

Business Case

Central Resource Unit

May 2022



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Project descriptors

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| Project Name | Central Resource Unit (CRU) |
| Project Date and Version | May 2022, version 1 |
| Project Location | Ministry of Health, 1 Reserve Road, St Leonards NSW 2065 |
| Lead Agency | State Health Emergency Operations Centre, Workforce Operations |
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Executive summary

During the COVID-19 pandemic, furloughed staff resulted in critical workforce shortages that impacted health service delivery across NSW Health Local Health Districts (LHD), Specialty Networks (SN), and other clinical and administrative branches. These shortages further impacted existing workforce deficits, particularly LHD/SNs in regional and rural LHD/SNs.

The State Health Emergency Operations Centre (SHEOC) Workforce Operations team coordinated and deployed contingent surge workforce in line with the NSW Health's workforce strategy. Contingent surge workforce included staff from private and public health operators, government and non-government agencies, and staffing agencies. These deployments were short-term in duration and filled critical workforce deficits, provided additional staff for COVID-19 services such as vaccination clinics and testing sites, and assisted in the Northern NSW Flood Response.

In meeting existing pre-COVID-19 chronic workforce deficits, a **Central Resource Unit (CRU)** will recruit and maintain a centrally coordinated statewide-accessible staffing pool.

Establishment of this unit is an innovative and proactive strategy to assist LHD/SNs that have difficulty and unique challenges in recruiting to chronic workforce deficits. The CRU will provide a variety of nursing, medical, allied health, and non-clinical staff to locations across NSW through a request system similar to that utilised by SHEOC Workforce Operations during the COVID-19 emergency response. Potential benefits of the CRU include increased collaboration and communication between LHD/SNs, centralised visibility of staffing deficits within NSW Health, streamlining recruitment processes, improved retention of staff and staff experience, and improvement of business operations from the reduction in the reliance on external agencies.

Case for change

Situation

Short-term strategies like the coordinated provision of contingent surge workforce from private health operators addressed COVID-19 related workforce shortages. A long-term strategy is required to address the chronic shortfalls in the workforce in LHD/SNs that mostly pre-date the COVID-19 pandemic. The workforce deficits worsened in less resilient rural, regional, and smaller metropolitan LHD/SNs¹. Compounding existing shortages highlighted the need for a cohesive and coherent approach centrally coordinated to ensure workforce needs are met equally and fairly across NSW Health locations.

These chronic shortages for some LHD/SNs were critical and interrupted vital health service delivery. For example, Murrumbidgee LHD has a workforce shortage of approximately 300 full-time equivalent (FTE) nurses. Deficiencies are also evident in LHDs like Far West NSW and Western NSW. Common contributing factors include:

- Smaller regional and rural community population means little local workforce supply
- Large travelling distances with little incentive to deploy regionally or rurally
- Typically smaller facilities require smaller teams of staff with specific or senior skillsets
- Regional and rural population demographic challenges
- Lifestyle change required in long-term moves to regional or rural areas
- Little exposure or opportunities available within metropolitan LHD/SNs resulting in smaller awareness of rural and regional challenges

¹ [NSW recruiting nurses from interstate and overseas to cope with rising Covid cases in hospitals | New South Wales | The Guardian](#)

- Little opportunity for progression for full-time and part-time employees
- A lower number of privately operated hospitals and other health services resulting in a smaller option for surge workforce and a greater reliance on public health.

Proposed solution

A Central Resource Unit provides an innovative and proactive staffing pool outside of the conventional recruitment and workforce pools in siloed LHD/SNs. This unit will assist LHD/SNs that have challenges recruiting and retaining workforce.

The CRU has positive political, social, economic, and organisational impacts that meet current government and NSW Health priorities, including:

- Supporting the health of local communities in ensuring health services have the appropriate staff
- Reducing the usage and consequential cost of external staffing agencies
- Reducing the need for continued internal workforce surge strategies such as overtime, longer shift durations, return from leave, and redeployment of staff
- Maintaining health services delivery by providing a sustainable and skilled workforce
- Increased central visibility to long term workforce deficits across NSW Health
- Encouraging collaborative and proactive relationships between LHD/SNs
- Providing exposure and opportunity to deploy different experiences for NSW Health staff without compromising existing positions
- Assisting in targeted recruitment and a trial working model for staff curious about regional and rural work
- Provides an opportunity for regional staff to obtain some education and experience in a metropolitan facility.

