



WORKFORCE PLANNING TOOLKIT

Planning Tools



Workforce Directorate, Northern Area Health Service



This Toolkit is a collaborative project between the Workforce Directorate, Northern Area Health Service (NAHS) and the Health Workforce Unit, Queensland Health. 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
Northern Area Health Service



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TOOL 1. Service Planning Analysis¹

District.....Date Completed by.....

Are the current safety standards you need to comply with known and used at all levels?	<input type="checkbox"/> Individuals <input type="checkbox"/> Unit level <input type="checkbox"/> Organisational level
What safety legislation, standards or policies are new or need to be refreshed?	<input type="checkbox"/> Patient safety <input type="checkbox"/> Staff safety <input type="checkbox"/> Professional safety
What are the emerging issues in your district?	<input type="checkbox"/> Drought <input type="checkbox"/> Unemployment <input type="checkbox"/> Business closures <input type="checkbox"/> Ageing population <input type="checkbox"/> Global disease management issues (eg. SARS) <input type="checkbox"/> Environmental <input type="checkbox"/> Homelessness <input type="checkbox"/> Other.....
How is the district surviving economically?	<input type="checkbox"/> Growing <input type="checkbox"/> Stagnant <input type="checkbox"/> In decline
What are the technological issues affecting the district?	<input type="checkbox"/> Mobile phone coverage <input type="checkbox"/> Access <input type="checkbox"/> Internet coverage <input type="checkbox"/> Outdated equipment <input type="checkbox"/> Telemedicine <input type="checkbox"/> Infrastructure <input type="checkbox"/> Affordability <input type="checkbox"/> Resistance to new tools
How often do you monitor the disease patterns in your area?	<input type="checkbox"/> Monthly <input type="checkbox"/> 6 monthly <input type="checkbox"/> As the need arises
How do these impact on what your services are targeted to?	<input type="checkbox"/> Needs change in direction <input type="checkbox"/> Well targeted <input type="checkbox"/> Missing the mark altogether



Doing a Strengths, Weaknesses, Opportunities and Threats analysis, what issues are coming out of left field that you may not have thought about?

Strengths

Weaknesses

Opportunities

Threats



In your service planning, have you taken into account the definitions of the service and delivery?

- Boundaries and locations Functions of the service Targets of the service

Have you reflected on your work in the last 12 months? Have you documented these?

- Achievements of last 12 months Non-achievements of last 12 months

What important features about the roles of a service should be included? What should they include?

- Delineation of roles Role Responsibilities Role convergence Roles in terms of activity

What infrastructure supports the work of the district? If it is not included, what do you consider as important infrastructure for communicating effectively with your clients and staff?

- Transport Communication Buildings Emergency Service Electricity Water
 Schools Gas TAFE Universities Defence Forces
 Building Services Postal Services Community venues

What funding arrangements are important to include in the profile?

- State funding arrangements Medicare arrangements
 Commonwealth project funding in district When funding for projects start and finish
 What funding is recurrent What funding is non-recurrent

How are community expectations incorporated into service planning and profiling?

- Community representation on governing body Media releases
 Community representation on Service Planning Steering Committee
 Information forums for community Surveys of community Focus groups with community
 Other.....



What ways do you see community being involved in this process?

What issues about 'culture' impact on your delivery of service?

- Concepts of health and sickness Concepts of healing and curing Celebration rituals
- Child-rearing practices Concepts of preventative medicine
- Concepts of disability and rehabilitation Role of food in illness
- Preferred practitioner gender Appropriate behaviour of a sick person
- Appropriate behaviour of a carer or health professional
- Attitudes to nudity and invasive procedures Attitudes to hospitalisation
- Preparation for death Death Rituals²

What demarcations affect your service?

- Union regulations Scope of practice issues Professional issues Inter-district issues
- Services provided by outside agencies Services provided by other government agencies
- Corporate policies and procedures

What communication issues impact on your delivery of service currently?

- Speed of communication Detail of communication Scope of communication
- People required to spread communication People required to receive communication
- Technologies that support communication Language used to communicate
- Sensitivity and confidentiality of information communicated Transparency of communication



Once you have formed your assessment and considered your service model or models, ask yourself these questions:

- Who will be affected by this decision?
- What do *they* want considered as the decision is made?
- What alternatives should we consider?
- What are the strengths and weaknesses of the alternatives?
- Which alternative should we choose?



TOOL 2. Process Mapping Tool³

This tool should be used to suit you, and is only one style of conducting a mapping session. Some other types include affinity diagrams, cause and effect diagrams and root-cause analysis (based on Failure mode and effect analysis) which can assist to delve into problem areas.

This style of process mapping asks you to address different areas to obtain all issues which impact on the process and its steps.

- **Inputs:** Anything that is necessary to be put into the process for it to work. Eg. For a process about a patient being seen in a clinic, the initial input would be a patient, specialist, referral letter, phone call, etc.
- **Controls:** These include the legislative requirements, the policies and procedures, health care standards, and any of the factors that are the 'givens' that control what processes out of your influence. It also includes risks are associated with the step. Asking the question "what if..." here will assist with identifying issues that will stop the process continuing.
- **Mechanisms:** Any resources needed to complete/undertake the process, such as staff, equipment, facilities, internal and external suppliers. Not every step in the process will need this listed as it may be the same for each, however it is good to check this, especially for the equipment required and any maintenance, monitoring, design issues, regulatory requirements of the equipment. It is also good to check who is responsible for the safe practice standards of the equipment.
- **Outputs:** These are the items that come out of the process after the process is complete. If it is a patient pathway, the output might be 'patient treated', or 'advice given to referral agency' etc. An output is not the outcome. The outcome would include statements like 'problem resolved' or 'patient has increased ability to mobilise'.



The greatest challenge you will be faced with is in your own thinking about processes. You will need to recognise your usual ways of thinking, and keep an objective open view. You will need a new pair of eyes, and will need to encourage those who work on the process with you, to do the same. This is often hard, but keeping it at the forefront of your mind is necessary. Put up a poster with something like the following on it:

“LOOK ONLY WITH OPEN OBJECTIVE EYES”
“TAKE A SIDWAYS VIEW”
“USE A WE-CENTRIC APPROACH NOT A ME-CENTRIC APPROACH”

If you are working against a culture of blame:

“NO BLAME, JUST OPPORTUNITY TO LEARN”

Figure 1.

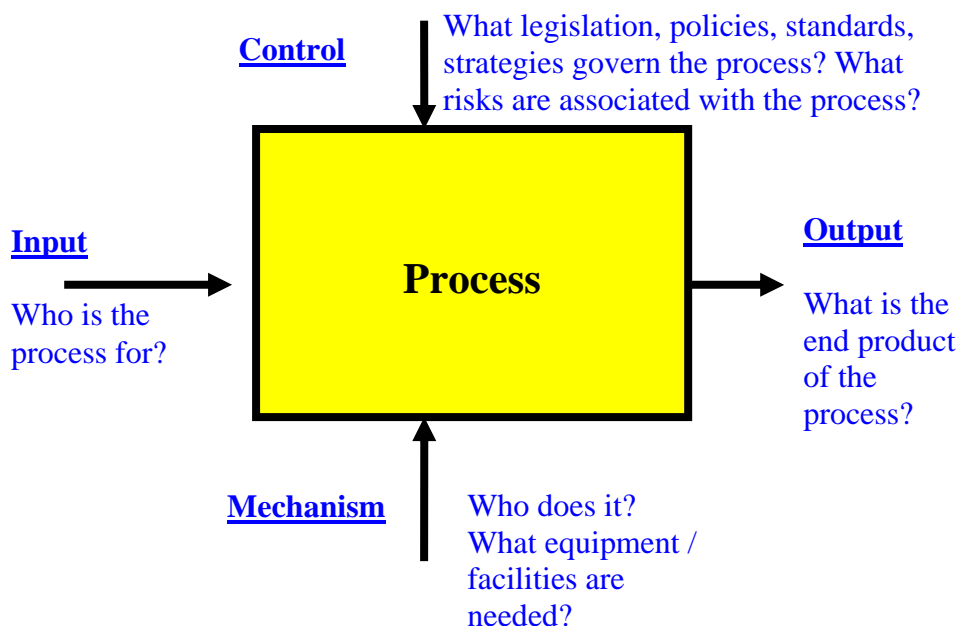


Figure 1 shows the 4 categories necessary to analyse each process activities/steps: Control issues, input issues, mechanism issues, and output issues. Your process activity/step will be linked to another process activity / step and another..... until you have exhausted all steps or activities.

Figure 2 shows a bigger picture of how the linkages are made between the different categories.



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Figure 3 defines a patient pathway and what interventions occur with different categories of staff. The points that are important here are identifying what the barriers are to smooth processing. This example is useful when mapping workforce redesign.



