Enrolled Nurse Workforce
Scoping Guidelines

Department of Health, Victoria

29 June 2011

These guidelines reflect the Nurses (Victorian Public Health Sector) Multiple Business Agreement 2007-2011 and will be updated when the new agreement is available.
The Enrolled Nurse Workforce Scoping tool was developed by SuccessFactors (www.successfactors.com) in partnership with the Nursing and Midwifery Policy, Victorian Department of Health and a pilot group of Victorian health services.
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Introduction

Purpose
The Enrolled Nurse (EN) Workforce Scoping Tool provides a decision-making framework and resources to support unit managers to plan their nurse workforce profile, with particular emphasis on scoping and reporting capacity for employment of EN’s at unit and agency levels.

To meet the Victorian community’s future demand for health services in the context of projected shortages of nurses, governments, organisations and health professionals are exploring different ways of working and providing services that ensure the skills of nurses are used to maximum advantage.

A number of issues arise for health services in introducing more ENs to the skill mix. For example, the skill mix change may impact on clinical training capacity within the organisation (i.e. the more ENs, the fewer students that can be supervised). The savings from EN utilisation therefore have to be balanced against the impact on the organisation’s training capacity. Industrial instruments also cap the ratio of ENs in particular service areas (e.g. acute medicine, surgery, community mental health, maternity services) and limit EN utilisation. For example, a cap of 15% applies in acute medical and surgical areas. There are also limits on ENs in maternity services in delivery suites and ante-natal areas, where the industrial agreement specifies midwives must comprise the staff-patient ratios.

The EN Workforce Scoping tool has been developed to supplement existing workforce planning resources and initiatives. It is an adjunct to workforce planning at the clinical or business unit level and also supports service level planning. The outcomes of this EN workforce scoping exercise - including workforce analysis/modelling and stakeholder consultations – will provide a valuable addition to each agency’s workforce planning initiatives.
How to use the EN Workforce Scoping tool

The EN Workforce Scoping Tool consists of these guidelines and a spreadsheet.

The tool should be used in conjunction with:
- Your agency’s existing workforce planning processes, and people management strategies generally
- Skill mix and workforce change strategies and methodologies
- Professional practice tools and standards such as competency standards, policies, regulations and industrial agreements related to nursing and midwifery.

Framework

This EN Workforce Scoping Tool has a framework comprised of seven elements, as shown in Figure 1. The Framework is very similar to, and complements with the Victorian State Services Authority’s (SSA) Workforce Planning Process, so it should also be consistent with the workforce planning process currently used (or under development) in your health service.

Figure 1: EN Workforce Scoping Framework

The Tool works through each element of the Framework and includes relevant actions within the elements illustrated using examples in a case study. Each action to be completed in the spreadsheet is linked to a specific element in the Framework. Below is a visual representation of both the elements and the related spreadsheet tab:
Roles

Workforce Planning is a collaborative process and each agency is likely to adopt a team approach to this workforce scoping exercise, involving roles such as:

- The executive nurse manager level who has a strategic and co-ordinating role.
- The Project Officer who will support the executive nurse manager’s co-ordinating role
- Unit managers, who are mainly responsible for using the tool, in consultation with other team members
- Corporate support units within the agency, such as Human Resources (HR), payroll, planning, and/or practice development units. These units can provide unit managers with access to relevant workforce information, plus support in interpreting the information, and acting on the outcomes.

These roles are provided as a guideline and each agency will need to specify the appropriate actions and responsibilities to be undertaken by members of the workforce planning team, depending upon local context.

Principles

These guidelines take into account the following principles:\(^1\)

- The drivers for change in practice are the promotion and provision of quality health services for individual consumers and the broader community
- A related goal is to enable all staff to perform at their highest capacity, consistent with their individual capability and organisational need
- The need to acknowledge the following determinants of practice and how they may limit or enable practice change:
  - legislated authority or restrictions on professional practice
  - professional standards of practice
  - evidence for practice
  - individual capability (knowledge, skill and competence) for practice
  - contextual/organisational support for practice

\(^1\) Developed with reference to the national principles outlined in Australian Nursing and Midwifery Council - National framework for the development of decision-making tools for nursing and midwifery practice. September 2007
• Effective consultation and change management processes should be undertaken during all phases of workforce/workplace re-design
• New services/practices are to be introduced safely and in an orderly way.

Definitions

Scope of practice
A profession’s scope of practice is the full spectrum of roles, functions, responsibilities, actions and decision-making capacity that individuals within that profession are educated, competent and authorised to perform. Some functions within the scope of practice of any profession may be shared with other professions or other individuals or groups. The scope of practice of all health professions is influenced by the wider environment, the specific setting, legislation, policy, education, standards and the health needs of the population.

The scope of practice of an individual is that for which the individual is educated, authorised and competent to perform. The scope of practice of an individual nurse or midwife may be more specifically defined than the scope of practice of their profession. Decisions about both the individual’s and the profession’s practice can be guided by the use of decision-making tools. When making these decisions, nurses and midwives need to consider their individual and their respective profession’s scope of practice.

Skill mix
The World Health Organisation (WHO) highlighted the importance of “skill-mix” in health. It acknowledged that determining and achieving the “right mix” of health professionals is challenging for most health care organisations and health systems.

In its broadest term “skill-mix” refers to the mix of staff in the workforce. More specifically, it can refer to:

• A mix of skills or competencies possessed by an individual, or
• The ratio of senior to junior grade staff within a single discipline; or
• A mix of different types of staff within a multidisciplinary team, or
• The use of one type of health professional to carry out roles or tasks traditionally performed by another health care professional.

Skill-mix changes may involve a variety of developments at different levels of the health care system. Figure 2 summarises how skill-mix changes can be obtained at various level of the healthcare system.

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Figure 2: How skill-mix changes can be obtained at various levels of a health system

<table>
<thead>
<tr>
<th>Skill-mix changes</th>
<th>Team-level</th>
<th>Individual level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organisation level</strong></td>
<td>By combination of health professionals within a team setting (both in terms of types of professionals and ratio)</td>
<td>Enhancement of roles and skills of individual workers</td>
</tr>
<tr>
<td>By mix of post, grades or occupations to meet the needs of the population being served</td>
<td>Task substitution across professionals divides</td>
<td>Task delegation within same profession</td>
</tr>
<tr>
<td>By combination of skills and competencies for each job as demanded by local needs</td>
<td>By creating new generation of health workers eg. physician assistants</td>
<td></td>
</tr>
<tr>
<td>Substituting one type of workers for another and thus changing the ratio with the aim of improving efficiency</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Staff mix ratio
Staff mix ratio refers to a ratio of one or more staff classifications to another: for example, the ratio of Registered Nurses (RN) to Enrolled Nurse’s (EN). Industrial agreements currently governing the RN:EN ratio are:

- Nurses (Victorian Public Health Sector) Multiple Business Agreement 2007-2011
- Victorian Psychiatric Services Certified Agreement 2004-2007

Provided health services comply with these staff mix ratios, they may also determine other ratios (e.g. at the ward, unit or health service level) relevant to their service plan, context and strategic objectives.

Depending on the type of service, there may be other standards and instruments that may have a bearing on staffing requirements, for example the Aged Care Accreditation Standards.

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3 Australian Primary Health Care Research Institute (APHCRI) 2007 Optimising skill-mix in the primary health care workforce for the care of older Australians: a systematic review
Case Study, Tips and Action Items

These guidelines include additional supportive information to assist DH Victoria build capability around each of the elements. These are:

- Case study: examples are provided in each element through the CHS case study,
- Tips: additional information to help with completing the required elements
- Action Items: specifically designed to help complete each of the required elements

CASE STUDY: Introducing Emergency Department, Central Health Service

To illustrate how to undertake the elements in this workbook, examples are provided for the Emergency Department within a hypothetical agency: Central Health Service (CHS). References to the Emergency Department, CHS case study appear throughout these Guidelines in this format. An accompanying spreadsheet (EN Scoping Spreadsheet – Case Study) is provided to assist DH Victoria with completing the action items.

Tip: These will provide helpful hints about using the Guidelines and spreadsheet.

Action: EN Scoping Spreadsheet (DH Victoria)

These sections will provide you with the steps required to complete each Element for DH Victoria. An accompanying EN Scoping Spreadsheet has been provided for the Department to complete.
Complementary resources

These Guidelines draw upon and complement documents in Victorian State Services Authority’s (SSA’s) workforce planning resource kit. All documents are available from the SSA and online at www.ssa.vic.gov.au. They include:

1. Workforce planning toolkit - a guide for workforce planning in small to medium sized Victorian public sector organisations
2. A review of workforce planning in the Victorian public sector
3. Research paper: understanding the workforce planning challenges facing the Victorian public sector
4. Research paper: understanding the critical workforce segments in the Victorian public sector
5. Future directions for workforce planning: actions to improve workforce planning outcomes across the Victorian public sector
6. Future directions for workforce planning: analysis and discussion

Other useful resources include:

- Rural health workforce planning guidelines
- NMBA Practice decision guides for nurses and midwives
- Division 2 registered nurse4 workforce toolkit Victorian Health Services Management Innovation Council
- Changing models of care framework Queensland Health 2000

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4 Division 2 Registered Nurses are now known as Enrolled Nurses
1. **Element 1: Lay the foundations for effective EN Workforce Scoping**

1.1 **Purpose**
This is the first element in the EN Workforce Scoping framework.

