

Sydney Local Health District **Workforce Strategic Plan**



2016–2020



Health
Sydney
Local Health District

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"The greatest asset and most significant investment of the SLHD is its workforce"

Foreword

The greatest asset and most significant investment of Sydney Local Health District (SLHD) is its workforce. In order to provide state-of-the-art healthcare that is responsive and appropriate to the diverse needs of our patients, clients and communities, we need to have a workforce that is responsible, reliable, compassionate, highly skilled and productive. It is the District's responsibility to work with and support our workforce to provide the best possible care.

This Workforce Strategic Plan is a key enabling plan to the SLHD strategic vision, "to achieve excellence in healthcare for all". Ensuring a highly competent, committed and valued workforce is especially important in the changing modern healthcare context of population ageing, increasing chronic disease, concerns about patient safety, access and equity amidst increasing consumer and community expectations of health care. This diverse context is further challenged by medical and information technology changes, financial imperatives, changing models of care and the varied needs of our workforce.

The SLHD Workforce Strategic Plan, together with the District's Education and Training Strategic Plan 2013–2018 and Research Strategic Plan 2012–2017, is designed to contribute to attracting, retaining and developing our workforce and to enhancing their competency and productivity. The District requires an adaptable health workforce with the requisite skills, knowledge and attitudes for contemporary patient and family centred, interdisciplinary, collaborative and integrated care. We will work together to actively foster a positive, supportive workplace culture that values, develops and retains our employees.

Our Workforce Strategy has been designed to align with state policies while remaining responsive and accountable to our local needs and trends. The vision for our workforce is 'to enable excellence in healthcare delivery through a workforce culture of innovation and performance.'

The key priority areas in the SLHD Workforce Strategic Plan are:

1. Meeting health service needs
2. Developing and managing for performance
3. Strengthening workforce systems
4. Embedding equity and CORE values
5. Promoting organisational performance

This strategic plan provides a clear and innovative blueprint which articulates the District's strong commitment to its current and future workforce.

We acknowledge and appreciate the contribution of all our employees and other stakeholders in the development of this strategy.



Hon. Ron Phillips

Chair
Sydney Local Health District Board



Dr Teresa Anderson

Chief Executive
Sydney Local Health District



"A highly skilled, committed,
accountable and valuable
workforce is pivotal"

1. Executive summary

A highly skilled, committed, accountable and valued workforce is pivotal to Sydney Local Health District's mission of providing patient and family centred care, and to the vision of "achieving excellence in healthcare for all". The Workforce Strategic Plan provides a robust framework from which to launch a leading workforce strategy that will embed these values and build on the strong foundations already in place.

This plan is one of a suite of plans based on, and enabling the realisation of the SLHD Strategic Plan 2012–2017. Fundamental to this strategy are the CORE values of the organisation: Collaboration, Openness, Respect and Empowerment, which are reflected in our Code of Conduct and inform every aspect of the business of the District. With respect to the SLHD workforce, the Strategic Plan identified two overarching objectives from its extensive employee and community consultations:

- Ensure strategies are in place to address workforce recruitment and retention, education, development and employee support
- Ensure employees have the skills and necessary support to undertake their role and to cope with and manage change.

This Workforce Strategic Plan has been purposefully developed to achieve the above objectives through a commitment to work together to attract, develop, empower and enhance the workforce, and to ensure a good fit between the health service needs of our broader community and the skills, competencies, culture, expertise and resilience of our employees. To this end we have added the following objective:

- To create a positive and enriched workplace where our employees are valued, motivated and connected to their work, their colleagues and the vision of SLHD.

SLHD's workforce is large and diverse. At June 2015, there were 11,465 employees engaged across a range of professions and work categories. With over 2,700 employees indicating that they originally spoke a language other than English, over 130 reporting a disability and an estimated 189 of Aboriginal and/or Torres Strait Islander background, the SLHD workforce is quite diverse.

In line with the general population, our employees are also ageing. By 2022, one in five of our current workforce will be eligible to retire. At the same time, the demand for health services is projected to increase by three per cent each year over this period.

The SLHD Strategic Plan and the SLHD Healthcare Services Plan outline the considerable changes in the health service that will be required to deal with the forthcoming challenges of providing modern healthcare. These challenges include population growth, ageing and increased chronicity, increasing use of medical and information technology and the increasing need for ambulatory and community based services. The District has identified that future care provision will need to be less reliant on inpatient beds and undergo a considerable service-reorientation to meet the forthcoming community health needs while continuing to support research and deliver evidence-based care. Each of our facilities will also need to be significantly upgraded to meet this burgeoning demand.



In order to effectively deliver the projected health services in this context, careful and strategic workforce planning is essential. Our workforce strategy has been designed to align with national and state policies while remaining responsive and accountable to our local needs and trends. The NSW Ministry of Health has developed the Health Professionals Workforce Plan 2012–2022, which addresses issues associated with the attraction of clinical staff, career planning and support and leadership.

With respect to our Aboriginal workforce¹, the NSW Public Sector Aboriginal Employment Strategy 2014–2017 introduces an aspirational target of 1.8 per cent Aboriginal workforce for all salary bands by 2021. This is a major shift from current levels and requires a range of strategies to promote leadership and planning in Aboriginal workforce development and management. This target will be a challenge for the District given the Aboriginal population accounts for only 0.9 per cent of the local population.

Overall, the District is fortunate in that it does not generally have difficulty attracting employees. However it is possible that the rising cost of housing, traffic congestion and parking limitations in Sydney may impact on this in the future.

The NSW Health Workplace Culture Framework and the Public Sector Performance Development Framework provide direction and support to embed workplace culture improvement strategies and employee performance development into the core business of our facilities and services. In doing this, we recognise the need to work in collaboration with our current and future employees towards developing a cohesive culture which is inclusive of all members of our complex workforce.

The resulting key workforce priorities for the District articulated in this plan, are:

- **Meeting health service needs** with workforce supply and skills
- **Developing and managing for performance** by nurturing employee capability
- **Strengthening workforce systems** to ensure safe, healthy and productive workplaces
- **Embedding equity and CORE values** through employee engagement and a positive workplace culture
- **Promoting organisational performance** through a supported workforce delivering quality patient and family centred care.



1. Reference to both Aboriginal and Torres Strait Islander people is spelt out where required in the Plan. Overall, the term 'Aboriginal' is generally used in preference to 'Aboriginal and Torres Strait Islander', in recognition that Aboriginal people are the original inhabitants of NSW (see NSW Health PD2005_319).

2. Introduction

Workforce planning is concerned with predicting and anticipating future labour market requirements in line with an organisation's strategic direction. It aims to match the population demands for healthcare with workforce capacity, skills and capability.

Sydney Local Health District has a longstanding reputation for providing quality, innovative and cutting edge healthcare. This plan provides a strategy based on the advancement of this leading healthcare role through supporting and enhancing its workforce.

The District has the following broad aims regarding workforce planning and management:

- to ensure a culture of patient and family centred care, that delivers quality, evidence-based practice, research and innovation
- to ensure it is prepared for change and reform in healthcare
- to support equity and access
- to support the implementation of a values framework through its workforce and the services it delivers
- to enhance its profile as an employer of choice
- to ensure the ongoing supply and retention of high quality employees with the requisite skills across all roles and levels of the workforce.

This plan is aligned with the SLHD Strategic Plan 2012–2017, ensuring the workforce of the District meets the service needs of its community as well as people across NSW and interstate who access its highly specialised tertiary and quaternary services.

The Strategic Plan is based on seven domains which reflect the District's key focus in delivering excellence in healthcare. These are:

- Our Patients, Consumers • **Our Staff** • Our Community • Our Services
- Our Education • Our Research • Our Organisation

Enabling plans related to each of the domains have been developed:

- Healthcare Services Plan
- Research Strategic Plan
- Education and Training Strategic Plan
- Consumer and Community Participation Framework
- Information and Communication Technology (ICT) Strategic Plan

The Workforce Strategic Plan articulates the *"Our Staff"* domain.

All plans across the SLHD are also required to have a workforce component.



Objectives

The SLHD Strategic Plan identifies two specific workforce objectives:

1. Ensure strategies are in place to address workforce recruitment, retention, education, development and employee support
2. Ensure that employees have the skills and necessary support to undertake their role and to cope with and manage change.

It also works towards a third workforce objective:

3. To create a positive and enriched workplace where our employees are valued, motivated and connected to their work, their colleagues and the vision of SLHD.

The SLHD Workforce Strategic Plan outlines the key workforce planning, development and management priorities for the District with a shared workforce focus that is aligned with the SLHD Education and Training Plan 2013–2018.

Scope

The Plan prioritises strategies for the SLHD workforce for five years from 2016 through to 2020 with a view to 2022. It covers all paid employees of the District, in all employment categories and groups and Visiting Medical Officers (VMOs). It will be subject to regular evaluation and review by key stakeholders to ensure it continues to represent the SLHD health service and workforce needs of the future.



3. The planning process

The SLHD Workforce Strategic Plan process has included:

- Employee and community consultation in relation to workforce matters undertaken in developing the SLHD Strategic Plan
- A review of state and national policies, plans and guidelines related to health workforce planning and management
- A review of data on the current workforce profile
- Consultations with major partners involved in the provision of workforce, human resources and related services
- A round of consultations with selected SLHD stakeholders to clarify workforce issues and priority strategies. This process included consultations with medical, nursing, allied health and support employees in the development of Facility plans and the District Healthcare Services Plan 2013–2018
- A dedicated Workforce Plan consultation forum including external stakeholders
- An 'open for feedback' period through the SLHD online Bulletin Board.



4. Sydney Local Health District

Sydney Local Health District includes principal teaching hospitals, Royal Prince Alfred Hospital (RPA) and Concord Repatriation General Hospital, a district hospital at Canterbury and a sub-acute hospital at Balmain. It also includes the tertiary oral health facility, Sydney Dental Hospital and has a comprehensive range of community-based health services. District services are linked with primary care providers, including the Central and Eastern Sydney PHN, general practitioners and private medical, allied health and associated providers.

SLHD has a widely recognised teaching and research role with world class research groups in biomedical, clinical, public, population health and health services research. It is a recognised leader in developing innovative models of care, having highly skilled staff and mature clinical services. Services at RPA and Concord are predominately delineated at level 6, and a number of services are provided on a state-wide basis, with some, such as the State Burns Unit at Concord, having international roles.

The Sydney Local Health District Strategic Plan was developed after a comprehensive consultation with employees and the local community.



Our District Vision

“To achieve excellence in healthcare for all”

Our District Mission

Ensuring the community has equitable access to high quality patient and family centred care that is:

- Timely, evidence-based, culturally appropriate and efficient
- Provided by highly skilled employees who are committed, accountable and valued
- Supported by leading edge research, education and technologies

Supporting the healthcare of populations in other local health districts, states and territories across Australia and other countries through research, education and the provision of tertiary and quaternary referral services.

Our District Values

Collaboration – Improving and sustaining performance depends on everyone in the system working as a team.

Openness – Transparent performance monitoring and reporting is essential to make sure the facts are known and acknowledged, even if at times this may be uncomfortable.

Respect – The role of everyone engaged in improving performance is valued.

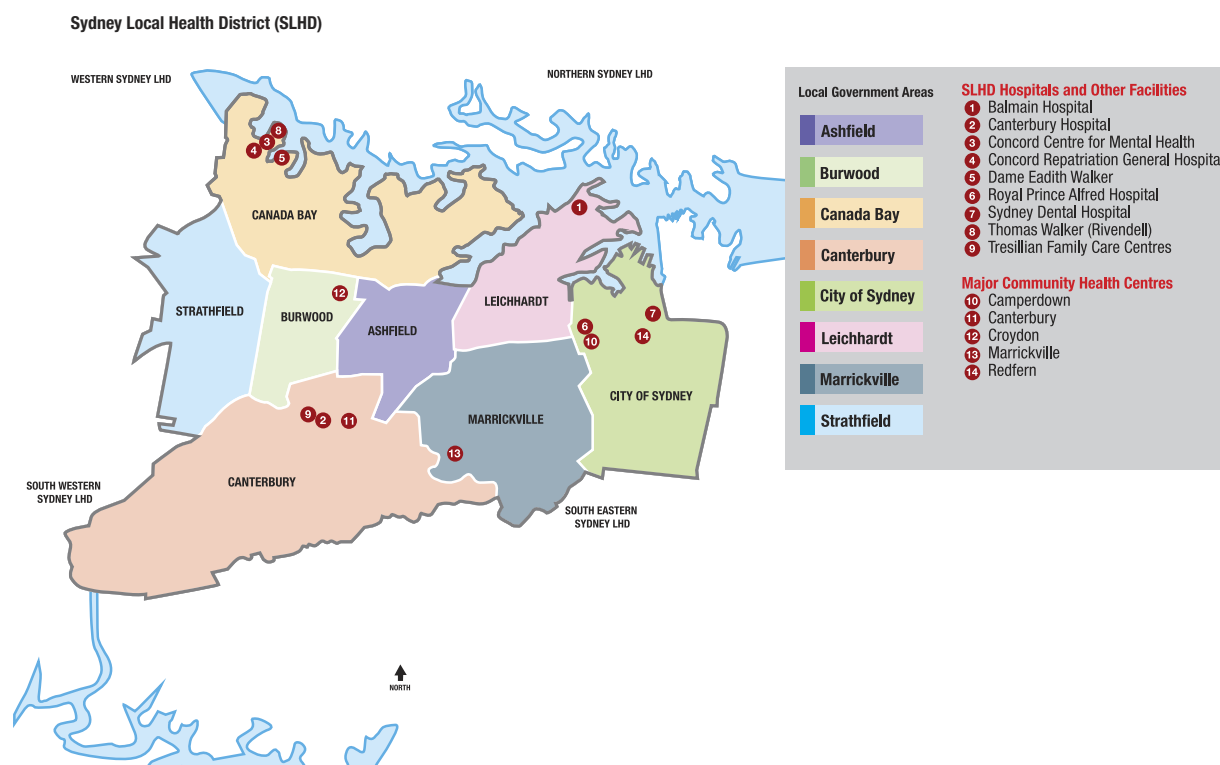
Empowerment – There must be trust on all sides and at all levels for people to improve performance in a sustainable way.



Population and health status

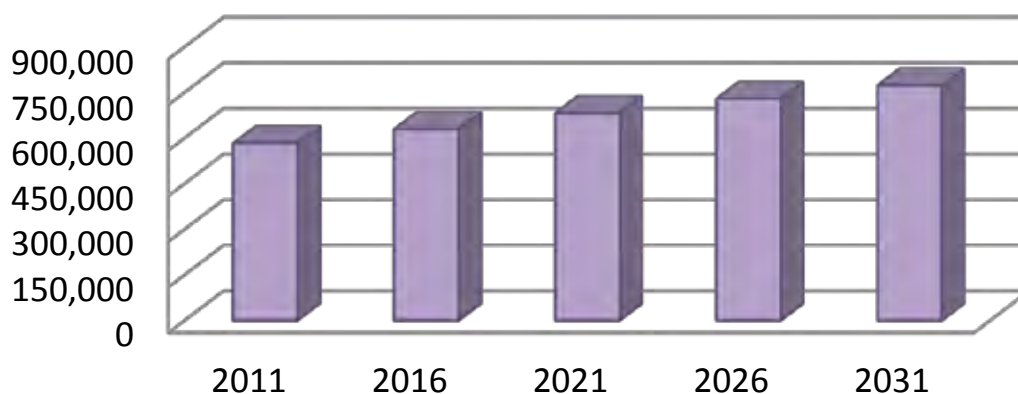
SLHD comprises eight Local Government Areas across the central and inner west areas of Sydney. It covers 126 square kilometres with a population of over 615,000 at a density of 4,890 residents per square kilometre². The boundaries are indicated in Figure 1.

Figure 1. Map of Sydney Local Health District



The population of Sydney LHD is projected to increase by almost 190,500 people in the next twenty years, with all SLHD local government areas expected to experience population increases. This is a projected growth of 32.7 per cent by 2031 for the District as shown in Figure 2.

Figure 2. SLHD population projections 2011–31



SLHD is socio-economically and culturally diverse. Its population is ageing, with the number of residents aged over 65 projected to increase by 76 per cent over the next decade. Each year, over 9,000 babies are born to mothers residing in SLHD. The area is also home to very significant populations of Aboriginal people and people who speak a language other than English at home; the latter being almost twice the level of NSW as a whole.

At the time of the 2011 Census, 23,264 people with disability in SLHD required assistance with core activities of daily living. This number is predicted to rise. In addition, the number and the proportion of the population identifying as carers are also likely to increase as a result of these trends.

Healthcare activity across the District

Hospitals across the District provided the following services in the 2014/15 financial year³:

Table 1. SLHD healthcare activity 2014–5

Activity	Royal Prince Alfred Hospital	Concord Hospital	Canterbury Hospital	Balmain Hospital	Other	TOTAL
Emergency Department attendances	72,296	38,025	41,470	–	–	151,791
Inpatient separations	82,903	53,872	18,134	1,813	4,294 ¹	161,016
Total bed days	292,387	233,700	56,923	25,717	19,027 ¹	627,754
Non-admitted patient services	491,962	395,711	83,442	93,527	425,255 ²	1,489,897
Surgical operations	25,475	17,213	6,763	–	2,325	51,776

¹ Includes Thomas Walker Hospital and Tresillian Family Care

² Primarily Community Health, Community Mental Health and Sydney Dental Hospital

In addition 6,773 babies were born in RPA and Canterbury Hospitals.



3. Clinical Activity Data, SLHD Executive Management Report, 30 June 2015

5. Policy context

The following policies, reports and guidelines form the framework under which workforce planning occurs within SLHD.

NSW State Health Plan – Towards 2021

The workforce strategy in the State Health Plan is about 'Supporting and Developing our Workforce' with three key initiatives:

- Improve workplace culture
- Ensure the workforce has the right people, with the right skills, in the right place
- Support and inspire the workforce

One of the Plan's key directions is to deliver integrated care which will involve developing models of care, partnerships, funding streams, new workforce models and greater connectivity using eHealth solutions, to create the connected healthcare system.

Health Professionals Workforce Plan 2012–2022 (revised 2015)

The NSW Government developed a *10 year Health Professionals Workforce Plan (HPWP)* as part of its overall plan to provide timely, quality health care. The HPWP aims to ensure that NSW trains, recruits and retains doctors, nurses, midwives and allied health professionals. It also considers new models of care involving interdisciplinary teams undertaking varied roles. The Plan identifies who is responsible for the development and delivery of initiatives, recognising that there are many organisations that contribute to the successful provision of health services across NSW Health. The Plan rests on a three-part strategic framework which interconnects nine key tenets:

1. Stabilising the foundations:

- Multi-faceted and multi owned solutions
- Integrated and comprehensive workforce planning

2. Building blocks:

- Provide effective working arrangements
- Develop a collaborative health system
- Support local decision making
- Develop effective health professional managers and leaders

3. Right people, right skills, right place:

- Recognise the value of generalist and specialist skills
- Grow and support a skilled workforce
- Effective use of our health care workforce

Government Sector Employment Act 2013 (GSE Act)

The Government Sector Employment Act 2013 (GSE Act) provides the new legislative basis for government employment in NSW and implements the Government's priorities to reform the structure and management of the NSW public sector.

Certain provisions of the GSE Act apply to all employees of the services in the government sector. This includes the provisions of Part 5 of the GSE Act, workforce diversity, employee transfers and secondments; cross-agency employment; temporary assignments of staff between government sector agencies and other relevant bodies; performance management systems; unsatisfactory performance of government sector employees and misconduct.

NSW Public Sector Aboriginal Employment Strategy 2014–2017

The Public Service Commission has published the *NSW Public Sector Aboriginal Employment Strategy 2014–2017*. The practical initiatives within the Strategy focus on five clear strategic directions:

1. attract Aboriginal staff
2. retain Aboriginal staff
3. support career development and progression
4. improve Aboriginal cultural competency in the workplace
5. know our Aboriginal workforce and plan for results.

