Getting it right

A series of workforce planning and development resources

Workforce planning guide

Getting the right people and skills in the future workforce

Te Pou o te Whakaaro Nui

Getting it right series of resources

This document is one of the *Getting it right* series of workforce planning and development resources produced by Te Pou o te Whakaaro Nui.
The documents in this collection are available from our website, www.tepou.co.nz.

Te Pou o te Whakaaro Nui

Acknowledgements

This guide replaces Te Pou o te Whakaaro Nui's (Te Pou's) *Getting it right: Workforce planning guide* that was published in 2014.[26] The 2014 guide drew heavily from the UK National Health Service's *Six steps methodology to integrated workforce planning.*[22]

In 2016, the international standard, *ISO 30409:2016(E) Human resource management — Workforce planning,*[8] was published. The *Getting it right — Workforce planning guide: Getting the right people and skills in the future workforce* adopts the international standard,[a] and integrates and adapts information from other sources including:

» the UK National Health Service's *Six steps methodology to integrated workforce planning*[22]

» the Scottish National Health Service's *Taking the six steps: Maximising the potential of the AHP workforce in Scotland*[3]

» Standards Australia's *AS 5620:2015 Workforce planning*[23]

» the Australian Public Service Commission's *Workforce planning guide: Templates*[2]

» the Victorian Public Sector Commission's *Workforce planning toolkit: A guide for workforce planning in small to medium sized Victorian public sector organisations*[36]

» the New Zealand Office of the Auditor-General's *Workforce planning in Crown Research Institutes*[17]

» the National District Health Board General Managers Human Resources', and Health Workforce New Zealand's *Workforce intelligence and planning framework.*[15]

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a — At the time of writing this document, Standards New Zealand is drafting a New Zealand standard for workforce planning.

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Introduction

The vision of the 2016 *New Zealand health strategy* is that:

> **All** New Zealanders **live well, stay well, get well**, in a system that is **people-powered**, provides services **closer to home**, is designed for **value and high performance**, and works as **one team** in a **smart system** (p. 13).[11]
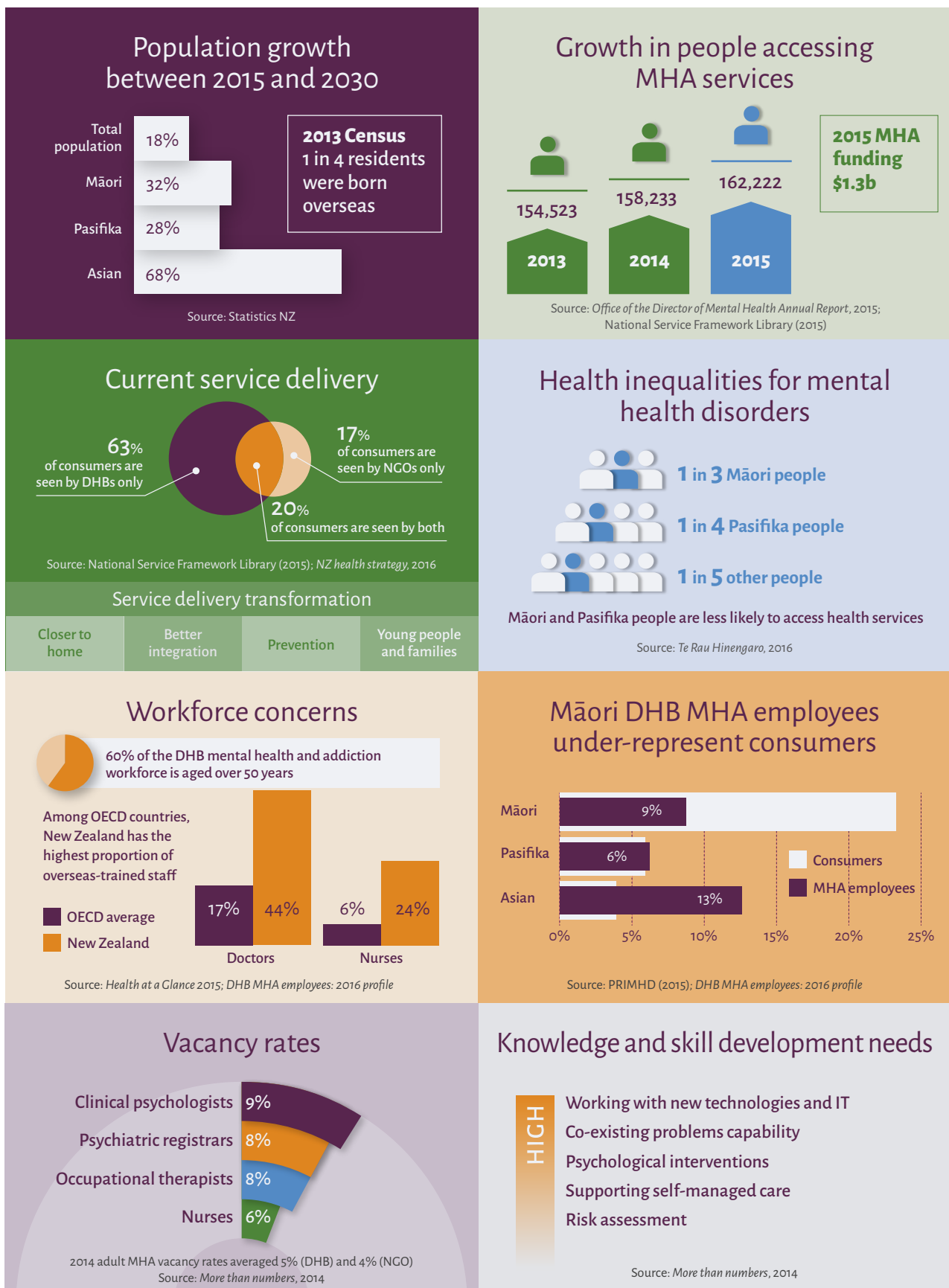
A competent and capable workforce is critical to achieving this vision. Mental health and addiction services need to have the "right number of people, with the right skills, in the right place, at the right time, with the right work attitude, doing the right work, at the right costs, with the right work output" (p. 1).[39] The workforce is the most valuable and costly resource within health services and is key to achieving population health gains.

Effective workforce planning and development has never been more important. The workforce is ageing and there is a high reliance on overseas-trained health professionals. Recruiting and retaining skilled and qualified staff is a challenge for many services. The workforce needs to be capable of delivering new services, responding to emerging issues and risks, and supporting people to better manage their own care. A planned, rather than reactive, approach is required to respond to current and future challenges.[25]

The way health services are delivered in the future will also change. The population is growing and becoming more ethnically diverse. A greater number of people than ever before are accessing services, yet health inequalities remain for some groups. Funding has also increased by 18 per cent over the past seven years, but has not kept pace with the growth in the number of consumers accessing services. It is unsustainable to continue to increase health funding, and current resources need to be used more effectively to improve service delivery, service user experiences, and outcomes.[14]

These drivers, and other drivers, for effective workforce planning and development are illustrated in Figure 1.

The *Getting it right – Workforce planning guide: Getting the right people and skills in the future workforce (Getting it right: Workforce planning guide)* is a workforce planning framework for mental health and addiction services based on national and international workforce planning models. It provides a whole-of-system approach that aims to support district health boards (DHBs), non-government organisations (NGOs) and primary healthcare organisations to navigate and undertake workforce planning to inform future workforce development. It can be used within services and by groups of services locally, regionally and nationally. Its principles are also transferable to other types of health services.

Population growth between 2015 and 2030

Total population	18%
Māori	32%
Pasifika	28%
Asian	68%

2013 Census
1 in 4 residents were born overseas

Source: Statistics NZ

Growth in people accessing MHA services

154,523 — 2013
158,233 — 2014
162,222 — 2015

2015 MHA funding $1.3b

Source: *Office of the Director of Mental Health Annual Report*, 2015; National Service Framework Library (2015)

Current service delivery

63% of consumers are seen by DHBs only

17% of consumers are seen by NGOs only

20% of consumers are seen by both

Source: National Service Framework Library (2015); *NZ health strategy*, 2016

Service delivery transformation

Closer to home	Better integration	Prevention	Young people and families

Health inequalities for mental health disorders

1 in 3 Māori people

1 in 4 Pasifika people

1 in 5 other people

Māori and Pasifika people are less likely to access health services

Source: *Te Rau Hinengaro*, 2016

Workforce concerns

60% of the DHB mental health and addiction workforce is aged over 50 years

Among OECD countries, New Zealand has the highest proportion of overseas-trained staff

- OECD average
- New Zealand

	Doctors		Nurses	
	17%	44%	6%	24%

Source: *Health at a Glance 2015*; DHB MHA employees: 2016 profile

Māori DHB MHA employees under-represent consumers

	MHA employees
Māori	9%
Pasifika	6%
Asian	13%

- Consumers
- MHA employees

0% 5% 10% 15% 20% 25%

Source: PRIMHD (2015); *DHB MHA employees: 2016 profile*

Vacancy rates

Clinical psychologists	9%
Psychiatric registrars	8%
Occupational therapists	8%
Nurses	6%

2014 adult MHA vacancy rates averaged 5% (DHB) and 4% (NGO)
Source: *More than numbers*, 2014

Knowledge and skill development needs

HIGH

- Working with new technologies and IT
- Co-existing problems capability
- Psychological interventions
- Supporting self-managed care
- Risk assessment

Source: *More than numbers*, 2014

Note. DHB = District health board, MHA = mental health and addiction, NGO = Non-government organisation.

Figure 1. Key drivers for workforce planning and development in New Zealand's mental health and addiction services.[25]

What is workforce planning?

Workforce planning is the systematic identification, analysis and planning of future workforce needs based on population health needs and priorities. The workforce planning process aims to describe the services needed in the future and identify their workforce requirements. The process then compares these findings with information about the current workforce to determine the gaps. The output of workforce planning is a workforce action plan that describes the workforce development activities needed to address those gaps.[8]

Figure 2 presents the workforce planning and development cycle. The cycle proceeds from the drivers depicted in Figure 1 to contribute to shaping the workforce to be the best fit for the services required to meet the *New Zealand health strategy*[11] goals.

