



# Tasmanian Health Service

Annual Service Plan

2024-25



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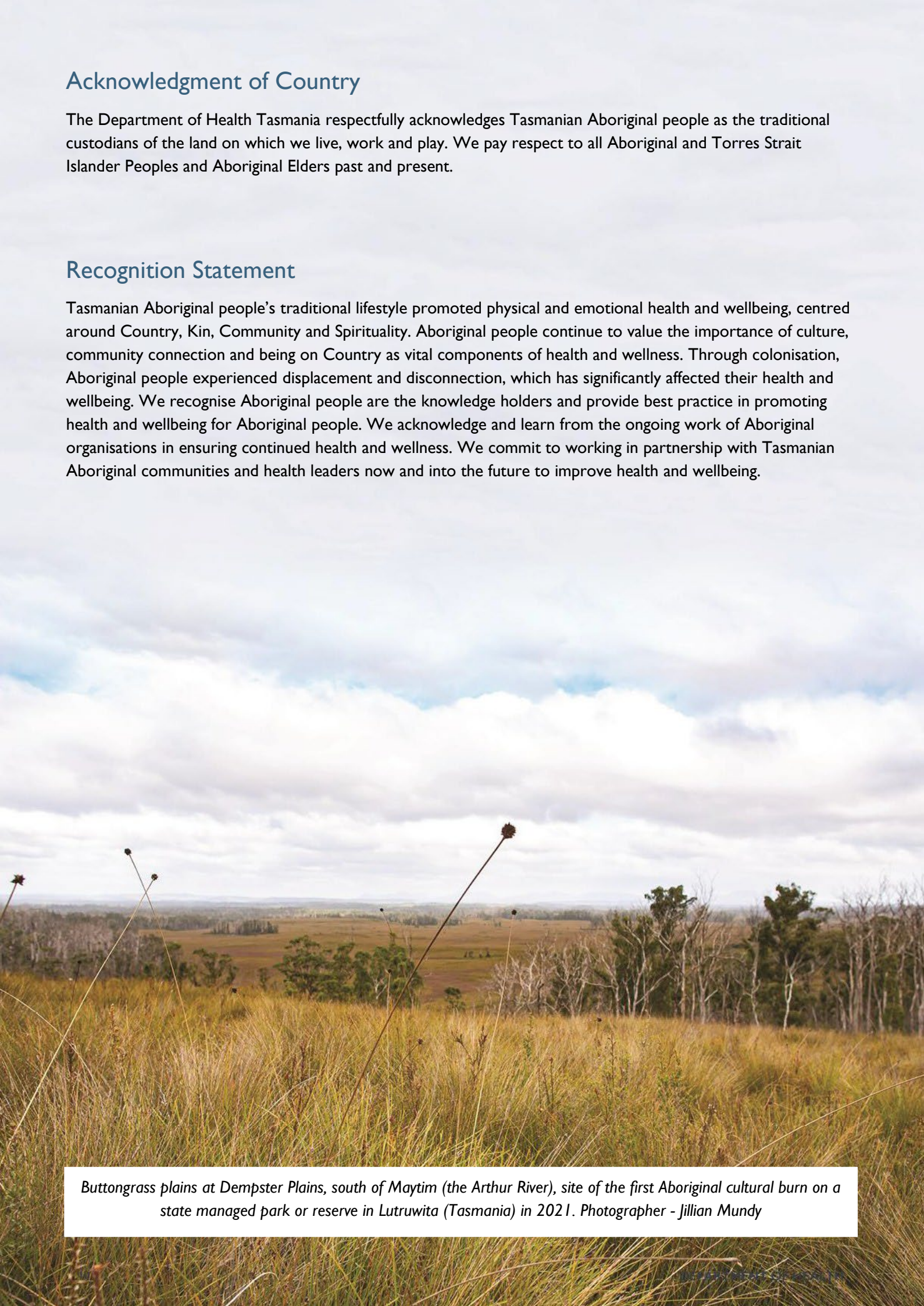
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## Acknowledgment of Country

The Department of Health Tasmania respectfully acknowledges Tasmanian Aboriginal people as the traditional custodians of the land on which we live, work and play. We pay respect to all Aboriginal and Torres Strait Islander Peoples and Aboriginal Elders past and present.

## Recognition Statement

Tasmanian Aboriginal people's traditional lifestyle promoted physical and emotional health and wellbeing, centred around Country, Kin, Community and Spirituality. Aboriginal people continue to value the importance of culture, community connection and being on Country as vital components of health and wellness. Through colonisation, Aboriginal people experienced displacement and disconnection, which has significantly affected their health and wellbeing. We recognise Aboriginal people are the knowledge holders and provide best practice in promoting health and wellbeing for Aboriginal people. We acknowledge and learn from the ongoing work of Aboriginal organisations in ensuring continued health and wellness. We commit to working in partnership with Tasmanian Aboriginal communities and health leaders now and into the future to improve health and wellbeing.



*Buttongrass plains at Dempster Plains, south of Maytim (the Arthur River), site of the first Aboriginal cultural burn on a state managed park or reserve in Lutruwita (Tasmania) in 2021. Photographer - Jillian Mundy*

# THS Service Plan - 2024-25

## Principal Purpose

The principal purpose of the Service Plan is to set out the service and performance expectations for funding and other support provided to the Tasmanian Health Service (THS), to ensure the provision of equitable, safe, high quality and human-centered healthcare services. It facilitates accountability to Government and the community for service delivery and funding.

The 2024-25 Service Plan fulfils this purpose, building on the expanded coverage commenced in the 2023-24 Service Plan to provide a broader focus on the wider Tasmanian health system and re-balance the performance measure suite to provide more equitable coverage across the Hospitals and Primary Care and Community, Mental Health and Wellbeing portfolios.

The Service Plan articulates direction, responsibility, and accountability across the Tasmanian health system for the delivery of high quality, effective healthcare services that promote, protect, and maintain the health of the community, in keeping with Tasmanian Government and Department of Health Tasmania (DoH) priorities. Additionally, it specifies the service delivery and performance requirements expected of the THS that will be monitored in line with the Tasmanian Health Service Performance Framework.

The *Tasmanian Health Service Act 2018* specifies that after consultation with the THS, the Secretary is to provide to the Minister, before 1 June in a year, a proposed Service Plan that is to apply to the THS for the following financial year. The Minister is to approve, before 30 June in a year, a proposed Service Plan that is to apply to the THS for the following financial year. The Minister must, as soon as practicable after approving a Service Plan, provide a copy of the plan to the Secretary and the Executive.

The Service Plan must include:

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

Signed by:



Dale Webster

Acting Secretary, Department of Health

Date signed: 28 May 2024



The Honourable Guy Barnett MP

Tasmanian Minister for Health, Mental Health and Wellbeing

Date signed: 2 June 2024

# I Legislation, Governance and Performance Framework

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## I.1 Legislation

Tasmania's health system is comprised of a wide network of public, private, and not-for-profit services that collectively seek to deliver positive health outcomes for all Tasmanians. The health system covers the full range of services, from population and allied health services, general practitioners, allied health and community services, and tertiary and community hospitals.

A significant part of Tasmania's health system (including services provided under the Service Plan) is delivered under the *Tasmanian Health Service Act 2018* (the Act). For the purposes of the Service Plan, the high-level responsibilities of the Minister, the Department, the THS Executive and the THS are summarised below.

### Minister for Health

The Minister is responsible for the administration of the Act. Ministerial guidance and direction are provided through:

- the Ministerial Charter - which sets out the broad policy expectations for the THS and is issued by the Minister. The THS and Secretary must comply with the Ministerial Charter, and
- the Service Plan – the Minister approves the Service Plan that is to apply to the THS each financial year.