Its purpose is to ensure appropriate foundations are in place to maximise the effectiveness of your workforce scoping exercise.

1.2 **Actions**
The main actions to be covered in this element are outlined below:

- Allocate project resources and link with existing workforce planning (WFP) processes
- Become familiar with the EN Workforce Scoping spreadsheet
- Define your nursing workforce, for the purpose of this exercise
- Decide when to conduct the exercise
- Determine a forecast period
- Develop a communication strategy.
- Decide methods for monitoring and evaluation

Each action is discussed in detail in this section.

1.2.1 **Allocate project resources and link with existing WFP processes**
WFP processes need to be adequately resourced to be successful. What this means and how it is achieved will depend on the size of the agency and its access to specialised workforce planning resources. These resources may be: other people, information (such as workforce data, benchmarks etc), and/or WFP tools, templates, processes etc within the agency and/or the Department of Health.
As noted in the Introduction, each agency is likely to adopt a team approach to this workforce scoping exercise involving the following roles: executive nurse managers, unit managers, and corporate support units within the agency, such as HR, payroll, planning, and/or practice development units. These corporate support units can provide unit managers with access to relevant workforce information, plus support in interpreting the information, and acting on the outcomes.

In addition, a project officer should be appointed to support the co-ordination of this workforce scoping exercise (and WFP generally). This co-ordinating role will be responsible for actions such as:

- Linking with all relevant WFP roles and resources within the agency (and externally, if relevant)
- Configuring the tool’s spreadsheet relevant to the agency (as outlined in Appendix A)
- Distributing information to unit managers and collating and aggregating unit responses.
- Supporting the WFP team to analyse the data.

### 1.2.2 Become familiar with the EN Workforce Scoping spreadsheet

The EN Workforce Scoping tool includes these Guidelines and a companion spreadsheet. The workforce scoping team need to become familiar with this spreadsheet. An initial task is to configure the spreadsheet in accordance with instructions provided at Appendix A: How to Configure EN Workforce Scoping Spreadsheet, and forward a copy of the spreadsheet to all participating UM’s.

**Tip:** The Project Officer may wish to conduct a workshop with all unit managers to explain how to use the Guidelines and spreadsheet.

### 1.2.3 Define your nursing workforce

For this EN Workforce Scoping Exercise, a critical initial step is to define your nursing workforce in relevant terms at both the unit and agency level. It is critical that each unit uses the agency’s agreed ‘definition’ so that the forecasts from each unit can be aggregated and analysed at the agency level.

It is most likely that your nursing workforce will be defined in terms of a combination of classification and skill.
The most common **classifications** will be: Unit Manager (UM), Registered Nurse (RN), Early Graduate Nurse (GN), Enrolled Nurse (EN), but you may also choose to include other classifications.

In terms of **skills**, you need to identify the critical skill sets required within the agency. To do this you can refer to:

- Unit rosters which identify the critical spread of skills required within each unit - 24/7
- Patterns of work and workflow that require different skill sets over a day or a week
- The critical skills you would seek if you were recruiting nurses to the agency. These may be documented in Position Descriptions or similar.

Some skills will be relevant to nurses in all units e.g. monitoring and assessment, while other skills will be unique to certain units e.g. triage in an emergency department.

Note that there are different ways of looking at staffing skill mix. Using classifications is one way and is based on assumptions that certain classifications have certain capabilities. Another way is to look at “skill sets”. Skills sets may reflect broad areas of clinical specialties such as renal care or emergency care. Alternatively, skills sets may be clusters of clinical skills, competencies, procedural skills or proficiency areas that are needed to deliver services to the client group; for example, medicines administration, counselling skills, management skills, renal therapies or group management skills.
Tips: As a first step, start with the minimum number of classifications/skills and then expand — if necessary — once you become more familiar with the tool’s utility.

If you use too many classifications and/or skills, you may be overwhelmed by the amount of information you need to generate and analyse. Only record the skills currently required in the unit.

Do not include skills that individual staff members may have, but do not use in their current role. (Though if current skills are not being used to their full capacity, you may wish to consider work re-design and/or role transfer.)

CASE STUDY: CHS’s approach to defining the workforce

Refer to EN Scoping Spreadsheet Tab 1: Define your nurse workforce

CHS’s Emergency Department currently requires the classifications and skills shown in the matrix in Figure 3. The matrix shows, for example, that:

- The NUM in this Emergency Department requires management, co-ordination and triage skills.
- The EN in this Emergency Department only requires medication administration and basic care skills.
CASE STUDY: CHS’s approach to defining the workforce
*(continued)*

Figure 3: Matrix of classifications/skills – Emergency Dept, Central Health Services

<table>
<thead>
<tr>
<th>NUM</th>
<th>Clinical Nurse Specialist</th>
<th>RN</th>
<th>GN</th>
<th>EN (MEDS)</th>
<th>EN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordination</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triage</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Care of ventilated patient</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resus Team Leader</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac monitoring</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Care of paediatric patients</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Monitoring and assessment</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV medication administration</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Medication administration and basic care</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
**Action:** EN Scoping Spreadsheet (DH Victoria)

**Complete Tab 1: Define your nurse workforce**

The EN Scoping Spreadsheet for DH Victoria has already been configured within your agency to suit the needs of the Unit. Follow the instructions in *Tab 1* to complete the relevant information for your unit.

**Do not delete** any rows in this tab as this will invalidate the aggregation exercise undertaken at the agency level.

### 1.2.4 Decide when to conduct the exercise

Ideally, this workforce scoping exercise will be integrated with the agency’s service and WFP process. If your agency does not have a service plan, or if the plans have already been developed, you can choose any convenient timeline to conduct the exercise.

When scheduling a project timeline, consider the following issues:

- Availability of stakeholders for consultation
- The potential for dovetailing with existing stakeholder consultation processes
- Integration with other initiatives within your agency and the community
- Availability of workforce supply information.

### 1.2.5 Determine a forecast period

This EN Workforce Scoping exercise involves forecasting demand and supply of the nurse workforce. Each agency needs to determine the forecast period that will best suit its needs, i.e. are your forecasts 12 months out? Two years out? Three years out? Ideally, the forecast period for this exercise will align with the planning period for your agency’s current service and workforce plans. In the absence of a long term service or workforce plan for your agency, a practical approach is to make
forecasts at 12 months, three years and five years in the future. However, if some agencies/NUM's are new to WFP, you may wish to start with a short-term forecast period of 12 months.

1.2.6 Develop a communication strategy

It is important to develop a communication strategy to support the consultation process and encourage awareness of and support for WFP outcomes. When developing your communication strategy, consider the following issues:

- Who are the key stakeholders?
- What messages need to be delivered to each stakeholder group? For example, explaining the need for the project and its benefits, keeping them informed of project progress, inviting their input and preparing them for future action.
- Can existing lines of communication be used for each stakeholder group rather than creating additional lines of communication?
- For each stakeholder group, how does this workforce scoping project relate to any other initiative they are currently working on?
- How frequently do you need to communicate with each stakeholder group?
- Who will send the messages and how?
- Would it be worthwhile appointing a ‘project champion’ to promote the benefits of the workforce scoping process? This could be the chief executive officer or other senior manager.

1.2.7 Decide methods for monitoring and evaluation

As strategies and action plans are developed, consideration should be given to how these plans will be monitored and evaluated. This is discussed further in Element 7: Monitor and Evaluate.

1.3 Outcomes for Element 1

The outcome of this element is a project plan or general agreement in terms of:

- Resources, such as people and information, to be involved in this exercise
- An EN Workforce Scoping spreadsheet customised for your agency, and distributed to all unit managers
- Definition of the nurse workforce to be used in this exercise, e.g. in terms of classification and skills of the nurse workforce
- A timeline for conducting the exercise
- The forecast period the agency will use for this exercise
• A communication strategy.
2. **Element 2: Service directions and workforce analysis**

### 2.1 Purpose

This is the second element in the EN Workforce Scoping framework:

The purpose of this element is to understand your agency’s service directions, and its implications for nurse workload, work practices and workforce numbers.

### 2.2 Actions

There are three actions within this element:

- Review service direction and external environment
- Analyse current nurse work practices
- Analyse internal nurse workforce\(^5\).

Each action is discussed in detail in this section.

#### 2.2.1 Review service direction and external environment

The first action involves analysis of the business model/organisational plans in order to understand internal and external factors that will influence the organisation’s future needs (or demand) for labour.

This action is usually undertaken at the whole-of-agency level. As this is not the focus of these Guidelines, we will refer you to the wealth of valuable material on this action, referenced in the Complementary resources section in the Introduction to these Guidelines. As a ‘taste’ of what is

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\(^5\) Within whole-of-agency workforce planning, this element includes analysis of the external labour force as well. However, as these Guidelines are focussed at the unit manager level, we have excluded information about this activity. If you want to learn more about this activity, please refer to the SSA *WFP Toolkit* and other complementary resources referenced in the Introduction section of these Guidelines.
explored in this action, we include some key questions suggested by the SSA WFP toolkit, plus an additional question which is particularly relevant to this scoping exercise: *Is the agency’s current Model of Care appropriate to its service directions?*

**Key questions to explore when reviewing organisation direction and external environment**

- Where is the organisation going in the next three to five years?
- What are the workload drivers for the organisation?
- Will projects or projected services/directions impact on the business?
- What are the organisation’s current and future business, work functions and activities?
- What are the required workforce composition and competencies?
- What are the anticipated changes over the planning period?
- What does the current and future labour market look like (regarding the availability of certain occupations and the people necessary to fill them)?
- How is technology expected to change and how will these changes influence the type and number of jobs available and the skills and education needed for these jobs?
- What is the impact of current or future government regulations (such as affirmative action and equal employment opportunity)?
- How is the economy performing both locally and nationally?
- What are the sources of competition for attracting people (salary, benefit packages, etc)?
- What other trends may impact the organisation (such as trends towards decentralisation, outsourcing or restructuring)?

