

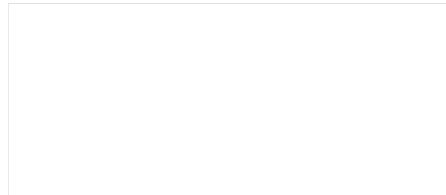
**Question No :** 214

**Question :** Royal Darwin Hospital Budget and Staffing

**Question Date :** 17/11/92

**Member :** Mr BAILEY

**To :** MINISTER for HEALTH and COMMUNITY SERVICES



1. Does the Royal Darwin Hospital have a mission statement and a corporate plan; if so, what are they.
2. What was the total cost of purchases made by the Royal Darwin Hospital, or the Department of Health and Community Services on behalf of the Royal Darwin Hospital, from Modular Medical Products and Territory Surgical Supplies in the following financial years -
  - (a) 1990-91; and
  - (b) 1991-92.
3. Were the purchases referred to in question 2 for medical supplies or medical equipment and how much was spent on each category.
4. Does the Purchasing Section of the Royal Darwin Hospital or the Department of Health and Community Services have guidelines that detail policy regarding the purchase of equipment or supplies for the Royal Darwin Hospital; if so, what are they.
5. How many staff are employed at the Royal Darwin Hospital; what are the position titles and Northern Territory Public Service classifications of these positions.
6. What was the total number of beds at the Royal Darwin Hospital before the recommendations of the Estimates Review Committee and Cresap were adopted.
7. Did the Northern Territory government modify the Cresap recommendation of a reduction of 25 acute-care beds and 1 operating theatre at the Royal Darwin Hospital to a closure of the theatre and a reduction of 10 acute-care beds; if so, how was this implemented and why was it done

that way.

8. What number of staff will be shed if the plan to close 1 operating theatre and reduce acute-care beds at the Royal Darwin Hospital proceeds; and what numbers would be shed in the following categories -
  - (a) medical officers;
  - (b) nurses;
  - (c) hospital assistants;
  - (d) cleaners;
  - (e) CSD attendants;
  - (f) launderers; and
  - (g) orderlies.
9. What was the number of staff involved in theatre surgical procedures at the Royal Darwin Hospital before the recommendations of the Estimates Review Committee and Cresap were adopted, and what is the number now.
10. How many hours per day did each operating theatre work before the recommendations of the Estimates Review Committee and Cresap were adopted.
11. How many hours per day is this 1 operating theatre left working since the recommendations of the Estimates Review Committee and Cresap were adopted.
12. How many hours of overtime have staff involved in theatre surgical procedures worked since the closure of a theatre; over what period of time has that been.
13. How many hours of overtime did staff involved in theatre surgical procedures work in each operating theatre before the closure of the operating theatre.
14. What is the waiting time at the Royal Darwin Hospital for elective surgery in each of the following categories -
  - (a) general;
  - (b) orthopaedics;
  - (c) ENT;
  - (d) ophthalmology;
  - (e) gynaecology; and

- (f) other categories not named.
15. What arrangements exist between the Royal Darwin Hospital and the Darwin Private Hospital; what arrangements exist particularly in the following categories -
- (a) bed occupancy;
  - (b) employees;
  - (c) senior management;
  - (d) consultant specialists; and
  - (e) use of facilities.
16. What funds have been spent by the Department of Health and Community Services for the use of beds at the Darwin Private Hospital in the 1990-91 financial year.
17. What is the total amount of funding provided through any agreements to the Darwin Private Hospital from the Department of Health and Community Services and what is the total cost to the Department of Health and Community Services for services provided to it by the Darwin Private Hospital.
18. Has the Royal Darwin Hospital had to refuse to take patients from other hospitals in the Northern Territory in the following financial years -
- (a) 1991-92; and
  - (b) 1992-93 to date,
- if so, was this because of unavailability of bed space.
19. Has the Royal Darwin Hospital had to defer elective surgery in the following financial years -
- (a) 1991-92; and
  - (b) 1992-93 to date,
- if so, why were they deferred and what are the numbers.
20. How many positions at the Royal Darwin Hospital have been cut as a result of the adoption of the Estimates Review Committee and Cresap recommendations in the following categories -
- (a) enrolled nurses;
  - (b) registered nurses;