Workforce planning is an active and continuous process in business planning cycles, and should be aligned with relevant organisational, business and sector strategies.[8, 23] The process described in this guide may occur at an individual service or team level, across an organisation, within a group of organisations across a health district or region, or may be undertaken nationally.

Workforce planning processes have many uses, including:

» for individual projects, for example to improve co-existing problems capability within an organisation

» to support future-focused workforce development within an individual service or organisation, for example to prepare the workforce for an anticipated change in service direction, such as a shift in focus to early intervention

» to support workforce development at a local or regional level, for example by identifying and addressing critical issues that will impact on the future availability of workforce in the sector, such as shortages of particular

workforce groups or the impact of an ageing workforce

» to support national workforce planning

» to support the development of policy and legislation, and the ongoing strategic direction of health services.

What is workforce development?

Workforce development is the output of workforce planning. It is the set of activities required to ensure the workforce is best able to deliver future services.[8]

For New Zealand health services, the Ministry of Health[13] has identified five domains of workforce development. These are:

» recruitment and retention is coordinated and planned to ensure the workforce has the right capability to deliver health services

» learning and development is aligned with consumer needs and promotes workforce retention

» organisational development leads to cultures and systems that will attract and grow the workforce to better meet consumer needs

» information, research and evaluation is available to support workforce planning and development

» workforce development infrastructure that progresses workforce development through changes to sector relationships, funding, legislation and regulation, and other infrastructure.[13]

Workforce
planning guide

FUTURE DIRECTIONS

- Population health needs
- Health inequalities
- Demand for services
- Efficient use of resources
- Workforce demographics
- New technology, models of care

POPULATION OUTCOMES

"All New Zealanders live well, stay well, get well"

WORKFORCE PLANNING

What services are needed in the future?

What does the workforce need to look like?

What does the current workforce look like?

Gaps

WORKFORCE OUTCOMES

Right number of **people**
with the right **skills**
in the right **place**
at the right **time**
with the right **attitude**
doing the right **work**
at the right **cost**
with the right work **output**

OUTPUT: WORKFORCE DEVELOPMENT

Recruitment and retention

Information, research and evaluation

Workforce development domains

Organisational development

Workforce development infrastructure

Learning and development

Guiding principles

- People-centred
- Equitable
- Strategic
- Stakeholders
- Evidence-informed
- Whole-of-system
- Multi-level
- Sustainable
- Evaluated

Workforce action plan covering the five domains of workforce development

Figure 2. Overview of the workforce planning and development processes.

Guiding principles

Workforce planning is most effective when based on an understanding of population and consumer health needs. Table 1 describes the guiding principles that underpin effective workforce planning and development. These principles should be considered within the workforce planning process. They should also inform the development and design of workforce development policies, activities, programmes and initiatives.[25]

Table 1. *Workforce planning and development guiding principles*

Principle	Rationale
People-centred	Health providers need to have a greater focus on people, understand people's needs and preferences, and partner with people to design services to meet these.
Equitable and appropriate	All communities must be able to expect equitable outcomes from services, and have equitable access to services that are provided in the manner most appropriate to their needs.
Strategic	Workforce planning and development must be strategic in nature, align with the future vision and direction of an organisation and local, regional and national bodies, and, reflect identified priorities, and population issues.
Stakeholders	Providing opportunities for key stakeholders in the workforce planning and development process, including consumers, frontline workers, managers/supervisors, funders and policy makers, helps ensure greater buy-in and that activities meet the needs of various stakeholders.
Evidence-informed	Activities and programmes informed by the best available evidence, including research evidence, clinical expertise, and consumer and family perspectives, are more likely to be effective.
Multi-level	A range of factors are likely to impact on a particular workforce development issue. A comprehensive workforce development programme recognises the complexity of real life work practice and includes interventions at more than one level (eg individual *and* organisational).
Whole-of-system	Workforce planning and development that is better integrated across the workforce (clinical and non-clinical), across organisations (finance and services) and across services.
Sustainable	Workforce development activities often involve a change to policies, procedures or work practices. Sustainable change that is continued in the longer term requires ongoing support and resources. Strategies to ensure sustainability are an important issue to be addressed at the planning stage of any workforce development activity.
Ongoing evaluation	Regular evaluation of the process and outcomes of workforce development activity can provide: » valuable feedback to participants and stakeholders » opportunities for continuous quality improvement » useful information regarding the most effective strategies (and also what doesn't work!).

Note: Adapted from Roche & Skinner (2005) and Health Workforce Advisory Committee (2005).[6, 20] Additional sources are Salas et al., (2012), Fritzen (2007) and Minister of Health (2016).[5, 11, 21]

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Workforce planning maturity

Effective workforce planning is a continuous process of improvement that is highly dependent on the planning context and investment. As such, workforce planning processes are measured in terms of their maturity.[17] Planning maturity levels, as defined by the New Zealand Office of the Auditor-General, are shown in Table 2. Planning maturity evolves over time with the identification and adoption of better planning practices.[1]

Table 2. *Levels of workforce planning maturity*

Planning maturity	Key features or activities
Early stages	» Organisation is aware of need for workforce planning. » Has some systems and processes in place, or are establishing these to support workforce planning. » Is focused on improving workforce data to support comprehensive, co-ordinated workforce planning.
Developing	» Workforce planning processes are embedded in regular planning cycles. » Data is collected and analysed to identify needs, and inform and improve workforce development strategies. » There is some monitoring and measuring of workforce planning and development strategies and progress carried out.
Established	» The organisation has comprehensive workforce planning processes in place that are integrated with other aspects of business planning. » They are collecting and analysing data from a range of sources to identify needs, and inform and improve workforce development strategies. » Processes are monitored and progress measured to improve and refine workforce development as needs change.

Note: Adapted from: Office of the Auditor General (2009).[17]

Other definitions

The following definitions are for other terms used in this resource.

Competence can be broadly understood as the knowledge and skill required to undertake particular tasks.[37]

Capability enhances individual competencies with the values, attitudes, knowledge and skills needed to apply these competencies effectively in a variety of practice settings. Capability is about having the capacity to constantly improve through being receptive, reflective and adaptive to the environment.[35]

Workforce capability, from an organisational standpoint, is the collaborative process through which individual competencies in the workforce are applied or deployed.[37]

A **capability approach** to workforce planning takes a collective approach to individual capabilities using capability frameworks.[7, 27] It focuses on attaining the right combination of capabilities to deliver services rather than repeating the current workforce size, roles, or structure.[37]

Workforce composition is the combination of roles and capabilities that make up the workforce.

Workforce
planning guide

Getting it right:
Workforce planning process

Figure 3 presents an overview of the workforce planning process, with each of the seven icons on the workforce planning cycle representing a step in this guide.
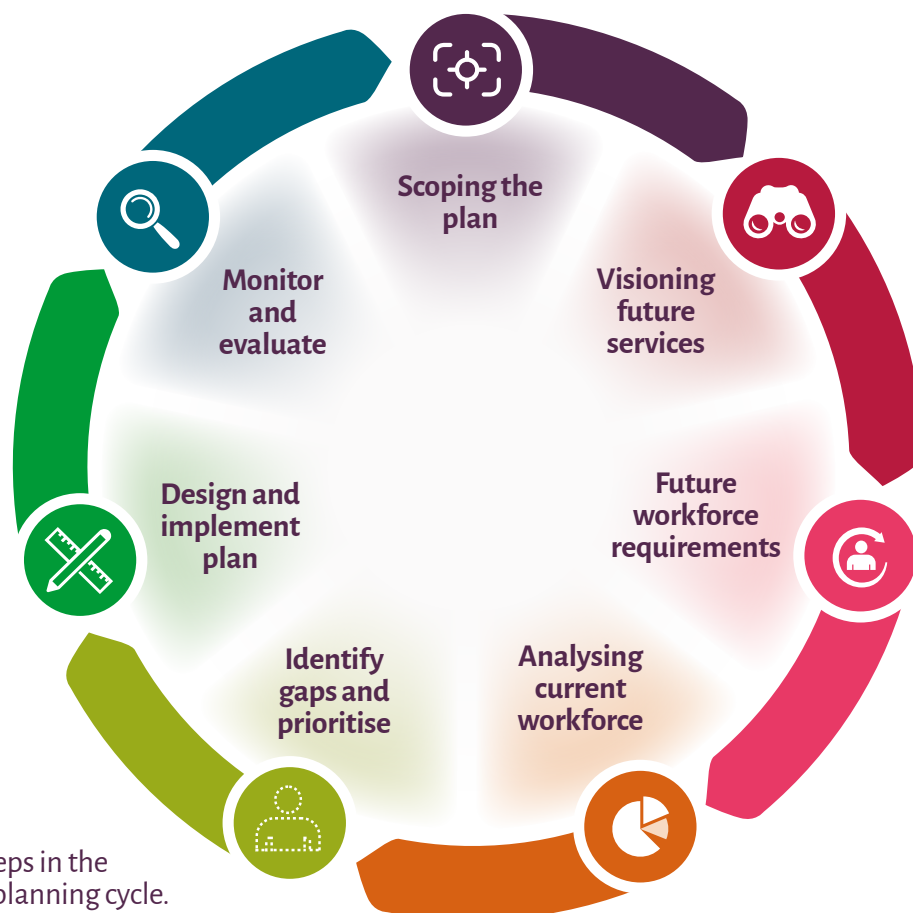

Figure 3. Steps in the workforce planning cycle.

Workforce planning has been demonstrated to be most effective when it occurs in a logical stepped process that:

» envisages and predicts future organisational service delivery patterns and workforce requirements (commonly called workforce demand)

» understands the size and capability of the current workforce (commonly called workforce supply)

» identifies the gaps between workforce demand and supply and produces activities to fill those gaps.

The output of workforce planning is a workforce action plan,[8] which aims to address activities within five domains of workforce development.[13]

The *Getting it right* workforce planning process includes the following seven steps.

Step 1 - Scoping the plan: understanding the strategic environment and developing a shared understanding of the desired outcomes for the planning process.

Step 2 - Visioning future services: identifying the factors that are influencing the future shape of services, and discerning potential future service models and consumer pathways.