Related Strategic Plans and Reports

| Document | Relationship to project |
|--|--|
| NSW Health Strategic Priorities 2019-20 | This project will help work toward the strategic priority to 'achieve a fit for purpose workforce for now and into the future.' |
| Health Professionals Workforce Plan 2012-2022 | This work aligns with and will complement the overall vision of the HPWP |
| Stronger Rural Health Strategy | It supports the aim of 'encouraging better teaching, training, recruitment and retention for the health workforce' |
| NSW Rural Health Plan: Towards 2021 | It will support the objective to 'enhance the rural health workforce.' |
| MACRH recommendations | It is aligned with the recommendation to 'develop strategies and training to support rural health professionals to address identified gaps in health services' |
| New South Wales Parliament Legislative Council Portfolio Committee No. 2 Health outcomes and access to health and hospitals services in rural, regional and remote New South Wales, May 2022 | The CRU will be a valuable resource for NSW Health in responding to findings 9 and 10, recommendations 11 and 16 |

Business model

Leadership and management

A leadership team will manage the business, operational, and workforce functions of the CRU, including the delegated authority to manage and fulfil short term workforce shortage requests. The CRU will be reachable through a shared email inbox, Microsoft Teams, and SharePoint.

Key responsibilities

- Complete and establish the CRU within the nominated Ministry of Health (MoH) branch correlating to the project phases
- Leading and managing the CRU workforce through effective recruitment, induction, professional development, performance review and management, development, and management processes
- Participate in support, teaching, coaching, mentoring, and professional development
- Lead and develop collaborative relationships and networks to support seamless service delivery across health care teams and optimise LHD/SN outcomes
- Manage resources of the CRU by planning and monitoring service performance against service targets and key performance indicators (KPI), utilising staffing profiles to allocate resources, and achieving service delivery outcomes
- Comply with and implement the NSW Health Work Health and Safety Better Practice Procedures and relevant LHD/SN procedures by identifying, assessing, eliminating, controlling, and monitoring hazards and risks within work environments to the extent of delegated authority for the role and escalating where appropriate
- Ensure LHD/SN are continuing to actively recruit into workforce vacancies.

Roles and responsibilities

The table below outlines the roles and responsibilities of the CRU leadership team. As the CRU becomes established as a resource unit and its business model accepted through LHD/SNs, the team will need to increase to meet demand.

| Role | Responsibilities |
|-------------------------------|---|
| Director 1.0 FTE | <ul style="list-style-type: none"> • Provide effective leadership, governance, and operational management, ensuring relevant policy, practice, and professional development • Lead the development and implementation of a workforce strategic plan aligned with the budget profile of the CRU and the overall workforce direction of the MoH • Develop and influence a culture aligned with CORE values and promotes continuous learning, professional development, critical reflection, and change • Promoting positive and effective inter-disciplinary and multi-disciplinary relationships • Build and foster positive relationships with internal and external stakeholders to ensure consistent services across NSW Health LHD/SNs and commensurate with MoH policy and procedures. |
| Operations Manager 2.0 FTE | <ul style="list-style-type: none"> • Deliver effective and efficient operations and service delivery outcomes, including reviewing and developing outcomes and KPIs • Supports the Director to ensure consistency of approach, engagement in crucial decision making, and planning across health services and specialities • Proactively seek and support opportunities for improvement and innovation |