Here, we provide an example service analysis for our hypothetical CHS Emergency Department, noting implications for the Department’s workload, work practices, workforce numbers and profile.

**CASE STUDY: Service analysis for CHS Emergency Department**

*Refer to EN Scoping SpreadsheetTab 2: Service analysis*

Central Health Service’s current service plan is designed to cope with an increasing population, including progressive increases in the number of older people, and those with cultural and linguistic differences (CALD).

For the CHS Emergency Department unit, the main implications of the service plan are: increased workload; the need to work more collaboratively; and the need for the workforce profile to better reflect the population profile.
**Action: EN Scoping Spreadsheet (DH Victoria)**

**Complete Tab 2: Service analysis for your own unit**

Using the instructions in the EN Scoping Spreadsheet for DH Victoria, enter the service analysis and work implications for your own unit.

The workforce implications you record here should help to inform the demand and gap analysis actions you undertake later in the process.

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### 2.2.2 Analyse internal nurse workforce profile

The purpose of this element is to understand the characteristics, strengths and weaknesses of the current nurse workforce, profile and practices.

This action is very much a team one, involving all personnel with access to workforce data and data analysis expertise and seeking assistance from relevant experts (e.g. HR) when necessary.

The first step is to review the unit’s workforce profile to understand the factors that will influence the supply of future labour for the agency. In addition, it is important to consider the current skills of the workforce, the unit’s training profile and training commitment. For example, do you have sufficient RNs with expertise in relevant areas to supervise undergraduate nurses, GN’s, and EN’s?

Ideally, the analysis of the internal workforce should also consider the organisation’s reliance on the contingent workforce, which includes consultants, contractors, agency staff, temporaries and casuals.

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**CASE STUDY: Analysis of the internal CHS workforce**

*Refer to EN Scoping Spreadsheet Tab 3: Current nurse profile*

The CHS Emergency Department unit manager uses the template provided in Figure 6 below to analyse relevant characteristics of the current workforce.
CASE STUDY: Analysis of the internal CHS workforce
(continued)

Figure 6: Current nurse workforce profile – CHS Emergency Department

<table>
<thead>
<tr>
<th>Workforce dimension</th>
<th>Result</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers – headcount and FTE</td>
<td>Current headcount of 12 and FTE of 11</td>
<td>Has increased recently, resulting in a shortage of experienced RNs.</td>
</tr>
<tr>
<td>Part-time and full-time</td>
<td>18% part-time and 82% full-time</td>
<td>A lower number of part-timers than external benchmarks. Does the Department provide a sufficiently flexible working environment to attract part-time staff?</td>
</tr>
<tr>
<td>Age</td>
<td>Average age of 42.5 years, with 16% nurse workforce reaching retirement age in next 3 years</td>
<td>While this is consistent with external benchmarks, it still realises a retention/replacement challenge for the future.</td>
</tr>
<tr>
<td>Tenure in role</td>
<td>Average tenure of 1.2 years in role</td>
<td>Average masks wide differences with many new staff very new to role and some long tenured staff having been in the same role for many years.</td>
</tr>
<tr>
<td>Gender</td>
<td>All females</td>
<td>Gender imbalance.</td>
</tr>
<tr>
<td>Diversity measures</td>
<td>No CALD staff. No workers with a disability</td>
<td>Workforce not representative of service population.</td>
</tr>
<tr>
<td>Employment status</td>
<td>All RNs are permanent and all Graduate and ENs are fixed term</td>
<td>May be counter-productive to the agency’s attraction/recruitment strategies.</td>
</tr>
<tr>
<td>Absenteeism rate</td>
<td>4%</td>
<td>Consistent with benchmarks.</td>
</tr>
<tr>
<td>Overtime rate</td>
<td>3%</td>
<td>Higher than benchmarks and reflective of high workload and/or poor work practices.</td>
</tr>
<tr>
<td>Employee Engagement</td>
<td>78% overall satisfaction rating</td>
<td>Consistent with internal benchmarks.</td>
</tr>
<tr>
<td>Training profile</td>
<td>This information is currently unavailable</td>
<td>This information is currently unavailable</td>
</tr>
<tr>
<td>Training commitment</td>
<td>This information is currently unavailable</td>
<td>This information is currently unavailable</td>
</tr>
</tbody>
</table>
CASE STUDY: Analysis of the internal CHS workforce
(continued)

The Emergency Department unit manager reviews these results, and highlights those most critical to consider later in Element 4: Analyse Gaps:

- Shortage of experienced RNs
- The RN:EN skill mix ratio of 82:18 provides opportunity for increased employment of ENs and GNs, in terms of the award. Consider whether the current RNs are sufficiently experienced to supervise a higher proportion of junior nurses
- Consider whether it is possible that the unit’s high workloads, compulsory overtime, and inflexible working arrangements may to be a barrier to the attraction of new staff.

Action: EN Scoping Spreadsheet (DH Victoria)

Complete Tab 3: Current nurse profile

In the EN Scoping Spreadsheet for DH Victoria, follow the instructions in Tab 3 to complete this step.
2.2.3 Analyse current nurse work practices

In this action, the current work practice and staffing/care models characteristics, strengths and weaknesses are analysed.

CASE STUDY: Analysis of current work practices

*Refer to EN Scoping Spreadsheet Tab 4: Current nurse work practices*

Figure 7: Analysis of current nurse work practices

<table>
<thead>
<tr>
<th>Issue</th>
<th>Response</th>
<th>Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is the current model of care?</td>
<td>Patient allocation</td>
<td></td>
</tr>
<tr>
<td>2. Is there a position description for all roles in your unit?</td>
<td>There are position descriptions for all positions</td>
<td></td>
</tr>
<tr>
<td>3. Is there congruence between your model of care and your model of staffing?</td>
<td>No</td>
<td>Increased presentations has required the employment of new staff. There is a shortage of experienced RN’s</td>
</tr>
<tr>
<td>4. Is this the most appropriate model of care for your unit?</td>
<td>May need to change model of care to team nursing</td>
<td>Team Nursing would assist the preceptoring of new and inexperienced staff by the more experienced staff</td>
</tr>
<tr>
<td>5. If you were to change the model of care, what skills would need to change?</td>
<td>Increased staff skills in preceptoring and mentoring</td>
<td>Employ change management strategy. Communicate the new roles and expectations clearly. Provide appropriate development and mentoring.</td>
</tr>
</tbody>
</table>

Note that Emergency Department is considering a change to its model of care. A useful resource to assist this exercise is: *Changing models of care framework* Queensland Health 2000.
Action: EN Scoping Spreadsheet (DH Victoria)

Complete Tab 4: Current nurse work practices

In the EN Scoping Spreadsheet for DH Victoria, complete Tab 4 by considering each of the issues raised, and fill in the responses and implications to those issues.

2.2.4 Classification and Skill Mix

The third step is to review the unit’s current classification and skill mix.

CASE STUDY: Workforce analysis for CHS Emergency Department – classifications and skill mix (current profile)

Refer to EN Scoping Spreadsheet Tab 5: FTE classifications and skills

Our hypothetical CHS Emergency Department NUM refers to the Classifications and Skills Matrix completed in section 1.3.3 of these Guidelines (and Tab 1 of the spreadsheet) and replaces each of the tick marks (√) with the current nursing FTE. The outcome appears in Figure 4 (and Tab 5 of the spreadsheet) which shows, for example, that:

- The Department has a headcount of 12 nurses with a full-time equivalent (FTE) strength of 11.0
- The one NUM in the Department has a skill set comprising management, co-ordination and triage skills. She spends the majority of her time (about 50%) exercising her management skills, with the remainder of time divided about equally between co-ordination and triage duties.
- The 5 RN’s share skill sets that equate to about 1.0 FTE for each of five skills: care of ventilated patient; cardiac monitoring; monitoring and assessment; IV medication administration; and medication administration and basic care.
- The one EN spends all of their time in medication administration and basic care.
CASE STUDY: Workforce analysis for CHS Emergency Department – classifications and skill mix

(continued)

It is worth noting that, in the Emergency Department, the most required skill at the present time is medication administration and basic care: 20% of the unit’s FTE spend their time using this skill. The other ‘most required’ skills are: care of ventilated patient (15%) and cardiac monitoring (15%).