Step 3 - Understanding future workforce requirements: identifying what the workforce needs to do to provide future services, as well as potential future workforce compositions.

Step 4 - Analysing the current workforce: using current workforce data and trends to estimate what the current workforce might look like in the future.

Step 5 - Identifying gaps between the current and future workforce and prioritising those gaps.

Step 6 - Designing and implementing a workforce action plan that outlines the actions needed to address the prioritised gaps.

**Step 7 -** Monitoring and evaluating the workforce planning process and workforce development activities.

The seven steps in the *Getting it right* workforce planning process are described in the remaining sections of this guide. Each step provides:

» a detailed description of the activities involved in each step, together with diagrams, templates and examples

» a checklist to assess whether you are ready to move on to the next step

» better practice ideas to promote continuous quality improvement.

The following tables are included in the Appendix:

» Table 5 provides links to examples of workforce planning guides and plans

» Table 6 provides links to useful data sources for each step.

This guide is aimed at people involved in or leading workforce planning. Its principles can be used by groups such as local and regional workforce planning networks, and can be used for workforce planning nationally.
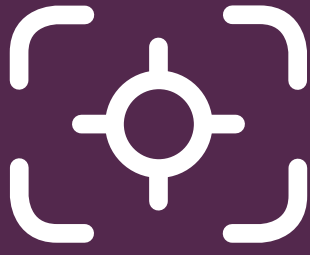
Step 1

**Scoping
the plan**

Step 1: Scoping the plan

Overview

Step 1 is about scoping the workforce planning process: this step sets out the foundations for workforce planning. It aims to develop an understanding of the internal and external strategic context for the workforce planning process and a shared understanding of the desired outcomes.

Scope the strategic environment

Identify: what is the internal and external strategic environment that your plan must align or respond to?

The foundations for workforce planning in the mental health and addiction sector in New Zealand are provided by organisational documents such as service and business plans, and external documents, such as the *New Zealand health strategy*,[11] *Rising to the challenge*[14] and *Blueprint II*.[10] These documents set some of the scene for moving forward with the planning process.

Other documents of influence might include:

» quality improvement programmes

» other government initiatives and programmes (eg Whānau Ora)

» current and anticipated changes to legislation, regulations and frameworks such as the *Substance Addiction (Compulsory Assessment and Treatment) Act 2017*, and the *Commissioning framework for mental health and addiction*[12]

» future-focused workforce and service development literature, for example *On Track: Knowing where we are going*.[18]

Identify drivers and purpose

Using your understanding of the internal and external strategic environment, identify the drivers for your workforce plan. These may include some of the factors identified in Figure 1 of the Introduction.

At this point it is useful to think about the specific aspects of your organisation that will be included and excluded from the planning process. For example, will the plan cover all services in the organisation or just particular services? Will planning be undertaken with the goal of improving delivery to all consumers or will it focus on specific groups?

Identifying drivers will help to clarify why you need a plan and the high-level improvement goals that you want to make, for example to prepare the workforce for changes to service delivery. The reasons for workforce planning may vary across organisations and with levels of planning maturity. For example, an organisation may undertake workforce planning to:

» anticipate and predict future workforce requirements to meet changing strategic direction[8]

» respond to emerging models of service delivery as part of the ongoing strategic planning of the organisation

» highlight and respond to potential workforce risks to the organisation[36]

» plan workforce changes in relation to a quality improvement project, for example reducing the use of seclusion and restraint.

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planning guide

Populating a driver diagram will help to document your ideas for the workforce planning process. Figure 4 provides an example of a driver diagram based on the *New Zealand health strategy*.[11]
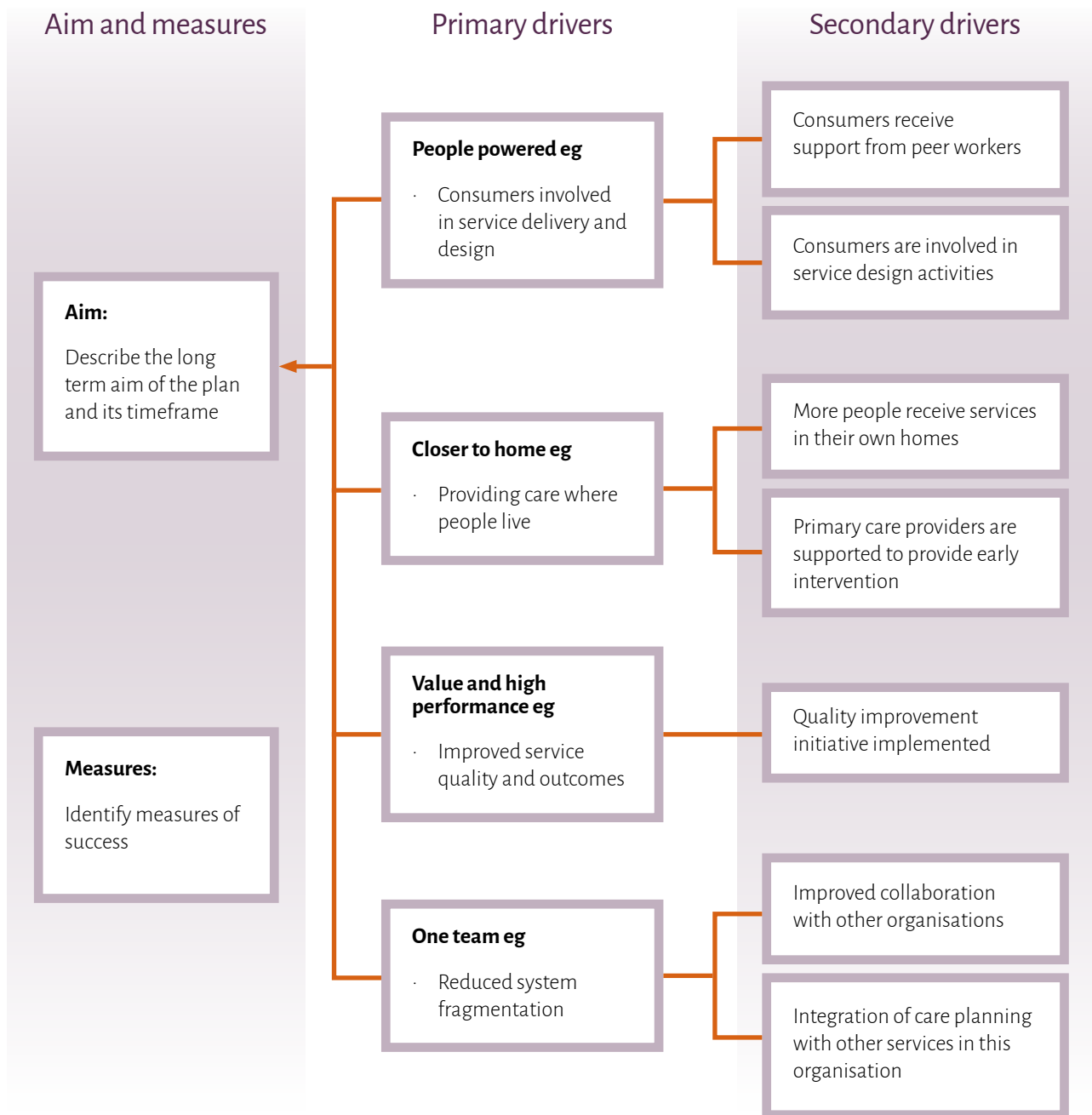
Aim and measures	Primary drivers	Secondary drivers
	People powered eg · Consumers involved in service delivery and design	Consumers receive support from peer workers
		Consumers are involved in service design activities
Aim: Describe the long term aim of the plan and its timeframe	**Closer to home eg** · Providing care where people live	More people receive services in their own homes
		Primary care providers are supported to provide early intervention
	Value and high performance eg · Improved service quality and outcomes	Quality improvement initiative implemented
Measures: Identify measures of success	**One team eg** · Reduced system fragmentation	Improved collaboration with other organisations
		Integration of care planning with other services in this organisation

Figure 4. Example driver diagram.

Organisational ownership and buy-in

It is important to determine and agree the primary sponsor or owner of the workforce planning process and its action plan. Typically this will be someone with authority over and responsibility for the workforce in question.[2] It is essential that workforce planning activities have the support of senior management.

Decide who else in your organisation will be involved in the planning process, for example consumer and cultural advisors, and what their responsibilities will be. It is useful to identify workforce planning champions; people with the experience and authority to promote organisational support and buy-in.[1]

Scheduling and resourcing

Developing a workforce plan will require human and financial resource commitment. Determine what resources are available to produce your workforce plan, who is responsible for these, and how and when these resources will be accessed.

Decide on the timeframe that your workforce plan will cover. This guide's examples describe planning for a medium-term timeframe of three to five years. Your timeframe will help to determine critical milestones and timelines for the planning process.

