Appendix two – Status of 2018 recommendations

Recommendation	Current status	
Health entities		
Health entities should further review the approach to managing excess annual leave in 2018–19. They should: • monitor current and projected leave balances to the end of the financial year monthly • agree formal leave plans with employees to reduce leave balances over an acceptable timeframe • encourage staff that perform key controls functions to take a minimum of two consecutive weeks leave a year as a fraud mitigation strategy.	All health entities now have access to a new dashboard use to monitor all excessive leave. Quarterly reports are provided to managers to review excess leave and proactively require leave plans to be put in place. Line managers are required to manage excess leave above 30 days on an ongoing basis which is a requirement in their Performance Plans.	⊖
Health entities should continue to review time and leave recording practices to rectify control weaknesses, reduce the risk of timesheet fraud and realise all the benefits HealthRoster can deliver.	eHealth NSW monitors force approved entries and reports on HealthRoster Program Metrics monthly to the Statewide Rostering Implementation Steering Committee. The Ministry of Health continues to develop tools with eHealth NSW to support future rostering and wellbeing initiatives.	⊖
Ambulance Service of NSW		
Ambulance Service of NSW should further implement and monitor targeted human resource strategies to address the high rates of sick leave taken.	Ambulance Service of NSW continues to implement and monitor targeted human resource strategies to reduce sick leave taken. Average sick leave rates continue to be the highest across the health sector, higher than the NSW Health average. Refer to the financial reporting chapter.	⊖
Ambulance Service of NSW should further review the effectiveness of its rostering practices to identify strategies to reduce excessive overtime payments.	Ambulance Service of NSW continues to review its strategies and rostering practices to reduce the different overtime categories. Overtime payments continue to be significantly higher than other health entities. Refer to the financial reporting chapter.	⊖

Key　　　✓ **Fully addressed**　　　⊖ **Partially addressed**　　　❗ **Not addressed**