

Our people

3

Committed employees delivering quality services

The contribution of skilled and committed professionals across all roles within our organisation ensures that we are able to deliver a quality health service. Our highly-skilled and valued workforce remains a priority as we meet the challenges of future health needs and the changing workforce environment.

As at 30 June 2016, we employed 4309 Full Time Equivalent (FTE) people, representing a Minimum Obligatory Human Resource Information (MOHRI) Headcount of 5491 employees.

Employee recruitment, engagement and retention strategies

Sunshine Coast Hospital and Health Service is working to ensure we have a sustainable and highly-qualified workforce to meet the future needs. There are a number of challenges facing the future growth of our organisation, including:

- the commissioning of new services
- opening of the Sunshine Coast University Hospital
- an ageing workforce
- high levels of organisational change
- a multi-generational workforce.

To meet these challenges and other emerging needs of the health service environment, it is critical we continue to invest in our people.

Workforce, change and engagement initiatives have been implemented through the health service's Sunshine Coast University Hospital Program. This program has been developed to support our readiness for the expansion of services in 2017 by leading workforce planning, recruitment, leadership and change management activities. The overall objective is to deliver strategic and functional workforce planning, and development as well as recruitment, attraction and retention strategies.

In 2013, the health service developed workforce projections which identified the indicative future workforce requirements for Sunshine Coast University Hospital, and the remainder of the health service in 2016-2017.

In 2015, a consultation process occurred to refine the 2013 workforce projections with the consideration of the models of care developed for Sunshine Coast University Hospital. The result was the development of workforce profiles for the health service for 2016-2017. To meet the required future workforce needs the health service undertook an internal transition process for existing staff which concluded in July 2016. To meet the future workforce needs, including those associated with the commissioning of new services, a recruitment program has now been implemented. Each of these programs will enable the transition and appointment of the required workforce for the new hospital.

The organisation has grown and developed its workforce in a planned and staged way in preparation for the opening of Sunshine Coast University Hospital since 2012.

Strategic Workforce Plan

The provision of public health services in the Sunshine Coast Hospital and Health Service will undergo significant change in the coming years. It is estimated that the Sunshine Coast University Hospital will require about 3000 Full Time Equivalent (FTE) staff upon opening in 2017. The attraction, recruitment and retention of the additional workforce requirements represent a challenge for the health service. This is a challenge we are well placed to meet.

Challenges associated with service demand will also be faced. Increasing population and the prevalence of chronic diseases together with, the transition of services and the creation and expansion of new tertiary services at the new hospital, and transformation of the remainder of the health service will all present a unique operating environment in the lead up to and the post opening period.

The *Sunshine Coast Hospital and Health Service Strategic Workforce Plan 2011-2021* was developed to ensure workforce planning and development are effectively addressed. This is integral to the success of the health service as it provides the necessary mechanisms for attracting and retaining a workforce of skilled health professionals who support our role as a leader in health care services in this region.

Our workforce planning and development will place the health service in a strong position to meet these future challenges. We continue to invest in our current workforce as we grow and source the workforce required for future service needs.

Human Resources

We are committed to continuous improvement of our human resource service and the business partner model which ultimately contributes to and supports the delivery of quality and safe patient care.

The business partner team is supported by specialist teams within Human Resources. This model enables the delivery of dedicated and professional human resource support and advice to clients (executive, senior management, service groups and corporate support areas). Positive feedback has been received from our client groups to date and we continue to partner with clients, seek feedback, adjust and improve services to meet the changing needs of the health service.

Included within Human Resources is the provision of support and advice relating to industrial awards and agreements, the Code of Conduct, employee entitlements, performance management, complaint management and discipline.

This support includes management, investigation and resolution of matters that may require reporting to external agencies (e.g. Crime and Corruption Commission, Public Service Commission, Queensland Ombudsman, Office of the Health Ombudsman), conciliation and advocacy within industrial and other tribunals.

The Public Service Commission's Conduct and Performance Excellence (CaPE) service supports agencies in managing employee conduct and performance. Human Resources has aligned with the CaPE framework, categorising matters and reviewing conduct and performance management data on a quarterly basis, promoting leadership, excellent conduct and high performance and supporting managers in dealing with poor conduct and performance. Human Resources is continuing to work with the Public Service Commission to ensure developing issues, good practice and opportunities to develop capabilities are identified.

Human Resources manages the reporting of matters to the Crime and Corruption Commission for suspected corrupt conduct (formerly suspected official misconduct). The obligation to report allegations of corrupt conduct is a legislative responsibility of the Health Service Chief Executive. Human Resources works with the Manager Ethics and Integrity within the Office of the Health Service Chief Executive.

During 2015-2016, Sunshine Coast Hospital and Health Service had carriage of 117 new matters; of which nine new suspected corrupt conduct matters were reported to the Crime and Corruption Commission, and 108 other ethical and employment related matters that did not involve suspected

corrupt conduct. Of the nine new matters assessed as suspected corrupt conduct and reported to the Crime and Corruption Commission; one matter was substantiated, two were not substantiated and six matters are continuing to be managed.

A Health Service Consultative Forum, along with local consultative forums representative of our workforce disciplines, continues to operate in line with the Public Service Commission Guidelines for Consultative Forums.

These forums enable a strong focus and commitment to local resolution and provide a robust framework for consultation between management and unions on matters arising out of industrial instruments, workforce change or other workforce matters.

Table 4: Our workforce profile - Minimum Obligatory Human Resource Information (MOHRI) Occupied FTE

Employment category	Financial Year 2015 ¹	Financial Year 2016 ²
Managerial and clerical ³	751.96	906.24
Medical incl VMOs	516.75	583.57
Nursing	1,623.44	1,763.72
Operational	504.89	499.58
Trade and artisans	12.00	14.00
Professional and technical	38.26	39.80
Health practitioners	475.21	502.16
Total	3,922.51	4,309.07

Notes:

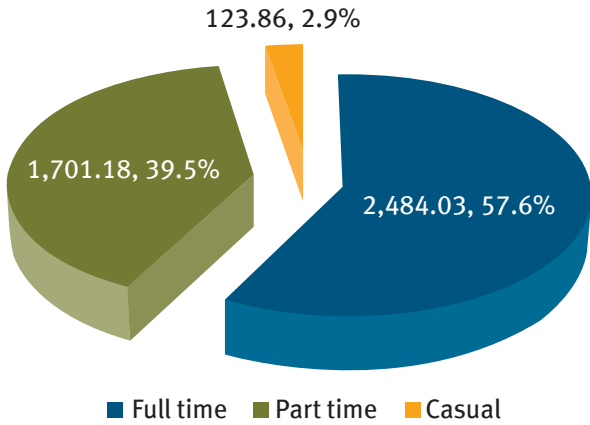
1. Includes all full time, part time and casual SCHHS employees at the end of June 2015
2. Includes all full time, part time and casual SCHHS employees at the end of June 2016
3. The Sunshine Coast University Hospital Program has seen a significant increase in temporary employees (project roles) in the Managerial and clerical stream.

