

Appendix 12: Sample workforce plan

Healthy Life Health Services Workforce Plan 2006–2011

(This is a hypothetical workforce plan.)

Contents

Executive summary	88
1. Integrating service and workforce planning	90
2. Environmental scan	92
2.1 Environmental scan and service composition	92
2.2 Workforce strengths and opportunities	92
3. Demand forecasting	98
3.1 Forecasting staff numbers	98
3.2 Forecasting skill requirements	99
4. Supply forecasting	101
5. Gap analysis and prioritisation	102
6. Strategies to address critical gaps	104
7. Evaluation and monitoring	105
Appendices	106
Appendix 1: Demand forecast	106
Appendix 2: Supply forecast	108
Appendix 3: Gap analysis	111

List of tables

Table 1: Healthy Life Health Service – proposed service composition.....	92
Table 2: Healthy Life Health Service – forecasting for skills.....	99
Table 3: Issue/initiative matrix.....	104
Table 4: Workforce planning evaluation metrics	105

List of figures

Figure 1: Integration of service and workforce planning	90
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List of charts

Chart 1: Healthy Life Health Service – trend FTE by service and occupational group	93
Chart 2: Healthy Life Health Service – gender profile by occupational group.....	93
Chart 3: Healthy Life Health Service – gender profile	94
Chart 4: Healthy Life Health Service – age profile.....	94
Chart 5: Healthy Life Health Service – tenure profile.....	95
Chart 6: Healthy Life Health Service – employment type	95
Chart 7: Healthy Life Health Service – attendance type	96
Chart 8: Healthy Life Health Service – overtime rate.....	97
Chart 9: Healthy Life Health Service – demand forecasts by service	99
Chart 10: Healthy Life Health Service – supply forecasts by service	101
Chart 11: Healthy Life Health Service – gap by service.....	102

Executive summary

This workforce plan, covering the period 2006 to 2011, was developed in close consultation with relevant stakeholders to support Healthy Life Health Service's service plan for the same period. Healthy Life believes this workforce plan will assist it to capitalise on its existing strengths and to manage the considerable challenges facing it in the future.

Over the forecast period, the major changes to Healthy Life's service composition are identified as:

- changes to the way emergency and same-day surgical operates
- reduction in operation of multi-day surgical and obstetrics services
- increase in primary care
- introduction of a diabetes clinic.

When considering the current workforce, several critical issues were identified:

- A large number of staff are over 50 years of age and may opt to retire in the near future.
- High turnover and workforce growth have resulted in about one-third of staff having less than one year of service.
- The current staff are mainly permanent and full time, restricting flexibility in rostering.
- There is significant gender imbalance within occupational groups.

In addition, Healthy Life identified a number of external factors that are likely to affect their service delivery:

- The catchment population will continue to age, with an increasing number of people living alone.
- The birth rate will continue to decline.
- There will be an increase in prevalence of chronic diseases, including heart disease and stroke, cancer, respiratory disease, self-harm, depression, and substance abuse.
- Medical, scientific and technological advances will continue but will not have a significant impact on the overall level of demand for services.

A skills audit and forecast suggests that Healthy Life needs to ensure staff are appropriately skilled to meet the changing service delivery requirements. This highlights:

- the need to identify whether there are different skills required in same-day surgical compared with multi-day surgical, and to ensure staff transferring to the same-day surgical unit have development plans to acquire these skills
- the need to assess whether any existing staff have advanced emergency nursing, advanced diabetes management, or primary care competencies, and review development plans in accordance with future needs
- the need to ensure the appropriate level of obstetric and intrapartum skills are maintained and that antenatal, postnatal and domiciliary skills are enhanced
- the need to review the status of current teamwork (multidisciplinary working) skills, and review development plans accordingly
- the possible need to recruit staff with advanced diabetes management competencies.

A demand forecasting exercise revealed that demand was increasing most significantly in the nursing group, and reducing most in the visiting medical officer and medical occupational groups. Supply forecasting showed medical, nursing and allied health occupational groups will experience the most retirements over the next five years, with same-day and multi-day surgical both losing around 20 per cent of their FTE through terminations. The gap analysis exercise revealed the largest gaps in emergency and same-day surgical services and in nursing and allied health.

The most important gaps in Health Life are determined as being:

- immediate and significant shortages in same-day surgery
- high turnover rates of nurse division 1
- skills development to equip staff to undertake increased or different role responsibilities (for example, advancing nurse practice or nurse practitioner role)
- projected shortages in emergency department.

Strategies to address these gaps include both internal and external recruitment, and retention strategies such as professional development and role review.

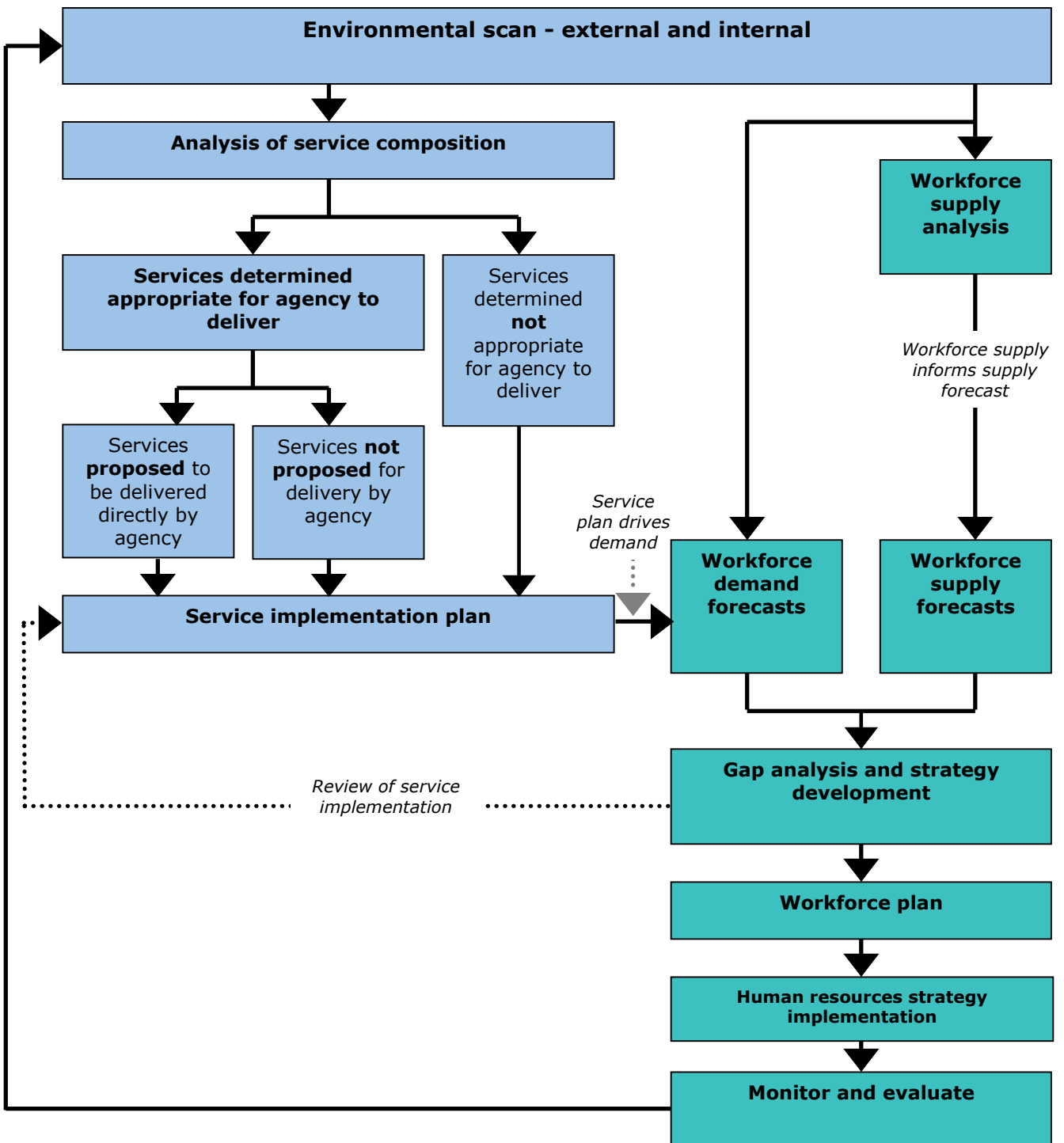
Pending the Senior Executive Team's acceptance of these strategies, relevant staff will develop detailed action plans for each of the strategies, including accountabilities, budgets, time frames and performance indicators.

