tas	Oral Health Services - Ulverstone Development	19/09/2016 - 24/02/2017	529 455
Tas City Building Pty Ltd	Tas	Northern Dental Centre – Steribay Expansion Project	10/04/2017 - 28/04/2017	77 800
		Patient Treatment Products (including	01/06/2017 - 31/05/2020	122 ⁶
Tasmanian Medical	Tas	Wound Care, Compression Products and	Option to extend ⁴	
Supplies Pty Ltd		Associated Devices)	01/06/2020 - 31/05/2022	81
TasNetworks	Tas	Electricity Connection Contract - North Hobart Connection Point	01/07/2017 - 31/03/20187	343 803
TasNetworks	Tas	Electricity Connection Contract – East Hobart Connection Point	14/06/2017 - 31/03/2018	291 104
		St Johns Park & McDougall Building -	01/02/2017 - 01/02/2020	78 722
TCM Pty Ltd	Tas	Maintenance of Mechanical and Hydraulic	Option to extend ⁴	
		Services	01/02/2020 - 01/02/2022	52 481
			01/09/2016 - 31/01/2017	324 489
The Social Research	Vic	Tasmanian Population Health Survey 2016	Option to extend ⁴	
Centre Pty Ltd				

Contractor Name Locatio		Contract Description	Period of Contract	Total Value \$2
ThyssenKrupp Elevator Australia Pty Ltd	Vic ⁵	12 St Johns Avenue - Carruthers Lift Upgrade Works	04/01/2017 - 11/06/2017	144 000
			01/06/2017 - 01/06/2020	96 750
ThyssenKrupp Elevator	Vic ⁵	Comprehensive Maintenance of Lift Services - THS South various	Option to extend ⁴	
Australia Pty Ltd		Services - THS South Various	01/06/2020 - 01/06/2022	66 500
			01/06/2017 - 01/06/2020	89 400
ThyssenKrupp Elevator	Vic ⁵	Comprehensive Maintenance of Lift	Option to extend ⁴	
Australia Pty Ltd		Services - Various	01/06/2020 - 01/06/2022	59 600
		Patient Treatment Products (including	01/06/2017 - 31/05/2020	13 728 ⁶
Tollot Pty Ltd t/a Axis	NSW	Wound Care, Compression Products and	Option to extend ⁴	
Health		Associated Devices)	01/06/2020 - 31/05/2022	9 152
		22 Elizabeth Street Hobart - Level 5 -	22/02/2017	
UCI Tasmania Pty Ltd	Tas	Workstations	(one-off purchase)	115 200
		22 Elizabeth Street Hobart - Level 4 and 5	22/02/2017	
UCI Tasmania Pty Ltd	Tas	- Loose Furniture	(one-off purchase)	183 910
United Lift Services Pty Ltd	NSW ⁵	Launceston General Hospital - ICU/Emergency Department Lift Upgrade	07/07/2016 - 31/01/2017	297 200
Van Diemen Electrical	Tas	St Johns Park – Inga and Woodhouse - Energy Efficiency Upgrade (Internal Lighting)	16/05/2017 - 30/06/2017	91 280
Vector Electrical Services	Tas	Repatriation Centre – LED Lighting upgrade	08/05/2017 - 31/07/2017	73 269
Vector Electrical Services	Tas	Repatriation Centre - Light Replacement	01/10/2016 - 30/11/2016	83 176
Vos Construction and Joinery Pty Ltd	Tas	Gellibrand House St Johns Park - Refurbishment	08/05/2017 - 23/06/2017	82 590
Vos Construction and Joinery Pty Ltd	Tas	Mersey Community Hospital - Endoscopy Reprocessing Room	07/06/2017 - 10/07/2017	94 668
Vos Construction and Joinery Pty Ltd	Tas	Mersey Community Hospital - Transit Centre Construction	22/12/2016 - 30/03/2017	228 746
Vos Construction and Joinery Pty Ltd	Tas	North West Regional Hospital - Transit Centre Construction	01/11/2016 - 07/02/2017	214 886
Vos Construction and Joinery Pty Ltd	Tas	Site Redevelopment Program - Stage I	05/04/2017 - 21/11/2017	617 376
Vos Construction and Joinery Pty Ltd	Tas	Site Redevelopment Program - Stage I	05/04/2017 - 31/10/2017	611 330

Contractor Name	Location	Contract Description	Period of Contract	Total Value \$2
Vos Construction and Joinery Pty Ltd	Tas	Site Redevelopment Program - Stage I	05/04/2017 - 05/10/2017	431 853
Vos Construction and Joinery Pty Ltd	Tas	Site Redevelopment Program - Stage I	05/04/2017 - 17/10/2017	413 728
Vos Construction and Joinery Pty Ltd	Tas	Site Redevelopment Program - Stage I	05/04/2017 - 13/10/2017	411 647
Vos Construction and Joinery Pty Ltd	Tas	Site Redevelopment Program - Stage I	05/04/2017 - 07/12/2017	763 930
Vos Construction and Joinery Pty Ltd	Tas	Site Redevelopment Program - Stage I	05/04/2017 - 05/12/2017	772 095
Vos Construction and Joinery Pty Ltd	Tas	Site Redevelopment Program - Stage I	09/06/2017 - 30/06/2018	474 303
Vos Construction and Joinery Pty Ltd	Tas	Site Redevelopment Program - Stage I	05/04/2017 - 27/10/2017	516 889
Vos Construction and Joinery Pty Ltd	Tas	Site Redevelopment Program - Stage I	05/04/2017 - 25/10/2017	473 995
Vos Construction and Joinery Pty Ltd	Tas	Site Redevelopment Program - Stage I	05/04/2017 - 23/10/2017	480 298
Vos Construction and Joinery Pty Ltd	Tas	Site Redevelopment Program - Stage I	05/04/2017 - 19/10/2017	477 449
Vos Construction and Joinery Pty Ltd	Tas	Site Redevelopment Program - Stage I	05/04/2017 - 24/01/2018	097 350
Vos Construction and Joinery Pty Ltd	Tas	Site Redevelopment Program – Stage 2	05/04/2017 - 22/12/2017	387 149
Vos Construction and Joinery Pty Ltd	Tas	Site Redevelopment Program – Stage 2	05/04/2017 - 22/12/2017	410 281
Vos Construction and Joinery Pty Ltd	Tas	Site Redevelopment Program – Stage 2	05/04/2017 - 22/12/2017	406 534
Vos Construction and Joinery Pty Ltd	Tas	Woodhouse Building St Johns Park - Refurbishment	29/05/2017 - 07/07/2017	3 280
W A Cromarty & Co Pty Ltd	Tas	Launceston General Hospital - Power Factor Correction Unit	19/01/2017 - 15/ <mark>06/</mark> 2017	117 669
Wilson Homes Tasmania Pty Ltd	Tas	Site Redevelopment Program - Stage I	10/03/2017 - 03/11/2017	666 339
Wilson Homes Tasmania Pty Ltd	Tas	Site Redevelopment Program – Stage 2	10/03/2017 - 06/10/2017	377 7

Contractor Name	Location	Contract Description	Period of Contract	Total Value \$2
Wilson Homes Tasmania Pty Ltd	Tas	Site Redevelopment Program – Stage 2	10/03/2017 - 06/10/2017	403 425
Wilson Homes Tasmania Pty Ltd	Tas	Site Redevelopment Program – Stage 2	10/03/2017 - 06/10/2017	402 682
Wilson Homes Tasmania Pty Ltd	Tas	Site Redevelopment Program – Stage 2	10/03/2017 - 06/10/2017	403 4
Wilson Homes Tasmania Pty Ltd	Tas	Site Redevelopment Program – Stage 2	10/03/2017 - 06/10/2017	378 281
Wilson Homes Tasmania Pty Ltd	Tas	Site Redevelopment Program – Stage 2	10/03/2017 - 06/10/2017	404 39
Wilson Homes Tasmania Pty Ltd	Tas	Site Redevelopment Program – Stage 2	10/03/2017 - 03/11/2017	58 327
Wilson Homes Tasmania Pty Ltd	Tas	Somerset Older Persons Units	10/03/2017 - 06/10/2017	999 685
			01/02/2017 - 31/01/2020	12 359 414
Wilson Security Pty Ltd	Vic ⁵	Provision of Security Services	Option to extend ⁴	
			01/02/2020 - 31/01/2024	19 604 339

Notes:

- Where an overarching procurement process exists (for example Common Use Contracts and Agency Panel arrangements) individual engagements are not reported.
- 2 All values exclude GST.
- 3 A '0' contract value signifies a contract for which a value cannot be estimated, being dependent on future requirements.
- 4 In accordance with Treasurer's Instruction IIII, the period of a contract for reporting purposes includes the value, or estimated value, of any possible options to extend. Where applicable, the principal period of the contract is identified as well as any options to extend; this does not signify that the options have been or will be exercised by DHHS.
- 5 An organisation whose principal place of business is not in Tasmania but has a permanent office or presence in Tasmania and employs Tasmanian workers.
- 6 Contracts with a value of less than \$50 000 reported above are those that form part of a combined procurement valued at \$50 000 or over.
- 7 Where a commencement date is prior to 1 July 2016 or from 1 July 2017 onwards, the contractual arrangements for the procurement were finalised in 2016-17.

Table 4 - Direct/Limited Submission Sourcing

Treasurer's Instructions 1114 and 1217 provide the Head of Agency with the discretion, where specified circumstances exist, to approve the direct sourcing or seeking of limited submissions from a supplier or suppliers without the need to seek quotations or call for tenders.

The following table provides details of contracts awarded by DHHS in 2016-17 as a result of a direct sourcing process approved in accordance with Treasurer's Instruction 1114. There were no contracts awarded under Instruction 1217.

Contractor Name	Contract Description	Reasons for Approval	Total Value \$1,2
Australasian Medical & Scientific Ltd	Supply of Blood Glucose Monitoring Equipment and Consumables	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.	248 500
Baxter Healthcare Pty Ltd	Pharmaceutical Compounding	Where a procurement is not impacted by a free trade agreement as set out in Instruction 1102 and (ii) exceptional circumstances exist that justify the use of a direct/limited submission sourcing process rather than a quotation or tender process as prescribed in Instructions 1106 and 1107.	550 000
iSoft Australia Pty Ltd	Managed Service for iPM and iPharmacy	The goods or services can be supplied only by a particular supplier and no reasonable alternative or substitute goods or services exist due to an absence of competition for technical reasons.	295 000
Meridian Health Informatics Pty Ltd	Electronic Perinatal Database (Clinixian) - Support and Maintenance Services aka ObstetrixTAS	The goods or services can be supplied only by a particular supplier and no reasonable alternative or substitute goods or services exist for the protection of patents, copyrights, or other exclusive rights, or proprietary information.	261 500
Primary Health Tasmania Limited	Tasmanian Provider Directory - Data Management Services	The goods or services can be supplied only by a particular supplier and no reasonable alternative or substitute goods or services exist due to an absence of competition for technical reasons.	90 000
TasNetworks	Electricity Connection Contract - North Hobart Connection Point	The goods or services can be supplied only by a particular supplier and no reasonable alternative or substitute goods or services exist due to an absence of competition for technical reasons.	343 803
TasNetworks	Electricity Connection Contract – East Hobart Connection Point	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.	291 104

The values in this table include the value, or estimated value, of any possible options to extend.

2 All values exclude GST.

Table 5 - Contracts Extensions

Treasurer's Instruction 1115 provides the Head of Agency with the discretion to approve the extension of contracts beyond existing provisions for a period of no longer than one year.

The following table provides details of contracts awarded by DHHS in 2016-17 as a result of approval in accordance with Instruction 1115(2).

Contractor Name	Contract Description	Period of Extension	Total Value \$ ¹
Alexia Pty Ltd t/a Living Here Launceston	Marketing and Sale of Housing Tasmania Properties	13/07/2016 - 31/12/2016	0 ²
Calmbrook Pty Ltd t/a PRD Nationwide Hobart	Marketing and Sale of Housing Tasmania Properties	13/08/2016 - 31/12/2016	0 ²
FYB Pty Ltd	RM8 Licence Maintenance	01/08/2016 - 31/07/2017	122 741
M & M Harcourts Tasmania Pty Ltd	Marketing and Sale of Housing Tasmania Properties	01/08/2016 - 31/12/2016	0 ²
Saunders Property Group Pty Ltd	Marketing and Sale of Housing Tasmania Properties	18/07/2016 - 31/12/2016	0 ²

Note:

All values exclude GST.

2 A '0' contract value signifies a contract for which a value cannot be estimated, being dependent on future requirements.

Table 6 – Disaggregation Exemptions

Treasurer's Instructions 1119(5) and 1225(5) provide the Head of Agency with discretion to approve an exemption from the requirement to disaggregate substantial contracts where the benefits of aggregation clearly outweigh the potential negative impact on local small and medium sized enterprises/the local economy.

The following table provides details of contracts awarded by DHHS in 2016-17 as a result of such an approval.

Contract Description	Total Value \$ ^{1,2}
Albert Road Youth Residence	750 796
Hobart Private Hospital - Chiller and Heat Pump Replacement	505 974
Construction of Devonport Youth Accommodation	7 249 029
Design and Construction of a Supported Accommodation Facility - Hobart	3 821 245
Devonport Land Supply – Civil Contractor	702 161
Kingston Health Centre Development - Principal Consultant	414 522
22 Elizabeth Street Hobart - Level 4 and 5 Internal Office Refurbishment	093 025
Launceston General Hospital - ICU/Emergency Department Lift Upgrade	297 200
Launceston General Hospital - Ward 4K WACS Extension/Redevelopment - Principal Consultant	560 229

Contract Description	Total Value \$12
Launceston General Hospital - Pathology Refurbishment	696 185
Northern Suburbs Community Centre - Launceston	756 276
North West Regional Hospital - Raised Helicopter Landing Site and Bridge Link Construction	6 444
Office Consumables	11 534 445
Oral Health Services - Ulverstone Development	529 455
Oral Health Services - New Town Refurbishment	968 361
Provision of Security Services	31 963 753
Launceston Ambulance Station - Remedial Work and Improvements	309 054
Site Redevelopment Program - Stage I	8 208 582
Site Redevelopment Program – Stage 2	4 731 076
Somerset Land Supply	393 390
Somerset Older Persons Units	999 685
St Helens District Hospital Development - Principal Consultant	762 907
Stronger Remote Aboriginal Services – Project Management and Professional Services	238 420
Supply of Agency Nurses	9 761 436
Tasmanian Population Health Survey 2016	973 467
Vaccine Storage and Distribution	642 500
Younger Persons in Residential Aged Care – Supported Disability Accommodation	298 720

Notes:

I The values in this table include the aggregated value and the value, or estimated value, of any possible options to extend.

2 All values exclude GST.

Community Sector Organisations Funded by DHHS

The non-government organisations making up the community sector fulfil a vital role in delivering community-based health and human services to Tasmanians. During 2016-17, DHHS provided a total of \$253.4 million under its Central Grants Program to some 230 organisations to assist them to deliver services across the State. This highlights the value DHHS places on services provided by the community sector. This funding was inclusive of indexation applied at a rate of 2.25 per cent (or \$4.83 million) to help organisations meet the increasing costs of delivering services.

A further \$2.5 million was also provided to community sector organisations as part of the Government's election commitment to support sector capacity building and to meet increasing costs. The following table lists grant funding that DHHS administered under its Central Grants Program. It should be noted other funds distributed to the sector by other parts of the Agency may be listed elsewhere in this report.

Any individual reported here received the listed amount in order to provide dedicated care and support to a person with disability.

The Review of the Purchasing Framework for Outsourced Services was completed in 2016 and made several recommendations to improve the way DHHS manages grants to community sector organisations. DHHS will work towards these recommendations between now and 2018-19. We will work to reduce red tape and administrative burden, make reporting easier and improve decision making to streamline grant management processes and ensure community need is best met.

Program and Organisation	
Alcohol Tobacco and Other Drug (ATOD) - services provided under the Illicit Drug Diversion Initiative and the National Drug Strategy	Total Funding \$
Advocacy Tasmania Inc	346 022
Alcohol and Drug Foundation Inc	136 636
Anglicare Tasmania Inc	776 409
Circular Head Aboriginal Corporation	37 723
Drug Education Network Inc	747 367
Eastern Health	64 780
Holyoake Tasmania Inc	251 824
Launceston City Mission Inc	672 01 2
Pathways Tasmania Inc	191 365
The Alcohol, Tobacco and other Drugs Council (TAS) Inc	508 880
The Link Youth Health Service Inc	586 585
The Salvation Army Property Trust Tasmania	894 07
Youth, Family and Community Connections Inc	662 240
Alcohol Tobacco and Other Drug Total	5 875 914
Children and Youth Services (CYS) - adoptions advocacy services child protection services out of home care family violence counselling and support and youth support services	Total Funding \$
Anglicare Tasmania Inc	22 588
Australian Childhood Foundation	598 815
Australian Red Cross Society	150 000
CREATE Foundation Ltd	
	393 435
Glenhaven Family Care Inc	393 435 429 02 l
Glenhaven Family Care Inc Kennerley Childrens Home Inc	
	429 02

Children and Youth Services Total	16 441 330
White Lion Inc	127 266
Uniting (Victoria and Tasmania) Limited	212 247
The Trustee for Save the Children Australia Trust	600 000
The Roman Catholic Church Trust Corporation of the Archdiocese of Hobart	7 263 952
The Foster and Kinship Carers Association of Tasmania Inc	151 006
Support Help and Empowerment Inc	285 009
St Michaels Association Inc	37 2 1 9
Mission Australia	770 912
Key Assets The Children's Services Provider (Australia) Limited	2 645 912
Kennerley Childrens Home Inc	554 948
Glenhaven Family Care Inc	429 02
CREATE Foundation Ltd	393 435
Australian Red Cross Society	150 000
Australian Childhood Foundation	598 8 5
Anglicare Tasmania Inc	22 588

Community Support Program (CSP) - domestic violence parenting education and support financial counselling personal and family counselling neighbourhood houses and community sector peak activities	Total Funding \$
Advocacy Tasmania Inc	167 457
Anglicare Tasmania Inc	283 727
Baptcare Ltd	4 464 087
Beaconsfield House Inc	173 670
Bucaan Community House Inc	173 670
Burnie Community House Inc	189 025
Child Health Association Inc	107 894
Clarendon Vale Neighbourhood Centre Inc	189 025
Council on the Ageing (Tasmania) Inc	100 000
Deloraine House Inc	173 670
Derwent Valley Community House Inc	189 025
Devonport Community House Inc	189 025
Dorset Community Association Incorporated	173 670
Dunalley Tasman Neighbourhood House Inc	189 025
Early Support for Parents (ESP) Inc	67 372
Eastern Shore Community Connections Inc	189 025
Fingal Valley Neighbourhood House Inc	173 670
Geeveston Community Centre Inc	364 586
George Town Neighbourhood House Inc	189 025
Glenhaven Family Care Inc	125 000
Goodwood Community Centre Inc	173 670
Hobart City Mission Inc	109 509
Jordan River Service Inc	378 050
Karadi Aboriginal Corporation	173 670
Lady Gowrie Tasmania Inc	39 394
Lifeline Tasmania Inc	318713
Lifelink Samaritans Tasmania Inc	3 23
Maranoa Heights Community Centre Inc	173 670
Midway Point Neighbourhood Centre Inc	173 670
Mission Australia	4 263 754
Neighbourhood Houses Tasmania Inc	245 302
NILS Network of Tasmania Inc	563 190
North & North West Tasmania Sexual Assault Support Services Inc	30 847
Northern Suburbs Community Centre Inc	480 587
Okines Community House Incorporated	173 670
Phoenix Community House Inc	20 570
Pregnancy Counselling and Support Tas Inc	29 879
Risdon Vale Neighbourhood Centre Inc	189 025
Rokeby Neighbourhood Centre Inc	189 025
Rosebery Community House Inc	173 670

Sexual Assault Support Service Inc	I 523 652
St Helens Neighbourhood House Association Inc	189 025
Starting Point Neighbourhood House Inc	189 025
Support Help and Empowerment Inc	243 921
Tasmanian Aboriginal Corporation	229 787
Tasmanian Council of Social Service Inc	896 733
The Roman Catholic Church Trust Corporation of the Archdiocese of Hobart	231 653
Tresca Community Centre Committee Inc	173 670
Ulverstone Neighbourhood House Inc	189 025
Uniting Church in Australia Property Trust (Tas)	I 245 874
Warrane Mornington Neighbourhood Centre Inc	189 025
West Moonah Community Action Group Inc	189 025
West Winds Community Centre Inc	173 670
Wyndarra Centre Inc for Wyndarra Board of Management	122 598
Yemaya Women's Support Service Inc	69 7
Zeehan Neighbourhood Centre Inc	173 670
Community Support Program Total	24 285 210

Disability Services - Disability carer support respite accommodation support information advocacy education day support specialist equipment personal care and other individual support services

A.Q.A Victoria Ltd	18 005
Able Australia Services	954 49
Advocacy Tasmania Inc	299 515
Anglicare Tasmania Inc	8 07 1 257
Association for Children with a Disability (TAS) Inc	320 038
Autism Tasmania Inc	245 433
Baptcare Ltd	3015014
Better Hearing Australia Inc	5 690
Brain Injury Association of Tasmania Inc	88 503
Coastal Residential Service Inc	2 6 74
Devonfield Enterprises Inc	4 950 870
EPIC Employment Service Inc	343 897
Epilepsy Assoc of Tasmania Inc	185 620
Eskleigh Foundation Inc	6211345
GC Services Inc	402 642
Giant Steps Tasmania	63 740
Glenhaven Family Care Inc	9 379
Gog Range Retreat Inc	285 062
Hobart City Mission Inc	2 335 056
HOPES Inc	097
Independent Living Centre Tas Inc	473 718
integra <mark>tedliving Australia Ltd</mark>	289 42

Total Funding \$

Langford Support Services Inc	2 869 63
L'Arche Beni-Abbes Community Inc	469 428
Life Without Barriers	3 298 103
Lifestyle Solutions (Aust) Ltd	2 65 83
Liviende Veranto	12 889 371
McMillan (Tas) Pty Ltd	257 881
Mission Australia	2 884 140
Montagu Community Living Inc	2 109 598
Multicap Tasmania	5 896 343
Multiple Sclerosis Limited	523 62 1
National Disability Services Limited	177 61 1
New Horizon Club Inc	112 000
Nexus Inc	6 58 689
North West Residential Support Services Inc	6 834 160
NOSS Tasmania trading as Northern Occupational Support Service Tasmania Inc	35 989
Oak Tasmania	46 072
Paraquad Association of Tasmania Inc	28 775
Plane Tree Studio Inc	51 605
Riding for the Disabled Association Tasmania	5 403
Royal Guide Dogs for the Blind Association of Tasmania	451 236
RPH Print Radio Tasmania Inc	79 355
Speak Out Association of Tasmania Inc	286 596
Spina Bifida Association of Tasmania Inc	524
St Giles Society Inc	10612834
St Michaels Association Inc	2 15 64
St Vincent De Paul Society (Tasmania) Inc	83 758
Supported Tenancy Accommodation and Respite Tasmania Inc	12 178 933
Susan Kitchenham	20 225
TADTAS Inc	41 872
Tasmanian Acquired Brain Injury Services Inc	289 298
Tasmanian Amputee Society Inc	3 846
Tasmanian Association of People with Disabilities and Their Advocates Inc	848 <mark>663</mark>
Tasmanian Deaf Society	418 043
Tasmanians with Disabilities Inc	5 624
The Parkside Foundation Pty Ltd	2 078 247
The Sunlea Team Inc	733 942
UCA Crossroads Tasmania	3 495
Voluntary Community Service - Visually Impaired Library	4 742
Wellways Australia Ltd	297
Wyndarra Centre Inc for Wyndarra Board of Management	64 906
Disability Services Total	136 177 107

Gambling Support Program - Gamblers Help: face-to-face individual and group counselling community education and development services 24/7 gambling information and counselling phone service (Gambling Helpline Tasmania) 24/7 gambling information and counselling online services (Gambling Help Online) Community Support Levy	Total Funding \$
Able Australia Services	13 367
Affordable Community Housing Alliance Tasmania Ltd	10 773
Anglicare Tasmania Inc	545 840
Australian Red Cross Society	12 950
Bucaan Community House Inc	13 465
Burnie Community House Inc	15 000
Derwent Valley Community House Inc	13 075
Eastern Health	140 760
Geeveston Community Centre Inc	14 894
Jireh House Association Inc	8514
Launceston City Mission Inc	15 000
Live Well Tasmania Inc	12 863
Oak Tasmania	12 807
Police Citizens Youth Club Launceston Inc	15 000
St Giles Society Inc	4 076
St Helens Neighbourhood House Association Inc	15 000
Tasmanian Aboriginal Corporation	14 800
Tasmanian Association of People with Disabilities and Their Advocates Inc	14 447
Gambling Support Program Total	892 631

Home and Community Care - Community nursing home help and maintenance respite personal care transport packages of care and delivered meals across the State

Advocacy Tasmania Inc	193 329
Anglicare Tasmania Inc	2 067 548
Australian Italian Club of Launceston	2 2
Australian Red Cross Society	203 337
Baptcare Ltd	180 92 1
Bruny Island Respite Community House Inc	0
Bucaan Community House Inc	30 042
Care Assessment Consultants Pty Ltd	255 045
Carers Tasmania Inc	206 047
Circular Head Aboriginal Corporation	22 198
Clarence City Council	24 501
Community Based Support Inc	2 292 610
Community Care NESB Inc	93 404
Community Transport Services Tasmania Inc	427 49
Dementia & Alzheimer's Association (Tas) Inc	275 743
Derwent Valley Council	74 359

Total Funding

\$

	15.070
Elders Council of Tasmania Aboriginal Corporation	15 079
Emmerton Park Incorporated	3 769
Family Based Care Association North West Inc	2 33 62
Fusion Australia Ltd	112 654
GC Services Inc	158 253
Glenview Community Services Inc	89 795
Good Neighbour Council of Tasmania	4 624
Greek Orthodox Archdiocese of Australia Consolidated Trust	37 062
Hobart District Nursing Service Inc	779 527
Independent Living Centre Tas Inc	73 907
integratedliving Australia Ltd	383 17
Italian-Australian Pensioners Welfare Association of Tasmania Inc	29 544
Karadi Aboriginal Corporation	I 538
KinCare Health Services Pty Ltd	210 141
Kingborough Council	30 747
Launceston VFC Services Inc	66 45
Lifeline Tasmania Inc	123 586
Meals on Wheels Association of Tasmania Inc	180 086
Meercroft Care Inc	2 357
Mersey Community Care Association	238 795
Migrant Resource Centre (Southern Tasmania) Inc	90 203
Neighbourhood Houses Tasmania Inc	25 85 1
Polish Association in Hobart Inc	27 686
Presbyterian Care Tasmania Inc	29 283
Royal District Nursing Service Limited	663 556
South East Tasmanian Aboriginal Corporation	25 018
South Eastern Community Care Inc	432 944
St Giles Society Inc	65 773
St Helens Community Car Group Inc	4 268
St Johns Ambulance Australia Tasmania Inc	28 357
Tandara Lodge Community Care Inc	16 756
Tasmanian Council of Social Service Inc	93 859
Tasmanian Independent Services Pty Ltd	56 211
The Parkside Foundation Pty Ltd	134 979
Uniting (Victoria and Tasmania) Limited	5 238
Uniting AgeWell	31 722
Volunteering Tasmania Inc	194 949
Wattle Group Inc	612 481
Wyndarra Centre Inc for Wyndarra Board of Management	368 4
Home and Community Care (HACC) Total	14 939 814

Housing Tasmania - Private Rental Support Program Affordable
Housing Strategy Employment Initiatives Specialist Homeless Services -
Crisis accommodation and related support services for people who are
experiencing homelessness or are at imminent risk of becoming
homeless

Total Funding \$

Affordable Community Housing Alliance Tasmania Ltd	230 000
Anglicare Tasmania Inc	8 366 828
Bethlehem House Tasmania Inc	992 108
Colony 47 Inc	7 632 921
Community Housing Ltd	124 409
Housing Choices Tasmania Ltd	95 000
Jireh House Association Inc	716 248
Karinya Young Women's Service Inc	674 892
Launceston City Mission Inc	599 434
Launceston Women's Shelter Inc	850 772
Pathways Tasmania Inc	592 204
Salvation Army Housing Ltd	459 900
Shelter Tasmania Inc	334 854
Tenants' Union of Tasmania Inc	197 171
The Roman Catholic Church Trust Corporation of the Archdiocese of Hobart	686 746
The Salvation Army Property Trust Tasmania	I 486 049
Warrawee Committee Inc	818 326
Women's Shelter Inc	838 622
Wyndarra Centre Inc for Wyndarra Board of Management	142 623
Youth Futures Inc	628 41 3
Youth Family and Community Connections Inc	683 72
Housing Tasmania Total	28 5 24

Mental Health Services - Treatment support and management of mental disorders to maximise mental health wellbeing and quality of life. Funding covers assessment treatment care and rehabilitation in the community as well as information services and community-based accommodation

Advocacy Tasmania Inc	461 823
Alcohol and Drug Foundation Inc	19 833
Anglicare Tasmania Inc	4516687
Australian Huntington's Disease Association Tasmania Inc	4 373
Australian Red Cross Society	226 522
Baptcare Ltd	372 000
Beyond Blue Ltd	88 102
Caroline House Inc	342 724
Colony 47 Inc	341 697
Family Based Care Association North West Inc	96113
Flourish Mental Health Action in Our Hands Inc	199 31 1

Flourish Mental Health Action in Our Hands Inc

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Total Funding

\$

Grow (Tas)	[28 6] [
Langford Support Services Inc	052 093
Life Without Barriers	800 000
Lifeline Australia Ltd	35 000
Mental Health Carers Tasmania	221 340
Mental Health Council of Tasmania Inc	589 03
Migrant Resource Centre (Southern Tasmania) Inc	150 740
OzHelp Tasmania Foundation Association Incorporated	65 618
Relationships Australia Tasmania Inc	369 144
Rural Alive & Well Inc	689 582
The Richmond Fellowship of Tasmania Inc	4 969 224
The Salvation Army Property Trust Tasmania	809 506
Wellways Australia Ltd	2 540 795
Mental Health Services Total	19 099 871
Planning Purchasing and Performance - Payments to organisations to assist in activities including the recruitment of General Practitioners in Tasmania	Total Funding \$
Australian Red Cross Society	36 532
Baptcare Ltd	45 097
CanTeen - The Australian Organisation for Young People Living with Cancer	25 400
General Practice Workforce Inc	106 903
Mission Australia	32 22 1
University of Tasmania	34 649
Planning Purchasing and Performance Total	280 802
Public Health Services - services to prevent illness protect the Tasmanian community and promote health gain	Total Funding \$
	Ş
Tasmanian community and promote health gain	429 402
Tasmanian community and promote health gain Anglicare Tasmania Inc Arthritis Foundation of Tasmania Inc Anglicare Tasmania Inc	429 402 114 153
Tasmanian community and promote health gain Anglicare Tasmania Inc	429 402 114 153 149 631
Tasmanian community and promote health gain Anglicare Tasmania Inc Arthritis Foundation of Tasmania Inc Australian Red Cross Society	429 402 114 153 149 631 857 434
Tasmanian community and promote health gain Anglicare Tasmania Inc Arthritis Foundation of Tasmania Inc Australian Red Cross Society Cancer Council of Tasmania Inc	429 402 114 153 149 631 857 434 119 921
Tasmanian community and promote health gain Anglicare Tasmania Inc Arthritis Foundation of Tasmania Inc Australian Red Cross Society Cancer Council of Tasmania Inc Child Health Association Inc	429 402 114 153 149 631 857 434 119 921 15 117
Tasmanian community and promote health gain Anglicare Tasmania Inc Arthritis Foundation of Tasmania Inc Australian Red Cross Society Cancer Council of Tasmania Inc Child Health Association Inc Delta Society Australia Ltd	429 402 114 153 149 631 857 434 119 921 15 117 512 920
Tasmanian community and promote health gain Anglicare Tasmania Inc Arthritis Foundation of Tasmania Inc Australian Red Cross Society Cancer Council of Tasmania Inc Child Health Association Inc Delta Society Australia Ltd Diabetes Tasmania	429 402 114 153 149 631 857 434 119 921 15 117 512 920 159 379
Tasmanian community and promote health gain Anglicare Tasmania Inc Arthritis Foundation of Tasmania Inc Australian Red Cross Society Cancer Council of Tasmania Inc Child Health Association Inc Delta Society Australia Ltd Diabetes Tasmania Eat Well Tasmania Inc	429 402 114 153 149 631 857 434 119 921 15 117 512 920 159 379 1 363 287
Tasmanian community and promote health gainAnglicare Tasmania IncArthritis Foundation of Tasmania IncAustralian Red Cross SocietyCancer Council of Tasmania IncChild Health Association IncDelta Society Australia LtdDiabetes TasmaniaEat Well Tasmania IncFamily Planning Tasmania	429 402 114 153 149 631 857 434 119 921 15 117 512 920 159 379 1 363 287 475 409
Tasmanian community and promote health gain Anglicare Tasmania Inc Arthritis Foundation of Tasmania Inc Australian Red Cross Society Cancer Council of Tasmania Inc Child Health Association Inc Delta Society Australia Ltd Diabetes Tasmania Eat Well Tasmania Inc Family Planning Tasmania Hobart Women's Health Centre	429 402 114 153 149 63 857 434 119 92 15 117 512 920 159 379 1 363 287 475 409 43 680
Tasmanian community and promote health gainAnglicare Tasmania IncArthritis Foundation of Tasmania IncAustralian Red Cross SocietyCancer Council of Tasmania IncChild Health Association IncDelta Society Australia LtdDiabetes TasmaniaEat Well Tasmania IncFamily Planning TasmaniaHobart Women's Health CentreJordan River Service Inc	429 402 114 153 149 631 857 434 119 921 15 117 512 920 159 379 1 363 287 475 409 43 680 54 958
Tasmanian community and promote health gainAnglicare Tasmania IncArthritis Foundation of Tasmania IncAustralian Red Cross SocietyCancer Council of Tasmania IncChild Health Association IncDelta Society Australia LtdDiabetes TasmaniaEat Well Tasmania IncFamily Planning TasmaniaHobart Women's Health CentreJordan River Service IncKidsafe Tasmania Inc	429 402 114 153 149 631 857 434 119 921 15 117 512 920 159 379 1 363 287 475 409 43 680 54 958 250 000
Tasmanian community and promote health gainAnglicare Tasmania IncArthritis Foundation of Tasmania IncAustralian Red Cross SocietyCancer Council of Tasmania IncChild Health Association IncDelta Society Australia LtdDiabetes TasmaniaEat Well Tasmania IncFamily Planning TasmaniaHobart Women's Health CentreJordan River Service IncKidsafe Tasmania IncLocal Government Association of Tasmania	429 402 114 153 149 631 857 434 119 921 15 117 512 920 159 379 1363 287 43 680 54 958 250 000 88 500
Tasmanian community and promote health gainAnglicare Tasmania IncArthritis Foundation of Tasmania IncAustralian Red Cross SocietyCancer Council of Tasmania IncChild Health Association IncDelta Society Australia LtdDiabetes TasmaniaEat Well Tasmania IncFamily Planning TasmaniaHobart Women's Health CentreJordan River Service IncKidsafe Tasmania IncLocal Government Association of TasmaniaStroke Foundation	Total Funding 429 402 114 153 149 631 857 434 119 921 15 117 512 920 159 379 1363 287 475 409 43 680 54 958 250 000 88 500 120 177 90 229

