

WORKFORCE PLANNING TOOLKIT

Toolkit Booklet



Workforce Directorate, Northern Area Health Service



This Toolkit is a collaborative project between the Health Workforce Unit and the North Queensland Workforce Unit. Thanks must be given to the Health Workforce Unit for instigating this toolkit and providing the guidance and stimulus for the workforce planning process to be progressed.

The additional tools and discussion around them would not have eventuated if it were not for the feedback given by Innisfail Health Service District staff at the first Workforce Planning Toolkit Workshop in the Northern Area. They identified a gap in the availability of tools specifically relating to the Australian health scene which could assist staff through the process of workforce planning.

No project, endeavour or task occurs in isolation. A team effort in the compilation, editing and production of this toolkit has been the job of the Workforce Directorate, NAHS. Special thanks should go to all the staff involved in developing, editing and modifying this document, particularly Helen Towler, Workforce Planning Officer, Workforce Directorate, NAHS. Thanks also to all the managers and project officers who tested the tools, gave feedback and suggested modifications.

The tools and information presented in this toolkit belong to all those managers in Queensland Health who have laboured over rosters, recruitment processes, difficult HRM issues, as well as plans and actions to maintain skills and competency, so that the needs of clients and staff are achieved. We acknowledge their efforts and their dedication to staff and patients.

Workforce Planning Team
Workforce Directorate, Northern Area Health Service



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INTRODUCTION

Queensland Health is conducting its service delivery in a transitional environment. The momentum for change in the way we work has already begun. The opportunities to seek new ways of doing things are no longer optional, they are essential.

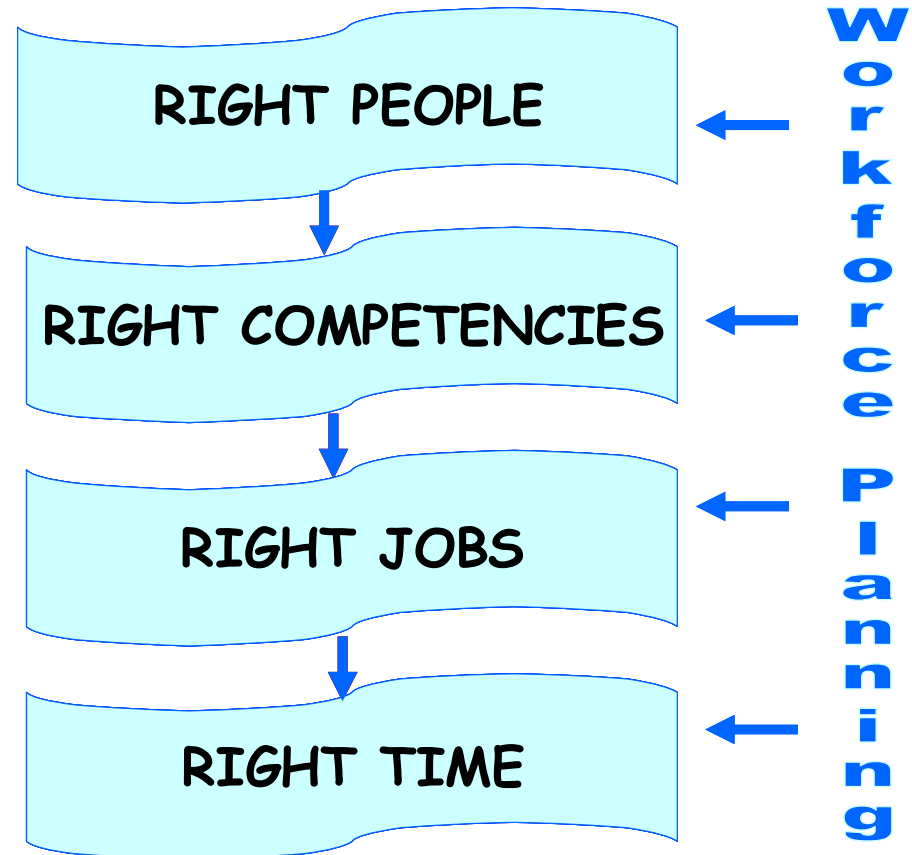
What are the drivers for Queensland Health? All managers in Queensland Health must first of all, have a good quality vision to work from. Using Queensland Health's vision of: 'Leaders in health – partners for life' gives managers a great responsibility to provide a balance of strong participatory leadership and work towards bringing a health environment which is collaborative and concerned for health outcomes over the lifespan.

Managers need to know what their organisational goals are. This necessitates an understanding of issues within workforce planning including:

- ✓ The capacity of the workforce to achieve the results necessary;
- ✓ The capability of the workforce to maintain standards and provide evidence-based care; and
- ✓ The rewards that continue to motivate, inspire and satisfy staff in order to retain their loyalty and service.

When managers have a broader understanding of where the Queensland Health workforce is situated in the global organisational environment they are able to perceive more accurately how things fit and link in with other entities. The opportunity to meet the needs of the community requires the challenges to be faced head on and within a context of detailed analysing his toolkit managers have information as well as useful tools to assist them to plan their workforce into the future.

INTRODUCTION





THE PLANNING DELIMMA

How is planning normally completed? Often, managers are so consumed with the detail and their immediate crises that they forget to look beyond the microscope to the big picture. Sometimes, the term 'fly by the seat of our pants' rings more true than having a good strategy base. Some managers think this is the best way to do work, and certainly it does help with flexibility, but often not with longer term outcomes. Unfortunately, sometimes managers just ignore the issues. The feeling that the situation is just too big and overwhelming actually stops the process of planning completely.

While managers face many obstacles in their endeavours to have the right people in the right place at the right time, the issues confronting them cannot be ignored. The Queensland Health document: Smart State: Health 2020 Directions Statement¹ and Conference Report: Designing the Health Workforce for the 21st Century² identify issues that managers will have to incorporate into their thinking and strategy development including:

- Marked increased in the ageing workforce population
- More workers declining to stay in one career for life
- More opportunities that compete with health
- Increasing use of pre-practice and post-practice training
- More specialisation of the workforce
- Increased integration of the workforce, new roles, new professions
- Emphasis on work safety: practice, working hours, emotional health
- More individual preferences negotiated and expected
- More balance to prevent pressure and burnout
- Place of work focused on community and home
- Increased use of information technology and labour saving devices

THE PLANNING DELIMMA

At a more broad level, planning needs to take into account issues of workforce demand at an area, state, nation and even global level. The ability to plan is both important and urgent and includes planning for:

- Changes in population levels
- Needs of an ageing population
- Increased demand for services
- The impact of new technologies
- New models of care which will improve outcomes



THE NATIONAL VIEW

Workforce planning is now recognised, nationally and internationally, as one of the most important requirements for us to deliver our health services in the future. Queensland Health's workforce supply may be affected by the slowing rate of growth of the working age population across Australia. Currently, this rate of growth is 170,000 per year, and is predicted to slow to only 12,500 per year in the 2020's. Some states are already experiencing very low growth in their working age populations (source: *Population Ageing and the Economy*, Access Economics, 2001).

Queensland's working age population is predicted to grow at a faster rate than for the other states, due to its strong rate of interstate and international migration. However, this may change should other states attempt to attract workers away from Queensland, to address their more significant shortages. This attraction of workers is already happening internationally.

Whilst our workforce supply may decrease in the future, the demand for our services will increase, mainly due to the increasing proportion of older people. In 2001 there were 2.3 million Australians over the age of 65 (12%); however it is predicted that by 2016 there will be 3.6 million, or 16% of the population (source as above). This increase will be due to the ageing of the 'baby boomer' generation, and to increased life expectancies.

Australia as a whole is experiencing an increased demand for quality and timely health services, as the population's expectations of health care increases and technological advances are made. Clearly quality workforce planning is required to reconfigure the workforce and to provide the necessary services in new and innovative ways. The Australian Health Ministers' Conference issued a [National Health Workforce Strategic Framework](#) in April 2004 to detail the guiding principles for putting this into effect.

THE QUEENSLAND VIEW

Queensland is the most decentralised state in Australia, meaning that there is a great diversity in the workforce needs within Queensland Health. We need a workforce for our large, urban specialist hospitals, with thousands of people passing through their doors on a daily basis, and a workforce for our small rural and remote communities. We need a range of different skill sets to meet the differing needs for these various settings, to be able to deliver the best health care for Queenslanders.

Queensland has a relatively large population of Indigenous people, who continue to have poor health in comparison to the rest of the population. Meeting the healthcare needs of this population presents another challenge for workforce planners in Queensland Health. In addition, the burden of disease is changing – the focus for the future will be more towards chronic disease, for example cardiovascular disease and diabetes. There will need to be an increased focus on preventative healthcare, community care and care for the elderly. This shifting focus means that we are likely to need a different approach to health services and a different workforce profile to what we currently have.

Workforce planning therefore involves examining the inter-relationships between healthcare professionals, and considering if roles need to change to meet certain demands. There may be a need to introduce new types of healthcare workers to supplement or support our current workers.



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WORKFORCE PLANNING PROCESS

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Workforce planning can be very simple or very complex depending upon the needs, culture, circumstances of the unit, department or district and its external environment. It is a multifaceted and dynamic process that requires information from a variety of sources. In its simplest terms, workforce planning is:

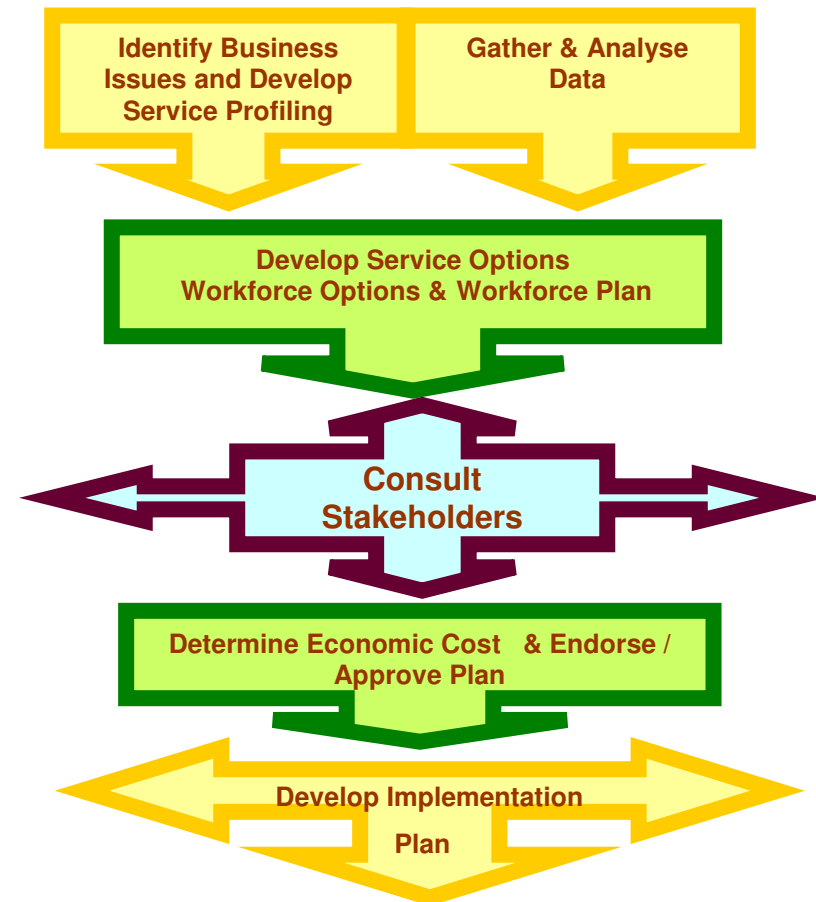
**Getting the right number of people
with the right set of competencies
in the right jobs
at the right time**

