

South Western Sydney Local Health District

Workforce Strategic Plan 2014 - 2021

Building Capability

Leading care, healthier communities



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Foreword

The committed staff of South Western Sydney Local Health District are its most important asset. Having a workforce that is flexible, resilient, adaptive and highly skilled is the key to the District successfully meeting the health needs of the community.

This *Workforce Strategic Plan 2014 - 2021 – Building Capability* has been developed by the LHD to ensure that we continue to build a sustainable workforce and to ensure that we are seen as an employer of choice.

For the District to attract, retain and develop its entire workforce, it is necessary to plan for the workforce of the future. The SWSLHD Workforce Strategic Plan provides the opportunity to develop a workforce that is skilled and innovative and comprised of people who want to stay and establish their careers while contributing to the development of District services.

This Workforce Strategic Plan 2014-2021 has been aligned to the SWSLHD Strategic & Healthcare Services Plan *Strategic Priorities in Health Care Delivery to 2021*, the SWSLHD Corporate Plan 2013 - 2017 *Directions to Better Health* and the Ministry of Health (MoH) *Health Professionals Workforce Plan 2012 -2022*. The *SWSLHD Workforce Strategic Plan* is a vital part of realising SWSLHD's future direction.

This Plan outlines how we can attract and retain valued staff. Strong and positive relationships have already been developed with universities, and the District will look to improve these important ties.

In building organisational capability, it will also be necessary to capture the valuable knowledge of our specialist staff and share it innovatively with newer staff members, to ensure that delivery of health services to our community is best practice.

The District's senior leadership team is committed to developing an organisational culture that values innovation and teamwork and supports staff at all levels in being heard and participating in problem solving to drive service excellence. Such a culture will enable employees to feel valued and supported in their work.

We acknowledge the enormous contribution that staff have made to the organisation and it gives us great pleasure to present the *South Western Sydney Local Health District's Workforce Strategic Plan 2014 -2021*.

Professor Phillip Harris
Chair
South Western Sydney Local Health District

Amanda Larkin
Chief Executive
South Western Sydney Local Health District



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Executive Summary

A strong, diverse, committed and motivated workforce is at the core of any successful business. Getting the right people into the right jobs is paramount and requires a commitment to attract, develop, retain and recognise talented and motivated employees who are aligned to the vision and values of the business.

South Western Sydney Local Health District (SWSLHD) comprises a multi-faceted, diverse health organisation, with a complexity of functions and operations. Accordingly, a workforce is required that is capable of delivering positive outcomes, and leads the growth of its services to the community.

The SWSLHD Board and Executive vision for the future involves investing in the people of South Western Sydney to build a stronger, healthier community. A key priority to realising this goal is addressing workforce issues. The *South Western Sydney Local Health District Workforce Strategic Plan* provides evidence of the issues and the strategies required to produce a sustainable workforce; one that is capable of delivering continuously high quality health care to the people of the District.

This Plan is aligned to, and builds upon the directions set out in the SWSLHD Strategic & Healthcare Services Plan *Strategic Priorities in Health Care Delivery to 2021*, the SWSLHD Corporate Plan 2013 - 2017 *Directions to Better Health*, the *SWSLHD Aboriginal Workforce Implementation Plan 2013* and the Ministry of Health *Health Professionals Workforce Plan 2012 – 2022*. They have been the impetus for SWSLHD to now focus on determining and developing its required future workforce.

Whereas other approaches tend to be quantitative and numerically based or relate to data manipulation and analysis, a strategic approach is much more qualitative in its focus. Strategic workforce planning is, in its simplest form, an “informed discussion” that takes place at the executive level. The focus of the discussion is on the workforce, its strengths and weaknesses, and where the organisation wants and needs to go in terms of developing and utilising that workforce in the balanced best interest of employees and other stakeholders. This discussion is part of the larger overall process of strategic planning and is one of the foundations upon which strategic plans are laid. To effectively meet the increased demand for health care across its communities, SWSLHD needs to have the capability within its workforce, to respond quickly. The models of care for service delivery are changing and planning is required to assure an adequate supply of appropriately qualified health practitioners are working where they are needed.

There are however many challenges to face including potential skills shortages in specific occupations, a significant proportion of the District’s existing workforce nearing retirement, and a large group of employees still in the formative stages of their development. Added to this, is the ability to strike the right balance in affordable service delivery and meeting the community’s needs and expectations.

To address these challenges, this Plan considers the most effective and efficient means of having the right people with the right skills, undertaking the right tasks. SWSLHD is taking a proactive approach in this regard, through the use of its Graduate Health Management Program, Aboriginal traineeships,



and support for professional development across a range of clinical and non-clinical areas. The Workforce Strategic Plan leverages this approach, through its support for enhancing this vital investment in the workforce.

The Plan identifies four (4) Priority Strategy Areas for Action:

1. Plan for Change: Meeting Future Health Needs
2. Plan for Growth: Build a Sustainable and Capable Workforce
3. Become an Employer of Choice
4. Develop Future Leaders, both Clinical and Corporate

Within the Action Plan, each strategic area outlines a range of actions which will support the District's endeavours to build a strong, capable and vibrant workforce. Also identified are the measures for determining progress, timelines and the managers responsible for implementation.



1. Introduction

With a population expansion expected to be greater than any other Local Health District in NSW, the South Western Sydney Local Health District (SWSLHD) needs to ensure it has a future workforce capable of meeting its community's needs.

Workforce planning identifies the composition of the workforce required to deliver health service goals. It encompasses a range of human resource activities aimed at the short, medium and long-term. Workforce planning that is integrated with service and financial planning offers the best opportunity for linking human resource decisions to the strategic goals of SWSLHD health services.

The Workforce Strategic Plan looks beyond numbers of employees required, and focuses on the strategies that are needed to attract, manage and sustain the right mix of the right people.

This Plan is intended to present a picture of where the SWSLHD workforce is currently placed in relation to its service provision, and where it will need to be, to meet future challenges of population growth and health care needs. The Plan recognises that health services' workforce strategy, planning, policy and development, must be informed by timely, accurate, and relevant data.

Getting workforce planning right will result in a well-balanced, engaged, skilled, and efficient workforce. However, the most important deliverable will be in ensuring the *right* workforce, so as to provide for a stronger, healthier, and better serviced South Western Sydney community.



2. Overview of South Western Sydney: its Communities and its Workforce

SWSLHD is the largest and fastest growing District in metropolitan Sydney. It is projected that by 2021, the local population of 875,384 people will have increased by 21%. Over the seven year timeline of this Plan, SWSLHD will become the most populous Local Health District in NSW, providing healthcare services for over one million residents of the local government areas of Bankstown, Campbelltown, Camden, Fairfield, Liverpool, Wollondilly and Wingecarribee. The communities, to which SWSLHD provides health services, are not homogenous; they include urban and rural communities, cities, towns and villages, and represent a variety of cultures, languages and socio-economic status.

There are six (6) acute public hospitals, fourteen (14) major community health centres, and oral and mental health services. The people who live and work in South Western Sydney have a range of health needs that create both opportunities, and challenges for the SWSLHD workforce.

SWSLHD's Vision is **Leading care, healthier communities.**

SWSLHD has a Mission Statement which outlines how it will achieve its Vision - what, how and why SWSLHD provides health care and the values it upholds, which include the CORE values of **Collaboration, Openness, Respect and Empowerment**. SWSLHD adheres to a core set of Principles in providing health care, the strategies focus on collaborative teamwork and partnerships, on innovation informed by research and education and on equity in health care.

2.1 Demographic Profile of South Western Sydney Communities

Across South Western Sydney and the Southern Highlands:

- There is a younger age profile than the NSW average
- The fertility rate for all local LGAs, except Fairfield, is higher than that of NSW (1.91). Wingecarribee and Bankstown LGAs have the highest fertility rates at 2.17 and 2.15 respectively, and Fairfield the lowest at 1.83
- In 2013, over 22% of the population was aged 0-14 years (NSW 19%)
- In 2013, people aged 70+ years comprised 8% of the population (NSW 10%)
- Over the period 2011 - 2021:
 - the population aged 70+ years will increase by 50%, a higher rate than the 36% increase expected for NSW as a whole
 - the 20-35 year age band will increase by 19.3%, compared to a 7.8% increase for NSW
 - the baby-boomer bulge in the 48-58 years group will increase by 10.3%, compared to a 25.1% increase for NSW as a whole
- In terms of market supply, the demographics reflect high birth rates and a regenerating population in the younger 20-35 year age group, at a higher rate than NSW on average
- With 13,070 Aboriginal people and Torres Strait Islanders, the District has the largest Aboriginal community in metropolitan Sydney



- Cultural diversity is evident with 36% of the population born overseas (NSW average is 26%), 49% speak a language other than English at home (NSW average is 28%), and 37% of all NSW humanitarian arrivals (refugees) settle within south western Sydney communities

SWSLHD Strategic Priorities in Health Care Delivery to 2021 provides additional information.

This data reflects the ongoing service challenges to be faced during the life of this Plan. These statistics indicate increasing service provision needs at both ends of the age spectrum. They also indicate that this growing population could become a source of future employees, provided that the District undertakes suitable attraction, and development strategies targeting the community.



3. Planning Process and Considerations

Workforce Strategic Planning is not about forecasting the size of the future workforce. Conceptually, it is about ensuring a supply of skilled, engaged, and motivated staff. This will be achieved by having the systems, processes, and the plans in place, to grow the organisation appropriately, within its budget. Getting the workforce right, will deliver significant improvements and competitive advantages through:

- better productivity, via workforce alignment to the vision, mission and service delivery strategies
- creating a competitive advantage, via a more skilled and innovative workforce
- higher quality, and timeliness of, 'patient care'
- greater staff engagement, staff retention, and lower negative incidents related to safety

3.1 Principles of the Plan

Workforce planning, at all levels in SWSLHD, should be guided by four general principles, as follows:

- The involvement of its clinical and administrative leaders, managers, and other key stakeholders in developing, communicating, and implementing the Workforce Strategic Plan.
- The determination of the critical skills sets that will be needed to achieve current and future workforce goals.
- The development of strategies that are tailored to attract, retain and develop those critical skill sets.
- The strengthening of strategies towards increasing participation that represent SWSLHD communities; particularly in areas such as Aboriginal and Torres Strait Islander employment.

3.2 Development of the Plan

The Workforce Strategic Planning framework for SWSLHD has been tailored to meet overall strategic, operational and legislative requirements. The framework involved broad consultation with the SWSLHD executive, other key stakeholders, and a series of focus groups with clinical and administrative staff. A summary of the Focus Group consultations can be found in the Appendices.

The intention of the Workforce Strategic Plan, is that it will be integrated with, and support the SWSLHD Strategic & Healthcare Services Plan *Strategic Priorities in Health Care Delivery to 2021*; SWSLHD Corporate Plan 2013 - 2017 *Directions to Better Health*; SWSLHD Aboriginal Workforce Implementation Plan 2013; and Ministry of Health (MoH) *Health Professionals Workforce Plan 2012 - 2022*.

The Plan also considers the new Equip National Guidelines as they relate to workforce. In particular:

- ✓ Standard 1: – Performance and Skills Management, and
- ✓ Standard 13 – Workforce Planning and Management.



3.3 Considerations for SWSLHD

Health services operate within a dynamic environment and one where there are significant pressures on time, cost and resources and a high level of public scrutiny. The District needs to take into consideration a number of factors and influences prior to determining its investment in its future workforce. The specific drivers for the development of this Plan are:

- SWSLHD is a leading Health organisation in NSW. To maintain, and enhance its reputation for quality, cost effective service delivery, core skills need to be retained, refreshed, and refined
- There must also be a continuing focus on enhancing clinical and administrative leadership, and management capability at all levels of the organisation, from strategic decision making, to effective problem solving at the front line. Leaders and managers need to work together and share ideas across the organisation to support SWSLHD's strategic and operational objectives
- The Plan is to be viewed as a dynamic, fluid process and as such requires enablers to see that it is implemented in a timely and consistent manner. To this end, a SWSLHD Workforce Committee will oversee the Plan's implementation across the various Directorates, and will ensure appropriate support, both clinical and non-clinical, is provided
- The community demands that public health organisations operate with values that include integrity, transparency and accountability. Management must be committed to the organisation's values, and visibly demonstrate ethical behaviours, as well as appropriately manage the work practices and behaviours of their staff
- The community is increasingly more enquiring, aware and vocal, demanding greater consultation and involvement in public health related matters. Accordingly, SWSLHD needs to ensure openness in its communications, and be skilled in consultation and negotiation
- There is greater competition for funding, combined with a Government expectation that health organisations will be efficient, professional, and cost focused. To meet this expectation, innovation must be encouraged and the District needs to be prepared to challenge traditional ways of undertaking work practices
- Relationships with other health organisations must be developed, through networking and partnering, together with skills and expertise in policy development, integrated planning, and demand management
- While it is unlikely that all future workers will experience a lifetime commitment to the one employer or industry, the District, through this Plan, must endeavour to create conditions under which that type of commitment could be facilitated
- Operational workforce planning activities related to the separate professional disciplines and corporate and frontline service areas will continue to be managed at a local level within services and facilities
- For it to be successful, this Plan must be considered to be everyone's responsibility, with each staff member engaging with, and assessing the impacts of policy, service design, and business decisions that affect the workforce

3.4 Challenges

The workforce profile of SWSLHD will change significantly over the next decade. The District is potentially facing a substantial loss of experienced, and highly skilled senior staff. Additionally, the Australian population is ageing, and the organisation will be competing for staff in a market place

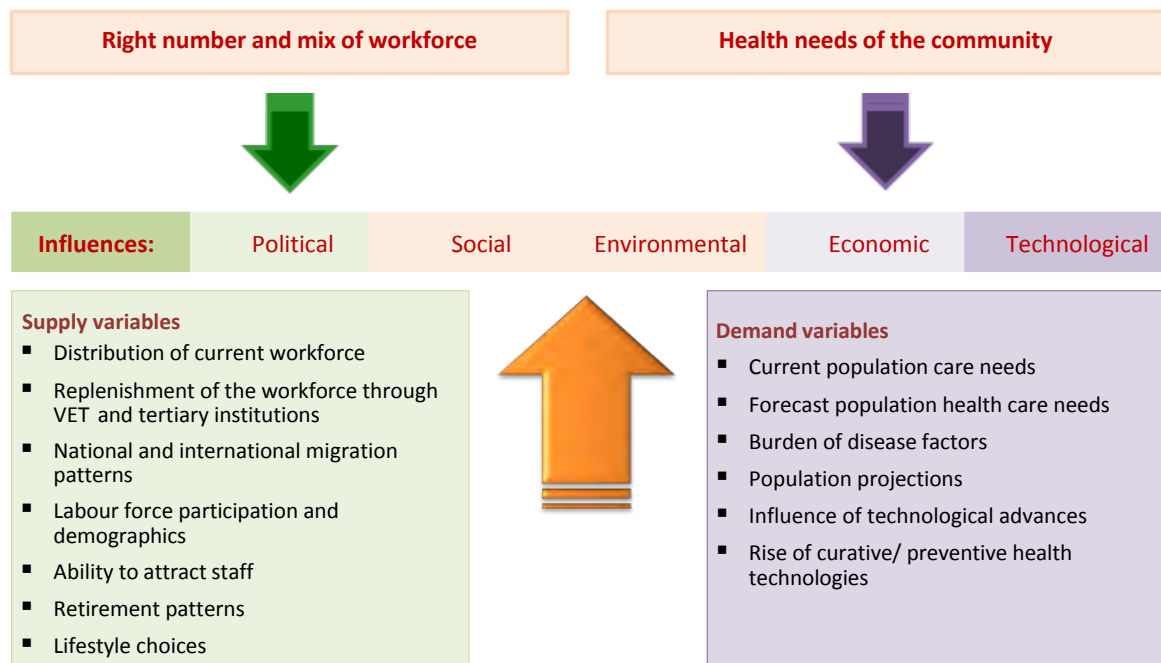


that has a smaller pool of younger workers. Work patterns are also likely to be very different, with people looking for more flexible workplace arrangements.

The ability to implement the necessary workforce for meeting the community’s future demands is affected by a number of internal and external forces. These forces have the potential to impact on SWSLHD’s capacity to supply the right workforce at the right time, as identified in the *Strategic Priorities in Health Care Delivery to 2021, Directions to Better Health – South Western Sydney Corporate Plan 2013 – 2017* and *Health Professionals Workforce Plan*.

The District’s clinical and administrative leaders and staff are required to balance the ‘push pull’ of service supply and demand forces, within the overall strategic path that SWSLHD is travelling, as represented in Figure 1.

Figure 1: Getting the Balance Right





Factors that will impact on the supply of the workforce include:

Internal Forces	External Forces
➔ Operational expenditure - cost of employment	➔ An increase in the Compulsory Superannuation Levy
➔ Workforce demographics	➔ Award salary increases
➔ Length of service	➔ NSW Government employment caps
➔ Skills shortage	➔ Changes in legislation for workplace health and safety
➔ Turnover	➔ Changes in service levels in response to community priorities
➔ Attraction and retention	➔ Changes to the EQulP National Guidelines
➔ Service planning, culture change required for integrating focus and purpose of the business	

SWSLHD must have the capacity to meet these challenges by having the workforce capability to respond. The workforce is already highly skilled, but will need to include more and different skills in meeting the challenges facing the health needs of the region. It is imperative that SWSLHD prepares for how it will attract, recruit, and retain the skilled work force it will need for the future.



4. Analysis of Data and Risks

4.1 General Workforce Trends

The changing composition of the Australian workforce in terms of age, gender and geographical distribution has significant impacts on the availability and retention of SWSLHD's human resources.

The structure of work also continues to evolve, as new information and communication technologies are used to deliver services and products. Other challenges influencing the Australian workforce economically, and socially, are the globalisation of the Australian economy, management of a multi-generational workforce, who appear to have different drivers, and expectations of the workplace. These 'drivers' and expectations have been explored by social researchers, organisational psychologists and consultants. Conclusions drawn include that 'Gen Y' staff require greater access to technology and media, more performance feedback, and a need to feel trusted in the workplace.

This is in contrast to how many organisations operate, and in particular, public sector organisations. Public sector organisations, such as local health districts, are governed by policies, processes and industrial awards that have evolved over time, but largely have been shaped by, and for the 'baby boomer' post war generation.

Overall, these factors, and generational differences, create a requirement for a workforce that is multi-skilled, flexible and intellectually savvy, and with the increasing necessity to work effectively in online environments. The local emerging work environment is producing stronger demand for graduates and highly skilled staff, predominantly in the professional fields. The future workforce requirements, may lead to different and varied employment opportunities, as a result of more efficient systems and broader job design.

4.2 Current SWSLHD Workforce Profile

The reporting period for the Workforce Profile snapshot was 1 June 2013 to 31 August 2013 (except where otherwise indicated), and highlights the data relevant to workforce planning. Appendix 1 provides detailed information about the general workforce (Tables A, B and C) and Visiting Medical Officers (VMOs) (Tables D, E and F). The profile excludes services covered in 2013 by an Inter District Agreement (IDA) and managed by Sydney Local Health District (SLHD) i.e. Oral Health, BreastScreen, Information Management and Technology Division (IM&TD) and the Centre for Education and Workforce Development (CEWD); and the Sydney South West Pathology Service. Services managed by SWSLHD under an IDA i.e. Population Health and Interpreter Services include SLHD staff.

As at August 31, 2013, the total workforce headcount was 11,460 people (8,576.34 contracted full time equivalents (FTE)). *(Note: Agency and Casual staff have a contracted FTE of 0. These staff are identified in Headcount and Average FTE – Paid).* This workforce profiles SWSLHD as one of the largest Health organisations in NSW, and the most significantly sized employer in South Western Sydney.



With this organisational size comes a workforce composition that is both complex, and diverse, with differing job families¹ distributed across a broad range of clinical, and non-clinical services. SWSLHD's workforce is predicated on having a large group of skilled clinical professionals and para-professionals, who are supported by a strong corporate services and administrative function.

4.3 Employment Status

Permanent employees are usually considered the stable component of the workforce. Table 1 indicates there is a relatively low proportion of permanent staff i.e. 72.13%, with 27.87 % of the workforce classified temporary or casual. As at June 2013, permanent staff accounted for 79.41% of the NSW Public Sector Workforce and 83.92% across Health (*Premiers Workforce Profile*). This larger than average proportion of temporary or casuals within the workforce, is not necessarily an indication of workforce risk, rather it can be viewed as a reflection of the age and type of workforce employed. The workforce is comparatively young, with many staff utilising flexible work practices, and policy to provide care or to undertake further studies. This workplace flexibility supports the attraction and retention strategies in this Plan and the direction of becoming an 'Employer of Choice'. Management and governance of temporary and casual staff also need attention to ensure skills and competencies are maintained, including relevant professional development.

