

Nursing & Midwifery

STRATEGIC WORKFORCE PLAN 2019-21



Western Health



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STRATEGIES AND WORKFORCE PLAN

Executive Director of Nursing and Midwifery message

A strong, committed, skilled and engaged workforce is the key to any successful organisation.

For Western Health to achieve our mission, the effective management of our workforce is paramount. Nurses and midwives have a critical role to play in shaping the future of health care delivery at Western Health. I acknowledge the amazing contribution that our nurses and midwives make to Western Health and those in our care on a daily basis.

As the largest professional group both in terms of number and workforce expenditure, nurses and midwives are well placed to actively contribute and lead the actions needed to deal with growing demand, and the ongoing pursuit of outstanding, sustainable, patient-centred care.

The nursing and midwifery workforce is complex. There are many factors, both internally and externally, that impact on workforce management. Therefore an informed, strategic and multi-faceted plan is essential.

I am delighted to present to you Western Health's inaugural Nursing & Midwifery Strategic Workforce Plan (the Plan). To inform the Plan, I recently commissioned a detailed Nursing & Midwifery Workforce Review (the Review), whereby independent experts undertook a diagnostic review of the nursing and midwifery workforce across all of Western Health's sites. The data, recommendations from the Review has informed the Plan, as too have the feedback and insights of the numerous nursing and midwifery staff that were interviewed, attended feedback sessions and contributed to the Review.

The Plan is based around 3 core priorities:

- Attracting and retaining the best nurses and midwives
- Empowering the provision of Best Care
- Enhancing clinical and professional leadership

The Plan needs to be dynamic and fluid, to ensure that it meets the needs of a rapidly evolving health service. To be successful, all levels of the organisation will need to work together collaboratively – therefore the implementation will be led by Nursing & Midwifery Advisory Committee, with the oversight of the Workforce Advisory Performance Committee.



Shane Crowe

Executive Director, Nursing & Midwifery

Acknowledgements:

- Health-e Workforce Solutions – Western Health Nursing & Midwifery Diagnostic
- Contribution from the Nursing & Midwifery Executive, Nurse/Midwife Unit Managers, Operations Managers, Divisional Directors.

Strategic alignment

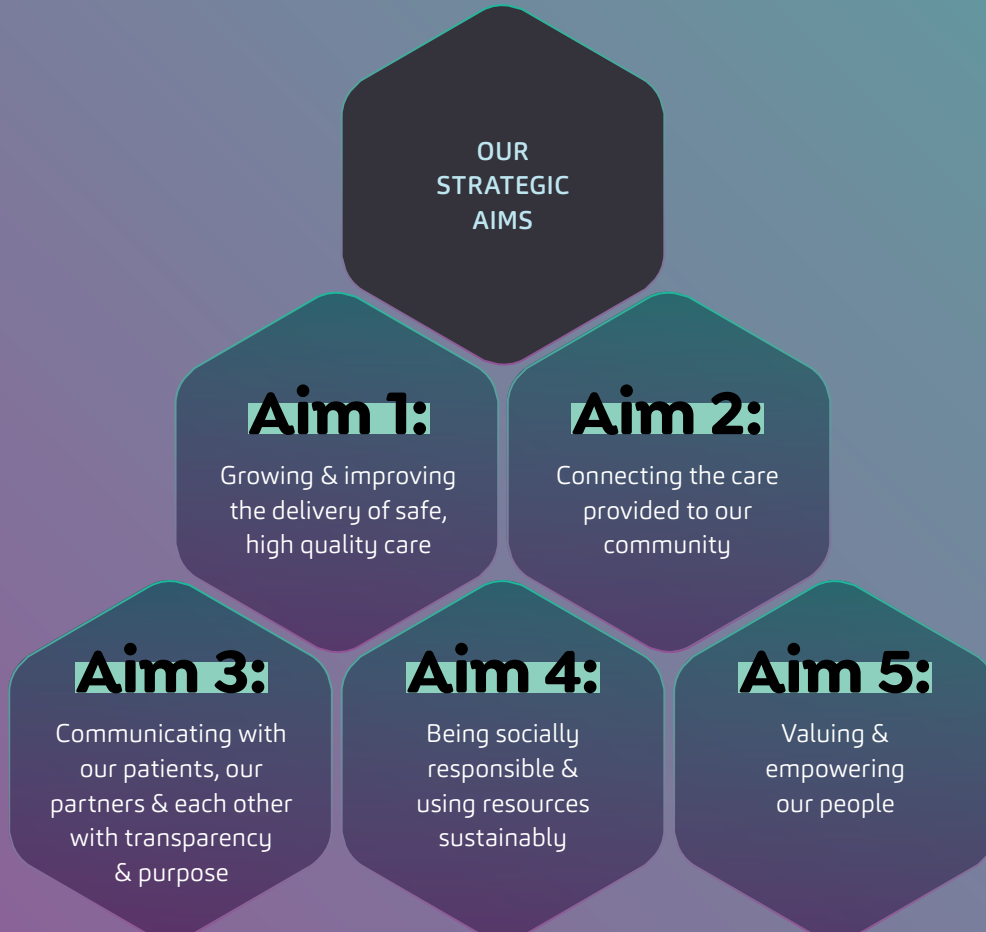
The Nursing & Midwifery Strategic Workforce Plan is informed by and aligns with Western Health's Vision, Values and the Western Health Strategic Plan 2015-2020.

OUR VISION

**Together, caring for the West.
Our patients, staff, community
and environment.**

OUR VALUES

**Compassion
Accountability
Respect
Excellence
Safety**



Victoria is facing an imminent shortage of nurses and midwives as demand for health care providers increases beyond the capacity to supply.



Introduction

The past decade has seen an evolution in health care delivery with an increased complexity of care and a greater requirement for clinicians to have highly developed skills in supervision and delegation. The future of technology in assisting nursing and midwifery practice will include an electronic health record, decision-making tools and matrixes.

A nursing and midwifery workforce where the clinical staff are able to attend to those components of patient care that require their level of skill is essential in meeting future healthcare and workforce challenges.

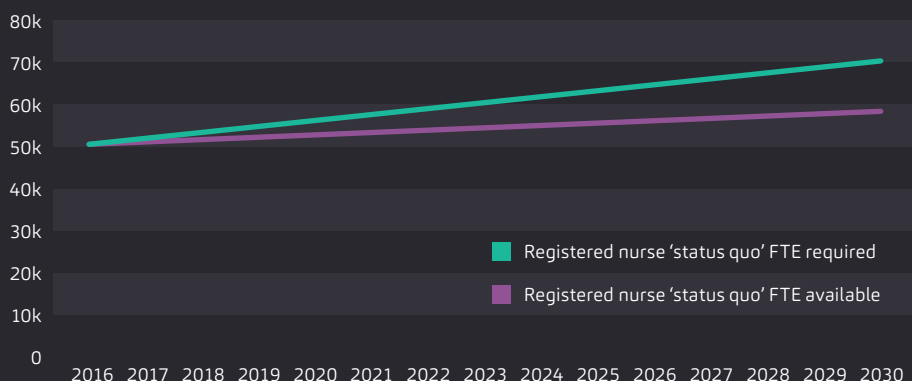
Victoria is facing an imminent shortage of nurses and midwives as demand for health care providers increases beyond the capacity to supply. The reasons for the shortages are varied and include the ageing workforce, and a growing preference for part-time work.

Victoria has already begun to see the initial effects of these labour shortages within the mental health areas which have a current deficit of over 500 Equivalent Full Time (EFT) across Victoria. Western Health will not be immune to the effects of a nurse and midwife shortage and must prepare for this future challenge. Already we are experiencing the onset of the labour shortages within our recruitment of midwives, specialist nurses such as Neonatal Intensive Care, Intensive Care, Peri-Operative and Cardiac nurses.

