

**A PROFILE
of
Queensland Health's
Indigenous Workforce**

SUMMARY REPORT



prepared by
Workforce Planning and Development Team,
Aboriginal and Torres Strait Islander Health Unit.

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FOREWORD

Queensland Health has recognised that workforce planning and development are key underpinnings to achieve improved Indigenous health outcomes. As Queensland Health begins the development of a Aboriginal and Torres Strait Islander Workforce Management Plan, it is important to have an accurate picture of the current situation.

As a result, a comprehensive survey of known Aboriginal and Torres Strait Islander employees in Queensland Health was undertaken in October 1997. The profile which emerged from this survey and which is outlined in the following pages provides information about this sector of the Department's workforce.

In 1997, the State Government endorsed the establishment of sector wide performance targets for employment of Indigenous Australians of:

- 2.4% to equal their representation in the overall Queensland population by the end of 2000; and
- 2.4% across all salary levels by 2005.

This figure of 2.4% was based on the best Australian Bureau of Statistics (ABS) estimates at the time. It should be noted that according to the latest ABS figures, as published in the National Centre for Aboriginal and Torres Strait Islander Statistics: Plain English Summary 7/97 "Indigenous population", the Indigenous proportion of the Queensland population is now estimated to be 3.0%.

A key finding of this Report is that only 1.3% of staff identify as Indigenous Australian. Although this low level of Indigenous representation may be because of the professional nature of the health workforce, poor Indigenous health status and lack of education opportunities, it is an insufficient base from which to achieve the necessary Indigenous health outcomes.

Currently, the Office of Public Service is negotiating targets with each State Agency. The data contained in this report will form the basis for future decisions and actions taken by Queensland Health, and is an essential first step to ensuring that long term benefits are secured for Queensland Health staff and patients/clients.

Project Summary

In October 1997, the Workforce Planning and Development Team, Aboriginal and Torres Strait Islander Health Unit conducted an extensive survey of the Department's Indigenous employees.

The information collected and outlined in the following pages will help Queensland Health to develop an employment strategy for Aboriginal and Torres Strait Islander staff. It will also assist in developing a training strategy/workforce plan for Indigenous employees.

The information profiles the current state of Queensland Health's Indigenous workforce, including Aboriginal and Torres Strait Islander Health Workers. Health Workers are considered separately to other Indigenous employees in this document because they are easily identified as Indigenous staff, and because Queensland Health wished to gather information regarding competency skills, access to training and other issues of importance to this group.

This report provides a summary of the findings of the survey, analysed by the Health Workforce Planning and Analysis Unit.

Acknowledgments

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Firstly, thanks to the District Health Service Managers and District Health Coordinators who were primarily responsible for gathering data in their respective Health Districts. Thanks also to the Health Workforce Planning and Analysis Unit in Corporate Office whose support and guidance was invaluable during the process.

Cairns District Health Service is thanked and acknowledged, in particular, for the special efforts of the District Health Worker, who made the Team's job much easier. And lastly, thank you to all those Indigenous staff for your cooperation in answering the questionnaire.

Further Information

Detailed information regarding the survey can be obtained from:

- Haylene Grogan, Aboriginal and Torres Strait Islander Health Unit : ph: (07) 323 41620
- Richard Lenton, Health Workforce Planning and Analysis Unit: ph: (07) 323 41095

Table of Contents

Summary: Key Findings	page 5
Key Findings: Aboriginal and Torres Strait Islander Health Workers	page 6
Key Findings: All Occupational Categories (other than Health Workers)	page 13
Key Findings: Both Surveys	page 17
Key Considerations for Workforce Planning and Development Strategies	page 20
Related Initiatives	page 22

Terms and/or Abbreviations

The following abbreviations and/or “terms” are used in the report:

Health Workers: Aboriginal and Torres Strait Islander Health Workers

AIN: Assistant in Nursing

EN: Enrolled Nurse

RN: Registered Nurse

CN: Clinical Nurse

TO: Technical Officer

AO: Administrative Officer

PO: Professional Officer

SES: Senior Executive Service

DHS: District Health Service

QH: Queensland Health

EEO: Equal Employment Opportunity

* For the purpose of this report a Health Worker, who works in a District Health Service where there are only a few Health Workers will be referred to as *one of a few*, and a Health Worker who works in a District Health Service where there is a higher number of Health Workers will be referred to as *one of many*.