| | |
|--|---|
| | <ul style="list-style-type: none"> • Coordinate business and service planning processes, including policy and procedure reviews, developing concise and responsive reports for various end-users, ensuring service continuity and contingencies, and monitoring service deliverables and KPIs • Fosters positive relationships with internal and external stakeholders to ensure consistent services across NSW Health LHD/SNs and commensurate with MoH policy and procedures. |
| Workforce Manager 1.0 FTE | <ul style="list-style-type: none"> • Support effective employee engagement, labour management and workforce analytics. • Supports the Director to develop and implement workforce strategy • Lead and manage the workforce, including providing staff support, staff development, and performance management, including early identification of unacceptable workplace behaviour, taking appropriate action such as investigation, resolution, and monitoring of behaviours and conflict resolution • Lead and manage human resource activities, including recruitment and advertising, staff establishment and rostering, workforce planning, and reporting workforce KPIs • Engages and negotiates with NSW Health LHD/SNs to provide a workforce to meet service needs. |
| Business Manager 1.0 FTE | <ul style="list-style-type: none"> • Leading and coordinating business functions, including finance, procurement, assets, payroll, and reporting • Supports the delivery of operational plans and business cases for service improvements and innovation to improve business performance, including project management of initiatives to deliver agreed to outcomes within budget and timeframes • Develop and maintain risk registers, ingoing and outgoing communications and handovers, and undertake team activities, including roster management • Develop, review, implement, and recommend Service Level Agreements, contractual agreements, and memorandum of understanding with NSW Health LHD/SNs and other internal and external stakeholders such as public service departments and non-government organisations. |
| Business and Operations Support 2.0 FTE | <ul style="list-style-type: none"> • Undertake tasks, as directed, aimed at supporting the Business Manager • Assist with managing the shared team inbox and answering calls on the group phone, assigning to the appropriate manager • Assisting with scheduling, rostering, and arranging travel as directed • Assist with managing files, content and record management, and archiving • Assist with the management of pay enquiries • Receive and check invoices as required. |

Requests for CRU support

Requests for CRU support will be submitted utilising a standard template by the requesting LHD/SN. This must have the approval and support of the nominated/delegated district representative. The request should outline the reason for the request, timeline of support needed and evidence that local strategies are being implemented to address the vacancy.

A platform will be developed in collaboration with eHealth and HealthShare to capture and track requests from LHD/SNs and to enable the matching of appropriate staff.

Workforce

CRU will include all employment contracts (full-time, part-time, and casual) corresponding to the various Awards. The CRU will employ the following staff as part of its core operational model, with the scope to include other classifications.

- **Administration:** Administration Officers, Clinical Support Officers
- **Allied Health:** Dietitians, Occupational Therapists, Pharmacists, Physiotherapist, Social Workers, Speech Pathologists
- **Clinical:** Assistant in Nursing, Enrolled Nurses, Registered Nurses
- **Medical:** Career Medical Officers, Registrars, Staff Specialists

A standard scope of practice will apply to all job classifications as well as a standard job description. This will be offered to requesting LHD/SNs to ensure role alignment. Staff with further skills and competencies will be screened on a case-by-case basis and evidence of skills and competencies recorded.

Recruitment

Recruitment will be undertaken in collaboration with the MoH Human Resources (HR) team. All recruitment will be attended following relevant NSW Health policies and guidelines. This includes employment reference checks; Working with Children Checks (WWCC), Criminal Record Check (CRC), and vaccination statuses corresponding to the appropriate vaccination category. Information sessions will be held to increase exposure and awareness of the CRU within NSW Health, as well as orientation and induction sessions for new staff.

The CRU will utilise various strategies to recruit into the workforce pool:

External Recruitment into CRU workforce pool

- CRU will advertise for dedicated staff on the NSW Health jobs board for the staff categories above
- Existing NSW Health staff can choose to apply for a substantive position with the CRU
- Interviews will be held in collaboration with MoH HR or in collaboration with other relevant resources
- Successful applicants will be sent Letters of Offer and onboarded to the CRU.

NSW Health Deployment Expression of Interest (EOI) Register

- This established register is available for all NSW Health staff members employed by LHD/SNs within StaffLink, generally used for emergency or disaster response
- NSW Health staff can express interest for a period of deployment, approved by their line manager, and contacted for short-term surge workforce requirements in other LHD/SNs
- Deployment confirmation emails will be sent to approved employees and their substantive managers.

Exchange Program

- CRU will establish an exchange program that advertises and encourages existing internal NSW Health staff to volunteer for listed deployments to requesting LHD/SNs, and allows staff from other LHD/SNs to experience other LHD/SNs
- This exchange program is different to the Deployment EOI Register as it actively engages and promotes existing LHD/SNs with the objective of providing staff with a new and challenging experience
- The exchange program is designed to facilitate short-term deployments where staff will express their interest in response to a specific LHD/SN request.