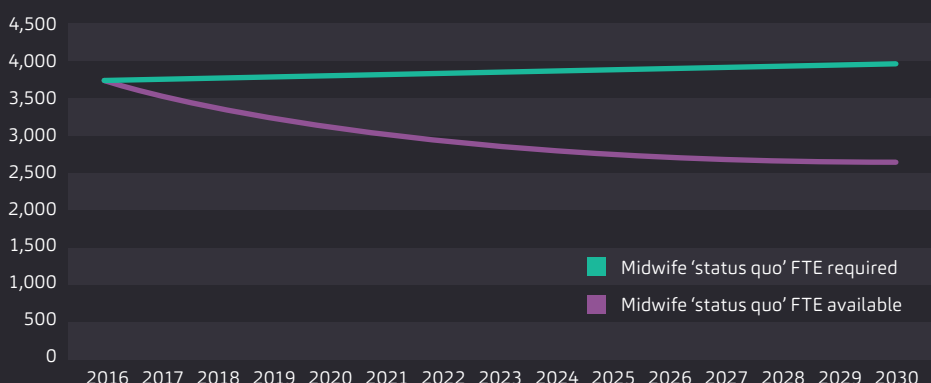
Of note, the Victorian projections do not make provision for those nurses and midwives who have either left the profession entirely and who are not registered. This is an unquantified potential pool of labour.



PROJECTED SUPPLY AND DEMAND CURVE FOR REGISTERED NURSES IN VICTORIA



PROJECTED SUPPLY AND DEMAND GRAPH FOR REGISTERED MIDWIVES IN VICTORIA



DHHS Workforce Branch projections 2016.

The projections graphed were undertaken in 2016 based on the data available at that time. They do not account for changes in supply and demand that have occurred since that time.

Western Health's preparation towards being an employer of choice will require short and long-term planning to ensure Western Health is positioned appropriately within the market and takes advantage of its geographical position and state of art facilities to the maximum.

Western Health developed an organisation wide plan in 2015, however, has not previously developed nor implemented a strategic Nursing and Midwifery Workforce plan. The workforce strategic plan aims to profile the current workforce within the limitations of our informational systems, identify the current workforce challenges, list the initiatives that have already been put in place to address our workforce needs and identify short and long-term strategies to ensure we have a strong, empowered and qualified nursing and midwifery workforce into the future. It follows a comprehensive approach to staff management which is continuous in nature.

The key elements of the strategy are:

Workforce Analysis and Forecast Future Needs

This involves establishing a clear understanding of what is required in terms of the nursing workforce here at Western Health, examining its strengths and weaknesses and the internal and external factors that influence the current and future nursing demands.

This involves identifying changes to service delivery and service demands.

Analyse gaps

A key component of this aspect is the assessment of the characteristics, capacity and capability of the workforce. The access to data and capacity to predict nursing EFT shortfalls and trend over time is vital if gap analysis is to be achieved.

Develop and Implement strategies

In developing strategies, the planning and design of specific programs and projects that enable nursing to develop and maintain a capable workforce is crucial. The keys to this include access to post graduate education programs, support for new graduates and other staff development programs.

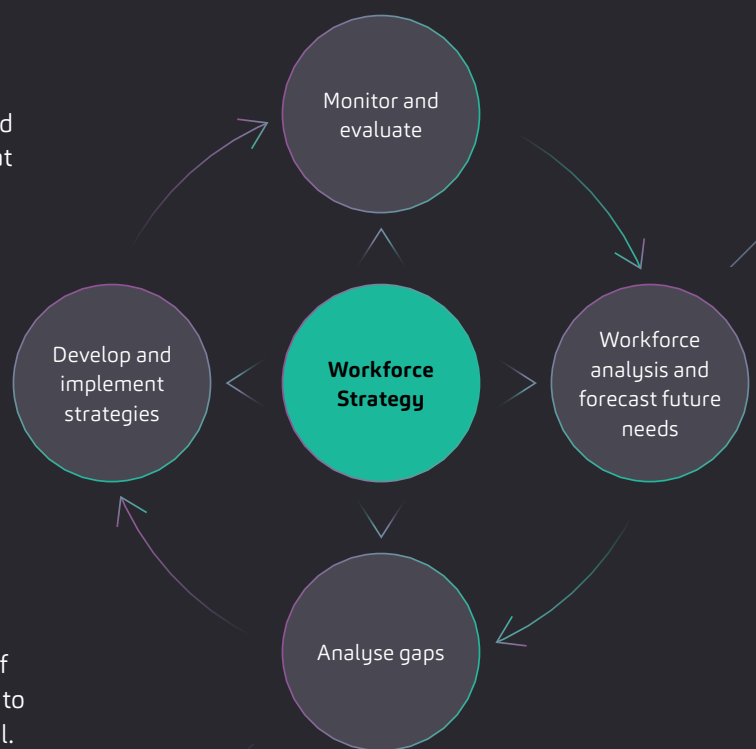
The implementation of the strategies is a task for all stakeholders and requires significant organisational support.

Monitor and Evaluate

When implementing any strategy, there is a requirement to both monitor, evaluate and adjust as necessary. Developing overall measures of success for the nursing and midwifery workforce strategy include:

- Turnover rates
- Sick leave levels
- EFT shortfall
- Leave management
- GNP recruitment
- Employee engagement
- Progression to post graduate studies
- Supplementary staff utilisation

NURSING AND MIDWIFERY STRATEGIC WORKFORCE MODEL



**Western Health's preparation
towards being an employer
of choice will require short
and long-term planning**



Situation Analysis

Nursing and Midwifery has a total staff headcount of 3006, (January 2018 people and Culture data) which equates to an EFT of 2038.

Employment types

77% of our permanent staff are employed in a part time capacity.

Anecdotally the Nurse and Midwife Unit Managers (N/MUM) identify that part time is the preferred employment type, it adds flexibility to their workforce with particular reference to the availability of a part time employee to fill roster vacancies at short notice. Further the employment of staff into part time positions is seen as a cost saving measure, part time staff are not entitled to an accrued day off and are not entitled to six weeks annual leave.

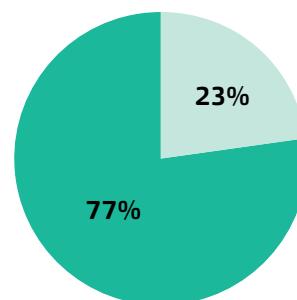
N/MUMs also identify that where there are multiple applicants suitable for employment, they can employ more than one into an EFT deficit which further increases flexibility of rostering and vacancy management.

There has been a shift in the ratio of full / part time contracts over the years.

Western Health commences the process of a nurse or midwives career as a part time employee through the Graduate Nurse programs which only offer employment at 0.8 EFT rather than full time. This results in a roster deficit of 396 eight hour shifts per four-week period. It also sends a message to our newest nurses and midwives that nursing and midwifery are part-time professions.

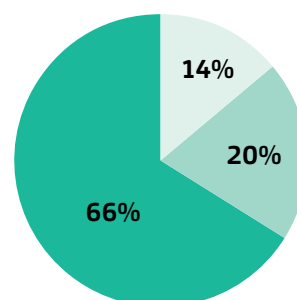
With the centralisation of casual employees (Nurse Bank) under Nursing and Midwifery Workforce Unit (NMWU), Western Health has been able to monitor the transition of full / part time employees to casual positions. The majority of staff moving to casual are employed within the speciality areas. When taking all types of employment into the analysis, 66% are part time, 20% are full time and 14% are casual.

PROFILE OF ALL PERMANENT NURSES AND MIDWIVES



Full Time Part Time

EMPLOYMENT STATUS OF ALL NURSES AND MIDWIVES



Full Time Part Time Casual



Demographics

A breakdown of the current Western Health Nursing and Midwifery Workforce data indicates that 86% of the workforce is Registered Nurses (RN), 7% are Midwives (RM) and 7% are Enrolled Nurses (EN).