The strategy also introduces a target of 1.8 per cent for all salary bands to overcome the 'pyramid' effect of the previous target and approach.





The workforce strategy in the State Health Plan is about
'Supporting and Developing our Workforce'



NSW Health Aboriginal Workforce Strategic Framework 2011–2015

The *Good Health – Great Jobs Aboriginal Workforce Strategic Framework 2011–2015* required an increase in the representation of Aboriginal and Torres Strait Islander employees to 2.6 per cent 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.

At June 2015, Aboriginal employees made up 1.9 per cent of the SLHD workforce by head count⁴. Implementation of this strategy has required the establishment of identified and targeted positions across the organisation, the strong engagement of education and training services and partnership with Aboriginal controlled organisations and groups.

Other NSW Health guidelines that inform and assist SLHD in this process include the *Decision Making Framework for Aboriginal Health Workers Undertaking Clinical Activities in NSW Health (2013)*, *Aboriginal Health Worker Guidelines for NSW Health (2013)*, *Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health (2011)* and *Stepping Up (2015)*.

The Aboriginal Cultural Training Framework: Respecting the Difference will further develop cultural competence of the organisation and promote greater understanding of the needs of Aboriginal people and how we deliver our health services. The Framework aims to significantly improve the health status of Aboriginal people by building meaningful relationships and providing culturally safe services for both Aboriginal clients and employees.

NSW Health Workplace Culture Framework

The 2008 *Special Commission of Inquiry into Acute (Health) Care Services* (Garling Report) made clear recommendations on the need to improve workplace culture to enhance patient care and employee satisfaction. The Workplace Culture Framework embodies the CORE values across NSW Health of Collaboration, Openness, Respect and Empowerment. It identifies the commitment to a workplace culture that embraces and models at every level of service,

the following characteristics:

1. Patient focus, people centred
2. Local decision making
3. Communication, cooperation and support
4. Valuing and investing in our people
5. Caring and innovation
6. Inclusive leadership
7. Safe places for all people
8. Continually improving results

The key measure of the effectiveness of workplace culture across NSW Health is the YourSay satisfaction survey conducted in 2011, 2013 and 2015. Based on the results of these surveys, the District and facilities have developed Action Plans to address issues identified and to further enhance engagement.

Public Sector Performance Development Framework

The NSW Public Service Commission (PSC) launched the Performance Development Framework (PDF) in July 2013. The framework outlines the mandatory requirements for all performance management systems across the NSW public sector. The PDF focuses on ‘managing for performance’. It describes management practices and activities to improve performance and align individual and team efforts with the organisation’s objectives. The NSW Health Policy Directive *Managing for Performance PD2013_034*, identifies the key features of performance management to be reflected in all NSW Health agency policies and builds on the essential elements outlined in the PDF.

SLHD has developed a comprehensive action plan and has progressed implementation of the PDF. Together with results from the People Matter employee surveys conducted by the PSC in 2012 and 2014, as well as the YourSay employee surveys, this information has been used by the District to inform workplace and employee management activities as well as this plan.

4. NSW Premier’s Workforce Profile (PWP) Data Collection 2015



6. The SLHD workforce

SLHD has a large and diverse workforce of over 11,000 health workers.

Workforce profile

Our workforce
• 5,300 are nurses
• 1,450 are doctors
• 1,440 are allied health and para-professionals
• 72% are women
• 1.9% identify themselves as Aboriginal and/or Torres Strait Islander
• 1.8% identify as having a disability
• 37% are under 35 years of age
• 22% are 55 years or over

By occupation grouping, nurses are by far the largest component of the SLHD workforce. In June 2015, there were over 5,300 nurses in SLHD, which represents 46 per cent of the total SLHD workforce. Over 67 per cent of the workforce work full time⁵. The SLHD workforce is predominantly female (72 per cent) and has a comparatively younger profile overall, with 37 per cent aged under 35 years compared to 22 per cent aged 55 and over. Similarly, the Aboriginal workforce is predominantly female (65 per cent) and is also a younger workforce, with a quarter being under 25 years and over half (56 per cent) being aged under 35 years.

Table 2. SLHD workforce headcount by occupational grouping

Occupational Group	Headcount	%
Medical	1,452	13
Nursing	5,292	46
Corporate Services	1,717	15
Allied Health	999	9
Other Professionals, Para-Professionals, Clinical Support	437	4
Scientific-Technical Support Staff	450	4
Hotel services	678	6
Maintenance and trades	94	< 1
Oral Health and support workers	302	3
Others (Child Care Workers, Teachers, Librarians, Executive)	44	< 1
Total	11,465	100

Source: NSW Premier's Workforce Profile (PWP) Data Collection June 2015

5. NSW Premier's Workforce Profile (PWP) Data Collection 2015

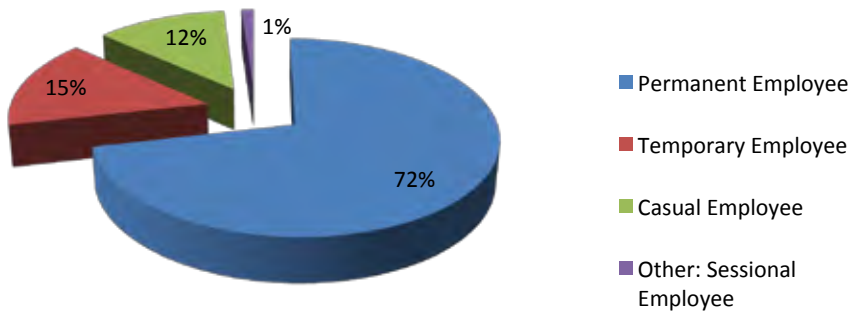
Table 3. SLHD workforce headcount by occupational grouping and facility/service

Professional grouping	Facility/Service											
	RPA	CRGH	Sydney Dental	Canterbury	Balmain	Community Health	Mental Health	Drug Health	Population Health	District Services	Tresillian Family care	Total
Medical	732	448	–	66	32	16	123	17	8	10	–	1,452
Nursing	2,353	1,404	10	486	219	191	491	64	17	57	128	5,420
Admin and Corporate Services	558	403	51	85	53	55	80	22	20	390	19	1,736
Allied Health Professionals	349	227	1	54	97	79	157	14	–	21	16	1,015
Other Professional, Para-Professional, Clinical Support	29	8	–	24	29	195	14	16	16	106	5	442
Scientific and Technical	250	153	12	20	4	1	3	–	3	4	–	450
Hotel services	313	187	24	59	25	–	57	–	–	13	–	678
Maintenance and trades	44	22	6	1	1	–	2	–	–	18	11	105
Oral Health Practitioners and support	–	3	299	–	–	–	–	–	–	–	–	302
Others	15	22	–	1	1	1	2	2	–	–	16	60
Workforce Total	4,643	2,877	403	796	461	538	929	135	64	619*	195	11,660

*Includes IM&TD staff based at SWSLHD as part of shared District Services

Source: NSW Premier's Workforce Profile (PWP) Data Collection June 2015

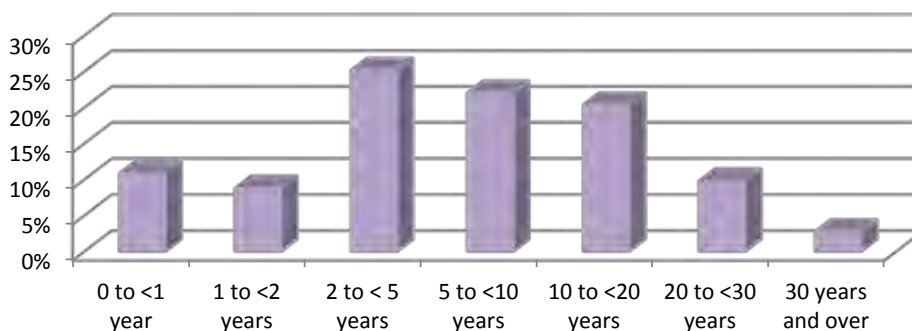


Figure 4. SLHD workforce by employment type

Source: NSW Premier's Workforce Profile (PWP) Data Collection June 2015

Most of the SLHD workforce (72 per cent) is employed on a permanent basis. With the increasing trend towards a more 'blended' workforce, consisting of a mixture of permanent, temporary, casual and part-time employees, the non-permanent proportion is predicted to increase. While this can provide flexibility to the manager and the employee, it requires effective coordination to ensure service needs continue to be met.

Workforce tenure

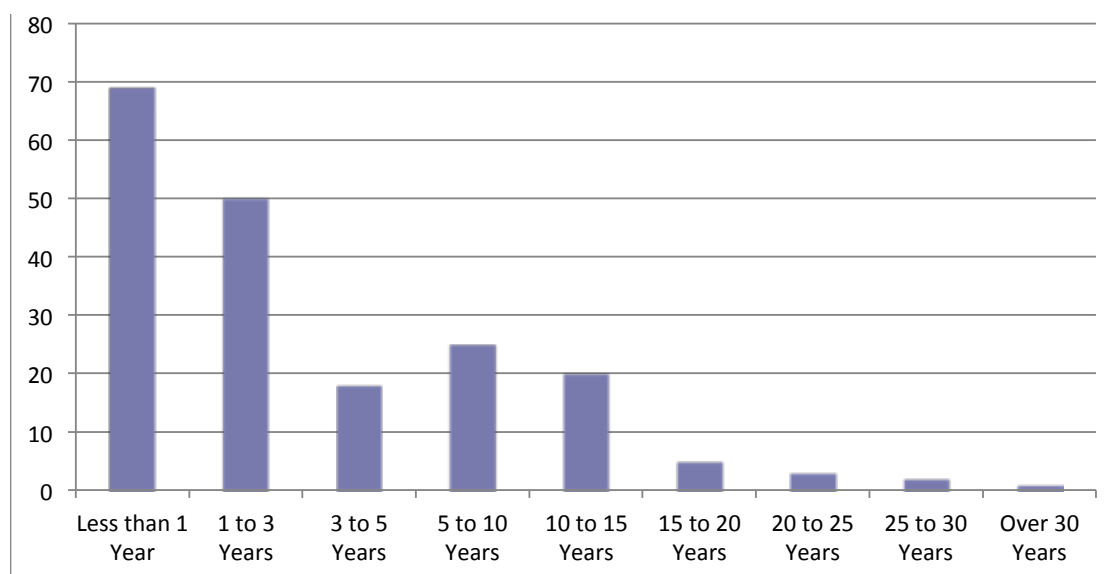
Figure 5. SLHD workforce tenure

Workforce Tenure Source: NSW Premier's Workforce Profile (PWP) Data Collection June 2015

The average tenure of employees at SLHD, excluding casuals, is seven years, which is comparable to the health service overall median tenure of 7.3 years⁶. There is a relatively even distribution of tenure between two and 20 years with a slight majority of the workforce being employed at the District between two to five years. This suggests an overall balance between new and long-serving employees, although the turnover figures (Table 4) provide a clearer picture, with a distinct difference between the categories of employees with the highest and lowest turnover.

Aboriginal workforce tenure illustrates the District's commitment to increasing the Aboriginal workforce in recent years, with the majority of employees being with the District less than three years (Figure 6). It is important to note that at June 2015, 47 per cent of Aboriginal workforce recruitment was into permanent positions, which may account for the high separation rate at between one and three years of service. Overall the average tenure of the Aboriginal workforce is 4.6 years, reflecting a cohort which also includes employees with many years of service with the District.



Figure 6. SLHD Aboriginal workforce tenure

Source: StaffLink 2015

Workforce turnover

For the period 2014–2015, SLHD had a workforce separation rate of approximately 11 per cent. The group with the highest separation rate was medical staff at 25 per cent, largely due to the medical rotation program for resident medical officers and registrars. Excluding the medical staff on rotation, SLHD has an overall turnover rate of approximately nine per cent which is considered low for an organisation of its size⁷.

Table 4: SLHD employee turnover by professional grouping

Professional grouping	Separations	Turnover rate
Medical (*includes rotational positions)	493*	25%
Nursing	404	7%
Hospital support staff and Corporate Services	175	9%
Allied Health	116	10%
Other Prof. and Para Professionals and support staff	25	5%
Scientific and Technical Clinical support staff	54	11%
Hotel services	49	7%
Maintenance and trades	6	6%
Oral Health Practitioners and support workers (*separation of shared services with SWSLHD during 2014)	145*	32%
Others (Child Care Workers, Librarians, Executive)	1	2%
TOTAL	1,468	11%

Source: NSW Premier's Workforce Profile (PWP) Data Collection June 2015

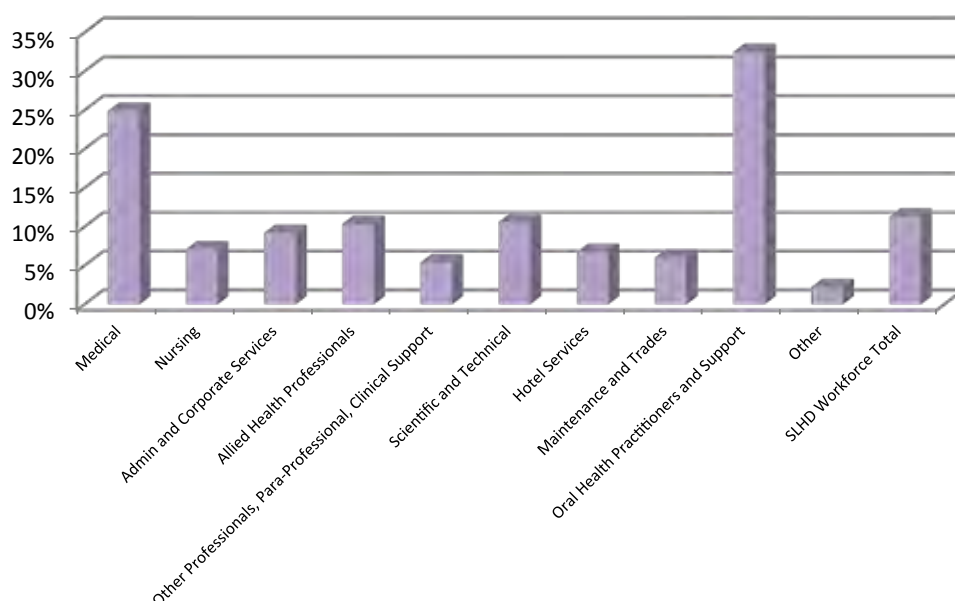
The highest turnover rate for a collective group is our Aboriginal workforce, with a turnover rate in 2015 of 15 per cent. A contributing factor to this turnover is the fact that over half the recruitment for the Aboriginal workforce is into temporary positions of up to twelve months. This is an area of focus for the District and further recruitment and retention strategies are outlined in the SLHD Aboriginal Workforce Action Plan.

7. Australian Human Research Institute Pulse Survey 2013 – Turnover and Retention

While there is an emphasis on improving retention and increasing permanent appointments for Aboriginal employees, the District's 2015 YourSay Workplace Culture Survey indicated that Aboriginal employee engagement, based on more than 100 Aboriginal respondents, was very high at 75 per cent, exceeding both SLHD and NSW Health overall ratings. One contributing factor may be that the majority of Aboriginal employees are relatively new employees, having been with the District for less than three years (Figure 6). We know from the general SLHD YourSay survey results that employees with less than five years service feel much more engaged with the organisation than those with longer service. The challenge moving forward is to maintain this level for engagement with all employees.

The lowest separation rates are seen with the Para-Professional, Hotel Services and Maintenance and Trades employees (Figure 7). Oral Health Services are the only clinical group with a similarly low separation rate, however, during 2014–2015 the inter-District shared service hosting agreement for Oral Health Services ceased, resulting in a singularly high turnover rate of 28 per cent during this period. Prior to this, during 2013–2014, the average turnover rate for Oral Health Services was a low five per cent. As a unique entity within NSW Health, there are relatively fewer employment opportunities elsewhere for Oral Health employees in the public health system, which could explain the normally low turnover rate for this clinical group.

Figure 7. SLHD workforce turnover



Source: NSW Premier's Workforce Profile (PWP) Data Collection June 2015

Overall, the groups with lower turnover rates have correspondingly higher median ages (all 47 or over), which requires further consideration in relation to appropriate strategies for workforce management.

Workforce age

The median age of the SLHD workforce is 41 years. This is younger than the median age of the overall NSW Health service (44 years) and NSW Public Service workforce (45 years) and is closer to the wider NSW workforce median workforce age of 40 years⁸. The age profile varies significantly between professional groupings, with the corporate workforce being significantly older than the clinical workforce, in line with the ageing of the wider population (Table 5).

At a time where the ageing population is generally reflected in the overall workforce trends of large organisations, the predominant workforce age group in SLHD is a relatively young 25 – 34 years, representing just over 30 per cent of the total SLHD workforce.

National workforce figures⁹ indicate that about 25 per cent of medical practitioners are 55 or over, whereas the figure for SLHD is under 11 per cent. Similarly, for the nursing and midwifery workforce¹⁰, almost 40 per cent are aged 50 years or over while the corresponding figure for SLHD is only 27 per cent. This is largely attributable to the fact that, along with its central location, SLHD is a significant training ground for students and a key recruiter of new graduates. The larger number of younger health professionals coming through SLHD are a valuable asset in planning for succession. This should ensure sustainability to meet frontline health service needs.