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The Salvation Army Property Trust Tasmania	85 293
The Tasmanian Council on AIDS and Related Diseases Inc	482 757
University of Tasmania	20 000
University of Tasmania (Menzies Research Institute of Tasmania)	541 296
Womensport & Recreation Tasmania Inc	75 698
Working It Out Inc	334 605
Youth Family and Community Connections Inc	36 400
Public Health Services Total	6 881 738

Tasmanian Health Service	Total Funding \$
Cancer Council of Tasmania Inc	300 903
Hospice Care Association of North West Tasmania Inc	95 000
Huon District Eldercare Inc	8 82
Tasmanian Health Service Total	414 085
	050 400 740

Grand Total

253 439 743

Additional funding for Community Sector Organisations - Supplementary funding to support increasing costs and capacity building	Total Funding \$
A.Q.A Victoria Limited	74
Able Australia Services	34 389
Advocacy Tasmania Inc	4 84
Affordable Community Housing Alliance Tasmania Limited	483
Alcohol and Drug Foundation Incorporated	5 2
Anglicare Tasmania Inc	258 992
Arthritis Foundation of Tasmania Inc	03
Association for Children with Disability (TAS) Inc	3 092
Australian Childhood Foundation	15 446
Australian Huntington's Disease Association Tasmania Inc	139
Australian Italian Club of Launceston	7
Australian Red Cross Society	7 047
Autism Tasmania Incorporated	2 371
Baptcare Ltd	79 691
Beaconsfield House Inc	58
Bethlehem House Tasmania Inc	9 585
Better Hearing Australia Inc	100
Beyond Blue	851
Brain Injury Association of Tasmania Inc	855
Bruny Island Respite Community House Inc	213
Bucaan Community House Inc	87
Burnie Community House Inc	I 730
Cancer Council of Tasmania Inc	8 284
CanTeen - The Australian Organisation for Young People Living with Cancer	245
Care Assessment Consultants Pty Ltd	2 464
Carers Tasmania Inc	99
Caroline House Inc	3311
Child Health Association Inc	2 201
Circular Head Aboriginal Corporation	579
Clarence City Council	237
Clarendon Vale Neighbourhood Centre Inc	I 730
Coastal Residential Service Inc	24 488
Colony 47 Inc	77 041
Common Ground Tasmania	4 346
Community Based Support Inc	20 77 1
Community Care NESB Inc	902
Community Housing Limited	139
Community Transport Services Tasmania Inc	4 27
Council on the Ageing (Tasmania) Inc	966
CREATE Foundation Ltd	3 801
Deloraine House Inc	58

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Dementia & Alzheimer's Association (Tasmania) Inc	2 664
Derwent Valley Community House Inc	I 730
Derwent Valley Council	718
Devonfield Enterprises Inc	52 547
Devonport Community House Inc	I 730
Diabetes Tasmania	4 955
Dorset Community Association Incorporated	58
Drug Education Network Inc	7 220
Dunalley Tasman Neighbourhood House Inc	730
Early Support for Parents	651
Eastern Health	l 986
Eastern Shore Community Connections Inc	I 730
Eat Well Tasmania Incorporated	446
Elders Council of Tasmania Aboriginal Corporation	146
Emmerton Park Incorporated	100
EPIC Employment Service Inc	3 823
Epilepsy Association of Tasmania Inc	793
Eskleigh Foundation Incorporated	58 954
Family Based Care Association North West Inc	21 537
Family Planning Tasmania	13 170
Fingal Valley Neighbourhood House Inc	58
Flourish Mental Health Action in Our Hands Inc	I 926
Fusion Australia Ltd	333
GC Services Inc	5 419
Geeveston Community Centre Inc	3 426
General Practice Workforce Inc	033
 George Town Neighbourhood House Inc	I 730
Giant Steps Tasmania	669
Glenhaven Family Care Inc	5 635
Glenview Community Services Inc	868
Gog Range Retreat Inc	2 754
Good Neighbour Council Launceston Inc	100
Goodwood Community Centre Inc	58
Greek Orthodox Archdiocese of Australia Consolidated Trust	358
Grow (Tas)	242
Hobart City Mission Inc	23 772
Hobart District Nursing Service Inc	7 531
Hobart Women's Shelter	8 102
Holyoake Tasmania Inc	2 433
HOPES Inc	073
Independent Living Centre Tas Inc	5 291
Integratedliving Australia Ltd	16 296
Italian-Australian Pensioners Welfare Association of Tasmania Inc	285
Jireh House Association Inc	6 920

Jordan River Service Inc	3 881
Karadi Aboriginal Corporation	1 596
Karinya Young Women's Service Inc	6 520
Kennerley Childrens Home Inc	5 361
Key Assets The Children's Services Provider (Australia) Limited	25 562
Kidsafe Tasmania Inc	531
KinCare Health Services Pty Ltd	2 030
Kingborough Council	297
Lady Gowrie Tasmania Incorporated	347
Langford Support Services Inc	41 408
L'Arche Beni-Abbes Community Inc	15 465
Launceston City Mission Inc	12 283
Launceston VFC Services Inc	642
Launceston Women's Shelter Inc	8219
Life Without Barriers	46 248
Lifeline Australia Ltd	338
Lifeline Tasmania Inc	4 273
Lifelink Samaritans Tasmania Inc	128
Lifestyle Solutions (Aust) Ltd	22 372
Liviende Veranto	39 3
Maranoa Heights Community Centre Inc	58
McMillan (Tas) Pty Ltd	2 49 1
Meals on Wheels Association of Tasmania Inc	740
Meercroft Care Inc	100
Mental Health Carers Tasmania	945
Mental Health Council of Tasmania Inc	5 207
Menzies Research Institute Tasmania	5 084
Mersey Community Care Association	2 307
Midway Point Neighbourhood Centre Inc	58
Migrant Resource Centre (Southern Tasmania) Inc	2 328
Mission Australia	73 230
Montagu Community Living Inc	22 669
Multicap Tasmania	62 263
Multiple Sclerosis Limited	5 059
National Disability Services Limited	1716
National Stroke Foundation	855
Neighbourhood Houses Tasmania Inc	2 620
New Horizon Club Inc	082
	62 584
NILS Network of Tasmania Inc	5 441
North & North West Tasmania Sexual Assault Support Services Inc	12 577
North West Residential Support Services Inc	69 022
Northern Suburbs Community Centre Inc	4 450
NOSS Tasmania trading as Northern Occupational Support Service Tasmania Inc	11 256
	11 200

Oak Tasmania	24 975
Okines Community House Incorporated	58
Optia Limited trading as Possability	124 724
OzHelp Tasmania Foundation Pty Ltd	634
Paraquad Association of Tasmania Inc	278
Pathways Tasmania Inc	7 570
Phoenix Community House Inc	199
Plane Tree Studio Inc	667
Polish Association in Hobart Inc	267
Pregnancy Counselling and Support Tas Inc	289
Presbyterian Care Tasmania Inc	283
Relationships Australia Tasmania Inc	7 4
Richmond Fellowship Tasmania	48 007
Riding for the Disabled Association Tasmania	100
Risdon Vale Neighbourhood Centre Inc	730
Rokeby Neighbourhood Centre Inc	730
Rosebery Community House Inc	58
Royal District Nursing Service Limited	6410
Royal Guide Dogs for the Blind Association of Tasmania	4 359
RPH Print Radio Tasmania Inc	767
Rural Alive & Well Inc	6 662
Sexual Assault Support Service Inc	13812
Shelter Tasmania Inc	3 235
South East Tasmanian Aboriginal Corporation	242
South Eastern Community Care Inc	4 83
Speak Out Association of Tasmania Inc	2 769
Spina Bifida Association of Tasmania Inc	100
St Giles Society Inc	104 884
St Helens Community Car Group Inc	100
St Helens Neighbourhood House Association Inc	730
St Johns Ambulance Australia Tasmania Inc	274
St Michaels Assoc Inc	20 998
St Vincent De Paul Society (Tasmania) Inc	809
Starting Point Neighbourhood House Inc	730
Support Help and Empowerment Inc	5 10
Supported Tenancy Accommodation and Respite Tasmania Inc	121 376
Susan Kitchenham	261
	405
Tandara Lodge Community Care Inc	162
Tasmanian Aboriginal Centre Inc	2 220
Tasmanian Acquired Brain Injury Services Inc	2 795
Tasmanian Amputee Society Inc	100
Tasmanian Association of People with Disabilities and Their Advocates Inc	8 487
Tasmanian Council of Social Service Inc	9 570

Tasmanian Deaf Society Inc	4 039
Tasmanian Independent Services Pty Ltd	543
Tasmanian School Canteen Association Incorporated	6
Tasmanian octoor cancer / issociation incorporated	100
Tenants' Union of Tasmania Inc	905
The Alcohol Tobacco and other Drugs Council (TAS) Inc	4916
The Asthma Foundation of Tasmania Inc	872
The Foster and Kinship Carers Association of Tasmania (Inc)	459
The Link Youth Health Service Inc	9 904
The Parkside Foundation Pty Ltd	22 524
The Pharmacy Guild of Australia	22 324
The Roman Catholic Church Trust Corporation of the Archdiocese of Hobart	78 758
The Salvation Army (Tasmania) Property Trust	31 542
	7 090
The Tasmanian Council on AIDS and Related Diseases Incorporated	4 664
The Trustee for Save the Children Australia Trust	5 796
	581
Tresca Community Centre Committee Inc UCA Crossroads Tasmania	100
Ulverstone Neighbourhood House Inc	730
	306
Uniting AgeWell	4 37
Uniting Church in Australia Property Trust (Tas) trading as UnitingCare Tasmania University of Tasmania	193
	193
Voluntary Community Service - Visually Impaired Library	
Volunteering Tasmania Inc	883
Warrane Mornington Neighbourhood Centre Incorporated	1 730
Warrawee Committee Inc	7 906
Wattle Group Inc	5917
Wellways Australia Limited	25 621
West Moonah Community Action Group Inc	/30
West Winds Community Centre Inc	1 581
White Lion Incorporated	410
Women's Health Tasmania Inc trading as Hobart Women's Health Centre	
Womensport & Recreation Tasmania Inc	731
Working It Out Inc	3 175
Wyndarra Centre Inc	6 662
Yemaya Women's Support Service Incorporated	634
Youth Futures Incorporated	6 07 1
Youth Family and Community Connections Inc	23 016
Zeehan Neighbourhood Centre Inc	58
Sub Total	2 500 000

Climate Change

DHHS continues to contribute to Tasmania's greenhouse gas emissions reduction goals through implementation of energy efficiency opportunities and development of a Department-wide Energy Management Strategy. DHHS saw a small increase in greenhouse gas emissions in 2016-17 due primarily to additional electricity volume and air travel.

	20	015-16 2016-17		16-17
Activity	Volume tCO ₂₋		Volume	tCO _{2-e} ²
Electricity	9.26 GWh	9.26 GWh I 204 9.64GWh	l 204 9.64GWh	
Natural Gas	0.0	0	0.0	0
Unleaded Petrol	499.94 kL	90	516.07kL	93
Diesel Fuel	199.56 kL	539	194.28kL	529
Air Travel	1.45 million km	230	1.76 million km	278
Total		3 63		3 254

Departmental Emissions¹

Notes:

I Excludes social housing, as electricity accounts are issued directly to tenants.

2 Tonnes of carbon dioxide equivalent.

Greenhouse Gas Emissions Reduction Activities

In 2016-17, DHHS:

- established a Department-wide Energy Working Group to oversee energy efficiency and emissions reduction activities, including development of an Energy Management Strategy for the 2017-2020 period
- continued to pursue minimisation of energy use, focussing primarily on electricity as the largest contributor to greenhouse gas emissions
- implemented the initial phase of an Department-wide energy monitoring system to allow users real-time information on energy use. This system will provide the appropriate data to allow facility managers to better understand energy use within their facility, leading to identification of potential energy/emissions reduction opportunities

- continued the installation of energy check meters to provide the necessary data for the energy monitoring system
- maintained the requirement for Ecologically Sustainable Design requirements in all major capital works projects
- continued implementation of energy efficiency opportunities identified through previous energy audits. This has included projects to upgrade lighting to LED, replacement of old inefficient heating systems with new heat pump technologies and installation of solar PV, and
- assisted the THS through implementation of energy efficiency projects.

Corporate Governance

DHHS manages its corporate governance responsibilities through a number of key plans and frameworks, addressing accountability, performance management, internal policy and controls, and over the last few years we have also established an enterprise-wide risk management framework.

The effective management of risk will have significant positive impacts on decision making and accountability activities across DHHS, which will only increase as the maturity of risk management in DHHS grows.

Managing Risk in DHHS

2016-17 was a year of incremental progress and consolidation in the risk management space for DHHS. The Departmental Executive's strategic risks continues to be managed on a regular basis and the Strategic Risk Register is also reviewed annually in a more detailed approach to ensure it still captures the full suite of DHHS risk. DHHS Groups and Business Units continue to establish their risk profiles and manage their existing risks as required.

The DHHS Risk Module in the Safety Reporting and Learning System (SRLS) went live in October 2016 and all existing DHHS risks have now been entered into the system. The system allows for notifications of review to risk owners, as well as important reporting functions. The transition to an electronic management approach has established a more systematic way of managing risk than was possible under the previous template based approach.

The SRLS Risk Module facilitates real time monitoring and reporting of risk across DHHS Groups and Business Units. This enhanced monitoring and reporting capacity allows for more detailed and timely reporting on risk to the Departmental Executive, Groups and Business Units to proactively manage their risks.

Reporting on the DHHS Corporate Plan

The *DHHS Corporate Plan 2016-18* was released by the Secretary in September 2016. The Corporate Plan aligns to the Government's key policy documents Agenda 2016 and Deliverables 2017. It sets out the vision, commitment and principles of DHHS and establishes five strategic priorities, with supporting actions, for the Department.

While the Corporate Plan is only one component of the broader DHHS planning cycle, it provides a key platform for DHHS Groups and Business Units to develop their more focussed work planning from, and allows all DHHS staff to understand the shared priorities and accomplishments of the broader Department.

The Corporate Plan contained a specific target for DHHS to publish quarterly updates on the progress of the major priorities and actions detailed in the Plan. To date DHHS has achieved this goal, reporting on the significant progress that has been achieved in the first year of the Plan's life. The Plan has also been reviewed and updated leading up to the one year anniversary to ensure it still reflects the current DHHS agenda, and a number of new actions were added to the Plan as a result.

Insurable Risk

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

		Contribution			Claims incurred
Risk by Class	Excess Period/\$	\$ (GST Exclusive)	GST	Number of claims	\$ (GST Exclusive)
Personal Injury					
Workers Compensation Personal Accident (including 2014-15 salary adjustment)	26-50 weeks ¹	2 529 237	252 923	573	14 588 203 ²
Asbestos Levy ³	-	88 523	0	-	-
Aero Medical Retrieval	-	83 000	8 300	0	0
Property					
Housing Stop Loss	-	-	-	-	-
General Property	84 000	40 306	4 030	5	5 330 384 ⁴
Catastrophe Insurance – DHHS	5 250 000	37 63	3716	I	4 953 790
Catastrophe Insurance – Housing	5 000 000	490 644	49 064	3	357 477
Housing Tasmania Property	12 000 000	299 603	29 960	407	3 168 639
Motor Vehicles - Fleet Vehicles	500/1 000	85 540	8 554	145	414 179
Motor Vehicles - Miscellaneous	500	48 95 1	4 895	58	148 707
Liability					
General Liability	40 000	24 792	2 479	4	440 000
Housing General Liability	20 000	28 399	2 839	-	-
Medical Liability	50 000	24 618	2461	-	-
Miscellaneous					
Government Contingency	-	2 165	216	-	-
Travel includes GST	Various	I 355	126	0	0
Travel excludes GST		-	-	-	_
Travel Stamp Duty		_	-	-	-
Total	-	3 784 296	369 563	I 206	29 401 379

Notes:

1 26 weeks for Workers Compensation and 50 weeks for Personal Accident.

2 JLT adopted a revised claim estimating/reserving philosophy in June 2016 for workers compensation which has contributed to the increased incurred claim costs.

- 3 The Asbestos Levy is based on four per cent of the contribution for personal injury.
- 4 Extensive fire damage to the Peacock Centre contributed to the increase in General Property and Catastrophe Insurance incurred claim costs.

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Pricing Policies

DHHS has activities for which the pricing of goods and services is required. Fee/charging programs are conducted with reference to the Government's policy and guidelines on fees and charges.

The guidelines clarify in the cost-recovery assessment process when the social implications of applying fees or charges should be considered in determining whether a subsidy or concession is provided.

Any amendment to fees charged under regulations are assessed by the Department of Treasury and Finance for any necessary regulatory impact statement consultation process. Fees and charges are levied by DHHS in accordance with the provisions of the following Acts and their Regulations:

- Adoption Act 1988
- Ambulance Services Act 1982
- Anatomical Examinations Act 2006
- Food Act 2003
- Health Service Establishments Act 2006
- Poisons Act 1971
- Public Health Act 1997, and
- Radiation Protection Act 2005.

Superannuation Declaration

I, Michael Pervan, Secretary, Department of Health and Human Services, hereby certify that the DHHS has met its obligations under the Commonwealth's *Superannuation Guarantee (Administration) Act 1992* in respect of any employee who is a member of a complying superannuation scheme to which the DHHS contributes.

Michael Pervan Secretary

Transparency

Public Interest Disclosure

The Department values transparency and accountability in administrative and management practices and does not tolerate improper conduct by its workers, or reprisals against those who come forward to disclose such conduct.

The DHHS Public Interest Disclosure (Whistle -Blower) Policy commits the Department to the objectives of the *Public Interest Disclosure Act 2002.* The Policy is supported by the Public Interest Disclosure (Whistle-Blower) Procedure which provides employees and managers with practical information about how public interest disclosures are managed in the Department.

The Department's public interest disclosure processes are supported by the Ombudsman, and in 2016-17, DHHS continued to work with the Ombudsman's Office and the Integrity Commission to ensure all reasonable steps are taken to protect people who make disclosures about improper conduct. For example, during the reporting period, DHHS began a review of current procedures with the Ombudsman's Office, including consideration of how the Department can further simplify processes and improve communication about making disclosures. The review is anticipated to be finalised by the end of 2017 and is likely to result in the release of updated resources and/or procedural advice.

More information about the Department's public interest disclosure procedures is available on the DHHS website <u>http://www.dhhs.tas.gov.au</u>.

Further information on the *Public Interest Disclosures Act 2002* can be found on the Tasmanian legislation website at <u>http://www.thelaw.tas.gov.au</u>

No public interest disclosure reports were received by the Department's Public Interest Disclosure Officer during the reporting period.

Performance Audits

Performance audits by the Tasmanian Audit Office (TAO) examine whether a State entity is carrying out its activities effectively and doing so economically and efficiently. Audits may cover all or part of a State entity's operations, or consider particular issues across a number of State entities.

DHHS is committed to continuous improvements to the way we measure and report efficiency and effectiveness. During 2016-17, the DHHS was involved in two performance audits and one follow-up review conducted by the TAO. The objectives of these audits / reviews were:

- To assess the effectiveness and efficiency of Ambulance Tasmania over the past five years and compare it to ambulance services in other Australian states and territories. ¹
- To form an opinion on how effectively the DHHS managed the activities funded by the Community Support Levy to manage harm from gambling.²
- To inform Parliament about the extent to which the DHHS has acted on recommendations made in previous performance reports. In particular, the 2012-13 hospital bed management and primary preventative health report.³

The TAOs performance audits reveal that DHHS' performance has been satisfactory, with the TAOs recommendations being accepted and implemented by DHHS.

In relation to actioning previous TAO recommendations, the TAO review reported that the DHHS had a 94 per cent implementation rate. This high rating is an indicator of the Department's focus on continual improvement and also a reflection of the relevance of the TAO's findings and recommendations.

The TAO's complete reports including recommendations are available from the TAO website

http://www.audit.tas.gov.au/publications/performanc e-audit-reports/.

³ Report of the Auditor-General, No. 10 of 2016-17, Follow up of selected Auditor-General reports: September 2011 to June 2014, April 2017

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¹ Report of the Auditor-General, No. 1 of 2016-17, Ambulance emergency services, September 2016

² Report of the Auditor-General, No. 13 of 2016-17, Gambling revenue and managing harm from gambling, June 2017

Right to Information

The *Right to Information Act 2009* (the Act) gives members of the public the right to obtain information contained in the records of the Government and public authorities unless it is exempt from disclosure under the Act. The Act provides a framework for the disclosure of information to the Tasmanian community to improve transparency in government, and encourages routine disclosure of information.

In accordance with the Premier's June 2015 announcement that Right to Information (RTI) decisions made by agencies are to be published, DHHS listed 26 decisions on the public disclosure log. This approach ensures a greater level of transparency in the way information is released to the public. The publication of information does not apply to personal information, but provides for the broader release of data, reports and other information of general public interest.

The Department, in line with the whole-ofgovernment initiative of releasing the same category of information routinely, continues to provide access to information that includes organisational structures, governance policies, workforce statistics, senior executive service details, telecommunications expenditure and contracts and consultancies information. The number of applications for assessed disclosure under the Act decreased slightly during 2016-17. Many of the applications focussed on issues such as child services, housing and youth detention.

As reported last year, the Department has maintained focus on improving the processing of RTI applications within the statutory timeframe. The number of RTI decisions released on time increased by 12 per cent during 2016-17.

The past trend of the total number of pages for assessment decreasing, did not continue for 2016-17, with 32 831 pages assessed compared to 20 350 in 2015-16. Even with this trend reversal, applicants were still provided support to identify the relevant information they were seeking. This significant increase in the volume of pages being assessed resulted in the number of requests for a time extension from applicants increasing.

DHHS continues to offer statewide RTI training for staff, and central coordination of the RTI function. DHHS remains committed to improving its RTI processes to support applicants participating in this process.

Number of Applications

I	Number of applications for assessed disclosure received	71
2	Number of applications for assessed disclosure accepted	71
3	Number of applications for assessed disclosure transferred or part transferred to another public authority	2
4	Number of applications withdrawn by the applicant	2
5	Number of applications for assessed disclosure determined	67

Outcome of Applications

Ι	Number of determinations where the information applied for was provided in full	31
2	Number of determinations where the information applied for was provided in part with the balance refused or claimed as exempt	15
3	Number of determinations where all the information applied for was refused or claimed as exempt	6
4	Number of applications where the information applied for was not in the possession of the public authority or Minister	15
5	Number of applications where the information was not released as it was subject to an external party review under section 44	0

Reasons for Refusal¹

s.5 s.11 s.17	Refusal where information requested was not within the scope of the Act (s.5 – Not official business; s.11 – available at Archives Office and s.17 – Deferred)	0
s.9 s.12	Refusal where information is otherwise available or will become otherwise available in the next 12 months	3
s.10 s.19	Refusal where resources of public authority unreasonably diverted	3
s.20	Refusal where application repeated; or Vexatious; or Lacking in definition after negotiation	

Note:

I Applications can be refused for one or more of the above reasons.

Exemptions

s.25	Executive Council Information	0
s.26	Cabinet Information	2
s.27	Internal briefing information of a Minister	6
s.28	Information not relating to official business	0
s.29	Information affecting national or state security, defence or international relations	0
s.30	Information relating to the enforcement of the law	6
s.31	Legal professional privilege	3
s.32	Information relating to closed meetings of council	0

s.34	Information communicated by other jurisdictions	0
s.35	Internal deliberative information	
s.36	Personal information of a person other than the applicant	16
s.37	Information relating to the business affairs of a third party	3
s.38	Information relating to the business affairs of a public authority	0
s.39	Information obtained in confidence	10
s.40	Information on procedures and criteria used in certain negotiations of public authority	0
s.41	Information likely to affect the State economy	0
s.42	Information likely to affect cultural, heritage and natural resources of the State	0

Time to Make Decisions

	Number of requests determined within the following timeframes.	
I	I - 20 working days of the application being accepted.	40
2	More than 20 working days of the application being accepted.	27
3	Number of requests which took more than 20 working days to decide that involved an extension negotiated under s.15(4)(a).	9
4	Number of requests which took more than 20 working days to decide that involved an extension gained through an application to the Ombudsman under s.15(4)(b).	0
5	Number of requests which took more than 20 working days to decide that involved consultation with a third party under s.15(5)	0

Reviews

Internal Reviews

Number of internal reviews were requested in 2016-17	5
Number of internal reviews determined in this 2016-17	5
Number where the original decision was upheld in full	2
Number where the original decision was upheld in part	I
Number where the original decision was reversed in full	2

External Reviews (Reviews by the Ombudsman)

2
2
I
I
0

Note:

I Statistics for RTI applications for the THS are reported separately in its Annual Report.

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Legislation

As detailed in the *Administrative Arrangements Order 2017*, made under the *Administrative Arrangements Act 1990*, DHHS administers a wide range of legislation.

An Administrative Arrangements Order assigns portfolio responsibility for enactments to Ministers.

The Order also assigns responsibility for administration of enactments to particular Departments. As at 30 June 2017, DHHS administered 26 Acts and associated subordinate legislation for the Minister for Health, and 12 Acts and associated subordinate legislation for the Minister for Human Services.

Minister for Health

Alcohol and Drug Dependency Act 1968 Ambulance Service Act 1982 Anatomical Examinations Act 2006 Blood Transfusion (Limitation of Liability) Act 1986 Fluoridation Act 1968 Food Act 2003 Health Act 1997 Health Practitioner Regulation National Law (Tasmania) Act 2010 Health Professionals (Special Events Exemption) Act 1998 Health Service Establishments Act 2006 Human Cloning for Reproduction and Other Prohibited Practices Act 2003 Human Embryonic Research Regulation Act 2003 Human Tissue Act 1985 Mental Health Act 2013 - except Parts 2 and 3 of Chapter 3, and Schedules 3, 4 and 5 (which are administered by the Department of Justice under the Minister for Justice) Mental Health (Transitional and Consequential Provisions) Act 2013 National Health Funding Administration Act 2012 Obstetric and Paediatric Mortality and Morbidity Act 1994 Optometry Offences Act 2010 Pharmacy Control Act 2001 Poisons Act 1971 - except in so far as it relates to the Poppy Advisory and Control Board (which are administered by the Department of Primary Industries, Parks, Water and Environment under the Minister for Primary Industries and Water) Public Health Act 1997 Radiation Protection Act 2005 Reproductive Health (Access to Terminations) Act 2013 Royal Derwent Hospital (Sale of Land) Act 1995 Tasmanian Health Organisations Act 2011

Therapeutic Goods Act 2001

Minister for Human Services

Adoption Act 1988

Child Protection (International Measures) Act 2003

Children, Young Persons and Their Families Act 1997

Children, Young Persons and Their Families (Transitional and Savings Provisions) Act 1998

Commissioner for Children and Young People Act 2016

Community Housing Providers National Law (Tasmania) Act 2013

Disability Services Act 2011

Fire Damage Relief Act 1967 - in so far as it relates to the erection of dwellings for renting to eligible persons under the *Homes Act 1935* (otherwise see Department of State Growth under the Minister for State Growth)

Guide Dogs and Hearing Dogs Act 1967

Homes Act 1935 - except in so far as it relates to the lending of funds for home ownership (see Department of Treasury and Finance under the Treasurer)

Pensioners (Heating Allowances) Act 1971

Youth Justice Act 1997 – except in so far as it relates to the establishment and operation of the Magistrates Court (Youth Justice Division – see Department of Justice under the Minister for Justice)

Bills Tabled

During 2016-17, the following Bills were introduced into Parliament:

- Children, Young Persons and Their Families Amendment Bill 2017
- Mental Health Amendment Bill 2016

Key Changes to Legislation

The *Poisons Amendment (Poppy Industry Reform) Act 2016* streamlined the regulation of the Poppy Industry by reforming poppy grower licensing arrangements and the regulation of manufacturing chemist arrangements. The amendments better aligns the regulation of the poppy industry with the Primary Industries portfolio. The Act was a joint project with the Department of Primary Industries, Parks, Water and the Environment. The amendments commenced on 17 October 2016.

The Poisons (Miscellaneous Amendments) Act 2017 made amendments to the Poisons Act 1971 to improve administrative arrangements for health workforce access to scheduled substances, while also retaining adequate controls to ensure the safety of the public. The major reform was to support allied health prescribing, with podiatry being the first profession added for prescribing in Tasmania under the Act. The Act also improves arrangements for granting access to scheduled substances to private and non-government first aid providers and repealed or updated a number of provisions to better support contemporary practice. The amendments commenced on 13 June 2017.

- Poisons Amendment (Poppy Industry Reform) Act 2016
- Poisons (Miscellaneous Amendments) Act 2017, and
- Public Health Amendment (Healthy Tasmania) Bill 2017.

The Youth Justice Amendment Act 2016 amended the Youth Justice Act 1997 to change the way that breaches of supervised release orders by young people are determined and administered, to clarify when time spent remanded in custody is treated as "time served" for the purposes of calculating an earliest release date, and to facilitate access by the Commissioner for Children and Young People and the Custodial Inspector to the Ashley Youth Detention Centre. The Youth Justice Amendment Act 2016 commenced on 23 August 2016.

The *Pharmacy Control Amendment Act 2016* addressed miscellaneous 'housekeeping' issues and clarified administrative arrangements in the *Pharmacy Control Act 2001*. The amendments commenced on I January 2017.

A number of amendments arising from the *Children, Young Persons and Their Families Amendment Act 2013* commenced on I July 2016 and others commenced on I October 2016. The amendments include updating the objects and principles of the legislation, how evidence is accepted and provided to the courts and provides clarity by incorporating contemporary language. Ongoing policy development identified a need to further amend the 2013 Amendment Act to simplify provisions around family meetings in particular. The *Children Young Persons and Their Families Amendment Bill 2017* will amend the *Children Young Persons and Their Families Amendment Act 2013* to address these matters.

The *Mental Health Amendment Bill 2016* amended the *Mental Health Act 2013* to clarify and improve the Act's operation. The Bill amended the assessment and treatment pathway established by the Act to remove duplication and provide clarity around particular aspects of the pathway. The amended provisions commenced on 1 July 2017. The Public Health Amendment (Healthy Tasmania) Bill 2017 contains proposed changes to the Public Health Act 1997 to deliver smoking-related actions from the Government's Healthy Tasmania Five Year Strategic Plan: increasing penalties for selling or supplying smoking products to a child; introducing laws to regulate personal vaporiser products (including electronic cigarettes); and providing the option for targeted education through quit smoking information at the point-of-sale. Other changes to tobacco licensing and reporting are also included. The amendments are expected to commence in late 2017.

Subordinate Legislation

•	Adoption Regulations	2016
•	Ambulance Service Regulations	2016
•	Anatomical Examinations Order	2017
•	Anatomical Examinations Regulations	2017
•	Food Amendment Regulations	2016
•	Health (Fees) Amendment Regulations	2017
•	Health Service Establishments Amendment Regulations	2016
•	Poisons (Interim Authorisation) Order	2017
•	Poisons (Midwifery Substances) Amendment Order	2016
•	Poisons Amendment (Miscellaneous) Regulations	2016
•	Public Health (Tobacco Seller's Licence) Amendment Regulations	2016
•	Radiation Protection Amendment (Fees) Regulations	2016
•	Radiation Protection Amendment Regulations	2016
•	Youth Justice Amendment Regulations	2016

Other Annual Reports

Each year the Department hosts three additional annual reports within the DHHS Annual Report. These are for: reporting under the *Disability Services Act 2011*; the Council of Obstetric and Paediatric Mortality and Morbidity (COPMM); and the Tasmanian Pharmacy Authority (TPA).

A number of planning and reporting provisions must be satisfied under the *Disability Services Act 2011* and each financial year a report is prepared to facilitate this compliance under the Act.

The Council of Obstetric and Paediatric Mortality and Morbidity (COPMM) is required to prepare an annual report on its activities for the past financial year under the *Obstetric and Paediatric Mortality and Morbidity Act 1994*.

In addition, each year COPMM also prepares a report with details of the performance of its functions and exercise of the powers of the Council.

This report is tabled and published separately and details any recommendations arising from the activities of the Council. It also includes the Council's perinatal data collection information for a 12 month period.

The Tasmanian Pharmacy Authority, under the *Pharmacy Control Act 2001*, is required to prepare a report annually. It outlines operations for the past financial year, and can be appended to the DHHS Annual Report.

The following section contains:

- the *Disability Services Act 2011* Annual Report 2016-17
- the Council of Obstetric and Paediatric Mortality and Morbidity Annual Report 2016-17, and
- the Tasmanian Pharmacy Authority Annual Report and Financial Statements 2016-17.

Disability Services Act 2011

The *Disability Services Act 2011* (the Act) came into effect on 1 January 2012 and contains a number of planning and reporting provisions. This Annual Report is provided in accordance with the legislative requirements under the *Disability Services Act 2011* (Section 9 – Budgetary Oversight).

