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Western Sydney Local Health District (WSLHD) is in a time of significant organisational change and transformation.

New facilities are being planned and built to enable us to change how we deliver care.

We must find new ways of working that cater efficiently to the health needs of our expanding community.

The *Western Sydney Local Health District Workforce Strategic Framework 2015 - 2020* is aligned with the *NSW Health Professionals Work Framework 2012 - 2022* and is informed by the aspirations in Western Sydney, projected health care needs and our perceptions of the workforce, which will need to provide new models of care.

We anticipate that the *WSLHD Workforce Strategic Framework 2015 - 2020* will serve as a pathway for WSLHD to plan for and support our workforce and ensure that we are seen as an employer of choice over the next five years.
Introduction

Workforce planning contributes to organisational effectiveness by ensuring WSLHD’s current and forecasted workforce aligns with the health district’s priorities. Workforce planning is the systematic process for identifying and addressing the gaps between the workforce of today and the human capital needs of tomorrow.

In WSLHD we are privileged to have a large, committed and gifted workforce that has proved to be resilient in times of significant change and modernisation.

In order to meet the needs of our growing population, and to embrace new technologies and innovation in delivering quality, person-centred care, we need to ensure our workforce is appropriately skilled and supported.

The Western Sydney Local Health District Workforce Strategic Framework 2015 – 2020 (the Framework) begins with our current workforce planning and specifies what we need to do in workforce development in the next five years.

Workforce characteristics and trends provide information to managers and others, to support strategic thinking on workforce needs.

Our Framework reflects our commitment to develop the capacity and capabilities of our workforce. We want this Framework’s content to inspire workforce planning practices that deliver innovative and transformational workforce plans.

The Framework aims to support our implementation of the WSLHD Strategic Framework and assist with our ability to achieve the District’s Health Services Plan due for completion June 2016.

This Framework is a living document and provides a guide to inform more localised, detailed workforce planning across WSLHD.

The aim of the Framework is to shape how managers approach workforce planning, to ensure we have the workforce that is capable of continuously delivering the right people, in the right place at the right time.
WSLHD Setting and Context

WSLHD has a population of approximately 927,000 residents covering the Local Government Areas (LGAs) of Auburn, Blacktown, Holroyd, Parramatta and The Hills Shire. The health district incorporates 120 suburbs in one of Australia’s growing urban populations, with a diverse tapestry of culture, people, traditions and beliefs.

Population projections from the NSW Department of Planning and Environment (released in May 2014) indicate that the WSLHD population will grow to 1,161,842 people by 2026; an increase of 234,842 people. It is projected that by 2031, 14% of people in NSW will be living in WSLHD; comprising almost 1.28 million people.

WSLHD has 11,855 employees across 100 sites and manages nearly 2000 beds across four hospitals, including Westmead, Blacktown, Mount Druitt and Auburn hospitals, mental health (incorporating Cumberland Hospital) and drug health services, as well as comprehensive community, population and public health services.

We offer teaching and quaternary referral services and train medical, dental, nursing and allied health and other health professionals. We have a highly active and productive research and education hub. This mix of teaching, research and clinical care is characteristic of healthcare in WSLHD.

Capital works are occurring at Blacktown and Mount Druitt hospitals and Westmead Hospital. Stage 1 of the Blacktown Mount Druitt Hospitals Expansion will deliver an additional 180 beds, contemporary ambulatory care for patients with cancer, diabetes and other chronic problems and the necessary infrastructure. A second stage is currently being planned. Funding has been earmarked for a massive redevelopment of the Westmead Hospital precinct, including The Children’s Hospital at Westmead and major research institutes. Plans have yet to be developed for another hospital at Rouse Hill.

Workforce planning aims to ensure the availability of skilled and qualified staff to provide care in our expanded facilities that will be providing services in different ways in the near future, many tailored to the needs of patients with multiple complex and serious illnesses.

With regard to providing care that is more appropriate to the needs of people with chronic problems, WSLHD has been funded affirmatively to provide connected health services that include our community partners, especially general practitioners. In addition, the serious challenges of prevention and health promotion in relation to chronic illness, call for new skills to be developed in our workforce, to assist with environmental changes.

We recognise that our future workforce will need to be capable of working with people in and outside of the publicly-funded health care service. Health promotion needs to change the environment so that it is less obesogenic, and this will require staff who can interact with town planners, environmental engineers, the private commercial sector that supplies food and transport and more. We will need staff better equipped to work with general practitioners and staff of non-government organisations (NGOs) and private hospitals.

The workforce of the future will need to be more connected with the wider health and social sector, take on more health promotion and health prevention and have skills capable of working in the new roles that emerge.

1 WSLHD Social Atlas by WSLHD Epidemiology - WSLHD Intranet – 2014
2 Demography Unit, Centre for Demography, Research and Policy, Department of Planning & Environment, 2014 Final
In light of this environment there are a range of workforce challenges facing WSLHD that we need to address.

- **Increasing demand** – the increase in population number is magnified as people are living longer and presenting with more complex conditions³

- **Increase in chronic conditions** – creates a greater need for primary and preventive care and a generalist workforce with skills and knowledge to manage patients with a broad range of conditions

- **Shifting consumer expectations** - more is expected from health and other public services

- **Changing models of care** – there is a belief that more effective care can be provided by integrating hospital and primary care services

- **Re-development** - the large scale redevelopment is an impetus to consider how we provide care in the future

- **Workforce shortages** – Health Workforce Australia⁴ anticipates a likely continuation of health workforce shortages up to 2025 for doctors and nurses across Australia

- **Changing technology** - with potentially huge benefits to the patient experience and ability to connect health care delivery requiring retraining and orientation for all professionals

- **Focusing resource** – so that we are ready to direct our resources in the areas that matter the most, to ensure we have the patient at the right place with the right workforce

³ Health Professionals Workforce Plan 2012 - 2022
⁴ Health Workforce Australia HW 2025 Vol. 2, 2012
Where we are heading

WSLHD is committed to ensuring we have the workforce numbers and professional skill mix needed to achieve our vision and service plans.

Projected workforce planning will bring a high level of sophistication to meet the growth of our tertiary and quaternary facilities, where learning and teaching are blended into a direct clinical setting offering highly specialised levels of care.

We need and want a vibrant and developing health workforce that is known for being patient-centred, innovative and motivated.

We recognise we must develop our workplace culture to ensure real engagement with the goals to be people-centred, team based, integrated, connected and in service to patient and community outcomes.

