

# Out of Scope

**From:** Searle, Michelle  
**Sent:** Friday, 12 July 2024 9:55 AM  
**To:** Phelan, David T  
**Subject:** FW: Request to extend Searson Buck staff working in job design.

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Hi, for inclusion in the VM papers for their consideration please

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**From:** Spence, Trish **Personal Information (s36)**  
**Sent:** Friday, July 12, 2024 9:53 AM  
**To:** Searle, Michelle **Personal Information (s36)**; Sargent, Tracey A **Personal Information (s36)**  
**Subject:** Request to extend Searson Buck staff working in job design.

Hi Michelle

Two additional Agency staff were engaged on 8 May 2024 ago to support job design activity where we were experiencing very high levels of PTVs after losing long-term experienced staff, and going through the major project of unravelling the FTE. During that period **Personal Information (s36)** returned to two days a week to train those Agency staff, and we undertook a recruitment process to fill a band 4 vacancy (against **Personal Information (s36)** vacancy). **Personal Inform** has now returned to her role in IT. These two staff now fully functional are due to finish with us on Monday 19 July 2024.

A second Band 4 has in the last two weeks moved from her role in Recruitment and commenced training with the existing staff, but will not be fully up to speed for a few weeks yet. There was a lull in PTV numbers after commencement of vacancy control in late May, but they are now back to 30-40 requests each day (130 outstanding as of this morning). From the week after next we are entering into a period of ramped up work from the “unravelling of multi-FTE” this will significantly heighten the workload on job design who will be required to back-up the process undertaken by the data team, by fixing any errors, and working with recruitment to adjust FTE that are under recruitment while the unravel occurs. There are 1000 positions to be unravelled over the next two months, impacting a very large number of actual staff with some of these positions made up of over 100 FTE, this will impact many more staff than that experienced to date, with a higher risk of errors, and a greater amount of job design support required.

I believe with this critical establishment work underway these Agency staff will continue to be required at least until the FTE is unravelled projected to be the end of August 24. At which point we will need to review the ongoing staffing needs to manage the expanded numbers of positions in the establishment.

For your information the staffing of the job Design Unit over the last two years is as follows:

2023	2024
3 x Band 5 permanent	2 x Band 5 (one role has transferred to talent acquisition)
2 x Band 4 permanent	2 x Band 4
1 x Band 3 (additional Covid fixed term role)	



DEPARTMENT OF HEALTH Level 6/22 Elizabeth St, Hobart TAS  
7000

**Trish Spence**

Manager Recruitment

**Personal Information (s36)**

mobile: [REDACTED]

For HR support: Ph: 1300 812 535

The following report identifies how recommendations raised in the “**Independent Review of Tasmania’s Major Emergency Departments**” (**ED Review Interim and Final Reports**) are directly supported by 2.0 FTE NUM Staffing and Support positions within the Integrated Operations Centre (IOC). It references links in the ED review to other Tasmanian Department of Health (DoH) reviews, documents and strategies which are supported by 2.0 FTE NUM Staffing and Support.

It highlights the risk of reduction to 1.0 FTE NUM Staffing and Support; noting it will significantly compromise staffing capacity and consequently, patient access and flow across the Service. Specifically, this reduction in NUM FTE will impact the safe and effective management of an extremely large workforce, including the ongoing recruitment required to maintain a functional pool of Nurses, Patient Safety Assistants (PSA), Hospital Aides and Clinical Resource Nurses (CRN).

## Transfer of Care

Relevant reference to ED Review or related strategy	Rationale linking strategy to IOC NUM Staffing & Support	Risk / Impact if limited to 1.0FTE NUM
<p><b>DoH Strategic Priority</b> “Improving access and patient flow across our health system”.</p> <p><b>Independent Review of Tasmania’s Major Hospital Emergency Departments 2024 (ED Review)</b> “Optimise the safe flow of patients to their next care environment, reducing unnecessary presentation OR length of stay in the emergency departments”, p15.</p>	<p>2.0 FTE NUM Staffing and Support is a vital resource to enable access and flow capacity. This resource ensures current and anticipated future staffing demands are strategically planned for and met, whilst concurrently maintaining the operational responsibility of an establishment of <b>951 head count of staff</b>.</p> <p>The Staffing and Support teams cover an average of <b>144 roster deficits per day</b> across THS-HS areas.</p> <p>Staffing and Support core business is focused on Emergency Department and Critical Care areas; Medical and Cancer Services ward areas; Surgical and Perioperative Services ward areas, and Subacute ward areas.</p>	<p>Operating with 1.0 FTE NUM Staffing and Support would mean key activity will be significantly impacted. This includes the capacity to maintain recruitment at current levels (i.e. 22 Casual Pool nurses / month). In this circumstance it is predicted the nursing Casual and Permanent Pool populations will significantly reduce within 12 months. This will result in:</p> <ul style="list-style-type: none"> <li>• Reduced capacity to cover nursing roster deficits leading to reduced safe staffing across the Service and risk to patient outcomes.</li> <li>• Increased transfer time out of ED and increased ED length of stay (LOS), as CRNs are the primary resource deployed to the ED for ED transfer during periods of high demand.</li> </ul>

<p>“Implement best practice admission and discharge care - Increase number of overnight patient/clients discharged between 10:00am and 12:00 noon” p12.</p>	<p>The team provides significant support to the Emergency Department (ED) with approximately 10% of all Casual Pool shifts being allocated to the ED. 109 Casual Pool Nurses (18.5%) hold an ED skillset.</p> <p>The Permanent Pool incorporates 7.05 FTE of Clinical Resource Nurses (CRNs), who support ED-to-ward transfers; respond to Tier 1 &amp; 2 Ambulance Protocol activations; provide MET/Code Blue support to the entire hospital; and provide a key safety net to understaffed wards by responding to priority needs.</p>	<ul style="list-style-type: none"> <li>• Reduced capacity for CRN response to Tier 1 &amp; 2 ambulance activation and medical emergencies.</li> <li>• Increased Transfer of Care (TOC) delay due to;             <ol style="list-style-type: none"> <li>1. decreased nursing &amp; support staff within the ED compromising efficiency.</li> <li>2. decreased availability of CRN Staff to assist transfers.</li> <li>3. decreased nursing &amp; support staff on wards and therefore capacity for wards to receive patients.</li> <li>4. decreased nursing &amp; support staff on wards reducing ward capacity to discharge patients efficiently.</li> </ol> </li> </ul>
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## Bed Capacity and Responding to Service Demand

Relevant reference to ED Review or related strategy	Rationale linking strategy to IOC NUM Staffing & Support	Risk / Impact if limited to 1.0FTE NUM
<p><b>“Additional capacity is being rolled out for 2023 – 2024, with the remaining 46 beds of the 298-bed commitment due to open by the end of June 2024” p4.</b></p> <p><b>“Understand that healthcare capacity and response to increasing demand for services require staff, equipment, and extraordinarily high levels of expertise – this requires constant planning and the operational deployment of those plans” p.4</b></p> <p><b>“This involves harnessing a workforce that is characterised by flexibility, resilience, and a proactive approach to change” p7.</b></p>	<p>As funded bed stock increases demand on the Casual and Permanent Pool capacity also increases, placing further expectation on the NUM Staffing and Support role.</p> <p>On a daily basis the NUMs enable beds to remain open through cover of unplanned leave and short-term leave gaps and supporting the staffing of additional ‘flex beds’ opening in response to overcapacity demand.</p> <p>With overview of all Service areas, the Staffing and Support NUMs plan, review and implement the deployment of staff to areas under the most pressure ensuring ideal skill mix and safe staffing is achieved.</p> <p>Beyond allocating available Pool resources, the NUMs directly assist clinical areas to strategically reallocate their own resources; communicate urgent requirements to relevant staff groups and frequently report the current staffing state and pressure points to organisational leadership and executive.</p> <p>The IOC aims to manage its Pool staff in accordance with the DoH <i>Health Workforce 2040</i> strategy as (referenced in the ED Review Report). It aims to recruit and retain and maintain Pool capacity, with a focus on staff wellbeing and creating a sustainable, rewarding working environment for Pool employees as well as its IOC management/leadership team.</p>	<ul style="list-style-type: none"> <li>• Reduced capacity to support addition funded beds opening, related to reduced capacity to maintain and recruit to the Casual and Permanent Pool.</li> <li>• Reduced ability to increase bed capacity in response to surge and demand using overcapacity ‘flex beds.’</li> <li>• Reduced ability to place the correct nurse with the correct patient/environment, increasing patient and staff risk.</li> </ul>