Table 1: Employment Status for SWSLHD compared to the NSW Health System

Employment Status	% SWSLHD	% NSW Health
Permanent	72.13	83.92
Temporary/Casual	27.87	16.08

Source: NSW Health StaffLink Aug 2013

Table 2 indicates that more than 70% of the workforce is involved in direct patient care, such as Nurses and Doctors, or indirectly in such diverse roles as Medical Records or Bio Medical Engineers. Nursing represents the largest occupational classification, comprising 49.98% of the total workforce headcount or 45.83% of contracted FTE (31 Aug 2013). Of this, just over 52% of the Nursing workforce is 'Full Time - permanent', and approximately 21% is 'Part time - permanent'.

Table 2: Workforce Headcount by Award Classification

Award Classification	Headcount	% SWSLHD
Nursing	5,728	50.0%
Administration	1,701	14.8%
Medical	1,436	12.5%
Allied Health	892	7.8%
Technical & Professional	878	7.7%
Commercial	825	7.2%
Total	11,460	100.0%

Source: NSW Health StaffLink, Aug 2013

¹ A job family is a series of progressively higher, related jobs distinguished by levels of knowledge, skills, and abilities (competencies/ qualifications) and other factors, that indicate promotional pathways for staff.



4.3.1 Occupation

The following tables and graphs provide a snapshot ‘in time’ of the existing clinical workforce, with an overview of employment within Nursing, Medical and Allied Health.

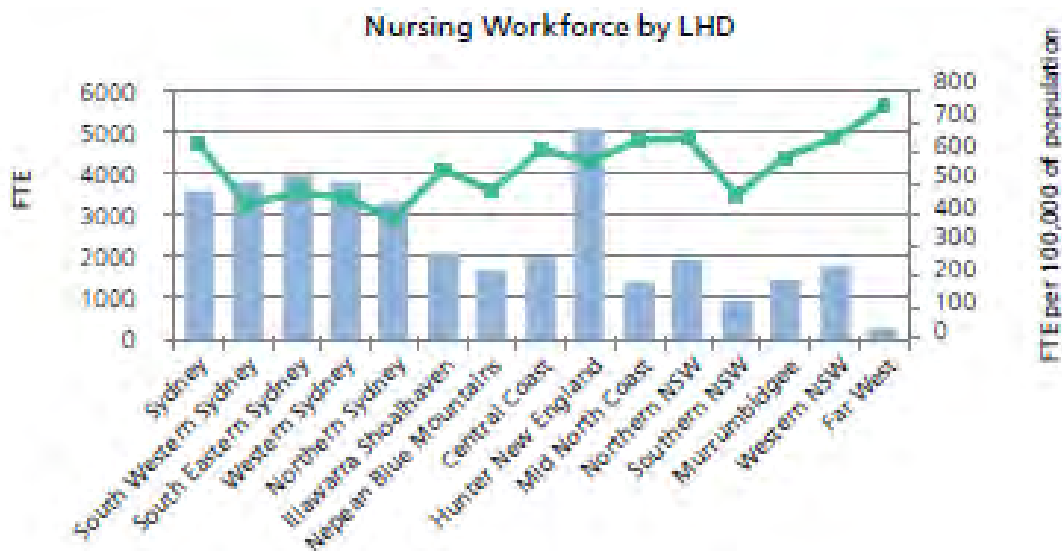
Table 3: Nursing Occupations

Nursing Award Classification	Average FTE	% of Nursing Workforce
Assistant in Nursing	230.62	5.40%
Enrolled Nurse	399.73	9.36%
Nurse/ Midwife Unit Manager	161.10	3.77%
Nurse/ Midwife Consultant	143.80	3.37%
Nurse/ Midwife Educator	61.64	1.44%
Nurse Manager	90.29	2.11%
Nurse Practitioner	10.54	0.25%
Nurse/ Midwife Specialist	281.91	6.60%
Registered Nurse/ Midwife	2,891.12	67.70%
Grand Total	4,270.74	100.00%

Source: NSW Health StaffLink, June-Aug 2013

Table 3 indicates a strong core of professionally qualified nurses. The data indicates that there are solid numbers in entry level nursing areas, which then allows for a better utilisation of the professionally qualified nurses on the more complex patient care tasks, and provides for a well-balanced nursing workforce. As indicated in Graph 1 of the nursing workforce (FTE per 100,000 head of population), SWSLHD’s nursing workforce FTE is consistent with other metropolitan LHDs.

Graph 1: Comparison of the Nursing Workforce across NSW Health (Local Health Districts)



Source: Health Professionals Workforce Plan Taskforce, 2011 NSW Ministry of Health

Tables 4 and 5 following profile the Medical workforce, including Visiting Medical Officers (VMOs).



Table 4: Medical Workforce Average Full-Time Equivalents (FTE) by Award Classification

Medical Award Classification	Average FTE	% of Workforce
Agency Doctor	21.35	1.87%
Clinical Academic	23.68	2.08%
Career Medical Officer (CMO)	90.90	7.97%
Intern	101.77	8.92%
Medical Officer (PT)	0.72	0.06%
Medical Superintendent	11.90	1.04%
Post Graduate Fellow	3.82	0.33%
Registrar	409.70	35.90%
Resident Medical Officer (RMO)	201.87	17.69%
Senior Specialist	132.72	11.63%
Specialist	142.68	12.50%
Grand Total	1,141.12	100.00%

Source: NSW Health StaffLink, June-Aug 2013

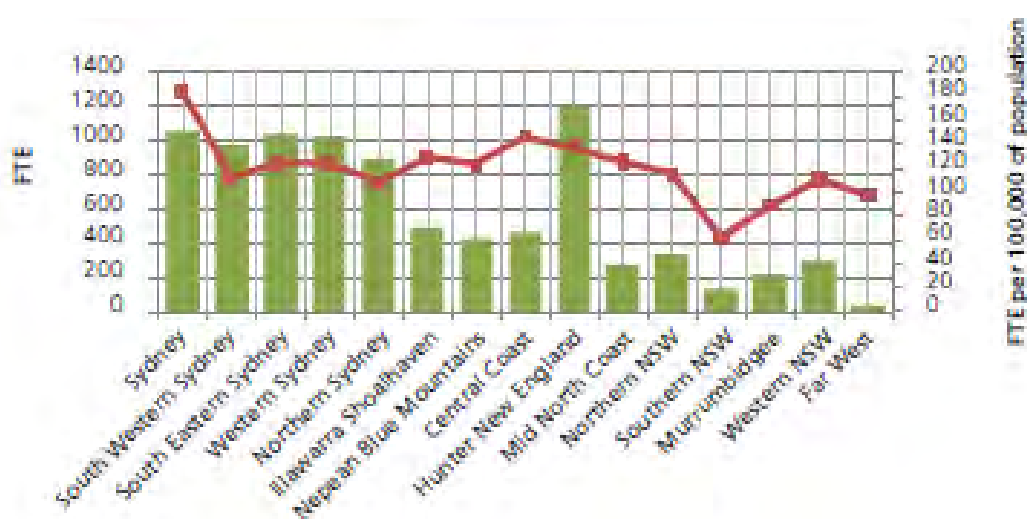
Table 5: Visiting Medical Officers (VMO) as a Proportion of SWSLHD Medical Workforce

Medical Workforce	Headcount	% of Workforce
VMO Workforce	494	25.60%
SWSLHD Medical Workforce	1,436	74.40%
Total Medical	1,930	100.00%

Source: VMO Quinquennium Jan 2014 & NSW StaffLink, August 2013. Detailed VMO data is in Appendix 1.

While the total SWSLHD Medical FTE per 100,000 people is the lowest amongst metropolitan LHDs (Graph 2), it is increasing in line with current expectations for growth in local services. Further, the large percentage of Registrars already employed will become part of the specialist Medical workforce over the life of this Plan. Existing and growing connections with a number of University Medical Schools will support attraction and retention strategies for medical clinicians.

Graph 2: Comparison of the Medical Workforce across NSW LHDs



Source: Health Professionals Workforce Plan Taskforce, 2011 NSW Ministry of Health

The Allied Health and Technical and Other Professional workforces (profiled in Table 6) represent approximately 15% of employees. The workforce is not homogeneous, comprising staff with a range of qualifications. Of note is the Allied Health workforce, which has a younger demographic profile and is characterised by a significant number of temporary and part-time staff associated with maternity leave arrangements.

Table 6: Average FTE for the Allied Health, Other Professional, Scientific and Technical Workforce

Award Classification	Average FTE	% of Workforce
a. Allied Health professionals		
Social Worker	174.34	24.65%
Occupational Therapist	143.36	20.27%
Physiotherapist	134.03	18.95%
Psychologist	120.92	17.09%
Speech Pathologist	67.85	9.59%
Dietitian	44.48	6.29%
Podiatrist	11.74	1.66%
Therapist - Other	8.13	1.15%
Therapy Assistant	2.55	0.36%
Total - Allied Health	707.4	100.00%
b. Other Professional, Scientific & Technical		
Patient Care Assistant	162.34	22.50%
Imaging Staff	149.12	20.67%
Technical Staff	79.89	11.07%
Interpreter	63.92	8.86%
Pharmacist	62.05	8.60%
Radiation Therapist	55.18	7.65%
Operation Theatres Assistant	37.88	5.25%
Child Care Staff	34.05	4.72%
Scientist	30.83	4.27%
Medical Records Officer	22.95	3.18%
Pharmacy Assistant	19.1	2.65%
Research Staff	3.3	0.46%
Bio Medical Engineer	0.85	0.12%
Total- Other Prof., Scientific & Tech	721.46	100.00%
Total – A. Health, Other Prof, Scientific & Tech	1,428.86	

Source: NSW Health StaffLink, June - Aug 2013

4.3.2 Demographic Characteristics of the Workforce

Gender

Based on contracted FTE, 75.83% of the workforce is female, as is 20.69% of the part-time workforce. At 30 June 2013, female employment represented 72.54% of NSW Health (see Table 7). Female VMO participation is 21.34% (see Appendix 1 Table F).



Table 7: Female Representation within SWSLHD and the NSW Health System

Gender	% SWSLHD	% NSW Health
Female employees	75.83	72.54

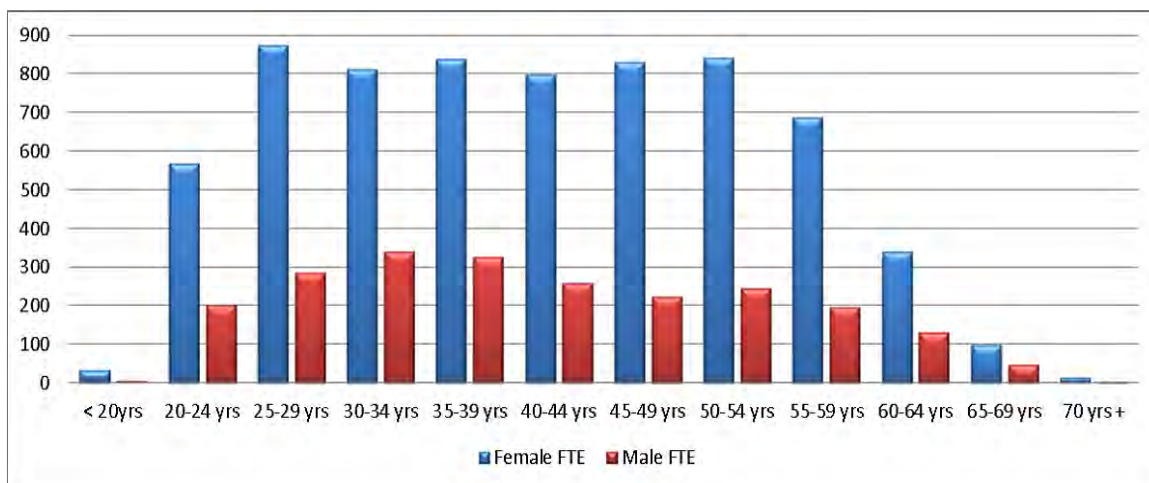
Source: *Workforce Profile 2013 NSW Public Service Commission*

The higher female representation in the workforce requires attention in areas such as planning for maternity/parental/family leave and offering flexible working conditions. Australian statistics show that women provide the majority of hours of care to their children and/or ageing parents/family members (ABS, 2010). Graph 3 shows that the majority of the female workforce falls into the age categories generally acknowledged to be the child bearing/rearing ages, giving further weight to the need to plan for flexibility in the working environment. There is a need to maintain a focus on this section of the workforce, and be attuned to changes in their and the communities expectations of the working conditions and services employers need to provide to employees.

Employee Age

Graph 3 also indicates that young people, aged less than 25 years constituted 8.95% of the workforce. This compares favourably to 4.69% of all persons employed in NSW, who were in this age range (ABS 2010). The highest participation ranges between 25 to 39 years.

Graph 3: Age and Gender of the Workforce (Average Paid FTE)



Source: *NSW Health StaffLink, June-Aug 2013*

At the other end of the age spectrum, 52.43% of the workforce is greater than 40 years of age. The NSW Public Sector mean workforce age is 40 years; for NSW Health it is currently 45 years. Considering an average retirement age of 55 years and over (currently the national average is 57 years) (ABS 2010), 16.90% of the workforce falls within this range. Workforce participation for both genders declines quickly after this age range, with 5.18% of employees aged 65+ years.

Table 8: Age by Award Classification and Largest Age Groups

Classification/ Occupation	% < 40 Years	% > 40 Years	Largest Age Group	% of Largest Age Group
Administration	31.73%	68.27%	50-54 yrs	16.48%
AHP/Technical	60.48%	39.52%	25-29 yrs	21.99%
Commercial	17.45%	82.55%	50-54 yrs	21.39%
Medical (Exc. VMO)	66.86%	33.14%	30-34 yrs	21.64%
- Agency Doctor	45.83%	54.17%	45-49 yrs	27.11%
- Clinical Academic	7.39%	92.61%	50-54 yrs	33.57%
- Career Med Officer	52.24%	47.76%	35-39 yrs	23.29%
- Junior Med Officer	86.74%	13.26%	30-34 yrs	29.44%
- Med Officer (Pt)	0.00%	100.00%	60-64 yrs	100.00%
- Med Superintendent	73.40%	26.60%	35-39 yrs	50.41%
- Postgraduate Fellow	100.00%	0.00%	35-39 yrs	100.00%
- Staff Specialist	26.36%	73.64%	35-39 yrs	23.06%
VMO*	23.08%	76.92%	40-44 Yrs	20.51%
Nursing	48.60%	51.40%	35-39 yrs	13.69%
Grand Total	47.57%	52.43%	25-29 yrs	12.87%

Source: NSW Health StaffLink, Aug 2013 and VMO Quinquennium, Jan 2014

Note: Workforce data for each facility is provided in Appendix 1

In relation to the main occupations:

- The majority of entry positions within Nursing, Medical (all positions) and Allied Health/Technical, require tertiary qualifications. As a result of the associated longer training lead time, entry into clinical positions is predominantly within the 20 - 24 age group.
- Nursing - 51.40% of the nursing workforce is over 40 years of age, the most significant component of the nursing workforce, 13.69%, is in the 35-39 age group.
- Medical (not including VMOs) - 66.86% of the workforce is less than 39 years of age, with the peak age group within the 30-34 age band - or 21.64% of the salaried medical workforce.
- VMO - 54.7% of the workforce is less than 40 years of age, with the peak age group within the 40-44 age band - or 38% of VMOs.
- Allied Health/Technical - 21.99% of the workforce is within the 25-29 year age band which is the peak. 39.52% of the Allied Health/Technical workforce is greater than 40 years of age.
- Administration - 16.48% of the administrative workforce is aged 50-54 years which is significant.
- Commercial - 21.39% of commercial workforce is in the peak category 50-54 age group

The previous paragraphs highlight the importance of this Plan. The data on age indicates areas of risk and areas for development. Over 50% of the workforce is placed in the age band which would indicate experience, stability and possibly a diminished likelihood of requiring maternity/paternity leave or ongoing part-time employment. For staff in the age band approaching the median retirement age, retention programs will be required so as not to lose key skills without having trained and ready replacements. These programs could include phased retirement, permanent part time arrangements and also programs to promote healthy lifestyle choices for older workers.



Aboriginal and Torres Strait Islander Employment

Employees provide health services to Aboriginal people who represent 1.5% of the total south western Sydney community.

The current rate of indigenous employment in SWSLHD is 1.11% of all employees, which is considerably lower than the NSW Government's desired benchmark of 2.6% indigenous employment by 2015. Table 9 indicates that the employment rate for SWSLHD Aboriginal employees is well below that of the NSW Public Sector and NSW Health overall.

Table 9: Aboriginal and Torres Strait Islander employment in SWSLHD, the NSW Health System and the NSW Public Sector

Employee Classification	% of SWSLHD workforce	% NSW Health	% NSW Public Sector
Aboriginal and Torres Strait Islanders	1.11	1.88	2.70

Source: *Workforce Profile, 2012, NSW Public Service Commission*

It is projected that there will be a larger percentage of growth within the Aboriginal population than in the rest of the NSW population. In particular, it is projected there will be significant growth in the ages associated with entry to employment, thus providing an opportunity to increase the number of indigenous employees in the future.

4.4 Workforce Movement

Employee movement is an indicator of organisational renewal, as well as organisational and corporate knowledge loss (when excessive). Organisations try to maintain a stable workforce balance to prevent the loss of skilled and experienced staff. Maintaining workforce expertise minimises costs associated with unnecessary staff turnover, such as recruitment, orientation and training.

The achievement of self-sufficiency in workforce supply may be an optimal point in terms of stability, (influenced in part by the fact that 71.25% of staff live within the catchment area). However SWSLHD, conversely, may also benefit from the transfer of contextual practice, which 'new hire' health practitioners may bring with them from other health organisations within NSW, Australia, or from overseas health organisations.



Table 10: Catchment by Occupational Classification (Average FTE)

Classification/ Occupation	% Employees residing in SWSLHD	% Employees residing outside SWSLHD
Administration	79.97%	20.03%
AHP /Tech	57.25%	42.75%
Commercial	85.05%	14.95%
Medical (Exc. VMO)	34.16%	65.84%
- Agency Doctor	21.05%	78.95%
- Clinical Academic	27.66%	72.34%
- Career Medical Officer	71.18%	28.82%
- Junior Medical Officer	35.02%	64.98%
- Med Officer (Pt)	0.00%	100.00%
- Med Superintendent	25.20%	74.80%
- Postgraduate Fellow	73.81%	26.19%
- Staff Specialist	21.20%	78.80%
Visiting Medical Officer (VMO)*	71.40%	28.60%
Nursing	80.55%	19.45%
Grand Total	71.25%	28.75%

Source: NSW Health StaffLink, Aug 2013 and VMO Quinquennium Jan 2014

Note: Facility data is provided in Appendix 1

4.4.1 Workforce Separation Rate

During the 2012/13 financial year, the overall annual staff separation rate was 10.31%. Research indicates that in health organisations, this is an acceptable figure, and is comparable to the former South West Sydney Area Health Service, and other NSW Local Health Districts.

During the period 1 June 2013 to 31 August 2013, 248 staff (222.1 FTE) commenced employment, excluding casuals. The total number of staff separating (leaving) was 234 FTE. This indicates a slight net gain for the workforce.

The commencement rate for non-casual employees during this period was 2.62%. This is greater than the separation rate of 2.47%, again indicating an overall increase in the workforce.

Table 11: Commencement and Separation Data June 2013 – August 2013

Of those commencing:	Of those separating:	Separation Rate:
<ul style="list-style-type: none"> ▪ 31.85% were Nursing (79) ▪ 28.63% were Salaried Medical (71) ▪ 20.16% were Allied Health/Technical (50) ▪ 13.71% were Administration (34) ▪ 5.65% were Commercial (14) 	<ul style="list-style-type: none"> ▪ 31.20% were Nursing (73) ▪ 27.78% were Salaried Medical (65) ▪ 21.37% were Allied Health/Technical (50) 	<ul style="list-style-type: none"> ▪ Nursing: 1.68% ▪ Salaried Medical: 5.44% ▪ Allied Health /Technical: 3.01% ▪ Admin: 2.12% ▪ Commercial: 1.84%

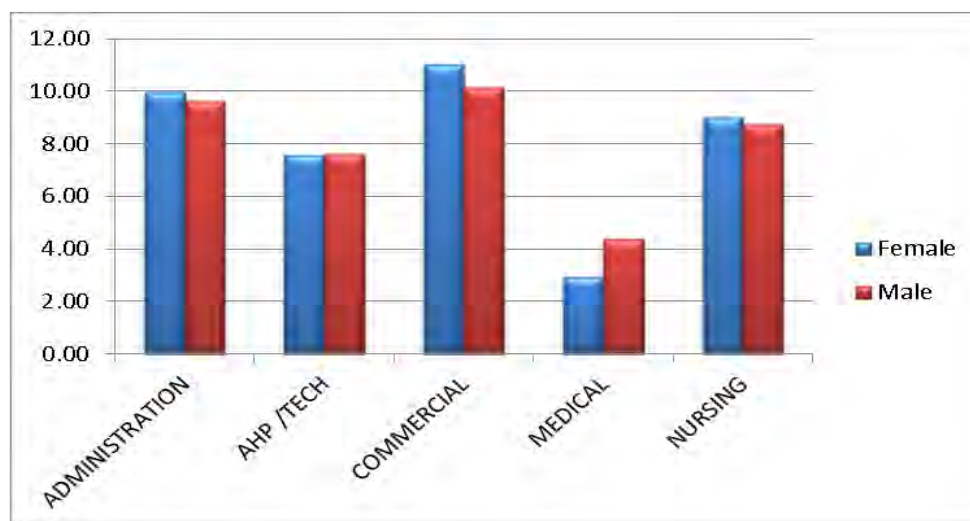
4.4.2 Tenure

Tenure of employment is another factor in determining the relative 'health' of workforce renewal. Short tenure data can indicate poor culture, limited development opportunities or other workforce issues. These factors can influence an employees work choices when it comes to looking for internal



opportunities or sourcing external opportunities. When considering tenure it provides a different aspect on staff separations to turnover, as turnover only shows the raw number of staff exiting.