### The Secretary, Department of Health

The Secretary is responsible to the Minister for the performance of the THS and THS Executive, including ensuring that the THS Executive is performing and exercising the functions and powers of the THS. In line with this responsibility, the Secretary is assigned several functions and powers to guide, monitor and manage the THS in undertaking its functions and powers, including:

- the ability to give direction to THS in relation to the performance of its functions, and the exercise of its powers. This includes issuing policy or directing the THS to undertake actions to improve performance, including actions under the Performance Framework, and
- responsibility for developing the Service Plan, including KPI, service volumes and performance standards. The Service Plan is the key accountability document and is intrinsically linked to the performance of the THS in undertaking its functions and powers.

### Tasmanian Health Service Executive

The role of the THS Executive is to administer and manage the THS. This includes:

- performing and exercising the functions and powers of the THS, and
- ensuring that the THS delivers the services set out in the Service Plan including the agreed volume and performance standards in accordance with the budget set out in the Service Plan.

## The Tasmanian Health Service

The THS, through its Executive, is accountable to the Minister via the Secretary for performing its functions and exercising its powers in a satisfactory manner. Through its Executive, the output of the THS must be in accordance with the Service Plan's requirements.

The functions of the THS are to:

- ensure that the broad policy expectations of the Minister, as specified in the Ministerial Charter, are achieved,
- provide the health services and health support services required under the Service Plan, and to provide those services to the specified quality standards and within the specified funding allocation,
- conduct and manage public hospitals, health institutions, health services, and health support services, which are under the THS's control,
- ensure quality and effective provision of health services and health support services that are purchased by the THS, and
- manage the funding allocation, as determined by the Service Plan, and its other funds.

### 1.2 Amendments to the Service Plan

As outlined in Section 11 of the Act, the Secretary may provide the Minister with a proposed amendment to the Service Plan.

If the Minister approves a proposed amendment of the Service Plan, the Service Plan is amended in accordance with the amendment, on and from the date on which notice of the amendment is given to the Secretary and the THS Executive.

The Service Plan may be amended at any time before or during the financial year.

### 1.3 National Health Reform Agreement

The current National Health Reform Agreement (NHRA) is in place for the period 1 July 2020 to 30 June 2025, and maintains activity-based funding and the national efficient price.

Negotiations are currently being progressed for the NHRA Addendum for the period 1 July 2025 to 30 June 2030. In line with the findings and recommendations of the NHRA Mid-Term Review Final Report, released in late 2023, the new Addendum is expected to focus on supporting whole-of-system reform that will improve patient outcomes and provide Australians with equitable access to the right care, in the right place and at the right time. The new Addendum is expected to be agreed in the second half of 2024 and will come into effect from 1 July 2025.

### 1.4 Governance

The THS must ensure that all applicable duties, obligations, and accountabilities are understood and complied with, and that services are provided in a manner consistent with all DoH policies, procedures, plans, circulars, inter-agency agreements, Ministerial directives and other instruments and statutory obligations.

The Secretary, as the accountable officer of the DoH is supported by the Health Executive. The purpose of Health Executive is to lead the strategic direction, and provide oversight, of DoH key responsibilities.

Some members of Health Executive also comprise the THS Executive.

The Health Executive is supported by the following governance subcommittees:

- Audit and Risk - provides independent oversight of governance, risk, and internal controls for the DoH.

- Budget and Finance - provides strategic oversight of all elements of the DoH budget and financial management responsibilities.
- Clinical Executive - provides system-wide clinical governance oversight, ensuring risks and issues associated with clinical quality and safety are effectively managed.
- Infrastructure - ensures that investment in, and management of, the DoH infrastructure assets support the effective and efficient delivery of health services in Tasmania.
- People - oversees strategic human resources, industrial relations and workforce matters across the DoH.
- Strategic Information Management and Technology - directs, guides, and oversees the governance of Information Communication Technology (ICT) and information management across the DoH.
- Work Health and Safety - provides strategic advice and supports the implementation of major work health and safety operations to improve the safety, health, and wellbeing of all employees.

### 1.4.1 Clinical Governance

*The Quality Governance Framework for Tasmania's Publicly Funded Health Services (Quality Governance Framework)* continues to reflect the role of the DoH's 'System Manager' role, including a requirement to ensure governance systems, structures and processes are robust and maintained across the Tasmanian publicly funded health service systems. The commissioning of key project initiatives and review of policy documents continues to support governance systems, ensuring that the delivery of health services is safe, effective, integrated, high quality and continuously improving.

*The Tasmanian Health Service's Clinical Governance Framework* is aligned to the Australian Commission on Safety and Quality in Health Care's National Model Clinical Governance Framework. It is also aligned with the DoH Quality Governance Framework to support THS leaders, clinicians, employees, and consumers to develop a shared understanding of roles and responsibilities to 'speak up for safety' and enact sound governance.

### 1.5 Performance Framework

The Tasmanian Health Service Performance Framework (the Framework) outlines the DoH approach to monitoring and managing the performance of public sector health services in Tasmania, including against the requirements stipulated in the Service Plan.

The aim of the Framework is to establish a transparent framework within which the DoH assesses and responds to the performance of the THS against the requirements of the Service Plan, including setting out the:

- Governance and accountability, including guiding principles.
- Components of performance monitoring and review.
- Process underpinning performance review.
- Performance interventions available.



## 2 Policy Context

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The national policy context, including various longer-term plans and strategies, serves as a framework for the broader Australian health policy reform agenda over the next 10 years which will guide decision making and resourcing throughout the health system. The Tasmanian policy environment, including the action areas outlined in the *Long-term Plan for Healthcare in Tasmania 2040*, strongly align with the national environment while also allowing for local context and the specific needs of the Tasmanian community.

Key national and Tasmanian policy and planning frameworks, and the DoH Strategic Priorities, are outlined below.

### 2.1 The National Policy Context

#### Australia's Long Term National Health Plan

Australia's Long Term National Health Plan (2019) aims to make Australia's health system the world's number one health system through measures of quality, efficiency, access to care, equity and outcomes. There are four pillars of reform in the Long-Term National Health Plan:

- Guaranteeing Medicare and improving access to medicines through the Pharmaceutical Benefits Scheme.
- Supporting public and private hospitals including improvements to private health insurance.
- Mental health and preventative health.
- Medical research to save lives and boost our economy.

#### National Health Reform Agreement

*The 2020-25 Addendum to the National Health Reform Agreement* aims to improve health outcomes for Australians, by enabling better coordinated and more integrated care in the community and ensuring the future sustainability of Australia's public hospital system.

As noted above, negotiations are currently underway for the next Addendum for the period 1 July 2025 to 30 June 2030. The National Health Reform Agreement Mid-Term Review, undertaken by Rosemary Huxtable, has provided a blueprint for reform that is informing the negotiations, including developing innovative and optimal models of care, increasing care in the community, and implementing mechanisms that help address issues at the interfaces between acute hospital services and adjacent care systems (such as primary care, aged care and disability services).

## Australia's Primary Health Care 10 Year Plan 2022-32

*Australia's Primary Health Care 10 Year Plan 2022-2032* is about strengthening primary healthcare as part of the health system and providing a future focused agenda for primary healthcare reform over a decade.

There are three streams of reforms in the *Primary Health Care 10 Year Plan*, with 12 action areas:

- Future focused healthcare:
  - support safe, quality telehealth and virtual healthcare,
  - improve quality and value through data-driven insights and digital integration, and
  - harness advances in healthcare technologies and precision medicine.
- Person-centred primary healthcare, supported by funding reform:
  - incentivise person-centred care through funding reform, and
  - boost multidisciplinary team-based care.
- Close the Gap through a stronger community-controlled sector:
  - Improve access to primary healthcare in rural areas,
  - improve access to appropriate care for people at risk of poorer outcomes, and
  - empower people to stay healthy and manage their own care.
- Integrated care, locally delivered:
  - joint planning and collaborative commissioning,
  - research and evaluation to scale up what works, and
  - cross-sectoral leadership.

