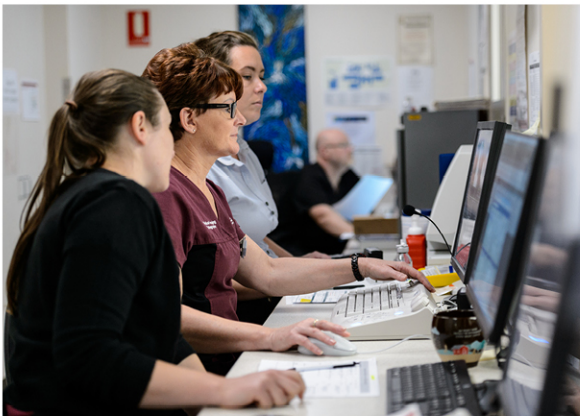


Strategic Workforce Plan

2019–2027





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**Wide Bay Hospital and Health Service
Strategic Workforce Plan 2019–2027**



Version control

This version was approved by Wide Bay Hospital and Health Board on 5 November 2019.

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Wide Bay Hospital and Health Service respectfully acknowledges the Traditional Custodians of the land and water on which we work and live. We pay our respects to Elders and leaders past, present and emerging.



Wide Bay Hospital and Health Service

Wide Bay Hospital and Health Service (WBHHS) is committed to developing, supporting and maintaining a skilled sustainable workforce that will meet service demands aligned with the WBHHS Health Services Plan 2019–2027 and WBHHS Strategic Plan 2018–2022.

This Workforce Plan (Plan) will enable the HHS to build an integrated approach between business and workforce planning, as it provides an overview of how we plan to address our workforce challenges and embrace our opportunities. This Plan represents our commitment to supporting and providing a highly skilled workforce to provide the best healthcare possible for the people of Wide Bay.

Our vision

Care Comes First...Through Patients' Eyes.

Our purpose

We support people to improve their lives by delivering patient-centred, high-quality health care for Wide Bay.

Our workforce strategic direction

Develop and support our staff. We will invest in and nurture our staff and, by 2022, we will:

1. Develop a set of Wide Bay-specific values to create a workplace culture that supports positive and respectful behaviours
2. Implement the Employee Engagement Strategy
3. Invest in our staff and develop their skills and abilities to ensure that the health workforce delivers best practice in health care
4. Complete the review into nursing care and implement the recommendations
5. Complete the National Short Notice Accreditation trial and implement the recommendations
6. Develop positive recruitment strategies, build partnerships with universities and colleges and adopt innovative recruitment practices
7. Promote and support initiative in health, safety and wellbeing for our staff
8. Develop workforce strategies for all professional groups to meet projected service demands and predicted attrition.



Foreword

The importance of this WBHHS Workforce Plan 2019–2027 cannot be understated. It presents medium- and long-term workforce strategies for the Wide Bay region, to meet planned future service development and growth. We believe health care is a “people business” delivered by highly trained, committed individuals in the interests of patients and consumers, families and communities. We are committed to investing in our staff and developing their skills and abilities to ensure that WBHHS’s health workforce delivers best practice in health care.

This plan sets out our vision for recruiting and retaining top-level staff, which is a challenge throughout regional Australia. One of the key focus areas of this plan is our commitment to developing the workforce to address the service demand and growth across the HHS, including establishing a new hospital in Bundaberg. This facility would provide more specialty and sub-specialty services in the region, supporting local access to specialist facilities and improving the appeal of Wide Bay as a place for highly trained clinicians to work.

We will develop positive recruitment strategies, build partnerships with universities and colleges, adopt innovative practices, provide opportunities for training and skills development and further develop our reputation as a best-practice healthcare provider. A key enabling strategy is the development of a Wide Bay Medical Program in partnership with Central Queensland Hospital and Health Service, CQUniversity Australia (CQU) and The University of Queensland. In addition, we will develop a health and academic service centre in partnership with CQU to extend a range of allied health programs to support both recruitment and research agendas.

This plan also demonstrates our commitment to meeting workforce equity and diversity targets through inclusive workforce initiatives and practices. We will develop a values-based workforce as we expect our staff to be open, honest, professional, committed, ethical, welcoming, creative, competent and safe. We expect our leaders and managers to support their staff and we will involve our staff in service improvement, design and delivery.

Together we will develop a set of WBHHS-specific values to create a workplace culture that supports positive and respectful behaviours, high performance, professional growth, accountability and positive customer service to enable us to achieve ***Care Comes First... Through Patients’ Eyes.***



Peta Jamieson
Chair
Wide Bay Hospital and Health Board



Debbie Carroll
Acting Health Service Chief Executive
Wide Bay Hospital and Health Service



Executive summary

The purpose of the WBHHS Strategic Workforce Plan 2019–2027 (Plan) is to outline the current workforce demographics, the environmental context and future workforce needs. The Plan includes projected service demand and forecast workforce needs, together with the skills, abilities and capabilities that will be required to ensure quality health care is provided in an ever-changing health environment. This Plan is a key enabling plan supporting the delivery of the HHS strategic vision of **Care Comes First... Through Patients' Eyes**.

This Plan is underpinned by and aligned to our strategic directions as set out in *Care Comes First... Through Patients' Eyes*, WBHHS's 2018–2022 Strategic Plan, as follows:

-  **Enhance holistic health care:** we will put patients, carers and consumers at the centre of all we do
-  **Deliver more care locally:** we will provide high-quality, innovative services and develop our health technology
-  **Plan today for future infrastructure:** we will develop our health infrastructure to meet our region's needs
-  **Develop and support our staff:** we will invest in and nurture our staff
-  **Excellence through innovation:** we will improve our services through strategic partnerships and active innovation.

It is acknowledged that this Plan also aligns with:

- WBHHS Health Services Plan 2019–2032
- WBHHS Employee Engagement Strategy
- WBHHS Aboriginal and Torres Strait Islander Closing the Gap Health Plan 2019–2022
- Advancing rural and remote health service delivery through workforce: A strategy for Queensland 2017–2020
- Advancing health service delivery through workforce: A strategy for Queensland 2017–2026
- The Aboriginal and Torres Strait Islander Workforce Strategic Framework 2016–2026
- Digital Health Strategic Vision for Queensland 2026
- Queensland Health Workforce Diversity and Inclusion Strategy 2017–2022
- My health, Queensland's future: Advancing Health 2026
- Medical Practitioner workforce plan for Queensland.



The Plan provides a blueprint for ensuring workforce decisions contribute to the HHS achieving its strategic goals and service level agreement key performance indicators. The Plan provides information on the current and future workforce key issues, challenges and opportunities including:

- Services provided
- Environmental context and population demographics
- Current workforce profile
- Indicative future workforce forecast demand and supply plan to meet service demand, projected attrition and infrastructure planning
- Strategic approach to address professionally based plans to address current and future workforce needs, enabling staff to work to their full scope of practice to provide high quality care
- Strategic initiatives to attract, recruit and retain staff to provide a sustainable workforce
- Strategic approach to addressing priority equity and diversity targets
- Establishing a culture of research
- Creating a positive workplace environment and a values-driven organisation
- How we will invest in our staff and develop their skills and abilities to ensure the workforce delivers best practice health care
- Continuing to plan for a Health Academic Campus and further developing partnerships with education and private health providers.

Our workforce planning principles will include:

1. Integrating workforce planning with business planning
2. Collaboration and consistency in workforce planning processes, analysis and data
3. Connection and partnership with education providers to “Grow our Own”
4. Being flexible and adaptive to changing workforce needs and challenges
5. Embedding learning and development
6. Proactive management of critical roles.

In summary, our strength is in our team. We will recruit quality staff who deliver the best health care, who will go the extra mile, act as role models and, above all, strive to do no harm. Our health workforce, and its development, need to be adaptive and responsive to new models of care and new technology, including information systems and planned and projected service demand.



Our environmental context

Service area

WBHHS covers an area of about 37,000 square kilometres and extends along the coast from north of Gympie to north of the Discovery Coast, and west to the rural towns of Monto, Eidsvold, Munduberra, and Gayndah.



Population demographics



Population growth — The population of Wide Bay is projected to grow from 214, 202 to 248,501 people by 2031–2032, which represents an annual growth rate of 1.0 per cent. The Aboriginal and Torres Strait Islander population is similar in Wide Bay (4.2 per cent) compared to the whole of Queensland (4.0 per cent).



Ageing population — Our population is ageing faster than Queensland as a whole, with 24 per cent of Wide Bay residents aged over 65 years compared to 15 per cent for Queensland. This is a significant driving factor that requires service expansion across the HHS, as people over 65 years access health services at a higher rate than the rest of the population.



Socio-economic disadvantage — Wide Bay has long been acknowledged as being one of the most disadvantaged regions in Queensland and Australia, which impacts on people’s need for public health services. Some 47.1 per cent of the population fall into the bottom socio-economic quintile, and just 11 per cent fall in the top quintile. The relationship between socio-economic disadvantage and health outcomes have been shown to be strong predictors of physical and mental health concerns.



High rates of smoking, risky drinking and obesity — Wide Bay residents engage in behaviours or live lifestyles that carry serious health risks at a higher rate than the Queensland average.

	Wide Bay	Qld
Daily smokers	16%	12%
Obese adults	27%	23%
Risky drinkers	23%	21%



High rates of mental health problems — Wide Bay residents have higher rates of mental and behavioural problems, at 16.7 per cent compared to 4.7 per cent for Queensland; psychological distress at 12 per cent compared to 10.6 per cent for Queensland, and a suicide rate (per 100,000 population) of 16.1 per cent.



High rates of hospital admissions for chronic diseases — Wide Bay residents have higher rates of a variety of chronic illnesses than the Queensland average, many requiring hospital admission. Compared to Queensland, Wide Bay has a higher Age Standardisation Rate (ASR) of hospitalisations. The conditions with the most significant ASR difference are coronary heart disease, injury and Chronic Obstructive Pulmonary Disease (COPD). WBHHS also has a higher age-standardised rate of potentially preventable hospitalisations (PPH) than the statewide rate for both acute and chronic conditions. Of the 16 HHSs in Queensland, WBHHS ranks sixth, with 4,307 potentially preventable hospitalisations per 100,000 people for acute and chronic conditions in 2016–17, compared to 3,695 per 100,000 people for Queensland. This is a significant driver of demand for health services within the region.

	Wide	Qld
People with Diabetes	6.7%	4.7%
People with Arthritis	16.9%	14.1 %

The combined risk factors of Wide Bay residents present a significant challenge to the HHS, as we need to develop healthcare models that are capable of managing patients with complex, multiple conditions.

In children — WBHHS is the worst HHS in Queensland for childhood tooth decay, with 63.1 per cent of children aged 5–6 having experienced tooth decay, which is 7.7 per cent higher than the Queensland rate.

Perinatal risk factors — WBHHS also performs worse than Queensland, with a lower proportion of babies born at a healthy birthweight.

WBHHS has a higher proportion of mothers who smoke during pregnancy, 7.7 per cent higher than the Queensland rate.

Only Torres and Cape HHS and North-West HHSs have higher rates of smoking during pregnancy, but due to the small populations in these areas, WBHHS has the highest number of women who smoked while pregnant in 2016.



Service profile

WBHHS has three major hospitals and eight rural hospitals, multipurpose health services or health clinics. The three major hospitals are located in Bundaberg, Hervey Bay and Maryborough and the eight rural facilities are located at Monto, Biggenden, Childers, Eidsvold, Gin, Mundubbera, Gayndah and Mt Perry, and provide a variety of services.

WBHHS provides a wide range of acute and sub-acute services, including:

Acute pain management	Alcohol and other drug services	Allied health
Anesthetics	Breast Screen	Cancer care
Cardiology	Colorectal Surgery	Community health
Coronary care	Community Hospital Interface Program	Hospital in the Home
Emergency Medicine	Ear Nose Throat	Public Health
Gastroenterology	General Medicine	General surgery
Gerontology	Gynecology	Medical oncology
Aboriginal and Torres Strait	Intensive Care	Internal medicine
Islander health service	Mental health services	Medical imaging
Obstetrics	Offender Health	Palliative care
Ophthalmology	Orthopedics	Oral health
Oral Health	Pediatrics	Pathology
Pharmacy	Public Health	Radiation oncology
Rehabilitation	Renal Dialysis	School health
Sexual health	Specialist Outpatients	Transition care program
Children's Health	Urology	Aged Care (MPHS)

Table 1: Current bed availability and Clinical Service Capability Framework (CSCF) (excluding ED treatment spaces/ beds)

Facility	CSCF level	Beds
Bundaberg Hospital	4-5	240
Hervey Bay Hospital	4-5	203
Maryborough Hospital	3	97
Biggenden Multipurpose Health Service	2	18
Childers Multipurpose Health Service	2	20
Eidsvold Multipurpose Health Service	2	11
Gayndah Hospital	2	10
Gin Gin Hospital	2	6
Monto Hospital	2	14
Mundubbera Multipurpose Health Service	2	18
Mount Perry Health Centre	1-2	0



Bundaberg Hospital

Bundaberg Hospital is predominantly a Clinical Service Capability Framework (CSCF) Level 4 facility with a number of CSCF Level 5 services including acute and community-based mental health services, acute pain and oncology. It has 240 beds, excluding Emergency Department treatment spaces/beds.

Overview

Bundaberg Hospital is the Wide Bay region's largest hospital and provides inpatient, specialist outpatient, and 24-hour emergency department services. The hospital has an ICU/Coronary Care Unit, services in obstetrics, orthopaedics, paediatrics, general medicine, cardiology, endoscopy, oncology, radiation therapy, paediatric ENT, general surgery, gynaecology, acute and community-based mental health services, rehabilitation, palliative care, and renal medicine, including dialysis. The hospital is supported by onsite medical imaging and pathology services. There are also a range of community health services in the Bundaberg area.

