

Our people

Workforce profile

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 remain a priority as we meet the challenges of future health needs and the changing workforce environment.

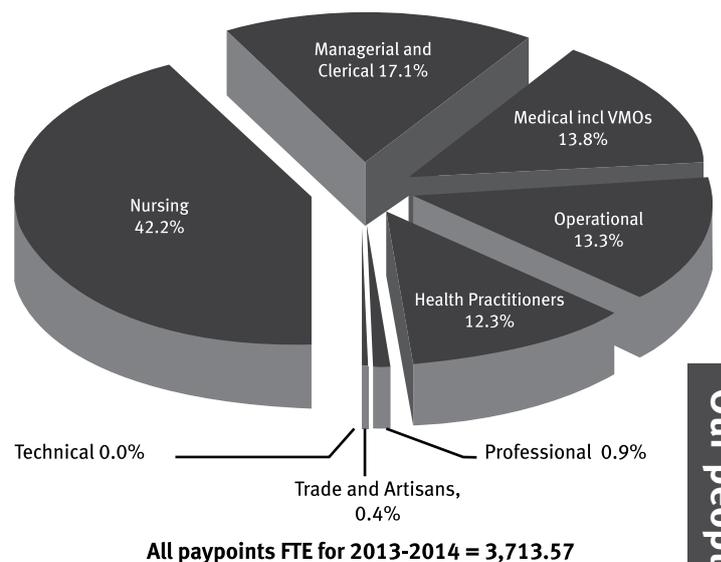
As at 30 June 2014, we employed more than 3,700 Full Time Equivalent (FTE) people, representing a Minimum Obligatory Human Resources Information (MOHRI) Headcount of 4,773 employees. Over the last financial year our workforce (MOHRI Occupied FTE) increased by 139.02 FTE or 3.9 per cent. Clinical streams accounted for 61 per cent of the increase.

Employment category	2012-2013 Note 1	2013-2014 Note 2
Managerial and Clerical ³	572.36	634.52
Medical incl VMOs	481.84	512.68
Nursing	1,525.54	1,566.06
Operational	501.86	494.66
Trade and Artisans	14.00	13.00
Professional and Technical	34.15	35.06
Health Practitioners	444.80	457.59
Total	3,574.55	3,713.57

Table 5: Our workforce profile- MOHRI Occupied FTE

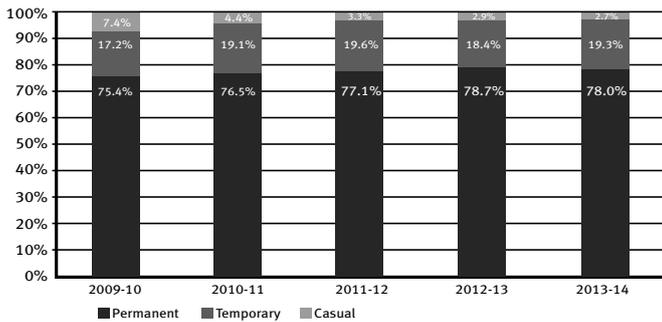
Notes:

1. Includes all full time, part time and casual SCHHS employees at the end of June 2013
2. Includes all full time, part time and casual SCHHS employees at the end of June 2014
3. Includes ward clerks, outpatient administration and clinical reception



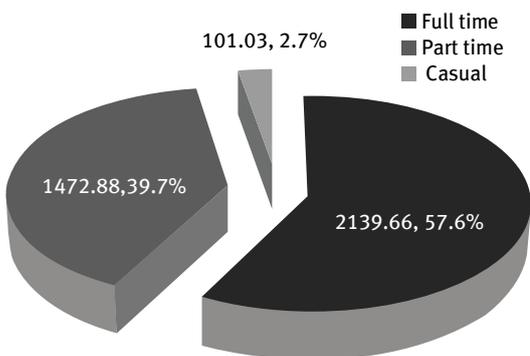
Graph C: Employee percentage by profession

Nursing accounts for the highest percentage of the workforce at 42.2 per cent. The clinical streams amount to 69.2 per cent of the workforce.