## National Preventive Health Strategy 2021-2030

*The National Preventive Health Strategy and Implementation Plan* aims to create a stronger and more effective prevention system and recognises that a whole-of-government response is required at all levels. This strategy focuses on prevention not only within the current health system, but also beyond, involving other sectors and industries that have a direct influence on the health and wellbeing of Australians.

## National Agreement on Closing the Gap

All Australian governments are working with Aboriginal people, their communities, organisations, and businesses to implement the National Agreement on Closing the Gap. Closing the Gap is underpinned by formal partnerships with Aboriginal people who have a genuine say in the design and delivery of Indigenous policies, programs, and services.

There are four priority reforms that focus on changing the way governments work with Aboriginal people that are being implemented at national, state and territory and local levels:

- Strengthen and establish formal partnerships and decision making.
- Build the Aboriginal and Torres Strait Islander community-controlled sector.
- Transform government organisations so they work better for Aboriginal and Torres Strait Islander people.
- Improve and share access to data and information to enable Aboriginal and Torres Strait Islander communities to make informed decisions.

The *National Aboriginal and Torres Strait Islander Health Plan 2021-2031* is the new national policy to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander people over the next 10 years, in alignment with the National Agreement on Closing the Gap.

## National Mental Health and Suicide Prevention Agreement

The National Mental Health and Suicide Prevention Agreement sets out the shared intention of all Australian governments to work in partnership to improve the mental health of all Australians and ensure the sustainability and enhance the services of the Australian mental health and suicide prevention system.

Through the Agreement, Australian governments have committed to work together to support and implement a whole-of-government approach to mental health and suicide prevention, with a focus on the following priority areas:

- Prevention and early intervention
- Suicide prevention
- Treatment and support
- Supporting the vulnerable
- Workforce and governance
- Quality and safety

Implementation and funding arrangements for the Agreement are set out in associated bilateral schedules between the Australian Government and each state and territory.

## Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015-2024

The goal of the *Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015-2024* is to improve health and wellbeing across the Australian population by improving oral health status and reducing the burden of poor oral health.

## National Framework for Universal Child and Family Health Services

The National Framework for Universal Child and Family Health Services articulates a vision, objectives and principles for universal child and family health services for all Australian children aged zero to eight years and their families. The Framework provides a structure to strengthen (and in some cases build) effective services to ensure all Australian children and their families benefit from free, quality universal child and family health services.

## 2.2 Tasmanian Policy Context

### Tasmanian Role Delineation Framework (2023)

The *Tasmanian Role Delineation Framework* describes for each statewide service, where services in each discipline will be delivered, based on the capacity of the health facility to provide clinical services of a defined complexity.

### Our Healthcare Future: Advancing Tasmania's Health (2022)

Provides the vision, guiding principles and strategic ambitions for Tasmania's future healthcare system.

### Long-Term Plan for Healthcare in Tasmania 2040 (2023)

The Long-Term Plan for Healthcare in Tasmania provides a blueprint for how we will work together with our partners to achieve our vision of all Tasmanians being supported by a world class, innovative and integrated health system. The Department of Health is developing a Primary and Community Care Strategy and Action Plan. The Strategy will link the Primary Health Care 10 Year Plan, Long-Term Plan, and other governmental primary healthcare goals together with agreed ways of working across government and providers to achieve those goals. In recognition of the need for a strong interface between primary and acute healthcare, the Strategy will include the development of service models for intermediate care and for afterhours primary and urgent care. The Strategy will be implemented through a series of rolling Annual Action Plans.

### Clinical Services Profiles: North, North West, and South (2023)

Describes the demographic and population health characteristics of each region of Tasmania, the parts of the healthcare system located within the region and the capability of each service. The Profiles identify the key service improvement initiatives to be implemented in each region over the next five years to address specific service gaps or to reconfigure services to meet the changing needs of the Tasmanian community.

### Rethink 2020: A State Plan for Mental Health in Tasmania

The plan to improve mental health outcomes for Tasmanians.

Rethink 2020 represents the basis for a collaborative approach to mental health service planning and delivery that has the consumer and their support people at the centre.

### Child Safety and Wellbeing Framework

The Commission of inquiry into the Tasmanian Government's response to Child Sexual Abuse in Institutional Settings concluded in September 2023. The Government has accepted all the recommendations emanating from the inquiry. The Framework for Implementing the National Principles for Child Safe Organisations establishes a systemic approach to enhance the way the DoH works with vulnerable people, specifically children and young people.

### Tasmanian Suicide Prevention Strategy (2023-2027)

The third *Tasmanian Suicide Prevention Strategy 2023-2027* was released on 9 December 2022 outlining the vision and priorities for suicide prevention in Tasmania for the next five years. Its focus is on.....

### Healthy Tasmania Five-Year Strategic Plan (2022-2027)

The plan for preventive health in Tasmania, bringing together communities, services, and all levels of government to work in partnership for improved health and wellbeing. It is the Tasmanian Government's second plan of its type, building on the evidence and lessons from the first five years of Healthy Tasmania from 2016-2021 to inform the next steps.

## Health Infrastructure Strategy 2040 (in development)

A long-term infrastructure strategy that describes the priority areas for infrastructure investment in response to the *Long-Term Plan for Healthcare in Tasmania 2040*. The plan encompasses the three regional masterplans for the Royal Hobart Hospital, Launceston General Hospital, and hospitals of the North West Region. It also includes our small rural hospitals, mental health facilities, child health and parenting facilities, and Ambulance Tasmania assets.

## Digital Health Transformation - Improving Patient Outcomes 2022-33

The 10-year digital health strategy to improve patient care, deliver better health outcomes and increase capacity in the system through investment in digital health technologies that enable contemporary healthcare delivery.

## Health Workforce 2040 (2021)

*Health Workforce 2040* is a long-term strategy to shape a health workforce that meets the needs of Tasmanians now and into the future by addressing long-term challenges associated with building a sustainable health workforce.

## Statewide Elective Surgery Four-Year Plan 2021-25 (2021)

The *Four-Year Elective Surgery Plan* guides the statewide, sustainable delivery of elective surgery. The Plan focuses on equitable access for all patients, as determined by clinical decision making and safety, and enabling patients to receive procedures within clinically recommended times.

## Public Health Services Strategy 2023-25

The *Public Health Services Strategy 2023-25* sets a direction for where and how Public Health Services (PHS) will prioritise efforts, resources, work with stakeholders and support PHS staff in achieving these goals. The plan is developed in the context of the Department of Health's *Strategic Priorities 2021-23, Our Healthcare Future - Advancing Tasmania's Health* and the *Tasmania Statement*.

## Transforming Outpatient Services 2022-26 (2022)

The four-year plan to improve access and quality of outpatient services in Tasmania. It sets the future vision for outpatient delivery in Tasmania and outlines the service improvements we will make to deliver the service capacity needed to meet current and future needs.

## Tasmanian Palliative and End of Life Care Policy and Framework 2022-27 (2022)

The framework to create a path for improving and enhancing palliative care and end of life care in Tasmania and building a shared understanding with communities about what they can do to support this objective by becoming compassionate communities.

## Statewide Endoscopy Services Four-Year Plan 2023-2027

The Plan outlines how the Tasmanian health system will use the additional government funding to deliver the increased volume of quality endoscopies needed to reduce the number of Tasmanians waiting for an endoscopy, see more people within clinically appropriate times, and enhance services to meet future demand.

## 2.3 Department of Health Strategic Priorities

The Service Plan also responds to the DoH's priorities, as outlined in the DoH Strategic Priorities, and the immediate priorities for action within the *Long-Term Plan for Healthcare in Tasmania 2040*. The DoH Strategic Priorities are outlined below. Key Performance Indicators (KPIs) in this Service Plan are grouped according to their relevant strategic priority.