8. *State of the Sector Report 2014, Public Service Commission*, www.psc.nsw.gov.au/reports---date/state-of-the-sector/state-of-the-sector-2014

9. *Health Workforce, Australian Institute of Health and Welfare 2014*, www.aihw.gov.au/workforce

10. *Health Workforce, Australian Institute of Health and Welfare 2014*, www.aihw.gov.au/workforce



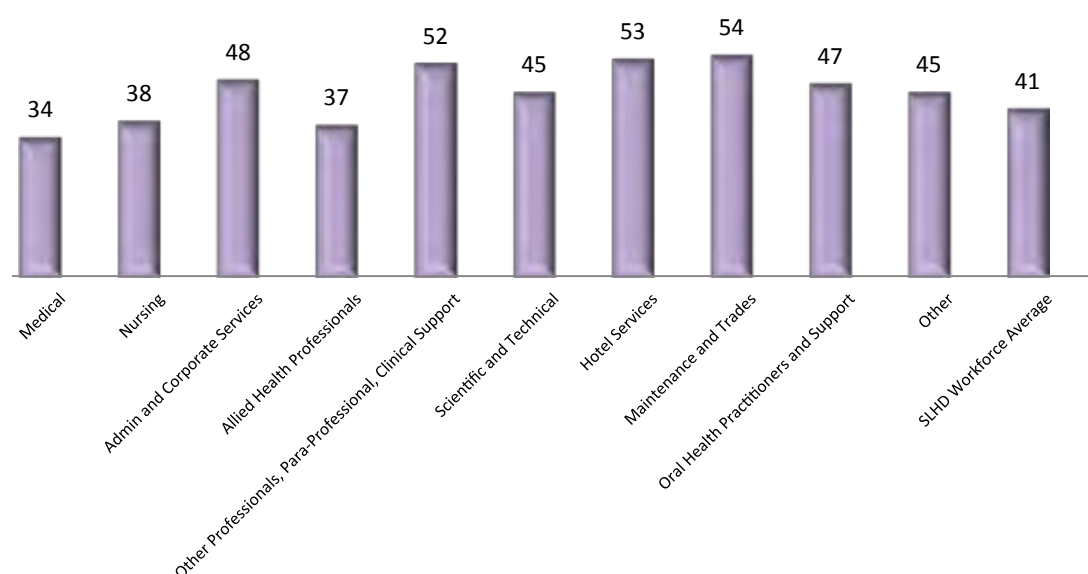
“Overall, 58 per cent of the SLHD workforce is under 45 years of age”

Table 5: Professional grouping by age group

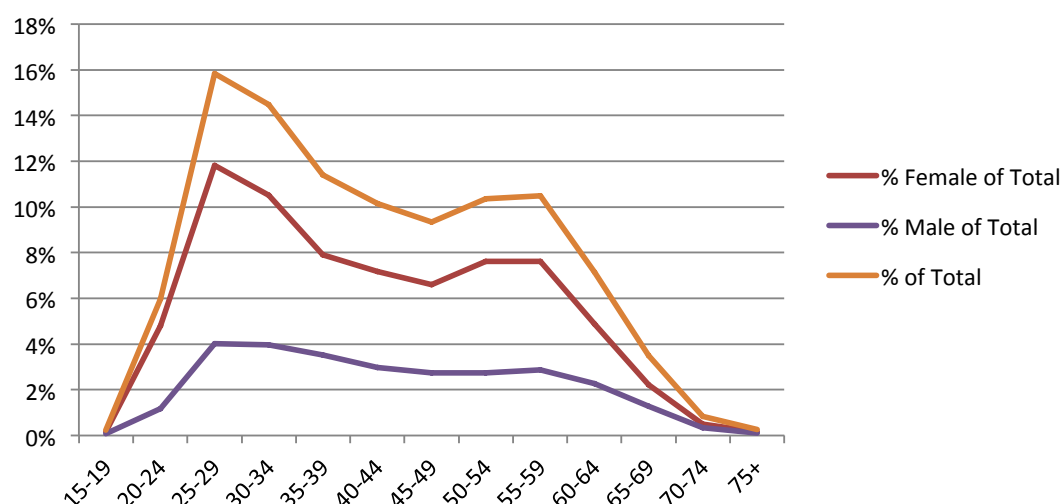
Professional grouping	Age group						Median Age
	15–24	25–34	35–44	45–54	55–64	65+	
Medical	2.5%	47.9%	26.1%	12.5%	8.1%	2.9%	34
Nursing	8.4%	33.9%	21.5%	17.7%	15.4%	2.9%	38
Admin and Corporate Services	5.4%	17.7%	20.9%	25.5%	24.9%	5.8%	48
Allied Health Professionals	6.7%	37.4%	23.8%	16.2%	12.5%	3.3%	37
Other Professionals, Para-Professional, Clinical Support	1.1%	13.5%	15.3%	27.9%	26.8%	15.3%	52
Scientific and Technical	6.0%	21.8%	20.9%	25.3%	21.1%	4.9%	45
Hotel Services	3.5%	11.8%	15.6%	26.1%	32.4%	10.5%	53
Maintenance and Trades	2.1%	3.2%	9.6%	35.1%	30.9%	19.1%	54
Oral Health Practitioners and Support	2.6%	19.5%	23.5%	28.1%	21.2%	5.0%	47
Other	9.1%	18.2%	22.7%	18.2%	20.5%	11.4%	45
Overall Workforce Average	6.2%	30.3%	21.5%	19.7%	17.6%	4.6%	41

Source: NSW Premier's Workforce Profile (PWP) Data Collection June 2015

Overall, 58 per cent of the SLHD workforce is under 45 years of age. However, the median ages vary significantly between professional groupings, with the non-clinical workforce being indicative of the general ageing of the population. The median ages of all non-clinical SLHD groups are over 45 years, with Para-Professionals, Hotel Services and Maintenance and Trades employees having the highest median ages, ranging between 52 and 54 years (Figure 8). These are significantly older groups requiring closer attention. Our Aboriginal workforce is collectively the youngest group with a median age of 32 years. This is likely to be a result of our strategy to increase recruitment and nurture development of Aboriginal employees in entry level positions.

Figure 8. SLHD workforce median age by professional grouping

Source: NSW Premier's Workforce Profile (PWP) Data Collection June 2015

Figure 9. SLHD workforce age and gender profile

Source: NSW Premier's Workforce Profile (PWP) Data Collection June 2015

Aboriginal workforce

Aboriginal employees as at June 2015 made up 1.9 per cent of the SLHD workforce by head count, based on voluntary information collected in workforce diversity profile reports. The strategy to increase the Aboriginal workforce to represent 2.6 per cent of the SLHD workforce by 2015 required the establishment of identified and targeted positions across the organisation and strong engagement of education and training services. From 2016, the new target from the Public Service Commission will be 1.8 per cent Aboriginal workforce representation in each remuneration category by 2021¹¹. This is a significant focus area for SLHD with strategies outlined in the SLHD Aboriginal Workforce Plan.

Table 6: Aboriginal workforce profile by professional grouping and facility/service

Professional grouping	Facility/Service											Progress towards target (2.6%)
	RPAH	CRGH	Canterbury	Balmain	Sydney Dental	Mental Health	Community Health	Drug Health	Population Health	District Services	Total	
Medical	4	–	–	–	–	1	–	–	–	–	5	0.3%
Nursing	15	6	2	4	–	4	–	1	–	3	35	0.7%
Admin and Corporate Services	18	32	3	1	5	2	3	2	2	7	74	4.3%
Allied Health Professionals	4	–	–	1	–	–	3	–	–	–	8	0.8%
Other Professionals, Para-Professional, Clinical Support	5	2	–	–	–	2	2	2	2	–	16	3.7%
Scientific and Technical	2	2	–	–	–	–	1	–	2	–	7	1.6%
Hotel Services	9	16	5	–	–	2	–	–	–	–	32	4.7%
Maintenance and Trades	–	–	–	–	–	–	–	–	–	4	4	4.3%
Oral Health Practitioners and Support	–	–	–	–	7	–	–	–	–	–	7	2.3%
Other	1	–	–	–	–	–	–	–	–	–	1	2.3%
SLHD Aboriginal Workforce Total	58	58	10	6	12	11	9	5	6	14	189	1.9%
Progress towards target (2.6%)	1.3%	2.0%	1.3%	1.3%	3.1%	1.2%	1.7%	3.0%	9.3%	2.3%	1.9%	

Source: NSW Premier's Workforce Profile (PWP) Data Collection June 2015

¹¹ NSW Public Sector Aboriginal Employment Strategy 2014–2017, PSCC 2015–04

Diversity

Compared to national health workforce data from 2013, SLHD has nine per cent more women as medical practitioners and 6 per cent more males as nurse or midwives than their general respective workforces.¹² Overall, the high proportion of women employed in SLHD (Table 7) is in line with health care industry patterns due to the predominance of the nursing workforce. Over one third of employees originally spoke a language other than English, which is significantly greater than the Public Service Commission benchmark target but closer to the local population demographics in and around the SLHD.

Only 1.8 per cent employees have identified as having a disability with 0.4 per cent requiring work-related adjustment (Table 7). As this data is typically collected only at the time of recruitment, it is believed that the figure is significantly underestimated. Any employees who may have developed a disability after recruitment and those with permanent work restrictions due to workplace injuries are unlikely to have updated their records in this respect. Further efforts will be made to better quantify this group of employees and to encourage more visible representation in workforce matters.

Table 7: Trends in the representation of workforce diversity groups

Workforce diversity group	Benchmark/Target	2013	2014	2015
Women	50%	72.5%	72.0%	72.0%
Aboriginal People and Torres Strait Islanders	2.6%	1.3%	1.6%	1.9%
People whose first language spoken as a child was not English	19.0%	38.2%	37.4%	37.6%
People with a disability	N/A	2.1%	2.0%	1.8%
People with a disability requiring work-related adjustment	1.5%	0.5%	0.5%	0.4%

Source: Workforce Diversity Report, Public Service Commission, June 2015

The staff 'commute'

The central location of SLHD with established transport infrastructure means it is in a very fortunate position to readily attract employees. As at 2015, 40 per cent of our workforce live within the SLHD catchment area while 55 per cent travel from adjacent districts. The remaining five per cent of employees reside outside of the Sydney metropolitan area.

The current rate of urban growth and development within Sydney is likely to have a greater impact on workforce recruitment and retention for the District. While the workforce talent pool may be greater, the cost of living in Sydney combined with increasing traffic congestion and limited parking options, may start to drive the workforce to more affordable regional centres. This is a possible trend that the District will need to monitor closely.

¹² Health Workforce, Australian Institute of Health and Welfare 2014, www.aihw.gov.au/workforce

Workforce drivers

The primary drivers increasing service demand are the ageing and growing population, information and medical technology changes, increasing complexity of care, changing models of care and increasing consumer expectations. These drivers will increasingly influence the way healthcare services everywhere are provided. The Health Professionals Workforce Plan 2012–2022 identifies the following 10 factors:

1. Changing population demographics and consumer expectations

Demographically, the SLHD area is projected to undergo considerable growth over the next two decades, with urban consolidation driving major change across the District. The population is also ageing, as people live longer with chronic disease, disability and greater health service expectations. The increasing diversity of the SLHD population, coupled with current epidemiological trends mean that it will not be possible to meet forecasted workforce growth within current health service models of care.

Based on the population projections released in 2014 by the Department of Planning and Environment, SLHD will require a significant increase in inpatient, ambulatory and community services. This is quantified in detail in the District Health Care Services Plan. The projected bed need by 2027 is equivalent to building another tertiary facility, with accompanying increases required in emergency, trauma, ICU, renal, obstetrics and cancer care.

The SLHD has significant plans to prevent unnecessary hospital admissions, including where possible providing care on an ambulatory or community basis and ensuring that when hospitalisation is required that it is in line with evidence-based best practice care.

As a minimum, the following service expansion is required:

- Progressive upgrading and expansion of RPA and Concord hospitals to meet demands.
- Canterbury Hospital will require some expansion in acute bed numbers and ambulatory care services
- The role of Balmain Hospital will be reviewed, with a view to expanding its rehabilitation services and evaluating its acute aged care role.
- Mental Health inpatient beds and community services will require enhancement at RPA to its full capacity, through the new Professor Marie Bashir Centre
- Oral Health Services, including Sydney Dental Hospital, will be required to provide more services to meet the rising demand from the ageing population and people

with a disability from the wider Sydney metropolitan region.

- In service terms, there will be a stronger delineation of roles between sites and stronger District networking. For example, the District will review opportunities for consolidating Neurosurgery at RPA, Ophthalmology at Concord and Ear, Nose and Throat Surgery at Canterbury Hospital.
- The Chris O'Brien Lifehouse represents a major service reorientation for the RPA site, with selected cancer services being provided by Lifehouse. Consequently, with new cases of cancer in SLHD expected to increase from 2,393 in 2011 to 2,913 in 2022, the services remaining at RPA will be reorganised. Concurrently, the increasing cancer role of Concord Hospital will be supported.

In addition, increasing interest from consumers in health and access to readily available health-related information are also key drivers leading to higher demand and expectations from patients.

2. Improving health outcomes and changing models of care

Integral to the future of the District's healthcare services is balancing its extensive state and national responsibilities for quaternary and tertiary services with its responsibility for providing accessible and appropriate healthcare for our local populations. Supporting and encouraging research and teaching is pivotal to our mission.

In service delivery, SLHD also needs to balance its investment in prevention and health promotion with the demands of treatment. Care needs to be provided at the most efficient level of the healthcare system so that wherever possible, people are treated at the primary care point and that more specialist services are available in a timely way for support and referral.

To mitigate the need for significant hospital bed increases within the next decade, as projected by the NSW Ministry of Health forecasting tools, investment will be required in non-hospital services, particularly in ambulatory care and community health. Preventative healthcare, health promotion and early intervention remain vital, and require the re-engineering and creation of some new work roles with a focus on relevant skill sets for future healthcare needs.

There is further opportunity to improve Aboriginal health outcomes specifically by reviewing current models of care and enhancing Aboriginal Health Worker roles through the decision making framework and guidelines for Aboriginal Health Workers¹³.

Regular technological change means that our workforce needs to be flexible and agile in order to respond, embrace and readily adapt to new environments and systems. It is critical to our sustainability, both as a workforce as well as a care service provider, that we work closely with our employees to build a workplace culture that recognises the challenges of digital disruption and the need to build resilience in order to flourish.

Healthcare services, wherever possible in the future, will be provided in the community or in the home rather than in a hospital bed. Early intervention and prevention will be strongly supported and hospital stays will be condensed and provided within an evidence-based patient and family centred framework that emphasises positive outcomes and quality of life considerations.

3. Impending workforce shortages

By 2022, one in five of the current SLHD workforce will be eligible to retire, while demand for health services is projected to increase by three per cent each year over this period. Strategies to ensure effective succession planning as well as the continued ability for SLHD to attract and retain high calibre staff will be paramount.

The added challenge for the government health sector is that remuneration in the private sector can be more appealing for some disciplines and specialisations. For SLHD, these include oral health professionals, sonographers, podiatrists, orthotists, pharmacists, clinical coders, ICT employees and imaging specialists.

These specialty workforce shortages, along with those identified in the Health Professionals Workforce Plan 2012–22, will require a coordinated, multifaceted and collaborative approach with other agencies. However, workforce shortages also provide opportunity for workforce redesign that is innovative, adaptive and sustainable.

4. Future affordability of healthcare

The ageing demographic profile of the general population will continue to impact on health expenditure, with spending on those over 65 years of age costing as much as four times more per person than those under 65.¹⁴ Overall, demand for health care services is predicted to increase by 34 per cent by 2027¹⁵, while government spending on

health is expected to nearly double between 2010 and 2050 based on current approaches¹⁶.

5. Increasing specialisation of healthcare professionals

Specialisation of healthcare professionals has been increasing steadily, yet chronic and complex patient presentation is requiring more holistic and generalist models of care. Whilst specialised services will continue to be required and provided, there is also an increasing role for a generalist workforce, which complements the specialist workforce and which concentrates on the coordinated management of patients with multiple medical needs. The District's strategic focus is on planning and implementing patient and family centred care, including fully integrated care. This means that it will support both its longstanding reputation for specialist training with opportunities for development and employment of the generalist workforce within its facilities and services.

6. Emerging technologies

Better use of technology is a significant factor in most emerging healthcare delivery trends. Globally there is rapid growth in knowledge and technological capacity, providing a wide range of opportunities for innovation and improvement. The challenge facing healthcare organisations is the ability to adjust, adapt and flourish within this continuously changing internal and external environment.

The pace of innovation in genetics, biotechnology, material sciences and bioinformatics has been astounding. Precision medicine is set to revolutionise the ability to predict, prevent, monitor and treat a whole range of conditions. Significant growth is predicted in the use of home-based technologies that support individuals and their carers to manage their long-term conditions. Robotic-based surgical procedures are also growing rapidly.¹⁷ The clinical workforce needs to be able to translate and integrate the research into daily practice in order to continually improve service delivery and health outcomes.

Information technologies arguably provide the greatest opportunity for health care services to improve productivity and bridge the gap between constrained resources and growing demand. For example, there is increasing impetus to deliver care at a distance through video-conferencing supported by the digital transfer of clinical information.

¹³ *Aboriginal Health Worker Guidelines for NSW Health 2014*, www.health.nsw.gov.au/workforce/aboriginal/Publications/aboriginal-health-worker-guidelines.pdf

¹⁴ *Australian Institute of Health and Welfare*, www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442475273

¹⁵ *Population Projections, NSW Planning and Infrastructure 2014*

¹⁶ *HPWP 2015*, www.health.nsw.gov.au/workforce/hpwp/Publications/health-professionals-workforce-plan.pdf and *Intergenerational Report 2015*, www.treasury.gov.au/PublicationsAndMedia/Publications/2015/2015-Intergenerational-Report

¹⁷ *The King's Fund 2012 Overview: Future trends*, London 2012

Health professionals no longer need to be in the same geographical location as patients in order to manage their care. As information technology is influencing the ways in which professionals manage and make use of knowledge, it is also changing the way in which they are trained. Importantly, information and communication technologies are also driving changes in the relationship between professionals and patients.

7. Workplace culture and demographics

The benefits of a positive workplace culture are manifold. It is strongly linked to employee engagement and satisfaction, reduced absenteeism and turnover, improved retention and ultimately high performance. This is also visible in improved patient satisfaction with care received.

Central to workplace culture are core values that define an organisation's identity and behaviour. For SLHD, the CORE values of Collaboration, Openness, Respect and Empowerment, underpin culture reform and inform every aspect of the business of the District.

The challenge is to continue improving workplace culture within the context of changing employer, employee, as well as consumer, expectations. There is increasing demand for flexible work practices as part of a family-friendly workplace or for improved work-life balance, greater expectations about promotional opportunities, remuneration and employer support for learning and development.

In line with population trends, more employees are taking on carer responsibilities, transitioning to retirement, or becoming one of the 'sandwich generation', looking after younger and older family members while employed. These trends, including the younger generations' preferences for shorter term and more flexible employment conditions, will inevitably lead to a more 'blended' workforce, with temporary, part-time and permanent employees working together in a variety of flexible arrangements. This workforce trend requires careful balancing by frontline managers to ensure health service needs continue to be met. The workforce is becoming increasingly diverse and combined with intergenerational issues, there is greater understanding required around priorities and managing expectations.

In managing these challenges, SLHD has adopted and will continue to develop, a number of multi-faceted strategies. There is extensive commitment to employee learning and development programs, both internally through the Centre

for Education and Workforce Development (CEWD) and externally, through sponsorship of employees to complete higher level tertiary studies. The District is placing greater emphasis on devolution and empowerment, valuing employees through feedback and creating opportunities that support growth and development.

Results of personal employee satisfaction surveys to date conducted by NSW Health (YourSay) and the Public Service Commission (People Matter) indicate that SLHD has a high level of employee engagement and workplace culture, with particular strengths cited in its learning and development programs and employees living the CORE values. In the most recent YourSay workplace culture survey results¹⁸, employee opinions in Sydney LHD are largely more positive than the NSW Health average, with particular reference to employees having better relationships with senior managers, feeling more informed and generally being more positive about the workplace culture. Despite the favourable feedback, we know that building a positive workplace culture requires more collaboration at every level of the organisation and this is a focus for the District.

Action Plans arising from the YourSay survey results are currently being updated to further strengthen workplace attributes and to ensure the District is a place in which employees at all levels, choose to work and enhance their skills and career.

Building a culturally competent and safe organisation through further implementation of the *Respecting The Difference* program and associated strategies will also place SLHD in a prime position as employer of choice for Aboriginal people.

We know that younger employees are increasingly mobile. Generation Y place career opportunities and better job offers at the top of their list. They are less inclined to stay in the same job for more than five years without a promotion, according to global trends¹⁹. Along with competitive remuneration for some in the private sector, it may become difficult in the future to attract and retain the younger workforce and to develop a rewarding career pathway for them in the public sector. One of the key cultural attributes of SLHD as an employer is its acclaimed and highly visible commitment to research and education. Moving forward, it is important that this commitment is effectively supported by our workforce systems.

The increasing mobility of the workforce is also supported by strategies from the Public Service Commission. One of

¹⁸ NSW Health, *YourSay Workplace Culture Survey, Sydney LHD Results, 2015*, www.health.nsw.gov.au/workforce/YourSay/2015/Pages/default.aspx

¹⁹ ORC International, *HR Reflections 2014*

“A workforce that is diverse, inclusive and representative of its wider community, is more likely to promote equitable service delivery.”

its key reforms is to encourage flexibility and mobility across the public sector with the development of cross-sector capability frameworks²⁰. As at 2014–2015, the average tenure in SLHD is seven years, which is lower than the public sector overall at nine years²¹. However, this varies greatly between age groups and disciplines as described previously in this document, under Workforce Profile.

Assuming a span of likely retirement ages between 65 and 70 years, over 21 per cent of the SLHD workforce can be expected to retire within the next ten years. There is, however, increasing evidence that some of the older workforce want to, or need to, keep working for longer²². One of the specific challenges in SLHD associated with an ageing workforce is the increasing risk of injury. SLHD Workers Compensation data indicates a trend of increased risk of injury from falls and body stress associated with age²³.

8. Equity and diversity

Cultural and socioeconomic diversity will continue to pose challenges for equitable service delivery in respect of both access and outcomes. A workforce that is diverse, inclusive and representative of its wider community, is more likely to promote equitable service delivery by engendering trust through increased awareness and responsiveness to its consumers' changing needs.