This requires decision making based on Queensland Health's mission, strategic plan, budgetary resources and desired workforce competencies. Key benefits of workforce planning include:

- Effective utilisation of employees through accurate, efficient alignment of the workforce with strategic objectives
- Availability of replacements to fill vacancies, especially critical areas
- Realistic staffing projections for budget processes
- Efficient and effective use of recruitment resources
- Focused investment in training and retraining, development, career counselling and productivity enhancement
- Acknowledgement and enhancement of diversity

The process of determining the most appropriate workforce requires using an analytical and consultative process (Figure 1). The plan is only the start, but it is a very important part of achieving workforce outcomes.

Figure 1 Workforce Planning Process





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BUSINESS ISSUES AND SERVICE PROFILING

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At the very beginning, there is a requirement to identify the business and workforce issues that are occurring. The business trends may be external or internal, they may be global or regional, and may need managers to gather public health, business and community groups together to understand the economic, business and social trends as well as health trends to enable informed decisions to be made.



Activity 1.

TOOL 1. Service Planning Analysis assists information gathering in this area. It is useful to brainstorm with others to gain as much knowledge about the topics as possible.

Questions for managers to think about while completing the analysis are:

- Who supplies what service?
- How do they supply it?
- What are the problems with it?
- Where are the barriers?
- How narrow is the focus in the service delivery?
- Is the current model of care going to have the best outcome for clients and staff?
- How integrated are the existing services?
- What structures need to change in order to provide better service to those most in demand?
- What else needs to change about the **way** services are delivered?

- What possible advances are there that can be tapped into? Eg. public / private liaisons? Federal incentives? Inter-government department mix?

Workforce planning links in very much with Integrated Risk Management and the need to know the context in which planning is being conducted. Thinking about the 'what ifs' can be enhanced by community representation in the planning. Community members can be very helpful in getting what Edward de Bono³ calls a 'sideways' view.

Access more resources on service planning at:

http://qheps.health.qld.gov.au/spp/html/rt_main.htm
<http://qheps.health.qld.gov.au/policy/docs/imp/gh-imp-901.pdf>

This will enable managers to view resources and by scrolling down, view strategy maps from theirs and other districts.



DEFINING SERVICES

If managers are not already familiar with the services the district or facility provides, access to the Queensland Health Service Districts site can be located on QHEPS:

- <http://qheps.health.qld.gov.au/qldhealth.asp>

This site allows managers and staff to view physical boundaries, services profiles, and census data on all districts. Having these detailed clearly in a managers mind, and those of staff involved in planning, gives a good foundation from which to start.

Service plans should be reviewed annually or when there is a change. For more detailed service planning, access the Health Advisory Unit Nursing Website for the '**Business Planning Framework: Nursing Resources**' on QHEPS:

- http://qheps.health.qld.gov.au/nmoq/workforce/bpf_about.htm

This can generate information of a generic nature for all streams of staff and departments. Questions adapted from this document form part of Tool 1.

If managers already know the structure of their unit / department / district, but are not sure how integrated the functions are, utilising a process mapping approach to define and visually display the overall processes involved in the service is very useful. Creating a map can reveal previously unknown gaps or superfluous, outmoded efforts. If done correctly it can identify suppliers, inputs, processes, outputs and customers of the process to give an overall estimate of the integration or changes necessary to implement a new model of care or previously determined model of care. This process does not need to happen if managers are only changing a small function, but if changing a major system or function, then process mapping can help.

DEFINING SERVICES



Activity 2.

TOOL 2. Process Mapping Tool identifies the steps necessary when process mapping for business and service planning. It is also useful when mapping patient pathways for workforce redesign components of the workforce plan.

Process mapping is not an end product in itself, but should contribute to your Service Planning Analysis. The main focus is not for financial costing, although this could lead to further investigations in this area, and most importantly it is not to be used in isolation for benchmarking⁴.



ANALYSING THE MODEL OF CARE

All models of care and sub-models should be documented, and reviewed annually to ensure that they remain:

- Client focussed;
- Concentrated on achieving their stated aims and objectives;
- Focussed on maximising resources;
- Directed to improving the health of the community as a whole.



Activity 3.

TOOL 3. Analysing Current Model of Care can guide information gathering in this area. It should be used in combination with the Queensland Health document 'Changing Models of Care Framework' if a change in the model of care is required. This can be accessed on QHEPS:

http://www.health.qld.gov.au/publications/change_management/default.asp

Some questions worth asking about models of care include:

- How many models are appropriate for the district?
- When they were last determined?
- Has the demography, infrastructure or social environment of the environment changed so that a new model of care is necessary?
- What physical issues need to be considered?
- Can a model of care be developed which is community based if all the resources are needed to keep the hospital functioning?
- What are the pro's and con's of the current model of care?

ANALYSING THE MODEL OF CARE

- Is there a workforce need to change the model? eg. decreased staffing levels or increased demand for services?
- What modifications are needed to incorporate the physical facilities in which they are located?
- Is there a need to have an over-arching model with other sub-models?
- Do is it necessary to tailor the models to individual areas?
- Who determines which model is best? How is this determined?
- How narrow are the models of care currently?
- Are key groups of clients being missed out by using a particular model?
- What changes need to be made to the current model/models?

If consideration is being given to changing the model/models of care, a range of potential models of care and service delivery models should be developed. A model based on what is happening now (called a status quo model) and models based on recent knowledge (other models that might be suitable for the needs of the community in the future) should be mapped out and linked with the workforce requirements and other pro's and con's of these models.

This is a repetitious process as knowledge of the demand and supply of workforce must feed into the development of these models. Managers may find themselves going back, again and again to check information in order to inform your models.



Activity 4.

TOOL 4. Service Model Analysis will assist with service model development analysis and exploration of associated or expanded new roles.



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DEFINING THE WORKFORCE CONTINUUM

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Activity 5.

TOOL 5. Data Sources for Model Development provides a list of websites to assist with development of your models of care.

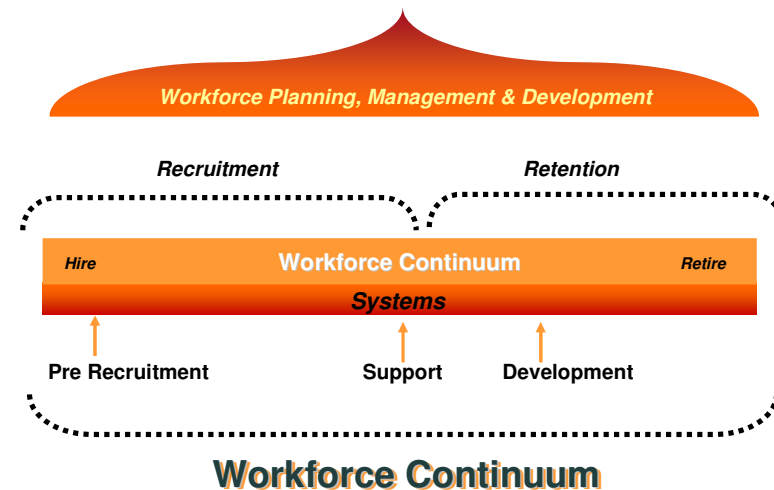
Just as the term 'continuum of care' is utilised, all units, departments and districts need to actively participate in strategies which improve the 'workforce continuum', that is, process of staff moving through the different stages of the employment lifecycle. The workforce continuum also includes extraneous issues which do not directly relate to the employment cycle, but will affect those who are employed. Figure 2 shows the workforce continuum as defined by the North Queensland Workforce Unit in 2004. Managers, in developing their workforce plans can use this continuum to enable them to focus on the areas where the gaps are.

This continuum can show what organisations are doing currently, but also where further investigation is required. Many of the activities in this toolkit will focus on the continuum and the issues currently enable staff to provide effective service delivery. Questions about what can be achieved prior to recruiting a staff member are no longer in the realms of corporate office alone. How recruitment is managed may be a local issue looking at marketing in schools and Technical and Further Education (TAFE) facilities, or it may mean investigating integration proposals with universities, local government agencies, or even private entities.

The service provided to the staff in units / departments / districts is integral to how provisions of service are made to clients. The questions in this toolkit will prompt managers to analyse how staff requirements are analysed from pre-recruitment to exit.

Given the increasing mobility that defines today's workforce, it is essential that Queensland Health designs, develops, and implements recruitment, hiring, and placement programs that are continuous, innovative, and targeted.

Figure 2 Workforce Continuum





DETERMINING THE SCOPE

DETERMINING THE SCOPE

Analysing data can be daunting. The more data collected, the more overwhelming it can be to focus in on the most important issues. Detailing the scope of the workforce plan assists with the ability to focus. It is important to scope what is to be dealt with. This might limit some analysis, but actually encourages managers to focus on the important issues and allow them to actually finish the job in a realistic timeframe. It will also help to breakdown the work into manageable components.



Activity 6

TOOL 6. 'Determining Scope of Workforce Plan' can guide information gathering in this area. It is useful to brainstorm with others to gain as much information as possible.

Managers may find that their data is suggesting that they are really managing very well, but it may also show that there is a need to review how the work is currently being done and investigate other ways of doing it.

Some of the background areas that may need investigation include:

- **Culture** – What is difficult currently, what needs to change for the model of care to be viable in the community? Is a culture shift necessary?
- **Work design and job analysis processes** – How are the jobs designed in the unit, department or district? Are they specialised? Are they multi-functional? Do they take into account all the environmental aspects of design?