Summary - Key Findings

In summary, the key findings of the project were:

- A total of 538 Indigenous employees responded to the survey.
- Based on this information **and** current EEO data, an estimated 595 Aboriginal and Torres Strait Islander people are employed by Queensland Health (representing 1.3% of the total Queensland Health workforce).
- According to current EEO data, Queensland Health employs 46870 non-Indigenous staff
- Queensland Health employs 277 Health Workers.
- Most Indigenous employees are female (some 73.5%).
- Most Indigenous employees (75%) are permanent employees, except for those at Corporate Office, where 16% are employed on a temporary basis.
- Most Health Workers are employed at the 002 or 003 level.
- 50% of Health Workers with a qualification hold a Certificate in Primary Health Care.
- Just under 50% of Health Workers who responded to the survey are studying towards a relevant qualification.
- On-the-job and block release training are the most favoured forms of training by Health Workers.
- Only 8% of Health Workers believe there are adequate support mechanisms in place to enable them to access training and further study.
- 26% of Indigenous staff (other than Health Workers) hold a relevant qualification.
- Equal proportions of male and female staff (other than Health Workers) hold a relevant qualification.

Key Findings

Aboriginal and Torres Strait Islander Health Workers

A total of 277 Aboriginal and Torres Strait Islander Health Workers responded to the survey.

- Approximately **half** of the 39 District Health Services (DHS) employ **one or two** Health Workers

**** All references to Health Workers, in this section, relates to Aboriginal and Torres Strait Islander Health Workers only but does not include other Indigenous employees or staff.**

TABLE 1: A distribution of Aboriginal and Torres Strait Islander Health Worker respondents by District compared to the Indigenous populations in the Districts.

DISTRICT	Indigenous Population	A & TSI Health Workers	RATIO
BANANA	413	1	1:413
BAYSIDE	2069	no response	-
BOWEN	1334	3	1:445
BUNDABERG	1592	1	1:1592
CAIRNS	8086	40	1:202
CAPE YORK	3242	19	1:171
CENTRAL HIGHLANDS	1660	no response	-
CENTRAL WEST	742	5	1:148
CHARLEVILLE	1019	2	1:509
CHARTERS TOWERS	984	4	1:246
FRASER COAST	1310	2	1:655
GLADSTONE	1381	1	1:1381
GOLD COAST	2466	3	1:822
GYMPIE	436	no response	-
INNISFAIL	4410	1	1:4410
LOGAN-BEAUDESERT	4426	2	1:2213
MACKAY	3220	1	1:3220
MATER	not applicable	1	
MORANBAH	407	no response	
MT ISA	7705	23	1:335
NORTH BURNETT	557	1	1:557
NORTHERN DOWNS	746	no response	
PRINCESS ALEXANDRA	not applicable	2	
PRINCE CHARLES	5094	10	1:509
REDCLIFFE-CABOOLTURE	2440	2	1:220
ROCKHAMPTON	3918	10	1:392
ROMA	1214	2	1:607
RBH, RWH & RCH	not applicable	no response	
SOUTH BURNETT	1716	6	1:286
SOUTHERN DOWNS	977	1	1:977
SUNSHINE COAST	2061	2	1:1031
TABLELANDS (ATHERTON)	3160	5	1:632

QE II	4818	1	1:4818
TOOWOOMBA	2870	3	1:957
TORRES	5690	102	1:55
TOWNSVILLE	8051	21	1:383
WEST MORETON	4768	no response	
TOTALS	94982	277	1:345

Source: The Indigenous populations are based on the 1996 Census of Population and Housing, Australian Bureau of Statistics (ABS).

NOTE: The District figures (groupings) are based on Statistical Local Areas (SLA's). These, are only estimates, as SLA boundaries do not match Queensland Health's District boundaries in all instances. Where SLA's cross or overlap District boundaries, the SLA has been assigned to one whole District Health Service.

TABLE 2: Distribution of the number of Aboriginal and Torres Strait Islander Health Workers respondents by Zone compared to the Indigenous populations in the Zone.