In accordance with section 9 of the Act, this Annual Report specifies the amount appropriated by Parliament that was used for the purposes of the administration of the Act and the amount appropriated by Parliament that was used in the making of grants.

For the purposes of this Report the State is regarded as one operational area.

A three year Strategic Plan was approved by the Minister for Human Services in February 2015. The Strategic Plan is supported by an annual Operational Plan. The Operational Plan for Disability Services 2016-17 was approved by the Secretary of DHHS in August 2016 and aligns goals, priority strategies and outcomes for the Disability Services program in 2016-17 with the Strategic Plan. The Operational Plan describes the actions the program will take to create a sustainable, affordable, inclusive and responsive service system for Tasmanians requiring specialist disability support services.

This Report provides details as to how the amount that was used for making grants was distributed during 2016-17 between different kinds of specialist disability services, research and development activities and grants to individuals under section 14(1)(c).

The Report also provides, in relation to each funded entity, the amounts that were provided by way of grants under the Act. It should be noted that the expenditure report also contains detail of cash contributions to the NDIS. As Tasmanians with disability progressively transition to the NDIS, grants may reduce to organisations or persons in order to make contribution to the NDIS. Individuals will access similarly funded supports through an individual's NDIS plans. In accordance with the requirement under section 9(3), this Report does not contain the name or address of a person with disability funded under the Act.

Services provided by Community Sector Organisations (Notes 2 3 4)	2016-17 \$
Accommodation Support	249 60
Community Access	20 988 214
Community Support	12 233 05 1
Information and Advocacy	2 262 577
Other	295 000
Peak Organisations	130 103
Respite	8 942 73
Fair Work ERO	12 913 369
Cash Contribution to NDIA	23 321 750
Total	192 336 395
Services provided by Government	2016-17 \$
Area Management	8 657
Community Support (Disability Assessment and Advisory Team)	3 279 946
Contract Management (Community Partnership Teams)	68 750
Individual Funding Management	386 546
Tasmanian Autism Spectrum Diagnostic Assessment Services	763 185
Workforce Development	37 6 8
Reform Transition Costs	66 348
Total	8 27 050

Administration and Overheads	2016-17 \$
Direct Overheads	306 373
Total	I 306 373
Community Service Functions	
Total Expenditure	201 769 818

Note I

2016-17 Services provided by Community Sector Organisation Breakdown

Services provided by Community Sector Organisations comprises the following aggregates:

	2016-17 \$
Fair Work ERO	12 913 369
Grants	156 355 421
Cash Contribution to NDIA	23 067 605
Total	192 336 395

Note 2

2016-17 Distribution of Grants Breakdown

	2016-17 \$
Distributed to specialist disability services	191 083 378
Distributed to research and development activities	0
Distributed to individuals under section 14(1)(c)	253 017
Total	192 336 395

Note 3	
	2016-17 \$
Indexation of 2.25 per cent	2 904 994

Applied to Services provided by Community Sector Organisations excluding HACC Fair Work ERO

Also excludes funding transferred to NDIA

Disability Services – Payments to NGOs for individual funding arrangements for disability clients	2016-17 \$
Ability Employment	37 091
Able Australia	25 026
Aidacare Pty Ltd	83 867
Anglicare Inc.	068 793
Arc Support Services	988 291
Beni Abbes Community Inc	152 820
Carer Solutions Australia Pty Ltd	47 924
Circular Head Aboriginal Corporation	13 909
Coastal residential service Inc.	115 908
Community Based Support - South	721 815
Community Care NESB Inc	16 077
Devonfield Enterprises	228 517
Eskleigh Foundation	231 921
Family Based Care North West	947 707
FBC Tasmania Integrated Living	909 734
Freedom Home Care	188 885
GC Services Inc.	48 681
Glenhaven	67 865
GOG Range Retreat Inc	67 092
Headway Support Services	34 772
Hobart City Mission	476 204
Hobart District Nursing Service	105 101
Huon Eldercare	4 193
Independent Healthcare Services	2 62 96
Integrated Living Australia Ltd	7 644
Island Care Tas	4 025
Langford Support Services	335 554
Life Without Barriers	123 264
Lifestyle Solutions	420 338

Liviende Veranto	290 994
May Shaw Nursing Centre	2 485
Mersey Leven child care services	47 522
Mission Australia	130 976
Montagu Community Living Inc.	216 614
Mosaic Support Services	63 444
Nexus Inc.	478 60
North West Residential Services	204 447
Northern Occupational Support Service Inc.	34 193
Northern Residential Support Group Inc.	20 863
Oak Tasmania	115 645
Optia Inc.	7 6 525
Parkside Foundation	147 203
Senior Helpers Northern Tasmania	217 499
Society for Multiply Disabled People of Tasmania	192 836
South Eastern Nursing and Home Care Association	218 928
St Giles Society	642 851
St Michaels Association	78 639
Storm Disability Services	2 432
Supported Tenancy	47 418
Total Support Services	35 957
Veranto Lifestyle	289 411
Wyndarra Centre	344 113
Intensive Support Services (*cannot be disaggregated by provider)	367 980
One-off support/equipment/modifications	98 594
Total	17 640 944

Council of Obstetric and Paediatric Mortality and Morbidity

Annual Report

For year ended 30 June 2017

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Establishment of the Council

The *Obstetric and Paediatric Mortality and Morbidity Act 1994* (the Act) establishes the Council of Obstetric and Paediatric Mortality and Morbidity (the Council). The functions of the Council include the maintenance of a perinatal data collection system, investigating the circumstances surrounding maternal deaths, perinatal deaths and the deaths of children up to 17 years; and investigating and reporting on matters relating to obstetric and paediatric mortality and morbidity referred to it by the Minister or Secretary.

The Act contains very strict confidentiality provisions such that the Council and its members are precluded from providing information to other persons except in very limited circumstances. Of note, the Act enables the Council:

- to communicate to a coroner information relevant to a coronial inquiry or possible coronial inquiry into the death of a child or woman, of its own motion or at the request of the coroner;
- to investigate and report to the Secretary or Minister (or any other relevant Minister) on any matter relating to obstetric and paediatric mortality and morbidity of its own motion without a reference from the Secretary or Minister;
- to communicate information regarding identified deaths or morbidities to the Secretary, a relevant Minister or a prescribed body;
- to have the power to place a restriction upon subsequent use of any information or reports provided by the Council to a coroner, the Secretary, a Minister or a prescribed body;
- members to communicate information that comes into their possession to the Secretary where there is a belief or suspicion, on reasonable grounds, that a child has been or is being abused or neglected or at risk of being abused or neglected; and
- to report information about possible criminal offences to the Commissioner of Police.

Council Role and Function

A summary of Council functions under the Act are:

- a) To investigate the circumstances surrounding and the conditions that have, or may have, caused:
 - (i) maternal, late maternal and perinatal deaths in Tasmania;
 - (ii) mortality and morbidity of children in Tasmania in the age group from 29 days to 17 years (inclusive);
 - (iii) congenital abnormalities in children born in Tasmania; and
 - (iv) injuries, illness or defects suffered by pregnant women or viable foetuses in Tasmania at any time before or during childbirth.
- b) To maintain a perinatal data collection.
- c) To provide information for the education and instruction in medical theory and practice in obstetrics and paediatrics for medical practitioners, registered nurses, enrolled nurses and midwives.
- d) To investigate and report on any other matters relating to obstetric and paediatric mortality and morbidity referred to the Council by the Minister or the Secretary:

- (da) to investigate and report to the Minister, a relevant Minister or the Secretary of its own motion on any matter relating to obstetric and paediatric mortality and morbidity that it considers necessary; and
- (db) to communicate to the Minister, or a relevant Minister, the Secretary or a prescribed body, information relating to:
 - (i) a child death, maternal death or late maternal death or
 - (ii) the morbidity of a child or a woman who is or had been pregnant.
- e) To perform any other function imposed by this Act or any other Act or the regulations.

Council Membership

Appointed members to COPMM's new term (February 2016-February 2019) as specified in the *Obstetric* and *Paediatric Mortality and Morbidity Act 1994* include:

- Dr Michelle Williams (COPMM Chair), nominee of the Paediatrics and Child Health Division of the Royal Australasian College of Physicians nominated by the Tasmanian State Committee of that College;
- Professor Peter Dargaville, person nominated by the Secretary employed in the delivery of Neonatal Services;
- Associate Professor Amanda Dennis, nominee of the University of Tasmania;
- Dr Anagha Jayakar, nominee of the University of Tasmania;
- Dr Tania Hingston, nominee of the Tasmanian Regional Committee of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists;
- Ms Kate Cuthbertson, additional member nominated by Council to represent community interests;
- Dr Jill Camier, nominee of the Tasmanian Branch of the Royal Australian College of General Practitioners;
- Ms Sue McBeath, nominee of the Tasmanian Branch of the Australian College of Midwifes Incorporated;
- Dr Kelly Shaw, person nominated by the Secretary employed in the Department of Health and Human Services. (Note that Dr Shaw resigned from her COPMM DHHS-representative position in January 2017. A new DHHS-representative will be sought as soon as possible).
- Commissioner for Children, Mr Mark Morrissey.

Meetings of Council will continue to be held quarterly with two meetings already having been held in February and June 2017.

Council Meetings

The Council generally meets four times per year.

Administration

The Council can be contacted via:

Dr Jo Jordan – Manager, COPMM Acute Planning and Strategy and Principal Medical Advice Planning, Purchasing and Performance Department of Health and Human Services

Level 2, 22 Elizabeth Street			
HOBART TAS 7000			
jo.jordan@dhhs.tas.gov.au			
(03) 6166 1052			
http://www.dhhs.tas.gov.au/copmm			

Representation on National Bodies

The Council continues to be represented on the Australian and New Zealand Child Death Review and Prevention Group (ANZCDR&PG) and also provides representation to the National Perinatal Data Development Committee, the National Maternity Data Development Project and advice to the National Maternity Council's Maternal and Perinatal Committee. In addition, Council is represented on the National Perinatal Mortality Report Advisory Group. The Council also continues to provide its unidentified data to Queensland to include in Queensland's Annual Report on Child Deaths.

Registration

Not applicable.

Review of Activities

Annual Reporting

COPMM's 2014 Annual Report was tabled in Parliament in October 2016. A key aim of Council's Annual Report was to provide epidemiological information on the women who gave birth to liveborn or stillborn babies in 2014, and on their children. The Annual Report included all four COPMM committee reports detailing relevant key trends arising during 2014 and recommendations based upon committee investigations and findings. National comparisons were made where possible in relation to these trends.

The 2015 Annual Report was progressed during the 2016-17 financial year in preparation for tabling in Parliament in October 2017. The preliminary *2015 Paediatric Mortality and Morbidity Committee* Report was released before the end of 2016-17 Financial Year with COPMM's Easter 2017 edition of its newsletter detailing clinical findings of interest.

The 2016 Annual Report will be progressed during the 2017-18 financial year in preparation for tabling in Parliament in October 2018.

In the meantime, finalised reports from COPMM's Committees for 2016 will be released with COPMM's quarterly newsletters prior to the end of next financial year with key issues and recommendations being highlighted in these newsletters where possible.

Recommendations that are highlighted in recent Annual Reports are archived on the *Council of Obstetric* and *Paediatric Mortality and Morbidity* website (http://www.dhhs.tas.gov.au/copmm). Council newsletters that are also archived on <u>Council's website</u> are electronically released and circulated quarterly to interested clinicians and organisations following Council meetings to highlight pertinent clinical issues to promote improved healthcare.

In an effort to reduce maternal, perinatal and paediatric mortality and morbidity in Tasmania, a *Progress Against COPMM Recommendations* report in relation to the 2014 COPMM Annual Report had been successfully submitted and noted by the Minister for Health. It is highlighted that COPMM had extended its gratitude to the Department and the various organisations for their positive efforts to address COPMM's recommendations where possible.

As noted last year, COPMM has been supportive of undertaking CDSI Reviews under the *Obstetric and Paediatric Mortality and Morbidity Act 1994* (the *OPMM Act*) proposing that a sub-committee be formed under the auspices of the *OPMM Act* and entitled the *Child Death and Serious Injury Review Committee (CDS/RC)* provided there be appropriate resourcing secured to allow effective and robust reviews. COPMM's agreement to undertake such a role was reached last financial year following the Secretary's in principal commitment to provide appropriate funding and resourcing to COPMM to accommodate the increased ongoing responsibilities and activities associated with supporting a CDSIRC. COPMM continues to undertake discussions with the Department to ensure that set-up is appropriately achieved to enable activities to be undertaken as required in the new financial year.

Data Collection and Reporting

The ongoing activities of Council's four Committees to fulfil its legislative requirements have continued to be progressed in the 2016-17 financial year. Again, the continued tireless efforts, commitment and contributions to Council's functions by its busy clinical members are acknowledged and commended.

Membership of the *Data Management Committee* includes representatives derived from obstetric, paediatric, midwifery, Health Statistics and Epidemiology Unit areas with Professor Peter Dargaville continuing to chair this committee in the current term. The committee continues to meet as required to progress discussions around formatting and preparation of future Annual Reports as well as the *ObstetrixTas System* and development of a more comprehensive Congenital Abnormality Register for Tasmania.

Professor Dargaville also continues to chair the *Perinatal Mortality and Morbidity Committee* in the current term which comprises members who dedicate their invaluable time to review and classify perinatal cases according to Perinatal Society of Australia and New Zealand (PSANZ) guidelines. Classification codes derived from this review process not only serves to fulfil Council's reporting requirements but also provides the States' perinatal death cases dataset to national bodies for national reporting purposes.

All paediatric deaths reported annually throughout the state are reviewed and classified by the *Paediatric Mortality and Morbidity Committee* that continues to be chaired by Council's Chair, Dr Michelle Williams in the current term.

Finally, all reported maternal deaths in Tasmania are reviewed and classified according to the system recognised by the World Health Organisation. The *National Maternal Death Reporting form* also continues to assist with this review process. Associate Professor Amanda Dennis continues to Chair the *Maternal Mortality and Morbidity Committee* in the current term which undertakes the required review processes.

Data Collection Forms

The National Perinatal Death Clinical Audit Tool (NPDCAT) continues to be used by all Tasmanian hospitals (including all public and NWPH) to collect detailed information on reported stillbirths and neonatal deaths in view of the lack of stillbirth and neonatal death forms on the ObstetrixTas system. Continued progress has been made in this financial year to integrate this form into the ObstetrixTas system. Council continues to urge that only the attending medical practitioner/specialist completes the NPDCAT form in respect to their reported perinatal mortality case.

The *National Maternal Death Form* continues to assist with the review process for reported maternal death cases.

The Council continues to seek national support to develop a more comprehensive Congenital Abnormality Register particularly in view of previous national interest in the development of a national database for congenital anomalies. It is hoped that with such a national development, the necessary refinements could be integrated into a Tasmanian model as required and finally incorporated into the *ObstetrixTas* system in the future.

The Tasmanian Perinatal Data Collection Form continues be completed by all services that do not have access to the *ObstetrixTas* system (i.e., private hospitals and birth centres where the birth occurs; or private midwifery and medical practitioners who deliver babies outside hospitals). Completion of this form is a mandatory requirement for data collection under *the Obstetric and Paediatric Mortality and Morbidity Act 1994.* A copy of these forms and associated guidelines can be accessed via COPMM's website.

Progress in Database

The development and establishment of the *ObstetrixTas* system was implemented in all statewide public maternity hospitals in 2010 to provide obstetric units with access to clinical information for management, planning, teaching and research purposes. Feedback has indicated that members of hospital staff have embraced the use of this system who have found it to be valuable and useful in their clinical practice especially in regards to improvement in the timeliness, completeness and accuracy of information reported from the system. Council continues to seek support to ensure that *ObstetrixTas* successfully collects the relevant information that is required for its legislative reporting requirements.

Review the Structure of the Annual Report

The Annual Report format continues to be refined as required to ensure a more effective format for clearer presentation of data. The role of the Data Management Committee provides opportunities to discuss and revise formatting issues as required.

Financial Statements as at 30 June 2017

Not applicable.

Annual Report

For year ended 30 June 2017

Contents

Establishment of the Authority Authority Role and Functions Membership of the Authority Meetings of the Authority Administration Representation on National Bodies Registration Review of Activities and Operations 2016-17 Financial Statements

Establishment of the Authority

The Tasmanian Pharmacy Authority is a body corporate, established under section 6(1) of the *Pharmacy Control Act 2001* (the Act).

Historically, the former Pharmacy Board of Tasmania had functions including:

- registration of pharmacists; and
- registration of pharmacy premises (regulating the ownership and standards of pharmacy premises).

The first function (registration of pharmacists) is now undertaken by the Australian Health Practitioners Regulatory Authority (AHPRA).

The second function (registration of pharmacy premises), as in other States, is still regulated by a State body. In Tasmania, this is the Tasmanian Pharmacy Authority, which was established on 1 February 2011. This report covers the third full financial year of its operations.

Authority Roles and Functions

Functions of the Authority

Section 8 of the Act prescribes the following functions for the Authority:

- a) to administer the scheme of registration of pharmacy business premises;
- b) to approve the ownership of and interests in pharmacy businesses;
- c) to ensure that the services that pharmacy businesses provide from pharmacy business premises to the public are of the highest possible standard;
- d) to prosecute offences against this Act;
- e) to advise the Minister on matters relating to the Act;
- f) such other functions as are imposed on the Authority by this or any other Act or as may be prescribed.

Role of the Authority

Section 9 of the Act empowers the Authority to do all things necessary or convenient to be done in connection with the performance of its functions.

Membership of the Authority

The members of the Authority during the year ending 30 June 2017 were:

Chairman Mr Rhys Jones – B.Pharm *Members* Mr Martin Neumeyer – B.Pharm

Ms Kym Child – Consumer Representative

Meetings of the Authority

The Authority held monthly meetings during the reporting period.

Authority Members	Meetings held whilst an Authority Member	Meetings Attended
Mr R Jones		
Mr M Neumeyer		10
Ms K Child		9

Administration

The Authority can be contacted via:

Ms Margie Cole - Registrar

Address:	PO Box 1082
	SANDY BAY TAS 7005
Telephone:	0417 752 348
Email:	registrar@pharmacyauthority.tas.gov.au
Website:	http://www.pharmacyauthority.tas.gov.au
ABN:	34 562 572 269

Sitting Fees of the Authority

Sitting Fees determined by the Minister for Health, effective 19 July 2016 were:

Chair:	\$439
Members:	\$333

A 2 per cent rise was approved from 1 December 2016 to:

Chair:	\$448
Members:	\$340

The number of pharmacy business premises registered with the Authority at 30 June 2017 was 156.

At 30 June 2017, 81 body corporates and 89 individuals held an Eligibility Certificate for their interests in a pharmacy business.

Many applications for the approval of new owners involved trust structures, with either an individual or body corporate as the trustee, rather than straightforward ownership by the pharmacist.

Many pharmacies changed their names during the year, reflecting changes to and some mergers of buying groups.

During the year, the Authority approved the following applications:

New pharmacies	
Changes to ownership or shareholders	22
Premises alterations	14
Pharmacy relocation	4
Pharmacy change of name	34
Other (exempt premises)	2
Pharmacy closure	2

In addition, the Authority determined in March 2016 that it would approve vaccination areas within pharmacy premises. This was partly in response to *Regulation 64 of the Poisons Regulations 2008* being amended to allow specifically trained pharmacists to independently administer vaccinations in Tasmania, but also because the Authority wanted to ensure that vaccinations administered from a pharmacy business premises, no matter who actually administered it, were in appropriate facilities. Some pharmacy owners applied for a vaccination area which was permanently set up in the premises, while others arranged a temporary facility, which generally had vaccinations administered by a visiting nurse practitioner or doctor. The Authority noted that an increasing number of pharmacies are establishing separate vaccination rooms/consultation areas, which is a welcome development.

As at 30 June 2017, vaccination areas approved were:

Applications approved for an ongoing vaccination area

Applications approved for a temporary vaccination area

DHHS Annual Repo<mark>rt 2016-17 – Part</mark> 2 – Regulatory Information

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Registration Policy

Pharmacy premises registrations and the issuing of Eligibility Certificates continued to be managed in accordance with the requirements of the Act. Pharmacists intending to buy or sell an existing pharmacy, change its ownership structure, or to move or re-name it, applied to the Authority for approval by submitting the appropriate forms and paying the prescribed fees. As indicated above, the development of a vaccination area also follows an application and approval process.

Fees

The prescribed fees were increased marginally in accordance with the increase in the value of a Fee Unit to \$1.53.

The fees for 2016-17 as defined by the regulations at 30 June 2017 were:

Type of Fee	Section of Act	Fee Units	Fees 2016-17 @\$1.53 \$
Eligibility Certificate - Initial Application			
Each individual involving no Trust	61B	35	53.55
Each individual involving one Trust	61B	275	420.75
Each individual with more than one Trust	61B	550	841.50
Each body corporate with no Trust	61B	350	535.50
Each body corporate with one Trust	61B	620	948.60
Each body corporate with more than one Trust	61B	900	1377.00
Annual Renewals			
Individual eligibility certificate	61E	70	107.10
Body Corporate eligibility certificate	61E	140	214.20
Certificate of Premises Registration	71K	250	382.50
Late Fees		·	
Individual Eligibility Certificate	61E	15	22.95
Body Corporate Eligibility Certificate	61E	50	76.50
Premises Registration	71K	100	153.00
Other Fees		·	
Initial registration of pharmacy business premises	7ID	310	474.30
Application to exempt premises from registration	71]	35	53.55
Fee for inspection of register	71M	15	22.95
Fee for a copy or extract from register - <i>per page</i>	7IM	5	7.65
Fee for a copy of notice - <i>per page</i>	7IM	5	7.65

Review of Activities and Operations 2016-17

Achievements

I The Pharmacy Control Act 2001

The Tasmanian Pharmacy Authority was established under the Act which commenced on the 1 February 2011. It has been the role of the Authority to implement and administer this Act, which includes considering all applications for alterations, new or relocated premises, transfers of ownership and consideration of ownership eligibility.

The Authority administered the issuing of Eligibility Certificates in accordance with Part 5A of the Act. The complexities of pharmacy ownership when companies and trusts were involved make determining the interests of parties difficult, and the Authority routinely referred company and trust documents to Crown Law for advice.

As far as the Authority is aware, all ownership structures comply with the Act, and no individual has an interest in more than four pharmacy business premises in Tasmania.

2 Pharmacy Guidelines

The Authority adopted its inaugural Guidelines on 6 February 2013. These continue to be fine-tuned from time to time, and are made available on the Authority's website.

3 Authority Financial matters

The Authority again reviewed its risk assessment and budget during the year, and believes that identified risks have been managed appropriately.

The budget ensures that there is security and stability to the Authority's income to ensure it can operate effectively. In particular, the budget security has allowed the Authority to plan for cyclical inspections of all premises. There is also contingency provision for any potential legal costs which might be incurred in the event of a prosecution by the Authority under the Act. The Authority also is conscious of the need to consider, in time, the development of a new database to manage the complex ownership structures, so has funds notionally set aside for this activity.

4 Authority Website, Database and records

The Authority made further improvements to its website (hosted on a tas.gov.au domain) during the year, and continually updated, added to and refined the information provided on the website to make it clearer, more useful and more user-friendly.

5 Authority inspections

During the year, the Authority altered its inspection and premises registration processes to more properly align with the Act. This requires owners to make formal declarations about the completion of works and the suitability of the premises to operate as a pharmacy business. This has allows premises registrations to be in place immediately prior to the opening of a new pharmacy business. Following advice of the completion of works (be it new or altered premises), the Authority then arranges an inspection of pharmacy premises to ensure their compliance with the Act.

In May 2016, the Authority resolved to also inspect a pharmacy business premises 1-2 months after its sale on those occasions where there was to be a total change of ownership. This practice continues. The Authority also continued its plan to have a rolling three year cycle of inspecting all pharmacy business premises.

Thirty two inspections were undertaken during the year. Almost all inspections identified matters which required some remedial action – most commonly moving S2 items so they complied with the *Poisons Act 1971*; tightening the storage and management of schedule 8 (narcotics) items; updating reference material; and documenting some standard procedures.

The Authority continues to work closely with the Pharmaceutical Services Branch (PSB) of DHHS, with PSB receiving copies of each Inspection Report. In addition, the Authority alerted the Australian Health Practitioners Regulatory Authority to potential issues which fell under its jurisdiction, and made one formal report to AHPRA concerning the practices of a pharmacist.

The Inspection Form was further improved to ensure a more consistent and comprehensive approach to inspections, and to reflect the need to check on the suitability of vaccination areas.

A number of Authority Inspectors (who are independent contractors) resigned during the year due to competing workload issues. The Authority has taken steps to appoint more inspectors, and commenced training them during 2016-17. Unfortunately, this has been a slower than expected process due to limited availability of the remaining inspectors, and by 30 June 2017, none had been signed off to undertake inspections independently. The need for the Authority to have more inspectors available to undertaken inspections in a timely manner is critical.

6 Pharmacists administering vaccines

The Authority continued to liaise with DHHS staff responsible for administering the program of Approved Pharmacist Immunisers under Regulation 64 of the *Poisons Regulations 2008*, which was amended in January 2016 to allow adequately trained pharmacists to independently administer vaccinations in Tasmania.

7 Conflict of Interest

The Authority met with the Integrity's Commission Senior Misconduct Officer (Research and Education) Officer during the year. This confirmed that the Authority's practices of ensuring actual or potential conflicts of interest by employees and independent contractors were appropriate; and that risks were properly identified, assessed and managed.

Legislation Pharmacy Control Act 2001

The *Pharmacy Control Act 2011* was proclaimed on 1 February 2011.

Following some years of consultation with DHHS and Crown Law to progress amendments to the Act, the Pharmacy Control Amendment Bill 2016 was passed on 22 June 2016 and proclaimed on 1 January 2017. Amendment to the Regulations to make provision for a new fee for applications for alterations to pharmacy premises was not completed by 30 June 2017.

Personal Information Protection Act 2004

The Authority approved its Personal Information Protection Statement on 3 October 2012. There were no matters raised under the *Personal Information Protection Act 2004* during the twelve months ended 30 June 2017.

Public Interest Disclosure Act 2002

The Authority approved an Application for Assessed Disclosure Form on 3 October 2012. There were no matters raised under the *Public Interest Disclosures Act 2002* during the twelve months ended 30 June 2017.

Right to Information Act 2009

The Authority approved a Right to Information Statement on 3 October 2012. There was one request for information under the *Right to Information Act 2009* in the twelve months ended 30 June 2017.

Complaints and Disciplinary Issues

The administration of complaints and disciplinary issues for pharmacists was transferred to the National Registration and Accreditation Scheme prior to the commencement of the Tasmanian Pharmacy Authority in 2011. All matters became the responsibility of AHPRA. As a result of this, the Authority has no role in such issues, and referred any complaints received during the year to AHPRA.

The Authority itself received no complaints about its operations and had no disciplinary issues during the year.

Financial Statements

The Authority re-appointed Crowe Horwath during the year, as its Auditors; and obtained the permission of the Auditor-General to dispense with the audits by the Tasmanian Audit Office.

Tasmanian Pharmacy Authority Financial Statements

For year ended 30 June 2017

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Statement by the Registrar Statement of Comprehensive Income Statement of Financial Position Statement of Changes in Equity Statement of Cash Flows Notes to the Financial Statements Auditors' Independence Declaration Independent Audit Report

Statement by the Registrar

The Registrar has determined that the Authority is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note I to the financial statements.

In the opinion of the Registrar:

- I The financial statements and notes, as set out on pages 2 to 9, present fairly the Authority's financial position as at 30 June 2017 and its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements; and
- 2 At the date of the statement, there are reasonable grounds to believe that the Authority will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with a resolution of the Authority, and is signed for and on behalf of the Authority by:

Registrar Margie Cole 🛄 day of ...</u> 2017. Dated this

Statement of Comprehensive Income For the Year Ended 30 June 2017

	2017 \$	2016 \$
Income		
Annual renewal - body corp EC	15,324	14,090
Annual renewal - premises reg	57,758	56,878
Annual renewal - individual EC	10,991	11,085
Application fee for individual EC	2,004	2,076
Application fee for new body EC	9,195	3,866
Application fee for new premises	2,846	2,718
Exempt premises applications	107	53
Interest	436	148
Miscellaneous fees	38	-
Total Income	98,699	90,914
Expenditure		
Accounting fees	1,525	1,480
Administration expenses	4,347	2,904
Depreciation	607	199
Equipment maintenance	2,046	65
Inspection expenses	8,919	8,798
Legal fees	4,991	6,47 I
Other staff expenses	622	1,457
Registrar fees	36,942	35,400
Sitting fees	13,240	15,238
Superannuation	298	458
Telephone and fax	1,012	1,110
Travel	1,530	-
Total Expenses	76,079	73,580
Net surplus/(deficit) for the year	22,620	17,334
Other comprehensive Income	-	-
Total comprehensive income for the year	22,620	17,334

Statement of Financial Position

As At 30 June 2017

	Note	2017 \$	2016 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents		212,452	197,221
Trade and other receivables	4	2,071	1,673
TOTAL CURRENT ASSETS		214,523	198,894
NON-CURRENT ASSETS			
Plant and equipment	5	4,301	117
TOTAL NON-CURRENT ASSETS		4,301	117
TOTAL ASSETS		218,824	199,011
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	6	1,512	6,990
Deferred income	7	85,374	82,703
TOTAL LIABILITIES		86,886	89,693
NET ASSETS		3 ,938	109,318
EQUITY			
Accumulated surpluses		3 ,938	109,318
TOTAL EQUITY		3 ,938	109,318

Statement of Changes in Equity For the year ended 30 June 2017

2017

	Accumulated Surpluses \$	Total \$
Balance at 1 July 2016	109,318	109,318
Net surplus/(deficit) for the year	22,620	22,620
Balance at 30 June 2017	131,938	131,938

2016

	Accumulated		
	Surpluses	Total	
	\$	\$	
Balance at 1 July 2015	91,984	91,984	
Net surplus/(deficit) for the year	17,334	17,334	
Balance at 30 June 2016	109,318	109,318	

Statement of Cash Flows

For the Year Ended 30 June 2017

	Note	2017 \$	2016 \$
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from customers		100,913	92,916
Interest received		436	148
Payments to suppliers and employees		(81,327)	(76,681)
Net cash provided by (used in) operating activities	8	20,022	6,383
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of property, plant and equipment		(4,791)	-
Net cash used by investing activities	_	(4,791)	-
Net increase (decrease) in cash and cash equivalents held		5,23	16,383
Cash and cash equivalents at beginning of year	-	197,221	180,838
Cash and cash equivalents at end of financial year	3	212,452	197,221

Notes to the Financial Statements

For the year ended 30 June 2017

I Summary of Significant Accounting Policies

This financial report covers Tasmanian Pharmacy Authority as an individual entity. Tasmanian Pharmacy Authority is incorporated in Tasmania under the Pharmacy Control Act 2001.

(a) Basis of preparation

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the *Pharmacy Control Act 2001*. The Registrar has determined that the not-for-profit Authority is not a reporting entity. The Authority is a not-for-profit entity for financial reporting purposes.

The financial report, except for the cash flow information, has been prepared on an accruals basis and is based on historic costs and does not take into account changing money values or, except where specifically stated, current valuations of non-current assets. Financial information, where presented, has been rounded to the nearest dollar.

The following significant accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

(b) Comparative figures

Comparative figures have been adjusted to conform to changes in presentation for the current financial year.

(c) Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments.

(d) Trade and other receivables

The Authority considers accounts receivable to be fully collectible; accordingly, no allowance for doubtful accounts is required.

(e) Property, plant and equipment

Property, plant and equipment are carried at cost. All assets excluding freehold land, are depreciated over their useful lives to the Authority.

The depreciation rates used for each class of depreciable asset are shown below:

ked asset class Depreciation rate	
Computer equipment	20 %

(f) Trade and other payables

Trade and other payables represent the liability at the end of the reporting period for goods and services received by the Authority during the reporting period which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(g) Income tax

The Authority is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

(h) Revenue and other income

Registration and application fee income is recognised in the period to which it relates.

The Authority is required under the *Pharmacy Control Act 2001* to issue renewal invoices before year end, and as such the aforementioned invoices are recognised as deferred income.

Interest revenue is recognised upon receipt.

All revenue is stated net of the amount of goods and services tax (GST).

(i) Goods and services tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

2 Critical Accounting Estimates and Judgments

The Registrar and the Authority make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

3 Cash and Cash Equivalents

	2017 \$	2016 \$
Cash at bank	212,452	197,221
	212,452	197,221
4 Trade and Other Receivables		
	2017	2016
	\$	\$
Trade receivables	1,369	1,147
GST receivable	702	526
	2,071	1,673

5	Property,	Plant and	Equipment

Computer equipment - at cost	5,788	\$ 996
Accumulated depreciation	(1,487)	(879)
	4,301	117
6 Trade and Other Payables	2017 \$	2016 \$
Accrued wages Trade payables PAYG withholding	176 473 863	- 5,812 1,178
=	1,512	6,990
7 Deferred Income	2017 \$	2016 \$
Deferred Income		
- Premises Renewal in advance	59,670	57,758
- Individual EC in advance	9,211	10,570
- Body Corp EC Renewal in advance	16,493	14,375

85,374

82,703

8 Cash Flow Information

(a) Reconciliation of result for the year to cashflows from operating activities

Reconciliation of net income to net cash provided by operating activities:

Net surplus/(deficit) for the year Cash flows excluded from profit attributable to operating activities	2017 \$ 22,620	2016 \$ 17,334
Non-cash flows in profit:		
- depreciation Changes in assets and liabilities:	607	199
 - (increase)/decrease in trade and other receivables - increase/(decrease) in trade and other payables - increase/(decrease) in income in advance 	(398) (5,478) 2,671	(49) (2,9) ,9 0
Cashflow from operations	20,022	6,383

9 Contingent Liabilities and Contingent Assets

In the opinion of the Authority there were not any contingent assets or contingent liabilities as at the reporting date to be disclosed.