- **Competence** – What knowledge, skills and attributes are critical to the service now? Will these be enough to service the community in the future?
- **Training** – What training issues are currently not being addressed? How can managers tell if people are being trained effectively in the unit, department or district? What systems are in place for recording training and the outcomes of training? What are the training targets that need to be set for a new environment?
- **Organisational Development** – What is needed across the unit, department or district to make it effective? Is a learning organisation established? Are the systems in place to bring about development of all streams of staff, not just professional staff?
- **Professional Development** – What systems, structures and processes are present to ensure that professional development is maintained and supports best-practice? Are district databases able to monitor changes?
- **Productivity & Performance** – What parameters make the unit, department or district productive? Are the workforce HR indicators linked to activity? Is the performance appraisal system monitored and measured to see if staff are producing an effective level of performance?
- **Rewards** – How are staff rewarded for doing a good job or moving forward in the right direction? What organisational, interpersonal and personal reward structures are implemented? What job satisfaction indicators are measured? What emphasis is there put on relationships, team work, and goodwill?

Dealing with each of these issues will help to define the scope of the workforce analysis. While not all the above information will be captured in the tools, it is recommended that these answers be documented as a section of the plan for future reference.



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DETERMINING EXISTING SUPPLY

The capability of staff to change and provide services in a new environment will be related to the issues they already have. It is necessary to know what these are in detail, and know what has already been put in place to actively move staff along to improve the issues. Looking back at the last Australian Council of Health Care Standards (ACHS) accreditation evaluation can provide a good idea of some of the issues that should be monitored.

It will be necessary to make a detailed breakdown of the types of projects that are currently being undertaken and comprehend the impact that any change may have upon them.



Activity 7

TOOL 7. Analysis of Workforce Capability can guide the information gathering in this area. It is useful to brainstorm with others to gain as much knowledge as possible.

Once the major issues have been determined, a base quantitative and qualitative measure of the characteristics and issues affecting the workforce supply is required. Some areas that need to be measured include:

- Headcount FTE – Actual number of staff in the unit department or district, excluding agency staff.
- Approved FTE – Number of positions approved in the budget.
- Occupied FTE
- No. of casual staff
- No. of temporary staff

DETERMINING EXISTING SUPPLY

- Age profile (highest % age) - Where is the highest percentage? It may determine what initiatives need to put into place to retain or attract staff
- Gender breakdown - What percentages of the workforce are female?
- Tenure (years of service) – What age group has the highest percentage?
- Indigenous representation
- Overtime
- Unscheduled leave (this includes sick leave)
- Work cover leave (psychological reasons)
- Work cover leave (non-psychological reasons)
- No. of grievances (in progress and resolved)
- No. of terminations (voluntary and involuntary reasons)
- No of exit interviews completed, analysed and acted upon
- No. of vacancies advertised and ability to fill them
- No. of staff movements within district (transfers, secondments, higher duties, etc.)
- No. of additions (appointments)
- No. of staff who attended orientation
- Training (% of work stream trained)
- No. of staff with mandatory competencies completed
- No. of clinical placements in district
- Access to part-time work – no. of part-time workers in each discipline



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DETERMINING EXISTING SUPPLY

DETERMINING EXISTING SUPPLY

Queensland Health has an enormous amount of data at its fingertips. However data is not everything and should be used wisely so those making decisions do not get overwhelmed or engulfed by it and find themselves unable to see the wood for the trees. With this in mind, there is some data which will inform decision making well.



Activity 8.

TOOL 8. Quantitative Analysis of Workforce Supply will assist with the collation of the necessary data to inform analysis.



Activity 9.

TOOL 9. Qualitative Analysis of Workforce Supply will assist to bring greater clarity to issues affecting the workforce supply. It is useful to brainstorm with others to gain as much knowledge as possible.

Managers will find that their HR department will be able to access information or be able to direct them to areas that can provide them with the information through using the Queensland Health's Decision Support System (DSS). The HR Summary Report from HRDSS gives reports on FTE's, overtime, sick leave, unscheduled leave, work cover, additions and terminations.

Projection data does take time, and may require managers to contact the Queensland Health Workforce Unit in their Area.

The analysis will need to incorporate other qualitative data such as:

- Standards of care required
- Professional standards for groups
- Credentialing requirements
- Legislative acts
- Standards and plans applicable to staffing, eg. Indigenous Workforce Plan
- Current recruitment strategies
- Current pre-recruitment strategies
- Skill mix levels

The use of this extra information will depend on what type of workforce planning is being actively pursued. Once the data has been collected, analysis of the current situation can be conducted effectively. That is, the gaps in the workforce supply will be more evident. Some questions to ask include:

- Why are there gaps? Is it because there are not enough staff to do it or are too staff are focussed on extraneous issues and jobs rather than the important activities?
- If it is decided to go the same way as before, what should the supply look like? What will the competency levels be?
- What will the HR indicators be like?
- What are the trends telling management?
- What industry forums need to be considered? How can they inform management? Who should be in the focus groups (Nursing, private/public/ mining, GP/Doctors, University/ TAFE)?



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FORCASTING DEMAND

FORCASTING DEMAND

Gap analysis requires an estimation of current and future demand for the service. This links in very heavily with service planning and profiling and in many ways overlaps. To analyse the workforce demands there is a need to measure what the activity, demographics, and population changes a new model of service provision would give.



Activity 10.

TOOL 10. Regression Example can guide the information analysis in this area. Managers may find it useful to link in with the Workforce Unit in their Area for projection data related to workforce numbers at a district level.

The information from the forecast data feeds back and influences the model development. Accurate workforce numbers and expected flows for the forecast period are required. At this point in time Queensland Health data needs to be verified before it is relied upon.

The numbers and types of employees needed by a service in the future will depend on a number of factors including:

- Roles that need to be developed;
- Numbers of staff that are sufficient for the service delivery to be successful;
- Changes necessary to existing roles; and
- Skills that will be required.

Forecasting is not an exact science. Computer analysis and expert judgement as well as detailed analysis of jobs by managers and incumbents will all combine to give a clearer picture, but, as nothing in

health care remains static, flexibility and being open to remodelling, reworking and reorganising the forecasting will be necessary over time. Plan, plan, and then re-plan is the key to moving toward success in this area.



Activity 11.

TOOL11. Workforce Demand Analysis assists managers to clarify the demands of any new models. It is useful to brainstorm with others to gain as much knowledge as possible.



JOB ANALYSIS

JOB ANALYSIS

Many factors are included in job analysis. The task which is undertaken is just one aspect. For job analysis to be effective it should be:

- Reliable
- Valid
- Job related
- Objective
- Quantifiable if possible
- Unbiased
- Practical

The World Health Organisation has done extensive research into job analysis and design. It furnishes a succinct statement of job analysis:

“Job analysis is the process of determining by observation and interview, the contents of a job. Task analysis is used to describe the product of such an effort”

World Health Organisation (2001)

Obviously there is a large amount of background information required before analysing a job as well as understanding the linkages between:

- The job and the Model of Care
- The job and the Organisation Structure
- The job and the context in which it is situated

Questions to ask before delving into the analysis of any particular job include:

- What type of job is needed?
- Does it require analytical, conceptual skills?
- Does it require more practical tasks to be completed?
- Why does this position exist?

- Is it necessary to continue the position in the same way?
- Is there a more efficient way of doing the same work?

Remember, no job exists in isolation and it may be necessary to analyse more broadly than one position or stream in order to get a more holistic and detailed picture. **Make sure that the analysis is scoped early by brainstorming in order to clarify what will actually be analysed**, otherwise managers may get lost in the fine detail.

It is necessary to be very honest and thorough when analysing the job itself. Often job descriptions are not reviewed and many times they are not updated regularly. Jobs can become quite varied from, and more complex than, the job description. To rely entirely on the job description will often mean that results are only partially complete. It is essential to review a number of issues when completing a job analysis in order to determine what tasks are performed and what is actually involved in the task. What may appear a simple task, for some positions, is a complex one for others.⁵

One important thing to remember is: The processes in this document are not to be used as alternatives to the, ‘Job Evaluation Methodology’ process instituted to assess the classification of a job, but rather they can provide significant assistance to the process. Information on Job Evaluation Methodology can be accessed via the Corporate HR/IR Policy and Strategy Centre (CHRIRPSC) through QHEPS:

- <http://qheps.health.qld.gov.au/divisionalhr-corp/html/jems.htm>



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JOB ANALYSIS

Listing tasks is an integral part of analysing a job. Task analysis assists with determining:

- Changes that are required
- If too much is being expected of a position
- If too many high-level tasks are assigned to a person who is not yet ready for them
- If not enough tasks have been assigned to a position⁶.

Tasks may be grouped in a variety of ways to understand the types of actions performed, the types of outcomes achieved, and the regular sequence of activities in a unit, department or district. This helps to determine who will be the best person to do the work.

Jobs are always divided into a series of tasks. When analysing a task, the World Health Organisation (2001) suggests that mental, physical and interpersonal actions as well as the outcomes required by each action are necessary to be calculated. Some questions to ask might be:

- Who is doing the task?
- Who performs what actions?
- Using what tool, materials, or work aids?
- What instructs them? (Guidelines, standards, policy, procedure, etc.)
- To accomplish what result?

Tools for recording the elements of tasks allow for analysis of information in a detailed manner.

These templates may not cover all areas of job/task analysis, but they will give information to update job descriptions, task lists, role

JOB ANALYSIS

responsibilities and processes important to providing the outcomes required.



Activity 12.

TOOL 12. 'Generic Workforce Job/Task Analysis' will assist in this process. It is divided into 10 sections which identify:

- A. Review of documentation
- B. Questions for analysing job/task overall
- C. Questions for analysing specific aspects of a job
- D. Questions to ask when reviewing the current job description
- E. Questions to ask after determining that a job needs to be changed
- F. Overall task analysis record form⁷
- G. Critical elements for the task to be successful⁸
- H. Physical elements of the task including motion, forces and weights⁸
- I. Environmental elements affecting the task⁸
- J. Cognitive elements of the task⁹

For detailing a specific task and documenting it as a statement, use the following activity and example that has been adapted from the World Health Organisation Human Resources for Health, 'Toolkit for Planning Training and Management' at:

http://www.who.int/hrh/tools/situation_analysis/en/index.html



Activity 13.

TOOL 13. 'Task Statement' will assist with specific task documentation.



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JOB ANALYSIS

JOB ANALYSIS

For best utilization of the Job analysis and task analysis tools an early troubleshooting guide on major aspects is given below.