ZONE	Indigenous Population	Health Workers	Ratio
NORTHERN	46289	219	1:211
CENTRAL	23320	41	1:569
SOUTHERN	25373	17	1:1493

1. Facility Type

Most Health Workers work at a community health centre or a primary health care facility.

- 40% of Health Workers work in community health centres (predominantly urban areas).
- 39% of Health Workers work in primary health care centres (rural and remote areas typically offer a primary health care service, which integrates community and hospital services).

2. Classification Level

Most Health Workers are classified at the 002 or 003 level. However, the survey was undertaken prior to the Indigenous Health Workers Career And Wage Structure being implemented.

- Over 90% of Health Workers are classified in the Operational stream.
- 39% of Health Workers are classified as 002.
- 36% of Health Workers are classified as 003.

- 7% of Health Workers are classified as 004.
- (9% of Health Workers in the Operational Stream did not indicate their level).
- 6% of Health Workers are classified in the Administrative Stream
- Health Workers who are *one of a few* tend to be classified at a higher level than those who are *one of many*.

3. Employment Status

Most Health Workers are permanent employees of Queensland Health.

- 75% of Health Workers are permanently employed (7% did not indicate their status).
- 18% of Health Workers are employed on a temporary basis.

4. Hours of Employment

Most Indigenous Health Workers are employed on a full time basis.

- 85% of Health Workers are employed full time.
- In all but one District (Torres), 95-100% of Health Workers are employed full time.
- In Torres DHS, 68% of Health Workers are employed full time and 30% are employed part time.

5. Gender

Most Health Workers are female.

- 75% of Health Workers are female.
- 83% of Health Workers who are *one of a few* are female.
- 72% of Health Workers who are *one of many* are female.

6. Date of Commencement

Most Health Workers have worked for Queensland Health for less than 10 years.

The turnover rate or length of service of Health Workers appears to be influenced by the qualifications held and employment permanency (with qualified, permanent Health Workers recording a relatively low turnover rate). Alternative employment opportunities may also be a significant factor in regional turnover rate differences (see Appendix C for detailed analysis).

- Typically, female Health Workers who hold a qualification and are employed on a permanent basis have a relatively lower turnover rate than males.
- Mt Isa and Torres DHS have the lowest turnover rates.
- Townsville DHS has the highest turnover rate.

7. Age Distribution

Male Health Workers tend to be younger than female Health Workers.

- 42% of male Health Workers are under the age of 30 (compared to 26% of female).
- Generally, Health Workers tend to be younger than other operational staff within Queensland Health (according to the Staff Profile Information System maintained by Queensland Health).
- Torres DHS has the youngest Health Worker workforce (45% are under the age of 30).
- Townsville DHS has the oldest Health Worker workforce (9% are under the age of 30).

8. Qualifications

Health Workers with qualifications tend to work for Queensland Health longer.

- In summary, 40% of Health Workers have a qualification.
- More female Health Workers, than males, hold relevant qualifications.
- 44% of female Health Workers have at least one qualification, compared with 30% of males.

- Torres DHS employs the highest percentage of Health Workers with qualifications (47%).
- Cape York DHS employs the lowest percentage of Health Workers with qualifications (6%).
- 60% of Health Workers with a qualification joined Queensland Health in the past five years, compared with 76% of Health Workers without a qualification.
- Health Workers with a qualification tend to be in the younger age-groups.

9. Types of Qualifications

50% of the Health Workers with a qualification hold a Certificate in Primary Health Care.

- 19% of Health Workers have a Certificate in Primary Health Care.
- 4% of Health Workers have a Diploma in Primary Health Care.
- 20% of Health Workers have an Associate Diploma in Primary Health Care
- At least half of Health Workers in the Torres DHS have an Associate Diploma in Primary Health Care.

10. National Health Worker Competency Standards

30% of Health Workers are familiar with the National Competency Standards. However, only half of the Health Workers believe they have the competence to do their job.

- Those Health Workers who did not identify with any of the streams indicated that they were unfamiliar with the competency standards.
- 90% of Health Workers, employed in Townsville DHS reported that they are **unfamiliar** with National Competency Standards.
- While Torres DHS report the highest percentage rate of Health workers with a qualification (and has a low turnover rate), it also reports one of the **lowest percentages** of Health Workers who believe **that they have the competencies** to do their job.