Hervey Bay Hospital

Hervey Bay Hospital services the Fraser Coast region and provides a range of CSCF Level 4 services, with a number of CSCF Level 5 services including community-based mental health services, acute pain and oncology services. It has 203 beds, excluding Emergency Department treatment spaces/beds.

Overview

Hervey Bay Hospital is the largest acute facility on the Fraser Coast region and provides inpatient, outpatient, and 24-hour emergency department services to the Fraser Coast community. The hospital has an ICU/Coronary Care Unit, services in obstetrics, orthopaedics, paediatrics, general medicine, endoscopy, oncology, radiation therapy, geriatrics, general surgery, gynaecology, community mental health services, and renal medicine, including dialysis. The hospital is supported by onsite medical imaging and pathology services. There are also a range of community health services in the Hervey Bay area.

Maryborough Hospital

Maryborough Hospital provides acute and sub-acute hospital services at CSCF Level 3, and is supported by Hervey Bay and Bundaberg hospitals. It has 97 beds, excluding Emergency Department treatment spaces/beds.

Overview

Maryborough Hospital provides inpatient services (specialising in sub-acute services including palliative care and rehabilitation), surgical and endoscopy services, acute inpatient mental health services, outpatient services, and a 24-hour emergency department. A satellite renal dialysis unit provides dialysis services as well as providing a range of community health services.



Rural facilities

WBHHS operates eight rural facilities that provide health services to the local community. Table 2 summarises the facilities capacity and CSCF capability

Table 2: WBHHS rural facilities capacity and CSCF capability

Facility	Overview	Bed Capacity	Capability
Biggenden MPHS	Biggenden MPHS is a small, rural facility providing acute, aged care, palliative care, tele chemotherapy, 24-hour emergency department, community and allied health services to the Biggenden community and surrounding area. Clinical support services include radiology (X-ray) and pathology.	8 Acute 11 Residential	Level 2
Childers MPHS	Childers MPHS is a multipurpose facility that provides acute hospital services include inpatient, palliative care, tele chemotherapy, outpatient and 24-hour emergency department services, as well as long stay aged care to Childers and surrounding communities. Clinical support services include radiology (X-ray) and pathology.	16 Acute 4 Residential	Level 2
Eidsvold MPHS	Eidsvold MPHS is a small rural health service which provides acute services including 24-hour emergency department, inpatient, palliative care, tele chemotherapy and outpatient services, as well as aged care services. Clinical support services include radiology (X-ray) and pathology.	4 Acute 7 Residential	Level 2
Gayndah Hospital	Gayndah Hospital provides outpatients, 24-hour emergency department, chronic inpatient, respite care and palliative care and tele chemotherapy services. Clinical support services include radiology (X-ray) and pathology.	10 Acute	Level 2
Gin Hospital	Gin Gin Hospital is an acute 6 bed facility which provides outpatient, 24-hour emergency, pharmacy, general medicine, palliative care and tele chemotherapy. Clinical support services include radiology (X-ray) and pathology.	6 Acute	Level 2
Monto Hospital	Monto Hospital provides 24-hour emergency, outpatients, acute and respite care, palliative care and tele chemotherapy. Clinical support services include radiology (X-ray) and pathology.	14 Acute	Level 2
Mt Perry Health Centre	Mt Perry is a health centre that provides health promotion, chronic disease management, outpatient and emergency department services to the local community from 8am – 4:30 pm, Monday to Friday. Clinical support services include pathology.	Nil	Level 1/2
Mundubbera MPHS	Mundubbera MPHS provides acute inpatient, 24-hour emergency department services, outpatients, general medicine, community care and aged care services to Mundubbera and the surrounding community. Clinical support services include radiology (X-ray) and pathology.	4 Acute 14 Residential	Level 2
Agnes Water	Community-based services currently provided by WBHHS include Psychology for people with chronic disease, Physiotherapy for post-acute care, Women's Health Nurse and ongoing management of people under the care of the HHS's mental health service.	Nil beds	



Employee relations

WBHHS is committed to involving staff and their union representatives in the decision-making processes affecting the workforce. WBHHS encourages employees to participate in the consultation processes by allowing a reasonable time to adequately understand, analyse, seek appropriate advice from their union and respond to such information.

Consultation requires the exchange of timely information relevant to the issues at hand, and a genuine desire for the consideration of each party's views, before making a final decision.

Underpinning policy and legislative framework

There are a number of legislative Acts that all employees of Queensland Health are obliged to abide by, as well as Queensland Government initiatives and industrial relations Agreements that will influence this workforce plan. The following are some that are currently relevant:

- Advancing rural and remote health service delivery through workforce: A strategy for Queensland 2017–2020
- Advancing health service delivery through workforce: A strategy for Queensland 2017–2026
- My health, Queensland's future: Advancing Health 2026
- Medical Practitioner workforce plan for Queensland
- The Aboriginal and Torres Strait Islander Workforce Strategic Framework 2016–2026
- Digital Health Strategic Vision for Queensland 2026
- Queensland Health Workforce Diversity and Inclusion Strategy 2017–2022
- *Queensland Public Health Sector Certified Agreement (No 9) 2016*
- *Queensland Health Building, Engineering & Maintenance Services Certified Agreement (No 6) 2016*
- *Medical Officer (Queensland Health) Certified Agreement (No 4) 2015 (MOCA4)*
- *Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB10) 2018*
- *Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No 2) 2016.*

Relevant Acts

- *Hospital and Health Boards Act 2011*
- *Public Service Act 2008*
- *Public Service Regulation 2008*
- *Workers' Compensation and Rehabilitation Act 2003*
- *Industrial Relations Act 1999*
- *Workplace Health and Safety Act 1995*
- *Public Sector Ethics Act 1994*
- *Whistleblowers' Protection Act 1994*
- *Anti-Discrimination Act 1991*



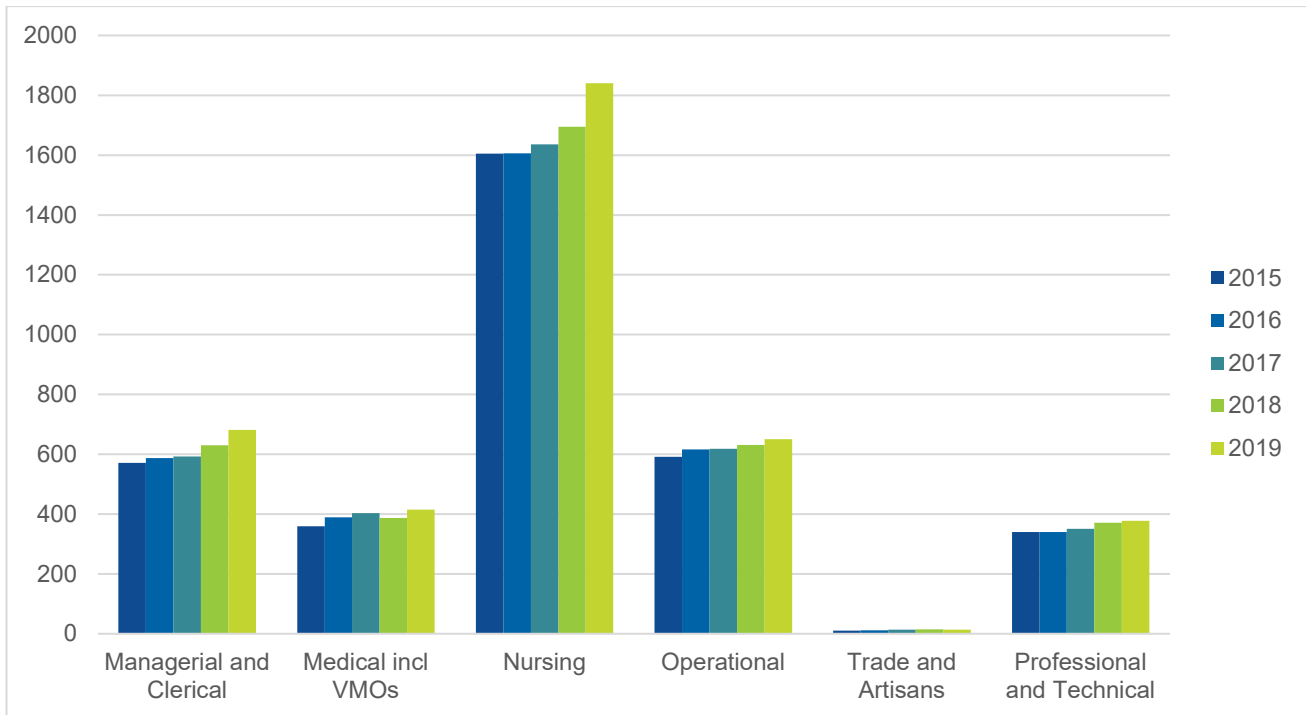
Current workforce profile

The health service requires a diverse workforce for both clinical and non-clinical roles, with the current workforce categorised under the six major occupational groups. The total workforce as at 30 June 2019 was 3,978 Minimum Obligatory Human Resource Information (MOHRI) occupied headcount, with 51 per cent working full time, 43 per cent part time and 6 per cent casual.

Table 3: WBHHS MOHRI headcount as of 30 June 2019

Occupational group	MOHRI Headcount
Managerial and Clerical	681
Medical inc VMOs	414
Nursing	1840
Operational	650
Trade and Artisans	14
Professional and Technical	377
WBHHS Total	3976

Figure 1: WBHHS headcount by occupation, 2015–2019



WBHHS has an ageing workforce, presenting us with a key challenge, with skill-mix ratios needing to be addressed through this Plan. Issues include:

- Approximately 51 per cent fall into the 40–59-year age group across all professions
- 14 per cent of current employees are aged over 60 years of age
- Approximately 40 per cent of total employees are aged over 50, while 14 per cent are aged over 60 and many employees are working longer
- 46 per cent of the workforce are nurses, with 44 per cent of these aged over 50, which is an identified high risk for the WBHHS.



Figure 2: WBHHS age profile by paypoint, June 2019

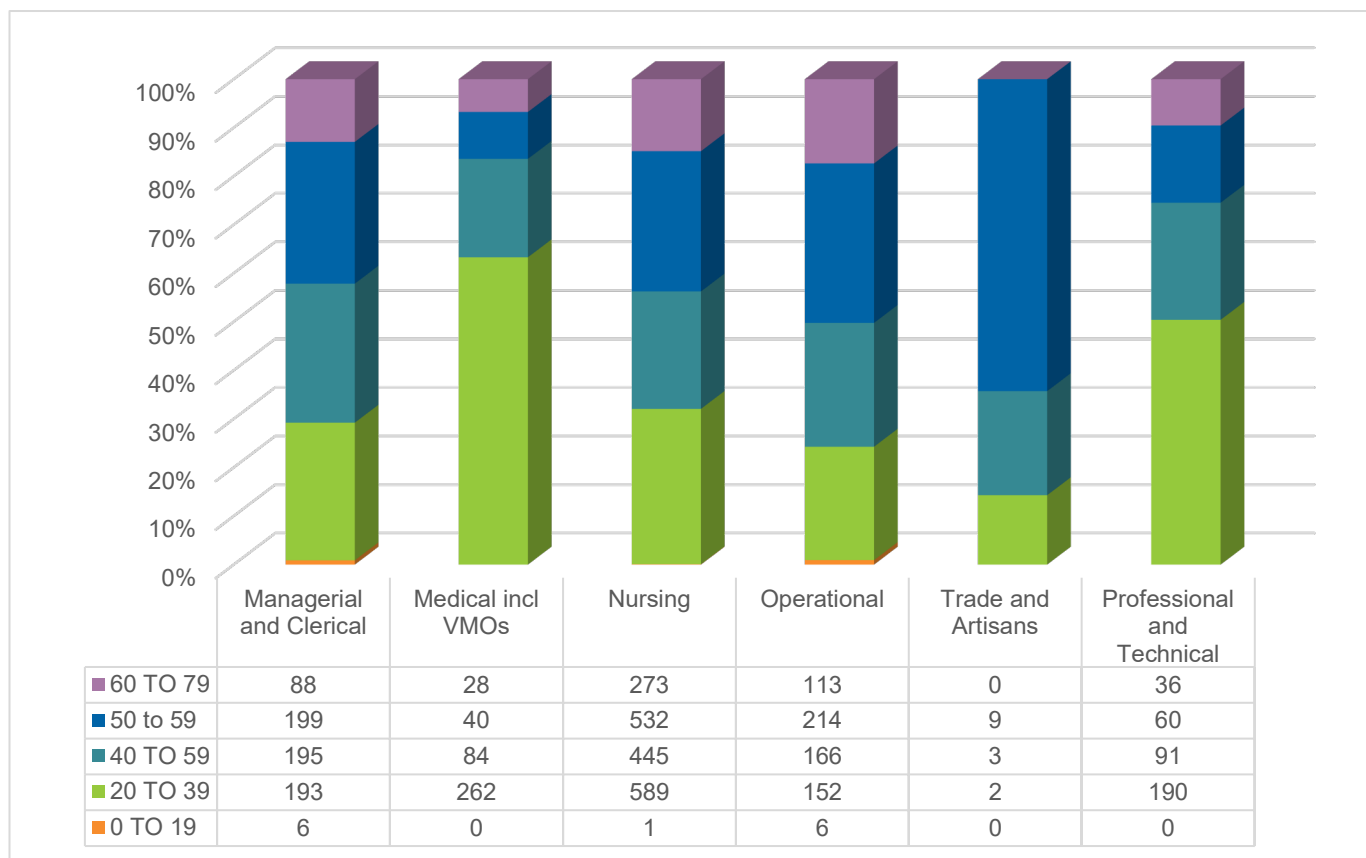


Table 4: WBHHS age profile (50+ years) at June 2019

Age Count	50	51	52	53	54	55	56	57	58	59	60-79
Occupational Group	MOHRI Occupied Headcount										
Nursing	54	62	53	57	48	56	42	57	54	50	273
Operational	19	17	21	13	25	22	27	21	26	23	113
Medical	6	4	4.25	3	1	4	3	3	7	5	28