Figure 2

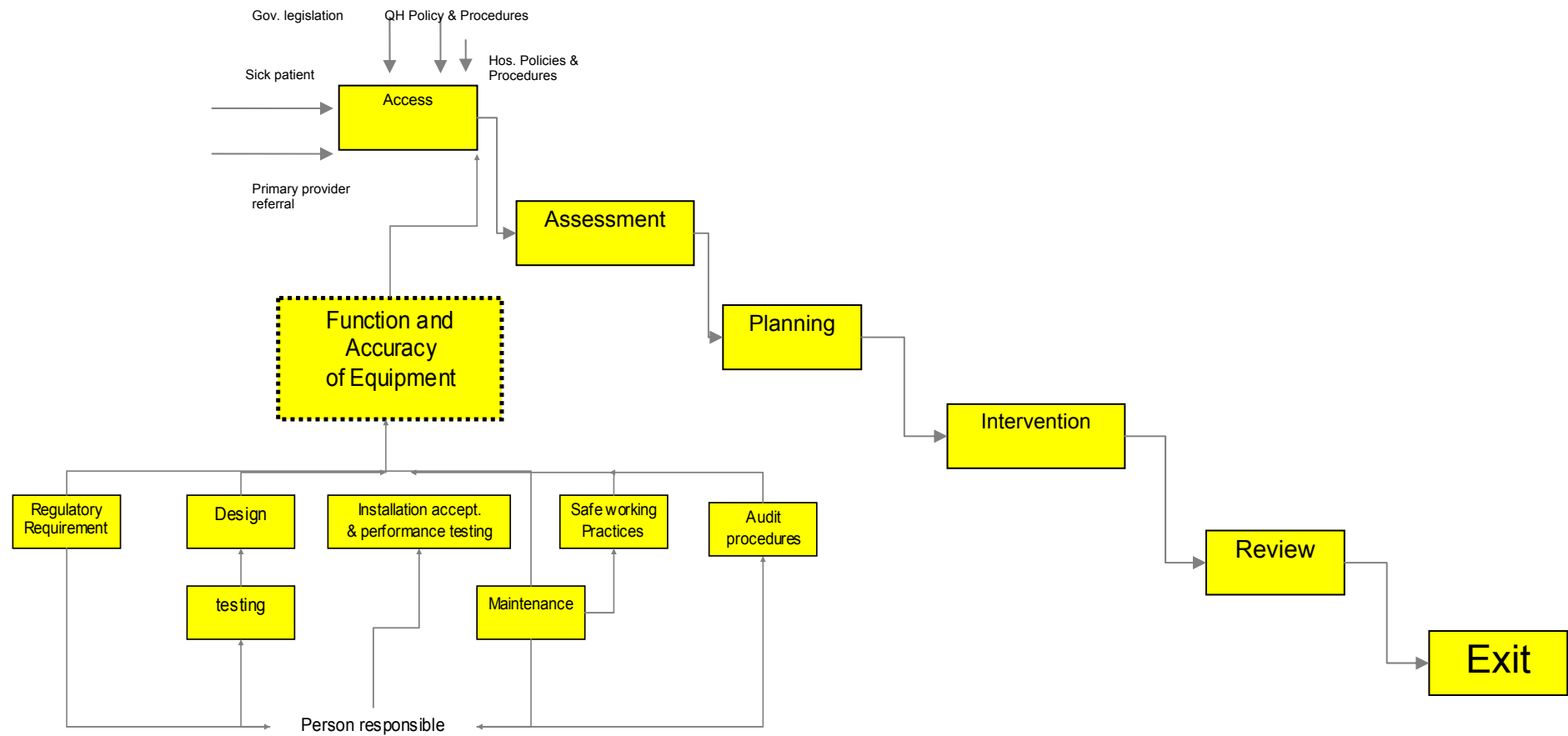
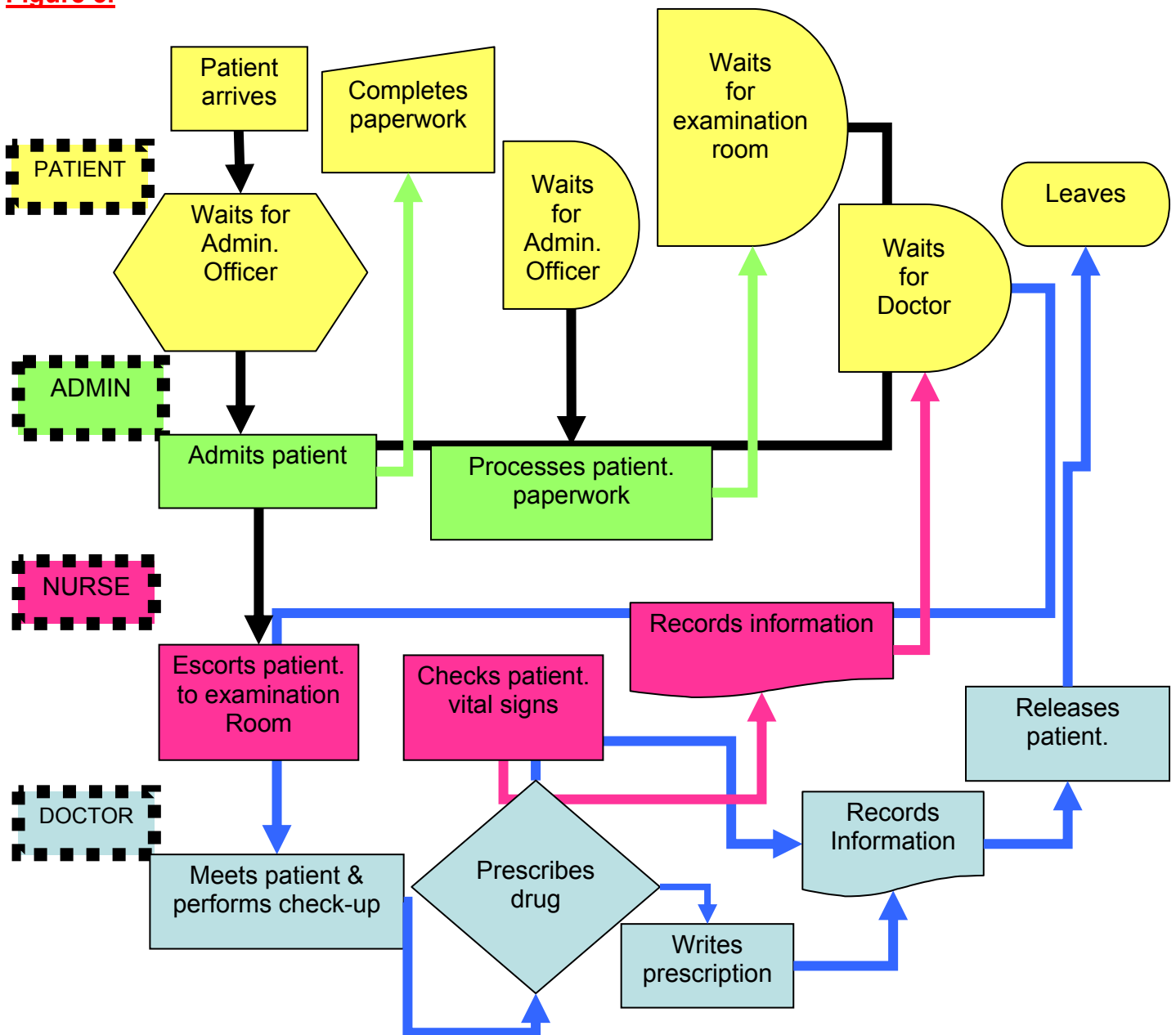




Figure 3.⁴



Using different flowchart shapes to determine steps

You will note that in figure 3. the shapes are different depending on what the activity or step is. These flowchart shapes are easily located under the auto-shapes icon at the bottom of your computer document screen. **For documentation purposes these are a useful to use, but for actual processing, the need is to get the information out, do not be put off by having to use the right shaped boxes during the process brainstorming sessions**



Steps to take:

1. Define what the purpose of your process mapping will be.

- Is it for: Developing a new process? Standardising a present process? Improving a process?
- What mapping has already been done?
- Where do you want the process to begin and end? Set your boundaries clearly to avoid later confusion.
- What are the parts of the process – people, equipment, information systems?

2. Form a mapping team.

The people involved with the mapping should be:

- People with a vested interest
- People with knowledge and involvement in the process
- People from all levels in the organisation
- People from other functional groups in the unit/department/district
- Consumers of the process

3. Use a skilled facilitator.

Facilitation skills are required to keep people on track, draw right information out, and help people to expand and explore important information. They must be:

- Non-threatening
- Able to ask the 'right' questions
- Able to bypass political issues
- Able to maintain a focus on the core issues

4. Begin by mapping the process as it stands now 'AS IS'. If it is a health service process, use examples 1 & 2. If it is a patient process, use example 3.

It is very important to have a benchmark to start from. An 'AS IS' map allows:

- Clarification to be brought to issues
- Brainstorming to trigger memories of the process
- Time in between for people to think again about the process and come back and make changes, add or delete steps that are supposed to happen but don't in real life.

Helpful hints include:

- Using large post-it notes for process points, and diamond shaped paper for decision points. It might be helpful to use a different colour for the decision points.
- To save time, ask someone who knows the process to put the steps onto post-it notes prior to the mapping. This gives a basis from which to start. Then brainstorm to determine what is missing, what is different in real life and what changes need to be made in where the steps fit.

5. Walk the talk.

- Once you have completed the 'AS IS' step, you will now need to walk through the process or processes in real time. Each person involved along the way identifies the interactions, interventions, issues and problems. These are documented as the process happens.
- This is highly useful for determining high activity items, process costs and discrepancies in the 'AS IS' map.



6. Brainstorm variances between 'AS IS' map and walking map.

- This step will bring more clarity to the mapping process and reduce inconsistency and bias in the mapping process.

7. Brainstorm Improvement ideas.

- Use the 'AS IS' map to then brainstorm ideas as to what could be done better. Questions to ask might be:
 - Where are the gaps? What could be done differently? Who will this impact? Will it be better for all concerned?
- You might find it useful to use one of the many creative techniques to assist you bring out the ideas. The 6 hats concept, the mind mapping concept, the nominal group technique, etc. may be worth using here.