When answering questions related to the job as a whole (Section B), reflection can be made easier if the original job description is at hand. While the job may have changed considerably, there will be some parts that are easy to recognise from the information in the Job description. You may also find that completing sections D, E, F, G and H enables you to understand and finalise Section B more clearly.

PERFORMANCE STANDARDS

Performance standards will include elements such as policies and procedures, legislation requirements, Australian standards for the role. Include here any standards that are specifically related to your work. You may easily recall the one that relates to your profession, but will also need to indicate any other standards that may effect what you do in your workplace (eg. radiation protection standards, if you work in theatre). It is also important to include any standards expected under quality initiatives (eg. Australian Council of Healthcare Standards; National Mental Health Standards). Awareness of these performance standards will assist managers to recognise, not only the assets which the current position holder brings to the position, but also what is required of any other person who may take on the role.

DIFFICULTY OF TASKS

What determines the difficulty of a task or role? The degree of difficulty relates to how complicated a task is and what is required to do it. In the Section F. for example, the degree of difficulty of time taken for a particular physical task is determined by what it would take a competent or reasonable person to do that task. A task such as pushing a trolley along a carpeted floor without a patient in it, may have a degree of difficulty of 3, meaning: its not that easy if you are small in stature, but a person of reasonable stature would find the pushing of a trolley along carpet moderately difficult because of the contours of the carpet, flexibility of the trolley, and the permanent obstacles in its path which the person pushing the trolley would have to deal with on an ongoing basis. What measures then are put into place to reduce the difficulty? For the above example one measure might be to oil and maintain the trolleys regularly so that their mobility is maintained to its capacity. It may also be to ensure that training on how to push trolleys is given to staff doing this task in order for a reduction in the push / pull effect on the body.

When determining the difficulty of an element, for example, the difficulty of the physical aspects of the role, the lower the difficulty, the lower the number

Remember to align the difficulty to what is required for the task to be completed by any person, not the person already in the position.



JOB ANALYSIS

JOB ANALYSIS

WORKING CONDITIONS

This area relates to the nature of work completed and the hazards which a person is exposed while completing tasks. For a person working in the kitchen, the elements under working conditions might be what exposure issues are involved (eg. exposure to heat, exposure to corrosive chemicals etc.). The types of protective garments required, the safety devices necessary, the safe work practices utilised are all included in the conditions of work. There are many factors which can impinge on working conditions: weather conditions; temperatures; lighting; working for sustained periods on a computer; periods of isolation, travelling long distances; and the list goes on. Making sure the working conditions are known will enable better financial arrangements made and mitigation of risk to planned for.

EDUCATION, CERTIFICATION, SKILLS AND EXPERIENCE

What education level is required for the role? What mandatory qualifications are necessary? What skills would be useful to have to make life easier in the job? What skills does a competent person in the position utilise? *Remember to analyse what is needed for the position, not what the position holder has.* Qualifications, skills and experience are two very different factors and should be considered separately.

PARTICIPATION IN ACTIVITIES

What committees, meetings, liaisons are involved with as part of the job? This includes activities such as developing new procedures, meetings with other professions within the department, meetings which relate to client care which include others. It may be part of the position to maintain quality improvement activities in the department, or communicate with other departments about changes. Any activities that includes outside interaction or liaison from the principle role performed in the unit. For example, a manager in planing and logistics may have to conduct meetings with contractors and unit managers; participate in the purchasing committee, be called upon to analyse equipment in conjunction with staff members etc. The activities of a Theatre Nurse Manager would be very different but may include meetings with logistics and planning, medical groups, quality committee, finance committee etc.

PHYSICAL DEMAND OF THE JOB

This is to do with what is lifted, pushed or moved. Is a staff member asked to sit at a desk most of the time which causes them to have to use correct ergonomic processes? If someone were to step into their role and they had a bad back, could they do it? Would the position demand a high degree of difficulty in movement? Knowing the detail of physical demands is only necessary if physical demands are more than just the average for a position or if there is a need for people to be moving, lifting or pushing more than a 3rd of the time.



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JOB ANALYSIS

JOB ANALYSIS

UNUSUAL CONDITION OF THE JOB

Many jobs don't have any unusual conditions, however if the conditions in which the person works are out of the ordinary, there is a need for this to be known prior to a job being created or advertised. If a position has unusual conditions, it may necessitate modifications to their environment or how long they are able to be tolerant of such conditions. For example, if a position requires a staff member to spend most of their time in the sun a hat, sunscreen may be part of the equipment supplied for the person; if a person works underground there may be a limit to the time that can be spent there; if a staff member spends a certain amount of their time in confined spaces certain precautions may need to be taken; if a staff member is required to stand for long periods relief arrangements may be part of the position or if a staff member needs to spend a certain amount of time near radiation, safe levels of radiation exposure will need to be standardised and staff will need to be monitored for exposure.

There is a need to ask if there something that is a part of the job being analysed that is not usual for most people in that role? Also taken into account are extra jobs that require the person to perform outside their usual position, for example if a person is the workplace health and safety rep. as well as being the Nurse Unit Manager.

CRITICAL ELEMENTS OF THE JOB

What are the elements of a job that have to be completed 'no matter what'. What is critical to the role? If it wasn't done would it stop production? What are the priority areas of the job? For example: the HR management role of providing advice and counselling to stressed staff as an important component, but would it stop production if you didn't do it? Could it be taken up by someone else? However, if the role didn't focus attention on bookings appointments would that bring production to a halt? The important issue in determining critical elements of a job is whether the task is considered critical to making sure that everything functions smoothly.

ENVIRONMENTAL ELEMENTS OF THE JOB

Issues like steam, gases, hazards of toxicity, flammability and pollutants inherent in the workplace are all environmental considerations. An example of an environmental element might be Air-conditioning (is there a set temperature for theatre and is this difficult to maintain?) What design issues are relevant? Is the work environment cramped? For example are the operating theatres within the standard for size? Are the bathrooms able to hear the emergency buzzer when the doors are closed?



JOB ANALYSIS

JOB ANALYSIS

COGNITIVE ELEMENTS OF THE JOB

Cognitive elements are related to the way the mind needs to be able to work in order for the tasks associated with the position to be achieved. For example: As a Nurse Unit Manager in the operating theatre, the position requires the person to be responsible for picking up the difficulties in a situation when only a small number of factors are known. The degree of difficulty for **situation awareness** might be quite high and listed as a '4' because the position requires an ability to scan the environment quickly otherwise the situation could get out of hand and cause problems for patients and staff.

The **perceptual skills** required for the Nurse Unit Manager position might be '3' as it is not too much about perceiving, but about gathering information and organising it. However in the role of Clinical Nurse Consultant of Palliative care requires an open-ended approach because perceiving suggests that a more unplanned approach is necessary as well as a need to be able to pick up the finer distinctions associated with grief, loss, and dying.

For the manager of operating theatre role, a great deal of **improvisation** may be necessary, however the manager of Central Sterilizing may need less improvisation because of the rigidity of standards needing to be met. Does the position need the person to be more improvising and able to find ways around things or does the job require the person to be more focused on keeping the rules?

What is **meta-cognition** and how much is required for the job? The meta-cognition element of cognition refers to the amount of reflection that is required for the job. Is the person required to be able to know their limitations and question their own judgements? Do they need to be able to take constructive feedback and ask questions like: 'what's this telling me?' Is it a job that requires the person to analyse and question their own actions often? Is there a need for the position to be constantly thinking like this all the time? If so, it may put the degree of difficulty of 4-5. Or, are if the position is in a structured environment that doesn't need this level of thinking, then it may be considered, in terms of meta-cognition, to require a very low degree of difficulty. **It is important to note that the requirements of the position need to be determined in terms of meta-cognition, not a person's innate ability to do it that are important.** A person working in the kitchen might have fantastic meta-cognition abilities, but doesn't need to use them for the position.

The element of **Problem-solving** is easier to determine than meta-cognition. Some pertinent questions to determine the problem solving needs for a position are:

2. Does the position require the person to be able to analyse problems; check if similar problems they have dealt with before have a link to the current one; understand how it is different; and look for issues inherent in a problem but not stated?
3. What strategies does the position require a person to undertake to solve the problem? Are they many and varied? Are they simple? Are they complex?
4. Does the position require the person to select a strategy and work through it autonomously?
5. Is the position one that needs a person who can do this on a regular basis? Or only once in a while?
6. Is there a need to concentrate on checking the facts on a problem once it has been solved? Do they need to be constantly rechecking the problem solution for variables? Or does the person just need to solve it and leave it at that?



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REDESIGNING ROLES

REDESIGNING ROLES

Why is there a need to redesign roles? Many factors urge managers to investigate redesigning roles. The common cry of 'if it ain't broke, it doesn't need fixing' is one that is often said by people who have seen or been involved in changes that make the system worse. This is often because the ripple effects of risk management have not been taken into account, or the changes have been implemented without using appropriate change management guidelines.

However with this said, the need to adapt our systems, roles and service delivery to meet the needs of clients is at the very centre of Queensland Health's mission. How this is conducted is the key to ensuring that new roles have a smooth transition into the service environment.

Role redesign involves the changing of roles currently in place and designing new roles to improve patient outcomes. It can be as simple as changing the location or reporting lines of a role, or as complex as expanding the role, moving tasks from one discipline to another, crossing professional boundaries, re-organising skills and skill mix of staff, or changing the classification of roles. Changing roles in a health environment includes not only clinical teams, but all the health team. This may include support workers, operational staff, administration staff and technical staff. Often changes in a role will have an impact on another role, which means that collaboration and stakeholder analysis are critical to the success of any role change.

Some important points to remember about role redesign are:

- Redesign must benefit patients and benefits must be able to be measured
- Redesign should bring benefits to staff

- Redesigned roles should have at their basis, a systematic basis with patient pathways and procedures clear, documented and inclusive of accountabilities and patient safety considerations
- Redesign should take into account the ongoing performance management procedures necessary and include personal and professional development initiatives.

Questions to ask before embarking on role redesign include:

- Is there clarity about how success will be measured?
- Has the patient's view been taken into account?
- Do staff understand the purpose of role changes?
- Who will monitor the new role and follow-up?
- Is funding necessary? How will it be supplied? What conditions are tied to the funding?
- Does the redesign include FTE changes?
- Have gaps in service delivery been taken into account (eg. when positions are vacated or temporarily unfilled)?

Where does a manager start when redesign of roles is evident from the new initiatives in service delivery?