10 Events after the end of the Reporting Period

There are no events after the statement of financial position date affecting these financial statements to be disclosed.

11 Authority Details

The registered office of the Authority is: Tasmanian Pharmacy Authority PO Box 1082 SANDY BAY TAS 7005



Crowe Horwath Tasmania ABN 55 418 676 841 Mentrer Crowe Horwath International

Audit and Assurance Services

Level 1, 142-146 Elizabeth Street Hobart TAS 7000 Australia GPO Box 392 Hobart TAS 7001 Australia Tel 03 6210 2525 Fax 03 6210 2524 www.croweborwath.com.au

Tasmanian Pharmacy Authority

Auditors' Independence Declaration To the Registrar of Tasmanian Pharmacy Authority

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2017, there have been:

- no contraventions of the auditor independence requirements as set out in the Accounting Professional Ethical Pronouncements in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Crowe Horwath Tasmania

Alison Flakemore Audit Partner

Dated this 2017. Hobart, Tasmania.



Crowe Horwath Tasmania ABN 55 418 676 841 Member Crowe Horwath International

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Tasmanian Pharmacy Authority

Independent Audit Report to the Tasmanian Pharmacy Authority

Opinion

We have audited the financial report of Tasmanian Pharmacy Authority (the Authority), which comprises the statement of financial position as at 30 June 2017, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the statement by the Registrar.

In our opinion, the accompanying financial report presents fairly, in all material respects, the financial position of the Authority as at 30 June 2017, and of its financial performance and its cash flows for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements and the *Pharmacy Control Act 2001*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Authority in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter – Basis of Accounting and Restriction on Distribution

We draw attention to Note I to the financial report, which describes the basis of accounting. The financial report has been prepared to assist Tasmanian Pharmacy Authority to meet the requirements of the *Pharmacy Control Act 2001*. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of the Registrar for the Financial Report

The Registrar is responsible for the preparation and fair presentation of the financial report and have determined that the basis of preparation described in Note I to the financial report is appropriate to meet the needs of the members in accordance with the financial reporting requirements of the applicable legislation and for such internal control as the Registrar determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Registrar is responsible for assessing the entities ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the Registrar either intends to liquidate the entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Authority's financial reporting process.



Crowe Horwath Tasmania ABN 55 418 678 641 Member Crowe Horwath International

Audit and Assurance Services

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Tasmanian Pharmacy Authority

Independent Audit Report to the Tasmanian Pharmacy Authority

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at:

http://www.auasb.gov.au/auditors_files/ar3.pdf. This description forms part of our auditor's report.

Albert T. **Crowe Horwath Tasmania**

Alison Flakemore Audit Partner

2nd day of Anyust 2017. Dated this Hobart, Tasmania.

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PART THREE

Department of Health and Human Services Financial Statements

For the year ended 30 June 2017

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Statement of Certification

The accompanying Financial Statements of the Department of Health and Human Services and its related bodies are in agreement with the relevant accounts and records and have been prepared in compliance with the Treasurer's Instructions issued under the provisions of the *Financial Management and Audit Act 1990* to present fairly the financial transactions for the year ended 30 June 2017 and the financial position as at the end of the year.

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

Michael Pervan Secretary 27, September 2017

Elechatte

Eleanor Patterson Acting Chief Financial Officer 27 September 2017

Statement of Comprehensive Income for the year ended 30 June 2017

	Notes	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Continuing operations				
Revenue and other income from transactions				
Revenue from Government				
Appropriation revenue - recurrent	5.1	244 6 6	236 58	1 193 629
Appropriation revenue - works and services	5.1	33 887	27 284	18 946
Other revenue from Government	5.1	990	4 344	19 350
Revenue from Special Capital Investment Funds	5.2	18 470	12 315	24 682
Grants	5.3	143 635	102 660	99 696
Rental Revenue	5.4	55 700	52 151	53 892
Sales of goods and services	5.5	13 285	14 032	17 197
Interest	5.6	15	49	66
Other revenue	5.7	48 738	27 179	24 03
Total revenue and other income from transactions		I 559 336	4 76 72	45 489
Expenses from transactions				
Employee benefits	6.1	196 385	191 498	183 876
Depreciation and amortisation	6.2	29 695	24 276	25 049
Supplies and consumables	6.3	146 395	165 073	150 150
Grants and subsidies	6.4	I 045 708	1 036 801	038 79
Finance costs	6.5	8 062	8 488	8 856
Other expenses	6.6	6 707	4 255	4 898
Total expenses from transactions		I 432 952	430 39	4 620
Net result from transactions (net operating balance)	_	126 384	45 781	39 869
Other economic flows included in net result				
Net gain/(loss) on non-financial assets	7.1	750	(578)	(2 048)
Net actuarial gains/(losses) of superannuation defined benefit plans	9.4	0	8 846	(3361)
Net gain/(loss) on financial instruments and statutory receivables/payables	7.2	0	(931)	(29)
Other gains/(losses) from other economic flows	7.3	708	591	592
Total other economic flows included in net result		12 458	7 928	(6 108)
Net result from continuing operations	_	138 842	53 709	33 761
Other comprehensive income				
Items that will not be reclassified subsequently to profit or loss				
Changes in property, plant and equipment revaluation surplus	11.1	25 636	90 149	20 075
Total other comprehensive income	_	25 636	90 149	20 075

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

Budget information refers to original estimates and has not been subject to audit.

Explanations of material variances between budget and actual outcomes are provided in Note 3 of the accompanying notes.

Statement of Financial Position as at 30 June 2017

	Notes	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Assets				
Financial assets				
Cash and deposits	12.1	54 317	138 201	115 165
Receivables	8.1	11 108	6 42	5 800
Loan advances	8.2	I 427	3 3	I 843
Equity investments	8.3	26 649	19 184	18 915
Other financial assets	8.4	5 435	10 705	7 872
Non-financial assets				
Inventories	8.5	3 485	4 671	5 307
Assets held for sale	8.6	0	2 052	5 263
Property, plant and equipment	8.7	I 885 637	1 776 517	I 648 795
Intangibles	8.8	86	10 599	11 396
Other assets	8.9	4 650	6 007	2 858
Total assets		2 003 894	975 391	823 214
Liabilities				
Payables	9.1	14 466	15 281	62
Interest bearing liabilities	9.2	173 295	173 292	180 909
Employee benefits	9.3	42 469	49 599	47 694
Superannuation	9.4	14 879	10 458	18 490
Other liabilities	9.5	29 356	32 664	13 960
Total liabilities	-	274 465	281 294	272 674
Net assets	_	I 729 429	694 097	I 550 540
Equity				
Contributed capital	11.3	6 094	6 094	6 094
Reserves	11.1	1 898 503	940 849	I 856 076
Accumulated funds		(175168)	(252 846)	(311630)
Total equity	—	1 729 429	I 694 097	I 550 540

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

Budget information refers to original estimates and has not been subject to audit.

Explanations of material variances between budget and actual outcomes are provided in Note 3 of the accompanying notes.

Statement of Cash Flows for the year ended 30 June 2017

Να	otes	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Cash flows from operating activities		Inflows (Outflows)	Inflows (Outflows)	Inflows (Outflows)
Cash inflows		(Outilows)	(Outilows)	(Oddilows)
Appropriation receipts - recurrent		244 6 6	1 247 923	93 629
Appropriation receipts - recurrent Appropriation receipts - works and services		0	6 637	9 973
Receipts from Special Capital Investment Funds		1 157	2 831	6 162
		33 635	36 589	34 [6]
Grants - continuing operations Rental Revenue				
		56 005	52 422	53 892
Sales of goods and services		13 353	12 761	20 960
GST receipts		51 525	54 431	50 457
Interest received		15	49	66
Other cash receipts		48 738	27 179	24 03 1
Total cash inflows		1 449 044	I 440 822	393 331
Cash outflows				
Employee benefits		(195 672)	(186 552)	(174 533)
Finance costs		(8062)	(8488)	(8 856)
GST payments		(51711)	(54 684)	(50 688)
Grants and transfer payments		(040 707)	(1 001 277)	(965 312)
Supplies and consumables		(146 292)	(64 38)	(143 998)
Other cash payments		(6 638)	(3 960)	(5 333)
Total cash outflows		(1 449 082)	(4 9 099)	(1 348 720)
Net cash from/(used by) operating activities	12.2	(38)	21 723	44 61 1
Cash flows from investing activities				
Cash inflows				
Proceeds from the disposal of non-financial assets		750	10 790	14 740
Receipts from Investments		708	2 741	I 725
Receipts from non-operational capital funding - Works and services		33 887	36 520	3 7
Receipts from non-operational capital funding - Special Capital Investment Funds		17 313	11 035	18 520
Receipts from non-operational capital funding - Grants		110 000	60 524	65 535
Repayment of loans by other entities		471	530	513
Total cash inflows	•	174 129	122 140	114 744
Cash outflows				
Payment for acquisition of non-financial assets		(166 671)	(110721)	(124 698)
Payments for investments		(4619)	(2489)	(3 986)
r ajmenta for investmenta		· /	· /	` /
Total cash outflows	•	(171 290)	(113210)	(128 684)

	Notes	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Cash flows from financing activities		Inflows (Outflows)	Inflows (Outflows)	Inflows (Outflows)
Cash outflows				
Repayment of borrowings		(7616)	(7617)	(7 456)
Cash transferred out due to restructure	_	0	0	(36)
Total cash outflows	_	(7616)	(7617)	(7 492)
Net cash from/(used by) financing activities	-	(7616)	(7617)	(7 492)
Net increase/(decrease) in cash and cash equivalents held	_	(4815)	23 036	23 179
Cash and deposits at the beginning of the reporting period	_	59 132	115 165	91 986
Cash and deposits at the end of the reporting period	2.	54 317	138 201	115 165

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

Budget information refers to original estimates and has not been subject to audit.

Explanations of material variances between budget and actual outcomes are provided in Note 3 of the accompanying notes.

Statement of Changes in Equity for the year ended 30 June 2017

	Notes	Contrib Equity	Reserves	Accum Funds	Total Equity
		\$'000	\$'000	\$'000	\$'000
Balance as at 1 July 2016		6 094	I 856 076	(311630)	I 550 540
Net Result		0	0	53 709	53 709
Other Comprehensive Income		0	90 149	0	90 149
Total comprehensive result	-	0	90 149	53 709	143 858
Transfers from asset revaluation reserve to accumulated surplus	11.1	0	(5 376)	5 376	0
Transactions with owners in their capacity as owners:					
Administrative restructure - net assets transferred	11.2	0	0	(301)	(301)
Balance as at 30 June 2017		6 094	I 940 849	(252 846)	I 694 097

	Notes	Contrib Equity	Reserves	Accum Funds	Total Equity
		\$'000	\$'000	\$'000	\$'000
Balance as at 1 July 2015		6 094	I 847 306	(353 788)	499 6 2
Adjustment of Prior Period Error	4	0	(7601)	4 509	(3 092)
Restated balance as at 1 July 2015		6 094	I 839 705	(349 279)	I 496 520
Net Result		0	0	33 761	33 761
Other Comprehensive Income		0	20 075	0	20 075
Total comprehensive result	_	0	20 075	33 761	53 836
Transfers from asset revaluation reserve to accumulated surplus	11.1	0	(3 704)	3 704	0
Transactions with owners in their capacity as owners:					
Administrative restructure - net assets transferred	11.2	0	0	184	184
Balance as at 30 June 2016	_	6 094	I 856 076	(311630)	I 550 540

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 2017

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Note I Departmental Output Schedules

I.I Output Group Information

Comparative information has not been restated for external administrative restructures.

Budget information refers to original Budget estimates reflected in the 2016-17 Budget Papers and has not been subject to audit.

$Output \ Group \ I - Health \ Services \ System \ Management$

This Output provides for the provision of support for corporate services, policy, planning, regulation, funding, monitoring and service improvement across health services. This Output also provides support to the Secretary in establishing output priorities, including service improvement and supporting the Tasmanian Health Service (THS) to develop consistent, collaborative models of care particularly for chronic and complex conditions.

	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Continuing operations			
Revenue and other income from transactions			
Revenue from appropriation	116 805	117 725	158 401
Grants	4 2	8 391	15 647
Rental Revenue	3	0	0
Sales of goods and services	778	1 808	4 77
Interest	0	I	0
Other revenue	22 349	2 025	I 409
Total revenue and other income from transactions	142 475	129 950	180 228
Expenses from transactions			
Employee benefits			
Salaries and wages	39 185	42 503	42 120
Other employee related expenses	856	I 020	542
Superannuation expenses	5 197	4 874	4 792
Depreciation and amortisation	933	2 28	2 044
Supplies and Consumables			
Consultants	667	2 275	2 233
Maintenance and property services	4 072	5 755	5 773
Communications	692	1 061	785
Information technology	9 261	13 324	13 266
Travel and transport	496	315	664
Medical, surgical and pharmacy supplies	961	868	I 735
Advertising and promotion	23	135	81
Other supplies and consumables	6915	6 040	7 47
Grants and subsidies	73 719	53 402	85 142
Other expenses	I 902	563	750
Total expenses from transactions	44 879	134 263	167 074
Net result from transactions (net operating balance)	(2 404)	(4313)	13 154

	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Other economic flows included in net result			
Net gain/(loss) on non-financial assets	6	37	32
Net gain/(loss) on financial instruments and statutory receivables/payables	0	(29)	(19)
Total other economic flows included in net result	6	8	13
Net result from continuing operations	(2 398)	(4 305)	3 67
Other economic flows - other non-owner changes in equity			
Changes in property, plant and equipment revaluation reserve	356	544	375
Total other economic flows - other non-owner changes in equity	356	544	375
Comprehensive result	(2 042)	(3761)	13 5 4 2
	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Expense by Output			
I.I Health Services System Management	144 879	134 263	167 074
Total	144 879	134 263	167 074
Net Assets			
Total assets deployed for Health Services System Management		109 705	106 065
Total liabilities incurred for Health Services System Management		(19280)	(8 33)
Net Assets Deployed for Health Services System Management	_	90 425	87 932

Output Group 2 – Tasmanian Health Service

This Output provides admitted acute, non-admitted acute, emergency department, forensic medicine, community and aged care, oral health and mental health services to patients through Tasmania's major public and rural hospitals, residential aged care and community health based services. The State contribution to the THS is included in this Output.

	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Continuing operations			
Revenue and other income from transactions			
Revenue from appropriation	672 950	673 254	632 655
Other revenue	0	4	0
Total revenue and other income from transactions	672 950	673 395	632 655
Expenses from transactions			
Grants and subsidies	672 950	673 907	639 069
Total expenses from transactions	672 950	673 907	639 069
Net result from transactions (net operating balance)	0	(512)	(6 414)
Net result from continuing operations	0	(512)	(6414)
Other economic flows - other non-owner changes in equity			
Changes in property, plant and equipment revaluation reserve	0	0	4
Total other economic flows - other non-owner changes in equity	0	0	4
Comprehensive result	0	(512)	(6 410)
	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Expense by Output			
2.1 Tasmanian Health Service	672 950	673 907	639 069
Total	672 950	673 907	639 069
Net Assets			
Total assets deployed for Tasmanian Health Service		2 932	3 705
Total liabilities incurred for Tasmanian Health Service	_	(397)	(670)
Net Assets Deployed for Tasmanian Health Service		2 535	3 035

Output Group 3 – Statewide Services

This Output includes Ambulance Services and Public Health Services. Ambulance Services provides integrated emergency and medical services, health transport, aero-medical retrieval services to the Tasmanian community. Public Health Services provide the service streams: Public and Environmental Health Services, which monitors the health of the Tasmanian population and implements programs to protect and promote health; and Population and Health Priorities, which implements programs to prevent or reduce risk factors that lead to chronic conditions.

	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Continuing operations			
Revenue and other income from transactions			
Revenue from appropriation	73 120	67 616	59 015
Grants	11 223	11 006	11 329
Rental revenue	26	0	0
Sales of goods and services	10810	10 785	10 898
nterest	0	0	I
Other revenue	3 473	I 402	887
Total revenue and other income from transactions	98 652	90 809	82 30
Expenses from transactions			
Employee benefits			
Salaries and wages	57 309	59 993	51 709
Other employee related expenses	30	922	I 049
Superannuation expenses	6 814	7 957	7 095
Depreciation and amortisation	3 107	2 822	2 768
Supplies and Consumables			
Consultants	83	128	170
Maintenance and property services	3 481	I 856	I 926
Communications	964	825	724
Information technology	2 080	3 449	63
Travel and transport	2 531	2 469	2 145
Medical, surgical and pharmacy supplies	4 568	5 112	3 879
Advertising and promotion	34	53	24
Other supplies and consumables	4 603	7 571	7 448
Grants and subsidies	11 457	8 656	6 736
inance costs	0	63	11
Other expenses	2 084	1714	8
Total expenses from transactions	100 416	103 590	89 126
Net result from transactions (net operating balance)	(764)	(12 781)	(6 996)
Other economic flows included in net result			
Net gain/(loss) on non-financial assets	6	105	276
Net actuarial gains/(losses) of superannuation defined benefit plans	0	7 678	(2 372)
Net gain/(loss) on financial instruments and statutory receivables/payables	0	(368)	(386)
Total other economic flows included in net result	6	7 415	(2 482)
Net result from continuing operations	(758)	(5 366)	(9 478)

	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Other economic flows - other non-owner changes in equity			
Changes in property, plant and equipment revaluation reserve	125	631	485
Total other economic flows - other non-owner changes in equity	I 125	631	485
Comprehensive result	(633)	(4 735)	(8 993)
	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Expense by Output			
3.1 Ambulance Services	71 837	77 752	66 889
3.2 Population Health Services	28 579	25 838	22 237
Total	100 416	103 590	89 126
Net Assets			
Total assets deployed for Statewide Services		40 906	48 264
Total liabilities incurred for Statewide Services		(20 837)	(23 092)
Net Assets Deployed for Statewide Services		20 069	25 172

Output Group 4 – Human Services System Management

This Output provides a number of complementary functions including the provision of support for corporate services, policy, planning, regulation, funding, monitoring and service improvement across human services. This Output also provides support to the Secretary in establishing Output priorities.

	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Continuing operations			
Revenue and other income from transactions			
Revenue from appropriation	I 734	2 309	3 253
Grants	10	I	155
Rental revenue	1	0	0
Sales of goods and services	35	(10)	278
Other revenue	137	31	109
Total revenue and other income from transactions	1917	2 331	3 795
Expenses from transactions			
Employee benefits			
Salaries and wages	2 253	2 66	4 433
Other employee related expenses	33	49	40
Superannuation expenses	280	261	563
Depreciation and amortisation	17	4	4
Supplies and Consumables			
Consultants	29	82	49
Maintenance and property services	66	20	27
Communications	62	79	51
Information technology	199	37	109
Travel and transport	66	(75)	38
Medical, surgical and pharmacy supplies	0	0	22
Advertising and promotion	I	26	12
Other supplies and consumables	48	3	176
Grants and subsidies	50	88	711
Other expenses	26	19	11
Total expenses from transactions	3 130	2 869	6 246
Net result from transactions (net operating balance)	(2 3)	(538)	(2451)
Other economic flows included in net result			
Net gain/(loss) on financial instruments and statutory receivables/payables	0	()	0
Total other economic flows included in net result	0	()	0
Net result from continuing operations	(2 3)	(539)	(2451)
Other economic flows - other non-owner changes in equity			
Changes in property, plant and equipment revaluation reserve	10		1
Total other economic flows - other non-owner changes in equity	10	I	I
Comprehensive result	(203)	(538)	(2 450)

	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Expense by Output			
4.1 Human Services System Management	3 30	2 869	6 246
Total	3 130	2 869	6 246
Net Assets			
Total assets deployed for Human Services System Management		729	64
Total liabilities incurred for Human Services System Management		(067)	(726)
Net Assets Deployed for Human Services System Management	_	(338)	(562)

Output Group 5 – Human Services

This Output provides services relating to planning, developing and managing Community, Disability and Housing Services throughout the State.

	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Continuing operations			
Revenue and other income from transactions			
Revenue from appropriation	263 101	260 318	249 001
Grants	18 265	21 385	6 634
Rental revenue	55 368	52 151	53 892
Sales of goods and services	237	229	579
Interest	14	48	65
Other revenue	16 531	18 880	19 240
Total revenue and other income from transactions	353 516	353 011	329 41 1
Expenses from transactions			
Employee benefits			
Salaries and wages	19 431	20 861	17 439
Other employee related expenses	167	350	446
Superannuation expenses	3 258	2 439	2 3
Depreciation and amortisation	24 516	18 735	19 580
Supplies and Consumables			
Consultants	152	349	69
Maintenance and property services	52 666	52 940	50 292
Communications	704	534	385
Information technology	I 360	928	2
Travel and transport	579	526	460
Advertising and promotion	307	388	292
Other supplies and consumables	6 915	3 561	2 391
Grants and subsidies	257 686	253 543	226 414
Finance costs	8 062	8 414	8 845
Other expenses	I 046	957	914
Total expenses from transactions	376 849	364 525	330 770
Net result from transactions (net operating balance)	(23 333)	(5 4)	(359)
Other economic flows included in net result			
Net gain/(loss) on non-financial assets	(290)	(14615)	(20 024)
Net actuarial gains/(losses) of superannuation defined benefit plans	0	68	(989)
Net gain/(loss) on financial instruments and statutory receivables/payables	0	(529)	(876)
Other gains/(losses) from other economic flows	0	(2 220)	(545)
Total other economic flows included in net result	(290)	(16 196)	(22 434)
Net result from continuing operations	(23 623)	(27 710)	(23 793)
Other economic flows - other non-owner changes in equity			
Changes in property, plant and equipment revaluation reserve	22 946	88 661	18 895
Total other economic flows - other non-owner changes in equity	22 946	88 661	18 895
Comprehensive result	(677)	60 95 1	(4 898)

	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Expense by Output			
5.1 Community Services	24 434	24 203	24 223
5.2 Disability Services	217 468	214 827	187 292
5.3 Housing Services	134 947	125 495	119 255
Total	376 849	364 525	330 770
Net Assets			
Total assets deployed for Human Services		544 806	I 473 793
Total liabilities incurred for Human Services		(215 930)	(207 935)
Net Assets Deployed for Human Services		I 328 876	I 265 858

Output Group 6 – Children Services System Management

This Output performs a number of complementary functions including the provision of support for corporate services, policy, planning, regulation, funding, monitoring and service improvement across children services.

	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Continuing operations			
Revenue and other income from transactions			
Revenue from appropriation	3 276	2 504	2 969
Grants	282	I	0
Rental revenue	125	0	C
Sales of goods and services	47	117	178
Other revenue	161	20	69
Total revenue and other income from transactions	3 891	2 642	3 216
Expenses from transactions			
Employee benefits			
Salaries and wages	2 806	2 215	2 238
Other employee related expenses	40	41	33
Superannuation expenses	369	267	245
Depreciation and amortisation	56	66	67
Supplies and Consumables			
Consultants	41	142	69
Maintenance and property services	74	17	25
Communications	65	65	42
Information technology	4	35	83
Travel and transport	41	(8)	44
Medical, surgical and pharmacy supplies	0	0	14
Advertising and promotion	2	18	8
Other supplies and consumables	219	91	134
Grants and subsidies	91	55	477
Other expenses	39	16	
Total expenses from transactions	3 957	3 020	3 4 80
Net result from transactions (net operating balance)	(66)	(378)	(264)
Net result from continuing operations	(66)	(378)	(264)
Other economic flows - other non-owner changes in equity			
Changes in property, plant and equipment revaluation reserve	99	57	44
Total other economic flows - other non-owner changes in equity	99	57	44
Comprehensive result	33	(321)	(220)

	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Expense by Output			
6.1 Children Services System Management	3 957	3 020	3 480
Total	3 957	3 020	3 480
Net Assets			
Total assets deployed for Children Services System Management		2 860	3 032
Total liabilities incurred for Children Services System Management		(928)	(849)
Net Assets Deployed for Children Services System Management		I 932	2 183

Output Group 7 – Children Services

This Output provides services to children, young people and their families through a range of programs including the child health and parenting service, child protection, out of home care, adoptions and permanency planning, family violence counselling and support and community and custodial youth justice.

The child health and parenting services division was transferred to the Tasmanian Health Service on 1 January 2017, as detailed in Note 11.2.

	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Continuing operations			
Revenue and other income from transactions			
Revenue from appropriation	113 525	3 37	104 604
Grants	943	590	238
Rental revenue	49	0	C
Sales of goods and services	376	418	289
Interest	I	0	C
Other revenue	4 458	2 421	570
Total revenue and other income from transactions	119 352	116 566	106 701
Expenses from transactions			
Employee benefits			
Salaries and wages	49 701	39 339	42 602
Other employee related expenses	404	714	534
Superannuation expenses	6 243	4 897	5 268
Depreciation and amortisation	I 062	520	585
Supplies and Consumables			
Consultants	62	297	196
Maintenance and property services	5 309	2 655	2 495
Communications	866	668	609
Information technology	3 188	I 230	237
Travel and transport	I 632	I 498	60
Medical, surgical and pharmacy supplies	2	84	57
Advertising and promotion	I	61	13
Other supplies and consumables	30 008	47 232	35 368
Grants and subsidies	20 179	16 491	17 163
Finance costs	0	11	C
Other expenses	599	985	4 0
Total expenses from transactions	120 256	116 682	109 138
Net result from transactions (net operating balance)	(904)	(116)	(2 437)
Other economic flows included in net result			
Net gain/(loss) on non-financial assets	12	3	3
Net gain/(loss) on financial instruments and statutory receivables/payables	0	(4)	(10)
Total other economic flows included in net result	12	()	(7)
Net result from continuing operations	(892)	(117)	(2 444)

	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Other economic flows - other non-owner changes in equity			
Changes in property, plant and equipment revaluation reserve	I 097	255	271
Total other economic flows - other non-owner changes in equity	I 097	255	271
Comprehensive result	205	138	(2 73)
	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Expense by Output			
7.1 Children Services	120 256	116 682	109 138
Total	120 256	116 682	109 138
Net Assets			
Total assets deployed for Children Services		23 969	23 103
Total liabilities incurred for Children Services		(15411)	(13757)
Net Assets Deployed for Children Services		8 558	9 346

Output Group 8 - Independent Children's and Young Person's Review Service

Activities provided in this Output include promoting the rights and wellbeing of children and examining the policies, practices and services provided for children and any law affecting the health, welfare, care, protection and development of children.

	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Continuing operations			
Revenue and other income from transactions			
Revenue from appropriation	920	878	930
Sales of goods and services	2	I	I
Other revenue	29	I	0
Total revenue and other income from transactions	951	880	931
Expenses from transactions			
Employee benefits			
Salaries and wages	655	553	539
Other employee related expenses	H	7	8
Superannuation expenses	72	70	50
Depreciation and amortisation	4	I	I
Supplies and Consumables			
Consultants	3	29	37
Maintenance and property services	97	83	80
Communications	19	13	18
Information technology	25	9	31
Travel and transport	27	30	36
Advertising and promotion	0	32	0
Other supplies and consumables	15	48	27
Grants and subsidies	18	0	11
Other expenses		I	(2)
Total expenses from transactions	957	876	836
Net result from transactions (net operating balance)	(6)	4	95
Net result from continuing operations	(6)	4	95
Other economic flows - other non-owner changes in equity			
Changes in property, plant and equipment revaluation reserve	3	0	0
Total other economic flows - other non-owner changes in equity	3	0	0
Comprehensive result	(3)	4	95

	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Expense by Output			
8.1 Independent Children's Review Services	957	876	836
Total	957	876	836
Net Assets			
Total assets deployed for Independent Children's Review Services		70	87
Total liabilities incurred for Independent Children's Review Services		(129)	(22)
Net Assets Deployed for Independent Children's Review Services	_	(59)	(35)

Output Group – Capital Investment Program

This Output provides financial information on the Department's Capital Investment Program.

	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Continuing operations			
Revenue and other income from transactions			
Revenue from appropriation	34 062	30 045	21 097
Grants	500	61 286	65 693
Sales of goods and services	0	684	151
Other revenue	600	2 258	747
Total revenue and other income from transactions	147 162	94 273	87 688
Expenses from transactions			
Supplies and Consumables			
Consultants	0	0	43
Maintenance and property services	0	0	99
Information technology	0	0	-
Travel and transport	0	0	15
Advertising and promotion	0	0	-
Other supplies and consumables	0	0	76
Grants and subsidies	8 401	13 756	55 558
Other expenses	0	0	
Total expenses from transactions	8 401	13 756	56 186
Net result from transactions (net operating balance)	138 761	80 517	31 502
Other economic flows included in net result			
Net gain/(loss) on non-financial assets	12 016	13 892	17 665
Other gains/(losses) from other economic flows	708	2811	37
Total other economic flows included in net result	12 724	16 703	18 802
Net result from continuing operations	151 485	97 220	50 304
Comprehensive result	151 485	97 220	50 304
	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Expense by Output			
Capital Investment Program	8 401	13 756	56 186
Total	8 401	13 756	56 186
Net Assets			
Total assets deployed for Capital Investment Program		231 030	140 769
Total liabilities incurred for Capital Investment Program		(7254)	(5 787
Net Assets Deployed for Capital Investment Program	—	223 776	134 982

Output Group – Special Capital Investment Funds

This Output identifies capital works by the Department from the State Government's Special Capital Investment Fund.

	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Continuing operations			
Revenue and other income from transactions			
Revenue from Special Capital Investment Funds	18 470	12 315	24 682
Sales of goods and services	0	0	52
Total revenue and other income from transactions	18 470	12 315	24 734
Expenses from transactions			
Supplies and Consumables			
Maintenance and property services	0	0	2 185
Grants and subsidies	I 157	16 903	7 510
Total expenses from transactions	I 157	16 903	9 695
Net result from transactions (net operating balance)	17 313	(4 588)	15 039
Net result from continuing operations	17 313	(4 588)	15 039
Comprehensive result	17 313	(4 588)	15 039
	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Expense by Output			
Special Capital Investment Funds	157	16 903	9 695
Total	157	16 903	9 695
Net Assets			
Total assets deployed for Special Capital Investment Funds		18 384	23 232
Total liabilities incurred for Special Capital Investment Funds		(61)	(603)
Net Assets Deployed for Special Capital Investment Funds		18 323	22 629

1.2 Reconciliation of Total Output Groups Comprehensive Result to Statement of Comprehensive Income

	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Total comprehensive mouth of Output Croups			
Total comprehensive result of Output Groups Health Services System Management	(2 042)	(3761)	13 542
, .	(2 0+2)	· · · ·	
Tasmanian Health Service		(512)	(6410)
Statewide Services	(633)	(4735)	(8 993)
Human Services System Management	(203)	(538)	(2 450)
Human Services	(677)	60 95	(4 898)
Children Services System Management	33	(321)	(220)
Children Services	205	138	(2173)
Independent Children's Review Services	(3)	4	95
Capital Investment Program	151 485	97 220	50 304
Special Capital Investment Funds	17 313	(4588)	15 039
Total comprehensive result	164 478	143 858	53 836
Comprehensive result	164 478	143 858	53 836

I.3 Reconciliation of Total Output Groups Net Assets to Statement of Financial Position

	2017 \$'000	
Total net assets deployed for Output Groups		
Health Services System Management	90 425	87 932
Tasmanian Health Service	2 535	3 035
Statewide Services	20 069	25 172
Human Services System Management	(338)	(562)
Human Services	I 328 876	l 265 858
Children Services System Management	I 932	2 183
Children Services	8 558	9 346
Independent Children's Review Services	(59)	(35)
Capital Investment Program	223 776	134 982
Special Capital Investment Funds	18 323	22 629
Total net assets deployed	I 694 097	1 550 540
Net assets	l 694 097	I 550 540

Note 2 Expenditure under Australian Government Funding Arrangements

		State Funding		Australian Government Funding	
	2017 Actual \$'000	2016 Actual \$'000	2017 Actual \$'000	2016 Actual \$'000	
Specific Purpose Payments					
Disability Services	152 729	137 382	31 874	31 176	
Affordable Housing	0	0	28 735	28 675	
Health	0	0	7 867	7 627	
National Partnership Payments					
Health Services	916	17 337	71 257	79 956	
Housing	7 997	3 644	3 212	3 353	
Community Services	14 647	14 128	12 069	2 362	
Commonwealth Own Purpose Expenditures					
Other	0	0	4 889	7 317	
Total	176 289	172 491	159 903	160 466	

Specific Purpose Payments (SPPs) are payments from the Australian Government to the Tasmanian Government arising from national agreements that set out the Australian Government's agreed objectives and outcomes, outputs, roles and responsibilities and performance indicators for each sector. SPPs are distributed to the states on the basis of their population shares.

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

Commonwealth Own Purpose Expenditure is funding paid directly from the Australian Government to the states and territories for the provision of services identified by the Australian Government.

Note 3 Explanations of Material Variances between Budget and Actual Outcomes

Budget information refers to original estimates as disclosed in the 2016-17 Budget Papers and is not subject to audit.

Variances are considered material where the variance exceeds the greater of 10 per cent of Budget estimate and \$1 million.