- (c) trainee or student nurses;
  - (d) other medical staff; and
  - (e) other positions.
- 
21. How many hours of casual nursing staff were used in the 1990-91 financial year.
  22. Was there an almost 50% increase in the use of casual nursing staff hours at the Royal Darwin Hospital from 1 January 1991 to 30 June 1991 and 1 January 1992 to 30 June 1992; if so, why did this occur.
  23. Was there a decrease in total wages and salaries for nursing staff, including casual staff, at the Royal Darwin Hospital from 1 January 1991 to 30 June 1991 and 1 January 1992 to 30 June 1992; if so, why did this occur.
  24. What has been the cost of overseas travel undertaken by the Chief Executive Office of the Royal Darwin Hospital in the following financial years -
    - (a) 1990-91;
    - (b) 1991-92; and
    - (c) 1992-93 to date.
  25. What were the destinations, itinerary, purpose and cost of each of the trips referred to in question 24.
  26. On which of these trips did the Chief Executive Officer accompany the Minister for Health and Community Services for the whole of the Chief Executive Officer's itinerary.
  27. On which of these trips did the Chief Executive Officer accompany the Minister for Health and Community Services for part of the time the Chief Executive was overseas.
  28. Who, apart from the Minister for Health and Community Services and the minister's staff, accompanied the Chief Executive Officer on each of these trips; what was the purpose.
  29. What was the cost of all travel for those, excluding the Minister for Health and Community Services and the minister's staff, accompanying the Chief Executive Officer.
  30. Who were the officers accompanying the Chief Executive Officer.
  31. Were these officers from the Department of Health and Community Services; if not, where were they from.

32. How many -
- (a) nurses;
  - (b) enrolled nurses; and
  - (c) trainee and student nurses,
- have resigned from the Royal Darwin Hospital in the following financial years -
- (i) 1990-91;
  - (ii) 1991-92; and
  - (iii) 1992-93 to date.
33. What are the figures as a percentage of the total staff in each area referred to in question 32.
34. How many staff involved in the following areas -
- (a) specialist;
  - (b) allied medical; and
  - (c) other professional positions,
- have resigned in the following financial years -
- (i) 1990-91;
  - (ii) 1991-92
  - (iii) 1992-93 to date.
35. What are the figures as a percentage of the total staff in each area referred to in question 34.
36. Have certain patients at the Royal Darwin Hospital been placed in wards which do not relate to the type of patient they are, because the hospital was running at above capacity in calendar years 1991 and 1992.
37. What does a sister hospital arrangement involve.
38. Are staff swaps part of the sister hospital arrangement.
39. Are certain patients who should be nursing home patients being kept at the Royal Darwin Hospital because of a lack of facilities outside the hospital for them.

ANSWER

1. The Royal Darwin Hospital operates within the department's Mission Statement and Corporate Plan, but also has its own Mission Statement and Operational Plan.

2 & 3.

A consolidated response covering all Medical Modular Products questions has been supplied under separate cover.

4. Procedures followed by the Department of Health and Community Services Purchasing Sections are governed by Treasury Regulations Part 3 - Contracts, Treasurer's Directions Section 20 - Purchasing Procedure and Information circulars issued by the Supply and Tender Board.

In accordance with Treasury Regulation 36 the Accounting and Property Manual contains procurement guidelines and procedures. As requested, attached is a copy of Section 10 of the Accounting and Property Manual (Procurement Procedures).

