MOH.0010.0154.0001

HealthWork
AHP Workforce

Illawarra Shoalhaven Local Health District

ALLIED HEALTH WORKFORCE PLAN 2023 - 2027

MOH.0010.0154.0002

HealthWork
AHP Workforce

Final report

Allied Health Workforce Plan 2023- 2027

Prepared for Illawarra Shoalhaven Local Health District by AHP Workforce Pty Ltd, a wholly owned subsidiary of HealthWork International Pty Ltd

AHP Workforce Pty Ltd 2023

The Annex Level 8, 12 Creek Street, Brisbane, 4000

ahpworkforce.com

info@ahpworkforce.com

Authors

Susan Nancarrow, Lee Ridoutt

Acknowledgements

This report was co-produced in partnership with members of the allied health team within Illawarra Shoalhaven Local Health District. We are grateful for the support and direction for the project by ISLHD Director of Allied Health, Dr Sue Fitzpatrick and the strong engagement of the allied health teams within ISLHD.

Copyright

© March 2024

The Illawarra Shoalhaven Local Health District

67-71 King Street District Executive Office

Suite 2, Level 2, Warrawong NSW 2505 AUSTRALIA

Front page images

Listed from top to bottom, and left to right at bottom of page: Elise, Podiatrist, Port Kembla Hospital; Child with Laura, Occupational Therapist, Child and Family Allied Health Team; Elise, Occupational Therapist, Domiciliary Occupational Therapy, Port Kembla Hospital; Amir, Occupational Therapist, Day Rehabilitation Program; Physiotherapy Balance Group, Milton-Ulladulla Hospital.

MOH.0010.0154.0003

Contents

Contents ... i
Executive Summary ... 1
Overview and Background ... 3
The Illawarra Shoalhaven Local Health District (ISLHD) ... 3
Allied health services in ISLHD ... 3
Purpose of this project ... 4
Method and Approach ... 5
Findings ... 7
1.Understanding the current context ... 7
Current workforce situation ... 8
Current workforce distribution ... 8
2.Engagement with AHP Heads of Discipline and clinicians ... 16
3.Ideate ... 17
4.Strategise ... 18
5.Implement ... 19
Workforce Plans ... 21
Project 1: Improving Career Development Opportunities ... 23
Project 2: Workload improvement in Allied Health Services ... 24
Project 3: Improving Diversity and Inclusion in Allied Health Services ... 25
Discussion and Limitations ... 26
Conclusion ... 30
References ... 31
Appendix 1: Illawarra Shoalhaven Population Health Attributes ... 32
Appendix 2: Detailed Project Plans ... 34
Project 1: Improving career development opportunities ... 34
Project 2: Workload improvement in allied heath services ... 39
Project 3: Improving Diversity and Inclusion in Allied Health Services ... 43

Executive Summary

Illawarra Shoalhaven Local Health District employs approximately 812 allied health professionals across 11 professions to serve a population of more than 400,000 people in a region south of Sydney.

The ISLHD allied health workforce is young, with 38% of the workforce aged 35 years or younger; predominantly female (82.5% on average), and more likely to be employed as level 1 - 3 allied health professionals (81% of the workforce).

The largest professions by headcount in ISLHD are social work, physiotherapy, occupational therapy and psychology, collectively accounting for just under 70% of the total allied health workforce in the region. Most allied health services are provided in an inpatient setting or a community setting, and there is some variation in the setting of service delivery across the different professions.

Image 1. Yolanda, Allied Health Assistant, Day Rehabilitation Program

The previous ISLHD Allied Health Workforce Plan (2019-22) identified a series of key workforce priority areas around the need to deliver high value health care; improve workforce efficiency and productivity; avoid hospitalisation and assist timely discharge; as well as the need to build workforce capacity and look for opportunities to increase workforce flexibility, such as through delegation.

In addition to the recent global challenges of COVID-19, the population served by ISLHD was badly affected by the 2019-20 bushfires, creating new challenges for the whole of the health workforce within ISLHD.

In 2022, AHPWorkforce consultants were engaged by ISLHD to work with the allied health team to co-produce the 2023 – 2027 allied health workforce plan. An iterative approach was used involving cycles of engagement, analysis, reflection, and development of priorities which resulted in the development of specific project plans. The report is underpinned by an analysis of the allied health workforce data, including activity and vacancies within ISLHD.