Stakeholder mapping

Who are the internal and external stakeholders in your plan? Creating a stakeholder map can help to document who your key stakeholders are, and what level of engagement is appropriate: should they be informed, consulted or are their views integral to the design of your plan? A stakeholder analysis or mapping tool is useful for this purpose: see the example in Figure 5.
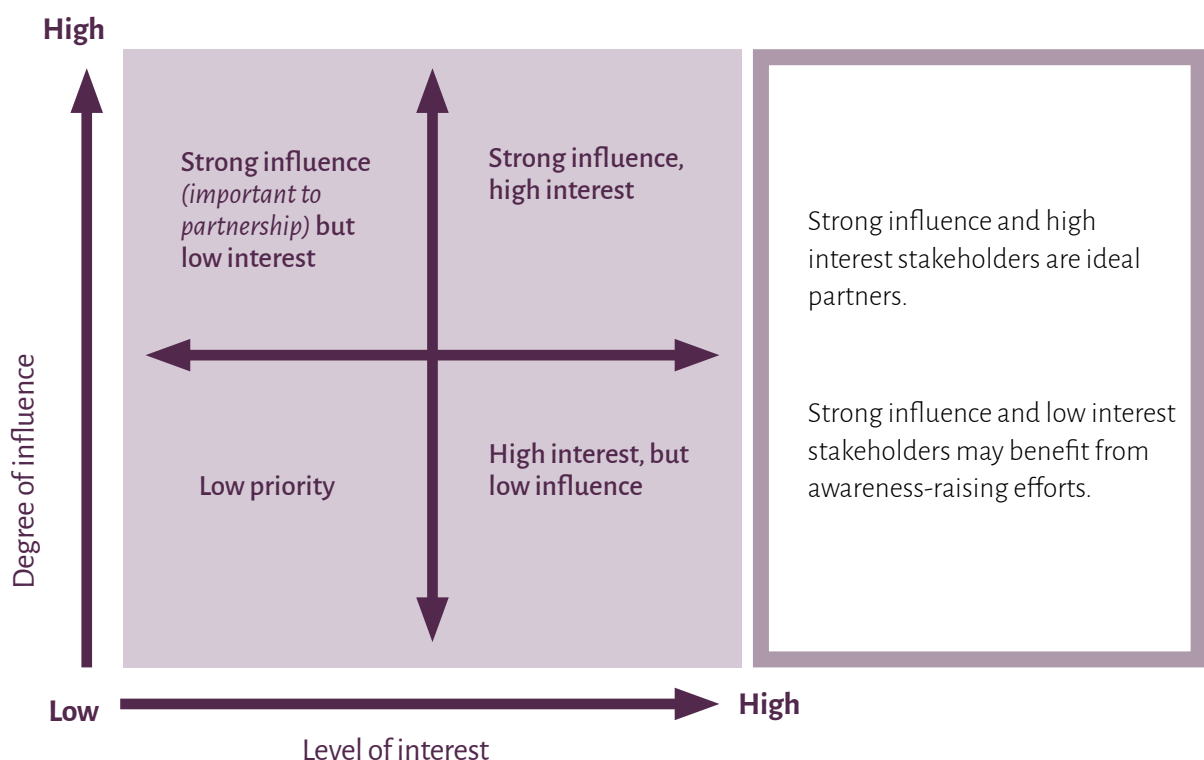

Figure 5. Stakeholder mapping tool. From Tennyson (2011).[34]

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planning guide

Once you have identified the stakeholders for your plan and have mapped their involvement, complete an engagement plan to document how and when people involved in or leading workforce planning will engage with them. Template 1 provides a sample template for an engagement plan.

Template 1. *Template for stakeholder engagement plan*

Stakeholders	Involvement	Risk	Engagement	Responsibility	Timing	Approach
Who is the potential stakeholder?	*How are they involved or interested in the workforce planning activity?*	*What are the risks of not engaging with them?*	*What level of engagement is appropriate?*	*Who is responsible for engaging with them?*	*How often should you engage them? When?*	*How will the stakeholder be engaged?*
Consumers	Direct interest in outcomes	Services may not meet their needs	Co-design	Consumer leads Managers	Direct involvement in service and workforce design	Current and previous consumers invited to workshop
Referral organisations	Organisation refers clients with particular needs to the service	Ensure changes do not reduce ability to take referrals	Consult	Senior managers	Consult over potential future service models	Initial advice given, then meeting to review intended plan

From Australian Public Service Commission (2011).[2]

Risk assessment

At this point it is helpful to identify the risks to your planning process and think about some mitigating strategies. For example, lack of support within the organisation may warrant increasing the number of workforce planning champions or conducting planning information sessions.[8]

✒ Document it

Document your scoping information in a project plan table, such as the one provided in Template 2.

Template 2. *Template for a workforce planning project plan table*

Headings	Key points
Name	*A unique name that describes your project accurately and succinctly (include a date)*
Owner	*Who is the key owner or sponsor of the plan?*
Responsibility	*Who is responsible for managing the plan?*
Project team	*Names and positions of people on the team and their respective responsibilities*
Planning champions	*Who will champion the process?*
Timeline	*When will the planning project begin and end? Is there a finite term or is the plan to be incorporated in business as usual?*
Objective	*What are the high level goals for the planning process?*
Timeframe	*What timeframe will your plan cover?*
Output	*Will the output be a report, action plan, or other?*
Target audience	*Who is the output to be used by?*
Scope	*What is included and excluded? Eg is the plan to cover the whole organisation or one service unit?*
Milestones	*What significant milestones will be used to track progress of workforce planning? Eg completion of specified components by a certain date.*
Risks	*What are the risks to your planning activities?*
Mitigating strategies	*What strategies might mitigate those risks?*
Review timeframe and responsibility	*When will the plan be reviewed and who is responsible for undertaking the review?*

Note: Adapted from Australian Public Service Commission (2011).[2]

☑ Checklist

Have you identified and documented:

- » the strategic environment that is driving your plan? ☐
- » why a workforce plan is needed and its high-level goals? ☐
- » who owns the plan, the team members and their responsibilities? ☐
- » who needs to be involved and in what capacity (leaders, employees, other stakeholders)? ☐
- » an engagement plan for stakeholders? ☐
- » a common understanding of the:
  - ⸖ scope ☐
  - ⸖ inclusions and exclusions ☐
  - ⸖ aims and objectives ☐
  - ⸖ timeframe covered by the plan ☐
  - ⸖ timelines for the planning process? ☐
- » what resources are available and how to access these? ☐
- » the risks associated with workforce planning and mitigating strategies? ☐

↗ For better practice

- » Workforce planning activities are integrated with and embedded in regular planning cycles. For example, workforce planning is conducted alongside population health needs assessments, service reviews and organisation business plans.

- » There is dedicated time and resources for workforce planning processes.

- » Workforce planning champions are visible and well supported.[1]

Case study

ABC Service is undertaking a workforce planning process to support the planning, design and implementation of a project to improve the peer worker capability in its workforce and develop ways to include peer perspectives at all levels of the organisation. The project is supported by the consumer advisor member of the ABC Service Board.

Strategy and drivers

The key strategic driver for this project is found in *Rising to the challenge: The mental health and addiction service development plan 2012-2017*,[14] which requires organisations to make better use of current resources for people with low-prevalence conditions and/or high needs by strengthening participation and leadership of consumers at all levels. In a recent evaluation of service outcomes, consumers wanted to receive more support from people with lived experience of mental health issues and addiction. The board has recognised that there exists a gap in current service provision and has requested the project be initiated to address that, using a workforce planning and development methodology supported by the board's consumer advisor.

Ownership and buy-in

The project was initiated by the board. The consumer advisor was the project champion. A peer development project manager with experience of co-designing peer services was contracted and a support team appointed from within the organisation. Resources have been allocated for planning purposes, and a ballpark budget for workforce development activities approved. The plan is intended to impact the workforce over the next 3 years.

Stakeholder mapping

The project team have identified the key stakeholder groups based on their interest and influence over the project and planned how they will be engaged with these groups. Priority internal groups have been invited to have equal input into co-designing the new service and roles. These include consumer representatives, whānau representatives, and staff representatives. External support has been obtained from peer leaders in the sector.

Risk assessment

Key risks identified include concerns about the level of support for the project among existing staff members. Mitigating strategies include educating staff members about peer support and its benefits.

Step 2

Visioning
future
services

Step 2: Visioning future services

Overview

This step is about understanding current service delivery, identifying how internal and external factors in the environment will influence future service delivery, and developing potential service delivery models and consumer pathways.[3]

Mapping current services

The first activity is to understand the situation your plan aims to change or improve. This may involve high-level documentation of the current types of services delivered, your current service delivery pathway or model of care, and relevant consumer information. At this stage you *do not* need to think about workforce composition, as this will be addressed later.

Workforce planning has been shown to be most effective when consumers are at the centre of the process. In addition to including consumer perspectives as stakeholders to your plan, analysing outcomes information can help to develop a profile of your service's current consumers for use in the planning process. This information might come from:

» the Programme for Integration of Mental Health Data (PRIMHD)

» the World Health Organization Quality Of Life (WHOQOL) tool

» other consumer record and client management systems.

Analysing outcomes, service use and consumer information in relation to government and organisation strategic direction (which you looked at in Step 1) sets the scene for thinking about what your workforce might need to look like in the future (you will do this in Step 3).

To support this activity, Te Pou has provided another guide titled *Informing your planning*.[29] That guide describes some of the ways that consumer and service use information may be used to support workforce planning, and is available from the Te Pou website.

Environmental scan

Effective workforce planning takes a whole-of-system approach and requires an understanding of the factors in the internal and external environment that might influence future service delivery and your workforce. Conducting an environmental scan[b] will help to identify those factors.

The depth of your environmental scan may depend on your available resources. Note that environmental scanning may be conducted within a range of strategic business planning activities. So check if your organisation already has a scanning process underway that you might be able to adapt for workforce planning. Some of the other key factors you may explore include consumer preferences, workforce shortages, or advances in therapies, and contractual obligations.[3]

A PESTLE framework provides a useful tool for thinking about influencing factors.[15] Table 3 shows the main factors and information sources, within a PESTLE framework, that are useful for mental health and addiction workforce planning purposes. Links to national and regional data sources are provided in Table 6 of the Appendix.

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b - Useful information about environmental scanning can be found on the www.thinkingfutures.net website.

Table 3. *Potential sources of information for an environmental scan in PESTLE*

PESTLE element	Possible sources of information
Political	Government policy and directives, workforce action plans eg: » *Rising to the challenge: The mental health and addiction service development plan 2012-2017*[14] » Mental health and addiction key performance indicators (KPIs) and national targets » Education and social policy
Economic	» Service contracts and funding » Trends in health spending » Budget forecasts » Labour markets and unemployment rates » Housing prices
Social	Service demand factors: » consumer expectations » predicted changes to population size, demographic profile (age, ethnicity, gender), and distribution » prevalence rates (*Te Rau Hinengaro: The New Zealand mental health survey*)[16] Workforce demand factors » vacancy and turnover rates » immigration patterns
Technological	» Information technology » New and innovative treatment options
Legal	» Policy and legislation impacting service delivery » Current and anticipated employment law (eg minimum hour contracts) » Health and disability standards » Health Practitioners Competence Act 2003
Environmental	» Climate and geographical challenges » Energy efficiency and sustainability » Other services (eg referral pathways, organisation mergers, and closures)

Note: Adapted from National DHB General Managers Human Resources and Health Workforce New Zealand (2014).[15]

Map the future state

Using the findings from your scan and your map of current services, identify what future service delivery might need to look like. Some key questions are listed below.

