



**ACT**  
Government

**Canberra Health  
Services**

FOI18-108



Dear [REDACTED]

### **Freedom of information request: FOI18/108**

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act), received by ACT Health on 30 October 2018.

In your application you requested:

*"I seek the report held by ACT Health of the audit of leave balances within ACT Health, that was undertaken by Axiom during the 2017-18 financial year."*

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services under section 18 of the Act to deal with access applications made under Part 5 of the Act.

Canberra Health Services was required to provide a decision on your access application by 18 December 2018.

#### Decision on access

Searches were completed for relevant documents and one document was identified that falls within the scope of your request. The document identified is a draft report. I have decided to grant partial access to the relevant document.

I have included as Attachment A to this decision the schedule of relevant document. This provides a description of the document that falls within the scope of your request and the access decision on the document.

My access decisions are detailed further in the following statement of reasons. The document released to you is provided as Attachment B to this letter.

In reaching my access decision, I have taken the following into account:

- the FOI Act, particularly Schedule 2;
- the content of the document that falls within the scope of your request;
- the views of relevant third parties; and

- the *Human Rights Act 2004*

I have decided to grant access, under section 50 of the Act, to copies of document with redactions applied to information that I consider would be contrary to the public interest to disclose.

The identified document is composed of, or contains information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act. The information is personal information about individuals or information concerning Axiom Associates.

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1. I have identified that the following factors favour non-disclosure:

- Schedule 2 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights ACT 2004*;
- Schedule 2 2.2(a)(xi) prejudice trade secrets, business affairs or research of an agency or person.

If the redacted information concerning Axiom Associates was released, it would be expected to unduly impact on the trade secrets, business affairs or research of the organisation. The public interest would not be advanced by the release of the identified information. As such, I have decided that on balance, disclosure of the information would be contrary to the public interest.

#### Charges

Processing charges are not applicable for this request because the documents released are 50 pages or less.

#### Online publishing – disclosure log

Under section 28 of the Act, Canberra Health Services maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the Canberra Health Service's disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

You may view ACT Health's disclosure log at <https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

#### Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published on Canberra Health Service's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601

Via email: [ACTFOI@ombudsman.gov.au](mailto:ACTFOI@ombudsman.gov.au)

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision.

Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal  
Level 4, 1 Moore St  
GPO Box 370  
Canberra City ACT 2601  
Telephone: (02) 6207 1740  
<http://www.acat.act.gov.au/>

If you have any queries concerning the Canberra Health Service's processing of your request, or would like further information, please contact the FOI Coordinator on 6205 1340 or e-mail [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).

Yours sincerely



Chris Bone  
**Deputy Director-General**

18 December 2018

## FREEDOM OF INFORMATION REQUEST SCHEDULE

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
[REDACTED]	"I seek the report held by ACT Health of the audit of leave balances within ACT Health, that was undertaken by Axiom during the 2017-18 financial year."	FOI18/108

Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1	1 - 29	Internal Audit of Annual Leave (draft)	June 2017	Partial	Schedule 2, section 2.2 (a) (ii) (xi)	Yes
<b>Total No of Docs</b>						
1						

Internal Audit & Risk Management Branch  
Level 4, 2-6 Bowes Street, Woden ACT 2606  
GPO Box 825 Canberra ACT 2601  
Website: [www.health.act.gov.au](http://www.health.act.gov.au)  
ABN: 82 049 056 234

# Internal Audit of **Annual Leave**

**June 2017**

Audit to be conducted by Axiom Associates

# 1 Executive summary

## 1.1 Introduction

Axiom Associates has been engaged by ACT Health to conduct this internal audit as a management initiated review to assess Annual Leave processes within the directorate.

## 1.2 Background

Annual leave is available to employees to enable absence from duty for the purposes of rest and recreation. An entitlement to paid annual leave is a statutory minimum condition of employment in Australia.

Within the medical profession the management of leave has a strong relationship with the recording of rostering information to track staff attendance.

Effective management of leave entitlements is central to both the management of working conditions for employees as well as balancing and minimising costs to the Government. ACT Health reported a balance of \$104 million of annual leave liabilities in the 2015/16 financial statements.

## 1.3 Objective

The objective of this audit was to provide assurance that ACT Health has effective processes for managing annual leave entitlements and whether the systems and controls over the processing of annual leave are working as intended.

The scope of this review was limited to annual leave only with focus on Senior Medical Officers. Any reference to 'leave' within this report relates to annual leave only.

A copy of the approved objectives, scope and approach for the review are included within this report at **Appendix C**.

## 1.4 Overall Conclusion

This review identified significant issues with the management of leave across ACT Health resulting in balances that do not represent the true liability to the directorate. Our testing indicated large numbers of staff carrying leave balances in excess of acceptable levels outlined under each respective ACT Health Enterprise Agreement. There is no adoption of a proactive approach to managing the reduction of high leave balances.

System deficiencies have contributed to the mismanagement of leave processing. Audit noted clear control gaps in the approval and processing of manual leave forms for clinical staff that increases the risk of misappropriation with respect to the recording of leave. A review of processed leave for 18 Senior Medical

Officers over a five year period identified approximately \$2m worth of unprocessed leave (1 July 2012 to 30 April 2017).

Though not strictly within the scope, this audit has identified broader concerns over the attendance process which is also contributing to the breakdown in the recording of leave applications in ACT Health’s Human Resource System Chris21.

To address issues with attendance recording the ‘MyShift’ project, which commenced in 2012 and ceased in 2016, was established to implement and rollout a system based rostering system called Proact for all ACT Health staff. The automation of leave management formed a part of the scope of work. The project, with a budget was over \$4m, failed to achieve its intended objectives. It should be noted that the Nursing Information and Management Support Unit (NIMS) have taken over responsibility for the rollout of ProAct across ACT Health with coverage now of almost 36% of eligible business areas. Our testing indicated that the use of ProAct for clinical staff provides significantly better outcomes to the accuracy of annual leave processing.