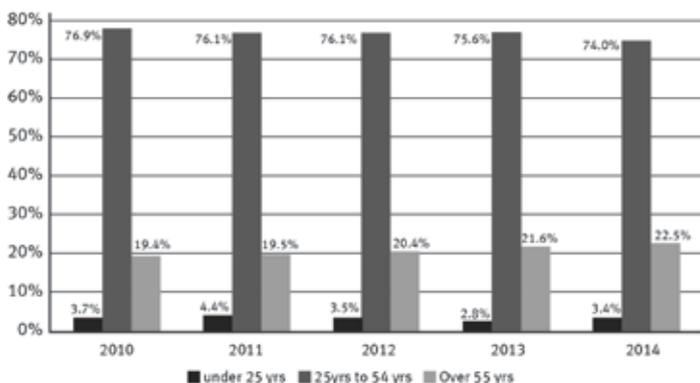
Graph D: Five-year workforce status comparison: based on MOHRI occupied FTE

In 2013-2014 the proportion of permanent employees was 78 per cent, casual staff dropped slightly to 2.7 per cent and temporary employees increased from 18.4 per cent to 19.3 per cent.



Graph E: Our workforce profile - Employee type

Over the period from 2009-2010 to 2013-2014, the proportion of part time employees has remained steady at around 40 per cent of MOHRI Occupied FTE. Full time employees increased from 53 per cent to 57.6 per cent.



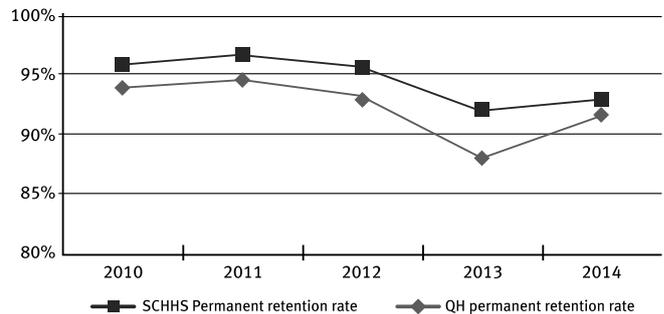
Graph F: Age distribution comparison over five years (MOHRI occupied FTE)

Employment category	Average age		
	As at 30 June 2010	As at 30 June 2013	As at 30 June 2014
Managerial and clerical	46.87	47.66	47.98
Medical incl VMO's	38.76	39.01	38.29
Nursing	46.10	46.82	46.61
Operational	46.11	47.81	48.26
Trade and artisans	50.06	52.49	53.47
Professional	42.54	42.89	43.76
Health practitioners	41.99	42.41	42.63
Technical	39.70	42.18	0.00 ^A
All paypoints	45.02	45.60	45.55

Table 6: Average workforce age

NOTE A: Currently no permanent employee within this category

Over the last five years there has been an increase in the proportion of employees aged over 55 years, with an increase from 19.4 per cent in 2009-2010 to 22.5 per cent in 2013-2014. The ageing workforce has been identified as a factor in our Strategic Workforce Plan.



Graph G: Permanent retention rate percentage

The SCHHS maintained a permanent employee retention rate of around 96 per cent from 2009-2010 to 2011-2012. The rate dropped in 2012-2013 and 2013-2014 (92 per cent and 92.8 per cent respectively).

The permanent separation rate for 2013-2014 was 7.17 per cent of employees compared to 7.99 per cent in 2012-2013.

Retaining the right people is a key element in the SCHHS Employee Retention Plan 2012-2017 as we undergo significant workforce growth over the next few years.

Employment category	Percentage of female employees			
	2010-2011	2011-2012	2012-2013	2013-2014
Managerial and clerical	88.3%	87.5%	89.2%	87.1%
Medical incl VMO's	33.0%	36.3%	36.2%	39.4%
Nursing	87.5%	87.0%	86.7%	86.8%
Operational	59.4%	58.4%	58.7%	59.3%
Trade and artisans	0%	0%	0%	0%
Professional	58.0%	69.2%	64.1%	62.8%
Health practitioners	78.3%	77.7%	77.8%	76.6%
Technical	100%	100%	100%	0%
Total	75.9%	75.8%	75.7%	75.8%

Table 7: Percentage of female employees

The SCHHS workforce has consistently been composed of around 76 per cent females.