5. Total staff at Royal Darwin Hospital is 1057

Classification	No
EO2	1
AO8	2
AO7	6
AO6	8
AO5	12
AO4	19
AO3	19
AO2	64
AO1	43
P4	2
P3	11
P2	56
T6	1
T5	2
T4	7
T3	27
T2	5
T1	9
Ph8	1
Ph7	2
Ph5	3
Ph4	14
Ph3	60
Ph2	159
MS5	1
DMS1	1
AMS	1
SSIC	9
SPEC	14

MO3	1	
RMO	36	
Registrar	27.5	
RNL5.4	1	
RN4.2	4	
RN4.1	3	
RN3A	28	
RN2	64	
RN1	231.5	
EN	71	
SNM	12	
Hosp Asst		19
TOTAL	1057	

6. 311 beds prior to Cresap and ERC.
7. The reduction of 10 beds was achieved through the closure of one 32-bed ward and the redistribution of the remaining 22 beds and resources to existing wards. This approach was used to maximise resource savings including reduction of overheads.

One elective operating theatre was closed through reducing the number of elective operating theatre sessions allocated to Staff Specialists and Visiting Sessional Specialists.

The theatre closure was implemented in this way to minimise impact on hospital bed utilisation and to maintain the level of services for emergency and semi-urgent cases.

8. The number of positions reduced -

Medical officers	1.5
Nurses	10
Central Sterilising Dept Attendant	1
Laundry Hands	2

9. Operating Theatre Staff -

	Pre ERC and Cresap Reviews	Post ERC and Cresap Reviews
Nurses	40.16	36.6

No change to Medical and ancillary staff numbers.

10. Average 8 hours per day.
11. Nil because theatre is closed.
12. 260.91 hours nursing overtime for emergency surgery. Not necessarily related to theatre closure. Medical officer overtime figures not available.

13. 165.66 hours nursing overtime for emergency surgery. Not necessarily related to theatre closure. Medical officer overtime figures not available.

14. As at 31 August total patients/speciality awaiting elective surgery are as follows -

Plastic Surgery	18	
Orthopaedics	144	
General (4 surgeons)		201
Hand Surgery		7
Gynaecology (3 surgeons)	185	
Ophthalmology		47
Ear Nose and Throat		101
TOTAL	703	

Actual waiting times are not recorded.

15. The following arrangements exist between Royal Darwin Hospital and Darwin Private Hospital.

1) Royal Darwin Hospital provides the following services to Darwin Private Hospital -

- i) Supply of bulk steam;
- ii) Supply of bulk oxygen; and
- iii) Collection and disposal of rubbish.

The conditions and rate for the services are set out in a contract between the 2 hospitals. The charges are based on full cost recovery.

- 2) There is a reciprocal arrangement between the 2 hospitals regarding the hire of equipment on an as required basis. Documentation is completed for each occasion and approved by senior staff of both establishments. Charges are dependent on the type of equipment involved.
- 3) Items held as stock by either establishment are supplied to the other on an as-needed basis. Items supplied by Royal Darwin Hospital are charged at cost plus 15%. The volume of this type of transaction is small.
- 4) Darwin Private Hospital provide an Oncology service for Royal Darwin Hospital. Royal Darwin Hospital pays the cost of drugs and of administering drugs for Public patients.



- 5) Royal Darwin Hospital occasionally uses the motel facilities at Darwin Private Hospital to accommodate patients who are able to be discharged but have to wait for travel to become available. Rate \$40 per night.
  - 6) Royal Darwin Hospital patients are transferred to Darwin Private Hospital when insufficient appropriate accommodation is available at Royal Darwin Hospital. Royal Darwin Hospital is then responsible for the charges at the appropriate rate.
- Part of the teaching hospital arrangements are that Registrars from Royal Darwin Hospital are permitted to undertake 1 session per week at Darwin Private Hospital while accompanying their instructor.
16. Total payments to Darwin Private Hospital for 1990-91 was \$66 874.88, the majority of which was for patient beds.
  17. There are no other arrangements than as first detailed.
  18. Occasionally. Elective admissions deferred as part of bed management policy. Emergency admissions always accepted.
  19. Refer Attached.