It is important to ask the question: Is it necessary to reinvent the wheel? Other units, departments or districts may have already moved towards redesigning roles in an area being considered. Investigating what innovation has already taken place is important. Using the current networks already available, checking with a Workforce Unit in the Area, or consulting the Workforce Design and Participation Unit in corporate office, may provide relevant information.



REDESIGNING ROLES

REDESIGNING ROLES

Some simple steps prior to redesigning roles will allow managers to make more informed decisions, these include¹⁰:

1. **Brainstorming the following:**
 - What works currently?
 - Why does it work well?
 - What is concerning about the way the service is delivered?
 - What is the problem?
 - What has been tried in the past? How effective was it?
 - What could be done better?
 - What did work well and still does?
2. **Make a list of not more than 5 issues that are concerning**
3. **Use different techniques** (post-it notes, group work, SWOT analysis) to delve down to the root causes of the problem. (remember to concentrate on systems, not individuals).
4. **Identify individuals, units, departments or districts that have roles that are linked to the issue.**
 - What new ways of dealing with the issue will benefit the patient, staff and the service provided?



Activity 14.

TOOL 14. Redesigning Job Roles used in combination with the Job Analysis tool will give managers a detailed view of the issues involved in a new role.



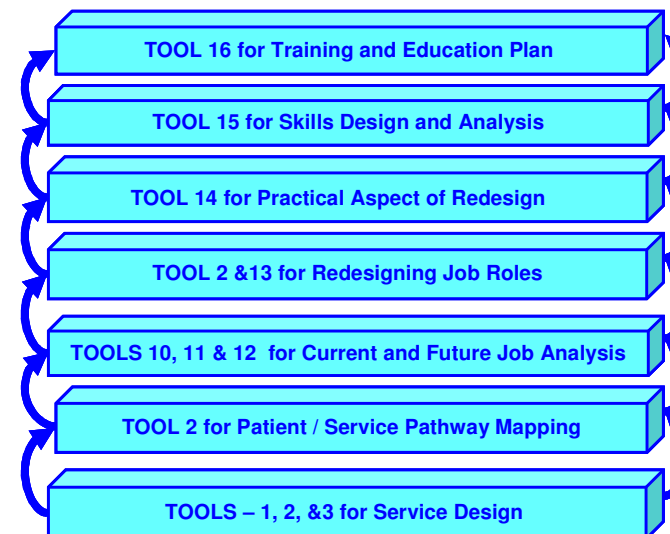
Activity 15.

TOOL 15. Practical Aspects of Redesign will assist with aspects of implementation of the role need to be taken into account prior to recruitment.

Redesigning roles is a 'building block' process. Each step leads onto the next, until all aspects of the redesign process are completed.

Tools that may assist with this process include:

Figure 3 Redesign building blocks



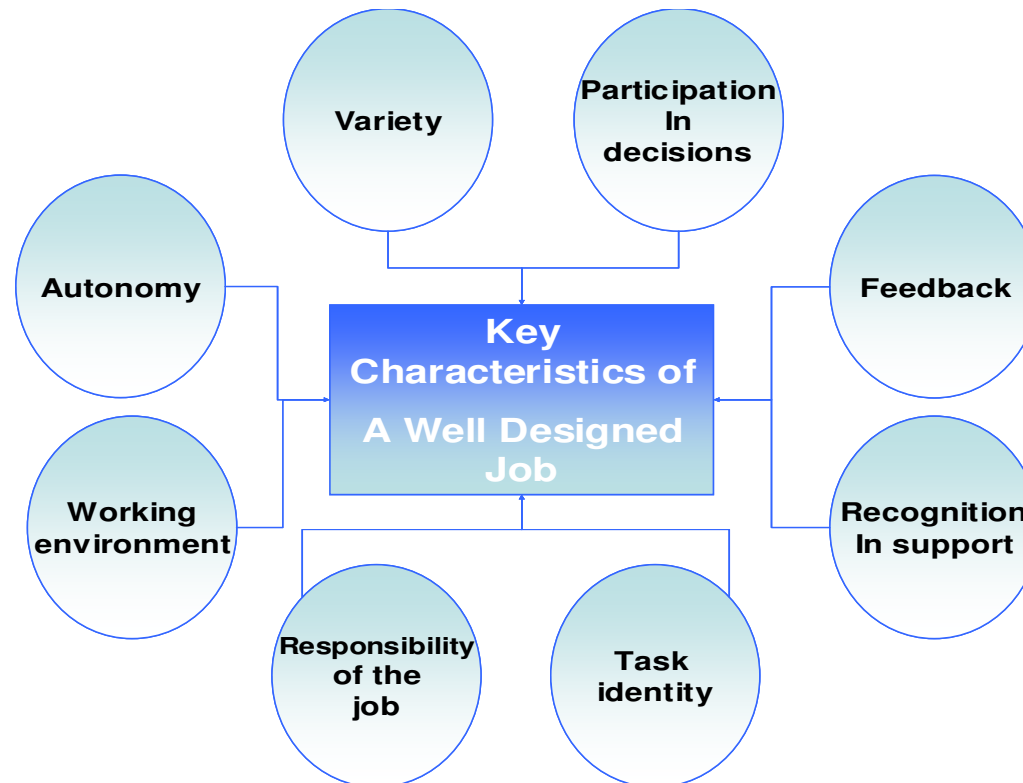


REDESIGNING ROLES

REDESIGNING ROLES

The Characteristics of a job must be included in determining what type of work is going to maintain motivation, productivity and service capability. Figure 4 shows the key components necessary when considering any role change¹¹.

Figure 4 Characteristics of a Well Designed Job





METHODS OF COLLECTING DATA

There are various methods for collecting job analysis data. It is important to make sure that whatever method is used, collaboration with workers who know most about the job is important. Relying on only managers or relying only on workers can narrow the information significantly.¹²

The reasons for the collection of data should be known widely, and especially with those who are actively involved in giving information. Rash judgements can be made if valid reasoning is not given. This can hinder the process considerably.

It is important to establish rapport with those involved in the analysis as a true picture of the jobs are more likely to emerge this way.

Interviews:

- These may be conducted individually or in a group
- Are widely used to extrapolate tasks that otherwise would not be known
- Information can be distorted if responsibilities are exaggerated or minimised depending on the slant of the person being interviewed

Observations:

- These are valuable when jobs have a majority of physical activities associated with them. Though not as useful for activities that take a lot of mental activity or with events that happen only occasionally (for example, a nurse who deals with emergencies, tragic situations, crises, disasters, etc.). If the observation is used in combination with interviews, or questioning of the worker to verify and clarify facts, then the data will be more informative.

Diarising

METHODS OF COLLECTING DATA

- This method is useful for collecting information when a chronological nature to activities is required. It can provide a detailed view of activities and can be useful when careful consideration is necessary.

Use of critical incidents

- This can show errors, near misses and the flow of problems in the system and can give good information on what is involved in job activities if the incidents have been mapped.

Computer modelling

- Traditionally, this method is not used in workforce planning because of the large number of variables which have to be entered for each professional stream, but as computer software problems are solved, more integrative computer modelling is beginning to emerge as a viable collection source. These systems have been recently used in Queensland Health to model the tasks of teams and how they interact as well as where they overlap. The program used to do this is called WOMBAT (Workflow Observation Mapping by Activity Tracking) which allows the observer to record detailed activity lists for occupations. Contact can be made with Workforce Design and Participation in Queensland Health Corporate Office for details.
- Cognisance of the flaws in time-based modelling on computer systems is necessary, and the systems should not be used this way, as the complexity of situations may be missed. One disadvantage is that they can be time consuming in the analysis phase after data has been collected.



DEVELOPING WORKFORCE OPTIONS

Once the analysis of supply and demand has been completed, workforce options based on the model of care that is determined, is the next step. This is the stage to consider possible workforce changes and develop workforce options based on the model, or models being considered. Managers need to keep an open mind. Their suggestions may require the changing of legislation, new classification of workers, and redesigning larger structures than they are responsible for. While this may not occur, it is food for thought at a later stage and should be acknowledged and fed to people who can make such changes.

Questions to assist with identifying potential impact of workforce changes include:

- What type of staff are required to meet the future needs of the community?
- How will the distribution of staff need to change so that the work can get done?
- What links does the option have to other strategies in the Area?
- What industrial issues are likely to occur for each option?
- What skills, competencies are required?
- What culture shift in the workforce is crucial?
- What will happen with resources, will they increase or decrease?
- What technology, environmental and infrastructure issues will impact on the option?
- What professional integration issues will need to be worked through and how will the options impact on other services?
- What community engagement implications does the option produce?
- What will the changes mean in terms of new courses?
- What new investments, systems, technologies or new mechanisms are needed for achievement of the option?
- Don't reinvent the wheel – what has been done elsewhere?

DEVELOPING WORKFORCE OPTIONS

Other topics to consider in the area of workforce options are the new jobs that are emerging in the workforce; the fitting of redesigned roles with the model of care, and the changes to traditional professional roles to meet the needs of clients.

The options that managers have now will not necessarily be the options they will have in the future. If managers decide to introduce a new model of care other issues to do with workforce change will emerge. Using the document 'Managing Organisational Change' will assist greatly with the process. This can be accessed through the Workforce Reform and Innovation Branch (formally the Organisational Development Branch) on QHEPS:

http://www.health.qld.gov.au/publications/change_management/default.asp

There is a requirement to investigate skill mix at the unit/ department/ district even if they have adequate staff at each level. Having enough of certain levels is not identifying skill, but grading of staff. This can cause some complacency on the part of managers. Buchan¹³ (2001) gives some good reasons for managers to investigate their skill mix including:

- The quality of the service delivery is not sufficient
- The costs of the service have escalated and cannot be sustained in its current format
- Shortage in skills
- Innovations and technical changes requiring new staff
- New programs have been put into place
- There have been overall health sector reforms put into place
- The legislative requirements of professions have changed
- Changes to the client demographics⁵



DETERMINING SKILL MIX

Available resources, legislative arrangements, culture, customs and standard practices all play a part in determining what kind of skill mix is required¹³. Variations in these factors will obviously make a difference to the type of skill mix districts have.

Finding the right skill mix can be a complex endeavour. There is no guarantee that the appropriate mix of staff will lead to improved services. There are a number of different formulas that can be utilised to determine skill mix. The information will come from a number of areas including:

- Case mix data
- Activity analysis
- Activity levels for service
- Level of admission/discharge/transfer rates
- Severity of illness/ acuity
- Clinical profiles of clients / patients
- Average length of stay
- Practice specialities required in the unit / department / district
- Tasks allocated
- Professional judgement
- Brainstorming with others
- Interviews
- Base-line profiling (starting from scratch with a number of options)

It is important in any analysis of skill mix, that managers have a good idea of what their client / population pathways are. Identifying the demographics and pathways at a unit, department or district level will allow a broader context and understanding of what skills are required. It is also important for managers to know what jobs currently involve and the scope of responsibilities they include.