The highest representation of female is in the nursing stream – currently at 86.8 per cent. The lowest is in the Trades and Artisans stream which has all male staff. The female representation in Medical and VMOs has increased from 33 per cent in 2010-2011 to 39.4 per cent in 2013-2014.

Diversity Action Plan

The SCHHS Diversity Plan 2014-2015 has been approved and implementation is ongoing. Three action plans are included within the Diversity Plan including Aboriginal and Torres Strait Islander Health Action Plan (Closing the Gap), Disability Action Plan and the Multicultural Action Plan.

SCHHS currently employs 72 staff who have identified as Aboriginal and Torres Strait Islanders, which represents 1.51 per cent of SCHHS employees. While this is a slight increase from the previous year it is still below our target of 2.13 per cent of our workforce. Taking into account the SCHHS regional Aboriginal and Torres Island population is 1.7 per cent, our workforce figure is comparable. Increasing Aboriginal and Torres Strait Islander representation in employment is an integral part of the Health Services commitment to closing the gap between Indigenous and non-Indigenous Australians.

The SCHHS encourages and supports linguistically diverse backgrounds across all occupational streams. As at 30 May 2014, 7.84 per cent of our workforce are from a non-English speaking background.

SCHHS supports the *As One Public Service Disability Employment Strategy*. As at June 2014 1.96 per cent of the workforce (approximately 94 employees) had identified as having a disability.

Employee recruitment, engagement and retention strategies

SCHHS 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 Public University Hospital (SCPUH), an ageing workforce, significant population growth on the Sunshine Coast and a multi-generational workforce.

In 2013-2014 SCHHS has developed workforce projections that identify the indicative future workforce requirements for the SCPUH and the remainder of the SCHHS in 2016-2017.

In order to meet the challenging needs of the health service environment, it is critical we continue to invest in our people.

We have undertaken workforce planning supporting innovation and reform initiatives across the SCHHS to enhance workforce capability and capacity for efficient and effective service delivery.

Strategic Workforce Plan

The provision of health services in the SCHHS will undergo significant change over the coming years. It is estimated that the SCPUH will require approximately 2,760 FTE in 2016-2017. The attraction, recruitment and retention of these estimated workforce requirements represent a significant challenge for the SCHHS.

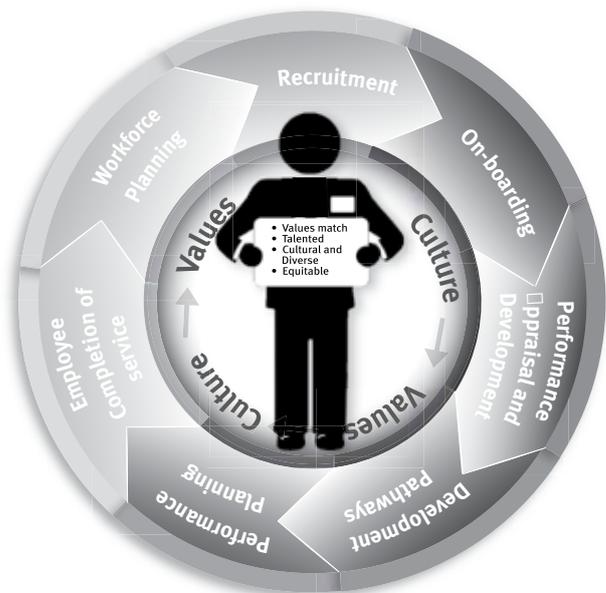
We will also face challenges associated with service demand, increasing population and the prevalence of chronic diseases, as well as the transition of services, the creation and expansion of new tertiary services at the SCPUH, and the transformation of the remainder of the SCHHS.

The SCHHS Strategic Workforce Plan 2011-2021 has been developed to ensure workforce planning and development are a priority for the organisation. Workforce planning and development is integral to the success of the SCHHS 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 plan will place the SCHHS in a strong position to meet these future challenges. It is critical that we continue to invest in our current workforce and grow and source the workforce required for future service requirements.