Figure 4: CHS Emergency Department’s current nurse workforce – FTE classification and skill

<table>
<thead>
<tr>
<th>CURRENT CLASSIFICATION AND SKILLS MIX</th>
<th>UM</th>
<th>Clinical Nurse Specialist</th>
<th>RN</th>
<th>GN</th>
<th>EN (MEDS)</th>
<th>EN</th>
<th>Total</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
<td>0.50</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.50</td>
<td>5%</td>
</tr>
<tr>
<td>Coordination</td>
<td>0.25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.25</td>
<td>2%</td>
</tr>
<tr>
<td>Triage</td>
<td>0.25</td>
<td>0.60</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.85</td>
<td>8%</td>
</tr>
<tr>
<td>Care of ventilated patient</td>
<td>0.60</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.60</td>
<td>15%</td>
</tr>
<tr>
<td>Resus Team Leader</td>
<td>0.60</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.60</td>
<td>5%</td>
</tr>
<tr>
<td>Cardiac monitoring</td>
<td>0.60</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.60</td>
<td>15%</td>
</tr>
<tr>
<td>Care of paediatric patients</td>
<td>0.60</td>
<td></td>
<td>0.30</td>
<td></td>
<td></td>
<td></td>
<td>0.90</td>
<td>8%</td>
</tr>
<tr>
<td>Monitoring and assessment</td>
<td>1.00</td>
<td>0.20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.20</td>
<td>11%</td>
</tr>
<tr>
<td>IV medication administration</td>
<td>1.00</td>
<td>0.20</td>
<td>0.10</td>
<td></td>
<td></td>
<td></td>
<td>1.30</td>
<td>12%</td>
</tr>
<tr>
<td>Medication administration and basic care</td>
<td>1.00</td>
<td>0.10</td>
<td>0.10</td>
<td>1.00</td>
<td></td>
<td></td>
<td>2.20</td>
<td>20%</td>
</tr>
<tr>
<td>Total FTE</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>0.5</td>
<td>0.5</td>
<td>1</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>Total Headcount</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>
**Action:** EN Scoping Spreadsheet (DH Victoria)

**Complete Tab 5: FTE classifications and skills**

For this exercise, you should focus on the left-hand table only in the EN Scoping Spreadsheet for DH Victoria. Replace the ticks you entered in *Tab 1* with the relevant FTE for each classification and skill for the current workforce.

### 2.2.5 Staff Mix Ratio

The final step is to review the unit’s current staff mix ratio. The EN Workforce Scoping spreadsheet will have been configured\(^6\) so the staff mix ratio is automatically calculated in *Tab 5: FTE classifications and skills*.

#### CASE STUDY: Staff mix ratio analysis for CHS Emergency Department

*Refer to EN Scoping Spreadsheet Tab 5: FTE classifications and skills*

As Figure 5a shows, 82% of the nurse workforce in the unit are RNs and above. This means there is scope, in terms of current industrial agreements, for employment of a higher proportion of EN’s and GN’s. However, the Emergency Department needs to consider whether it has sufficient senior nursing experience to supervise junior nurses and students and to manage caseload complexity.

**Figure 5a: Current Skill mix ratio for Emergency Department**

<table>
<thead>
<tr>
<th>Classification</th>
<th>FTE</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNs &amp; above</td>
<td>9.0</td>
<td>82%</td>
</tr>
<tr>
<td>GN’s &amp; EN’s</td>
<td>2.0</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>11.0</td>
<td>100%</td>
</tr>
</tbody>
</table>

\(^6\) See Appendix A.
**Action: EN Scoping Spreadsheet (DH Victoria)**

*Refer to Tab 5: FTE classifications and skills*

In the EN Scoping Spreadsheet for DH Victoria, review your unit’s current staff mix ratio, as shown in Figure 5a.

The key question to consider at this stage is: *What are the advantages and disadvantages of this staff mix ratio? Is there opportunity or benefit in reconfiguring the skill mix?*

---

**2.3 Outcomes for Element 2**

The outcomes of this element are:

- A workforce analysis for your Unit, which includes a review of classification and skill mix, staff mix ratio and workforce profile
- An analysis of current nurse work practices in context with the agency’s service direction, and implications for the future nurse workforce including a quantified nurse FTE demand forecast for each unit.
3. Element 3: Forecast nurse workforce needs and availability

3.1 Purpose
This is the third element in the EN Workforce Scoping framework. Its aim is to support informed predictions about the composition of:

- The workforce the agency will need in the future (demand forecasting), plus
- The workforce the agency will have in the future (supply forecasting).

The resulting ‘gap’ between demand and supply is then analysed and planned for within Element 4: Gap analysis.

3.2 Actions
This element includes two actions:

- Understand future nurse workforce needs by classifications and skills mix
- Forecast likely future supply.

Each action is discussed in detail in this section.

3.2.1 Understand future nurse workforce requirements (demand forecasting)

Demand forecasting is the process of estimating how many and what sort of people the agency/unit will require to accomplish future service objectives. The process addresses the following considerations for the forecast period:
• Types of job roles required in the future
• Number of people required for each job role
• Types of skills required in the future.

Because a budget (either FTE or Financial) will be set at executive level, the process focuses on the skills and classification mix that may be required in the future. The first iteration of demand forecasting unit manager should completed and the findings discussed with the health WFP team and executive to determine whether this is in line with the approved FTE number for the unit (financial or actual), and whether any changes to skill requirements are needed at the agency/unit level. This could be delivered in the form of a FTE number, salary budget or financial budget. It is up to the executive and unit manager to determine how the budget is best spent in terms of developing the right skills and classification mix to deliver services.

7 If your agency does not have a whole-of-workforce workforce planning process, consult the resources highlighted in the Introduction to these Guidelines.
CASE STUDY: Demand forecast for CHS Emergency Department

Refer to EN Scoping Spreadsheet Tab 5: FTE classification and skills

For the CHS Emergency Department Unit, the first iteration of demand forecasting has identified 13 FTE as projected during the agency’s service planning process. This information had been noted within the EN Workforce Scoping spreadsheet at Tab 5: FTE classification and skills (Demand Table). During planning, consider whether skills (capability) at the unit level will require a change for staff with CALD-sensitivity and, ideally, language skills.

<table>
<thead>
<tr>
<th>DESIRED (DEMAND) CLASSIFICATION AND SKILL MIX</th>
<th>UM</th>
<th>Clinical Nurse Specialist</th>
<th>RN</th>
<th>GN</th>
<th>EN (MEDS)</th>
<th>EN</th>
<th>Total (FTE)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
<td>0.75</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.75</td>
<td>7%</td>
</tr>
<tr>
<td>Coordination</td>
<td>0.25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.25</td>
<td>2%</td>
</tr>
<tr>
<td>Triage</td>
<td>0.25</td>
<td>0.75</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.00</td>
<td>9%</td>
</tr>
<tr>
<td>Care of ventilated patient</td>
<td>0.50</td>
<td>1.25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.75</td>
<td>16%</td>
</tr>
<tr>
<td>Resus Team Leader</td>
<td>0.50</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.50</td>
<td>5%</td>
</tr>
<tr>
<td>Cardiac monitoring</td>
<td>0.75</td>
<td>0.75</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.50</td>
<td>14%</td>
</tr>
<tr>
<td>Care of paediatric patients</td>
<td>0.50</td>
<td></td>
<td>0.50</td>
<td></td>
<td></td>
<td></td>
<td>1.00</td>
<td>9%</td>
</tr>
<tr>
<td>Monitoring and assessment</td>
<td></td>
<td></td>
<td>1.00</td>
<td>0.25</td>
<td></td>
<td></td>
<td>1.25</td>
<td>11%</td>
</tr>
<tr>
<td>IV medication administration</td>
<td></td>
<td></td>
<td>1.25</td>
<td>0.25</td>
<td>0.25</td>
<td></td>
<td>1.75</td>
<td>16%</td>
</tr>
<tr>
<td>Medication administration and basic care</td>
<td></td>
<td></td>
<td>1.25</td>
<td>0.25</td>
<td>0.25</td>
<td>1.50</td>
<td>3.25</td>
<td>30%</td>
</tr>
<tr>
<td>Total FTE</td>
<td>1.25</td>
<td>3</td>
<td>5.5</td>
<td>0.75</td>
<td>1</td>
<td>1.5</td>
<td>13</td>
<td>100%</td>
</tr>
<tr>
<td>Total Headcount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
CASE STUDY: Forecast Staff mix ratio analysis for CHS Emergency Department

Refer to EN Scoping Spreadsheet Tab 5: FTE classification and skills

As Figure 5b shows, 75% of the nurse workforce demand in the unit will be RNs and above. The Emergency Department needs to consider whether it has sufficient senior nursing experience to supervise an increase in the proportion of junior nurses.

Figure 5b: Future Skill mix ratio for Emergency Department

<table>
<thead>
<tr>
<th></th>
<th>FTE</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN's &amp; above</td>
<td>9.8</td>
<td>75%</td>
</tr>
<tr>
<td>GN's &amp; EN’s</td>
<td>3.3</td>
<td>25%</td>
</tr>
<tr>
<td>Total</td>
<td>13.0</td>
<td>100%</td>
</tr>
</tbody>
</table>

Action: EN Scoping Spreadsheet (DH Victoria)

Complete Tab 5: FTE classifications and skills (demand)

In the EN Scoping Spreadsheet for DH Victoria, complete a first iteration of the Demand FTE Forecast, using your existing knowledge of the future nurse workforce requirements. Discuss these findings with the executive manager. During these discussions, the executive manager should advise whether this is in line with the approved FTE number for the unit and any changes to skill requirements at the agency level.