### DoH Strategic Priorities 2024-2028

**Our Vision**  
All Tasmanians are supported by a world class, innovative and integrated health and wellbeing service.

**Our Purpose**  
Is to work together to improve the health and wellbeing for all in Tasmania.

**Our Strategic Priorities**  
To make this vision a reality, we have five strategic priorities.

- 1 Strengthening child safeguarding across our health services.
- 2 Providing high quality and safe patient centred care.
- 3 Reforming the delivery of care in our community.
- 4 Enhancing our mental health and wellbeing services.
- 5 Building a sustainable health service for our future.

**Our Values**  
Our values guide the way in which we work across the Department of Health. Our values unite all of us, no matter where we work or what our role is across the state. This allows us to bring this shared purpose to life when we come to work each day.

**Enablers**  
Leadership, culture and governance that supports change  
A responsive, skilled and valued workforce where our people feel supported.  
Stronger financial management.

Our values are: **C A R E** COMPASSION | ACCOUNTABILITY | RESPECT | EXCELLENCE

### 2.3.1 – Review of Tasmania’s Major Hospital Emergency Departments

In May 2024, the Tasmanian Government released the final report of its Independent Review of Tasmania’s Major Hospital Emergency Departments. The final report contains a full set of recommendations aimed at providing health system capacity to meet current and short to medium term health service demand. The key recommendations, grouped against five areas of focus, are summarised below:

- Capacity and Service Delivery Models - State Level
  - State-wide Integrated Operations Centre
  - Demand Management Governance and Accountability
  - Healthcare Innovation
  - Commonwealth Funding
- Demand Management Strategies - Local Level
  - Demand Management Plans and Coordinated Response
  - Program Re-structure – Statewide Patient Access and Flow Program
  - Role and Application of Predictive Analytics

- Community and Home-Based Care
  - Leadership and Accountability Care@home
  - Care@home Chronic Disease Management Program
  - Governance Review Sub Acute and Multi-Purpose Services
- State-wide Mental Health Services
  - Mental Health Emergency Response
  - SMHS Demand Management and Discharge Practices
  - Business Improvements and Efficiencies
- Ambulance Tasmania Redesign
  - Clinical Hub Expansion
  - Community Paramedic Program

The implementation of all recommendations is a priority focus for the THS Executive throughout 2024-25, with all recommendations to be implemented by 30 June 2025.

## 2.4 Statement of Purchasing Intent (SoPI)

The process of planning and purchasing health services to meet the health needs of the population is known as commissioning.

A priority initiative of the *Long-Term Plan for Healthcare in Tasmania 2040* is strengthening the commissioning process to ensure health services purchased by the Tasmanian Government from the THS address the community's health needs in the most effective and efficient way.

The SoPI serves several functions:

- 1 It is a synthesis of Government priorities and a response to health trends across the State.
- 2 It signals the DoH's intentions over the coming four years to assist the THS with its forward planning.
- 3 It creates the basis for the annual THS Service Plan.
- 4 It articulates purchasing intent in specific and measurable terms in order that the DoH can clearly ascertain and account for what is being purchased.

The SoPI will be updated and adjusted annually to account for the introduction of new or amended priorities.

The place of the SoPI in the commissioning process is summarised at Figure 1.

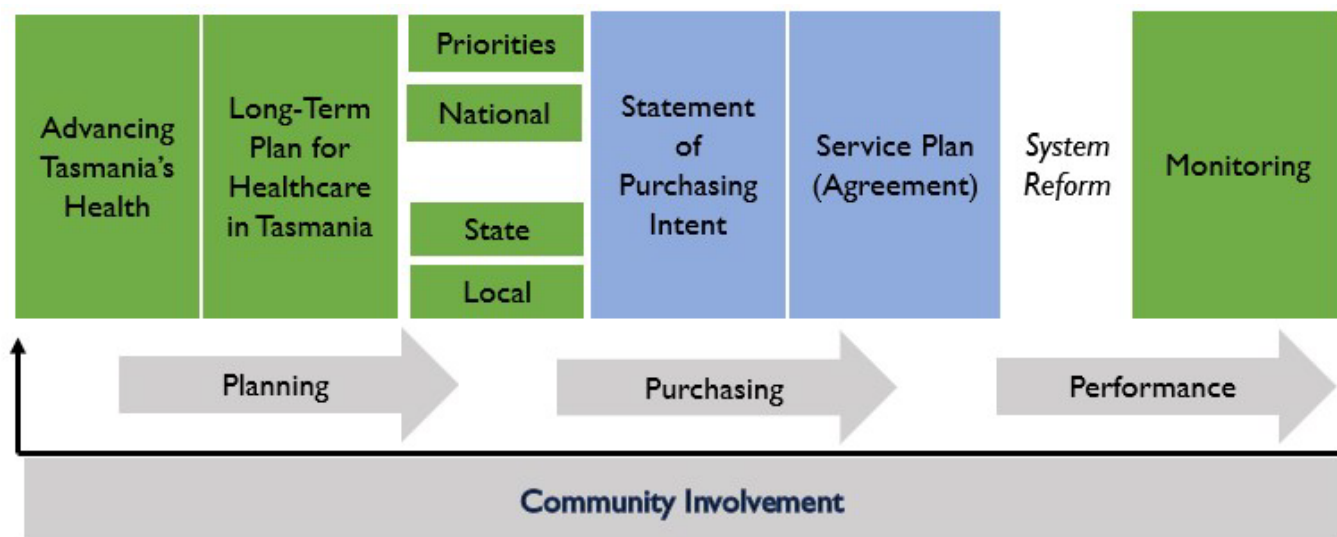


Figure 1

The start of the process in Figure 1, the Planning phase, includes numerous planning documents such as *Advancing Tasmania's Health*, the *Long-Term Plan for Healthcare in Tasmania*, and other National, State, and local priorities to help determine the services that are required to meet the needs of the Tasmanian community.

The second part of the process, the Purchasing phase, incorporates two components: the SoPI and the Annual Service Plan. The Service Plan is the legislated document that outlines the contract between the Tasmanian Government and the THS for that year's activity and funding.

After the Service Plan, the third part of the process is the measurement and monitoring of the operationalisation of the Service Plan.

Outcomes of performance monitoring and community involvement will contribute to the next planning phase and complete the commissioning cycle. Within this cycle, the SoPI is the central connection and translates planning activities into purchasing intentions.



### 3 Funding Allocation and Activity Schedule

The Addendum to the National Health Reform Agreement 2020-25 continues the financial arrangements for Australian public hospital services, including Activity Based Funding (ABF) and block funding, as set out in Part 3 of this Service Plan.

The ABF and block funding allocations outlined in Table 1 have been prepared on a whole-of THS basis. When finalised, internal THS budget allocations to individual sites and services may differ from those outlined in Part 3.

The price paid per NWAU in this Service Plan is \$6,465 (NEP24).

The THS Funding Allocation will be revised and reflected in an amended Service Plan following delivery of the State Budget in September 2024.

Table 1: ABF Funding Allocation.