20. **Cost Centre** **Position Saved**

Supply	PH8 x 1	
Supply	PH5 x 2	
Supply	PH2 x 1	
Supply	AO3 x 1	
Supply	AO1 x 1	
Maintenance	PH8 x 2	
Maintenance	PH4 x 16	
Maintenance	PH2 x 2	
Wardsmen	PH3 x 1	
M E B	T3	x 1
Catering	PH3 x 3	
Catering	PH2 x 20	
Catering	PH1 x 1	
Cleaning	PH2	x 11
Laundry	PH2	x 3
C S D	PH3	x 1
Grounds	PH2	x 2
Garbage	PH2	x 3
Nursing	RNL3A	x 1
Nursing	RNL2	x 1
Nursing	RNL1	x 15
Nursing	ENS	x 9
Nursing other	PH2	x 1

Pathology	T3 x 1
Pathology	AO1 x 1
Medical	RMO x 1

Sub Total	102
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Cabinet Decision 7023

ERC	
MEB	T3 x 1

TOTAL	103
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21. 1990-91 16 054 hours.

22. The reasons for the increase included:

- ∅ An increase in patient acuity combined with a decrease in length of stay and an increase in average bed occupancy.
- ∅ Decrease in Nursing staff as a result of Cabinet Decision No 7023.

23. Yes. Decrease in Nursing staff as a result of Cabinet Decision No 7023.

24. 1990-91 Nil;

1991-92 7.12.91 - 14.12.91 \$329.40 + 5 days salary;

1991-92 25.4.92 - 2.5.92 5 days salary; and

1992-93 \$5,267 + 8 days salary.

25. Trips in 1991-92 were in relation to establishment of sister hospital arrangements with Soe District Hospital and Professor Johannes Hospital in Indonesia. One of these trips was funded through a Commonwealth Government grant through the Australian International Development Assistance Bureau (AIDAB).

Trip in 1992-93 was to meet with people associated with AIDAB in Indonesia and to ascertain requirements for putting together a successful proposal for future funding assistance for the sister hospitals' project.

26. None

27. One visit in 1991-92. 25.4.92 - 2.5.92.

28. 1990-91 Dr John Hargrave  
Dr Doug Wheen  
RN Sue Payne

Mr Kim Steinle

Purpose: To establish sister hospital arrangement with Soe and Professor Johannes Hospital.

1991-92 Mr Ray Norman  
Mr Richard Giles  
Dr Michael Nowotney  
Dr Paul Bauert  
RN Jane Hogan  
RN Elizabeth Ryan  
RN Sue Payne

Purpose: To launch sister hospital arrangement with Soe and Professor Johannes Hospital.

1992-93

Purpose: To meet with people associated with AIDAB in Indonesia and to ascertain requirements for putting together a successful proposal for future funding assistance for the sister hospitals project.

29, 30 & 31.

Dr Doug Wheen	10 days salary (HACS)
Dr John Hargrave	10 days salary (HACS)
Dr Paul Bauert	\$1576 (Sessional payment) (Specialist)
Dr Michael Nowotney	9 days salary (HACS)
Mr Richard Giles	No cost to department (Chairman Royal Darwin Hospital Management Board)
Mr Kim Steinle	No cost to department (Darwin Rotary Club)
Mr Ray Norman	\$474 + 5 days salary (HACS) Education Department Delegation. (refer Minister for Education).

32. Number of Nursing Staff Resignations (Departures from the Service):

	1990-91	1991-92	1992-93 (Jul - Dec)
RN 90	97		37
EN 10	15		7

(All other departures are internal absences or inter-departmental transfers).

33. Nursing Staff Resignations Expressed as a percentage of total M.S.

	1990-91 % of Total	1991-92 % of Total	1992-93 % of Total
Reg. Nurse	24.3%	26.9%	11.3%
Enrolled Nurse	12.3%	19.6%	9.9%

34. See attached.

- 35. As Above.
- 36. Yes. Patients are sometimes accommodated in other wards until a bed becomes available in the required specialty area.
- 37. The sister hospital relationship aims to establish professional and cultural links between the hospitals and to provide a mechanism which will assist professional development.