There is a need for ACT Health to drive system improvements to automate the leave approval process for all employees; to better articulate leave management roles and responsibilities; and for improvements in the reporting and monitoring of leave information by management by conducting detailed independent compliance checks.

### 1.5 Key findings

Nr	Report Section	Findings	Risk Rating	Recommendations
1	2.2	A leave usage plan process has not been implemented to manage staff with balances over 2.5 years. It was determined that 37% of Senior Medical Officers exceeded this threshold.		TBC
2	2.3	Senior Medical Officers are using manual leave forms to submit applications. This is in part due to online application system HR21 not having functionality to cater for staff on non-standard employment arrangements.		TBC
3	2.4	ACT Health commissioned a project in 2012 to rollout an electronic rostering system across the directorate (ProAct). The project		. TBC

		would have addressed some issues pertaining to the management of leave. Only 36% of eligible business areas are currently utilising the ProAct system.		
4	2.5	For the period 1 July 2012 to 30 April 2017, Audit reviewed the accuracy of leave processing by comparing roster information to records in Chris21. Audit identified significant overstatements of leave balances for a sample of Senior Medical Officers.		TBC

Note: An implementation plan for the recommendations has been attached in Appendix A.

### 1.6 Timeline

	Activity	Date Completed
Phase 1 – Planning		
1.1	Research and planning	Earl April 2017
1.3	Entry meeting	4 April 2017
Phase 2 - Fieldwork		
2.3	Commence fieldwork	7 April 2017
2.4	Complete fieldwork	7 June 2017
Phase 3 – Reporting		
3.1	Draft Discussion Paper	16 June 2017
3.2	Exit Meeting	
3.3	Draft Audit Report distributed (management comments coordinated)	
3.4	Final Report	

This report has been reviewed and discussed with management of the ACT Health Directorate. Management has had the opportunity to express any comments on the findings and recommendations outlined in this report.



## 2 Detailed Findings

The following section details the key findings of the review, including associated recommendations and management response.

### 2.1 Risk assessment of findings

Findings identified in the review process were allocated risk ratings in accordance with risk rating definitions in ACT Health Integrated Risk Management Guidelines. Further details are provided at Appendix C. The following table provides the level of management action required for each risk rating category:

Rating scale for individual findings	
Extreme Risk	All possible action is taken at Executive level, to avoid and insure against these risks.
High Risk	Generally managers are accountable and responsible personally for ensuring that these risks are managed effectively.
Medium Risk	Accountability and responsibility for effective management of these risks is delegated to line managers at an appropriate level.
Low Risk	These risks are managed in the course of routine procedures, with regular review and reporting through management processes.

## 2.2 Findings – Employment Agreements and Leave Balance Management

### Background

ACT Health have a number of Enterprise Agreements (EAs) to formalise terms and conditions of employment:

- *ACT Public Service Administrative and Related Classifications Enterprise Agreement 2013-2017;*
- *ACT Public Service Nursing and Midwifery Enterprise Agreement 2013-2017;*
- *ACT Public Sector Support Services Enterprise Agreement 2013-2017;*
- *ACT Public Sector Infrastructure Services Enterprise Agreement 2013-2017;*
- *ACT Public Sector Technical and Other Professionals Enterprise Agreement 2013-2017;*
- *ACT Public Sector Medical Practitioners Enterprise Agreement 2013-2017;*
- *ACT Public Sector Health Professionals Enterprise Agreement 2013-2017; and*
- *ACT Public Sector Legal Professionals Enterprise Agreement 2013-2017 (only one employee under this EA).*

Each EA clearly stipulates the entitlements for annual leave, generally employees are entitled to 20 days for each full year worked. Full time employees under the Nursing and Midwifery EA who work shift hours including weekends and public holidays may receive up to 7 weeks in annual leave. Given this audits focus, **Appendix E** provides an extract from the Medical Practitioners Enterprise Agreement specifying the terms and conditions relating to annual leave. This is considered consistent across the other ACT Health EAs noted above.

### Annual Leave Planner

To manage excessive amounts of leave, all EAs make provision for management action:

*“the employee and relevant manager/supervisor must agree, and implement an annual leave usage plan to ensure the employee’s accrued leave credit will not exceed two and a half years worth of annual leave credit.”*

### Findings

Discussions with Employee Services Corporate and Strategy indicated that the leave usage plan process has not been implemented across the directorate. ACT Health has also not formalised policies pertaining to the annual leave usage plan to guide responsible officers with the detailed requirements under the EA.

To support the monitoring of leave balances across ACT Health, each month a report generated by Shared Services HR is sent to ACT Health’s Business Performance Information and Decision Support Branch. The report is provided at the whole of directorate, divisional and branch levels with balances incorporating future leave applications. This information is then loaded to the directorate’s SharePoint intranet site for managers to view balances for their respective employees.

There are a selection of Branch’s within ACT Health that utilise an excel based annual leave planner to track employee projected leave for a financial year. This process however, is not conducted on an individual basis. This informal process does not ensure leave forms have been submitted or processed by Shared Services. Although audit considers this to be an important control measure if managed appropriately, an

automated system based attendance record would be a better solution to ACT Health’s needs. This is explored more fully in Section 2.4 of this report.

Audit assessed the number of Senior Medical Officers with leave over 2.5 years (10 weeks accrued) worth of annual leave. It was determined that 123 (37%) of the 332 Senior Medical Officers exceeded the 2.5 year threshold for balances as at April 2017:

**Table 1: Senior Medical Officers Leave Balances April 2017**

Branch	Staff	Average Weeks Leave	Staff over 10 weeks leave
CANCER, AMBULATORY AND COMMUNITY HEALTH SUPPORT	31	8.46	11
CHIEF OF CLINICAL OPERATIONS	18	16.73	9
CRITICAL CARE	36	14.26	19
DEPUTY DIRECTOR GENERAL CHHS	9	11.71	3
EXECUTIVE SUPPORT OFFICE	1	5.48	0
MEDICINE	62	12.97	23
MENTAL HEALTH, JUSTICE HEALTH AND ALCOHOL AND DRUG SERVICES	48	6.43	12
OFFICE CHIEF HEALTH OFFICER	3	4.46	0
PATHOLOGY	23	9.44	11
POLICY & STAKEHOLDER RELATIONS	4	4.15	0
QUALITY, GOVERNANCE & RISK	1	6.79	0
REHABILITATION, AGED AND COMMUNITY CARE	14	6.49	5
SURGERY & ORAL HEALTH	46	10.76	20
WOMEN, YOUTH & CHILDREN	36	6.65	10
<b>Total</b>	<b>332</b>	<b>8.91</b>	<b>123</b>

As mentioned, an annual leave plan was not developed for Senior Medical Officers that exceeded the 2.5 year threshold.