Stream	Admission Type	Measure	Activity	NWAU	State Funding (\$'000)	Commonwealth Funding (\$'000)	Total Funding (\$'000)
Acute	Admitted	Episodes	174,862	144,844	583,705	352,713	936,418
Mental Health	Admitted	Episodes	3,601	7,537	30,344	18,386	48,730
Subacute	Admitted	Episodes	3,001	10,353	41,661	25,274	66,935
Emergency	Non-Admitted	Attendances	178,362	26,334	101,143	69,104	170,247
Outpatient	Non-Admitted	Occasions	612,000	25,072	96,296	65,792	162,088
Supplementation	Other	N/A	N/A	N/A	212,181	0	212,181
<b>Total ABF</b>	This cell is intentionally left blank	This cell is intentionally left blank	<b>971,826</b>	<b>214,140</b>	<b>1,065,330</b>	<b>531,269</b>	<b>1,596,599</b>

Table 2: NEC Funding Allocation

<b>National Efficient Cost (NEC) Funded Services</b>	<b>State Funding (\$'000)</b>	<b>Commonwealth Funding (\$'000)</b>	<b>Total Funding (\$'000)</b>
Non-Admitted Child and Adolescent Mental Health Services	22,899	6,631	29,530
Non-Admitted Home Ventilation	2,989	2,446	5,435
Non-Admitted Mental Health Services (excluding Non-Admitted CAMHS)	60,518	27,150	87,668
Small Rural Hospitals <sup>1</sup>	53,951	32,983	86,934
Standalone Mental Health Facilities <sup>2</sup>	42,934	26,247	69,181
Teaching, Training and Research	32,448	19,381	51,828
<b>Total NEC</b>	<b>215,739</b>	<b>114,838</b>	<b>330,577</b>

1. Funding allocation by hospital provided in Table 4.

2. Funding allocation by facility provided in Table 5.

Table 3: NHRA Out-of-Scope Services

Note that the funding allocation shown below does not reflect the allocated budgets for these services. The amounts below reflect the State contribution to these services.

NHRA Out-of-Scope services	State Funding (\$'000)	Commonwealth Funding (\$'000)	Total Funding (\$'000)
Blood Products	9,186	0	9,186
Boarders Subsidy	152	0	152
Population Screening and Cancer Prevention	6,932	0	6,932
Care@home	23,000	0	23,000
Child Health and Parenting Service	14,480	0	14,480
Correctional Primary Health Services	18,237	0	18,237
Cross Border Charging	32,154	0	32,154
Family Violence Counselling Support Services	3,408	0	3,408
Forensic Pathology	2,366	0	2,366
MAIB Subsidisation Grant	9,484	0	9,484
Medical Retrieval	2,486	0	2,486
Mersey Block Funding <sup>1</sup>	13,702	0	13,702
Oral Health Services Tasmania	29,350	0	29,350
Organ Procurement	422	0	422
Other Out-Of-Scope Services	117,959	0	117,959
Patient Travel Assistance Scheme	6,814	0	6,814
Primary Health Services	40,260	0	40,260
Sexual Assault Services	609	0	609
Statewide Sexual Health Services	2,196	0	2,196
Transition Care Program <sup>2</sup>	6,024	0	6,024
Voluntary Assisted Dying	714	0	714
<b>Grand Total</b>	<b>339,936</b>	<b>0</b>	<b>339,936</b>

1. Total funding to MCH from TasCorp in 2024-25 is \$13,702M. Funding of \$85.7M is included in the THS NWAU estimate.

2. This amount relates to the State contribution to the Transition Care Program. The balance of funding is provided through a Commonwealth Own Purpose Expenditure payment (COPE – refer Table 8).

Table 4: Total Funding Allocation for ABF, NEC and NHRA Out-of-Scope Services

Type	Activity	NWAU	State Funding (\$'000)	Commonwealth Funding (\$'000)	Total Funding (\$'000)
Total ABF	973,783	214,140	1,065,330	531,269	1,596,599
Total NEC	0	0	215,739	114,838	330,577
NHRA Out-of-Scope	0	0	339,934	0	339,934
<b>Grand Total</b>	<b>973,783</b>	<b>214,140</b>	<b>1,621,003</b>	<b>646,107</b>	<b>2,267,110</b>

Table 5: Small Rural Hospital NEC Funding Allocation

Hospital	Region	State Funding (\$'000)	Commonwealth Funding (\$'000)	Total Funding (\$'000)
Beaconsfield MPS	North	1,477	903	2,380
Campbell Town MPS	North	3,280	2,006	5,286
Deloraine Hospital	North	4,118	2,518	6,636
Flinders Island MPC	North	3,323	2,031	5,354
George Town Hospital	North	4,186	2,559	6,745
NESM - Scottsdale Hospital	North	5,555	3,396	8,951
St Helens District Hospital	North	4,507	2,755	7,262
St Marys CHC	North	2,762	1,688	4,450
Toosey Memorial - Longford	North	1,477	903	2,380
Health West	North West	4,331	2,648	6,978
King Island MPC	North West	3,767	2,303	6,071
Smithton Hospital	North West	4,690	2,867	7,557
Esperance MPC	South	1,477	903	2,380
May Shaw District Nursing Centre	South	1,477	903	2,380
Midlands MPC	South	2,365	1,446	3,811
New Norfolk Hospital	South	3,682	2,251	5,933
Tasman MPS	South	1,477	903	2,380
<b>Total</b>	<b>Statewide</b>	<b>53,951</b>	<b>32,983</b>	<b>86,934</b>

Table 6: Stand-Alone Mental Health Facilities NEC Funding Allocation

Facilities	State Funding (\$'000)	Commonwealth Funding (\$'000)	Total Funding (\$'000)
Alcohol and Drug Services Detoxification Unit	4,282	2,618	6,900
Millbrook Rise	5,995	3,665	9,660
Mistral Place	1,990	1,216	3,206
Peacock Centre	5,794	3,542	9,335
Roy Fagan Centre	12,722	7,778	20,500
Tolosa Street	2,221	1,358	3,579
Wilfred Lopes Centre	9,931	6,071	16,002
<b>Total</b>	<b>42,935</b>	<b>26,248</b>	<b>69,182</b>

## Table 7: National Partnership Agreements (NPAs) and Commonwealth Own Purpose Expenditure payments (COPEs)

Note that the list of COPEs and NPAs is based on the published Forward Estimates as of Feb 2023. The list will be amended in September 2024 when the State Budget is released.

<b>Funding Agreements</b>	<b>Type of funding</b>	<b>Total Funding (\$'000)</b>
CS&CS Recruitment and Community Engagement Unit	NPAs	105
Child Mental Health and Social and Emotional Wellbeing	NPAs	1,797
Perinatal Data Collection	NPAs	1,137
Eating Disorders	NPAs	1,109
HACC Program	COPEs	169
Community Aged Care Packages	COPEs	94
King Island and West Coast Commonwealth Funds	COPEs	1,895
MPS - Multi Purpose Service	COPEs	2,186
Midlands MPC Commonwealth Funds	COPEs	736
Home and Community Care (HACC)	COPEs	15,033
Aged Care Assessment Program	COPEs	2,731
WP Holman Clinic Radiation Oncology	COPEs	617
Radiation Oncology Capital Equipment	COPEs	844
Transition Care Program	COPEs	4,647
Children Dental Benefits Scheme	Non-Discretionary Fund	5,675
<b>Grand Total</b>	This cell is intentionally left blank	<b>38,775</b>

Table 8: Funding Sources

Funding Source	Total Funding (\$'000)
State Funding	1,621,003
Commonwealth Funding	646,107
THS Retained Revenue <sup>1</sup>	213,743
Pharmaceutical Benefits Scheme	101,361
<b>Grand Total</b>	<b>2,582,214</b>

1. THS retained revenue includes estimate of Commonwealth funding received under National Partnership Agreements (NPAs) and Commonwealth Own Purpose Expenditure payments (COPEs.) Further information is provided in Table 8.

## 4 Performance Against Department of Health Strategic Priorities 2024-2028

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The Service Plan performance measures outlined in this section are aligned to DoH's strategic priorities. The strategic priorities set out our priorities, actions, and enablers to ensure all Tasmanians receive the best possible health services. Accordingly, the performance measures outlined below provide coverage of the broader Tasmanian health system and are not restricted to those services delivered by the THS under the Act and within the funding allocation outlined at Table I.