Graph 4: Total Average Tenure in Years for Active Employees



Source: NSW Health StaffLink, Aug 2013,

Note: The median tenure for NSW Health is 8.24 years

Graph 4 indicates that:

- The highest average tenure for females is within Commercial at 11.03 years
- For males, the highest average tenure years is in Commercial at 10.13 years
- Medical (excluding VMOs) has the lowest average tenure. In this category, female average tenure is 2.92 years and males 4.36 years. This can be explained by the higher incidence of temporary and contracted employment within medical workforce. Approximately 35% of the medical workforce is employed in a Temporary/Casual or Agency contracted capacity.
- In Allied Health/Technical the average tenure is 7.57 years

4.5 Future Workforce Demands

There is an increasingly competitive market for the recruitment (supply) of health professionals, across the State and nationally. Health Workforce Australia (HWA) predicts that, without changes to supply or in how the work is performed, within 15 years there will be professional clinician shortages across all disciplines. Population growth, and a corresponding increase in primary and acute care needs, could cause service demands to be greater than the availability of workforce supply.



2013 Workforce Plan - Gap Analysis

A Workforce Plan - Gap Analysis was undertaken to determine SWSLHD's future workforce needs, based on its current situation, and the projected health needs of its community. The analysis identified the following:

- In the short to medium term, 5 to 10 years, **SWSLHD is not likely to experience a shortage of entry level and early career clinicians**. This reflects the experience of other LHDs and HWA research
- In relation to medical students entering the workforce, there may, in fact, be an oversupply in the near future. An HWA future medical workforce study (2012) reported that 'medical school intakes have been expanding, and this is clearly reflected in the number of commencing medical students, which have almost doubled from 1,889 in 2003, to 3,686 in 2012'
- Clinical sub-specialties identified in the research which may experience workforce shortage/heightened population demand include:
 - Intensive Care and Emergency
 - Mental Health (high acuity in-patients and Psychiatry)
 - Community Mental Health Nursing
 - Community Nursing and Child and Family Nursing
 - Theatre Nursing
 - Podiatry
 - Pharmacy
- There is currently a significant reliance on alternate workforce supply (e.g. locums and agency nurses). As demand increases, this supply is viewed as unsustainable over a longer term
- Additionally, there will be loss of skills and corporate knowledge over the next 5 to 10 years as older workers exit, and there is a larger number of comparatively less experienced staff
- The workforce is relatively young compared to other LHDs which have workforces with a higher age profile. The risk locally is that as vacancies and promotional opportunities arise in other LHDs, separations of skilled workers may increase. Retention of skilled and trained staff will be linked to the drivers/attraction factors/benefits offered, and how SWSLHD positions itself as a health employer of choice
- Other workforce risks identified include:
 - The national average retirement age is 57.1 years (ABS 2010); currently the average retirement age in the SWSLHD workforce is 59 years. It is estimated that 16% of the District's workforce (approx. 1,700 staff) will likely retire in the next 5 years and 25% (approx. 2,400 staff) will likely retire in the next 10 years. SWSLHD faces a risk of skills and service shortages, unless it can gain advance information about staff retirement intentions
 - There will be a growth in demand for services, but it is unknown to what extent that this will impact on the size of the current workforce
 - It is possible to make informed judgments on areas that are of greatest strategic vulnerability. These include: front-line staff in hospitals; rural facilities, where vacancies or disruptions have significant impacts; and hard-to-recruit positions that are 'crisis managed' during vacancies
 - Working patterns will continue to change in line with the evolution of technology and industrial instruments



- Corporate support areas such as Finance, Human Resources, Environmental Services, Clinical Coders, Data Managers, Biomedical Engineering and Trades positions have been identified as areas of potential skills shortages

4.6 Health Issues with Potential to Impact SWSLHD Workforce Supply

As populations increase, so too does the demand for health services. When considering the factors that would uniquely impact on the workforce, the following health issues have been identified as needing particular focus.

4.6.1 Aged Health: Dementia and Carers

Dementia has been identified as a key health issue Australia-wide. It is expected that there will be approximately a 40% increase of people living with Dementia across south western Sydney communities, within the next 10 years, which is significantly greater than the NSW state average of 22% growth in the same period. This potentially places increased pressure on the District's ability to supply adequate community nursing and hospital services, particularly as dementia is linked to extended length of hospital stays and a greater need for ongoing community care.

In particular, Wingecarribee, Camden and Campbelltown LGAs have the greatest percentage growth (over 100% in 10 years) in Aged Health needs; Dementia being a major health component of this. As SWSLHD's hospital bed occupancy rates are currently higher than any other LHD and at almost 100% occupancy, well above the States benchmark, any future increase is unsustainable; other strategies will need to be developed to meet expected demand.

Additionally, the demand for carers will be greater than ever, and will affect the local workforce, both in finding an adequate supply of appropriate aged-care carers within the community, plus managing the needs of a largely female workforce who traditionally provide the greater share of caring for elderly family members.

4.6.2 Antenatal, Birthing, Postnatal Health and a Higher Birth Rate

As the local population increases at both the younger and older stages of life, it is projected there will be increases in birth rates, drawing significantly on antenatal, birthing and post natal services. Impacting on this is the issue of poor health and a lower socio-economic status, as reported in *SWSLHD Strategic Priorities in Healthcare Delivery to 2021*, following:

Pregnancy and the Newborn Period

In 2010, only 79% of pregnant women in the District had a first antenatal visit before 20 weeks gestation, compared to 92% in NSW. Similarly, only 54% of women had a first antenatal visit before 14 weeks gestation, compared to 79% in NSW. Each LGA in the District is significantly worse than the state and the situation is currently deteriorating.

Babies with a low birth weight (under 2.5kg) represented 7.4% of all births in the District in 2010, 1.3% higher than the NSW average. These babies are more likely to have developmental problems later in life, including learning difficulties, hearing and visual impairments, chronic respiratory problems and chronic diseases. In 2009-10, there were



588 pre-term births recorded in the District, and again, Aboriginal women reported a higher rate than non-Aboriginal women (10.8% and 6.7% respectively). Prior to 2010, most preterm and low birthweight babies were born to teenage mothers, however in 2010 this changed to mothers over 35 years.

In the period 2008-2010, 2,131 local women smoked during pregnancy. Prevalence was significantly higher than the state in every LGA. In 2010, Aboriginal women reported a significantly higher rate of smoking during pregnancy (45.5%) than non-Aboriginal women (14.8%).

Perinatal mortality is relatively high in the District compared to NSW (9.7 per 1,000 and 8.2 per 1,000 respectively). This accounted for 124 deaths in 2010. Gestational diabetes mellitus (GDM) is a significant problem in pregnancy and is affected by factors such as weight, age and ethnicity, and social determinants such as education, income and how much an individual paid on their mortgage. Mothers and their babies who develop GDM during pregnancy are 50% more likely than average to develop type 2 diabetes within 10-20 years if they don't maintain recommended healthy lifestyle changes. Six of the top ten postcodes ranked by GDM occurrence in NSW are in SWSLHD, with Liverpool and Campbelltown in the top three. Local data indicates that 14% of all babies in the last two years in SWSLHD are born with GDM compared to 5.5-8.8% across Australia.

4.6.3 Poor Lifestyle and Health Choices Combined with Lower Socio-Economic Status

A number of south western Sydney communities fall into the ten highest socio-economically disadvantaged categories across the Sydney region. Linked to poorer health outcomes, this disadvantage creates a greater demand on SWSLHD resources and services.

Population health data indicates a higher portion of people living within local communities are inclined to make poorer health choices, such as smoking, illicit drug taking, and reduced physical exercise, than in the rest of the State, which in turn results in a higher burden on the District's ability to provide adequate services.

Future expectations are that, combined with a significant population growth rate, a higher proportion of elderly community members, an elevated birth rate, and communities with a poorer health status, SWSLHD will see a demand for its services that far exceed its ability to supply.



5. Workforce Risk

The Workforce Risk Table identifies future workforce risks and mitigations based on information about the available workforce, projected population growth and relevant research.

The 'Risk Level' has been calculated using the 'NSW Health Risk Matrix' (Refer to Appendix 5).

Risk rating	Action required
Red = extreme (A – E)	Escalate to Chief Executive or head of health service Implement a detailed action plan to reduce risk rating
Orange = high (F – K)	Escalate to senior management Implement a detailed action plan to reduce risk rating
Yellow = medium (L – T)	Specify management accountability and responsibility Monitor trends and plan for improvement
Green = low (U – Y)	Manage by routine procedures Monitor trends

The following 4 Workforce Strategic Priorities have been developed in response to the Risks/Issues identified from the data and research. Full details of the Priorities can be found in Section 6 Workforce Strategic Plan: Priorities for Action.

1	Plan for Change: Meeting Future Health Needs
2	Plan for Growth: Build a Sustainable and Capable Workforce
3	Become an Employer of Choice
4	Develop Future Leaders, both Clinical and Corporate



5.1 Workforce Risk Table

Risk/Issue	Risk Level	Supported by information from:	Workforce Strategic Priority (1 to 4)	Mitigations/Actions
Higher representation of female workforce combined with inflexible working conditions, lack of planning for leave, etc. can lead to a significant reduction in some vital services	High: Level E	<ul style="list-style-type: none"> ▪ <i>Directions to Better Health – South Western Sydney Corporate Plan 2013 – 2017</i> ▪ <i>Health Professionals Workforce Plan 2012 – 2022</i> 	3. Become an Employer of Choice 2. Plan for Growth	<ul style="list-style-type: none"> ▪ Implement flexible working conditions ▪ Develop localised workplace planning frameworks
Workplace culture is impacted due to heightened workloads, pressure, and demands of workplace; resulting in staff burnout, increased sick leave, errors, etc.	High: Level J	<ul style="list-style-type: none"> ▪ <i>Directions to Better Health – South Western Sydney Corporate Plan 2013 – 2017</i> ▪ <i>SWSLHD Workforce Strategic Plan – employee Focus Groups, 2013</i> 	3. Become an Employer of Choice	<ul style="list-style-type: none"> ▪ Implement employee wellbeing program ▪ Implement flexible working arrangements ▪ Implement rewards/recognition program: appreciation and safety initiatives ▪ Develop innovative health-team model
Heightened and increasing socio-economically disadvantaged population combined with overall poorer health status can over-burden SWSLHD's service provision	High: Level K	<ul style="list-style-type: none"> ▪ <i>SWSLHD Strategic Priorities in Healthcare Delivery to 2021</i> ▪ <i>Directions to Better Health – South Western Sydney Corporate Plan 2013 – 2017</i> ▪ <i>Health Professionals Workforce Plan Taskforce, 2011</i> 	1. Plan for Change	<ul style="list-style-type: none"> ▪ Invest in Population Health workforce – develop innovative models for health promotion ▪ Develop stronger community presence through partnerships with health related agencies, e.g. Carers NSW, Lifeline, Home and Community Care (HACC), etc. ▪ Expand SWSLHD's volunteer program
Specific health issues associated with increased levels of younger/older population can	High: Level E	<ul style="list-style-type: none"> ▪ <i>SWSLHD Strategic Priorities in Healthcare</i> 	2. Plan for Growth 1. Plan for Change	<ul style="list-style-type: none"> ▪ Invest in Community Health initiatives, e.g. 'Hospital in the Home' ▪ Implement specific



Risk/Issue	Risk Level	Supported by information from:	Workforce Strategic Priority (1 to 4)	Mitigations/Actions
<p>create a greater demand on workforce; this may not be sustainable in areas such as Aged Care clinicians, Midwives, Community care workers, Mental Health workers, etc.</p>		<p><i>Delivery to 2021</i></p> <ul style="list-style-type: none"> ▪ <i>Directions to Better Health – South Western Sydney Corporate Plan 2013 – 2017</i> ▪ <i>Health Professionals Workforce Plan Taskforce, 2011</i> ▪ <i>Health Workforce Australia 2013</i> 		<p>‘taskforce’ committees for each community</p> <ul style="list-style-type: none"> ▪ Expand numbers of Nurse Practitioner, within identified need areas ▪ Investigate job redesign
<p>High percentage of employees are nearing traditional retirement age, which could cause a significant future deficient in skills, knowledge and service provision</p>	<p>High: Level J</p>	<ul style="list-style-type: none"> ▪ Staff Link Data 	<p>2. Plan for Growth</p>	<ul style="list-style-type: none"> ▪ Implement Staged Exit Program ▪ Develop ‘Retirement Intentions’ survey
<p>Disproportionate % of permanent vs. casual employees across SWSLHD - escalates costs, reduces surety of future numbers High % of Agency staff impacts on workplace culture and safety issues. Limited skill sets in SWSLHD in relation to Workforce Planning</p>	<p>Moderate: Level M</p>	<ul style="list-style-type: none"> ▪ <i>SWSLHD Strategic Priorities in Healthcare Delivery to 2021</i> ▪ <i>Directions to Better Health – South Western Sydney Corporate Plan 2013 – 2017</i> ▪ <i>Health Professionals Workforce Plan Taskforce, 2011</i> 	<p>2. Plan for Growth</p>	<ul style="list-style-type: none"> ▪ Initiate a workforce planning framework across all facilities ▪ Implement flexible working practises, including staged retirement plans ▪ Implement succession planning – particularly for known hard-to-fill positions ▪ Implement knowledge capture strategies ▪ Investigate option for Job re-design
<p>Under representation of Aboriginal and Torres Strait Islander workforce; not meeting required 2.6% representation by 2015</p>	<p>Moderate: Level M</p>	<ul style="list-style-type: none"> ▪ <i>SWSLHD Strategic Priorities in Healthcare Delivery to 2021</i> ▪ <i>Workforce</i> 	<p>4. Develop Leaders</p> <p>3. Become an Employer of Choice</p>	<ul style="list-style-type: none"> ▪ Identify current Aboriginal and Torres Strait Islander employees with leadership potential – develop through program ▪ Implement SWSLHD



Risk/Issue	Risk Level	Supported by information from:	Workforce Strategic Priority (1 to 4)	Mitigations/Actions
		<i>Profile, 2013</i> Public Service Commission	2. Plan for Growth	Aboriginal Workforce Implementation Plan
Loss of skills, knowledge, services as older/longer term employees leave and younger workforce is yet to gain experience.	Moderate Level M	<ul style="list-style-type: none"> ▪ <i>Directions to Better Health</i> – South Western Sydney Corporate Plan 2013 – 2017 	4. Develop Leaders 2. Plan for Growth	<ul style="list-style-type: none"> ▪ Develop talent management program ▪ Identify potential leaders; create robust leadership pathways ▪ Seek clarification through retirement intentions survey; plan accordingly ▪ Implement knowledge capture program
There is a lack of programs to develop and deliver suitable trained staff ready to work in key leadership and clinical roles.	Moderate: Level M	<ul style="list-style-type: none"> ▪ NSW Health Leadership Framework 	4. Develop Leaders	<ul style="list-style-type: none"> ▪ Develop Health Leaders Program – fast-tracking potential leaders through a program of education, workplace experiences, and coaching/mentoring
There is a lack of a planned and strategic approach to Succession Planning and Talent Management, leading to potential skills and service gaps.	Moderate: Level M		2. Plan for Growth 1. Plan for Change	<ul style="list-style-type: none"> ▪ Executive and Senior Clinicians to identify candidates for succession management program ▪ Implement succession planning – particularly for known hard-to-fill positions ▪ Develop talent management program ▪ Identify potential leaders; create robust leadership pathways ▪ Develop Health Leaders Program – fast-tracking potential leaders through a program of education, workplace experiences, and coaching/mentoring



6. SWSLHD Workforce Strategic Plan: Priorities for Action

Corporate Action 4 - Developing our Staff from the SWSLHD Corporate Plan 2013 -2017 - *Directions to Better Health*, identified the following workforce focus areas:

- Workforce Planning, Matching to Demand
- Supply Strategies, Attraction
- Efficiency in Recruitment, Retention, Succession Planning
- Performance Management
- Job Design/Redesign
- Education

In response to this work and to the risks outlined in the previous section (Section 4), four workforce strategic priorities have been identified. These priorities will incorporate the actions arising out of the SWSLHD Corporate Plan, have linkage to the *Health Professionals Plan* and will enable structure to guide SWSLHD’s achievement of the Workforce Strategic Plan. These priorities are reflective of the analysis of the SWSLHD current workforce, future projections and set the direction for workforce development and activity over the life of the Workforce Strategic Plan. The strategic priorities were garnered through consultation with stakeholders, comparisons with other health organisations, undertaking research into workforce planning trends, and the existing strategic directions.

The four Workforce Strategic Priorities are:

1	Plan for Change: Meeting Future Health Needs
2	Plan for Growth: Build a Sustainable and Capable Workforce
3	Become an Employer of Choice
4	Develop Future Leaders, both Clinical and Corporate

6.1 Priority 1 – Plan for Change: Meeting Future Health Needs.

6.1.1 Targeting skills towards Proactive and Preventative Health Measures

An up-skilled Population Health and Primary Care workforce is needed which works collaboratively with community partners to focus on health prevention education that is linguistically diverse. This may require strengthening of existing systems, processes and frameworks for health promotion and primary care. Continuing engagement with local communities and existing health partners, and improving preventative health literacy amongst the consumers will support a strategy to reduce acute care admissions.

To achieve this, the District will review how it interacts with primary care providers such as the primary health organisations, general practitioners, pharmacists and other providers. There is growth in the use of Practice Nurses in GP Clinics and surgeries. A number of studies have shown that practice nurses and other primary health care clinicians, such as pharmacists, are effective in providing health assessments, health promotion and advice, and educating consumers on lifestyle issues.



SWSLHD could utilise its population health, health promotion and primary care professionals, and its quality training delivery facilities, to establish a learning hub in preventative care for community based preventative care staff.

6.1.2 Workforce Redesign

Significant workforce redesign and modernisation across both the public and private sectors is essential for the future provision, improvement and sustainability, of health care. To be successful in meeting the future challenges, the District requires both the necessary capacity and capability in its workforce; one that is fit for the purpose of sustaining safe, quality and effective health care that properly meets its community needs.

The avenues to consider in workforce redesign that can assist in addressing a surge in demand are:

- Efficiency improvements through improved, effective use of technology
- Supporting the creation of innovative health care worker roles such as carers, physician assistants, surgical/theatre assistants/technicians, hospitalists etc.
- Expanding the scope of practice of existing health professionals
- Increasing an emphasis on health promotion, prevention and education
- Development of broad communication skills sets, including community relations, for effective liaison with other agencies, local government, and community groups.

Extending scope of practice is underpinned by the concept of 'crossing professional boundaries', by way of capability development in competencies that apply to several or many health professions. The United Kingdom's National Health Service (NHS) '*skills escalator*' exemplifies such an approach, where a career framework is constructed around 9 levels commencing with 'support' roles and progressing to very senior and experienced practitioner and consultant roles. This approach recognises the importance of lifelong learning and ongoing skills acquisition; it allows for multiple career entry levels, and promotes a sound culture with foundations of job satisfaction, role delegation, service quality and efficiency, and the ability to operate at varied and challenging levels within the framework. SWSLHD Nursing Workforce utilise a similar approach in the recruitment, and development of nursing staff from entry level through to degree qualified nurses. This approach could be adapted and used more broadly across the District.

Considering the often complex, chronic co-morbidities anticipated in future years, this aligns well to the 'health care team' approach that is so important in the management of such conditions, and it emphasises the very real need to ensure the development of 'generalists' who possess a definitive suite of health competencies.

Structurally the health system is geared toward a heavy focus on acute care, yet improving co-ordination of Primary Care, can be a constructive and preventative measure in lowering the usage of acute care services. Recent amendments to the Medical Benefits Schedule (MBS) can serve to assist in overcoming some of the system blockages if innovative measures are considered. An example would be physiotherapists being able to order radiology for musculoskeletal matters, without requiring a medical intervention.



Health Workforce Australia research, and modelling on increased demand for health services, suggests that the most effective intervention organisations can make is adopting a process of workforce reform and workforce innovation to increase the productivity of the future workforce. This, coupled with growth in the use of technology, can maximise productivity through work and position re-design allowing health practitioners to work at the fullest extent of their scope of practice. Systems and policies will need to be strengthened to encourage greater role flexibility and multidisciplinary teaching and learning. Developing the professional skill sets of health practitioners and increasing their transferable skills, can provide for staff who can work across clinical disciplines and in different situations. The continuous learning model for all staff, supported by SWSLHD, will also assist in retaining the workforce that is being grown to meet those future workforce demands.