» How do you expect demand for your services to change in the future?

» What consumer needs do you expect your organisation will need to meet in the future?

» What type of services will your organisation need to provide in the future?

» How will consumers journey through future services?

» What impact will future services have on service quality, outcomes for consumers, and the efficient use of resources?

Document what needs to be different in the future compared to your current service delivery models and pathways. Identify some potential future models of care and consumer pathway(s) to meet those needs.

HELPFUL   **HARMFUL**

INTERNAL

S
Strengths
How can we maximise our strengths?

W
Weaknesses
How can we overcome weaknesses?

EXTERNAL

O
Opportunities
How can we take advantage of opportunities?

T
Threats
How can we overcome threats?

Figure 6. SWOT analysis. From State of Alaska (2008).[24]

Workforce
planning guide

The development of innovative models of care is increasingly being promoted as a way to improve utilisation of the available workforce while also enhancing quality of care. Integrated care, collaboration, and stepped care are examples. Whatever the model of care used, it should support a seamless experience for consumers, their families and whānau.[32] Co-design methodologies present innovative ways of redesigning services with a variety of stakeholders. An experience-based co-design toolkit is available from the King's Fund website.[9]

SWOT analysis

Analyse the service models you have identified in terms of feasibility. This process will support you to think about the practical realities associated with the potential future service models identified.

A SWOT analysis (strengths, weaknesses, opportunities and threats) may be useful;[15] as illustrated in Figure 6.

Another useful appreciative analysis tool is the SOAR approach (strengths, opportunities, aspirations, results); as illustrated in Figure 7.

However it is recommended that any SOAR analysis should be paired with a risk assessment to overcome this tool's tendency to focus on what is working well.[19]

STRATEGIC INQUIRY

S
Strengths
What are our greatest assets?

O
Opportunities
What are the best possible opportunities?

APPRECIATIVE INTENT

A
Aspirations
Who do we want to be and what is our preferred future?

R
Results
What are the measurable results we want to achieve?

Figure 7. SOAR analysis. From RapidBI (2009).[19]

✎ Document it

Document:

» the findings of your environmental scan

» current and future service delivery models and pathways

» SWOT/SOAR analysis results.

These findings will be used to inform Step 3, where you will envisage the future workforce requirements.

✔ Checklist

Have you:

» documented what the services that your plan is focused on currently look like?	☐
» identified how internal and external environmental factors will potentially impact on future service delivery?	☐
» identified some potential future service models?	☐
» conducted a SWOT or SOAR analysis on potential future service models?	☐
» documented your findings to include in your workforce action plan?	☐

↗ For better practice

» The organisation resources regular information-gathering to support its strategic planning processes, including workforce and service planning.

» There is organisation-wide information sharing and dialogue about issues and trends and their potential impacts, for example by regular production and sharing of an environmental scan.[1]

Case study

ABC Service is undertaking a workforce planning process to support the planning, design and implementation of a project to improve the peer worker capability in its workforce and develop ways to include peer perspectives at all levels of the organisation. The project is supported by the consumer advisor member of the ABC Service Board.

Mapping current services

By mapping the current consumer journey into, across and out of the service, a workshop conducted by the project team with internal and external stakeholders identified key areas where peer support workers could improve consumers' experience of the service.

Environmental scan

The project team made use of an existing environmental scan, conducted for the board by the senior management, and updated it with a section specific to the peer support workforce. Key points are:

» evidence to show that peer support has a positive impact on people's recovery, especially in relation to measures of recovery, hope and empowerment, see *Peer support literature review: The impact of peer support on recovery, clinical, and service outcomes*[30]

» peer workers typically comprise 3 to 4 per cent of the mental health and addiction workforce, but only 2 per cent of the workforce in this organisation's local area

» there are training programmes available to help organisations develop peer workers and scholarships are also available

» peer competencies are available from Te Pou to help guide the organisation towards understanding expectations of these roles, including *Service user, consumer and peer workforce: A guide for managers and employers*[33]

» anecdotally, most similar services in the local area do not offer peer support.

Map the future state

Following the workshop and the environmental scan, the project team identify how the service might look with a greater emphasis on peer support in the future, particularly at the following points on the consumer journey: intake, ongoing support and preparation for exit.

SWOT analysis

Strengths	Weaknesses
» Board support » Internal and external stakeholder support » Ability to resource the project	» Lack of knowledge of peer support within the organisation » Shortage of expertise available in the sector
Opportunities	**Threats**
» Chance to become a local sector leader in the development of peer workforce	» Some staff are concerned about their jobs » Ignorance among staff members as to the purpose of peer support
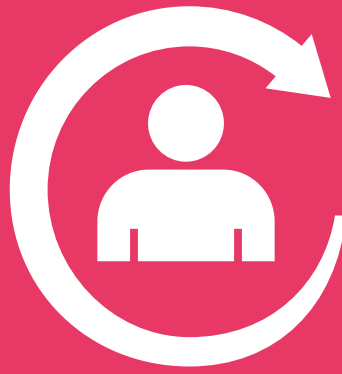
Workforce
planning guide

Step 3

Understanding future workforce requirements
(workforce demand)

Step 3: Understanding future workforce requirements (workforce demand)

Overview

This step identifies the tasks needed to deliver future service models; and uses a capability approach to identify the values, attitudes, knowledge, and skills required of the future workforce and the capacity needed (workforce demand).

Identify the workforce characteristics needed

Using the service delivery models and pathways you identified in Step 2, identify the main tasks to be undertaken by the workforce. Then use a capability approach to think about the values, attitudes, knowledge and skills that will be needed by the workforce to undertake those tasks.

A capability approach keeps the values, attitudes, knowledge and skills needed to deliver services at the forefront of workforce planning. This approach uses a capability framework like *Let's get real: Real skills for people working in mental health and addiction*[28] in a future-focused way that provides the basis for thinking about what values, attitudes, knowledge and skills will need to be developed within the workforce over the timeframe of your plan.[36] Adopting a capability approach to workforce planning will help to develop the workforce to be the best fit for service delivery.[22]

Template 3 provides a table for documenting the tasks required of the workforce to meet future service delivery requirements, and the capabilities needed to meet those tasks, with examples. This analysis will be used in Step 4 to compare workforce demand to your current workforce. It also provides the basic information to support the design of new roles and job descriptions, if required.

Template 3. *Template for task analysis for future workforce requirements*

Task	Values, attitudes, knowledge and skills needed	Potential job role(s) or qualifications
Tasks required	*Specific values, attitudes, knowledge and skills needed to be able to undertake this task*	*How might the values, attitudes, knowledge and skills be represented in a job description or role title?*
Screening and assessment	eg practitioner-level skills for *Real Skills: Working with service users*, such as: » In day-to-day work, applies in depth knowledge or understanding of assessment and intervention processes, including but not limited to consideration of risk.[27]	» Registered nurse » Occupational therapist » Psychologist » Social worker
Liaison with other services	eg essential-level *Real Skills: Working with service users*, such as: » Demonstrates a comprehensive knowledge of community services ... and actively supports service users to use them.[27]	» Support worker » Navigator » Social work assistant

Note: Adapted from Australian Public Service Commission (2011).[2]

Identify potential workforce composition

Workforce composition is the combination of roles and capabilities that make up the workforce. Use the models of care and care pathways identified in Step 2, alongside your task analysis, to identify what the future workforce composition needs to look like.[3] Your potential workforce compositions need to include both direct service delivery staff and the necessary support, leadership or management workforce.

It is important in this step to think more broadly than the existing workforce composition and identify the capabilities needed to deliver these tasks. Consider the impact of any changes to therapeutic approaches or new technologies.[3] Undertaking this process will enable you to explore workforce possibilities beyond current roles and to allocate tasks in ways that improve employees' ability to work at the top of the scope of their practice,[32] for example by moving administrative tasks from clinical to non-clinical roles.

Template 4 may be used for identifying potential workforce compositions.

Template 4. *Template for modelling potential workforce compositions*

Task	Potential job roles	Annual capacity needed	Reports required	Budget and other constraints
As per task analysis	*As per task and capability analysis*	*Size of the workforce needed to deliver services (based on understanding future service demand).*	*Reports required for safe practice eg managers, team leaders and coaches.*	*What constraints do you need to be mindful of, and how might these be addressed?*
Screening and assessment	Clinical role: social worker, occupational therapist	2 FTE	Manager	May need to negotiate to employ non-nursing staff in this role.
Liaison with other services	Non-clinical role: support worker, social work assistant	0.5 FTE	Team leader	Non-clinical staff may need specific training on available services in the area and their requirements.

Scope it right: Working to top of scope literature review summary[32] describes some of the features of working to top of scope, which is defined as "optimising workforce capacity and effectiveness through validating and maintaining current best practice, developing new roles and new ways of practising, ensuring that policy, provider, and service environments support these new roles and practices to succeed".[32]

The features of working to top of scope include:

» role clarity — creating certainty about duties, authority and allocation of time

» task shifting — redistributing tasks across roles to ensure a better match with workforce expertise

» role enhancement — developing a broader set of skills and range of responsibilities

» role enlargement — introducing new skills at the same or lower level

» role substitution — extending practice into the traditional domains of other professions, which helps support difficult-to-staff areas, for example nurse practitioners prescribing instead of psychiatrists

» role delegation — freeing up specialist skills by delegating less technical tasks to other employees, for example social work assistants providing administrative support to social workers.[32]

It is considered better practice to develop and compare different workforce compositions, so that the best option is selected. This leads to scenario modelling, which is discussed in the *Six steps methodology to integrated workforce planning*.[22] When deciding on appropriate workforce compositions consider any available evidence for effectiveness or better consumer outcomes.

Select workforce compositions that are feasible in terms of:

- » meeting consumer needs

- » their effectiveness for producing better outcomes

- » alignment with best-practice service delivery

- » professional development implications

- » employment law and other people management requirements

- » financial or budget constraints.[3]

✎ Document it

Document your findings for this step. You will return to this information in Step 5.