**Conclusion**

ACT Health are not enforcing the provisions within respective EA’s for the management of annual leave. Without a formal annual leave usage plan for staff with high balances, there is a risk that liabilities for ACT Health will remain excessive. There are also risks in not managing staff recreational welfare which may cause impacts to clinical safety.

## Recommendation 1

It is recommended that ACT Health:

- a) develop annual leave usage plans for all staff that have balances over 2.5 years. To support this arrangement, detailed policies and procedures should be developed to guide management on the compliance process.
- b) continue efforts to provide managers a mechanism to view and monitor reports on leave balances and leave taken consistent with information contained within Chris21. There should also be an enhancement to existing management information reporting by including details, or a summary of, excess leave balances and leave liabilities.
- c) develop clearly defined roles and responsibilities for management and other areas involved in leave management accuracy verification.

## 2.3 Findings - Implementation of HR21 for online leave applications

### Background

#### Processes for the recording and approval of entitlements and leave

Audit examined whether ACT Health had:

- systems and controls over the processing of leave applications;
- developed and communicated procedures to support the processing of leave applications; and
- processed leave applications in accordance with these procedures.

Annual leave can be applied for in advance through a paper based 'Application for Leave' form or online via HR21. HR21 is the ACT Government's employee self-service portal which provides a system based work flowed approach to processing and viewing balances. Managers/supervisors approve applications from employees either:

- online after receiving an automated email approval request; or
- by signing the paper based application form.

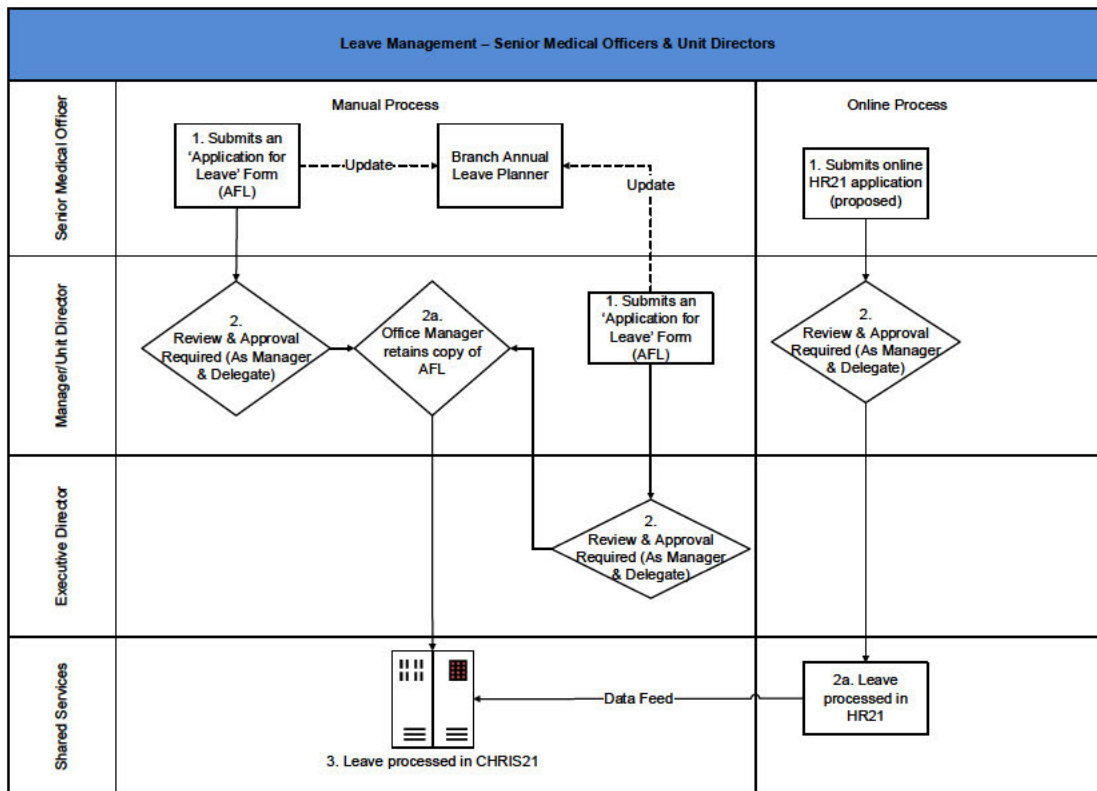
Both processing channels provide a mechanism to apply for all types of leave, except long service leave which is processed via a separate process. Automation of long service leave application and approval via HR21 is planned to occur within the 2017/18 period. Long service leave is not within scope of this review.

Using the HR21 portal, ACT Government employees with access are able to apply for leave online, edit their personal details and view their employment history. HR21 feeds this data into Chris21. Chris21 is the human resources payroll system used to process salaries and leave entitlements for ACT Government employees.

Once approved by the manager/delegate, applications for annual leave are sent to Shared Services HR pay team for processing. An ACT Health delegate must approve all leave before the application is submitted to Shared Services for processing. A copy is retained with each Unit Director.

The following process flow diagrammatically represents both the manual and online leave application process that is currently available to staff including Senior Medical Officers:

**Figure 1: Leave Management Application Process**



ACT Health do not have specific documented policies or procedures that detail the process for leave management. There is a reliance on Shared Services and in particular the Customer Services Portal for generic information to guide employees on the leave application process.