It is critical that workforce innovation results in not only improved productivity, improved retention and job satisfaction but also that the safety and quality of care is not affected. This requires local coordination across stakeholders including professional bodies, partnered tertiary providers, industrial associations, and the MoH. SWSLHD health practitioners must also be engaged, consulted and supported through any process of workforce change.

Administratively, there are opportunities to reform industrial and professional practices that inhibit flexibility and continue to be the fundamental drivers of unnecessary costs. This will require an intense effort by SWSLHD to influence the way future industrial awards are constructed and implemented centrally, and policy shifts at the MoH.

6.1.3 Implementing Appropriate and Relevant Policy

The District will support a process of continuous improvement in workforce policies and procedures. MoH policies will be supported by procedures that are written in plain English, which contain frequently asked questions (FAQs), flowcharts for actions and decision trees for line managers to better understand their application. In the medium term this information would be transferred to a *'Managers Help Centre'* (MHC) as a 'one stop shop' for management information. Longer term, an *'Employee Help Centre'* (EHC) will be developed, and like the MHC, it will contain the tools for staff to access policies, procedure, forms and e-learning programs as a one stop shop for staff. This will ensure that information is consistent and regularly updated, and will reduce the pressure on enabling services like Finance and Human Resources in responding to simple enquiries.

6.2 Priority 2 - Plan for Growth: Build a Sustainable, Capable Workforce.

The anticipated growth of health services for south western Sydney will place a significant demand on the workforce. To deliver on the strategic service plans, SWSLHD will need to build a capable and professional workforce that is agile, innovative and resilient. To do this, a culture of organisational and individual high performance will need to be fostered and embedded.

The District will review its performance management systems, with a focus on linking performance development to operational and strategic outcomes. The implementation of individual performance plans and learning plans will be used to inform the development of learning programs by the Centre for Education and Workforce Development (CEWD). It will also provide a focus for how resources are invested into building a culture of high performance.



6.2.1 Attraction, Retention and Development

Increasingly, organisations are looking to not only attract and retain people, but also to ensure there is a future supply of staff with an understanding of the organisation and the industry. Sourcing this future supply has propelled organisations, such as SWSLHD, towards developing partnerships and relationships with tertiary institutions, the proposed Primary Health Networks, and employment focused organisations such as Job Network agencies.

6.2.2 Employment Programs

Employer-sponsored employment programs are essential in ensuring successful attraction and retention strategies, and are SWSLHD's 'talent' and 'skills pipeline'. Used effectively, these programs are an adjunct to ensuring supply of staff to areas of need and building future capability within organisational focus areas, such as leadership.

The District has supported a number of successful employment programs for many years. These programs are comparable to other Health and public sector agency approaches toward building organisational capability, and are reflective of SWSLHD's commitment to engage with the local community in sourcing its future staff. These programs target Aboriginal and Torres Strait Islander participation in the health workforce, via the Aboriginal Traineeship Program; Leadership, through the Graduate Health Management Program; and Nursing, through the Assistant In Nursing Program (Vocational Education Training, VET, in Schools) and the Diploma of Nursing Programs. In addition, there are scholarship programs for staff to undertake SWSLHD-supported education programs.

Many public and private sector organisations have recognised that the area of study that secondary school students choose has an impact on future supply of staff. For example, should the study of mathematics and the sciences decline, then the availability of students to engage in work areas such as Engineering, through to the Biomedical Sciences, Laboratories, to clinical roles of all disciplines, also declines. SWSLHD is involved with a number of local schools through its VET programs; this would be a logical expansion of those ties. In the future, closer engagement with feeder high schools will be pursued to promote health careers, and the study of mathematics and the sciences.

6.2.3 Staff Development

A key strategy in attaining the right people, in the right place, at the right time, is to have a strong focus on learning and development. The ability to 'grow their own' staff is a vital component of this workforce strategy. This will benefit staff already working in local facilities and provide a point of difference and an attractor for people looking to join Health organisations.

The District is committed to growing and enhancing its partnerships with higher education, and vocational education and training providers. Already there is strong support for clinical development of undergraduate clinicians through these partnerships, by providing student placements to learn 'on-the-job', and have the opportunity to identify with, and become part of the culture.

Through CEWD, staff can access appropriate and nationally recognised training. CEWD additionally provides staff with structured clinical training and E-Learning, across a range of disciplines. This creates a workforce that is knowledgeable, skilled, competent and engaged in lifelong learning.



SWSLHD's ongoing support of leadership programs, such as the Master in Business Administration, highlights it as an exceptional employer within the Health landscape. No other Local Health District has shown such commitment in preparing its staff for professional leadership roles. Added to this are employment programs such as the Graduate Program, Nursing Cadetships and Traineeships and the Aboriginal Traineeship Program. Investment in these important initiatives will be continued over the life of the Plan.

6.2.4 Supporting Management Capability:

In addition to building the capability of organisation leaders, managers will be provided with tools and skills enabling them to manage their administrative responsibilities. Through the performance review process, managers will be provided with an individual and agreed learning plan to oversight their professional development. This learning plan will include a combination of technical and management programs, project work and/or experiences gained through acting in higher grades, or secondments to other facilities or services. The individual learning plans will be reviewed annually to check for progress and to add or subtract actions from the plan.

In recognition of the need to strengthen local decision making for managers, SWSLHD will commit to sourcing and implementing an intranet based 'Managers Help Centre' (MHC) E-platform, for the education and skilling of managers in supporting their people and corporate accountabilities. The MHC will provide an e-learning and information tool that managers can navigate to access key policy information, management and leadership training, and simple guides for completing organisational documents. This will assist in:

- promoting a culture supportive of new and existing managers in performing their roles
- encouraging peer support, group learning, and a community of practice between managers
- developing a dedicated e-orientation program for new or promoted managers
- supporting clinical staff in undertaking their managerial functions and responsibilities
- building skills and confidence for managers in making informed decisions around their people and corporate responsibilities

The development of the MHC will support achievement of the Garling *Final Report of the Special Commission of Inquiry, Acute Care Services in NSW Public Hospitals*, Recommendation 42: 'Just Culture' Workplace Program. This project, when completed, will strengthen local decision making and drive workplace cultural improvement through a better informed and engaged line management group. The MHC project also has the capacity to assist managers with both improving workplace culture, and providing them with information to support making appropriate decisions, within their delegations, on staff and resources issues, such as:

- complaints, complaint and grievance handling
- bullying and harassment
- Incident Information Management System (IIMS) and incident management

6.2.5 Talent Management across the Workforce

Challenging the traditional view that talent management should be applied to an organisations' potential leaders only, research conducted across a broad cross-section of European businesses concluded that organisations that integrate talent management across the whole-of-business realise



greater long term benefits in a sustained and high performance workforce. The following five principles underpin the findings of the research:

- 1. A crystal clear talent policy requires careful deliberation on the scope of talent development (TD). Research shows that clearly targeted TD approaches (on high potentials or out-performers) work best for the short term (2-5 years). TD approaches that regard the entire organisation as the existing talent pool reap the highest business benefits in the longer run.*
- 2. The strongest talent development programs are the result of a coherent organisational talent management effort: from strategic resource planning, to recruitment and assessment, pipelining, career planning, career development, engagement, mentoring and coaching and (last but not least) learning and development.*
- 3. The range of corporate challenges that could potentially underpin talent development may be highly diverse. Strong TD efforts are not only aware of the corporate challenges, but build their TD programs around them: if only because talents demand this foresight.*
- 4. Mentoring is one way for talent to develop, benefiting from a one-to-one relationship with a more experienced leader or professional outside their chain of command. The ultimate goal being to enhance the talent's organisational "know-how" and business insight and to accelerate their development.*
- 5. Talents often feel under-utilised in their tasks and assignments, primarily due to the fact that their daily activities claim all available time, effort and energy. Talents may offer their companies a huge and largely untapped cognitive supply (Shirky, 2010) that could aid organisational development.*

Source: Prius, E, 2011

SWSLHD will review opportunities to develop a talent management program across all areas of its workforce, particularly focusing on the Commercial and Administration areas, where there is a predominately ageing workforce.

6.2.6 'Retirement Intentions' Program

SWSLHD's two strategic plans have outlined the planned service delivery strategy for the next 10 years. For the purposes of workforce supply, information is needed about the percentage of staff who are in 'hard-to-fill' or 'mission critical' roles that relate to the planned growth of services. It would be expected that a large percentage of staff who retire over the next 10 to 15 years, will be replaced from the growing pool of people attracted to the workforce. However, the District needs to have a clearer understanding of the retirement intentions of its position holders, particularly those in 'critical' areas.

This understanding will be gained through implementing a 'retirement-intentions' communication strategy and survey. Staff in the 54 - 65+ year age profile and in 'critical' positions, will be targeted to receive communication from the organisation about their retirement intention. This will include group communications, face to face meetings, individual letters, emails, and/or meetings with their line management, in addition to receiving a retirement-intentions survey.

The survey will not only find out the intended date of retirement (should there be one), but also gain employee feedback as to the basis on which they could continue in their positions. There will be a



number of options for how this transition to retirement activities will occur, but the key will be to engage in positive and open communication with the identified staff so that they have input and control over the later stages of their careers.

The advantage for the organisation and the staff member is that it will take the 'guess-work' out of future operational workforce planning, as both will be clear as to when staff will leave, and the replacement strategies required.

6.2.7 Utilising an Ageing Workforce

Research has shown that employers can have stereotypical views of the abilities and attitudes of older employees. These attitudes can have positive and negative influences on the retention and recruitment of older employees and the types of work that might be available for them.

A growing body of research shows that this type of bias may be unconscious and implicit in the way people judge others. Whether the behaviour is unconscious or not, it is clear that bias in the workplace results in negative outcomes for organisations.

As older employees become more prevalent in the workforce, it will become increasingly important to challenge preconceptions about how this group contributes to organisational performance and productivity. Consideration will need to be given on how to retain people with skill sets that are needed. Methodologies to assist this could include:

- Transition to retirement role changes, which allow for the staff members skills to be accessed on a part-time or flexible arrangement
- Utilise their skills and experiences as mentors/coaches for planned learning assignments with staff in the leadership, talent and succession planning programs
- Increase use of teleworking for staff to access and undertake work assignments of a full or part time basis (where functions permit)
- Use of 'Retirement intention' survey data to target those staff who would most benefit from these arrangements

6.2.8 Workforce Planning Framework

A workforce planning framework is necessary to ensure workforce plans and other strategic priorities are integrated into facility, service and departmental planning. This is key to engaging and linking individual role contributions to the organisations goals and objectives.

To assist, Workforce Plan key action areas will show the various linkages to relevant plans and other assessment requirements. Additionally, the District will review opportunities to develop manager skill sets in developing localised workforce plans.

6.2.9 Succession Risk Management

Succession risk is the risk when a vacancy in a critical role cannot be filled satisfactorily within an acceptable timeframe. Succession risk management involves efforts to decrease the likelihood of lengthy vacancies in critical roles, and limiting the impact of vacancies in critical roles when they occur.



In its simplest form, succession risk management involves regular and structured discussions among the leaders of an organisation, division or work unit about:

- the significant work that needs to be undertaken to achieve the organisation's primary outcomes
- the types of roles that are critical to this work and the nature of these roles
- the potential for developing a pool of current staff to undertake the different types of critical roles
- the potential for the external labour market to provide candidates for types of critical roles
- the extent to which the need to fill critical roles and the capacity of the workforce to undertake these roles may not be aligned
- the potential misalignments that are most likely and may have the greatest impacts
- risk mitigation strategies i.e. what can be done with available resources to reduce the likelihood or potential impact of long-term vacancies in critical roles

Management of succession risk occurs through everyday management activities including business planning, role design, departure practices, staff development, knowledge of the external labour market, attraction activities, recruitment activities, role 'on-boarding', performance management, and organisational climate.

Effective succession risk management does not force anyone to vacate a role, guarantee anyone a role, or exclude anyone from applying for a role.

As part of its commitment to growing a sustainable and capable workforce, District-wide policies, procedures and protocols will be developed for the effective implementation of a Succession Risk Management strategy.

6.2.10 Organisational Learning and Development

"Learning is about connections....Through learning we perceive the world and our relationship to it ... This then, is the basic meaning of a 'learning organisation' -an organisation that is continuously expanding its capacity to create its future."

Peter Senge, 1990 '5th Discipline: The Art and Practice of the Learning Organization'

An aspirational goal for SWSLHD is to take the steps to becoming a 'Learning Organisation'. Learning Organisation is the term given to an organisation that proactively supports and enables the learning of its staff. These organisations embrace workplace change, and have the processes, and the systems to support organisational growth and transformation.

The Learning Organisation concept and model was theorised by the work of Peter Senge and his associates at the Massachusetts Institute of Technology. Learning Organisations support and enable organisations to shift to a more interconnected way of thinking; organisations can become more like communities that employees can feel a commitment to. They will work harder for an organisation they are committed to, and where they feel the organisation is committed to them.

To develop this Plan, focus groups were held with staff from across all areas of the District. Overwhelmingly, staff expressed the idea that SWSLHD is a community, and the learning



opportunities provided are second to none within the context of NSW Health organisations. This feedback establishes that SWSLHD has the elements and the building blocks in place, to further grow and develop as a Learning Organisation.

The next steps will require SWSLHD to develop a stronger focus on its learning services, and their interconnection with business need. It will also need to have a seamless relationship with the Performance Development process, including gathering and acting on information as to where managers and staff see the organisations developmental needs. The final component of the development of a Learning Organisation is the interrelationship between the *SWSLHD Strategic Priorities in Health Care Delivery to 2021* and the *SWSLHD Directions to Better Health*. These plans will set the agenda and climate for service delivery and provide areas to focus learning and development plans.

To support this, SWSLHD is well positioned to meet its future learning and development needs through CEWD. As a Registered Training Organisation, CEWD is able to provide access to nationally recognised training for staff, and can provide structured clinical training for staff, across disciplines. Most NSW LHDs do not have this benefit. As an organisation that seeks to become an 'Employer of Choice', and a 'Learning Organisation', the District is able to utilise the benefits of CEWD to attract and retain staff, who may be comparing SWSLHD with other health employment options. CEWD provides an important point of difference and, like SWSLHD, it will need to be constantly focusing on its service delivery as well as planning for future growth.

Increasingly the District will be able to access and utilise NSW Health Education and Training Institute (HETI) developed e-learning products. The benefit of this is that staff can work on their learning needs at their own pace. It will also free up CEWD resources to work on local-specific needs and priorities. This will mean a review, and a refocus for CEWD's products and services, to check for alignment with identified areas of development for staff. Examples of this would be the development of learning programs for:

- community consultation methods and strategies
- high level communication programs
- volunteering for SWSLHD – orientation and policy

Further, there is a need for employees who are well versed in Project Management and in Change Management. The strategic plans for the next decade have identified a number of projects that will require this type of expertise.

6.3 Priority 3 – Become an Employer of Choice.

An employer of choice is "any employer that attracts, optimises, and holds top talent for long tenure ... because the employees choose to be there"

Lead Management Australia, 2010.

A national survey conducted across a broad range of workplaces/roles asked employees to identify the characteristics of 'Employers of Choice'. The following represents the top 5 responses:



- Recognises and rewards staff well
- Invests in the learning and development of its people
- Operates ethically and fairly at all times
- Has a family/life friendly workplace practice
- Management is passionate and engaging to work with

(Source: Employee View - Lead Management Australia (LMA) (2010)

Incorporating these 5 characteristics, the following strategies are recommended to SWSLHD to support it becoming an Employer of Choice.

Ensuring a strong organisational culture is integral to the success of this Plan. Successful organisations are those that can attract staff, based on their reputation in the marketplace. That reputation is not just built on the bricks and mortar of its facilities, or the size and scope of its services; it is the full gamut of how the organisation is perceived by its market place, its competitors and its intended workforce. This includes the organisation's values, how inclusive and diverse it is, how its people are treated, the safety culture of the organisation, and whether the culture is a positive one that promotes career growth, development and the wellbeing of staff. Finally, it is how current and potential staff can interact with the organisation and its messaging, through its media presence and promotions. This would include SWSLHD's website, and social and business media.

6.3.1 Diversity

South Western Sydney is one of the most culturally and linguistically diverse areas in Australia. The workforce should reflect the diversity of the local communities. SWSLHD already supports a culturally diverse workforce and, through this Plan, will commit to increasing the attraction, recruitment and retention strategies for people from culturally and linguistically diverse backgrounds. When considering the diversity of the workforce, this would also include engagement with and the employment of people with disabilities. People with disabilities form part of South Western Sydney communities and can bring valuable skills and experiences to the workforce.

6.3.2 Values

SWSLHD's values set the foundation for the workplace. They provide staff, stakeholders and patients with a signpost as to how the District will operate. SWSLHD has demonstrated a clear commitment to creating a positive workplace culture through its commitment to the CORE values of Collaboration, Openness, Respect and Empowerment. The 'Your Say' surveys results are reflecting this change with a steady improvement in how employees perceive their work environment, and how well they are engaged with their work and work teams.

6.3.3 Embrace a Culture of Safety

Safety education and training have become critical elements in building a culture where workers make safer choices on their own. In a strong safety culture, everyone feels responsible for safety and pursues it on a daily basis; employees go beyond 'the call of duty' to identify unsafe conditions and behaviours, and intervene to correct them.

An organisation with a strong safety culture typically experiences few at-risk behaviours, consequently they also experience low accident rates, low turn-over, low absenteeism, and high productivity. More than just a 'tick- the-box' exercise, creating a safety culture will take time,



involving a series of continuous process improvement steps. It is essential that SWSLHD's safety culture is driven by its senior executive and embraced by all employees; this commitment hallmarks a true safety culture where safety is an integral part of daily operations. Executive support of a safety culture often results in acquiring a Director of Safety, providing resources for accident investigations, and safety training. Further progress toward a true safety culture uses accountability systems. These systems establish safety goals, measure safety activities, and charge costs back to the units that incur them. Ultimately, safety becomes everyone's responsibility.

Safety is a fundamental principle of SWSLHD's services and will be an integral part of everyday operation. Management and employees will be committed and involved in preventing losses, and will work toward shifting the focus from eliminating hazards, to eliminating unsafe behaviours and building systems that proactively improve safety and health conditions for all.

6.3.4 Build a Positive, Engaged and Resilient Workforce

Often employers determine the 'health' of their workplace culture by how often their employees are absent due to taking sick leave, or the number of workplace illnesses recorded. A far more common problem than absenteeism is 'presenteeism', a term that effectively describes employees who are disengaged with their workplace and with the work they do. Absenteeism is when employees do not show up for work; presenteeism can be even more troubling - employees are showing up for work, but they leave their hearts and minds somewhere else. Workplace culture is often at the heart of both the problem and the solution; strong leadership provided by management is the key to creating an attractive workplace culture.

More recently employee engagement has grown in importance as businesses are starting to come to terms with the reality that employee engagement is not the same as employee satisfaction; satisfaction is the minimum required, engagement brings a person to life, unleashing their talents and delivering measurably improved performance.

Researchers made a direct correlation to workers' levels of well-being to their level of presenteeism, or employee engagement (Harter et al, 2003). A more engaged employee, who was interested and satisfied with their work, reported fewer illnesses and injuries, and provided greater economic and social benefits to the employer. Based on this research, and the evidence of what negative effect presenteeism can have on the wellness of a workplace, SWSLHD will investigate implementing wellness programs across the workplace.

Workplace projects addressing the wellness and/or the wellbeing of employees have increased globally in popularity over recent years (Global Spa Summit, 2010). The reasons for this are varied; reports on such projects are well documented and identify significant benefits to increased productivity, reduced absenteeism, presenteeism and work related illnesses, and improved organisational reputation. Worldwide there has been tremendous growth in addressing workplace health and wellbeing. The number of Workplace Health Promotion (WHP) programs has never been higher and acceptance of the benefits over the costs of these programs has been a reality for many (Chenoweth, 2011).



In a 2008 study on workplace health risks, 400 USA business leaders reported that 'excess stress' was at the top of a list of 10 risk factors that negatively affect worker's health status. Also included were 'depression' and 'other mental health problems'; telling factors of chronic workplace stress (Chenoweth, 2011, p.9).

Along with reduced productivity and opportunity, illness due to stress related factors at work can incur enormous costs to an employer. Research has shown many examples of WHPs' success in reducing workplace illness, and subsequent cost, and of increasing worker productivity, wellbeing and happiness. The suggestion is, that 'virtually any type of worksite in any location can benefit from a strategically focused program for worksite health promotion' (Chenoweth, 2011, p.11).