Table 5: Year-to-date MOHRI Average FTE

Employment category	Financial Year 2015	Financial Year 2016
Managerial and clerical	691.30	840.50
Medical incl VMOs	513.84	557.04
Nursing	1,601.85	1,689.65
Operational	502.90	500.56
Trade and artisans	12.54	12.42
Professional and technical	37.02	37.59
Health practitioners	474.28	488.90
All paypoints	3,833.72	4,126.66

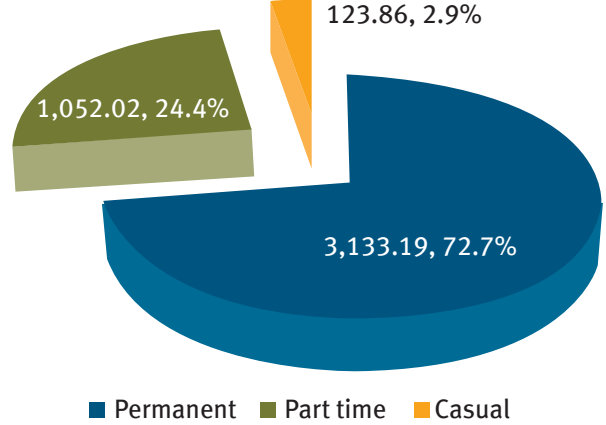
Graph 1: Our workforce profile – Employee Type (MOHRI Occupied FTE)

Employee type-FY2016



Graph 2: Our workforce profile – Employee Status (MOHRI Occupied FTE)

Employee status-FY2016

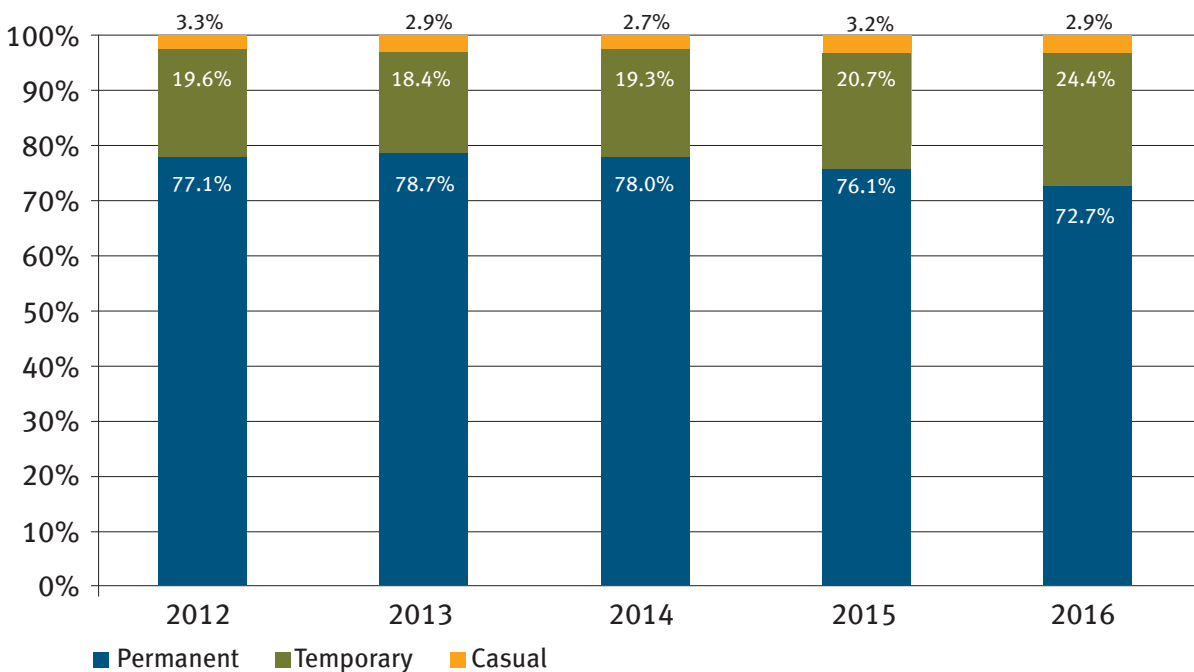


Since the 2012 financial year, the Occupied FTE has increased by 647 FTE or 17.7 per cent. During this period Managerial and Clerical increased by 308, Nursing by 170, Medical and VMOs FTE increased by 107, and Health Practitioners by 75 FTE. Clinical streams accounted for 55.1 per cent of the growth. The number of employees (headcount) increased by 758 or 16 per cent.

Over the past financial year:

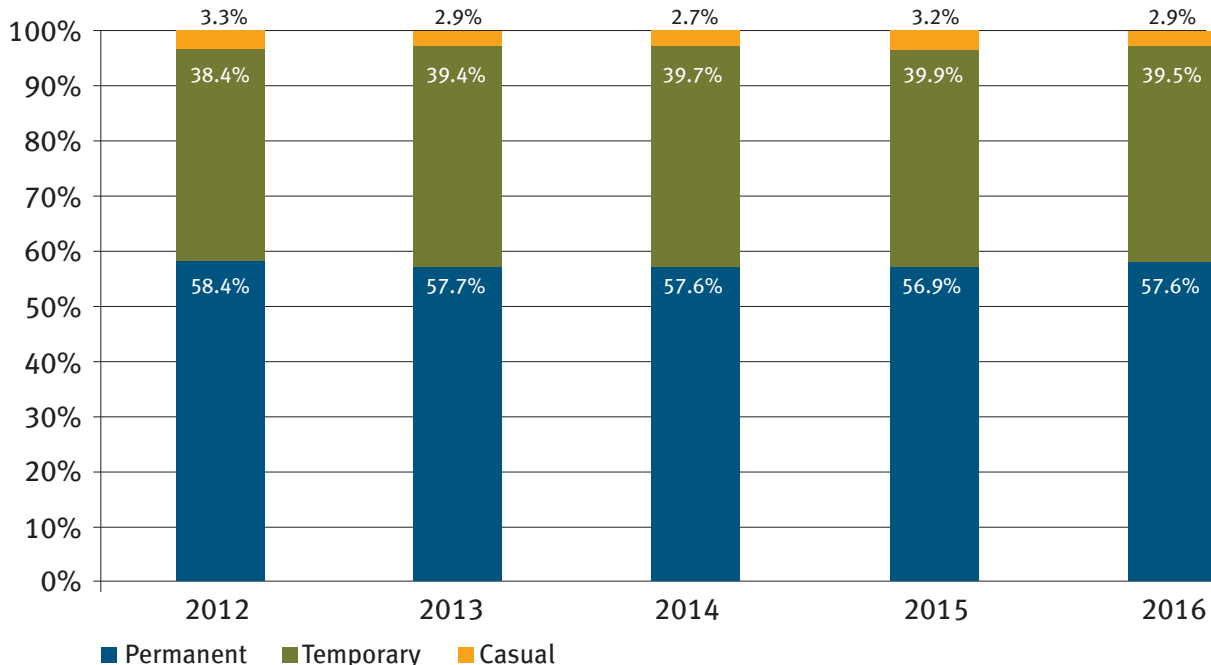
- The workforce (MOHRI Occupied FTE) increased by 387 FTE or 9.9 per cent. Clinical streams accounted for 60.9 per cent and Non-Clinical for 39.1 per cent of the growth. The increase was mainly associated with the Sunshine Coast University Hospital project, which had an increase in staff of 227 per cent. The business-as-usual areas grew by 5.6 per cent.
- Clinical streams made up 67.1 per cent of the workforce.
- The headcount (MOHRI Occupied Headcount) increased by 468 or 9.3 per cent.
- The Headcount to Occupied FTE ratio has remained the same at 1:0.78.

Graph 3: Five-year workforce status comparison: based on MOHRI Occupied FTE



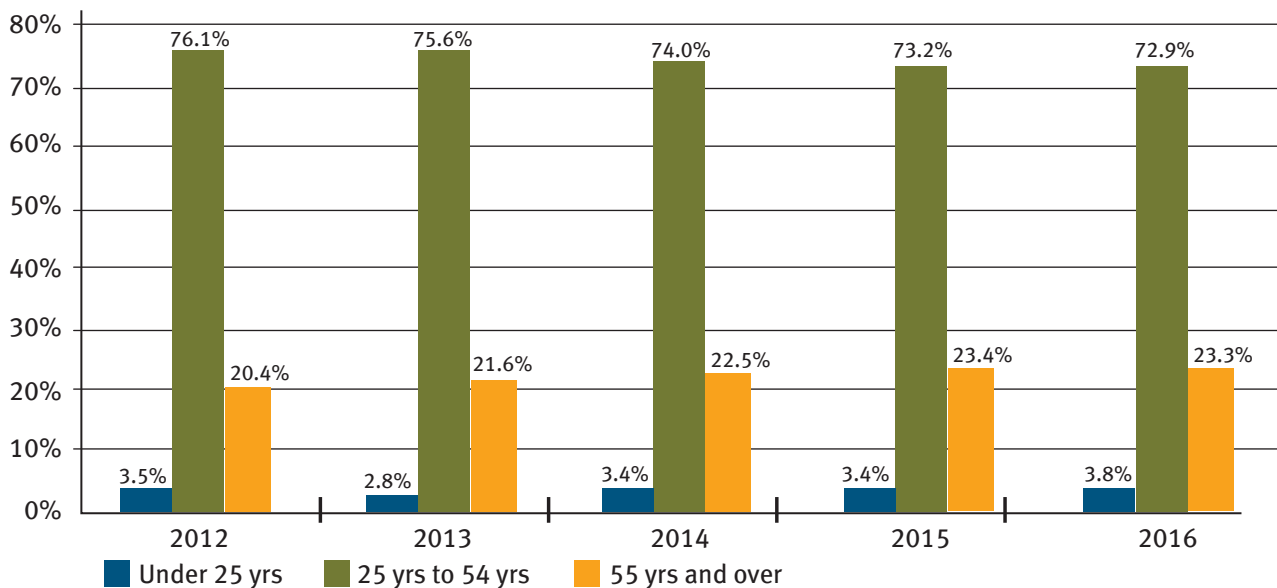
The majority of our employees are employed permanently - reaching a peak of 78.7 per cent in the 2013 financial year. In the 2016 financial year, the proportion of permanent employees dropped to 72.7 per cent, casual staff dropped from 3.2 per cent to 2.9 per cent, and temporary employees increased from 20.7 per cent to 24.4 per cent. These changes were mainly due to the influence of the Sunshine Coast University Hospital project positions.

Graph 4: Five-year workforce type comparison: based on MOHRI Occupied FTE



The proportion of part time employees has remained steady at nearly 40 per cent of MOHRI Occupied FTE. Full time employees dropped from 58.4 per cent in the 2012 financial year to 57.6 per cent in the 2016 financial year. Over this period casual employees have dropped from 3.3 per cent to 2.9 per cent.

Graph 5: Age distribution comparison over five years (MOHRI Occupied FTE)



Over the past five years there has been a steady increase in the proportion of employees aged over 55 years, with an increase from 20.4 per cent in the 2012 financial year to 23.4 per cent in the 2015 financial year. However, the over 55 rate dropped slightly to 23.3 per cent in the 2016 financial year. The proportion of employees aged less than 25 years has averaged around 3.4 per cent over the past five years, but has increased slightly in the 2016 financial year. The ageing workforce has been identified as a factor in our Strategic Workforce Plan.

Table 6: Average workforce age (MOHRI Occupied Headcount)

Average age	As at 30 June 2010	As at 30 June 2013	As at 30 June 2014	As at 30 June 2015	As at 30 June 2016
Managerial and clerical	46.87	47.66	47.98	47.78	47.42
Medical incl Visting Medical Officers (VMOs)	38.76	39.01	38.29	38.12	37.77
Nursing	46.10	46.82	46.61	46.53	46.37
Operational	46.11	47.81	48.26	48.67	48.71
Trade and artisans	50.06	52.49	53.47	53.80	53.92
Professional	42.54	42.89	43.76	45.72	44.78
Health practitioners	41.99	42.41	42.63	42.81	42.49
Technical	39.70	42.18	-	52.26	53.26
All paypoints	45.02	45.60	45.55	45.60	45.36

The average age reduced slightly from 45.60 years in the 2015 financial year to 45.36 years in the 2016 financial year.