3.1 Statement of Comprehensive Income

	Note	Budget \$'000	2017 Actual \$'000	Variance \$'000	Variance
	()	22.007	27.204	(((0))	
Appropriation revenue - works and services	(a)	33 887	27 284	(6603)	(19.5%)
Other revenue from Government	(b)	990	4 344	3 354	338.8%
Revenue from Special Capital Investment Funds	(c)	18 470	12 315	(6 55)	(33.3%)
Grants	(d)	143 635	102 660	(40 975)	(28.5%)
Other revenue	(e)	48 738	27 179	(21559)	(44.2%)
Depreciation and amortisation	(f)	29 695	24 276	5 419	18.2%
Supplies and consumables	(g)	146 395	165 073	(18678)	(12.8%)
Other expenses	(h)	6 707	4 255	2 452	36.6%
Net gain/(loss) on non-financial assets	(i)	11 750	(578)	(12328)	(104.9%)
Net actuarial gains/(losses) of superannuation defined benefit plans	(j)	0	8 846	8 846	n/a

Notes to Statement of Comprehensive Income variances

- (a) The decrease in Appropriation revenue works and services primarily reflects timing delays in 2016-17 in relation to Hospital and Health Care Maintenance Capital Projects (\$1.1 million), Health Transport Infrastructure (\$2.4 million) and the Affordable Housing Strategy Action Plan (\$4.0 million). This is partially offset by additional funding received for LGH Allied Health Clinics (\$1.0 million).
- (b) The increase in Other revenue from Government reflects the recognition of additional approved section 8A(2) Carry Forwards in 2015-16, above those anticipated at the time of preparation of the 2016-17 Budget.
- (c) The decrease in Revenue from Special Capital Investment Funds primarily reflects timing delays and associated reduced funding requirements for the Kingston Health Centre (\$3.6 million) and the Housing Fund (\$2.5 million).
- (d) The decrease in Grants primarily reflects project timing delays relating to the Royal Hobart Hospital Redevelopment (\$50.6 million). This is partially offset by updates to Commonwealth funding agreements for Community Planning & Strategy programs (\$4.7 million), additional Commonwealth funding for the National Disability Insurance Scheme (NDIS) Transition Team (\$1.9 million) and funding received from the Commonwealth for Disability Cross Billing that were above expectations at the time of preparing the budget (\$1.3 million).
- (e) The decrease in Other revenue reflects the elimination of the Business Services Network (BSN) charge for the purpose of preparing the financial statements. The BSN charge was not eliminated from the Budget estimate.
- (f) The decrease in Depreciation and amortisation reflects delays in Capital projects and changes in the valuation of assets since the preparation of the 2016-17 Budget.
- (g) The increase in Supplies and consumables is primarily due to an unanticipated increase in the number and duration of children in special care package placements (\$16.5 million); and additional expenditure in Information and Communications Technology (ICT) Services on the ICT Infrastructure Stabilisation Project (\$4.2 million).
- (h) The decrease in Other expenses is primarily due to lower than anticipated Tasmanian Risk Management Fund premiums.
- (i) The Net gain/(loss) on non-financial assets represents the gain/(loss) on disposal of physical assets offset by the impairment of non-financial assets. At the time of preparation of the 2016-17 Budget it was anticipated that disposals would generate gains for the Department.

(j) The variance in Net actuarial gains/(losses) on superannuation defined benefit plans reflects an unbudgeted actuarial movement on the superannuation defined benefits plans. The Department does not budget for these movements on the basis that this cannot be reliably forecast.

3.2 Statement of Financial Position

Budget estimates for the 2016-17 Statement of Financial Position were compiled prior to the completion of the actual outcomes for 2015-16. As a result, the actual variances from the Budget estimate will be impacted by the difference between estimated and actual opening balances for 2016-17. The following variance analysis therefore includes major movements between the 30 June 2016 and 30 June 2017 actual balances.

	Note	Budget \$'000	2017 Actual \$'000	2016 Actual \$'000	Budget Variance \$'000	Actual Variance \$'000
Cash and deposits	(a)	54 317	138 201	115 165	83 884	23 036
Receivables	(b)	11 108	6 42	5 800	(4 966)	342
Equity investments	(c)	26 649	19 184	18 915	(7465)	269
Other financial assets	(d)	5 435	10 705	7 872	5 270	2 833
Inventories	(e)	3 485	4 671	5 307	186	(636)
Assets held for sale	(f)	0	2 052	5 263	2 052	(3211)
Other assets	(g)	4 650	6 007	2 858	357	3 49
Payables	(h)	14 466	15 281	62	815	3 660
Employee benefits	(i)	42 469	49 599	47 694	7 130	905
Superannuation	(j)	14 879	10 458	18 490	(4421)	(8 032)
Other liabilities	(k)	29 356	32 664	13 960	3 308	18 704

Notes to Statement of Financial Position Budget Variances

- (a) The increase in Cash and deposits predominantly reflects a higher than estimated cash balance at 30 June 2016, which includes \$27.6 million in section 8A(2) Carry Forwards compared to \$4.3 million for 2015-16. The increase in cash reflects delays in capital projects for Housing Tasmania, which is partially offset by higher than anticipated costs relating to Out of Home Care.
- (b) The decrease in Receivables primarily reflects lower than anticipated receivables balance as at 30 June 2016.
- (c) The decrease in Equity investments primarily reflects a lower opening balance at the time of preparing the 2016-17 budget, lower than anticipated investments during the year and higher than anticipated sales.
- (d) The increase in Other financial assets primarily reflects the recognition of accrued revenue in relation to the Equal Remuneration Order (ERO) National Partnership Agreement (NPA). This is partially offset by a lower opening balance than expected at the time of preparing the 2016-17 budget.
- (e) The increase in Inventories primarily reflects a higher than anticipated balance as at 30 June 2016. The 2016-17 Budget estimate was based on the 30 June 2015 actual.
- (f) The increase in Assets held for sale reflects an unbudgeted movement. The Department does not specifically include an estimate in the Budget for Assets held for sale due to difficulties in reliably estimating this balance as at 30 June each year.
- (g) The increase in Other assets reflects a rise in prepayments primarily relating to delays in clients transferring to the National Disability Insurance Scheme (NDIS), which was not included in the original budget. This is partially offset by a lower opening balance at the time of preparing the 2016-17 Budget.
- (i) The increase in Employee benefits primarily reflects a higher balance as at 30 June 2016 than was anticipated at the time of preparing the 2016-17 Budget. The 2016-17 Budget was estimated on a continuation of assumptions in the 2015 actuals and 2015 estimated outcome.
- (j) The decrease in Superannuation primarily reflects a lower than anticipated balance as at 30 June 2016, in addition to 2016-17 actuarial gains that were not anticipated in the Budget.
- (k) The increase in Other liabilities primarily reflects higher than anticipated section 8A(2) Carry Forwards approved in 2016-17. The increase is partially offset by a lower opening balance than anticipated at the time of preparing the 2016-17 budget.

Notes to Statement of Financial Position Actual Variances

- (a) The increase in Cash and deposits is due to an increase in the section 8A(2) Carry Forwards in 2016-17. Section 8A(2) Carry Forwards in 2016-17 total \$27.6 million compared to \$4.3 million for 2015-16.
- (d) The increase in Other financial assets primarily reflects the recognition of a accrued revenue in relation to the ERO NPA.
- (f) The decrease in Assets held for sale is primarily due to a reduction in the number of properties held for sale. As at 30 June 2016, there were thirty six properties held for sale compared to eleven as at 30 June 2017.
- (g) The increase in Other assets reflects a rise in prepayments primarily associated with prepayments relating to NDIS clients. The payments are paid to providers in advance, and as clients transition to the NDIS, amounts paid for that client after the date of transition are owed back to the Department and offset against the next quarterly payment. The prepayment represents funding associated with those clients that have transitioned to the NDIS between April and June. The impact of which will be to reduce the July grant payment to the relevant providers.
- (h) The increase in Payables is largely due to accrued National Disability Insurance Agency (NDIA) contributions, in addition to an accrued budget neutral adjustment.
- (j) The Superannuation liability relates to Ambulance Tasmania and Housing Tasmania's defined benefit superannuation plans. The decrease reflects the Actuarial Gains on both schemes in 2016-17, versus the Actuarial Loss on the plans during 2015-16. Ambulance Tasmania's plan also experienced a positive return on plan assets in 2016-17.
- (k) The increase in Other liabilities reflects an increase in section 8A(2) carry forward revenue, including projects under the Affordable Housing Strategy and the transition to the NDIS, in accordance with the Bilateral Agreement.

3.3 Statement of Cash Flows

	Note	Budget \$'000	2017 Actual \$'000	Variance \$'000	Variance
Appropriation receipts - works and services	(a)	0	6 637	6 637	n/a
Receipts from Special Capital Investment Funds	(b)	57	2 831	I 674	144.7%
Other cash receipts	(c)	48 738	27 179	(21559)	(44.2%)
Supplies and consumables	(d)	(146 292)	(64 38)	17 846	(12.2%)
Other cash payments	(e)	(6638)	(3 960)	(2678)	40.3%
Receipts from Investments	(f)	708	2 741	2 033	287.1%
Receipts from non-operational capital funding - Special Capital Investment Funds	(g)	17 313	11 035	(6 278)	(36.3%)
Receipts from non-operational capital funding - Grants	(h)	110 000	60 524	(49 476)	(45.0%)
Payment for acquisition of non-financial assets	(i)	(166 671)	(110721)	(55 950)	33.6%
Payments for investments	(j)	(4619)	(2489)	(2 30)	46.1%

Notes to Statement of Cash Flows variances

- (a) The increase in Appropriation revenue works and services primarily reflects timing delays in 2016-17 relating to Hospital and Health Care Maintenance Capital Projects (\$1.1 million), Health Transport Infrastructure (\$2.4 million) and the Affordable Housing Strategy Action Plan (\$4.0 million). This is partially offset by additional funding received for LGH Allied Health Clinics (\$1.0 million).
- (b) The increase in Receipts from Special Capital Investment Funds is due to higher than anticipated expenditure classified as expense compared to capital purchases. Revenue received to reimburse capital expenditure is classified as Receipts from non-operational capital funding SCIF in the statement.
- (c) The decrease in Other cash receipts reflects the elimination of the Business Services Network (BSN) charge for the purpose of preparing the financial statements. The BSN charge has not been eliminated from the Budget estimate.
- (d) The increase in Supplies and consumables is primarily due to an unanticipated increase in the number and duration of children in special care package placements (\$16.5 million); and additional expenditure in ICT Services on the ICT Infrastructure Stabilisation Project (\$4.2 million).
- (e) The decrease in Other cash payments is primarily due to lower than anticipated Tasmanian Risk Management Fund premiums.
- (f) The increase in Receipts from Investments reflects increased anticipated payments to the Department under the Home Share Scheme for Housing Tasmania properties.
- (g) The decrease in Receipts from non-operating capital funding primarily reflects timing delays and associated reduced funding requirements in 2016-17 for the Kingston Health Centre (\$3.6 million) and the Housing Fund (\$2.5 million).
- (h) The decrease in Grants primarily reflects project timing delays relating to the Royal Hobart Hospital Redevelopment.
- (i) The decrease in Payment for acquisition of non-financial assets primarily reflects project timing delays associated with the Royal Hobart Hospital Redevelopment, which resulted in fewer building purchases.
- (j) The decrease in Payments for investments reflects lower than originally anticipated investments under the Homeshare scheme.

Note 4 Underlying Net Operating Balance

Non-operational capital funding reflects 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.

Non-operational expenditure that is removed from the net operating balance consists of capital transfers to the Tasmanian Health Service (THS) and the transfer of property under the Community Housing Program.

	Notes	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Net result from transactions (net operating balance)		126 38 4	45 781	39 869
Less impact of:				
Non-operational capital funding				
Revenue from Government - works and services		42 078	23 670	12 390
Other Revenue from Government		0	469	C
Revenue from Special Capital Investment Funds		17 313	11 035	18 520
Commonwealth Capital Grants	_	110 000	60 524	65 693
Total		169 391	96 698	96 603
Plus impact of:				
Other one-off transactions				
Community Housing Program Grants		0	4 590	349
Capital Grants	6.4	5 05 1	30 557	72 780
Total		5 05 1	35 147	73 129
Underlying Net operating balance	-	(37 956)	(15 770)	16 395

Note 5 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.

5.1 Revenue from Government

Appropriations, whether recurrent or capital, are recognised as revenues in the period in which the Department gains control of the appropriated funds. Except for any amounts identified as carried forward, control arises in the period of appropriation.

Revenue from Government includes revenue from appropriations and appropriations carried forward under section 8A(2) of the *Public Account Act 1986.*

Section 8A(2) of the Public Account Act allows for an unexpended balance of an appropriation to be transferred to an Account in the Special Deposits and Trust Fund for such purposes and conditions as approved by the Treasurer. In the initial year, the carry forward is recognised as a liability, Revenue Received in Advance (refer note 9.5). The carry forward from the initial year is recognised as revenue in the reporting year, assuming that the conditions of the carry forward are met and the funds are expended.

5.2 Revenue from Special Capital Investment Funds

Funding for major infrastructure projects is provided through Special Capital Investment Funds. The Department is allocated funding for specific projects from the Special Capital Investment Funds as part of the Budget process.

	2017 \$'000	2016 \$'000
Non-operational capital funding		
Housing Fund	792	3 774
RHH Redevelopment Fund	557	95
Hospital Equipment Fund	124	1 100
Hospitals Capital Fund	18	17 356
Health Infrastructure Fund	10 824	2 357
Total	12 315	24 682
Total revenue from Special Capital Investment Funds	12 315	24 682

Details of total Special Capital Investment Funds revenues and expenses are provided as part of Note 1 Departmental Output Schedules. Details of total cash flows for each project are at Note 12.3.

5.3 Grants

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

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

	2017 \$'000	2016 \$'000
Continuing Operations		
Grants from the Australian Government		
Commonwealth Recurrent Grants - Block Funding	7 867	7 627
COPES Receipts	5 462	6 808
Other Commonwealth Grants	89 331	85 261
Total	102 660	99 696
Total revenue from Grants	102 660	99 696

In 2017 Other Commonwealth Grants included \$59.30 million for the redevelopment of the Royal Hobart Hospital, \$11.21 million to fund the cross billing arrangements under the Bilateral Agreement with the Commonwealth for the transition to the NDIS, \$3.25 million for Housing Connect and other homelessness services and \$2.50 million of funding for immunisation and vaccination programs.

In 2016 Other Commonwealth Grants included \$40.00 million for the RHH Women's and Children's Precinct, \$13.30 million for the Royal Hobart Hospital Redevelopment and \$10.77 million to fund State-wide Cancer Services. In addition there was \$3.45 million to fund Housing Connect and homelessness services and \$3.00 million of funding for immunisation and vaccination programs.

5.4 Rental Revenue

Rental Revenue arises from the letting of properties owned by the Director of Housing. This is comprised of the market rent for each individual property reduced by the public rental subsidy, which is an income based subsidy derived from the clients' individual circumstances.

	2017 \$'000	2016 \$'000
Residential Rent Income	88 034	85 085
Less rebates	(35 883)	(31 193)
Total	52 151	53 892

5.5 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.

	2017 \$'000	2016 \$'000
Commercial Rent Income	327	305
Income From Purchase Of Dwellings	0	147
Ambulance Fees	8 567	9 332
Other Client Revenue	122	250
Other user charges	5 016	7 63
Total	14 032	17 197

5.6 Interest

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

5.7 Other revenue

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

	2017 \$'000	2016 \$'000
Wages and Salaries Recoveries	873	635
Food recoveries	3	5
Workers Compensation Recoveries	1710	45
Operating Recoveries	17 443	16 196
Donations	8	11
Community Support Levy	2 866	3 102
Industry Funds	61	0
Family Violence Action Plan Initiatives	I 424	0
Revenue from Sale of Contingent Assets	2 791	2 63 I
Total	27 179	24 03 1

Operating recoveries include charges for rates, service charges and insurance that are recouped from community organisations managing tenancies under the Better Housing Futures program and other arrangements.

Revenue from sale of contingent assets represents Housing Tasmania's share of sales proceeds for properties under the Better Housing Futures program.

Note 6 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.

6.1 Employee benefits

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

(a) Employee expenses

	2017 \$'000	2016 \$'000
Wages and salaries including FBT	143 467	135 354
Annual leave	13 321	12 559
Long service leave	4 270	6 408
Sick leave	6 572	6 759
Other employee expenses - recruitment & staff development	2 293	848
Other employee expenses - other staff allowances	810	804
Superannuation expenses - defined contribution and benefits schemes	20 765	20 44
Total	191 498	183 876

Superannuation expenses for defined benefit 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 12.85 per cent (2016: 12.75 per cent) of salary.

Superannuation expenses relating to defined contribution schemes are paid directly to nominated superannuation funds at a rate of 9.5 per cent (2016: 9.5 per cent) of salary. In addition, Departments are also required to pay into the Consolidate Fund a "gap" payment equivalent to 3.35 per cent (2016: 3.25 per cent) of salary in respect of employees who are members of contribution schemes.

(b) Remuneration of key management personnel

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Department, directly or indirectly.

Remuneration during 2016-17 for key personnel is set by the *State Service Act 2000*. Remuneration and other terms of employment are specified in employment contracts. Remuneration includes salary, motor vehicle and other non-monetary benefits. Long term employee expenses include long service leave, superannuation obligations and payments made on departure.

Acting Arrangements

When members of key management personnel are unable to fulfil their duties, consideration is given to appointing other members of senior staff to their position during their period of absence. Individuals are considered members of key management personnel when acting arrangements are for more than a period of four weeks.

The following were key management personnel of the Department at any time during the financial year and unless otherwise indicated were key management personnel for the entire year.

	Short-t	erm benefits	Long-t	erm benefits		
2017	Salary ¹	Other Benefits ²	Superann- uation ³	Other Benefits and Long-Service Leave ⁴	Termination Benefits ⁵	Total
2017 Key management personnel	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Michael Pervan - Secretary	411	- 4	39	0	0	436
Ginna Webster - Deputy Secretary Children and Youth Services (from 21/03/2017)	52	4	5	6	0	67
Neil Kirby - Chief Executive Officer, Ambulance Tasmania (from 14/11/2016)	105	4	10	0	0	8
Siobhan Harpur - Chief Executive Officer, Public Health Services	138	11	13	4	0	165
Peter White - Chief Executive, Housing and Disability Reform	160	6	21	4	0	190
Michael Reynolds - Acting Deputy Secretary Corporate, Policy and Regulatory Services	213	23	28	0	0	264
Ross Smith - Deputy Secretary Planning, Purchasing and Performance (from 08/05/2017) and Acting Deputy Secretary Children and Youth Services (to 23/11/2016)	192	4	26	-19	0	203
Acting key management personnel						
Eleanor Patterson - Acting Chief Financial Officer (from 20/12/2016)	86	10	8	2	0	106
Paul Templar - Acting Chief Executive Officer, Ambulance Tasmania (to 11/11/2016)	148	-1	14	4	0	165
Phillipa Leedham - Acting Deputy Secretary Planning, Purchasing and Performance (to 05/05/2017)	68	14	6	I	0	90
Carole Owen - Acting Chief Executive Officer, Public Health Services (from 29/06/2016 to 02/09/2016)	26	4	2	4	0	37

	Short-t	erm benefits	Long-t	erm benefits		
2016	Salary ¹ \$'000	Other Benefits ² \$'000	Superann- uation ³ \$'000	Other Benefits and Long-Service Leave ⁴ \$'000	Termination Benefits ⁵ \$'000	Total \$'000
Key management personnel						
Michael Pervan - Secretary (Acting Secretary to 27/10/2015)	388	39	37	8	0	472
Anthony Kemp - Deputy Secretary Children (to 06/05/2016)	187	12	19	0	133	352
David Nicholson - Deputy Secretary Corporate, Policy and Regulatory Services (to 17/06/2016) and Acting Secretary (28/12/2015 to 22/01/2016)	236	20	22	3	0	282
Dominic Morgan - Chief Executive Officer, Ambulance Tasmania (to 10/02/2016)	121	13	20	0	85	238
Siobhan Harpur - Chief Executive Officer, Public Health Services	156	17	15	4	0	192
Peter White - Chief Executive, Housing and Disability Reform and Acting Deputy Secretary Children (from 25/04/2016 to 22/05/2016) Michael Reynolds - Chief Financial Officer	162 193	20 17	21 25	4 5	0 0	207 240
Acting Key management personnel						
Ross Smith - Acting Deputy Secretary Children (from 23/05/2016)	79	2	8	I	0	90
Paul Templar - Acting Chief Executive Officer, Ambulance Tasmania (from 14/03/2016)	52	5	5	Ι	0	63
Phillipa Leedham - Acting Deputy Secretary Planning, Purchasing and Performance (from 29/10/2015)	116	6	11	3	0	136

Notes:

Salary includes all forms of consideration paid and payable for services rendered and compensated absences during the period.

2 Other benefits includes all other forms of non-salary benefits such as motor vehicles and parking, fringe benefit tax payable in respect of these benefits, payments in lieu of leave, annual leave movements and any other compensation paid or payable.

3 Superannuation means the contribution to the superannuation fund of the individual.

4 Other long term benefits and long service leave includes the movements in the discounted long service leave balances.

5 Termination Benefits include accrued annual and long service leave entitlements and termination payments.

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(c) Related party transactions

There are no material related party transactions requiring disclosure.

6.2 Depreciation and amortisation

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

Key estimate and judgment

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

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

Depreciation of Housing Tasmania's rental dwellings and community rental stock is based on a useful life of 50 years in accordance with the *State Housing Authority's Accounting Policies and Reporting Framework (March 1995)*. All other buildings are depreciated over their remaining useful life.

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

Major amortisation periods are:

Software

3-20 years

(a) Depreciation

	2017 \$'000	2016 \$'000
Plant, equipment and vehicles	2 930	2 777
Buildings	20 34	20 465
Total	23 064	23 242

(b) Amortisation

	2017 \$'000	2016 \$'000
Intangibles	212	I 807
Total	212	I 807
Total depreciation and amortisation	24 276	25 049

6.3 Supplies and consumables

	2017 \$'000	2016 \$'000
Consultants	3 302	3 254
Property Services	39 207	36 579
Maintenance	24 119	26 323
Communications	3 245	2614
Information Technology	19 012	17 471
Travel and Transport	4 755	5 003
Medical, Surgical and Pharmacy Supplies	6 064	5 707
Advertising and Promotion	713	432
Patient and Client Services	54 832	41 697
Leasing Costs	467	600
Equipment and Furniture	462	328
Administration	900	39
Food Production Costs	275	255
Other Supplies and Consumables	3 676	3 559
Service Fees	3 714	4 928
Audit Fees - financial audit internal and external	330	261
Total	165 073	150 150

Patient and client services primarily relates to the provision of Out of Home Care for children within Children and Youth Services.

6.4 Grants and subsidies

Grant and subsidies expenditure is recognised to the extent that:

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

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

	Reference	2017 \$'000	2016 \$'000
Grants to Tasmanian Health Service			
State Grants - Block Funding		288 480	343 396
State Grants - Diock Funding State Grants - Activity Based Funding		385 428	295 672
State Grants - Activity based Funding		673 908	639 068
Capital grants		0/5/00	057 000
Capital grants		30 557	72 780
Capital grants		30 557	72 780
WIP expensed grants		50 557	/2/00
Expenses transferred		525	2617
		525	2 617
Other Grants		525	2 017
Grant - Disability Services		166 944	159 625
Grant - Onsability Services		21 045	21 254
Grant - Community Services Grant - Mental Health		20 274	18 855
Grant - Henrar Heard Grant - NDIS Bilateral Agreement Budget Neutral Adjustment		9 909	27 700
Grant - Nors bilatera Agreement budget Neural Adjustment Grant - Specialist Disability Services Over 65's		17 142	27 700
Grant - Specialist Disability Services Over 55's		5 465	5 325
Grant - Children and Youth Services		15 582	15 197
Grant - Equal Remuneration Order		21 391	17 434
Grant - Housing		1 657	9 268
Grant - Community Housing Program		4 590	349
Grant - National Rental Affordability Scheme		0	350
Grant - Other		12 170	15 083
Total Other Grants		296 169	290 440
Subsidies		2/010/	270 110
Subsidies - Home and Community Care		13 997	13 793
Subsidies - Supported Accommodation Assistance		21 645	20 093
		35 642	33 886
		55 512	55 666
Total		036 80	1 038 791

The Department provides State Grants, both Activity Based Funding (ABF) and Block payments to the THS for a range of services including the provision of admitted acute, emergency department, forensic medicine, community and aged care, oral health and mental health services provided to patients through Tasmania's major public and rural hospitals, residential aged care and community health services.

Block funding refers to funding provided to the THS to support public hospital functions, other than those funded through ABF, and public patient services provided by facilities that are not appropriately funded through ABF. Block funding includes Teaching Training and Research, Mental Health, Oral Health, rural hospitals and community health centres. Block funding from the Department is provided to the THS through the State Managed Fund.

ABF is the 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. ABF funding from the Department is provided directly to the THS through the Tasmanian State Pool Account which is part of the National Health Funding Pool.

Capital grants relate to the transfer of completed capital projects to the THS. In 2017, completed projects included the RHH J Block and Priority Works for Health and Human Services. The 2016 balance relates to the North West Cancer Centre and Emergency Department, the fit out of level 4 and 5 of the LGH and the redevelopment of the Ravenswood Community Health Centre.

The Department also provides grants for a range of services including disability services, mental health, community support, palliative care and other community grants. Disability grants include payments for carer support, respite, accommodation support, information, advocacy, education, day support, specialist equipment, personal care, disability gateway services and other individual support services.

In accordance with the Bilateral Agreement between the Commonwealth and Tasmania for the transition to the National Disability Insurance Scheme (NDIS) a Budget Neutral Adjustment is made each year to offset the additional cost to the Commonwealth of net additional responsibilities taken on as part of the National Health Care Reform (i.e the additional cost to the Commonwealth of Home and Community Care for older people, and the cost of specialist disability services for older people, less the costs of responsibilities transferred to Tasmania for younger people in aged care).

Under the Bilateral Agreement the Commonwealth have financial responsibility for aged care and specialist disability services for older people aged over 65 years (Indigenous Australians over 50). In addition the Commonwealth will take over service delivery responsibility for specialist disability services for older people as part of the NDIS roll out. Tasmania continues to have responsibility for disability and aged care for younger people under 65 (Indigenous Australians under 50). Under cross billing arrangements Tasmania will pay the Commonwealth for the actual costs of younger people in residential aged care and Home Care packages. In addition Tasmania continues to pay for disability services provided to older persons and this is offset by Australian government funding.

The Department provides assistance for home and community care including community nursing, home help and maintenance, respite, personal care, transport, packages of care and delivered meals across the State.

The Department provides supported accommodation assistance including crisis accommodation and related support for people who are experiencing homelessness or who are at imminent risk of becoming homeless and private rental support.

Grants to the Community Housing Program reflect the transfer of properties to non-government organisations who have assumed responsibility for the management of Housing properties transferred to the non-government sector.

This year, Community Housing Program grants include the transfers of five vacant land lots to the Brighton Industrial Housing Corporation and a transfer of property at 2A Bedford Street to Salvation Army Housing.

Under the Better Housing Futures (BHF) program there were transfers of four vacant land lots and five dwellings to Centacare Evolve Housing and one vacant land lot to Mission Australia.

6.5 Finance costs

All finance costs are expensed as incurred using the effective interest method.

Finance costs include interest on long term borrowings.

	Note	2017 \$'000	2016 \$'000
Interest expense			
Interest on loans		8 073	8 389
Interest on superannuation defined benefit plans	9.4(b)	415	467
Total	_	8 488	8 856

6.6 Other expenses

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

	2017 \$'000	2016 \$'000
Salary on-costs	2 904	3 24 I
Tasmanian Risk Management Fund premium	172	479
Other	179	178
Total	4 255	4 898

Note 7 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.

7.1 Net gain/(loss) on non-financial assets

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

Key Judgement

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 Department'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 the Department was deprived of it.

All impairment losses are recognised in the Statement of Comprehensive Income unless it relates to a revalued asset. Housing Tasmania's land and buildings have revaluation as the measurement method and are subject to an annual revaluation (either a full revaluation or an adjustment to indices). Therefore, in accordance with AASB 136 any loss is recognised directly against the revaluation reserve, to the extent the loss does not exceed the amount in the revaluation reserve for that same asset.

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.

	2017 \$'000	2016 \$'000
Net gain/(loss) on disposal of physical Assets	(578)	(2048)
Total net gain/(loss) on non-financial assets	(578)	(2 048)

7.2 Net gain/(loss) on financial instruments and statutory receivables/payables

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

Key Judgement

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

Impairment losses are recognised in the Statement of Comprehensive Income.

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

	2017 \$'000	2016 \$'000
Impairment of loans and receivables	(931)	(29)
Total	(931)	(29)

7.3 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.

	2017 \$'000	2016 \$'000
Net gain/(loss) on disposal of equity investments	265	610
Revaluation increments/(decrements) of equity investments	396	(16)
Impairment of equity investments	(70)	(2)
Total net gain/(loss) from other economic flows	591	592

Note 8 Assets

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

8.1 Receivables

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

	2017 \$'000	2016 \$'000
Receivables	7 142	7 206
Less: Provision for impairment	(000)	(406)
Total	6 42	5 800
Sales of goods and services (inclusive of GST)	4 63	4 461
Tax assets	5	339
Total	6 142	5 800
Settled within 12 months	6 142	5 800
Total	6 42	5 800

Reconciliation of movement in provision for impairment of receivables	2017 \$'000	2016 \$'000
Carrying amount at 1 July	I 406	1 309
Amounts written off during the year	(357)	(93)
Amounts recovered during the year	20	0
Increase/(decrease) in provision recognised in profit or loss	931	I 290
Carrying amount at 30 June	1 000	I 406

8.2 Loan advances

Loan advances are borrowings provided to clients for the purchase of homes and are recognised at the balance of the outstanding principal less any impairment losses.

	2017 \$'000	2016 \$'000
Loan Advances		
Loan Advances	318	897
Provision for Impairment	(5)	(54)
Total	3 3	I 843
Settled within 12 Months	793	761
Settled in more than 12 Months	520	I 082
Total	3 3	843

8.3 Equity investments

The Director of Housing holds equity investments via the Homeshare Program. Equity investments are initially recorded at cost with any changes in the fair value being recorded as income or expenses in the Statement of Comprehensive Income. Equity investments are not depreciated.

	2017 \$'000	2016 \$'000
Home share equity investment	19 294	18 955
Less: Provision for impairment	(0)	(40)
Total		18 915
Settled in more than 12 Months	19 184	18 915
Total	 19 184	18 915

8.4 Other financial assets

Other financial assets are recorded at fair value.

	2017 \$'000	2016 \$'000
Accrued Revenue	7 518	4 837
Inter Entity Balance	3 187	3 035
Total	10 705	7 872
Settled within 12 Months	10 705	7 872
Total	10 705	7 872

The inter-entity balance comprises transactions arising from interaction between the Department and the Tasmanian Health Service, including goods and services tax (GST) and cash settlement entries.

8.5 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.

	2017 \$'000	2016 \$'000
	2.452	1 2 2 2
Pharmacy	3 452	4 222
General Supplies	1 219	I 085
Total	4 671	5 307
Consumed within 12 Months	4 671	5 307
Total	4 671	5 307

8.6 Assets held for sale

Assets held for sale (or disposal groups comprising assets and liabilities) that are expected to be recovered primarily through sale rather than continuing use are classified as held for sale. Immediately before classification as held for sale, the assets (or components of a disposal group) are remeasured at the lower of carrying amount and fair value less costs to sell.

(a) Carrying amount

	2017 \$'000	2016 \$'000
Land	813	2 339
Buildings	I 239	2 924
Total	2 052	5 263
Settled within 12 Months	2 052	5 263
Settled in more than 12 Months	0	0
Total	2 052	5 263

Assets held for sale include residential dwellings from the public housing portfolio identified for sale as part of the ongoing Strategic Asset Management Plan (SAMP), as well as land lots developed for sale under the Australian Government's Housing Affordability Fund (HAF). Where appropriate, existing dwellings may be offered for sale to the sitting tenants supported by government programs such as the HomeShare Shared Equity Sales program or the Streets Ahead Assistance program. All remaining properties are offered for sale through the open market, with all properties sold at a minimum of the market value as assessed by the Valuer-General.

Assets sold during the year have been identified under the SAMP as either no longer meeting current client requirements or in the case of the residential land lots, as having been developed specifically for sale. All proceeds from the sale of these assets have been reinvested into the housing portfolio.

(b) Fair value measurement of Assets held for sale (including fair value levels)

	Carrying value at		Fair value measurement at end of reporting period		
2017	30 June \$'000	Level I \$'000	Level 2 \$'000	Level 3 \$'000	
Land	813	0	813	0	
Buildings	I 239	0	I 239	0	
Total	2 052	0	2 052	0	

	Carrying value at	Fair value measurement at end of reporting period		
2016	30 June \$'000	Level I \$'000	Level 2 \$'000	Level 3 \$'000
Land	2 339	0	2 339	0
Buildings	2 924	0	2 924	0
Total	5 263	0	5 263	0

8.7 Property, plant and equipment

Key estimate and judgement

(i) Valuation basis

Property, plant and equipment is recorded at fair value less accumulated depreciation. All other non-current physical assets, including work in progress, are recorded at historic cost less accumulated depreciation and accumulated impairment losses. All assets within a class of assets are measured on the same basis.

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

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

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

(ii) Subsequent costs

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

(iii) Asset recognition threshold

The asset capitalisation threshold adopted by the Department is:

\$10 000
\$10 000
\$10 000
\$50 000
\$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 Department's land and building assets (excluding Housing Tasmania's rental properties) were revalued independently by the Valuer-General of Tasmania as at 30 June 2017 using an adjustment indice of 1.080 for land (2016: 1.035) and 1.065 for buildings (2016: 1.045). This was based on market movement factors and building cost indices. This revaluation was in accordance with the Treasurer's Instruction 303 *Recognition and Measurement of Non-Current Assets* and the Australian Accounting Standard (AASB 116). Revaluations are shown on a net basis and will continue to do so until the next full revaluation is performed. This is due to occur as at 30 June 2018.

Housing Tasmania land and building assets are revalued annually as at 1 July using a mix of onsite revaluations and suburb based indices adjustments. These annual revaluations are provided by the Valuer-General of Tasmania.