Consultation with staff identified WHP as an opportunity for improving the workplace environment and culture. Benefits identified included:

- SWSLHD could be viewed as an 'Employer of Choice', which could attract a greater amount of potential new employees
- OH&S legislation seeks employers to provide 'Duty of Care' activities/behaviours. A WHP would be favourably viewed from this perspective
- Rates of absenteeism/presenteeism might reduce considerably if employees were more healthy and happy at work – or believed their employer cared that they were
- Costs of replacement (attrition), re-training and recruitment of staff would reduce as employees may choose to remain at a workplace where they are happy and enjoy good health/less negative stress
- SWSLHD would be viewed favourably by its communities as an employer who cares about its people, and performs well

Other research in developing employee resiliency reported that costs associated with stress related illnesses decrease markedly when employees undertake wellness programs. Resiliency is described as 'the capacity to withstand or manage the negative effects of stress, to bounce back from adversity and to endure difficult situations (Whetton et al 2007). Further research on resilience indicated that 'individuals who are resilient show more emotional stability when faced with adversity (Bonanno et al, 2001). Many employees seek reassurance from their employers during stressful times, and so it would stand to reason that developing resilience would have a powerful positive influence upon a workplace experiencing 'moderate to high levels of psychological distress'.

6.3.5 Recognition and Reward

There has been significant evidence-based research into the benefits of a *Recognition and Rewards Program* in positively influencing workplace culture. In particular, the writings of Quint Studer (2003) on improving performance, has been utilised by a number of NSW LHDs and other national and international health providers. A structured employee recognition framework will be a vital aspect of the District's overall people strategy. By aligning recognition activities to corporate values, improvement in a number of critical areas will be realised, including:

- employee retention
- employee motivation, engagement and satisfaction
- productivity
- workplace culture and alignment with organisational values



- customer service
- recruitment of highly sought after talent

Specific employee recognition program types will include:

- Employee Recognition Programs
- Employee Motivation Programs
- Length of Service & Employee Retention Programs
- Safety incentive programs

6.3.6 Aboriginal Employment and Promotion of Health Careers to Indigenous People

Aboriginal people are a key focus area for increased participation, retention and development for the workforce. SWSLHD will work towards increasing Aboriginal and Torres Strait Islander employment at all levels and locations, to both meet, and exceed, the *NSW Government's Aboriginal Employment Plan* of achieving a 2.6% employment participation rate by 2015. This will be undertaken by working with individuals and local communities, to enhance opportunities and skills, and provide culturally sensitive and secure workplaces.

The *Aboriginal Workforce Implementation Plan* sets the workforce agenda for the attraction, retention, and development of Aboriginal people and Torres Strait Islanders. The Plan focuses on engagement with local Aboriginal and Torres Strait Islander communities and employment providers, to support the achievement of its goals. The District is committed to encouraging and assisting Aboriginal and Torres Strait Islander staff to further develop their career path. Under the *Aboriginal Workforce Implementation Plan*, Aboriginal and Torres Strait Islander staff are supported and encouraged to participate in education, training and work-based learning opportunities. Student placements for undergraduate Aboriginal and Torres Strait Islander clinicians, and supported positions for Aboriginal Nursing cadets are also provided.

An environment will be provided where Aboriginal and Torres Strait Islander cultures are valued and respected. Such an environment is essential to the retention of Aboriginal and Torres Strait Islander staff. This strategy will be achieved through supporting and implementing the *NSW Health Aboriginal Cultural Training Framework: Respecting the Difference* (the Framework). This Framework will assist staff in increasing cultural competencies and therefore promote greater understanding of the processes and protocols for delivering health services to Aboriginal people.

6.3.7 Implementing Best-Practice Flexible Work Arrangements

SWSLHD will work in conjunction with the MoH, local health districts and speciality health networks towards implementing flexible working arrangements consistent with the *Health Professional Workforce Plan 2012 – 2022*.

Reducing the stress from conflicting demands between family, work and other responsibilities in life will be of significant benefit to the organisation, its employees and the wider community. Evidence based research into employers who work to achieve best practice with work and family balance has shown positive results, including:

- a cost-effective means of retaining skilled staff and attracting new talented employees



- a way to be recognised as an employer of choice within an industry or sector, and externally within the communities in which the organisation operates
- an increase in the number of people returning to work after parental leave
- improvement in staff morale, leading to greater engagement and productivity in the workplace,
- improved patient outcomes; reduced patient error
- reduction in turnover of staff, leading to lower recruitment and training costs
- demonstrating to staff that they are valued by the organisation
- reduced absenteeism
- employees possess a stronger commitment (loyalty) to the organisation
- maintained and improved productivity by ensuring highly skilled employees are recruited and retained
- improved organisational efficiency through the benefits of long service, e.g. institutional memory, retaining industry knowledge, networks and contacts

Employees will benefit from:

- improved motivation
- increased job satisfaction
- reduced stress levels
- improved work/life balance
- increased flexibility to undertake personal responsibilities or activities
- increased trust between manager and employee

Flexible work arrangements that are family-friendly can be negotiated between SWSLHD and its employees, and may include:

- accessing annual leave in single or part-day periods
- taking time off in lieu of overtime payments
- working additional hours to make-up for time taken off
- accessing accrued rostered days off in part-days or more flexibly
- working part-time or creating part-time work opportunities
- job share arrangements
- rostered days off
- study leave
- leave-without-pay provisions
- phased retirement

Additionally, there are a wide variety of initiatives that can be introduced as part of a flexible *family-friendly workplace* strategy (Business Tasmania, 2013). These include:

- ensuring employees and potential employees are informed of available family-friendly working arrangements at recruitment and induction
- organising staff meetings when most people can attend
- creating meaningful part-time employment opportunities
- consenting to an employee working flexible hours to accommodate their personal circumstances such as dropping off or picking up children from school or day care, or assisting elderly family members



- making sure that employees on parental/carer leave are kept up to date about what is going on in the workplace including any changes that might occur
- organising professional development or training during ordinary work hours

6.3.8 Managing for Performance - Making sure everyone is seen and heard

Under NSW Health Policy *Managing for Performance PD2013_034*, SWSLHD is required to conduct annual staff performance reviews, and establish and monitor the performance agreements across the workforce. In a highly demanding work environment, such as Health, performance reviews are often viewed as a less important aspect of managing staff. This can lead to a diverse range of managerial responses to establishing these agreements. The revised NSW Health policy will now align to the *NSW Public Sector Performance Development Framework* and SWSLHD will align its local procedures to best fit with the Framework.

The Framework, and performance agreements with staff, will assist all managers in recognising and further valuing its workforce; it will assist in clarifying their roles and will help to identify training and development needs. Performance agreements will also help to create a culture of open communication across the workplace, between managers and their staff. The results of the performance review process will aid management in making decisions about salary increases and pay grading – where applicable under the differing awards.

Additionally, performance reviews will assist managers to check the suitability of position descriptions, determine if employees meet the expectations of their job descriptions and, as a result:

- Reward staff members who bring value to SWSLHD services. Workplace relationships will prosper in a culture that recognises achievement and values accountability
- Use review processes to evaluate performance and behavioural issues and take steps to address them
- Identify training and development needs and help staff plan their career development

Performance reviews will allow managers to define the roles and responsibilities of staff and help them to reflect, consolidate, plan and review their work performance. Review discussions are a chance to ensure each staff member knows how they contribute to SWSLHD and its aims.

By talking to staff about their performance, managers will promote a culture of open communication, discuss weaknesses or problems that staff might have, and assist them to find solutions. Performance reviews create opportunities for discussions that help ensure that SWSLHD is taking care of its employees and giving them the best chance of developing, achieving and rising in their roles.

6.3.9 The Managing for Performance System

Involving the SWSLHD Executive in developing and implementing a best-practise Performance Review process is essential to creating a positive culture of feedback and improvement. Research into approaches of effectively ensuring the promotion and advocacy of a performance management system uncovered the following suggestions for Senior Executives:



- Identify a senior executive sponsor who has accountability for owning the performance management system, and keeping it 'alive and well'
- Have senior executives randomly audit performance plans and provide coaching when quality people are identified
- Cascade strategic priorities from mid-level managers to individual contributors
- Identify specific objectives within each senior executives plan that support the continued use of the system
- Provide a 'hot-line' where questions can be asked and answered in a timely fashion
- Provide on-line tools and refresher tips on conducting reviews
- Train all new managers in the process within three months after they commence in their role and monitor the level of completion
- Include performance management system, best practise and implementation issues as an ongoing agenda item in monthly senior executive meetings

6.3.10 Media Presence

In building the case to become an 'Employer of Choice', attention needs to be given to the internal and external messages which represent the organisation in the community. The 'brand' of south western Sydney, requires positive messages and images to be provided to prospective and current staff. The focus group consultation highlighted that living and working within the community of South Western Sydney is a positive experience for staff.

6.3.11 Positive Employer Branding using Online & Social Media

An essential part of attracting potential staff is ensuring a positive brand experience when potential new staff review SWSLHD's online footprint. Potential new staff of any age bracket are becoming increasingly aware of Facebook™, LinkedIn™ and Twitter™ as sources of employer information. They are also using their own online networks and resources, to vet employers. The following strategies for attracting staff via online mediums will be considered:

- **Commit to an online presence:** Visibility and interaction online is essential to attract talent to your organisation. People want to work for an organisation they have heard of and a name they trust. With so much information on many different types of organisations readily available, online promotion is essential in engaging current and future employees
- **Utilise the 'Your Say' Survey Data:** What are staff saying about working in SWSLHD? Current and previous staff are SWSLHDs greatest brand ambassadors - what are they saying in online media, and forums? To be considered an 'employer of choice' by its current workforce, it is important to have an understanding of internal staff perceptions, before online employer strategy and branding is developed
- **Culture and Values:** SWSLHD's online presence on its website, or via Facebook™, or other social media sites, should continually reinforce commitment to the CORE values
- **Selecting the right media:** Social media sites are growing at a rapid rate, it is neither desirable, nor practical to attempt to utilise all of them. Instead focus will be given to sites which are best suited to promoting the SWSLHD message, and reflect the likely audience for that message. As SWSLHD already utilises Facebook™ as a medium for distributing health messages, the SWSLHD Facebook™ page could also include messages on what it is like to work within SWSLHD facilities. The page could have direct linkages to the careers webpage, and available jobs. LinkedIn™,



which is a business media site, could also be used to promote the SWSLHD brand. This site already has a number of health related forums and groups. Should SWSLHD create its own South Western Sydney health forum, and South Western Sydney LHD Alumni Program, there would be many opportunities to lead health related discussions, whilst at the same time promoting the image and workplace. Using YouTube for the loading of messages relevant to staff and to the community should also be considered.

- **Alumni Program Information:** A sub-section of the online presence and branding will be the creation of a SWSLHD Alumni Program and page on the SWSLHD's Facebook™ site. SWSLHD has trained and employed thousands of people over the years. Further it is increasing its profile in clinical research, and has a strong service delivery profile. The establishment of an Alumni Program, and utilising Facebook and LinkedIn™ to connect to past members of SWSLHD's community would send a positive message to former staff and students as well as intending staff and students. While successful branding through social media can create a great 'shop front' for what SWSLHD is like, it helps to demonstrate the in-house expertise, and the thought leadership that really engages employees and prospective employees
- **Ownership:** The content and strategy relating to social media utilisation, will be a result of the collaboration between several different corporate services (Information Communications Technology, Human Resources, Corporate Communications, etc.), ultimately the ownership, and the responsibility for the direction taken will be with the Chief Executive and Executive team. This will support having a consistent and approved message and content
- **Negative Feedback:** The interaction, commentary, and the feedback received online will not always be positive. It is important to acknowledge negative opinions expressed in the forum in which they were received and stay positive and on message

Although crucial for candidate attraction, ensuring positive employer branding also plays a big part in the engagement and ongoing retention of top talent. Candidates who turn into employees have done so, in part, because of their positive experience of your brand.

Employer branding through social media isn't just delivering a message, it's a conversation between you, your employees and the wider market. Encourage interaction and participation – the results will reflect your true culture far more than the official line taken in the 'about us' section of the website.

6.3.12 Other Technology

Apart from utilising social media, development of 'apps' (Applications) will drive a variety of business technologies. As smart phones and tablets increase their penetration into practical business usage, all health organisations will need to utilise commercial apps or develop apps suitable to the needs of staff and patients. Forbes magazine (2012) reported that by 2016, 1.5 billion smartphones will be in use worldwide, within ten years most people will own or utilise smartphones irrespective of age or social status. The phones and tablets of the future will be exponentially 'smarter' than they are now, and will be driven by software faster, and more powerful than anything that is in currently in production today. In the short term, app development could be considered in the following areas:

- Induction/ orientation e-learning
- Staff information – policies, documents, forms and pay advice
- Staff security access information
- Employment



Over time, app use will move from being the unusual, to becoming the standard. It is important that SWSLHD is in the forefront of this change as a health 'Employer of Choice'.

6.4 Priority 4 – Develop Future Leaders, both Clinical and Corporate

To meet its future challenges and opportunities, there will need to be continuing development of clinical and administrative leadership and management capability. Ideally, the District wants to be recognised for the quality of its clinical and administrative leaders and managers, and as an organisation that fosters the professional development of all its leaders and managers.

Leadership is about nurturing the conditions that will effectively create new visions, generate fresh approaches and change workplace cultures. Leadership is about innovation, building the capability to be effective tomorrow and creating the momentum for change. Fundamentally, it is not about the leader; it is about the team, and the quality of the team is a direct result of the leadership it enjoys.

Leaders are not necessarily managers in an organisation, but ideally managers must have strong leadership qualities.

6.4.1 Health Leaders Program

A number of factors, external to the specialised nature of the health industry, have led to SWSLHD experiencing difficulty in attracting suitable candidates for senior operational support roles from external organisations. Strong, competent operational leadership is a critical element in any success SWSLHD might achieve in delivering on its overall strategic purpose and achieving its vision. In the short to medium term, priority must be given to the growth of leaders from within the workforce.

Many national, and international organisations have sought to 'grow their own' leaders from within the ranks of their workforce, by implementing Leadership Programs. The SWSLHD Health Leaders Program (HLP) will be a structured program of leadership development opportunities and activities, including projects, targeted training and 'Master-classes', with program participants selected from both clinical and administrative support areas.

In addition to the Program, participants can develop their own Health Leaders Forums, to provide networking opportunities across professions, work groups and organisations, gaining valuable insights into new innovations and knowledge on leading others. These Health Leaders will become a strong resource in supporting future growth, through having a pool of motivated, experienced and engaged leaders. The HLP participants will contribute to the expansion of SWSLHD, through the leadership roles they will take in delivering the projected growth projects.

6.4.2 Talent Management for Leaders

Talent management complements broader leadership development initiatives, by providing a systematic approach to accelerating the development of a sustainable pool of talented people for critical leadership roles. This approach includes identifying leadership roles that are critical to SWSLHD, identifying people with high potential to develop the capabilities required for these roles and putting in place development plans to build these capabilities.



As such, talent management programs can assist in building local strengths by enhancing the capabilities of selected people, who have the potential to fill more senior roles in the future. However, participation in a program is neither a guarantee nor a prerequisite for promotion. Recruitment and appointment for leadership roles will continue to be based on merit and conducted under the auspices of the *Recruitment and Selection of Staff of the NSW Health Service (PD2012_028)* policy.

Talent management programs help reduce the risk that suitable candidates for senior roles will not be found, while increasing potential for valued employee retention. For participants, such programs provide an opportunity to build on strengths and develop potential in a tailored, intensive manner, in addition to strengthening their commitment to their employer.

6.4.3 Leadership Development: Learning Opportunities

The NSW Health Education and Training Institute (HETI) has developed a NSW Health Leadership Framework (2013) that addresses five (5) areas of Leadership development:

- Achieving outcomes
- Developing and leading self
- Engaging people and building relationships
- Partnering and collaborating across boundaries
- Transforming the system

SWSLHD will align its leadership and management development activities to that of the HETI Framework. It will establish a number of new learning programs to support the professional growth of managers and supervisors. This will include from entry level supervisors through to sub-executive management levels.

There will be continued participation in the leadership development programs offered by the NSW Government Public Services Commission including:

- The Executive Masters in Public Administration
- The Graduate Diploma in Public Administration
- The Executive Leadership Program
- The Public Sector Management Program

Additionally, through its partnership with the University of Tasmania, the District will continue to offer part-sponsorship of places for the Masters in Business Administration program.



7. Strategies for Action

7.1 PRIORITY 1: Plan for Change : Meeting Future Health Needs							
Strategy	Outcome /KPI	Strategy Lead(s)	Time line	EQulP National	Corp. Plan 4 – Developing our staff	NSW Health W/force Plan	
1.1 Targeting skills towards proactive and preventative health measures							
1.1.1	Plan for workforce resources able to deliver holistic programs which prevent, shorten or provide alternatives to hospital admission by improving community wellness	Increase in number of community based and hospital avoidance programs	Population Health General Manager	2018	13.1 13.2 13.8	4.1.1 4.1.6	9.1
1.1.2	Evaluate current service models and assess efficiencies	Service models evaluated	General Managers	2017			
1.1.3	Review opportunities to develop a learning hub for external community based health practitioners	Review of learning hub undertaken and strategies developed	Community Health General Manager	2016			
1.1.4	Develop and strengthen relationships and partnerships with Community Health providers such as GPs, primary health organisations, specialists and the Ambulance Service of NSW to ensure flexible redistribution of skills to patient needs.	Partnerships developed and strengthened.	Community Health General Manager	2018			
1.1.5	Develop joint initiatives towards pre and post hospital care	Joint initiatives developed	Executive / General Managers	2018			



7.1 PRIORITY 1: Plan for Change : Meeting Future Health Needs						
Strategy	Outcome /KPI	Strategy Lead(s)	Time line	EqUP National	Corp. Plan 4 – Developing our staff	NSW Health W/force Plan
1.2 Workforce redesign						
1.2.1 Promote and integrate the Workforce Plan across the District	Local business plans reflect strategic direction and SWSLHD Workforce Plan priorities	Executive	2015	13.1 13.12		1.1 2.2 7.1 7.7
1.2.2 Improve communication to ensure all staff understand the value of innovation and change	Communication developed and distributed	Chief Executive	2016			
1.2.3 Develop protocols and systems to formulate innovation and/or change ideas	Protocols distributed and utilised	Chief Executive	2016			
1.2.4 Implement good change management practices	Change management plans developed and communicated for any workforce redesign	Chief Executive	2016			
1.2.5 Ensure workforce redesign is incorporated into new clinical models of care including outreach and/or mobile services	Workforce redesign and modelling integrated into all new models of care	Chief Executive	2016	13.1 13.2 13.3		2.1 3.2
1.2.6 Train staff to reflect on existing public and private services and implement new models of care	Staff trained in developing and implementing and evaluating new models of care	Manager CEWD	2017			
1.2.7 Identify areas where medical generalist (community) skill sets can be developed to increase productivity and service delivery	Roles identified and redesigned	Director Medical Services	2020			
				13.1 13.2	4.1.1 4.1.2	7.3 7.4 7.5



7.1 PRIORITY 1: Plan for Change : Meeting Future Health Needs						
Strategy	Outcome /KPI	Strategy Lead(s)	Time line	EQulP National	Corp. Plan 4 – Developing our staff	NSW Health W/force Plan
1.3 Implementing appropriate and relevant policy						
1.3.1 Update and review workforce policies and procedures in line with changes to MoH policy and changes to legislation.	Policies and procedures reviewed and developed and accessible to all staff	Director Human Resources	2015	13.1 13.4 13.11		
1.3.2 Manager Help Centre developed as a one stop shop for management information	Manager Help Centre developed with tools for managers to access policies, procedures, forms and being utilised by managers	Director Human Resources	2017	13.12 13.13		
1.3.3 Employee Help Centre developed as a one stop shop for employee information	Employee Help Centre developed with tools for employees to access policies, procedures, forms and programs	Director Human Resources	2018			



7.2 PRIORITY 2: Plan for Growth : Build a Sustainable Capable Workforce						
Strategy	Outcome /KPI	Strategy Lead(s)	Time line	EQiP National	Corp. Plan 4 – Developing our staff	NSW Health W/force Plan
2.1 Attraction, retention and development						
2.1.1 Streamline recruitment practices to successfully appoint suitable applicants in a timely manner	Develop guidelines/FAQ sheets/process maps to facilitate timely recruitment practices. Recruitment KPIs met 95% of the time	District Director HR	2015	13.4		3.3
2.1.2 Identify labour markets for small or critical workforces	Labour market sources identified and listed for use as required	District Director HR	2017			
2.2 Employment programs						
2.2.1 Review the District’s Traineeship strategies to increase the opportunities for more programs to target schools, young people, mature workers and Aboriginal people and Torres Strait Islanders	Employment strategies developed and targeted recruitment increased to attract other minority or ethnic community groups including Aboriginal people	District Director HR	2017	13.1 13.4 13.12	4.1.9 4.1.3	8.8 8.9
2.2.2 Continue to implement the Aboriginal Employment Strategies: <ul style="list-style-type: none"> Aboriginal Traineeships Program Aboriginal Targeted Program Aboriginal Identified roles 	Increased level of Aboriginal employees Increased level of applications from Aboriginal people for general employment Increased retention of Aboriginal employees MoH targets met MoH targets exceeded	District Director HR	2017			