The process incorporates visits by doctors and nurses of the Royal Darwin Hospital to the Indonesian hospitals and visits by doctors and nurses from the Indonesian hospitals to Royal Darwin Hospital. In addition the time consumed by the scheme is dependent on the personal commitment of volunteer staff.

- 38. Staff swaps are not part of the process.
- 39. There are a small number of patients accommodated in Royal Darwin Hospital who could be transferred to the community if suitable accommodation was currently available.

## SECTION 10 ASSET MANAGEMENT RECORDING AND CONTROL

### 10.1. RECORDING AND CONTROL

- 10.1.1. Introduction
- 10.1.2. Asset Management
- 10.1.3. Major Assets
- 10.1.4. Minor Assets
- 10.1.5. Asset Recording
- 10.1.6. Transfer of Assets
- 10.1.7. Audit and Stocktaking

### 10.2. LOSSES OR DEFICIENCIES OF PUBLIC STORES

- 10.2.1. General
- 10.2.2. Reporting Losses
- 10.2.3. Register of Losses and Deficiencies
- 10.2.4. Loss or Damage Recovery
- 10.2.5. Information to be included in the Departmental Annual Report

### 10.3. CONTROL OF STORES

- 10.3.1. General
- 10.3.2. Store Levels
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### 10.4 DISPOSAL OF STORES/ASSETS

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10	ASSET MANAGEMENT RECORDING AND CONTROL	
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10.1	Recording and Control	
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10.1.1	Introduction	
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Treasurer's Direction Section 21 requires the Department to maintain accurate asset records for all major assets held by the Department.

The following procedures should be read in conjunction with the Financial Administration and Audit Act and Treasurer's Directions Section 21.

10.1.2	ASSET MANAGEMENT	
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All employees are responsible for ensuring that assets under his/her charge are kept in good order and condition.

Employees designated as Accounting Officers are accountable for receipt, custody and disposal of all assets under their control.

10.1.3	MAJOR ASSETS	
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A major asset is an asset devoted to a specific entity with an economic life beyond one accounting period with an original cost greater than \$2000 (on assessed cost). Major assets should be classified under the following headings:

- ∅ land;
- ∅ buildings (eg. buildings, offices, and workshops);
- ∅ economic infrastructure (roads, bridges, transmission lines etc)
- ∅ fixed plant and equipment (air-conditioning plant, laboratory and specialists equipment)
- ∅ motor vehicles and mobile plant (eg. cars,

trucks and forklifts)

- ∅ fixtures and fittings (eg. partitioning, compactus units and library shelving)

T/Dir 21.8

#### 10.1.4 MINOR ASSETS

'Minor Assets' are those within original or assessed original cost of less than \$2000.

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REFERENCE

#### 10.1.5 ASSET RECORDING

The Accountable Officer shall ensure that all major assets are recorded in an asset Register, or on a computerised asset recording system if available.

T/Dir

21.6, 7, 10

Minor Assets' (having an individual value as determined by Hospital/District Managers or Director, General Services - Darwin (Items relating to Corporate Support Services only) are also to be recorded in the asset register. Some items classified as minor assets are:

cameras household appliances  
projectors video equipment  
paper shredders colour televisions  
computer components:  
keyboard  
VDU  
mouse  
processor

T/Dir 21.1

Assets Register shall contain (as minimal) the following:

- ∅ brief description of the asset;
- ∅ Serial and/or model Number (if any);
- ∅ purchase value (or estimated value if unavailable);
- ∅ date of acquisition;
- ∅ document reference, for example Invoice No., Order Number, etc;
- ∅ manufacturer's name;

- ∅ suppliers name; and,
- ∅ asset registration code eg. Bar Code or Asset No.

Details of assets acquired are to be recorded in the Register when the assets are received.