Table 7: Length of service

Average length of service	As at 30 June 2010	As at 30 June 2013	As at 30 June 2014	As at 30 June 2015	As at 30 June 2016
Managerial and clerical	9.16	9.34	8.87	8.14	7.86
Medical incl Visiting Medical Officers (VMOs)	7.32	6.40	6.37	6.36	6.33
Nursing	9.98	10.28	10.22	10.20	10.13
Operational	9.01	9.52	9.47	9.74	9.85
Trade and artisans	5.27	7.52	8.78	9.90	9.47
Professional	9.34	7.40	7.55	7.48	7.43
Health practitioners	8.68	8.88	9.08	9.28	8.91
Technical	5.62	11.15	-	0.79	1.79
All paypoints	9.30	9.37	9.28	9.19	9.05

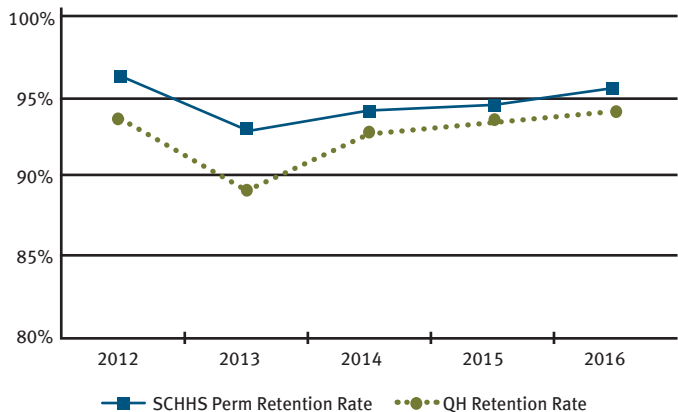
The average length of service has dropped slightly from 9.30 years in the 2010 financial year to 9.05 years in the 2016 financial year.

At 10.13 years, the nursing stream has the longest average length of service. This is followed by operational at 9.85, trades and artisans at 9.47 years, health practitioners at 8.91, and managerial and clerical at 7.86. Medical and Visiting Medical Officers (VMOs) have the shortest average length of service of the larger streams due to the rotation of junior medical staff.

Table 8: Permanent retention rate per cent (MOHRI Occupied Headcount)

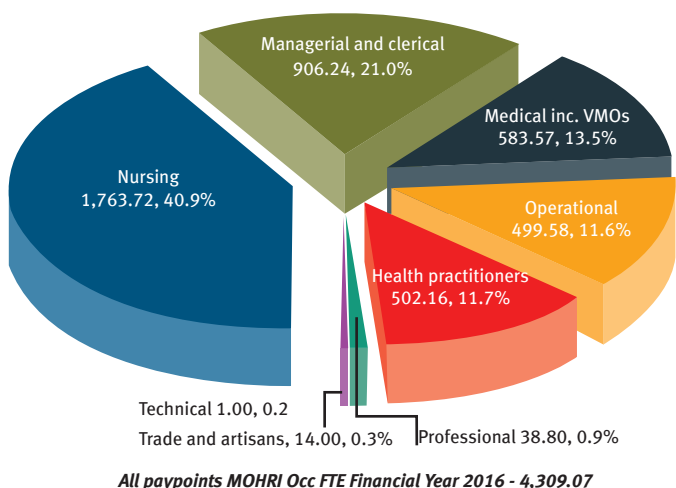
Permanant Retention Rate	2012	2013	2014	2015	2016
Sunshine Coast Hospital and Health Service Permanent retention rate	95.91%	92.62 %	93.73 %	94.60%	95.39 %
Queensland Health retention rate	93.62%	89.17 %	92.80 %	94.15%	94.20 %

Graph 6: Permanent retention rate per cent (MOHRI Occupied Headcount)



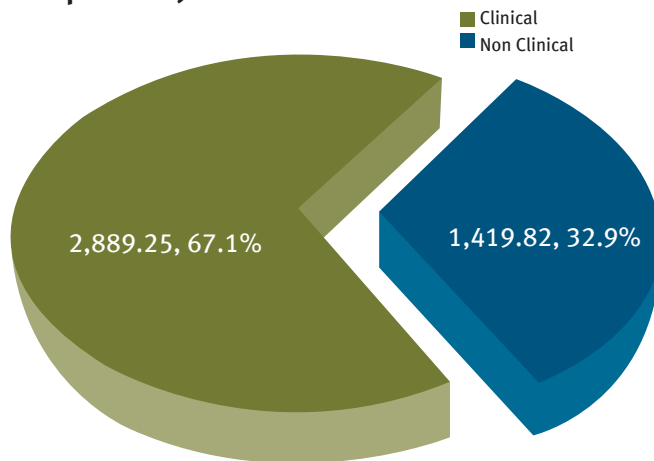
The health service maintained a permanent employee retention rate of around 95 per cent from the 2011 financial year to the 2012 financial. The rate dropped in the 2013 financial year but has increased steadily since then. Retaining the right people is a key element in the Sunshine Coast Hospital and Health Service Employee Retention Plan 2012-2017 as we undergo significant workforce growth.

Graph 7: Employee per cent by Stream (MOHRI Occupied FTE)



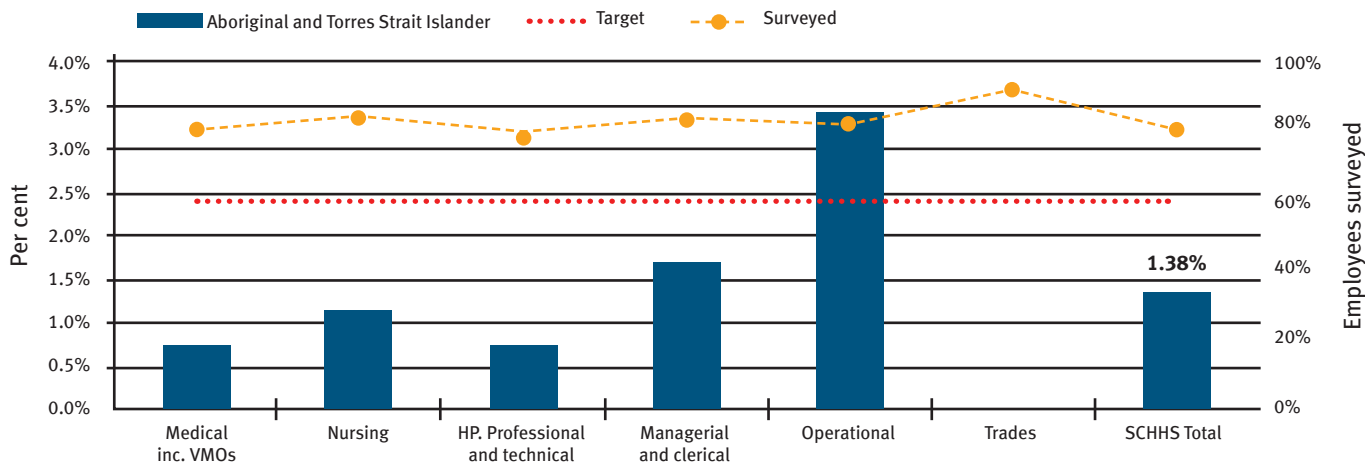
Nursing accounts for the highest percentage of the workforce at 40.9 per cent, with managerial and clerical next at 21 per cent, medical and VMOs at 13.5 per cent, health practitioners at 11.7 per cent, operational at 11.6 per cent, professional at 0.9 per cent, trades and artisans at 0.3 per cent, and technical at 0.02 per cent.