8. Now put a measure on the improvements necessary.

- Analysing where the gaps are, and what improvements could be implemented is very important, but improvements without measures will not enable observations/decisions about what worked or didn't.
- Putting on a measure helps to maintain a focus on consensus, as people have a target set in their minds.
 - Use quantitative measures like '20% increase in number of patients seen in clinics by November 2005'.

9. Next, identify changes possible.

- Make sure that consensus is always reached about proposed changes
- Question each area along the process
- **Questions for Inputs:**
 - Where are the overlaps? What steps can be eliminated?
 - What duplicate activities can be streamlined?
 - What steps can't be eliminated?
 - How can you simplify the process?
 - How can you reorganise your team for better flow?
 - How can paperwork be consolidated?
 - Do these steps need to be done by these people?
 - How does this activity enhance patient quality?
 - What changes would be required if documentation was consolidated? Who could do it best?
 - What changes would be required if another health professional did the job?
- **Questions about Mechanisms:**
 - What equipment could enhance your processes?
 - What equipment delays your processes?
 - What regulatory requirements do you need to take into account?
 - How can the design of your equipment be improved to facilitate better flows?
 - What impact does the equipment have on your performance?
 - What practices related to the equipment affect flow? How can they be improved?
 - What is your breakdown rate? Is it within acceptable standards? Do your audits show a problem? What have you done about the problem?



- What regular maintenance is required for the equipment? Is this done? Who does it?
- What impact does the equipment have on training required for utilisation?

- **Questions to ask about Controls:**

- What legislation would need to be changed for this to work better?
- What controls are a given and cannot be changed?
- What do you have control over and what is out of your control?
- What controls make the process work to a particular standard?
- What controls are not being used that need to be?
- What is the reason that the controls are not being followed?
- How can the controls be trimmed to ensure a better flow?
- How can the controls be strengthened to improve quality?
- What would the risks be if the controls were lessened?
- How can you change the controls and still?

- **Questions about Outputs:**

- Is the process directly linked to consumer need?
- Is the consumer willing to pay for it? In time? Money? Quality?
- Is it directly linked to the overall strategic direction of the unit/department/district?
- Is the output the right one? Is there another way to gain the same output?
- What is the value to the organisation of the output?
- Do the activities show that they could be replicated for other processes?

10. Determine what adds value to the process and what doesn't.

- Categorise each step into those you think could be changed and those that should stay the same
- Questions to ask about value are:
 - Does the change relate to fixing a problem?
 - Is it only compensating for poor performance elsewhere?
 - Is it change only for changes sake?
 - Will it save time and be more productive?

11. Record the final map.

- Standardise the final map.
- Ensure that all stakeholders have a good grasp of what has changed.

12. Trial the changes and communicate.

- Keep everyone in the loop along the way
- Be inclusive about your communication
- Set dates for trialling the changed processes

13. Monitor and evaluate the progress.

- Put feedback mechanisms into place to rectify problems in the implementation phase
- Monitor the measures you have already targeted to ensure you are meeting your goals.



TOOL 3. Analysing Current Model of Care

District.....Date Completed by

What model of care does your District use? What models work currently? Why do they work? What doesn't work and why?

- Primary health care model Consumer-centred Integrated care Shared care
- Case management Family centred care Transitional care Partnerships
- Wellness model Self-care model Holistic care Activity based Public health model
- Total quality management model
- Other.....

What is the policy or process for patients to get in and out of the service?

- Patient flows documented Bottle necks in process identified and resolved
- Perspective of clients / residents taken into account in development of flow
- Flexibility of the process meets the individual needs of the patient/client/resident.
- Other.....

How does your model of care ensure a continuum of care for people with chronic or complex conditions?

- Equity of access issues identified and dealt with (eg. frequency of visits, transport, socio-economic problems, etc)
- Community linkages documented and used
- Pre-admission clinics in place where surgical processes are included
- GP/Hospital partnerships given priority
- MOU's with external agencies in place and show clear understanding of requirements of each agency
- Partnerships have clear service delivery processes in place (documented and monitored)
- Other.....



How does your model of care assist people to manage their own health better?

- Community programs Early detection programs Post-hospital programs
- Client education programs Health promotion programs Public health prevention programs
- Collaborative programs with local government and private sector including:
.....
.....
.....

How does your model of care ensure acceptable standards of quality and safety for consumers?

- National clinical standards identified and used
- National and State WPH&S standards identified and clarified for each discipline, unit, site and district
- Clinical indicators identified and monitored for each care stream
- Risk assessments completed for all client activities, organisational activities and corporate activities
- Consumer expectations of safe environment sought and documented
- Other.....

How does your district ensure consumers are not at risk if a less qualified but skilled worker delivers the required care?

- Risk assessment conducted and documented on tasks and roles of less qualified workers to ensure acceptable risks are maintained
- Services able to be provided by less qualified workers are documented and within competency standards and boundaries of practice for discipline or stream
- Measures are in place to mitigate risks –
 - Complaints monitoring/feedback loops/communication systems in place within and across discipline; across services and within organisation (eg. regular satisfaction surveys of clients and staff, visitors, carers, relatives and families)
 - Retrospective data monitored and reviewed regularly (eg. infection rates, morbidity and mortality rates, number of adverse incidents)



- Barriers (physical, environmental, social, culture) in place to reduce risk of less qualified personnel causing harm to patients.
- Policy and procedures show processes clearly
- Education and training plan in place for less qualified workers who are able to increase their skills
- Competency standards assessment structure in place
- Accountabilities determined for each stream of less qualified workers

How does your model of care increase efficiency in service delivery so that more people can receive the care?

- Model of Care (MOC) documentation shows how improvements in service delivery will be achieved
- MOC maintains budget integrity MOC is funded and has key performance indicators (KPIs) documented KPIs are monitored and reported regularly

How is your model of care able to have an inexpensive worker provide the same care as a more expensive one?

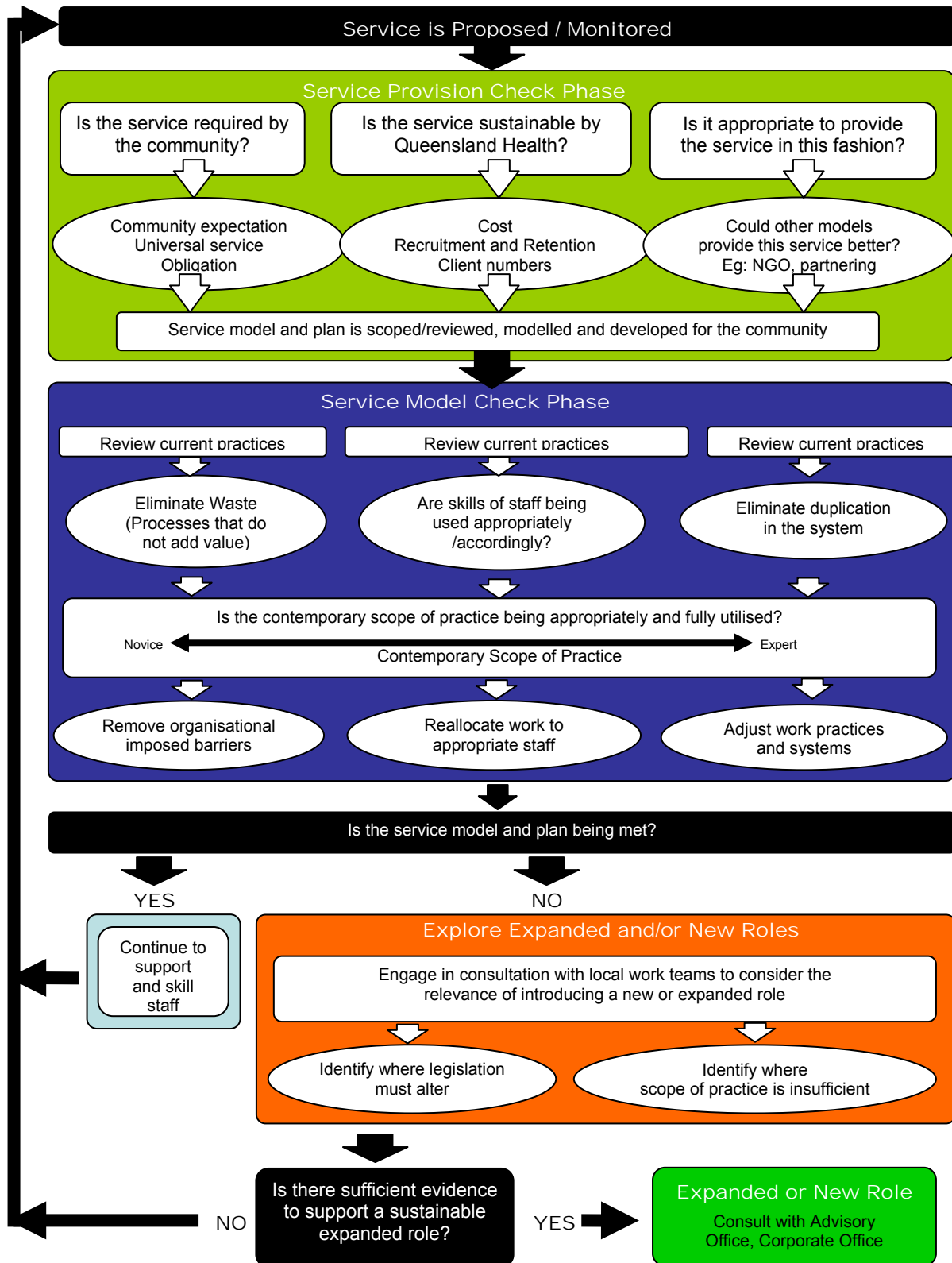
- Tasks and roles identified, documented and able to be redesigned or re-allocated

How does your model of care allow a higher skilled and paid worker to perform more complex tasks?