## Workforce & Recruitment

Relevant reference to ED Review or related strategy	Rationale linking strategy to IOC NUM Staffing & Support	<ul style="list-style-type: none"> <li>Risk / Impact if limited to 1.0FTE NUM</li> </ul>
<p><b><i>The Tasmanian DoH “Health Workforce 2040 Implementation Report”</i></b></p> <p>“The implementation of <i>Health Workforce 2040</i> and the range of initiatives across the health system aimed at building partnerships, capacity and capability, leadership, management skills, and efficient and effective recruitment, will work to address current and future workforce challenges” (p.11).</p> <p>“Tasmania’s Health Workforce is highly skilled and dedicated to helping Tasmanians when and where they need them. This dedication can come at a personal cost to our health workers which is why <b><i>they need to be supported by strong systems, safe workplaces and leaders that prioritise the ongoing growth and development and the wellbeing of the health workforce.</i></b>” (Health Workforce 2040 implementation report 2022, p. 4)</p>	<p>Two NUMs are currently responsible for recruiting an average of <b>22 Casual Pool nurses a month</b>. This level of recruitment keeps the Casual Pool numbers steady by matching natural attrition. 2.0 FTE NUM is required to ensure recruitment continues whilst concurrently maintaining daily operations and organisational compliance of the Unit.</p> <p>The Casual and Permanent Pool supports safe staffing across the organisation by filling an average of <b>66 nursing shifts</b> out of approximately 100 nursing roster gaps per day. This demonstrates that despite the best efforts of 2 NUMs, service demand currently outstrips this supply of staff.</p> <p>Therefore, ongoing recruitment for the Casual and Permanent Pools is planned to increase numbers to fill ongoing staffing gaps and projected workforce shortages, and to increase the number of available CRNs.</p> <p>The NUMs Staffing and Support oversee the onboarding process for all new Casual and Permanent Pool staff (Registered Nurses, Enrolled Nurses, Patient Safety Assistants, Hospital Aides) ensuring they are supported to work flexibly across the organisation to support patient flow. In addition, the NUMs lead vital development programs that build capacity and capability in this large and dynamic workforce.</p>	<ul style="list-style-type: none"> <li>• With only 1.0 FTE NUM recruitment cannot be prioritised as daily management responsibilities for 951 current staff will take priority.</li> <li>• It is likely the Casual Pool population will decrease at a rate of 22 nurses/month. At this rate, it is forecast the <b>Casual Pool population may decline by as much as 50% in the first year</b>, significantly impacting response to service demand.</li> <li>• Any pool population lost over this time would take approximately twice as long to re-recruit and return to the current state.</li> <li>• Safe Staffing across the service will be significantly affected through the reduction of available staff to fill roster gaps.</li> </ul>

## Managing a Large Establishment

Relevant reference to ED Review or related strategy	Rationale linking strategy to IOC NUM Staffing & Support	Risk / Impact if limited to 1.0FTE NUM
<p><b>“Integrated Operations Centre Emerson Review” (2023)</b></p> <p>“IOC requires a resource assessment (e.g., after hours staff volume has not changed since 2010 despite service expansion)” p. 8</p> <p>In response to The Emerson Review assessment, an IOC resource review was commissioned by the CE Hospitals South and conducted in 2023. A minute was submitted to Deputy Secretary in May 2023 which reported the following;</p> <p>“The volume of staff to be managed across the Casual Pools that sit within the responsibility of the IOC is resource intensive and requires an appropriate workforce profile to manage.”</p>	<p>The human resource required to manage 951 staff employed within the Staffing and Support Unit <b>has been scrutinised and assessed as 2.0 FTE NUM</b>. The Unit has operated with 2.0 FTE NUM for the past 2 years in permanent and fixed term capacity. (See appendix for Governance Structure specifying reporting lines to each of these two NUM roles).</p> <p>NUMs invest a large proportion of time addressing individual staff enquires/requests as well as overarching organisational expectations including yearly PDA and META compliance.</p> <p>In line with legislative requirements, the NUMs spend significant amounts of time managing complex HR issues including situations involving:</p> <ul style="list-style-type: none"> <li>• worker’s compensation,</li> <li>• return to work,</li> <li>• and performance management.</li> </ul> <p>Significant resources are also required to provide a safe workplace for staff deployed throughout the Service as required by the Workplace Health and Safety Act 2012.</p>	<p>1.0 FTE of NUM managing an establishment this size will lead to:</p> <ul style="list-style-type: none"> <li>• Reduced compliance with legislative, and organisational management responsibilities.</li> <li>• Reduced META compliance and therefore hospital accreditation and standard of care.</li> <li>• Reduced staff wellness.</li> <li>• Increased “burn out”</li> <li>• Reduced strategic initiatives including quality improvement activities.</li> <li>• Reduced staff satisfaction and retention.</li> <li>• Reduced recruitment.</li> </ul>

## Ensuring Workplace Safety & Patient Safety and Quality

Relevant reference to ED Review or related strategy	Rationale linking strategy to IOC NUM Staffing & Support	Risk / Impact if limited to 1.0FTE NUM
<p><b>“Emergency Department Safety &amp; Security Review Oct 2023” (not published)</b></p> <p>This report makes 100+ recommendations to increase personal safety in Tasmanian emergency departments.</p> <p>In response to the above review, an action plan was published in March 2024: <i>“Managing Challenging Behaviours: Action Plan for enhancing Safety and Security in our services”</i></p> <p>Key items from this action plan associated with this NUM role:</p> <ul style="list-style-type: none"> <li>• Risk-identified, assessed and managed preventative measures are identified (item 1, p6).</li> <li>• Challenging behaviour management plans identify actions to support safety and security (item 3, p9).</li> <li>• Empower staff to expect a safe workplace (item 10, p17).</li> </ul> <p>Another strategy that correlates to funding, quality, and safety is the control and monitoring of Hospital Acquired Complications (HACs).</p>	<p>The 2.0 FTE of NUM is required to support workplace safety, patient quality and safety through provision of multiple portfolios; including maintaining a large pool of 237 Patient Safety Assistants (PSAs) that provides an average of <b>65 direct patient care shifts daily</b> across the Service. PSAs are a vital resource to improve safety of both consumers and staff and reduce Hospital Acquired Complications (HACs) such as falls, skin injuries and delirium. PSA allocation aims to:</p> <ul style="list-style-type: none"> <li>- support and reduce frequency of code blacks through diversionary therapy</li> <li>- avoid onset of delirium</li> <li>- reduce rates of falls and harm caused by falls</li> <li>- reduce skin injuries</li> <li>- improve hydration and nutrition</li> <li>- improve continence</li> <li>- reduce RN/EN required hours.</li> </ul>	<p>By reducing to 1.0FTE NUM it is expected:</p> <ul style="list-style-type: none"> <li>• The regular and large-scale recruitment for PSAs would not be possible. Therefore, a rapid reduction of PSA numbers in the Pool is predicted.</li> <li>• Reduced capacity to cover PSA requests.</li> <li>• Reduced consumer and staff safety and increase Code Blacks.</li> <li>• Increased HACs such as: <ul style="list-style-type: none"> <li>○ falls and harm from falls (often SAC 1 and 2 events).</li> <li>○ Skin injury and delirium rates.</li> </ul> </li> <li>• Increased utilisation of nursing staff hours to fill PSA function.</li> <li>• Planned recruitment to increase pool capacity would not be realised, resulting in reduced pool population to service roster deficiencies.</li> </ul>