This alignment will act as a beacon; for both seasoned clinicians, who will share their learning in a highly adaptive setting and for those new to their profession, whether medical, nursing or allied health fields, who will be proud of their role in WSLHD.

We acknowledge that the WSLHD workforce represents a significant number of our community with up to 50% living within WSLHD boundaries. We want to support their health and well-being, which will contribute to growing overall community resilience.

We aim to be a high-performing health service, where employees take responsibility and accountability for their part in the system.

We consider the following to be necessary characteristics to be reflected in the Workforce Plan:

- people-centred governance, leadership and culture
- a strong collaboration and partnership focus
- knowledge and innovation proficiency
- concentrated effort on talent acquisition and cultivation
- effective, long-term strategies for sustainability

Our WSLHD Vision:

WSLHD will deliver safe and reliable, high-performing, collaborative, patient-centred, health services to the people of western Sydney and beyond so that patients, families and the western Sydney population live well, stay well, manage well.

Our Workforce Vision:

WSLHD will be known as a great workplace that attracts and retains the best of the best; whose people are motivated, committed, competent and passionate about their contribution to our healthcare business; where people flourish in a diverse workforce population that embraces cultural differences.

WSLHD’s aspiration is to have a workforce that is:

People-centred and focused on wellbeing... that is able to connect and operate as one... using skills and resources in the best ways... able to work in teams undertaking new roles... joining up to communities and other government services... flexible, committed, motivated and learning... so that patients, families within the western Sydney population live well, stay well, manage well.
Where we are now

Workforce Characteristics

Health service management in Australia continues to evolve. For example, new targets and benchmarks have been introduced including Elective Surgery Access Performance and Emergency Treatment Performance.

New software packages have been introduced in various areas including financial systems (Oracle), recruitment systems (eRecruit), payroll systems (Stafflink), training records (HETI Online), medical records and Paperlite and a transition to electronic documentation.

Workforce Data

A review of workforce data indicates the following key trends:

Age profile

There is an interesting mix in the data with approximately 23% being over the age of 55 and approximately 30% being under 35. Potential skills shortages in particular occupations such as maintenance and hotel services can be identified. More than 63% of maintenance and trades staff and 43% of hotel services staff are expected to retire in the next 10 years. See Fig. 1 and Table 1 below.

Average Age

With 23.1% of the workforce over the age of 55, WSLHD will experience high levels of loss of experience and attendant knowledge as this age group retires. This will be most pronounced in mental health with 33% over the age of 55 and occupational health with 29% over the age of 55.

Age Groups - Headcount Percentages

30.6% of the workforce is under the age of 35. This indicates that WSLHD also has a considerable proportion of younger workforce and is therefore able to attract staff in a range of age groups. Growing a family friendly work environment could be one recruitment attraction to be further developed by WSLHD.
Aboriginal and Torres Strait Islander Workforce

Under-representation of the Aboriginal and Torres Strait Islander workforce is apparent from the data. NSW Health has identified a target for Aboriginal and Torres Strait Islander employees at 2.6%. Only 0.9% of the WSLHD workforce identified as Aboriginal and Torres Strait Islander in the 2014/2015 financial year.

The demographics of the local western Sydney population indicate that over 1.5% of residents identify as members of the Aboriginal and Torres Strait Islander community showing an opportunity to grow recruitment from this population group.

Aboriginal Workforce

Figure 3: Percentage of ATSI employees by gender

Workers Compensation

Workers Compensation data identifies that for the period 2013/14, there were 323 claims for workers compensation of which 30 claims were for psychological injuries. This trend increased in 2014/15 when there were 301 claims of which 34 claims were for psychological injuries.

Figure 4: WSLHD claims for FY 2013/14 and 2014/15

Staff Movement

Staff turnover is 10.7% which is an acceptable figure and comparable to other health districts in the State.

Recruitment time-frames are lengthy with the average recruitment episode taking 96 days to complete. This is the second highest in the State.

On average it takes 44 days for recruitment activity to progress through the approval chain from authorisation to the commencement of advertising.

Work is already underway to reduce recruitment timeframes.
Leave Management

Annual leave balances are not currently meeting the NSW Government target of 220 hours maximum per FTE. WSLHD average leave balance is currently at average of 245 hours.

<table>
<thead>
<tr>
<th>Award Hours</th>
<th>Benchmark</th>
<th>Average balance of staff with excessive leave</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>210</td>
<td>317.3</td>
</tr>
<tr>
<td>38</td>
<td>228</td>
<td>387.3</td>
</tr>
<tr>
<td>40</td>
<td>240</td>
<td>489.0</td>
</tr>
</tbody>
</table>

Table 5: WSLHD staff leave balance by 30 day threshold by hours

Performance Management

Stafflink reporting indicates that 30% of the workforce has a current performance review date recorded. It is noted that the actual performance review figure may be greater as some staff have their review date recorded in ProAct. The transition of data from other sources into Stafflink will assist reporting on performance numbers.

Organisational Culture

Data from previous years’ measurements indicate the need to address areas of leadership, aligned direction, clear expectations and performance management. The 2015 NSW Health YourSay Survey results will give an indication of current staff culture.

Focus Group Experience & Observations

As part of the preparation of this Framework focus groups were held across WSLHD. Review of the focus group experience and observations has identified the following themes, with further detail in the appendix:

- Knowledge and skill – had a strong focus throughout the consultations and were viewed as fundamental to ensure future workforce capability
- Responsiveness to recruitment – highlighted that the time-frame must be reduced to avoid loss of talent
- Performance management – was noted as a key element to build on existing staff capability by ensuring clarity of expectation and accountability
- Medical and nursing scope of practice – must be re-designed to provide the platform for models of care and to strengthen multidisciplinary team practice
- Workforce knowledge and culture – is seen as vital for transformation and important for the future
- Workforce data – is a critical enabler and manager of education in the use of workforce metrics
Critical Future Workforce Issues

Arising from the data and stakeholder experiences, WSLHD has identified the following key workforce issues that need to be addressed in order to succeed in the future:

1. Knowledge and capability
   To enable innovation and transformation in health care, investment in workforce capability is needed. This will ensure staff have the skills and capabilities to effectively undertake their role and will build WSLHD’s ability to attract applicants who aspire to work in a leading learning organisation.

2. Organisational culture
   Culture is crucial to a high performing health care system. We need to foster a shared culture of CORE values, and strengthen people-centred, connected, innovative and flexible ways of working.