The percentage of ENs to RNs is low when compared to peer organisations where ENs comprise 12 to 15 percent of their workforce.

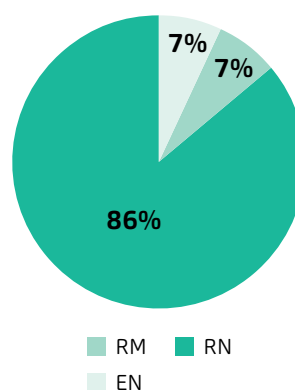
Registered Nurse age profile

The distribution of Western Health RNs across the age groups is very similar to that of the state average.

Western Health has a stronger representation in the 30 – 50 age groups (54% of total) and also in the 21 – 25 (graduate) age group (9% of total). 22 percent of Western Health RNs are in the 51 + age groups and can be expected to reduce hours or enter into a transition to retirement (TTR) within 5 – 15 years.

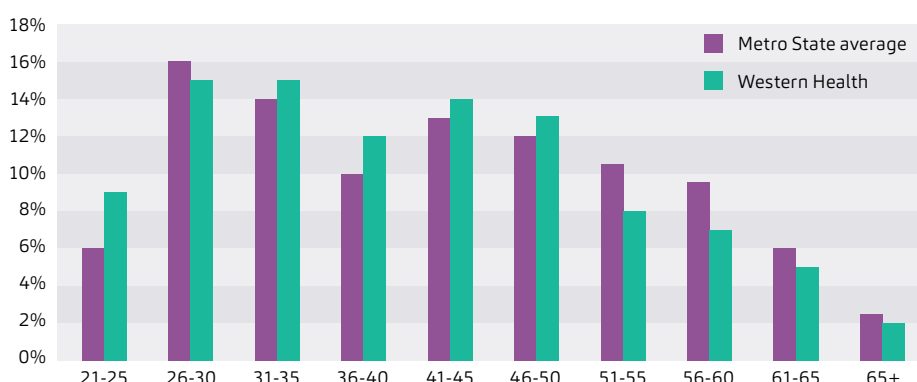
Assuming the current recruitment trend for RNs continues, when compared to the Metropolitan comparison the age distribution indicates Western Health is well positioned to cover RN requirements over the next 15 years subject to the current availability of nurses and midwives in the labour market. However, this must be viewed in context with the predicted labour shortages where Western Health will be competing for nurses and midwives against other organisations and as such cannot remain complacent. Increasing our 21-25 age group participation is recommended.

NURSING AND MIDWIFERY WORKFORCE BY ROLE TYPE



Western Health has a stronger representation in the 30-50 age groups (54% of total) and also in the 21-25 (graduate) age group (9% of total)

REGISTERED NURSE AGE PROFILE COMPARISON



Registered Midwife age profile

The Western Health age distribution of RMs is similar to that of the state average. There is a large percentage of staff in the younger age groups (53% less than 35 years) suggesting that Western Health is building a stronger workforce for the future albeit a relatively inexperienced one.

Of concern is the number of staff who are in the 35 to 50 age range who are considered to be the experienced midwife who comprise only 22 percent of the work force.

It would appear that we recruit well into the inexperienced positions but average overall turn-over rate for midwifery is currently 36%, so we are unable to convert these positions into a longer-term tenure with Western Health.

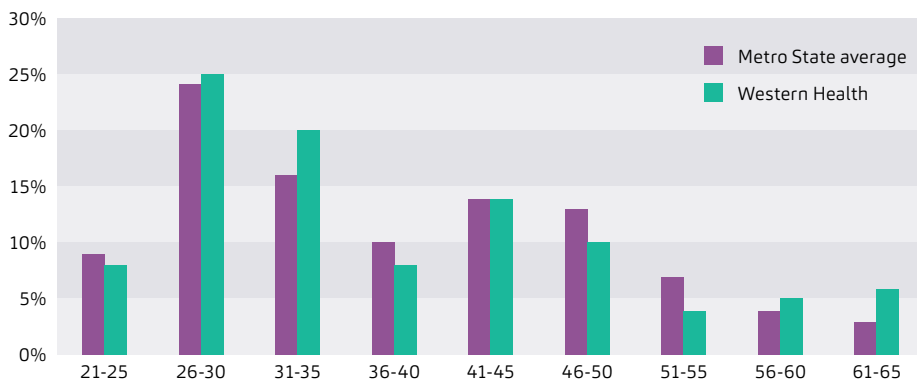
The 50 years or older group are relatively small when compared to the registered nurses. However, we could end up with an inexperienced workforce, as the more senior staff move into TTR agreement or retire.

Enrolled Nurse age profile

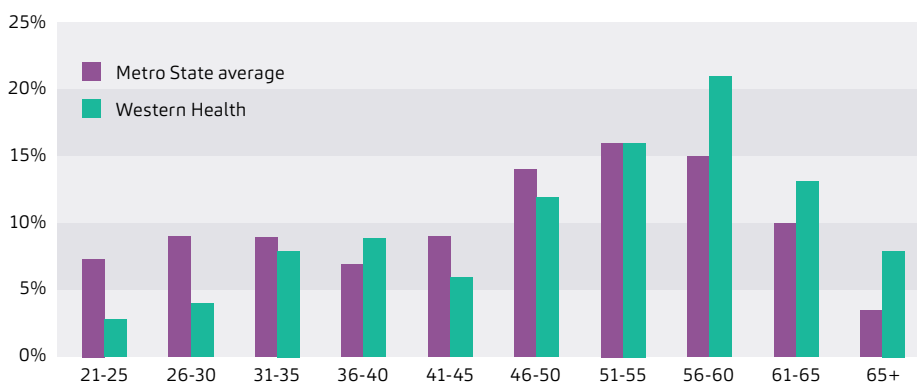
The age distribution for Western health ENs shows significant variation to the state average:

- The data indicates that the majority of our EN population (58%) are over 50 years of age and can be expected to reduce hours or enter into a TTR in the next 5 – 15 years.
- The data for the younger age groups (21 – 45 years) is indicative of the low employment / retention numbers across the organisation over a number of years, with nursing positions being aimed predominantly towards registered nursing.
- As the projected nursing shortages come to fruition, investing in, growing and retaining younger ENs to increase the numbers within the Western Health workforce will be a key strategy – particularly for non-specialist areas.

REGISTERED MIDWIFE AGE PROFILE COMPARISON



ENROLLED NURSE AGE PROFILE COMPARISON



Graduate Program Participants

In 2018 Western Health had a total of 162 graduate nurse positions which comprises of Graduate Registered Nurses (100 GNP), Graduate Midwives (30 GMP) and Early Career Nurses (32 ECN). The participants represent 5.4% of the total workforce. The number of GNP positions offered through computer match at Western Health has not been reviewed for some years and the total number of graduate positions for Registered Nurses has only increased due to the introduction of the ECN program. The organisation does not currently employ an equation to calculate GNP to bed ratio and as a result there is an inequitable allocation of GNPs across the wards. When benchmarking against other health organisations, Western Health has overall fewer GNP positions.

Prior to 2018, Graduate program participants were employed on a 12-month (53 week) contract. At the end of the program staff were not guaranteed positions with the organisation but were encouraged to seek ongoing employment with Western Health by applying to fill vacant positions.

The 2015 GNP participant retention rate is 81% two years post completion and the 2016 GNP participant retention rate is 88% twelve months post completion. Opportunity exists to streamline and optimise graduate employment placement towards the end of the program to build certainty and enhance retention.