Table 5: WBHHS age profile by division

	Division	0–19	20–39	40–59	50–59	60–79
Nursing	All WBHHS Nursing	1	589	445	532	273
	Acute Services	1	547	401	468	235
	Division of Critical Care & Emergency	0	149	104	78	49
	Division of Family & Community	0	68	48	51	34
	Division of Medicine	1	175	140	175	70
	Division of Surgery	0	112	85	123	47
	Rural Facilities	0	44	25	40	35
	HHS-Wide Services	0	4	19	13	5
	WBHHS CE Support & Board	0	0	1	1	1
	WBHHS Governance, Strategy & Planning	0	3	14	12	3
	WBHHS Infrastructure Management	0	0	1	0	0
	WBHHS Professional Nursing	0	1	3	1	1
	Integrated Mental Health Service	0	38	25	51	34
	Bundaberg & Rural Mental Health Services	0	18	14	29	14
	Fraser Coast Mental Health Services	0	16	9	18	17
	Offender Health	0	4	3	4	3
Operational	All WBHHS Operational	6	152	166	214	113
	Acute Services	6	148	151	209	111
	Corporate Services	2	65	92	130	74
	Division of Critical Care & Emergency	1	5	6	5	2
	Division of Family & Community	2	52	27	29	8
	Division of Medicine	0	4	3	14	1
	Division of Surgery	0	3	7	6	1
	Rural Facilities	1	20	16	25	25
	HHS-Wide Services	0	1	4	3	1
	WBHHS Infrastructure Management	0	1	4	3	1
	Integrated Mental Health Service	0	3	11	2	1
	Bundaberg & Rural Mental Health Services	0	2	8	1	1
	Fraser Coast Mental Health Services	0	1	3	1	0
Medical	All WBHHS Medical	0	262	84	40	28
	Acute Services	0	203	73	33	24
	Division of Critical Care & Emergency	0	77	21	7	3
	Division of Family & Community	0	33	10	7	3
	Division of Medicine	0	42	9	6	6
	Division of Surgery	0	45	26	11	11
	Rural Facilities	0	6	7	2	1
	HHS-Wide Services	0	45	3	2	2
	WBHHS CE Support & Board	0	0	0	1	1
	WBHHS Professional Medical	0	45	3	1	1
	Integrated Mental Health Service	0	14	8	5	2
	Bundaberg & Rural Mental Health Services	0	5	3	3	1
	Fraser Coast Mental Health Services	0	9	4	2	0
Offender Health	0	0	1	0	1	



Division		0-19	20-39	40-59	50-59	60-79
Professional	All WBHHS Professional	0	190	91	60	37
	Acute Services	0	171	71	44	32
	Division of Critical Care & Emergency	0	45	14	10	7
	Division of Family & Community	0	97	42	22	19
	Division of Medicine	0	14	13	9	6
	Division of Surgery	0	0	0	0	0
	Rural Facilities	0	14	1	2	0
	HHS-Wide Services	0	0	0	1	1
	WBHHS Professional Medical	0	0	0	1	1
	Integrated Mental Health Service	0	19	20	15	4
	Bundaberg & Rural Mental Health Services	0	11	9	11	1
	Fraser Coast Mental Health Services	0	8	11	4	3

Gender

As at 30 June 2019, 77 per cent of the WBHHS workforce is female.

Figure 3: WBHHS female workforce by age

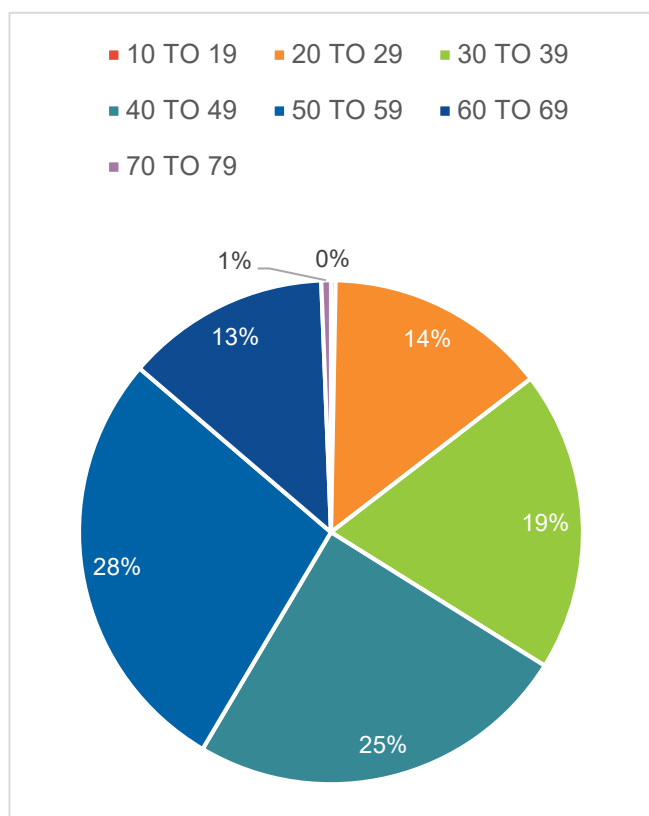


Figure 4: WBHHS male workforce by age

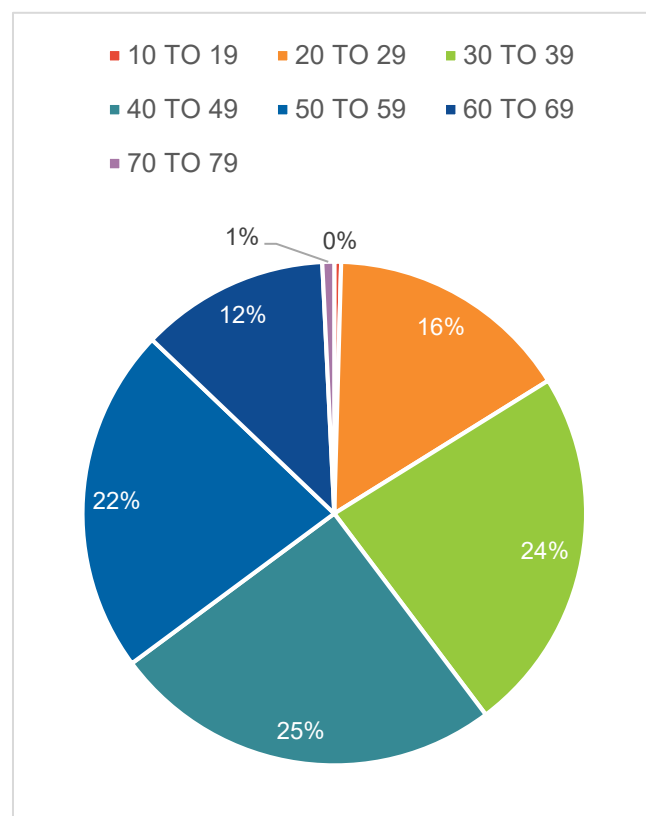
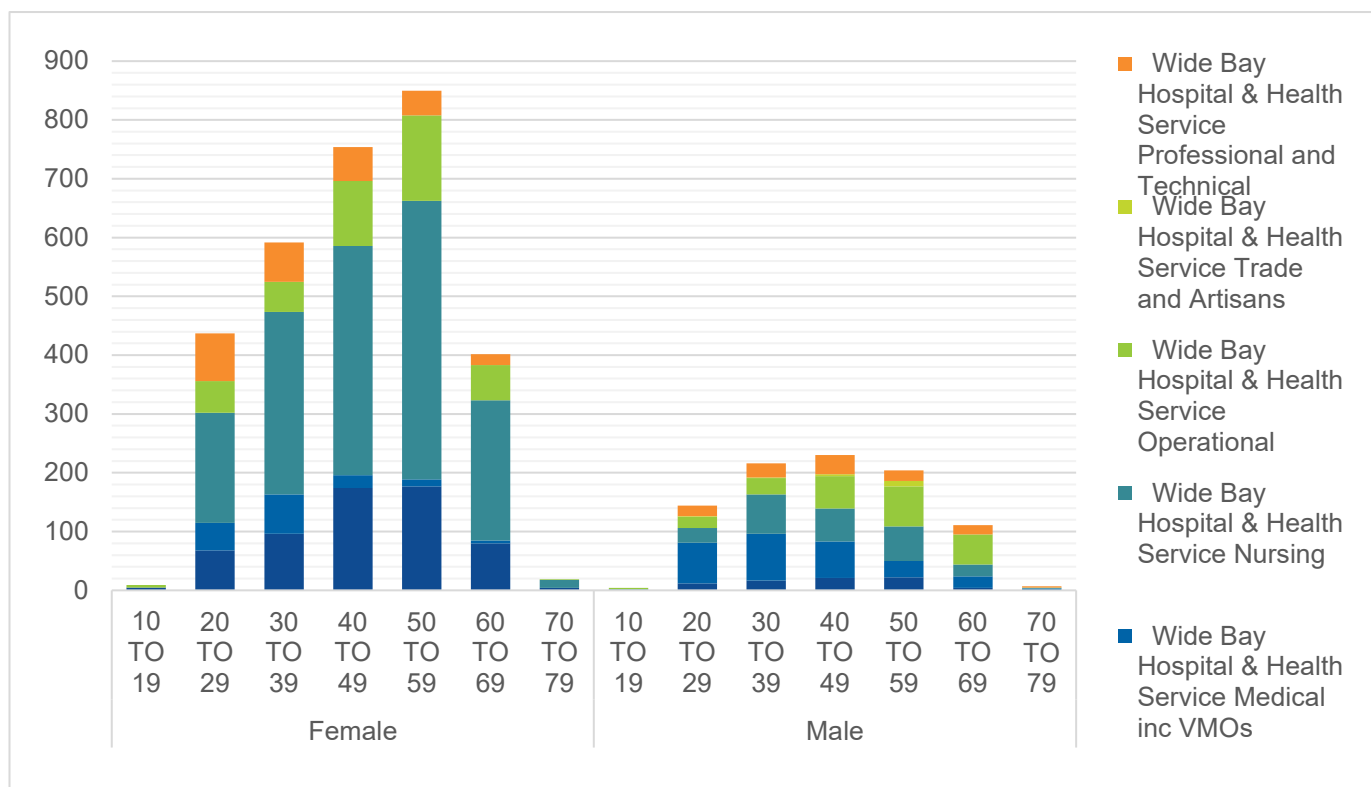




Figure 5: WBHHS workforce by gender and paypoint, June 2019



Vacancies

Vacancies as at the 30 June 2019 totalled 229 full-time equivalent (FTE), which is approximately 7.3 per cent of total approved FTE.

Table 6: Vacancies as of 30 June 2019

	Vacant FTE
Managerial and Clerical	34
Medical inc VMOs	31
Nursing	104
Operational	30
Trades and Artisans	1
Professional and Technical	29
WBHHS total vacancies	229



Appointments

During the 2018–19 financial year, there were 524 new appointments comprising 34 per cent nursing and 23 per cent medical officers.