3. Scope of practice for all health workforce professionals
   New health care approaches rely on changed roles, models of care and ways of working. We must provide opportunities for professionals to be engaged in the development of these, across all health care settings.

4. Organisational responsiveness to identifying, attracting and securing staff
   Improved systems must be developed that enable managers to recruit according to identified service gaps. Streamlined recruitment processes and enhanced responsiveness within the organisation will retain and foster an engaged WSLHD workforce.

5. Performance planning and development
   All staff must be clear about their expectations and contribution. A relational-based performance planning and development framework will ensure greater alignment between roles, work practices, departmental objectives and organisational goals and objectives.

6. Potential skills shortages in identified areas
   Workforce data has identified there is the possibility of future skills shortages in particular areas of the workforce. Strategies need to be developed to minimise the risk in these areas (such as maintenance and hotel services, mental health nursing and surgical medical staff).

7. Access and utilisation to workforce data to support business decision making
   Workforce data plays an increasingly important role in health business management. Managers must be more agile in their ability to analyse and interpret data in order to inform their business decision making in areas such as talent management, premium staff utilisation rates and unplanned leave.

8. Operational management of workforce
   Employee accruals are increasing and this challenges WSLHD’s ability to manage costs. It is imperative to reduce leave balances and align entitlements. We must focus on active management of leave in a way that will have a positive impact for the workforce and the organisation.
In reference to the key workforce challenges and the Health Professionals Workforce Framework 2012-2022, the Framework outlines two main strategies:

- **Strategy 1** to strengthen the foundation workings of our workforce
- **Strategy 2** to grow and refine the planning approach to workforce groups and critical issues.

The multiple workforce strategy elements within each pillar highlight that workforce matters are by nature complex and multi-layered. Through the interconnections, we can be confident that we will achieve our workforce vision.

These two strategy areas will generate parallel activity with the roadmap (p.14) outlining the broad implementation sequence.

Details of the implementation will emerge as each element is developed, as a result of ongoing dialogue with the WSLHD Board and Executive members as well as managerial feedback from all levels within the WSLHD.

---

**WSLHD has a workforce that is motivated, committed, competent, patient-centred and flourishing in a great work place**

**Strategy 2**  
Ensuring:  
- Right people  
- Right skills  
- Right place  
- Right time

**Strategy 1**  
Developing strong foundations

### Critical workforce issues
- Staff shortages
- New talent
- Succession
- Leadership
- Partnerships
- Aboriginal employment

### Professional plans
- Medical
- Nursing
- Allied Health
- Other

### Services plans
- Integrated health
- Facility level
- District level

### Ownership
- Collaborative health system
- Local multi-faceted solutions
- Clinical leadership

### Workforce design
- Models
- Structures including central and de-centralised pools
- Rostering

### Capability
- Knowledgeable and competent staff
- Health professional managers and leaders
- Medical, nursing, allied health professional practice including new roles, new models, new ways of working

### Creating the environment
- Patient centred culture
- Multidisciplinary teams
- Highly engaged

### People, system and processes
- Operational systems
- Recruitment
- Performance planning and development
- Workforce metrics
- Leave management
- Health and wellbeing

### WSLHD branding defining our employer of choice proposition

Ref: NSW Health Professionals Workforce Plan 2012-2022 – principles and plan
Implementing the Framework

WSLHD Workforce Vision

A great workplace, which attracts and retains the best of the best; with people who are motivated, committed, competent, passionate about their contribution to our healthcare business; where people flourish in a diverse workforce population that embraces cultural differences

WSLHD Vision

WSLHD becoming an employer of choice applying CORE values

Year 1

- Develop effective health professional managers and leader competency frameworks and learning pathways
- Grow knowledge and competence in the workforce, especially for change, innovation and transformation
- Develop professional workforce plans for medical, nursing and allied health
- Develop interconnected facility, service and integrated health workforce plans
- Develop management plans to address the critical workforce issues of staff shortages and leadership
- Develop people systems and processes for workforce metrics, recruitment, leave and performance management
- Develop the culture of patient-centred team care
- Develop management plans to address the critical workforce issues of talent management, succession and Aboriginal employment

Year 2

- Grow knowledge and competence in the workforce, especially for change, innovation and transformation
- Develop workforce design models and tools
- Grow engagement in the medical, nursing and allied workforce
- Develop management plans to address the critical workforce issues of identified staff shortages
- Develop operational systems
- Strengthen a collaborative health system

Year 3

- Focus on identifying required workforce skills and develop multi-level solutions
- Integrate partnerships into health care models and practice

Year 4

- Years four and five will consolidate actions of the first three years
- Evaluations will identify needed focus improvement areas

Year 5

- Grow knowledge and competence in the workforce, especially for change, innovation and transformation
- Develop management plans to address the critical workforce issues of staff shortages and leadership
- Develop people systems and processes for workforce metrics, recruitment, leave and performance management
- Develop the culture of patient-centred team care
- Develop management plans to address the critical workforce issues of talent management, succession and Aboriginal employment
Conclusion

The Western Sydney Local Health District Strategic Workforce Framework 2015 – 2020 has been developed following consultation across WSLHD, with reference to strategic NSW Health documents and current WSLHD plans.

The next step will be the expansion of this core document to include further specific data, modelling and reports that will in turn inform the implementation of this Framework.

It should be acknowledged that our Workforce Strategic Framework is an evolving document and will change as time progresses, strategies are implemented and further information and research is undertaken to crystallise our future needs.

We will endeavour to constantly review and update our Framework, to ensure relevant strategies are applied to achieve our WSLHD directions.
Appendix 1 – Current Workforce Data

**Workforce Report 2015**

The WSLHD Workforce Report is extracted from the NSW Public Service Commission annual return for the financial year ending 30 June 2015.

The Workforce Report includes demographic information such as age, gender, EEO (Equal Employment Opportunity) group membership, ATSI, disability, minority groups as well as employment information.

The information provided by the Workforce Report supports benchmarking, workforce planning and employment policy development work. It also provides insight into social or economic trends, the composition of WSLHD’s workforce, the need for new employment policies, procedures or systems and the impact of policies that are introduced.
Appendix 2 – The Gap Analysis for WSLHD Workforce

Gap Analysis of Workforce Data and Risks

National Workforce Trends

Workforce availability and supply will become an issue for WSLHD over the next decade. Currently there is a sufficient supply of available replacement staff for the majority of WSLHD’s workforce needs. Health Workforce Australia (HWA) predicts that by 2025 there will be over a 100,000 nurses below national supply requirements.