Diversity in government sector workforce management continues to be a priority under the Government Sector Employment Act 2013 (GSE Act). The GSE Act preserves the focus on existing diversity groups – Aboriginal people, women, people from culturally and linguistically diverse backgrounds and people with disability, but also provides flexibility to encompass a broader spectrum of diversity, including mature workers, young people and carers.²⁴

Workforce equity includes transparent merit processes and access to employment and career development opportunities. In SLHD, this is underpinned by the CORE values, but needs further strengthening through a positive culture framework across the District activities.

There is also opportunity for SLHD to increase its Aboriginal employment targets by providing innovative strategic directions which are embedded in a culturally competent framework.

9. SLHD capital and service development

Local factors are also driving workforce change in the District. These include the capital and service development program and the significant collaborative investment in research. The *SLHD Strategic Plan* (2014 refreshed) and the *SLHD District Healthcare Services Plan* outline facility and service changes at all SLHD facilities, including community based services, along with an extensive intersectoral partnership with the Primary Health Network (previously Medicare Locals) to further reduce reliance on inpatient beds. Selected service expansion will also be required. For example, emergency services, critical care, renal dialysis, diabetes, palliative care and maternity services will require investment to cater for the needs of the future population.

10. Research

Underscoring all future developments will be an emphasis on supporting and further developing a workforce already acclaimed for its world-leading innovations in research, research translation and teaching. The District, in collaboration with the University of Sydney, and thirteen affiliated Medical Research Institutes, forms Sydney Research. The SLHD is also part of Sydney Health Partners which is an Advanced Health Research and Translation Centre of the National Health and Medical Research Council (NHMRC). The District will capitalise on the depth and breadth of research derived from the excellent, innovative clinical services and the relationships with these various tertiary institutions and medical research institutes.

In addition, development of an allied health education and research partnership between the University of Sydney Faculty of Health Sciences (FHS) and SLHD Allied Health is underway with the establishment of an Allied Health Professorial Unit, guided by an Allied Health Partnership Steering Committee.

Further specific workforce challenges are also identified in the Clinical Stream workforce priorities in *Appendix 2*, such as transient workforce shortages in specific areas and changing staff skill mix requirements with changing patient mix and new models of care.

²⁰ Public Service Commission, *To the next level – State of the Sector Report 2015*

²¹ Public Service Commission, *To the next level – State of the Sector Report 2015*

²² James, Justin, *The Ageing Workforce: what's your strategy?* 2013

²³ SLHD Risk Management data 2014

²⁴ Public Service Commission, *Equity and Diversity*, www.psc.nsw.gov.au/Sector-Support/Equity-and-Diversity/Equity---Diversity 2014



“Understanding all future developments will be an emphasis on supporting and further developing a workforce in research, research translation and teaching”

Projected workforce demands

The associated workforce demands take into account strategies currently being implemented through the *Health Professionals Workforce Plan 2012–2022* as well as local service plans. The SLHD Workforce Strategic Framework aims to ensure the increasing health service needs continue to be met through sustainable workforce planning and management that builds and supports the required skills and attributes of its valued workforce.

In line with the general population, the SLHD workforce is ageing. By 2022, one in five of the current SLHD workforce will be eligible to retire, while demand for health services is projected to increase by three per cent each year over this period. Strategies to ensure effective succession planning as well as the continued ability for SLHD to attract and retain high calibre employees will be paramount.

The *Health Professionals Workforce Plan 2012–2022* identifies the needs for workforce plans at a government level for the following workforce groups. These groups include those identified by the District as being harder to recruit:

- Radiopharmaceutical Scientists
- Audiologists

- Sonographers
- Orthotists/Prosthetists
- Diagnostic Imaging Medical Physicists

In addition, the Plan gives an indication of projected supply modelling for the following medical workforce specialties. As part of workforce modelling to 2025, these priorities are continually being reviewed and updated. The list below is for the medical specialty workforce as at November 2015 with additional information provided through SLHD consultation.

Projected supply modelling will also be undertaken for nursing and allied health workforces.

As the Plan notes, the above priorities are subject to change as new information becomes available and as the workforce strategies, such as local and state-wide training, recruitment and retention programs, take effect.

An area for specific mention is Interventional Neuroradiology (INR), an emerging medical specialty that forms an important component of a high quality neurosurgery and stroke service. It includes a range of procedures for the endovascular treatment of some conditions of the brain and spine, including brain tumours, acute stroke conditions and spinal fractures.

Medical Specialty Workforce projected growth to 2025

Moderate to major priority for further growth (>40%)	Minor priority for further growth (20%–40%)	Minimal priority (1%–20%)
General Medicine Endocrinology Pathology – Haematology Nuclear Medicine Psychiatry Clinical Genetics Clinical Pharmacology Addiction Medicine Pain Medicine Anatomical Pathology Ophthalmology Sexual Health Medicine Rheumatology General Pathology and Genetics Ophthalmology Sexual Health Medicine Interventional Radiology Interventional Neuroradiology	General Surgery Gastroenterology and Hepatology Chemical Pathology Diagnostic Radiology Forensic Pathology Microbiology Respiratory and Sleep Medicine Dermatology Palliative Medicine Oral and Maxillofacial surgery Infectious diseases Immunology Paediatric Surgery	Emergency Medicine Geriatric Medicine Medical Administration Medical Oncology Obstetrics and Gynaecology Neurology Radiation Oncology Rehabilitation Medicine Otolaryngology Surgery Occupational and Environmental Medicine Nephrology Immunology and Allergy

RPA Hospital is one of only six public hospitals in NSW and ACT that offer an INR service. SLHD is involved in the development of a state-wide framework for the training and development of this specialist workforce and for providing networked INR services. A separate workforce strategy is underway to consider appropriate workforce numbers and a suitable training program to deliver the required workforce. In addition, training and ongoing professional development in INR for nurses, anaesthetists and radiographers is required.



Information and Communication Technology workforce

The explosion of health information available and the increasing complexity of patients presenting to our health systems, make staying current and appropriately applying clinical reasoning and decision making an increasing challenge for our health workforce.

The field of health informatics, the science and application of information to inform decision-making in healthcare, has tremendous potential to improve the safety, quality and cost-effectiveness of care services. Enhancing our capacity to analyse and apply health data will lead to better informed care decisions and drive innovation in the delivery of care. A well-educated and well trained health informatics workforce is essential to meaningful implementation of

electronic health records and the use of health information technology (HIT).

In the Australian context, the specialty of health informatics is still emerging. Health informatics teams require clinical, technical, research, change management, safety, quality and educational expertise in order to be successful. While all of these skill sets and interests exist in individual silos within health in Australia, they are rarely organised into cohesive, multidisciplinary teams. Health informatics is a specialty with a significant workforce deficit, a fragmented organisational structure and no clear career pathway.

There are a number of ways to begin to address these issues in the short, medium and longer term within Australia. The draft *NSW Health Analytics Framework* has recently been released for review²⁵ and includes the need for guidelines on ethics, legal and privacy principles in the delivery and use of informatics across the system. Current strategies under development by the District to enable faster growth in capacity include identifying leadership roles, developing training programs and career pathways and forging strategic partnerships with universities and other research organisations.

There is also increasing competition from the private sector for health information technology skill sets. In particular, this has presented difficulties in recruiting, retaining and developing a coding workforce within SLHD. In order to effectively operate under an Activity Based Funding model into the future, the District is actively developing this clinical coding skill set and considering cohesive coding workforce structures along with other related professions such as health information managers, data analysts and costing experts. To date, the District's Centre of Education and Workforce Development (CEWD) has implemented a trainee program for clinical coders and in partnership with the University of Tasmania, a Health Information Management stream has been established within the Graduate Health Management Program. While these skill set shortages are not unique to SLHD, these developments demonstrate the District's commitment to ensuring a sustainable workforce in this emerging area into the future.

The Information Management and Technology Division (IM&TD) is the only remaining inter-District shared service within SLHD. This group provides services to both Sydney and South Western Sydney Local Health Districts and is hosted by SLHD. A separate workforce plan has been developed for this group²⁶ due to the influence of broader ICT reforms being led by the Public Service Commission²⁷.

²⁵ NSW Health, *NSW Health Analytics Framework (draft), 2015*

²⁶ IM&TD *Workforce Strategic Plan 2015–2017, SLHD*

²⁷ OFS *NSW Public Sector ICT Workforce Environment Scan 2015, NSW Government*

“ Enhancing our capacity to analyse and apply health data will lead to better informed care decisions ”

Implications for SLHD Workforce Strategy

SLHD is in a relatively fortunate position with respect to attracting and retaining its workforce. Its central and accessible location, its highly sought after reputation as a quality training provider for both clinical and non-clinical disciplines, its depth and breadth of services and research opportunities, mean that the District does not have significant issues overall in attracting and retaining employees, in particular younger employees. However, in order to continue to meet the growing service demand effectively, the SLHD workforce will need to ensure it has the appropriate skills and capabilities to embrace technology and to support new ways of working within a perpetual environment of fiscal constraint.

The above mentioned drivers necessitate a comprehensive workforce strategy that incorporates:

- A commitment to future generations of employees through pre-employment strategies, strong collaborative relationships with workforce development and positive profiling of the District as the employer of choice.
- The assessment of overall current and future workforce needs in SLHD, together with a commitment to enhance recruitment, performance, workplace safety and workplace culture related strategies that focus on delivering patient and family centred care.
- A positive workplace culture, in response to employee consultation. The District is placing greater emphasis on valuing employees through feedback and enhanced recognition programs, opportunities for team building, working partnerships, increased collaboration and consultation. Various employee health and wellbeing initiatives are also being implemented and these will be expanded in line with the federal and state government supported Healthy Worker Initiative (HWI)²⁸ program and build on existing local activities.
- A strongly embedded values framework throughout all aspects of SLHD Workforce systems. Of central importance is working together to ensure all services demonstrate and uphold the CORE values and that workforce performance derives from this values perspective.
- An organisational environment which engages, supports, empowers and values its workforce.
- A commitment to equity and positive organisational culture reflected in the development of the Aboriginal workforce, cultural understanding and respect, CALD-sensitivity and true diversity.
- The enhancement of employee capability and performance. These include skills for effective clinical and non-clinical practice, communication, management and leadership, health advocacy and health improvement, collaboration, research and innovation, professionalism, education and mentoring to support positive career progression.



²⁸ Healthy Workers Initiative, Department of Health, Australian Government, www.healthyworkers.gov.au/internet/hwi/publishing.nsf/Content/Home 2014

- Consideration of the work environment from a different perspective. This includes making the work area more ergonomically sound so that older employees, particularly those doing manual work, such as nurses, cleaners and porters, can continue to work safely.
- Workforce investment in non-hospital services, particularly in Aged, Chronic and Ambulatory Care and Community Health. Preventative health care, health promotion and early intervention all remain vital and require the re-engineering and creation of new work roles with a focus on the relevant skill sets.
- A strategic focus on planning and implementing patient and family centred care which supports the District's longstanding reputation for specialist training while supporting opportunities for development and employment of the generalist workforce within its facilities and services.
- Collaboration with SLHD partners to strengthen workforce skills to systematically integrate research into healthcare practice, further enhance clinical trial participation, build research capacity and optimise innovation and discovery.
- Advocacy for the use of technology to continue providing quality, accessible healthcare. SLHD needs to ensure its workforce is adaptable and appropriately skilled to deliver new models of care efficiently and equitably. Greater skills across all disciplines are required in patient/client education, technical writing, team dynamics for collaborative work and improved communication quality.²⁹ These emerging medical, information and communication technologies will require ongoing review of existing roles and the overall scope of practice to provide greater workforce flexibility that continues to meet growing service demands.

The workforce strategies to address identified demand drivers and challenges are summarised in the *Strategic Priorities and Implementation Plan*. They involve a multi-level and multi-faceted approach that focuses on innovation and a values-based inclusive approach, working with employees to develop, engage, support and empower them towards high performance capability within a culture of compassionate patient and family centred care.



²⁹ Human Resources for Health 2009, 7:87 From staff-mix to skill-mix and beyond: towards a systemic approach to health workforce management, www.human-resources-health.com/content/7/1/87

7. SLHD Workforce Services

Workforce Services in SLHD leads the delivery and governance of a wide variety of employee engagement strategies and human resource (HR) service functions.

Engagement strategies include recruitment and retention, workforce planning, performance development and management, employee relations, industrial relations, diversity, employee health and wellbeing, change management and workplace culture. Service functions include employee transaction processing, payroll support, salary packaging, HR management reporting and compliance.



In SLHD, Workforce Services comprises the following District wide services and units:

1. Employee and Industrial Relations
2. Workforce Planning and Performance, incorporating Performance Development and Workplace Culture
3. Recruitment and Business Operations Unit
4. Payroll Support Unit, incorporating Salary Packaging and HR Information System
5. Aboriginal Workforce
6. Employee Assistance Program (EAP)

Other workforce related services include Staff Health and various employee benefit programs and services at both District and facility level.

Employee education and training is primarily delivered by the District's Centre for Education and Workforce Development (CEWD) in close collaboration with Workforce Services.

The payroll and employment related transaction functions for SLHD are provided by HealthShare NSW under a service agreement.

Larger SLHD facilities also have locally based HR departments who provide frontline HR services to employees and who will lead local implementation of the workforce strategic priorities outlined in this plan with SLHD Workforce Services.

Our Workforce Vision

“To enable excellence in healthcare delivery through a workforce culture of innovation and performance”

Our workforce goals

For our workforce

- To treat our patients, their families and carers with dignity, compassion and respect
- To be recognised by the community and by peers as a highly skilled and innovative workforce that is committed, accountable and valued
- To create a positive and enriched workplace where our employees are valued, motivated and connected to their work, their colleagues and the vision of SLHD

For our workforce services

- To use innovation, as well as workforce services best practice, to strategically match workforce supply with demand, while building workforce capacity
- To work with current and future employees of SLHD to ensure they have the skills and necessary support to undertake their role effectively and to cope with and manage change
- To achieve a positive workplace culture in collaboration with employees by developing strategies that foster, value and showcase our CORE values.
- To ensure workforce systems are in place to enable all employees to perform at their highest level
- To embody the Workforce Services theme: looking after you.



looking after you

8. SLHD Workforce Strategic Framework

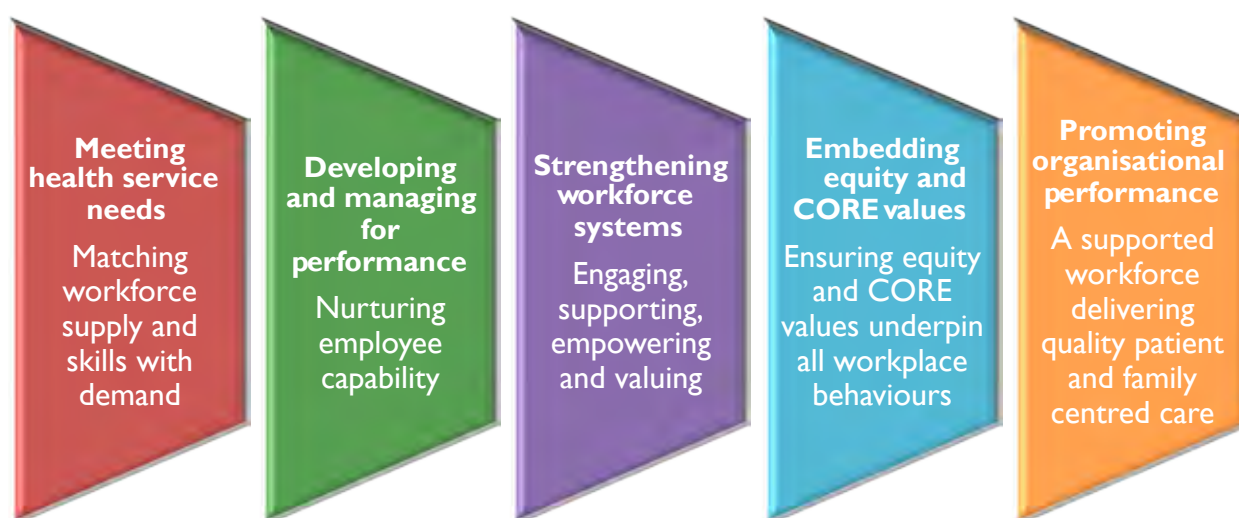
Strategic priorities over the next five years

The following workforce priorities are articulated in the SLHD Strategic Plan to enable the goals for the District to be achieved:

- Build capacity, capability and leadership.
- Embed a values framework across all aspects of SLHD activity.
- Strengthen the opportunities to collaborate with employees and students for greater mentoring, training and development support.
- Improve employee engagement through improved opportunities to recognise, provide positive feedback and promote the achievements of employees.
- Strengthen and maintain systems, including grievance processes, to address bullying and harassment.
- Empower employees to improve performance and management practice through the SLHD Employee Performance and Culture Framework.
- Consult with employees and conduct surveys to assess workplace culture and satisfaction and develop and implement actions together to address identified areas of concern. Surveys to include issues such as:
 - Culture of inclusion and involvement
 - Workplace bullying reduction
 - Acceptance of and support for change management
 - Clinical engagement, empowerment and expectation management
 - Accountability and consequences of behaviour
 - Mentoring, coaching and supportive management.
- Encourage a diverse workforce – enhance the Aboriginal workforce, support employees who are carers and those with a disability and nurture the positive impact of intergenerational differences in the workplace.
- Implement a range of health promotion activities and policies to promote employee health and wellbeing, with consideration to the NSW Government 'Get Healthy at Work' program³⁰ or other programs aligned with the Commonwealth Government Healthy Workers Initiative, as well as expand local initiatives such as the 'Heart of Health' employee program, which supports employee wellness and compassionate care³¹.
- Work with managers to reduce excess accrued annual leave.
- Implement workforce sustainability initiatives.

Figure 10

This strategic direction has informed the development of a framework of five priority areas that are core to the Workforce Strategy.



³⁰ WorkCover NSW, NSW Government, www.gethealthyatwork.com.au

³¹ SLHD, Heart of Health – Supporting a Compassionate Workplace, 2014

Specific actions within this Framework are outlined in the Workforce Strategic Priorities and Implementation Plan with a contextual overview below.

The workforce strategy for SLHD is built around ensuring workforce planning and management activities are focussed on the delivery of effective patient and family centred care. Essential to achieving this is a highly competent workforce led by a comprehensive workforce strategy that will be enabled by our CORE Values and related systems. The outcomes of the strategy ultimately will be a positive workplace culture that ensures the attraction and retention of employees, excellence in service delivery and improved patient outcomes as illustrated in Figure 11.