- Roles and responsibilities of higher skilled worker analysed and reflect MOC



TOOL 4. Service Model Analysis





TOOL 5. Data Sources for Model Development

Variable	Source	URL
Year	Year	
Zone	QHEPS	http://qheps.health.qld.gov.au/masters/dhs/home.htm
District	QHEPS	http://qheps.health.qld.gov.au/masters/dhs/home.htm
LGA (<6000)	LGA for State:	http://qheps.health.qld.gov.au/hic/infobank/POP PROJ/popproj/qa96sa.xls
ARIA or RRAMA code		
Health Facilities in LGA	HIC	G:\ODB\H W P UIG Drive\Resources\Data
Population (by age group) + projections	The population data was derived from the Health Information Centre Queensland Health	http://qheps.health.qld.gov.au/hic/factsheet.htm
	Population Projections (Medium Series) by Age and Sex 2001 to 2026 for Health Districts	http://qheps.health.qld.gov.au/hic/infobank/POP PROJ/Ppm01_26_LGA.xls
	Queensland Treasury also has population projections	http://www.oesr.qld.gov.au/views/statistics/pop_proj_2051/pop_proj_fs.htm
	By LGA for State	http://qheps.health.qld.gov.au/hic/infobank/POP PROJ/popproj/qa96sa.xls
Avail beds as at 30 Jun	HIC site Finance & Activity Statistics	http://qheps.health.qld.gov.au/hic/infobank/Hf_95_01/tables_0001.xls
Admitted Patients	Queensland Health and private provider demography, Aust. Hospital Statistics (AIHW), Cancer, Diagnostic Related Group, Finance & Activity Statistics, Patient Flows, Private Hospital Collection (ABS) and Qld Hospital Statistics (QH) can be obtained from the QH HIC site at	http://qheps.health.qld.gov.au/hic/infobank/ib5.htm#subtopic7
Accrued patient days	Queensland Health and private provider demography, Aust. Hospital Statistics (AIHW), Cancer, Diagnostic Related Group, Finance & Activity Statistics, Patient Flows, Private Hospital Collection (ABS) and Qld Hospital Statistics (QH) can be obtained from the QH HIC site at	http://qheps.health.qld.gov.au/hic/infobank/ib5.htm#subtopic8
Non-Admitted Patients Occ of Service	Queensland Health and private provider demography, Aust. Hospital Statistics (AIHW), Cancer, Diagnostic Related Group, Finance & Activity Statistics, Patient Flows, Private Hospital Collection (ABS) and Qld Hospital Statistics (QH) can be obtained from the QH HIC site at	http://qheps.health.qld.gov.au/hic/infobank/ib5.htm#subtopic9
Number of Nurses (Occ FTE and Headcount)	HIC Finance & Activity Statistics Particulars of Average Employment of Salaried Staff (FTE), Queensland	http://qheps.health.qld.gov.au/hic/infobank/Hf_95_01/tables_0001.xls tab 5
Number of Doctors (Occ FTE and Headcount)	HIC Finance & Activity Statistics Particulars of Average Employment of Salaried Staff (FTE), Queensland	http://qheps.health.qld.gov.au/hic/infobank/Hf_95_01/tables_0001.xls tab 5
Allied Health Professionals (Occ FTE and Headcount)	HIC Finance & Activity Statistics Particulars of Average Employment of Salaried Staff (FTE), Queensland	http://qheps.health.qld.gov.au/hic/infobank/Hf_95_01/tables_0001.xls tab 5



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Residential care facilities in area	LISTING OF HOSPITALS, NURSING HOMES AND OTHER	http://qheps.health.qld.gov.au/hic/infobank/Hf_94_95/5_TAB_FAC.xls
HACC facilities	Lists of all the HACC providers in the state	http://www.health.qld.gov.au/hacc/service_directories.asp
GP numbers	GP data can be obtained from the Federal HIC unit	http://www.hic.gov.au/statistics/imd/forms/gpStatisticsCode.shtml
Private facilities	Insert details here	
Staff turnover measure	HRDSS	



TOOL 6. Determining Scope of Workforce Plan

District.....Date Completed by

What area do we need the plan to focus on?	<input type="checkbox"/> Entire organisation <input type="checkbox"/> Acute area <input type="checkbox"/> Community <input type="checkbox"/> Support services <input type="checkbox"/> Occupational stream	
How many years ahead do you want the plan to focus on?	<input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 20 years	
What will the term 'Workforce' include?	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Contractors <input type="checkbox"/> Volunteers	
What Diversity or cultural issues will need to be included in the scope	<input type="checkbox"/> Guidelines for ethics <input type="checkbox"/> Equity of opportunity <input type="checkbox"/> Age & Gender discrimination <input type="checkbox"/> Career development <input type="checkbox"/> Compensation	<input type="checkbox"/> Health benefits <input type="checkbox"/> Financial benefits <input type="checkbox"/> Work/life programs <input type="checkbox"/> Respect
Who and what will need to be excluded and why? (this helps with explaining your decisions later on)	<input type="checkbox"/> Locations <input type="checkbox"/> Professions <input type="checkbox"/> Services <input type="checkbox"/> Timelines outside scope <input type="checkbox"/> External groups <input type="checkbox"/> Environmental factors	



TOOL 7. Analysis Of Workforce Capability

District: _____ **Professional Occupation:** _____ **Date:** _____

Issues	No. of staff involved	Job functions involved	Major issues defined	Reasons for issues (why)	Improvements made	Further actions required to meet needs of clients in changed model of care	Impact of action to reduce the gap (high/ medium/ low)



TOOL 8. Quantitative Analysis Of Current Workforce Supply

District.....Completed on.....

STAFFING	Professional	Medical	Nursing	Admin.	Operational	Technical	DATE DOCUMENTED
Headcount							
Approved FTE							
Occupied FTE							
No. of casual staff							
No. of temporary staff							
Age profile (highest % age group)							
Gender (% of female)							
Tenure – years of service (age group with highest %)							
Indigenous representation							
Overtime							



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STAFFING	Professional	Medical	Nursing	Admin.	Operational	Technical	DATE DOCUMENTED
Unscheduled Leave							
Work Cover Leave Psychological							
Work Cover Leave Non- Psychological							
No. of grievances - Received							
Resolved							
No. of terminations							
No. of exit interviews completed, analysed and acted upon							
No. of total vacancies advertised (<i>All vacancies regardless of permanent or temporary status</i>)							
No. of staff movement within district (<i>transfers, secondments, higher duties etc.</i>)							
No. of additions (<i>appointments</i>)							



STAFFING	Professional	Medical	Nursing	Admin.	Operational	Technical	DATE DOCUMENTED
No. of staff attended District Orientation							
All training (<i>% of work stream trained</i>)							
Training cost per approved FTE							
No. of staff with mandatory competency levels completed							
No. of clinical placements in District							



TOOL 9. Qualitative Analysis of Current Workforce Supply^{5 6}

District.....Date completed:.....

Firstly determine the period you want to investigate then complete the following worksheet.

Workforce Supply Analysed from: _____ to _____

Unit/Department/ District Profile:

Have you identified your Occupied FTE? (see glossary for what determines this) yes no

Has your workforce grown or reduced in the period you are looking at? yes no

Was this a normal change or did something extraordinary happen? yes no

If it was not normal, what occurred? _____

Current Vacancy Situation:

Have vacancy rates (approved FTE – occupied FTE – external agency contracts) over the period have been monitored? yes no

If so, how often are they monitored and what actions are taken? (indicates the efficiency of the external recruitment advertising methods, as well as the time taken for the selection process)

How many days did it take on average to fill permanent vacancies by streams? (indicates how long a position will remain vacant when internal recruitment is used)

Do you know how many 1)external applicants and 2) internal applicants applied for jobs during the period and how many from both these groups were recruited?

yes no

If so, what does this tell you?



At a District level, do you know the EEO data for external and internal applicants?

(this will provide data for measurement of district's ability to attract and mobilise people who identify with an EEO Group within the workforce e.g. people with a disability, people with an Aboriginal or Torres Strait Islander background, people from a non-english speaking background, women applying for executive positions)

yes no

Is the vacancy situation you are experiencing currently, different from usual?

yes no

Why?

Which positions are difficult to employ to? (eg. nursing, medical, operational, allied health, admin.)

What levels are the vacancies related to? (base-grade, middle management, senior levels) Is there a trend? Why? (cultural issues, workloads, location, rates of pay)

Have the recruitment and marketing endeavours been redirected to reduce problem spots?

yes no

If so, list what you have done?

Have they worked?

yes no

If not, why? (internal factors, external factors, environmental factors, stakeholder issues, transactional process problems, communication)



Do you monitor how your marketing is working?

yes no

If so, What stream or professions are recruitment marketing focussed towards?

Is there a profession/stream that is not being marketed effectively?

yes no

What actions and resources have you put into place to market more effectively?

ACTIONS	RESOURCES

How often do you re-assess your job descriptions?

Do you keep a register / database of what changes you make to jobs? (Assists with knowledge on evolution of roles, multi-skilling processes, specialisation, maintenance of corporate generational knowledge.)

yes no

What job roles and job descriptions have you changed recently and why?