HWA have noted that the Australian clinical workforce is being impacted by the following issues:

• There has been an increase in medical practitioners but that there is maldistribution of these across Australia.
• By 2016, there will be insufficient specialist training places for medical graduates.
• For nursing, areas such as mental health and aged care are at particular risk of shortages.
• There are insufficient employment opportunities for newly graduating nurses.
• Australia’s current health professional workforce is highly dependent on immigration for doctors and nurses.

Culture and Technology

The Australian workplace is changing as technologies evolve and impact on the way clinical and administrative services are provided. WSLHD will be under pressure to provide a workplace environment, culture and tools that will fulfil the needs of current and future technologically literate workers.

These technically savvy workers will not be restricted to one level of the organisation as increasingly sophisticated hardware and software will impact on WSLHD’s staff – from hotel services and asset management through to clinicians and WSLHD’s executive. The intergenerational changes will mean that the ‘millennial’ will be moving into the workforce as older staff retire. Demographers and social researchers believe that the expectations of this group will:

• require greater access to technology and social media
• want greater performance feedback
• prefer more flexible working schedules
• need a more rounded work/life balance

This is a significant issue as unlike previous generations, they are more likely to change job roles to find the organisation that suits them best. Duckett and Breadon in ‘Unlocking skills in hospitals: better jobs, more care’ have postulated that existing health workforce roles are significantly out of date with current needs, and that updating them would mean “more and better care, more rewarding jobs for hospital professionals and a more sustainable system”. This contrasts with public sector health organisations, whose policies and procedures, and in particular industrial awards are very structured and seemingly immutable.

Our Workforce

Current WSLHD Workforce Profile: Summary of data

The reporting period for the WSLHD wide snapshot was from 1 July 2014 to 30 June 2015 (except where otherwise indicated).

Full-time Equivalent (FTE)

As at June 2015, WSLHD had a total paid workforce FTE of:

• 9020 year to date
• In financial year (FY) 2013/14 the FTE was 8853, and for FY 2012/2013 it was 8943

Workforce Headcount

WSLHD’s headcount as of 30 June 2015 was 11,855, excluding contingent workers, contractors and VMOs not paid in the StaffLink system.

Summary of Employment Status

Permanent employees are usually considered to be an important stabilising component in any workforce. Temporary and casual workers meet the short term, or on an as needs basis, staffing requirements of WSLHD.

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>WSLHD %</th>
<th>NSW Health %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent</td>
<td>71.04</td>
<td>83.92</td>
</tr>
<tr>
<td>Temporary / Casual</td>
<td>28.96</td>
<td>16.08</td>
</tr>
</tbody>
</table>

Table 1: WSLHD’s employment status to NSW Health as of June 2015

1 Health Workforce Australia HW 2025 Vol. 2, 2012
2 Grattan Institute Report No. 2014 - 8, April 2014
WSLHD has a lower percentage of permanent staff (71.04%) than the NSW health average. This is further broken as follows in Table 2:

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Percentage (total FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Full time</td>
<td>52.954</td>
</tr>
<tr>
<td>Permanent Part time</td>
<td>18.042</td>
</tr>
<tr>
<td>Temporary Full time</td>
<td>14.513</td>
</tr>
<tr>
<td>Temporary Part time</td>
<td>2.365</td>
</tr>
<tr>
<td>Casual Employees</td>
<td>9.050</td>
</tr>
<tr>
<td>Casual Agency Doctors</td>
<td>0.237</td>
</tr>
<tr>
<td>Casual Agency Nurses</td>
<td>2.780</td>
</tr>
<tr>
<td>Casual – Health Advisory Council</td>
<td>0.059</td>
</tr>
</tbody>
</table>

Table 2: Breakdown of WSLHD’s employment status as of June 2015

WSLHD has a strong presence of permanent staff with more than 70% employed on a permanent basis. This is a favourable outcome as less than 14% of its workforce is employed on a casual basis; providing stability, cultural cohesiveness and cost savings through reduced need for training and recruitment.

**Nursing and Other Workforce Groups**

Within WSLHD, nursing represents the largest component of the workforce comprising 41.83% of the total paid FTEs.

This compares with other peer organisations as per Figure 1. Whilst this data is from 2011/12, it is unlikely that there has been major change to this data.

Further breakdown of award groups by number and percentage of workforce is shown in Table 3 as follows.

<table>
<thead>
<tr>
<th>Treasury Code</th>
<th>Headcount</th>
<th>WSLHD %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing &amp; Midwifery</td>
<td>4,776</td>
<td>40.29</td>
</tr>
<tr>
<td>Medical (salaried)</td>
<td>1,969</td>
<td>16.61</td>
</tr>
<tr>
<td>Allied Health</td>
<td>1,280</td>
<td>10.80</td>
</tr>
<tr>
<td>Scientific and Technical Clinical Support</td>
<td>464</td>
<td>3.91</td>
</tr>
<tr>
<td>Oral Health Practitioners and Support</td>
<td>342</td>
<td>2.88</td>
</tr>
<tr>
<td>Corporate Services</td>
<td>1,875</td>
<td>15.82</td>
</tr>
<tr>
<td>Hotel Services</td>
<td>510</td>
<td>4.30</td>
</tr>
<tr>
<td>Maintenance and Trades</td>
<td>66</td>
<td>0.56</td>
</tr>
<tr>
<td>Other Prof &amp; Para Professionals &amp; Clinical Support Staff</td>
<td>497</td>
<td>4.19</td>
</tr>
<tr>
<td>Other</td>
<td>76</td>
<td>0.64</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>11,855</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

Table 3: Breakdown of headcount by Award Group as of June 2015

Table 3 indicates that at least 77% of WSLHD’s workforce is involved in patient care either in a direct clinical role, such as nurses, doctors and allied health professionals, or indirectly in other roles such as medical records or biomedical engineers.

As with other health organisations, the largest component of the workforce is in nursing and midwifery. Corporate areas account for 15% of the workforce which is slightly above the median range for public sector organisations of 9% to 19% of total FTE10.

**Medical Workforce**

WSLHD has a medical workforce percentage of total FTEs in line with its peer groups of other metropolitan LHDs, as seen in Figure 2 (below). Whilst this data is from 2011/12, it is unlikely that there has been major change to this data.

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10 Price Waterhouse Coopers Benchmarking of Commonwealth and State Government corporate services 2014 Benchmarking study
Employee Gender
Based on headcount, 73.44% of WSLHD’s workforce is female and 26.56% is male. These figures are in line with expectations of health workforce gender data nationally\(^1\), which shows that health workers are overwhelmingly female. Figure 3 (below) shows the part time and full time figures by gender.

