

LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

WRITTEN QUESTION

Mrs Finocchiaro to the Minister for Health:

Health Staffing Issues

1. **How much unrostered overtime is carried out by clinical staff at the Northern Territory's five main hospitals? What is the average number of hours of unrostered overtime?**

Top End Health Service (TEHS)

Unrostered overtime figures cannot be provided.

Central Australia Health Service (CAHS)

Unrostered overtime figures cannot be provided.

2. **Have you decreased staffing at community care centres? If so, by how much, where and why?**

Staffing at community care centres have not decreased in either the Top End or Central Australia Health Services.

3. **How many apartments/houses does the Department rent to accommodate visiting staff and accommodate new staff before they are sent to remote clinics?**

Top End Health Service

Top End Health Service (TEHS) Primary Health Care no longer rents urban apartments or houses for remote staff. TEHS reviewed accommodation leases in 2015 and did not renew them as it was no longer required or cost effective.

Central Australia Health Service

In Alice Springs, a variety of on-campus and off-campus accommodation options are available to visiting and new staff. Alice Springs Hospital holds approximately 42 units in its stock off-campus. Central Australia Mental Health Services and Central Australia Primary Health Services hold approximately 15 properties for use in Alice Springs.

4. **What is the occupancy rate of these properties?**

Top End Health Service

Not applicable. Refer to response to sub question 3.

Central Australia Health Service

The average occupancy rate for the reporting period 1 July 2018 – 31 March 2019 for off-campus accommodation is 95% across the service.

5. **What booking system is used for these properties?**

Top End Health Service

Not applicable. Refer to response to sub question 3.

Central Australia Health Service

The accommodation unit within Alice Springs Hospital manage bookings through a system called Guest Centrix Property Management Software.

6. **Are the rents subsidised by the agency? If so, how much is the annual expenditure for the agency?**

Top End Health Service

Not applicable. Refer to response to sub question 3.

Central Australia Health Service

Subsidies for rent for the use of accommodation is based on recruitment strategies and short term requirements.

Due to the nature of rent payments and rent collection timing, only the full year net cost to Central Australia Health Service can be provided. For the

2018-19 financial year the net cost (rent cost less rent collection) of off-campus housing within Alice Springs was approximately \$900 000.

7. **How many Darwin based staff members use the accommodation? Have any stayed longer than six months?**

Not applicable. Refer to response to sub question 3.

8. **Did you end up developing an Aboriginal Employment Plan? Is it in place? What does it look like? Who developed it?**

The Department of Health is actively engaging with Aboriginal Medical Services Alliance NT (AMSANT), and NT PHN on existing and current initiatives to collaborate and identify opportunities to work together with the aim to attract and retain an Aboriginal health workforce across the Northern Territory.

NT Health will launch its Workforce Strategy 2019-2022 this year. This Strategy includes implementing a NT Health Aboriginal Workforce Strategy to grow and strengthen our Aboriginal workforce.

TEHS has in place an Aboriginal and Torres Strait Islander Recruitment and Retention Strategy 2016/17-2018/19. TEHS is currently consulting to inform a new TEHS Aboriginal Recruitment and Retention Plan. The current Strategy remains operative until the new Plan has been finalised.

Central Australia Health Service has an Aboriginal Workforce Development Plan 2017-2020.

9. **It's been a year since you awarded a panel tender to eight third party employment agencies, engaged for finding nurses and midwives for the NT. Have they been effective?**

The contract has been effective, especially in meeting needs in urban areas. Staffing for remote areas and specialist areas such as Mental Health remains a challenge. Work is ongoing to improve the management

of supplementary workforce needs via the NT Health Workforce Reform Program.

10. **How many nurses and midwives have been hired through these employment agencies and at what cost?**

Contract management reports for the period from 1 July 2018 to 30 May 2019 (June data not available yet) indicate that there were 8150 labour hires in the nurse/midwifery category at a cost of \$11.1 million.

11. **You have previously stated the eRecruit system for bulk recruitment had yielded more than 350 applications - how many of those applications were successful hires?**

A new Nursing and Midwifery Recruitment Drive (job advertisement) on the eRecruit system was launched on 7 January 2019. To date this has yielded 654 applications with 394 new commencements.