JD	Changes made	Reason



Recruitment:

Do you have a pre-recruitment plan in place? (Actions and KPI's related to promotion of service to potential applicants)

yes no

If so, is this current?

yes no

Does it include all streams of staff?

yes no

Does your pre-recruitment plan include active involvement with external agencies?

yes no

What packages do you have in place for new recruits?

How do you know your pre-recruitment strategies are working? What measurements for success have you attached to your strategies?

Have you compared your recruitment targets with actual recruitment to see what the difference is?

yes no

If so, how have you done this? (Annually? Via streams of staff? Using a balanced scorecard approach?)

Have you monitored the cost of recruitment efforts?

yes no

If yes, what was the cost of internal and external recruitment in the period being looked at?



What did you take into account? (e.g. Recruitment and selection costs, cost of orientation; cost of training in the first 6 months; cost of courses in first year; cost of other staff mentoring; supervising, or assessing.)

What is the comparison between recruitment costs and retention costs currently? (eg. cost of retaining a person for 1 year, 2 years, 3 years, 5 years vs cost of recruiting after each position becomes vacant after 1 year, 2 years, 3 years and 5 years.)

Do you have any collaborative recruitment arrangements with other districts/ departments/ units or external agencies? yes no

If so, which arrangements have been working? Which ones need to further development?

Re-entering the workforce:

Do you know the numbers of people who have worked for QH before and are now returning to your district / department / unit? yes no

If so, have you surveyed these staff when they re-enter to find out this information?

yes no

Are staff re-entering the workforce staying in your district?

yes no

What resources are you putting into promoting re-entry?



Do you have a marketing plan for getting people who have left the workforce from skilled

professions back again?

yes **no**

Do you have any state, regional or district targets in this area for skilled professions? (eg. Do you know how many nurses are living in your area but, not working in the field?)

yes **no**

How have you contacted them? (Through media, letters, word of mouth)

Are you happy with the re-entry processes and how they are working?

yes **no**

Have you done anything about increasing your re-entry capacity?

yes **no**

If so, what have you done?

If not, have you let the Health Advisory Unit (HAU) know what your problems in the re-entry area are?

yes **no**

Newly recruited staff:

Do you survey your new staff as to why they want to work in your unit/ department/ district?

yes **no**

What do you do with the information you are given?

What numbers in the period have you had of:

Total recruitment number	
New starters	
Internal transfers	
Internal promotions	



What is this telling you about your environment?

Five horizontal lines for text input.

To get an idea of the level of experience in your district, do you monitor the following?

% of newly qualified staff in positions in your unit/department/ district yes no

% of newly qualified recruits in comparison to all recruits yes no

Have you analysed the required skill mix in your unit/ department / district?

yes no

What is your skill mix %?

	Nursing	Medical	Allied Health	Operational	Admin	Technical
Experienced staff in each stream						
Staff requiring minimal supervision						
Staff requiring extra support and supervision						

What strategies do you have in place to recruit newly qualified staff?

Five horizontal lines for text input.

What skills issues do you have with newly qualified staff?

Five horizontal lines for text input.

Do you have a process in place to follow these up?

yes no

If so, what?

Five horizontal lines for text input.



Career Progression:

What numbers of staff have experience at their top level?

Have you divided these staff into age groups and streams? (eg. 25 Level 1 nursing staff with competent to advanced skills in the 35-40 age group) **yes** **no**

How many people have acted up in positions over the period?

How many have moved into same level positions in another area to increase skills?

What strategies have you put in to place to promote this?

How have you investigated if progression in the organisation has an effect on retention?

yes **no**

If so, what are the links?

Do you have an active progression policy?

yes **no**

Can you tell if the reason people are leaving is because they are not progressed sufficiently?

yes **no**

Have you monitored progression in the unit/department / district by gender, ethnicity and age?

yes **no**

Does succession planning and career management form part of your recruitment and retention strategy?

yes **no**

Are staff aware of opportunities and possible career pathways?

yes **no**



How do you publicize this? What structures do you have in place that inform people about possible career pathways?

What orientation manuals have you standardised for staff acting up in positions?

Agency staff:

Have you calculated how many you have used over the period? yes no

Have you calculated the cost? yes no

How many of your agency staff also have substantive positions in your district?

How has the use of agency staff effected your standard of care?

What have you put into place to reduce or enhance this effect?

What incentives do you have in place to entice agency staff to stay on permanently?



Overtime:

Do you have your overtime aligned with your allocated funding? yes no

Has your overtime decreased over the period? yes no

If not, what are the reasons?

Do you give time off in lieu (TOIL) instead of overtime? yes no

If so, how do you measure this?

Flexible work options:

What type of contracts do you offer to your staff ?

Do you measure the percentage rates for different contracts that you offer? yes no

If yes, what is the largest contract type and how do you know that this is what staff desire?

Have you put into place any flexible options for staff to take up who do not want to continue with the contract they have? yes no

If so, what are they?



What other flexible options have your staff identified in staff opinion surveys?

Is there a correlation between why your staff terminate and the contract options given?

yes no

Do you monitor your workload patterns to identify peaks and troughs, seasonal variations?

yes no

Do you offer staff flexible contract options based on these patterns?

yes no

Is the preference for part time work increasing?

yes no

If so, in what areas and why?

How is this effecting shifts and rostering arrangements?

What have you put into place to address this?



What do you consider an acceptable mix of part time to full time?

Is this mix in line with national trends and standards?

yes no

Absenteeism and Sick Leave:

What are some of the factors that contribute to absenteeism in your area? (Workload volatility, incorrect skill mixes, unsafe environment, shift times, high work cover, external variables - eg, family commitments, seasonal issues, etc.)

What of the above can you influence through management strategies and what is out of your control?

What management strategies do you use currently? Are these working?

Do you monitor your percentage sick leave rate against national figures? yes no



If so, what do these show in the short term and long term? What are the trends telling you?

What effect does sick leave have on your retention rates? (Staff left to cover for others who are not replaced; service delivery effects; agency costs)

What correlation does sick leave have with work stress, incidents, accidents or violence?
How do you monitor this?

Ethnic mix of the workforce:

Is the mix appropriate? Does it match your local population?

yes no

Does it reflect the needs of your patients?

yes no

If not, how do you manage this?



Retention of Staff and Age Profile :

Does your age profile have a correlation with your retention rate? (are your older staff staying longer than your younger staff?) yes no

What age group has the greatest experience, skills and competency?

Do you have succession plans in place to make sure this knowledge, skill and experience is kept in the area? yes no

Do you monitor the retention rates of staff in your unit/department/district? yes no

If so, What are your retention rates telling you?

What strategies have you put in place to maximise your retention of the following age groups?

AGE GROUP	STRATEGIES
Newly qualified	
<25	
25-34	
35-44	
45 >	



Retirements:

Do you know the retirement status of the staff in your unit/department/district?

yes no

How many staff have retired in the period you are looking at?

What problems did this cause for you?

Do you know the intentions of people who are coming up for retirement? yes no

What flexible options does your district use to keep mature-aged workers?

What skills are leaving with the retirees?

Do you keep a register of these skills in the mature-aged group? yes no

What other processes do you have in place to capture skills and experience of mature-aged workers?

Have you looked at how you will replace these skills? yes no

If yes, how are you currently replacing these skills?



If no, what impact is this having on your current staff?

Terminations:

Have you documented the key reason for people leaving by %? yes no

If so, what do you do with this information? How do you feed it back to your managers?

Do you know if the reasons people are leaving are unusual? yes no

What are the trends suggesting?

Have you analysed why? yes no

Have you done comparisons of exit interviews with current staff opinion surveys?

yes no

If so, what area / stream of staff / unit has the most serious problem?

Have you addressed this with the area? yes no

Do you have a detailed explanation as to why people are leaving or staying? yes no

Is your turnover rate consistently high or low? _____

How does this affect your activity levels?



What follow-up of people do you do after they exit the unit/department/district? (eg. Letters, surveys etc. 3 months after resignation)

What do you do with this information?

Adapted from:

Health Care Workforce Development Portal, Toolkit for Planning Workforce Development in Health and Social Care, retrieved on October 18, 2004 from <http://128.240.23.210/WFToolkit/index.html>

and:

Department of Health (UK), 2004, Modernising Workforce Planning, Retrieved December 2, 2004, from <http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingWorkforcePlanningHome/fs/en>



TOOL 10. Regression Example

Regression Model

The basic underlying assumption of regression is that the workforce demand (FTE positions) is related to “hospital activity” (hospital activity is defined as admitted and non-admitted patients and bed days).

The Hardes’ Model was used to forecast separations and bed days. The Hardes’ status quo projections were used for each health district, which assumes that district activity forecasts are based on current trends when the estimates were made. As the Hardes’ Data is based on disease rates by age and sex of the population any demographic changes are “built into” the forecasts. Neither the Hardes’ Model nor this model incorporates community services data in the modelling process.

Data for the full-time equivalent (FTE) of Nurses, Salaried Medical Officers and Diagnostic and Health Professionals by district was obtained from Queensland Health Info Bank for the periods 1994/95 to 2000/01.⁷ Data for the number of admitted and non-admitted patients and accrued patient days by health district was obtained from Info Bank.⁸

After researching a number of possible explanatory variables for the different categories of workforce numbers a model was developed. This included five explanatory variables:

- 1) model intercept (α)
- 2) number of beds in each district (as at 30 June) (β_1)
- 3) number of admitted patients per year for each district (β_2)
- 4) number of non-admitted patients per year for each district (β_3)
- 5) number of accrued patient days per year for each district (β_4)
- 6) a dummy variable for whether the district is a metropolitan district (β_5)

The variables found to be significant were the expected growth in both admitted and non-admitted patients and the increase in total number of bed days for each zone.