(a) Carrying amount

	2017 \$'000	2016 \$'000
Land		
Housing vacant land at fair value	40 909	41 189
Health and Human Services land at fair value	17 534	18 277
Total land	58 443	59 466
Buildings		
Health and Human Services buildings at net fair value	55 930	53 948
Less: Accumulated depreciation	(20)	C
Total DHHS Buildings	55 910	53 948
Rental dwellings		
Rental dwellings buildings at net fair value	931-801	879 622
Less: Accumulated depreciation	(17 386)	(17701)
Total Rental Dwellings Buildings	914 415	861 921
Rental dwellings land at fair value	488 271	481 502
Total rental dwellings	402 686	I 343 423
Community housing stock		
Community housing Buildings at net fair value	35 491	31 986
Less: Accumulated depreciation	(649)	(640)
Total Community housing stock buildings	34 842	31 346
Community housing land at fair value	6 690	6719
Total community housing stock	41 532	38 065
Plant, equipment and vehicles		
At cost	34 378	31 994
Less: Accumulated depreciation	(25 194)	(22 995)
Total plant, equipment and vehicles	9 184	8 999
Work in progress		
Buildings	201 413	135 970
Plant, equipment and vehicles	7 349	8 924
Total work in progress	208 762	144 894
Total property, plant and equipment	776 517	I 648 795

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

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

017	Community housing stock Level 2	Rental Dwellings Level 2	Land Level 2	Buildings Level 3	Plant, equipment & vehicles	Works in progress	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying value at I July	38 065	343 423	59 4 66	53 948	8 999	144 894	I 648 795
Additions	0	0	I	0	0	109 133	109 134
Disposals	0	(5855)	(982)	0	(32)	0	(6 869)
Net transfers through restructuring	0	0	(547)	(440)	0	0	(2 987)
Revaluation increments (decrements)	4 6	82 052	1 976	999	0	0	89 43
Assets held for sale	0	(332)	120	0	0	0	(212)
Grants Transfers	0	(3675)	(915)	0	0	(29617)	(34 207)
Transfers between classes	0	(244)	244	0	0	(44)	(144)
WIP transfers	0	4 770	80	4 435	3 48	(12433)	0
WIP expensed	0	0	0	0	0	(3071)	(3071)
Depreciation	(649)	(17 453)	0	(2032)	(2931)	0	(23 065)
Carrying value at 30 June	41 532	I 402 686	58 443	55 910	9 184	208 762	776 5 7

2016	Community housing stock Level 2	Rental Dwellings Level 2	Land Level 2	Buildings Level 3	Plant, equipment & vehicles	Works in progress	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying value at 1 July	37 225	I 338 050	59 910	54 700	9 722	120 919	I 620 526
Additions	0	0	165	0	26	122 492	122 683
Disposals	0	(7603)	(202)	0	(2)	0	(7817)
Net transfers through restructuring	0	0	0	(134)	(378)	(130)	(642)
Revaluation increments (decrements)	I 635	18 609	(260)	767	0	0	20 75
mpairment losses	0	(5174)	(120)	0	0	0	(5 294)
Grants Transfers	(155)	0	(544)	0	0	(72781)	(73 480)
Transfers between classes	0	(371)	371	0	0	0	C
WIP transfers	0	17 656	146	696	2 418	(20 916)	C
WIP expensed	0	0	0	0	0	(4690)	(4 690)
Depreciation	(640)	(17 744)	0	(2081)	(2 777)	0	(23 242)
Carrying value at 30 June	38 065	1 343 423	59 466	53 948	8 999	144 894	I 648 795

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

Description	Fair Value at 30 June \$'000	Significant unobservable inputs used in valuation		Sensitivity of fair value to changes in level 3 inputs
Buildings	E	A - Construction costs B - Age and condition of asset C - Remaining useful life	When valuing these assets, their existing and alternative uses are taken into account by valuers. As a result, it is unlikely that alternative values will arise unless there are changes in known inputs.	Tasmanian construction indexes have remained stable over the last 12 months. Design and useful lives are reviewed regularly but generally remain unchanged. As a result, it is unlikely that significant variations in values will arise in the short term.

8.8 Intangibles

An intangible asset is recognised where:

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

Intangible assets held by the Department 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 Department are valued at cost less any subsequent accumulated amortisation and any subsequent accumulated impairment losses.

Intangible assets with an finite useful life held by the Department principally comprise computer software.

(a) Carrying amount

	2017 \$'000	2016 \$'000
Intangibles with a finite useful life		
Other non-current assets at cost	16 360	20 277
Less: Accumulated amortisation	(8 203)	(12847)
Total	8 157	7 430
Capital Work in progress	2 442	3 966
Total Intangibles	10 599	11 396

(b) Reconciliation of movements

	2017 \$'000	2016 \$'000
Carrying amount at I July	11 396	11 915
Work in progress at cost	I 586	2015
Intangible Assets - Sales	1	0
Grants Transfers	(3 6)	0
Transfers between classes	144	0
WIP Expensed	0	(727)
Amortisation - Intangible assets	(2 2)	(807)
Carrying amount at 30 June	10 599	11 396

8.9 Other assets

Other assets are recorded at fair value and include prepayments.

(a) Carrying amount

	2017 \$'000	2016 \$'000
Prepayments	6 007	2 858
Total	6 007	2 858
Recovered within 12 months	5 939	2 804
ecovered in more than 12 months	68	54
	6 007	2 858

(b) Reconciliation of movements

	2017 \$'000	2016 \$'000
Carrying amount at I July	2 858	4 170
Additions	6 007	2 858
Utilised	(2 858)	(4 70)
Carrying amount at 30 June	6 007	2 858

Prepayments primarily includes information technology expenditure for hardware and software support and software licencing contracts and payments relating to NDIS clients. The payments are paid to providers in advance, and as clients transition to the NDIS, amounts paid for that client after the date of transition are owed back to the Department and offset against the next quarterly payment. The prepayment represents funding associated with those clients that have transitioned to the NDIS between April and June. The impact of which will be to reduce the July grant payment to the relevant providers.

Note 9 Liabilities

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

9.1 Payables

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

	2017 \$'000	2016 \$'000
Creditors	5 833	8 926
Accrued Expenses	9 448	2 695
Total	15 281	62
Settled within 12 months	15 281	62
Total	15 281	62

Accrued expenses predominantly include amounts payable to the Commonwealth in accordance with the Bilateral Agreement regarding the transition to the NDIS. These primarily include Tasmania's share of NDIS participant costs and amounts relating to the budget neutral adjustment, which recognises the additional costs to the Commonwealth of net additional responsibilities as part of National Health Care Reform.

9.2 Interest bearing liabilities

Bank loans and other loans are initially measured at fair value, net of transaction costs. Bank loans and other loans are subsequently measured at amortised cost using the effective interest rate method, with interest expense recognised on an effective yield basis.

The effective interest rate method is a method of calculating the amortised cost of a financial liability and allocating interest expense over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash payments through the expected life of the financial liability, or where appropriate, a shorter period.

2017 \$'000	2016 \$'000
173 292	180 909
173 292	180 909
7 776	7617
165 516	173 292
173 292	180 909
	\$'000 173 292 173 292 7 776 165 516

9.3 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, 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.

	2017 \$'000	2016 \$'000
Accrued salaries	6 238	5 969
Annual leave	14 530	13 650
Long service leave	27 62 1	26 986
Sabbatical leave	207	180
Other Employee Benefits	I 003	909
Total	49 599	47 694
Expected to settle wholly within 12 months	24 026	23 865
Expected to settle wholly after 12 months	25 573	23 829
Total	49 599	47 694

Other employee benefits is comprised of Purchased leave, Development leave, Paid Parental Leave and State Service Accumulated Leave Scheme (SSALS) entitlements.

9.4 Superannuation

(i) Defined contribution plans

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

(ii) Defined benefit plans

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

Key estimate and judgement

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

The Department makes contributions in respect of certain employees of Ambulance Tasmania to the Tasmanian Ambulance Service Superannuation Scheme being a defined benefit scheme where members receive lump sum benefits on resignation, retirement, death or invalidity. The scheme is closed to new members. The Department's superannuation obligations in respect of this scheme are recognised at the latest actuarial assessment of the member's entitlements, net of scheme assets.

The Director of Housing's superannuation obligations, in respect of the contributory service of current and past government employees, are recognised at the latest actuarial assessment of the members' entitlements, net of scheme assets. The valuation is determined by discounting to present value, the gross benefit payments at a current, market-determined, risk-adjusted discount rate appropriate to the respective plan.

Actuarial gains or losses arising from the actuarial revaluation of Ambulance Tasmania and Housing Tasmania superannuation liabilities are recognised in the Statement of Comprehensive Income.

(a) Type of plan

Tasmanian Ambulance Service Superannuation Scheme

The Tasmanian Ambulance Service Superannuation Scheme (TASSS) balances reported are provided in respect of those employees who are defined benefit members.

The State Actuary undertook a revaluation of the present value of the benefit obligation and the fair value of the plan assets as at 30 June 2017 using the process outlined in *AASB Standard 119 Employee Benefits* issued on September 2011. As a result of the revaluation it was determined that the TASSS was in surplus by \$1.0 million (2016: \$5.1 million deficit).

Housing Tasmania Superannuation Provision

Housing Tasmania is required to meet the emerging cost of pension payments paid in respect of retired employees, where those employees had a superannuation entitlement that accrued before 1 July 1994.

The State Actuary undertook a revaluation of the present value of the benefit obligation and the fair value of the plan assets as at 30 June 2017 using the process outlined in AASB Standard 119 *Employee Benefits* issued on September 2011. As a result of the revaluation it was determined that the Housing Tasmania Superannuation Provision was in deficit by \$11.9 million (2016: \$13.4 million deficit).

The valuation of the superannuation liability relates to the entitlements that accrued before 1 July 1994 for current employees of Housing Tasmania who are members of the RBF Contributory Scheme and former employees who were either contributors or non-contributors and who have retained benefits or are current pensioners.

(b) Reconciliation of movements in Present value of superannuation liability

	Tasmanian Ambu Superannuatio		Housing T Superannuatic		Total Lial	bility
	2017 \$'000	2016 \$'000	2017 \$'000	2016 \$'000	2017 \$'000	2016 \$'000
Balance at I July	5 109	I 536	13 381	12 675	18 490	14 21 1
Included in profit or loss						
Current service cost	2 534	2616	0	0	2 534	2616
Interest cost	63		352	456	415	467
Included in other	2 597	2 627	352	456	2 949	3 083
comprehensive income						
Re-measurement loss (gain):						
Actuarial loss (gain)	(2682)	242	(68)	989	(3 850)	2 231
Return on plan assets excluding interest	(4 996)	30	0	0	(4 996)	30
Actuarial gains/(losses)	(7678)	2 372	(68)	989	(8 846)	3 361
Other						
Employer contributions	(439)	(426)	(696)	(739)	(2135)	(2165)
	(439)	(426)	(696)	(739)	(2135)	(2165)
Balance at 30 June	(4)	5 109	11 869	13 381	10 458	18 490

(c) Plan assets at fair value

Tasmanian Ambulance Service Superannuation Scheme

As at 30 June 2017 ^

Asset Category	Total (\$'000)
International Equities	10 08 1
Diversified Fixed Interest	6 28
Property	7 404
Alternative Investments	16 955
Cash and cash equivalents	4 369
Australian equities	9 102
Total	54 192

^ Estimated based on estimated scheme assets as at 30 June 2017 and asset allocation of the TAS Scheme as at 31 March 2017.

The following table shows the percentage of each class of asset that have a quoted price in an active market for RBF as a whole as at 30 June 2016.

As at 30 June 2016

Asset Category	Total	Quoted prices in active markets for identical assets - Level I	Significant observable inputs - Level 2	Unobservable inputs -Level 3
	%	%	%	%
Cash and Cash equivalent	100.0	45.3	54.7	0.0
Equity Instruments	100.0	7.0	85.0	8.0
Debt Instruments	100.0	0.0	100.0	0.0
Derivatives	100.0	0.1	99.9	0.0
Total	100.0	34.1	63.7	2.2

Housing Tasmania do not have any plan assets due to members being part of the RBF contributory scheme.

(d) Key actuarial assumptions

	Tasmanian Ambulance Service Superannuation Scheme		Housing Tasmania Superannuation Provision	
	2017 %	2016 %	2017 %	2016 %
Discount rate	2.95	2.40	3.30	2.70
Future rate of salary increases	3.00	4.00	2.50	3.00
Future rate of increase of compulsory preserved amounts	n/a	n/a	4.50	4.50
Inflation (pension)	n/a	n/a	2.50	2.50

As at 30 June 2017 the weighted average duration of the defined benefit obligation for Housing was 13.1 years (2016: 13.1 years) and Ambulance was 7.9 years (2016: 9.0 years).

(e) Sensitivity analysis

Tasmanian Ambulance Service Superannuation Scheme

The defined benefit obligation as at 30 June 2017 under several scenarios is presented below.

Scenario A and B relate to discount rate sensitivity. Scenario C and D relate to expected salary increase rate sensitivity.

Scenario A : 1% pa lower discount rate assumption

Scenario B : 1% pa higher discount rate assumption

Scenario C : 1% pa lower than expected salary increase rate assumption

Scenario $\mathsf{D}:\mathsf{I}\%$ pa higher than expected salary increase rate assumption

Defined benefit obligation	Base Case	Scenario A	Scenario B	Scenario C	Scenario D
		-1.0% pa discount rate	+1.0% pa discount rate	-1.0% pa salary increase rate	+1.0% pa salary increase rate
Discount rate (% pa)	2.95 3.00	1.95 3.00	3.95 3.00	2.95 2.00	2.95 4.00
Salary increase rate (% pa) Defined Benefit obligation^ (A\$'000s)	53,170	58,473	48,795	49,519	57,475

^includes defined benefit contribution tax provision

The defined benefit obligation has been recalculated by changing the assumptions as outlined above, whilst retaining all other assumptions.

Housing Tasmania Superannuation Provision

The defined benefit obligation as at 30 June 2017 under several scenarios is presented below.

Scenario A and B relate to discount rate sensitivity. Scenario C and D relate to expected pension increase rate sensitivity.

Scenario A : 1% pa lower discount rate assumption

Scenario B : 1% pa higher discount rate assumption

Scenario C : 1% pa lower than expected salary increase rate assumption

Scenario D : 1% pa higher than expected salary increase rate assumption

Defined benefit obligation	Base Case	Scenario A	Scenario B	Scenario C	Scenario D
		-1.0% pa discount rate	+1.0% pa discount rate	-1.0% pa salary increase rate	+1.0% pa salary increase rate
Discount rate (% pa)	3.30 2.50	2.30 2.50	4.30 2.50	3.30 1.50	3.30 3.50
Pension increase rate (% pa) Defined Benefit obligation (A\$'000s)	11,859	13,449	10,435	1.50	3,277

The defined benefit obligation has been recalculated by changing the assumptions as outlined above, whilst retaining all other assumptions.

(f) Funding arrangements

Contributions to the Tasmanian Ambulance Superannuation Scheme and Housing Tasmania Superannuation Provision in respect of defined benefit schemes are made on an emerging cost basis.

The Department expects to make a contribution of \$1.499 million (2016: \$1.356 million) to the defined benefit plan for the Tasmanian Ambulance Superannuation Scheme during the next financial year and a contribution of \$644 000 (2016: \$657 000) for the Housing Tasmania Superannuation Provision.

9.5 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 2017, where the impact of discounting is material, and at the amount expected to be paid if discounting is not material.

	2017 \$'000	2016 \$'000
Revenue received in advance		
Appropriation carried forward from current and previous years under section 8A(2) of the <i>Public</i>		
Account Act 1986	27 638	4 344
Other revenue received in advance	2 525	3 726
Other Liabilities		
Employee benefits - on-costs	I 206	941
Payroll accrual	636	I 049
Other liabilities	659	3 900
Total	32 664	13 960
Settled within 12 months	31 938	13 412
Settled in more than 12 months	726	548
Total	32 664	13 960

Note 10 Commitments and Contingencies

The Department 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 Department is prohibited by Treasurer's Instruction 502 *Leases* from holding finance leases.

	2017 \$'000	2016 \$'000
Ву Туре		
Capital Commitments		
Property, Plant and Equipment	403 877	348 697
Housing Tasmania	27 374	4 65
Other Capital Commitments	431 251	363 348
Operating Lease Commitments		
Motor Vehicles	3 592	4 855
Rent on Buildings	41 001	14 609
nformation Technology	22 787	36 687
Total Lease Commitments	67 380	56 151
Other Commitments		
RFDS Air Ambulance standing charge	17 280	18 600
CSHA Debt Interest	79 962	95 750
Miscellaneous Grants	848 914	79 47
Miscellaneous Goods and Services contracts	34 673	5 824
Total Other Commitments	980 829	299 32
Total	2 479 460	1 718 820
By Maturity		
Capital Commitments		
One year or less	217 090	113 874
From one to five years	214 161	249 474
Total Capital Commitments	431 251	363 348
Operating Lease Commitments		
One year or less	21 895	22 463
From one to five years	28 981	31 775
More than five years	16 504	1913
Total Operating Lease Commitments	67 380	56 151

	2017 \$'000	2016 \$'000
Other Commitments		
One year or less	428 937	380 988
From one to five years	I 248 286	859 257
More than five years	303 606	59 076
Total Other Commitments	I 980 829	1 299 321
Total	2 479 460	1 718 820

Property, plant and equipment

Property, plant and equipment commitments include commitments to either build or improve existing Health and Human Services properties totalling \$403.4 million. The current year balance includes only contractual commitments. This includes works associated with the major redevelopment of the Royal Hobart Hospital to a value of \$394.0 million. Other works include Glenorchy Integrated Care Centre, Northern Suburbs Community Centre, North West Regional Hospital Helipad and various Launceston General Hospital infrastructure work.

Housing Tasmania

Housing Tasmania commitments include commitments to either build or improve existing Housing Tasmania's properties totalling \$27.4 million. The major commitments are for:

• Devonport Supported Accommodation Facility \$5.3 million - 25 units for young people who will be supported to achieve goals associated with living skills and education and training.

• Site reinvestment Program - Tranche I and 2 \$12.1 million - redevelopment of existing Housing Tasmania land to build a total of 59 units.

• Hobart Women's Shelter \$3.60 million - crisis accommodation for women.

Motor Vehicles (Operating lease)

The Government Motor Vehicle Fleet is managed as part of a Whole-of-Government arrangement with the Department of Treasury and Finance as lessor. Lease payments vary according to the type of vehicle and, where applicable, the price received for trade-in vehicles. Lease terms for the majority of existing vehicles are for a period of three years or 60 000 km's, whichever comes first, with no change to the lease rate. No restrictions or purchase options are contained in the lease.

Rent on Buildings (Operating lease)

The Department leases a range of properties/tenancies around the State for service delivery purposes. The increase in rent on buildings is due to a new long term lease contract for 22 Elizabeth Street and the remaining lease contract for 99 Bathurst Street and 34 Davey Street.

Information Technology

Information Technology has infrastructure and software licence commitments.

RFDS air ambulance standing charge

The Royal Flying Doctor Service (RFDS) charge covers availability of the aircraft and a back up aircraft with pilots available 24 hours a day with other fixtures including a hangar. It does not include variable costs such as flying hours and aviation charges.

CSHA Debt Interest

The Commonwealth State Housing Agreement Debt Interest relates to interest on a loan from the Commonwealth which is disclosed in Note 9.2.

Miscellaneous Grants

The Department has commitments totalling \$1.848 billion for Disability Services, Home and Community Care Services, Mental Health Support Services, Alcohol and Drug Support Services, Housing Tasmania, Children and Youth Services and Public Health initiatives. The grants include \$1.257 billion relating to the NDIS Cash Contribution .

Miscellaneous goods and services contracts

Miscellaneous goods and services contracts predominantly includes \$26.3 million for Aurora Energy Electricity Retail Supply contract, \$4.1 million for use of the Tasmanian Police Helicopter and \$4.3 million for various service contracts.

10.2 Contingent assets and liabilities

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

Quantifiable contingencies

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

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.

	2017 \$'000	2016 \$'000
	÷	
Quantifiable contingent liabilities		
Contingent claims		
Other legal claims	2 550	750
Bank Guarantees	600	250
Total quantifiable contingent liabilities	3 150	1 000
Quantifiable contingent assets		
Community housing properties and grants	157 160	77 713
Less accumulated depreciation and amortisation	(15 545)	(13910)
Better Housing Futures properties	477 329	472 398
Less accumulated depreciation	(6701)	(6 894)
Total quantifiable contingent assets	612 243	529 307

At 30 June 2017, the Department had a number of legal claims against it for other liability claims.

The Department manages its legal claims through the Tasmanian Risk Management Fund (TRMF). An excess remains payable for every claim and amounts over that excess are met by the TRMF.

Community housing properties represent dwellings for which legal title is held by community organisations, but for which the Director of Housing holds a legal interest which may be recognised subject to the future management of the properties and viability of the organisations. The Contingent Assets have not been recorded in the Department's Financial Statements.

Better Housing Futures properties represent dwellings for which the legal title is retained by the Director of Housing. However, the tenancy and property management have been transferred to community housing providers, Housing Choices and Centacare Evolve Housing. Given that the Director of Housing no longer exercises all control over these assets nor the future economic flows arising from these assets, they are no longer recognised on the Statement of Financial Position but shown as contingent assets.

Under the Residential Management Agreement (RMA), where there is damage to a property valued at \$50 000 or more, Housing Tasmania will consider transferring title of a dwelling to the Community Housing Organisation (CHO). Where Housing Tasmania transfers title of a damaged property to the CHO, they must pay \$20 000 to Housing Tasmania as well as stamp duty, registration fees, the organisations legal fees and disbursements arising from the transfer. As at 30 June 2017, a total of six vacant land lots have been transferred to the CHO with a recorded value of \$237 000.

The Community Housing Stock Leverage Program is one of the key initiatives of the Tasmanian Affordable Housing Action Plan 2015-2019. Under this initiative government is seeking innovative proposals that can leverage new supply from existing social housing portfolio. It is intended this will involve the transfer of approximately 471 properties that are currently owned by the Director but under management by community housing organisations i.e. contingent assets. These assets will be transferred in stages with around 200 properties transferring in the first tranche in August 2017. The first tranche of assets will have a written down value of around \$31.146 million and the contingent asset note will be adjusted accordingly. The remainder of assets will be transferred by 1 July 2019 based on certain conditions being met by the participating organisations.

There are no Better Housing Futures properties held for sale as at 30 June 2017.

On the basis that these assets may need to be reinstated in the future, the Better Housing Futures properties will be both revalued and depreciated on an annual basis. Accordingly, the value above includes the most recent valuation from the Valuer-General.

Note II Reserves

II.I Reserves

2017	Community housing stock \$'000	Rental Dwellings \$'000	Land \$'000	Buildings \$'000	Total \$'000
Asset revaluation reserve					
Balance at the beginning of financial year	49 900	I 422 508	35 495	348 173	I 856 076
Transfers to accumulated surplus	0	(4759)	(617)	0	(5376)
Revaluation increments/(decrements)	4 5	80 306	3 519	2 209	90 49
Balance at the end of financial year	54 015	I 498 055	38 397	350 382	I 940 849

2016	Community housing stock \$'000	Rental Dwellings \$'000	Land \$'000	Buildings \$'000	Total \$'000
Asset revaluation reserve					
	40.000	1 405 00 4	27.104	240.210	1 020 705
Balance at the beginning of financial year	48 298	405 994	37 194	348 219	1 839 705
Transfers to accumulated surplus	(34)	(239)	(797)	(634)	(3 704)
Revaluation increments/(decrements)	636	17 753	98	588	20 075
Balance at the end of financial year	49 900	I 422 508	35 495	348 173	I 856 076

(a) Nature and purpose of reserves

Asset Revaluation Reserve

The Asset revaluation reserve is used to record increments and decrements on the revaluation of non-financial assets, as described in Note 8.7.

11.2 Administrative Restructuring

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

As a result of a restructuring of administrative arrangements, the Department relinquished its responsibility for Child Health and Parenting Services on 1 January 2017.

In respect of activities relinquished, the Department transferred the following assets and liabilities to the THS:

Total relinquished to Tasmanian Health Service \$'000	2017 \$'000	2016 \$'000
Assets		
Financial assets		
Cash and deposits	I	36
Receivables	13	48
Property, plant and equipment	2 985	642
Other assets	0	38
Total assets	2 999	764
Liabilities		
Payables	28	74
Employee benefits	2 640	874
Other liabilities	30	0
Total liabilities	2 698	948
Net assets transferred		(184)

Prior year's restructuring of administrative arrangements involved the Department relinquishing its responsibility for Cancer Screening and Control Services on 1 July 2015.

Child Health and Parenting Services

	2017	2016
	\$'000	\$'000
Revenues		
Recognised by the Tasmanian Health Service	592	823
Recognised by the Department of Health and Human Services	5 867	10 176
Total revenues	6 458	10 999
Expenses		
Recognised by the Tasmanian Health Service	6 008	6 777
Recognised by the Department of Health and Human Services	6 072	10 833
Total expenses	12 080	17 610

11.3 Contributed Capital

Capital Contributed records capital contributed on formation of the Home Ownership Assistance Program within the Director of Housing.

Note 12 Cash Flow Reconciliation

Cash means notes, coins, any deposits held at call with a bank or financial institution, as well as funds held in 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.

12.1 Cash and deposits

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

	2017 \$'000	2016 \$'000
Special Deposits and Trust Fund balance		
T440 Tasmanian Guardianship Fund Account	1	I
T470 Patient Trust and Bequest Account	84	86
T510 Operating Account	97 407	91 945
T592 Housing Services Operating Account	32 571	17 923
T647 Home Ownership Assistance Program	7 640	4 464
Special Deposits & Trust Fund Balance Total	137 703	4 4 9
Other cash held		
Other Cash equivalents not included above	498	746
Other cash held Total	498	746
Total cash and deposits	138 201	115 165

12.2 Reconciliation of Net Result to Net Cash from Operating Activities

	2017 \$'000	2016 \$'000
Net result from transactions (net operating balance)	45 781	39 869
Depreciation and amortisation	24 277	25 049
Non-operational capital funding	(47 555)	(32231)
Capital grants income	(60 524)	(65 535)
Capital grants expense	35 524	73 479
WIP expensed	3 071	5 418
Doubtful debts	(931)	(29)
Transfer of assets due to restructure	2 685	862
Net actuarial gains/(losses) of superannuation defined benefit plans	8 846	(3361)
Decrease (increase) in Receivables	(342)	3 764
Decrease (increase) in Other assets	(5 982)	2 260
Decrease (increase) in Inventories	636	(353)
Increase (decrease) in Employee entitlements	I 905	6 556
Increase (decrease) in Superannuation	(8 032)	4 279
Increase (decrease) in Payables	3 660	(538)
Increase (decrease) in Other liabilities	18 704	(6 6)
Net cash from/(used by) operating activities	21 723	44 61 1

12.3 Acquittal of Capital Investment and Special Capital Investment Funds

The Department received Works and Services Appropriation funding and revenues from Special Capital Investment Funds to fund specific projects.

Cash outflows relating to these projects are listed below by category.

Budget information refers to original budget estimates in the 2016-17 Budget Papers and has not been subject to audit.

(a) Project expenditure

	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Capital Investment Program			
920(Safe Families Strong Kids	550	226	0
920(LGH Ward Upgrades Ward 4K	200	147	0
928(Launceston General Hospital Acute Medical and Surgical Unit	0	1 086	26
929{ LGH Allied Health Clinics	I 450	2 894	I
928(State-wide Cancer Services	0	424	338
928 National Health & Hospital Network Reforms: Emergency Departments	0	219	61
928 National Health & Hospital Network Reforms: Elective Surgery	0	671	0
928 National Health & Hospital Network Reforms: Sub-Acute Capital	0	3	3
9284 RHH Women's and Children's Hospital	0	0	54
928£ RHH Redevelopment	110 000	59 706	I 679
9292 Rural Breast Screening Clinics - Establishment and Upgrade	175	176	0
9285 Housing – New Projects	2 9	4 405	464
929: Neighbourhood House Program	417	759	0
9292 Housing – Debt Repayment and Other	7 616	8 794	11
9297 St Helens District Hospital	250	984	0
9297 Hospital and Health Centre Maintenance	4 260	4 334	243
9297 Northern Suburbs Community Centre	640	683	14
9297 Health Transport Infrastructure	4 620	2 189	0
9297 North-West Youth Accommodation Shelter	I 500	1 500	0
9299 Priority Infrastructure Works - Health	0	0	18
929\$ Affordable Housing Strategy Projects	20 000	15 999	0
Total Capital Investment Program	162 897	105 199	2 9 1 2

	2017 Budget \$'000	2017 Actual \$'000	2016 Actual \$'000
Special Capital Investment Funds			
Economic and Social Infrastructure Fund			
614€ Hospital Equipment Fund	0	0	11
Health Infrastructure			
614{ Launceston ICC	0	321	75
6151Glenorchy – Tier Three Community Health Services Facility	9 980	10 635	19
6158 Kingston – Tier Three Community Health Services Facility	3 750	106	0
Hospitals Capital Fund			
6161Mersey Hospital Upgrade	397	38	20
Housing Fund			
950(Housing Fund	3 343	741	131
RHH Redevelopment Fund			
950(Royal Hobart Hospital redevelopment project	0	561	0
Total Special Capital Investment Fund	18 470	12 402	256
Total	181 367	117 601	3 168

(b) Classification of cash flows

The project expenditure above is reflected in the Statement of Cash Flows as follows.

2017 \$'000	2016 \$'000
3 36	249
6 263	859
047	131
97 270	90
7 617	0
2 268	28
117 601	3 68
	\$'000 3 36 6 263 047 97 270 7 6 7 2 268

12.4 Financing Facilities

The Department does not have any financing facilities. The Balance of the Department's Westpac Banking Corporation Credit Card settlement account as at 30 June 2017 was \$33 (30 June 2016: \$88 381).

Note 13 Financial Instruments

13.1 Risk Exposures

(a) Risk management policies

The Department has exposure to the following risks from its use of financial instruments:

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

The Head of Agency has overall responsibility for the establishment and oversight of the Department's risk management framework. Risk management policies are established to identify and analyse risks faced by the Department, to set appropriate risk limits and controls and to monitor risks and adherence to limits.

(b) Credit risk exposures

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

Financial Instrument	Accounting and strategic policies (including recognition criteria and measurement basis)	
Financial Assets		
Loans and Receivables	Loans and Receivables are recognised at the nominal amounts due, less any provision for impairment.	Receivables credit terms are generally 45 days.
	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.	
Equity Investments	Equity Investments are recognised at the nominal amounts due, less any provision for impairment.	Equity investments credit terms require the repayment of the Departmental equity interest in a land and building asset, in cash, within a maximum term of 15 years.
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 Department has made no changes to its credit risk policy during 2016-17. The Department 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. Equity investments represent the Department's equity interest in land and building assets sold to Housing Tasmania clients and payable in cash within 30 years. The equity investments are revalued on a yearly basis. No credit terms on any departmental financial assets have been renegotiated.

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

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

Analysis of financial assets at 30 June 2017 but not impaired				
		Past due	Past due	
	Not past due	30 – 120 days	> 120 days \$'000	Total \$'000
	\$'000	\$'000		
Receivables	4 509	0	622	6 42
Analysis of financial assets at 30 June 2016 but not impaired				
		Past due	Past due	
	Not past due	30 – 120 days	> 120 days	Total
	\$'000	\$'000	\$'000	\$'000
Receivables	3 861	920	1019	5 800

(c) Liquidity risk

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

Financial Instrument	Accounting and strategic policies (including recognition criteria and measurement basis)	, <u> </u>
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 Department becomes obliged to make future payments as a result of a purchase of assets or services.	Settlement is usually made within 30 days.
Interest bearing liabilities	Loans are initially measured at fair value net of transaction costs. Loans are subsequently measured at amortised cost using the effective interest rate method, with interest expense recognised on an effective yield basis.	Contractual payments are made in accordance with contractual terms.
Other financial liabilities	Other financial liabilities are recognised at amortised cost, which due to the short settlement period equates to face value, when the Department becomes obliged to make payments as a result of the purchase of assets or services.	Settlement is usually made within 30 days.
	The Department regularly reviews budgeted and actual cash outflows to ensure that there is sufficient cash to meet all obligations.	

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

М	aturity analysis fo	r financial liabilit	ies				Undis-	
	l Year	2 Years	3 Years	4 Years	5 Years	More than 5 Years	counted Total Can	rying Amount
2017	\$ 000	\$ 000	\$ 000	\$ 000	\$ 000	\$ 000	\$ 000	\$ 000
Financial liabilities								
Payables	5 833	0	0	0	0	0	5 833	5 833
Interest bearing liabilities	7 776	7 915	8 017	8 22	8 259	133 203	173 292	173 292
Other financial liabilities	9 448	0	0	0	0	0	9 448	9 448
Total	23 057	7 915	8017	8 22	8 259	133 203	188 573	188 573

M	aturity analysis fo	or financial liabilit	ies					
	l Year	2 Years	3 Years	4 Years	5 Years	More than 5 Years	Undis- counted Total Can	rying Amount
2016	\$ 000	\$ 000	\$ 000	\$ 000	\$ 000	\$ 000	\$ 000	\$ 000
Financial liabilities								
Payables	8 926	0	0	0	0	0	8 926	8 926
Interest bearing liabilities	7 617	7 776	7 915	8 017	8 22	141 461	180 908	180 908
Other financial liabilities	2 695	0	0	0	0	0	2 695	2 695
Total	19 238	7 776	7 915	8 017	8 122	141 461	192 529	192 529

(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 Department is exposed to is interest rate risk.

The Department currently has the majority of its financial liabilities at fixed interest rates with the effect that any exposure to movements in interest rates is minimised.

At the reporting date, the interest rate profile of the Department's interest bearing financial instruments was:

	2017	2016
	\$'000	\$'000
Fixed rate instruments		
Financial liabilities	173 292	180 908
Total	173 292	180 908
Variable rate instruments		
Financial assets	313	I 843
Total	3 3	843

Changes in variable rates of 100 basis points at reporting date would have the following effect on the Department's profit or loss and equity:

Sensitivity Analysis of Department's Exposure to Possible Changes in Interest Rates

		Statement of Comprehensive Income		ity
	100 basis points increase	100 basis points decrease	100 basis points increase	100 basis points decrease
	\$'000	\$'000	\$'000	\$'000
30 June 2017				
Financial assets	13	(13)	13	(3)
Net Sensitivity	13	(13)	13	(13)
30 June 2016				
Financial assets	18	(18)	18	(8)
Net Sensitivity	18	(18)	18	(18)

This analysis assumes all other variables remain constant. The analysis was performed on the same basis for 2016.

13.2 Categories of Financial Assets and Liabilities

	2017 \$'000	2016 \$'000
Financial assets		
Cash and cash equivalents	138 201	115 165
Loans and receivables	18 160	15 515
Available -for-sale financial assets	19 184	18 915
Total	175 545	149 595
Financial Liabilities		
Financial liabilities measured at amortised cost	188 573	192 530
Total	188 573	192 530

The Department's maximum exposure to credit risk for its financial assets is \$172 million (2016: \$147 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 Department actively manages its credit risk exposure for the collectability of its receivables and outstanding loans.