Graph 8: Clinical and Non-Clinical per cent (MOHRI Occupied FTE)



The clinical streams amount to 67.1 per cent of the workforce.

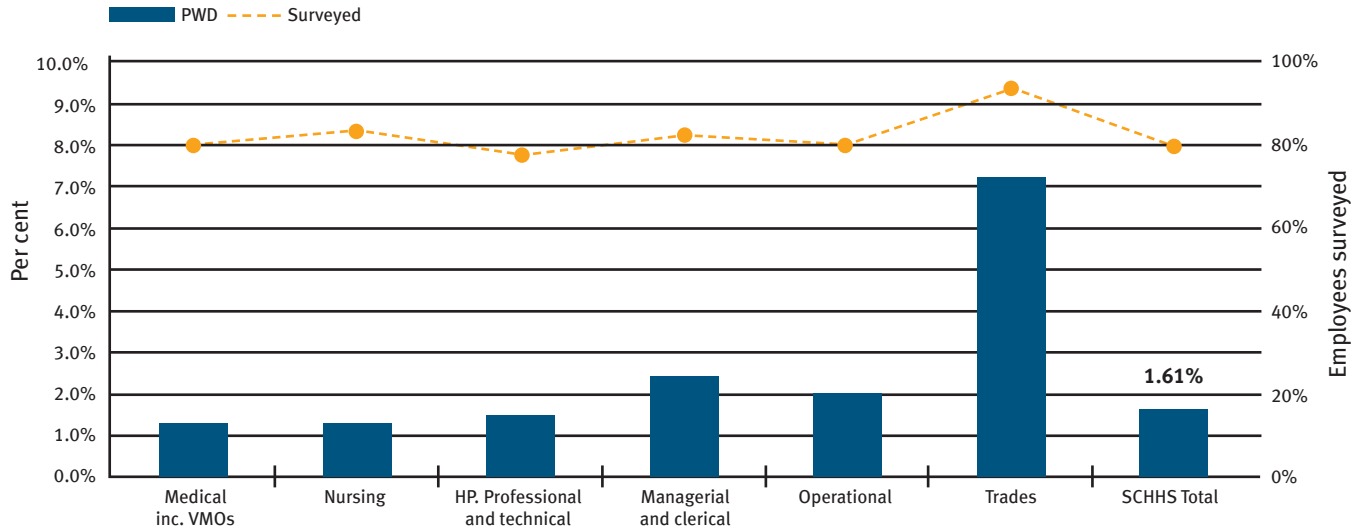
Graph 9: per cent of Aboriginal and Torres Strait Islander (A&TSI) in our workforce (Jun 2016)



Increasing Aboriginal and Torres Strait Islander representation in employment and reducing the overall level of disadvantage among Indigenous Australians is an integral part of the health service’s commitment to closing the gap between Indigenous and non-Indigenous Australians.

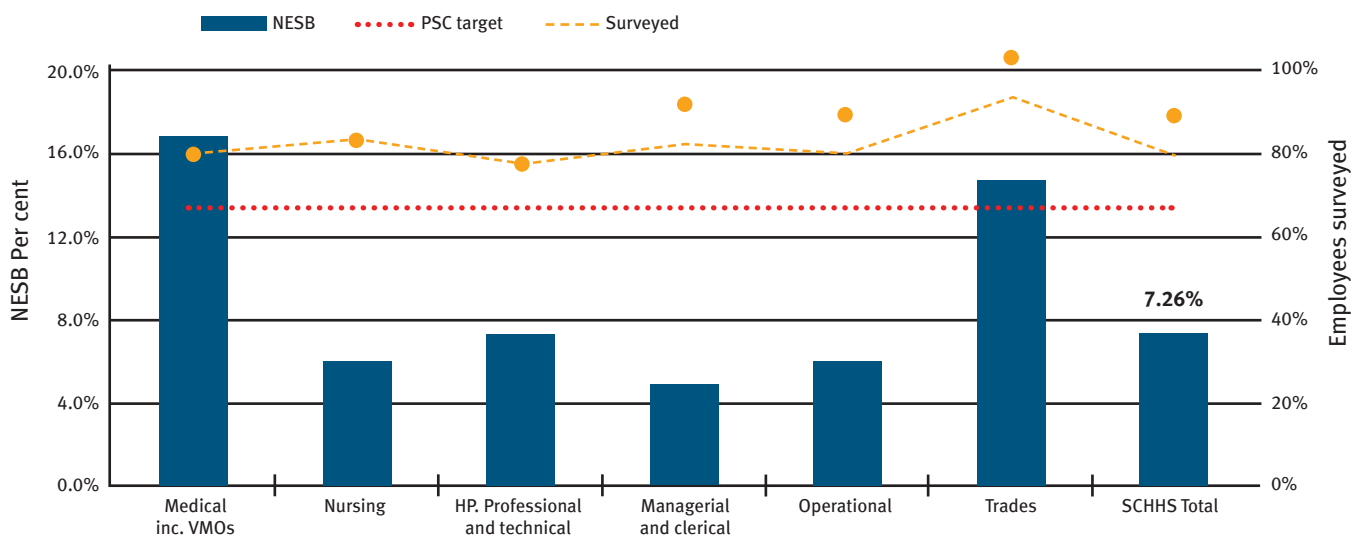
The health service currently employs 76 staff who have identified as Aboriginal and Torres Strait Islanders, which represents 1.38 per cent of the workforce. This rate is down on the 2015 financial year and is below the Public Service Commission target of 2.4 per cent. We have identified that a number of Aboriginal and Torres Strait Islander staff have not identified as such and we are encouraging them to do so.