The timetable for evaluating and monitoring the workforce plan is in accordance with review of the service plan.

1. Integrating service and workforce planning

At Healthy Life, service planning and workforce planning are components of an integrated, iterative process. The service plan articulates the goals that workforce plans need to implement and are in turn informed by the projections that come out of workforce planning processes. Figure 1 illustrates the process.

Figure 1: Integration of service and workforce planning



In developing this workforce plan, Healthy Life undertook the following process:

1. environmental scanning: understanding internal and external forces that will impact on agency services, operating context and workforce needs
2. forecast workforce demand: determining what roles, skills and numbers of people are required to deliver the agency's service plan
3. forecast workforce supply: determining what staff will be available if we do nothing to prevent natural attrition
4. analysing gaps between demand and supply, and generating strategies
5. evaluation and monitoring: determining successes and improvement opportunities for the next round of workforce planning.

Healthy Life has adhered to the following principles during the workforce planning process: integration with service planning, iterative, innovative, involving stakeholders, informed by objective data, proactive, and acknowledging the need to prioritise given limited resource availability.

2. Environmental scan

2.1 Environmental scan and service composition

Healthy Life's most recent detailed environmental scan is included in the current service plan. The proposed service composition is as shown in Table 1.

Table 1: Healthy Life Health Service – proposed service composition

Service	Currently provided	Any service change
Emergency	Yes	Maintain service levels in the face of diminishing general practitioner numbers and on-call availability. Support clinicians to adopt innovative practices to ensure or enhance patient access to emergency services.
Same-day surgical	Yes	Overall same-day surgical volume to increase by managing multi-day surgical as same-day surgical
Multi-day surgical	Yes	Reduce volume and complexity of multi-day surgery by using innovative methods to treat traditional multi-day cases on same-day basis and strengthening area clinical network.
Obstetrics	Yes	Reduce level of service due to change in demand. Strengthen referral pathway and relationships in area, including clinical networks.
Primary care	Yes	Increase service to manage integrated approach, including primary care facilities and clinical network.
Diabetes	No	Introduce service as a result of demand identified in community consultations.

These changes have considerable workforce implications, as do ongoing service needs.

2.2 Workforce strengths and opportunities

In planning for the future of Healthy Life, it is important to consider the strengths and opportunities of the current workforce.

Chart 1 shows Healthy Life's trend FTE by service and occupational group: head count increased by approximately 16 per cent from 2004 to 2006. This increase is the result of increased staffing in same-day surgical, because all other services have reduced staffing over the period 2004–06. Chart 2 (trend FTE by occupational group) shows a large increase among division 1 and 2 nurses, with increases also in allied health and other.

Chart 1: Healthy Life Health Service – trend FTE by service and occupational group

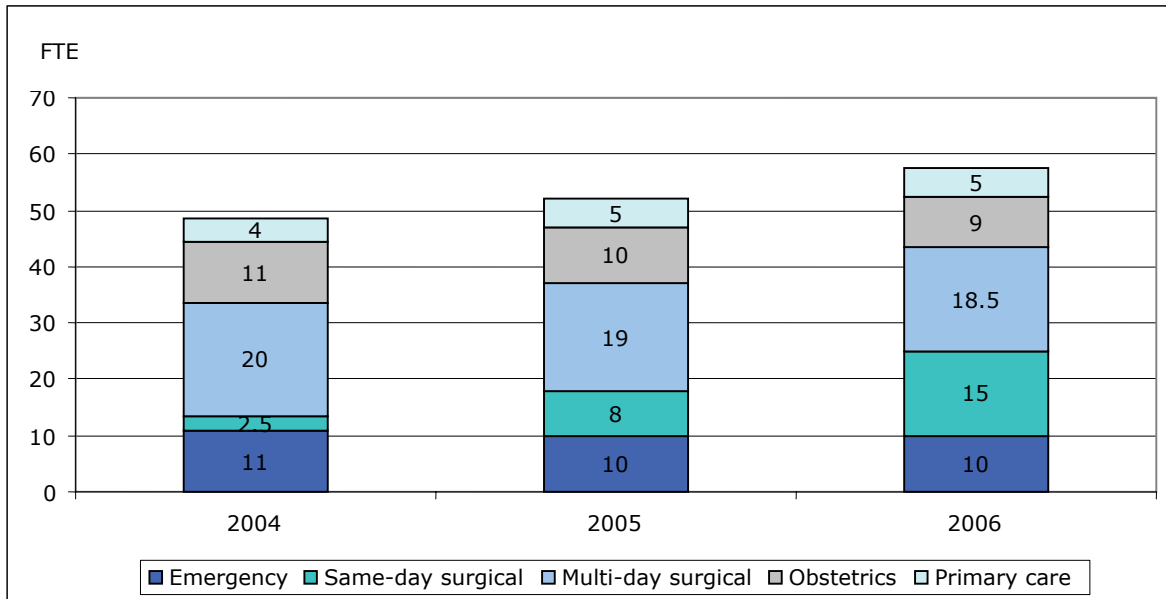


Chart 2: Healthy Life Health Service – gender profile by occupational group

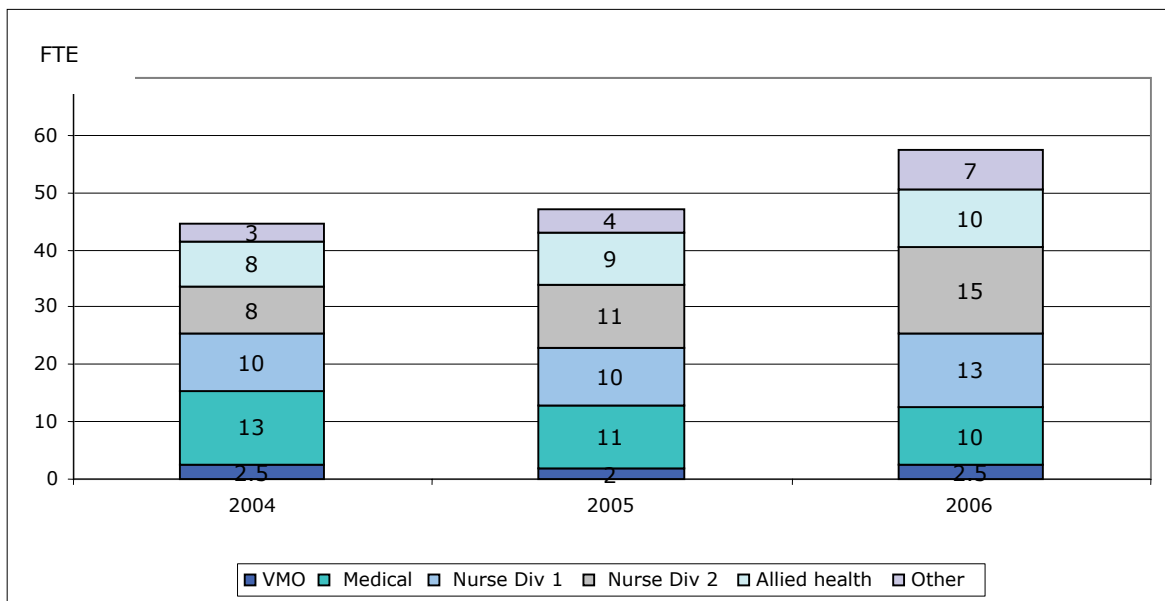


Chart 3 shows Healthy Life’s gender profile by occupational group. Females comprise more than two-thirds of Healthy Life’s workforce at the total level because of their higher representation in the nursing, allied health and ‘other’ occupational groups, while males are dominant in the visiting medical officer and medical groups.