☑ Checklist

Have you identified and documented:

- » the tasks necessary for the proposed service delivery models and consumer pathways? ☐

- » how those tasks convert to capabilities using a capability framework like *Let's get real: Real skills for people working in mental health and addiction*[27]? ☐

- » possible workforce compositions for future service delivery? ☐

- » the reports and links to other organisations (eg referral pathways) that need to be factored in? ☐

- » any productivity implications that need to be considered eg new technology or therapeutic interventions? ☐

↗ For better practice

- » Capability frameworks are understood and used across the organisation.

- » Findings from environmental scans and workforce supply analyses are reviewed in relation to future workforce role options.

- » More than one workforce composition is assessed to find optimal solutions.[1]

Case study

ABC Service is undertaking a workforce planning process to support the planning, design and implementation of a project to improve the peer worker capability in its workforce and develop ways to include peer perspectives at all levels of the organisation. The project is supported by the consumer advisor member of the ABC Service Board.

Identify the workforce characteristics needed

Key tasks required of the peer workforce include:

- » intake support
- » general support services
- » preparation for service exit.[33]

The minimum requirements for peer support workers include:

- » lived experience of mental health or addiction issues
- » a Level 4 peer support qualification
- » regular peer supervision
- » a team focus, ideally with two or more peer workers in a team
- » access to consumer advice and supervision
- » the presence of consumer leaders or champions at all levels of the organisation.

Identify potential workforce composition

In considering the key tasks required of the peer workforce and its relationship to the tasks currently undertaken by support workers, the team estimate that approximately 1 FTE peer worker per 5 FTE support workers will be needed to deliver peer worker services.

Step 4

Analysing the
current
workforce
(workforce supply)

Step 4: Analysing the current workforce (workforce supply)

Overview

This step involves analysing current workforce data and estimating its future size and profile (workforce supply). This involves identifying the current workforce size; its location and demographic characteristics; capabilities; and attrition (eg turnover). This information is then used to estimate what your workforce might look like in the future if the same trends continue. Workforce resignations and replacements present opportunities and risks for workforce planning, as services need to continue to deliver existing services while developing the workforce to deliver future services.

Analyse current workforce data

Access to quality workforce data is crucial for this step. If your organisation does not already have some of the following data, you may need to arrange for its collection or identify other sources for example recent workforce surveys like *More than numbers*.[c]

Use workforce data to determine the workforce size and composition, including:

» number of people employed and full-time equivalent (FTE) positions

» location (if services are spread over geographic areas)

» service type (if different services are delivered).

Identify the groups that are relevant to your planning process and segment the workforce. Workforce data and trends can help to build a profile of the workforce. Some of the data and trends that are commonly used in workforce planning are described in Table 4.

Segmentation is the process of grouping workforce information in ways that are meaningful to the intent and goals of your planning process.[8] For example, if your workforce planning process aims to improve Māori representation in the workforce then it is useful to be able to analyse the workforce, by ethnicity. If your workforce planning process is supporting a specific project such as increasing co-existing problems capability, then your workforce segmentation would identify groups by levels of capability, for example essential, practitioner, and leader.[28]

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c - Planning at local, regional and national level will be enhanced by using the data provided by the *More than numbers* organisation workforce survey, the Werry Centre stocktake of child, adolescent and youth services and other workforce stocktakes. Tables in the Appendix provides a list of useful sources and links to recent reports.

Table 4. *Examples of workforce data and trends and their uses*

Workforce data and trends	Example use in workforce planning
Age in groups (eg under 20 years, 20-29 years, 30-39 years, 40-49 years, 50-54 years, 55-59 years, 60-64 years, 65+ years)	Can help identify what proportion of the workforce is likely to retire or reduce working hours over the planning period.
Ethnicity and gender Ethnicity and age	Can be compared with the consumer profile to see if the workforce is representative.
Length of service (inexperienced, medium experience, highly experienced)	Identify the proportion of the workforce that is new or inexperienced and experienced.
Relevant qualifications and those currently studying	What is the current qualifications profile of the workforce likely to look like in the future?
Annual turnover rates	How many people can you expect to resign over the course of your workforce plan?
Annual rates for sick, long service, and maternity leave	What coverage do you need to be able to access for expected and unexpected absences?

Estimate workforce capability

Use capability frameworks like *Let's get real*,[27] and planning tools such as the *Let's get real — Team planning tool*[28] and the Real skills: Online assessment tool,[31] to assess the capability of the workforce by taking into account:

» the current workforce at different capability levels, for example essential, practitioner and leader

» what that capability profile will look like based upon:

▸ expected attrition

▸ who will have increased their capability having completed training or development.

It may be useful to document your findings in the form of a table and identify the capability you expect to have available: see Template 5. Note that measuring capability is subjective, so think about the number of people with the required capability as well as their respective FTEs. This approach is shown in the examples provided in Template 5.

> Capability is the collaborative process through which individual values, attitudes, knowledge and skills in the workforce are applied or deployed to deliver services.[37] For example, workforce planning that aims to improve service responsiveness to consumers' families and whānau may use a capability framework like the *Let's get real — Team planning tool*.[28]

Template 5. *Template for estimating workforce capability*

Future tasks needed	People with the values and attitudes, knowledge and skills required	FTEs employed
As per the tasks described in Step 3	*How many of your current staff either have or are likely to develop the required knowledge and skills?*	*What is their FTE?*
Screening and assessment	5 out of 15	3.5 FTEs
Liaison with other services	2 out of 4	1 FTE

Estimate workforce size in the future

For each group in your current workforce, use data and trends to think about the size of your current workforce in the future (eg in 3 to 5 years' time). This step is important because you will need to maintain current services while moving the workforce towards the composition needed to deliver future services.

Some key questions to consider to help estimate the size of your future workforce include how many people:

» are likely to have retired, reduced their working hours, taken leave of absence due to age or life stage (eg maternity leave), or left the organisation to work overseas

» are expected to return to work in your organisation following a leave of absence

» will have completed training or professional development, or attained professional registration

» are expected to join your organisation and with what experience (eg new graduates versus experienced staff)

Template 6 may help to calculate your future workforce size. The example given shows total workforce, however, it may be useful to add extra columns to show estimates for groups of interest within the overall workforce according to your planning priorities. For example, if your planning priority is to improve ethnic diversity in your workforce, then extra columns could record the number of people you estimate will be in relevant ethnic groups.

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planning guide

Template 6. *Example workforce supply template*

Supply changes	Workforce
Current workforce	100
- Promotions	-2
- Resignations	-17
- Retirement	-11
- Other attrition eg maternity leave	-1
+ Transfers in	+5
+ New hires	+20
+ Returning to work	+3
= Workforce supply	**97**

Note: Adapted from Wan, Chen & Kuriger (2011).[38]

✎ Document it

Document your workings and findings to be used in Step 5.

☑ Checklist

Have you:

» identified the current workforce supply? ☐

» estimated what your current workforce is likely to look like in the future in terms of capacity? ☐

» estimated what your current workforce is likely to look like in the future in terms of capability? ☐

» identified the transition workforce you might need? ☐

» documented your findings for your plan? ☐

↗ For better practice

» Workforce planning data requirements inform human resources data collection.

» Processes for identifying workforce capability are in place, eg Real skills: Online assessment tool.[31]

» Indicators of workforce capability are monitored and reviewed regularly.

» Comprehensive data is collected about critical or strategic workforce groups.

» Data needs and collection are regularly monitored and improved.

» Workforce data analyses are available and used at all levels of the organisation.[1]

Case study

ABC Service is undertaking a workforce planning process to support the planning, design and implementation of a project to improve the peer worker capability in its workforce and develop ways to include peer perspectives at all levels of the organisation. The project is supported by the consumer advisor member of the ABC Service Board.

Analyse the current workforce

The current workforce includes 27 people in 22.5 FTE positions. Of these:

- » 2 FTEs are managers
- » 2 FTEs are team leaders
- » 8 FTEs are clinical roles
- » 10.5 FTEs are support workers.

Estimate workforce capability

Lived experience is essential to this role. Capability analysis indicates there are three support workers currently on staff who have lived experience and the right values and attitudes for the role. One person has already started Level 4 training towards gaining the knowledge and skills needed.

Capability	How many have the right values and attitudes?	How many have the required knowledge and skills (Level 4)?	How many have both?
Lived experience	3 people	1 person has started training	1 person

Estimate the size of the workforce

Based upon the current age of the workforce and trends in attrition, it is estimated that two support workers and one manager will have retired in 3 years' time, and that another two support workers will have resigned from the organisation. Turnover in team leader and clinical roles is very low, so these people are likely to remain the same. These trends will mean that in 3 years' time there is expected to be:

- » 1 FTE is a manager
- » 2 FTEs are team leaders
- » 8 FTEs are clinical roles
- » 8.5 FTEs are support workers.

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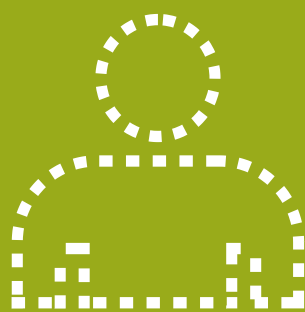
Step 5

Identifying gaps and prioritising

Step 5: Identifying gaps and prioritising

Overview

Conduct a gap analysis of workforce demand (Step 3) and workforce supply (Step 4). Prioritise gaps critical to the future success of the organisation and identify the most effective activities to address those gaps.

Analyse capability gaps

Compare the potential workforce compositions from Step 3 with your estimated workforce supply from Step 4. The templates provided in those steps will support this comparison in terms of capability. Identify differences and the reasons for any gaps. Template 7 shows an example gap analysis.