## Conclusion

Internal Deliberative (s35)

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Internal Deliberative (s35)

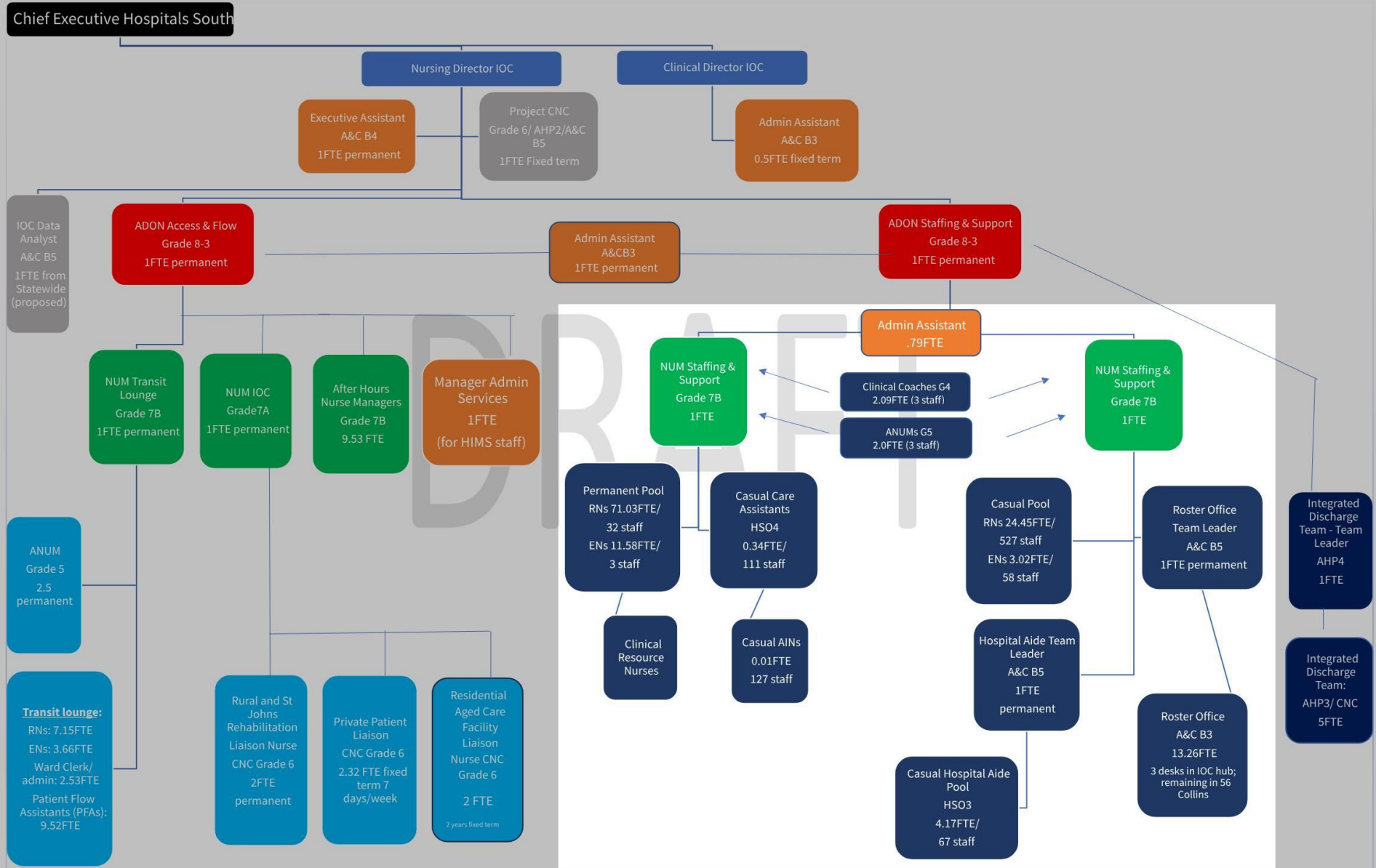
A large block of text is completely redacted with black bars, covering approximately four lines of content.

The human resource required to manage over 951 staff employed via the Casual Pools has been scrutinised and assessed as 2.0 FTE NUM. We request that the appointment of the second NUM Staffing and Support progresses in the immediate future.

Governance and Staffing Appendix on following page.

Appendix: Governance and Staffing

Integrated Operations Centre Hospitals South: Governance and Staffing May 2024



# Out of Scope

**From:** Phelan, David T  
**Sent:** Friday, 14 June 2024 4:39 PM  
**To:** Webster, Dale E; Gregory, Shane T; Jeffery, Craig R; Searle, Michelle; Pyszkowski, Laura K  
**Subject:** Vacancy Committee - PAPERS  
**Attachments:** Recruitment Job Cards - 14 June.xlsx; VC - Locum Report June 14.xlsx; Ongoing Queries from Vacancy Committee.XLSX

Dear Vacancy Control Committee,

In preparation for Monday's meeting, please find attached.

- 1. Recruitment Job Cards** – *this report has been adapted with priority/frontline roles listed first. Generally, you may find there are more queries the further down the document you go. I draw your attention to a new column I which now includes funding/actual expenditure detail.*
- 2. Follow-up to Queries from the last 3 meetings** – please see column J across 3 tabs for responses for your reconsideration.
- 3. Locum Report for information**, noting approval for these up to \$250,000 rests at CE/Deputy Secretary level.
- 4. Redeployee List (pls note there are no Band 2s on the list):**

Date Identified	Title	Classification		Status
09/01/2024	Finance Services Officer	Band 3	Personal Information (s36)	Personal Information (s36)
01/05/2019	Senior Project Officer	Band 8		
13/12/2019	Contracts & Procurement Officer	Band 4		
05/04/2017	Payroll/Personnel Advisor	Band 5		
21/05/2023	Booking Clerk	Band 3		
01/12/2019	Site Manager - Assets	Band 6		
15/04/2020	Executive Services Officer	Band 4		
Approx. 2022	Patient Travel Officer	Band 3		
Approx. 2021	RN within AT	RN		

Thanks



**Dave Phelan**  
Principal Officer, **People and Culture**

Department of Health

**Personal Information (s36)**

P: Personal Information (s36)

C: Personal Information (s36)

# Department of Health

GPO Box 125, HOBART TAS 7001, Australia  
Web: [www.health.tas.gov.au](http://www.health.tas.gov.au)



File: SEC24/1341

Emily Shepherd  
Secretary  
ANMF – Tasmania Branch  
Email: **Personal Information (s36)**

Dear Emily,

**Subject: Vacancy Committee**

Thank you for your letter dated 3 July expressing your concerns regarding the Department of Health Vacancy Committee. The purpose of Vacancy Management is to ensure we maximise our resources to meet current priorities and challenges in our health system, and support a higher level of visibility of resource allocation.

Your letter specifically raised concerns about an instance involving a Nurse Unit Manager role at the Royal Hobart Hospital (RHH) in the staffing and support hospitals south sector. Our records indicate the role you refer to is position number **Personal Information** Nurse Unit Manager - Nurse Staffing and Support, situated within Hospitals South Integrated Operations Centre.

In line with its purpose, the committee requested that it be confirmed that the position was still required in light of the recommendations of the Independent Review of Tasmania's Major Hospital Emergency Departments (ED Review).

I can advise that information that supported the connection between the position and the ED Review was provided by 1 July, and the committee approved the position to be filled through a subsequent selection.

Thank you for your letter and raising your concerns.

Yours sincerely

A handwritten signature in blue ink, appearing to read "Michelle Searle".