Chart 3: Healthy Life Health Service – gender profile

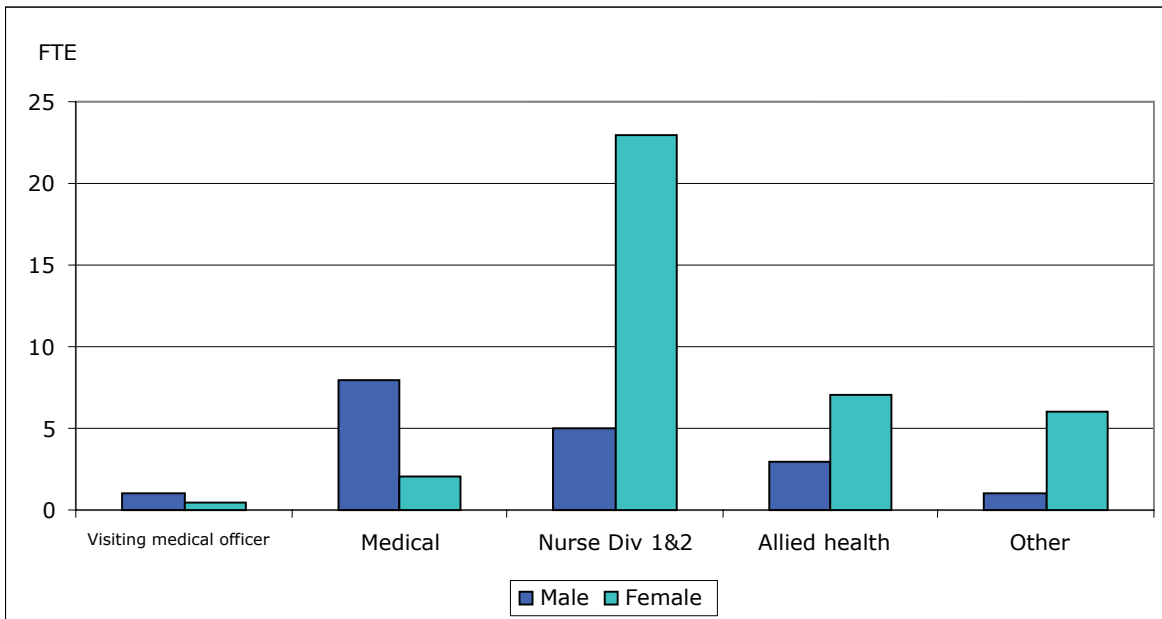


Chart 4 shows Healthy Life’s age profile. The relatively large number of employees falling into the 50–59 year age bracket is of concern given that many of these people may opt to retire in the next five to ten years.

Chart 4: Healthy Life Health Service – age profile

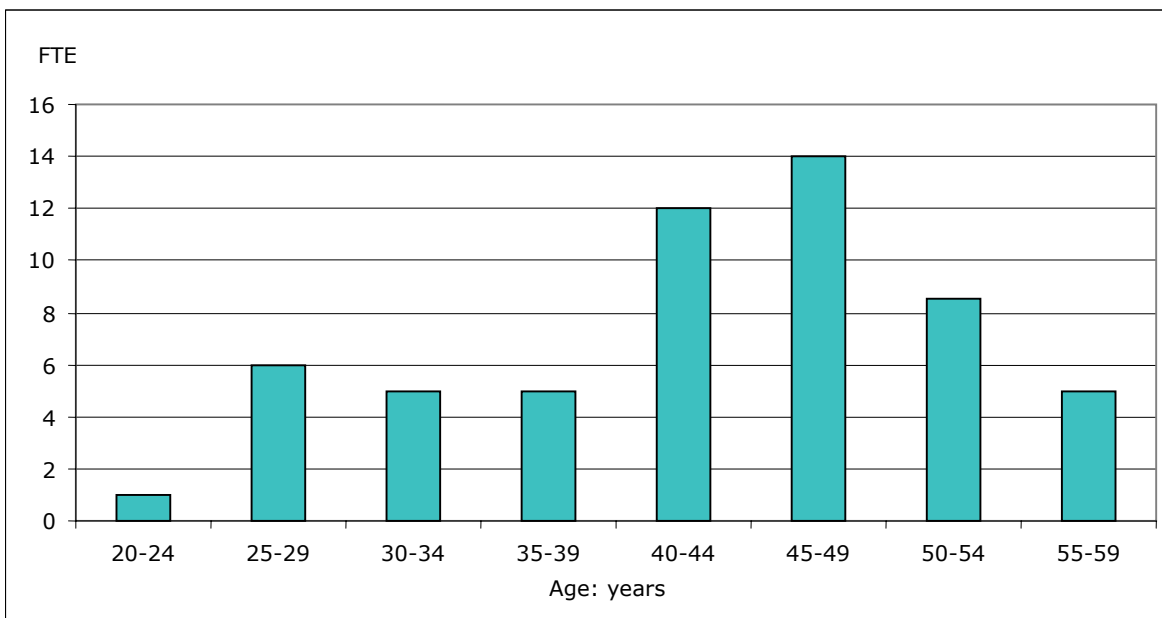


Chart 5 shows Healthy Life’s tenure profile, with a large number of people with more than ten years of service and a similarly large number with less than one year of service. It is likely that long-tenured staff are also in higher age brackets and may be planning to retire soon, which may see Healthy Life experience issues in retention and dissemination of organisational knowledge.

The large number of people in the less than one year of tenure bracket is due, to some extent, to the recent workforce growth; however, it is also significantly affected by high turnover and is placing considerable pressure on Healthy Life's service delivery in relation to recruiting and training new staff and covering for vacancies, for example.