Employee life cycle

In recognition of the value of our employees and to ensure they continue to develop and perform to their highest potential, a new Employee Life Cycle process has been created.



This process enables us to map the employee's experience and journey within the health service. The process maps milestones and developmental opportunities that will meet the employees career development needs from recruitment to completion of service.

Employee engagement

As part of our substantial service redesign and major workforce growth, our Employee Engagement Strategy 2013-2016 was released in 2013 and we are continuing with its implementation.

In the past year we have:

- reviewed and revised the staff communication mechanisms to create more opportunities for interaction between the Executive Leadership Team (ELT), management and employees
- increased the executive and senior managers visible profile by their attendance at service group and other group meetings
- created the new SCHHS Diversity and Equity Plan incorporating action planning to raise awareness and commitment to people from a multi-cultural background or those with a disability
- developed a network of employees (called the Culture Club) to collaborate in creating positive change within the workplace
- highlighted positive contributions employees have made to their respective teams and work environments through a celebration of 'good news' in our publications and the Chief Executive all staff forum
- commenced roll out of Communications Toolbox sessions to educate employees about different types of communication, roadblocks to effective communication, and provided strategies that can be applied everyday within the workplace.

Employee retention

In 2012-2013 we developed our Employee Retention Plan 2012-17 and the Employee Recruitment Plan 2012-2017.

Throughout 2013-2014 we have:

- created and implemented a new, innovative, values based, people centred Welcome (Orientation) program with an emphasis on the patient and employee experience
- reformed the SCHHS performance and development process to provide a clearer link between the SCHHS Strategic Plan and the employees' individual plan
- the SCHHS has identified the need to facilitate and promote flexibility in the workplace. Line managers respond to requests for flexible arrangements on an individual basis, taking into account the needs of the employee and the organisation
- utilised the Aboriginal and Torres Strait Islander Workforce Advisory Group to provide expert advice on improving recruitment, retention and career development opportunities for our current and future Aboriginal and Torres Strait Islander workforce
- exit surveys continue to be an area of focus in our overall retention plan, though take up remains lower than expected at around 33 per cent.

In an effort to improve the exit survey completion rate, the process has been enhanced through the introduction of a line manager fact sheet for employee completion of service that identifies the purpose of the survey, highlights the line manager's responsibilities and provides a completion of service checklist.

Employee recruitment

Over the past year, there has been significant progress in actions outlined in the Employee Recruitment Plan 2012-2017. The objective of this plan is to adopt person centred and streamlined recruitment practices.

A number of new initiatives have been delivered to ensure the SCHHS makes the most of potential employee enquiries and enables the selection of the right people to the right roles.

Employee recruitment achievements include:

- promotion of the SCHHS employment brand with the launch of a job seeker webpage providing prospective employees with information about the SCHHS as an employer
- creation of SCHHS talent pools to capture the interest of current and prospective employees who are seeking employment opportunities within the SCHHS including the SCPUH
- improvements in candidate care have occurred with the launch in June of the SCHHS Welcome Kit in reflecting the vision and brand of the SCHHS and the creation of an exclusive SCHHS Welcome webpage for new employees providing them with information on the organisational structure, service configuration, dining and parking options and employment benefits offered as part of the employment journey with the SCHHS
- the introduction of eRecruitment software which has enabled the streamlining of requests for advertising, accessing applications and shortlisting online
- the introduction of a SCHHS recruitment intranet site providing line managers and employees with a suite of tools and resources to support the recruitment and selection process
- the implementation in May 2014 of an entry survey to measure the candidate's recruitment and onboarding experience providing the SCHHS an opportunity to better understand its performance across the process. As yet this data has not been analysed.

Working for Queensland survey 2013

In 2013, the Queensland Public Service Commission (QPSC) contracted an external provider (ORC International) to undertake a Public Service wide employee opinion survey. The purpose of the survey was to explore various dimensions of workplace climate, such as leadership, management, job satisfaction, and employee engagement through the eyes of employees.