## Strategic Priority I – Strengthening Child Safeguarding across our health services.

KPI Number	Area	Key Performance Indicator	Target
<b>SPI-1</b>	Chief Risk Officer	Safeguarding of Children and Young People – staff, students and volunteers who completed training within required timeframe	100 per cent
<b>SPI-2</b>	Chief Risk Officer	Implement all recommendations from the Child Safe Governance Review and Commission of Inquiry relevant to the Department of Health	100 per cent

## Strategic Priority 2 – Providing high quality and safe patient centred care.

KPI Number	Area	Key Performance Indicator	Target
<b>SP2-1</b>	Ambulance Tasmania	Urban areas - median emergency response time - Ambulance Tasmania	10 minutes or less
<b>SP2-2</b>	Ambulance Tasmania	Rural areas - median emergency response time - Ambulance Tasmania	15 minutes or less
<b>SP2-3</b>	Ambulance Tasmania	Triple zero (000) calls answered within 10 seconds - Ambulance Tasmania	Not less than 90 per cent
<b>SP2-4</b>	Ambulance Transfer of Care	Ambulance Tasmania incidents that achieve transfer of care to hospital staff within 60 minutes	100 per cent <sup>1</sup>
<b>SP2-5</b>	Emergency Department	Interhospital Transfers (from major hospitals) that occur through EDs	Less than 5 per cent
<b>SP2-6</b>	Emergency Department	ED presentations who did not wait to be seen - all triage categories	Less than 3.3 per cent
<b>SP2-7</b>	Emergency Department	ED presentations who did not wait to be seen - triage categories 2 and 3	Less than 2 per cent
<b>SP2-8</b>	Emergency Department	ED presentations who did not wait to be seen - triage categories 4 and 5	Less than 4.9 per cent
<b>SP2-9</b>	Closing the Gap	ED presentations who did not wait to be seen - all triage categories for Aboriginal and Torres Strait Islander people	Not more than for non-Aboriginal and Torres Strait Islander people
<b>SP2-10</b>	Emergency Department	ED presentations seen within recommended time - Triage category 1 (seen immediately)	Not less than 100 per cent
<b>SP2-11</b>	Emergency Department	ED presentations seen within recommended time - Triage category 2 (seen within 10 minutes)	Not less than 80 per cent
<b>SP2-12</b>	Emergency Department	ED presentations seen within recommended time - Triage category 3 (seen within 30 minutes)	Not less than 75 per cent

<sup>1</sup> This target will change according to the following schedule: On 20 October the target will be 95 per cent; On 19 December the target will be 100 per cent.

<b>KPI Number</b>	<b>Area</b>	<b>Key Performance Indicator</b>	<b>Target</b>
<b>SP2-13</b>	Emergency Department	ED presentations seen within recommended time - Triage category 4 (seen within 60 minutes)	Not less than 70 per cent
<b>SP2-14</b>	Emergency Department	ED presentations seen within recommended time - Triage category 5 (seen within 120 minutes)	Not less than 70 per cent
<b>SP2-15</b>	Emergency Department	Patients admitted through the ED within 4 hours of arrival	Not less than 60 per cent
<b>SP2-16</b>	Emergency Department	Patients admitted through the ED within 8 hours of arrival	Not less than 90 per cent
<b>SP2-17</b>	Emergency Department	Patients admitted through the ED within 12 hours of arrival	Not less than 100 per cent
<b>SP2-18</b>	Emergency Department	Patients discharged from the ED within 4 hours of arrival	Not less than 80 per cent
<b>SP2-19</b>	Emergency Department	Patients discharged from the ED within 8 hours of arrival	Not less than 95 per cent
<b>SP2-20</b>	Emergency Department	Patients discharged from the ED within 12 hours of arrival	Not less than 100 per cent
<b>SP2-21</b>	Emergency Department	Patients admitted to an EMU through the ED within 12 hours of arrival	Not less than 100 per cent
<b>SP2-22</b>	Mental Health - Emergency Department Access	Mental health inpatients admitted through the ED within 8 hours of arrival	Not less than 80 per cent
<b>SP2-23</b>	Elective Surgery	Number of patients waiting over boundary - Elective Surgery	Not more than 270
<b>SP2-24</b>	Elective Surgery	Average overdue wait time for those waiting beyond the recommended time - Elective Surgery	Not more than 30 days
<b>SP2-25</b>	Elective Surgery	Number of patients waiting prior to 30 June 2022 - Elective Surgery	0

KPI Number	Area	Key Performance Indicator	Target
SP2-26	Elective Surgery	Patients seen within clinically recommended timeframes - Elective Surgery	Not less than 95 per cent
SP2-27	Closing the Gap	Aboriginal and Torres Strait Islander people who leave against medical advice - Admitted Patients	Not more than for non-Aboriginal and Torres Strait Islander people
SP2-28	Safety and Quality	Discharge summaries completed within 48 hours of separation	Not less than 100 per cent
SP2-29	Access and Patient Flow	Number of discharges based on criterion led discharge	Increase
SP2-30	Mental Health	Mental health inpatient seclusions per 1,000 patient days	Less than 6 seclusion events per 1,000 patient care days
SP2-31	Safety and Quality	Healthcare associated infections - staphylococcus aureus bacteraemia	Not more than 1.0 per 10,000 patient days
SP2-32	Safety and Quality	Hospital Acquired Complication (HAC) - non-medically indicated early (less than 39 weeks) planned (caesarean/induction) births	TBC
SP2-33	Safety and Quality	Hospital Acquired Complication (HAC-1) - pressure injury	3.2 per 10,000 in-scope separations
SP2-34	Safety and Quality	Hospital Acquired Complication (HAC-2) - falls resulting in fracture or intracranial injury	TBC
SP2-35	Safety and Quality	Hospital Acquired Complication (HAC-3) - healthcare-associated infection	TBC
SP2-36	Safety and Quality	Hospital Acquired Complication (HAC-7) - venous thromboembolism	TBC
SP2-37	Safety and Quality	Hospital Acquired Complication (HAC10) - medication complications	8.1 per 10,000 in-scope separations

KPI Number	Area	Key Performance Indicator	Target
SP2-38	Safety and Quality	Hospital Acquired Complication (HAC15) - third- and fourth-degree perineal laceration during delivery	TBC
SP2-39	Safety and Quality	Hospital Acquired Complication (HAC16) - neonatal birth trauma	TBC
SP2-40	Outpatients	All appointments who 'did not attend' (excluding COVID-19 clinics) - Outpatients	Not more than 6 per cent
SP2-41	Outpatients	Number of appointments resulting in the removal from the waiting list - Outpatients	80,000
SP2-42	Outpatients	Incoming referrals prioritised within 5 days - Outpatients	Not less than 100 per cent
SP2-43	Outpatients	Patients seen within clinically recommended timeframes - Outpatients	Not less than 60 per cent
SP2-44	Oral Health Services	General care waiting list entries reviewed for appropriateness within past 12 months - Oral Health Services	Not less than 90 per cent
SP2-45	Oral Health Services	Adult appointments who 'did not attend' - Oral Health Services	Not more than 6 per cent
SP2-46	Oral Health Services	Child appointments who 'did not attend' - Oral Health Services	Not more than 6 per cent
SP2-47	Oral Health Services	High-risk children seen within clinically recommended timeframes (12 months since last examination) - Oral Health Services	Not less than 70 per cent
SP2-48	Oral Health Services	Adult patients seen within clinically recommended timeframes Triage category priority 1 (appointment within 2 days) - Oral Health Services	Not less than 70 per cent
SP2-49	Oral Health Services	Adult patients seen within clinically recommended timeframes Triage category priority 2 (appointment within 4 weeks) - Oral Health Services	Not less than 70 per cent
SP2-50	Oral Health Services	Patients who received treatment under general anaesthetic within clinically recommended timeframes - all categories - Oral Health Services	Not less than 88 per cent