7.2 PRIORITY 2: Plan for Growth : Build a Sustainable Capable Workforce						
Strategy	Outcome /KPI	Strategy Lead(s)	Time line	EQuIP National	Corp. Plan 4 – Developing our staff	NSW Health W/force Plan
2.3 Staff development						
2.3.1 Continue to invest in the District’s learning infrastructure	State wide Learning Management System (LMS) operational	Manager CEWD	2016	13.8	4.3.1 4.1.4	8.4 8.5
2.3.2 Develop an Education and Training Plan that incorporates all clinical and non-clinical disciplines	Plan endorsed and distributed. Implementation plan actioned	Manager CEWD	2016			
2.3.3 Continuously review and make improvements to the District’s learning and development programs	Programs reviewed annually. Improvements informed by data from sources such as HETI, Strategic plans, Performance Development Framework and participant surveys	Manager CEWD	2016			
2.3.4 Maintain and grow partnerships with tertiary education providers	Formal Partnerships with other tertiary institutions established.	Manager CEWD	2017			
2.4 Supporting management capability						
2.4.1 Review Management position descriptions, to ensure that management competencies, capabilities, accountabilities and values are clearly stated and assessed at the time of recruitment	Revised and approved PDs included in Mercury advertising.	District Director HR	2016	13.1 13.8	4.1.11	5.1 6.1 6.2 6.3 6.4
2.4.2 Provide education and training in recruitment practices modified to include how to develop and assess competencies and capabilities	Competencies and capabilities review undertaken for all new recruitment	Manager CEWD	2016			
2.4.3 Develop an e-learning platform for managers and employee help centre to distribute management information, training and policies	MHC and EHC e-learning platform developed and utilized; HR/CEWD enquiries reduced	Manager CEWD	2017			



7.2 PRIORITY 2: Plan for Growth : Build a Sustainable Capable Workforce						
Strategy	Outcome /KPI	Strategy Lead(s)	Time line	EQiP National	Corp. Plan 4 – Developing our staff	NSW Health W/force Plan
2.5 Talent management across the workforce						
2.5.1 Review the District’s talent and succession management processes	Managing for Performance (Performance Development Framework) policy and tools utilised by all staff	District Director HR	2017	13.4 13.8	4.1.2 4.1.5 4.1.7 4.1.8	6.1 6.2 6.3 6.4
2.5.2 Develop a model for ensuring a pipeline of capable people who will support the building of an agile, innovative and resilient workforce.	System for managing talent and succession planning processes developed	District Director HR	2017		4.2.4	8.1
2.5.3 Conduct an annual review of the progress towards goals	Review completed and progress mapped. Plans amended as necessary	District Director HR	2017			
2.6 ‘Retirement Intentions’ Program						
2.6.1 Develop and implement a Retirements Intention program	Staff in the over 55 category participate in the program Data utilised for talent and succession planning	District Director HR	2018	13.1 13.11 13.12	4.1.1 4.1.2 4.1.5 4.1.7 4.1.11	8.1
2.7 Utilising an ageing workforce						
2.7.1 Utilise the skills and experiences of older employees for planned learning with staff in leadership, talent and succession planning programs	Appropriate older employees identified and utilised in mentoring and training opportunities	Manager CEWD	2018	13.1 13.11 13.12	4.1.1 4.1.2 4.1.5 4.1.7 4.1.11	8.1



7.2 PRIORITY 2: Plan for Growth : Build a Sustainable Capable Workforce						
Strategy	Outcome /KPI	Strategy Lead(s)	Time line	EQUIP National	Corp. Plan 4 – Developing our staff	NSW Health W/force Plan
2.8 Workforce Planning Framework						
2.8.1 Implement a workforce planning framework	Framework developed for integration of workforce plan across SWSLHD	Director Operations	2016	13.2	4.1.1	
2.9 Succession Risk Management						
2.9.1 Implement succession planning through everyday management activities including business planning, role design, departure practices, staff development, recruitment activities and performance management.	Processes for succession planning developed Opportunities for staff to gain experience across a broad range of tasks provided regularly at departmental level (evidence recorded in Managing for Performance system)	District Director HR	2019	13.1 13.8	4.1.1 4.1.2 4.1.5 4.1.7 4.1.9 4.2.4	6.2 8.1 8.2 8.3 8.4 8.5
2.9.2 Training and education developed to provide staff with key competencies for the identified critical roles	Training developed, implemented and evaluated	Manager CEWD	2019			



7.3 PRIORITY 3: Become an Employer of Choice						
Strategy	Outcome /KPI	Strategy Lead(s)	Time line	EQIP National	Corp. Plan 4 – Developing our staff	NSW Health W/force Plan
3.1 Diversity						
3.1.1 Continue to enhance workforce strategies that support a diverse workplace (recruitment related)	Employment strategies further enhanced and targeted recruitment increased to attract people from culturally and linguistically diverse groups	District Director HR	2017	13.10 13.11 13.12		3.3
3.1.2 Develop and implement a Disability Employment Plan	Disability Employment Plan developed and endorsed for implementation	Director Allied Health	2018			
3.2 Values						
3.2.1 Continue commitment to the SWSLHD CORE values	Continue to promote CORE values through brochures/pamphlets, meetings and communication for distribution across the LHD	Manager Planning	2016	13.11 13.12	4.2.6	
3.2.2 Core values incorporated in the Managing for Performance process	CORE values incorporated into Performance process	Director Operations	2015			
3.2.3 Continue to implement the Your Say Action Plan to improve organisational culture and values	Core values exhibited by all staff in leadership/management roles. All staff exhibit CORE values behaviour	General Managers	2016			



7.3 PRIORITY 3: Become an Employer of Choice							
Strategy	Outcome /KPI	Strategy Lead(s)	Time line	EQUIP National	Corp. Plan 4 – Developing our staff	NSW Health W/force Plan	
3.3 Embrace a culture of safety							
3.3.1 Make care and safety of the health workforce everyone’s business. Set safety measures, establish safety activities, implement training	Safety measures and activities identified and implemented at departmental level	Manager Risk	2015	13.1 13.3 13.4	4.2.2 4.2.6	2.3	
3.3.2 Continue to promote strategies to support a safety culture ethos i.e. zero harm	Increased reporting of unsafe conditions and behaviours	Manager Risk	2016				
3.3.3 Continue to implement the MoH “Zero Tolerance” policy	Continue to promote policy Increased early reporting Reduction in complaints	District Director HR	2016				
3.3.4 Work with tertiary institutions and SWSLHD CEWD to ensure that education and training programs prepare the workforce to deliver culturally appropriate and safe health care in all settings including non-clinical	Education programs are culturally appropriate and promote safe working practices	Manager CEWD	2017				
3.4 Build a positive, engaged and resilient workforce							
3.4.1 Build organisational commitment to the Your Say Action Plan to develop strong leadership for enhancing a positive and resilient workforce	Your Say results for 2014/2015 demonstrate improvement	General Managers	2015	13.12	4.1.8 4.1.11 4.2.3 4.2.6		
3.4.2 Use Performance Management processes to encourage the giving and receiving of open, respectful and constructive feedback	Performance Management processes undertaken and completed annually	General Managers	2015				



7.3 PRIORITY 3: Become an Employer of Choice							
Strategy	Outcome /KPI	Strategy Lead(s)	Time line	EQIP National	Corp. Plan 4 – Developing our staff	NSW Health W/force Plan	
3.4.3 Implement Wellness programs to develop employee resilience to changing environments	Programs developed and implemented Turnover and absenteeism figures improve	District Director HR	2018				
3.5 Recognition and reward							
3.5.1 Review the existing rewards and recognition programs	Ensure reward and recognition programs are available to all staff	General Managers	2016	13.12 13.13	4.2.6		
3.5.2 Implement a District rewards and recognition program with a focus on outstanding innovation, safety and capability practices	Programs are developed and implemented which are well supported by the number of nominations being received	Director Clinical Governance	2017				
3.6 Aboriginal employment and promotion of health careers to Aboriginal people							
3.6.1 Provide an environment where Aboriginal and Torres Strait Islander cultures are respected by continuing to implement NSW Health Aboriginal training framework- <i>“Respecting the Difference”</i>	Established targets for completion of <i>“Respecting the Difference”</i> training met	Director Aboriginal Health	2017	13.1 13.4	4.1.3	3.3 8.8 8.9	
3.6.2 Implement strategies to facilitate education and training and ongoing career development pathways for Aboriginal people	Project team established to consider all relevant issues and develop an action plan to progress career opportunities for Aboriginal employees	Director Aboriginal Health	2018				

7.3 PRIORITY 3: Become an Employer of Choice							
Strategy	Outcome /KPI	Strategy Lead(s)	Time line	EQUP National	Corp. Plan 4 – Developing our staff	NSW Health W/force Plan	
3.7 Implementing best-practice flexible work arrangements							
3.7.1	Develop templates for employees to make application for flexible work arrangements	Templates established and implemented with relevant processes/flow charts guidelines	District Director HR	2020	13.1 13.4 13.12	4.2.5	3.1 3.2 3.3
3.7.2	Review options for incorporation of flexible work conditions.	Flexible work options developed	District Director HR	2020			
3.8 Managing for performance – making sure everyone is seen and heard							
3.8.1	Co-ordinate the implementation of the new Performance Development Framework	Policy developed. Tools and guidelines developed and available on intranet. All staff participate in a review of their performance at least annually.	District Director HR	2015	13.8 13.12	4.1.6 4.1.8 4.1.10 4.1.11	8.1
3.8.2	Analyse performance and development data obtained through the Managing for the Performance process to identify common trends and potential skill gaps	Data analysed and provided to relevant units to assist with future planning and review of education and training	Facility HR	2016			



7.3 PRIORITY 3: Become an Employer of Choice							
Strategy	Outcome /KPI	Strategy Lead(s)	Time line	EQIP National	Corp. Plan 4 – Developing our staff	NSW Health W/force Plan	
3.9 Managing the managing for performance system							
3.9.1	Executive sponsor appointed to ensure effective ongoing implementation of the “MFP” system	Executive sponsor provided with appropriate information and training in the new MFP system	Director Operations	2015	13.8 13.12	4.1.6 4.1.8 4.1.10 4.1.11	8.1
3.9.2	Develop and implement the Managing for Performance policy, procedure and tools	Policy, procedures and tools develop and consultation completed	District Director HR	2015			
3.9.3	Support implementation of MFP through the provision of training to all managers	Managing for Performance training reviewed and available for managers and staff	Manager CEWD	2016			
3.9.4	Analyse data received through the process to inform SWSLHD planning processes for Education and Training and service delivery	Monitor compliance	District Director HR	2016			
3.10 Media presence and positive employer branding							
3.10.1	Attract potential employees by investing in a SWSLHD wide marketing program that draws from the strengths of the District’s communities, people, research and careers	Marketing strategies identified and program developed	Manager Media	2016	13.12		
3.10.2	Expand the District’s Facebook page to provide SWSLHD employment information	Employment opportunities available via the LHD Facebook page	Manager Media	2015			
3.10.3	Promote health matters via the creation of a LinkedIn Health Forum which will “link” health professionals nationally and internationally	LinkedIn Health forum created and utilised	Manager Media	2016			



7.3 PRIORITY 3: Become an Employer of Choice						
Strategy	Outcome /KPI	Strategy Lead(s)	Time line	EQIP National	Corp. Plan 4 – Developing our staff	NSW Health W/force Plan
3.10.4 Consider developing a SWSLHD YouTube channel	Consultation undertaken with relevant clinical staff on information appropriate for YouTube	Manager Media	2017			
3.10.5 Develop an Alumni Program and establish social media sites as a central point of communication	Alumni program developed, implemented and evaluated	Manager CEWD	2018			
3.11 Other technology						
3.11.1 Develop a strategy to source or create apps for use in SWSLHD	Apps that support the improve communication, learning and branding and which are suitable for use in SWSLHD sourced and reviewed	Manager Media	2019	13.12		



7.4 PRIORITY 4: Develop Future Leaders, both Clinical and Corporate							
Strategy		Outcome /KPI	Strategy Lead(s)	Time line	EQIP National	Corp. Plan 4 – Developing our staff	NSW Health W/force Plan
4.1 Health Leaders Program							
4.1.1	Align the SWSLHD leadership and management development activities with HETI's Leadership Program	Create a SWSLHD Leadership & Management pathway aligned with HETI's Leadership Program Reduce duplication of programs All leadership programs aligned	Manager CEWD	2016	13.2 13.4 13.8	4.1.7 4.1.8 4.1.3 4.1.10 4.1.11 4.2.4	5.1 6.1 6.2 6.3 6.4
4.1.2	Expand the Centre for Education and Workforce Development range of leadership programs to be more inclusive of the workforce	Potential leaders identified through Managing for Performance and Talent Management initiatives Leadership programs tailored to meet identified leadership capabilities	Manager CEWD	2016			
4.1.3	Incorporate health master classes into the learning and development programs	Health master classes available covering clinical and non-clinical leadership skills	Manager CEWD	2017			
4.1.4	Vigorously promote the SWSLHD Leadership Program externally to attract motivated leaders from other organisations	Leadership and other learning and development programs promoted through social media	Manager CEWD	2017			
4.1.5	Expand the SWSLHD Scholarship Program to broaden the potential engagement of motivated high achievers	Scholarship opportunities developed and promoted and scholarship uptake increased	Manager CEWD	2017			
4.1.6	Encourage and support graduates to actively network and participate in all available Health Leader activities	Increase in uptake by graduates in leadership programs	Manager CEWD	2017			

7.4 PRIORITY 4: Develop Future Leaders, both Clinical and Corporate							
Strategy	Outcome /KPI	Strategy Lead(s)	Time line	EQIP National	Corp. Plan 4 – Developing our staff	NSW Health W/force Plan	
4.1.7	Implement leadership programs specifically for Aboriginal and Torres Strait Islander employees identified as having leadership strengths	Director Aboriginal Health	2017				
4.2 Talent management for leaders							
4.2.1	Develop opportunities to rotate staff through clinical, administrative and academic roles, to build leadership and management capability	General Managers	2019	13.2 13.4 13.8	4.1.7 4.1.8 4.1.10 4.1.11	5.1 6.1 6.2 6.3	
4.2.2	Encourage continuity of leadership, through structured career paths, talent management and support ongoing skill acquisition	General Managers	2017		4.2.4	6.4	
4.2.3	Collaborate and influence industry with the development of national health workforce leadership competencies	Manager CEWD	2018				

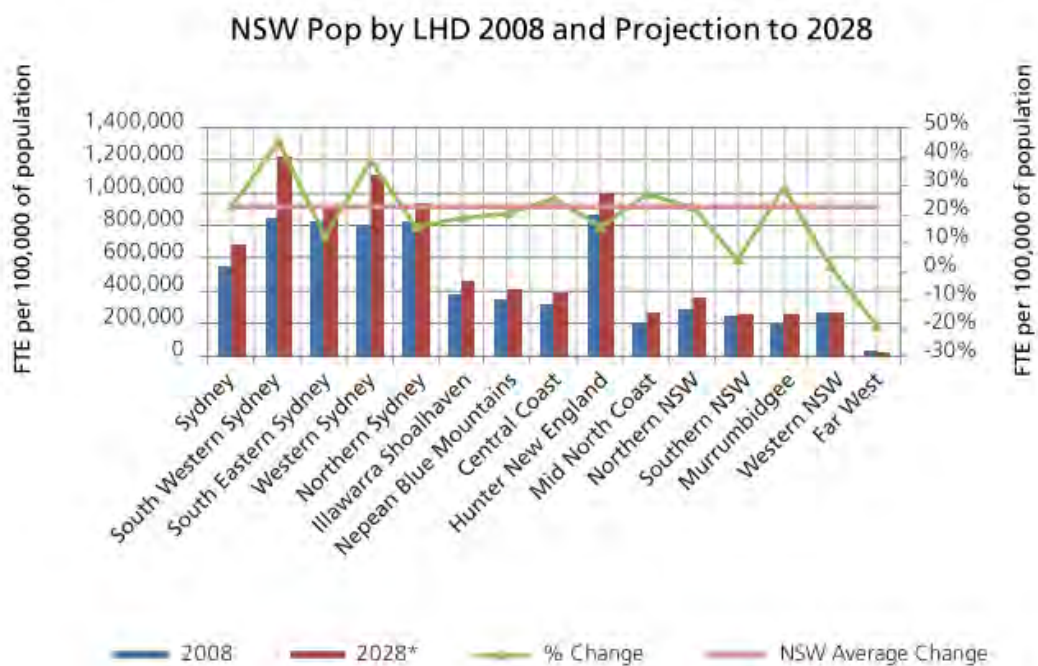


8. Appendices

Appendix 1 Additional Data about the Current Workforce

The following graphs show the projected population growth for NSW Local Health Districts from 2008 to 2028. Graph A clearly indicates that SWSLHD will experience the greatest growth in population across all LHDs. In Graph B indicates that along with its geographical 'neighbour' Western Sydney Local Health District (WSLHD), the south western Sydney population in the future will see substantial growth in this period.

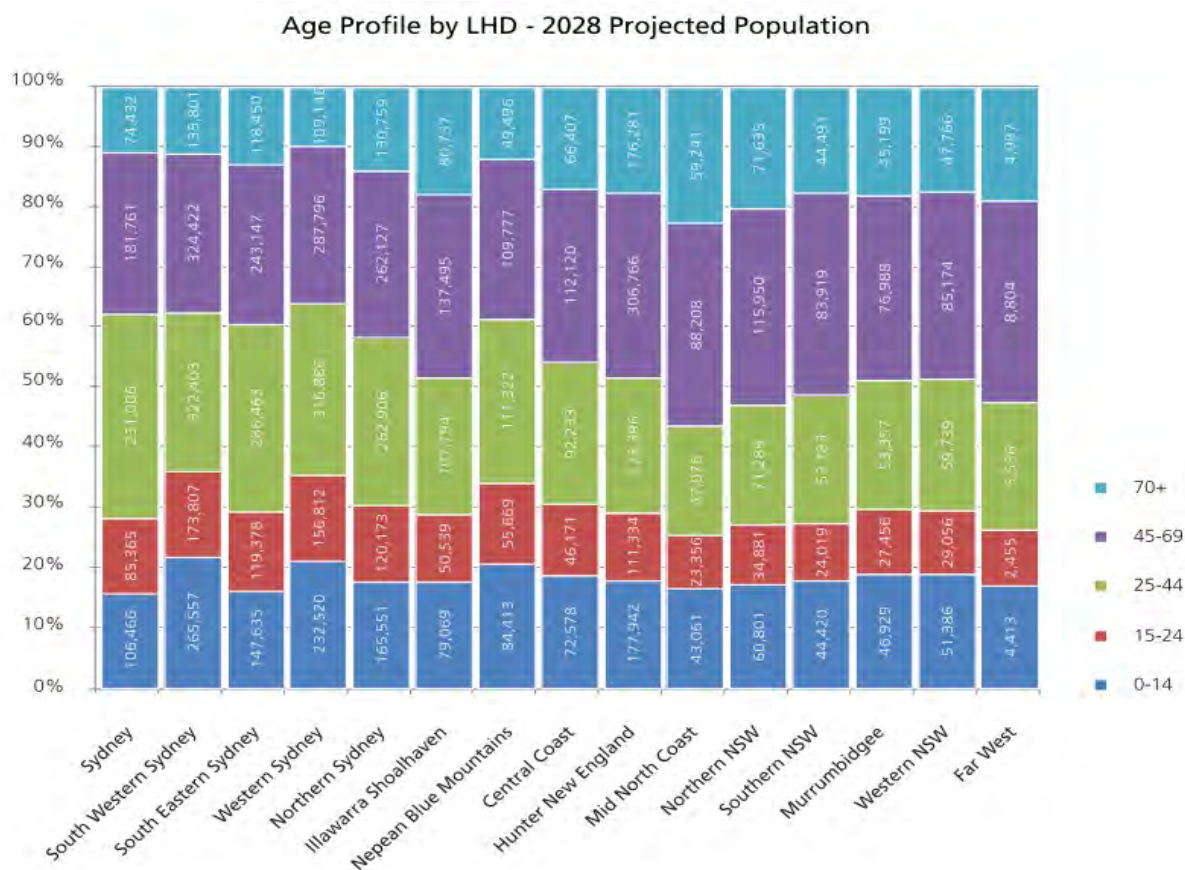
Graph A: Comparison of Projected Population Growth across NSW LHDs



Source: Health Professionals Workforce Plan Taskforce Technical Paper, 2011 NSW Ministry of Health



Graph B: Comparison of Projected Population Growth by Age across NSW LHDs



Source: Health Professionals Workforce Plan Taskforce Technical Paper, 2011 NSW Ministry of Health

The following tables supplement the analysis of workforce data and risks.