Template 7. *Capability gap analysis*

Future task and capabilities needed	Workforce demand	Workforce supply	Gap (demand – supply)	Reasons
Capability needed, eg working with families and whānau	*Workforce needed for future services*	*Estimated size of the current workforce by the end of the planning period*	*Growth or reduction to meet future demand*	*Why does this gap exist?*
Screening and assessment: eg in day to day work applies in-depth knowledge of assessment and intervention processes.[27]	2 FTEs	1.5 FTEs	0.5 FTEs needed to grow	Most of the workforce is non-clinical; this task requires a registered health practitioner
Liaison with other services: eg demonstrates a comprehensive knowledge of community services … and actively supports service users to use them.[27]	2 FTE	1 FTE	1 FTE needed to grow	The service needs to increase its capacity to support consumers to access other services

Workforce planning guide

There may be many reasons for gaps, for example:

» anticipated changes to demand for future services, due to population growth or changes to consumer demographic profiles

» the skills and knowledge needed by the workforce may need to be different to meet emerging needs

» the demographic profile of the workforce may need to keep pace with anticipated changes in the demographic profile of consumers

» an ageing workforce.[3]

Analyse size gaps

Once you understand the capability gaps that exist between the current and future workforce, undertake a similar comparative analysis to identify the gaps in workforce size; see Template 8.

Template 8. *Capacity gap analysis*

Future task and capacities needed	Workforce demand	Workforce supply	Gap (demand – supply)	Reasons
Capacity needed, in meaningful groups	*Workforce needed for future services*	*Estimated size of the current workforce by the end of the planning period*	*Growth or reduction to meet future demand*	*Why does this gap exist?*
Clinical roles	13 FTEs	11.5 FTEs	1.5 FTEs needed to grow	Expected increased demand for clinical services
Non-clinical roles	20.2 FTE	19 FTE	1.2 FTE needed to grow	Shifting administrative tasks from clinical to non-clinical roles

Identifying gaps and prioritising

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Prioritising and strategising

Identify which of the gaps are most critical to the service's future.[36]

Questions to consider when prioritising workforce gaps.

> » Which gaps are the most urgent?

> » What influence will addressing this gap have on service delivery and consumers?

> » Which gaps are most important to long-term success?

A prioritisation tool can help with this process. For example, Figure 8 presents a matrix allowing users to prioritise gaps according to urgency and potential impact.

✎ Document it

Document your workings and priority gaps to be used in Step 6.

☑ Checklist

Have you:

> » identified the capability gaps between the workforce demand and supply?

> » identified the size gaps between the workforce demand and supply?

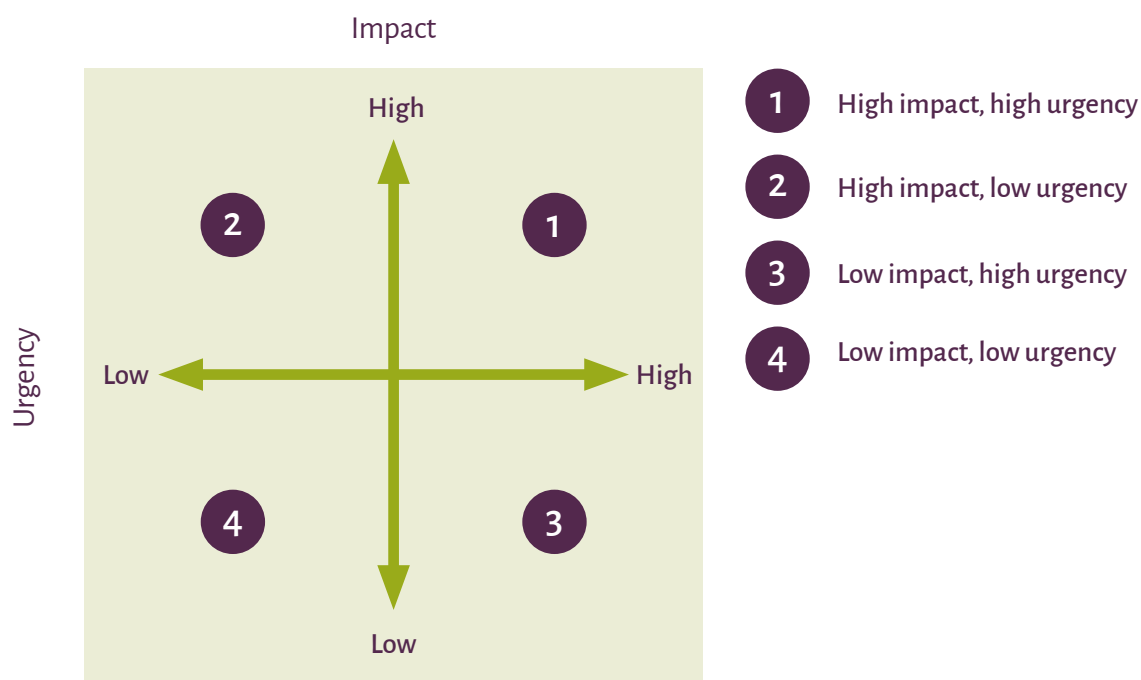> » prioritised gaps to decide which are the most critical?

Figure 8. Example prioritisation tool. From Tennyson (2011).[34]

Case study

ABC Service is undertaking a workforce planning process to support the planning, design and implementation of a project to improve the peer worker capability in its workforce and develop ways to include peer perspectives at all levels of the organisation. The project is supported by the consumer advisor member of the ABC Service Board.

Analyse capability gaps

Future task and capabilities needed	Workforce demand	Workforce supply	Gap	Reason for gap
Lived experience and Level 4 qualifications	2-4 people (1 per 5 support workers)	1 person	1-3 people	Only one person with lived experience is studying

Analyse size gaps

Lived experience is essential to this role. Capability analysis indicates there are three people currently on staff who have lived experience and the right values and attitudes for the role. One person has already started Level 4 training towards gaining the knowledge and skills needed.

Future roles needed	Workforce demand	Workforce supply	Gap	Reason for gap
Managers	2 FTEs	1 FTE	1 FTE	Retirement
Support workers	8.4 FTEs	8.5 FTEs	-0.1 FTE	Expected attrition
Peer support workers	2.1 FTEs	0	2.1 FTEs	New roles

Prioritise and strategise

The peer workforce needed for future services is two to four people. Just over 3 FTEs are expected to be lost through attrition over the next 3 years, presenting opportunities for new employees to fill the gap. In addition, some of the existing support workforce already have lived experience – the prerequisite to peer support worker training, this presents an opportunity to use training to fill the gap.

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Step 6

Designing and
implementing a
workforce
action plan

Step 6: Designing and implementing a workforce action plan

Overview

Design the activities needed to address the workforce priorities identified in Step 5, using the five domains of workforce development.[13] Document these activities into a workforce action plan, along with the supporting documentation produced during Steps 1 to 5. Produce a change management or communication plan to support the action plan's implementation, and implement both plans.

Design workforce activities

Identify the types of workforce activities you might need to implement to close the gaps between your workforce supply and future demand. The findings of your environmental scan will help to inform this process. Set clear objectives and actions for closing these gaps. Remember to consider activities crossing the Ministry of Health's five domains of workforce development.[13]

The Ministry of Health's five domains of workforce development prompts thinking about multi-level and evidence-based approaches, including:

» recruitment and retention is coordinated and planned to ensure the workforce has the right capability to deliver health services

» learning and development is aligned with consumer needs and promotes workforce retention

» organisational development leads to cultures and systems that will attract and grow the workforce to better meet consumer needs

» information, research and evaluation is available to support workforce planning and development

» workforce development infrastructure that progresses workforce development through changes to sector relationships, funding, legislation and regulation, and other infrastructure.[13]

For example, if your workforce demand indicates a need to increase the capacity in registered health practitioners, planning for ways to achieve this might include:

» supporting currently unregistered staff member(s) to attain qualifications and registration

» recruiting new or transferring existing registered staff

» training and professional development.

For more information about identifying the best options for workforce development see the *Getting it right — Developing your workforce: An overview of a systems approach to workforce development*.[25]

At this point it may be useful to develop a project or programme logic to comprehensively identify the intended outputs and outcomes for each planning objective and identify performance measures.[d] This will help to inform future evaluation activities (Step 7).

Also consider what transition workforce you will need to maintain current service delivery while changing to meet future service needs. This workforce might include fixed term or contracted roles to ensure service coverage during the transition that will be discontinued when the planned workforce composition is realised.

Compile the plan

Compile your activities and other planning documentation into a workforce action plan. Key sections of the document will include:

» scope, ownership, purpose, and planning timeframes from Step 1

» strategic context and internal and external influences on service demand and delivery from Steps 1 and 2

» future service delivery models and consumer pathways from Step 2

» workforce demand: the future workforce capacity and capability required to deliver future services from Step 3

» workforce supply: estimates of the workforce capacity and capability from Step 4

» gaps analysis and priorities from Step 5

» workforce development activities needed from Step 6

» change management plan from Step 6

» measures to be used to monitor and support evaluation of your workforce development activities from Step 7.

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d — A helpful website for this purpose is: http://toolkit.pellinstitute.org/evaluation-guide/plan-budget/use-a-logic-model-in-evaluation/

Manage change

Consider how the changes proposed in your workforce action plan will be managed. Establish a clear business case for change and a communications plan to ensure support from senior leaders, and internal and external stakeholders. Design your change management strategy to suit your organisation and your workforce plan.[36]

Key questions to consider in your change management plan include:

» what is the scope of the change?

» who will be affected by the change and how might they react?

» how can you motivate people to support the change?

» what communications will support the change and who is best to deliver those?

» what are the potential barriers to change and how will you mitigate these?[36]

Implement your plans

Implement the workforce action plan and your change management plan. You may need to produce separate project plans for each of the activities in your workforce action plan. It may also be necessary to have a transition plan to ensure that business as usual can continue throughout the change process and to ensure there is minimal disruption to consumers.

☑ Checklist

Have you:

» considered the range of activities available to you under the five domains of workforce development? ☐

» identified the activities you need to address gaps? ☐

» compiled your workforce action plan? ☐

» developed a project logic to support evaluating your action plan? ☐

» planned how you will manage the change? ☐

» implemented the workforce action plan and its change management plan? ☐

↗ For better practice

» All senior managers in the organisation are aware of workforce planning outputs and their implications.

» Workforce planning outputs are integrated in the overall strategic planning of the organisation.[1]

Case study

ABC Service is undertaking a workforce planning process to support the planning, design and implementation of a project to improve the peer worker capability in its workforce and develop ways to include peer perspectives at all levels of the organisation. The project is supported by the consumer advisor member of the ABC Service Board.