DETERMINING SKILL MIX

Other variables to consider when determining the skill mix include:

- Costs
- Shift considerations
- Resource identification (apart from financial)
- Experience of staff available
- Education that supports the clinical profile of the clients / patients
- Education that supports the organisational development of staff
- Education that supports the safety of clients / patients and staff
- Appropriate scheduling of skilled workers across shifts
- Core staff numbers to cover clinical and organisational knowledge
- Task scheduling for casual and less skilled staff
- Risks associated with non-availability of adequate skills
- Competency standards required for the client / patient population
- Practitioner needs and preferences

For extensive information on determining skill mix, access the World Health Organisation 2000 discussion paper by James Buchan, Jane Ball and Fiona O'May called '**Determining Skill Mix in the Health Workforce: Guidelines for Managers and Health Professionals.**¹⁴ through QHEPS on:

- http://www.who.int/hrh/documents/en/skill_mix.pdf



Activity 16.

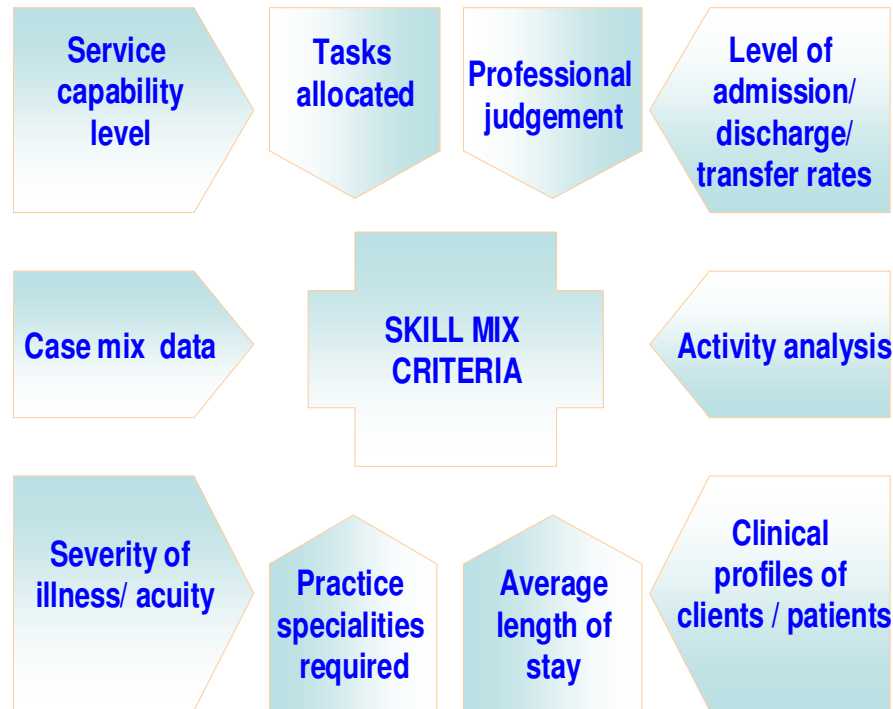
TOOL 16. Skills Design Analysis will assist in determining the kinds of skills appropriate to fulfil the roles being developed.



DETERMINING SKILL MIX

DETERMINING SKILL MIX

Figure 5 Skill Mix Criteria



- Making sure that all the staff on the shift understand each others' roles prior to the day or shift commencing (eg. roles and tasks are documented and easily accessible to all staff)
- Including stakeholders in decision-making (eg. let staff in the next unit know what your skill mix is like at the start of a shift; inform the duty manager of skill mix issues)
- Determining what regular communication is going to happen for the shift (eg. touch base every hour, liase with senior shift coordinator when unsure of decisions etc)
- Reviewing the decisions made during the shift with all team members at the end of the day
- Using the 'just-in-time' method of training to increase awareness of issues in difficult situations that were handled
- Training staff in **all** areas of the speciality to expand their knowledge and skills (eg. rotate staff through aspects of the speciality)
- Having a 'do it now' mentality for positive and constructive feedback on performance of colleagues
- Ensuring structures and mechanisms are in place for regular monitoring of performance and positive as well as constructive feedback
- Providing a mentoring, coaching or preceptoring system for staff to access on a regular basis.

Factors that improve the skill mix in an area include:

- Getting the whole team to work together using the same standards.



TRAINING AND EDUCATION

TRAINING AND EDUCATION

Districts need to have an overall plan of how education is going to be utilised to meet the needs of both staff and patients. To this end, a frame of reference is required to ensure both consistency and standardisation.

A learning environment can be a result of informal processes which are ingrained with staff over time. However, in our changing environment, cultural knowledge is often lost when staff leave. Formal frameworks offer districts an avenue towards maintaining that knowledge and link to a learning culture over generations of staff.

In developing an educational framework, districts move themselves from structured thinking to systems thinking and the concept of a learning organisation.

Learning organisations are described as “organisations where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together.” (Peter Senge)¹⁵

An education framework identifies, in its development, a number of key issues and questions relating to them arise. These include:

- **The Context** in which it is developed including: History, geography, politics and socio-economic conditions as well as what competing organisations influence learning.
 - What is unique to the district?
 - What context issues will impact on the framework?
 - What other organisations outside QH could impact on the implementation of the framework or its outcomes?
- **Aims and objectives** the framework wants to achieve.
 - Who should the framework apply to?
 - How do the aims link to the QH Strategic Plan?

- What patient objectives are important?
- What overall strategies should the framework include?
- What are the objectives for the organisation, team and the individual?
- **Outcomes** the district wants to achieve. These will be related to strategic QH outcomes and those pertaining to the uniqueness of the district. Questions to ask might be:
 - What will our environment look like if we achieve our aims?
 - What will our community be functioning like?
- **Principles** that the district would like to underpin the framework. These are tied to the values that staff and management see as important. Clear roles and responsibilities are necessary and assist the principles to be more easily followed.
 - What are the principles that learners and trainers hold dear?
 - Who has responsibilities for making sure the principles are maintained?
 - What roles are involved in doing this?
 - What responsibilities are expected for staff, management, groups and individuals?
- **Description** of issues as well as expectations of an education framework provides a logical and systematic approach. While detailed, it leaves the reader with a good insight into issues which need to have a logical flow. These include current problems, coordination requirements, monitoring and feedback expectations, follow-up management, maintenance of standards, reporting back to stakeholders, and networks that need to be maintained.



TRAINING AND EDUCATION

- **Stakeholder issues** require important analysis in an education framework. In this examination the communication processes required in the implementation of the framework as well as strategies to reduce resistance to the framework are considered. Knowing where the stakeholders stand ensures that those implementing the framework can work together with stakeholders in a mutually respectful and understanding way to improve compliance and reduce conflict.
- **Resources** necessary for an education framework include time, skills, technology and equipment, as well as information processes utilised. Clear identification of these issues allows trainers to understand expectations in the district of the way equipment is used; time to attend courses is negotiated; basic trainer skills required; and how information about programs and courses is marketed.
- **Program Design** and the way in which education is facilitated is well thought-out. Content, delivery, training outcomes for learners, mandatory and stream specific education requirements are standardised in this process. Strategies which address education priorities are set out.
- **Action Plans** identify the way forward with implementation of the framework.

The training and education plan for new positions is also important to consider in workforce planning. It is the task of managers to make the most of available resources to train, qualify, and develop people who have been recruited into new positions. New staff members may have potential but limited experience or no experience at all. In these situations, an education and training plan for new positions may be required.

There are many ways in which a new employee can be trained. These include:

TRAINING AND EDUCATION

- Formal training
- External training
- On-the-job training
- Online training

Assessment of what type of training must be based on needs of the employee needs of the position and needs of the organisation.

For many jobs, the best, in a practical sense, is on-the-job training. It is necessary to have this planned and organised prior to recruitment so as to prepare staff that have to conduct the training.

On-the-job training is particularly important for assisting the new employee to develop skills unique to their job. Many studies show that organisations

that use a well designed on-the-job training program have high morale, productivity and professionalism.

Before moving into what training and development is needed in a redesigned role, analysis must occur of the major job tasks, skills, and knowledge required to meet outcomes.

The on-the-job training component of the Training Development Plan should include the following:

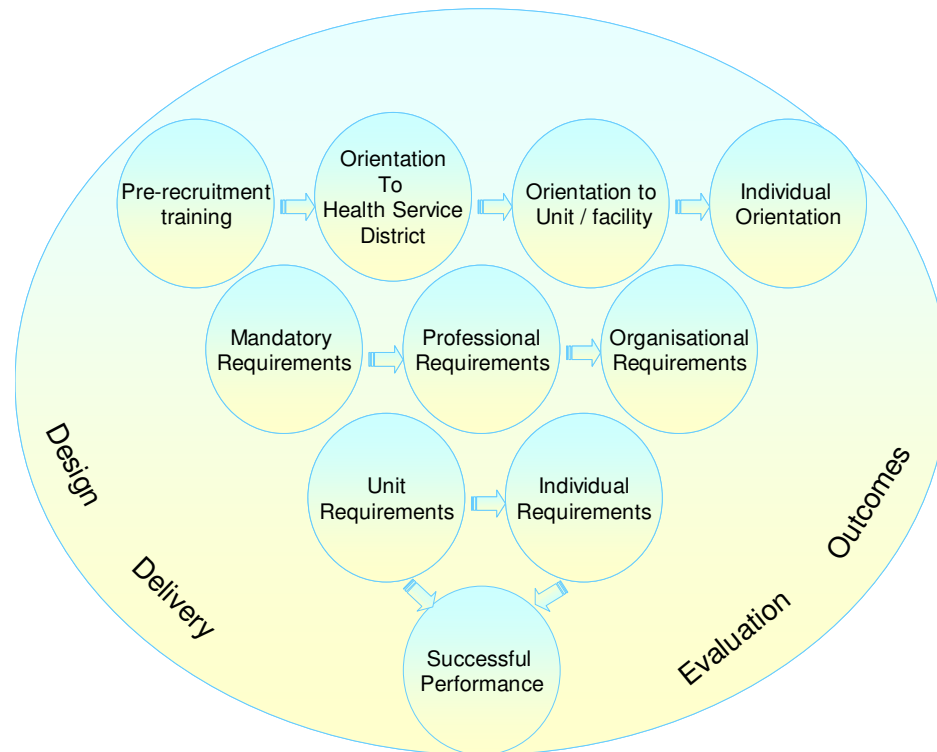
- The topics to be covered
- Number of hours required
- Estimated completion date
- Method by which the training will be evaluated



TRAINING AND EDUCATION

TRAINING AND EDUCATION

Figure 6 Education Framework



Education Framework Model
North Queensland Workforce Unit 2005



Activity 17a.