Michelle Searle  
Chief People Officer

5 July 2024



## Parliamentary Brief Question Time 2024

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**Subject:** Health Staffing and Vacancy Scrutiny

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**Election  
Commitment:** N/A

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**Key Spokesperson:**

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### Key Speaking Points

- The Tasmanian Government has invested significantly in the health budget over previous years, particularly during COVID to keep Tasmanians safe.
- This included recruiting extensively to continue to deliver high-quality health care services to people in Tasmania.
- In the 2023-24 State Budget, we are investing a record \$12.1 billion over four years towards vital health services right across Tasmania.
- This Government has always prioritised frontline services, and we continue to offer incentives to work for the Department of Health. For example:
  - A competitive wages and conditions package including additional allowances.
  - Guarantee of employment of all Tasmanian nursing and midwifery graduates.
  - Relocation allowance of up to \$15,000 for Nurses and Midwives who remain employed full-time for at least 3 years.
  - A \$10,000 scholarship for new Tasmanian graduate nurses that start and stay full-time for a period of three years or more.
  - Expanding support for graduate and early career nurses and midwives through mentorship and clinical coaches.
  - A \$25,000 scholarships for graduate allied health professionals.

- Speaker, these incentives are working. Data provided to me shows that the Department of Health have had 524 commencements between 27 April to 19 July 2024. Furthermore, our recruitment blitz continues with national newspaper advertisements outlining some of these incentives and the positions available today in the Department.
- As for the reference to the Department's vacancy processes, these are internal matters for the Department and are part of responsible fiscal planning when considering the allocation of resourcing.
- This does not mean reductions to frontline services, but it does mean that when a position becomes vacant by reason of retirement, resignation or somebody has been promoted to a different role, that careful thought is given to the best way to replace that role in the future.
- As the Department transitions out of the COVID-19 emergency response, it's important that efforts are made to seek to maximise our resources to address current priorities and challenges to ensure that current resources and recruitment are aligned to future needs and expenditure is aligned to budgets. Tasmanians rightly expect services provided by the public service to be achieved within budget.
- I am supportive of the Department working to make sure that existing resources are maximised to address priorities and current challenges, so that Tasmanians can continue to receive the high-quality health services they expect and deserve.

*If asked specifically about Vacancy Committee:*

- The current department-wide vacancy process is a reinstatement of a process that was in place previously but suspended during the COVID-19 emergency response.
- As the Acting Secretary of the Department of Health Dale Webster stated, vacancy management is about improving the



process of recruitment, and speeding up recruitment so there is less reliance on agency staff, which in turn saves money.

- This is an important process to ensure that current resources and recruitment are aligned to future needs and expenditure is aligned to budgets and is focused on delivering frontline services.
- Where vacancies are referred to vacancy management, they are subject to rigorous review.
- In a very small number of cases, applications can be placed on hold and additional information requested.
- Once this information is supplied, the application can be progressed and approved.
- This process is a prudent and well-established management of public resources and is considered best practice.

*If asked about the definition of “frontline worker”*

- Speaker, I again refer to the comments of Dale Webster, the Acting Secretary, Department of Health who described a frontline worker as “someone who is patient facing, and this includes those who support them.”
- The Acting Secretary continued “Frontline workers is not just those who face our patients, but is the group that sits behind them that make sure our healthcare services are safe.”
- Speaker, frontline healthcare services are prioritised, and we continue to incentivise frontline staff by offering incentives to work for the Department of Health.

## Background

- Between 30 June 2022 to 30 July 2024 the main staffing increases were:
  - Nurses and Midwives 373.94 FTE
  - Allied Health Professionals 139.27 FTE
  - Salaried Medical Practitioners 148.32 FTE
  - Health & Human Services Award Band 1 - 9, 1161.79 FTE
  - Health & Human Services Award HSO 1-5, 111.38
- The increase in FTE can primarily be attributed to the expansion of services across hospitals, FTE across the four hospital services has increased by 488.89 for the period.
- During the same period, declines were seen in:
  - Ambulance 13065 FTE **RTI Officer Note: Error in original. Per Table 1, 13.065.**
  - Radiation Therapists, 3.49 FTE
  - Dental, 1.98 FTE
  - Visiting Medical Practitioner, 9.44 FTE
- In 2022-23, the decrease in employed FTE for Ambulance Tasmania was impacted by **the number of positions that were created under COVID funding arrangements** which became increasingly hard to fill due to the short-term nature of employment contracts. From 1 July 2023, the positions were permanently funded and the frontline paramedic positions filled as a matter of priority.

**Please note:**

*While remapping work has been undertaken to compare current figures with previous years, this has become increasingly complex due to historical restructures including the transition from Tasmanian Health Organisations to the Tasmanian Health Service (THS) and the subsequent amalgamation of the THS and the Department of Health, as well as various current restructures across health, including at Agency level. Although the re-mapping remains a priority, the resultant shift in figures makes comparison reporting from previous quarters to current difficult to quantify exactly.*

## Background

**Table I: FTE by Award**

Award	2020-21	2021-22	2022-23	2023-24
Allied Health Professional	1121.46	1203.27	1281.47	1342.54
Ambulance	542.87	575.91	545.13	562.85
Dental	31.22	36.10	36.81	34.12
Heads of Agency	1.00	1.00	1.00	1.00
Health & Human Services Award Band 1 - 9	2373.68	2681.10	2689.34	2842.89
Health & Human Services Award HSO 1 - 5	1694.79	1792.07	1875.75	1903.45
Nurses	4466.48	4764.78	4931.94	5138.72
Other	4.24	2.74	2.74	1.74
Radiation Therapist	59.43	60.13	55.36	56.64
Rural Medical Practitioner	2.68	2.76	2.17	1.87
Salaried Medical Practitioners	1140.91	1201.88	1236.81	1350.20
Senior Executive Service	24.00	31.00	27.90	25.00
Visiting Medical Practitioner	37.93	39.92	33.60	30.48
<b>Total</b>	<b>11500.66</b>	<b>12392.67</b>	<b>12720.03</b>	<b>13291.50</b>

**Table 2: Part-time paid FTE by Award**

<b>Award</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
Allied Health Professional	474.51	514.58	572.82	618.48
Ambulance	63.75	86.78	109.50	112.66
Dental	14.22	14.10	15.21	13.94
Health & Human Services Award Band 1 - 9	788.00	903.25	898.68	914.70
Health & Human Services Award HSO 1 - 5	746.16	819.24	841.57	847.20
Nurses	3135.71	3331.03	3496.13	3554.84
Other	0.00	0.74	0.74	0.74
Radiation Therapist	10.81	12.73	10.36	10.76
Salaried Medical Practitioners	209.50	221.22	261.35	290.63
Visiting Medical Practitioner	33.61	32.95	26.85	26.32
<b>Total</b>	<b>5476.26</b>	<b>5936.62</b>	<b>6233.21</b>	<b>6390.26</b>

**Table 3: SMP Headcount by Employment Condition**

Condition	2020-21	2021-22	2022-23	2023-24
Casual	18	9	17	15
Full Time	864	979	983	1054
Part Time	297	352	421	494
<b>Grand Total</b>	<b>1 179</b>	<b>1 340</b>	<b>1 421</b>	<b>1 563</b>

**Table 4: FTE by Group**

Group	2020-21	2021-22	2022-23	2023-24
Chief Risk Officer	-	-	-	30.75
Clinical Quality, Regulation & Accreditation	45.63	48.60	65.72	56.99
Community, Mental Health & Wellbeing	2424.08	2619.84	2636.23	2733.14
Emergency Coordination Centre	91.78	113.09	16.60	0.00
Finance & Business Support	141.21	146.37	147.32	149.08
Health ICT	184.96	228.33	273.45	274.72
Hospitals & Primary Care	8176.27	8777.80	9093.97	9538.22
Infrastructure	123.88	122.96	129.40	136.32
Office of the Secretary - DoH	30.10	36.00	38.71	43.79
People & Culture	172.33	203.14	199.39	222.18
Policy, Purchasing, Performance & Reform	110.42	96.56	119.24	106.29
<b>Total</b>	<b>11 500.66</b>	<b>12 392.67</b>	<b>12 720.03</b>	<b>13 291.50</b>