The SCHHS had a survey response rate of 32 per cent, which was the fourth highest of all hospital and health services in the state. The results were analysed and reported at a service group level utilising a top three/bottom three methodology. The top three 'celebrations' for each group were reported as well as the bottom three improvements for each area.

Overall collaboration, job engagement and performance review were some of the best performing themes within the survey results for the SCHHS. Within the workplace the areas of role clarity and goal alignment, learning and development, job empowerment and performance assessment were also celebrations.

Areas for improvement across the SCHHS involved workload and health, workplace change and workplace fairness, and organisational trust. This was not entirely surprising given the significant redesign and change throughout the SCHHS.

Actions for areas of improvement across each service group and facility were embedded into the respective operational plans. Progress against these plans is reported quarterly at Service Group meetings.

In 2014, the Working for Queensland survey was conducted over the period 5 to 30 May 2014 and the SCHHS had an interim response rate of 31.4 per cent. The results of this survey will be available in July 2014.

Reward and recognition

Our Annual Service and Staff Excellence Awards recognise employees who have dedicated many years to the delivery of public health services, as well as those who have made exceptional contributions over the past year.

Awards cover categories of innovation, engagement, patient safety and quality, leadership, patient flow, Aboriginal and Torres Strait Islander commitment, and the overall award – the Dr H H (Barny) Moy Memorial Medal.

The Barny Moy Medal recognises individual contribution to the SCHHS. The 2013 Barny Moy recipient was Dr Christine Fawcett, Director of Clinical Training for the Medical Education Unit. Dr Fawcett was recognised for her unwavering commitment to education and clinical training. She is a staunch advocate for junior doctors, spends many hours mentoring and working towards improvements in education and research opportunities.

Length of Service Awards were also presented to staff in recognition of their years of service within Queensland Health (20, 25, 30 and 40 years), and their contribution and dedication to the delivery of health services. One staff member, Mary Kiernan, celebrated 40 years of service with Queensland Health.

Throughout 2013-2014, 635 employees received service certificates for 5, 10, 15, 20, 25, 30, 35, and 40 years of continuous service. Recognition of meritorious performance also occurs at the monthly Chief Executive all staff forums.

Early retirement, retrenchment and redundancy

During the period, 52 employees received redundancy packages at a cost of \$3.723 million. Employees who did not accept an offer of a redundancy were offered case management for a set period of time, where reasonable attempts were made to find alternative employment placements.

Employee relations

At SCHHS our employee relations team provide support and advice related 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 SCHHS matters that may require external reporting, for example to the Crime and Misconduct Commission Queensland (under the *Crime and Misconduct Act 2001*), and conciliation and advocacy within the Queensland Industrial Relations Commission or other external bodies.

The obligation to report allegations of suspected official misconduct to the Crime and Misconduct Commission (CMC) rests with the Health Service Chief Executive. To ensure reporting requirements are achieved, Employee Relations, People and Culture, is the central point within the SCHHS to receive, assess and refer allegations of suspected official misconduct to the Crime and Misconduct Commission.

During 2013-2014, SCHHS had carriage of 166 new matters, of which 48 new suspected official misconduct matters were referred to the CMC and 118 other ethical and employment related matters that did not involve suspected official misconduct.

Of the 48 new suspected official misconduct matters that were referred to the CMC, 11 matters were substantiated, 15 were not substantiated and 22 matters are still being managed.

A Health Service Consultative Forum and a number of local consultative forums, representative of our workforce disciplines are established 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.

Orientation and training

At SCHHS our orientation and training reflects our commitment to ensuring care is delivered by an engaged, competent and valued workforce.