**HR21 System used for leave processing**

Employees on standard contract arrangements, generally non clinical staff utilise HR21 for the processing of leave. Clinical staff, such as Senior Medical Officers utilise a manual leave application form. Discussions with Shared Services HR indicated that the current built functionality within HR21 was not capable of calculating leave accurately for employees with non standard working hours.

Some stakeholders have indicated that the reasons that HR21 has not been adopted by all ACT Health staff are due to:

- Existing functionality within HR21 inhibiting employees on part time, shift or casual arrangements from utilising the system;
- Reluctance of some medical areas adopting a system approach to the recording of annual leave;
- The failure of the MyShift project to achieve its intended objectives. This is further explored in section 2.4 of this report; and
- HR21 not updating the delegate assigned to approve leave to ensure it reflects the current structure

There are clear advantages of using HR21, such as the streamlining of processing and a reduction in the risk that leave requests may not be recorded in CHRIS21. The approval of leave applications are automatically processed in HR21 and are transferred to CHRIS21. This integration further reduces the risk of staff taking

leave without submitting a leave application. It also eliminates the risk that signed leave forms are misplaced and/or never make their way to Shared Services.

### HRMIS Replacement

Discussions with Shared Services HR indicated that ACT Government have plans for the replacement of the existing human services solution. An expression of interest will be issued to market in July 2017. It is planned that a new cloud based Human Resource Management Information Systems (HRMIS) will be implemented across all ACT directorates by 2019. ACT Government have recognised that the current HR landscape is characterised by a low level of maturity across a number of technology and business dimensions, including:

- ACT Government does not currently have a single integrated Payroll and HR system to administer its diverse workforce. The Payroll and HR systems environment is characterised by multiple systems and a range of automated and manual points of integration.
- Chris21, the current Payroll and HR solution is a twelve year old system, operating in a technology design long since superseded, with its functionality facing increasing risk as the system ages.
- Payroll, HR and rostering systems operate independently, although connected in some instances by interfaces, a high level of manual intervention is undertaken by staff to synchronise common pay and HR data, which is a key risk to data integrity.
- Many users experience difficulties in accessing the required HR reporting capability to support their business needs. The fragmented structure of the current HR systems contributes to the inefficient and ineffective consolidation of reporting.
- There is duplication of processes, as Directorates necessarily develop systems in an ad-hoc manner to meet their local needs with technical and process-related issues contributing to significant payroll and reporting challenges that have been highlighted in a number of audit reports.
- Currently the production of HR reports is heavily reliant on piecing together data from various sources that Directorates and Shared Services rely on to provide actionable insights.

### **Findings**

Senior Medical Officers are completing a manual leave form to submit all applications rather than processing online through HR21. HR21 is the ACT Government's employee self-service portal which allows for online submissions and approvals of leave. The existing manual leave form process is prone to errors as it is reliant on the submission to Shared Services. Manual forms provide no mechanism for cross check to ensure the hours and days input on the forms are consistent and accurate.

Shared Services HR have indicated that as an interim solution to address the inability of all staff to use the current functionality within HR21/Chris21. A web based smart form could be developed to better manage the annual leave application and approval process. Costs for such development is not expected to be high, allowing for immediate management and enhancement of the existing manual processes.

### **Conclusion**

There is a risk that the use of manual leave forms may result in unprocessed or inaccurate applications. The processing of leave through manual mechanisms have inherent limitations in terms of the increased likelihood of human errors. **Section 2.5** of this report explores how manual mechanisms of annual leave recording can result in unprocessed or non-existent applications.

## **Recommendation 2**

### Short Term

It is recommended that ACT Health, in consultation with Shared Services ICT, remove manual forms as an option for leave management and move to online leave applications for all staff including Senior Medical Officers by either migrating all staff to HR21 under standard working hour arrangements; or developing a web based smart form with workflow approval capability. ACT Health should devise a strategy to ensure seamless transition to this new process through a structured training program.

### Long Term

Ensure that ACT Health are well represented on the Shared Services HRMIS replacement project to enable consideration of the business requirements noted in this report.



## 2.4 Findings – ProAct Rostering Attendance System

### Background

ACT Health rostering practices have disparate differences in the way business areas develop and publish their rosters and how they exchange staff information with Shared Services HR. There is a need to standardise rostering processes and procedures to align with best practice and more accurately and efficiently manage attendance.

Recognising the shortcomings in the existing systems and processes to manage staff attendance including for annual leave processing, ACT Health commissioned a project in 2012 to rollout an electronic rostering system across the directorate. The eRostering Project was initiated to deliver a single rostering solution to support effective rostering across ACT Health. The eRostering solution ProAct project was known as 'MyShift'. The implementation of MyShift was planned to be rolled out to all ACT Health staff. It was envisaged that MyShift would interface to the ACT Government Human Resource Management system, Chris21.

The system was proposed to also manage staff leave more effectively and limit the magnitude of the errors currently experienced. ProAct was expected to capture staff leave credits sent via the HR interface with Chris21. This would enable managers to make an informed decision when approving leave requests. Approved annual leave would be entered into ProAct and then sent to Chris21 for automated processing. The MyShift project was abolished in 2016 with most objectives remaining incomplete including the proposed interface into Chris21.

It should be noted that ACT Health nursing have been utilising a version of ProAct since 1996.

### Findings

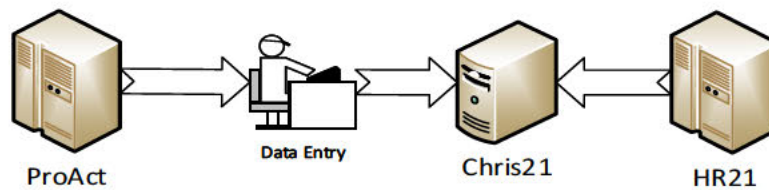
#### ProAct Rollout

The Nursing Information and Management Support Unit (NIMS) have taken over responsibility for the rollout of ProAct across ACT Health. This includes migrating all existing ProAct business areas onto the same database version of the system.