<b>KPI Number</b>	<b>Area</b>	<b>Key Performance Indicator</b>	<b>Target</b>
<b>SP2-51</b>	Oral Health Services	Emergency adult patients managed on same day as triage - Oral Health Services	Not less than 90 per cent
<b>SP2-52</b>	Consumer Satisfaction	Consumer satisfaction with the quality and treatment of care - hospital inpatients	A mean score of not less than 80
<b>SP2-53</b>	Consumer Satisfaction	Consumer satisfaction with the quality and treatment of care - hospital outpatients	A mean score of not less than 80
<b>SP2-54</b>	Consumer Satisfaction	Consumer satisfaction with the quality and treatment of care - EDs	A mean score of not less than 80
<b>SP2-55</b>	Consumer Satisfaction	Consumer satisfaction with the quality and treatment of care - Mental Health	Not less than 80 per cent
<b>SP2-56</b>	Consumer Satisfaction	Consumer satisfaction with the quality and treatment of care - Oral Health Services	Not less than 80 per cent
<b>SP2-57</b>	Consumer Satisfaction	Satisfaction with ambulance services - Ambulance Tasmania	Not less than 98 per cent
<b>SP2-58</b>	Closing the Gap	Aboriginal and Torres Strait Islander people's experience of whether services are culturally safe - all services	Improve
<b>SP2-59</b>	Safety and Quality	Hand hygiene compliance - major and rural hospitals	Not less than 80 per cent
<b>SP2-60</b>	Safety and Quality	Hand hygiene compliance - Oral Health Services	Not less than 80 per cent
<b>SP2-61</b>	Safety and Quality	Hand hygiene compliance - Ambulance Tasmania	Not less than 80 per cent
<b>SP2-62</b>	Safety and Quality	Hand hygiene compliance - Mental Health inpatient facilities	Not less than 80 per cent

KPI Number	Area	Key Performance Indicator	Target
SP2-63	Infrastructure	Fire and Emergency Awareness - staff who completed training on commencement	Not less than 100 per cent
SP2-64	Chief Medical Officer	Relevant healthcare professionals who are credentialed	Not less than 100 per cent

## Strategic Priority 3 – Reforming the delivery of care in our community.

KPI Number	Area	Key Performance Indicator	Target
SP3-1	Ambulance Tasmania	Client interactions with the Mental Health Emergency Response Team who are not transported to an ED - Ambulance Tasmania	Not less than 75 per cent
SP3-2	Ambulance Tasmania	Triple-000 calls directed to secondary triage - Ambulance Tasmania	9 per cent
SP3-3	Ambulance Tasmania	Completed secondary triage assessments not requiring emergency ambulance response - Ambulance Tasmania	Not less than 55 per cent
SP3-4	Access and Patient Flow	Overnight patients discharged on the weekend	Not less than 25 per cent
SP3-5	Access and Patient Flow	Overnight patients discharged before 10am	Not less than 25 per cent
SP3-6	Access and Patient Flow	Overnight patients with an overall length of stay greater than 35 days	Reduce
SP3-7	Access and Patient Flow	Transit Lounge utilisation - occupancy during opening hours	Not less than 80 per cent
SP3-8	Closing the Gap	People receiving a service whose Aboriginality is not stated or unknown at the time of the service event – all services	Not more than 1.0 per cent
SP3-9	Closing the Gap	People receiving a service whose Aboriginality is not stated or unknown at the time of the service event - Mental Health	Not more than 1.0 per cent
SP3-10	Closing the Gap	People receiving a service whose Aboriginality is not stated or unknown at the time of the service event - Care in the Community	Not more than 1.0 per cent
SP3-11	Hospital In the Home	Hospital In the Home admitted activity	Increase
SP3-12	Mental Health Hospital in the Home	Mental Health Hospital in the Home admitted activity	Not less than 6 per cent
SP3-13	Care@home	Patients assessed within 24 hours of enrolment – Care@home	Not less than 100 per cent



<b>KPI Number</b>	<b>Area</b>	<b>Key Performance Indicator</b>	<b>Target</b>
<b>SP3-14</b>	Outpatients	Total appointments delivered by telehealth - Outpatients	Increase
<b>SP3-15</b>	Screening and Detection	Number of eligible women screened for breast cancer	37,253
<b>SP3-16</b>	Screening and Detection	National Bowel Cancer Screening Program test kit return rate	Not less than 53 per cent
<b>SP3-17</b>	Screening and Detection	Breast Screen clients assessed within 28 days of screen detected abnormality	Not less than 90 per cent
<b>SP3-18</b>	Child Health and Parenting Service	Two-week Child Health Assessments delivered by Child Health and Parenting Service	Not less than 96 per cent
<b>SP3-19</b>	Child Health and Parenting Service	Occasions of service delivered by Child Health and Parenting Service	90 per cent of the reference month average for the preceding two years
<b>SP3-20</b>	Public Health Services	Children fully vaccinated by five years of age	95 per cent coverage or an increase relative to the baseline
<b>SP3-21</b>	Public Health Services	Aboriginal and Torres Strait Islander children fully vaccinated by five years of age	95 per cent coverage or an increase relative to the baseline
<b>SP3-22</b>	Public Health Services	Human Papillomavirus (HPV) vaccination coverage by 15 years of age	An increase in coverage relative to the baseline
<b>SP3-23</b>	Public Health Services	Number of s59E (of the Poisons Act) authorities for patients to be treated with high risk (Schedule 8) medicines	21,000

KPI Number	Area	Key Performance Indicator	Target
SP3-24	Public Health Services	Proportion of pregnant women who smoke who quit during pregnancy	Fewer pregnant women smoking during pregnancy in first 20 weeks, second 20 weeks
SP3-25	Closing the Gap	Increasing the proportion of Aboriginal and Torres Strait Islander babies born with a healthy birthweight	Increase to 91 per cent by 2031
SP3-26	Closing the Gap	Close the gap in life expectancy within a generation	Close the Gap by 2031
SP3-27	Public Health Services	Aboriginal Cultural Respect Training - staff who completed training on commencement <sup>2</sup>	Not less than 100 per cent
SP3-28	Public Health Services	LGBTQIA+ Inclusive Training - staff who completed training on commencement <sup>3</sup>	Increase

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<sup>2</sup> 'Commencement' means within the first month after joining the Agency.

<sup>3</sup> 'Commencement' means within the first month after joining the Agency.

## Strategic Priority 4 – Enhancing our mental health and wellbeing services.

KPI Number	Area	Key Performance Indicator	Target
<b>SP4-1</b>	Mental Health	Average length of stay for mental health inpatient overnight admissions	Not more than 13 days
<b>SP4-2</b>	Mental Health	Inpatient re-admissions within 28 days - Mental Health	Not more than 14 per cent
<b>SP4-3</b>	Mental Health	Post-inpatient discharge community care follow-up within seven days - Mental Health	Not less than 75 per cent
<b>SP4-4</b>	Mental Health	Bed-based Mental Health HoNOS compliance - Discharges that received a valid HoNOS outcome measure assessment - Mental Health	Not less than 95 per cent
<b>SP4-5</b>	Mental Health	Community Mental Health HoNOS compliance - Total referrals with a valid HoNOS outcome measure assessment completed within the previous 91 days - Mental Health	Not less than 95 per cent