![Employee Gender Chart](image)

Figure 3: Employment type by gender

WSLHD is slightly above the average for female workforce compared to NSW Health in general.

<table>
<thead>
<tr>
<th>Gender Status</th>
<th>WSLHD %</th>
<th>NSW Health %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female workforce</td>
<td>73.44</td>
<td>72.54</td>
</tr>
</tbody>
</table>

Table 4: Female workforce – WSLHD to State comparison as of June 2015

This higher female representation of WSLHD’s workforce requires attention in areas such as planning for maternity, parental and family leave. Statistical\(^2\) evidence shows that women provide the majority of hours of care to their children and / or ageing parents and family members.

Table 4 (above) shows that with almost 74% of the workforce being female, there is a clear need to plan for flexibility within the working environment.

Employee Age Data
Figure 4 (below) shows that 19% of WSLHD’s workforce is over the age of 55 and 4% are over 65. Employees over the age of 45 represent 45.4% of the workforce. The average retirement age is currently 57 years (ABS: 2010), and WSLHD’s data clearly shows a high percentage of the workforce approaching, or over, this age group. This could mean that essentially more than 15% of the workforce, or 1778 staff, will exit WSLHD over the next ten years.

![Employee Age Chart](image)

Figure 4: Gender by age bands as of June 2015

Consequently, WSLHD will need to implement strategies for workforce renewal and knowledge management. Staff in these age brackets are some of the most experienced in their discipline, and new WSLHD staff must be developed in such a way so that there is a talent pipeline to replace those exiting the organisation.

At the other end of the continuum for WSLHD, 30.6% of its staff is under 35 years of age. This indicates the health service is able to attract young people, and has a strong future cohort on which to draw. Strategies to engage this group and retain them as well as retaining and engaging staff in the critical 35 to 49 age brackets will be imperative, as they are some of the most innovative and productive.

The age data across work groups, as shown in Figure 5 can be broken down in the following categories as in Table 5:

![Age across workgroups chart](image)

Figure 5: Age across workgroups as of June 2015

<table>
<thead>
<tr>
<th>Treasury Code</th>
<th>Headcount</th>
<th>WSLHD %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>10.5%</td>
<td>over 55 years</td>
</tr>
<tr>
<td></td>
<td>4%</td>
<td>over 65 years</td>
</tr>
<tr>
<td>Medical staff</td>
<td>5%</td>
<td>over 55 years</td>
</tr>
<tr>
<td></td>
<td>3%</td>
<td>over 65 years</td>
</tr>
<tr>
<td></td>
<td>10%</td>
<td>45 - 54 years</td>
</tr>
<tr>
<td>Allied Health</td>
<td>14%</td>
<td>over 55 years</td>
</tr>
<tr>
<td></td>
<td>2%</td>
<td>over 65 years</td>
</tr>
<tr>
<td>Corporate</td>
<td>26%</td>
<td>over 55 years</td>
</tr>
<tr>
<td></td>
<td>6%</td>
<td>over 65 years</td>
</tr>
<tr>
<td></td>
<td>15%</td>
<td>under 34 years</td>
</tr>
<tr>
<td>Hotel Services</td>
<td>33.5%</td>
<td>over 55 years</td>
</tr>
<tr>
<td></td>
<td>9.5%</td>
<td>over 65 years</td>
</tr>
<tr>
<td></td>
<td>7.5%</td>
<td>under 34 years</td>
</tr>
<tr>
<td>Maintenance and Trades</td>
<td>47%</td>
<td>over 55 years</td>
</tr>
<tr>
<td></td>
<td>16%</td>
<td>over 65 years</td>
</tr>
<tr>
<td></td>
<td>less than 14%</td>
<td>under 34 years</td>
</tr>
<tr>
<td>Scientific and technical support staff</td>
<td>54%</td>
<td>over 50 years</td>
</tr>
<tr>
<td></td>
<td>40%</td>
<td>over 59 years</td>
</tr>
</tbody>
</table>

Table 5: Age data of staff in percentages across workgroups as of June 2015

\(^{1}\) Health Workforce Australia 2012
\(^{2}\) Australian Bureau of Statistics (ABS) 2012
The nursing workforce is well represented across the age brackets with a relatively even distribution. There has been an increase in the supply of nurses as universities have increased enrolments and graduations over the last decade. Long term, in line with HWA predictions, there may be some shortages in nursing disciplines, but WSLHD is well placed to continue attracting and retaining nursing staff.

The medical workforce is mainly young. However, as medical staff tend to retire later or contribute to the health system in various ways there appears to be an adequate number of senior medical people to enable continuity of knowledge sharing.

Allied Health has strong workforce numbers in each age bracket. Allied Health is also a replaceable discipline within the marketplace, and the ongoing workforce supply is strong as more universities are training and graduating these disciplines.

Corporate Services has a maldistribution of staff across its age brackets. 61% of the workforce is over 45 years of age, and 32% are over 55. Less than 2% of staff is under the age of 25, and 15% is under 34 years of age. Corporate Services skills are replaceable but there is a competitive market for attracting people with these skills. Technological change may reduce the need for some roles, but WSLHD could consider increasing the number of staff in this area through targeted programs for attracting people under the age of 25.

Hotel Services is an area that WSLHD needs to closely monitor. 78% of staff is over 45 years of age, which means only 22% are under 45, and only 7.5% are younger than 35. In the next decade this workforce may become unsustainable.

Maintenance and Trades staff, like Hotel Services, need to be closely monitored for continued viability. Currently 63% of staff is over the age of 55 and less than 14% are under 34. Maintenance of hospitals covers a number of different trades and non-trade areas. Consideration must be given as to which trades are retained or contracted.

In a number of these workgroups (excluding clinical staff) there is a need to focus on long-term employment strategies to attract staff from younger age groups.

Risk assessments such as retirement intention surveys could be run in some specialty areas, to determine the level of ‘risk’ to WSLHD through a potential loss of skills and to support workforce planning and modelling projects.

The age data across sites, as shown in Table 5, indicates the need for some significant workforce planning, to rebalance the workforce age profiles in those areas that are ageing without a foreseeable replacement cohort e.g. Hotel Services and Maintenance.

A review of the ongoing service needs of these groups will be required, as will a continuing focus on professional development, and physical and mental wellbeing to support those staff.