TOOL 17a). Developing and Education Framework is used to assist with the development of a comprehensive education arrangements within the district and is composed of 2 sections:

- a) Development of District Educational Framework
- b) Individual Training and Education Plan for New Positions



STAKEHOLDER CONSULTATION

Wide consultation with stakeholders is imperative. Seeking information on attitudes, issues of interest and matters of concern from stakeholders will enable planners to tailor their approach to suit the circumstances they are in. Gone are the days when stakeholder consultation was limited to heads of department and political leaders. Communities no longer accept decisions from above as being the best way forward because 'they know what they are doing'. They want to participate in the decisions that affect their lives. By consulting widely, workforce plans are more likely to be more accurate and focussed on consumer need.

Some questions to consider when consulting stakeholders include:

- Why do I have to seek others contributions?
- What are the important issues that I need to find answers to?
- Who are the most important people to contact?
- Who are the least important people to contact?
- What questions do I need to ask?
- What information / education will they want?
- What are their needs?
- What do I need to say and have as evidence to get their support?
- What cooperation can I expect?
- What kind of resistance may I find? What answers do I have for the resistance?
- What can the sponsor do for me in my communication with stakeholders?
- Have I factored this information into my Risk Management Plan?
- Have I listed the stakeholders and gained evidence in writing of their responses?
- Have I documented the stakeholder analysis for reporting measures?

STAKEHOLDER CONSULTATION

In the context of workforce planning, some of the consultations may include people who have influence in areas such as:

- Workforce planning
- Workforce design and participation
- Area management
- Public health

Consultation may be as simple as an information sheet, or as complex as a detailed negotiation process. Determining the level of communication depends on the complexity of the plan and the level of impact possible. The Queensland Health Policy Statement on Risk Management can be found on QHEPS:

http://qheps.health.qld.gov.au/audit/IRM_Stream/RM_Policy/IRM_Policy.htm

This can be a useful tool to assist planners with determining the risks associated with stakeholder communication.

Communication with stakeholders should be conducted prior to implementation or modification of processes and plans. This should be done as soon as possible to ensure sufficient time is available for questions, clarification and further training.

Learning and practicing techniques to overcome objections is an important part of stakeholder consultation. Information about stakeholder analysis is available by accessing the following sites on QHEPS:

http://qheps.health.qld.gov.au/integrated_communications/home.htm

<http://qheps.health.qld.gov.au/ahcomms/html/engage.htm>



STAKEHOLDER CONSULTATION - NEGOTIATION

Negotiation is often an important component of stakeholder consultation. During the consultation process, there are times when it is appropriate to negotiate in order to get to a win / win agreement. Negotiation is a process not an event and it has an extensive pre-negotiation phase. Prior to any negotiation, work needs to be completed in the following areas¹⁶:

1. **Understanding the context.** Issues to think about include:

- **The nature of the issue:** Is there significant risk to the plan if negotiations stall? Is the issue complex in nature?
- **The nature of the environment:** Is it competitive? Is it dominated by a few important people? Are the stakeholders sophisticated in their grasp of the issues?
- **Importance of the issue:** Is the negotiation a one-off or do managers need to maintain a long term relationship with those involved?
- **Previous negotiations:** Have managers negotiated with the people before? what has been the response? Have they approached QH in a certain way that can be expected again? What is the current relationship like?
- **Community sensitivities:** What are apparent? What political issues are current within the community?
- **Balance of power:** Who has the balance of power in the negotiations?
- **Negotiation team:** Are those on the negotiation team experienced?

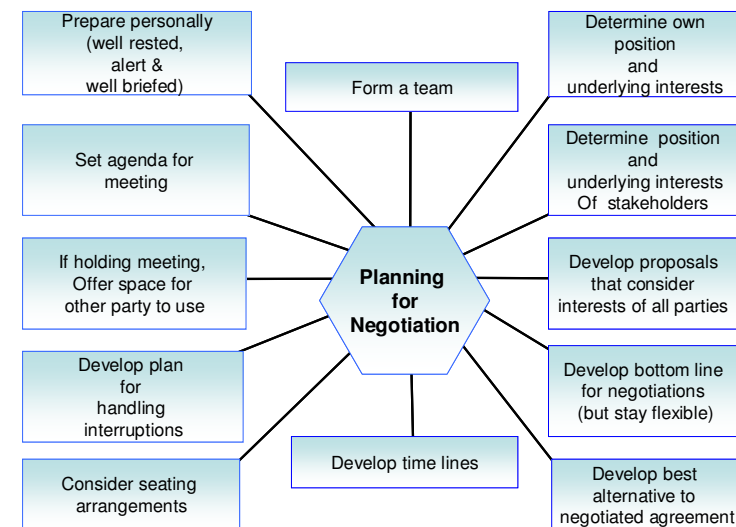
2. **Formation of a skilled negotiation team.** Negotiators should be skilled in negotiation procedures (including acceptable QH standards for negotiations) and able to spend time rehearsing and role-playing the options or scenarios that are likely to arise.

STAKEHOLDER CONSULTATION - NEGOTIATION

3. **Development of a plan.** After the context has been established it is necessary to know what needs to be achieved. Develop a plan which incorporates the proposed position, underlying interests of all parties, bottom line, meeting criteria, timelines and risks (see figure 6).

4. **Information validity.** Information acquired prior and during negotiations should always be checked for accuracy. It is important to always take notes, even if no one in the team was selected as the official minute taker. Information is almost impossible to keep mentally without notes, and controversial comments, or comments that are important need to be documented.

Figure 7 Planning for Negotiation





Helping you to achieve your objectives

Best People, Best Practice

STAKEHOLDER CONSULTATION - GROUPS

STAKEHOLDER CONSULTATION - GROUPS

POSSIBLE EXTERNAL STAKEHOLDERS:

- ◆ Local Government
- ◆ Other QH government departments
- ◆ Commonwealth government agencies
- ◆ Major employers (eg. mining companies; pastoral companies)
- ◆ Environmental groups
- ◆ Senior citizen groups
- ◆ Health council forums
- ◆ Private hospitals
- ◆ Residential care facilities
- ◆ Transport agencies
- ◆ Indigenous community groups
- ◆ Unions and professional bodies
- ◆ General practice facilities
- ◆ Educational institutions; (schools, TAFE, universities)
- ◆ Media
- ◆ Local businesses
- ◆ Community self-help groups
- ◆ Multi-cultural groups and agencies
- ◆ Non-government organisations / charities
- ◆ Private community health service agencies
- ◆ Church / religious groups
- ◆ Sporting and recreational groups
- ◆ Clubs & organisations (eg. Lions, Apex, Rotary CWA)
- ▲ Consumer representatives

POSSIBLE INTERNAL STAKEHOLDERS:

- ◆ Staff directly impacted
- ◆ Staff indirectly impacted
- ◆ Infrastructure, building, maintenance and asset management
- ◆ Information management
- ◆ Human resources
- ◆ Contract management
- ◆ Education departments
- ◆ Medico-legal
- ◆ Workplace health and safety
- ◆ Security
- ◆ Records department
- ◆ Executive team
- ◆ Area teams
- ◆ Quality management
- ◆ Committees which are impacted by plans
- ◆ Other units/ departments/ districts
- ◆ Public Health services
- ◆ Community services
- ◆ Any service which plays a part in process mapping

For detailed information on negotiation, access Queensland Government Public Works Department website via QHEPS:
http://www.qgm.qld.gov.au/00_downloads/bpg_negoti.pdf



DETERMINING THE ECONOMIC COST

Workforce planning provides a sound basis for justifying budget and staffing requests by providing a clear correlation between objectives, the budget, and the human resources needed to accomplish them. It also provides a way to manage overarching objectives of the unit, department or district.

Getting the right number of people, with the right competencies in the right role at the right time includes money. Determining the costs of a change in direction, or even determining the costs of staying with the status quo model will require consideration of the economic impact. Choosing the current option may seem right in terms of achieving objectives, but if the costs are exorbitant and increasing because of demand, then it may not be the right option. Consideration of costs is critical and needs to be determined for each option being considered. Some important costs which can be both estimated accurately or a rough estimate made include:

- Required FTE's and level of costs of all positions including support and operational staff component:
 - Backfilling for staff leave; sick leave; annual leave; EB agreements
 - Workload increases for other staff associated with position (HR, Financial, administration, other clinical staff)
- Equipment costs of new service:
 - Office equipment and tools of the trade
 - Communication equipment (PC costs and levies, phones – landline and mobile, videoconferencing)
 - Library costs, stationary and freight costs
 - Parts required for the new positions
- Infrastructure costs:
 - Depreciation of assets
 - Cost of capital
 - Rent
 - Maintenance and repairs
 - Utilities
 - Insurance

DETERMINING THE ECONOMIC COST

- Transport costs included in new role:
 - Car
 - Travel
- Training costs during change process:
 - Cultural awareness training costs for new staff
 - Change management training costs for all staff
 - Retraining costs
- Workforce training and development costs:
 - Educators costs
 - Travel cost
 - Training aids
 - Training materials
 - Equipment required for facilitation
- Selection and development costs for new staff required:
 - Cost of training required
 - Cost of orientation
 - Cost of conference leave or study leave
- Relocation costs for new staff:
 - Accommodation for staff
 - Transport of household goods
- Recruitment costs:
 - Advertising costs
 - Interview costs
- Customer service costs:
 - Costs for information collection
 - Stakeholder analysis