Figure 6: WBHHS appointments by occupation, 2015–2019

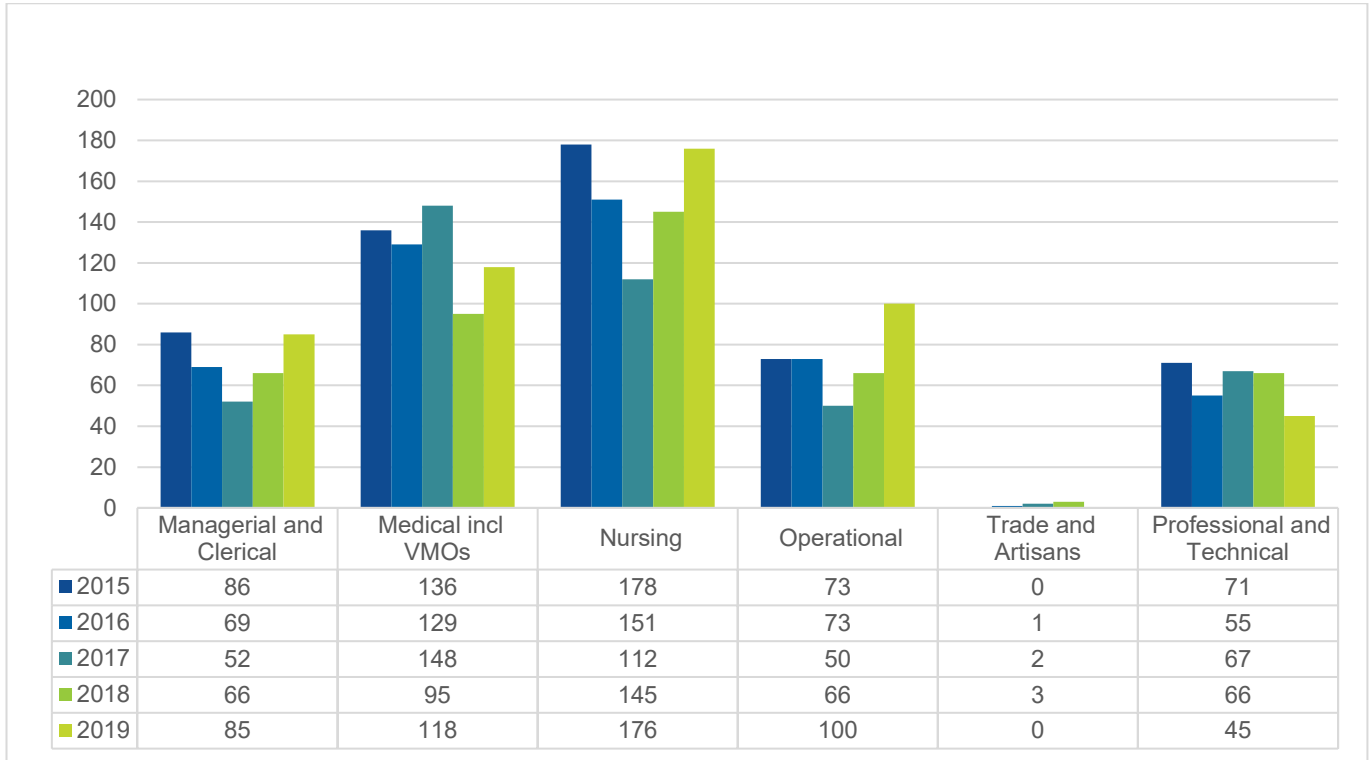
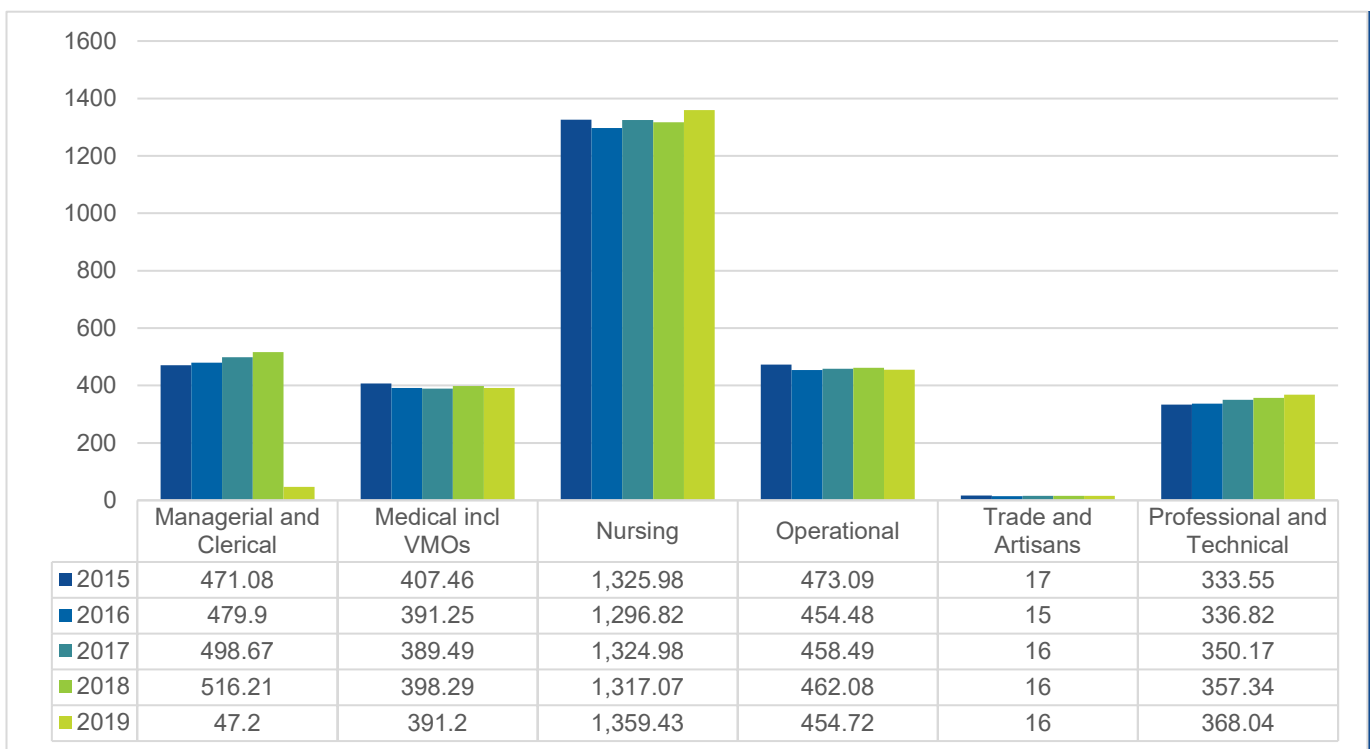


Figure 7: WBHHS approved FTE by occupation, 2015–2019





Separations

Within WBHHS, 147 or 30 per cent of the 2018–19 separations were due to resignation, with retirement representing 8 per cent. It is acknowledged “end of contract” is a significant reason for separations due to the fact we have many Medical Officers employed under temporary contract arrangements.

Figure 8: WBHHS separations by occupation, 2015–2019

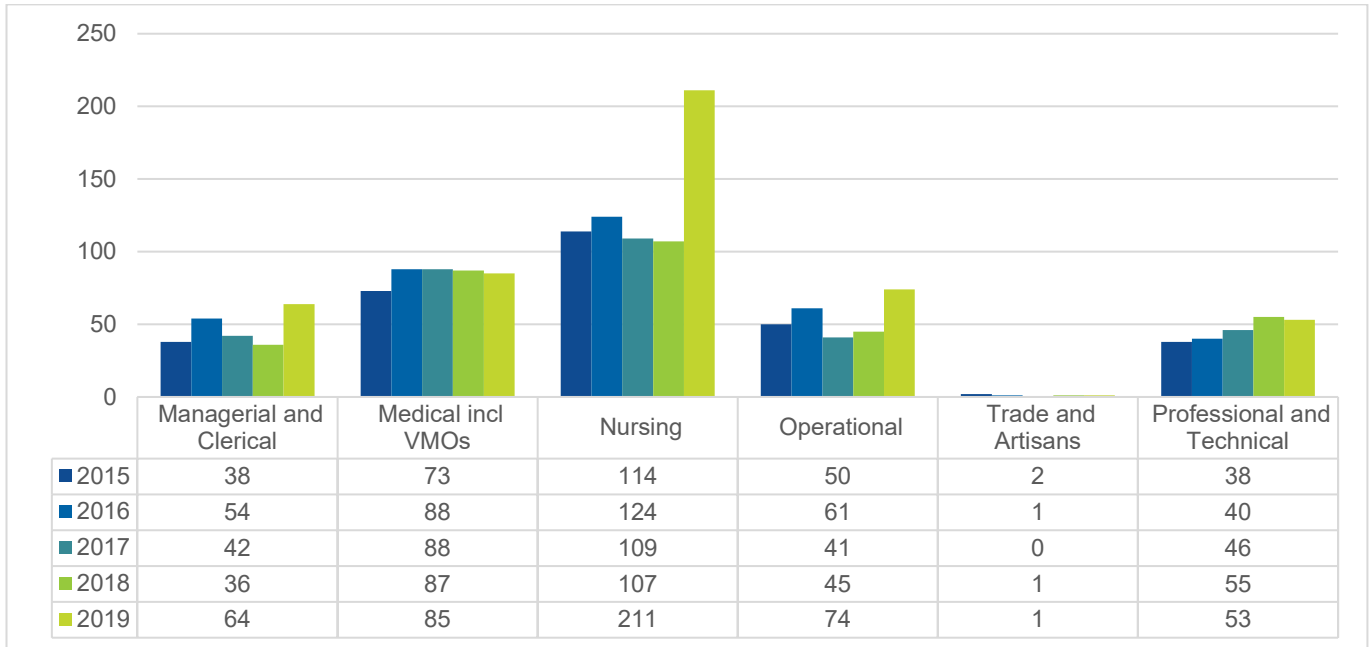
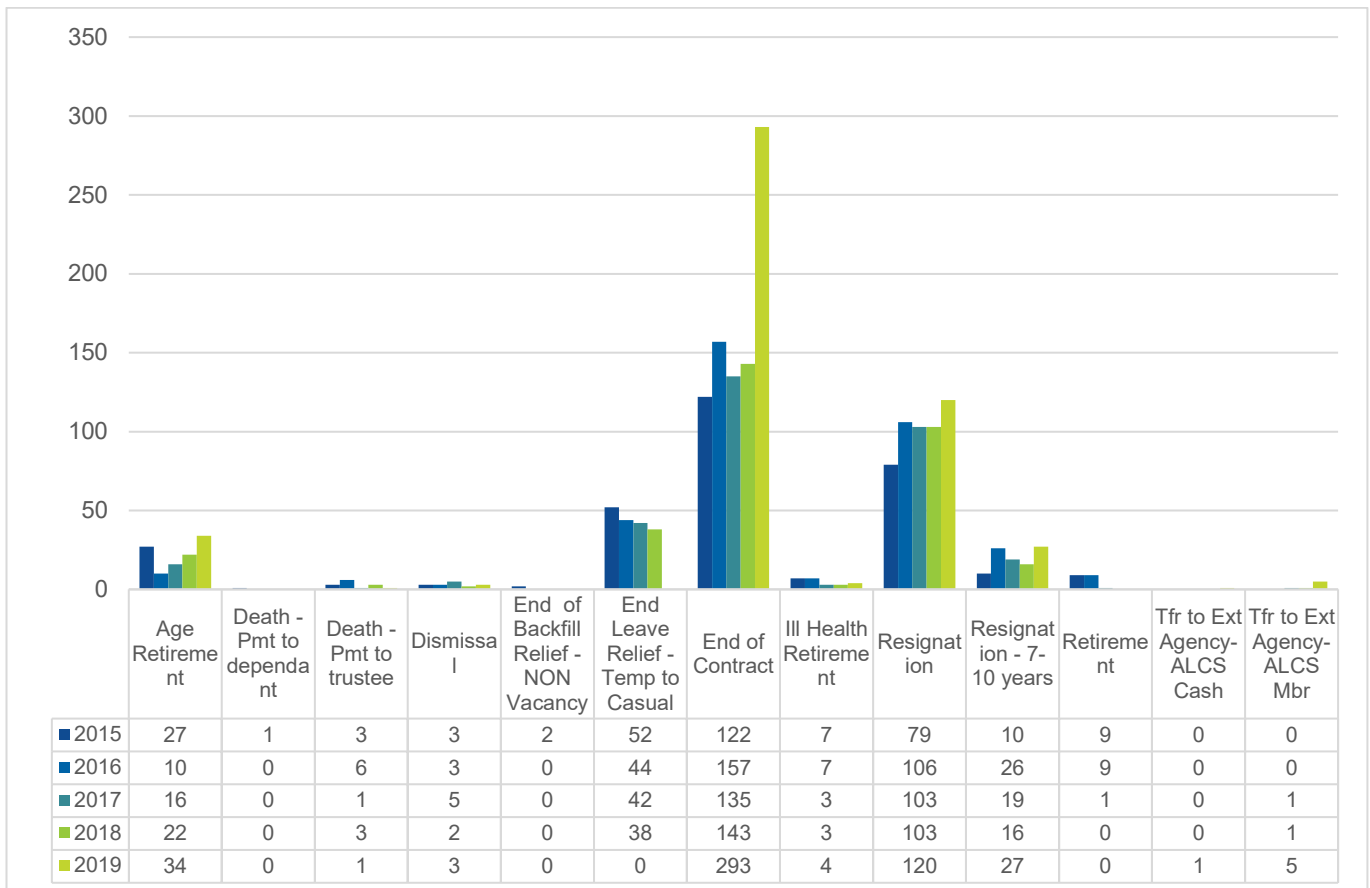


Figure 9: WBHHS separations by reason, 2015–2019





Agency and locum use

Agency and locums are utilised as a means of short-term labour supply to cover vacant positions that have not been recruited to, unplanned leave coverage or placements at rural facilities that have been historically difficult to recruit. WBHHS is striving to reduce the use and cost of agency/locums through active and timely recruitment, improved leave management and succession planning.

Table 7: Cost of locums by paypoint

	2015	2016	2017	2018
Managerial and Clerical	\$421,189	\$95,155	\$12,318	\$189,311
Medical	\$18,748,742	\$15,951,998	\$10,025,749	\$12,875,315
Visiting Medical Officers	\$1,146,183	\$898,957	\$1,011,666	\$1,278,607
Nursing	\$4,425,668	\$3,018,365	\$4,534,347	\$6,030,504
Operational				
Trades and Artisans		\$3,728		
Professional	\$105,709			
Health Practitioners	\$289,862	\$159,760	\$226,781	\$249,186
Total \$ cost of locums	\$25,137,353	\$20,127,962	\$15,810,861	\$20,622,923

Workforce diversity composition

WBHHS is committed to meeting the workforce diversity targets in accordance with the Queensland Health Workforce Diversity and Inclusion Strategy 2017–2022, which states:

***“Today, ‘diversity’ has a broad scope that encompasses the wide range of individual differences that make up our workforce and the communities we serve. It includes inherent characteristics such as age/generational differences, ethnicity, intellectual and/or physical ability, cultural background, sexual orientation and/or gender identity. Diversity also refers to acquired aspects that may be less visible such as education, socio-economic background, faith, marital status, job level, family responsibilities, experience, and thinking and workstyles.*”**

Diversity goes hand in hand with ‘inclusion’.”

