

MINISTER FOR HEALTH — PORTFOLIOS — STAFF LEAVE BALANCES

**386. Hon TJORN SIBMA to the parliamentary secretary representing the Minister for Health:**

I again refer to the minister's answers to parliamentary questions on notice 1539 and 1931, concerning annual leave liability balances across the health services as at 30 June 2018 and 31 December 2018, respectively.

- (1) Why has the number of staff with excessive accumulated annual leave balances of eight weeks and above—the equivalent of two years of outstanding annual leave—increased by a sum total of 948 people and at a cost of \$35 million across the North, South and East Metropolitan Health Services and the Western Australian Country Health Service and the Child and Adolescent Health Service, over a six-month period?
- (2) Can the minister guarantee that this extraordinary increase in excessive accumulated annual leave balances does not pose risks to staff welfare and to the standards of clinical care provided to the public?

**Hon ALANNA CLOHESY replied:**

I thank the honourable member for some notice of the question. Because of the nature of the question, the answer is necessarily long and complex. Mindful of standing order 106—that the reply needs to be concise—I seek leave to have the answer incorporated into *Hansard*, with the agreement of the questioner.

Leave granted.

The following material was incorporated —

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I thank the Honourable Member for some notice of the question.

Child and Adolescent Health Service (CAHS)

- (1) CAHS has focused its attention on employees with excessive leave balances to ensure that they have a leave management plan. There was a slight increase in annual leave accrued for 3 months after the initial move to Perth Children's Hospital. The CAHS Board is considering reduction controls.
- (2) CAHS is cognisant of the issue of fatigue on employees. A monthly report is provided to Executive of employees who have not taken leave in the last 12 months and do not have a leave management plan.

East Metropolitan Health Service (EMHS)

- (1) The increase for EMHS represents 227 staff at a cost of \$7.9 million. This increase has occurred despite efforts to clear excess leave while continuing to provide appropriate staffing levels. The data provided for 31 December 2018 would not include leave taken over the 2018–19 Christmas and school holiday period when there is a significant utilisation of leave taken.
- (2) Increases in excess leave should have no impact on the provision of clinical care to the public or on the welfare of staff. This is a legacy issue of accrued leave that EMHS is seeking to manage.

North Metropolitan Health Service (NMHS)

- (1) The headcount of staff with up to six weeks of annual leave outstanding has decreased over the six month period, with only a marginal increase in the associated total dollar value. This outlines good leave management practices for current annual leave allocations at NMHS. The increase in accumulated leave liability above six weeks (i.e. non-current leave) is reflective of FTE management strategies implemented by the NMHS. In implementing these FTE management strategies, NMHS acknowledged that a resulting impact would be an increase in annual leave liability, due to reduced opportunities to backfill staff, and therefore the rate at which staff are able to take leave would reduce.
- (2) There is no risk to staff welfare and to standards of clinical care provided to the public, as NMHS actively manages staffing welfare, and clinical safety through a variety of strategies, and to address this accumulated leave issue has developed a Fatigue Prevention and Management Policy.

South Metropolitan Health Service (SMHS)

- (1) In SMHS this can be attributed to the change in an industrial policy with respect to the treatment of time-off-in-lieu (TOIL) in the medical officers' cohort that was changed to an annual leave liability in the period between July 2018 and December 2018.
- (2) Strategies are in place to reduce excess leave but the benefits of such strategies are not realised immediately as it is dependent on when staff take the leave. In SMHS although there has been an increase in employees with excess annual leave in Quarter 3 2018/19, there has been a reduction in the number of employees with excess long service leave. The management of excess leave needs to be carefully balanced to ensure there is no impact on patient care, managers utilise employee leave management plans to ensure sufficient coverage. Improved reporting has increased the managers ability to monitor and plan for leave.

WA Country Health Service (WACHS)

- (1) A point in time comparison between June and December is not representative of broader leave balance trends. Based on historical trends over a calendar year it is ordinary for leave balances to increase between June and December before employees take their leave over the Christmas holidays and the longer school break. While the WACHS staff headcount with annual leave balances of more than 8 weeks increased by 13% between June and December 2018, a comparison between June 2018 and January 2019 only demonstrated a 3% increase, noting total WACHS headcount also increased during this period.
  - (2) This observation is a regular trend in leave usage patterns and does not pose risks to staff welfare and to standards of clinical care. WACHS continues to actively monitor and manage Excess Leave.
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