- 40% of Health Workers indicated that they worked in **all streams**.
- 11% of Health Workers did not choose any of the streams.
- The reporting relationships appears to influence the Health Workers beliefs regarding being competent on the job.
- Most Health Workers report to a Registered Nurse, District Health Service Manager, or a Coordinator of some kind.
- Most Health Workers believe that this reporting relationship helps them to do their job well.
- Most Health Workers work in Community Care (86%), Management & Teams (83%) and Clinical Care (79%).

11. Training Provision

Just under half of the Health Workers who responded to the survey are studying towards a qualification.

- 43% of Health Workers are studying toward a qualification.
- About 50% of those Health Workers who already have a qualification are currently studying, compared with 36% of those who do not have a qualification.
- 60% of Health Workers are studying at an institution close to their home.
- Overall, **on the job training** and **block release** are the most popular types of training.
- Reasons given by Health Workers for **not** studying are:
 - family commitments
 - distance
 - lack of financial support
 - lack of relief staff (particularly where Health Workers numbers were few).

12. Support

Very few Health Workers believe that there are support mechanisms in place to enable further study. Health Workers who are one of a few in a DHS are more likely to believe that there are support mechanisms.

- Only 8% of Health Workers believe there are adequate support mechanisms in place to enable further study.
- 20% of those Health Workers who are one of a few believe there are support mechanisms in place compared with only 6% of Health Workers who are one of many.
- Cairns DHS rates highest in relation to support (15%)
- Cape York DHS rates lowest in relation to support (0%).
- The preferred support mechanisms according to Districts are:
 - Cairns DHS - study resources (78%)
 - Cape York DHS - transport (22%)
 - Mt Isa DHS - financial (39%)
 - Torres and Townsville DHS - information about availability of training (23% and 29% respectively).

13. Reporting Relationships

Most Health Workers tend to report to either a Registered Nurse, District Health Service Manager or Coordinator of some kind. Most Health Workers believe that this reporting relationship helps them to do their job well.

75% of Health Workers who responded believe that this relationship helps them to do their job well regardless of whether they are a Health Worker who is one of a few or one of many. This included the following:

- Cairns DHS - 85%
- Cape York DHS - 83%
- Mt Isa DHS - 74%
- Torres DHS - 78%
- Townsville DHS - 43%

Key Findings

All Occupational Categories (other than Health Workers)

A total of 261 Aboriginal and Torres Strait Islander employees of Queensland Health (other than Indigenous Health Workers) responded to the survey.

***** All references to employees or staff, in this section, relate to Indigenous employees or staff only, but does not include Aboriginal and Torres Strait Islander Health Workers.***

1. Facility Type

Most Indigenous staff work in a hospital setting. ***

- 63% of Indigenous staff work in hospitals.
- 11% of Indigenous staff work in community health centres.
- (26% did not indicate their place of employment).
- (**NB. No responses were received from Bayside, RBH, RCH & RWH, where it is known from other information that Indigenous staff are employed, specifically nurses).

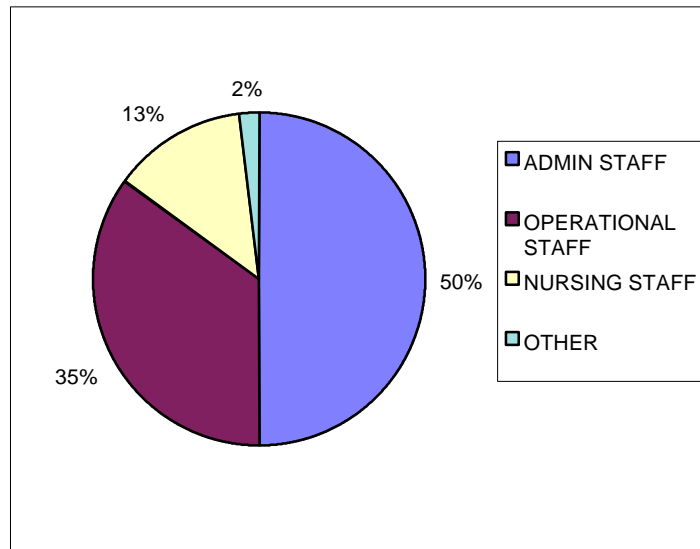
2. Classification Level

Most Indigenous employees are classified in the operational or administrative streams.