**Table 5: FTE by Hospital and Award**

Hospital	Award Category Description	2020-21	2021-22	2022-23	2023-24
<b>North West Regional Hospital</b>	Allied Health Professional	58.14	63.29	61.67	72.19
	Health & Human Services Award Band I - 9	138.07	152.17	153.47	158.72
	Health & Human Services Award HSO I - 5	105.62	109.98	119.31	128.27
	Nurses	333.64	368.38	387.41	379.63
	Salaried Medical Practitioners	104.25	122.88	131.24	120.49
	Visiting Medical Practitioner	3.39	3.27	3.08	2.50
<b>Total</b>		<b>743.10</b>	<b>819.97</b>	<b>856.17</b>	<b>861.79</b>
<b>Launceston General Hospital</b>	Allied Health Professional	228.87	258.25	264.33	270.11
	Health & Human Services Award Band I - 9	371.82	403.78	417.32	416.00
	Health & Human Services Award HSO I - 5	352.91	392.59	401.21	422.38
	Nurses	1097.38	1148.35	1238.23	1281.73
	Other	0.00	0.00	0.00	0.00
	Radiation Therapist	35.44	37.43	35.06	32.89
	Salaried Medical Practitioners	306.04	310.43	312.78	322.18
	Senior Executive Service	0.00	1.00	0.00	1.00
	Visiting Medical Practitioner	15.32	15.07	13.99	12.63
<b>Total</b>		<b>2407.77</b>	<b>2566.89</b>	<b>2682.93</b>	<b>2758.91</b>

**Table 5: FTE by Hospital and Award (continued)**

Hospital	Award Category Description	2020-21	2021-22	2022-23	2023-24
<b>Royal Hobart Hospital</b>	Allied Health Professional	457.78	484.15	519.93	548.77
	Health & Human Services Award Band 1 - 9	604.18	648.02	657.01	665.33
	Health & Human Services Award HSO 1 - 5	619.88	654.57	710.06	704.95
	Nurses	1604.91	1756.99	1770.88	1883.89
	Other	1.00	1.00	2.00	0.00
	Radiation Therapist	21.93	21.70	20.30	22.75
	Salaried Medical Practitioners	573.93	596.28	606.41	705.92
	Senior Executive Service	0.00	0.00	0.00	1.00
	Visiting Medical Practitioner	14.70	17.59	12.34	11.29
<b>Total</b>		<b>3898.30</b>	<b>4180.31</b>	<b>4298.92</b>	<b>4543.90</b>
<b>Mersey Community Hospital</b>	Allied Health Professional	28.28	31.64	29.99	31.58
	Health & Human Services Award Band 1 - 9	76.76	81.10	82.54	84.10
	Health & Human Services Award HSO 1 - 5	73.06	80.07	81.20	82.47
	Nurses	206.59	218.99	223.79	227.58
	Salaried Medical Practitioners	45.52	54.55	54.81	58.17
	Visiting Medical Practitioner	2.77	1.94	1.94	1.90
<b>Total</b>		<b>432.98</b>	<b>468.29</b>	<b>474.26</b>	<b>485.79</b>

**Table 6: Medical Locum Costs by Facility**

	2020-21	2021-22	2022-23	2022-23 31 Mar	2023-24 31 Mar
RHH	7 210 850	8 704 151	17 510 354	11 616 992	16 916 627
LGH	9 433 425	11 639 257	27 167 370	16 643 266	24 728 561
NWRH	9 856 069	10 495 513	14 377 437	9 517 503	16 091 259
MCH	6 265 599	7 448 554	9 218 315	6 623 597	6 993 432
Mental Health	9 382 397	13 760 209	15 974 161	12 189 694	12 577 414
Other	289 946	809 356	1 016 696	567 213	742 648
Total	42 438 286	52 857 039	85 264 332	57 158 265	78 049 942

**Table 7: Medical Locum Costs by Region**

	2020-21	2021-22	2022-23	2022-23 31 Mar	2023-24 31 Mar
North	11 505 687	14 722 994	30 955 009	19 413 148	27 403 533
North West	18 207 205	20 228 290	26 774 721	18 368 088	25 595 589
South	12 725 394	17 905 756	27 534 603	19 377 029	25 050 820
Total	42 438 286	52 857 039	85 264 332	57 158 265	78 049 942

**Table 8: Nursing Locum Costs by Service**

	2020-21	2021-22	2022-23	2022-23 31 Mar	2023-24 31 Mar
THS Hospitals South	3 054 994	6 936 032	11 117 004	7 233 242	12 392 241
THS Hospitals North	2 028 551	7 294 023	12 546 046	7 727 464	16 156 476
THS Hospitals North West	8 364 810	9 140 650	12 196 145	8 293 662	16 898 386
Community Mental Health & Statewide Services	1 236 783	2 995 908	8 297 618	5 480 413	8 509 932
Total	14 685 138	26 366 613	44 156 813	28 734 782	53 957 034



**Clearance**

This information has been approved for transmission and accuracy.

Prepared by	Dave Phelan	Principal Officer	25 July 2024	
Cleared by	Kendra Strong	CPO		
Cleared by	Shane Gregory	Associate Secretary	6 August 2024	Personal Information (s36)

🌟 You can now create a recruitment brief directly from the Job Card! [Learn more](#) or [create a brief now](#)



**Recruitment Process:** PTVE

**PTVE – CREATE NEW POSITION**

**JD Comments:** --

**Tracker No:** 1120392

**New Position Details**

**Vacancy Title:\*** NUM Staffing and Support  
**Division:\*** Department of Health  
**Group:\*** Integrated Operations Centre  
**Branch:\*** Hospital South  
**Section:\*** Integrated Operations Centre  
**FTE:\*** 1  
**Hours:\*** 76  
**Funded:\***  Yes  No  
**Cost Centre:\*** S121004130000  
[Access and Patient Flow Unit](#)

**Work Address:\*** C Block, Lvl Grd, RHH  
Number:

**Reports to Position No:\*** Personal Information  
 Assistant Director of Nursing - Staffing and Support  
 RHH Integrated Operations Personal Information

**New Position Number:** Personal Information

**Request Details**

**Variation Status:\*** Permanent

**Effective Date:\*** 26 Feb 2024

**End Date (temp amendments):**

**SoD Review:\***  Yes  No

**SoD Attached:\***  Yes  No

**Estimated Classification:\*** Grade 7B

**Similar existing position(s) if known:** Grade 7B staffing and support Personal Information

**Details of Variation:\***

Please create a new 1.0 FTE position for NUM grade 7b for staffing and support.

To fund this new position please reduce Position Number [Redacted] Clinical Nurse Educator - EDON) G6 by 0.71 FTE (\$99,599)

Reduce position Number [Redacted] (Clinical Nurse Educator - EDON) G6 by 0.23 FTE (\$33,106)

Reduce position Number [Redacted] (Exec Officer – IOC) Band4 by 0.2 FTE (\$22,088)

Total funding created through reducing vacant funded FTE = \$154,793

Total cost of G7b 1.0 FTE = \$155,038

**Financial Implications:\***

Yes  No

**Funding Details:\***

Permanent funding for the G7b position to be provided by reducing existing funded vacant FTE positions in the EDON and IOC offices as below.

Position Number [Redacted] (Clinical Nurse Educator - EDON) G6, reduce by 0.71 FTE (\$99,599)

Position Number [Redacted] (Clinical Nurse Educator - EDON) G6, reduce by 0.23 FTE (\$33,106)

Position Number [Redacted] (Exec Officer – IOC) Band4, reduce by 0.2 FTE (\$22,088)

Total funding created through reducing vacant funded FTE = \$154,793

Total cost of G7b 1.0 FTE = \$155,038

**Funding Source:\***

State/Commonwealth

**Position Features**

---

**Vulnerable People Check:**

Select

**Essential Requirements:\***

Yes  No

**Conjoint Position:\***

Yes  No

**Location for Advertising:\***

South

**Additional User:**

--

No user selected.