Chart 5: Healthy Life Health Service – tenure profile

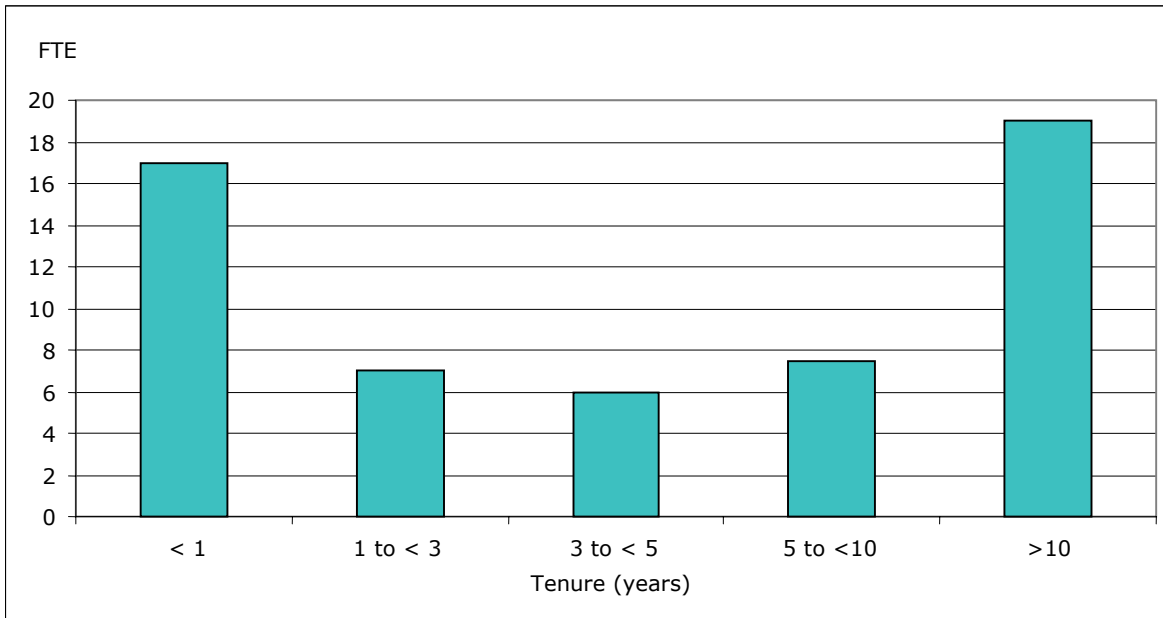


Chart 6 shows Healthy Life's profile by employment status. This shows that the majority of staff at Healthy Life are employed on a permanent basis. Fixed term employment options may be more attractive to certain workforce demographics, such as graduate students, and a flexible employment profile may assist Healthy Life to better meet its changing service needs.

Chart 6: Healthy Life Health Service – employment type

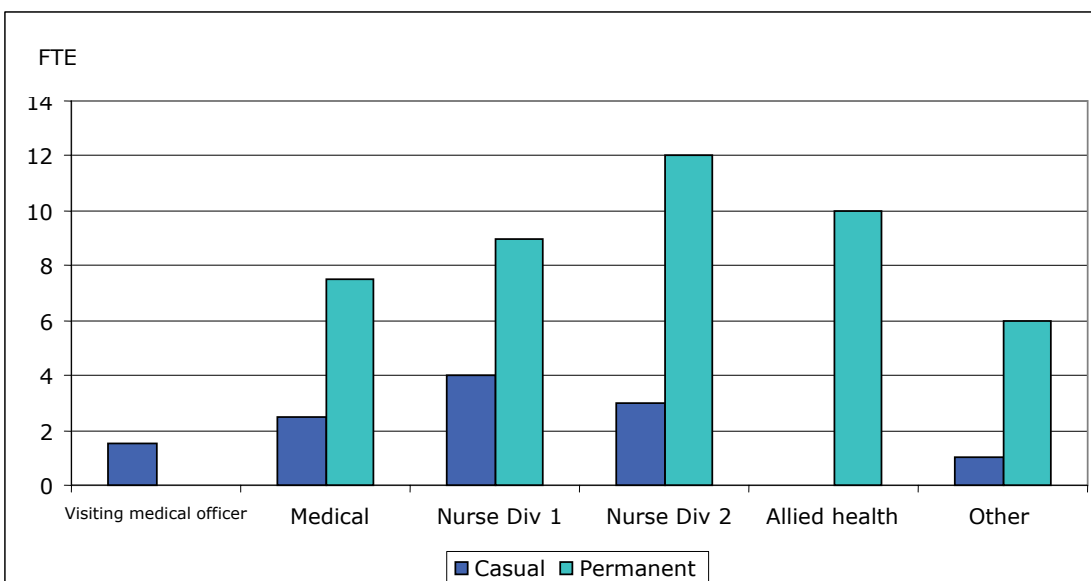


Chart 7 is Healthy Life’s profile by attendance type. This shows that most staff at Healthy Life are full time, which, in combination with employment type, can restrict flexibility.

Chart 7: Healthy Life Health Service – attendance type

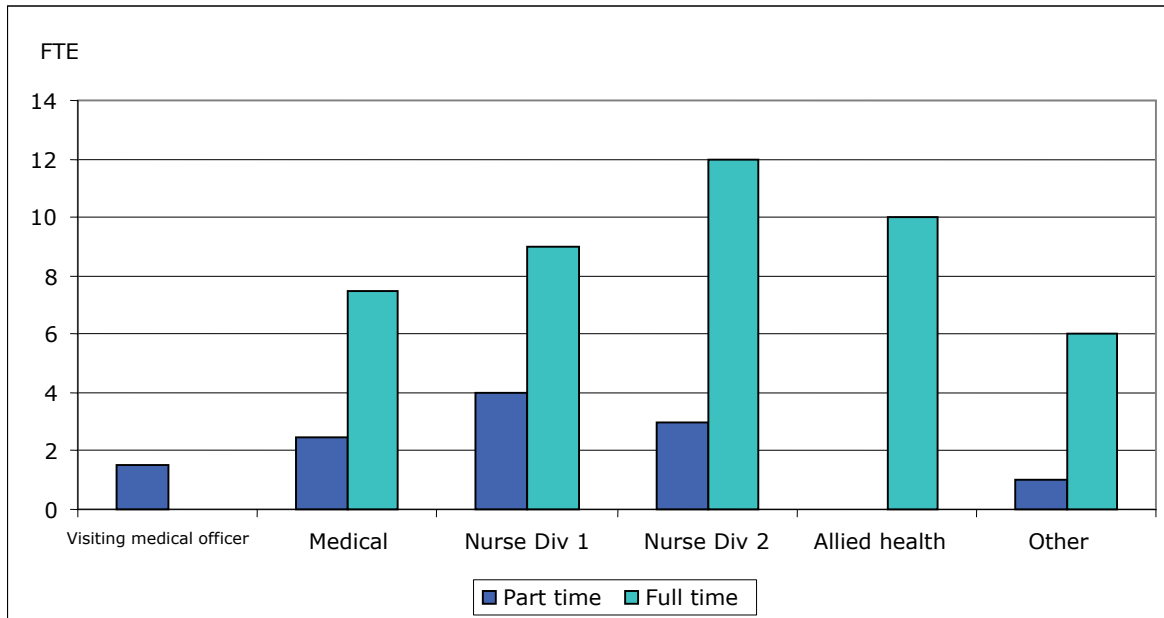
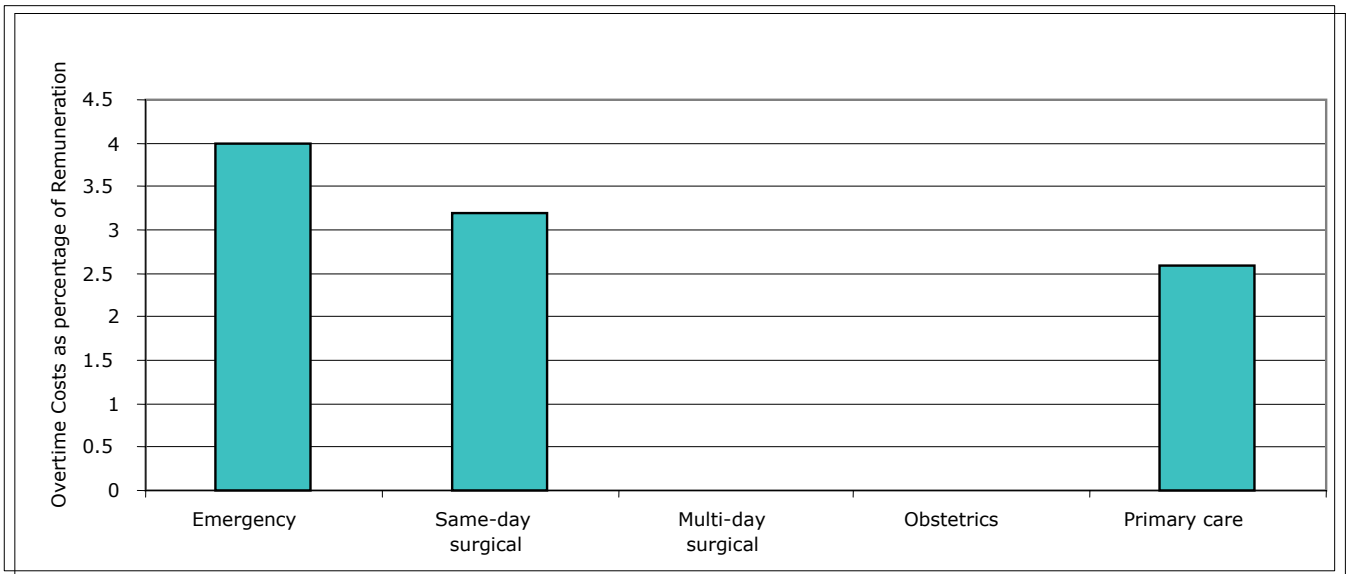


