BACKGROUND

WA Health has a continuing responsibility to contain the growth of leave liabilities in accordance with government policy and as reflected in the performance targets and resource allocations of the 2014/15 State Budget.

PURPOSE

This Operational Directive is in relation to the ongoing management of leave liability and implementing controls determined annually by the State Health Executive Forum (SHEF). All WA Health entities must implement the following leave liability controls.

These controls are business imperatives that build on the leave management strategy of OD461/13; through the additional objective of clearing excess Long Service Leave (LSL) within a specified timeframe.

POLICY

1. Leave needs to be captured and recorded in the WA Health Human Resource Information Systems (HRIS) to reconcile with employees’ accrued leave liabilities.

   All WA Health employees must either:
   
   - complete a leave form (L1 form for medical staff and L2 form for non-medical staff) for management approval and submit it to Health Corporate Network; or
   - submit a leave booking through MyHR for management approval; or
   - inform the manager to ensure the appropriate leave bookings are reflected in RoStar.

   Management of leave and absence from the workplace cannot be managed by any other mechanism.

   WA Health’s intention is to ensure maximum opportunities are provided to clear leave before it becomes excess leave, on a yearly basis after an annual leave entitlement, and within three years following a long service leave entitlement.

2. Excess leave, accrued days off and time off in lieu (TOIL) balances must be reviewed by budget holders, and remedial action implemented to reduce existing leave liability with due regard given to impacts on service delivery.
(Note: Excess annual leave is considered to be a leave balance in excess of twice the annual entitlement unless specified in the relevant Industrial Instrument. Excess long service leave is considered to be leave not cleared within 3 years of the date of entitlement, unless otherwise specified in the relevant Industrial Instrument).

3. All WA Health staff must clear excess long service leave, annual leave, and should plan to clear accrued days off and TOIL balances, by 30 June 2015 via an individual leave management plan agreed with their manager.

If this is not able to be achieved, approval to defer clearing excess leave before 30 June 2015 must be sought from a Tier 2 Officer. The approved leave plan must be recorded in the relevant HRIS as booked leave.

4. TOIL management.

Budget holders should avoid approving the accrual of TOIL by paying the applicable overtime and public holiday penalties at the time of accrual, subject to the terms of the applicable industrial instrument.

Where TOIL does not accrue automatically under an industrial instrument, any accrual must be approved by the appropriate budget holder's delegated officer. Accrual of TOIL should not be approved unless accompanied by a plan to clear it.

5. Leave balance reports will be issued to organisational unit managers on a monthly basis.

The Health Corporate Network will issue system-wide leave balance and excess leave reports to organisational unit managers on a monthly basis at the same time, or immediately after, receiving the Payroll Certification Statement.

6. Active leave management strategies must be adopted by WA Health entities.

WA Health entities must develop and implement a leave management strategy that is formalised into an operating procedure.

7. Cash out of excess leave.

Where appropriate, WA Health staff should be given the flexibility to cash out excess leave in accordance with the applicable industrial instrument and budget holder delegations.

8. Closedown periods to be considered by WA Health entities.

WA Health entities are strongly encouraged to consider opportunities during quiet periods to allow as many staff as possible to clear leave, such as the Christmas/New Year period. Consideration of applicable industrial instruments and operational requirements would apply.


A summary of leave management provisions in the various industrial instruments is provided in the WA Health Leave Management Policy.

10. Leave relief or backfill.
Industrial Instruments may include provisions regarding leave relief or backfilling. For example, the Department of Health Medical Practitioners (Metropolitan Health Services) AMA Industrial Agreement 2013 provides that leave vacancies will not be backfilled for leave that is two weeks or under except on urgent clinical or service grounds.

Please contact your local Health Service Workforce/Human Resources for further advice.

SCOPE

This Operational Directive applies to Health Services, Statewide Services and Royal Street Divisions and includes:
- Child and Adolescent Health Service
- North Metropolitan Health Service
- South Metropolitan Health Service
- WA Country Health Services
- Health Corporate Network
- Fiona Stanley Hospital
- Health Information Network
- Royal Street Divisions

RELATED DOCUMENTS


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This information is available in alternative formats on request for a person with a disability.