- 35% of Indigenous staff work in the Administrative Officers stream.
- 50% of Indigenous staff work in the operational stream.
- 13% of Indigenous staff are involved in nursing.
- Indigenous employees tend to perform different roles in different District Health Services. In Cape York and Townsville DHS, most employees work in the administrative stream, while in Innisfail DHS, no Indigenous employee works in administration.

GRAPH 1: The number of Indigenous staff according to occupational categories.

ADMIN STAFF	50%
OPERATIONAL STAFF	35%
NURSING STAFF	13%
OTHER	2%



- The survey indicates that most Indigenous staff are employed at the lower levels, with 29 of the 92 staff identified as Administrative Officers at AO5 to AO7 levels. The data also showed that 36 (including the 3 from the Health Workers Survey) Indigenous nurses work for Qld Health at various levels.

3. Employment Status

Except for the Corporate Office, most Indigenous staff are permanently employed.

- 75% of staff work on a permanent basis.

- 16% of staff work on a temporary basis.
- (9% of respondents did not indicate their status).

4. Hours of Employment

Most Indigenous employees work on a full time basis.

- 77% of Indigenous employees work full time.
- In Corporate Office and Townsville DHS, 100% of Indigenous employees are full time.
- The lowest rate of full time Indigenous employees is at South Burnett DHS (67%).

5. Gender

Most Indigenous employees are female.

- 72% of Indigenous employees (excluding Health Workers) are female.
- Torres DHS has the highest percentage of Indigenous female staff (85%).
- Corporate Office and South Burnett DHS have the lowest percentage of Indigenous female staff (53% and 54% respectively).

6. Date of Commencement

Most Indigenous employees have worked for Queensland Health for less than 10 years.

- 79% percent of Indigenous employees started work for Queensland Health within the past 10 years (half of employees started work for Queensland Health within the past five years).
- The turnover rate of employees is influenced by their qualifications, whether or not they are permanent and their gender.
- Typically, Indigenous female employees with a qualification and who are permanently employed have a low turnover rate.

- Innisfail DHS has the lowest turnover rate, while Corporate Office has the highest turnover rate (this may be due to the temporary employment status of most Indigenous employees in the area).
- Female employees tend to have a lower turnover rate than male employees.
- Tertiary qualifications influence the length of service of Indigenous employees, with a higher turnover rate for qualified employees.
- Corporate Office and Cape York DHS have a higher proportion of Indigenous employees with a relevant qualification.

7. Age Distribution

The distribution of ages for Indigenous employees is very similar to non-Indigenous employees of Queensland Health.

- 19% of Indigenous employees are under 30 years of age (compared with 22% of non-Indigenous employees).
- 35% of Indigenous employees are aged between 30 and 40 years (compared with 32% of non-Indigenous employees).
- 46% of Indigenous employees are aged over 40 years of age (compared with 46% of non-Indigenous employees).

8. Qualifications

26% of Indigenous employees (apart from Indigenous Health Workers) have at least one qualification.

- Equal proportions of male and female Indigenous employees have a qualification.
- Indigenous employees with qualifications tend to work for Queensland Health for a shorter period of time.

Key Findings from both Surveys
Health Workers and other Occupational Categories

1. Total Number of Indigenous Employees

- 277 Aboriginal and Torres Strait Islander Health Workers responded to the survey.
- 261 Aboriginal and Torres Strait Islander employees from other occupational categories responded to the survey.
- A total of 538 Aboriginal and Torres Strait Islander employees responded.
- 268 Aboriginal and Torres Strait Islander employees participated in the EEO process.
- Queensland Health employs approximately 595 Indigenous employees (drawn from the highest totals in each occupational category from both the survey and the EEO data - see TABLE below).

TABLE 3: Number of respondents to this survey and current EEO data.