Rostering and remuneration

Rostering will be attended utilising HealthRoster, aligning with rostering best practice principles. Staff will have Employee Online access to view rosters and have the option of submitting availability to work.

CRU will remunerate direct employees within the conditions and entitlements of their employment contract. Substantive employers will remunerate staff deployed from the Deployment EOI Register. Allowances, subsistence, or other penalties are paid within the conditions and entitlements of the relevant award.

Leave management

CRU's recruitable FTE includes leave cover, calculated to the leave entitlements specified in the relevant employment Award.

Performance management and grievances

Performance management will be the responsibility of the Workforce Manager and reflective of relevant NSW Health policies and procedures. This includes issues such as clinical incidents; professional misconduct; and conflict resolution. Grievances will be managed following the relevant NSW Health complaints and grievances policy.

The Employee Assistance Program and continued welfare checks will be provided to all NSW Health employees.

Professional education and development

The CRU will be responsible for the maintenance and provision of continued education to staff recruited directly into its pool. The Workforce Manager and Operations Manager will work collaboratively to ensure the annual accreditation and credentialing of the CRU workforce pool. This includes ensuring staff adhere to mandatory training relevant to their job classifications, and any further training opportunities. Professional development including yearly performance reviews will be the responsibility of the Workforce Manager.

Mandatory training and annual accreditation of staff are per the NSW Health prescribed requirements for the job classification to which the staff member is employed. Training records will be kept either in StaffLink or MyHealthLearning.

Staff who are deployed as part of the Deployment EOI Register or Exchange Program will be required to meet the requirements of the job description. This will be the responsibility of the substantive employer to ensure all relevant employment checks and training is completed and evidence provided in an acceptable and clear format.

Counselling

CRU will require access to a counselling service that will be responsible for providing support and counselling to the deployed staff members during and after their deployment.

Deployments

The CRU will coordinate deployments, matching workforce requests from LHD/SNs to appropriately qualified staff. Several factors will affect the deployment process and the mode of deployment.

CRU workforce pool

- This pool comprises of staff recruited externally into the CRU and are direct employees

- Priority for deployments will be contracted or permanent staff on full-time and part-time arrangements
- CRU will engage and communicate with these staff directly.

Deployment EOI Register

- This pool comprises of staff already employed within an NSW Health LHD/SN who have expressed interest for short-term deployments
- Staff with approved EOIs will be contacted by the CRU to discuss deployment locations, and the substantive manager contacted for formal deployment approval
- Staff will remain employees of their substantive LHD/SNs and deployed as contingent workers managed by the CRU in collaboration with the receiving LHD/SN.

Exchange program

- Workforce requests from LHD/SNs being addressed by CRU will be advertised widely within NSW Health LHN/SNs on various platforms including the CRU SharePoint and internal recruitment NSW Health Job Board
- Staff can apply to be part of the exchange program, enabling rotation between LHD/SNs providing staff with new opportunities and challenges
- Exchanges will be facilitated and coordinated by CRU in collaboration with the relevant substantive managers and LHD/SN district managers.

To ensure quality and consistency of deployments, pre and post deployment meetings will be conducted, with regular meetings established for all staff. Surveys and audits will be conducted routinely that collect information on the relevance and efficiency of deployment processes, site arrangements, role and job responsibilities, and overall employee satisfaction.

Incentives unique to the LHD/SNs may also be made available to encourage and promote deployments, especially in regional/rural areas including travel experiences, local tours, and partnering with local government organisations.

All deployments will be no longer than thirteen weeks in duration at any one location. Staff who wish to stay longer can progress discussions for longer term contracted employment arrangements with the relevant LHD/SN.

Information and resource platform

SharePoint

The CRU will create and maintain a SharePoint platform that will share resources and information to internal NSW Health contacts. The SharePoint will include the following content with scope for further development.

- Information for LHD/SNs requesting CRU workforce
- Information for rostering managers
- Information for prospective and interested staff
- Information for staff being deployed including quick reference guides and frequently asked questions
- Testimonials from previous deployments
- Dashboard list of available requests
- Requesting platform to be developed in collaboration with eHealth and HealthShare
- Advertising and engagement materials for LHD/SNs and other NSW Health Pillars who may provide staff
- Contact details including the shared CRU email.