Thus the model estimated for each health district by health zone is:

$$\text{Number of Nurses} = \alpha + \beta_1 \text{ Beds} + \beta_2 \text{ Admitted Patients} + \beta_3 \text{ Non Admitted Patients} + \beta_4 \text{ Patient Days} + \beta_5 \text{ Metro}$$

Similar models were developed for estimating Salaried Medical Officers and Diagnostic and Health Professionals.



TOOL 11. Workforce Demand Analysis

Location / project or activity	No. of staff	Job function needed	Skills/ Competencies/ capabilities	When needed (time-frame)	Impacts on service if no changes made	Actions required to meet the need in a model of care change	Impact of action to reduce the gap (high/ medium/ low)



TOOL 12. Generic Workforce Job/Task Analysis

Contents

A. Review Of Documentation
B. Questions To Gain Information About The Job As A Whole
C. Questions To Gain Information About A Specific Job Aspect
D. Questions To Ask When Reviewing The Current Job Description
E. Questions To Ask After Determining That A Job Needs To Be Changed
F. Task Analysis Record Form
G. Critical Task Analysis
H. Physical Task Analysis
I. Environmental Task Analysis
J. Cognitive Task Analysis



A. REVIEW OF DOCUMENTATION

- Physical requirements of a job have been analysed
- Standard operating procedures are complied with
- Professional Standards are known and adhered to
- Impact of Legislation is documented and performance is within legislative requirements
- Manufacturer's instructions for all equipment performance and maintenance is adhered to unless legislation overrides it
- Collective bargaining agreements are checked and performance remains within the confines of the agreement
- Documentation on essential job tasks, performance parameters and physical demands of the job have been reviewed

SURVEYS

- Supervisors have been asked for their input on both tasks and physical demands
- Incumbents have been asked for their input on both tasks, physical demands, and cognitive abilities required



B. QUESTIONS TO GAIN INFORMATION ABOUT THE JOB AS A WHOLE⁹

What are the primary duties of the position? (What would not get done if the position didn't exist? What expected to be done in the position?)

What is the time breakdown of these duties? (In percentages, how much time goes to each?)

What education, certification, skills and experience are required to perform the job?

What supervisory and reporting responsibilities apply to the position?



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As a part of the job, what activities are conducted with other groups or people?

What accountabilities (legal and ethical) part of the job? What performance standards is the position expected to work by? (see explanation above)

If the position is clinical, what caseload and case-mix is dealt with?

What scope for expansion in the role do might be able to occur?

What opportunities for improvement to the role are able to happen?



What mental demands are a part of the job? (refer to explanation above and section I. Cognitive Task Analysis)

What workplace health and safety conditions are relevant in the position? (refer to explanation above)

Are there any hazards to working in the position? If so, what are they? (refer to explanation above)

Are there any unusual conditions associated with the job? (refer to explanation above)



C. QUESTIONS TO GAIN INFORMATION ABOUT A SPECIFIC JOB ASPECT¹¹

Aspect of Job being investigated: _____

Is this aspect of the job standard, typical? yes no

Does it fit a scenario the position were trained to deal with? yes no

Is there anything special about it in terms of what is seen, heard or smelt?
_____ yes no

With this aspect of the job, what are the goals and objectives?

This section is used for aspects of a role that are complex and need further analysis.

What alternative actions are needed if this aspect of the job is not able to be completed?

How is an alternative course selected? What rule is followed in order to choose it? How are other options rejected?



With this aspect of the job what possible consequences are there if there is a change in course? How do might events unfold?

What training or experience was necessary in making the decision to change course? What might have helped?

How much time pressure was involved in making the decision? How long did it take to make a decision with this particular aspect of the job?

If the decision was not the best one, what training or information would have helped?



D. QUESTIONS TO ASK WHEN REVIEWING THE CURRENT JOB DESCRIPTION

What Tasks / jobs still fit?

What tasks / jobs have increased?

What tasks / jobs have been eliminated over time?

What tasks / jobs need to be adjusted?

What new tasks have been identified from job analysis and process mapping that need to be redefined or changed to another position?



What performance indicators still fit?

What performance indicators need to be expanded?

What performance indicators need to be eliminated?

What performance indicators are needed on a regular basis and how often?

How are performance indicators going to be reported? eg. via a balance scorecard?



E. QUESTIONS TO ASK AFTER DETERMINING THAT A JOB NEEDS TO BE CHANGED:

Who is impacted if the task / job is eliminated for the position?

Who needs to be involved in the transition of the task / job moving to another position?

How will the transition of the task / job to another position be communicated to team members and other stakeholders?

When does the transition have to be completed?

What evidence is needed to verify that the transition was smooth?



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What evaluation needs to be factored in before starting the process?

What feedback loops and reporting responsibilities need to be put into place?



H. PHYSICAL TASK ANALYSIS¹⁰

<u>PHYSICAL ELEMENT</u>	<u>DIFFICULTY OF PHYSICAL ELEMENT</u> (1= low degree of difficulty to 5 = high degree of difficulty)	<u>REASON FOR DIFFICULTY</u>	<u>CUES AND STRATEGIES USED TO REDUCE DIFFICULTY</u>
Distance taken			
Weight of physical equipment			
Time taken			
Force used			
Height required			
Aerobic capacity required			
Strength required			
Muscle endurance needed			
Flexibility required			



I. ENVIRONMENTAL TASK ANALYSIS¹⁰

<u>ENVIRONMENTAL ELEMENT</u> Physical requirements of the job are analysed on the job site, under the same environmental conditions	<u>IMPACT OF ENVIRONMENTAL ELEMENT</u> (1= low degree of impact to 5 = high degree of impact on worker)	<u>REASON FOR IMPACT</u>	<u>CUES AND STRATEGIES USED TO REDUCE IMPACT</u>
Tools used List.....			
Products used List.....			
Equipment weight			
Distances lifted, pushed, pulled, carried			
Lighting required			
Air-conditioning required			
Number of people required to perform task			
Room Temperature required			
Personal protective equipment required			



J. COGNITIVE TASK ANALYSIS¹¹

<u>COGNITIVE ELEMENT USED</u> ¹²	<u>DIFFICULTY OF COGNITIVE ELEMENT</u> (1= low degree of difficulty to 5 = high degree of difficulty)	<u>REASON FOR DIFFICULTY</u>	<u>CUES AND STRATEGIES USED</u>
Situation awareness			
Amount of diagnosing and predicting necessary			
Type of perceptual skills required			
Important “tricks of the trade” required for task			
Amount of improvisation needed			
Meta-cognition required (level of reflection and awareness of mental processes needed)			
Amount of problem solving required			
Amount of compensation required for equipment limitations			

It is important to note that skills are not included in these steps



TASK: PREPARE A PATIENT FOR AN EXAMINATION

1. Who (does the task)?

The clinical nurse. (Imagine that it is you.)

2. Performs what actions?

Talking with, and observing the emotional state of patient on examining table while waiting for examination. Offers reassurance to the patient and explains what procedures will be conducted.

3. Using what tools, materials, and aids?

This would include an examining table, instruments.

4. What instructions are used?

The order and nature of the actions is fairly flexible and determined by the nurse. The statement may, however, indicate that there is a typical way in which the preparation is conducted. Eg. ANCI Competency Standards guide the nurse in the scope of her preparation. Local procedure no.....

5. To accomplish what result?

To prepare the patient for a clinical examination.

Then using this information to write the task statement, it might read like this:

Task Statement:

Talks with and observes emotional state of patient on examining table while waiting for examination, reassures patient and explains what will be done, using discretion about how much information is needed and which instruments should be explained, IN ORDER TO prepare patient for physical examination.

Adapted from: World Health Organisation Resources for Health, 'Toolkit for Planning Training and Management' on http://hrhtoolkit.forumone.com/mstr_job_analysis/fja-03.html)



TOOL 14. Re-designing Job Roles

1. Determine the categories your work falls into.

EXAMPLE	CURRENT ROLE	FUTURE ROLE
Supporting and escorting patients		
Observation of patients		
Assessment of patients		
Providing assistance with ADLs		
Referrals and telephone calls		
Miscellaneous		

2. From your knowledge, fill in the percentage of time you spend on each category. Then check these percentages with your team and manager to verify accuracy.

EXAMPLE	CURRENT ROLE	FUTURE ROLE
Supporting and escorting patients 10%		
Educating and mentoring other staff 20%		
Assessment and observation of patients 30%		
Providing assistance with ADLs 20%		
Referrals and telephone calls 10%		
Miscellaneous 10%		

3. With your team members and colleagues, consider changing some tasks or deleting some tasks if they don't need to be done at all.

EXAMPLE	CURRENT ROLE	FUTURE ROLE
Supporting and escorting patients		
Observation of patients		
Assessment of patients		
Providing assistance with ADLs		
Referrals and telephone calls		
Miscellaneous		



4. After you have reviewed your current role, and determined what needs to change for the new role, discuss it with your manager first to consider what needs to be changed in your job description.