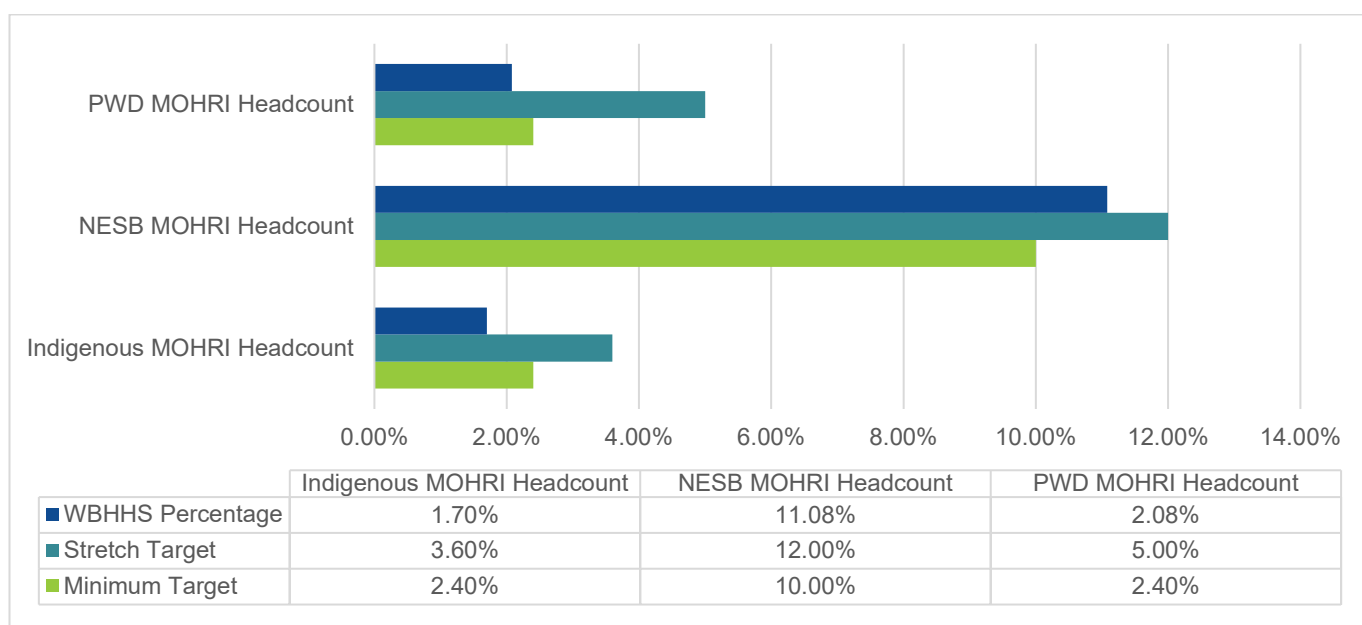
WBHHS is committed to acknowledging that Aboriginal and Torres Strait Islander people and values and respects their contribution. Queensland Health has developed an “Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2026”, which aims to increase the number of Aboriginal and Torres Strait Islander employees working in Queensland Health, building stronger partnerships between health, education and training and providing leadership and planning for Aboriginal and Torres Strait Islander workforce development. The aim is to close the gap between Aboriginal and Torres Strait Islander and non-indigenous people. WBHHS has developed the Aboriginal and Torres Strait Islander Closing the Gap Health Plan 2019–2022, which includes WBHHS’s approach to achieve the target of a 3 per cent Aboriginal and Torres Strait Islander workforce by 2022 across all areas of employment. This plan also includes the development of a specific Aboriginal and Torres Strait Islander workforce plan to attract and retain Aboriginal and Torres Strait Islander people in all streams across the HHS.



Table 8: Current WBHHS diversity composition by paypoint

Equal Employment Opportunity Composition as at 30 June 2019	Aboriginal and Torres Strait Islander	Non-English Speaking Background	People with Disabilities
Managerial and Clerical	18	24	18
Medical inc VMOs	0	161	5
Nursing	23	182	30
Operational	23	30	19
Trade and Artisans	0	1	0
Professional and Technical	4	43	11
WBHHS TOTAL	68	441	83
% of Workforce Headcount	1.70%	11.08%	2.08%

Figure 10: WBHHS diversity targets, June 2019





Staff turnover

Historically, WBHHS turnover has been higher in the medical and nursing professions. That in part is due to the nature of the intern policy and temporary appointment of PHO/Registrars and RMOs.

Table 9: WBHHS staff turnover

		Managerial and Clerical	Medical incl VMOs	Nursing	Operational	Trade and Artisans	Professional and Technical
2015	WBHHS	3	13	5	4	18	7
	QLD	4	6	5	7	6	5
	Variance	1	-7	0	3	-12	-2
2016	WBHHS	5	1	6	7	8	8
	QLD	4	5	4	7	4	5
	Variance	0	4	-1	0	-4	-3
2017	WBHHS	4	9	5	5	0	8
	QLD	4	5	5	6	6	5
	Variance	0	-4	0	1	6	-3
2018	WBHHS	4	5	5	5	7	9
	QLD	4	4	5	6	6	5
	Variance	0	-1	0	1	-1	-4
2019	WBHHS	5	7	6	6	8	7
	QLD	5	4	6	7	7	5
	Variance	0	-3	0	1	-1	-2

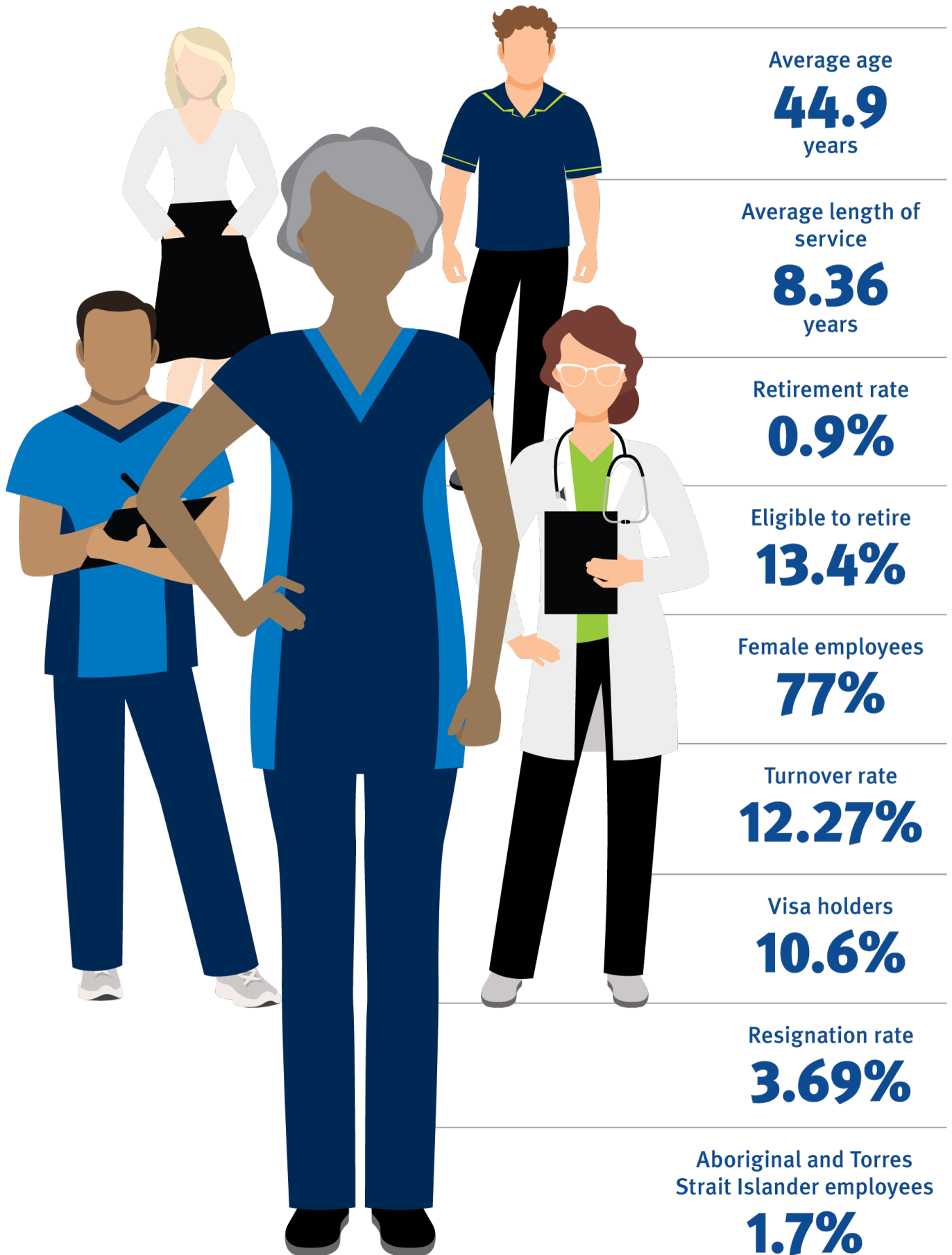
Graduate programs

In May 2017, the WBHHS commenced a Nursing Internship program that employs Under Graduate Student Nurses (UGSN) enabling their scope of practice to be increased in parallel to their level of education and assessed competencies. The model is provided in partnership with CQUniversity (CQU). The program can only be placed in areas that have AIN nurses on their rosters and has proven successful, with the number of interns having now increased from four to eight 0.2 FTE.

WBHHS also has a Workplace-Based Assessment 12-month program, which enables international graduate doctors to complete their Part 2 Australian Medical Council accreditation. This program has proven highly successful in attracting doctors to the area. Every three months, three doctors begin the program. At any one time there are 12 doctors in various stages of the 12-month Workplace Based Assessment Program, acknowledging that Hervey Bay Hospital is the sole WBHHS provider of this program.



WBHHS employee profile 2019





Future workforce demand

We are committed to leading, supporting and progressing initiatives that position our future health workforce to be skilled and responsive to patient needs; sensitive to the role of emerging technologies and changing models of care; and delivered efficiently with the best use of resources. The future workforce must be effectively led, engaged and empowered through a culture of patient-centred care and supported to identify barriers to improve systems and patient outcomes. Effective, contemporary design can be seen in efficient, interdisciplinary, team-based practice and where system enhancements enable optimised roles and new workforce designs to flourish.

The WBHHS Health Services Plan identifies that over the next 13 years demand for services is projected to increase significantly in line with population growth and population demographics, as well as expanded CSCF Level 5 service growth. This will impact activity levels and required infrastructure under both baseline and scenario assumptions. The other key workforce driver is our ageing workforce, particularly nursing, which will strongly influence recruitment demand over the next decade.

Figure 11: WBHHS projected future infrastructure — baseline and scenario

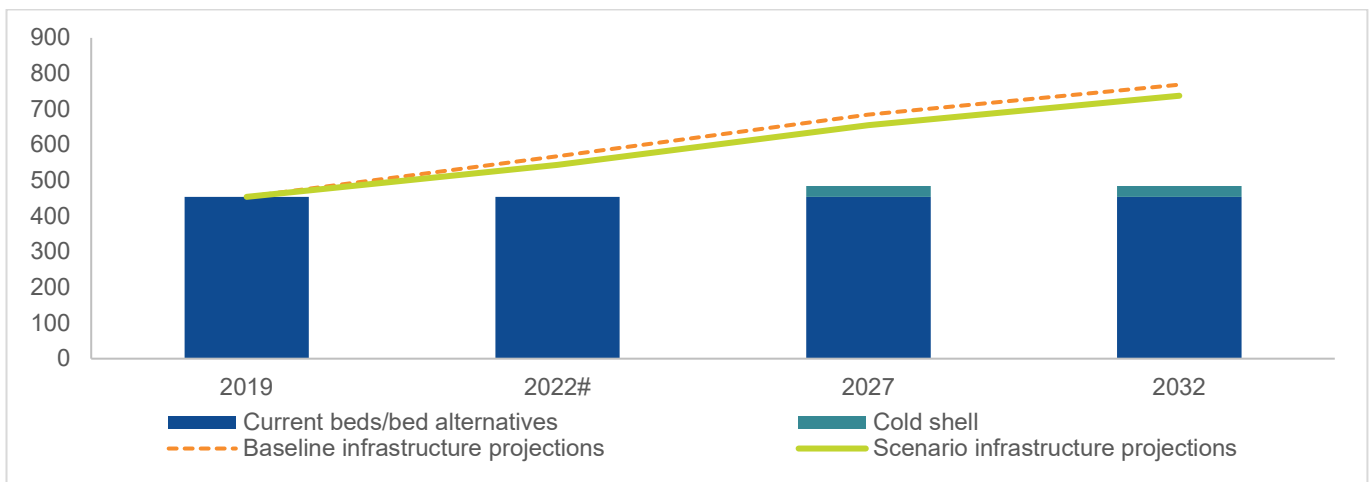
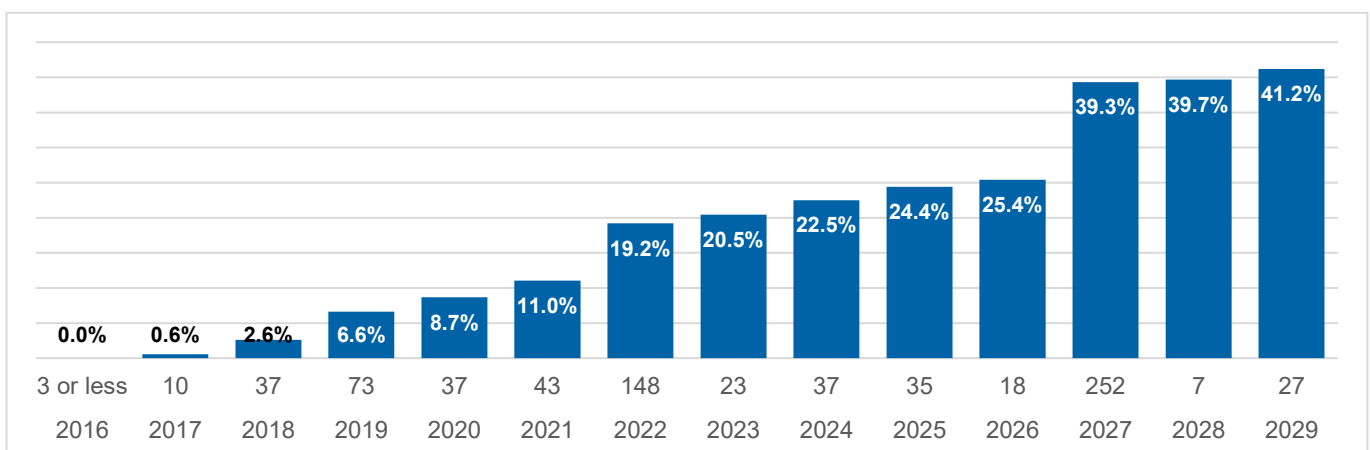


Figure 12: WBHHS Nursing Retirement Projection by year and cumulative workforce



Data sources:
 AHPRA Workforce surveys; Medical, Nursing, Allied Health for presented years.
 ABS Catalogue No 3235.0 – Population by Age and Sex, Regions of Australia.