## Strategic Priority 5 – Building a sustainable health service.

KPI Number	Area	Key Performance Indicator	Target
SP5-1	Clinical Coding	Admitted patient episodes coding completed within 42 days of the end of the month	Not less than 100 per cent
SP5-2	Clinical Coding	Coding errors corrected within 30 days	Not less than 100 per cent
SP5-3	Elective Surgery	Number of admissions - Elective Surgery	21,930
SP5-4	Elective Surgery	Number of outsourced admissions - Elective Surgery	TBC
SP5-5	Endoscopy	Number of admissions - Endoscopy	13,073
SP5-6	Oral Health Services	Adult general care - occasions of service - Oral Health Services	8,000
SP5-7	Oral Health Services	Adult prosthetic care - occasions of service - Oral Health Services	14,000
SP5-8	Health ICT	Network Availability - unplanned critical site connection disruptions that result in an IT Major incident - Health ICT	Zero
SP5-9	Health ICT	IT Service Centre Responsiveness - calls answered within 20 seconds - Health ICT	Not less than 80 per cent
SP5-10	Health ICT	Change Enablement - Compliance - Health ICT	Not less than 95 per cent
SP5-11	Health ICT	Cyber Security - Staff appropriately interacting with phishing simulation e-mails - Health ICT	Not less than 95 per cent
SP5-12	Infrastructure	Fleet utilisation	Not less than 70 per cent
SP5-13	Infrastructure	Fleet vehicles that are low emission	Not less than 30 per cent
SP5-14	Infrastructure	Continue development of the Department of Health suite of Masterplans	Completed

KPI Number	Area	Key Performance Indicator	Target
SP5-15	Infrastructure	Update the Department of Health Strategic Asset Management Plan and receive approval from the Department of Treasury and Finance	Completed
SP5-16	Infrastructure	Develop and Implement Asset Management Plans	No. complete
SP5-17	Infrastructure	Finalise Asset Disposal Plan	Completed
SP5-18	Chief Risk Officer	Work Health and Safety - staff who completed training on commencement <sup>4</sup>	100 per cent
SP5-19	People and Culture	Human Resource Essentials - staff who completed training on commencement <sup>5</sup>	100 per cent
SP5-20	People and Culture	Response rate for people matters survey	Increase
SP5-21	People and Culture	Staff engaged in culture development programs	Increase
SP5-22	People and Culture	Staff completing Leadership and Management Training	Increase
SP5-23	Chief Nurse and Midwife	Enrolled Nursing Workforce	Increase by 10 per cent
SP5-24	Finance and Budget	Total National Weighted Activity Units (NWAU's)	214,140
SP5-25	Finance and Budget	Variation from budget - full year projected	Expenditure within budget

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<sup>4</sup> 'Commencement' means all staff complete training within the first week of joining the Agency. Additional training for an Officer, within three months and for a Manager, within one month of joining the Agency.

<sup>5</sup> Definition of 'commencement' is to be determined later in 2024.

## Appendices

### Provision of Health Services and Health Support Services under Contractual Arrangements

The THS is required to provide the health services and health support services as defined in s.3 of the *Tasmanian Health Service Act 2018* pursuant to contractual arrangements entered between that party and the THS from time to time.

Party	Health Services and/or Health Support Services
Commonwealth of Australia	<p><b>Health Services</b></p> <p>The provision of such medical services, paramedical services and any other services which fall within the meaning of paragraphs (b), (c) and (f) of the definition of “health service” in s.3 of the Act as may be required to treat and/or stabilise and/or evacuate patients from Australia’s Antarctic Territory and/or the Southern Ocean region to a public hospital in Tasmania. Such services are to include where appropriate the provision of medical services comprising professional advice or diagnostic services either remotely or in person.</p> <p><b>Health support services</b></p> <p>The provision of a health support service within the meaning of paragraph (b) of the definition of ‘health support service’ in the Act being the supply of a service in the form of training of Commonwealth personnel in Antarctic, and remote medicine and/or the sterilisation of the entity’s medical and scientific equipment, for use in the Antarctic and Southern Ocean region to the Party in its capacity as a provider of health services.</p>
Any party that is a provider of health services (within the meaning of the definition of ‘health service’ in s.3 of the Act)	<p>The provision of a health support service within the meaning of paragraph (b) of the definition of ‘health support service’ in the Act being the supply of a good or substance, in the form of Ant venom extracts for use in venom immunotherapy and diagnosis of allergy, to the party in its capacity as a provider of health services.</p>
Healthe Care Burnie Pty Ltd	<p>The provision of such medical services, paramedical services and any other services which fall within the meaning of paragraphs (b), (c) and (f) of the definition of “health service” in s.3 of the Act as may be required in a medical emergency to stabilise patients of the North West Private Hospital, transfer those patients from the North West Private Hospital to a public hospital, or for maternity services.</p>

Party	Health Services and/or Health Support Services
Healthscope (Tasmania) Pty Ltd	<p><b>Health Services</b></p> <p>The provision of services which fall within the meaning of paragraphs (b), (c) and (f) of the definition of “health service” in section 3 of the Act as may be required to provide Continence Nursing Services, Stomal Therapy Nursing Services and Endoscopic Retrograde Cholangic Pancreatography (ERCP) Endoscopy Services to patients of the Hobart Private Hospital Private.</p> <p><b>Health support services</b></p> <p>The provision of a health support service within the meaning of paragraph (b) of the definition of ‘health support service’ in the Act being the supply of a service, in the form of the collection, disposal and / or transfer of waste, human tissue and deceased bodies from the Hobart Private Hospital to the Party in its capacity as a provider of health services.</p>
Tasmanian Home and Community Care (Tas HACC) Program	<p>The provision of services which fall within the meaning of paragraphs (d) and (f) of the definition of “health service” in s.3 of the Act as may be required to provide home and community care services for the Tasmanian HACC Program.</p>
Aged Care Assessment Program (ACAP)	<p>The provision of services which fall within the meaning of paragraphs (a), (d) and (f) of the definition of “health service” in s.3 of the Act as may be required to provide aged care assessments in both the hospital and community settings.</p>
Transition Care Program (TCP)	<p>The provision of services which fall within the meaning of paragraphs (d) and (f) of the definition of “health service” in s.3 of the Act as may be required to provide transition care services.</p>
Multi Purpose Services	<p>The provision of services which fall within the meaning of paragraphs (a), (d) and (f) of the definition of “health service” in s.3 of the Act as may be required to provide aged care services in Beaconsfield, Campbelltown and Tasman.</p>
Residential Aged Care Beds	<p>The provision of services which fall within the meaning of paragraphs (d) and (f) of the definition of “health service” in s.3 of the Act as may be required to provide residential permanent beds and residential respite beds.</p>
Home Care Packages (HCP)	<p>The provision of services which fall within the meaning of paragraphs (d) and (f) of the definition of “health service” in s.3 of the Act as may be required to provide home care packages.</p>
Commonwealth Home Support Programme (CHSP)	<p>The provision of services which fall within the meaning of paragraphs (d) and (f) of the definition of “health service” in s.3 of the Act as may be required to provide home and community care services for CHSP.</p>

Party	Health Services and/or Health Support Services
<p>Any party that is a provider of health services (within the meaning of the definition of 'health service' in s.3 the Act)</p>	<p><b>Corporate and administrative support</b></p> <p>The provision of all health support services in the form of corporate or administrative support and any other services that fall within the meaning of paragraph (d) of the definition of 'health support service' in s.3 of the Act as may be required to assist, support or enable the delivery of any services that fall within the meaning of the definition of 'health service' in s.3 of the Act.</p> <p><b>Provision of equipment and consumables</b></p> <p>The provision of health support services in the form of the supply or procurement of goods, substances or services that fall within the meaning of paragraph (b) of the definition of 'health support service' in s.3 of the Act and being such general office or medical consumables equipment, pharmaceutical products and associated services as may be required to assist, support or enable the delivery of any services that fall within the meaning of the definition of 'health service' in s.3 of the Act.</p> <p><b>Sterilising Services</b></p> <p>The provision of health support services in the form of the supply or procurement of equipment sterilising services that fall within the meaning of paragraph (b) of the definition of 'health support service' in s.3 of the Act as may be required to assist, support or enable the delivery of any services that fall within the meaning of the definition of 'health service' in s.3 of the Act.</p>