EXAMPLE	CURRENT ROLE	FUTURE ROLE
Supporting and escorting patients		
Observation of patients		
Assessment of patients		
Providing assistance with ADLs		
Referrals and telephone calls		
Miscellaneous		

Adapted from: Department of Health (UK), 2004, Modernising Workforce Planning, Retrieved December 2, 2004, from <http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingWorkforcePlanningHome/fs/en>



TOOL 15. Practical Aspects of Role Redesign

This tool is designed to tease out all those underlying issues related to the broader administrative aspects of a new role that are often neglected prior to recruitment. Use the questions as a trigger for others that allow an overall view of the role.

How long is the new position funded for?

Where will the new position be located on a day-to-day basis?

What team will the position be incorporated into?

What IT access will they require?

If the new person in the position wanted a 2 week holiday, what parts of the job could not be dropped?

Who will cover these parts?



What parts could be left until after the 2 weeks?

What will be the procedures for dealing with annual leave, sick leave, study leave, maternity leave for the new role?

Are the procedures already set out for the new person in the position? **yes** **no**

Have you worked out the performance appraisal plan for the new position?

yes **no**

What targets are reasonable to expect in the first six months and first year if the person is a beginner?

What targets are reasonable to expect in the first six months and first year if the person is experienced?

Who will fund the new position?

For **how long** will the new position be funded?



If no additional resources are allocated to the new role, how will you fund the position?

Who will be responsible for the budget?

If you need extra resources for the position, who will write the business case?

When does it need to be completed by and who is able to authorise the funding?

Have you spoken to the authorising person about the benefits of the position, and the work that you have done to get to the point of the business case?

yes **no**

Who is responsible for the professional development of the role?

Who will follow-up the person in the position to keep the professional links?

Will the line manager be responsible for the professional development as well as performance management?



If this is split, who is responsible for what?

How will the new person be introduced?

Who will they be introduced to?

How are you going to let stakeholders know of the new position?

What process will you use to introduce the new person in the position to the stakeholders?

How are you going to integrate the new person into their new team?

What are the most important aspects of how the team runs that will be important for the new person in the position to know?



REMEMBER:

- ◆◆ Have your orientation manual include the important aspect of the new role.
- ◆◆ Include your staff in the discussions about integration of the position into the team
- ◆◆ Have clear communication lines documented for the position.
- ◆◆ Include reward strategies in your planning.

Adapted from:

Department of Health (UK), 2004, Modernising Workforce Planning, Retrieved December 2, 2004, from <http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingWorkforcePlanning/Home/fs/en>



TOOL 16. Skills Design Analysis

This tool is a guide for analysing the types of skills you need for a **new** role. It will allow you to analyse generic skills necessary for a job, but also enable you to establish the skills and competencies that are essential to the achievement of Queensland Health's mission, goals and objectives. You may want to ask your managers to complete the tool when they are developing new roles, or you may want to complete it for your district as a whole. The results may give you a better idea of the type of skills and competencies required now and in the future for all areas of staff.

Always remember to link your competencies to the activities required to do the job *in the climate you are currently working*. That is, making sure that you base the skills on the activity of the unit / department / district. When determining what you will need, link your determination to the projected disease patterns, and projected workforce data supplied by the Health Workforce Unit.

There are 4 components to the analysis. Part A. is for identifying your unit / department / district and the occupations you are evaluating. Part B. asks you to list the generic competencies related to the occupations you are investigating. Part C. examines the common competencies that have been found to be essential for most occupations excluding the specific professional and clinical components needed. Part D. is used for ascertaining the technical competencies needed in the occupation(s) you are analysing. Once you have completed this you can then combine your information from the analysis and link it to your supply and demand analysis (TOOL 10).

Part A: Stream Data Analysis

Stream or occupations being evaluated:

Number employed in the stream or occupation being evaluated

Levels of employees in identified stream or occupation being evaluated (eg. 4 Physiotherapists at PO3 level)

Number of employees in stream or occupation with more than 5 years experience



Part C: Generic Competency List¹³

Next, specify from the following pages of generic competencies (1) how many of competencies, and the level of competency, the employees (as a group) in your work unit **currently have**; (2) what competencies and their level are **currently needed** to complete the work in your unit; and (3) what competencies and their level will be **required in the future** based on your district’s strategic plan.

Please use the following scale:

0 Not required	1 Basic	2 Between Basic and Intermediate	3 Intermediate	4 Between Intermediate and Advanced	5 Advanced
--------------------------	-------------------	--	--------------------------	---	----------------------

Competency	Details	Have Now	Needed Now	Required in Future	Actions Required to Increase Competency
Use of Technology to Tasks	Selects and understands procedures, technology, or tools related to the job. Identifies and solves problems with technology.				
Mathematical Reasoning	Uses correct mathematical calculations in tasks appropriate to the standard of the position				
Diligence	Has energy, commitment and responsibility of a high level in the work performed.				
Innovation	Uses alternative thinking and imagination to solve problems creatively.				



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Competency	Details	Have Now	Needed Now	Required in Future	Actions Required to Increase Competency
Customer Service	Satisfies customer and client expectations and looks for ways to improve				
Decision Making	Uses most appropriate alternatives in decision making, considers risks when solving problems, Achieves goals after thoughtful consideration.				
Flexibility	Adjusts quickly to changes. Looks for solutions which overcome obstacles				
Integrity/Honesty	Shows the use of high ethical standards, comprehends the impact of violating these on self, others and the organisation. Maintains a high level of trust with others.				
People Skills	Is considerate, friendly, understanding and cooperative in dealings with all others. Looks for win/win solutions. Focuses on being tactful and showing empathy. Is culturally sensitive and values diversity.				
Leadership	Provides vision and inspiration. Works together with others empower, motivate, and challenge positively to achieve goals. Seeks to find best leadership style for each situation.				



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Competency	Details	Have Now	Needed Now	Required in Future	Actions Required to Increase Competency
Listening	Acknowledges and clarifies messages from others in ways appropriate to the situation. Uses appropriate body language and listens to achieve understanding, and good communication				
Manages and Organises Information	Maintains and communicates information in a transparent, accurate manner using a variety of methods. Maintains confidentiality of information and accommodates privacy provisions. Regularly monitors information and its effects.				
Manages Human Resources	Plans, delegates, and monitors work assignments; Appraises work performance and ensures that feedback is given in appropriate timeframe. Evaluates on an ongoing basis.				
Manages Non-human Resources	Procures, dispenses and maintains resources such as materials, equipment, or money within budget.				
Negotiation	Works with others to find agreeable solutions. Plans negotiation and risk manages situations prior to and during negotiations.				



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Competency	Details	Have Now	Needed Now	Required in Future	Actions Required to Increase Competency
Organisational Awareness	Has knowledge of social, political, organisational, and technological systems and how they work within the organisation. Operates effectively within them.				
Analysis	Examines trends, principles, and/or relationships between facts and other information. Uses analysis to enhance organisational achievement				
Self-Esteem and Self Efficacy	Has a positive self-image, believes in own ability to work through issues and achieve successful outcomes. Able to learn from past but is not hindered by it.				
Managing Self	Set goals which are achievable, realistic; priorities work to meet timetables, monitors own progress and ensures work-life balance is maintained.				
Delivery of Ideas and Public Speaking	Organises and communicates ideas which are understandable to listeners. Engages listeners and encourages interaction.				
Stamina and Resilience	Completes routine and mundane tasks successfully on a regular and repeated basis.				



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Competency	Details	Have Now	Needed Now	Required in Future	Actions Required to Increase Competency
Mentors, Preceptors Others	Assists others to learn; recognises training needs; provides constructive feedback; guides and coaches on performance.				
Teamwork	Encourages and facilitates cooperation, trust, and group cohesiveness and team spirit; works with others collaboratively to meet goals. Operates in an inclusive manner all staff.				
Technical Competence	Knowledgeable and skilled in role. Maintains standards and improves competence when standards change. Increase skills on an ongoing basis through formal and on-the-job training.				
Written Communication	Uses suitable writing style, punctuation, and spelling to report, communicate ideas, and relay information in writing.				



Part D: Determining Technical Competencies.

This segment asks you to categorise the most ***critical*** technical competencies for the occupation/s that you are evaluating. A technical competency relates to specific knowledge or skill that is required for successful performance of a particular professional group.

The following might be examples of technical competencies for nurses in a clinical setting:

Wound management - *Knowledge of the physiological and psychological processes of healing, ability to manage and maintain wound management systems in relation to surgical wounds, ostomy care, pressure wounds and dermatological conditions.*

Physical assessment – *Ability to take history, conduct general survey and assess all body systems*

Discharge planning – *Maintains a continuum of care approach to client care through planning and documentation of discharge requirements in appropriate time frame for optimum patient outcome and continuity of care.*

The information you obtain should be garnished from a variety of sources. These can include sources such as subject matter expert; your staff; job descriptions related to the occupations in your unit or like units; existing job analysis information, and professional standards applicable to your unit or profession.

Answer these questions

When you think about the top performers in your unit / department or District, what technical skills and knowledge come to mind?

What technical competencies *distinguish* superior performance from average performance?



What technical competencies are *critical* to success in the unit achieving its goals?

What will happen if the critical competencies are not available?



NEXT:

Step 1: Write the *most critical* technical competencies in the left column.

Step 2: Indicate (1) how much of each competency the employees in your work unit **currently have**; (2) how much is **currently needed** to accomplish the work in your unit; and (3) how much will be **required in the future** based on the strategic plan of the unit / department / district.