Following the discussion around budget (FTE or Financial) with the Executive Manager, make any required changes to demand numbers and enter figure for your Unit into Tab 5, in the Demand Table. This information will populate the gap analysis data in Tab 7: Gap analysis.
3.2.2 Forecast likely future supply of nurses

The purpose of this action (often called ‘supply forecasting’ or ‘internal supply forecasting’) is to estimate how many current employees are likely to be available in the future. For example, how many of your current employees are likely to retire, or seek a new role, during the forecast period?

How to forecast likely future supply

Internal supply forecasting takes into account likely workforce changes caused by factors such as retirement, resignation, internal transfers/promotions, long term absences due to maternity leave, long service leave or disability leave.

The HR/payroll function will be able to assist unit managers to forecast likely supply, taking these factors into account. Figure 7 provides some hints on how to calculate each of the factors.

Figure 7: Tips for workforce supply forecasting

<table>
<thead>
<tr>
<th>Supply factor</th>
<th>Tips on how to calculate</th>
</tr>
</thead>
</table>
| Retirements   | Review retirement patterns over the past three to five years. Is there a pattern to the age of retirement? Consider the impact of superannuation schemes on the likely retirement age. Determine an ‘average retirement age’ for the purpose of this exercise and, based on the current workforce age profile, project number of retirements over the forecast period.  
Note: If you do not have historical retirement data, you may wish to ask employees about their retirement intentions. This can be done directly or confidentially through means such as ‘career development surveys’ or general employee surveys. |
<p>| Resignations  | Review resignation rates over the past two to three years, and decide whether there are any reasons these would change in the future (for example, labour market conditions, change in management, agency change). If no significant changes are anticipated, average the results over the two to three years to determine a rate to apply to the forecast period. If significant changes are anticipated, estimate a likely turnover rate to apply to the forecast period. Apply the appropriate rate to current staffing numbers in order to estimate how many will leave in each year of the forecast period. Alternatively, particularly for small units over a shorter time frame, it may be more appropriate to estimate the ‘raw’ FTE (as opposed to percentage) of staff likely |</p>
<table>
<thead>
<tr>
<th>Supply factor</th>
<th>Tips on how to calculate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal transfers/promotions</td>
<td>Based on recent trends and/or current policies, estimate the likely movement of nurses into and out of your unit, e.g. through rotations through the GN program, or ad hoc individual career choices. Note that ‘transfers in’ are entered into the spreadsheet as a negative number, as negative numbers indicate workforce additions/surplus while positive numbers (‘transfers out’) indicate workforce loss/shortage.</td>
</tr>
<tr>
<td>Long term leave, e.g. maternity, long service, Workcover</td>
<td>Based on recent trends and/or leave applications, estimate the likely absence of nurses on long term leave, e.g. maternity, long service. Enter these losses into the spreadsheet in FTE terms. For example, a 0.5 FTE nurse who takes 6 months maternity leave would be recorded here as 0.25 FTE.</td>
</tr>
<tr>
<td>Transition from full-time to part-time</td>
<td>Based on recent trends and/or applications from staff, estimate the likely effect of transition from full-time to part-time work, and vice versa, of nurses on long term leave, e.g. maternity, long service. Enter these losses into the spreadsheet in FTE terms. For example, a 1.0 FTE nurse who transfers to 0.5 FTE for the duration of the forecast period represents a loss of 0.5 FTE.</td>
</tr>
</tbody>
</table>
CASE STUDY: CHS Emergency Department’s supply forecast for the next year

Refer to EN Scoping Spreadsheet Tab 6: Supply forecast

Retirements
Refer to the EN Workforce Scoping spreadsheet Tab 6: Supply Forecast. The CHS Emergency Department NUM has estimated the retirement of 1.0 RN over the forecast period, taking age profile and retirement trends into account.

Resignations
The CHS Emergency Department NUM has estimated the resignation of 2.0 RN over the forecast period, taking past trends into account.

Internal transfers/promotions
The CHS Emergency Department NUM has estimated the addition of 1.0 Graduate Nurse over the forecast period, based on agreements within the current Graduate Nurse Program. Note that this addition is entered into the spreadsheet as a negative number, as positive numbers indicate loss/shortage and negative numbers indicate addition/surplus.

Long term leave, e.g. maternity, long service, Workcover
The CHS Emergency Department NUM has estimated the temporary loss of 1.0 RN over the forecast period, due to maternity leave.

Transition from full-time to part-time
The CHS Emergency Department NUM does not foresee any net impact from transition in working hours, during the forecast period.

Figure 8: CHS Emergency Department’s supply forecast

<table>
<thead>
<tr>
<th></th>
<th>Current FTE</th>
<th>Retirement</th>
<th>Resignation</th>
<th>Net transfer/promotion</th>
<th>Leave (maternity, LSL)</th>
<th>Transition from PT-FT or FT-PT</th>
<th>Forecast FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>UM</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1.0</td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
<td>3</td>
<td>1.0</td>
<td>1.0</td>
<td></td>
<td></td>
<td></td>
<td>1.0</td>
</tr>
<tr>
<td>RN</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1.0</td>
<td></td>
<td>3.0</td>
</tr>
<tr>
<td>GN</td>
<td>0.5</td>
<td></td>
<td></td>
<td>-1.0</td>
<td></td>
<td></td>
<td>1.5</td>
</tr>
<tr>
<td>EN (MEDS)</td>
<td>0.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.5</td>
</tr>
<tr>
<td>EN</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.0</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>1</td>
<td>2</td>
<td>-1</td>
<td>1</td>
<td>0</td>
<td>8.0</td>
</tr>
</tbody>
</table>
4. Element 4: Analyse gaps

4.1 Purpose

This is the fourth element in the EN Workforce Scoping framework. It aims to: identify the ‘gaps’ between forecast demand and supply, as determined from Element 3, and critically examine alternatives for closing these gaps.

4.2 Actions

There are five actions within this element:

- Identify the extent of the gap
- Create options to close the gap
- Assess the options
- Review possible implications of pursuing the options
- Make recommendations for action to close the gap

Each action is discussed in detail in this section.

4.2.1 Identify the extent of the gap

Identifying the extent of the gap provides the opportunity to consider the impact of the growth in ‘new jobs’, as well as the magnitude of replacement demand resulting from attrition from the occupations as a natural cause of employment.
CASE STUDY: Identifying the extent of the gap for CHS

Refer to EN Scoping Spreadsheet Tab 7: Gap Analysis Options

Figure 9 shows the example for CHS Emergency Department, with a current FTE of 11.0, current staff mix ratio of 82:18, demand FTE of 13 (i.e. two more than currently, due to increased workload), and forecast supply FTE of 8.

Thus the forecast demand/supply gap is 5.0 FTE: 2.0 of this is due to the forecast additional workload and 3.0 to replace the net loss of 3.0 nurses. The CHS Emergency Department needs to close this gap of 5.0 FTE. The next activity considers options for closing this gap.

Figure 9: CHS Emergency Department Unit supply/demand gap

<table>
<thead>
<tr>
<th></th>
<th>Current FTE</th>
<th>Demand FTE</th>
<th>Forecast Supply FTE</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUM</td>
<td>1</td>
<td>1.25</td>
<td>1</td>
<td>-0.25</td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>-2.00</td>
</tr>
<tr>
<td>RN</td>
<td>5</td>
<td>5.5</td>
<td>3</td>
<td>-2.50</td>
</tr>
<tr>
<td>GN</td>
<td>0.5</td>
<td>0.75</td>
<td>1.5</td>
<td>0.75</td>
</tr>
<tr>
<td>EN (MEDS)</td>
<td>0.5</td>
<td>1</td>
<td>0.5</td>
<td>-0.50</td>
</tr>
<tr>
<td>EN</td>
<td>1</td>
<td>1.5</td>
<td>1</td>
<td>-0.50</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>13</td>
<td>8</td>
<td>-5.00</td>
</tr>
</tbody>
</table>

Current staff mix ratio

<table>
<thead>
<tr>
<th></th>
<th>Current staff mix ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN’s &amp; above</td>
<td>82%</td>
</tr>
<tr>
<td>GN’s &amp; EN’s</td>
<td>18%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>
**Action:** EN Scoping Spreadsheet (DH Victoria)

**Tab 7: Gap Analysis Options**

To identify the extent of the demand/supply gap for the nurse workforce, refer to *Tab 7: Gap analysis options* in the EN Scoping Spreadsheet for DH Victoria. This will have been ‘pre-populated’ with information you entered in earlier tabs, i.e. current FTE, current staff mix ratio, demand FTE and forecast supply FTE.

Review the gaps and surpluses (Column D) and consider which ones are likely to have the greatest impact on delivery of services.

Consider positive gaps where there are potential opportunities to change the staffing mix for both skills and classification.

### 4.2.2 Create options to close the gap

There are many options to deploy these 13 FTE across nursing classifications. Factors to take into account include:

- Current and future models of care
- Current and likely skills mixes
- Training profile and training commitment
- Availability of nurses in the external labour market
- Availability of senior nurses to supervise or precept junior nurses
- Budget issues
- **Staff mix ratios specified in industrial agreements, and/or your agency’s strategy for individual units**
- Funding constraints.
CASE STUDY: CHS creates options to close the gap

Refer to EN Scoping Spreadsheet Tab 7: Gap Analysis Options

Three options considered by CHS Emergency Department NUM are illustrated, for CHS Emergency Department, in Figure 10 and discussed in Figure 11. For example, Option A’s objective is to increase experience levels within the Department, and its strategies are to:

- Create a role for Preceptor (Clinical Nurse Specialist) to professionally develop junior staff; and
- Fill other vacancies with Clinical Nurse Specialist and RN roles.