Graph 10: Per cent of People with Disabilities (PWD) in our workforce (Jun 2016)



The health service supports the As One Public Service Disability Employment Strategy. As at June 2016, 1.61 per cent of the workforce (88 employees) had identified as having a disability. There is currently no Public Service Commission target.

Graph 11: Per cent of Non-English Speaking Background (NESB) in our workforce (Jun 2016)



The health service encourages and supports linguistically diverse backgrounds across all occupational streams. As at 30 June 2016, 7.26 per cent (399) of employees have identified themselves as having a non-English speaking background. The Public Service Commission has a target of 13.5 per cent.

Table 9: Per cent of women in our workforce

Per cent female by stream	2012	2013	2014	2015	2016
Managerial and clerical	87.5%	89.2%	87.1%	86.8%	84.9%
Medical incl Visting Medical Officers (VMO's)	36.3%	36.4%	39.6%	39.0%	39.3%
Nursing	86.9%	86.7%	86.7%	86.7%	86.5%
Operational	58.4%	58.7%	59.3%	58.2%	58.1%
Trade and artisans	0.0%	0.0%	0.0%	0.0%	0.0%
Professional	69.2%	64.1%	62.8%	62.8%	68.1%
Health practitioners	77.7%	77.8%	76.6%	76.7%	76.8%
Technical	100.0%	100.0%	-	100.0%	100.0%
All paypoints	75.7%	75.7%	75.8%	75.9%	75.7%

According to the Australian Government Gender Equality Agency report July 2013, the highest representation of women working in any industry was in health care. The health service workforce has consistently been composed of about 76 per cent women.

In the 2016 financial year, the highest representation of women is in the technical stream at 100 per cent but this has only one FTE. The nursing stream is next with 86.5 per cent, followed by managerial and clerical at 84.9 per cent. The lowest is in the trades and artisans stream with no women. The female representation in medical and VMOs has increased from 36.3 per cent in the 2012 financial year to 39.3 per cent in the 2016 financial year.

Table 10: Mandatory Training Compliance

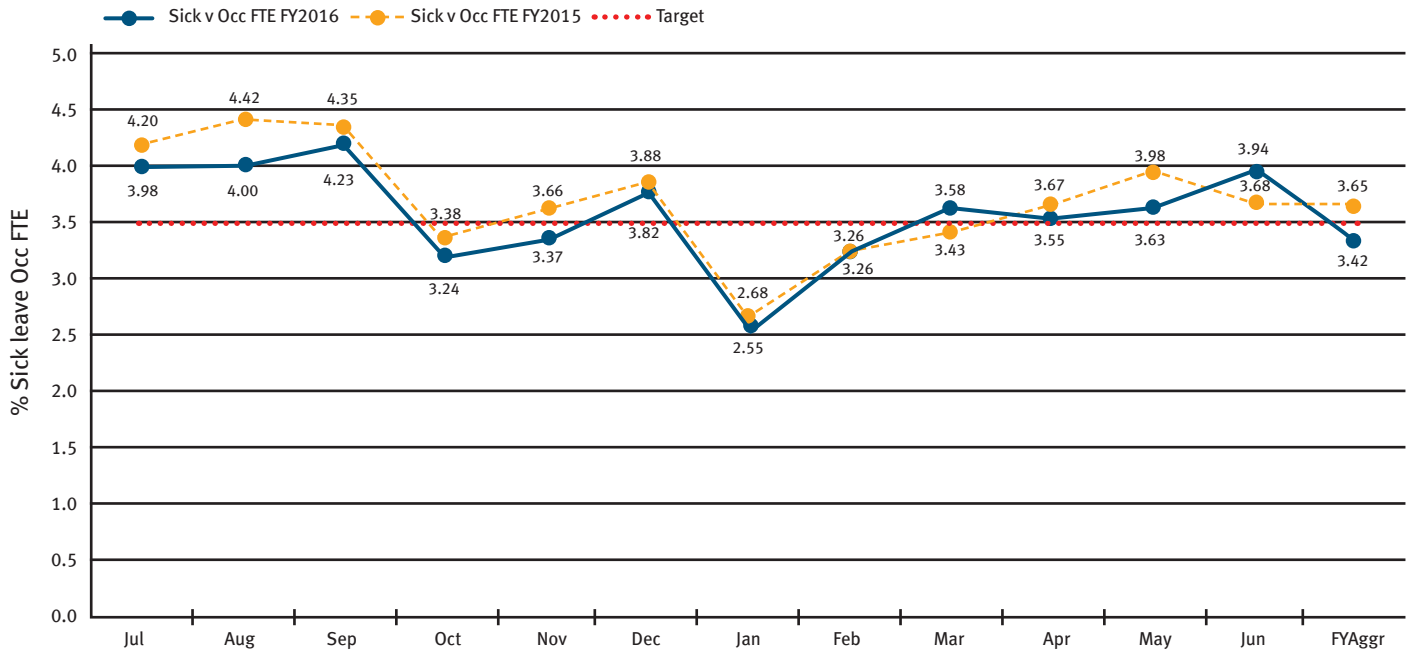
SCHHS mandatory training compliance	Target %	2014-2015 Compliance rate % (1)	2015-2016 Compliance rate % (1)
Aboriginal and Torres Strait Islander Cultural Practice Program	70	50.8	54.3
Person-centred care	95	-	96.2
Cultural Diversity	95	92.2	95.7
Safety and wellbeing	95	-	93.3
Welcome orientation program	95	81.2	81.8
Local induction	95	-	46.6
Public interest disclosure	95	91.3	94.9
Fraud awareness	95	79.2	92.4
First response evacuation instructions and emergency colour code	95	88.0	84.0
Conduct and ethics	95	-	79.8
General evacuation instruction	95	85.3	68.0
Annual performance and development plan (PaD)	95	69.5	49.0
Total	92.9	83.0	78.5

(1) Based on TrandCare data as at June 30

Person-centred care, safety and wellbeing and local induction are new modules. Conduct and ethics is a combination of two previous modules.