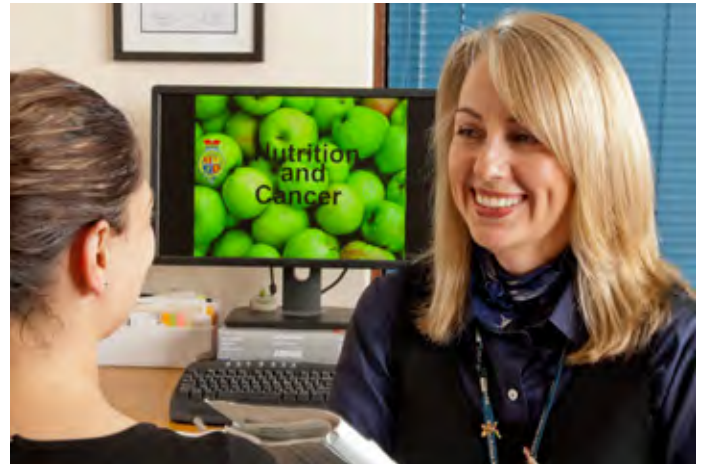
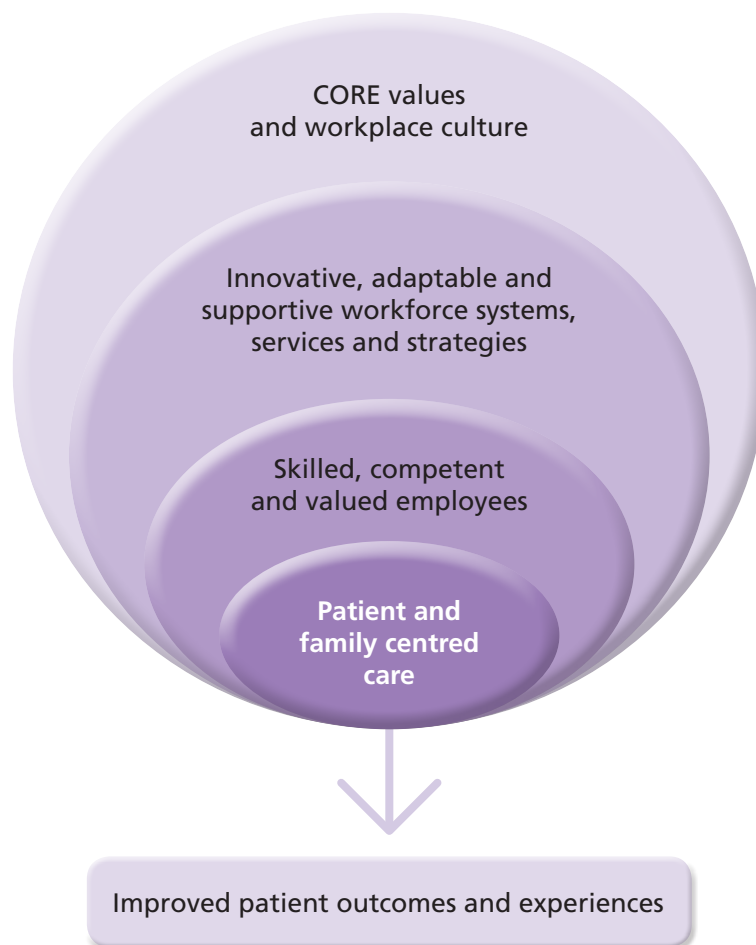


Figure 11. The workforce culture for patient and family centred care in SLHD

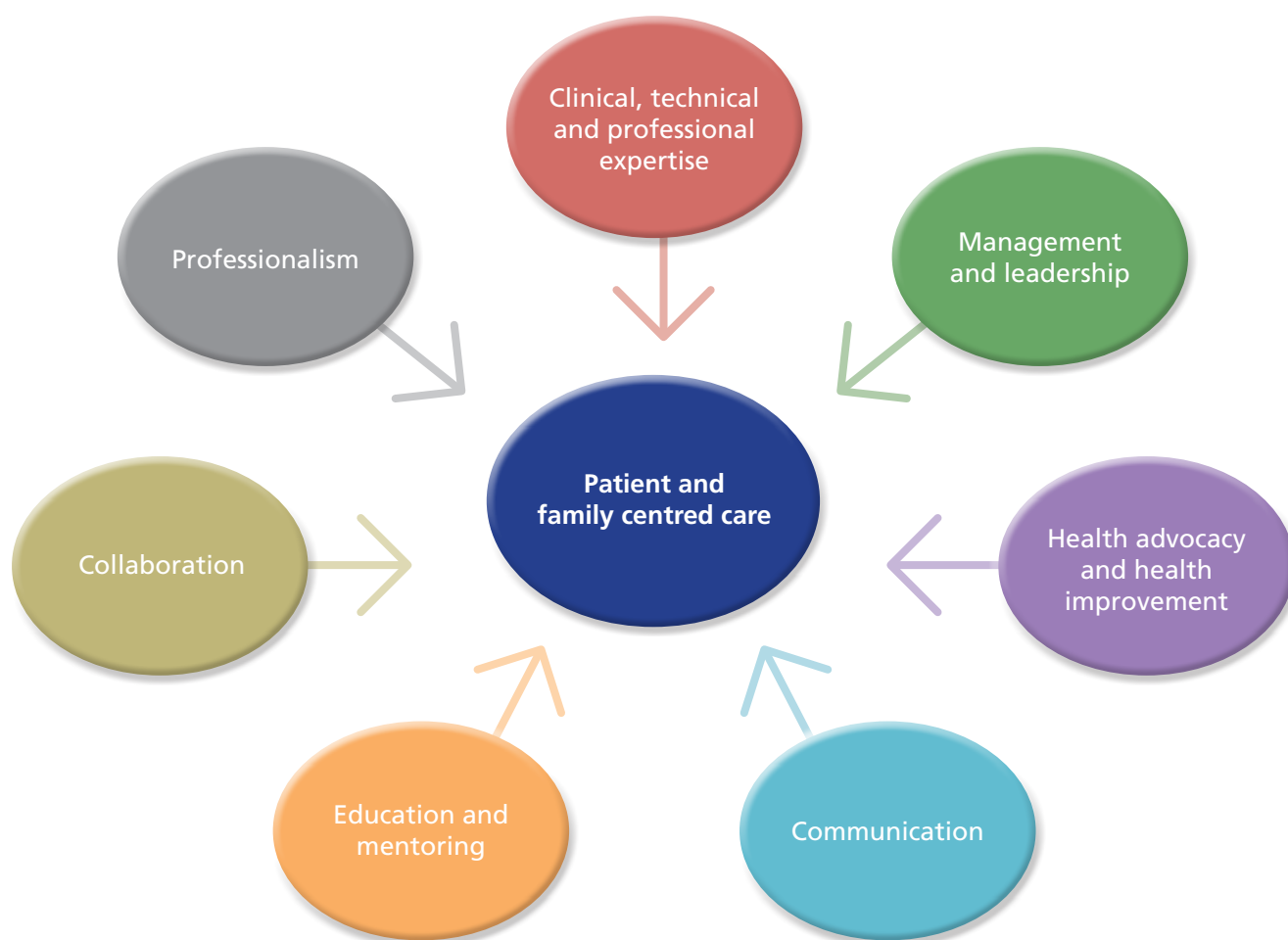


Employees need to be knowledgeable, skilled and well trained in providing modern health care. They need to work in a safe, respectful, healthy and productive environment in order to flourish and reach their full potential. Working with our employees to enable and enhance this environment is a key focus of the SLHD workforce strategy.

In the increasingly complex context of modern healthcare provision, it is imperative that the health service continually builds and enhances its workforce competencies and skills through education, mentoring and related developmental and values based support strategies.

These competencies are outlined in Figure 12. Derived from the medical education model 'CanMEDs'³², they have been adapted for use across the broader health worker context of patient and family centred care within SLHD.

Figure 12. Employee competencies required for patient and family centred care in SLHD



In order for the District to effectively deliver patient and family centred care, it needs to invest in the planning, development and management of its workforce.

In this respect, SLHD is leading the way with its significant investment in the education and training of its workforce.

³² J Frank and B Langer, *Collaboration, Communication, Management and Advocacy: Teaching Surgeons New Skills through the CanMEDS Project*, *World J. Surg.* 27, 972–978, 2003.



1. Meeting health service needs

Action One: Workforce planning

Supported by the *Health Professionals Workforce Plan 2012–22*, the District is implementing a number of key workforce strategies to enhance workforce capacity, capability and availability in order to meet its health service needs. These strategies include:

- ensuring workforce planning is integrated with local service planning at all levels
- providing effective working arrangements through improved workforce business systems
- developing employee skills in effective collaboration and team work
- supporting local decision making through financial management skills training
- developing effective health professional managers and leaders
- recognising the value of generalist and specialist skills
- growing and supporting a skilled workforce, particularly in the use of new medical and information technologies, including health informatics and social media
- succession planning for senior clinical staff
- capability framework for non-clinical staff
- opportunities for the development of Aboriginal health professionals
- training for workforce reporting.

Action Two: Strong and effective partnerships

SLHD has a strong history of establishing a diverse range of partnerships. These are critical to growing the workforce of the future, developing complementary services and providing support to our rural and remote colleagues. Partnerships are also integral to promoting effective workforce performance. These include partnerships with the various government and non-government health and education sectors as well as other workforce and human resource agencies. SLHD also has an enduring commitment to providing support and sharing resources and expertise through its workforce with our partners in rural and regional districts of NSW.

Collaboration between key stakeholders to advance strategic foresight is the best way to address complex workforce issues. Within SLHD, the close and effective collaboration between Human Resources, Workforce Services, CEWD and Employee Assistance Program (EAP)

is paramount in ensuring the three key components of workforce expertise are covered – workforce planning, workforce development, and workforce (human resources) management. Through this plan, these partnerships will be further strengthened.

Partnerships with non-government organisations are also being developed to support a stronger representation of people with disability within the workforce. Similarly, strong and effective partnerships are required with the local Aboriginal community. This is formally reflected in the Sydney Metropolitan Aboriginal Health Partnership and the longstanding collaboration with the Aboriginal Medical Service, Redfern and other local Aboriginal organisations.

Action Three: Workforce redesign

Workforce redesign in SLHD is a dynamic and continually evolving process. Innovative approaches are regularly being explored to best meet the current and future needs of the health service within the perpetual environment of financial constraint and increasing consumer expectations. An example of this is the increased use of an assistant level workforce in the delivery of health care services. SLHD is actively supporting this strategy with the implementation of the Assistants In Nursing workforce and the Allied Health Assistant (AHA) Framework³³.

Other emerging redesign opportunities include significant SLHD projects such as integrated care and patient and family centred care. These projects, along with existing SLHD clinical and non-clinical redesign activities, include consideration of dynamic workforce optimisation tools, such as skill mix changes, role enhancement, role enlargement, role substitution, role delegation and new role creation. The use of technology to enhance new workforce practices is also a key consideration and is explored with employees wherever possible.

Redesign activities inherently include a change management component. The skills to effectively cope with and manage frequent change are a key focus area for the District and so all redesign activities are placing a greater emphasis on successful change management strategies and employee support.

³³ NSW Ministry of Health, *Allied Health Assistant Framework, Guideline 2013_005*



2. Developing and managing for performance

Action One:

Employee performance and culture framework

The SLHD will nurture the growth of employee capability through further implementation of its Employee Performance and Culture Framework (EPAC). A key component of this strategy is the Public Sector Performance Development Framework, supported by the NSW Health Policy Directive 2013_034, 'Managing for Performance'. It establishes the mandatory benchmarks for agency performance management systems and sets the approach for managing all aspects of employee performance in the NSW public sector.

The Framework has six components which focus on developing employee capability and linking individual and team efforts and performance to those of the organisation. Each of the six components contains essential elements that define the mandatory benchmarks for agency performance agreements. These elements give employees and managers the opportunity to work together to:

- set and clarify performance expectations
- monitor performance, including regular feedback
- plan and review work objectives
- develop capabilities to effectively fulfil their role and support ongoing performance enhancement
- be recognised for good performance
- promptly and effectively correct performance if it is deemed unsatisfactory.

An employee performance development journey has been developed which aligns with the actions that contribute towards the EPAC Framework. The journey commences at the early stages of the recruitment process when the organisation's performance expectations are clearly articulated to potential applicants.

Action Two:

Support employees to effectively fulfil their role

In addition, SLHD policies and practices will support positive workforce activities.

This includes, for example, working with employees to:

- Meet required policy, regulatory and legislative responsibilities
- Pursue opportunities to develop to their full potential in their current and future roles
- Review their development needs within performance development

- Balance and value professional development and training with service delivery.

SLHD HR and Workforce Services will further support performance development by leading and working collaboratively with others to strengthen the opportunities provided to employees for mentoring and coaching, as well as training. Opportunities to recognise, provide positive feedback and promote the achievements of employees will be enhanced and more visibly promulgated.

A key strategy of the plan is to grow and enhance line management capability so that managers and their staff can be positively engaged in performance development and management. To this end, a suite of management programs and development pathways will be refreshed and enhanced for employees.

Action Three:

Leadership and management development

Leadership and management skills are integral to an organisation's development. They are linked to organisational performance and are significant in terms of defining organisational culture. A key priority for the District is to continue to attract and develop managers and leaders of the highest calibre. This strategy needs to target clinical and non-clinical employees, individuals and teams and employees at all levels of the organisation. Management and leadership development needs to be underpinned by a culture of feedback that includes reflective practice, mentoring and coaching. It is also recognised that a better balance is required between 'managing KPIs' and managing people.

Management and leadership opportunities need to be extended to all disciplines with pathways based both within the discipline and in broader areas. SLHD will maintain its commitment to the successful management and leadership development programs established in collaboration with tertiary education providers such as the University of Tasmania and through the District's Centre for Education and Workforce Development. SLHD will also target appropriate pathways to support our future Aboriginal managers and leaders.

In further expanding research leadership and governance, professorial units in Allied Health and Pharmacy are being established in collaboration with the University of Sydney. Good research practice, particularly through innovation and application in daily work, will be further developed, encouraged and recognised across the District.



3. Strengthening workforce systems

Action One: Promoting excellence and innovation in workforce services

Central to effective workforce systems is ensuring HR information systems are robust to meet the changing needs and roles of the District's workforce. This includes ongoing review and enhancement of rostering, payroll, recruitment, salary packaging and related HR business operations in line with technological innovation and industry best practice.

Greater use of technology, including social media, will be used to reach a broader talent pool and to also seek feedback through reinvested entry and exit surveys.

Action Two: Management of unacceptable behaviour

Effective and efficient workforce systems that assist and support employees in their daily work are paramount in improving organisational performance. SLHD is committed to strengthening workforce systems to address areas of concern such as grievance processes, workplace bullying and harassment, discrimination and change management. To do this we need to develop a culture where it is seen as safe to raise concerns about the behaviour of staff or managers and have confidence that issues raised will be dealt with in a timely and appropriate way. Towards this, our workplace relations will focus on local resolution of matters by working with managers to increase skills and capability through training, education and support in managing change and expectations.

Data from the Employee Assistance Program (EAP) indicates a steady increase in referrals overall, including an increase in the 'Manager Assist' service which provides managers with assistance regarding a broad range of employee issues. These include employee wellbeing and welfare, performance management, team development and change management (536 requests in 2014–2015). In strengthening workforce systems, a key action will be to work together to enhance line management capability through training, advice and support for SLHD managers. This requires further development of human resources expertise amongst the junior HR workforce and a more visible HR presence in manager training and support across all facilities. This will be undertaken collaboratively with the EAP and CEWD with an emphasis on consistency of information and empowerment of managers to resolve workplace grievances at a local level.

Action Three: Employee health and wellbeing

A number of healthy workplace initiatives to support and improve overall employee health and wellbeing will also be extended in collaboration with key SLHD employee services, including EAP, Work Health and Safety, CEWD, Nursing and Midwifery Workforce Directorate and SLHD Leisure and Fitness.

Programs such as 'Get Healthy at Work'³⁴ and 'Heart of Health'³⁵ will be expanded to assist employees to generate and maintain personal wellbeing and resourcefulness. These will help support wellness, compassionate care and service. Get Healthy at Work is a free NSW Government workplace health service that aims to improve the health of working adults by giving workplaces tools and support to address healthy eating, healthy weight, physical activity, active travel (i.e. walking, cycling, public transport to work), smoking and harmful alcohol consumption. In SLHD it is being championed by facility Work, Health and Safety services in collaboration with local health promotion and human resource networks.

As one of the local patient and family centred care project initiatives, the Heart of Health program has been developed within SLHD and piloted with nursing and midwifery employees. It comprises a variety of initiatives including science-based meditation, compassionate care skills, mindfulness, wellness and coaching. The aim of the program is to cultivate skills for employee wellness and to develop effective coping strategies for a compassionate environment for patients, families and employees.

In addition, employees who are planning or transitioning to retirement will also be supported while continuing to make a positive and fulfilling workplace contribution.



³⁴ NSW Government, WorkCover NSW, <http://www.gethealthyatwork.com.au/>, 2015

³⁵ SLHD, Heart of Health <http://www.slhd.nsw.gov.au/Nursing/quality.html>, 2015



4. Embedding equity and CORE values

Action One: People and culture

A positive workplace culture is integral to the effective delivery of patient and family centred care. SLHD is committed to embedding a strong values framework that underpins all workplace behaviours throughout the District. Working with employees to enhance workplace engagement, through modelling of the District's CORE values and strengthened by the public sector values of trust, service, integrity and accountability, will be the heightened focus of all workforce strategies. Effective skills in giving and receiving feedback will be an underlying theme across all performance development activities. This includes fostering a culture of inclusion and involvement together with heightened clinician engagement and empowerment. In addition, we will work with our Aboriginal workforce to develop specific management and support structures to enhance cultural competence and increase retention.

Action plans developed from employee feedback in the YourSay Workplace Culture Surveys also form part of the SLHD EPAC Framework aimed at enhancing employee performance and workplace culture. The significant improvement in the results from the 2015 YourSay workplace culture survey suggests that the Framework is an appropriate and effective structure on which to base further workplace culture activities.

Action Two: Supporting our Aboriginal workforce

A commitment to equity and organisational cultural safety and competency is reflected in a commitment to Aboriginal workforce development and to workplace cultural awareness and understanding. The District will actively progress the Public Sector and NSW Health strategies in respect to the Aboriginal workforce. This includes working with our employees and partners to review retention strategies and analysing employee training and development needs in conjunction with support for career development.

Part of our focus is collaborating with our local communities to advance employment opportunities and provide entry level traineeships. We will also work with our education providers and partners to provide the opportunity for Aboriginal students to move seamlessly into the workplace. Specific strategies will be identified in the *SLHD Aboriginal Workforce Action Plan*.

Action Three: Equity and diversity

Equity considerations also need to inform workforce strategy, as well as informing health care priority setting and service delivery models. Emphasis will be on further supporting equity in access and service delivery to all patients, their families and carers. We will also work with our employees to identify and develop leaders who can champion equity and diversity across all levels of the organisation.

In supporting a diverse workforce, the District will be more inclusive and supportive of all employees, empowering and recognising their contribution to effective service delivery equally, regardless of ability, preferences or background. To do this, workforce diversity strategies need to be better integrated across the District with a goal to building a workforce which will reflect the diversity of our wider community.

Diversity encourages innovation. We will work with managers to increase awareness and identify appropriate employment opportunities, training, workplace access and support to assist employees to contribute positively to the workplace. Included in this strategy is implementation of local workforce actions from the *SLHD Disability Action Plan 2014–2019* and *SLHD Aboriginal Workforce Action Plan*.

Action Four: Supporting the carer workforce

An estimated 11 per cent of the NSW population have carer responsibilities. The 2007 Australian Unity Wellbeing Index Survey³⁶ reported that carers have the lowest collective wellbeing of any population group. Results of a survey in 2011 of SLHD employees who identified themselves as carers indicated the following impacts of their caring role:

- increased requirement to take leave for caring purposes
- access to and the need to take leave for themselves away from caring responsibilities
- lack of awareness that carers leave was deducted from sick leave
- need for increased workplace flexibility
- poorer health as a result of caring role
- caring role impacting on their availability to hold down work.

As the population and our workforce age, the number of employees who are also carers will continue to increase. In line with the NSW Health Carers (Recognition) Act Implementation Plan 2013–2016, our workforce strategy is to increase awareness of the requirements of the NSW Carers Charter and ensure human resource policy considers the need of carers in our workforce, including awareness and understanding of Aboriginal kinship caring responsibilities.

³⁶ Australian Unity, Special Report: The Wellbeing of Australians – Carer Health and Wellbeing, 2007 <http://www.acqol.com.au/reports/survey-reports/survey-017-1-report.pdf>



5. Promoting organisational performance

Action One:

Workforce reporting

The final component of the SLHD Workforce Strategic Framework is to ensure that the investment in workforce is on target and effectively enabling the delivery of patient and family centred care. This requires targeted measurement of workforce performance through various qualitative and quantitative indicators, including measurement of the effectiveness of workforce planning, recruitment and business processes, performance development, employee support and workplace culture and relations.