13.3 Reclassification of Financial Assets

No reclassification of Financial Assets occurred during 2016-17.

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

Financial assets	\$'000	\$'000	\$'000	
			\$ 000	\$'000
Other financial assets				
Equity investments	9 84	19 184	18 915	18 915
Other	156 361	156 361	127 645	127 645
Total financial assets	175 5 4 5	175 5 4 5	146 560	146 560
Financial liabilities (Recognised)				
Other financial liabilities				
Borrowings	173 292	173 292	180 909	180 909
Other	15 281	15 281	62	11 621
Total Financial liabilities (Recognised)	188 573	188 573	192 530	192 530

13.5 Net Fair Values of Financial Assets and Liabilities

	Net Fair Value Level I	Net Fair Value Level 2	Net Fair Value Level 3	Net Fair Value Total
2017	\$'000	\$'000	\$'000	\$'000
Financial assets				
Other financial assets				
Equity investments	19 184	0	0	19 184
Other	156 361	0	0	156 361
Total financial assets	175 545	0	0	175 545
Financial liabilities (Recognised)				
Other financial liabilities				
Borrowings	173 292	0	0	173 292
Other	15 281	0	0	15 281
Total Financial liabilities (Recognised)	188 573	0	0	188 573
	Net Fair Value	Net Fair Value	Net Fair Value	Net Fair Value
	Level I	Level 2	Level 3	Total
2016				
2016 Financial assets	Level I	Level 2	Level 3	Total
	Level I	Level 2	Level 3	Total
Financial assets	Level I	Level 2	Level 3	Total
Financial assets Other financial assets	Level I \$'000	Level 2 \$'000	Level 3 \$'000	Total \$'000
Other financial assets Equity investments	Level I \$'000 18 915	Level 2 \$'000	Level 3 \$'000	Total \$'000 18 915
Financial assets Other financial assets Equity investments Other	Level I \$'000 18 915 127 645	Level 2 \$'000 0 0	Level 3 \$'000 0	Total \$'000 18 915 127 645
Financial assets Other financial assets Equity investments Other Total financial assets	Level I \$'000 18 915 127 645	Level 2 \$'000 0 0	Level 3 \$'000 0	Total \$'000 18 915 127 645
Financial assets Other financial assets Equity investments Other Total financial assets Financial liabilities (Recognised)	Level I \$'000 18 915 127 645	Level 2 \$'000 0 0	Level 3 \$'000 0	Total \$'000 18 915 127 645
Financial assets Other financial assets Equity investments Other Total financial assets Financial liabilities (Recognised) Other financial liabilities	Level I \$'000 18 915 127 645 146 560	Level 2 \$'000 0 0	Level 3 \$'000 0 0	Total \$'000 18 915 127 645 146 560

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

Level I - the fair value is calculated using quoted prices in active markets;

Level 2 – the fair value is estimated using inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly (as prices) or indirectly (derived from prices); and

Level 3 – the fair value is estimated using inputs for the asset or liability that are not based on observable market data.

Transfer between categories

The Department did not transfer any Financial Assets or Financial Liabilities between Level 1 and Level 2.

The Department does not have any Level 3 instruments.

Financial Assets

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

The net fair values of Equity investments are based on the Departmental interest in the various land and building assets. An active market exists for the underlying assets that provides for a reliable measurement of the fair value of the Equity investment. The Housing land and building assets were valued as at 1 July 2016 by the Valuer-General using a mix of onsite revaluations and suburb based indices adjustments with the increase or decrease recognised in the Statement of Comprehensive Income.

Financial Liabilities

The net fair values of Borrowings and Other financial liabilities are based on the outstanding value owed by the Department and are approximated by their carrying amounts.

Unrecognised Financial Instruments

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

Note 14 Adjustment of Prior Period Error

Comparative figures have been restated in the Statement of Financial Position and Statement of Changes in Equity. These changes are a result of prior period errors in accordance with AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors.

In 2016-17 it was identified that three Housing Tasmania properties had been incorrectly revalued during the prior year. These three assets were partially transferred to community housing organisations for management in 2013-14 and the Statement of Financial Position was adjusted accordingly. However, in 2015-16 the full valuation was incorrectly applied to each of the assets remaining on the Statement of Financial Position when part of the revaluation should have been recorded in the Contingent Asset Note. This resulted in the incorrect recording of a revaluation increment for Rental Dwellings totalling \$2.893 million. As this error was made in the prior reporting period, the Statement of Financial Position balances as at 30 June 2016 are restated as follows:

- Rental Dwellings decreased by \$2.893 million to show the correct revaluation movement in the Statement of Financial Position. The decrease to Rental Dwellings was as follows:
 - Revaluation increments (decrements) (\$2.893 million)

In 2016-17, it was also identified that one Housing Tasmania property had been transferred to another organisation under the National Rental Affordable Scheme (NRAS) in 2013-14. This property was not removed from the relevant asset register at the time due to confusion with a second related asset of the same address. The property since had considerable works undertaken on it by the transferee organisation, which were incorrectly included in the revaluation movements in prior years. As this error was made in a reporting period prior to the comparative period the Statement of Financial Position balances as at 30 June 2016 are restated as follows:

- Rental Dwellings decreased by \$5.625 million to write back the overstatement of the building asset. The decrease to Rental Dwellings is as follows:
 - Carrying value as at 1 July \$5.625 million
- Community Housing Programs was decreased by \$0.472 million to write back the overstatement of the land asset that was previously transferred from the Statement of Financial Position. The decrease to Community Housing Programs is as follows:
 - Carrying value as at 1 July \$0.472 million.

Additionally, during the 2016-17 financial year two properties were identified as missing from the Department's asset register. The properties should have been recognised in the register when the *Crown Lands (Extinguishment of Public Rights) Act* was amended in October 2003 and the properties became the Department's responsibility. Given these properties came to the Department at no cost they should have been shown as a contribution received in the Statement of Comprehensive Income and as an addition in the Balance Sheet. As this error was made in a reporting period prior to the comparative period the Statement of Financial Position balances as at 30 June 2016 are restated as follows:

- Land and Buildings increased by \$0.655 million to reflect the addition of the assets that should have occurred in October 2003.
- Retained Earnings is increased by \$0.655 million to reflect that these assets were received by the Department at no cost.

During 2016-17 it was also identified that the transfer of assets and liabilities from the Department to the three THOs (Tasmanian Health Organisation South, Tasmanian Health Organisation North and Tasmanian Health Organisation North-West), that took place on 1 July 2012 via an administrative restructure, was misstated.

The transfer of net assets to the THOs as part of the administrative restructure was overstated due to an accumulation of transactions within the inter-entity balance naturals, which are designed to account for GST and cash settlement transactions between the Department and THS (formerly the three THOs), that should have been included in the transfer to the THOs. The mis-allocations to the inter-entity balance primarily relate to:

- the transfer of the inventory/stores 30 June 2012 balances, which needed to be adjusted for invoices processed in the accrual ledger, but not yet paid were included in the accrual administrative restructure, while the cash ledger transactions relating to these invoices were processed as inter-entity type transactions affecting both ledgers, therefore creating a timing discrepancy.
- the commencement of the GST script during 2013-14, for which the entry recording payment of the 30 June 2013 BAS uses the inter-entity naturals. In the 2012-13 accrual ledger the inter-entity naturals have not been used for the reallocation of the GST and subsequently have not been included in the opening balance for the 2013-14 accrual ledger, against which the BAS payment can be offset.

As this error was made in a reporting period prior to the comparative period the Statement of Financial Position balances as at 30 June 2016 are restated as follows:

- Inter-entity payables balance decreased by \$3.663 million to write back the liability.
- Inter-entity receivables balance increased by \$3.035 million to reflect the asset.
- Accumulated funds increased by \$6.698 million to write back the overstatement to the net assets transferred.

During the 2016-17 financial year land and buildings were identified on the Department's asset register that should have been included in the transfer of assets to the THOs at 1 July 2012. These properties have a carrying value at 1 July 2012 of \$4.495 million. As this error was made in a reporting period prior to the comparative period, the Statement of Financial Position balances as at 30 June 2016 are restated as follows:

- Land and Buildings decreased by \$4.305 million to reflect the transfer of assets to the THS that should have occurred at 1 July 2012. The decrease to Land and Buildings is as follows:
 - Land and building carrying value is decreased by \$4.495 million, to reflect the transfer of land and buildings to the THS as at 1 July 2012.
 - Buildings carrying value is increased by the net revaluation increment from 01/07/2012 to 30/06/2016 of \$0.190 million.
- Reserves Land and Buildings decreased by \$1.843 million as follows:
 - Building revaluation reserve is decreased by \$1.911 million, to reflect the transfer of land and building to the THS as at 1 July 2012.
 - Building revaluation reserve is increased by the net revaluation decrement from 01/07/2012 to 30/06/2016 of \$0.190 million.
 - Building revaluation reserve is decreased by the net revaluation depreciation offset from 01/07/2012 to 30/06/2016 of \$0.122 million.
- Administrative Restructure net asset transfers is decreased by \$4.495 million to reflect the transfer of land and buildings from the DHHS to the THS as at 1 July 2012;
- Accumulated surplus is increased by \$1.912 million to reflect the realisation of the revaluation reserve on transfer of the assets to the THS as at 1 July 2012; and
- Depreciation expense is decreased to remove the 2015-16 building depreciation expense in relation to the transferred assets of \$0.122 million.

The following tables disclose the impact on the 2015-16 notes that have been restated for the adjustment of prior period errors discussed above.

Statement of Financial Position

2016	As previously reported \$'000	Restated \$'000	Prior period error \$'000
Assets			
Financial assets			
Cash and deposits	115 165	115 165	0
Receivables	5 800	5 800	0
Loan advances	I 843	I 843	0
Equity investments	18 915	18 915	0
Other financial assets	4 837	7 872	3 035
Non-financial assets			
Inventories	5 307	5 307	0
Assets held for sale	5 263	5 263	0
Property, plant and equipment	66 435	I 648 795	(12 640)
Intangibles	11 396	11 396	0
Other assets	2 858	2 858	0
Total assets	832 819	823 214	(9 605)
Liabilities			
Payables	11 621	62	0
Interest bearing liabilities	180 909	180 909	0
Employee benefits	47 694	47 694	0
Superannuation	18 490	18 490	0
Other liabilities	17 623	13 960	(3 663)
Total liabilities	276 337	272 674	(3 663)
Net assets	I 556 48 2	I 550 540	(5 942)
Equity			
Contributed capital	6 094	6 094	0
Reserves	I 866 649	1 856 076	(10573)
Accumulated funds	(316261)	(311630)	4 63 1
Total equity	l 556 4 82	I 550 5 4 0	(5 942)

Statement of Changes in Equity

2016	Total Equity \$'000	Restated Total Equity \$'000	Prior period error \$'000
Restated Balance as at 1 July 2015	499 6 2	I 496 520	(3 092)
Net Result	33 639	33 761	122
Other Comprehensive Income	23 047	20 075	(2 972)
Total comprehensive result	56 686	53 836	(2 850)
Transactions with owners in their capacity as owners:			
Administrative restructure - net assets transferred	184	184	0
Balance as at 30 June 2016	I 556 482	I 550 540	(5 942)

Property, plant and equipment 2016	Community housing stock \$'000	Restated Community housing stock \$'000	Prior period error \$'000
Carrying value at 1 July 2015	37 697	37 225	(472)
Revaluation increments (decrements)	I 635	I 635	0
Grants Transfers	(155)	(155)	0
Depreciation	(640)	(640)	0
Carrying value at 30 June 2016	38 537	38 065	(472)

Property, plant and equipment

2016	Rental Dwellings \$'000	Restated Rental Dwellings \$'000	Prior period error \$'000
Carrying value at 1 July 2015	I 343 675	I 338 050	(5 625)
Disposals	(7 603)	(7603)	0
Revaluation increments (decrements)	21 502	18 609	(2 893)
Assets held for sale	(5 174)	(5 174)	0
Transfers between classes	(371)	(371)	0
WIP transfers	17 656	17 656	0
Depreciation	(17 744)	(7 744)	0
Carrying value at 30 June 2016	35 94	I 343 423	(8518)

Property, plant and equipment

2016	Land \$'000	Restated Land \$'000	Prior period error \$'000	
Carrying value at 1 July 2015	60 615	59 910	(705)	
Additions	165	165	0	
Disposals	(202)	(202)	0	
Revaluation increments (decrements)	(229)	(260)	(31)	
Impairment losses	(120)	(120)		
Grants Transfers	(544)	(544)	0	
Transfers between classes	371	371	0	
WIP transfers	146	146	0	
Carrying value at 30 June 2016	60 202	59 466	(736)	

Property, plant and equipment

2016	Buildings \$'000	Restated Buildings \$'000	Prior period error \$'000 (2 988)	
Carrying value at 1 July 2015	57 688	54 700		
Net transfers through restructuring	(34)	(134)	0	
Revaluation increments (decrements)	815	767	(48)	
WIP transfers	696	696	0	
Depreciation	(2 203)	(2081)	122	
Carrying value at 30 June 2016	56 862	53 948	(2914)	

2016	Community housing stock \$'000	Restated Community housing stock \$'000	Prior period error \$'000
Asset revaluation reserve			
Balance at the beginning of financial year	48 510	48 298	(212)
Transfers to accumulated surplus	(34)	(34)	0
Revaluation increments/(decrements)	I 636	I 636	0
Balance at the end of financial year	50 2	49 900	(212)

2016			
	Rental Dwellings \$'000	Restated Rental Dwellings \$'000	Prior period error \$'000
Asset revaluation reserve			
Balance at the beginning of financial year	4 6 9	405 994	(5625)
Transfers to accumulated surplus	(239)	(239) (239)	
Revaluation increments/(decrements)	20 646	17 753	(2 893)
Balance at the end of financial year	43 026	I 422 508	(8518)
2016	Land \$'000	Restated Land \$'000	Prior period error \$'000
Asset revaluation reserve			
Balance at the beginning of financial year	37 45	37 194	(257)
Transfers to accumulated surplus	(797)	(797)	0
Revaluation increments/(decrements)	129	98	(3)
Balance at the end of financial year	35 783	35 495	(288)
2016	Buildings \$'000	Restated Buildings \$'000	Prior period error \$'000
Asset revaluation reserve			
Balance at the beginning of financial year	349 726	348 219	(507)
Transfers to accumulated surplus	(634)	(634)	0
Revaluation increments/(decrements)	636	588	(48)
Balance at the end of financial year	349 728	348 173	(555)

Note 15 Details of Consolidated Entities

15.1 List of Entities

The following entities have been consolidated by the Department:

Director of Housing	100 per cent
Director of Ambulance Services	100 per cent

On 11 March 2011, the Crown, represented by the Minister for Human Services, became the sole shareholder of the shares in Tasmanian Affordable Housing Limited (TAHL), thus assuming control of TAHL as a wholly owned Government entity.

TAHL has not been consolidated into the Department's financial statements as at 30 June 2017. The unaudited Statement of Comprehensive Income for the year ending 30 June 2017 and Statement of Financial Position as at 30 June 2017 are provided below.

Tasmanian Affordable Housing Limited

	2017	2016
Statement of Comprehensive Income for the year ending 30 June 2017	\$'000	\$'000
Total Revenue and other income from transactions	37	51
Expenses from Transactions		
Property management expenses	0	185
Winding-up expenses	49	0
Other expenses	103	27
Total expenses from transactions	152	212
Net result from transactions (net operating balance)	(15)	(161)
Comprehensive Result	(115)	(161)
Statement of Financial Position as at 30 June 2017	2017 \$'000	2016 \$'000
Assets		
Cash and cash equivalents	33	3
Trade and other receivables	13	74
Total assets	344	I 385
Liabilities		
Trade and other payables	5	19
Provisions	90	0
Total liabilities	95	19
Net assets	l 249	I 366
Equity		
Retained Earnings	I 249	366
Total equity	249	366

As at 30 June 2017, TAHL no longer had principal activities remaining and is expected to wind up during the 2017-18 financial year.

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

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

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

16.1 Activities Undertaken Under a Trustee or Agency Relationship

Account/Activity	Opening balance	Net transac- tions during 2016-17	Closing balance	
	\$'000	\$'000	\$'000	
T470 Patient Trust and Bequest Account – Legal Trusts	10	0	10	

Note 17 Events Occurring After Balance Date

The Community Housing Stock Leverage Program is one of the key initiatives of the Tasmanian Affordable Housing Action Plan 2015-2019. Under this initiative government is seeking innovative proposals that can leverage new supply from the existing social housing portfolio. It is intended this will involve the transfer of approximately 471 properties that are currently owned by the Director but under management by community housing organisations i.e. contingent assets. These assets will be transferred in stages with around 237 properties transferring in the first tranche in August 2017. The first tranche of assets will consist of the following assets:

• 31 sites currently owned and managed by the Director of Housing. The balance sheet will be adjusted by the carrying amount of the assets of \$3.2 million upon transfer and disclosed as a grant expense in 2017-18.

• 200 properties currently under management by community housing organisations. These assets will have a written down value of around \$31.146 million and the contingent asset note will be adjusted accordingly.

• two vacant land sites. These assets will have a written down value of around \$220 000 and the contingent asset note will be adjusted accordingly.

The remainder of assets will be transferred by 1 July 2019 based on certain conditions being met by the participating organisations.

On 11 December 2015, the Prime Minister of Australia and the Premier of Tasmania signed the Bilateral Agreement between the Commonwealth and Tasmania : Transition to the NDIS. This set out the roles and responsibilities for the transition to full scheme implementation of the NDIS in Tasmania by 01 July 2019. DHHS has obligations for supporting the transition to the full scheme and recognises that there will be changes to the way specialist disability services and programs are delivered. In particular, it is expected that the Disability and Community Services (DCS) program area within DHHS will reduce from the current level of 90.7 FTE of permanent staff, to a final revised structure of 27.5 FTE. The transition to this revised new structure should be completed by December 2019, and will have a fairly limited direct impact on DHHS financial reports.

Note 18 Other Significant Accounting Policies and Judgements

18.1 Objectives and Funding

The Department of Health and Human Services' (Department) objective is to improve the health and wellbeing of patients, clients and the Tasmanian community through a sustainable, high quality and safe health and human services system.

The Department achieves this through the following strategic priorities: promoting health and wellbeing and intervening early when needed; planning and delivering services; delivering the benefits of reform; strengthening sustainability; and shaping our workforce.

Departmental activities are classified as either controlled or administered.

Controlled activities involve the use of assets, liabilities, revenues and expenses controlled or incurred by the Department in its own right. Administered activities involve the management or oversight by the Department, on behalf of the Government, of items controlled or incurred by the Government. In the current financial year there are no administered items.

The Department is a Tasmanian Government not-for-profit entity that is predominantly funded through Parliamentary appropriations. The Department includes Housing Tasmania and Ambulance Tasmania. Ambulance Tasmania provides services to fee paying patients, or patients who will receive compensation for these expenses due to the circumstances surrounding their injury. Housing Tasmania derives rental revenue and asset sale income from Housing Tasmania properties and receives income from borrowers in the Home Ownership Assistance Program (HOAP). The financial statements encompass all funds through which the Department controls resources to carry on its functions.

18.2 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 Secretary of the Department and Acting Chief Financial Officer on 27 September 2017.

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

The Financial Statements have been prepared on an accrual basis and, except where stated, are in accordance with the historical cost convention. The accounting policies are generally consistent with the previous year except for those changes outlined in Note 18.5.

The Financial Statements have been prepared on a going concern basis. The continued existence of the Department in its present form, undertaking its current activities, is dependent on Government policy and on continuing appropriations by Parliament for the Department's administration and activities.

The Department has made no assumptions concerning the future that may cause a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

18.3 Reporting Entity

The Financial Statements include all the controlled activities of the Department, including Ambulance Tasmania and Housing Tasmania, with the exception of Tasmanian Affordable Housing Limited (TAHL). The Financial Statements consolidate material transactions and balances of the Department, Housing Tasmania and Ambulance Tasmania included in its output groups. Material transactions and balances between the Department and such entities have been eliminated. Summary information relating to TAHL is disclosed in Note 14 - Details of Consolidated Entities. TAHL has no material effect on the financial statements.

18.4 Functional and Presentation Currency

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

18.5 Changes in Accounting Policies

(a) Impact of new and revised Accounting Standards

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

- 2015-6 Amendments to Australian Accounting Standards Extending Related Party Disclosures to Not-for-Profit Public Sector Entities – The objective of this Standard is to make amendments to AASB 124 Related Party Disclosures to extend the scope of that Standard to include not-for-profit public sector entities. This Standard applies to annual reporting periods beginning on or after 1 July 2016. The impact is increased disclosure in relation to related parties. There is no financial impact.
- 2015 10 Amendments to Australian Accounting Standards Effective Date of Amendments to AASB 10 and AASB 128 The objective of this Standard is to make amendments to AASB 10 Consolidated Financial Statements and AASB 128 Investments in Associates and Joint Ventures as a consequence of the issuance of International Financial Reporting Standard Effective Date of Amendment to IFRS 10 and IAS 28 by the International Accounting Standards Board in December 2015. This Standard applies to annual reporting periods beginning on or after 1 January 2016. The impact is a revised application date. There is no financial impact.

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

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

- AASB 9 *Financial Instruments* and 2014-7 *Amendments to Australian Accounting Standards arising from AASB 9 (December 2014)* the objective of these Standards is to establish principles for the financial reporting of financial assets and financial liabilities that will present relevant information to users of financial statements for their assessment of the amounts, timing, uncertainty of an entity's future cash flows, and to make amendments to various accounting standards as a consequence of the issuance of AASB 9. These standards apply to annual reporting periods beginning on or after 1 January 2018. The Department has not yet assessed the financial impact.
- AASB 15 *Revenue from Contracts with Customers* The objective of this Standard is to establish the principles that an entity shall apply to report useful information to users of financial statements about the nature, amount, timing, an uncertainty of revenue and cash flows arising from a contract with a customer. In accordance with 2015-8 *Amendments to Australian Accounting Standards Effective Date of AAS 15*, this Standard applies to annual reporting periods beginning on or after 1 January 2019. Where an entity applies the Standard to an earlier annual reporting period, it shall disclose that fact. The Department has not yet assessed the financial impact.

- 2014-5 Amendments to Australian Accounting Standards arising from AASB 15 The objective of this Standard is to make amendments to Australian Accounting Standards and Interpretations arising from the issuance of AASB 15 Revenue from Contracts with Customers. This Standard applies when AASB 15 is applied, except that the amendments to AASB 9 (December 2009) and AASB 9 (December 2010) apply to annual reporting periods beginning on or after 1 January 2018. This Standard shall be applied when AASB 15 is applied. The Department has not yet assessed the financial impact.
- 2016-2 Amendments to Australian Accounting Standards Disclosure Initiative: Amendments to AASB 107 The objective of this Standard is to amend AASB 107 Statement of Cash Flows to require entities preparing statements in accordance with Tier I reporting requirements to provide disclosures that enable users of financial statements to evaluate changes in liabilities arising from financing activities, including both changes arising from cash flows and non-cash changes. This Standard applies to annual periods beginning on or after I January 2017. The impact is increased disclosure in relation to cash flows and non-cash changes.
- 2016-3 Amendments to Australian Accounting Standards Clarifications to AASB 15 The objective of this Standard is to clarify the requirements on identifying performance obligations, principal versus agent considerations and the timing of recognising revenue from granting a licence. This Standard applies to annual periods beginning on or after 1 January 2018. The impact is enhanced disclosure in relation to revenue. The Department has not yet assessed the financial impact.
- AABS 16 Leases The objective of this Standard is to introduce a single lessee accounting model and require a lessee to recognise assets and liabilities for all leases with a term of more than 12 months, unless the underlying asset is of low value. This Standard applies to annual reporting periods beginning on or after 1 January 2019. The impact is enhanced disclosure in relation to leases. The Department has yet to calculate the financial impact due to the expected movements in operating lease balances between 30 June 2017 and 30 June 2019. Operating leases currently listed in the Commitments note are likely to be recognised as assets and liabilities under the new standard.
- 2016-4 Amendments to Australian Accounting Standards Recoverable Amount of Non-Cash-Generating Specialised Assets of Not-for-Profit Entities The objective of this Standard is to amend AASB 136 Impairment of Assets to remove references to depreciated replacement cost as a measure of value in use for not-for-profit entities and to clarify that the recoverable amount of primarily non-cash-generating assets of not-for-profit entities which are typically specialised in nature and held for continuing use of their service capacity, is expected to be materially the same as fair value determined under AASB 13 Fair Value Measurement, with the consequence that AASB 136 does not apply to such assets that are regularly revalued to fair value under the revaluation model in AASB 116 and AABS 138, and AASB 136 applies to such assets accounted for under the cost model in AASB 116 and AABS 138. This Standard applies to annual reporting periods beginning on or after 1 January 2017. The impact is enhanced disclosure in relation to non-cash-generating specialised assets of not-for-profit entities. The Department does not believe there will be any financial impact.
- AASB 1058 *Income of Not-for-Profit Entities* The objective of this Standard is to establish principles for not-for-profit entities that apply to transactions where the consideration to acquire an asset is significantly less that fair value principally to enable a not-for-profit entity to further its objectives, and the receipt of volunteer services. This Standard applies to annual reporting periods beginning on or after 1 January 2019. The impact is enhanced disclosure in relation to income of not-for-profit entities. The Department has not yet assessed the financial impact.

18.6 Foreign Currency

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

18.7 Comparative Figures

Comparative figures have been adjusted to reflect any changes in accounting policy or the adoption of new standards at Note 18.5.

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

Restructures of Outputs within the Department (internal restructures) that do not affect the results shown on the face of the Financial Statements are reflected in the comparatives in the Output Schedule at Notes 1.1, 1.2 and 1.3.

18.8 Rounding

All amounts in the Financial Statements have been rounded to the nearest thousand dollars, unless otherwise stated. Amounts less than \$500 are rounded to zero.

18.9 Departmental Taxation

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

18.10 Goods and Services Tax

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

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



Independent Auditor's Report

To the Members of Parliament

Department of Health and Human Services

Report on the Audit of the Financial Statements

Opinion

I have audited the financial statements of the Department of Health and Human Services (the Department), which comprise the statement of financial position as at 30 June 2017 and statements of comprehensive income, changes in equity and cash flows for the year then ended, notes to the financial statements, including a summary of significant accounting policies, other explanatory notes and the statement by the Secretary of the Department.

In my opinion, the accompanying financial statements:

- (a) present fairly, in all material respects, the Department's financial position as at 30 June 2017 and of its financial performance and its cash flows for the year then ended
- (b) are in accordance with the *Financial Management and Audit Act 1990* and Australian Accounting Standards.

Basis for Opinion

I conducted the audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Department in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial statements in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code.

The Audit Act 2008 further promotes the independence of the Auditor-General. The Auditor-General is the auditor of all Tasmanian public sector entities and can only be removed by Parliament. The Auditor-General may conduct an audit in any way considered appropriate and is not subject to direction by any person about the way in which audit powers are to be exercised. The Auditor-General has for the purposes of conducting an audit, access to all documents and property and can report to Parliament matters which in the Auditor-General's opinion are significant.

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DHHS Annual Report 2016-17 - Part 3 - Financial Statements

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

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

Responsibilities of the Secretary for the Financial Statements

The Secretary is responsible for the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards, and the financial reporting requirements of Section 27 (1) of the *Financial Management and Audit Act 1990*. This responsibility includes such internal control as determined necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Secretary is responsible for assessing the Department's ability to continue as a going concern unless the Department's operations will cease as a result of an administrative restructure. The assessment must disclose, as applicable, matters related to going concern and the appropriateness of using the going concern basis of accounting.

Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Department's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Secretary.
- Conclude on the appropriateness of the Secretary's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Department's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am

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required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusion is based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Department to cease to continue as a going concern.

• Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Secretary regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

MM

Rod Whitehead Auditor-General

Tasmanian Audit Office

28 September 2017 Hobart

DHHS Annual Report 2016-17 - Part 3 - Financial Statements

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Ambulance Tasmania Special Purpose Financial Report

For the year ended 30 June 2017

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Statement of Certification

The accompanying Special Purpose Financial Report of Ambulance Tasmania and its related bodies, as detailed in Note 10.2 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 Ambulance Service Act 1982, the Financial Management and Audit Act 1990 and the Audit Act 2008 to present fairly the financial transactions for the year ended 30 June 2017 and the financial position as at 30 June 2017.

At the date of signing, we are not aware of any circumstances which would render the particulars included in the Special Purpose Financial Report misleading or inaccurate.

Michael Pervan Secretary DHHS and Commissioner of Ambulance Tasmania 27 September 2017

Neil Kirby Chief Executive Officer Ambulance Tasmania

27 September 2017

Elec Patte

Eleanor Patterson Acting Chief Financial Officer DHHS

27 September 2017

Statement of Comprehensive Income for the year ended 30 June 2017

	Notes	2017 Actual \$'000	2016 Actual \$'000
Continuing operations			
Revenue and other income from transactions			
Revenue from Government			
Appropriation revenue - recurrent	2.1	52 950	46 104
Other revenue from Government	2.1	559	0
Grants	2.2	0	4
Sales of goods and services	2.3	9 366	9 348
Other revenue	2.4	9 294	6 515
Total revenue and other income from transactions		72 169	62 108
Expenses from transactions			
Employee benefits	3.1	57 527	48 497
Depreciation and amortisation	3.2	2 680	2 627
Supplies and consumables	3.3	16 044	15 068
Grants and subsidies	3.4	15	15
Finance costs	3.5	63	11
Other expenses	3.6	I 627	I 702
Total expenses from transactions		77 956	67 920
Net result from transactions (net operating balance)		(5 787)	(5812)
Other economic flows included in net result			
Net gain/(loss) on non-financial assets	4.1	103	274
Net actuarial gains/(losses) of superannuation defined benefit plans	6.3	7 678	(2372)
Net gain/(loss) on financial instruments and statutory receivables/payables	4.2	(363)	(383)
Total other economic flows included in net result		7 418	(2481)
Net result from continuing operations		I 631	(8 293)
Other comprehensive income			
Items that will not be reclassified subsequently to profit or loss			
Changes in property, plant and equipment revaluation surplus	8.1	608	472
Total other comprehensive income	_	608	472
Comprehensive result		2 239	(7821)

Statement of Financial Position as at 30 June 2017

	Notes	2017 Actual \$'000	2016 Actual \$'000
Assets			
Financial assets			
Cash and deposits	9.1	462	715
Receivables	5.1	2 069	1 933
Other financial assets	5.2	I 844	1712
Non-financial assets			
Inventories	5.3	1 294	50
Property, plant and equipment	5.4	29 775	32 331
Intangibles	5.5	108	0
Superannuation	6.3	4	0
Other assets	5.6	2	0
Total assets		36 965	37 841
Liabilities			
Payables	6.1	876	762
Employee benefits	6.2	15 569	13 198
Superannuation	6.3	0	5 109
Other liabilities	6.4	385	876
Total liabilities		16 830	19 945
Net assets	_	20 135	17 896
Fauity			
Equity Reserves	8.1	15 497	14 000
	8.1		14 889
Accumulated funds	_	4 638	3 007
Total equity		20 35	17 896

Statement of Cash Flows for the year ended 30 June 2017

	Notes	2017 Actual \$'000	2016 Actual \$'000
		Inflows	Inflows
Cash flows from operating activities		(Outflows)	(Outflows)
Cash inflows			
Appropriation receipts - recurrent		52 950	46 663
Grants - continuing operations		0	4
Sales of goods and services		8612	12 427
GST receipts		26	55
Other cash receipts	_	9 294	6 515
Total cash inflows		72 117	66 901
Cash outflows			
Employee benefits		(54061)	(45 787)
GST payments		(20)	(395)
Grants and transfer payments		(15)	(15)
Supplies and consumables		(14 708)	(14912)
Other cash payments	_	(507)	(729)
Total cash outflows	_	(7 4)	(63 838)
Net cash from/(used by) operating activities	9.2	706	3 063
Cash flows from investing activities			
Cash inflows			
Proceeds from the disposal of non-financial assets	_	138	286
Total cash inflows		138	286
Cash outflows			
Payment for acquisition of non-financial assets	_	(097)	(2809)
Total cash outflows		(097)	(2 809)
Net cash from/(used by) investing activities	_	(959)	(2 523)
Net increase/(decrease) in cash and cash equivalents held	_	(253)	540
Cash and deposits at the beginning of the reporting period	_	715	175
Cash and deposits at the end of the reporting period		462	715

Statement of Changes in Equity for the year ended 30 June 2017

	Notes	Contrib Equity	Reserves	Accum Funds	Total Equity	
		\$'000	\$'000 \$'000	\$'000	\$'000	\$'000
Balance as at 1 July 2016		0	14 889	3 007	17 896	
Net Result		0	0	63	63	
Other Comprehensive Income		0	608	0	608	
Total comprehensive result		0	608	63	2 239	
Transfers from asset revaluation reserve to accumulated surplus	8.1	0	0	0	0	
Balance as at 30 June 2017		0	15 497	4 638	20 135	

	Notes	Contrib Equity	Reserves \$'000	Accum Funds \$'000	Total Equity \$'000
		\$'000			
Balance as at 1 July 2015		0	14 417	11 300	25 717
Net Result		0	0	(8293)	(8293)
Other Comprehensive Income		0	472	0	472
Total comprehensive result		0	472	(8 293)	(7821)
Transfers from asset revaluation reserve to accumulated surplus	8.1	0	0	0	0
Balance as at 30 June 2016		0	14 889	3 007	17 896

Notes to and forming part of the Financial Statements for the year ended 30 June 2017

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Note I Underlying Net Operating Balance

	2017 Actual \$'000	2016 Actual \$'000
Net result from transactions (net operating balance)	(5 787)	(5812)
Less impact of:		
Non-operational capital funding		
Other Revenue from Government	168	0
Total	168	0
Underlying Net operating balance	(5 955)	(5812)

Note 2 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.