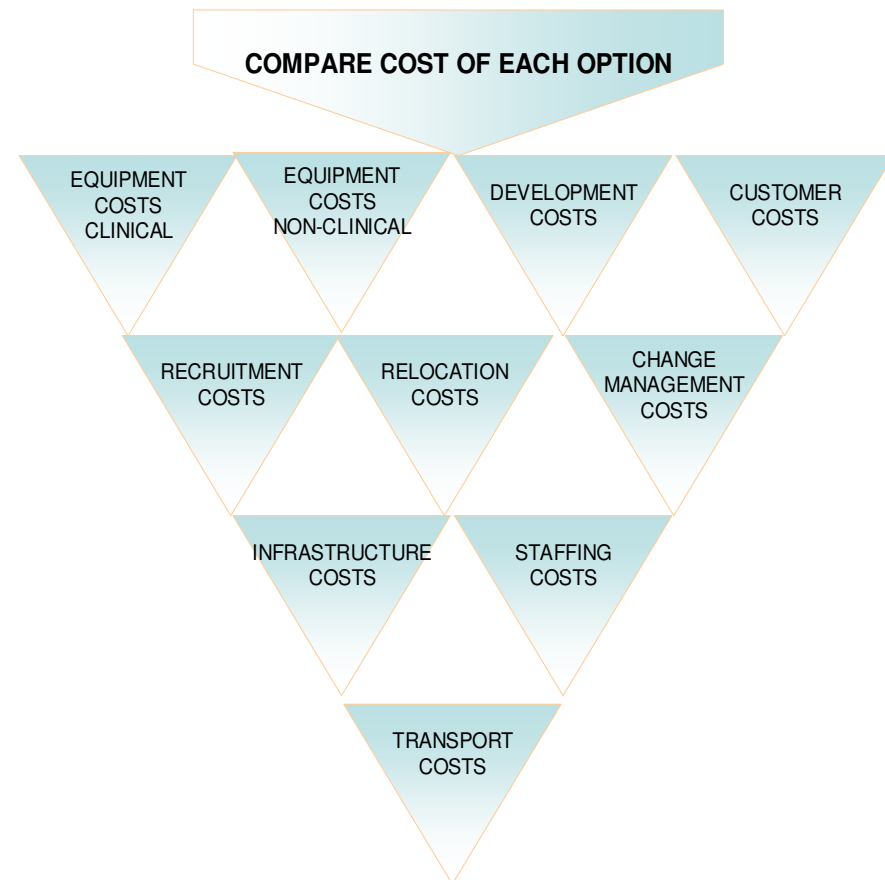
DETERMINING THE ECONOMIC COST

- Ongoing customer feedback processes
- Any training for customers / stakeholders
- Downsizing costs:
 - Voluntary separation costs
 - Early retirement costs
 - Re-training costs
- Productivity costs during change process
 - New staff taking time to get 'up to speed'

When the costs have been determined, each option should be compared and the most appropriate option for the circumstances chosen.

DETERMINING THE ECONOMIC COST

Figure 8 Costing Comparisons





DOCUMENTATION & ENDORSEMENT OF WORKFORCE PLAN

DOCUMENTATION & ENDORSEMENT OF WORKFORCE PLAN

Once conclusions have been made on the gaps in supply and demand and determination made of the economic cost, endorsement and documentation of the plan is the next step.

Documentation of any plan is important. Documentation allows for decisions to be made, commitments to be set and processes to be put into place. Without documentation, confusion, misunderstanding and misinterpretation rule the scene. The old adage 'if it wasn't documented it wasn't done' is very sobering and implies that evidence is required to assess practice. It also implies that when there is no documentation there is no accountability and nothing to guide practice.

A workforce plan needs to be documented in such a way that all staff can understand. Formulas and complex mathematical figures can be put in appendices or other companion documents. There is no hard and fast rule for documentation other than ensuring that all the key information that will assist with achieving goals is included.



Activity 17b.

TOOL 17b). Training and Education Plan for new positions

Guiding documents used by Queensland Health for development of any business case or project plan are:

The **Business Case Framework** accessible on page 16 in the 'Managing Organisational Change – How to Guide' available on QHEPS

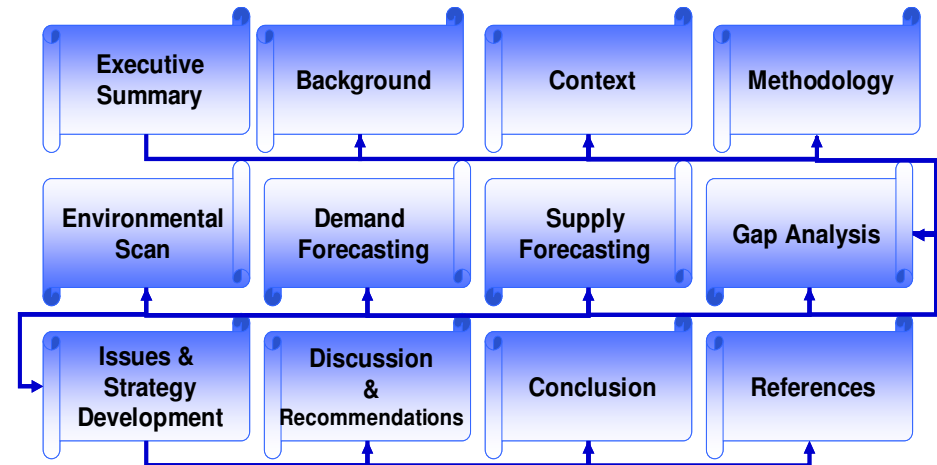
http://www.health.qld.gov.au/publications/change_management/default.asp

The **Queensland Health Information Division** include project plan templates and business case methodologies on QHEPS:

- <http://qheps.health.qld.gov.au/projectcentral/home.htm>

Information that is necessary to include are listed in figure 8.

Figure 9 Workforce Planning Documentation





IMPLEMENTATION OF WORKFORCE PLAN

Successful workforce planning necessitates the dedication and guidance of top management. Senior managers (if planning is being completed at a district or departmental level) need to lead the planning process. It is essential that senior managers are sure that workforce plans are aligned with strategic intents of Queensland Health and have in place processes which bring accountability to managers who are implementing workforce plans.

When implementing workforce plans, consideration should be given in a number of areas. These include:

- Assistance required to implement the plan
- Use of an external consultant?
 - Advantages – expertise in specialty area that does not exist in district; ability to get an objective view; provide legitimacy for planning.
 - Disadvantages – may not understand the organisational climate; cost may be prohibitive; may take too long to access the consultant with necessary skills and background information on Queensland Health.
- Combining with another district to implement the plan
 - Advantages – sharing resources including budget, labour, knowledge, experience, lessons learned; may reduce costs.
 - Disadvantages – may take longer; workload impacts; Larger districts may reduce input in smaller districts.
- Actions, steps and timelines required for implementation:
 - Are the actions clearly identified as being district orientated?
- How, when, where is the implementation being targeted?
- Does each implementation strategy have a timeline?
- When will each implementation strategy be evaluated?
- Who will be evaluating each strategy?

IMPLEMENTATION OF WORKFORCE PLAN

- Are the actions targeted to the primary areas of workforce planning:
 - Recruitment
 - Retention
 - Skills Development
 - Skills Mix
 - Competency
- Do implementation strategies take into account the cultural, social, and personal reward aspects of those employees who are critical to the achievement of service delivery targets?
- Have the processes been developed that enable continual feedback between new roles and manager?



EVALUATION & MONITORING

EVALUATION & MONITORING

Unit, department or district workforce plans should be used as a road map. Actions should be continually checked against the map to maintain focus and to keep managers in the right direction.

To assess whether the outcomes are being achieved and to also assess whether the outcomes continue to be the right ones, feedback and monitoring need to occur often.

There are many ways to gain feedback, objectivity is important and it is useful to ask the following questions about feedback received¹⁷:

- Were the actions and strategies completed and do they achieve the objectives?
- Did the action plan accomplish what was needed?
- If not, have the unit/department/district strategies upon which the plan is based changed?
- What other factors prevented the achievement of the strategic intents?
- Are the postulations of the demand and supply models still relevant?
- Have the internal or external circumstances changed so much that the strategies need to be revised?
- Is there a need to modify the action items?
- Do timeframes for implementation need to be changed?
- Does there need to be re-alignment of action items?
- Do some actions need to be deleted because of budget changes, or if they are no longer required?
- Does the person responsible for the action need to be changed?
- Were changes communicated with stakeholders in a timely way?
- Was there time for stakeholders to question and clarify changes?

Monitoring is an ongoing process. Evaluation should be targeted; address specific areas and have timelines attached. Evaluation also focuses on two aspects: process and outcome.

In order to evaluate effectively, feedback from all stakeholders is suggested. This includes evaluation at a strategic as well as operational level. Focus groups, surveys, auditing, or interviews can give good information on the effectiveness of the plan. Questions include:

- What was expected from this process?
- Did this process produce a plan that is useful to managers in support of the organisation's strategic goals?
- What worked and why?
- Did the process work well as a team effort?
- If some of the steps did not work, how did it proceed?
- What didn't work and how could it be improved?
- Was there enough time to conduct workforce planning?
- Were the appropriate units/departments/districts involved?
- Were adequate resources provided?
- Were the costs and saving estimates accurate?

Any changes to processes and consequent impacts ought to be fully examined and analysed with the multi-disciplinary team to ensure the changes do not create unforeseen challenges.



GLOSSARY OF TERMS¹⁷

GLOSSARY OF TERMS

Activity

All the work done. This does not necessarily reflect capacity or demand, as the activity in June may well include demand carried over from May, April, or even March

Approved FTE

Hours authorised for a position divided by the standard award hours per period for the position rate class. Casual positions are not included in this.

Capacity

Resources available to do work. For example, the number of pieces of equipment available multiplied by the hours of staff time available to run it

Demand

All the service requests/referrals coming in from all sources

Baseline

The total number of staffed, permanent positions identified at the beginning of the WFP process.

Competency

Underlying characteristic of an employee (traits, skills, body of knowledge, etc.)

Gap

The difference between projected positions and human resources supply. It can be a positive number indicating surplus workforce or a negative number indicating unmet projected positions.

Headcount FTE

Consists of all people in positions (full-time and part-time or temporary) within the workforce.

Projected Positions

Based on budget expectations the projected skills and tasks identified necessary to achieve the work of the service stated in occupational grouping.

Total Occupied Full-time Equivalent (FTE)

Captured by adding occupied FTE, plus temporary FTE plus casual FTE

Projected Workforce Need

Service's forecast of needed staff size and skill mix for the designated planning period that will be needed to conduct the work in the future.

Projected Workforce Supply

The projected number of employees by series, title, and grade available in the future based on projected retirements and attrition trend data.

Scope

A definition of the boundaries of the area under examination. For example, the beginning and end points of the stage of the patient journey under review.

Skill

An observable and measurable expertise needed to perform a task.

Staffing Assessment

The determination by the organization of the ideal staff size and skill mix needed to carry out its strategic objectives.

Strategy

An approach to addressing an issue.

Surplus

The amount by which the supply exceeds needs.

Terminations

The reduction of staffing levels from an organizational level due to resignations, reassignments, transfers to other agencies, deaths, etc., in a fiscal year. Retirements are normally included in terminations.



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