Mandatory training compliance

There are currently 13 mandatory training modules. The current compliance rates are:

Mandatory training module	Target %	30/06/13 Compliance rate	30/06/14 Compliance rate
Public interest disclosures (whistleblowers)	95	78.0	90.2
Cultural practice program	70	39.5	45.4 ¹
Health care ergonomics	95	81.8	90.2
OHS orientation	95	81.1	90.1
PAD compliance	95	74.7	58.7 ²
SCHHS orientation	95	69.4	75.6
Cultural diversity	70	73.9	89.9
Infection control (clinical)	95	83.3	80.9 ³
Occupational violence presentation (DVD)	95	83.3	90.8
Code of conduct	95	83.5	88.7
Infection control (non-clinical)	95	80.7	82.3
Emergency codes	95	87.9	79.5 ⁴
Fire - first response and general evacuation	95	90.2	80.3 ⁴

Table 8: Mandatory training compliance

Note 1: The number of staff who have undertaken the cultural practice program has increased since last year. While we are just below the state target of 50 per cent, we have rationalised elements of the program. Improvements in meeting the local target of 70 per cent are expected.

Note 2: There was a significant drop in the Performance, Appraisal and Development (PAD) compliance rate. To address this, the SCHHS has developed and trialled a training program with emphasis on the developmental benefits. Coupled with the developmental pathway benefits of the new learning management system. Significant improvement in the PAD compliance rate is anticipated.

Note 3: Infection control (clinical) rates have dropped. A combination of face-to-face and DVD training is being delivered to improve compliance.

Note 4: Emergency code and fire first response evacuation mandatory training rates are below the target. We generate non-compliance reports for each service line. Individual services have implemented actions to improve compliance such as training time specifically dedicated to fire training and running the mandatory training DVD for all staff. Compliance rates are expected to improve as a result.

Orientation

The new SCHHS Welcome (Orientation) Program, focussing on a person centred approach, commenced in March 2014. Presenters include members of the Executive Leadership Team, employees (both clinical and non-clinical), patients and their families.

‘This is the best orientation I have ever attended in ten years of nursing. It was uplifting, emotive, inspiring – It was amazing. I feel excited to be part of the SCHHS and proud to be joining a place with such good values.’

SCHHS Welcome (Orientation) program participant feedback – March 2014

Other newly introduced development and awareness training that is delivered by SCHHS:

Training module	Number of sessions	Number of staff attended
Values Training Program: these promote the Queensland Public Service values which have been embraced as the SCHHS values. Pilot workshops commenced in January 2014.	6	124
Communication Toolbox Sessions: this training was developed to promote good communication practices and to provide employees with the skills to handle difficult conversations. Sessions commenced in March 2014.	6	83
Performance Appraisal and Development (PAD) Program: this training session was developed to promote better understanding of the PAD pathway and frameworks for development. The trial session was delivered in May 2014.	1	23
Occupational Prevention Training: until January this was provided using external resources, but SCHHS now has the capability to deliver this in-house.	July 2013 to December 2013 - external	
	47	293
	January 2014 to July 2014 - internal	
	49	340

Table 9: Training modules and staff attendance numbers 2013-2014

Human resources training

Other HR training sessions are facilitated through external providers include:

- pre-employment Processes and Screening – Fraud. This training is aimed at recruitment panel and aspiring panel members
- Practical People Management Matter - this five day course provides line managers and emerging line managers with practical skills to supervise their team by building their knowledge and understanding of good people management, developing confidence, and an understanding their role as a supervisor/manager.

Clinical Training

At SCHHS a range of ongoing clinical training occurs for nursing, medical and allied health staff. Graduate clinical education is also supported across clinical streams with graduate placement in medicine, mental health, nursing and midwifery, medical imaging, pharmacy and allied health. Education for undergraduates and post graduate students is provided collaboratively with other education providers.

	2012	2013
Nursing		
undergraduates	758	781
midwifery	24	23
general graduates	52	52
Allied health		
undergraduates	174	180
new graduates	56	30
student days taken	5301	6377
Medical		
interns	49	45
junior and senior house officers	105	95.5
registrars and principal house officers	148.5	164
postgraduates through UQ	65	65

Table 10: Number of students at SCHHS in 2013 academic year

The SCHHS Practice Development Model for nursing and midwifery education service delivery has demonstrated success across a range of outcomes. The model has been recognised at state, national and international levels as providing an example of leadership in learning culture development.

The success of the model within the SCHHS nursing and midwifery has led to progressing discussions and exploring opportunities for adaptation of the framework across all

disciplines. The model will support the transition to a tertiary training facility and underpin a contemporary interdisciplinary education service.