2.1 Revenue from Government

Revenue from Government, whether recurrent or works and services, are recognised as revenues in the period in which the Tasmanian Ambulance Service (the Service) gains control of the appropriated funds.

2.2 Grants

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

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

	2017 Actual \$'000	2016 Actual \$'000
Continuing Operations		
Grants from the Australian Government		
COPES Receipts	0	141
Total	0	4
Total revenue from Grants	0	141

COPES Receipts in 2015-16 relate to funds received for Commonwealth Home Support Programme (CHSP) previously known as Home and Community Care (HACC).

2.3 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.

	2017 Actual \$'000	2016 Actual \$'000
Ambulance Fees	8 567	9 332
Other user charges	799	16
Total	9 366	9 348

The increase in Other user charges relates to the Bass Strait Islands Agreement.

2.4 Other revenue

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

	2017 Actual \$'000	2016 Actual \$'000
		007
Wages and Salaries Recoveries	287	927
Workers Compensation Recoveries	878	601
Operating Recoveries	66	61
Donations	I	I
Corporate Overhead Funding	360	2 796
Other Revenue	6 702	2 29
Total	9 294	6 5 1 5

For 2016-17, the Ambulance Tasmania corporate overhead charge has been reviewed as part of a larger review of DHHS overheads and corporate charges. The review resulted in a lower allocation of corporate services expenditure to Ambulance Tasmania. The amount charged to Ambulance Tasmania is offset by an equivalent level of revenue.

Other revenue in both financial years (2016 and 2017) reflects additional funding provided by the DHHS above the Services' approved budget allocation.

Note 3 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.

3.1 Employee benefits

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

(a) Employee expenses

	2017 Actual \$'000	2016 Actual \$'000
Wages and salaries including FBT	40 963	34 363
Annual leave	5 318	4 246
Long service leave	680	309
Sick leave	2 059	923
Other employee expenses - recruitment & staff development	402	450
Other employee expenses - other staff allowances	361	319
Superannuation expenses - defined contribution and benefits schemes	6 744	5 887
Total	57 527	48 497

Superannuation expenses for defined benefit 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 12.85 per cent (2016: 12.75 per cent) of salary.

Superannuation expenses relating to defined contribution schemes are paid directly to nominated superannuation funds at a rate of 9.5 per cent (2016: 9.5 per cent) of salary. In addition, the Service are also required to pay into the Consolidate Fund a "gap" payment equivalent to 3.35 per cent (2016: 3.25 per cent) of salary in respect of employees who are members of contribution schemes.

(b) Remuneration of key management personnel

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Department, directly or indirectly.

Remuneration during 2016-17 for key personnel is set by the *State Service Act 2000*. Remuneration and other terms of employment are specified in employment contracts. Remuneration includes salary, motor vehicle and other non-monetary benefits. Long term employee expenses include long service leave, superannuation obligations and payments made on departure.

As part of Ambulance Tasmania's key management personnel, Michael Pervan, Secretary of DHHS and Commissioner of Ambulance Tasmania receives no remuneration for his role. His remuneration is disclosed in the Department of Health and Human Services' Financial Statements.

Acting Arrangements

When members of key management personnel are unable to fulfil their duties, consideration is given to appointing other members of senior staff to their position during their period of absence. Individuals are considered members of key management personnel when acting arrangements are for more than a period of four weeks.

The following were key management personnel of the Department at any time during the financial year and unless otherwise indicated were key management personnel for the entire year.

	Short-ter	m benefits	Long-ter	m benefits		
	Salary ¹	Other Benefits ²	Superann- uation ³	Other Benefits and Long- Service Leave ⁴	Termination Benefits ⁵	Total
2017	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Key management personnel						
Neil Kirby - Chief Executive Officer, Ambulance Tasmania (from 14/11/2016)	105	4	10	0	0	118
Acting Key management personnel						

Paul Templar

- Acting Chief Executive Officer, Ambulance Tasmania

(to ||/||/2016) 148 -I 14 4 0 165

	Short-ter	m benefits	Long-ter	m benefits		
	Salary ¹	Other Benefits ²	Superann- uation ³	Other Benefits and Long- Service Leave ⁴	Termination Benefits ⁵	Total
2016	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Key management personnel						
Dominic Morgan - Chief Executive Officer, Ambulance Tasmania (to 10/02/2016)	2	3	20	0	85	238
Acting key management personnel						
Paul Templar - Acting Chief Executive Officer, Ambulance Tasmania (from 14/03/2016)	52	5	5	I	0	63

Notes:

I Salary includes all forms of consideration paid and payable for services rendered and compensated absences during the period.

2 Other benefits includes all other forms of non-salary benefits such as motor vehicles and parking, fringe benefit tax payable in respect of these benefits, payments in lieu of leave, annual leave movements and any other compensation paid or payable.

3 Superannuation means the contribution to the superannuation fund of the individual.

4 Other long term benefits and long service leave includes the movements in the discounted long service leave balances.

5 Termination Benefits include accrued annual and long service leave entitlements and termination payments.

(c) Related party transactions

There are no material related party transactions requiring disclosure.

3.2 Depreciation and amortisation

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

Key estimate and judgment

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

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

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

Major amortisation periods are:

Software 3 - 20 years

(a) Depreciation

	2017 Actual \$'000	2016 Actual \$'000
Plant, equipment and vehicles	2 127	2 024
Buildings	548	564
Total	2 675	2 588

(b) Amortisation

	2017 Actual \$'000	2016 Actual \$'000
Intangibles	5	39
Total	5	39
Total depreciation and amortisation	2 680	2 627

3.3 Supplies and consumables

	2017 Actual \$'000	2016 Actual \$'000
Consultants	80	147
Property Services	653	644
Maintenance	385	438
Communications	642	579
Information Technology	2 767	981
Travel and Transport	2 235	9
Medical, Surgical and Pharmacy Supplies	I 158	87
Advertising and Promotion	48	3
Patient and Client Services	5 744	5 605
Leasing Costs	68	74
Equipment and Furniture	312	193
Administration	82	109
Food Production Costs	58	46
Other Supplies and Consumables	9	109
Corporate Overhead Charge	6 4	2 998
Service Fees	59	6
Audit Fees - financial audit internal and external	20	38
Total	16 044	15 068

The increase of expenditure in Information Technology, Travel and Transport and Equipment and Furniture relates to expenditure of the In-Vehicle Information System (IVIS) project that cannot be capitalised.

For 2016-17, the Ambulance Tasmania corporate overhead charge has been reviewed as part of a larger review of DHHS overheads and corporate charges. The review resulted in a lower allocation of corporate services expenditure to Ambulance Tasmania. The amount charged to Ambulance Tasmania is offset by an equivalent level of revenue.

3.4 Grants and subsidies

Grant and subsidies expenditure is recognised to the extent that:

the services required to be performed by the grantee have been performed; or

the grant eligibility criteria have been satisfied.

A liability is recorded when the Service 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.

	2017 Actual \$'000	2016 Actual \$'000
Other Grants		
Grant - Other	15	15
Total Other Grants	15	15
Total		15

3.5 Finance costs

All finance costs are expensed as incurred using the effective interest method.

Finance costs relate to interest on the Service's defined benefit superannuation obligation.

	Notes	2017 Actual \$'000	2016 Actual \$'000
Interest expense			
Interest on superannuation defined benefit plans	6.3(b)	63	11
Total		63	11

3.6 Other expenses

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

	2017 Actual \$'000	2016 Actual \$'000
Salary on-costs	I 543	589
Tasmanian Risk Management Fund premium	84	113
Total	I 627	I 702

Note 4 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.

4.1 Net gain/(loss) on non-financial assets

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

Key Judgement

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 Service'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.

	2017 Actual \$'000	2016 Actual \$'000
Net gain/(loss) on disposal of physical Assets	103	274
Total net gain/(loss) on non-financial assets	103	274

4.2 Net gain/(loss) on financial instruments and statutory receivables/payables

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

Key Judgement

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

Impairment losses are recognised in the Statement of Comprehensive Income.

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

	Notes	2017 Actual \$'000	2016 Actual \$'000
Impairment of loans and receivables	5.1	(363)	(383)
Total	-	(363)	(383)

Note 5 Assets

5.1 Receivables

	2017 Actual \$'000	2016 Actual \$'000
	2.17	2 107
Receivables	2 165	2 187
Less: Provision for impairment	(96)	(254)
Total	2 069	933
Sales of goods and services (inclusive of GST)	I 905	I 455
Tax assets	164	478
Total	2 069	I 933
Settled within 12 months	2 069	933
Total	2 069	I 933

Reconciliation of movement in provision for impairment of receivables	2017 Actual \$'000	2016 Actual \$'000
Carrying amount at I July	254	244
Amounts written off during the year	(521)	(373)
Increase/(decrease) in provision recognised in profit or loss	363	383
Carrying amount at 30 June	96	254

5.2 Other financial assets

	2017 Actual \$'000	2016 Actual \$'000
Accrued Revenue	I 653	1712
Inter Entity Balance	191	0
Total	844	1 712
Settled within 12 Months	844	7 2
Total	l 8 44	1712

Accrued Revenue in both years relates to the Department of Veteran Affairs (DVA) and Mersey Patient Transport (MCH) revenue.

The inter-entity balance comprises transactions arising from interactions between the Department of Health and Human Services and Ambulance Tasmania, including goods and services tax (GST) and cash settlement entries.

5.3 Inventories

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

	2017 Actual \$'000	2016 Actual \$'000
Dhamaasu	124	120
Pharmacy		
General Supplies	170	030
Total	I 294	50
Consumed within 12 Months	294	50
Total	l 294	50

5.4 Property, plant and equipment

Key estimate and judgement

(i) Valuation basis

Property, plant and equipment is recorded at fair value less accumulated depreciation. All other non-current physical assets, including work in progress, are recorded at historic cost less accumulated depreciation and accumulated impairment losses. All assets within a class of assets are measured on the same basis.

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

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

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

(ii) Subsequent costs

The cost of replacing part of an item of property, plant and equipment is recognised in the carrying amount of the item if it is probable that the future economic benefits embodied within the part will flow to the Service 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.

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(iii) Asset recognition threshold

The asset capitalisation threshold adopted by the Service is:

Vehicles	\$10 000
Plant and Equipment	\$10 000
Land and Buildings	\$10 000
Intangibles	\$50 000
Artwork	\$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 Service's land and building assets were revalued independently by the Valuer-General of Tasmania as at 30 June 2017 using an adjustment indice of 1.080 for land (2016: 1.035) and 1.065 for buildings (2016: 1.045). This was based on market movement factors and building cost indices. This revaluation was in accordance with the Treasurer's Instruction 303 Recognition and Measurement of Non-Current Assets and the Australian Accounting Standard (AASB 116). Revaluations are shown on a net basis and will continue to do so until the next full revaluation is performed. This is due to occur as at 30 June 2018.

(a) Carrying amount

	2017 Actual \$'000	2016 Actual \$'000
Land		
Land at fair value	7 740	7 418
Total land	7 740	7 418
Buildings		
Buildings at net fair value	15 185	15 434
Total DHHS Buildings	15 185	15 434
Plant, equipment and vehicles		
At cost	21 640	21 076
Less: Accumulated depreciation	(15 462)	(14 066)
Total plant, equipment and vehicles	6 178	7 010
Work in progress		
Buildings	Ο	31
Plant, equipment and vehicles	672	2 438
Total work in progress	672	2 469
Total property, plant and equipment	29 775	32 331

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

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

2017	Land	Buildings	Plant, equipment & vehicles	Works in progress	Total
	Level 2	Level 3			
	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying value at I July	7 418	15 434	7 010	2 469	32 331
Additions	0	0	0	1 099	1 099
Disposals	0	0	(35)	0	(35)
Revaluation increments (decrements)	322	284	0	0	606
Transfers between classes	0	0	0	(2)	(2)
WIP transfers	0	15	330	(345)	0
WIP expensed	0	0	0	(439)	(439)
Depreciation	0	(548)	(2 27)	0	(2675)
Carrying value at 30 June	7 740	15 185	6 178	672	29 775

2016			Plant, equipment & vehicles	Works in progress	
	Land	Buildings			Total
	Level 2	Level 3			
	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying value at I July	7 167	15 766	6 754	I 984	31 671
Additions	0	0	26	2 783	2 809
Disposals	0	0	(12)	0	(2)
Revaluation increments (decrements)	251	221	0	0	472
WIP transfers	0	11	2 266	(2277)	0
WIP expensed	0	0	0	(21)	(21)
Depreciation	0	(564)	(2024)	0	(2 588)
Carrying value at 30 June	7 418	15 434	7 010	2 469	32 331

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

Description	Fair Value at 30 June \$'000	Significant unobservable inputs used in valuation		Sensitivity of fair value to changes in level 3 inputs
Buildings	15 185	A - Construction costs B - Age and condition of asset C - Remaining useful life	When valuing these assets, their existing and alternative uses are taken into account by valuers. As a result, it is unlikely that alternative values will arise unless there are more changes in known inputs.	Tasmanian construction indexes have remained stable over the last 12 months. Design and useful lives are reviewed regularly but generally remain unchanged. As a result, it is unlikely that significant variations in values will arise in the short term.

5.5 Intangibles

An intangible asset is recognised where:

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

Intangible assets held by the Service 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 Service are valued at cost less any subsequent accumulated amortisation and any subsequent accumulated impairment losses.

(a) Carrying amount

	2017 Actual \$'000	2016 Actual \$'000
Intangibles with a finite useful life		
Other non-current assets at cost	270	157
Less: Accumulated amortisation	(62)	(157)
Total	108	0
Total Intangibles		0

(b) Reconciliation of movements

	2017 Actual \$'000	2016 Actual \$'000
Carrying amount at I July	0	39
Transfers between classes	112	0
Amortisation - Intangible assets	(4)	(39)
Carrying amount at 30 June	108	0

The increase in Intangibles carrying amount relates to the capitalisation of In-Vehicle Information Systems (IVIS).

5.6 Other assets

Other assets are recorded at fair value and include prepayments.

(a) Carrying amount

	2017 Actual \$'000	2016 Actual \$'000
Prepayments	2	0
Total	2	0
Recovered within 12 months	2	0
Recovered in more than 12 months	0	0
	2	0

(b) Reconciliation of movements

	2017 Actual \$'000	2016 Actual \$'000
Carrying amount at I July	0	0
Additions	2	0
Utilised	0	0
Carrying amount at 30 June	2	0

Note 6 Liabilities

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

6.1 Payables

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

	2017 Actual \$'000	2016 Actual \$'000
Creditors	859	715
Accrued Expenses	17	47
Total	876	762
Settled within 12 months	876	762
Total	876	762

6.2 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, 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.

	2017 Actual \$'000	2016 Actual \$'000
Accrued salaries	8 8	422
Annual leave	5 037	4211
Long service leave	8 4 5 l	7 267
Sabbatical leave	48	26
Other Employee Benefits	215	272
Total	15 569	13 198
Expected to settle wholly within 12 months	7 837	6 572
Expected to settle wholly after 12 months	7 732	6 626
Total	15 569	13 198

6.3 Superannuation

(i) Defined contribution plans

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

(ii) Defined benefit plans

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

Key estimate and judgement

With the exception noted below, Ambulance Tasmania does not recognise a liability for the accruing superannuation benefits of State Service employees. This liability is held centrally and is recognised within the Finance-General Division of the Department of Treasury and Finance.

The Service makes contributions in respect of certain employees of Ambulance Tasmania to the Tasmanian Ambulance Service Superannuation Scheme being a defined benefit scheme where members receive lump sum benefits on resignation, retirement, death or invalidity. The scheme is closed to new members. The Service's superannuation obligations in respect of this scheme are recognised at the latest actuarial assessment of the member's entitlements, net of scheme assets.

Actuarial gains or losses arising from the actuarial revaluation of the Ambulance Tasmania superannuation liabilities are recognised in the Statement of Comprehensive Income.

(a) Type of plan

Tasmanian Ambulance Service Superannuation Scheme

The Tasmanian Ambulance Service Superannuation Scheme (TASSS) balances reported are provided in respect of those employees who are defined benefit members.

The State Actuary undertook a revaluation of the present value of the benefit obligation and the fair value of the plan assets as at 30 June 2017 using the process outlined in AASB Standard 119 Employee Benefits issued on September 2011. As a result of the revaluation it was determined that the TASSS was in surplus by \$1.0 million (2016: \$5.1 million deficit).

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(b) Reconciliation of movements in Present value of superannuation liability

	Total Liabi	lity
	2017 Actual \$'000	2016 Actual \$'000
Balance at I July	5 109	I 536
Included in profit or loss		
Current service cost	2 534	2616
Interest cost	63	11
	2 597	2 627
Included in other comprehensive income		
Re-measurement loss (gain):		
Actuarial loss (gain)	(2 682)	242
Return on plan assets excluding interest	(4 996)	30
Actuarial gains/(losses)	(7 678)	2 372
Other		
Employer contributions	(439)	(426)
	(439)	(426)
Balance at 30 June	(4)	5 109

(c) Plan assets at fair value

As at 30 June 2017 ^

Asset Category	Total (\$'000)
International Equities	10 081
Diversified Fixed Interest	6 281
Property	7 404
Alternative Investments	16 955
Cash and cash equivalents	4 369
Australian equities	9 102
Total	54 192

^ Estimated based on estimated scheme assets as at 30 June 2017 and asset allocation of the TAS Scheme as at 31 March 2017.

The following table shows the percentage of each class of asset that have a quoted price in an active market for RBF as a whole as at 30 June 2016.

As at 30 June 2016

Asset Category	Total	Quoted prices in active markets for identical assets - Level I	Significant observable inputs - Level 2	Unobservable inputs -Level 3
	%	%	%	%
Cash and Cash equivalent	100.0	45.3	54.7	0.0
Equity Instruments	100.0	7.0	85.0	8.0
Debt Instruments	100.0	0.0	100.0	0.0
Derivatives	100.0	0.1	99.9	0.0
Total	100.0	34.1	63.7	2.2

(d) Key actuarial assumptions

		Tasmanian Ambulance Service Superannuation Scheme	
	2017 Actual %	2016 Actual %	
Discount rate	2.95	2.40	
Future rate of salary increases	3.00	4.00	
Future rate of increase of compulsory preserved amounts	n/a	n/a	
Inflation (pension)	n/a	n/a	

As at 30 June 2017 the weighted average duration of the defined benefit obligation for Ambulance Tasmania was 7.9 years (2016: 9.0 years).

(e) Sensitivity analysis

The defined benefit obligation as at 30 June 2017 under several scenarios is presented below.

Scenario A and B relate to discount rate sensitivity. Scenario C and D relate to expected salary increase rate sensitivity.

Scenario A : 1% pa lower discount rate assumption

Scenario B : 1% pa higher discount rate assumption

Scenario C : 1% pa lower than expected salary increase rate assumption

Scenario D : 1% pa higher than expected salary increase rate assumption

Defined benefit obligation	Base Case	Scenario A	Scenario B	Scenario C	Scenario D
		-1.0% pa discount rate	'+1.0% pa discount rate	-1.0% pa salary increase rate	'+1.0% pa salary increase rate
Discount rate (% pa)	2.95	1.95	3.95	2.95	2.95
Salary increase rate (% pa)	3.00	3.00	3.00	2.00	4.00
Defined Benefit Obligation^ (A\$'000s)	53 170	58 473	48 795	49 519	57 475
^includes defined benefit contribution tax provision					

The defined benefit obligation has been recalculated by changing the assumptions as outlined above, whilst retaining all other assumptions.

(f) Funding arrangements

Contributions to the Tasmanian Ambulance Superannuation Scheme are made on an emerging cost basis.

The Service expects to make a contribution of \$1.499 million (2016: \$1.356 million) to the defined benefit plan for the Tasmanian Ambulance Superannuation Scheme during the next financial year.

6.4 Other liabilities

	2017 Actual \$'000	2016 Actual \$'000
Revenue received in advance		
Appropriation carried forward from current and previous years under section 8A(2) of the <i>Public Account Act 1986</i>	0	559
Other Liabilities		
Employee benefits - on-costs	385	265
Inter entity balance	0	52
Total	385	876
Settled within 12 months	166	724
Settled in more than 12 months	219	152
Total	385	876

The inter-entity balance comprises transactions arising from interactions between the Department of Health and Human Services and Ambulance Tasmania, including goods and services tax (GST) and cash settlement entries.

Note 7 Commitments and Contingencies

The Service 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 Service is prohibited by Treasurer's Instruction 502 Leases from holding finance leases.

7.1 Schedule of Commitments

	2017 Actual \$'000	2016 Actual \$'000
By type		
Operating Lease Commitments		
Motor Vehicles	607	802
Total Lease Commitments	607	802
Other Commitments		
RFDS Air Ambulance standing charge	17 280	18 600
Radio Maintenance Agreement with TFS	436	236
VACIS Collaboration Agreement	438	300
Tasmanian Police Rescue Helicopter	4 100	4 300
Guardian Command CAD Contract	616	0
In-Vehicle Information System (IVIS) Contract	488	0
Total Other Commitments	23 358	23 436
Total	23 965	24 238
By Maturity		
Operating Lease Commitments		
One year or less	299	328
From one to five years	308	474
Total Operating Lease Commitments	607	802
Other Commitments		
One year or less	6 414	6 036
From one to five years	16 944	17 400
Total Other Commitments	23 358	23 436
Total	23 965	24 238

Motor Vehicles (Operating lease)

The Service's Motor Vehicle Fleet is managed by LeasePlan Australia as part of a Whole-of-Government arrangement with the Department of Treasury and Finance as lessor. Lease payments vary according to the type of vehicle and, where applicable, the price received for trade-in vehicles. Lease terms for the majority of existing vehicles are for a period of three years or 60 000 kilometres, whichever comes first, with no change to the lease rate. No restrictions or purchase options are contained in the lease.

RFDS air ambulance standing charge

The Royal Flying Doctor Service (RFDS) air ambulance standing charge covers availability of the aircraft and a back up aircraft with pilots available 24 hours a day with other fixtures including a hangar. It does not include variable costs such as flying hours and aviation charges.

Tasmanian Police Rescue Helicopter

The Aero-Medical and Medical Retrieval Division (AMMRD) of Ambulance Tasmania (AT) provides inter-facility transport and mobile critical care for patients requiring movement within and outside Tasmania. AT utilises a range of transport options for Aero-Medical and Medical Retrieval activity which includes road ambulances, the fixed wing air ambulance, special operations vehicles and occasionally the Tasmania Police rescue helicopter.

In-Vehicle Information System (IVIS)

The IVIS contract relates to the maintenance and support of on-board computer system with a mobile data screen that are placed in operational Ambulance vehicles. This will provide a mobile interface to the State Communications Centre for Ambulance crews.

Guardian Command Computer Aided Dispatch (CAD) Contract

Guardian Command is a state of the art, modern Command and Control system for emergency services Control Rooms. The Guardian Command CAD contract relates to the maintenance and support of the substantial upgraded CAD system. The planned upgrade to CAD occurred in August 2016.

Note 8 Reserves

8.1 Reserves

2017	Land	Buildings	Total
	\$'000	\$'000	\$'000
Asset revaluation reserve			
Balance at the beginning of financial year	4 08	10 808	14 889
Revaluation increments/(decrements)	323	285	608
Balance at the end of financial year	4 404	11 093	15 497
2016	Land	Buildings	Total
2016	Land \$'000	Buildings \$'000	Total \$'000
2016 Asset revaluation reserve		-	
		-	
Asset revaluation reserve	\$'000	\$'000	\$'000

(a) Nature and purpose of reserves

Asset Revaluation Reserve

The Asset revaluation reserve is used to record increments and decrements on the revaluation of non-financial assets, as described in Note 5.4.

Note 9 Cash Flow Reconciliation

9.1 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.

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

	2017 Actual \$'000	2016 Actual \$'000
Special Deposits and Trust Fund balance		
T510 Operating Account	460	713
Special Deposits and		
Trust Fund Balance Total	460	713
Other cash held		
Other Cash equivalents not included above	2	2
Other cash held Total	2	2
Total cash and deposits	462	715

9.2 Reconciliation of Net Result to Net Cash from Operating Activities

	2017 Actual \$'000	2016 Actual \$'000
Net result from transactions (net operating balance)	(5 787)	(5812)
Depreciation and amortisation	2 679	2 627
WIP expensed	I 439	21
Doubtful debts	(363)	(383)
Net actuarial gains/(losses) of superannuation defined benefit plans	7 678	(2372)
Decrease (increase) in Receivables	(136)	558
Decrease (increase) in Other assets	(134)	2 066
Decrease (increase) in Inventories	(144)	(334)
Increase (decrease) in Employee entitlements	2 371	I 520
Increase (decrease) in Superannuation	(6 520)	3 573
Increase (decrease) in Payables	4	16
Increase (decrease) in Other liabilities	(491)	583
Net cash from/(used by) operating activities	706	3 063

Note 10 Other Significant Accounting Policies and Judgements

10.1 Objectives and Funding

The Service provides emergency ambulance, transport and care services, and a non-emergency patient transport service. The provision of ambulance services in rural communities relies on the strength and commitment of volunteer ambulance officers working in volunteer units, branch stations and independent services.

The Service is predominantly funded through funds from the Department of Health and Human Services (Department). In addition, the Service provides services to fee paying, privately insured patients or patients who will receive compensation for these expenses due to the circumstances surrounding the injury.

10.2 Basis of Accounting

The Commissioner of Ambulance Tasmania has decided that as there are no users dependent on General Purpose Financial Statements, these Special Purpose Financial Statements have been prepared in order to meet the financial reporting obligations of Ambulance Tasmania and the Audit Act 2008.

These Special Purpose Financial Statements have been prepared in accordance with the recognition and measurement requirements specified by Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board and the disclosure requirements of AASB 101 Presentation of Financial Statements, AASB 107 Statement of Cash Flows, AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors, AASB 124 Related Parties, AASB 1048 Interpretation and Application of Standards, AASB 1054 Australian Additional Disclosures, AASB 13 Fair Value Measurement, AASB 1004 Contributions and AASB 116 Property Plant and Equipment.

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

This Special Purpose Financial Report has reduced disclosure in terms of Financial Instruments and Superannuation Reporting.

The Special Purpose 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 gong concern. The continued existence of Ambulance Tasmania , undertaking its current activities, is dependent on Government Policy and continuing appropriations through the Department for Ambulance Tasmania's administration and activities.

10.3 Reporting Entity

The Financial Statements include all the controlled activities of the Service. The Financial Statements consolidate material transactions and balances of the Service.

10.4 Functional and Presentation Currency

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

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10.5 Changes in Accounting Policies

(a) Impact of new and revised Accounting Standards

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

2015-6 Amendments to Australian Accounting Standards – Extending Related Party Disclosures to Not-for-Profit Public Sector Entities – The objective of this Standard is to make amendments to AASB 124 Related Party Disclosures to extend the scope of that Standard to include not-for-profit public sector entities. This Standard applies to annual reporting periods beginning on or after 1 July 2016. The impact is increased disclosure in relation to related parties. There is no financial impact.

2015-10 Amendments to Australian Accounting Standards - Effective Date of Amendments to AASB 10 and AASB 128 - The objective of this Standard is to make amendments to AASB 10 Consolidated Financial Statements and AASB 128 Investments in Associates and Joint Ventures as a consequence of the issuance of International Financial Reporting Standard Effective Date of Amendment to IFRS 10 and IAS 28 by the International Accounting Standards Board in December 2015. This Standard applies to annual reporting periods beginning on or after 1 January 2016. The impact is a revised application date. There is no financial impact.

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

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

AASB 9 Financial Instruments and 2014-7 Amendments to Australian Accounting Standards arising from AASB 9 (December 2014) - the objective of these Standards is to establish principles for the financial reporting of financial assets and financial liabilities that will present relevant information to users of financial statements for their assessment of the amounts, timing, uncertainty of an entity's future cash flows, and to make amendments to various accounting standards as a consequence of the issuance of AASB 9. These standards apply to annual reporting periods beginning on or after I January 2018. The Service has not yet assessed the financial impact.

AASB 15 Revenue from Contracts with Customers – The objective of this Standard is to establish the principles that an entity shall apply to report useful information to users of financial statements about the nature, amount, timing, an uncertainty of revenue and cash flows arising from a contract with a customer. In accordance with 2016-7 Amendments to Australian Accounting Standards - Effective Date of AAS 15, this Standard applies to annual reporting periods beginning on or after 1 January 2019. Where an entity applies the Standard to an earlier annual reporting period, it shall disclose that fact. The Service has not yet assessed the financial impact.

2014-5 Amendments to Australian Accounting Standards arising from AASB 15 – The objective of this Standard is to make amendments to Australian Accounting Standards and Interpretations arising from the issuance of AASB 15 Revenue from Contracts with Customers. This Standard applies when AASB 15 is applied, except that the amendments to AASB 9 (December 2009) and AASB 9 (December 2010) apply to annual reporting periods beginning on or after 1 January 2018. This Standard shall be applied when AASB 15 is applied. The Service has not yet assessed the financial impact.

2016-2 Amendments to Australian Accounting Standards – Disclosure Initiative: Amendments to AASB 107 – The objective of this Standard is to amend AASB 107 Statement of Cash Flows to require entities preparing statements in accordance with Tier I reporting requirements to provide disclosures that enable users of financial statements to evaluate changes in liabilities arising from financing activities, including both changes arising from cash flows and non-cash changes. This Standard applies to annual periods beginning on or after I January 2017. The impact is increased disclosure in relation to cash flows and non-cash changes.

2016-3 Amendments to Australian Accounting Standards - Clarifications to AASB 15 - The objective of this Standard is to clarify the requirements on identifying performance obligations, principal versus agent considerations and the timing of recognising revenue from granting a licence. This Standard applies to annual periods beginning on or after 1 January 2018. The impact is enhanced disclosure in relation to revenue. The Service has not yet assessed the financial impact.

AABS 16 Leases – The objective of this Standard is to introduce a single lessee accounting model and require a lessee to recognise assets and liabilities for all leases with a term of more than 12 months, unless the underlying asset is of low value. This Standard applies to annual reporting periods beginning on or after 1 January 2019. The impact is enhanced disclosure in relation to leases. The Service has yet to calculate the financial impact due to the expected movements in operating lease balances between 30 June 2017 and 30 June 2019. Operating leases currently listed in the Commitments note are likely to be recognised as assets and liabilities under the new standard.

2016-4 Amendments to Australian Accounting Standards - Recoverable Amount of Non-Cash-Generating Specialised Assets of Not-for-Profit Entities - The objective of this Standard is to amend AASB 136 Impairment of Assets to remove references to depreciated replacement cost as a measure of value in use for not-for-profit entities and to clarify that the recoverable amount of primarily non-cash-generating assets of not-for-profit entities which are typically specialised in nature and held for continuing use of their service capacity, is expected to be materially the same as fair value determined under AASB 13 Fair Value Measurement, with the consequence that AASB 136 does not apply to such assets that are regularly revalued to fair value under the revaluation model in AASB 116 and AABS 138, and AASB 136 applies to such assets accounted for under the cost model in AASB 116 and AASB 138. This Standard applies to annual reporting periods beginning on or after 1 January 2017. The impact is enhanced disclosure in relation to non-cash-generating specialised assets of not-for-profit entities. The Service does not believe there will be any financial impact.

AASB 1058 Income of Not-for-Profit Entities - The objective of this Standard is to establish principles for not-for-profit entities that apply to transactions where the consideration to acquire an asset is significantly less that fair value principally to enable a not-for-profit entity to further its objectives, and the receipt of volunteer services. This Standard applies to annual reporting periods beginning on or after 1 January 2019. The impact is enhanced disclosure in relation to income of not-for-profit entities. The Service has not yet assessed the financial impact.

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10.6 Foreign Currency

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

10.7 Comparative Figures

Comparative figures have been adjusted to reflect any changes in accounting policy or the adoption of new standards at Note 10.5.

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

10.8 Rounding

All amounts in the Financial Statements have been rounded to the nearest thousand dollars, unless otherwise stated. Amounts less than \$500 are rounded to zero.

10.9 Departmental Taxation

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

10.10 Goods and Services Tax

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

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



Independent Auditor's Report

To Members of Parliament

Report on the Audit of the Special Purpose Financial Report

Opinion

I have audited the accompanying financial report, being a special purpose financial report of Ambulance Tasmania, which comprises the statement of financial position as at 30 June 2017 and the statements of comprehensive income, changes in equity and cash flows for the year then ended, notes to the financial statements including a summary of significant accounting policies and other explanatory information and the statement of certification by the Commissioner of Ambulance Tasmania.

In my opinion, the financial report presents fairly, in all material respects, the financial position of Ambulance Tasmania as at 30 June 2017, and of its financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Section 17 of the *Audit Act 2008*.

Basis for Opinion

I conducted the audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. I am independent of Ambulance Tasmania in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code.

The Audit Act 2008 further promotes the independence of the Auditor-General. The Auditor-General is the auditor of all Tasmanian public sector entities and can only be removed by Parliament. The Auditor-General may conduct an audit in any way considered appropriate and is not subject to direction by any person about the way in which audit powers are to be exercised. The Auditor-General has for the purposes of conducting an audit, access to all documents and property and can report to Parliament matters which in the Auditor-General's opinion are significant.

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

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Emphasis of Matter - Basis of Accounting

I draw attention to Note 10.2 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist Ambulance Tasmania to meet the financial reporting requirements of the *Audit Act 2008*. As a result, the financial report may not be suitable for another purpose. My opinion is not modified in respect of this matter.

Responsibilities of the Commissioner for the Financial Report

The Commissioner is responsible for the preparation and fair presentation of the financial report in accordance with the financial reporting requirements of the *Audit Act 2008* and for such internal control as he determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Commissioner is responsible for assessing Ambulance Tasmania's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting, unless Ambulance Tasmania is to be dissolved by an Act of Parliament, or the Commissioner intends to cease operations, or has no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Ambulance Tasmania's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Commissioner.
- Conclude on the appropriateness of the Commissioner's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on Ambulance

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Tasmania's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusion is based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause Ambulance Tasmania to cease to continue as a going concern.

 Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Commissioner regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

MM

Rod Whitehead Auditor-General

Tasmanian Audit Office

28 September 2017 Hobart

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