Chart 8 presents Healthy Life’s overtime rate (overtime costs as a percentage of award salary costs). It would be useful to consider this metric over a period time and compare with relevant external benchmarks; however, this information is not currently accessible.

Chart 8: Healthy Life Health Service – overtime rate



3. Demand forecasting

Demand forecasting is the process of estimating how many and what sort of people the agency will require to accomplish future service objectives. The process addresses the following questions 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.

3.1 Forecasting staff numbers

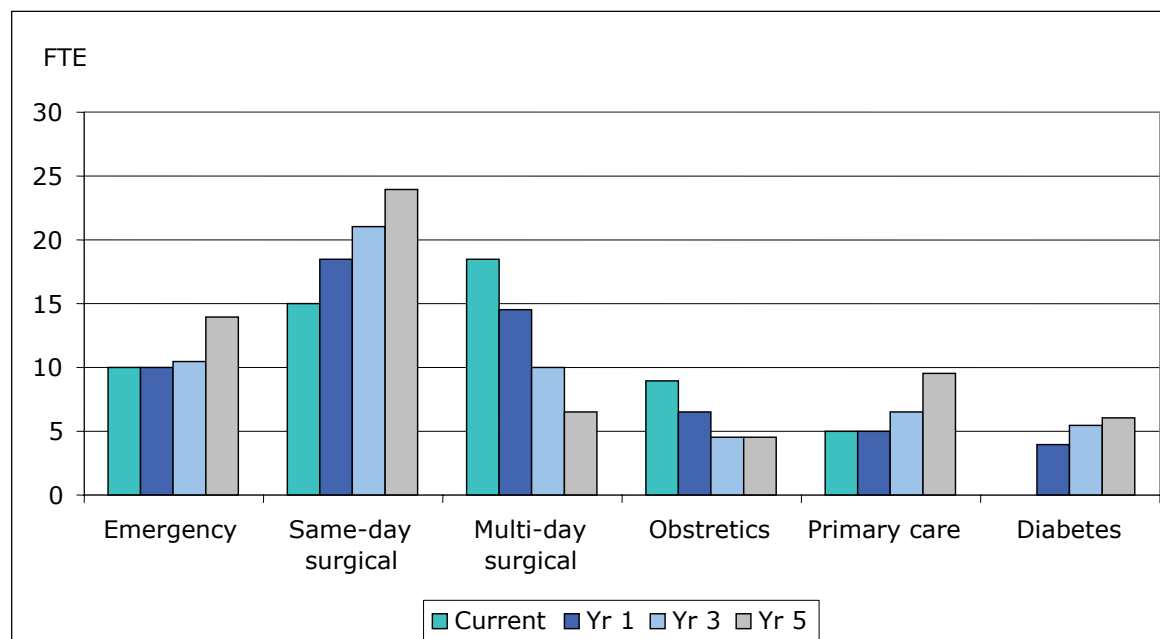
A detailed demand forecasting table is shown in Chart 9 and Appendix 1. This provides an overview for the whole agency over the entire forecast period, under both scenarios. It shows, for example:

- For emergency, a slight increase in FTE has been forecast, from the current level of ten FTE to a forecast of 14 in Year 5. In addition to the extra FTE, there is role redesign to equip nurses with skills, accountabilities and reward to apply high level skills.
- A new diabetes clinic is to be introduced to Healthy Life, requiring an additional four FTE in Year 1, and a total of six over the five-year forecast period.
- Primary care is to be increased within Healthy Life, requiring an additional two FTE in Year 1, and a total of 9.5 FTE over the five-year forecast period.
- In total, Healthy Life has forecast an increase of 2–11 per cent FTE over five years, from the current 57.5 FTE to 64.5 FTE in five years.
- Depending on the composition of job roles within this total FTE, there may be an increase, decrease or stability in the staffing budget to support these forecasts. During the demand forecasting stage, managers need to be mindful of budget considerations.

Chart 9 is a graphical view of Healthy Life's demand forecast, showing:

- slight increase in emergency FTE
- increase in same-day surgical and primary care FTE
- decrease in multi-day surgical and obstetrics FTE
- introduction of diabetes clinics and subsequent increase in FTE.

Chart 9: Healthy Life Health Service – demand forecasts by service



3.2 Forecasting skill requirements

The outcomes of a skills audit and forecast are shown in Table 2.

Table 2: Healthy Life Health Service – forecasting for skills

Critical skills	Current supply rating	How will change in future
Surgical	1	There will be a shift in skills needs as a result of an increase in same-day procedures.
Advanced nursing competencies¹	2	These competencies will be increasingly important as nurses extend their roles in service delivery.
Advanced emergency nursing competencies	3	The service needs to introduce these skills due to changes in job roles in emergency care.
Obstetric and intrapartum competencies	1	There will be a decreasing need for these competencies.
Antenatal, postnatal and domiciliary skills	3	These competencies need to be enhanced.
Advanced diabetes management	Not known; possibly 3	The service needs dieticians, health educators for prevention programs and chronic disease managers.
Primary care	1	The service needs to keep abreast of developments in the field.
Teamwork	2	Given the increasingly multidisciplinary nature of health service delivery, effective teamwork skills are critical. Healthy Life has had team working skills programs in place for the past one to two years but may need to extend these to all staff and continually update in line with changes to job roles.

This assessment of skills suggests the following issues for Healthy Life:

¹ These may be context-specific.