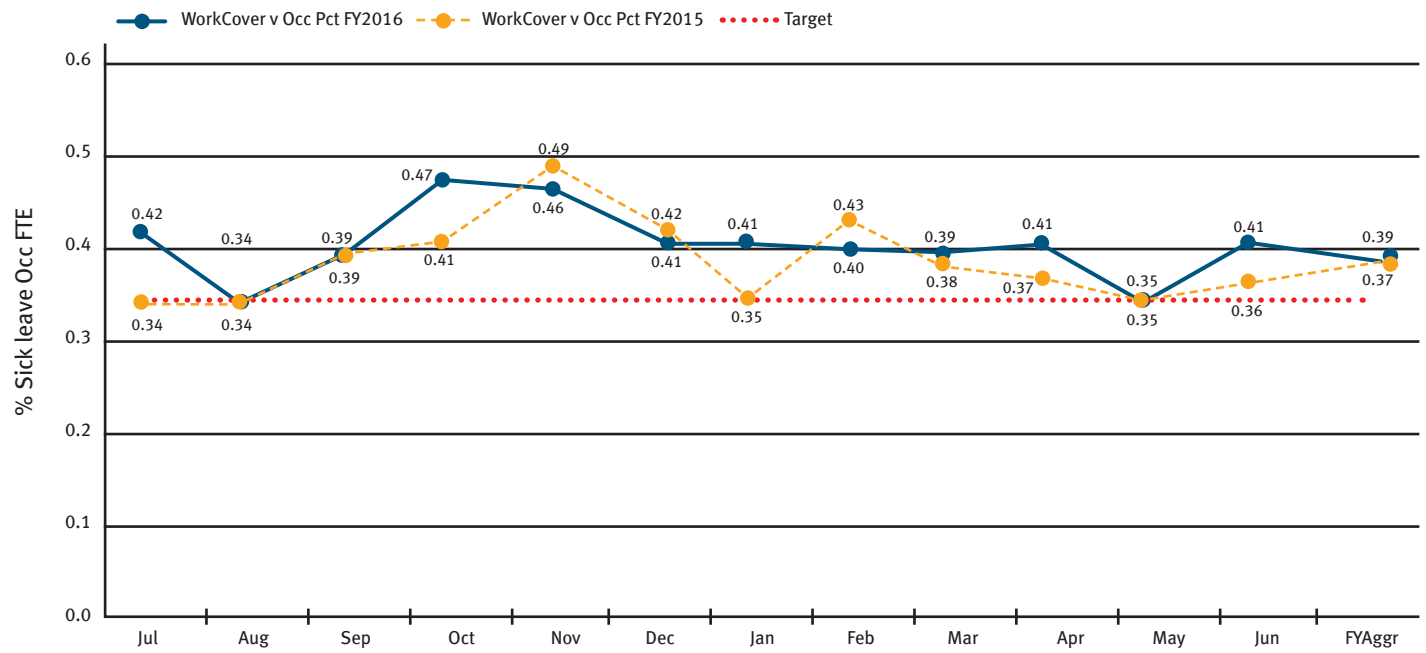
The overall compliance rate reduced during the year, in part due to the introduction of new modules.

Graph 12: Sick Leave (hours lost) versus Occupied FTE



Despite a high level of sickness during the peak winter seasons the health service had a final year-to-date sick leave versus occupied percent rate of 3.42 per cent, under our target of 3.5 per cent and lower than the 2015 financial year rate of 3.65 per cent.

Graph 13: WorkCover (hours lost) versus Occupied FTE



The final result of WorkCover versus occupied FTE per cent—at 0.39 per cent—was over the 0.37 per cent of the 2015 financial year, and over the target of 0.35 per cent.

Working for Queensland 2016

The Working for Queensland Employee Opinion Survey gives employees the opportunity to provide feedback on agency engagement, intention to stay, job engagement and satisfaction. This year's survey specifically measured:

- agency engagement (employee engagement)
- perceptions of leadership within the organisation
- perceptions of work climate
- job empowerment
- workload and health
- learning and development
- perceptions within workgroups
- perceptions of management
- anti-discrimination
- innovation.

The 2016 survey was conducted across a three-week period (18 April to 11 May) with a response rate 36.26 per cent which represents a 7.74 per cent decrease from the 2015 survey participation rate. The decline in the 2016 response rate can mostly be attributed to the significant transformation and transition taking place across the Health Service in preparation for the opening of the new Sunshine Coast University Hospital in April 2017.

Such a result was anticipated prior to the commencement of the survey, due to increased workloads and focuses on the new hospital activities. The penultimate overall Public Service Commission response rate for the 2016 Working for Queensland Employee Opinion Survey was 38.2 per cent—comparable to the 2015 overall response rate of 38.7 per cent.

In response to this anticipated rate, the Workforce, Change and Engagement team proactively engaged Line Managers and employees across the health service to help drive up survey participation rates. Activities included attendance at team meetings, distribution of 700+ paper-based surveys, Chief Executive's employee forum, intranet messages, posters and social media campaigns. It was pleasing to note the health service achieved an above average participation rate compared to other Queensland hospital and health services.

The 2016 survey results will be released and reported by the Public Service Commission. A comprehensive communication and action plan will drive activities post this period that will incorporate organisational wide communication strategies. Service Group Leadership teams will be briefed on their respective results prior to commencing action planning in July 2016.

To strengthen our commitment and improve post survey action planning activities in 2016, a Working for Queensland module has been developed under the LEADS Management Capability Program (MCP). This program is designed to strengthen our line managers' capabilities in the area of people management which is fully integrated and modular with practical learning outcomes and aligns with the health service valued and LEADS framework. This program will be coordinated by the Workforce, Change and Engagement team in collaboration with Service Group Leads and Human Resource Business Partners.

The actions and the outcomes from the survey will be communicated to all staff and the health service will publish an actions implemented document on the health service's intranet by 31 October 2016.

Developing our leaders

The 2015-2016 financial year saw the implementation of a suite of leadership development programs under an adapted version of the Health LEADS framework. These were designed to empower and enable a strong and positive leadership culture for the health service.

The following programs were delivered locally for Sunshine Coast Hospital and Health Service employees.

Table 11: Leadership programs

LEADS Development Program	Number of cohorts 2015-2016	Participants 2015-2016
Step Up Program: A two-month program that focuses on developing and strengthening the skills staff need to supervise, motivate and provide effective leadership within a healthcare team.	7	137
Process Communication Model[®] (PCM): A two-month program supported by the Royal Australasian College of Surgeons and the Australian and New Zealand College of Anaesthetists for advanced training. It aims to teach participants how to observe and analyse verbal and non-verbal behaviours to ensure they communicate effectively, specifically in high pressured situations.	4	45
Practical People Management Matters (PPMM): A five day program developed by the Public Service Commission to provide line managers (or emerging line managers), with practical skills to supervise their team.	2	30

The LEADS Management Capability Program (MCP) was launched to strengthen our line managers' capabilities in the area of people management. The program is fully integrated and modular with practical learning outcomes. The following modules were delivered through this program.