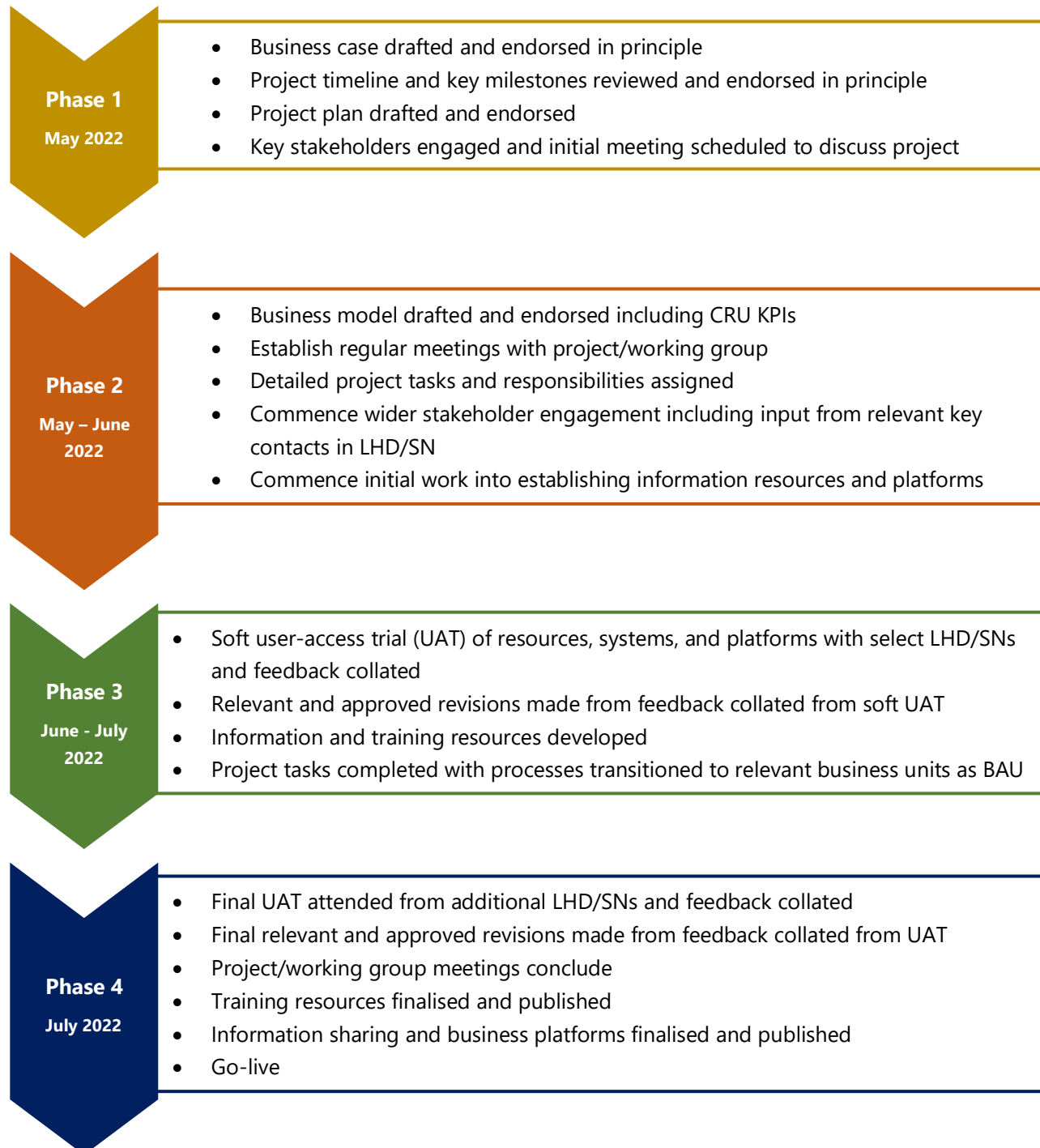
Public web page

The CRU will create and maintain a web page on the public NSW Health website. This web page will include the following content with scope for further development.