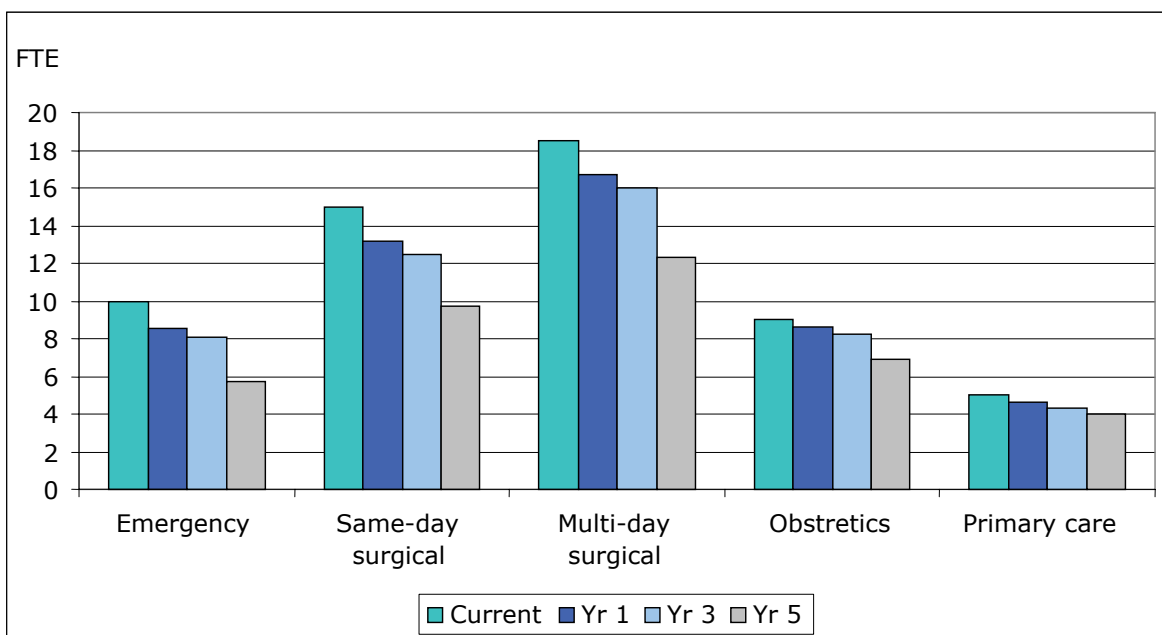
- the need to identify whether there are different skills required in same-day surgical compared with multi-day surgical, and to ensure staff transferring to same-day surgical have development plans to acquire these skills
- the need to assess whether any existing staff have advanced emergency nursing, advanced diabetes management, or primary care competencies, and to review development plans in accordance with future needs
- the need to ensure the appropriate level of obstetric and intrapartum skills are maintained and that antenatal, postnatal and domiciliary skills are enhanced
- the need to review the status of current teamwork (multidisciplinary working) skills, and to review development plans accordingly
- the possible need to recruit staff with advanced diabetes management competencies.

4. Supply forecasting

Supply forecasting is a process of estimating how many current employees are likely to be available to the agency in the future. For example, how many current employees are likely to leave or retire over the forecast period? Or, how many, and what type of, skills will we have left?

Chart 10 and Appendix 2 show the current supply forecast for Healthy Life Health Service. An issue to note is that due to a combination of terminations (resignations) and retirements, Healthy Life's FTE is forecast to reduce from the current level of 57.5 FTE to 51.7 in Year 1, to 38.7 in Year 3 and to 21.3 in Year 5 (assuming no replacement action).

Chart 10: Healthy Life Health Service – supply forecasts by service



5. Gap analysis and prioritisation

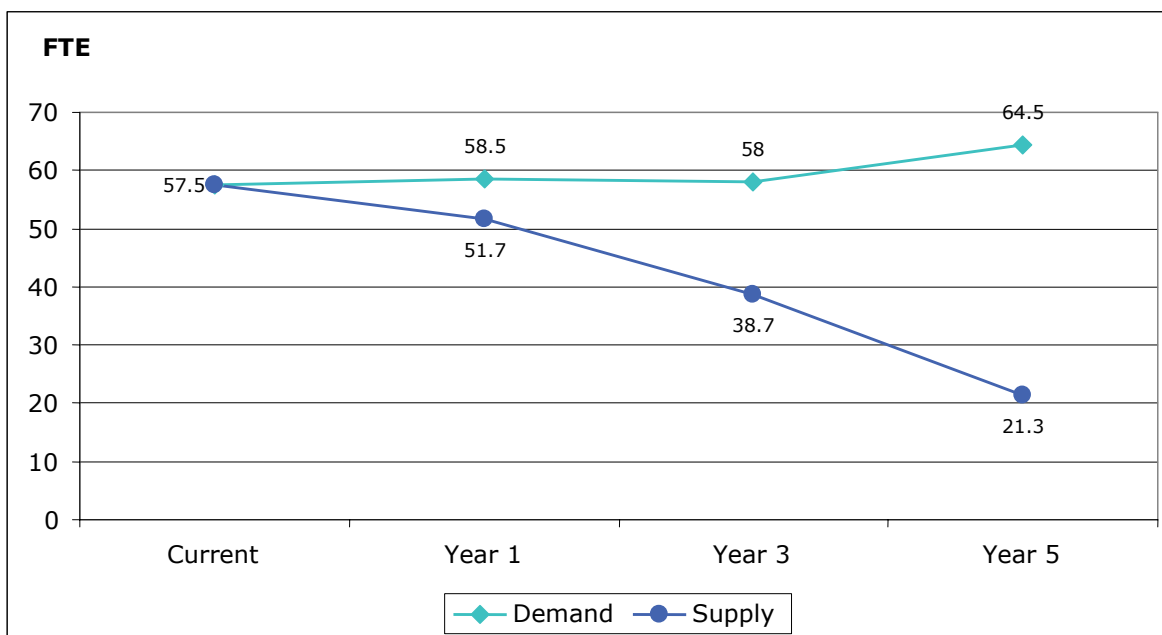
In this step, forecasts of demand and internal supply were compared to provide a picture of Healthy Life's staffing surpluses and deficits, under all relevant scenarios.

Chart 11 and Appendix 3 compare the forecast demand with net supply in order to determine the gap. Focusing on the gap at Year 1, Healthy Life has projected a shortfall of about 7.8 FTE overall, with 5.3 of these in same-day surgical, and four FTE required to introduce the diabetes clinic.

The gap continues to increase in Year 3, with a shortage of 8.9 FTE. By 2011, retirements will have significantly reduced the internal supply of staff, with the gap widening to 21.8.

Considering individual services, the gaps are most significant for same-day surgical and emergency, with shortages of 11 and 19.9 respectively.

Chart 11: Healthy Life Health Service – gap by service



Departmental heads undertook a prioritisation exercise to identify the following critical workforce issues facing the agency over the next five years:

- immediate and significant shortages in same-day surgery
- high turnover rates of nurse division 1
- skills development to equip staff to undertake increased or different role responsibilities (for example, advancing nurse practice or nurse practitioner role)
- projected shortages in emergency department.

The gaps for the diabetes clinic were considered of lower priority. This service has been in the pipeline for several years and plans have been or soon will be implemented to staff this unit. However, the human resources and managerial resources necessary to recruit, select, induct and train these new staff are considered a priority issue that needs to be carefully considered.

6. Strategies to address critical gaps

Healthy Life's managers believe that each of the critical workforce issues needs to be addressed using a range of complementary human resources initiatives. Accordingly an issue/initiative matrix was developed and is included in Table 3. Pending the Senior Executive Team's acceptance of these strategies, relevant staff will develop detailed action plans for each of the strategies, including accountabilities, budgets, timeframes and performance indicators.