Audit was advised that as at early June 2017, that only 35.7% of eligible business areas are utilising the ProAct system. In total a population of 787 eligible ACT Health cost centres could benefit from a migration from the existing manual mechanisms of managing attendance.

Due to failures to build an interface to automate the feed of data of attendance recorded in ProAct to Chris21, some business areas utilising ProAct run reports from the system to cross check annual leave recorded within Chris21. Though this process is not optimal, it does provide a mechanism to independently check leave applications are being processed in Chris21.

### Current Data Entry Methods for Chris21



Failure to implement an automated feed of annual leave data into Chris21 has resulted in the continued use of manual forms for staff not able to utilise HR21 for the application of annual leave.

### Conclusion

The benefit of rolling out ProAct across all of ACT Health would enable the electronic exchange of data from ProAct to the payroll system, Chris21 or any other HR system. There would be no manual entry of information and would mean more accurate pay for staff based on the worked roster and more accurate leave management. This will also benefit payroll staff by being able to validate data coming in rather than manually inputting information into Chris21.

Even without an interface there would be a mechanism to more simply verify the accuracy of records processed within Chris21. An efficient electronic approval process for managers is also envisaged as a direct benefit. It is clearly apparent that there is a need for standardisation of rostering processes and procedures in order to align to best practice.

### Recommendation 3

It is recommended that ACT Health expediate the release of ProAct to all staff including Senior Medical Officers. As part of the implementation, ACT Health should ensure that there is consideration of functionality that allows for a cross check of attendance information to annual leave data recorded in Chris21.

Roster Managers should conduct fortnightly reviews to ensure the submission of outstanding annual leave applications are submitted to Shared Services HR. An ACT Health wide compliance check should be conducted twice yearly to ensure rosters are in agreement with Chris21.

## 2.5 Findings - Data analysis of Leave Processing

### Background

Large leave balances can either be accurately reflecting an employees entitlement or inflated due to actual leave taken not being processed through Chris21. There is complete reliance on the diligence of managers in ensuring leave applications are being processed within Chris21.

For clinical staff, testing the accuracy of leave processing can be conducted through data analysis of annual leave records contained within rostering systems which is considered the single repository of all attendance information for an employee.

Currently, most ACT Health Senior Medical Officers do not manage their rosters through a controlled system, rather attendance is recorded within monthly roster spreadsheets. Nevertheless, a comparison can be conducted by comparing roster records to annual leave processed in Chris21 to determine a reasonableness assessment of accuracy.

### Findings

#### Employees on Manual Rostering System

Audit reviewed all annual leave processed for Senior Medical Officer employees within a specific ACT Health Medicine Branch (18 employees in total). Our approach was to obtain:

- A listing of all monthly spreadsheet rosters for the period 1 July 2012 to 30 April 2017; and
- An extract of all leave processed for Senior Medical Officers through Chris21 for the period 1 July 2012 to 30 April 2017

A detailed comparison of the above was undertaken to identify instances where annual leave was noted on the roster for which a corresponding record was not visible in Chris21.<sup>1</sup> The results of the analysis are noted in Table 2 & 3:

**Table 2: Sample Analysis for Senior Medical Officers for 1 July 2012 to 30 April 2017**

Number of Employees	No. of Annual Leave Records in Rosters	No. of Annual Leave Records not matched to Chris21	% exceptions
18	1,719	761	44.26%

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<sup>1</sup> The Branch being reviewed retained copies of all leave forms. These were used as a mechanism to quality assure our findings.

**Table 3: Quantification of errors for Senior Medical Officers for 1 July 2012 to 30 April 2017**

Employee	No of Exceptions (Days)	Approximate Hours *	Estimated Exception Amount
1	29	290	59,165.80
2	113	1130	323,733.70
3	28	280	84,324.80
4	115	1150	322,287.50
5	24	240	62,476.80
6	10	100	22,126.00
7	68	680	205,054.00
8	5	50	14,989.50
9	21	210	56,139.30
10	24	210	64,546.80
11	8	80	23,256.80
12	96	960	306,240.00
13	20	200	51,060.00
14	29	290	95,920.40
15	31	310	92,677.60
16	67	670	201,777.20
17	58	580	162,545.00
18	15	150	45,232.50
<b>Total</b>	<b>761</b>	<b>7,610</b>	<b>\$ 2,196,266.90</b>

\* Based on employees working 10 hour days, 4 day weeks.

The results identified the number of exceptions by employee and an approximate estimate of the value of this leave. Estimated values were based on employee hourly rates obtained from ACT Health Finance.

Nurses on ProAct

As mentioned in Section 2.4 of this report, Nurses have been utilising ProAct since 1996 to manage their rosters. Using reports from ProAct, Audit conducted an analysis similar to the review on Senior Medical Officers for 2,436 nursing staff. A report was generated from ProAct of all annual leave recorded for the period 1 July 2012 to 30 April 2017. This lists was compared to identify annual leave records in ProAct with no corresponding record in Chris21, refer to Table 4:

**Table 4: Sample Analysis for Nurses for 1 July 2012 to 30 April 2017**

Number of Employees	No. of Annual Leave Records in ProAct	No. of Annual Leave Records not matched to Chris21	% exceptions
2,436	93,884	1,890	2.01%

**Table 4** demonstrates that only 2% of records in ProAct failed to have a corresponding record in Chris21. This is considerably better than what was observed with business areas not using ProAct and our analysis of Senior Medical Officers.

### **Conclusion**

There is a risk that unprocessed or inaccurate leave applications will result in an overstatement of leave liabilities. Without independent compliance activities there is a risk of fraud or misappropriation. Our testing has provided evidence that a system based method of attendance recording supported by compliance testing can improve the accuracy of leave processing.

### **Recommendation 4**

It is recommended that ACT Health determine the magnitude of errors by conducting a complete comparison of annual leave recorded for clinical staff in manual and system based rosters to the leave processed through Chris21.