Table A: SWSLHD Employment Status and Occupational Classification by Headcount

Employment Type	ADMINISTRATION	AHP/TECH	COMMERCIAL	MEDICAL	NURSING	Grand Total
Agency Doctor				216		216
Agency Nurse					464	464
AU Specific - Casual Employee	135	98	113	7	888	1241
Full Time - Exempt	79	123	3	713	153	1071
Full Time - Permanent	1029	1037	578	205	2723	5572
Full Time - Reduced Hours - Permanent	56	107	7	8	216	394
Full Time - Temporary	1			1	2	4
Old Part Time	19	18	13		6	56
Part Time - Exempt	41	41	8	59	39	188
Part Time - Permanent	337	345	103	223	1236	2244
Part Time - Temporary	4	1		4	1	10
Grand Total	1701	1770	825	1436	5728	11460

Source: NSW Health StaffLink, Aug 2013



Table B: SWSLHD Workforce by Facility, Age Group and place of residence

Source: NSW Health StaffLink, Aug 2013 and VMO Quinquennium Jan 2014

South Western Sydney Local Health District

Staff Classification	< 40 Years %	> 40 Years %	Largest Age Group	Significant %	% In SWSLHD Catchment	% Outside SWSLHD Catchment
Administration	35.74%	64.26%	50-54 Yrs	15.55%	59.35%	40.65%
AHP /Tech	100.00%	0.00%	30-34 Yrs	41.15%	44.17%	55.83%
Commercial	10.66%	89.34%	55-59 Yrs	26.04%	74.17%	25.83%
Medical	0.00%	100.00%	50-54 Yrs	75.00%	25.00%	75.00%
- Med Superintendent	0.00%	100.00%	50-54 Yrs	100.00%	100.00%	0.00%
- Staff Specialist	0.00%	100.00%	50-54 Yrs	33.33%	33.33%	66.67%
Nursing	30.99%	69.01%	40-44 Yrs	23.66%	54.51%	45.49%
Total	33.82%	66.18%	50-54 Yrs	17.21%	59.49%	40.51%

Bankstown-Lidcombe Hospital

Staff Classification	< 40 Years %	> 40 Years %	Largest Age Group	Significant %	% In SWSLHD Catchment	% Outside SWSLHD Catchment
Administration	42.73%	57.27%	50-54 Yrs	16.46%	80.21%	19.79%
AHP /Tech	55.16%	44.84%	25-29 Yrs	19.76%	52.05%	47.95%
Commercial	16.55%	83.45%	55-59 Yrs	21.89%	71.76%	28.24%
Medical	69.18%	30.82%	25-29 Yrs	18.95%	29.26%	70.74%
- Agency Doctor	22.65%	77.35%	45-49 Yrs	41.74%	19.76%	80.24%
- Clinical Academic	0.00%	100.00%	50-54 Yrs	66.67%	0.00%	100.00%
- Career Medical Officer	22.56%	77.44%	55-59 Yrs	24.27%	28.25%	71.75%
- Junior Medical Officer	87.23%	12.77%	25-29 Yrs	25.54%	32.81%	67.19%
- Medical Officer (Pt)	0.00%	100.00%	60-64 Yrs	100.00%	0.00%	100.00%
- Med Superintendent	0.00%	100.00%	55-59 Yrs	100.00%	100.00%	0.00%
- Staff Specialist	18.00%	82.00%	50-54 Yrs	19.50%	16.61%	83.39%
Visiting Medical Officer*	54.70%	45.30%	40-44 Yrs	38.00%	90.61%	9.39%
Nursing	51.59%	48.41%	35-39 Yrs	14.77%	66.35%	33.65%
Total	50.24%	49.76%	25-29 Yrs	13.13%	61.36%	38.64%



Bowral and District Hospital

Staff Classification	< 40 Years %	> 40 Years %	Largest Age Group	Significant %	% In SWSLHD Catchment	% Outside SWSLHD Catchment
Administration	24.86%	75.14%	60-64 Yrs	13.60%	98.40%	1.60%
AHP /Tech	34.62%	65.38%	30-34 Yrs	19.19%	90.91%	9.09%
Commercial	17.25%	82.75%	60-64 Yrs	18.40%	96.48%	3.52%
Medical	36.66%	63.34%	40-44 Yrs	24.47%	66.67%	33.33%
- Agency Doctor	59.43%	40.57%	25-29 Yrs	43.87%	12.34%	87.66%
- Career Medical Officer	37.32%	62.68%	40-44 Yrs	62.68%	100.00%	0.00%
- Junior Medical Officer	65.64%	34.36%	20-24 Yrs	40.30%	77.01%	22.99%
- Staff Specialist	9.46%	90.54%	40-44 Yrs	36.93%	85.48%	14.52%
Visiting Medical Officer*	30.77%	69.23%	50-54 Yrs	18.46%	33.85%	66.15%
Nursing	26.91%	73.09%	50-54 Yrs	22.65%	97.39%	2.61%
Total	27.04%	72.96%	50-54 yrs	18.00%	94.60%	5.40%

Campbelltown and Camden Hospitals

Staff Classification	< 40 Years %	> 40 Years %	Largest Age Group	Significant %	% In SWSLHD Catchment	% Outside SWSLHD Catchment
Administration	23.78%	76.22%	55-59 Yrs	18.98%	94.01%	5.99%
AHP /Tech	62.36%	37.64%	25-29 Yrs	21.20%	74.13%	25.87%
Commercial	20.92%	79.08%	50-54 Yrs	24.89%	95.97%	4.03%
Medical	65.97%	34.03%	30-34 Yrs	23.07%	50.44%	49.56%
- Agency Doctor	47.84%	52.16%	35-39 Yrs	24.50%	26.10%	73.90%
- Clinical Academic	16.48%	83.52%	55-59 Yrs	43.96%	34.07%	65.93%
- Career Medical Officer	61.91%	38.09%	35-39 Yrs	26.25%	91.55%	8.45%
- Junior Medical Officer	87.14%	12.86%	25-29 Yrs	26.62%	44.73%	55.27%
- Med Superintendent	0.00%	100.00%	40-44 Yrs	100.00%	0.00%	100.00%
- Staff Specialist	29.93%	70.07%	40-44 Yrs	30.17%	28.44%	71.56%
Visiting Medical Officer*	45.10%	54.90%	35-39 Yrs	20.59%	49.02%	50.98%
Nursing	41.93%	58.07%	45-49 Yrs	14.92%	95.53%	4.47%
Total	43.21%	56.79%	50-54 Yrs	13.46%	86.15%	13.85%



Fairfield Hospital

Staff Classification	< 40 Years %	> 40 Years %	Largest Age Group	Significant %	% In SWSLHD Catchment	% Outside SWSLHD Catchment
Administration	30.29%	69.71%	55-59 Yrs	17.50%	92.13%	7.87%
AHP /Tech	61.76%	38.24%	25-29 Yrs	21.37%	63.61%	36.39%
Commercial	9.07%	90.93%	50-54 Yrs	27.38%	79.19%	20.81%
Medical	65.77%	34.23%	35-39 Yrs	20.97%	41.85%	58.15%
- Agency Doctor	46.74%	53.26%	55-59 Yrs	27.44%	0.00%	100.00%
- Career Medical Officer	56.35%	43.65%	35-39 Yrs	26.46%	58.26%	41.74%
- Junior Medical Officer	80.34%	19.66%	25-29 Yrs	29.47%	41.44%	58.56%
- Med Superintendent	0.00%	100.00%	65-69 Yrs	100.00%	0.00%	100.00%
- Staff Specialist	19.32%	80.68%	55-59 Yrs	30.12%	11.38%	88.62%
Visiting Medical Officer*	45.21%	54.79%	35-39 Yrs	23.29%	60.27%	39.73%
Nursing	41.89%	58.11%	55-59 Yrs	14.14%	76.28%	23.72%
Total	42.57%	57.43%	55-59 Yrs	13.78%	72.49%	27.51%

Liverpool Hospital

Staff Classification	< 40 Years %	> 40 Years %	Largest Age Group	Significant %	% In SWSLHD Catchment	% Outside SWSLHD Catchment
Administration	32.53%	67.47%	45-49 Yrs	18.16%	86.79%	13.21%
AHP /Tech	65.69%	34.31%	25-29 Yrs	9.37%	56.86%	43.14%
Commercial	19.04%	80.96%	50-54 Yrs	16.67%	84.99%	15.01%
Medical	71.61%	28.39%	30-34 Yrs	7.42%	27.11%	72.89%
- Clinical Academic	8.24%	91.76%	50-54 Yrs	32.55%	32.97%	67.03%
- Career Medical Officer	40.08%	59.92%	40-44 Yrs	44.23%	0.00%	100.00%
- Junior Medical Officer	89.67%	10.33%	30-34 Yrs	34.26%	30.94%	69.06%
- Med Superintendent	100.00%	0.00%	35-39 Yrs	68.68%	22.89%	77.11%
- Post graduate Fellow	100.00%	0.00%	35-39 Yrs	100.00%	73.81%	26.19%
- Staff Specialist	30.42%	69.58%	35-39 Yrs	27.16%	16.57%	83.43%
Visiting Medical Officer*	50.24%	49.76%	40-44 Yrs	20.38%	80.09%	19.91%
Nursing	57.93%	42.07%	25-29 Yrs	10.11%	82.17%	17.83%
Total	54.93%	45.07%	25-29 Yrs	11.14%	70.33%	29.67%



Community Health

Staff Classification	< 40 Years %	> 40 Years %	Largest Age Group	Significant %	% In SWSLHD Catchment	% Outside SWSLHD Catchment
Administration	20.33%	79.67%	55-59 Yrs	23.72%	76.70%	23.30%
AHP /Tech	63.05%	36.95%	25-29 Yrs	24.84%	50.54%	49.46%
Commercial	0.36%	99.64%	50-54 Yrs	37.48%	63.33%	36.67%
Medical	45.01%	54.99%	35-39 Yrs	30.55%	13.22%	86.78%
- Career Medical Officer	0.00%	100.00%	40-44 Yrs	60.40%	39.60%	60.40%
- Junior Medical Officer	76.47%	23.53%	35-39 Yrs	48.55%	10.54%	89.46%
- Staff Specialist	12.13%	87.87%	55-59 Yrs	36.19%	14.11%	85.89%
Nursing	21.61%	78.39%	50-54 Yrs	24.90%	83.62%	16.38%
Total	30.63%	69.37%	50-54 Yrs	20.82%	71.99%	28.01%

Drug Health

Staff Classification	< 40 Years %	> 40 Years %	Largest Age Group	Significant %	% In SWSLHD Catchment	% Outside SWSLHD Catchment
Administration	38.18%	61.82%	35-39 Yrs	18.77%	78.84%	21.16%
AHP /Tech	74.57%	25.43%	25-29 Yrs	34.59%	43.72%	56.28%
Commercial	13.30%	86.70%	50-54 Yrs	37.01%	100.00%	0.00%
Medical	33.00%	67.00%	50-54 Yrs	27.59%	21.03%	78.97%
- Clinical Academic	0.00%	100.00%	60-64 yrs	100.00%	0.00%	100.00%
- Career Medical Officer	0.00%	100.00%	40-44 yrs	35.97%	47.12%	52.88%
- Junior Medical Officer	76.05%	23.95%	25-29 yrs	37.64%	25.20%	74.80%
- Staff Specialist	0.00%	100.00%	50-54 yrs	44.44%	0.00%	100.00%
Nursing	30.82%	69.18%	55-59 yrs	14.09%	66.45%	33.55%
Total	38.26%	61.74%	50-54 yrs	15.68%	63.98%	36.02%

Mental Health

Staff Classification	< 40 Years %	> 40 Years %	Largest Age Group	Significant %	% In SWSLHD Catchment	% Outside SWSLHD Catchment
Administration	22.02%	77.98%	50-54 yrs	24.31%	84.54%	15.46%
AHP/Tech	66.56%	33.44%	25-29 yrs	28.71%	48.87%	51.13%
Commercial	12.65%	87.35%	60-64 yrs	27.05%	96.44%	3.56%
Medical	54.46%	45.54%	35-39 yrs	24.72%	43.61%	56.39%
- Agency Doctor	42.42%	57.58%	55-59 yrs	55.58%	49.11%	50.89%
- Clinical Academic	0.00%	100.00%	50-54 yrs	66.67%	33.33%	66.67%
- Career Medical Officer	0.00%	100.00%	40-44 yrs	51.99%	51.99%	48.01%
- Junior Medical Officer	74.00%	26.00%	35-39 yrs	27.55%	49.60%	50.40%
- Staff Specialist	30.25%	69.75%	35-39 yrs	24.91%	33.95%	66.05%
Visiting Medical Officer*	36.84%	63.16%	70 Yrs +	31.58%	73.68%	26.32%
Nursing	51.90%	48.10%	35-39 yrs	15.94%	75.95%	24.05%
Total	50.77%	49.23%	35-39 yrs	15.15%	68.85%	31.15%



Population Health

Staff Classification	< 40 Years %	> 40 Years %	Largest Age Group	Significant %	% In SWSLHD Catchment	% Outside SWSLHD Catchment
Administration	39.48%	60.52%	50-54 yrs	18.34%	39.91%	60.09%
AHP /Tech	90.97%	9.03%	25-29 yrs	53.26%	20.52%	79.48%
Commercial	100.00%	0.00%	35-39 yrs	100.00%	100.00%	0.00%
Medical	23.87%	76.13%	45-49 yrs	31.13%	0.00%	100.00%
- Career Medical Officer	42.61%	57.39%	45-49 yrs	29.65%	100.00%	0.00%
- Junior Medical Officer	59.44%	40.56%	30-34 yrs	59.44%	100.00%	0.00%
- Staff Specialist	0.00%	100.00%	60-64 yrs	26.32%	100.00%	0.00%
Nursing	22.02%	77.98%	55-59 yrs	25.70%	43.48%	56.52%
Total	37.65%	62.35%	45-49 yrs	17.25%	37.55%	62.45%

Interpreters

Staff Classification	< 40 Years %	> 40 Years %	Largest Age Group	Significant %	% In SWSLHD Catchment	% Outside SWSLHD Catchment
Administration	19.69%	80.31%	50-54 yrs	25.48%	74.40%	25.60%
AHP /Tech	8.69%	91.31%	55-59 yrs	22.52%	37.61%	62.39%
Total	10.94%	89.06%	50-54 yrs	22.95%	45.14%	54.86%

Table C: Place of Residence of employees outside the SWSLHD catchment

Source: NSW Health StaffLink, Aug 2013

Local Health District	% Staff in LHD Catchment
Western Sydney	8.70%
South Eastern Sydney	7.60%
Sydney	6.10%
Northern Sydney	2.66%
Nepean Blue Mountains	1.58%
Illawarra Shoalhaven	1.24%
Inter-State	0.32%
Hunter New England	0.16%
Central Coast	0.10%
Murrumbidgee	0.08%
Southern NSW	0.06%
Mid North Coast	0.05%
Northern NSW	0.04%
Western NSW	0.04%
Far West	0.01%
Albury Wodonga	0.00%
Total % Employees Residing outside Local Catchment	28.75%



Table D: Headcount of Visiting Medical Officer (VMO) by Clinical Group

Source: VMO Quinquennium 2014

VMOs in Clinical Group	Headcount	% of VMO Workforce
Aged Care & Rehabilitation	2	0.40%
Cancer Services	3	0.61%
Cardiovascular Services	16	3.24%
Complex & Primary Care Services	35	7.09%
Critical Care Services	207	41.90%
Diagnostic Services	20	4.05%
Gastroenterology & Liver Services	10	2.02%
Mental Health	10	2.02%
Paediatrics & Neonatology	47	9.51%
Population Health	4	0.81%
Surgical Services	140	28.34%
Total	494	100.00%

Tables E: Age and place of residence (catchment) of VMOs by Clinical Group and Facility

Source: VMO Quinquennium 2014

South Western Sydney Local Health District

Clinical Group	< 40 Years %	> 40 Years %	Largest Age Group	Significant %	% In SWSLHD Catchment	% Outside SWSLHD Catchment
Aged Care & Rehabilitation	16.67%	83.33%	70 Yrs +	33.33%	33.33%	66.67%
Cancer Services	0.00%	100.00%	60-64 Yrs	33.33%	66.67%	33.33%
Cardiovascular Services	12.50%	87.50%	60-64 Yrs	25.00%	12.50%	87.50%
Complex & Primary Care	14.29%	85.71%	55-59 Yrs	28.57%	42.86%	57.14%
Critical Care Services	34.78%	65.22%	35-39 Yrs	26.57%	20.29%	79.71%
Diagnostic Services	25.00%	75.00%	70 Yrs +	15.00%	30.00%	70.00%
Gastroenterology & Liver	20.00%	80.00%	55-59 Yrs	30.00%	40.00%	60.00%
Mental Health	5.26%	94.74%	40-44 Yrs	31.58%	26.32%	73.68%
Paediatrics & Neonatology	8.51%	91.49%	60-64 Yrs	19.15%	44.68%	55.32%
Population Health	25.00%	75.00%	45-49 Yrs	50.00%	0.00%	100.00%
Surgical Services	17.14%	82.86%	40-44 Yrs	30.00%	32.86%	67.14%

Bankstown-Lidcombe Hospital

Clinical Group	< 40 Years %	> 40 Years %	Largest Age Group	Significant %	% In SWSLHD Catchment	% Outside SWSLHD Catchment
Aged Care & Rehabilitation	40.00%	60.00%	70 Yrs +	40.00%	20.00%	80.00%
Cardiovascular Services	20.00%	80.00%	45-49 Yrs	40.00%	20.00%	80.00%
Complex & Primary Care	0.00%	100.00%	55-59 Yrs	33.33%	16.67%	83.33%
Critical Care Services	62.24%	37.76%	40-44 Yrs	24.49%	5.10%	94.90%
Diagnostic Services	50.00%	50.00%	60-64 Yrs	25.00%	0.00%	100.00%
Gastroenterology & Liver	50.00%	50.00%	55-59 Yrs	25.00%	25.00%	75.00%
Paediatrics & Neonatology	44.44%	55.56%	45-49 Yrs	42.86%	33.33%	66.67%
Surgical Services	54.00%	46.00%	70 Yrs +	22.22%	10.00%	90.00%
Total	54.70%	45.30%	40-44 Yrs	38.00%	9.39%	90.61%



Bowral & District Hospital

Clinical Group	< 40 Years %	> 40 Years %	Largest Age Group	Significant %	% In SWSLHD Catchment	% Outside SWSLHD Catchment
Complex & Primary Care	22.22%	77.78%	55-59 Yrs	33.33%	77.78%	22.22%
Critical Care Services	42.31%	57.69%	55-59 Yrs	19.23%	57.69%	42.31%
Diagnostic Services	0.00%	100.00%	55-59 Yrs	40.00%	100.00%	0.00%
Paediatrics & Neonatology	22.22%	77.78%	45-49 Yrs	33.33%	22.22%	77.78%
Surgical Services	31.25%	68.75%	50-54 Yrs	31.25%	87.50%	12.50%
Total	30.77%	69.23%	50-54 Yrs	18.46%	66.15%	33.85%

Campbelltown and Camden Hospitals

Clinical Group	< 40 Years %	> 40 Years %	Largest Age Group	Significant %	% In SWSLHD Catchment	% Outside SWSLHD Catchment
Complex & Primary Care	40.00%	60.00%	65-69 Yrs	20.00%	60.00%	40.00%
Critical Care Services	54.90%	45.10%	35-39 Yrs	29.41%	35.29%	64.71%
Diagnostic Services	0.00%	100.00%	50-54 Yrs	100.00%	0.00%	100.00%
Gastroenterology & Liver	33.33%	66.67%	65-69 Yrs	33.33%	100.00%	0.00%
Paediatrics & Neonatology	0.00%	100.00%	60-64 Yrs	30.00%	90.00%	10.00%
Population Health	0.00%	100.00%	45-49 Yrs	100.00%	0.00%	100.00%
Surgical Services	48.39%	51.61%	40-44 Yrs	29.03%	61.29%	38.71%
Total	45.10%	54.90%	35-39 Yrs	20.59%	50.98%	49.02%

Fairfield Hospital

Clinical Group	< 40 Years %	> 40 Years %	Largest Age Group	Significant %	% In SWSLHD Catchment	% Outside SWSLHD Catchment
Aged Care & Rehabilitation	0.00%	100.00%	45-49 Yrs	100.00%	100.00%	0.00%
Complex & Primary Care	16.67%	83.33%	55-59 Yrs	33.33%	33.33%	66.67%
Critical Care Services	68.42%	31.58%	35-39 Yrs	34.21%	26.32%	73.68%
Diagnostic Services	50.00%	50.00%	70 Yrs +	50.00%	50.00%	50.00%
Paediatrics & Neonatology	0.00%	100.00%	60-64 Yrs	28.57%	57.14%	42.86%
Surgical Services	30.77%	69.23%	55-59 Yrs	23.08%	69.23%	30.77%
Total	45.21%	54.79%	35-39 Yrs	23.29%	39.73%	60.27%



