

INQUIRY INTO EQUITY, ACCESSIBILITY AND APPROPRIATE DELIVERY OF OUTPATIENT AND COMMUNITY MENTAL HEALTH CARE IN NSW

Hearing – 16/10/2023

NSW Health Responses to Questions on Notice

QUESTION 1 – Page 45

The CHAIR: Thank you. My second question is for Ms Willcox. We've heard a lot about the workforce pressures and challenges from yourself and from other organisations. I'm interested if you can tell us how many vacancies there are currently in community mental health services across New South Wales?

DEB WILLCOX: I'll have to take that on notice, Dr Cohn. I don't actually know that exact figure. I am aware of concerns raised around the lack of live data or live workforce information. We do have a division within the Ministry around people and culture that has a workforce division that monitors, particularly in terms of a health workforce, modelling and planning and understanding how we maintain a pipeline and where the pressure points are. We work with the colleges and the universities to ensure a flow of students. Our local workforce directors in our local health districts are the ones monitoring their vacancy rates, and certainly there is reporting into the Ministry so we can see where hotspots are, or where we have a good feel because of the work with the colleges and the like.

We know psychiatry is a significant problem at the moment. Many are going into the private sector and we are struggling to attract into the public health system. Whilst I can't give you that immediate figure, I think it's important for the Committee to understand there is a sort of overarching governance at a ministry level in terms of workforce strategy—how we recruit, retain, the industrial settings are right, dealing with issues around locums, which is happening at a national level and at a local health district level. The workforce and mental health teams would be looking in particular at their workforce to maintain that they manage their vacancy rates and escalate as required, but I can come back to the Committee with that figure.

ANSWER

NSW Health regularly reports on workforce growth and composition. There is no centrally held vacancy data for NSW Health.

Organisations of the size and scale of NSW Health have workforce turnover of over 10%, with vacancies available and recruited to at any time.

Vacancies do not generally remain unfilled in the health system, particularly clinical roles. Advertised and offered roles are regularly reported and used as an indicator of the number of vacancies. Local service delivery needs require decentralised approaches to vacancy reporting.

QUESTION 2 – Page 45

The Hon. SUSAN CARTER: You know what the workforce is, but do you also have a figure of what the workforce should be? For example, could you say, "In this local health district, we would expect to have 35 doctors who are emergency department specialists but currently only have 30, so we're five down"?

DEB WILLCOX: It would change. It would not be a static figure. It would depend on activity and occupancy. But, yes, as a broad principle, if you've got a hospital that has an emergency department, a maternity unit and a geriatric ward, you would know the full-time establishment required for you to run those services 24 hours a day, seven days a week. A local health district would know how many vacancies they had on any given day.

The Hon. SUSAN CARTER: Would the ministry know?

DEB WILLCOX: I will take that on notice. My understanding is, yes, the workforce vacancies would be reported through the ministry workforce division.

The Hon. SUSAN CARTER: If you could take it on notice, I'd be grateful.

DEB WILLCOX: I'm happy to do that.

ANSWER

NSW Health does not centrally hold information about the number of vacant positions.

Activity and occupancy levels affect required staffing levels. Hospitals plan and update their staffing levels as required. Local health districts' plan backfill arrangements to cover leave and other absences as part of their rostering.

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NSW Health Responses to Supplementary Questions

QUESTION 1

The most recent annual report of the Mental Health Review Tribunal reported an increase in the number of hearings for consideration of Community Treatment Orders under the *Mental Health Act 2007*, as well as an increase in the number of orders being granted. What is the reason for this increase, or, if that is not known, what work has the Ministry undertaken to understand this increase?

ANSWER

The Mental Health Review Tribunal uses a case management system which cannot obtain real time data or analyse changes or trends over time, so is not possible to identify reasons for any changes in the number of Community Treatment Orders granted or applications for orders.