#### 10.1.6 TRANSFER OF ASSETS

Managers are responsible for completing an Asset Transfer Voucher when a recorded (either major or minor) or leased asset moves from one work location (cost centre) to another.

The following details are to be completed on Asset Transfer Voucher:

- ∅ cost centre transferred to and from;

INDEX	TEXT	REFERENCE
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- ∅ catalogue or asset number (if available);
- ∅ serial number;
- ∅ description of goods/equipment; and,
- ∅ transport details.

A separate line on the Transfer Voucher must be used for each individual item. Distribution of the completed Transfer Voucher is as follows:

The yellow copy is retained by the dispatching establishment and the pink is forwarded direct to the Assets Control Section.

The white copy and green copies are forwarded to the receiving establishment with the item/s being transferred. The receiving establishment endorses as received and forwards the green copy to Assets Section for their area, the white copy is retained for their records.

The Assets Section will update all records of Asset Register when transfer vouchers are received by them. The Pink copy removes the item from the dispatching establishment records and the green, when received, is used to update records for the receiving establishment.

When details have been recorded from the pink copy the transferred item acquires the status of 'Waiting for Acquittal'. This status will not

change until the acquittal copy, ie. green Transfer Voucher, is received at Assets Control. Transfer Vouchers which have not been acquitted within 28 days are to be followed up by Asset Control officers.

Copies of all Transfer Vouchers are filed in the Assets Control Section, located at either Alice Springs or Darwin.

#### 10.1.7 AUDIT AND STOCKTAKING

The purpose of stocktaking, audit and inspection is to effect a reconciliation between the assets on hand and the Asset Register. This reconciliation embraces a thorough investigation of all apparent discrepancies. Where it is evident that transfers have taken place without documentation, the necessary vouchers shall be raised by the responsible stockholder to enable the registers to be correctly posted up to the date of stocktaking.

All assets recorded on an approved registration system shall be subject to stocktake at least once annually or as otherwise determined by the accountable Officer. Where practicable, stocktaking shall be undertaken by personnel not responsible for asset management.

#### INDEX

#### TEXT

#### REFERENCE

To conduct a stocktake, the following procedures shall be carried out by the stocktaker or other duly authorised employees:

- ∅ all branch/divisions are to be notified when the stocktake of equipment is to be held;
- ∅ a physical identification of all accountable equipment and reconciliation with Assets Register;
- ∅ list discrepancies showing the full description of the articles as well as the identification number.
- ∅ investigate discrepancies promptly and obtain from the stockholder a full report in respect of all discrepancies disclosed. As inordinate excesses or deficiencies may indicate a weakness in accounting, they shall be fully investigated and a report prepared accordingly. Any investigation shall take account of the



materiality of the discrepancy.

Action after completion of stocktake:

- ∅ each stock sheet shall be signed by the stocktaker and the Cost Centre or Unit Manager responsible for custody of assets concerned;
- ∅ stocktaker and assets control officer to sign the back of each stock sheet;
- ∅ obtain any covering report considered necessary to readily enable a conclusion to be formed as to the reason for the discrepancies;
- ∅ prepare statements of excesses deficiencies for submission to delegated officer for approval for write off; and,

Manual

Delegations

- ∅ in determining the amount to be written off, the value of excess stores disclosed by stocktaking shall not be set off against the value of deficiencies even when they are of the same generic classification.

10.2 LOSSES OR DEFICIENCIES OF PUBLIC STORES

10.2.1 GENERAL

Treasurer's Direction 7 outlines the action to be taken should any loss or deficiency be reported to the Accountable Officer or his delegate. The Accountable Officer or his delegate will then initiate action to seek authority to write-off the value of the property lost subject to specific action being taken as detailed in Treasurer's Direction 7.