## Appendix A Recommendations Implementation Plan

Area Audited:	Review of Annual Leave
Date of Audit:	June 2017

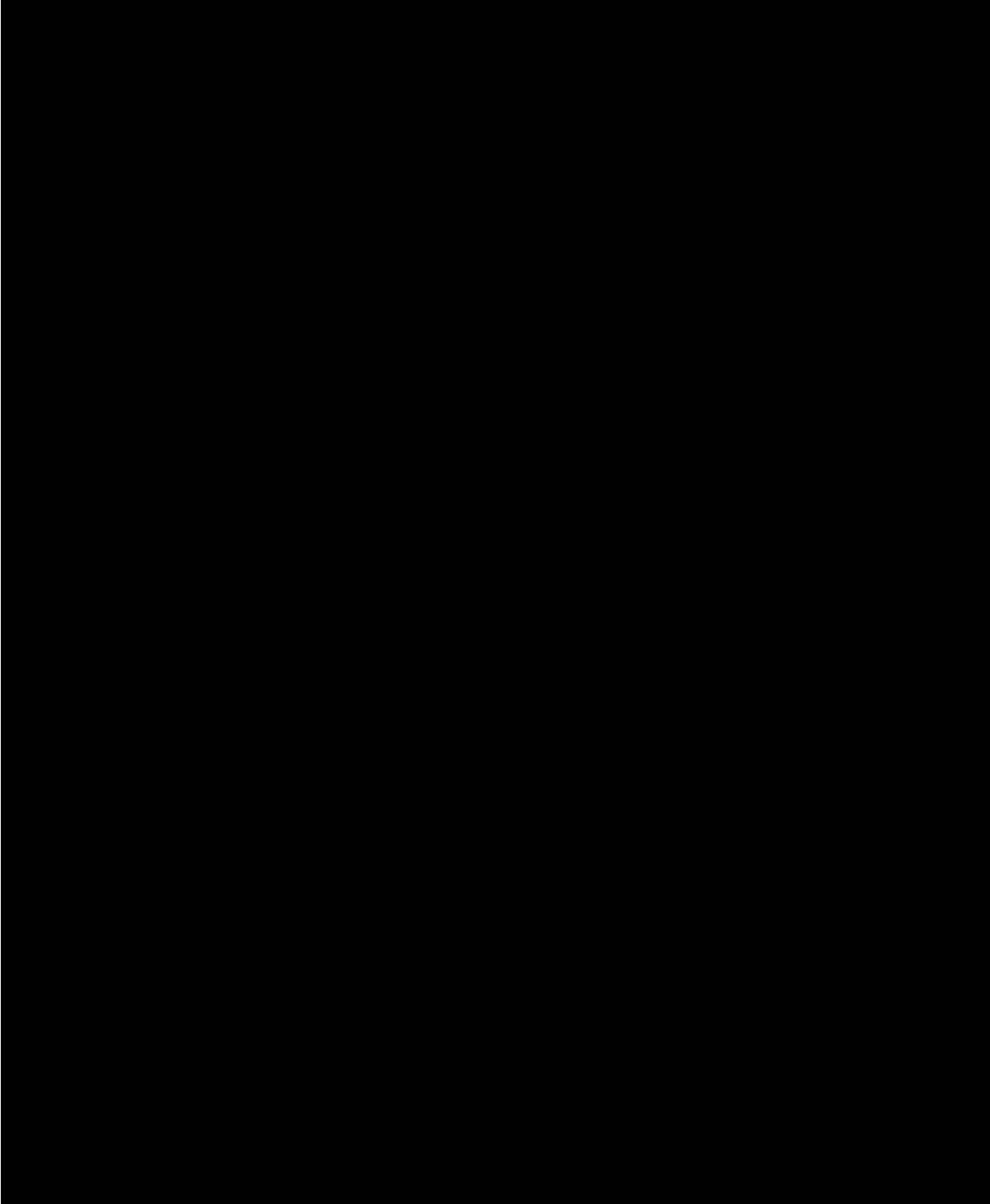
	<b>Audit Recommendation</b>	<b>Management Comment</b>	<b>Responsible Officer</b>	<b>Estimated Completion Date</b>
1				
2				
3				
4				
5				
6				
7				

## **Appendix B      Personnel Consulted**

The following ACT Health/CMTEDD personnel were consulted as part of this audit.

We are appreciative of their assistance.

- ██████████ - Director Operations
- ██████████ - Ag Manager, Medical Imaging Canberra Hospital & Health Services
- ██████████ - Director, Employee Services Corporate and Strategy
- ██████████ - Employment Relations Advisor
- ██████████ - Analysis and Reporting - Performance and Analysis
- ██████████ - Senior Employee Relations Advisor
- ██████████ - Financial Controller
- ██████████ - Nursing Information and Management Support Unit
- ██████████ - Senior Data Officer
- ██████████ - Governance Assurance and Review Manager
- ██████████ - Manager, Reporting and Performance Team CMTEDD
- ██████████ - Senior Manager, Applications Support CMTEDD
- ██████████ - HRIMS Manager Shared Services HR
- ██████████ - Project Director HRMIS CMTEDD







## Appendix D Risk Rating Framework

### LIKELIHOOD

Descriptor	Probability of occurrence	Indicative Frequency
Almost certain	Occurs more frequently than 1 in 10 tasks.	Is expected to occur in most circumstances.
Likely	1 in 10 – 100	Will probably occur.
Possible	1 in 100 – 1,000	Might occur at some time in the future.
Unlikely	1 in 1,000 – 10,000	Could occur but doubtful.
Rare	1 in 10,000 – 100,000	May occur but only in exceptional circumstances.

### CONSEQUENCE

	Insignificant	Minor	Moderate	Major	Catastrophic
<b>People</b> (Staff, Patients, Client, Contractors, OH&S)	Injuries or ailments not requiring medical treatment	Minor injury or First Aid Treatment required	Serious injury causing hospitalisation or multiple medical treatment cases.	Life threatening injury or multiple serious injuries causing hospitalisation.	Death or multiple life threatening injuries.