The age data indicates some areas of risk and areas for development for WSLHD. Given the high percentage of staff approaching the median retirement age, WSLHD will need to consider retention programs for those staff with in demand or at risk skills set.

This will assist in minimising potential losses of key skills, as well as ensuring that there are ready replacements available/being trained.

Suitable approaches that could be utilised include phased retirement, more permanent part time, provision of opportunities to mentor or coach, and also programs that promote healthy lifestyle choices and wellbeing for older workers.

Aboriginal and Torres Strait Islander Employment

As shown in Figure 6 (below), 1.5% of the population of western Sydney identifies as Aboriginal compared to 2.6% for NSW as a whole, which indicates that Aboriginal staff are not being effectively engaged by WSLHD.

### Aboriginal Workforce

![Figure 6: Percentage of ATSI employees by gender as of June 2015](image)

Furthermore, few ATSI employees have moved beyond Aboriginal Health Worker roles and into generalist positions. WSLHD is not meeting the NSW Government benchmark of 2.6% indigenous employment by 2015.

<table>
<thead>
<tr>
<th>Status</th>
<th>WSLHD %</th>
<th>NSW Health %</th>
<th>NSW Public Sector %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal and Torres Strait Islanders</td>
<td>0.9</td>
<td>1.88</td>
<td>2.70</td>
</tr>
</tbody>
</table>

Table 6: Comparison of Aboriginal and Torres Strait Islander representation across NSW Public Sector

However, the WSLHD Aboriginal Workforce Plan 2015 – 2020 currently in draft, has a range of initiatives to increase ATSI employment.
Workforce Movement

Employee movement is a useful indicator in workforce planning. Exit interviews, commencement rates and tenure data will be collected to assist in future planning.

During FY 2014/15, WSLHD employed 855 staff and over the same period 1,161 staff left. The current workforce separation rate is 10.7%, which is within NSW Health guidelines and is aligned to other peer organisations. The figure includes 450 medical staff separations that are likely to be linked to residents completing their two year tenure and undertaking placements in other NSW health organisations.

Lost Time Injury Rate

There were 323 claims for 2013/14, of which 30 (9.28%) were for psychological injuries.

In 2014/15, there were 301 claims of which 34 (11.29%) were for psychological claims.

Table 7 (below), details lost time frequency rates for claims during 2013/14 and 2014/15. Many of these claims remain open, with ongoing payment of time lost from work. These figures will change significantly as these fund years mature. The reduction between 2013/14 and 2014/15 is likely to be indicative of the immature nature of the 2014/15 claims.

<table>
<thead>
<tr>
<th>Lost Time Injury Frequency Rate</th>
<th>Fund years</th>
<th>Partial hours lost</th>
<th>Total hours lost</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14</td>
<td>33240.37</td>
<td>18456</td>
<td></td>
</tr>
<tr>
<td>2014/15</td>
<td>25680.95</td>
<td>6636.45</td>
<td></td>
</tr>
</tbody>
</table>

Table 7: Figure above are reported from the Sicorp Datawarehouse, June 2015 extract.

WSLHD Employee Assistance Program Benchmarking Statistics 2014

The graph at Figure 7 provides an overview of information on demographics and the impact on the Health Care Workers (HCW) who had accessed the WSLHD Employee Assistance Program from January to December 2014.

As an EAP provider, WSLHD has been benchmarked against the NSW health industry that is serviced by Access EAP, including health districts and both private and public sector organisations.

Like other health service providers, WSLHD has no outliers of major concern. WSLHD is more proactive than other services (by almost double) in referring staff for early intervention.

Results show that the greatest number of people seeking EAP services are those who have up to four years of service. Interestingly, the results also show that WSLHD staff with 20+ years of service only account for 4% of EAP attendances compared to 18% in other health industries.

In terms of non-workplace related attendances, WSLHD staff sought counselling for anger management in 4% of sessions. Five percent of sessions were attendances for self-esteem, which does not feature in the top 10 reasons for attendance in NSW Health Service Providers’ data. Parenting and divorce/separation issues do not show up in the WSLHD data, like they do in the State data (4% and 5% respectively). This may be related to the professional and/or educational backgrounds of WSLHD staff and the support available to them.

*NSW Health service providers both public and private
Appendix 3 – Consultation Summary

Six focus groups were held and twenty-seven people were consulted. Fifteen hours of consultation were held across operational, medical, future leaders, strategically important groups i.e. Community health, public health, population health, service planning, mental health and nursing.

A further six hours of consultation was held with the executive group involving finance, nursing and midwifery, chief information officer, medical director and manager community and consumer engagement. The focus group consultations were divided into five themes namely: Innovation in Thinking and Practice, People and Culture, Growing Partnerships, Focused Communications and Policies, Processes and Governance. The following outline provides a brief overview of the interviewees’ responses:

**Innovation in Thinking and Practice**

In this theme, the interviewees called for a different workforce model for WSLHD’s future service delivery, and asked that there be flexibility in ‘thinking and doing now and in the future’.

They stated that WSLHD needed to review its models of care and should consider refocusing from acute to primary care models. There was also a call for staff to be more ‘interchangeable’ between the acute and the primary care environments, and between different facilities and even organisations (e.g. SCHN at Westmead).

In relation to attracting and retaining staff, the suggestions offered for thinking and doing innovatively were as follows:

- Develop a focus on continuous improvement
- Become a more future focused organisation
- Develop better methods for on-boarding staff into WSLHD and their roles, invest in the front end of employment
- Build a change and project management focus in WSLHD
- Focus on workforce redesign and structural change
- Challenge traditional ways of working, e.g. ‘the Westmead way’.
- Rethink WSLHD’s engagement with the Ministry of Health over industrial agreements, and apply pressure through the WSLHD Board for change
- Plan for what is the sustainable workforce for WSLHD, and what are the areas to exit from
- WSLHD must become more responsive; there is not enough focus on action and doing, but on ‘not doing’ because it is too hard
- Consider moving from facility/hospital based recruitment to district based recruitment, and utilise staff where they are needed e.g. multiple assignments
- Reduce reliance on locums through more focused use of technology and tele-health, while diversifying specialists to generalists
- Reconsider the role of the volunteer workforce and provide broader opportunities than currently undertaken
- Consider reducing WSLHD’s support services without impacting on clinical service delivery, overstaffing in some areas and redundant management processes.