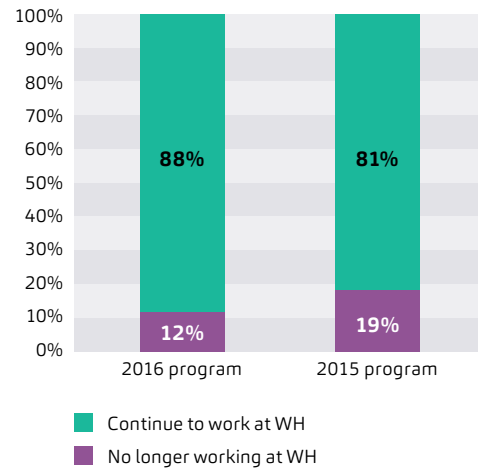
Permanent employment for GNP participants was introduced in February 2018. Analysis of the effect on retention rates cannot be undertaken until February 2019.

Length of Tenure

The breakdown of Western Health's nursing / midwifery staff by years of tenure indicates the following:

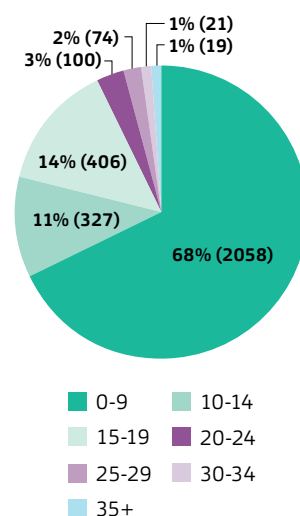
- 68% of the workforce have been with the organisation less than 10 years.
- 25% remain with the organisation up to 20 years of service. – suggesting the organisation may lose up to 43% of its current workforce over the next 10 years through attrition.

GRADUATE PROGRAM RETENTION



68% of the workforce have been with the organisation less than 10 years.

NURSES AND MIDWIVES LENGTH OF TENURE (IN YEARS)



Key Drivers of Resource Utilisation

Sick (Personal) Leave Rates

Western Health personal leave rates expressed as a percentage of ordinary hours have remained relatively steady for the past two financial years at 5.8% to 5.9%. This equates to an average of 114 EFT unproductive EFT.

However, there was a decrease in the rate for the first two quarters of the 2017-18 financial year to 4.8%. There is no data to suggest why the decrease occurred.

Personal leave rates fluctuate throughout the year with a peak through the winter months and again in December each year.

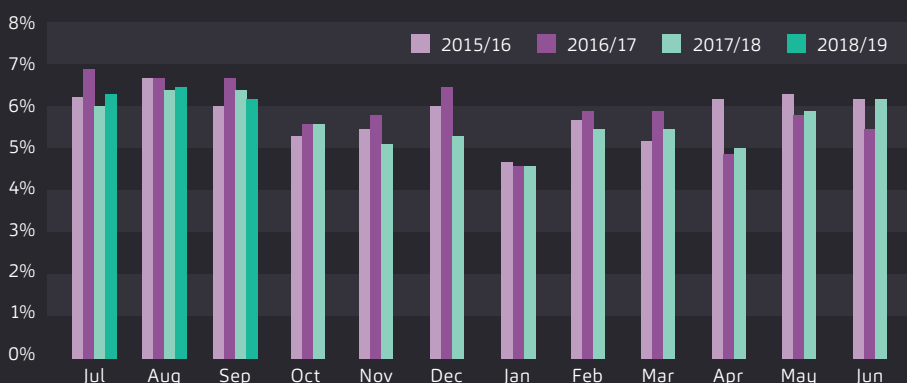
When benchmarked, Western Health sick leave utilisation is higher than like health services.

EFT Deficits

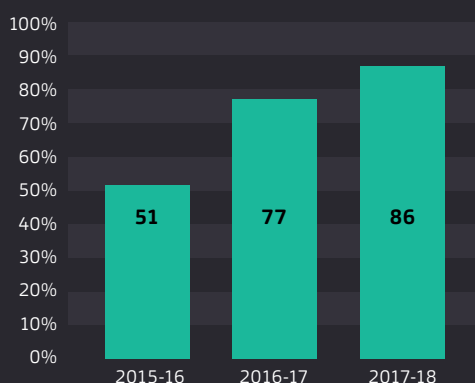
Western Health implemented a “recruit to permanent EFT” program in 2016/17 where all units were directed to ensure that they continuously recruit to vacant positions. Over recruitment was encouraged.

Despite this initiative Western Health’s average declared EFT vacancy rate has sequentially increased year on year for the past 3 financial years. Whilst it should be recognised that this is in part due to an increasing demand to provide additional services and shortages of qualified staff in areas such as Maternity, Intensive Care and Coronary Care, it also reflects on the current recruitment practices which are decentralised to the Unit Managers. This adds to normal operational and clinical time pressures upon the Unit Manager which result in delays to the recruitment process.

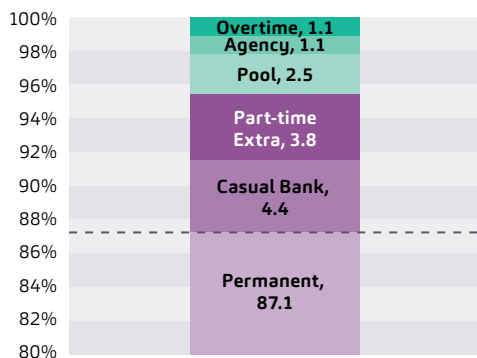
NURSING AND MIDWIFERY PL AS A % ORDINARY HOURS



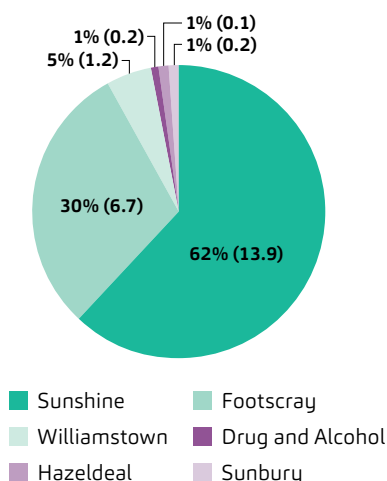
AVERAGE MONTHLY NURSE/MIDWIFE EFT DEFICIT



SUPPLEMENTARY STAFF UTILISED



AVERAGE OVERTIME EFT PER WEEK



Nursing and midwifery overtime utilisation averages 22 EFT per week, costing \$60K

Supplementary staff utilisation

During the past 12 months, an average of 268 EFT of supplementary staff is used across Western Health on a weekly basis.

A peak of 293 EFT was utilised in September 2017, coinciding with a period of high sick leave utilisation.

Analysis undertaken in the Nursing & Midwifery Workforce Review demonstrated a noticeable decrease in the use of supplementary staff when permanent recruitment of staff is achieved.

Sunshine Hospital has the highest utilisation of supplementary staff at approximately 139 EFT per week, with Footscray at 101 EFT and Williamstown 16.7 EFT. However when assessing against permanent staff utilisation, proportionately Footscray has a higher use at 13.5% when compared to Sunshine (12.7%) and Williamstown (10.8%).

Overtime and agency utilisation provide the smallest percentages of supplementary staff utilisation.

Overtime

Nursing and midwifery overtime utilisation averages 22 EFT per week, costing \$60K. This accounts for approximately 2% of the nursing and midwifery salary and wages expenditure.

62% of all nursing/midwifery overtime occurs at the Sunshine Hospital, with top areas being:

- Operating Theatres (avg 3 EFT per week)
- ED (Sunshine) (avg 1.7 EFT per week)
- Birthing (avg 1.3 EFT per week)
- Maternity (avg 1 EFT per week)
- ICU (Sunshine) (avg 0.9 EFT per week)

30% occurs at Footscray Hospital, the top areas being:

- Operating Theatres (avg 2.2 EFT per week)
- ICU (Footscray) (avg 1 EFT per week)
- Radiology (avg 0.6 EFT per week)
- ED (Footscray) (avg 0.5 EFT per week)
- Critical Care Outreach (avg 0.3 EFT per week)

An average of 23 EFT of agency nurses/midwives was utilised in 2017-18, with a peak of 39 EFT in July 2017. Average weekly expenditure on agency is \$60K.