The NUM also develops two other options: Option B and C. For each option, Figure 11 highlights the objective, strategies, advantages, and disadvantages identified by the NUM, and the resulting staff mix ratio.

Tip: Figure 10 discusses the staff mix ratios at the unit level. Note that these staff mix ratios only need to comply with the industrial agreement at the agency level.
CASE STUDY: CHS options to close the demand/supply gap

Refer to EN Scoping Spreadsheet Tab 7: Gap Analysis Options

Figure 10: Create options to close demand/supply gap – CHS Emergency Department

<table>
<thead>
<tr>
<th></th>
<th>Current FTE</th>
<th>Demand FTE</th>
<th>Forecast Supply FTE</th>
<th>Gap</th>
<th>Need to recruit (demand - forecast supply)</th>
<th>Profile</th>
<th>Need to recruit (demand - forecast supply)</th>
<th>Profile</th>
<th>Need to recruit (demand - forecast supply)</th>
<th>Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUM</td>
<td>1</td>
<td>1.25</td>
<td>1</td>
<td>-0.25</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>-2.00</td>
<td>2.5</td>
<td>3.5</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN</td>
<td>5</td>
<td>5.5</td>
<td>3</td>
<td>-2.50</td>
<td>2.5</td>
<td>5.5</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>GN</td>
<td>0.5</td>
<td>0.75</td>
<td>1.5</td>
<td>0.75</td>
<td>1.5</td>
<td>1.5</td>
<td>1.5</td>
<td>1.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EN (MEDS)</td>
<td>0.5</td>
<td>1</td>
<td>0.5</td>
<td>-0.50</td>
<td>0.5</td>
<td>2</td>
<td>2.5</td>
<td>0.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EN</td>
<td>1</td>
<td>1.5</td>
<td>1</td>
<td>-0.50</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>13</td>
<td>8</td>
<td>-5.00</td>
<td>5</td>
<td>13</td>
<td>5</td>
<td>13</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

Checkbox

<table>
<thead>
<tr>
<th></th>
<th>Option A</th>
<th>Option B</th>
<th>Option C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current staff mix ratio</td>
<td>Option A staff mix ratio</td>
<td>Option B staff mix ratio</td>
<td>Option C staff mix ratio</td>
</tr>
<tr>
<td>RNs &amp; above</td>
<td>82%</td>
<td>77%</td>
<td>46%</td>
</tr>
<tr>
<td>EN’s &amp; RN’s</td>
<td>18%</td>
<td>23%</td>
<td>54%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
CASE STUDY: CHS options to close the demand/supply gap
(continued)

Figure 11: Discussion of options to close demand/supply gap – CHS Emergency Department

<table>
<thead>
<tr>
<th>Objective</th>
<th>Current</th>
<th>Option A</th>
<th>Option B</th>
<th>Option C</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Increase experience level within the Department.</td>
<td>Increase experience level within the Department.</td>
<td>Reduce costs and comply with industrial agreement.</td>
<td></td>
</tr>
<tr>
<td>Strategies</td>
<td>Create a role for Preceptor (at SRN level) to professionally develop the junior staff. Fill other vacancies with SRN and RN roles.</td>
<td>Create a role for Preceptor (at SRN level) to professionally develop the junior staff. Boost experience levels by recruitment of 2 SENs.</td>
<td>Recruit 2.5 RNs and 1.5 ENs. Maintain a vacancy of 1.0 FTE and use savings to fund bank staff and overtime.</td>
<td></td>
</tr>
<tr>
<td>Advantages</td>
<td>Increased level of expertise within the Department. Increased opportunities for targeted development of junior nurses.</td>
<td>Increased opportunities for targeted development of junior nurses. Opportunity to test SENs in team leader roles Cost effective</td>
<td>Cost effective</td>
<td></td>
</tr>
<tr>
<td>Disadvantages</td>
<td>Lack of experience May not be able to recruit senior RNs Budget implications of recruiting staff at these levels</td>
<td>A fairly major change in staffing model that may not be accepted by staff. Question whether SENs are sufficiently experienced to undertake team leader roles. <strong>Staff mix ratio does not comply with industrial agreement</strong></td>
<td>Inconsistent with any known model of care or standard of professional practice. Likely to result in lower quality of care for patients and higher workload and frustrations for staff</td>
<td></td>
</tr>
<tr>
<td>Staff mix ratio</td>
<td>82:18 77:23 46:54</td>
<td>63:38 (but engagement of bank staff at RN level should reduce ratio to compliance levels)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Action:** EN Scoping Spreadsheet (DH Victoria)

**Complete Tab 7: Gap Analysis options**

In the EN Scoping Spreadsheet for DH Victoria, fill in the FTE numbers for each option identified to close the gaps.

Refer to the instructions in *Tab 7* of the spreadsheet.

### 4.2.3 Assess the options

For each proposed option, consider the issues listed in Figure 12:

**Figure 12: Assessing nurse workforce profile options**

<table>
<thead>
<tr>
<th>Issue</th>
<th>If no …</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the Option consistent with the service directions of the organisation?</td>
<td>Reject the Option</td>
</tr>
<tr>
<td>2. <strong>Is it consistent with industrial agreements?</strong></td>
<td>Reject the Option</td>
</tr>
<tr>
<td>3. Is it consistent with the unit’s training profile and training commitment (including commitment to undergraduate students)?</td>
<td>Reject the Option</td>
</tr>
<tr>
<td>4. Is it consistent with available budget and timeframes, including costs for initial recruitment and ongoing development, as well as salary considerations?</td>
<td>Reject the Option</td>
</tr>
<tr>
<td>5. Is it consistent with the unit’s Model of Care?</td>
<td>Consider the implications of changing the Model of Care(^8)</td>
</tr>
<tr>
<td>6. Is it consistent with contemporary Scope of Practice?</td>
<td>Consider the implications of changing the Scope of Practice.</td>
</tr>
<tr>
<td>7. Is it consistent with the unit’s Model of Staffing?</td>
<td>Consider the implications of changing the</td>
</tr>
</tbody>
</table>

### 4.2.4 Additional options to consider

The options discussed above were all based on the recruitment of nurse FTE to fill the demand/supply gap. It is also important to consider alternatives to recruitment, such as moderating demand for services, substitution\(^9\), enhancement, delegation\(^10\) and innovation.

Some of these alternatives are most appropriate to consider at the executive level and some at both the agency and unit manager level. Figure 13 provides examples.

**Figure 13: Consider alternatives to recruitment**

<table>
<thead>
<tr>
<th>Alternative to recruitment</th>
<th>Considerations at executive level</th>
<th>Considerations at unit manager level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease demand for services</td>
<td>For example through health promotion, or partnerships with other health services.</td>
<td></td>
</tr>
<tr>
<td>Substitution</td>
<td>Expand the breadth of a job by working across professional divides. For example, counsellors substituting for doctors for some mental health problems in primary care settings.</td>
<td></td>
</tr>
<tr>
<td>Enhancement</td>
<td>Increase the depth of a job by extending the role or skills of workers. For example, community matrons providing intensive home support to patients with long-term conditions.</td>
<td></td>
</tr>
<tr>
<td>Innovation</td>
<td>Create new jobs by introducing new types of workers. For example, physician-assistants providing some routine care, e.g. routine follow-ups for patients with chronic diseases.</td>
<td>Equip and reward staff for being innovative and accountable in their delivery of quality care. Establish or participate in networks to share good employment practices, resources and expertise.</td>
</tr>
</tbody>
</table>
| Delegation | Move a task up or down a traditional uni-disciplinary ladder. For example:  
  - An EN performing some roles traditionally performed by a RN | |

---

\(^9\) At the organisational level “substitution” means replacing one type of health professional by another, but at the individual level “substitution” usually refers to “task substitution”, where a person from a one professional background performs a task traditionally performed by another type of health professional. See APHCRI (2007).

\(^10\) The ANMC National Competency Standards for Nurses and the ANMC National Competency Standards for the Midwife set clear standards of practice regarding scope of practice and delegation.
### Alternative to recruitment

<table>
<thead>
<tr>
<th>Considerations at executive level</th>
<th>Considerations at unit manager level</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Delegating relevant tasks (e.g. administration) to non-nurse workforce.</td>
<td></td>
</tr>
</tbody>
</table>

#### 4.2.5 Review possible implications of pursuing the options

For the option(s) that have continued through this identification and selection process, you should also consider:

1. Whether the facilitators and barriers are necessary for the option to be effective, e.g. support networks, supervision, accountability and applicability to rural, remote, CALD.

2. Whether you have consulted with existing workforce about the proposed options, e.g. in relation to expanded roles, training commitment, development plans, preceptoring responsibilities.

3. The implications for recruitment, such as:
   - Career fairs, graduate recruitment programs, scholarships
   - Are your recruitment goals realistic given the external labour market, e.g. graduation rates etc?
   - Does your agency have an effective attraction strategy, e.g. number of applications per vacancy
   - Do you have recruitment partnerships with universities and TAFEs in your region?
   - Have you targeted ENs outside your region?
   - Does your Performance Management system include goals and rewards for RN’s to provide effective support to EN’s?
   - Are you able to partner with community and external providers to source staff?