T/D Sect 7

INDEX  
REFERENCE

TEXT

Reports should address the following:

- ∅ how and when the loss occurred;
- ∅ the value of the loss incurred;
- ∅ was the loss or deficiency caused by fraud, theft, mistake or neglect of any person or persons?;

- ∅ have the police been advised?; and
- ∅ has all practicable action been taken to recover the loss?
- ∅ does the investigation show any defect in the existing system of control. If so what action is proposed to remedy such defect.

10.2.2 REPORTING LOSSES

Every loss shall be promptly advised to the Accountable Officer by means of a preliminary loss report and an entry made in the Registry of Losses.

The Accountable Officer is to ensure that appropriate action is taken to investigate the cause of the loss, to identify the person/s responsible (if any) and to effect recovery.

If a loss or deficiency is caused by fraud or theft, the Accountable Officer or his delegate is responsible for notifying the Police.

T/Dir

7.4

10.2.3 REGISTER OF LOSSES AND DEFICIENCIES

The Asset Control Officer is to be informed of any losses, or deficiencies and record them in the Register of Losses and Deficiencies. The Assets Section shall also receive copies of all reports and final authority for write-off in order to update the Assets Register.

The Register of Losses shall provide the following details:

- ∅ date of loss;
- ∅ date loss reported;
- ∅ particular of the asset(s) lost including value;
- ∅ notations to the asset register (if appropriate) including a record of the asset identification number for cross reference purposes;

T/Dir

21.7

- ∅ nature and circumstances of the loss;

## REFERENCE

- ∅ action taken;
- ∅ amount recovered;
- ∅ amount written off, if applicable;
- ∅ record of entry in the Departmental Annual Report;

T/Dir 24.7

- ∅ references to the appropriate 'loss file number' on which the appropriate papers and reports are filed.

### 10.2.4 LOSS OR DAMAGE RECOVERY

The Accountable Officer may, in the event of an employee being responsible for fraud, theft or negligence resulting in the loss of public property or stores, initiate action to recover the cost/value from the employee concerned and to take action under the terms of the Public Service Act against the employee for negligence or otherwise.

T/D Sect 7

### 10.2.5. INFORMATION TO BE INCLUDED IN THE DEPARTMENTAL ANNUAL REPORT

The Accountable Officer shall ensure that his Department's annual report presented to the Treasury after the completion of each financial year, in accordance with the provisions of Section 22.1 of the Public Service Act, shall include the following:

T/D Sect 24

- ∅ A summary of public property written off by the Accountable Officer during that financial year.

T/Dir 8.9

### 10.3 CONTROL OF STORES

#### 10.3.1 GENERAL

Internal control measures should be such that Government property is secured from losses of all kinds. The responsibility of ordering, issuing and controlling stores lies with the Officer-in-Charge of Stores.

#### 10.3.2 STORE LEVELS

The Officer-in-Charge, should ensure that stores held are adequate to meet demands and disruption to work flow is minimal. When determining this level, consideration should be given to the following:

- ∅ past usage rate;
- ∅ expected future usage rate;

INDEX  
REFERENCE

TEXT

- ∅ availability of item,
- ∅ life span; and,
- ∅ lead time in getting orders completed.

10.3.3 CONSUMABLES

When items are required, a 'Stores Request' form should be completed and forwarded to the Stores Section. This request will be filled from stores on hand and costed to the appropriate section/cost centre.

It may be convenient for each Branch to have its own small supply of consumables with a nominated officer-in-charge who will control and re-order supplies as necessary.

10.4 DISPOSAL OF STORES/ASSETS

10.4.1 GENERAL

Assets are to be disposed of when they become surplus to Departmental requirements or when they are considered beyond economical repair or obsolete.

10.4.2 SCRAPPING OF ASSETS

Items that have no disposal value are to be scrapped. Advice must be given to the Disposals Officer who will take appropriate action to ensure that items are disposed of correctly and cannot be re-used.

& A Act

Sect 73

10.4.3 TRADE-IN

T/Dir 21.32 F A

Trade-in offers are considered when it is financially advantageous in comparison with the asset being sold by auction or tender.