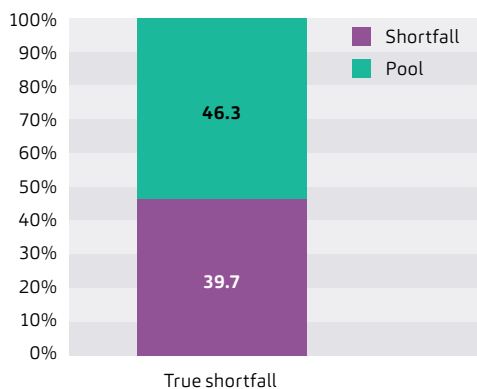
Hidden Shortfall

Nurse Pool is a highly effective way of managing vacancies and filling supplementary shifts. Typically Pool staff productive hours are included in the permanent EFT of a department. As Western Health utilises a significant number of pool staff, this can hide the shortfall within individual departments.

The graph below demonstrates that reported shortfall of 39.7 EFT, with the average utilisation of Pool staff (46.3 EFT) creates an overall true shortfall of 86 EFT.



NURSING/MIDWIFERY TRUE SHORTFALL



Agency

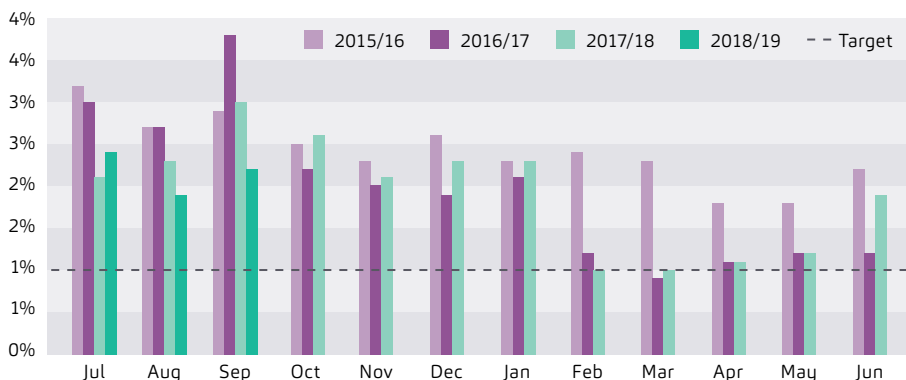
Western Health utilises agency nursing when the supply all part time staff, pool and bank nurses and midwives has been exhausted.

Western Health has a target of agency usage of 1 percent of ordinary hours. Over the past three financial years the target has only been achieved once. The full year average utilisation has consistently hovered between 1.9 and 2.4 percent.

An average of 23 EFT was utilised in 2017-18, with a peak of 39 EFT in July 2017. Average weekly expenditure on agency is \$60K.

The continued use of agency nurses and midwives to fill roster vacancies is not a sustainable model. It does not provide the same level of patient care, agency nurses and midwives do not have the same level of organisational engagement, knowledge of Western Health operational procedures or culture of Western Health that a Western Health nurse/midwife has.

AGENCY AS A % ORDINARY HOURS



Activity

Based on activity analysis utilising 3 census points across the 24 hour period (6am, midday and 6pm), the average overall beds utilised against profiled beds show an extremely high average occupancy (as shown right):

- Sunshine average occupancy 98%
- Footscray average occupancy 91%

Flex beds: Western Health utilises a flex bed model to manage fluctuations in emergency and elective surgical demand. These short-term fluctuations in bed numbers result in individual recruitment programs at a ward or divisional level. The increased bed numbers are often announced at short notice (i.e. less than 4 weeks). Inability to fill the vacant EFT created by the roster gaps / additional bed numbers results in NMWU called upon to utilise a higher than average percentage of Pool and Bank staff to fill the vacancies in the affected wards. While this approach may address the immediate need of the wards with

the additional beds, it has the potential to raise the organisations dependency on agency usage to ensure safe coverage of the vacancies in other areas across Western Health.

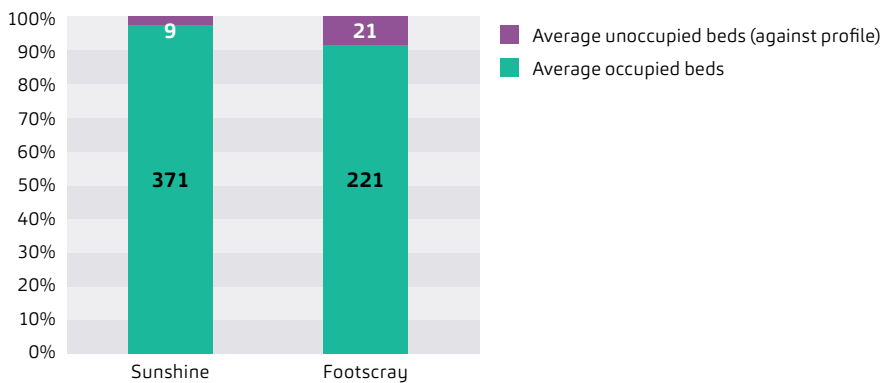
Winter demand: Historical vacancy data indicates a repeated trend of an increased demand for replacement staff during winter period (July and November).

The increased demand on supplementary staff during this period is due to multiple factors:

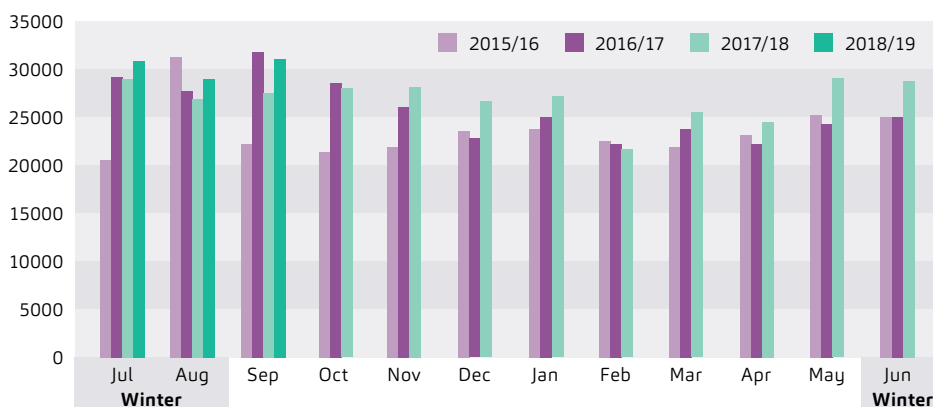
- Increased demand on our emergency departments
- Opening of additional beds at short notice to created flow
- Increased illness of current staff
- Ongoing turnover
- Decreased recruitment

To counteract this staffing shortfall, an aggressive and ongoing recruitment strategy to employ additional casual and pool staff commences February/March each year.

AVERAGE UNOCCUPIED BEDS



HOURS PER MONTH "SUPPLEMENTARY STAFF"



Specialling

On average Western Health utilises between 400 and 600 shifts of 1:1 care (specialling) per month. In the first quarter 2018/19 this has increased to between 700 and 800 shifts per month.

Specials are divided into three categories:

- Psychiatric: provided for 1:1 care to patients with acute psychiatric illness
- Behavioural: provided to patients with behavioural challenges which are not associated with a psychiatric illness and require an additional level of observation and clinical care
- Clinical: provided to complex or high-acuity patients who require additional care which cannot be achieved through the reallocation of nursing resources.