A multi-level approach is required to do this effectively. Working together with managers, innovative technology will be provided, along with training and support, to better measure and manage the performance of the workforce. At the District level, workforce and organisational performance will include additional indicators and new tools to improve review and compliance.

The key outcome measures of the SLHD Workforce Strategy will include demonstrable and measurable improvement across SLHD in:

- workforce targets, particularly Aboriginal employment and retention and employment of people with disabilities

- employee engagement and workplace culture
- performance development
- effectiveness in managing grievances and bullying complaints
- workforce systems performance and services
- interdisciplinary collaboration in the development and delivery of workforce strategies
- flexibility to respond to and address emerging needs of the organisation.

At the broader level, it is expected that investment in workforce strategy will result in a positive workplace culture that will lead to:

- improvements in health care delivery
- increased attraction and retention of employees; and
- improved health outcomes.

Action Two:

Workforce management

The use of new workforce management reporting systems that assist frontline managers with compliance monitoring will be an ongoing priority. Working with managers, training and support will be provided for systems and tools that assist with efficient rostering, effective staff utilisation and management of excessive leave. A critical factor in successfully doing this will involve balancing devolved decision-making authority with appropriate accountability.



9. Governance and implementation

A highly skilled, committed, accountable, innovative and valued workforce is pivotal to the SLHD mission of providing patient and family centred care and to the vision of achieving healthcare excellence for all.

The strategic priorities have been purposefully built around this mission with a commitment to attract, develop, empower, retain and enhance the workforce, to ensure the imperative of a good fit between the health service needs of our broader community and the skills, competencies, culture and expertise of our employees.

The SLHD Workforce Implementation Plan outlines the strategies which will be implemented at a local level and forms part of the ongoing Performance Agreements between SLHD and NSW Health. Implementation will be overseen by SLHD Workforce Services with reporting to the Senior Executive Team and SLHD Board.

SLHD Workforce Strategic Framework

1. Meeting health service needs with workforce supply and skills
2. Developing and managing for performance by nurturing employee capability
3. Strengthening workforce systems to ensure safe, healthy and productive workplaces
4. Embedding equity and CORE values through employee engagement and a positive workplace culture
5. Promoting organisational performance through a supported workforce delivering quality patient and family centred care.

The implementation of the Workforce Strategic Plan will incorporate the following principles:

- Equity and a values framework will provide guiding principles in recognition of the importance of a positive workplace culture in effective service delivery
- SLHD and its managers will share the responsibility for ensuring that its workforce strategy is profiled and properly communicated to employees and those considering working within SLHD
- Employees work in a safe, healthy, respectful, diverse, productive and supportive environment.

The successful progression and implementation of the five strategic priorities will be demonstrable and measurable by improvement across SLHD in:

- Workforce targets, particularly Aboriginal employment and retention
- Employee engagement and workplace culture, including Aboriginal cultural competence
- Performance development
- Reduction in grievance, bullying and discrimination occurrences
- Workforce systems performance and services
- Interdisciplinary collaboration in the development and delivery of workforce strategies
- Flexibility to respond to and address emerging needs of the organisation.

At the broader level, it is expected that investment in this strategy will result in a positive workplace culture with highly skilled, committed, innovative, accountable and valued employees that will lead to:

- Improvements in healthcare delivery
- Increased attraction and retention of employees; and
- Improved health outcomes.





“Encourage a diverse workforce
— and nurture its positive impact
in the workplace”

10. Strategic priorities and implementation plan

Each of the listed strategic priorities is assigned to a **Lead Responsibility**. These are key senior positions that will effectively oversee each implementation across SLHD.

1. Meeting health service needs				
	Strategic Priority	Action	Outcome	Lead Responsibility
1.1	Matching health service needs with workforce supply and skills ^{37,38}	Workforce planning		Timeframe
		Implement LHD actions from the Health Professionals Workforce Plan 2012–2022	Strategies implemented for a sustainable workforce	Director Workforce Services Director Allied Health
		Implement workforce strategies identified in the SLHD Strategic Plan 2012–2017 and supporting plans	Highly skilled employees who are committed, accountable and valued	Director, CEWD Director Workforce Services
		Expand capacity for training placements in line with identified areas of need	Sustained workforce supply	Director Operations
		Implement a capability framework for non-clinical positions	Implemented framework and updated position descriptions	Director Workforce Services
		Implement workforce strategies from Oral Health 2020: a strategic framework for Dental Health in NSW	Sustainable Oral Health workforce	Gneral Manager Oral Health
		Develop innovative strategies to attract identified small but critical workforces	Sustainable workforce in all areas	Director Operations
		Develop and implement workforce strategy for Interventional Neuroradiology services	Established INR network and workforce	Director Clinical Services Integration
		Develop and implement workforce strategies for Health Information Technology (HIT) groups in high demand – data informatics, clinical coding	Established training and career pathways for HIT workforce	Director Operations
				2015–2022
				2015–2017
				2020
				2016 ³⁹
				2020
				2020
				2017
				2018

³⁷ HPWP 2012–2022, Actions 2.1–2.3

³⁸ EQulP National, Standard 13.1–13.3

³⁹ PSC Implementation timeframe

Strategic Priority	Action	Outcome	Lead Responsibility	Timeframe
	Increase promotion of health careers and traineeships at schools and more broadly through community settings	Future workforce supply that meets demand	Director Workforce Services	Ongoing
	Implement strategies for succession planning in key senior clinical roles	Effective clinical leadership and service continuity	Chief Executive	Ongoing
	Actively plan and manage the impact of intergenerational differences in the workplace. This includes different modes of communication, recognising the number of carers in the workforce, the ageing segments of the workforce, the future supply of some skill categories and the future demand for healthcare	A range of strategies in place to address issues and maximize the benefits of this workforce diversity.	Director Workforce Services, Director Strategic Relations and Communication	2017
	Ensure access, training and support for workforce reporting data ⁴⁰	Effective use of workforce reporting systems in decision making	Director Workforce Services	2016
1.2	Strong and effective partnerships			
	Promoting organisational and partnership support			
	Strengthen partnerships with other organisations to provide support, sharing of expertise and resources, skill development, collaboration and innovation	Greater workforce expertise and understanding of broader community needs	Chief Executive	Ongoing
	Ensure support and close collaboration between internal and external workforce-related service providers to advance strategic foresight and promote workforce innovation	Effective workforce innovation and practice	Directors of Workforce, CEWD, Research	Ongoing
	Continue to provide support and sharing of resources and expertise through workforce with partners in rural and regional districts of NSW	Strengthened collaborative partnerships with identified rural and regional partners	Chief Executive	Ongoing
	Increase partnerships with education facilities and non-government organisations (NGOs)	Improved workforce role design and future sustainability	Chief Executive	Ongoing
	As public private partnerships with SLHD continue to develop, recognise opportunity for future skills development by enabling employees so they can work effectively with private sector	Improved workforce skill sets and value	Chief Executive	Ongoing

1.3	Workforce redesign		Continually explore innovative approaches to delivering new models of care that incorporate increased use of technology and other skill mix changes	Showcasing and adoption of new models of care	Director Clinical Services Integration	Ongoing
			Include effective change management strategies in all workforce redesign activities	Change management techniques incorporated into all redesign training and projects	Director Performance Unit	2016
	Integrated care		Implement workforce components of integrated care initiatives	Improved integration of care services in identified areas	Director Clinical Services Integration	2016
	Patient and family centred care		Implement workforce initiatives that encourage and promote patient and family centred care across all services	Improved care and feedback from patients and families.	Director of Nursing and Midwifery, General Manager Balmain Hospital	2016
	Aboriginal Health Worker models of care		Develop innovative Aboriginal health models of care which build on the strengths of the current AHW workforce	Strengthened AHW workforce capability	Director Aboriginal Health	2017

2. Developing and managing for performance

	Strategic Priority	Action	Outcome	Lead Responsibility	Timeframe
2.1.	Employee Performance and Culture Framework (EPAC) Managing for performance ⁴¹	Managers and employees to be appropriately engaged in performance development and management through implementation of the Public Sector Performance Development Framework supported by the NSW Health PD 2013_034 <i>Managing for Performance</i> Increase promotion and visibility of Workforce activities under the <i>Looking after you</i> theme	Improved workforce development and performance Annual performance reviews for all employees Cohesive and consistent Workforce activities	Director Workforce Services	2016
		The organisation's performance expectations are clearly articulated to potential applicants prior to them applying for a position and throughout the recruitment and performance development journey All employees have signed a copy of the NSW Health Code of Conduct	Improved employee understanding of workplace expectations.	Director Workforce Services, Director CEWD	2016
		Implement and support performance development and management training for managers, including coaching, interpersonal skills, managing change and unsatisfactory performance	Improved line management capability	Director CEWD	2017
2.2	Support employees to effectively fulfil their role				
		Employees to be aware of and be supported by relevant policies and resources	Improved employee relations Improved employee retention	Director Clinical Governance and Risk	2017
		Support employees to pursue opportunities to develop to their full potential through improved performance development programs	Improved retention, employee engagement, workplace culture and organisation performance	Director Workforce Services, Director CEWD	Ongoing

⁴¹ EQUIP National Standard 13.7-13.8

	Strengthen the collaboration between Workforce Services, CEWD and related services across SLHD to implement key workforce strategies, including broader opportunities for mentoring and coaching of managers	Improved line management capability, succession and career planning opportunities for employees	Director CEWD	Ongoing
	Work with employees to improve adaptability and resilience to service changes through support and training	Increased workforce resilience and retention	Director Workforce Services, Director CEWD	2017
	Develop position descriptions focussing on capabilities that are flexible to enable opportunities for movement and development of employees across broader roles	Broader and more flexible opportunities for employees to meet changing service demands	Director Workforce Services	2020
	Strengthen capacity of managers to support new and current Aboriginal employees (including students, trainees and cadets)	Improved retention and performance of Aboriginal workforce	Director Workforce Services	2017
Employee recognition and feedback	Improve opportunities to recognise, provide positive feedback and promote achievements of employees that support the District's strategies and CORE Values. Enhance employee recognition programs, identify and reward workplace champions	Improved employee engagement, performance and retention	Director Workforce Services, Director Strategic Relations and Communication	Ongoing
	Promote Continuous Service Awards for long serving employees			2016
	Further develop and emphasise employee feedback on performance as a core line management capability	Improved manager performance Improved employee performance and retention	Director Workforce Services, Director CEWD	2017
2.3	Leadership and management development			
Building capacity, capability and leadership⁴²	Establish Allied Health Professorial Unit	Effective allied health academic leadership, research and development	Chief Executive	2016
	Establish Pharmacy Professorial Unit	Effective pharmacy academic leadership, research and development	Director Operations	2016

⁴² HPWP 2012–2022 Actions 6.1–6.2, 7.8

2.3	Strategic Priority	Action	Outcome	Lead Responsibility	Timeframe
Leadership and management development		Refresh mentoring and coaching programs for clinical and non-clinical staff identified as potential leaders and senior managers, including targeting of potential Aboriginal leaders	Improved leadership and management capability Improved succession planning	Chief Executive, Director CEWD	2016
		Continue implementation of management development programs, including management of unsatisfactory performance, to develop managers of the future.	Improved management capability at all levels	Director CEWD	2016
		Ensure the District has the skills and expertise to achieve service agreement priorities through building management capacity of Executive and Health Service management.	Improved and sustained management capacity	Chief Executive	2016
		Recognise the value of generalist and specialist skills: Expand generalist medical workforce including hospitalist and senior hospitalists utilising the Hospital Skills Program and Senior Hospitalist – Masters of Clinical Medicine	Sustainable medical workforce supply in identified areas	Director Medical Services	2020
		Research and innovation in daily practice Establish new graduate positions in allied health professions to meet future workforce need Promote and support training and workplace activities that encourage innovative practices in daily healthcare service delivery, including achievements and awards	Sustainable allied health workforce supply in identified areas	Director Allied Health	2020
			Courses and activities promoted. Research and innovation achievements showcased and recognised	Director Operations	Ongoing
		Foster a dynamic and supportive research culture through strategic leadership and governance	Research governance and leadership established and promulgated Research Strategic Plan implemented.	Director Research	Ongoing
		Ensure HR processes support research activities	Timely, streamlined and effective HR processes.	Director Workforce Services	Ongoing
		Encourage and recognise good research practice, both clinical and non-clinical, in all areas of work	High quality projects entered in quality and research awards Annual SLHD Innovation and Research Symposium The Pitch	Director Clinical Governance and Risk, Director Research	Ongoing

3. Strengthening workforce systems

	Strategic Priority	Action	Outcome	Lead Responsibility	Timeframe
3.1	Promoting excellence and innovation in workforce services ^{43,44}	<p>Enhance and promote HR and Workforce Services systems and practices to facilitate workforce effectiveness</p> <p>Ensure workforce policies and procedures are current and reflect Ministry of Health, PSC and related legislation</p> <p>Review business processes with a view to streamlining transactional and payroll processes</p> <p>Implement strategies to improve HR and Workforce compliance reporting across SLHD</p> <p>Enhance recruitment and business processes through increased training and uptake of online systems by employees and managers</p> <p>Expand and promote Salary Packaging Services</p> <p>Further develop HR and Workforce expertise that strengthens line management capability and enhances workforce performance</p> <p>Explore further use of social media to attract and recruit the right employees</p> <p>Encourage entry and exit surveys and review feedback at District level</p>	<p>Improved communication about services</p> <p>High performing Workforce and HR services</p> <p>Effective workforce and organisational compliance</p> <p>Informed, supported and high performing workforce</p> <p>Improved Salary Packaging uptake and revenue results</p> <p>Greater employee benefits</p> <p>Improved communication and support for employees</p> <p>Recruitment and retention of right employees</p> <p>Improved employee retention and feedback monitoring</p>	<p>Director Workforce Services</p> <p>Director Workforce Services</p> <p>Director Strategic Relations and Communication</p> <p>Director Workforce Services</p>	<p>2017</p> <p>Ongoing</p> <p>2017</p> <p>2018</p> <p>2016</p> <p>2017</p> <p>2016</p> <p>2017</p>

⁴³ HPWP 2012–2022 Actions 3.2–3.3

⁴⁴ EQiIP National Standards 13.4–13.6, 13.9–13.11

Strategic Priority	Action	Outcome	Lead Responsibility	Timeframe
3.2	Management of unacceptable behaviour⁴⁵	<p>Strengthen current processes and training for grievance management to address bullying, harassment and discrimination.</p> <p>Improve employee skills in resolving issues locally in the workplace</p>	<p>Improved people management and communication skills to locally resolve issues</p> <p>Decrease in grievance statistics</p> <p>Improved workplace culture</p>	2016
	Implement strategies to effectively manage aggressive behaviour from patients and visitors as well as colleagues	<p>Reduced incidents of aggression</p> <p>Improved survey results on unacceptable behaviour</p>	Director Clinical Governance	2018
3.3	Employee health and wellbeing^{46, 47}	<p>Promote a safe and healthy work environment through increased healthy workplace initiatives, effective management of leave and continued support for employees through EAP, HR, WHS and Nursing and Midwifery wellbeing programs</p> <p>Expand and evaluate healthy workplace initiatives such as Heart of Health and Get Healthy at Work programs across SLHD</p> <p>Promote safety first through workplace consultation and planning, risk identification and mitigation</p> <p>Support employees to continue making a positive workplace contribution while transitioning to a healthy retirement. Include consideration of succession planning, mentoring/coaching roles, flexible work practices and the ergonomic environment</p>	<p>Improved employee health, attendance and retention</p> <p>Improved leave management</p> <p>Reduced workplace injuries</p> <p>Compassionate Care</p> <p>Improved employee health and wellbeing</p> <p>Improved workplace health and safety</p> <p>Reduced employee absenteeism and turnover</p> <p>Improved employee wellbeing and engagement at all levels</p>	<p>Ongoing</p> <p>2016</p> <p>Ongoing</p> <p>2017</p>

⁴⁵ EQuIP National Standard 13.10⁴⁶ HPWP 2012–2022 Action 3.1⁴⁷ EQuIP National Standard 13.13

4. Embedding equity and CORE values

	Strategic Priority	Action	Outcome	Lead Responsibility	Timeframe
4.1	People and culture ⁴⁸	<p>As part of the Employee Performance and Culture Framework (EPAC), engage employees in enhancing the culture of inclusion, connectedness and shared responsibility through employee and community strategies.</p> <p>Embed equity, CORE values and NSW Health Workplace Culture Framework across all aspects of SLHD activity with employees to facilitate a positive and resilient workplace culture</p> <p>Continue to hold senior management forums with employees and seek regular feedback and consultation from all levels</p> <p>Ensure the CORE Values and associated behaviour expectations are clearly articulated in all plans and policies and that guidelines are embedded in practice when dealing with patients, other staff, the public and the community</p> <p>Continue implementation of the SLHD YourSay Action Plan and associated culture strategies</p> <p>Increase Aboriginal cultural competence of employees working with Aboriginal clients</p>	<p>Ownership of 'above and below the line behaviours'</p> <p>Improved patient and employee relations, improved care and communication</p> <p>Improved results in workplace satisfaction surveys</p> <p>Organisation is culturally competent to meet the needs of Aboriginal clients and employees</p>	<p>Director Workforce Services</p> <p>Director CEWD</p>	<p>Ongoing</p> <p>2020</p>

⁴⁸ Equip National Standard 13.12

	Strategic Priority	Action	Outcome	Lead Responsibility	Timeframe
4.2	Aboriginal workforce priorities	Develop a pre-employment training program to increase the number of job ready Aboriginal applicants	Improved Aboriginal workforce retention and performance	Director Workforce Services	2017
		Increase Aboriginal workforce through improved recruitment, performance and retention strategies which are embedded in guidelines and supported by managers at all levels	Increased Aboriginal recruitment, development and retention of Aboriginal workforce.	Director Workforce Services	2017
		Promote SLHD as an employer of choice for Aboriginal people	Employee satisfaction and retention	Director Workforce Services	Ongoing
		Support and mentor Aboriginal employees	Strengthened Aboriginal workforce.	Director Workforce Services	2020
		Improve career progression opportunities	Culturally safe work environments and health services.		
		Increase Aboriginal employees across all professional groups to 1.8 per cent.	Greater Aboriginal workforce skills and capacity	Chief Executive	2017
		Develop specific strategies to target all disciplines and site specific areas	Increased skilled Aboriginal workforce	General Manager Oral Health	Ongoing
4.3	Aboriginal Dental Assistant Scholarships ⁴⁹ Equity and diversity	Build capacity within the Aboriginal workforce through the Aboriginal Health Partnership Agreement			
		Continue the successful Aboriginal Dental Assistant Scholarship Program			
		Ensure workforce policies and strategies support and encourage workforce diversity	Enhanced employee awareness and support of workplace diversity	Director Workforce Services	Ongoing
		Implement workforce recommendations of the SLHD Disability Action Plan 2014–2019	Increased employment of people with disability	Director Workforce Services	2019
		Implement Disability Recruitment Action Plan	Enhanced employee awareness and support for people with disability		2019
4.4	The carer workforce	Implement strategies from the Carers (Recognition) Act Implementation Plan 2013-2016 that support a carer workforce	Improved awareness and support for employees who are carers	Manager Carers Program	2016

⁴⁹ HPWP 2012–2022 Action 8.8

5. Promoting organisational performance				
	Strategic Priority	Action	Outcome	Lead Responsibility
5.1	Workforce reporting			
		Refine workforce reports to improve flexibility, usability and value	Increased uptake and use of management tools that facilitate effective decision making	Director Workforce Services
		Improve performance monitoring through the training and support of managers in new workforce reporting systems	Improved manager understanding of functionality of units	Director Workforce Services
		Enhance workforce reporting and compliance monitoring at facility and District level through improved reporting systems	Improved workforce review and compliance monitoring.	Director Operations
5.2	Workforce management			
		Ensure efficient management of annual leave at line management level through improved reporting systems and closer monitoring	Reduced leave liability	General Managers
		Ensure effective management of staffing levels by all managers through improved reporting and monitoring systems	Efficient and sustainable staffing levels for all services	General Managers