Approximately 40 allied health professionals, including Heads of Discipline, were engaged through interviews and workshops to identify priority areas for the workforce plan. These subsequently formed into small groups of multidisciplinary teams of allied health professionals who worked collaboratively on identified priority areas to develop workforce plans that could be implemented to address and meet specific needs of the ISLHD population and allied health service providers.

MOH.0010.0154.0005

Participants identified several benefits of working an allied health professional for ISLHD including:

- Job security, including stable income and good award conditions
- A strong allied health workforce with investment in professional development and growth opportunities
- High levels of work satisfaction and reward
- Desirable region for lifestyle
- Positive work environment, including collaboration, flexibility and supportive
- Strong allied health leadership

For the workforce plan, participants identified a need to focus on the following priority areas:

- Career development opportunities for allied health professionals
- Workload management to better manage growing workforce demand with finite resourcing
- Recruitment and retention, particularly acknowledging the high proportion of staff on maternity leave, and limited capacity to support junior staff
- Creating a safe work environment, particularly following the trauma caused by bushfires and COVID-19
- Opportunities to enhance interdisciplinary teamwork

A program logic framework was used to further identify and clarify the problems that needed to be addressed within each theme, and subsequently develop a project plan across the resulting thematic areas.

Teams identified three key priority areas as a focus for the 2023-27 Workforce Plan, specifically:

1. Improving career development opportunities: A personal career development pathway is accessible to all ISLHD allied health professionals and builds on their strengths and the current and emerging needs of our community.
2. Workload improvement in allied health services: Staff have workload guidelines that make them feel empowered to lead their workday and see the patients of highest priority.
3. Enhancing diversity and inclusion: A workforce that celebrates and harnesses its diversity to transform patient experience and care

Each priority area has been developed into a detailed project plan with responsibility for implementation allocated to specific working groups within the ISLHD.

Participants valued the chance to co-produce the ISLHD allied health workforce plan, however there was acknowledgement from participants that some modification of the methodology is required to ensure that participants have a clear framework and theoretical underpinning as well as the appropriate mix of skills within teams to support implementation.

This novel approach to workforce planning resulted in a workforce plan that specifically meets the needs of the allied health workforce at ISLHD and will be implemented by the allied health workforce and relevant partners within ISLHD.

MOH.0010.0154.0006

Overview and Background

The Illawarra Shoalhaven Local Health District (ISLHD)

Illawarra Shoalhaven Local Health District (ISLHD) provides services to approximately 400,000 people across the Local Government Areas of Wollongong, Kiama, Shellharbour, and Shoalhaven. Some indicators of the relative health of ISLHD population in each LGA is provided in Appendix 1. In summary, two of the LGAs are below the national SEIFA Index of Relative Socio-economic Disadvantage score, three of the four LGAs are higher than the national rate for Need for Assistance and over 10% of the population has a mental health issue. Services are provided from eight hospital sites and approximately 58 community health services across the region, by a workforce of more than 8,500 staff.

The service delivery planning in ISLHD is guided by the Illawarra Shoalhaven Health Care Services Plan, 2020 – 2030. The plan outlines five focus areas for clinical services development and improvement based on consideration of value-based care, specifically:

1. Promote, protect and maintain the health of the community
2. Strengthen care in the community
3. Address the cultural and health needs of Aboriginal people
4. Commit to high value care
5. Strengthen partnerships and engagement.

The key values of ISLHD are:

- Collaboration
- Openness
- Respect
- Empowerment

Allied health services in ISLHD

ISLHD previously prepared a comprehensive allied health workforce plan spanning the period 2019-2022.

According to the ISLHD allied health workforce plan, the Illawarra Shoalhaven Local Health District (ISLHD) allied health workforce included around 850 allied health staff in 2019 (see 'Current situation' section below which indicates the workforce is now slightly lower in size). The key issues identified in the 'Workforce Plan: Allied Health 2019-2022' regarding the allied health workforce contribution to services delivery improvement was:

- Stronger focus on delivering high value care
- Improvement in service efficiency and productivity – doing more and better for less
- Providing services that supported keeping people at home
- Stronger focus on getting people home from hospital
- Increasing an understanding of outcome achievement and measurement

MOH.0010.0154.0007

In terms of allied health staff planning, development and management, the previous Allied Health Workforce Plan emphasised:

- Recruitment and retention
- Building a workforce from the LHD
- Considering smarter substitution / delegation / growth opportunities (looking up, not down)
- Fostering leadership

The focus of this report is on the following 11 professions/disciplines, which accounted for around 77% of the total allied health workforce in ISLHD in the 2019 plan.