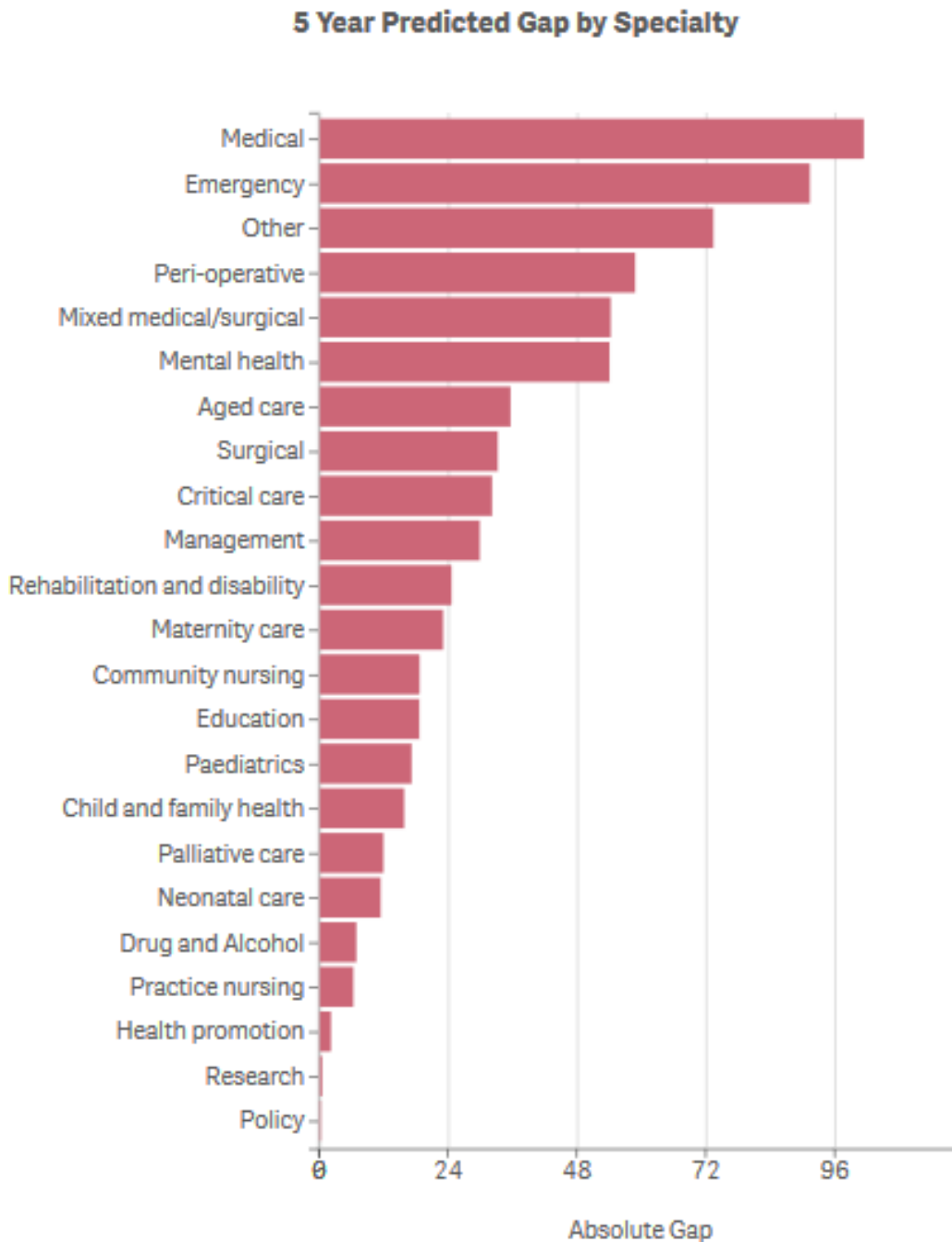
Figure 13: WBHHS Nursing Workforce Demand vs Projected Retirement including 4 per cent growth



Data sources:
 AHPRA Workforce surveys; Medical, Nursing, Allied Health for presented years.
 ABS Catalogue No 3235.0 – Population by Age and Sex, Regions of Australia.



Figure 14: WBHHS Nursing Workforce Demand vs Projected Retirement including 4 per cent growth – 5 year Demand by Specialty



Data sources:

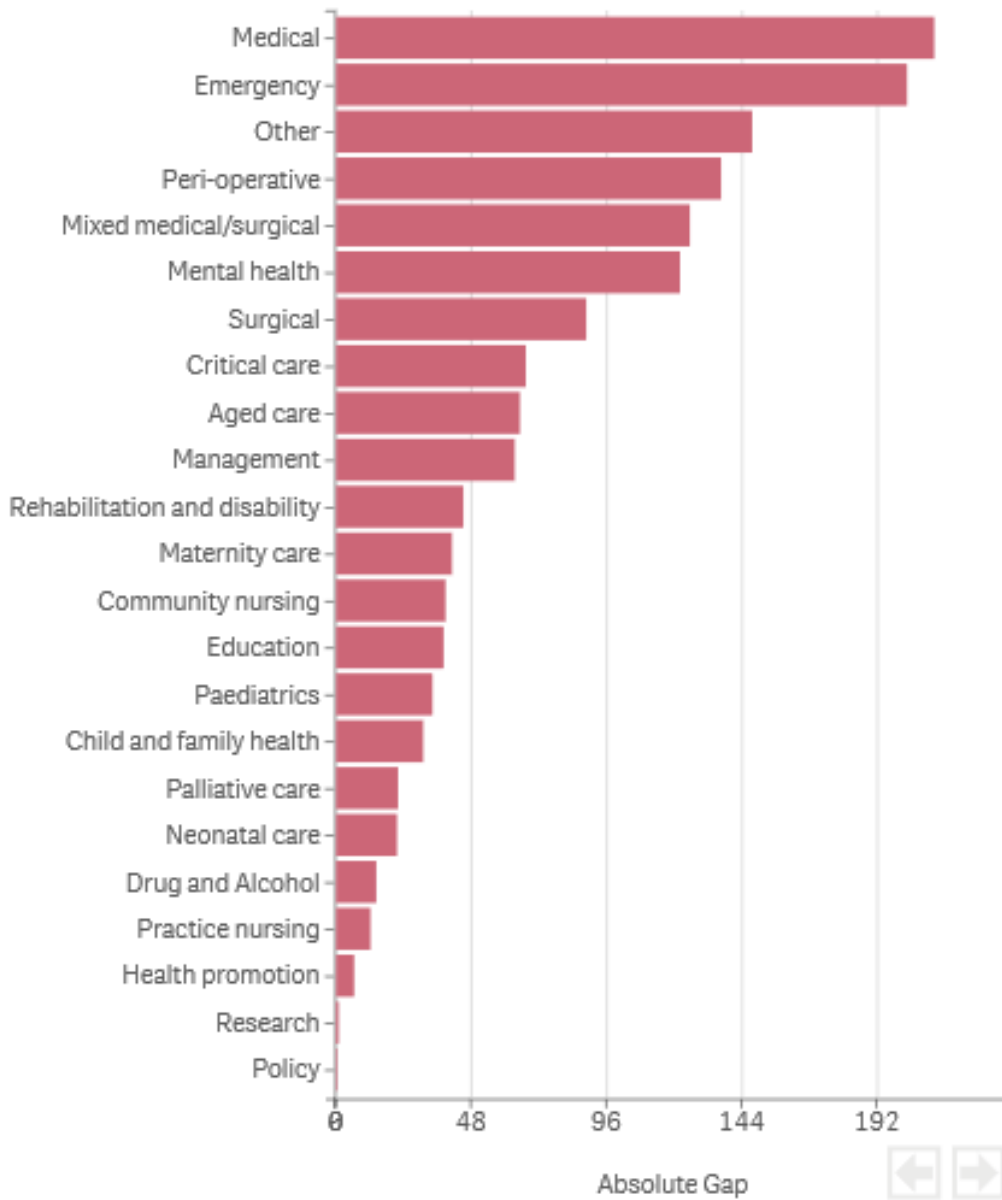
*AHPRA Workforce surveys; Medical, Nursing, Allied Health for presented years.
ABS Catalogue No 3235.0 – Population by Age and Sex, Regions of Australia.*



Figure 15: WBHHS Nursing Workforce Demand vs Projected Retirement including 4 per cent growth – 10 year Demand by Specialty



10 Year Predicted Gap by Specialty



Data sources:
 AHPRA Workforce surveys; Medical, Nursing, Allied Health for presented years.
 ABS Catalogue No 3235.0 – Population by Age and Sex, Regions of Australia.

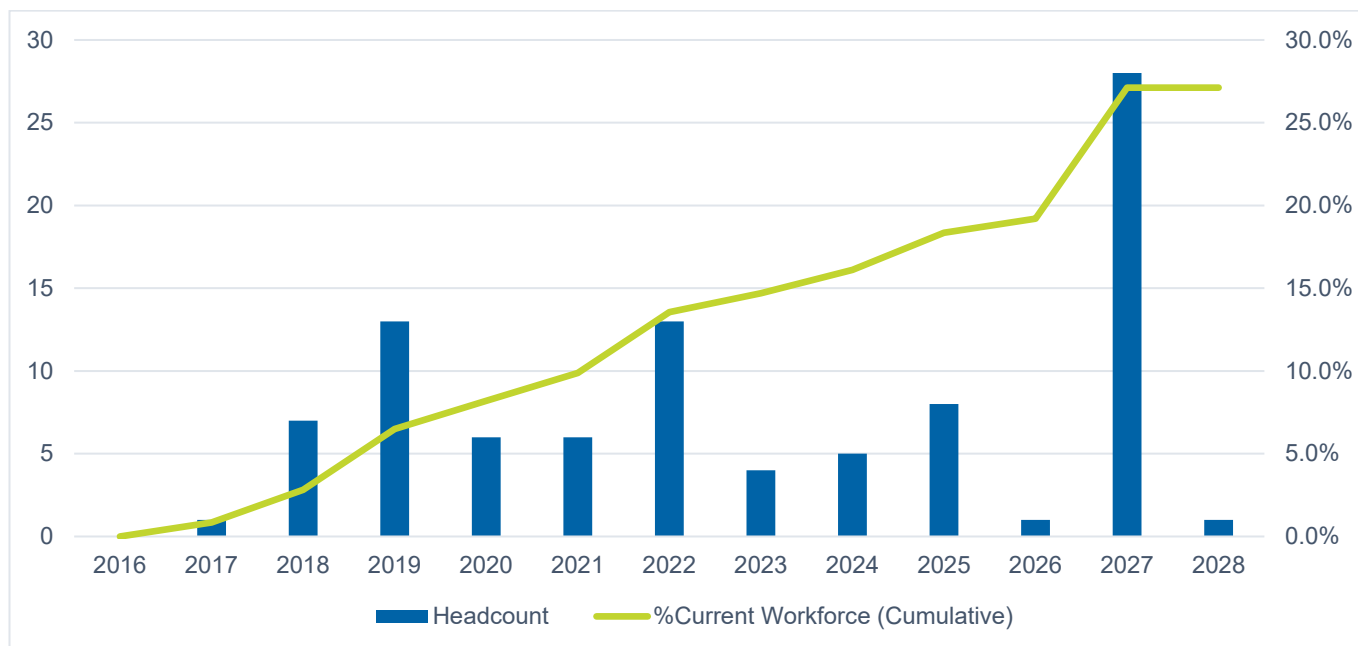


Workforce gap projection

Table 10: Nursing workforce gap projection with a selected growth rate of 4.0 per cent

	Nursing workforce gap	Required annual intake	Selected growth rate
5 years	741	148	4.0%
10 years	1584	158	

Figure 16: WBHHS medical retirement projection by year and cumulative workforce

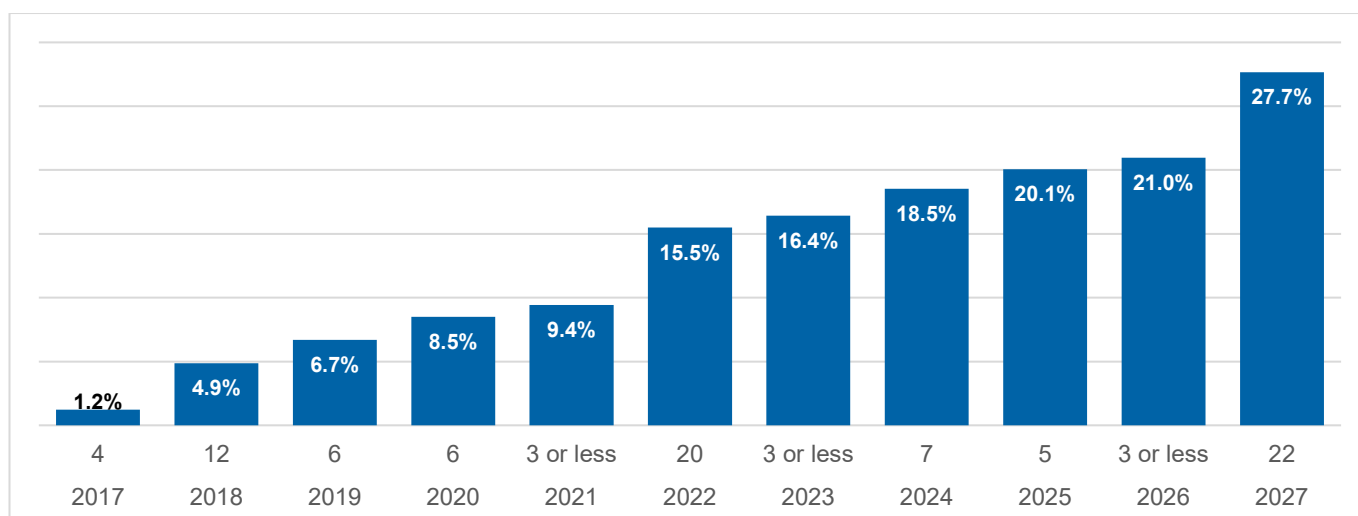


Data sources:

AHPRA Workforce surveys; Medical, Nursing, Allied Health for presented years.