Simulation based learning

Simulation based learning is utilised at SCHHS as a vehicle for clinical training and development. Simulation units are located at Nambour, Gympie and Caloundra.

Commedia dell'Arte simulation centre at Nambour Hospital is a multi-purpose scenario based learning facility providing simulation with a focus on delivering learning opportunities and procedural based and clinical communication education.

Occupational health safety and wellbeing

The development of a robust safety culture and proactive wellbeing program is a key element in establishing the SCHHS as an employer of choice and attracting new employees.

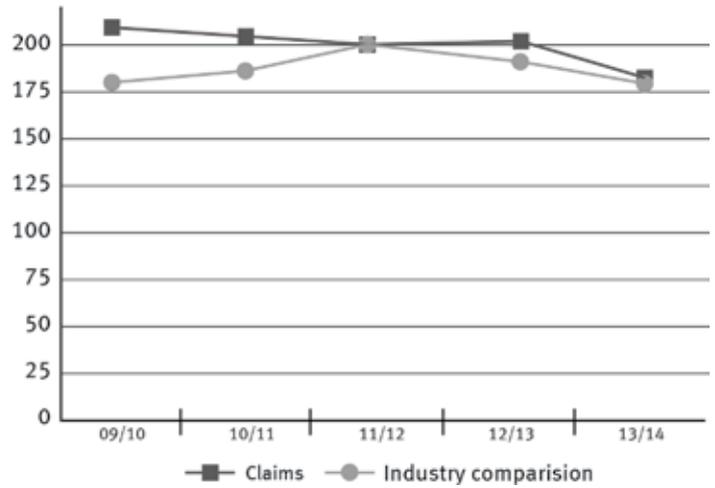
WorkCover performance

We have met our WorkCover absenteeism Key Performance Indicator (KPI) target with an average of 0.38 hours lost as a percentage of occupied FTE in 2013-2014 which is a reduction from 0.56 in 2012-2013.

Patient and manual handling related injuries continue to be the most prevalent factor contributing to WorkCover claims. The ageing of the workforce in the nursing and operational stream also presents an increased exposure to patient and manual handling related injury.

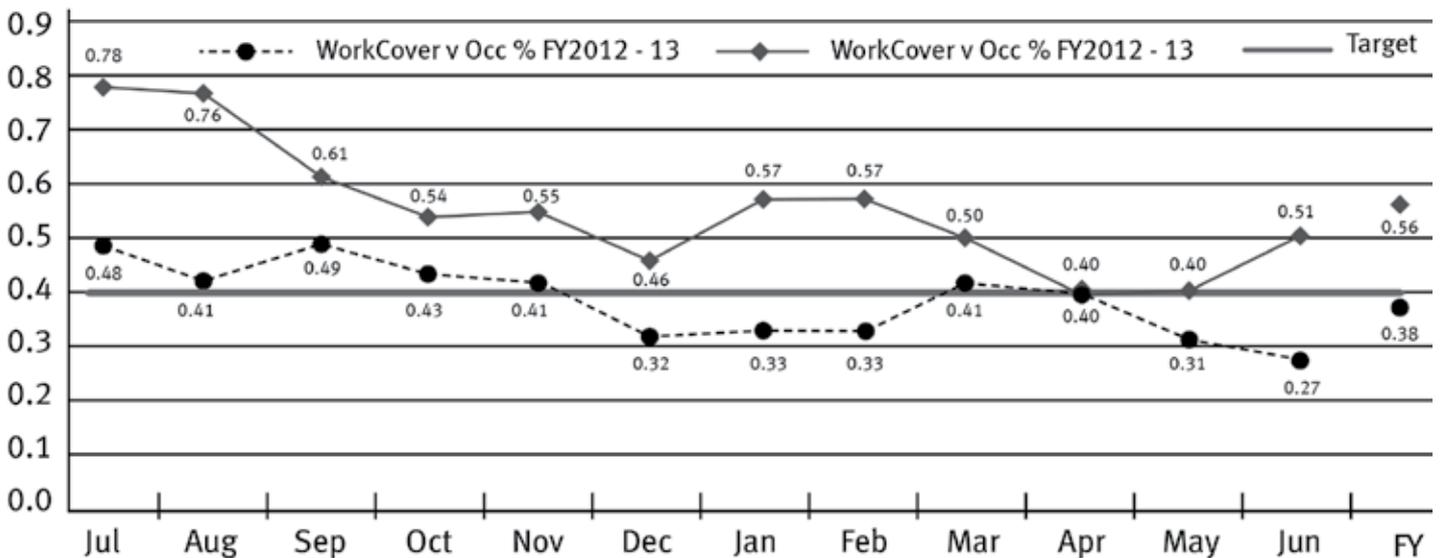
Preventative measures that have been implemented include provision of additional patient and manual handling equipment, changes to work practices, provision of training and enforcement of safe work practices.