Over the past 12 months the utilisation of the Clinical special has increased, which has led to an increase in average number of specials over the last couple of years. These specials are approved by the Operations Manager or Divisional Director, based on clinical requirements.

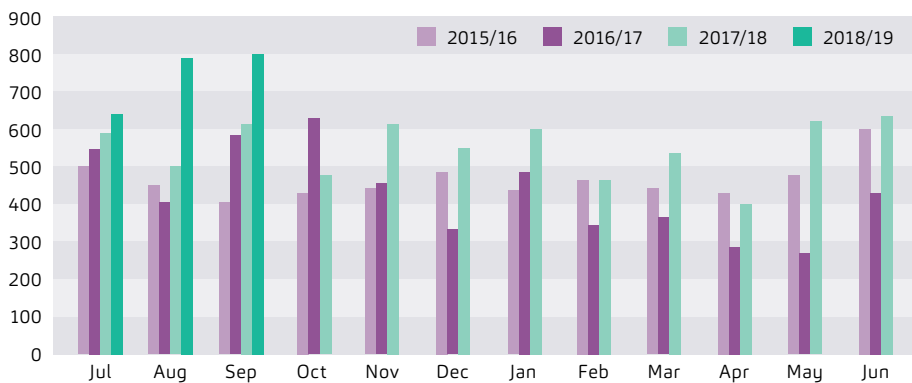
Rostering

Western Health has an electronic rostering package (RosterOn), which has a set of rostering rules designed to assist the roster manager to have a transparent roster. Analysis of the rosters demonstrates that the rules associated with vacancy management are not followed. This gives rise to a point of tension between various reporting tools used.

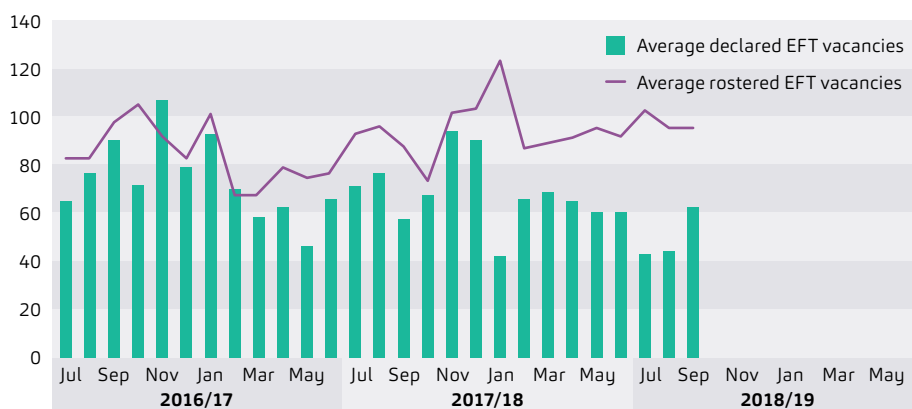
This is particularly evident with the use of the vacancy code EFT deficit.

Analysis of declared "vacant EFT" on roster vacancies against actual "EFT deficit" has shown inappropriate use of declared codes.

NUMBER OF SHIFTS "SPECIALS" ALL TYPES



ROSTERED VERSUS DECLARED EFT VACANCIES



Strategies Implemented at time of report

Management of Specials

A number of strategies have been introduced over the years to monitor and reduce the number of “specials”. These strategies include:

- Rigorous approval process for a ward to have an additional staff member allocated
- Review of existing specials on a daily basis and the need for them to continue
- Re coding of the type of specials and the level of approval required for each type – this does result in some skewing of data when looking at a breakdown of specials types across years.
- Approval to only use a third-tier worker (Patient Care Assistant) employed through a Nursing Agency provider, to fill a number of the vacancies.

There has been compounding factors which have affected the number of specials used, such as increased complexity of patient comorbidities, increased bed days of patients with an active mental health illness and the perception of being busy above and beyond normal expectations, which has meant these strategies have had limited impact on workforce.

Building of the Pool

In 2016 the NMWU commenced a targeted strategy to increase the FTE of pool nurses from 14FTE to 95 FTE. The journey began with the implementation of the early career nursing program, which saw 32 nurses employed to undertake a graduate year in pool rather than the traditional ward placement model.

In subsequent years, the NMWU were able to aggressively recruit nurses completing their graduate year, with no ongoing employment opportunity into pool. This sustained approach to recruitment has seen the pool FTE grow to 82FTE.

Further enhancements to pool have been undertaken to ensure that our nurses are able to work across the continuum of care of their choice. To facilitate this pool now has 4 streams which a nurse can choose to work in; Medicine, Surgery, Sub Acute and General.

Note, at any time 15FTE of pool nurses are employed into known vacancies such as long term leave and 30% of pool nurses secure permanent ward positions.

Target 150 increasing the supply of casual staff

NMWU receives a continuous flow of applications for Bank and Pool positions from both internal and external sources. This has recently extended to the oversight of the Bank and Pool staff Registered Nurses/Midwives to work in casually in speciality areas (e.g. Maternity, OR, Emergency). The application numbers increase significantly with the end of GNP / ECN programs and the winter strategy recruitment program.

Bank and Pool are seen as an entry point into the organisation – especially when there are no advertised positions on particular wards and are often chosen by staff that are looking to “try” Western Health prior to making the move from their current employers.

To ensure that Western Health has enough nurses and midwives to fill short notice vacancies, target 150 commenced in readiness for Winter 2018. 150 additional nurses and or midwives were planned to be recruited to casual nurse bank between January 1st and June 30th 2018. The NMWU had a remarkable recruitment response and succeeded in the recruitment of an additional 220 nurses in this period, resulting in an additional 30 nurses per day being available to fill short notice vacancies.

Forward booking of known vacancies

In 2018 the NMWU implemented a forward booking approach to vacancy replacement utilising Bank and Pool staff. Rosters are finalised 14 days in advance, vacancies are recognised by the allocations team and are filled in advance by casual staff. This provides guaranteed shifts for casual staff ahead of time, resulting in higher levels of commitment to shifts at Western and a reduction in agency usage.



Further enhancements to pool
have been undertaken to ensure
that our nurses are able to work
across the continuum of care of
their choice.

Early Career Nurse (ECN) Program

The Early Career Nursing (ECN) program was an extension of the traditional graduate nurse program and commenced as a collaborative program with Department of Health and Human Services (DHHS) in 2015 with two primary aims:

- Provide a graduate program for a further 32 graduates who were not successful in gaining a position within an established GNP program through the computer match process.
- Increase the employed FTE of nurses in pool. The ECN participants were employed into pool rather than a specific ward environment to assist with vacancy replacement and reduction on dependency on nursing agency providers.

Research and evaluation identified that:

- Western Health could accommodate a larger number of new graduates than historically accepted through the traditional GNP program.
- Staggered starting dates throughout the year reduced the issue of large numbers of new graduates commencing at one time.
- 32 additional nurses who would not have had the opportunity to participate in a graduate program were able to complete an alternate program.
- On average an additional 18 shifts per day were filled with Western Health staff rather than agency.

Refresher programs

In June 2018 the NMWU in liaison with the Centre for Education conducted the inaugural pilot general nurse refresher program. 16 nurses participated in the general nursing stream and following their successful completion of the program were employed into a variety of wards, pool and bank dependant upon their preference.

Following on from the success of this program a midwifery specific refresher program was commenced in September 18 with 2 participants both of whom have been employed into the midwifery workforce. A second midwifery program was commenced in October 2018, at the time this document was written the 3 candidates were progressing towards completion.

The advantage of such programs is that they attract mature, more experienced clinicians that need minimal assistance to regain confidence and competence. As the program is only short in duration,

it can be offered at relatively short notice and in response to known, actual or projected vacancies within specific areas. Nearly all candidates have been employed in an ongoing capacity, so based on the success the nursing and midwifery directorate will continue to run these programs in a targeted manner each year to ease staffing vacancies prior to known projected times of deficit.