Table 3: Issue/initiative matrix

Issues	Recruitment (internal and external)	Retention		Role and organisational review
		Various	Continuing professional development	
Shortages in same-day surgery and emergency	Collaborate with regional university and health services to develop strategies to attract skilled workers to the region.	Two multi-day surgical staff are due to retire within the next 12 months. Negotiate potential for continuing beyond this time in same-day surgical. Provide flexible arrangements.	Redeploy staff from multi-day surgical to same-day surgical.	Expand the role of paramedics to supplement emergency care.
High turnover in nurse division 1	Ensure recruitment practices include a realistic preview of life in the region and the organisation.	Identify causes of turnover through post-exit and pre-exit studies. Address priority issues identified in employee opinion survey.	Examine continuing professional development aspirations of current and likely future staff in this area.	Review nursing roles based on analysis of turnover reasons.
The need to increase and diversify nursing skills	Offer scholarships and bursaries.	Implement a program to bond nurses to the agency.	Partner with local universities and other agencies to develop appropriate continuing professional development programs.	Implement cultural change program.
The need to recruit and induct a large number of new staff in the next 12 months	Investigate the possibility of sharing recruitment and induction services with other local agencies.		Develop induction, transition and continuing professional development strategies for new staff.	Investigate optimum roles of new recruits so that staff can undertake highest order roles possible.

7. Evaluation and monitoring

The timetable for evaluating and monitoring the workforce plan is in accordance with review of the service plan. In this evaluation, the workforce metrics identified in Table 4 will be considered.

Table 4: Workforce planning evaluation metrics

Evaluating workforce planning outcomes	Metrics
Is our workforce size consistent with strategic objectives?	<ul style="list-style-type: none"> • Current FTE • Overtime FTE • Absenteeism • Contractor FTE
Is the composition of our workforce consistent with strategic objectives?	<ul style="list-style-type: none"> • Workforce profile analysis
Are our recruitment and retention rates consistent with strategic objectives and external trends?	<ul style="list-style-type: none"> • Voluntary separation rate • External recruitment rate
Performance indicators (to be determined) following implementation planning for strategies identified in previous chapter	TBA

Appendices

Appendix 1: Demand forecast

		Current staffing levels	Forecasting staff numbers		
Service stream	Job role	Current FTE	1 Year (FTE)	3 Years (FTE)	5 Years (FTE)
Emergency	Visiting medical officer	1	3	3	3.5
	Medical	3	0	0	0
	Nurse (Division 1)	2	3	3.5	4.5
	Nurse (Division 2)	3	4	4	5
	Allied Health	0	0	0	1
	Other (Nurse's Assistant)	1	0	0	0
	Other 2 (specify role)	0	0	0	0
	Other 3 (specify role)	0	0	0	0
	Total		10	10	10.5
Same-day surgical	Visiting medical officer	0.5	0.5	0.5	1
	Medical	2	1.5	1.5	1.5
	Nurse (Division 1)	4.5	7	8	9
	Nurse (Division 2)	5	6	7	8
	Allied health	2	2.5	3	3.5
	Other (Nurse's Assistant)	1	1	1	1
	Other 2 (specify role)	0	0	0	0
	Other 3 (specify role)	0	0	0	0
	Total		15	18.5	21
Multi-day surgical	Visiting medical officer	1	1	1	1
	Medical	4	3	2	1
	Nurse (Division 1)	1.5	1.5	1.5	1
	Nurse (Division 2)	3	2	2	1
	Allied health	6	4	3	2
	Other (Nurse's Assistant)	2	2	0	0
	Other 2 (specify role)	1	1	0.5	0.5
	Other 3 (specify role)	0	0	0	
				0	0
Total		18.5	14.5	10	6.5

		Current staffing levels	Forecasting staff numbers		
Service stream	Job role	Current FTE	1 Year (FTE)	3 Years (FTE)	5 Years (FTE)
Obstetrics	Visiting medical officer	0	0	0	0
	Medical	1	0.5	0.5	0.5
	Nurse (Division 1)	2	1	1	1
	Nurse (Division 2)	2	2	1	1
	Allied health	2	2	1	1
	Other (Nurse's Assistant)	2	1	1	1
	Other 2 (specify role)	0	0	0	0
	Other 3 (specify role)	0	0	0	0
	Total	9	6.5	4.5	4.5
Primary care	Visiting medical officer	0	0	0	0
	Medical	0	0	0	0
	Nurse (Division 1)	3	3	4	4.5
	Nurse (Division 2)	2	1	1	3
	Allied Health	0	1	1.5	2
	Other (Nurse's Assistant)	0	0	0	0
	Other 2 (specify role)	0	0	0	0
	Other 3 (specify role)	0	0	0	0
	Total	5	5	6.5	9.5
Diabetes	Visiting Medical officer	0	0	0	0
	Medical	0	0	0	0
	Nurse (Division 1)	0	1	1	1
	Nurse (Division 2)	0	2	3	3
	Allied health	0	1	1.5	2
	Other (Nurse's Assistant)	0	0	0	0
	Other 2 (specify role)	0	0	0	0
	Other 3 (specify role)	0	0	0	0
	Total	0	4	5.5	6
PERMANENT TOTAL WORKFORCE		57.5	58.5	58	64.5

Appendix 2: Supply forecast

Service Stream	Job Role	Current FTE	Term Rate (%)	Terminations					Retirements					Total Supply				
				1	3	5	1	3	5	1	3	5	1	3	5			
Emergency	VMO	1.0	2.00%	0.0	0.0	0.0						1.0	1.0	1.0				
	Medical	3.0	6.00%	0.2	0.5	0.8	1.0	2.0	2.0			1.8	0.5	0.2				
	Nurse (Division 1)	2.0	12.00%	0.2	0.6	0.9		1.0	1.0			1.8	0.4	0.1				
	Nurse (Division 2)	3.0	2.00%	0.1	0.2	0.3			2.0			2.9	2.8	0.7				
	Allied Health	0.0	4.00%	0.0	0.0	0.0						0.0	0.0	0.0				
	Other (Nurse's Assistant)	1.0	0.00%	0.0	0.0	0.0						1.0	1.0	1.0				
	Other 2 (specify role)	0.0	5.00%	0.0	0.0	0.0						0.0	0.0	0.0				
	Other 3 (specify role)	0.0	0.00%	0.0	0.0	0.0						0.0	0.0	0.0				
	Total		10.0		0.5	1.3	2.0	1.0	3.0	5.0		8.5	5.7	3.0				
	Same-day Surgical	VMO	0.5	2.00%	0.0	0.0	0.0					0.5	0.5	0.5				
Medical		2.0	6.00%	0.1	0.3	0.5			1.0			1.9	1.7	0.5				
Nurse (Division 1)		4.5	12.00%	0.5	1.4	2.0	1.0	1.0	3.0			3.0	2.1	0.0				
Nurse (Division 2)		5.0	2.00%	0.1	0.3	0.5		2.0	3.0			4.9	2.7	1.5				
Allied Health		2.0	4.00%	0.1	0.2	0.4			1.0			1.9	1.8	0.6				
Other (Nurse's Assistant)		1.0	0.00%	0.0	0.0	0.0						1.0	1.0	1.0				
Other 2 (specify role)		0.0	5.00%	0.0	0.0	0.0						0.0	0.0	0.0				
Other 3 (specify role)		0.0	0.00%	0.0	0.0	0.0						0.0	0.0	0.0				
Total			15.0		0.8	2.2	3.4	1.0	3.0	8.0		13.2	9.8	4.1				