DISTRICT HEALTH SERVICE	NUMBER IN EEO	NUMBER IN SURVEY	HIGHEST NUMBER IDENTIFIED
Banana	1	1	1
Bayside	1	0	1
Bowen	5	4	5
Bundaberg	1	1	1
Cairns	6	73	73
Cape York	0	31	31
Central Highlands	0	0	0
Central West	4	6	6
Charleville	0	10	10
Charters Towers	2	9	9
Corporate Office	10	17	17
Fraser Coast	0	2	2
Gladstone	1	1	1
Gold Coast	3	6	6
Gympie	3	0	3
Innisfail	1	12	12
Logan-Beaudesert	5	3	5
Mackay	0	1	1
Mater	0	2	2

Moranbah	0	0	0
Mt Isa	19	31	31
North Burnett	2	1	2
Northern Downs	3	0	3
Prince Charles Hospital	10	16	16
Princess Alexandra	1	12	12
Redcliffe-Caboolture	10	3	10
Rockhampton	12	28	28
Roma	0	3	3
Royal Brisbane	9	0	9
Royal Children's	1	0	1
Royal Women's	1	2	2
South Burnett	18	19	19
Southern Downs	3	1	3
Sunshine Coast	15	7	15
Tablelands	0	12	12
The QE11 Hospital	0	4	4
Toowoomba	26	7	26
Torres	68	170	170
Townsville	24	34	34
West Moreton	3	9	9
TOTALS	268	538	595

2. Total Numbers across the Classification Levels

According to occupational categories levels, the following total number of Aboriginal and Torres Strait Islander employees responded to the survey (excluding the 4 medical practitioners). Table 4 below outlines the numbers according to classification levels.

- 388 operational staff
- 108 administrative staff
- 36 nursing staff
- 3 professional staff
- 1 technical officer
- 2 Senior Executive staff
- 4 medical practitioners (obtained from Corporate information; not from the survey)

TABLE 4: Number of Indigenous employees by classification and levels.

CLASSIFICATION LEVELS	TOTAL No. of Indigenous Employees
00	87 (did not indicate level)
001	3
002	157
003	117
004	22
005	2
AO	3 (did not indicate level)
A01	2
A02	38
A03	23
A04	10
A05	13
A06	14
A07	5
A08	0
RN	9
CN	2
EN	11
AIN	14
PO	1
PO3	2
T02	1
SES1	2
MEDICAL PRACTITIONERS	4

TABLE 5: Numbers of non-Indigenous staff compared to Indigenous staff by occupational category.

Occupational Categories	Non-Indigenous Staff	Indigenous Staff
Medical Practitioners	3,780	4
Nurses	20,300	36
Administrative Staff (AO1 to AO4)	5,364	73
Administrative Staff (AO5 to AO7)	881	32
Senior Executives	75	2

Key Considerations for Future Workforce Planning and Development Strategies

The Indigenous Workforce Profile project is the first step in the development of a Queensland Health Aboriginal and Torres Strait Islander Workforce Strategy. The Strategy will assist the Department to meet the EEO employment targets for Aboriginal and Torres Strait Islander people and so become more responsive to the health needs of this priority client group.

A number of issues relating to the collation of Aboriginal and Torres Strait Islander specific workforce data became evident during the project and are outlined below:

ISSUE (1)

Aboriginal and Torres Strait Islander employees represent approximately 1.3% of the total Queensland Health workforce according to this survey and EEO data.

Current Action:

- the Aboriginal and Torres Strait Islander Health Unit has developed a business case for the implementation of an Aboriginal and Torres Strait Islander Workforce Management Strategy. This will take into account appropriate human resource management principles that are in line with the Aboriginal and Torres Strait Islander Health Policy.

ISSUE (2)

There is a discrepancy within data collected by Queensland Health between the voluntarily supplied EEO data and the survey conducted by the Aboriginal and Torres Strait Islander Health Unit. It is understood that, as well as methodological issues, this may be partly due to the under-identification of Indigenous staff within the organisation. This under-identification may be due to lack of support or opportunities to disclose their status. For example, the survey conducted by the Unit did not capture data on known Indigenous Medical Officers. It should also be noted that the survey did not receive responses from major metropolitan hospitals.

Current Action:

- the Health Workforce Planning and Analysis Unit will centralise EEO data collection prior to conversion to LATTICE (*refer to page 25*).

Proposed Action:

- that Queensland Health improve the method of data collection
- that Queensland Health ensures EEO target groups have the option to identify at the time of initial employment;

- that Queensland Health adopt a communication strategy targeted at Aboriginal and Torres Strait Islander staff to promote the benefits of more accurate Indigenous workforce information; and
- that a follow up survey be conducted in the major metropolitan hospitals.