Nursing and midwifery workforce review


In 2018 the Nursing & Midwifery Directorate engaged Health-E Workforce Solutions (HWS) to undertake a detailed review of the current nursing and midwifery workforce.

The objectives were to:

1. Accurately model and cost current roster practice;
2. Improve understanding of the mismatch between actual staffing costs and budgets;
3. Identify supplementary staff reliance (casual, agency, overtime use, part-time staff working extra and pool staff);
4. Conduct a review of the supplementary workforce at Western Health; and
5. Identify staff inefficiencies and generate alternate workforce models for discussion.

Additionally, the review undertook a review of the way the Western Health manages and utilises the supplementary staff (Bank, Pool and agency) within nursing and midwifery, by:





In 2018, the NMWU was successful in building a business case to undertake a pilot program to centralise the employment of nurses and midwives through the NMWU.

- Mapping current processes and identify areas for efficiency gain
- Analysing current work practices and systems used, identify opportunities within the current packages to improve service delivery
- Identifying deficiencies within current systems and practices that hinder the delivery of a best practice service and make recommendations to rectify deficiencies
- Reviewing the current organisational structure of the workforce unit to determine its ability to deliver a best practice service, and make recommendations on alternate structures that would support service improvement.

During April and May 2018, HWS consultants conducted 95 interviews with managers and directors across Western Health. Of note, staff were engaged in the process, interested in the subsequent analysis and gave freely of their time. Interviewees were consistently knowledgeable of their departments and their staff. Overall, Nursing and Midwifery services across Western Health appeared to be performing well. At the time of the interview process, workforce shortages were minimal and supplementary staff were being utilised effectively to manage the gaps.

The review gave a detailed summary of the workforce at that point in time, at a Divisional, Hospital, Department and Organisational level – highlighting observations and opportunities for each level. It did demonstrate some opportunities for short, medium and long terms improvement and have been utilised to help inform this plan.

Recruitment practices

In 2018, the NMWU was successful in building a business case to undertake a pilot program to centralise the employment of nurses and midwives through the NMWU. This pilot project commenced in October 2018 with the first centralised recruitment

advertisement for the Emergency, Medicine and Cancer Division. All divisions commended participation in this pilot program by the end December 2018.

The aim of this project is to provide a streamlined process for identifying, advertising and recruiting to FTE vacancies across Western Health to:

- provide a first point of contact for nurses and midwives investigating employment opportunities at Western Health, ensuring that we optimise our capacity to fill vacancies with the best candidates and that we look at all opportunities to ensure the best candidates are employed by us;
- relieve Unit Managers of the majority of the paperwork, recruitment requests and on boarding of new nurses and midwives to the organisation, allowing them to focus on clinical leadership of their teams whilst still being involved in the value-added parts of the process (e.g. interviewing);
- decrease turnaround times for between vacancy declaration and on-boarding of successful candidate;
- create an enhanced experience for candidates;
- ultimately decrease vacancy levels, and agency utilisation.

The project comes with an add-on value. Through a centralised recruitment process Western Health can identify those nurses and midwives who were not successful in a particular application but who are deemed to be high-level, employable nurses/ midwives that could fulfil the requirements of another existing or future vacancy. Once identified, these nurses and midwives will be offered either permanent employment in the Pool stream of their choice or through Bank, thus ensuring retention of a talent pool.

The outcomes of the project will be analysed and a full report written due end June 2019.

Transfer of Women's and Children's services from their current wards will present the organisation with opportunity to increase bed capacity.



Future Key Drivers

Leadership in Nursing and Midwifery

Leadership is a key component of recruitment and retention of nurses and midwives. A crucial group of leaders within the organisation (Associate Unit Managers) currently receive minimal development of either their leadership skills or their management skills. They are often appointed for their clinical skills and learn the rest on the job.

This group is pivotal to how we deliver our care, support our nurses and provide a succession plan for our Nurse and Midwife Unit Managers. How an Associate Unit Manager runs a shift can often be the difference between a staff member engaging in the workplace, a casual nurse/midwife converting to permanent status or an external person applying for a position.

A development program has been designed and will be delivered throughout 2019, thus ensuring leadership capability.

The Joan Kirner Women's and Children's

Construction has begun and the expected opening is scheduled for early to mid-2019. There will be a transfer of existing maternity and paediatric services into the stand-alone facility and a likely increased demand on Paediatric presentations. Transfer of Women's and Children's services from their current wards will present the organisation with opportunity to increase medical / surgical beds.

The new facility will present a number of workforce challenges when seeking to employ additional staff in speciality areas:

- Expected demand to expand Paediatric services (NICU, Paediatric ward). There is an ongoing shortage of NICU nursing staff in Melbourne, with few training facilities available to meet the current and future requirements for appropriately qualified staff.
- The potential for introduction of new models of care will result in increased requirements for experienced midwives from an already small market group.
- With the plans for dedicated OR facilities within the new hospital, there will be a need for additional suitably experienced OR staff.

Potential increase in of bed based care and occasions of service

There is an ever-increasing demand on bed-based services at the Sunshine campus. It is unrealistic to expect that the ward areas vacated by the Women's and Children's division will not be repurposed for other inpatient services.

Planning for an expansion to bed-based services will require a significant piece of workforce planning.

New Footscray Hospital

In May 2017, the Victorian State Government announced its commitment to rebuild Footscray Hospital. Planning has commenced regarding strategies to staff the new hospital as it is anticipated that planned increases to bed numbers and points of care will have an impact on nursing workforce.

Projected shortfalls

Victoria is facing an imminent shortage of nurses and midwives as demand for health care increases beyond the capacity to supply. The reasons for the shortages are varied and include the ageing workforce and a growing preference for part-time work. Western Health will not be immune to these projected shortages. National and state-wide shortages, combined with Western Health's projected growth will require particular focussed attention.



Strategies and Workforce Plan

CORE PRIORITY		ACTION	AIM	TIMELINE		
				2019	2020	2021
Attracting and retaining the best nurses and midwives	1	Develop and model workforce profiles for JKWC	<ul style="list-style-type: none"> Detailed profiles established for all nursing/ midwifery EFT Workforce requirements understood and staff developed or new staff recruited. requirements for all departments in JKWC 			
	2	Introduce regularly offered Refresher programs prior to winter and end of year (May & November)	<ul style="list-style-type: none"> Have a pipeline to introduce a small number of experienced, mid-career nurses/midwives into our workforce at periods prior to projected increased FTE vacancies. 			
	3	Introduce contemporary, strategically placed advertising, utilising a targeted Western Health nursing/midwifery recruitment brand	<ul style="list-style-type: none"> Have a contemporary Western Health nursing and midwifery brand that resonates with the target audience and sells Western Health's points of difference. Strategically place advertising to enhance reach, and attracts the best candidates, increasing application rates. 			
	4	Introduce a Centralised Recruitment model for all clinical bedside nurses and midwives, including optimisation of vacancy management practices	<ul style="list-style-type: none"> Provide a first point of contact for nurses and midwives investigating employment opportunities, ensuring that we optimise our capacity to fill vacancies with the best candidates Relieve Unit Managers of clerical burden whilst still being involved in the value-added parts of the process (e.g. interviewing); Decrease turnaround times for between vacancy declaration and on-boarding of successful candidate; Create an enhanced experience for candidates; Decrease vacancy levels, and agency utilisation, by reducing our FTE vacancies. 			
	5	Review and revitalise the Graduate Program, including formalised learning, increase to full-time permanent EFT and increase participant numbers	<ul style="list-style-type: none"> Decrease vacancy rate Enhance Western Health's reputation as a centre of excellence for early career nursing/midwifery, attracting great number of applications from high calibre graduates. Provide a stream for Discovery and Post-Graduate programs 			
	6	Review and revitalise Discovery programs, including recruitment practices, permanent positions	<ul style="list-style-type: none"> Provide a reliable stream for Post-Graduate programs Decrease levels of unsuccessful and remedial participants. Build allegiance of speciality nurses to remain at Western Health 			