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“Action plans developed from employee feedback form part of the framework aimed at enhancing employee performance and workplace culture”

Appendix 1: Consultation feedback

Workforce strategic plan consultation forum and bulletin board feedback 2015

- CE commitment and leadership is working
- Good employee recognition systems – inconsistent in some areas
- Many good training programs and pathways available for employees in SLHD
- Improvement in responsiveness and profile of HR, including salary packaging
- Support offered to employees is good
- There is positive attitude about working in SLHD
- Representation of CALD population is very good – not a mono-culture
- Great willingness to provide opportunities through work experience
- Adequacy of physical access/modifications is improving
- Need better balance between running a department and managing KPIs and developing people management skills
- Review recruitment, retention, training and development of clinical coding workforce to meet demands of ABF⁵⁰
- Consider development of health information managers, data analysts, costing experts and other health information technology specialists
- Articulate systematically how to effectively devolve decision-making responsibility – needs to be embedded in a framework of accountability
- Build more management capability in Allied Health and Community
- Build stronger relationships with NGOs and private providers
- Improve care transition between public and private/ NFP⁵¹ sector through improved workforce skills in working with external care providers
- Need a flexible and agile workforce who can respond to the daily needs of people being treated out of home. We have many challenges that require different strategies and responses
- Improve workforce data and tools – access, reporting, flexibility and usability
- Improve workforce capability to interpret reports, large amounts of data, targets and KPIs and use of workforce systems –improve managers' understanding of functionality of their units and how they are contributing to care
- Disparity in FTE data, too many reports with inconsistent data – disconnect between what people need and what they are asked for, need to connect right expertise
- Clarification on who we are governed by (PSC, MoH⁵², SLHD) in relation to different policies and targets
- Refresher courses for people skills – giving feedback and having performance conversations
- Corporate workforce under pressure, capability gaps need increased focus
- Managing for the future – earlier planning to build capacity and flexibility to support people into management roles, including change management and agility
- State clear expectation of roles and set clear KPIs for performance
- Build culture that supports and enables people, use more mentoring and coaching across all levels for support
- Need better process to identify employees with high potential, not just high performers
- Importance of having a supportive workforce culture, trust and openness
- Introduce probation period for all positions, including secondments
- Strengthen links between workforce services and universities/training organisations
- Consistent messages needed, better timeliness of workforce processes
- Improve skills of management and provide more support to help people retire with dignity – assistance with transition to retirement scenarios
- There are groups of people who do not feel valued, more likely entry level positions or departments without good systems or leadership – need to improve communication and work together more with these groups. These are the groups who most interact with the public and patients; they are the face of the organisation. It is important that they feel engaged
- Increase team nominations for employee recognition systems to support more collaboration
- Value everybody equally – improve operational/line management skills in providing positive feedback to employees and embedding a positive workplace culture at every level.
- Look more closely at disengaged groups in YourSay survey results – where are they, what are they telling us
- Introduce targets for disability employment similar to Aboriginal workforce targets
- Need to identify equity champions in leadership roles that can influence practice/changes
- Greater presence in workforce of diversity –with disabilities, CALD, carers, Aboriginal in decision making roles to better influence care for patients

⁵⁰ Activity Based Funding Model

⁵¹ Not For Profit Organisations

⁵² NSW Ministry of Health

- We don't have a good educational framework to teach people the issues of disability and mental health in the workplace eg applying flexibility and adjustment
- Managers need better understanding of how to manage carer workforce – flexibility is inconsistently applied, system can be rigid, need to think outside the square. Look at areas where this is done well for lessons
- "Care Giver" terminology should be used for all the employees, including those working in facilities, food services, transport, or accounting. This can contribute to a given patient's experience – for better or for worse – and with the understanding that a sense of connection to the organisational mission will be a strong driver of employee engagement, which is a key strategy for effective workforce.
- Give more consideration to needs of members of our workforce who are over 50 and those who are carers
- Culture – important that we bring culture forward in the Plan

Key points from staff forums relating to "Our Staff" for SLHD Strategic Plan

- Improve recruitment lags and value every FTE. Return recruitment control locally and approval by GM.
- Give positive feedback and recognise achievements publicly.
- Provide incentives for good performance and actively manage poor performance.
- Bullying policy is insufficient. Staff are scared to report incidents of bullying, feel disempowered and feel that there have been no consequences for the bully.
- Lack of freedom to voice different opinions, lack of open forums
- Increase relief staff for Allied Health
- Genuine consultation with staff is needed. Increase staff involvement in business planning and future direction.
- Clinical staff are too busy just trying to do their job, let alone have time to ensure quality service, paperwork and general administration
- Micro management is rife. Staff need more authority to be able to get their job done more efficiently.
- Increase dialogue between senior management and those "on the ground."

Key points from community consultations

- Encourage staff to partner with the community
 - Seek consumer involvement and comments on health interventions and plans
 - Recognise community expertise
- Ensure adequate staff numbers and infrastructure
- Ensure strong values in workplace; managers to take responsibility
- Ensure staff feel valued
 - transparent decision-making

- consult and survey staff
- recognition and "thank-yous"
- flexible working hours

- Recruit bilingual staff
- Make Security Staff more visible
- Provide more office space, cleaner toilets, general areas
- Ensure the right staff are well trained
- Backfill staff attending education

Priority actions from workshop at the Strategic Plan refresh session 2014

- Empowering people to improve culture
- Empowering managers with high performing people skills and mentoring partnerships
- Expectations and consequences around performance and behaviour need to be clear and consistent particularly from the beginning of employment
- Greater emphasis on what is acceptable behaviour and how to better deal with unacceptable behaviour
- More manager training on how to manage underperforming employees
- More ways to recognise staff for good work
- More opportunities for staff feedback and an effective exit interview process
- Stronger branding around engagement, support, empowerment and recognition (valuing)
- Better understanding of how intergenerational differences affect the workplace and also employees who are carers
- More training and support to better manage and accept change and build resilience and adaptability
- Training for improved recruitment and selection processes
- Support for more traineeships and scholarships especially around Aboriginal workforce.

Priority actions from staff forums relating to Workforce, by facility

RPA Hospital

- Recruitment-improved processes needed. There should be a return to local control (HR) with General Manager approval.
- Bullying management needs to be more effective – needs to have results
- Valuing staff – There should be access and equity to education. Professional development is a right
- There needs to be greater equity across service in terms of staffing. We should benchmark with other teaching hospitals with high standards.
- A safe and respectful workplace requires adequate staffing numbers.
- Community Health are more poorly resourced.
- Micro management is an issue everywhere. Staff do

not have enough authority for recruitment and other important activities.

- Need more staff to backfill vacancies when key staff are away on training and other educational activities

Balmain Hospital

- Increase budget for staffing and resources (equipment / building / professional development)
- Increase staff involvement in business planning and future direction – make the staff feel valued and empowered
- Market the staff's skill set and their expertise (showcase awards) within SLHD and the community
- Increase team building activities to increase staff morale for optimal client care. Relief for support for allied, etc.
- Implement local (Balmain) staff support services (HR, ISD, Staff health, EAP)
- Backfill Allied Health staff when on leave
- Foster staff to showcase innovations at conferences and participate in research

Concord Hospital

- Recruitment should be timely, with delegation to local managers– a reduced hierarchy.
- Empowerment & delegation to managers for many business processes
- Staff safety needs to be assured with larger families' drug and alcohol dependence etc. Education on appropriate ways to behave in a hospital is required.
- Address staff recognition through staff development
- Genuine consultation with staff
- Education should be understood as an investment in the future leaders of the hospital
- Develop education metrics – input and output/ achievement (performance appraisal overhauls)

Canterbury Hospital

- Improve access to technology – more and faster computers
- Provide educational programs targeting our large CALD staff including communication techniques.
- Provide training in sensitive communication for medical staff e.g. delivering "bad" news.
- Give positive feedback to staff, especially from Local Health District level e.g. – a decent or financial prize for excellence in service delivery.
- Provide sufficient staff to backfill so staff can attend education.

Community Health

- Establish mandatory cross cultural communication training which is relevant to the needs and issues of Sydney LHD.
- Promote and value community health as a **"place to be"** from a community and LHD point of view .
- Cut staffing 'red tape', improve recruitment and value every position.
- Streamline Information technology, client notes and ensure standardised EMR⁵³ documentation.
- Devise individual learning and development plans for all staff as part of performance review.

Community consultation workshops

Held at Burwood RSL, Petersham RSL, and Canterbury/ Hurlstone Park RSL

- More staff / experienced nurses and allied health staff – training for them needs to be more accessible and encouraged by staff
- Security staff need to be more visible and "findable" and accountable to the hospital
- Managers and senior staff should actively support teams and acknowledge positive work through recognition and 'thank you'
- Workplace culture – managers need to take more responsibility. If there is bullying, they need to do something about it and if staff are underperforming – manage it!
- Support systems for staff – induction and ongoing training / organisational – hire that supports staff development. Staff development and staff wellbeing should be primary focus for management
- Resourcing – adequate infrastructure and staffing is required
- Joint business – partnership with community in a much more comprehensive way. There should be recognition of community expertise. There should be a cross-sectoral leadership approach including the public, private and not-for-profit health and human sector.
- Encourage staff to actively seek consumer input: support staff to be proactive in community, seek input in interventions and planning
- Support staff training / professional development to enhance their understanding of their community. Invite NGOs to provide training and ensure the recognition of the expertise in the community
- Recruit bi-lingual staff so that the workforce reflects their community
- Develop 'value rich' environment with core values and principles which shape and guide what you do and tackle workplace bullying
- Develop mechanisms to demonstrate valuing of staff e.g. transparency, ensure staff views are not discounted, survey and consult staff

- Promote flexible working hours which both support staff and meet the need of communities
- More office space and cleaner toilets and general areas.
- Support “Work Swaps” – NGOs and Discharge Planners/Social Workers
- Enable staff to attend Conferences

Supportive organisational structures

SLHD has a strong history of establishing a diverse range of partnerships; these partnerships are critical to growing the workforce of the future, developing complementary services, and providing support to our rural and remote colleagues.

Key issues identified in focus groups:

- Growth of future workforce by encouraging young people to enter the health workforce. Strong relationships need to be maintained and fostered with local schools through engagement and the provision of work experience opportunities
- The development of international partnerships with centres of educational excellence
- Commitment to the provision of support to those in regional areas and the sharing of SLHD expertise.

Aboriginal Health Workers Forum (AHWF) – The Aboriginal Health Plan 2016–2021 Consultation workshop

Achievements:

- Stimulating and dynamic work environment
- Growing opportunities for traineeship, currently there are 20 trainees & 20 AINs
- Growing workforce and good retention rate

Suggested actions for future workforce education and staff development:

Education and innovation in healthcare

- Consider Scholarship programs to support AHWs to pursue further education at university level
- Consider school based education models within SLHD

Professional development and improved career paths

- More Aboriginal staff to be employed in higher positions in the system
- Having professional development plans to enhance skills to be considered for higher duties
- Having clear escalation mechanisms to voice AHWs concerns
- More opportunities for the AHWs to be engaged in the program design, implementation and evaluation

Recruitment and staffing

- Prompt recruitment and replacement of staff to ensure continuity of service provision
- More frontline Aboriginal staff to improve access by Aboriginal patients
- Review staffing in clinical areas with high Aboriginal utilisation (E.g. Drug Health Services)

Challenges and Barriers to Aboriginal healthcare in SLHD

- Number of frontline Aboriginal staff may not be enough to provide the care needed to the Aboriginal community in SLHD
- More opportunities needed for Aboriginal staff to represent Aboriginal related services at conferences and meetings

Implementation committee chairs and AHW consultation forum Strategic Direction – Strengthening Aboriginal Workforce

Proposed Action Items

- Expand the Aboriginal Workforce to meet the 2.6% target of all workforce and 1.8% under all salary bands and across different disciplines, accompanied by staff development programs
- Improve SLHD’s ability to retain skilled Aboriginal staff through flexible employment awards
- Development of Aboriginal workers; investigate novel ways which could increase their contribution (e.g. successful model in STI⁵⁴ screening in Dubbo)
- Capacity for more flexible work arrangements
- Collaborative employment arrangements between metropolitan and regional workforce
- Review current position descriptions to acknowledgment and to provide structure for broader scope of Aboriginal health workers to address health as well as social care issues of their Aboriginal patients
- Improve career certainty for Aboriginal workforce through increasing permanent employment opportunities
- Increase management positions opportunities for Aboriginal staff
- Increase awareness of Aboriginal health positions through allowing Aboriginal staff to present on their roles in various forums
- Increase leadership opportunities for Aboriginal staff
- Consider an Aboriginal Identification officer
- Consider the establishment of an after-hours ALO⁵⁵ at RPA
- Promote talent and skill diversity to allow for services to be provided by suitably trained staff
- Improve career pathways to Aboriginal Health Education Officers
- Create an Aboriginal mentorship position that is able to provide on-the-job supervision and mentorship for both hospital as well as community services

- Develop school education programs to increase uptake in Aboriginal health career
- Increase the Aboriginal health unit's control over the Aboriginal health budget
- Continue to support Aboriginal staff by resourcing the Aboriginal workforce coordinator and increasing skill and capacity development for managers
- Increase Aboriginal oral health workforce DT -> OHT -> DO -> Specialist
- Review AHW roles and consider AHW team leader roles; consider introduce Aboriginal health practitioner
- Consider reviewing the Aboriginal workforce structure, to enable AHW to be line managed by the Aboriginal health unit
- Increase the number of Aboriginal health staff including nurses, doctors and midwives
- Ensure the Workforce plan and the Aboriginal workforce plans are linked
- Increase the number of accredited training programs (including University degrees) offered to Aboriginal staff
- Expand cadetship positions across Aboriginal workforce to enhance career paths.



⁵⁴ Sexually Transmissible Infections

⁵⁵ Aboriginal Liaison Officer



“Valuing employees through feedback and enhanced recognition programs”

Appendix 2: Workforce priorities from associated SLHD Strategic Plans

Clinical Stream workforce priorities

Critical Care Services

- Develop strategies for a more sustained medical workforce for the Sexual Assault Service.
- Critical care workforce shortages are being experienced across the state in relation to both medical workforce and critical care nurses. RPA is best placed to address these state shortages, especially those experienced by Rural and Regional areas. Initiatives to address these shortages are courses such as Transition to Emergency Nursing and the Introduction to Intensive Care Nursing. There are currently rotations of nursing staff between the various SLHD Emergency Departments and Balmain to assist with education and training.

Cancer Services

Provide appropriate infrastructure and workforce for survivorship models of care research including development of a purpose-built facility for the Sydney Survivorship Centre.

Palliative Care

- Define and establish the palliative care nurse practitioner role.
- Ensure appropriate skill mix within a dedicated unit.
- Support staff within other specialities in relation to palliation and end of life care.
- Access to dedicated Allied Health Professionals specialising in Palliative Care.
- Development of a Nurse Practitioner role for Community Palliative Care Services.

Cancer Research

- Recruitment and retention of highly skilled clinical trials staff.
- Review, support and develop dedicated allied health professional and support services with opportunities to attract and retain high calibre staff within cancer care specialties.

Cancer Care Coordinators

- Secure future funding for existing positions.
- Investigate opportunities to fund positions within all tumour groups.

Ambulatory Care

- Lack of available Allied Health Professional services dedicated to Ambulatory Cancer care.

Cancer Genetics

- Shortage of cancer geneticists and training opportunities will require future collaboration and partnership to evolve this field in a robust manner.

Integrated Networks with other Clinical Streams

- Increasing demand for Interventional Radiologists
- Increasing demand for Nuclear Medicine

The Chris O'Brien Lifehouse

- Establish ongoing communication and operational plans in the transition to The Chris O'Brien Lifehouse and beyond, particularly with respect to staff and complex workflow issues within and across the two organisations.

Oncology Pharmacy

- Develop staff with Oncology Pharmacy expertise.

Specialist Nursing Groups

- Develop strategies to attract and retain nursing staff with specialist skills within the workforce, e.g. Chemotherapy Suite.

Haematology

- Access to dedicated specialist Nursing and Allied Health Professional services to meet increased demand including Psycho-Oncology, Occupational Therapy and Physiotherapy.

Cardiovascular Services

- Develop strategies to retain the echocardiography technical workforce. Remuneration in the private sector is significantly higher while public hospitals bear the costs of training.

Neurosciences, Bone and Joint, Plastics and Trauma Surgery

- Immunology and Allergy workforce planning for senior medical staffing of the RPA department 2015–2025 (including integration of allergy services).
- Review and resource Allied Health staffing at all three Facilities to speed patient mobility, facilitate early discharge and reduce length of stay.

Gastroenterology and Liver Services

- Ensure strategies are in place to address succession planning including, specialised education and professional development.
- Develop a group of nurses highly skilled in Advanced Liver Disease management.

Women's Health, Neonatology and Paediatrics

Maternity and Neonatal Care

- Appoint a data manager for Women's Health, Neonatology and Paediatrics.
- Appoint a staff specialist in Obstetrics and Gynaecology to Canterbury Hospital.
- Develop Midwifery-led continuity of care models across SLHD.
- Appoint a dedicated medical educator to facilitate a proactive multidisciplinary staff education program to target issues related to clinical governance.

Paediatrics

- Establish 24-hour Paediatric registrar coverage at Canterbury Hospital.
- Establish 24-hour Paediatric resident medical officer coverage at RPA in the Children's Ward and the Emergency Department.
- Ensure Royal Australasian College of Physicians (RACP) accreditation of the Paediatric registrar positions at the RPA and Canterbury facilities.

Gynaecology

- Recruit medical staff to non-accredited registrar positions in the paediatric service
- Address impact of maternity leave provisions on temporary workforce vacancies
- Changes within nursing and midwifery professions since last strategic plan:
 - Altered registration requirements with particular impact on staff maintaining dual registrations (RN/RM),
 - Introduction of direct entry midwifery training programs leading to Bachelor of Midwifery qualification (RM registration only for these graduates).
 - Ageing nursing/midwifery workforce profile with anticipated retirements over next decade impacting on workforce numbers.

Nursing and Midwifery

The recruitment and retention of midwives and to a lesser extent nurses poses challenges in SLHD as it does across NSW. Strategies to address this challenge include:

- Maintain strong links with tertiary sector training partners to ensure that local residents with an interest

in midwifery/nursing have access to supported workplace placements during their studies.

- Further develop midwifery led models of care at RPA and Canterbury Hospitals to ensure that employment is attractive to midwives.
- Support transition to Midwifery programs for newly graduated midwives
- Introduce Assistants in Midwifery to support ward staff and provide paid workplace experience for undergraduate midwifery students.
- Include the Paediatric inpatient units in the facility wide Transition to Nursing program for newly graduated Registered Nurses with an expressed interest in paediatric specialisation.
- Build professional links with Emergency Department staff including secondment opportunities for Registered Nurses between the EDs and Paediatric wards.

Medical

- Recruit/train and provide clinical support for resident medical officers and registrars across the subspecialties.
- Review current medical positions to establish a Staff Specialist position in Obstetrics and Gynaecology at Canterbury Hospital.
- Enhance integration of Registrar/RMO positions across RPA/CH to address issues impacting on medical recruitment and support to O&G positions at Canterbury Hospital.
- Apply to the Royal Australasian College of Physicians to have the Paediatric Registrar positions recognised as accredited training positions.