ABS Catalogue No 3235.0 – Population by Age and Sex, Regions of Australia.

Figure 17: WBHHS allied health retirement projection by year and cumulative workforce



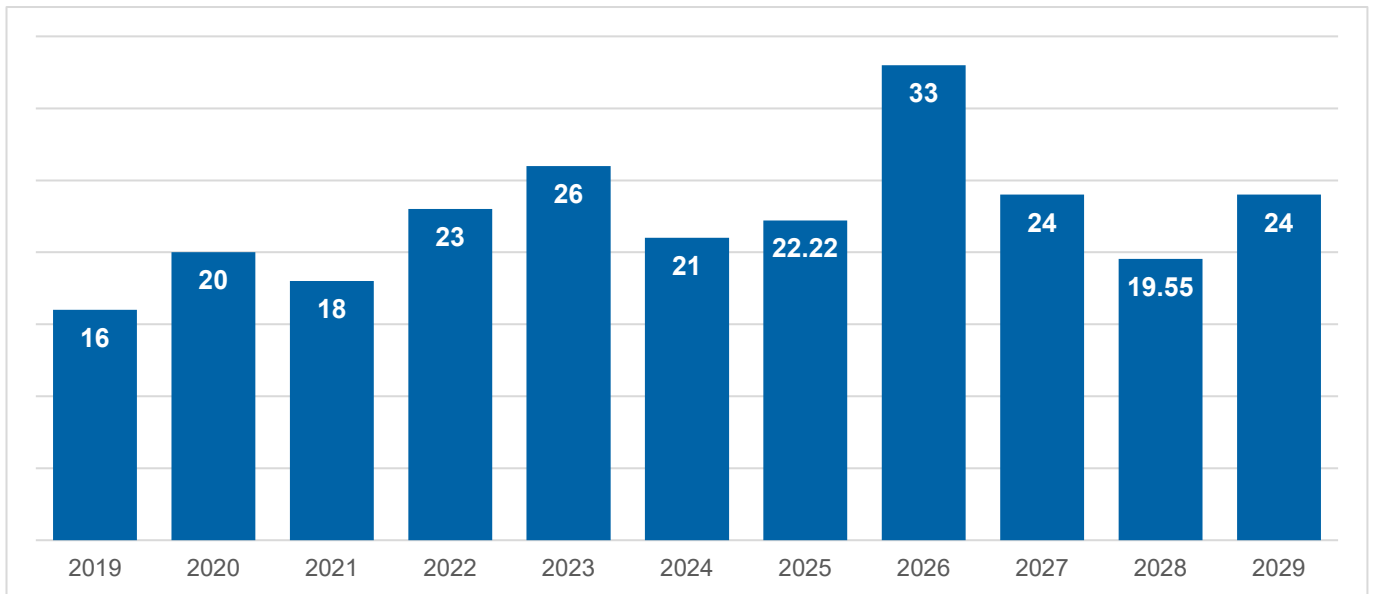
Data sources:

AHPRA Workforce surveys; Medical, Nursing, Allied Health for presented years.

ABS Catalogue No 3235.0 – Population by Age and Sex, Regions of Australia.



Figure 18: WBHHS Operational retirement projection by year





Future growth

Planning for future growth is critical. The following “baseline” and “scenario” projections for all our facilities are drawn from WBHHS’s [Activity and Infrastructure Projections 2019–2032](#) document, which is an addendum to the [WBHHS Health Services Plan](#).

Bundaberg Hospital

Under the baseline, Bundaberg Hospital inpatient activity is projected to grow by 4.0 per cent per annum to 2031–32. It is projected that by 2026–27 inpatient activity at Bundaberg Hospital will increase by 63 per cent over 2015–16 volumes, driven by:

- status quo growth in activity (population growth and ageing) — 60 per cent of activity growth
- reverse flows for expanded CSCF Level 5 services — 28 per cent of activity growth
- modelled changes in public market share, place of treatment — 12 per cent of activity growth.

The service projections for Bundaberg Hospital as a result of the service need issues identified has resulted in a projected bed requirement of up to 167 additional beds and a 30-bed cold shell by 2031–32.

The analysis demonstrates the reverse flows for expanded CSCF Level 5 services, account for 28 per cent of activity growth demonstrating lower impact on services than both population growth and population ageing.

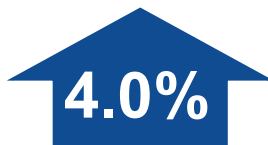
To accommodate the projected growth in activity, Bundaberg Hospital will require an additional 167 beds which includes 126 inpatient, support and recovery beds by 2031–32 compared to existing infrastructure. This growth will exceed Bundaberg Hospital’s existing infrastructure and is in line with the Bundaberg Hospital 2019 Preliminary Business Case.

Predicted growth by 2032

Bundaberg Hospital

167

additional beds



Annual projected inpatient growth



Hervey Bay Hospital

Under the baseline, Hervey Bay Hospital inpatient activity is projected to grow by 4.0 per cent per annum to 2031–32. Under the scenario, Hervey Bay inpatient activity is projected to grow by 3.5 per cent per annum and be 2,385 separations less than baseline activity projections in 2031–32 — this reflects a reduction in the crude potentially preventable hospitalisations (PPH) rate in the Hervey Bay region.

To accommodate the projected growth in baseline activity, Hervey Bay Hospital will require an additional 110 beds including inpatient, support and recovery beds in 2031–32 to existing infrastructure. This growth will exceed Hervey Bay Hospital's existing infrastructure.

However, Hervey Bay will require 31 fewer inpatient beds in 2031–32 when compared to baseline projections due to increased utilisation of acute overnight and same-day beds, and a reduction in PPH.

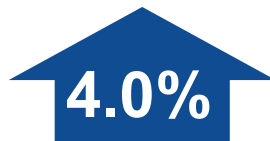
To accommodate the projected growth in activity, Hervey Bay Hospital will require an additional 79 beds due to increased utilisation of acute overnight and same-day beds and a reduction in PPH by 2031–32 compared to existing infrastructure.

Predicted growth by 2032

Hervey Bay Hospital

79

additional beds



*Annual projected
inpatient growth*



Maryborough Hospital

Under the baseline, Maryborough Hospital inpatient activity is projected to grow by 4.3 per cent per annum to 2031–32, requiring an additional 84 beds including inpatient, support and recovery beds. Under the scenario, Maryborough Hospital inpatient activity is projected to grow by 3.4 per cent per annum and be 1,894 separations fewer than projected baseline activity in 2031–32 — this reflects a reduction in the crude PPH rate across the Maryborough region.

Under the scenario, Maryborough Hospital will require 15 fewer beds in 2031–32 when compared to baseline projections. This reflects increased utilisation of acute overnight and same-day beds, and a reduction in PPH.

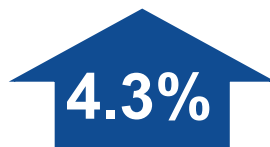
Under the scenario, Maryborough Hospital will require an additional 69 inpatient beds in 2031–32. This reflects increased utilisation of acute overnight and same-day beds, and a reduction in PPH.

Predicted growth by 2032

Maryborough Hospital

69

additional beds



Annual projected inpatient growth



Biggenden Multipurpose Health Service

To accommodate the projected growth in activity, Biggenden Multipurpose Health Service will be required to utilise an additional two inpatient beds in 2031–32 compared to 2021–22 estimates. This growth does not change under the scenario and does not require additional physical beds.

Utilise 3 additional inpatient beds by 2031–32

Monto Hospital

To accommodate the projected growth in activity, Monto Hospital will require utilisation of an additional three inpatient beds in 2031–32 compared to 2021–22 estimates. This growth does not change under the scenario and does not require additional physical beds.

Utilise 3 additional inpatient beds by 2031–32

Gayndah Hospital

To accommodate the projected growth in activity, Gayndah Hospital will be required to utilise an additional four inpatient beds in 2031–32 compared to 2021–22 estimates. This growth does not change under the scenario and will not require additional physical beds.

Utilise 2 additional inpatient beds by 2031–32

Mundubbera Multipurpose Health Service

To accommodate the projected growth in activity, Mundubbera Multipurpose Health Service will be required to utilise one additional inpatient bed in 2031–32 compared to 2021–22 estimates. This growth does not change under the scenario and is not expected to exceed existing inpatient infrastructure at Mundubbera MPHS.

Utilise 1 additional inpatient beds by 2031–32

Eidsvold Multipurpose Health Service

To accommodate the projected growth in activity, Eidsvold Multipurpose Health Service will be required to utilise no additional inpatient beds in 2031–32 compared to 2021–22 estimates. This growth does not change under the scenario.

Utilise no additional inpatient beds by 2031–32



Childers Multipurpose Health Service

To accommodate the projected growth in activity, Childers Hospital will require utilisation of an additional four inpatient beds in 2031–32 compared to 2021–22 estimates. This growth does not change under the scenario and does not require additional physical beds.

Utilise 4 additional inpatient beds by 2031–32

Gin Gin Hospital

To accommodate the projected growth in activity, Gin Gin Hospital will require utilisation of an additional seven inpatient beds in 2031–32. This growth does not change under the scenario and may require additional infrastructure.

Utilise 7 additional inpatient beds by 2031–32



WBHHS estimated projected workforce pipeline next 10-year period

WBHHS will forecast workforce growth to match the Bundaberg, Fraser Coast and Rural Services Master Plan growth over the next 10 years. There will be a detailed workforce plan for all major capital projects including the new mental health inpatient unit at Hervey Bay and the new hospital for Bundaberg.

This growth will require the HHS to attract extra staff while maintaining its current recruitment and attraction trends for the next 10 years. The attraction, recruitment and retention of these anticipated workforce requirements represent a significant challenge for the HHS, which will be impacted by the shortages in the Australian health workforce.



Strategies for action

The following strategies for action outline the key objectives, strategies, accountable lead and expected timeframes, to address our future workforce demand and needs over the next 10-year period. The key strategies include:

1. Design and determine our future workforce needs
2. Right people, right skills, right place, right FTE
3. Enable the workforce
4. Strengthen the workforce capability
5. Establish a positive workplace culture.





1. Design and determine our future workforce needs

Design and determine our future workforce needs through integrated and comprehensive workforce planning

Objective	Strategies	Lead	When
Integrate workforce planning with local service and facility infrastructure planning	<ul style="list-style-type: none"> Develop specific professionally-based workforce action plans for projected workforce demand and shortages 	Professional lead	2019-20
	<ul style="list-style-type: none"> Review model of care and service plans to ensure all business cases are inclusive of workforce needs Develop workforce transition plan for capital infrastructure projects such as the redeveloped Bundaberg Hospital or Hervey Bay Acute Mental Health Service (including front stacking) 	Operational Executive EDBHR & EDMH	2019-20 2019-20
Workforce information is systematically used in service planning and local decision making	<ul style="list-style-type: none"> Establish online workforce reporting dashboard to provide access to accurate and current workforce data 	ED F&P	2019

2. Right people, right skills, right place, right FTE

Recognise the value of interdisciplinary approaches and optimising scope of practice

Objective	Strategies	Lead	When
Grow and align specialist medical workforce supply with forecast health service demand and delivery requirements	<ul style="list-style-type: none"> Monitor and adjust fellowship positions to meet service need Maintain and expand College accreditation Engage to ensure tertiary education market for roles matched to service need Fully develop the WBHHS medical training program Continue to support the rural generalist training program Embed professional development and career pathways for the junior medical workforce 	EDMS	2025
Grow Nursing and Midwifery workforce in line with forecast health service demand and delivery requirements	<ul style="list-style-type: none"> Review and optimise advanced scope of practice models Develop and include multidisciplinary staffing models Update Nursing and Midwifery workforce projections Keep the universities fully informed of projected workforce need Increase undergraduate student placement intake Review post graduate placement model to provide increased flexibility and timeliness to attract and retain staff to maximise opportunities for increasing post graduate intake 	EDNMS	2020-21