**Approvals**

---

**Requisitioner:\***

Trish Allen

Personal Information (s36)

**Approval process:\***

PTVE

- |                        |  |
|------------------------|--|
| 1. Business Manager:   | Karen Dickens ✓ Approved 15 Mar 2024   |
| 2. Director:           | Trish Allen ✓ Approved 15 Mar 2024     |
| 3. Job Design/Finance: | Karen Dickens ✓ Approved 15 Mar 2024   |
| 4. Dep Sec/Chief:      | Joe McDonald ✓ Approved 15 Mar 2024    |
| 5. DFP:                | Director Finance ✓ Approved 3 Apr 2024 |
| 6. Job Design:         | Job Design ✓ Approved 10 Apr 2024      |

**RLO/ESO:\***

Job Design

Phone:

Position:

E-mail: [Redacted] Personal Information (s36)

**Status:\***

Approved

## Dot Points for Minister

Hon Guy Barnett MP  
**Minister for Health, Mental Health and Wellbeing**

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**Subject: DoH Vacancies**

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- **Ministerial Briefing (s27)**

### **Vacancies**

- Unfortunately, it is not possible to draw vacancy figures from the current HR system.
- The Tasmanian Health Service represents the largest workforce in the Tasmanian public service. Vacancies will always exist with a workforce requiring in excess of 13,000 FTE.
- It should be noted that the Tasmanian Health Service has increased its FTE each year since 2020-21.
- Since July 2022 to 25 May 2024, the main staffing increases were:
  - Nurses and Midwives 370.01 FTE
  - Allied Health Professionals 125.71 FTE
  - Salaried Medical Practitioners 154.54 FTE
  - Health & Human Services Award Band 1-9, 182.45 FTE
- *Refer Table 1 for specific year on year Award FTE data.*

### **Turnover**

- The Department of Health total turnover rate as at 25 May was 11.05 percent, which equates to 1,429.46 FTE separations. This compares to 11.44 percent (1426.94 separations) for the same period in the previous financial year.

- In particular, turnover for staff employed under the Nursing and Midwifery Award has declined slightly from 8.81% as at 27 May 2023 to 8.28% as at 25 May 2024.
- Turnover across the Department of Health and each of the various workforces varies from year to year, however, it remains within a reasonable range.
- *Refer Table 2 for specific year on year Award turnover rate data.*

### **Advertising**

- The Department is very active in advertising and filling vacancies in accordance with the merit principle contained within Employment Direction No 1.
- Current advertised positions are for allied health staff, nurses, medical staff, and administrative and other support roles.
- As of 9 July 2024, the Agency had 166 advertisements open for vacant positions (*Refer Table 3*).
- The Department has welcomed 415 new starters since the commencement of the recruitment blitz (28 April to 28 June 2024).

### **Recruitment Initiatives**

- The Department is supporting this recruitment drive with several initiatives aimed at attracting new recruits to the Tasmanian Health Service which include:
  - A competitive wages and conditions package including additional allowances.
  - Guarantee of employment of all Tasmanian nursing and midwifery graduates.
  - Expanding support for graduate and early career nurses and midwives through mentorship and clinical coaches.
  - Scholarships for ongoing support of nursing and midwifery professional development and post graduate study.
  - The ability to offer longer-term contracts for doctors aligned to their training program.
  - The \$25,000 scholarship to get more allied health professionals into Tasmanian regions.
  - Newly graduated allied health professionals to be engaged on a permanent rather than fixed-term basis.
- The Department is also currently finalising the details to deliver the 100 Day Plan commitments of:
  - Relocation allowance of up to \$15,000 for Nurses and Midwives who remain employed full-time for at least 3 years.

- A \$10,000 scholarship for new Tasmanian graduate nurses that start and stay full-time for a period of three years or more.
- Other strategies being implemented to fill both in the short-term vacancies and longer-term recruitment processes include:
  - Partnering with Brand Tasmania to promote Tasmania as an employer of choice, highlighting the career opportunities available to health workers, while also showcasing and building awareness of Tasmania as a destination and a place to live.
  - Presence at international Healthcare Job Fairs. To date, these have been highly successful events: held across 3 locations – London, Birmingham and Belfast, beginning meaningful conversations with more than 380 individuals with the future potential of calling Tasmania home. In addition, brand awareness of working in healthcare in Tasmania was successful with more than one million views on social media over that period.
  - Departmental relocation policies to support applicants moving from interstate and overseas.

### **Vacancy Management**

- The current department-wide vacancy process is a reinstatement of a process that was in place previously but suspended during the COVID-19 emergency response.
- This is an important process to ensure that current resources and recruitment are aligned to future needs and expenditure is aligned to budgets.
- Some positions that were created during the COVID-19 pandemic no longer fit Tasmania's needs and are no longer relevant.
- However, the Department continues to seek to maximise our resources to address our current priorities and challenges in a responsible and effective manner, and we are actively filling vacancies – permanent, fixed term and agency (where needed), to ensure that staffing levels are sustained.

**Table 1: FTE by Award**

<b>Award</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24 (May 25, 2024)</b>
Allied Health Professional	1121.46	1203.27	1281.47	1328.98
Ambulance	542.87	575.91	545.13	545.84
Dental	31.22	36.10	36.81	35.36
Heads of Agency	1.00	1.00	1.00	1.00
Health & Human Services Award Band 1 - 9	2373.68	2681.10	2689.34	2863.55
Health & Human Services Award HSO 1 - 5	1694.79	1792.07	1875.75	1900.71
Nurses	4466.48	4764.78	4931.94	5134.79
Other	4.24	2.74	2.74	9.74
Radiation Therapist	59.43	60.13	55.36	55.32
Rural Medical Practitioner	2.68	2.76	2.17	2.12
Salaried Medical Practitioners	1140.91	1201.88	1236.81	1356.42
Senior Executive Service	24.00	31.00	27.90	26.00
Visiting Medical Practitioner	37.93	39.92	33.60	30.91
<b>Total</b>	<b>11500.66</b>	<b>12392.67</b>	<b>12720.03</b>	<b>13290.73</b>

**Table 2: Turnover by Award**

Award Category Description	2019-20	2019-20	2020-21	2020-21	2021-22	2021-22	2022-23	2022-23	2022-23 As of 27 May	2022-23 As of 27 May	2023-24 As of 25 May	2023-24 As of 25 May
	Separation FTE	Turnover Rate %	Separation FTE	Turnover Rate %	Separation FTE	Turnover Rate %	Separation FTE	Turnover Rate %	Separation FTE	Turnover Rate %	Separation FTE	Turnover Rate %
<b>Allied Health Professional</b>	121.95	11.59%	128.89	11.51%	139.34	12.05%	162.9	13.07%	142.53	11.44%	176.34	13.49%
<b>Ambulance</b>	14.87	3.49%	24.09	4.89%	28.11	5.03%	42.8	7.81%	37.70	6.87%	21.96	4.03%
<b>Dental</b>	3.88	10.60%	6.8	20.34%	5.83	16.97%	8.01	22.54%	8.00	22.54%	7.03	19.30%
<b>Health &amp; Human Services Award Band 1 - 9</b>	163.93	7.61%	173.47	7.56%	282.12	11.48%	388.89	14.60%	352.89	13.26%	312.13	11.25%
<b>Health &amp; Human Services Award HSO 1 - 5</b>	82.36	5.40%	111.46	6.84%	161.13	9.60%	133.82	7.29%	116.10	6.34%	137.13	7.30%
<b>Nurses</b>	230.13	5.67%	270.36	6.29%	380.12	8.58%	466.65	9.71%	422.91	8.81%	410.97	8.28%
<b>Other</b>	1	20.16%	0	0	0.12	4.53%	1	37.06%	1.00	97.23%	1.00	10.60%
<b>Radiation Therapist</b>	6.5	11.72%	4.01	6.90%	3.01	5.15%	9.81	17.00%	8.81	15.22%	10.23	17.91%
<b>Rural Medical Practitioner</b>	0.24	7.76%	0.21	8.55%	0.18	6.56%	0.34	13.84%	0.30	12.19%	0.22	10.61%
<b>Salaried Medical Practitioners</b>	326.92	32.14%	270.53	24.69%	332.83	29.82%	348.53	28.52%	327.42	26.83%	341.02	26.17%