	<b>Insignificant</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Catastrophic</b>
<b>Clinical</b>	<p>No injury</p> <p>No review required</p> <p>No increased level of care</p>	<p>Minor injury requiring:</p> <p>Review and evaluation</p> <p>Additional observations</p> <p>First aid treatment</p>	<p>Temporary loss of function (sensory, motor, physiological or intellectual) unrelated to the natural course of the underlying illness and differing from the expected outcome of patient management.</p>	<p>Permanent loss of function (sensory, motor, physiological or intellectual) unrelated to the natural course of the underlying illness and differing from the expected outcome of patient management.</p> <p>A number of key events or incidents.</p>	<p>Patient death unrelated to the natural course of the underlying illness and differing from the immediate expected outcome of the patient management.</p> <p>All national sentinel events.</p>
<p><b>Property and Services</b></p> <p>(Business services and continuity)</p>	<p>Minimal or no destruction or damage to property.</p> <p>No loss of service</p> <p>Event that may have resulted in the disruption of services but did not on this occasion.</p>	<p>Destruction or damage to property requiring some unbudgeted expenditure.</p> <p>Closure or disruption of a service for less than 4 hours- managed by alternative routine procedures.</p> <p>Reduced efficiency or disruption of some aspects of</p>	<p>Destruction or damage to property requiring minor unbudgeted expenditure.</p> <p>Disruption to one service or department for 4 to 24 hours - managed by alternative routine procedures</p> <p>Cancellation of appointments or admissions for number of patients.</p> <p>Cancellation of surgery or procedure more</p>	<p>Destruction or damage to property requiring major unbudgeted expenditure.</p> <p>Major damage to one or more services or departments affecting the whole facility – unable to be managed by alternative routine procedures.</p> <p>Service evacuation causing disruption of greater than 24 hours, e.g. Fire/ flood requiring evacuation of staff and patients/clients (no injury); or Bomb threat procedure activation,</p>	<p>Destruction or damage to property requiring significant unbudgeted expenditure.</p> <p>Loss of an essential service resulting in shut down of a service unit or facility.</p> <p>Disaster plan activation.</p>

	<b>Insignificant</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Catastrophic</b>
		an essential service.	than twice for one patient.	potential bomb identified, partial or full evacuation required (+/- injury).	
<b>Financial</b>	1% of budget or <\$5K	2.5% of budget or <\$50K.	5% of budget or <\$500K.	10% of budget or <\$5M.	25% of budget or >\$5M.
<b>Information</b>	Interruption to records / data access less than ½ day.	Interruption to records / data access ½ to 1day	Significant interruption (but not permanent loss) to data / records access, lasting 1 day to 1 week.	Complete, permanent loss of some ACT Health or Divisional records and / or data, or loss of access greater than 1 week.	Complete, permanent loss of all ACT Health or Divisional records and data.
<b>Business Process and Systems</b>	Minor errors in systems or processes requiring corrective action, or minor delay without impact on overall schedule.	Policy procedural rule occasionally not met or services do not fully meet needs.	One or more key accountability requirements not met. Inconvenient but not client welfare threatening.	Strategies not consistent with Government's agenda. Trends show service is degraded.	Critical system failure, bad policy advice or ongoing non-compliance. Business severely affected.
<b>Reputation</b>	Internal review.	Scrutiny required by internal committees or internal audit to prevent escalation.	Scrutiny required by external committees or ACT Auditor General's Office or inquest, etc.	Intense public, political and media scrutiny e.g. front page headlines, TV stories, etc.	Assembly inquiry or Commission of inquiry or adverse national media.
<b>Environment</b> Broadly defined as the surroundings in which ACT Health operates,	Some minor adverse effects to few species /	Slight, quickly reversible damage to few species /	Temporary, reversible damage, loss of habitat and migration of	Death of individual people / animals, large scale injury, loss of keystone species	Death of people / animals in large numbers, destruction of flora

	Insignificant	Minor	Moderate	Major	Catastrophic
including air, water, land, natural resources, flora, fauna, humans and their interrelation.	ecosystem parts that are short term and immediately reversible.	ecosystem parts, animals forced to change living patterns, full, natural range of plants unable to grow, air quality creates local nuisance, water pollution exceeds background limits for short period.	animal population, plants unable to survive, air quality constitutes potential long term health hazard, potential for damage to aquatic life, pollution requires physical removal, land contamination localised and can be quickly remediated.	and habitat destruction, air quality 'safe haven' / evacuation decision, remediation of contaminated soil only possible by long term programme, e.g. off-site toxic release requiring assistance of emergency services.	species, air quality requires evacuation, permanent and wide spread land contamination, e.g. caused by toxic release on-site; chemical, biological or radiological spillage or release on-site.

RISK MATRIX

		Consequence →					
		Insignificant	Minor	Moderate	Major	Catastrophic	
		1	2	3	4	5	
Likelihood ↑	5	Almost Certain	Medium (11)	High (16)	High (20)	Extreme (23)	Extreme (25)
	4	Likely	Medium (7)	Medium (12)	High (17)	High (21)	Extreme (24)
	3	Possible	Low (4)	Medium (8)	Medium (13)	High (18)	Extreme (22)
	2	Unlikely	Low (2)	Medium (5)	Medium (9)	High (14)	High (19)
	1	Rare	Low (1)	Low (3)	Medium (6)	Medium (10)	High (15)

# Appendix E      Medical Practitioners Enterprise Agreement

## ANNUAL LEAVE

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### Purpose

- 1.1 Annual leave is available to employees to enable them to be absent from duty for the purposes of rest and recreation.

### Eligibility

- 1.2 Annual leave is available to employees other than casual employees.

### Entitlement

- 1.3 An employee may be granted annual leave up to their available credit from the first day of service.
- 1.4 Annual leave is cumulative.
- 1.5 An employee's annual leave credit accrues on a daily basis according to the formula set out below:

$(A \times B \times D) / C =$  total hours of leave accrued per day

where: A = number of ordinary hours per week worked;

and

B = one where the day counts as service or zero where the day does not count as service or is an unauthorised absence;

C = number of calendar days in the year; and

D = number of weeks of annual leave an employee is entitled to a year.