Trade-in offers shall not be sought for items available under period contracts. All offers of trade-in shall be referred in writing to the Manager Supply for assessment.

#### 10.4.4 DISPOSAL BY SALE

The Department of Transport and Works is to be notified of any items that are considered surplus and are to be disposed of.

Sales of assets to non government employees shall be made only when the assets to be sold have been declared by the Accountable Officer to be surplus to Departmental requirements. They should be sold by one of the following means:

#### INDEX REFERENCE

#### TEXT

- Ø by public invitation of tenders;
- Ø by public auction which will be co-ordinated by the Department of Transport and Works; or,
- Ø by trade-in for a replacement.

T/Dir 21.25, 26

An Accountable Officer may apply to the Treasurer or his delegate for approval to dispose of assets by a means which is not in accordance with the methods above.

The Assets Control Manager shall ensure that all items originally listed for disposal have been properly accounted for and that those disposed of correspond with those approved for disposal.

#### 10.4.5 GIFTS OF ASSETS

In seeking approval to gift assets, applications detailing all necessary considerations, supported by the Accountable Officer's recommendations and endorsed by the Minister for Health and Community Services are to be submitted to the Treasurer. In considering the recommendation for a gift, an Accountable Officer or his delegate should take into account:

- ∅ the possible requirement of other Territory Government agencies;
- ∅ whether the particular surplus assets have any commercial use or appreciable market value;
- ∅ whether the receiving organisation has access to other monies/assets from the Northern Territory Government for the same purpose; and,
- ∅ the rationing of free issues with a view to fair distribution and the avoidance of discrimination or patronage.

Particulars shall be recorded in a Register of Gifts or Public Property immediately upon the gift being approved.

#### 10.4.6 SECURITY

Except where, as determined by the Accountable Officer it is impracticable or undesirable, all major and specified minor assets must be branded or inscribed by some permanent means to indicate the items belonging to the Department. It is not the responsibility of the Department to brand leased/hired assets.

#### INDEX REFERENCE

#### TEXT

#### 10.4.7 WRITING OFF ASSETS

The Treasurer or his delegate has the power to write off the value of lost, deficient, condemned, unserviceable, abandoned or obsolete public property resulting from:

- ∅ inadequate procedures or implementation thereof, unacceptable causes; and,
- ∅ acceptable causes (such as fair wear and tear reasonable obsolescence, within predetermined tolerances).

Where it is considered impractical to recover the value of a loss, or the Accountable Officer has approved or recommended full or partial discharge from the liability, the approval of a competent authority shall be obtained to write off these amounts.

Assets sold, traded-in or gifted do not require to be written-off. Under Section 73(1) of the Act. Employees exercising delegations under this Section

of the Act should ensure that all administrative action, including reduction to scrap and disposal, has been taken and that Inspecting Officers Reports are prepared.

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A & A Act Sect 73(1)

Employees are to check the Department's Delegations Manual for a list of approved delegated officers and their limits and restrictions to write off public property.

Delegations Manual

To view table please refer to page 2042 of printed Parliamentary Record.

34. & 35.

#### Hospital Services

	No of staff in area	1990-91		1991-92		1.7.92 to date	
		No	%	No	%	No	%
Dietitians	3	1	33.3	3	100	0	0
Librarians	3	0	0	1	33.3	0	0
Occupational Therapist	5	1	20	1	20	0	0
Pathology Scientists	14	0	0	0	0	2	14.25
Pharmacy	10	6	60	11	110	4	40
Physiotherapists	8	4	50	1	12.25	0	0
Psychologists	1	0	0	0	0	0	0
Radiographers	16	2	12.25	0	0	0	0
Social Workers	5	1	20	2	40	3	60
Speech Therapists	2	0	0	1	50	0	0
RMOs		35	5	14.25	1	3	0
0							
Registrars	28	9	32	9	32	1	3.5
Specialists	23	2	8.5	2	8.5	0	0

Does not include short term locums or Rotating Registrars.