Design workforce activities

The team identified the following options based on the five domains of workforce development.[13]

» Training and developing existing support workers with lived experience to provide peer support services. Organisation to apply for scholarships to support their training.

» Recruitment of qualified peer workers to support worker vacancies as they arise, and filling the manager vacancy with an experienced supervisor or manager who has lived experience and peer capability.

» Infrastructure development to contract peer support functions out to other organisations to support service delivery while transitioning to new workforce structure and training staff.

» Organisational development to raise understanding of the peer worker role and its utility within the organisation, develop effective supervision and safe practice.

After considering the five domains of workforce development, the team design the following activities for their workforce action plan.

» Initiating discussions with the three existing support workers who have lived experience to determine their interest in taking up peer support worker roles.

» Support suitable support workers to undertake the Level 4 qualification.

» Recruiting one qualified peer worker to a support worker vacancy as one arises.

» Recruiting an experienced peer supervisor or manager to the expected manager vacancy, when the incumbent retires.

» Contracting in peer support workers to support the transition, and continue to contract the project manager to facilitate the project implementation.

» Developing the organisation's culture to promote peer support using the *Service user, consumer and peer workforce - A guide for managers and employers.*[33]

Change management plan

Plan to manage the change to ensure that people who are affected are informed and supported.

Workforce
planning guide

Step 7

Monitoring and evaluating

Step 7: Monitoring and evaluating

Overview

Develop a comprehensive framework for continuous monitoring and regular review of the various components of the workforce planning process. Document these to be addressed in future planning activities and report regularly to stakeholders.

Measure and monitor progress

Ensure that measures of workforce planning progress are able to be monitored early. This may require planning for additional data collection and analysis. It is important to start monitoring early, so that any adverse or unexpected consequences are identified quickly, giving time to implement mitigating strategies if needed.[3]

Evaluate and refresh

Identify what worked well in the workforce planning process and what did not. Using a systematic approach to workforce planning means you can map the information used for each step and its contribution to planning outcomes to support continuous improvement.[1]

In the case of what worked well, document your learnings and think about what changes will improve your future planning practices. Where planning process did not work so well, document where vital information was not collected or was misinterpreted to inform future workforce planning activities.[3]

☑ Checklist

Have you:

- » identified and implemented collection of relevant progress measures?
- » set up systems to monitor progress measures?
- » regularly reported on progress to key stakeholders?
- » evaluated the success of your plan?
- » identified learnings to support future planning activities?

↗ For better practice

- » Performance measures are identified to monitor individual activities, and new data collection initiated if needed.

- » The organisation provides managers with workforce planning tools to support monitoring and evaluation.

- » There is regular reporting of workforce planning outcomes across all levels of the organisation.

- » The organisation's practices are regularly benchmarked against better practice organisations.[1]

Workforce
planning guide

Case study

ABC Service is undertaking a workforce planning process to support the planning, design and implementation of a project to improve the peer worker capability in its workforce and develop ways to include peer perspectives at all levels of the organisation. The project is supported by the consumer advisor member of the ABC Service Board.

Measure and monitor progress

The supports that have been put in place to develop existing staff are monitored and subject to constant quality improvement, as is staff members' progress towards completing their Level 4 qualifications.

Evaluation plan

There is a plan in place for year 5 to evaluate the project's outcomes.

Appendix: Tools and resources

The following tables list freely available workforce planning guides and resources that organisations can use to support their workforce planning activities.

Table 5. *Workforce planning guides and example workforce plans*

Workforce planning guides	
Skills for Health. (2008). *Six steps methodology to integrated workforce planning*. Manchester: Skills for Health. Available from http://www.skillsforhealth.org.uk/resources/guidance-documents/120-six-steps-methodology-to-integrated-workforce-planning	Sets out a workforce planning framework to support service redesign.
Victorian Public Sector Commission. (2015). *Workforce planning toolkit: A guide for workforce planning in small to medium sized Victorian public sector organisations*. Victoria: Victorian Public Sector Commission. Available from http://vpsc.vic.gov.au/resources/workforce-planning-toolkit/	Provides a useful overview and self-assessment tools.
Ministry of Health. (2006). *Workforce development guidelines for public health managers*. Available from http://www.publichealthworkforce.org.nz/data/media/documents/Healthy%20Workplaces/draft%20-%20Guidelines%20for%20Mgrs%20-%20WFD%20plans%20-%20March%202008.pdf	Includes case studies that provide a good overview of the types of information used for simple workforce plans.
Imison, C., Buchan, J., & Xavier, S. (2009). *NHS workforce planning: Limitations and possibilities*. London: The King's Fund. Available from http://www.kingsfund.org.uk/publications/nhs-workforce-planning	Sets out the policy context for health workforce planning in the U.K.
Example workforce plans	
Northern Region Alliance. (2017). *Draft northern region workforce planning and development strategic plan*. Available from http://www.nra.health.nz/our-services/mental-health/workforce-planning-and-development/	Overview of the regional strategic direction for the Northern region, plus population data.
Central Region's Technical Advisory Services Limited. (n.d.). *Regional services planning*. Available from http://centraltas.co.nz/planning-and-collaboration/planning-and-improvement-2/regional-services-planning/	Overview of the regional strategic direction (for the central region), plus population data.

MidCentral District Health Board. (2013). *Connected workforce: Te Hononga Kaimahi plan*. Available from http://www.futuredirections.org.nz/uploads/Content/connected_workforce_te_hononga_kaimahi_2013-2017.pdf	A strategic work plan for community organisations providing primary mental health and addiction services in the MidCentral DHB district from 2013 to 2017.

Table 6 outlines the useful data sources for workforce planning and provides links. More information about workforce planning data sources and workforce metrics is available in the *Getting it right - Informing your planning* guide.[29]

Table 6. *Links to useful data sources*

Population data and prevalence	
Statistics New Zealand. 2013. *2013 Population Census*. Available from http://www.stats.govt.nz/Census/2013-census.aspx	Population information: » national » territorial authorities. Population by demographic characteristics: » age groups » ethnicity » gender. Population projections.
Statistics New Zealand annual DHB population estimates and projections are available from the Ministry of Health and Te Pou.	Population information: » national » by DHB area. Population by demographic characteristics: » age groups » ethnicity » gender. Population projections for 10 years.

Statistics New Zealand. (2016). *Labour market statistics: Information releases.* Available from http://www.stats.govt.nz/browse_for_stats/income-and-work/employment_and_unemployment/labour-market-statistics-information-releases.aspx	Quarterly labour market statistics including: » people employed and unemployed » hours worked » average earnings by sector.
Oakley Browne, M. A., Wells, J. E., & Scott, K. M., (Eds). (2006). *Te Rau Hinengaro: The New Zealand mental health survey.* Wellington: Ministry of Health. Available from http://www.health.govt.nz/publication/te-rau-hinengaro-new-zealand-mental-health-survey	Mental health and addiction prevalence rates.
Workforce data	

Te Pou o te Whakaaro Nui. (2015). *Adult mental health and addiction workforce: 2014 survey of Vote Health funded services.* Auckland: Te Pou o te Whakaaro Nui. Available from http://www.tepou.co.nz/initiatives/more-than-numbers-workforce-stocktake/19	Workforce information for 189 Vote Health funded services:
	
	» national
	
	  ▸ mental health and addiction
	
	  ▸ mental health
	
	  ▸ addiction
	
	» regional
	
	» DHB local
	
	» spotlight reports:
	
	  ▸ Māori and Pasifika workforce
	
	  ▸ NGO workforce
	
	  ▸ forensic workforce
	
	  ▸ family and whānau roles
	
	  ▸ nursing roles
	
	  ▸ occupational therapy roles
	
	  ▸ peer and consumer roles
	
	  ▸ psychologists roles
	
	  ▸ social worker roles

The Werry Centre. (2015). *2014 Stocktake of infant, child and adolescent mental health and alcohol and other drug services in New Zealand.* Auckland: The Werry Centre for Child & Adolescent Mental Health Workforce Development, University of Auckland. Available from http://www.werrycentre.org.nz/professionals/current-workforce-projects	National and regional workforce information for 99 Vote Health funded services.
Te Pou o te Whakaaro Nui. (2016). *DHB mental health and addiction employees: 2016 profile.* Auckland: Te Pou o te Whakaaro Nui. Available from https://www.tepou.co.nz/resources/dhb-mental-health-and-addiction-employees-2016-profile/791	Demographic and service information about 7,500 DHB employees in mental health and addiction roles by occupation groups, including: » age, gender, ethnicity » length of service and FTE turnover
NZDSN (New Zealand Disability Support Network) & Te Pou o te Whakaaro Nui. (2016). *The New Zealand disability support workforce: 2015 survey of NZDSN member organisations.* Auckland: Te Pou o te Whakaaro Nui. Available from http://www.tepou.co.nz/resources/the-new-zealand-disability-support-workforce-2015-survey-of-nzdsn-member-organisations/743	Workforce information for 47 New Zealand Disability Support Network member organisations including: » workforce size and composition » demographic profile » employment conditions » recruitment and retention.
New Zealand Mental Health and Addiction KPI Programme. (2017). *Key performance indicators for the New Zealand mental health and addiction sector.* Available from http://www.mhakpi.health.nz/	Various key performance indicators for DHBs and NGOs, including workforce turnover and sick leave indicators.
TAS. (n.d.). *Health workforce information programme.* Available from http://www.centraltas.co.nz/strategic-workforce-services/health-workforce-information-programme-hwip/	District health board employed workforce and demographic data by DHB and workforce groups across all areas of work. Some comparison to population.
Consumers and service use, access and outcomes	
Te Pou o te Whakaaro Nui. (2016). *PRIMHD summary report user guide – HoNOS 2016.* Auckland: Te Pou o te Whakaaro Nui. Available from http://www.tepou.co.nz/resources/primhd-outcome-reports-jul-2015-to-jun-2016/761	National outcomes data.

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Getting it right

A series of
workforce planning
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resources

**Te Pou o te
Whakaaro Nui**