Additional ideas were discussed in relation to the function of WSLHD’s services and facilities:

- redesign the mental health service, to reduce costs, create better practice and develop new roles more suited to the environment of mental health;
- using Tele-Health more effectively; pursue opportunities to link community and other health providers by accessing the system
- grow technology solutions, e.g. look for opportunities to share/support other health providers/fee for service possibilities
- plan disinvestment in health services that can be better managed by other health organisations

A number of those interviewed suggested that placing influence upon the Federal and State health departments could provide gains and instigate changes in areas such as industrial relations, employee relations, medical remuneration, workforce policies, industrial awards and recruitment.

**People and Culture**

This theme evolved through robust discussion around attraction, retention, succession and talent management strategies of WSLHD’s workforce. One particular focus was on Aboriginal staff, who interviewees felt were not being effectively engaged by WSLHD, and are not encouraged to move beyond Aboriginal Health Worker type roles, into generalist roles.

In response to this, interviewees suggested the recruitment and development of indigenous staff across WSLHD in all roles, including non-identified positions; and the development of health-worker pathways for Aboriginal people to enter the workforce. The suggestion of developing pathways for all WSLHD staff to grow and evolve in their roles, or in other LHD areas, was also raised. There was a strong call for WSLHD to ‘grow our own talent’, and to better engage with local communities.

The recruitment, training and development of WSLHD’s people continued to be a strong focus throughout this theme, with the following suggestions and observations offered:

- Create more learning opportunities for all medical staff (including VMOs)
- WSLHD recruitment could focus on previous students and undergraduates, and former staff through an alumni program
- Learning and development programs need to be directed to WSLHD’s specific requirements, not just HETI e-learning
• Consider clinical leadership, not just management programs. Although the foundation programs for management are needed, there needs to be an emphasis on clinical leadership development through future leaders programs, targeting staff who are showing potential for growth.

• Need to develop in-service training, so as to pass on skills, experience and knowledge, in a cost effective way.

• Basic training in computer skills is considered to be lacking in WSLHD.

• Create a model for managing WSLHD's talent, both clinical and non-clinical.

• Develop strategies to target the intergenerational requirements of staff and potential staff.

• Establish and/or strengthen processes and programs for organisational renewal, e.g. succession planning, targeted recruitments, programs to engage mature workers and more young people.

• Improved integration of overseas trained staff into WSLHD's workplace methods and culture.

There were several suggestions for utilising coaching and mentoring programs. It was felt that investing in coaching programs to develop capability and leadership, both technically and organisationally, would be the optimal approach to building WSLHD's future workforce. In relation to its workplace culture, interviewees raised issues such as:

• Identify what WSLHD's culture is and what it should be.

• WSLHD does not have values driven culture.

• Develop a service culture changing the bureaucratic mindset of health workers.

• Drive a more caring culture that includes staff wellbeing.

• Drive a culture of professional clinical practice that is supported by WSLHD's systems and policies.

• Find ways to attract and build a culture of staff specialists in Blacktown as it grows to a tertiary referral hospital.

• Defining the culture, set standards, model behaviours; consider utilisation of ‘Studer’/‘Just Culture’ methodologies or similar.

Growing Partnerships

Considering the community profile of WSLHD (e.g. aged, young people, the impacts of migration) the interviewees proposed ways in which WSLHD could meet the changing health needs.

The interviewees focused on the need for greater engagement with key stakeholders such as:

• non-government health providers

• medical colleges (to better promote WSLHD)

• WSLHD’s Aboriginal communities,

• Primary Health Networks

• Other LHDs

There was a strong call to utilise existing partnerships, by leveraging supplier relationships, to better benefit the community with education providers. These partnerships may include community based not-for-profit organisations in WSLHD.

Equally important was the desire to create new partnerships, looking at opportunities to develop partnerships within the community, which could support changes to future service delivery at a local level.

Focused Communications

Communication and culture were often mentioned together. However, there was a specific focus on corporate, external and internal communications, methods and styles. One interviewee said that communications to staff and the community “had to be real”.

• Rethink how we communicate with staff, how they can feel part of what we are doing, and how to engage them.

• Rethink WSLHD’s relationship with the Ministry of Health and how we communicate with them and vice versa.

• Become more innovative in social and business media, including a more attractive internet and intranet presence so the community of WSLHD – both internal and external can connect.

• Consider how we communicate with the community of western Sydney, and other organisations delivering health services or supporting health services in WSLHD.

• Improve the organisation’s branding.

• Develop systems to support becoming an employer of choice.

• Drive a culture where staff in the non-clinical areas understand their role in enabling patient care through focused communication strategies.

Policies, Processes & Governance

An important topic raised during the interviews was the need for WSLHD to implement good policy and procedural governance across all aspects of the organisation, and in relation to this, to grow WSLHD's capability to manage internal and external risk. It was felt that WSLHD needs to develop its managers to think more strategically, and to forward-plan, otherwise they run the risk of repeating out-of-date practice.

Some discussion was held in relation to the risk of not implementing a workforce strategic framework. It was felt it was vital to commit resources to ensure the Framework gets traction and meets its milestones. Investing in the workforce, and monitoring that investment and its results, will enable WSLHD's strategies.
A number of potential risks were identified in relation to WSLHD’s future needs and the current workforce profile, roles, recruitment and training. The following issues were raised:

- There is an ageing clinical workforce in WSLHD
- There is an ageing workforce in key roles within Corporate Services
- There is a risk of not being able to attract suitable trades staff
- WSLHD needs to revisit and redefine all its position descriptions (PDs), starting with health managers and site managers and moving through the organisation. The existing PDs have reportedly not changed or evolved in years
- The level of financial management knowledge and education needs to increase. The related Health Education and Training Institute (HETI) program does not reflect the needs of most regional managers and, in particular, small site managers
- There is a lack of governance over clinical education policy and delivery
- WSLHD has too many committees that do not contribute to its purpose
- The governance surrounding the engagement and management of volunteers must be improved
- The Delegations Manual needs to be reviewed; it is not adequate to support organisational agility, innovation and is a roadblock to action
- WSLHD systems need to be better governed including HR/Workforce, IT and Finance
- Develop a performance system and apply it sensibly to different work groups and roles

Also, quite specific risks were identified in the following observations:

- The ‘midwife-only’ category of ‘nurse’ sub-specialisation is not optimal
- There is a lack of assistant in nursing and enrolled nurses, and invested pathways for entry into health roles.
- There is a lack of ‘generalists’ across WSLHD
- State builds and contracts for information and communication technology systems that do not work effectively, or are poorly resourced and supported by Health Share, amplify risks to WSLHD’s ability to manage its business
- Reduce the bureaucracy and the bureaucratic processes
- Understand that policies and politics impact on WSLHD and the planning and delivery of the Workforce.