<b>Senior Executive Service</b>	3	15.38%	4	17.62%	7	25.57%	9	31.21%	7.00	24.23%	9.00	32.22%
<b>Visiting Medical Practitioner</b>	2.12	5.23%	1.99	5.08%	2.44	6.49%	1.8	4.66%	2.27	5.85%	2.44	7.16%
<b>Total</b>	957.39	9.21%	996.21	8.98%	1,342.24	11.66%	1,573.55	12.60%	1,426.94	11.44%	1,429.46	11.05%

Table 3 – As at 9 July 2024

<b>Award/Professional Group</b>	<b>No of Advertisements</b>
Allied Health Professional	41
Ambulance	2
Dental	1
Health and Human Services Award Band 1 – 9 and HSOI-5	42
Nurses	55
Radiation Therapists Agreement	3
Medical Practitioners	20
Other *Operational Stream *Admin Clerical Level 4	2
<b>Total</b>	166

## Clearances

Prepared by	Dave Phelan	Principal Officer	Personal Information (	20 July 2024
Cleared by	Michelle Searle	Chief People Officer	Phone	10 July 2024

# Out of Scope

---

**From:** Allen, Trish  
**Sent:** Friday, 28 June 2024 4:31 PM  
**To:** Office of the Chief Executive, Hospitals South  
**Subject:** Urgent: VCC - 28 June 24 - NUM Staffing and Support, Integrated Operations Centre  
**Attachments:** PTVE NUM S and S - IOC.pdf

Please find below request for Joe's approval to submit to the Vacancy Control Committee (job trackers are 1123689[reset this week against correct position number and seeking information re linkage with ED review] / 1126961[was declined by VCC])

## IMPORTANCE

The Nurse Unit Manager (NUM) Staffing and Support role ensures effective patient care and supports our organisation's strategic direction. This leadership position directly impacts operational efficiency and patient outcomes by overseeing staffing allocations, resource management, and workflow optimisation within the Integrated Operations Centre (IOC). It is a 2FTE position, due to the volume of workload and headcount that is under this line management responsibility (951 head count). This position oversees the casual and permanent pool of nurses, Patient Safety Assistants, AINs and casual Hospital Aides as well as the Roster Support Unit, which coordinates rosters and manages unplanned leave coverage across the RHH/Hospitals South.

## STATUS

- **Existing Role:** This role currently exists within our staffing structure.
- **Funded Role:** The position is financially supported with allocated funds.
- **Permanent:** The role is permanent, ensuring continuity and stability in leadership within the IOC.

## FUNDING

This position Personal Information (s36) has historically been established as a 2FTE role over the past two years, following multiple short-term appointments and reviews of workload being unsustainable with 1FTE. Funding has been secured through the PTVE allocation, as detailed in the submission earlier this year (attached). Recruitment efforts have proceeded under the understanding that this role would continue as a 2FTE position.

## IMPACT

The NUM role is crucial in leading, overseeing, and managing day to day operational staffing activities within the health service/facility. This leadership role coordinates effective staffing deployment to support care delivery in ED, wards/units, specialty areas in accordance with safe staffing and rostering practices, and fosters collaboration within a multidisciplinary framework working closely with ward/unit NUMs to address day to day and short term staffing needs. The NUM coordinates the management of Registered Nurses/Enrolled Nurses/Registered Midwives in the casual and permanent pools, Patient Safety Assistants and Assistants in Nursing to ensure safe and efficient operations within the health service/facility. With only one NUM there will be significantly lower recruitment to the casual and permanent pools.

Failure to fill the NUM Staffing and Support role would pose significant risks to patient care and service delivery. Without a dedicated NUM, staffing assignments will be disrupted, there will be higher use of premium labour and overtime, compromised patient care coordination, and increased workload stress among nursing staff contributing to staff attrition and turnover. Failure to fill the 2<sup>nd</sup> NUM Staffing and Support position will lead to increase likelihood of bed closures, which then leads to increased access block and Ambulance Tas Transfer of Care delays.

This could lead to industrial complaints, treatment delays, reduced quality of care, and diminished patient satisfaction.

**RECOMMENDATION(S)**

It is recommended that the Vacancy Control Committee approve filling the NUM Staffing and Support role. This position is crucial for maintaining operational efficiency, improving Ambulance Transfer of Care in EDs, ensuring safe staffing standards are achieved to provide quality patient care, and supporting Hospitals South's strategic objectives.

Kind regards,

Trish Allen (RN, BN, PGDip EmergNsg, MN, FCENA, MACN, MCHSM)  
Nursing Director  
Integrated Operations Centre  
Royal Hobart Hospital | Tasmanian Health Service

Personal Information (s36)  
P [Redacted]

**Anthony Critchley** | Executive Director Operations & Performance

THS Hospitals South

Personal Information (s36)  
Phone: Personal Information (s36)

For meetings, please contact the Office of the EDOP P: Personal Information (s36)



# Out of Scope

**From:** Phelan, David T  
**Sent:** Friday, 21 June 2024 6:00 PM  
**To:** Webster, Dale E; Gregory, Shane T; Searle, Michelle; Pyszkowski, Laura K  
**Subject:** Vacancy Committee - PAPERS  
**Attachments:** VC - Recruitment - Current 21 June 2024.xlsx; Ongoing Queries from Vacancy Committee (1).XLSX; VC - Report Locum 21 June.xlsx

Dear Vacancy Committee,

In preparation for Monday's meeting, please find attached.

- 1. Recruitment Job Cards** – Generally, you may find there are more queries the further down the document you go.
- 2. Follow-up to Queries from the meetings** – please see green column across 4 tabs for responses for your reconsideration.
- 3. Locum Report for information**, noting approval for these up to \$250,000 rests at CE/Deputy Secretary level. I draw your attention to row 28, EDMS Hospitals NW (not yet approved by CE). **This was previously declined by Vacancy Committee**, noting it had been a RACM funded position. Flagging this for you, as, while I was able to pick that one up, its not possible for the system to assess (without significant manual review prone to error) which locum matters were a PTVE/Job Card which Vacancy Control previously considered.
- 4. Redeployee List (pls note there are no Band 2s on the list):**

Date Identified	Title	Classification	Status
09/01/2024	Finance Services Officer	Band 3	
01/05/2019	Senior Project Officer	Band 8	
13/12/2019	Contracts & Procurement Officer	Band 4	
05/04/2017	Payroll/Personnel Advisor	Band 5	
21/05/2023	Booking Clerk	Band 3	
01/12/2019	Site Manager - Assets	Band 6	
15/04/2020	Executive Services Officer	Band 4	
Approx. 2022	Patient Travel Officer	Band 3	
Approx. 2021	RN within AT	RN	

Personal Information (s36)

Thanks



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**Dave Phelan**  
Principal Officer, **People and Culture**

Department of Health

**Personal Information (s36)**

P: Personal Information (s36)

[Redacted]

# Out of Scope

**From:** Phelan, David T  
**Sent:** Friday, 28 June 2024 4:49 PM  
**To:** Webster, Dale E; Searle, Michelle; Gregory, Shane T; Jeffery, Craig R; Pyszkowski, Laura K  
**Subject:** Vacancy Committee - PAPERS  
**Attachments:** Recruitment Report - 28 June.xlsx; PTVE Job Design Report 28.6.24.xlsx; Ongoing Queries from Vacancy Committee (1).XLSX; Locum Report - 28 June 2024.xlsx

Dear Vacancy Committee,

In preparation for Monday's meeting, please find attached.

1. **Recruitment Job Cards –**
2. **PTVE Job Design Report**
3. **Follow-up to Queries from the meetings –** please see green column across 5 tabs for responses for your reconsideration. Please note that queries from 24-June meeting were only distributed on Thursday this week while we worked through process changes.