Aged Health Care, Rehabilitation, General Medicine, Chronic and Ambulatory Care and General Practice

- Re-establish and staff the Aged Care and Rehabilitation Service (14–16 beds) at Canterbury Hospital, following the relocation of 14 Palliative Care beds from Canterbury to Concord Hospital.
- Ensure the provision of sub-specialty support from other SLHD facility services to Canterbury's general medical and surgical beds, as well as the Aged Care Services.
- Consolidate the provision of sub-speciality medical support from the District's tertiary hospitals for the general medical services at Canterbury Hospital
- Provide targeted support to the Residential Aged Care Facilities in SLHD to ensure the provision of appropriate healthcare in the most appropriate setting. For example, the provision of oral health services at Residential Aged Care Facilities is an important initiative.
- Nurture a workforce with sufficient capacity and the broad skills required to assist family carers.
- Build capacity to respond to different groups with varying needs, especially clients from a Culturally and Linguistically Diverse Background (CALD) and/or

Aboriginal and Torres Strait Islander background, those people living with younger onset dementia (YOD) and people with remote or no carers.

Endocrinology

Diabetes

- Address workforce needs to meet growing demand in diabetes and the expanding need for coordination of components of the model of care requiring multidisciplinary clinics. Growing areas include diabetes lifestyle intervention clinics, multidisciplinary transition/insulin pump clinics, community and hospital psychiatry-cardiometabolic intervention clinics and combined circadian-metabolic disease clinics.
- Link with psychiatric training programmes to provide appropriate training to doctors, nurses and other health professionals.
- Procure new technology and upskill staff in advanced technology.

Obesity

- Further develop multidisciplinary ambulatory obesity services across Psychiatry, sleep, diabetes, Rheumatology and chronic pain services.
- Develop support services for bariatric care across the District.
- Integrate obesity prevention and therapy with primary care, Allied Health and the Inner West Sydney Medicare Local.

Bone and Mineral Disorders and Endocrine Nursing

- Provide leadership in osteoporosis multidisciplinary care models across the SLHD and NSW. This includes developing specific programs targeting the secondary prevention of osteoporotic fractures.

Andrology

- Provide leadership in Andrology care across SLHD and NSW. The challenges overall for Endocrinology are:

1. Increasing prevalence of the major disorders of diabetes, obesity and osteoporosis.
2. The need to develop better integrated care models
3. The need to develop a trained workforce to respond to these demands.

Mental Health

- Maintain and enhance the development of skilled workforce to work across programs.
- Establish an assertive outreach team for the western part of SLHD.

Drug Health

- Improve our workforce capabilities through teaching and research.
- Ensure defined career opportunities are provided to junior, middle and senior medical, nursing and allied health positions and supporting conjoint medical appointments with University of Sydney and The University of New South Wales.

Oral Health

- Increase the chair and clinical capacity in SLHD at Concord Hospital and at the Sydney Dental Hospital (SDH).
- Enhance models of care for Residential Aged Care Facilities (RACFs) e.g. in geriatric dentistry.
- Increase the students/ registrars/ staff specialist rotations through hubs of excellence.
- Dedicate one chair in Concord Hospital surgery to research.

Population Health

- Focus on capacity building to meet growing service demand.





Facility workforce priorities

Royal Prince Alfred Hospital

- Workforce planning, in particular succession planning for senior clinical staff;
- Ensure strategies are in place to address workforce recruitment, education, development, employee support and workplace culture.
- RPA requires an adaptable health workforce with the requisite skills, knowledge and attitudes for contemporary patient-centred, interdisciplinary, collaborative care.

Concord Repatriation General Hospital

- Address workforce requirements to meet the growth in Emergency presentations and the associated best practices performance targets
- Determine the right balance of care delivery for our changing local community
- Recruit and maintain a flexible workforce in a competitive environment with changing generational expectations
- Concord Repatriation General Hospital is committed to showing respect for our workforce through sustained and reasonable workloads, promotion of a healthy work life balance and employees recognition programs. We remain focused on identifying potential leaders and employees who inspire others to achieve so we develop good managers as well as good clinicians.

Balmain Hospital

- Ensure appropriate staffing levels relative to changing workloads
- Raise awareness about 'toxic' behaviour, bullying and harassment in the workplace and ensuring systems are in place to deal with these issues; and
- Manage employee performance, promote employee satisfaction, and recognise the achievements of employees.

Canterbury Hospital

- Ensure strategies are in place to address workforce recruitment, education, development, employee support and workplace culture
- Ensure that employees have the skills and necessary support to undertake their roles and to cope with, and manage, change.
- Ensure our workforce reflects our District Aboriginal and Torres Strait Islander populations.

Community Health

- Retention and attraction of highly skilled, committed, accountable and valued employees

- Consideration of the circumstances in which employees are working, including their work/life balance, work environment, the availability of resources required to perform their roles.

Nursing and midwifery workforce priorities

The Sydney Local Health District Nursing and Midwifery Workforce Committee have identified key focus areas for Workforce Development and Sustainability. These areas include professional development, workplace culture and workforce planning. The goal of these key focus areas is to build a Nursing and Midwifery workforce that is sustainable, highly qualified and appropriately credentialed and is able to respond to the changing needs of our communities' health and expectations. Priority strategies include:

- Succession planning in key areas
- Performance development and management
- Team building
- Skill mix and service demand
- Nursing research skills development
- Employee wellbeing and resilience
- Employee recognition outside the District

Allied Health workforce priorities

- Implement and monitor a robust professional governance structure to ensure all allied health professionals have the necessary skills to undertake their roles through:
 - Access to and participation in clinical supervision appropriate to qualifications and level of experience
 - Assessment and review of registration and competence to practice in their profession
 - Access to appropriate and relevant learning, teaching and continuing professional development
 - Credentialing and grading of positions and professionals
 - Recruitment to positions within available resources and staffing targets is supported
 - Strengthen opportunities for career development and succession planning through the structuring of allied health teams and participation in SLHD leadership programs and management opportunities
 - Actively work to improve the opportunities to recognise, provide positive feedback and promote the achievements of allied health staff
 - Review the role, governance and oversight of the allied health assistant, health education officer and non-graduate clinical allied health workforce.

Appendix 3: SLHD workforce profile data sets

Current Selections	
Cluster	Reporting Entity
Health	Sydney Local Health District

1. Size of Agency (Headcount)	2013	2014	2015	"% change 2014 to 2015"
Headcount at Census Date	10,833	10,483	10,671	1.79%
Non-casual Headcount at Census Date	10,108	9,840	9,929	0.90%

2. Workforce Diversity (EEO) Survey Response Rate (Non-casual Headcount at Census Date)	2013	2014	2015
Non-casual Headcount at Census Date	10,108	9,840	9,929
Non-casual Workforce Diversity(EEO) Survey Respondents at Census Date	6,602	6,801	7,194
Response Rate	65.31%	69.12%	72.45%

Note: All calculated Workforce Diversity data in Tables 1 and 2 are based on employee status as at Census Date.

3. Workforce Diversity Actual Staff Numbers (Non-casual Headcount at Census Date)							2015			
Remuneration Level of Substantive Position	Total Staff (Men, Women & Unspecified)	Respondents	Men	Women	Unspecified Gender	Aboriginal & Torres Strait Islanders	People from Racial, Ethnic, Ethno-Religious Minority Groups	People whose Language First Spoken as a Child was not English	People with a Disability	People with a Disability Requiring Work-related Adjustment
\$0 – \$43,593	49	43	11	38	0	33	3	2	1	0
\$43,593 – \$57,256	2,420	1,742	783	1637	0	72	364	835	35	9
\$57,256 – \$64,008	1,010	767	264	746	0	8	144	266	13	3
\$64,008 – \$80,997	2,828	2,005	537	2291	0	18	534	854	31	9
\$80,997 – \$104,743	1,954	1,455	492	1462	0	9	301	464	29	6
\$104,743 – \$130,929	1,095	831	392	703	0	2	170	211	16	4
\$130,929 > (Non SES)	564	351	299	265	0	1	80	74	6	0
\$130,929 > (SES)	7	0	2	5	0	0	0	0	0	0
Total	9,927	7,194	2,780	7,147	0	143	1,596	2,706	131	31

Note 1: Unspecified gender includes unknown, withdrawn, or indeterminate/intersex recorded values.

4. Workforce Diversity Actual and Estimated Staff Numbers (Non-casual Headcount at Census Date)									2015	
	Actual				Estimated					
Remuneration Level of Substantive Position	Total Staff (Men, Women & Unspecified)	Respondents	Men	Women	Unspecified Gender	Aboriginal & Torres Strait Islanders	People from Racial, Ethnic, Ethno- Religious Minority Groups	People whose Language First Spoken as a Child was not English	People with a Disability	People with a Disability Requiring Work- related Adjustment
\$0–\$43,593	49	43	11	38	0	37.6	3.4	2.3	1.1	0.0
\$43,593– \$57,256	2,420	1,742	783	1,637	0	100.0	505.7	1,160.0	48.6	12.5
\$57,256– \$64,008	1,010	767	264	746	0	10.5	189.6	350.3	17.1	4.0
\$64,008– \$80,997	2,828	2,005	537	2,291	0	25.4	753.2	1,204.5	43.7	12.7
\$80,997– \$104,743	1,954	1,455	492	1,462	0	12.1	404.2	623.1	38.9	8.1
\$104,743– \$130,929	1,095	831	392	703	0	2.6	224.0	278.0	21.1	5.3
\$130,929 > (Non SES)	564	351	299	265	0	1.6	128.5	118.9	9.6	0.0
\$130,929 > (SES)	7	0	2	5	0	0.0	0.0	0.0	0.0	0.0
Total	9,927	7,194	2,780	7,147	0	189.9	2,208.7	3,737.2	180.3	42.5

Note 1: Estimated figures are calculated on the basis of the number of employees that have responded “yes” to the Workforce Diversity category as a proportion of the total number of employees who have responded to the Workforce Diversity (EEO) survey, multiplied by the total amount of employees in the salary band i.e. Estimated People with a Disability from salary band 1 = (Actual number of People with a Disability in salary band 1/Total number of respondents from salary band 1)* Total number of Staff in salary band 1.

Note 2: Estimated figures are only calculated for those agencies with a response rate of greater than 65%. For those agencies with response rates less than 65%, actual figures are used to calculate the representation and distribution of these groups.

Note 3: Respondents are classified as employees who have provided an answer for any of the Workforce Diversity questions, whether they have chosen to withdraw their response or not i.e. all employees who do not have “missing” as their response.

Note 4: Separated employees are excluded in the above table.

4a. Workforce Diversity Actual and Estimated Staff Numbers (Non-casual Headcount at Census Date) as Percentage							2015			
	Actual						Estimated			
Remuneration Level of Substantive Position	Total Staff (Men, Women & Unspecified)	Respondents	Men	Women	Unspecified Gender	Aboriginal & Torres Strait Islanders	People from Racial, Ethnic, Ethno-Religious Minority Groups	People whose Language First Spoken as a Child was not English	People with a Disability	People with a Disability Requiring Work-related Adjustment
\$0–\$43,593	49	87.8%	22.4%	77.6%	0.0%	76.7%	7.0%	4.7%	2.3%	0.0%
\$43,593–\$57,256	2,420	72.0%	32.4%	67.6%	0.0%	4.1%	20.9%	47.9%	2.0%	0.5%
\$57,256–\$64,008	1,010	75.9%	26.1%	73.9%	0.0%	1.0%	18.8%	34.7%	1.7%	0.4%
\$64,008–\$80,997	2,828	70.9%	19.0%	81.0%	0.0%	0.9%	26.6%	42.6%	1.5%	0.4%
\$80,997–\$104,743	1,954	74.5%	25.2%	74.8%	0.0%	0.6%	20.7%	31.9%	2.0%	0.4%
\$104,743–\$130,929	1,095	75.9%	35.8%	64.2%	0.0%	0.2%	20.5%	25.4%	1.9%	0.5%
\$130,929 > (Non SES)	564	62.2%	53.0%	47.0%	0.0%	0.3%	22.8%	21.1%	1.7%	0.0%
\$130,929 > (SES)	7	0.0%	28.6%	71.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	9,927	72.5%	28.0%	72.0%	0.0%					

Note 1: Estimated percentages are calculated in a similar manner to the estimated figures in table 4, only they are expressed as a percentage i.e. Estimated Percentage of People with a Disability from salary band 1 = (Actual number of People with a Disability from salary band 1/Total number of respondents from salary band 1).

Note 2: Estimated figures are only calculated for those agencies with a response rate of greater than 65%. For those agencies with response rates less than 65%, actual figures are used to calculate the representation and distribution of these groups.

5 Parliamentary Annual Report Tables**5a. Trends in the Representation of Workforce Diversity Groups**

Workforce Diversity Group	Benchmark/Target	2013	2014	2015
Women	50%	72.5%	72.0%	72.0%
Aboriginal People and Torres Strait Islanders	2.6%	1.3%	1.6%	1.9%
People whose First Language Spoken as a Child was not English	19.0%	38.2%	37.4%	37.6%
People with a Disability	N/A	2.1%	2.0%	1.8%
People with a Disability Requiring Work-Related Adjustment	1.5%	0.5%	0.5%	0.4%

5b. Trends in the Distribution of Workforce Diversity Groups

Workforce Diversity Group	Benchmark/Target	2013	2014	2015
Women	100	95	95	96
Aboriginal People and Torres Strait Islanders	100	67	68	60
People whose First Language Spoken as a Child was not English	100	88	88	89
People with a Disability	100	102	97	99
People with a Disability Requiring Work-Related Adjustment	100	93	85	94

Note 1: A Distribution Index of 100 indicates that the centre of the distribution of the Workforce Diversity group across salary levels is equivalent to that of other staff. Values less than 100 mean that the Workforce Diversity group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. In some cases the index may be more than 100, indicating that the Workforce Diversity group is less concentrated at lower salary levels.

SLHD workforce as at 30 June 2015

Treasury Code 1: SLHD Medical Staff by Award Classification (Headcount)

Professional Grouping	Total
Agency Doctor	1
Career Medical Officer	44
Clinical Academic	50
Intern	97
Medical Superintendent	3
Post Graduate Fellow	7
Registrar	473
Resident Medical Officer	351
Senior Specialist	207
Specialist	219
SLHD Medical Staff Total	1,452

Treasury Code 2: SLHD Nursing Staff by Award Classification (Headcount)

Professional Grouping	Total
Assistant in Nursing	457
Clinical Midwife Consultant	4
Clinical Midwife Educator	5
Clinical Midwife Specialist	44
Clinical Nurse Consultant	199
Clinical Nurse Educator	61
Clinical Nurse Specialist	456
Enrolled Nurse	278
Midwife Educator	1
Midwifery Unit Manager	11
Nurse Educator	22
Nurse Manager	99
Nurse Practitioner	10
Nursing Unit Manager	169
Registered Midwife	247
Registered Nurse	3,219
Student Midwife	10
SLHD Nursing Staff Total	5,292

Treasury Code 3: SLHD Admin and Corporate Services Staff by Award Classification (Headcount)

Professional Grouping	Total
Admin Officer	955
Analyst	51
Analyst – Senior	52
Clinical Support Officer	62
Computer Manager	21
General Admin Staff	87
Health Executive Service	7
Health Manager	426
Programmer – General Scale	9
Programming Supervisor	2
Snr Computer Operator	9
Telephonist	30
Visual Aids Officer	6
SLHD Admin and Corporate Total	1,717

Treasury Code 4: SLHD Allied Health Professionals by Award Classification (Headcount)

Professional Grouping	Total
Art Therapist	1
Audiologist	5
Counsellor	1
Dietitian	73
Diversional Therapist	4
Exercise Physiologist	3
Genetics Counsellor	1
Music Therapist	1
Nuclear Medicine Technologist	19
Occupational Therapist	135
Orthoptist	5
Orthotist / Prosthetist	3
Pharmacist	90
Physiotherapist	143
Podiatrist	15
Psychologist	94
Radiation Therapist	1
Radiographer	155
Sexual Assault Worker	4
Social Worker	201
Speech Pathologist	45
SLHD Allied Health Total	999

Treasury Code 5: SLHD Other Professionals, Para-Professional, Clinical Support by Award Classification (Headcount)

Professional Grouping	Total
Aboriginal Health Educ Off Graduate	4
Aboriginal Health Educ Off Non Graduate	8
Aide	13
Community Aide	14
Diversional Therapist With Diploma	1
Health Educ Officer Graduate	78
Health Educ Officer Non Graduate	84
Health Educ Officer Senior	11
Interpreter	47
Interpreter – Sessional Accredited	98
Interpreter – Sessional Non Accredited	35
Pharmacy Assistant	7
Wardsperson	33
Welfare Officer	4
SLHD Other Professionals Total	437

Treasury Code 6: SLHD Scientific and Technical by Award Classification (Headcount)

Professional Grouping	Total
Anaesthetic/Op Theatre Tech	24
Animal Attendant	4
Animal Technician	4
Biomedical Engineer	6
Cardiac Technician	1
Cardiac Technologist	25
Electronics Technician	9
Environmental Health Officer	3
Hospital Scientist	66
Medical Physics Registrar	3
Medical Physics Specialist	7
Medical Records Administrator	2
Medical Records Manager	6
Operations Assistant	57
Pharmacy Technician	20
Principal Scientific Officer	9
Research Assistant NHMRC	3
Research Officer NHMRC	3
Senior Hospital Scientist	39
Sterilisation Technician	82
Technical Assistant	52
Technical Officer	25
SLHD Scientific and Technical Total	450

Treasury Code 7: SLHD Hotel Services Staff by Award Classification (Headcount)

Professional Grouping	Total
Chef	1
Cook	3
Driver/General Assistant	5
Hairdresser	1
Health and Security Assistant	1
Hospital Assistant	586
Motor Vehicle Driver	27
Security Officer	54
SLHD Hotel Services Total	678

Treasury Code 8: SLHD Maintenance and Trades by Award Classification (Headcount)

Professional Grouping	Total
Apprentice Carpenter	1
Apprentice Electrician	1
Assistant Engineer	4
Bricklayer	1
Carpenter	16
Electrical Instrument Fitter	1
Electrical Tradesperson	23
Engineer	7
Fitter/Motor Mechanic	13
Gardener	4
Group Engineer	4
Maintenance Supervisor	3
Painter	3
Plasterer	2
Plumber	8
Printing Operator	1
Signwriter	2
SLHD Maintenance and Trades Total	94

Treasury Code 10: SLHD Oral Health Practitioners and Support Staff by Award Classification (Headcount)

Professional Grouping	Total
Area Director Oral Health	1
Dental Assistant	156
Dental Officer	79
Dental Prosthetist	1
Dental Specialist	14
Dental Technician	29
Deputy Chief Dental Technician	1
Oral Health Therapist	13
Senior Clinical Specialist	8
SLHD Oral Health Total	302

Treasury Code 12: SLHD Other Staff by Award Classification (Headcount) as at June 2015

Professional Grouping	Total
Child Care Worker	27
Librarian	6
Library Technician	3
Teachers	8
SLHD Other Staff Total	44



Appendix 4: Abbreviations

AHA	Allied Health Assistant
AHW	Aboriginal Health Worker
CALD	Culturally and Linguistically Diverse
CEWD	Centre for Education and Workforce Development
CORE	Collaboration, Openness, Respect, Empowerment
CRGH	Concord Repatriation General Hospital
EAP	Employee Assistance Program
EPAC	Employee Performance and Culture Framework
FHS	Faculty of Health Sciences, University of Sydney
HIT	Health Information Technology
HPWP	Health Professionals Workforce Plan 2012–2022, revised 2015
HR	Human Resources
HWA	Health Workforce Australia
HWI	Healthy Workers Initiative
IT/ICT	Information and Communications Technology
KPI	Key Performance Indicator
LMS	Learning Management System
MRI	Medical Resonance Imaging
NGO	Non-Government Organisations
NHMRC	National Health and Medical Research Council
PDF	Performance Development Framework
PMES	People Matter Employee Survey
PSC	Public Service Commission
RPA	Royal Prince Alfred Hospital
SDH	Sydney Dental Hospital
SLHD	Sydney Local Health District
SWSLHD	South West Sydney Local Health District
WHS	Work, Health and Safety Services
Workforce Services	SLHD Workforce and HR Services

Sydney Local Health District **Workforce Strategic Plan**