- 1.6 For the purpose of subclause 85.5 the basic leave entitlement is:
- (a) in the case of 38 hour workers, 152 hours annual leave for each full year worked; or
  - (b) in the case of 40 hour workers, 160 hours annual leave for each full year worked.
- 1.7 A Medical Officer who is regularly rostered to work on Sunday and work at least ten Sundays in a year will be entitled to an additional five days of paid annual leave per year.
- 1.8 A Medical Officer rostered to work on less than ten Sundays during which annual leave will accrue will

be entitled to additional annual leave at the rate of one tenth of a working week for each Sunday so rostered, up to a maximum of 5 days per calendar year.

- 1.9 A Senior Medical Practitioner shall be granted an additional week of paid annual leave in respect of each 12 months completed service in a hospital.
- 1.10 If an employee moves from one ACTPS Directorate to another, annual leave accrued with the first Directorate will transfer to the second Directorate.
- 1.11 An annual leave credit does not accrue to an employee if the employee is absent from duty on leave for specified defence service, or full-time defence service. If the employee resumes duty after a period of specified defence service, annual leave will accrue from the date the employee resumes duty.
- 1.12 Employees will receive payment on separation from the ACTPS of any unused annual leave entitlement.

#### Evidence and Conditions

- 1.13 Employees are encouraged to use their annual leave in the year that it accrues, and to this end should discuss their leave intentions with their manager/supervisor as soon as practicable.
- 1.14 An employee must make an application to the head of service to access their annual leave entitlement.
- 1.15 Having considered the requirements of this clause the head of service may approve an employee's application to access annual leave.
- 1.16 The head of service should approve an employee's application to take annual leave, subject to operational requirements.
- 1.17 If the head of service does not approve an employee's application for annual leave because of operational requirements, the head of service will consult with the employee to determine a mutually convenient alternative time (or times) for the employee to take the leave.
- 1.18 The head of service must, unless there are exceptional operational circumstances, approve an application for annual leave if it would enable an employee to reduce their annual leave credit below two and a half years worth of annual leave credit. However, in the case of exceptional operational circumstances, the head of service will consult with the employee to determine the time (or times) for the annual leave to be taken that is mutually convenient to both the administrative unit and the employee.

- 1.19 If an employee's annual leave is cancelled without reasonable notice, or an employee is recalled to duty from leave, the employee will be entitled to be reimbursed reasonable travel costs and incidental expenses not otherwise recoverable under any insurance or from any other source.
- 1.20 If the operations of the ACTPS, or part of the ACTPS, are suspended at Christmas or another holiday period, the head of service may direct an employee to take annual leave at a time that is convenient to the working of the ACTPS, whether or not an application for leave has been made. However, this does not affect any other entitlements to leave under this Agreement.
- 1.21 If an employee has the equivalent of two years' accrued annual leave credit and unless exceptional operational circumstances exist, the employee and relevant manager/supervisor must agree, and implement an annual leave usage plan to ensure the employee's accrued leave credit will not exceed two and a half years worth of annual leave credit.
- 1.22 If an employee does not agree to a reasonable annual leave usage plan the head of service may direct an employee who has accrued two and a half years worth of annual leave credit to take annual leave to the extent that the employee's annual leave credit exceeds two and a half years worth of credit, subject to giving the employee one calendar month notice. This clause does not apply to an employee who is on graduated return to work following compensation leave.
- 1.23 An employee who has an annual leave credit in excess of two and a half years' of entitlement:
- (a) at the commencement of the Agreement; or
  - (b) on joining, or returning to, the ACTPS; or
  - (c) on returning to duty from compensation leave; will have twelve months to reduce the employee's annual leave balance to two and a half years' accrued entitlement or below.
- 1.24 An employee may not be directed under subclause 85.22 to take annual leave where the employee has made an application for a period of annual leave equal to or greater than the period specified in subclause 85.22 in the past six months and the application was not approved. The manager/supervisor and the employee may agree to vary an annual leave usage plan.

#### Rate of Payment

- 1.25 Annual leave will be granted with pay.
- 1.26 Payment for the annual leave will be based on the employee's ordinary hourly rate of pay, including allowances that count for all purposes for the time the leave is taken. If an employee is being paid HDA before going on paid leave and would have continued to receive HDA had they not taken leave then the employee is entitled to payment of HDA during the leave.
- 1.27 Annual leave may be granted at half pay with credits to be deducted on the same basis.



### Effect on Other Entitlements

- 1.28 Annual leave will count as service for all purposes.
- 1.29 Public holidays for which the employee is entitled to payment that fall during periods of absence on annual leave will be paid as a normal public holiday and will not be deducted from the employee's annual leave balance.

### Access to other Leave Entitlements

- 1.30 If personal leave is granted to the employee annual leave will be re-credited for the period of paid personal leave granted.
- 1.31 Subject to the approval of the head of service, an employee who is on unpaid leave may be granted annual leave during that period, unless otherwise stated in this Agreement.
- 1.32 If an employee is prevented from attending for duty under the *Public Health Act 1997*, the head of service may grant annual leave during that period.

### Payment in Lieu of Annual Leave

- 1.33 An employee may request payment in lieu of their annual leave credit subject to the following:
- (a) the employee providing the head of service with a written election to do so; and
  - (b) the head of service authorising the election; and
  - (c) the employee taking at least one week of annual leave in conjunction with this entitlement or the employee has taken at least one week of annual leave in the past six months; and
  - (d) The payment in lieu will not result in a reduction in the balance of an employee's remaining annual leave credit below one year's accrued entitlement.
- 1.34 Payment in lieu of annual leave will be based on the employee's ordinary hourly rate of pay, including allowances that count for all purposes at the date of application. The payment in lieu will be based on the pay that the employee would have received for a notional period of leave equal to the credit being paid in lieu on the day the application is made.