ISSUE (3)

There were limited formal systems in place at the District level to provide accurate Indigenous workforce information, so the survey questionnaire was distributed using informal networks. This approach, while the most practical at the time, was still not fully reliable and proved somewhat cumbersome. It would not be advisable to repeat this inefficient process on a regular basis.

Current Action:

- The Human Resource Information Systems Project is planning to develop a system to ensure that Aboriginal and Torres Strait Islander workforce information is accessible and accurate. However, the exact timing and costs of implementation are yet to be determined. No practical results should be expected within the next 12 months on the current roll-out schedule.

ISSUE (4)

There is a need to resource the establishment of sustainable mechanisms to ensure future collation of workforce information relating to Indigenous staff within Queensland Health.

Current Action:

- the Health Workforce Planning and Analysis Unit is undertaking an EEO data recovery project to re-establish the EEO database and trial a prototype collection process to raise the response rate to a target of 80% by the end of 1999. This exercise will go from April to September 1998 and will then will need to be continued as an operational activity from October 1998 until the Human Resource Information Systems Project can uplift the data into the LATTICE System (*refer to page 25*).

Proposed Action:

- that Queensland Health identify a suitable operational location to continue EEO data maintenance until the LATTICE System is capable of providing a comparable level of service

These highlighted issues form key considerations for Queensland Health's workforce planning and development initiatives in the future. As stated by the Director-General, this has important implications for our readiness to improve Indigenous health.

Related Initiatives

Current Human Resource Information Systems

The Queensland Health Human Resource Management Information Systems is a fundamental element in achieving Queensland Health's requirements for human resource management for the future. The Queensland Health Human Resource Management Information System's vision is to:

Provide a flexible integrated Human Resource Information System which will enhance Queensland Health's ability to effectively manage its workforce.

Lattice

LATTICE has been chosen as the corporate system to support management of human resources within Queensland Health. The LATTICE system as customised for Queensland Health has been adapted from the LATTICE Personnel and Payroll System developed and marketed by MINCOM.

LATTICE supports a wide range of human resource management functions.

Design of the system also promotes integration of personnel and payroll processing functions. As such, LATTICE, will enable Queensland Health to adopt improved administrative procedures which will enhance staff productivity and provide greater job satisfaction and multi-skilling of staff across the range of personnel and payroll activities in the organisation.

This comprehensive payroll and human resource management system includes the following modules:

Establishment	Allows administrative units and positions to be specified for the organisation
Employee	Captures employee details, including their allocated position
Leave	Assists in the accrual, recording, payment and reporting of leave management
Reports	Provides regular and ad hoc reports
Payroll	Manages payment for employees

Other modules which may become part of the Lattice system are:

Training, Occupational Health & Safety, Recruitment, Separation, Planning & Development.

The introduction of systems and the inclusion of a specification to identify Aboriginal and Torres Strait Islander staff within Queensland Health will enable and assist workforce planning to ensure that EEO targets are met.

Current EEO Data

The current EEO Database is unable to provide up-to-date, comprehensive information relating to the four target groups, including Aboriginal and Torres Strait Islander staff, within Queensland Health.

The Database was designed as a distributed dataset within Queensland Health Regions. Data was held either as an extension to the regional pay systems or as a separate database at the discretion of Regional Managers.

In 1994 and 1995, data extracted from each Region was aggregated in Corporate Office. The quality of this data was only fair. In 1996, when Queensland Health restructured from Regions to District Health Services, the quality of data deteriorated further. In some Districts, EEO forms are distributed and completed for new employees but are not entered. In other Districts, there is no process in place to collect data.

The future of the EEO Database is currently at risk. An interim plan is to centralise EEO data and upgrade its quality. When the new payroll system is ready to hold EEO data, the enhanced database could be imported directly, thus making the information available through the standard corporate payroll.

To date, the Lattice System does not include a specification to accommodate the identification of Aboriginal and Torres Strait Islander staff. Therefore, the existence of a well maintained single source of data will make final conversion to Lattice a simpler exercise.

The Health Workforce Planning and Analysis Unit proposes to recover existing EEO data to enable improvement in future monitoring of EEO through a central process. The Aboriginal and Torres Strait Islander Health Unit has contributed resources to this initiative to ensure future access to more current Aboriginal and Torres Strait Islander EEO information.