4. What are the implications for staff development, for example:
   - Are your RN’s capable of working in teams and supervising EN’s?
   - EN transition-to-practice support
   - Supporting preparation to administer medication
   - Transition to Diploma
   - More flexible team work
   - Mentoring programs
5. What are the implications for engagement, such as:
   - Do you have effective change management processes in place?
   - Incentives to encourage EN’s to upskill and RN’s to supervise
   - Review onboarding process to ensure optimum retention and engagement

6. What are the implications for policies and procedures, such as whether the new profile will require:
   - Reviewed position descriptions
   - Employment strategies attractive to a younger (Gen Y) workforce?

### 4.2.6 Make recommendations for action to close the gap

After considering all of the above information, in consultation with relevant stakeholders, the unit manager makes a recommendation regarding the option to fill the demand-supply gap. This recommendation is submitted to the executive nurse manager for review and aggregation at the agency level.

By completing this step:
   - The recommended nurse staffing strategy has been clearly articulated, and
   - Following review of the recommendation the recommended options from each unit can be aggregated, and the resulting nursing profile and implications at the agency level can be reviewed.

---

**CASE STUDY: Recommended option for CHS to fill gap**

*Refer to EN Scoping Spreadsheet Tab 7: Gap Analysis Options*

In the EN Workforce Scoping spreadsheet, *Tab 7: Gap analysis options* provides a template for unit managers to submit this recommendation. Figure 14 below shows how our hypothetical Emergency Department has completed this template.

**Figure 14: Recommended option to fill gap – Emergency Department, CHS**

<table>
<thead>
<tr>
<th>Which of these options do you recommend for your unit?</th>
<th>Option A</th>
</tr>
</thead>
</table>
| Advantages of this option                              | Increased level of expertise within the Department.  
Increased opportunities for targeted development of junior nurses. |
| Disadvantages of this option                           | May not be able to recruit senior RNs.  
Budget implications of recruiting staff at these levels. |
| Implications of this option                            | May need to conduct an innovative marketing campaign to recruit these senior roles. Need a fall-back plan (e.g. upskilling ENs) if senior RNs cannot be recruited. |
**Action: EN Scoping Spreadsheet (DH Victoria)**

**Complete Tab 7: Gap analysis options**

In *Tab 7* of the EN Scoping Spreadsheet for DH Victoria, complete Figure 14 to indicate the option you are recommending to fill your unit’s gap.

Save the spreadsheet and send a copy to the agency's Project Officer for aggregation at the agency level.

This is the final spreadsheet action covered within this tool.

---

**4.3 Outcomes for Element 4**

The overall outcome of this element is a recommendation from each unit manager about their nurse workforce profile.

The executive nurse manager aggregates the recommended options from each unit, and considers the resulting nursing profile and implications at the agency level.
5. Element 5: Develop strategies

5.1 Purpose

This is the fifth element in the EN Workforce Scoping framework. It involves development of strategies to pursue the option identified in Element 4: Analyse gap.

5.2 Actions

Strategy development\(^{11}\) involves the following actions:

- Strategy formulation;
- Establish the case for change; and
- Establish success criteria.

Each action is discussed in detail in this section.

5.2.1 Strategy formulation

Strategies need to be prioritised and linked to business plans. This will ensure that those addressing the most critical gaps are implemented first. A combination of short and long term strategies are needed to be developed to address the gaps between the current workforce and the future workforce requirements. The strategies and action plans need to specify what is going to be done and when.

Strategies to address WFP issues can fall into one of six categories:

1. Improving attraction and recruitment strategies;
2. Improving labour supply;
3. Increasing investment in development;
4. Improving employment agility;

\(^{11}\) This section has been sourced from the SSA’s *Workforce planning toolkit.*
5. Improving workforce governance and capability; and
6. Improving participation, retention and culture.

Potential strategies are suggested in Figure 15.

**Figure 15: Strategies to address WFP issues**

<table>
<thead>
<tr>
<th>WFP Issue</th>
<th>Strategies</th>
</tr>
</thead>
</table>
| **1. Improving attraction and recruitment strategies** | Employment branding initiatives  
Better understanding of the organisation  
“Employer Value Proposition”  
Improving recruitment and selection methods |
| **2. Improving labour supply** | Increasing the attractiveness of study for selected courses  
Skilled migration to fill gaps  
Increasing community involvement in the provision of services  
Developing partnerships with other organisations to access a different labour pool  
Increasing clinical training  
Developing partnerships with training providers |
| **3. Increasing investment in development** | Understanding the Return on Investment of learning and development interventions  
Developing an understanding of mission critical skills to direct priority attention  
Improving the organisation’s capability in succession management  
Developing a knowledge management approach  
Creating room for learning |
| **4. Improving employment agility** | Better management of the casual and contract workforce  
Redesigning roles to increase supply from alternative sources  
Introduce flexible work options |
| **5. Improving workforce governance and capability** | Removing barriers and disincentives to increased participation  
Promoting work-life balance and flexible work practices  
Promoting better health outcomes to ensure maximum participation in the workforce  
Supporting older workers in the workforce |
<table>
<thead>
<tr>
<th>WFP Issue</th>
<th>Strategies</th>
</tr>
</thead>
</table>
| **6. Improving participation, retention and culture**                     | Improving the connection between strategic and policy direction and WFP considerations  
                                                                                           | Improving WFP projection and external scanning capability  
                                                                                           | Identifying and promulgating best practice WFP                                            |

### 5.2.2 Establish the case for change

Establishing the case for change is critical for the success of any planned strategies and changes. It creates the sense of urgency required to obtain support and co-operation from key stakeholders within the organisation. Senior management need to understand the issues and implications, so that they support and champion WFP and change efforts.

The case for change needs to present the current situation, outline the strategic issues and give the rationale for making a change. This may take the form of a problem to resolve or an opportunity to seize. Your argument needs to illustrate how the proposal relates to and will support the organisation’s core interests and priorities.

A business case can be developed to support the implementation of the proposed strategies. The business case needs to address the following issues:

- The issue or problem;
- What needs to be done and why;
- The risks to the organisation if action is not taken;
- An outline of the proposed strategies and actions;
- The options considered and the rationale for choosing the proposed solution;
- The proposal’s relationship to other existing policies, processes, programs;
- What the proposed strategies/actions will deliver for the organisation, in terms of benefits and return on investment;
- The associated costs and resource implications for implementing the strategies (in the form of a cost/benefit analysis); and
- An implementation plan and timeframe (including project structure, timelines and reporting, change management, communication plans, evaluation criteria and performance measures).
**Key questions to explore when establishing the case for change include:**

- Why does the organisation need to act on this?
- What will happen if no action is taken?
- Why should the senior management team support this proposal?
- How can a sense of urgency be created?
- What are the benefits and costs to the organisation and the workforce?
- Who within the organisation would be change champions?
- What are the possible objections and arguments against the proposed change?
- What are the potential barriers within the organisation to implementing the change?

**5.2.3 Establish success criteria**

Success criteria are objective measures used to assess how well the project’s objectives have been achieved (in terms of outputs and educational outcomes), and how well the project itself has run. The success or otherwise of planned actions or strategies implemented can only really be assessed if success and evaluation criteria are set up prior to the implementation.

The evaluation of human resource interventions is an imprecise activity, with inter-related variables impacting on the success or otherwise of strategies/programs, as well as the difficulties with measuring in a pure sense. Whilst projects by definition have defined outputs, the outcomes may take time to manifest themselves (e.g. as improved performance on assessment tasks, better retention rates). Hence evaluation will need to continue into implementation and beyond.

The success criteria need to be documented within the business case. Inputs to developing success criteria include:

- The organisation’s business plan documents, vision and culture statements;
- Business case for the proposed strategies/actions; and
- Assessment of the development of competencies and workforce profile trends.

**Key questions to consider when establishing success criteria include:**

- What do we want to ultimately achieve with these strategies?
- What will success look like overall in the long-term, in the short-term and at critical project/strategy implementation milestones?
• How will we know if we are successful in addressing these gaps/issues? What will change, and how? What are the indicators that we are looking for?
• What systems, processes and data currently exist in the organisation that can be used to monitor the success of the strategies and projects?

5.3 Outcomes for Element 5
The outcome of this element is agreement on nursing workforce strategies that are linked to the agency’s service and workforce plans.
6. **Element 6: Implement strategies**

### 6.1 Purpose

This is the sixth element in the EN Workforce Scoping framework. It involves implementing the strategies agreed in Element 5 to address the gap between current and future workforce needs.

### 6.2 Actions

Implementing strategies\(^{12}\) involves the following actions:

- Execution of the strategies;
- Change management to support implementation of strategies; and
- Alignment of strategies to organisational values and culture.

Each action is discussed in detail in this section.

#### 6.2.1 Execution of the strategies

When implementing WFP strategies the fundamentals of good project management need to be applied:

- Ensure organisational buy-in and support is obtained, as executive level support for the workforce strategies is vital;
- Clarify roles and responsibilities in implementing strategies and actions. This includes identifying who is involved in implementing what, and where co-ordination among different parts of the organisation or with different agencies is needed;
- Develop project plans for the implementation of each workforce strategy. This also involves establishing budget and resource requirements, timelines and milestones for key deliverables and stages;

---

\(^{12}\) This section has been sourced from the SSA’s *Workforce planning toolkit.*
• Allocate the necessary resources and teams required to implement the workforce strategies;
• Determine performance measures, success indicators and reporting systems; and
• Develop communication plans to inform all employees of the strategies to be implemented: what has been done, why and how it was developed, how and when it will be applied and how it will affect staff.