- Information on the CRU and its role and function within NSW Health
- Statistics and data on current CRU activity
- Advertising and engagement material
- Contact details including the shared CRU email
- Link to the NSW Health Careers page filtered to job postings relate to CRU opportunities

Project governance

Project timeline



Key stakeholders

Essential stakeholders for the development and implementation of the project are identified in the table below. These will form part of the initial project team and as further stakeholders will be added as identified. Project and stakeholder engagement will be in the form of email communications and a Microsoft Team will be created to facilitate and encourage collaboration across all teams.

| Stakeholder | Involvement |
|--|---|
| Clinical Excellence Commission (CEC) | <ul style="list-style-type: none"> • Endorsement of training packages developed by HETI • Endorsements of models of care within LHD/SNs to facilitate CRU deployment |
| eHealth | <ul style="list-style-type: none"> • Integration of staff into HealthRoster • Development of MoH HealthRoster instance for the rostering of CRU staff • Development of dashboard through existing or new platforms to track statewide requests, fulfilment, and gaps |
| Health Education and Training Institute (HETI) | <ul style="list-style-type: none"> • Assisting in the development of learning packages and pathways for a variety of disciplines and professions • Specifying learning and mandatory training requirements |
| HealthShare | <ul style="list-style-type: none"> • Integration of staff into StaffLink • Onboarding and offboarding models for different types of deployment • Supporting travel and accommodation bookings |
| LHD/SN | <ul style="list-style-type: none"> • Consultation for considerations to be included in the CRU business objectives • Nominate key district workforce contacts with appropriate delegation to liaise with CRU |
| MoH Finance Services and Asset Management | <ul style="list-style-type: none"> • Approval of funding model for staffing |
| MoH Legal and Regulatory Services | <ul style="list-style-type: none"> • Assisting with the establishment of contracts and legal instruments |
| MoH Workplace Relations (WR) | <ul style="list-style-type: none"> • Consultation with industry unions and bodies |
| Nursing and Midwifery Office (NaMO) | <ul style="list-style-type: none"> • Consultation regarding standard scope for clinical staff • Endorse models of care |
| Workforce Planning and Talent Development (WPTD) | <ul style="list-style-type: none"> • Consultation for considerations to be included in the CRU business objectives • Assist in the development of workflow and participate in consultation meetings with LHD/SNs |
| Employee Assistance Program | <ul style="list-style-type: none"> • Assisting with the development of a pre, mid and post counselling service |

Communication strategy

All communication related to the development, implementation, and pilot of the CRU will be directed to the key stakeholders above, and nominated LHD/SN contacts. Resources will be developed to outline the scope, criteria, and key benefits of utilising the CRU. These will be modifiable to local needs and can be distributed where required.

Risk Assessment

Assumptions

- Current secondment and/or deployment opportunities are limited in rural areas due to visibility of opportunities, ability of metropolitan LHD/SN to deploy or second staff and funding constraints
- There is little exposure to the opportunities available in rural/remote areas for the majority of NSW Health staff
- Staff may be unwilling to deploy or assist in other LHD/SNs due to the longer time frames traditionally expected for most rural/regional opportunities
- This will provide an opportunity for staff to experience, upskill, and explore regional/rural areas where chronic workforce shortages exist without the need for ongoing commitment
- Allows for greater oversight of state-wide chronic workforce shortages to better enable cohesive and effective workforce planning and service development
- Reduces the burden on LHD/SNs workforce and recruitment teams where limited resources and funding may be available to engage in recruitment and retention strategies