Of all applicants, approximately 20% are ineligible for further consideration due to visa restrictions and/or lack of required registration to practice as a nurse or midwife.

12. **What is the vacancy rate for nurses and midwives in the public health system in the Northern Territory?**

The vacancy rate is approximately 4% in NT Health but varies across location and clinical specialisation such as remote and mental health positions.

Top End Health Service has a full complement of midwives and is managing a waiting list of suitable applicants for vacancies as they arise.

13. **The Langoulant report on page 73 says, in part: "The use of labour hire (for example, agency nurses) has also increased significantly, growing from around \$9m in 2006/07 to around \$61m in 2017/18..." It continues: "The Territory cannot afford to continue this trajectory without making significant cuts to other government services." Do**

you have any plans to address or at least review the use of labour hire staff by your department?

NT Health has implemented the Workforce Reform Strategy which has resulted in a decrease in the high cost of agency labour hire of nurses, midwives and Patient Care Assistants.

14. **Last year about \$3.5 million in compensation payouts to staff had occurred during the period 1 Jul 2017 to 31 Mar 2018. Have there been any in the last year? How many and for how much? What were the reasons for the payouts?**

Between 1 July 2018 and 30 June 2019, \$192,584 was paid to five individuals, in order to finalise workers compensation matters.

15. **How many medical professionals are currently employed by your department on contractual terms of 12 months or less?**

To calculate medical officers on contractual terms of twelve months or less would be too administratively onerous.

Total headcount of medical officers on fixed term contracts: 894. This includes junior doctors in the medical training pathway who are employed on an annual contract and doctors on fixed term contracts of greater than 12 months.

16. **From the Global Questions on Health, why has the overall number of FTEs increased by 355?**

The increase in FTE is predominantly attributed to increases in Top End Health Service staff associated with the opening of the new Palmerston Regional Hospital in August 2018.

Additionally, significant efforts have been made to reduce overtime and agency/locum staff through the employment of ongoing employees, which also accounts for some of the FTE increase.

17. **From the Global Questions on Health, why have you increased your supernumeraries by 114? How many do you expect to confirm as a full time employee?**

The workforce reform strategy to reduce the volume of high cost of agency labour hire of nurses, midwives and Patient Care Assistants through the creation of a casual pool has impacted the numbers of supernumeraries. Casual employees are allocated supernumerary status in PIPS.

There has also been some Department of Corporate and Information Services processing issues with people not linked to positions, even though there are positions vacant to appoint to, so instead they are put as supernumerary in PIPS.

18. **From the Global Questions on Health, you have had 11 stress related claims – are any of those for bullying?**

Of the 11 stress related workers compensation claims, two were lodged as a result of alleged bullying.

19. **What is the number of non-local doctors and specialists contracted by the TEHS and CAHS?**

NT Health does not currently report on the origin of its medical workforce. Doctors and Specialists from a range of different locations within Australia and overseas are employed to meet health service needs.

20. **What is the cost of wages for these contracted doctors and specialists?**

Refer to sub question 19.

21. **What is the cost of accommodation and travel for these contracted doctors and specialists?**

Refer to sub question 19.

22. **What medical specialties are under-resourced in terms of qualified practitioners in the Top End Health Service and the Central Australian Health Service?**

NT Health does not currently report on medical specialty workforce supply and to do so would be administratively burdensome.

23. **How many nurses and personal care assistants are contracted from outside service providers to make up for the shortfall in staffing in the TEHS and CAHS?**

From 1 July 2018 to 30 May 2019 (June data not available) there were 8150 labour hires in the nurse/midwifery category.

Reporting on Patient Care Assistants is not available at this time.

24. **At what cost?**

From 1 July 2018 to 30 May 2019 (June data not available) there were 8150 labour hires in the nurse/midwifery category at a cost of \$11.1 million.

Reporting on Patient Care Assistants is not available at this time.

25. **How many medical professionals are current employed by your department on contractual terms of 12 months or less**

This is a duplicate of sub question 15 above.