**Key questions to explore when implementing strategies include:**

• What is the best way to implement the strategies identified in the workforce plan?
• How are the strategies related to and interconnected with each other, and other processes/systems/projects within the organisation?
• What are the key aims and objectives of each strategy? What does the organisation want to achieve in the end?
• How can the strategies and the implementation processes be aligned with the required organisational culture and values?
• What are the likely impacts on the workforce and the organisation? And how can these be managed?
• What are the likely impacts on service delivery, productivity and customers/key stakeholders during the implementation stage? And how can these be managed?
6.2.2 Develop a change management strategy

WFP requires all stakeholders in your organisation to seriously consider change, and understand that the process of change has to be managed and planned. The Change Management Strategy needs to be designed specifically for the unique characteristics of the change itself and the attributes of the organisation.

Implementing change requires:

- The strategic significance of the change to be highlighted – create a sense of urgency;
- A vision for the change to be clearly formulated and articulated – layout the plan;
- Alignment of strategies to the organisational values and culture – consider dynamics;
- Obtaining leadership, management and employee support – create a guiding coalition;
- Communication throughout the organisation to explain what the change will look like for all stakeholders going forward – celebrate short-term wins; and
- Monitoring of the change and impacts on the workforce – keep the momentum going.

Key questions to consider when developing a change management strategy include:

- What is the most seamless and effective way to implement the changes?
- What barriers or issues may be present or potentially arise at different stages?
- How could the workforce react? What are their key motivators?
- What is the level of change management skills amongst management?
- What is the ultimate aim of these changes?

6.3 Outcomes for Element 6

This element aims to result in successfully executed strategies.
7. Element 7: Monitor and evaluate

7.1 Purpose

The final element of the EN Workforce Scoping framework involves the ongoing monitoring and evaluation of workforce plans and strategies.

Workforce plans and strategies need to be reviewed at least annually in order to:

- Review performance measurement information;
- Assess what is working and what is not;
- Adjust the plan and strategies as necessary; and
- Address new workforce and organisational issues that might occur.

Organisations that do not engage in systematic reviews of their WFP efforts are at risk of not being able to respond to changes as they occur and of ultimately not achieving their business goals.

7.2 Actions

A review of WFP involves the following actions:\(^{13}\):

- Monitor; and
- Evaluate.

Each action is discussed in detail in this section.

---

\(^{13}\) This section has been sourced from the SSA’s Workforce planning toolkit.
7.2.1 Monitor

Successful WFP is an active, ongoing and dynamic process that must be monitored and adjusted. Strategies and action plans need to be continually monitored to account for any internal or external developments that occur. This will position the organisation to be ready to address and make essential changes to the action plan when the environment demands change. Evaluation works best when it is built into the WFP process from the start. This enables the identification of measures that act as signals for emerging change.

A range of demand and supply indices can be regularly monitored to provide information about progress towards achieving WFP goals. These can include:

- The age profile of the workforce (as an indicator of emerging demographic change);
- The turnover rate within specific occupations; and
- Gender profile of applicants (can indicate increased or decreased participation rates of women in certain professions).

Monitoring after implementation and beyond is critical for WFP projects, as the outcomes may take time to manifest themselves (e.g. as improved performance, better retention rates).

7.2.2 Evaluate

Evaluation of the WFP strategies is critical for providing feedback on internal business processes and outcomes, and for enabling continuous improvement of strategies, performance and results.

Developing evaluation metrics, involves determining what it is that needs to be measured. The task of evaluating projects and strategies is easier when the success criteria and performance measures for each WFP initiative have been established prior to implementation (as part of the project scoping, planning and establishing the business case).

Human resource strategies are usually measured in terms of the implementation or completion of actual programs/projects. To provide more meaningful information, measures can be designed to determine the effect the action plans have on the defined WFP issues. Specific measures and target levels to be achieved as well as the desired results need to be identified.
Evaluation criteria can also be developed to relate to the specific objectives of each WFP initiative. For example, progress in meeting employee recruitment, retention and development challenges can be evaluated through asking whether:

- Retention rates have improved in critical hiring needs and classifications?
- The agency’s needs for particular skills or expertise have been fulfilled by recruitment or training strategies?
- Knowledge transfer and retention of institutional knowledge strategies have been effective in addressing the loss of expertise and knowledge due to retirements?

Methods for obtaining feedback on how well the organisation has accomplished its action plan and the effectiveness of the outcomes can include:

- Meetings with management;
- Employee and customer surveys;
- Focus groups;
- Analysis of workforce data;
- Reviews of progress reports;
- Lessons learnt reviews;
- Organisation performance assessments; and
- Specific management reporting/measurement systems (such as the Balanced Scorecard).

**Key questions to consider when assessing the effectiveness of WFP include:**

- Did the project achieve its objectives?
- Reflect on learning that has occurred. What worked well? What could be improved?
- Were there any unexpected outcomes?
- Were the actions and strategies completed, and do they fulfil the goals?
- Did the action plan accomplish what the organisation needed?
- If not, have the organisation’s strategies on which the plan is based changed? Are other factors preventing attainment of the goals?
- Have the conditions changed so that the strategies and actions need to be modified?
- Did the organisation meet its objectives?
- Are the WFP assumptions still valid?
- Do the workload and workforce gaps still exist?
- Are the skills of employees being developed quickly enough to become effective?
- Is there any imbalance between workload, workforce or competencies?
• Do the new recruits possess needed competencies?
• Has the cost to hire been reduced?
• Has overall organisation performance increased?
• Do adequate staffing levels exist?

7.3 Outcomes for Element 7

The outcome of this action is a sustained and rigorous approach to workforce scoping and planning.
Appendix A: How to configure the EN Workforce

Scoping spreadsheet

1. Purpose

Each agency will need to configure the EN Workforce Scoping spreadsheet to suit its own requirements, in terms of:

- How the agency defines its nursing workforce for the purpose of this exercise – see section 1.3.3 of these Guidelines and Tab 1 of the spreadsheet
- How the agency aggregates the forecasts from each unit, to provide a whole-of-nursing workforce view of EN scoping options.

These instructions are directed to the Project Officer, or similar role, responsible for co-ordinating this exercise for the agency.

2. Configure EN Scoping Spreadsheet for DH Victoria to suit your nursing workforce profile

1. On the Cover sheet, in cell E9, enter the forecast period agreed within your agency. Refer to section 1.3.5 of the Guidelines.

2. In Tab 1: Define your nurse workforce:
   - Delete the example provided for the hypothetical case study: Emergency Department, Central Health Service.
   - In column A, row 3 and following, list all the skills relevant to your agency’s nurse workforce.
   - In row 2, list all the nursing classifications you will use in this exercise. Note that this information is linked to Tab 5: FTE classifications and skills. Ensure the links in Tab 5 extend beyond cell A13, if relevant. You will need to add rows to do this.
   - The nursing classifications in Tabs 6 and 7 are also linked to the classifications you specify in Tab 1. Ensure these links have worked correctly.

3. In Tab 5: FTE classifications and skills, ensure the formulae in cells B17:C18 relate to the classifications you are using. If not, adjust the formula as appropriate.
4. In Tab 7: Gap analysis options:
   - If necessary, update the reference to cell C10, i.e. the Demand FTE for the unit
   - If necessary, update the Checkbox references, in red type in row 11 of original spreadsheet
   - Ensure the ‘staffing mix’ formulae relate to the classifications you are using. If not, adjust the formula as appropriate.

5. Delete the final Aggregate tab before forwarding the spreadsheet to unit managers. This Aggregate tab is for the Project Officer to use to aggregate the individual unit forecasts, as outlined in the following section. Therefore, ensure you retain a version of the spreadsheet that includes the Aggregate tab.

6. Generally, ensure that the Set Print Area settings are correct within each worksheet, as some users may wish to print the spreadsheet.

3. Aggregate the forecasts

   1. Liaise with unit managers to support them to complete and submit their spreadsheets on time.

   2. Copy Tab 7: Gap analysis options from each unit’s spreadsheet into one master aggregate file.

   3. Move the Aggregate tab into this master aggregate file.

   4. If necessary, adjust rows 4-10 in the Aggregate tab to reflect the nursing workforce profile your agency adopted for this scoping exercise.

   5. In the light shaded cells in columns B-F insert formula to aggregate the information from each unit’s Tab 7.

   6. When you have done this, staffing mix ratios (current and recommended) will be calculated automatically. Review these outcomes to ensure they look realistic.

   7. Save the spreadsheet and discuss the outcomes with your executive nurse manager and other relevant stakeholders.
### Appendix B: List of acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALD</td>
<td>Culturally and linguistically diverse</td>
</tr>
<tr>
<td>EN</td>
<td>Enrolled Nurse</td>
</tr>
<tr>
<td>FTE</td>
<td>Full-time equivalent</td>
</tr>
<tr>
<td>GN</td>
<td>Graduate Nurse</td>
</tr>
<tr>
<td>UM</td>
<td>Unit Manager</td>
</tr>
<tr>
<td>RN</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>SOP</td>
<td>Scope of Practice</td>
</tr>
<tr>
<td>SSA</td>
<td>Victorian State Services Authority</td>
</tr>
<tr>
<td>WFP</td>
<td>Workforce planning</td>
</tr>
</tbody>
</table>