SWOT analysis

| Strengths | Weaknesses |
|--|---|
| <ul style="list-style-type: none"> • Strong workforce resilience and capability within metropolitan LHD/SNs during normal operations • Strong partnerships with private health operators, government, and non-government agencies to supply contingent workforce for short-term urgent workforce requirements • Deployable and tested short-term contingent worker surge strategies at a statewide level with established infrastructure and support capabilities • Experience and familiarity in LHD/SNs in existing similar workforce models and strategies. | <ul style="list-style-type: none"> • LHD/SNs with chronic workforce deficits do not have easily identifiable FTE requirements including requirement areas and job descriptions • Despite statewide recruitment and retention strategies, staffing deficits remain in regional/rural LHD/SNs • Limited workforce and administrative support in onboarding, rostering, and maintaining a contingent workforce list • Complex service requirements including senior skillsets are often required that are not usually found within an agency pool. |
| Opportunities | Threats |
| <ul style="list-style-type: none"> • Stronger partnerships with LHD/SNs to address chronic workforce shortages • Greater cohesion and collaboration amongst all LHD/SNs, reducing friction in resource sharing processes • Exposure to rural and regional job opportunities for staff who may be looking for a chance to trial • Central oversight and support for continuing chronic workforce shortages across LHD/SNs allowing better workforce planning and strategy. | <ul style="list-style-type: none"> • Inconsistent collaboration or participation from metropolitan LHD/SNs • Reluctance to participate in change management practices • Recruitment capacity within MoH to support staff onboarding and offboarding • Opposition from industrial bodies regarding award restrictions, entitlements, and allowances • Competition from private staffing agencies. |

Evaluation and monitoring

Appropriate systems will be in place to enable the project sponsor and project group to responsibly and effectively monitor and regularly report on project outcomes, progress, and evolving risks. Elements of the evaluation and monitoring process will include:

- Project status
 - Progress meets key milestones as outlined in the endorsed project plan
 - Key stakeholders are adequately engaged, and timely feedback is provided
 - Delays to project tasks and milestones are accurately reflected.
- Risks
 - Identification, analysis, and recording of risks
 - Risk mitigation and proactive monitoring
 - Appropriate responses as required to presenting risks
 - Maintenance of a risk register in accordance with NSW Health policy requirements.
- Evaluation:
 - The use of a logic model to provide visual queues to stakeholders of project activities and intended outcomes
 - Project meets key performance indicators and fills requirements as outlined in the endorsed project plan, meeting short-, medium- and long-term outcomes
 - 360° feedback provided from all key stakeholders.

Funding Proposal

It is proposed that the CRU will be funded as a MoH unit and staff paid from the CRU cost centre. These costs are then on-charged to receiving LHD/SNs. All staff will be rostered in HealthRoster for auditing and governance purposes.

| Group | Item | Detail | Cost |
|--------------------|---------------------------------------|--|-----------------------|
| Salary and wages | CRU management* | Reflective of the proposed CRU management team roles and responsibilities, total recruitable FTE 7.09 (inclusive of leave cover for 6 FTE) | \$1,151,478.09 |
| | Staffing | Approx. 73 FTE (inclusive of leave cover for 60 FTE) Registered Nurses Y4 | \$6,205,527.84 |
| | | Approx. 12 FTE (inclusive of leave cover for 10 FTE) Health Professionals L2Y3 | \$1,213,058.52 |
| Goods and services | Travel | Assuming that deployments are one month in duration per FTE and all staff require flights, estimating \$300 per return flight | \$216,000.00 |
| | Accommodation | Assuming that deployments are thirty nights in duration per FTE and all staff require accommodation, estimating \$120 per night | \$216,000.00 |
| | Allowances | Assuming that deployments are thirty days in duration per FTE and all staff are entitled to travel allowances, estimating \$135 per day | \$243,000.00 |
| | Information Technology Infrastructure | Including relevant access to Office 365, patient information systems, project development, and ongoing team IT requirements | \$40,000.00 |
| | Uniform | Approximate uniform costs for 60 FTE | \$14,778.00 |
| Total | | | \$9,299,842.45 |

* It is proposed that the CRU Management roles are to be graded as Health Managers due to the broad range of disciplines that will be involved in deployment. These roles will need to be graded appropriately when approved.

Sponsorship

| Name | Role | Branch |
|-------------------|---|--|
| Cassandra Walton | Director, Rostering Best Practice | System Performance Support |
| Joanne Edwards | Executive Director | System Management |
| Richard Griffiths | Executive Director | Workforce Planning & Talent Development |
| Phil Minns | Deputy Secretary, People, Culture and Governance | People Culture and Governance Division |
| Wayne Jones | Deputy Secretary, Patient Experience and System Performance | Patient Experience and System Performance Division |
| Andrew Davison | Chief Allied Health Officer | NSW Health |
| Jacqui Cross | Chief Nursing and Midwifery Officer | NSW Health |
| Susan Pearce | Secretary, NSW Health | NSW Health |