Objective	Strategies	Lead	When
Grow Allied Health workforce in line with forecast health service demand and delivery requirements	<ul style="list-style-type: none"> Review and optimise advanced scope of practice models Develop and include multidisciplinary staffing models Identify opportunities and develop targeted evidence-based strategies to increase Allied Health Assistants and Pharmacy assistants Provide additional undergraduate Allied Health training positions including radiographers and pharmacist Increase availability for Allied Health pathways from school to professional qualifications 	Director AH	2025
Grow Operational Support and administrative workforce in line with forecast health service demand and delivery requirements	<ul style="list-style-type: none"> Increased availability for operational and administrative role pathways from school to skills and qualification attainment Develop education programs with TAFE/VET sector to meet workforce needs 	DOSS	2022
To meet workforce diversity targets	<ul style="list-style-type: none"> Addressing priority workforce diversity targets Being recognized as benchmark EEO organisation Supporting the commitment to “Closing the Gap” Develop or identify, and showcase successful workforce models that support the workforce diversity targets 	EDHR All Staff Executive	2025
Implement positive and innovative recruitment strategies	<ul style="list-style-type: none"> Develop plan to internally and externally proactively promote WBHHS as a great place to work including the use of social media, QHEPS, Wave and external media. Present at conferences to promote WBHHS as a high achieving, values driven organisation. Develop targeted recruitment videos and promotional material aligned to workforce needs 	EDG All staff EDHR	2020/21 2019-27
Recruitment practices incorporate processes that are consistent with professional standards, risk management and policy requirements	<ul style="list-style-type: none"> Review Recruitment time to Fill Procedure WBHHS-PRO-0436 Recruitment practices support effective health professional selection and on-boarding Managers up-skilled in effective recruitment practices 	EDHR	2020/21
Establish strong partnerships with universities and colleges	<ul style="list-style-type: none"> Develop relationships with universities and TAFE to establish a sustainable workforce pipeline Establish MOU to create a WBHHS Medical Program Develop a health and academic service centre in partnership with CQU to extend and a range of allied health programs to support recruitment. Develop education programs with universities and TAFE/VET sector to meet workforce needs 	CE/Executive CE CE/Dir AH Executive	2022/24 2019 2021/22 2021



3. Enable the workforce

Provide effective working arrangements

Objective	Strategies	Lead	When
Employment arrangements promote workforce quality, flexibility and sustainability	<ul style="list-style-type: none"> Improvement in people management capabilities as measured in workplace culture surveys and other feedback measures 	ED/HR	2020
	<ul style="list-style-type: none"> Proactively and effectively support and manage staff utilising excessive sick leave 	Operational Executive/HR	2019-20
	<ul style="list-style-type: none"> Review rosters and re-engineer including supporting flexible work practices to enhance work life balance 	Operational EDHR	2020
	<ul style="list-style-type: none"> Establish staff wellness program 	EDHR	2019

4. Strengthen the workforce capability

Grow, support and sustain a skilled workforce

Objective	Strategies	Lead	When
Build and sustain a skilled quality and patient centred workforce	<ul style="list-style-type: none"> Invest in the workforce through the provision of career resources for health professionals, to ensure career plans are aligned with service needs 	Operational Executive	2021-22
	<ul style="list-style-type: none"> Support staff to understand and adhere to all applicable standards 	Operational Executive	2019-20
	<ul style="list-style-type: none"> Implement Ready Every Day nursing framework across the WBHHS including ward-based training 	EDONMS	2020-21
	<ul style="list-style-type: none"> Ensure compliance to achieve required KPI for mandatory and requisite training standards 	ED Gov.	2019
	<ul style="list-style-type: none"> Equip our staff with the appropriate tools, information, skills and training to perform their roles 	ED Gov.	2020-21
	<ul style="list-style-type: none"> Provision of excellent training and education based on training needs assessment through a minimum of annual review 	ED Gov.	
	<ul style="list-style-type: none"> Effectively utilize PAD processes to identify suitable staff for critical roles and succession management initiatives 	Operational Executive	2020
	<ul style="list-style-type: none"> Establish a local approach to capability development to “grow our own” workforce 	Operational Executive	2020-21
Build leadership capability	<ul style="list-style-type: none"> Implement the WBHHS Leadership Framework and associated education program Invest in leadership and management development and support 	ED Gov. CE	2020-21



All current cost centre managers have the financial skills to adequately manage resources for effective service delivery	<ul style="list-style-type: none"> All managers with responsibilities for budget management provided with training in effective Financial Management Education Program 	ED F&P	2020-21
Invest in research and innovation as this underpins evidenced based health care	<ul style="list-style-type: none"> Increase number of WBHHS staff that hold adjunct appointments Partner with universities to undertake research projects and participate in research trials Develop WBHHS Research Framework Develop capacity and capability to undertake research Increase volume and quality of research applications Embed research into clinical practice Improve number of publications in peer reviewed journals 	Operational Executive	2021-22

5. Establish a positive workplace culture

Establish a respectful and positive workplace culture that supports organisational cohesion and workforce resilience

Objective	Strategies	Lead	When
Create a positive workplace culture	<ul style="list-style-type: none"> Develop a set of WBHHS-specific values to create a workplace culture that supports positive and respectful behaviours, high performance, accountability and customer service 	Executive	2020
	<ul style="list-style-type: none"> Update all role descriptions to embed values and to accurately reflect role purpose 	Operational Executive	2020
	<ul style="list-style-type: none"> Review and refresh orientation programs 	EDG	Annually
	<ul style="list-style-type: none"> Recognise excellence in individual and team performance through promotion of staff recognition awards 	EDG	Annually
	<ul style="list-style-type: none"> Foster a workforce culture that is engaged, empowered, connected and capable of delivering quality care. 	All	2020
	<ul style="list-style-type: none"> Encourage, empower and motivate our staff to add value to our health service by sharing information and experiences 	Line Managers	2020
	<ul style="list-style-type: none"> Review the Employee Engagement Strategy 	EDG	2020-21
	<ul style="list-style-type: none"> Undertake staff satisfaction survey and action feedback 	EDHR	Annually
Establish an Organisational Development Function	<ul style="list-style-type: none"> Develop an organisational development function and framework to foster a positive and engaged workforce that supports our "Grow your Own" strategy 	EDHR	2019-20
	<ul style="list-style-type: none"> Develop succession plans for identified critical roles to foster emerging talent Encourage and embed mentoring /coaching programs across all streams 	Operational Executive	2020-21



Glossary

This glossary has been designed to cover both terminology specific to workforce planning and to Queensland Health. Where possible, definitions remain consistent with those in the Queensland Health Services Plan 2011–2026.

Acute	Coming on sharply and often brief, intense and severe.
Age Standardisation Rate (ASR)	Standardised rates are generally multiplied by 1,000 or 100,000 to avoid small decimal fractions. They are then called standardised rates per 1,000 or 100,000 population.
Burden of disease	The magnitude and impact of health problems in the population including death, impairment disability, injury or other conditions of ill health. Burden of disease analysis integrates the fatal and non fatal outcomes of disease, disability, impairment, illness and injury attributable to a condition of risk factor.
Capability	The knowledge, experience, skills, abilities, behaviours and attitudes required to effectively perform a function or activity
Capacity	The ability or potential ability of the workforce to achieve a given goal. This will be dependent on a range of factors including the workforce size, skill mix, scope of practice and capability.
Career Pathways	A pathway that allows an existing health professional to move into another (usually related) health disciplinary area by undertaking whatever training is required to achieve the qualification and practice standards of the new area. This may occur at the same qualification level (i.e. horizontal career pathway) or at a higher level (i.e. vertical pathway)
Chronic disease	A diverse group of diseases, such as heart disease, cancer and arthritis that tend to be long-lasting and persistent in their symptoms or development. Although these features also apply to some communicable diseases (infections), the term is usually confined to non-communicable diseases.
Chronic Obstructive Pulmonary Disease (COPD)	Chronic Obstructive Pulmonary Disease (COPD) is an umbrella term used to describe progressive lung diseases including emphysema, chronic bronchitis, and refractory (non-reversible) asthma.
Clinical Service Capability Framework (CSCF)	The Clinical Services Capability Framework for public and licensed private health facilities (CSCF) is a suite of documents describing clinical and support services by service capability level. Each module relates to a specific service (e.g. intensive care, renal, pathology) and describes minimum capability requirements for that service by capability level.
Critical roles	Roles which are vital to the continuity of service delivery, difficult to recruit and have a long lead time to become fully productive.
Cultural capability	To encapsulate the values and the skills which enable us all to live and work effectively in a multicultural and globalising context.
Full Time Equivalent (FTE)	The hours worked by one employee on a full-time basis. The concept is used to convert the hours worked by several part-time employees into the hours worked by full-time employees.
Hospital and Health Service (HHS)	In Queensland Health, 17 Hospital and Health Services have been established throughout the State which each include a range of hospitals and community health services aimed at improving the health of that region's population.
Gap Analysis (workforce)	The gap between the current or anticipated workforce demand and the current or anticipated workforce supply.
Generational	Relating to a particular generation or relationship between generations.



Health Professionals	A person who has completed a course of study in the field of health and who spends the majority of their time working in the area of clinical practice, that is, the diagnosis, care and treatment (including recommended preventative action) of health consumers.
Indigenous	Refers to Aboriginal and Torres Strait Islander people
Models of care	A model of care outlines best practice patient care delivery through the application of a set of service principles across identified clinical streams and patient flow continuums.
MOHRI FTE and headcount	<p>Minimum Obligatory Human Resource Information (MOHRI) refers to comparative statistical information required of all of the Queensland Public Service to assess performance and workforce trends. MOHRI FTE and headcount data indicate the active paid workforce. It does not include staff on extended unpaid leave, and casuals that did not work. The measure is based on the terms that an employee is employed to work, not the actual worked hours (i.e. it does not include overtime).</p> <p>FTE allocation is the count of the ratio, calculated by dividing the employee's standard working hours by the award standard full time hours of their relevant Industrial Award or Agreement. Headcount refers to the count of the number of people employed. When an officer works in more than one position, or when their position is costed across multiple business areas, their headcount/ FTE will be split accordingly to reflect the proportion of time in each position/ business area.</p>
Multi-disciplinary	A formal integration of services of all practitioners when developing a comprehensive care plan.
Potentially preventable hospitalisations	The potentially preventable hospitalisations (PPH) indicator is a proxy measure of primary care effectiveness. PPH are certain hospital admissions that potentially could have been prevented by timely and adequate health care in the community.
Prevention	Action to reduce or eliminate the onset, causes, complications or recurrence of disease or ill health.
Priority Areas	Areas that have been identified as a priority in workforce planning due to workforce shortages. These areas may cover clinical speciality areas, targeted regional/remote areas, and targeted client care/ community areas.
Rehabilitation	<p>Programs that help restore people to an improved level of function or independence, and a fulfilling, productive life after illness or injury.</p> <p>Rehabilitation may involve physical restoration such as the use of prostheses, physiotherapy, occupational therapy programs and/or speech pathology, counselling and emotional support, and employment retraining</p>
Scope of Practice	Practice that a health professional is educated, competent and authorised to perform.
Self Sufficiency	Where Queensland is able to wholly supply its own clinical health workforce (i.e. be self sufficient) rather than relying on other jurisdictions/ countries for labour.
Sub-acute care	Treatment focused on improving and maintaining a person's functional capacity and maximising their independence. It includes rehabilitation and geriatric evaluation and management care.
Succession Planning	A process whereby training and planning has occurred to ensure the key roles within the organisation can be filled by existing employees when the current people in those roles retire, resign or take leave.
Supplementary workforce	Employee, who support health professionals, generally have healthcare specific knowledge and or experience, provide clinical services direct to the patient and have a direct impact on patient care. This workforce group includes health assistant and technical based roles.



Sustainability	<p>A combination of factors to manage the size and composition of the workforce, retain and manage the workforce and skill the workforce over a long period of time. Workforce sustainability considers among other things:</p> <ul style="list-style-type: none"> • Workforce Policy- including funding training initiatives and skilled • immigration • Recruitment- schools and university based initiatives • Retention- training, flexible remuneration, working patterns and lifestyle • considerations • Resources and Support Mechanisms – to support industry and • corporate level initiatives.
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References

Advancing health Service delivery through workforce — A strategy for Queensland 2017–2026

Health Professionals Workforce Plan 2012–2022 NSW Health

Townsville Hospital and Health Service Workforce Plan 2014–2018

Sunshine Hospital and Health Service Workforce Plan 2011–2021

Ang, SH, Bartram, T, McNeil, N, Leggat, SG & Stanton, P 2013, 'The effect of high-performance work systems on hospital employees' work attitudes and intention to leave: a multi-level and occupational group analysis', *The International Journal of Human Resource Management*, vol. 24, no. 16, pp. 3086–3114.

Cooper, EE 2003, 'Pieces of the Shortage Puzzle: Aging and Shift Work', *Nursing Economics*, Vol. 21, No. 2, pp.75–79.

Goodare, P 2017, 'Literature review: Why do we continue to lose our nurses?', *Australian Journal of Advanced Nursing*, Vol. 34, no.4

Health Workforce Australia 2012: Australia's Future Health Workforce 2025 — Doctors, Nurses and Midwives — Volume 1

Health Workforce Australia 2014: Australia's Future Health Workforce- Nurse Detailed

Population Health Commissioning Atlas 09/2013 Wide Bay Region

My health, Queensland's future: Advancing health 2026 (Advancing health 2026)

Needleman, J 2017, 'Nursing skill mix and patient outcomes', *BMJ Qual Saf*, Vol.26, pp.525-528.

Nowak, M 2005, 'Choosing to be a Nurse, Remaining a Nurse and Leaving Nursing in Western Australia: Nursing workforce Issues in the Twenty-first Century', *Australian Bulletin of Labour*, Vol.31, No.5, pp.304–320.

Preston, A 2005, 'Registered Nurses: Who are they and what do they want?', *Australian Bulletin of Labour*, Vol. 31, no. 4, pp.321–349.

Ray, P & Singh, M 2016, 'HR Transformation for the New Generation in the Work Force', *The Indian Journal of Industrial Relations*, vol. 52, no. 2, pp.336–349.

WBHHS Strategic Plan 2018–2022

WBHHS 5 Year Workforce Plan

WHO Health Workforce and Labour Market Dynamics in OECD High Income Countries: A synthesis of recent analyses and simulations of future supply and requirements.

Wide Bay Hospital and Health Service