Service Stream	Job Role	Current FTE	Term Rate (%)	Terminations					Retirements					Total Supply				
				1	3	5	1	3	5	1	3	5	1	3	5			
Multi-day Surgical	VMO	1.0	2.00%	0.0	0.1	0.1								1.0	0.9	0.9		
	Medical	4.0	6.00%	0.2	0.7	1.0								3.8	3.3	3.0		
	Nurse (Division 1)	1.5	12.00%	0.2	0.5	0.7								1.3	1.0	0.8		
	Nurse (Division 2)	3.0	2.00%	0.1	0.2	0.3				1.0	2.0			2.9	1.8	0.7		
	Allied Health	6.0	4.00%	0.2	0.7	1.1				1.0	3.0			4.8	2.3	0.9		
	Other (Nurse's Assistant)	2.0	0.00%	0.0	0.0	0.0					1.0			2.0	2.0	1.0		
	Other 2 (specify role)	1.0	5.00%	0.0	0.1	0.2								1.0	0.9	0.8		
	Other 3 (specify role)	0.0	0.00%	0.0	0.0	0.0								0.0	0.0	0.0		
		Total	18.5		0.8	2.2	3.4		1.0	4.0	7.0			16.7	12.3	8.1		
Obstetrics	VMO	0.0	2.00%	0.0	0.0	0.0								0.0	0.0	0.0		
	Medical	1.0	6.00%	0.1	0.2	0.3								0.9	0.8	0.7		
	Nurse (Division 1)	2.0	12.00%	0.2	0.6	0.9				1.0	1.0			1.8	0.4	0.1		
	Nurse (Division 2)	2.0	2.00%	0.0	0.1	0.2					1.0			2.0	1.9	0.8		
	Allied Health	2.0	4.00%	0.1	0.2	0.4								1.9	1.8	1.6		
	Other (Nurse's Assistant)	2.0	0.00%	0.0	0.0	0.0								2.0	2.0	2.0		
	Other 2 (specify role)	0.0	5.00%	0.0	0.0	0.0								0.0	0.0	0.0		
	Other 3 (specify role)	0.0	0.00%	0.0	0.0	0.0								0.0	0.0	0.0		
		Total	9.0		0.4	1.1	1.7		0.0	1.0	2.0			8.6	6.9	5.3		

Appendix 3: Gap analysis

Service Stream	Job Role	Current FTE	Net Demand			Net Supply			Gap		
			1	3	5	1	3	5	1	3	5
Emergency	VMO	1.0	3.0	3.0	3.5	1.0	1.0	1.0	-2.0	-2.0	-2.5
	Medical	3.0	0.0	0.0	0.0	1.8	0.5	0.2	1.8	0.5	0.2
	Nurse (Division 1)	2.0	3.0	3.5	4.5	1.8	0.4	0.1	-1.2	-3.1	-4.4
	Nurse (Division 2)	3.0	4.0	4.0	5.0	2.9	2.8	0.7	-1.1	-1.2	-4.3
	Allied Health	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	-1.0
	Other (Nurse's Assistant)	1.0	0.0	0.0	0.0	1.0	1.0	1.0	1.0	1.0	1.0
	Other 2 (specify role)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Other 3 (specify role)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Total	10.0	10.0	10.5	14.0	8.5	5.7	3.0	-1.5	-4.8	-11.0
	Same-day Surgical	VMO	0.5	0.5	0.5	1.0	0.5	0.5	0.5	0.0	0.0
Medical		2.0	1.5	1.5	1.5	1.9	1.7	0.5	0.4	0.2	-1.0
Nurse (Division 1)		4.5	7.0	8.0	9.0	3.0	2.1	0.0	-4.0	-5.9	-9.0
Nurse (Division 2)		5.0	6.0	7.0	8.0	4.9	2.7	1.5	-1.1	-4.3	-6.5
Allied Health		2.0	2.5	3.0	3.5	1.9	1.8	0.6	-0.6	-1.2	-2.9
Other (Nurse's Assistant)		1.0	1.0	1.0	1.0	1.0	1.0	1.0	0.0	0.0	0.0
Other 2 (specify role)		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other 3 (specify role)		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total		15.0	18.5	21.0	24.0	13.2	9.8	4.1	-5.3	-11.2	-19.9

Service Stream	Job Role	Current FTE	Net Demand					Net Supply					Gap				
			1	3	5	1	3	5	1	3	5	1	3	5			
Multi-day Surgical	VMO	1.0	1.0	1.0	1.0	1.0	1.0	0.9	0.9	0.9	0.0	-0.1	-0.1				
	Medical	4.0	3.0	2.0	1.0	3.8	3.3	3.0	3.0	0.8	1.3	2.0					
	Nurse (Division 1)	1.5	1.5	1.5	1.0	1.3	1.0	0.8	0.8	-0.2	-0.5	-0.2					
	Nurse (Division 2)	3.0	2.0	2.0	1.0	2.9	1.8	0.7	0.7	0.9	-0.2	-0.3					
	Allied Health	6.0	4.0	3.0	2.0	4.8	2.3	0.9	0.9	0.8	-0.7	-1.1					
	Other (Nurse's Assistant)	2.0	2.0	0.0	0.0	2.0	2.0	1.0	1.0	0.0	2.0	1.0					
	Other 2 (specify role)	1.0	1.0	0.5	0.5	1.0	0.9	0.8	0.8	0.0	0.4	0.3					
	Other 3 (specify role)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
				0.0	0.0	0.0											
		Total	18.5	14.5	10.0	6.5	16.7	12.3	8.1	8.1	2.2	2.3	1.6				
Obstetrics	VMO	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
	Medical	1.0	0.5	0.5	0.5	0.9	0.8	0.7	0.7	0.4	0.3	0.2					
	Nurse (Division 1)	2.0	1.0	1.0	1.0	1.8	0.4	0.1	0.1	0.8	-0.6	-0.9					
	Nurse (Division 2)	2.0	2.0	1.0	1.0	2.0	1.9	0.8	0.8	0.0	0.9	-0.2					
	Allied Health	2.0	2.0	1.0	1.0	1.9	1.8	1.6	1.6	-0.1	0.8	0.6					
	Other (Nurse's Assistant)	2.0	1.0	1.0	1.0	2.0	2.0	2.0	2.0	1.0	1.0	1.0					
	Other 2 (specify role)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
	Other 3 (specify role)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					
		Total	9.0	6.5	4.5	4.5	8.6	6.9	5.3	5.3	2.1	2.4	0.8				

Service Stream	Job Role	Current FTE	Net Demand					Net Supply					Gap				
			1	3	5	1	3	5	1	3	5	1	3	5			
Primary Care	VMO	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Medical	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Nurse (Division 1)	3.0	3.0	4.0	4.5	2.7	2.7	2.1	0.0	0.0	0.0	-0.3	-1.9	-4.5			
	Nurse (Division 2)	2.0	1.0	1.0	3.0	2.0	2.0	1.9	0.8	0.8	0.8	1.0	0.9	-2.2			
	Allied Health	0.0	1.0	1.5	2.0	0.0	0.0	0.0	0.0	0.0	0.0	-1.0	-1.5	-2.0			
	Other (Nurse's Assistant)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Other 2 (specify role)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Other 3 (specify role)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Total		5.0	5.0	6.5	9.5	4.6	4.0	0.8	0.8	0.8	-0.4	-2.5	-8.7			
	Diabetes	VMO	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Medical		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Nurse (Division 1)		0.0	1.0	1.0	1.0	0.0	0.0	0.0	0.0	0.0	-1.0	-1.0	-1.0	-1.0			
Nurse (Division 2)		0.0	2.0	3.0	3.0	0.0	0.0	0.0	0.0	0.0	-2.0	-3.0	-3.0	-3.0			
Allied Health		0.0	1.0	1.5	2.0	0.0	0.0	0.0	0.0	0.0	-1.0	-1.5	-2.0	-2.0			
Other (Nurse's Assistant)		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other 2 (specify role)		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other 3 (specify role)		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total			0.0	4.0	5.5	6.0	0.0	0.0	0.0	0.0	0.0	-4.0	-5.5	-6.0			
PERMANENT TOTAL WORKFORCE			57.5	58.5	58.0	64.5	51.7	38.7	21.3	21.3	21.3	-6.8	-19.3	-43.2			