CORE PRIORITY		ACTION	AIM	TIMELINE		
				2019	2020	2021
Attracting and retaining the best nurses and midwives (continued)	7	Explore an expansion to the reward and recognition program	<ul style="list-style-type: none"> Enhance staff engagement, ensuring they feel valued for their contributions and discretionary effort. 			
	8	Introduce health service wide supplementary roster model, and implement program to ensure that part-time extra shifts at voluntary discretion	<ul style="list-style-type: none"> Decrease sick leave utilisation by part-time nurses/midwives. Optimise utilisation of available Western Health staff to fill deficits. 			
	9	Design, pilot and evaluate a third-tier workforce model (RUSON or HAN)	<ul style="list-style-type: none"> Provide assistance and support to nurses/ midwives to achieve workload requirements. Enhance standard of care and decrease mixed elements of care. 			
	10	Optimise models of care through advanced and extended scope of practice nurses and midwives where appropriate	<ul style="list-style-type: none"> Optimised Scopes of Practice for nurses and midwives aligned with consumer and community need Implementation of care models, pathways and protocols that enhance consumer safety 			
	11	Revitalise Enrolled Nurse image internally, and increase Enrolled Nurse employment opportunities. Including introduction of an Enrolled Nurse graduate program	<ul style="list-style-type: none"> Increased recruitment and retention of Enrolled Nurses Decreased vacancy rate 			
	12	Explore implementation of enhanced flexible work arrangements offered for nurses and midwives	<ul style="list-style-type: none"> Increase retention rates Increase staff engagement through optimising work-life balance 			
	13	Investigate, design and pilot re-entry programs nurses and midwives	<ul style="list-style-type: none"> Have a pipeline to allow nurses/midwives whose registration has lapsed to re-enter the profession(s), with a focus on areas with higher levels of FTE vacancies. 			

CORE PRIORITY		ACTION	AIM	TIMELINE		
				2019	2020	2021
Empowering the provision of Best Care	14	Enhance knowledge of best practice delegation and supervision requirements	<ul style="list-style-type: none"> • Build capacity and capability of workforce to be able to safely and effectively delegate. • Enable optimised undergraduate student experience, enhanced Enrolled Nurse engagement, introduction of third tier role. 			
	15	Introduce new Clinical Education model, aligning Educators to wards/divisions, preceptor based under-graduate model, enhance bed-side clinical teaching opportunities and life-long learning model for nurses/midwives.	<ul style="list-style-type: none"> • Enhanced undergraduate student learning and experience, with greater continuity of supervision and optimised learning goals/feedback. • Socialisation of undergraduate students into culture, team and profession. • Reallocation of education resources to focus on Western Health nurses and midwives, to encourage and support life-long learning. • Increase bed-side learning and supervision opportunities. • Introduction of clinical ladders for all nurses/midwives 			
	16	Implement 'Working Together' pilot, to support Unit Managers to review, co-design and implement team based models of care to improve the working lives of nurses/midwives and decrease any fundamental elements of care that are missed.	<ul style="list-style-type: none"> • Enhance critical thinking/decision making and workload allocation models to optimise team-based models of care, to ensure that workload is predictably achievable within allocated resources. • Decrease the prevalence of missed elements of care, optimising patient safety and patient experience • Increase nurse/midwife satisfaction and engagement • Decrease perception that nurses/midwives need to drop hours to cope with workload and work pressures. Optimise mix of part-time/full-time. • Increase nurse/midwife retention rates • Decrease work related burn-out related sick leave rates • Decrease the utilisation of additional unplanned and unbudgeted resources. 			
	17	Review specialising utilisation, and redesign processes to enhance efficiency, effectiveness and sustainability. Focus on moving from reactive model to a proactive, informed and critically determined resource allocation.	<ul style="list-style-type: none"> • Decrease the utilisation of additional unplanned and unbudgeted resources. • Enhance critical thinking relating to resource requests/decision making. • Provision of proactive, planned resourcing rather than reactive resource requests. 			
	18	Identify and progress opportunities to enhance the provision of Best Care through optimisation of the EMR	<ul style="list-style-type: none"> • Enhance nurse/midwife workflows through decreasing duplication and use of hybrid systems. • Freeing up time to care, by decreasing burden of inefficient documentation. 			

Co-design and implement team based models of care to improve the working lives of nurses/ midwives and decrease any missed elements of care.



CORE PRIORITY		ACTION	AIM	TIMELINE		
				2019	2020	2021
Enhancing clinical and professional leadership	19	Develop and establish a Western Health nursing/midwifery clinical leadership framework	<ul style="list-style-type: none"> Nursing/midwifery leadership framework developed and introduced by April 2019. 			
	20	Introduce and implement a leadership program specifically focused at enhancing ANUM/AMUM capability	<ul style="list-style-type: none"> Enhance ANUM/AMUM leadership and management capability. 			
	21	Introduce formalised Clinical Supervision program to enhance clinical leadership capability and build capacity for senior clinical nursing/midwifery roles (NPs, Endorsed Midwives, CNCs, CMCs)	<ul style="list-style-type: none"> Increase clinical leadership capability of senior clinical roles.. Enhance staff engagement, collegiality, collaboration and cooperation. Increase strategic engagement of senior clinical nurses/midwives, to actively contribute to workforce/service development. 			
	22	Introduce strategic workforce software, inclusive of real-time detailed workforce reporting, supplementary staffing management	<ul style="list-style-type: none"> Increase efficiency and effectiveness of shift replacement, planning and utilisation of the supplementary workforce. Enhance communication between wards/NMWU and NMWU/staff. Increase transparency of workforce status for managers through use of staffing dashboard and real-time workforce reporting. 			
	23	Utilised workforce software to conduct bottom-up detailed EFT profiling with Unit Managers/ Divisions for all clinical nursing/midwifery departments to inform budget build.	<ul style="list-style-type: none"> Optimise workforce planning Enhance FTE/budget building processes, to ensure budgets are based on accurate/informed FTE requirements as vary from time to time. 			
	24	Introduce and implement a leadership program to enhance Unit Manager leadership capability and critical thinking	<ul style="list-style-type: none"> Enhance Unit Manager leadership capability and capacity. 			

CORE PRIORITY		ACTION	AIM	TIMELINE		
				2019	2020	2021
Enhancing clinical and professional leadership (continued)	25	Introduce a Chair of Midwifery and associated support positions	<ul style="list-style-type: none"> Enhanced midwifery research participation and outputs. Enhance Western Health's status as a leader in women's and children's health. 			
	26	Enhance CNS/CMS clinical leadership by standardising expectations of role and framework for clinical improvement portfolios to enhance Best Care provision	<ul style="list-style-type: none"> Increased CNS/CMS engagement in leading department-led clinical improvement activities. 			
	27	Enhance relationships and formalise collaborative engagement with university partners	<ul style="list-style-type: none"> Regular formal engagement with university partners established. Formalised KPIs established to inform areas of collaborative focus and improvement. Western Health input on curriculum development and key university decision affecting health services. 			
	28	Review and increase post-graduate courses offered for Western Health nurses (NICU, paediatrics, oncology, medical/rehabilitation).	<ul style="list-style-type: none"> New post-graduate nursing courses offered for Western Health staff to increase specialisation. Increase retention of experienced mid-career nurses/midwives. 			
	29	Design and pilot a formalised mentoring/coaching program for emerging nursing/midwifery leaders.	<ul style="list-style-type: none"> Increased participation in formalised mentoring and coaching for emerging leaders. 			



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