The focus groups identified the following strengths of the WSLHD’s workforce:

- WSLHD has opportunities for career and professional development and does particularly well at ‘growing our own’ professionals, to meet workforce needs
- There are pockets of innovation and best practice in WSLHD
- WSLHD has good infrastructure (bricks and mortar) and technology, which provides a platform for clinical support
- WSLHD offers the opportunity to be creative and has a history of successful practice
- WSLHD has a strong and stable relationship with the community
- WSLHD has a resilient, resourceful, highly skilled and experienced workforce that is committed to providing quality services to its local community. It is a stable workforce, exposed to a variety and diversity of work, enabling multi-skilling and flexibility.

Drivers for Future Change

The participants of the focus groups were asked to consider what aspects of the organisation could be utilised to bring about future change in WSLHD.

These ‘drivers for future change’ represent WSLHD strategies that can sustain the right workers, in the right place.

The drivers for organisational change and/or future planning that were identified during the focus groups were as follows:

- Common to the western world generally, WSLHD will face an ageing population, and the associated increase in demand for services itself having an ageing workforce
- The higher birth rate will put pressure on services at the other end of the spectrum
- Cultural diversity is an opportunity for innovation as well as a challenge
- The need to make 24/7 operations a reality will require WSLHD to think and work differently and require industrial and policy change
- Availability of housing and public transport; larger centres; and that of family infrastructure and opportunities within the community
- Catering to worker expectations across generations in the future, including work/life balance, as well as addressing/managing community expectations around service provision
- Achieving appropriate workforce retention is required. For example, having skilled staff in locations where they are needed, which may not be where they currently work; retention/integration of overseas/non-local staff, addressing partner requirements and mature workforce needs

WSLHD Workforce Strengths

The main strengths of the organisation were opportunities for career and skills development, and the ongoing investment in WSLHD’s infrastructure.
• Health care funding and resources require considerable attention to ensure that opportunities are maximised and priorities are identified; this includes high-level understanding of Activity Based Funding and state/federal program funding arrangements.

• Flexible workforce arrangements may support retention of staff but can be a challenge to manage, particularly short term contracts, a high proportion of casual workers and part time workers, and maternity/parental leave arrangements.

• Growing a workforce from local people and creating career pathways for existing employees can improve retention; achieving this can be challenging.

• Availability of reliable and suitable technology; maximising the ways it can be utilised for patient care, new service models, workforce support and education; and developing/maintaining capacity/skills to utilise technology across the workforce are essential in moving forward.

• Building workforce capacity to ensure ongoing quality and efficiency in service provision and adaptability to new demands/opportunities will be a challenge.

• Areas to be considered include supervision, education of allied health assistants, skills to support integrated care, providing adequate experience to maintain skills, up-skilling to support retention, new graduates support, maintaining clinical competencies and education around cultural diversity.

• The need for succession planning and retention of corporate knowledge, particularly in relation to senior skilled clinicians.

• Capacity to respond to externally driven change and to initiate and implement it successfully for continued improvement of services to meet community need is desired, particularly with the Primary Care Networks, integrated care, community based care, new work roles and care models, local government reforms and ongoing policy/legislative changes.

Better Ways of Working with Available Resources

The following suggestions for ‘better ways of doing things’ were viewed, in part, as offering solutions to the drivers for change addressed in the last theme.

Suggestions included:

• Improve information technology infrastructure (equipment/speed), access, training, identifying new uses to improve access to health care, and utilisation and better coordination of Telehealth.

• An increased use of technology to communicate with people in their homes can reduce workforce inefficiency and cost related to travel time.

• Improve local people’s access to the workforce, utilise partnerships (including traineeships) to create strong pathways from school to the workplace.

• Improve workplace culture by rotating nursing and other staff through different service areas (e.g. community and acute), to reduce the ‘silo’ working approach and increase team work, and also create a more flexible/generalist workforce.

• Create partnerships with other service agencies, to improve service coverage and minimise duplication. Partner with other LHD’s, NGOs, etc.

• Improve data: functional input/extraction to improve data quality and practice.

• Review priorities, what could WSLHD disinvest to re-invest? Investigate a reallocation of workloads around core business.

• Commit to and implement succession planning through education and staff development pathways.

• Focus on the unpaid workforce – develop volunteer health coaching, support Close The Gap.

• Involve carers and families, peer support workers, health councils, increase community engagement.

• Promote ‘generalist’ training to create a more flexible workforce that can undertake more than one role.

• Review and redesign the primary health care workforce to match WSLHD/MOH vision and community requirements.

• Recruitment marketing: promote professions in high schools; particularly those at risk of a potential future shortage.
Partnerships of Benefit to the Workforce

WSLHD has a number of productive partnerships in place. These can have a range of workforce benefits such as:

- building capacity for service delivery;
- enabling WSLHD recruitment strategies;
- developing capabilities to support future workforce needs;
- engaging with other health providers, education providers, government agencies, and with local government to create options for WSLHD’s future;
- working with, and engaging consumers and the broader community.

Risk Analysis Survey

A WSLHD Workforce Risk (online) Survey was conducted from 1st to 15th July 2015. Sixty-nine respondents across Corporate, Allied Health, Nursing, Medical and Program Managers were received as part of the risk survey.

- There were 14 workforce risks identified covering workforce capabilities, impact of changes, staff engagement, corporate knowledge, recruitment and retention, succession planning, and skills shortages.
- The respondents were asked to rate the perceived risk now and in five years. The ratings were 1 (low), 2 (medium), 3 (high), 4 (very high) and 5 (extreme).

Results

Total number of respondents: 69

**Response by workforce group**

<table>
<thead>
<tr>
<th>Workforce Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>WSLHD</td>
<td>18</td>
</tr>
<tr>
<td>Westmead</td>
<td>41</td>
</tr>
<tr>
<td>Blacktown/Mount Druitt</td>
<td>9</td>
</tr>
<tr>
<td>Auburn</td>
<td>1</td>
</tr>
</tbody>
</table>

Evaluated Synopsis

Respondents rated the workforce risks to be higher in five years than they are currently. There was an increase in almost every risk category except “skills shortages”, which impact on WSLHD’s capability to deliver services, and “Under developed management capability among our middle management”. Respondents rated inadequate resources for changing/growing business needs to be the greatest current and future workforce risk.
Appendix 4 – Bibliography

- The King’s Fund, Workforce Planning in the NHS. London: The King’s Fund, 2015.