Table 12: LEADS Management Capability Program

LEADS Management Capability Program	Number of sessions 2015-2016	Participants 2015-2016
Recruitment and Selection*: The intent of this module is to provide participants with the tools and guidance to ensure an effective and fair recruitment process.	20	294
Effective Performance Discussions: The intent of this module is to develop capability to proactively and effectively manage performance discussions across your team.	8	74
Payroll Management Foundations: The intent of this module is to provide payroll-related advice and strategies for line managers.	3	29

**This module is compulsory for Panel Chairpersons*

Developing our teams

The commissioning of the Sunshine Coast University Hospital presents a unique situation for team development and team socialisation. The growth and expansion across the health service will involve the creation of new teams, increasing the size of existing teams, integrating multiple teams and the transfer of existing teams to a new facility.

The following targeted developmental opportunities have been delivered to support optimising effectiveness and cohesion.

Table 13: Team development initiatives

Team development initiatives	Number of sessions 2015-2016	Participants 2015-2016
Strengthening Our Values: The purpose is to empower teams to become aware, make meaning of and strengthen our values and behaviours in their everyday experiences at Sunshine Coast Hospital and Health Service.	5	67
Team History Trip: The purpose of the history trip is for the team to reconstruct key events that have occurred in the past and reflect on their significance both then and now.	3	83
Taking Time Out: The purpose is to strengthen individuals' self-awareness and personal tool kit when faced with challenges in the workplace.	8	78
Team Diagnostic: The purpose is to provide insights into core team behaviours that are fundamental for team effectiveness, and determine future team development opportunities.	1	30
Team Building Activities: The purpose is to provide teams with a suite of short, outcome-based activities to increase awareness of team dynamics and functioning.	5	106

Work health safety and wellbeing

People are the focus of the Sunshine Coast Hospital and Health Service, and our commitment to ensuring the safety, health and wellbeing of all staff including volunteers, students, contractors and other persons is a key underpinning factor supporting the provision of safe and quality public healthcare services.

Governance and compliance

The health service has met the requirements for the Department of Health annual Safety Assurance program and the Australian Council on Healthcare Standards (ACHS) Equip National Guidelines for safety managements systems.

Key work health and safety risks

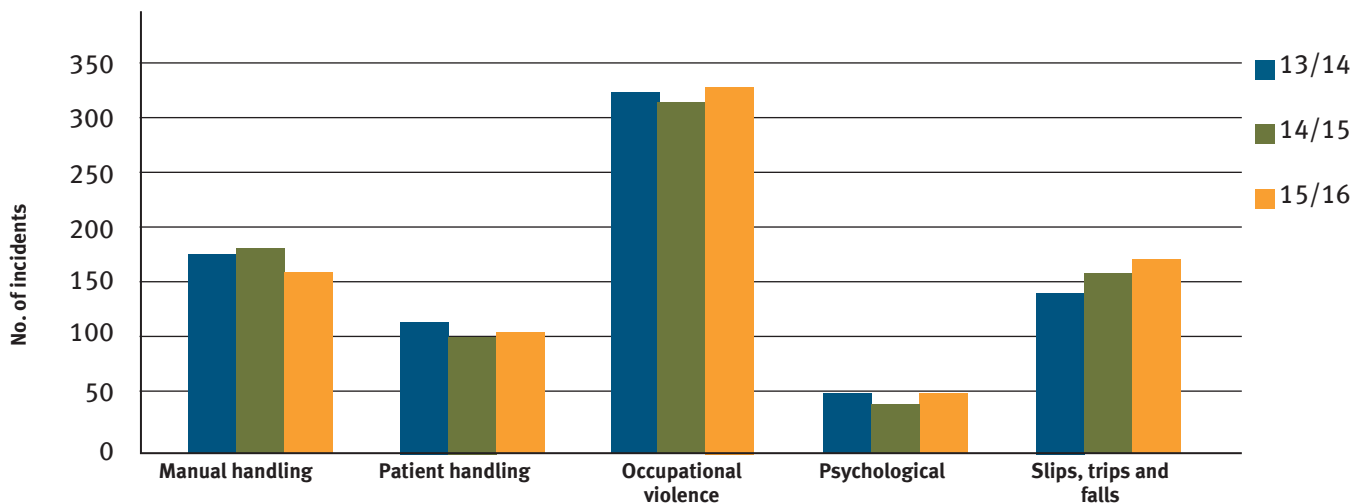
There has been an increase in reported incidents across four (4) of the key exposures with occupational violence the highest reported incident type. The number of manual handling incidents has decreased (Graph 14).

The health service has established a task force to review current processes for managing occupational violence in consultation with Queensland Ambulance Service and Queensland Police Service representatives. The taskforce aims to identify additional strategies to mitigate this risk.

Sunshine Coast Hospital and Health Service successfully applied for a WorkCover grant which was used to conduct a manual handling injury prevention program across operational services, which built on existing measures to manual handling related injuries.

Awareness programs, work unit safety inspections and assessments of facilities external areas (grounds, walkways, and thoroughfares) are conducted to assist in identifying slip, trip fall hazards with the aim to reduce the number of incidents and injuries.

Graph 14: Incidents by key exposure by financial year



Data source: QH Incident Management System—6 July 2016

Health and wellbeing

The five-year primary vision of the Sunshine Coast Hospital and Health Service Workplace Wellness Program, Health4Life, is to improve the health and wellbeing of our staff.

We define and measure successful in terms of achievement of positive health outcomes, majority participation, and sustainability over the long term, and cost-effective with regard to employee productivity (presenteeism) and absenteeism. The long-term intention is that a workplace wellness model with demonstrated efficacy can be readily adopted by other institutions within Queensland Health.

Although the primary focus is on the health service’s workforce there is also the opportunity and interest to involve the local community, to create a healthier and happier

Sunshine Coast region. Health4Life programs available to staff include:

- Fitness Passport (a corporate health and fitness program that provides staff to access health clubs and aquatic centres)
- 10,000 steps
- Yoga
- On-site massage
- Health checks
- Mental health first aid (training program being delivered in 2016-2017).

This year has seen an improvement in the sick leave rate with a decrease from the 2014-2015 rate of 3.65 per cent to 3.43 per cent in 2015-2016.

Early retirement, retrenchment and redundancy

The health service continued to identify efficiencies through organisational change throughout 2015-2016. Aligning with the whole of government's commitment to employment security, continued focus was on suitable employment placements for affected employees. Only a very small number of employees were registered for placement during this time and subsequently matched to suitable roles. No employees separated from the health service by way of redundancy or retrenchment in the 2015-2016 financial year.