**Doctors in Training Contracts –** last week you had queries around a few Doctor-in-training positions proposed only for 12 months (rather than the length of training). In response:

- *it is our intention to advertise for doctors in training RMOs to be **appointed up to 3 years**, they may be with us for that long before considering the next path of their training. With Registrars we may appoint both accredited Registrars and unaccredited Registrars. Unaccredited Registrars do the work of a Registrar (they are experienced RMOs - but have not yet been accepted by the relevant college training program **so they are offered and accept a 12 month appointment with a view to then having sufficient experience to be successful in their application for an accredited position through the College.** Typically we have more Registrar positions on the establishment (required to do the work) than we have accredited Registrars, as provided by the College. We also have some registrars who are towards the end of their qualifications and thus we do not want to offer a long contract in that case. We can still advertise an up to 3 year appointment, but don't want to guarantee 3 years as we need to consider each individual applicants circumstance on a case by case basis.*

4. **Locum Report for information**, noting approval for these up to \$250,000 rests at CE/Deputy Secretary level.
5. **Redeployee List (pls note there are no Band 2s on the list, nor are there any employees from the NW):**

Date Identified	Title	Classification	Status
09/01/2024	Finance Services Officer	Band 3	<b>Personal Information (s36)</b>
01/05/2019	Senior Project Officer	Band 8	
13/12/2019	Contracts & Procurement Officer	Band 4	
05/04/2017	Payroll/Personnel Advisor	Band 5	
21/05/2023	Booking Clerk	Band 3	
01/12/2019	Site Manager - Assets	Band 6	



15/04/2020	Executive Services Officer	Band 4	
Approx. 2022	Patient Travel Officer	Band 3	
Approx. 2021	RN within AT	RN	

Personal Information (s36)

Thanks



**Dave Phelan**  
Principal Officer, **People and Culture**  
Department of Health

Personal Information (s36)

# Out of Scope

---

**From:** Phelan, David T  
**Sent:** Monday, 8 July 2024 2:55 PM  
**To:** Webster, Dale E; Searle, Michelle; Gregory, Shane T; Jeffery, Craig R; Pyszkowski, Laura K  
**Subject:** RE: Vacancy Committee - PAPERS  
**Attachments:** Recruitment Job Cards - 5 July - with Queries.xlsx; Locum Report - 5 July 2024.xlsx; Vacancy Committee - Redeployees; 3..png

Dear Vacancy Committee

Pls find attached updated papers – the changes being, attachment 1 now contains follow-up queries (only 3 that I have updates on), and attachment 3 is the updated Redeployment List.

Thanks  
Dave

---

**From:** Phelan, David T  
**Sent:** Friday, July 5, 2024 6:37 PM  
**To:** Webster, Dale E **Personal Information (s36)**; Searle, Michelle **Personal Information (s36)**  
Gregory, Shane T **Personal Information (s36)**; Jeffery, Craig R **Personal Information (s36)**  
Pyszkowski, Laura K **Personal Information (s36)** >  
**Subject:** RE: Vacancy Committee - PAPERS

Dear Vacancy Committee,

In preparation for Monday's meeting, please find attached:

- 1. Recruitment Job Cards.**
- 2. Locum Report for information**, noting approval for these up to \$250,000 rests at CE/Deputy Secretary level.
- 3. Redeployee List – an updated list will be provided for the meeting.**

Re: follow-up queries – this should've been added to the Recruitment Job Card report. Following our recent system/process changes to enhance and systematise how we support the committee I've noticed some anomalies with some queries that I want to rectify on Monday before providing to you – I will talk you through the queries at the meeting.

In addition, seeking consideration of:

- **Policy Question** – where VC seek redeployment opportunities, are you comfortable for Case Management to undertake a suitability assessment, and, *if no one suitable and the business has justified why*, then move directly to advertising (rather than coming back to VC).
- **Award Clause – Workload Management** – Mon has raised attachment 3 – read clause 2(e), for your consideration.

Thanks



**Dave Phelan**  
Principal Officer, **People and Culture**

Department of Health

**Personal Information (s36)**

Personal Information (s36)

[Redacted]

# Out of Scope

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**From:** Phelan, David T  
**Sent:** Friday, 12 July 2024 4:57 PM  
**To:** Webster, Dale E; Gregory, Shane T; Jeffery, Craig R; Searle, Michelle; Pyszkowski, Laura K  
**Subject:** Vacancy Committee - PAPERS  
**Attachments:** Copy of Copy of VC - Recruitment Report 12 July for VC.xlsx; Copy of VC - Locum Report - 12 July.xlsx; Minute - Secretary - Request to Engage Junior Medical Officer Locums for Terms 3 & 4 2024 – Launceston General .docx; FW: Request to extend Searson Buck staff working in job design.

Dear Vacancy Committee,

In preparation for Monday's meeting, please find attached:

1. **Recruitment Job Card including 14 follow-up queries (highlighted in yellow)**
2. **Locum Report for information**, noting approval for these up to \$250,000 rests at CE/Deputy Secretary level.

In addition, seeking consideration of:

- **SEC24/1308 - Request to Engage Junior Medical Officer Locums for Terms three and four 2024 – Launceston General Hospital – Hospitals North**
- **Request to extend Searson Buck staff working in job design.**
- **Policy Question – dispute resolution**

Thanks



**Dave Phelan**  
Principal Officer, **People and Culture**  
Department of Health

Personal Information (s36)

Personal Information (s36)

# Out of Scope

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**From:** Chandler, Eleesha  
**Sent:** Friday, 19 July 2024 3:33 PM  
**To:** Webster, Dale E; Gregory, Shane T; Jeffery, Craig R; Searle, Michelle; Pyszkowski, Laura K  
**Subject:** Vacancy Committee - PAPERS  
**Attachments:** VC Report - Recruitment 19 July\_.xlsx; VC Report - Locums 19 July 24.xlsx

Dear Vacancy Committee,

In preparation for Monday's meeting, please find attached:

1. **Recruitment Job Card**
2. **Locum Report for information**, noting approval for these up to \$250,000 rests at CE/Deputy Secretary level.

I look forward to meeting you all Monday.

Thanks

**People and Culture**



**Eleesha Chandler** (She/Her)

HR Advisor – Statewide Recruitment

People and Culture

[Department of Health](#)

**Personal Information (s36)**

Personal Information (s36)

For HR support: [Visit the Service Portal](#) or call 1300 812 535.

# Out of Scope

**From:** Phelan, David T  
**Sent:** Friday, 14 June 2024 4:39 PM  
**To:** Webster, Dale E; Gregory, Shane T; Jeffery, Craig R; Searle, Michelle; Pyszkowski, Laura K  
**Subject:** Vacancy Committee - PAPERS  
**Attachments:** Recruitment Job Cards - 14 June.xlsx; VC - Locum Report June 14.xlsx; Ongoing Queries from Vacancy Committee.XLSX

Dear Vacancy Control Committee,

In preparation for Monday's meeting, please find attached.

- 1. Recruitment Job Cards** – *this report has been adapted with priority/frontline roles listed first. Generally, you may find there are more queries the further down the document you go. I draw your attention to a new column I which now includes funding/actual expenditure detail.*
- 2. Follow-up to Queries from the last 3 meetings** – please see column J across 3 tabs for responses for your reconsideration.
- 3. Locum Report for information**, noting approval for these up to \$250,000 rests at CE/Deputy Secretary level.
- 4. Redeployee List (pls note there are no Band 2s on the list):**

Date Identified	Title	Classification	Status
09/01/2024	Finance Services Officer	Band 3	
01/05/2019	Senior Project Officer	Band 8	
13/12/2019	Contracts & Procurement Officer	Band 4	
05/04/2017	Payroll/Personnel Advisor	Band 5	
21/05/2023	Booking Clerk	Band 3	
01/12/2019	Site Manager - Assets	Band 6	
15/04/2020	Executive Services Officer	Band 4	
Approx. 2022	Patient Travel Officer	Band 3	
Approx. 2021	RN within AT	RN	

Personal Information (s36)

Thanks



**Dave Phelan**  
Principal Officer, **People and Culture**

Department of Health

**Personal Information (s36)**

Personal Information (s36)

[Redacted]