Liverpool Hospital

Clinical Group	< 40 Years %	> 40 Years %	Largest Age Group	Significant %	% In SWSLHD Catchment	% Outside SWSLHD Catchment
Cancer Services	0.00%	100.00%	60-64 Yrs	33.33%	66.67%	33.33%
Cardiovascular Services	9.09%	90.91%	50-54 Yrs	36.36%	9.09%	90.91%
Complex & Primary Care	33.33%	66.67%	55-59 Yrs	25.00%	25.00%	75.00%
Critical Care Services	72.84%	27.16%	35-39 Yrs	35.80%	17.28%	82.72%
Diagnostic Services	36.36%	63.64%	30-34 Yrs	27.27%	0.00%	100.00%
Gastroenterology & Liver	25.00%	75.00%	55-59 Yrs	50.00%	25.00%	75.00%
Paediatrics & Neonatology	20.00%	80.00%	60-64 Yrs	33.33%	26.67%	73.33%
Population Health	33.33%	66.67%	60-64 Yrs	33.33%	0.00%	100.00%
Surgical Services	46.48%	53.52%	40-44 Yrs	26.76%	23.94%	76.06%
Total	50.24%	49.76%	40-44 Yrs	20.38%	19.91%	80.09%

Mental Health

Clinical Group	< 40 Years %	> 40 Years %	Largest Age Group	Significant %	% In SWSLHD Catchment	% Outside SWSLHD Catchment
Mental Health	36.84%	63.16%	70 Yrs +	31.58%	26.32%	73.68%

Table F: Gender of Visiting Medical Officer (VMO) by Clinical Group

Source: VMO Quinquennium 2014

Clinical Group	VMO Gender Participation %	
	Female	Male
Aged Care & Rehabilitation	50.00%	50.00%
Cancer Services	0.00%	100.00%
Cardiovascular Services	12.50%	87.50%
Complex & Primary Care Services	22.86%	77.14%
Critical Care Services	27.05%	72.95%
Diagnostic Services	10.00%	90.00%
Gastroenterology & Liver Services	0.00%	100.00%
Mental Health	33.33%	66.67%
Paediatrics & Neonatology	14.89%	85.11%
Population Health Services	25.00%	75.00%
Surgical Services	16.43%	83.57%
Total	21.34%	78.66%



Appendix 2 Gap Analysis: Key Result Areas in Brief

Summary of the Key Result Areas:

- 1. Employment**
 - Recruitment process, approvals and the time taken to engage new staff is a concern to managers
 - The employment component of the SWSLHD website is fit for purpose
 - A greater differentiation of SWSLHD to Sydney LHD, and the phasing out of the former SSWAHS branding is required
 - Ongoing design and maintenance of the website is required to keep it fresh for jobseekers
 - The website compares favourably to other LHDs
 - Increased and more strategically focused employment programs need to be considered
 - Employment programs should be expanded to include internal, as well as external participants and schools programs

- 2. Workforce**
 - SWSLHD is not likely to experience a shortage of entry level and early career clinicians, this is in line with the experience of other LHDs and Health Workforce Australia research
 - Clinical sub-specialities such as, intensive care, midwifery, mental health (high acuity in-patients, psychiatry), community nursing, emergency and pharmacy are areas of concern
 - Identified need to grow clinical academic and research and training roles
 - There are concerns regarding the supply of suitable qualified and experienced people entering support services such as Finance and Human Resources
 - Employee initiated separations are in line with expectations for a metropolitan LHD
 - The workforce age profile shows a younger workforce compared to the rest of the public sector and to other LHDs
 - Opportunity to assess the retirement intentions of key clinical and other staff to support attraction, development and retention strategies
 - There is a lack of a structured, planned and strategic approach to Succession Risk and Talent Management
 - Succession management is 'ad-hoc' and programs to develop and deliver suitable trained staff ready to work in key leadership and clinical roles is not evident
 - There is a need to invest resources into an internal development program to ensure a continued supply of senior staff ready for work in these roles
 - Workforce policies are fit for purpose as they are essentially the MoH workforce policy platform. However, other LHDs have issued procedures to support the policies that are written in plain English, contain flowcharts and decision trees as well as FAQs which allows for easier usage by line management



3. Organisational Culture

- SWSLHD has a strong and recognisable culture of innovation, 'can do' and hard work
- There is a clear organisational support for professional development that is greater than other comparable health organisation
- CEWD is an asset in supporting clinical and non-clinical training
- There are concerns about the governance of course development, offerings and attendance at programs
- The Values of the organisation are well represented in its documentation, strategies and practices
- Staff Engagement is not measured effectively, though the 'Your Say' survey provides an adequate tool for addressing culture and other issues
- SWSLHD has significant relationships with a number of education providers which provide a profile for it with its intended professional workforce
- There is also growing connections to the local community through SWSLHDs relationships with local government, NGO's and employment groups and a partnership agreement with the South Western Sydney Medicare Local



Appendix 3 Overview of Focus Group Consultations

A total of seven Focus Groups were conducted, and included a broad mix of staff from the Fairfield, Bankstown, Liverpool, Camden, Bowral and Campbelltown areas.

The groups were provided with an outline of the present and projected major growth impacts on SWSLHD and the community in which it operates, plus an overview of the purpose of a Workforce Strategic Plan. Attendees were then asked to undertake a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of SWSLHD, offering their views on the top 3 Strengths, Weaknesses, Opportunities and Threats. Several common 'themes' arose from these four categories, as follows:

Strengths

Many respondents identified great opportunities for career advancement within the organisation, both in their chosen profession, and in other related fields. This was considered a major drawcard to attracting and retaining staff, particularly as community demand increases.

There was agreement that there is a strong 'can do' culture across the workplace, depicted in sentiments such as:

- *"we do more with less",*
- *"there is a strong work ethic here",* and
- *"we embrace change – are able to meet deadlines because we have to..."*

The strong sense of community within the workforce was viewed by many as a strength, as was the support and teamwork amongst the staff.

Liverpool Hospital's iconic new building was described by many as a major drawcard for attracting new staff; others commented on how proud they felt to work there, and/or felt more valued by their leaders who had provided them with such a great working environment. (Unfortunately, however, this was also viewed as unfair and inequitable from those employees who felt they were working in 'sub-standard' conditions in other SWSLHD's facilities).

By far the top strength was seen in the challenge that working within a largely diverse community with a broad range of health concerns, can bring. This gave many employees a sense of value in their working lives, as well as providing valuable new learning opportunities.

Weaknesses

When it came to discussing what could be better within the SWSLHD work environment, and what its workforce weaknesses were, there was ample to contribute. The following sentiments were strongly voiced across every Group:

- The current procedure required for the recruitment of staff, was seen to be one of the greatest impediments to managers' roles. In particular, there were claims that due to the length of time the approvals process takes, workplaces have been left severely understaffed for months at a time, and hence unable to provide full services to patients, and other 'customers'. This situation



has been made worse, due to the amount of leave staff take, and the increase of patient demands

- Somewhat related to the above point, there were reports that staffing levels in some Allied Health services were drastically low, due to staff leave (mostly maternity and annual leave), and there was little avenue to backfill these positions, combined with what was viewed as a cumbersome recruitment process. The example was given where after months of searching for an appropriate replacement, the service then lost the 'successful applicant' to another employer, as it had taken a further 3 months to undergo SWSLHD's required recruitment process
- In a direct contrast to what was viewed as a strengths by some, the 'we do more with less' culture was also strongly viewed as a weakness/threat to the organisation by others, as it was felt that this would reinforce and prolong acceptance of an untenable workload
- SWSLHD's leadership was observed by many as distrustful, frequently changing and/or poorly managed. Some participants struggled to identify their executive, while others cited ongoing turnover of senior managers as a major weakness - and potential risk. This view was echoed in sentiments such as:
 - *"Our managers don't trust us to do our jobs – there are so many roadblocks, rules, unnecessary procedures, etc. in the way of getting things done"*
 - *"I have no idea who our new manager is at present"*
 - *"People are often placed in acting management roles, with little or no leadership training to support them"*
- Because of constant negative media reports, with local communities largely badged as 'disadvantaged', 'high-crime areas' or 'low socio-economic areas', SWSLHD is viewed to have an associative poor image, held by those both internal and external to the District. It was felt by many that this is a major detractor to potentially new and/or highly skilled staff to work within SWSLHD

Opportunities

The groups were asked to focus on what improvements could be made across SWSLHD so as to meet the communities' future healthcare needs. In particular, how could SWSLHD ensure it had the appropriate workforce to fit these needs? The following responses were representative of the majority of the opportunities raised by the groups:

- It was generally felt that SWSLHD could invest more in the following workforce areas:
 - Size (appropriate staffing levels to ensure greater service and less burnout)
 - Leadership
 - Re-value particular roles (clinical, administrative) to a higher grade, so as to attract more qualified/desirable staff
 - Research – both in guiding and attracting
 - Address workforce risks – e.g. initiate succession plans, capture knowledge, etc.
 - Innovation – look at best practise internally and externally, and then replicate this.
- A number of groups discussed the potential for strengthening local community partnerships with organisations such as universities and high schools, and initiating partnerships with others such as the South Western Sydney Medicare Local and Allied Healthcare agencies



- The topic of preventative primary care was raised a number of times as a means to addressing the issue of maintaining manageable patient levels. It was felt that better developed and supported community health packages and programs would help reduce/prevent re-admissions. It was further suggested that funding could be re-directed from acute care to primary care
- The issue of improving recruitment processes was raised as an opportunity, where it was felt that a review into the current practises would identify the problematic areas for change
- While a general opinion was that there were adequate staff development programs available, there was discussion on how accessible these were to staff, particularly those in high demand areas. It was suggested that all staff should be able to attend programs relevant to their role, and that this issue needs to be captured in each employees individual development plan

Threats (Risks)

Every group identified staff 'burn-out' as the major threat to the workforce, should the status quo remain. This was a follow on from the proposed weaknesses offered previously, in relation to an overburdened workload, with often inflexible work practises. It was felt that if this is not adequately addressed, the following would result:

- Increased staff separations
- Increased sick leave and absenteeism
- Increased 'presenteeism'
- Increased costs through Worker's Compensation claims (e.g. stress leave)
- Increased error
- Reduced patient care
- Reduced staff satisfaction
- Reduced opportunities to attract/retain quality staff (due to reputation risk)

It was raised that an added risk in losing staff is found in the issue of leadership turnover. Here, the threat to a harmonious workplace is in the continual disruption and readjustment that follows the appointment of each new leader, as they induct to the role, and then deliver their particular style of management and job focus.



Appendix 4 Workforce Redesign

It is well understood that not only NSW, but Australia needs a radical rethink about how we deliver and resource our health services. There is a need to focus on the ways that will assist us in averting "health" becoming the primary shaper of our economy. One of these ways is to reform and transform the design of our workforce.

The continuing concern about waiting lists and difficulties in securing specialist consultations in public hospitals, coupled with long waiting times in the private health sector for some medical specialties. Added to this is the ongoing disparity between metropolitan and rural areas, reflects the urgent need to review and act on all aspects of our health workforce. The simple solution of 'training' and 'recruiting' more clinical graduates is not a responsible or sustainable option.

The health workforce comprises roughly 10% of the total Australian workforce (*Duckett, 2000*), with an average annual growth predicted at 1.7% (HWA). However, to sustain the excellent level of health care and services the public now enjoys, it has been estimated that by 2044-45 health will account for at least 16% of GDP, with government outlays to about 10% of GDP (Productivity Commission, 2005). Consequently, it can be confidently predicted that the national health workforce will, of necessity, also increase significantly to adequately cope with an ageing population and accompanying chronic disease trends. All this compounded by a concurrent diminution of the workforce. It is unlikely that any such increases will be met by commensurate increased funding.

Professor Stephen Duckett from the Grattan Institute is recognised as one of Australia's foremost health policy experts. He describes his workforce vision for health services as:

"The current assignment of roles for health professionals is perceived to be inefficient either because more staff are employed than would be required in an efficient organisation of roles, or staff at higher pay classifications being used to perform tasks which could be performed by staff at lower pay levels. The inflexibility of contemporary workforce structure also inhibits service delivery because of shortage of staff to perform key roles."

Workforce redesign must account for all the factors influencing health service delivery which demand reform. This includes:

- How the health sector is administered, the Board, the State and Australian Governments
- Uptake in the use of new technologies that are being brought on line by Health Share and the MoH
- Out dated and obsolete industrial practices and "professional" conventions that preserve the "silos" associated with health professional bodies, highlighted by a lack of will from such organisations to recognise and accept the real productivity gains to be realised through reorganisation and genuine reform.

Appendix 5 NSW Health Risk Matrix

Step 1

Consequences Table

(For notification, consider the actual consequence or outcome using this table as a guide. The examples listed here are not exhaustive.)

		Serious	Major	Moderate	Minor	Minimum
Clinical Consequence	Patient	<p>Patients with Death unrelated to the natural course of the illness and differing from the immediate expected outcome of the patient management or:</p> <ul style="list-style-type: none"> • Suspected suicide 1 • Suspected homicide 2 or any of the following: The National Sentinel Events • Procedures involving the wrong patient or body part • Suspected suicide in hospital • Retained instruments • Unintended material requiring surgical removal • Medication error involving the death of a patient • Intravascular gas embolism • Haemolytic blood transfusion • Maternal death associated with labour and delivery • Infant discharged to the wrong family 	<p>Patients suffering a Major permanent loss of function (sensory, motor, physiologic or psychologic) unrelated to the natural course of the illness and differing from the expected outcome of patient management or any of the following:</p> <ul style="list-style-type: none"> • Suffering significant disfigurement as a result of the incident • Patient at significant risk due to being absent against medical advice • Threatened or actual physical or verbal assault of patient requiring external or police intervention 	<p>Patients with Permanent reduction in bodily functioning (sensory, motor, physiologic, or psychologic)unrelated to the natural course of the illness and differing from the expected outcome of patient management or any of the following:</p> <ul style="list-style-type: none"> • Increased length of stay as a result of the incident • Surgical intervention required as a result of the incident 	<p>Patients requiring increased level of care including:</p> <ul style="list-style-type: none"> • Review and evaluation • Additional investigations • Referral to another clinician 	<p>Patients with No injury or increased level of care or length of stay</p>
Corporate Consequence	Staff	<p>Death of staff member related to work incident or suicide, or hospitalisation of 3 or more staff</p>	<p>Permanent injury to staff member, hospitalisation of 2 staff, or lost time or restricted duty or illness for 2 or more staff or pending</p>	<p>Medical expenses, lost time or restricted duties or injury / illness for 1 or more staff</p>	<p>First aid treatment only with no lost time or restricted duties</p>	<p>No injury or review required</p>



		Serious	Major	Moderate	Minor	Minimum
			or actual WorkCover prosecution, or threatened or actual physical or verbal assault of staff requiring external or police intervention			
	Visitors	Death of visitor or hospitalisation of 3 or more visitors	Hospitalisation of up to 2 visitors related to the incident / injury or pending or actual WorkCover prosecution	Medical expenses incurred or treatment of up to 2 visitors not requiring hospitalisation	Evaluation and treatment with no expenses	No treatment required or refused treatment
	Services	Complete loss of service or output	Major loss of agency / service to users	Disruption to users due to agency problems	Reduced efficiency or disruption to agency working	Services: No loss of service
	Financial	Loss of assets replacement value due to damage, fire etc. > \$1M, loss of cash/ investments/ assets due to fraud, overpayment or theft >\$100K or WorkCover claims > \$100K	Loss of assets replacement value due to damage, fire etc. \$100K-\$1M, loss of cash/ investments/ assets due to fraud, overpayment or theft \$10K-\$100K or WorkCover claims \$50K-\$100K	Loss of assets replacement value due to damage, fire etc. \$50K to \$100K or loss of cash/investments/assets due to fraud, overpayment or theft to \$10K	Loss of assets replacement value due to damage, fire etc. to \$50K	No financial loss
	Environmental	Toxic release off-site with detrimental effect. Fire requiring evacuation	Off-site release with no detrimental effects or fire that grows larger than an incipient stage	Off-site release contained with outside assistance or fire incipient stage or less	Off-site release contained without outside assistance	Nuisance releases



Step 2

Likelihood Table

Probability Categories	Definition
Frequent	Is expected to occur again either immediately or within a short period of time (likely to occur most weeks or months)
Likely	Will probably occur in most circumstances (several times a year)
Possible	Possibly will recur – might occur at some time (may happen every 1 to 2 years)
Unlikely	Possibly will recur – could occur at some time in 2 to 5 years
Rare	Unlikely to recur – may occur only in exceptional circumstances (may happen every 5 to 30 years)

Step 3

SAC Matrix

		Serious	Major	Moderate	Minor	Minimum
Likelihood Corporate Consequence	Frequent	1	1	2	3	3
	Likely	1	1	2	3	4
	Possible	1	2	2	3	4
	Unlikely	1	2	3	4	4
	Rare	2	3	3	4	4



Step 4

Action Required Table

Action Required	
1	Extreme risk – immediate action required – Reportable Incident Brief (RIB) for all SAC 1 incidents must be forwarded to the MoH within 24 hours. A Privileged Root Cause Analysis (RCA) investigation must be undertaken for all Clinical SAC 1 incidents with a report being submitted to the MoH.
2	High risk – need to notify senior management. Detailed investigation required. Ongoing monitoring of trended aggregated incident data may also identify and prioritise issues requiring a practice improvement project.
3	Medium risk – management responsibility must be specified – Aggregate data then undertake a practice improvement project. Exception – all financial losses must be reported to senior management.
4	Low risk – manage by routine procedures – Aggregate data then undertake a practice improvement project.
N.B. An incident that rates a SAC 2, 3 or 4 should only be reported to the MoH if there is the potential for media interest or requires direct notification under existing MoH legislative reporting requirements or NSW MoH Policy Directive.	

Every incident assessed against the Severity Assessment Code Matrix should be scored separately for both their actual and potential consequence or outcome



Appendix 6 Policy and Planning Framework

The following national and state documents and policies have provided input into the overall direction of the Plan:

The National Health Reform

In August 2011, the Council of Australian Governments (COAG) signed the final National Health Reform Agreement. The key features of this reform are the introduction of a National Health Funding Pool and the introduction of Activity Based Management (ABM). Under the ABM approach, hospitals across Australia will be funded for the activity they undertake, based on a national efficient price.

The National Health Workforce Innovation and Strategic Framework for Action 2011-2015

Health Workforce Australia (HWA) was established in 2010 as an initiative of the Council of Australian Governments (COAG) to work across the health and education sectors and to address the challenges of providing a skilled, flexible and innovative health workforce that meets the needs of the Australian community. HWA have since issued a number of papers and volumes regarding national health workforce planning.

NSW Health Education and Training Institute (HETI)

The primary purpose of HETI is to be a national leader in workforce leadership and development within health. HETI's vision is "a world class NSW Health workforce supporting excellent patient centred care." HETI's role is to:

- support safe, high quality, multi-disciplinary team based, patient centred care
- meet service delivery needs and operational requirements
- enhance workforce skills, flexibility and productivity

NSW Public Services Commission (PSC) – Capability Framework

The PSC has developed a Capability Framework that will apply to all NSW health employees. This Framework will drive the new Performance Management System, which the Ministry of Health issued under the 'Managing for Performance Policy (PD2013_034).

Health Professionals Workforce Plan 2012-2025

The NSW Government is committed to the development of a 10 year Health Professionals Workforce Plan (2012- 2025) as part of its overall plan to provide timely, quality health care. The Health Professionals Workforce Plan Taskforce has been established to help achieve this commitment. The Plan aims to ensure that NSW trains, recruits and retains doctors, nurses, midwives and allied health professionals, working with the Commonwealth, Health Workforce Australia, colleges and universities. It will also consider new models of care involving interdisciplinary teams undertaking varied roles. A discussion paper was developed by the Ministry of Health to inform and support the development of the Plan. Key issues addressed include education and training, attraction and retention strategies, career planning and support; and leadership for the sustainability of the health system.



NSW Health Aboriginal Workforce Strategic Framework 2011-2015

The **NSW Aboriginal Workforce Strategic Framework (2011-2015)** requires an increase in the representation of Aboriginal employees to 2.6% of the NSW public health sector, across all health professions as a means of addressing equity, “closing the gap” in health outcomes between Aboriginal and non-Aboriginal people and providing culturally safe and competent health services. This involves a partnership between the health and education sectors and the provision of leadership and planning in Aboriginal workforce development. This requires the establishment of identified and targeted positions and the strong engagement of education and training services.

Other Policies and Plans considered in this Plan include:

- *Aboriginal Workforce Implementation Plan 2013, Director of Aboriginal Health, South Western Sydney Local Health District*
- *Aboriginal Cultural Training Framework: Respecting the Difference (the Framework) NSW Health, NSW Ministry of Health*
- *Allied Health Professional Australia (AHPA) Policy Paper Workforce March 2013*
- *SWSLHD Strategic Priorities in Health Care Delivery to 2021, South Western Sydney Local Health District*
- *SWSLHD Corporate Plan 2013-2017 Directions to Better Health, South Western Sydney Local Health District*
- *Health Professionals Workforce Plan Taskforce, 2011 NSW Ministry of Health*
- *NSW Health Leadership Framework, Health Education and Training Institute*
- *State Health Plan towards 2010 and its companion document Future Directions for Health in NSW towards 2025, NSW Ministry of Health*
- *Workforce Planning: A Guide, NSW Department of Premier and Cabinet*
- *Workforce Learning and Development Strategy for NSW Health (2005), NSW Ministry of Health*



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