Please use the following scale:

0 Not required	1 Basic	2 Between Basic and intermediate	3 Intermediate	4 Between Intermediate and Advanced	5 Advanced
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Example:

Technical Competency Description	Have Now	Needed Now	Required in Future (determine period)	Actions Required to Increase Competency Standard in Occupation
<u>Wound management</u> - Knowledge of the physiological processes of healing, ability to manage and maintain wound management systems in relation to surgical wounds, ostomy care, pressure wounds and dermatological conditions.	2	3	4	Implement education on latest trends in wound management to surgical and medical wards. Clearly detail the education responsibilities in Clinical Nurse job description



Please use the following scale in each column:

0 Not required	1 Basic	2 Between Basic and intermediate	3 Intermediate	4 Between Intermediate and Advanced	5 Advanced
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Technical Competency Worksheet

Technical Competency Description	Have Now	Needed Now	Required in Future	Actions Required to Increase Competency Standard in Occupation



Technical Competency Description	Have Now	Needed Now	Required in Future	Actions Required to Increase Competency Standard in Occupation



WORKFORCE DIRECTORATE

Technical Competency Description	Have Now	Needed Now	Required in Future	Actions Required to Increase Competency Standard in Occupation
Technical Competency Description	Have Now	Needed Now	Required in Future	Actions Required to Increase Competency Standard in Occupation



Technical Competency Description	Have Now	Needed Now	Required in Future	Actions Required to Increase Competency Standard in Occupation

Adapted from:

United States Department of the Interior. Officer of Policy Management and Budget. Right People, Right Place, Right Time: A Guide to Workforce Planning in the U.S. Department of the Interior Retrieved November 18, 2004, from <http://www.doi.gov/hrm/WFPGuide.html>



TOOL 17. TRAINING AND EDUCATION

a) Development of an Education Framework

(Use this tool to assist you at a district level in the coordination, monitoring and effective utilisation of education. It is best developed by gathering representatives from all streams and all levels together in a facilitated process. Ownership of the framework in the district is important.)

INTRODUCTION

What district context does an education framework fit into?

What history/ socio-economic / cultural aspects of the district need to be taken into account?

What type learning environment already exists?

OBJECTIVES

How does an educational framework link with the QH strategic plan?



What patient objectives are important to be achieved in the district?

What are the staff objectives are needed for the district?

As an organisation, what does the district need to aim for in education of its staff?

At the team level, what does the district want to provide in terms of education?

What goals should be targeted for individuals at a district level?



OUTCOMES

What will happen to our patients, staff, community, if the framework is successful?

How do the outcomes link with the strategic plan?

What do you expect that the framework will improve in the short term?

Medium term?

Long term?



PRINCIPLES

What are the principles that underpin the framework? (what kind of environment is important to foster in order for outcomes to be met? What do Learners hold dear?)

What roles and responsibilities do staff have for ensuring the principles are part of the culture?

RESPONSIBILITIES

What roles and responsibilities do management have for ensuring the principles are part of the culture?

What roles and responsibilities do individuals have for ensuring the principles are part of the culture?



Internal collaboration processes:

What staff are responsible for managing the smooth coordination of education internal to the district or facility in the following areas?

Clinical Education

Generic Education

Mandatory Education

External collaboration processes:

What positions are responsible for liaison and coordination of external courses, workshops or conferences? (District size may mean a number of different people are responsible in different streams, if so, who do these people report their information to?)



Monitoring

Who is responsible for monitoring the progress of the framework implementation?

At Unit level

At Facility level

At district level

Feedback responsibilities

What feedback loops are already in place for education in the district?

In what way are staff required to feedback give about education received? (at end of workshop? n a feedback sheet if course/ workshop external? Upon return from conferences?)

Education type	Feedback required	Timeframe for completion	Feedback reported to
At the end of an in-services			
At the end of a workshops run internally			
On return from workshops run externally			
Upon return from conferences			



Follow-up

When will managers follow-up staff who haven't complied with the above guidelines?

Reporting to stakeholders

To whom will the success or failure of the framework be report to and how often?

Maintenance of standards

How will the district know that education delivered is of a sound quality?

What standards need to be maintained?

How will the district let trainers know of the standards expected?

What processes does the district need to put into place for standards to be maintained?



Establishment of networks

What kind of contact needs to be maintained with other districts, corporate offices and external agencies regarding the framework?

RESOURCES

Time

How will attendance to education be negotiated with staff?

What rostering issues need to be planned for if people are attending courses?

What plans are put in place for backfilling? (When will staff be backfilled? When will they be covered by existing staff?)

Skills

What skills do you want trainers to have? (eg. qualifications they need, qualifications they need to work towards obtaining)

How can your trainers gain these?

Is there a minimum requirement? If so, how do people gain these skills without qualifications?



What supportive measures are needed from the district to facilitate excellence in training techniques?

Technologies and Equipment

How will technology be used?

What technologies are appropriate for training in the district?

How are these to be encouraged?

How are these to be moderated?



How are these to be limited?

What equipment is necessary for trainers to bring with them or have in place for them?

What do they need to have access to?

How should they leave the equipment?

What WPH&S issues should they know?

What guidelines should be in place in the district to facilitate good care and equitable access to equipment?



Information

How are education programs and sessions advertised? (eg. paper based, email)

When should this advertising take place in order for people to arrange rosters and attend training? (Are these different for formal and informal courses?)

What calendar requirements are necessary? (How are sessions targeted across the calendar year?)

District

Facility

Unit

What attendance record requirements are completed for each type of training (eg. formal and informal)

What content requirements need to be included in marketing material? (eg. objectives, outcomes expected, target audience etc.)

Financial

How is access to education prioritised? Do any staff get access to education over others?



PROGRAM DESIGN

What program design is best for the district? (Facilitated approach, lecture approach, on the job training approach, competency development approach or a combination?)

How does the district expect the trainers to gain the skills to design programs based on the approaches chosen?

How is the design of programs tailored to suit the needs of the district? (eg. All formal? mixture of formal and informal? Group discussions? Use of videoconferencing?)

What trainer skills are expected for delivery of formal programs?

What trainer skills are expected for delivery of informal programs? How will staff delivering informal education be encouraged to improve training skills?

CONTENT AND DELIVERY

How is the content made relevant to learners prior to the program being developed or commenced?

What learning styles of learners are taken into account in the development of delivery methods?

What pre-reading or pre introductory activities could be utilised?



Education is delivered in this way in order to.....(Brainstorm with staff about the reasons why education should be delivered in such a way)

Training Outcomes for Learners

What outcomes does the district want for learners?

Outcomes for learners at an organisational level	Outcomes for learners at an individual level



Mandatory and Organisational Education Requirements

What education **must** be attended and competencies maintained in the district?

STREAM	MANDATORY EDUCATION REQUIRED (eg. All staff: Fire safety, COC, Nursing: advanced life support, child safety, assessment skills)	ORGANISATIONAL EDUCATION REQUIREMENTS	CLINICAL EDUCATION REQUIREMENTS
<u>ALL STAFF</u>			

What stream specific education is required on a regular basis but not mandatory?

	ORGANISATIONAL EDUCATION REQUIREMENTS	CLINICAL EDUCATION REQUIREMENTS
<u>NURSING SPECIFIC</u>		
<u>MEDICAL SPECIFIC</u>		



WORKFORCE DIRECTORATE

STREAM	ORGANISATIONAL EDUCATION REQUIREMENTS	CLINICAL EDUCATION REQUIREMENTS
<u>ALLIED HEALTH SPECIFIC</u>		
<u>TECHNICAL SPECIFIC</u>		

STREAM	ORGANISATIONAL EDUCATION REQUIREMENTS	AREA SPECIFIC EDUCATION REQUIREMENTS
<u>ADMINISTRATION SPECIFIC</u>		
<u>OPERATIONAL SERVICES SPECIFIC</u>		



Action Plan Development

Once the framework has been developed, an action plan is necessary to ensure implementation is progressed.

ACTION (What is the task we have to do?)	PERSON RESPONSIBLE (Who does it?)	COMPLETION DATE (When will it be done by?)	OUTCOME (how will we know it's been done?)	PERFORMANCE INDICATOR (How will we know it's been successful?)	REPORTING RESPONSIBILITY (Where will it be reported?)



ACTION (What is the task we have to do?)	PERSON RESPONSIBLE (Who does it?)	COMPLETION DATE (When will it be done by?)	OUTCOME (how will we know it's been done?)	PERFORMANCE INDICATOR (How will we know it's been successful?)	REPORTING RESPONSIBILITY (Where will it be reported?)



TOOL 17. TRAINING AND EDUCATION

b) Training and Education Plan for New positions

Use this tool to assist you with the specific training required for someone with only the basic skills. Try to think it in terms of education that builds on another. For example, in teaching life support skills, you will need to train people first in basic life support before moving on to advanced life support education. Following that, depending on the position, you may require the person to develop advanced life support facilitation skills for the unit / department or district.

1. Analysis

SKILLS EXPECTED PRIOR TO GAINING POSITION	SKILLS REQUIRED FOR POSITION NOT EXPECTED PRIOR	EDUCATION REQUIRED FOR EACH SKILL



2. Plan

LEARNING THEME	LEARNING CONTENT	LEARNING METHOD	POSITION RESPONSIBLE FOR TRAINING



3. Delivery

Person delivering training

Place of training

Time / times of training

Mode of delivery (ea. face/ face)

Parts that are delivered on-the-job

Positions / people competent to assess current competence and future training needs.

Resources for delivery by people already in a position to provide training.

**Funding of education and training:
Costs associated with on-the-job & off-the-job training.**

Education qualifications required to deliver the education material or facilitate training.



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REFERENCES

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