Our average number of WorkCover claims is slightly above industry average however, significant improvement has occurred in the previous four years indicating OHS strategies are having a positive effect on reducing claims.



Graph I: New WorkCover claims v industry average

Following the implementation of the injury management improvement plan in December 2012 and the ongoing development of additional strategies, the WorkCover performance has continued to show improving return to work outcomes and performance against the WorkCover and injury management KPIs. Claims management improvement strategies have assisted in achieving a better than industry average result.



Graph H: Workcover hours lost v occupied FTE

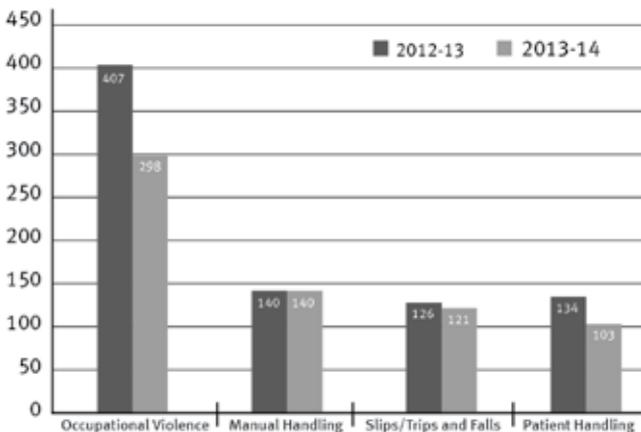
	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
SCHHS average first return to work day	22.18	25.88	24.64	25.88	16.39
Industry average	21.58	24.10	21.44	20.99	17.10

Table 11: Average days to first return to work

Promoting a 'Be Safe' culture

The Be Safe message continues to be applied in raising safety awareness and building a culture of safety and wellbeing. To complement this, the Safe You Safe Me initiative was implemented this year. A series of ten posters were developed to deliver key safety messages built around a uniform approach to safety and minimising safety risks to patients and staff. Each month one of the key messages was highlighted through additional education and awareness activities.

There has been a reduction in our number of incidents and near misses reported in 2013-2014.



Graph J: Number of incidents/near misses reported

Governance and compliance

In accordance with the Department of Health Safety Assurance Program annual requirements we completed the following:

- Legislative Compliance Checklist
- Safety Management System Executive Review.

Additional compliance measures include external and internal AS/NZ Standard 4801 Safety Management Systems audit with the next external audit due in 2015.

The safety assurance program is complemented by the SCHHS internal OHS monitoring systems which include annual OHS assessments and quarterly work unit inspections.

The SCHHS Safety Management System is also assessed against the requirements of the ACHS EQUiP National Guidelines. The SCHHS Safety Management System was assessed as having met the compliance criteria for both the ACHS and AS4801 requirements in 2013.

The SCHHS is currently considering software solutions to streamline OHS auditing and inspections processes which is considered essential with the SCPUH coming online in late 2016.

Wellbeing program

We support health and wellbeing programs for employees. These programs can reduce the risk of injury and illness leading to a healthier workforce, greater productivity and improved delivery of healthcare services. Through the SCHHS Healthy Lifestyles Committee and support from Wishlist a range of information, programs and activities are delivered.

Our sick leave rate has seen a reduction this year. The 2012-2013 rate was 3.8 per cent of occupied FTE. This year it is 3.58 per cent for the financial year.