Allied health assistants
Audiology
Diversional Therapy
Exercise Physiology
Nutrition and Dietetics
Occupational Therapy
Physiotherapy
Podiatry
Psychology
Social Work
Speech Pathology

Image 2. Child with Laura, Occupational Therapist, Child and Family Allied Health Team

Purpose of this project

This project aimed to support ISLHD understand their current allied health workforce needs and drivers, and to develop strategies to help future-proof their workforce into the twenty-first century. The outcome of the project is an allied health workforce plan that:

- Is co-produced with and by the allied health workforce team at ISLHD
- Identifies key priority areas for driving workforce change
- Looks at old problems in new ways (tools to reframe issues)
- Approaches for moving forward (prioritised project plans)

Method and approach

At commencement of the project a comparatively standard workforce planning approach was proposed as follows:

- An audit and review of the 2019-2022 workforce plan.
- Context analysis of the contemporary operating environment for allied health, as relevant to the ISLHD. This will include the current policy context.
- A list of priorities for ISLHD allied health, based on activities or outcomes that can be addressed or influenced by allied health professionals.
- A workforce plan with built in processes to respond to the prioritised needs, and a self-evaluation framework.

It was quickly understood that this approach was too 'consultant driven' and not appropriate to engender the desired level of allied manager and worker engagement and ownership of the planning process and outcomes. A more collaborative previous plan for ISLHD and AHP driven approach was developed through consultation with ISLHD AHP Heads of Discipline to explore the current workforce situation and result in a co-produced output.

The '*Workforce Plan: Allied Health 2019-2022*', followed a traditional strategic planning approach starting with a situation analysis, then identifying gaps in service and the workforce capacity, forecasting future demand and then prescribing goals and strategies. It identified areas of workforce concern (e.g., education and training inconsistencies, high turnover of AHP staff, insufficient staffing in admitted services, poor resource management including high rate of temporary contracts and multiple assignments) trends in workforce deployment (e.g., workforce distribution between service areas, delegation based on skills and the use of allied health assistants, decreasing allocation to high value care) and changes in workforce demand resulting from change in service delivery.

Allied health leadership in ISLHD indicated that a high proportion of the actions specified in the 2019-22 plan were achieved.

This new workforce plan was developed after two years of service provision during the COVID 19 pandemic, a time that placed incredible stress on all health staff including allied health clinicians and managers.

Given this context, and the process adopted to developing the 2023-27 Workforce Plan involved high engagement from AH managers and leaders, the key issues that emerged requiring attention were all 'close to the heart' of AHPs. This has meant that goals and strategies of the 2019-22 plan have not been made redundant (on the contrary there is a strong line between the previous plan and the current) but rather have been re-visioned. This has resulted in a slightly narrower focus on actions that have a both practical and strategic direction, and a short- and longer-term emphasis.

The approach used is summarized in Figure 1, with further details outlining each step provided in the following sections.

Figure 1: Overview of method approach

MOH.0010.0154.0010

Findings

1. Understanding the current context

An obvious starting point was a review of the '*Workforce Plan: Allied Health 2019-2022*' to examine what progress had been achieved against goals on each of the priority areas and to review the continued importance and relevance of those areas for the 2023 – 2027 workforce plan.

This was done through desk analysis of the previous plan and cross-checking for relevance against State and National AHP workforce trends (for instance the *Allied Health Workforce Macro Trends Report*, NSW Health, 2022) and the planned service direction for the LHD (*Illawarra Shoalhaven Health Care Services Plan, 2020 – 2030*).

The desk review was supported by gathering and analysing available workforce and activity data. Workforce data was supplied from the Human Resources / Workforce Department through the Allied Health Performance and Strategy Lead. As well, allied health activity data collected in line with the NSW Health Non-admitted Patient and Supplementary Services Data Collection: Allied Health Data Set Extension was analysed.

Size of the AHP workforce in ISLHD

Collectively the allied health practitioner (AHP) workforce as of June 2022 numbered 812 (headcount). This made it the third biggest workforce in the LHD after nurses and medical practitioners and accounted for approximately 10% of total LHD staffing. The total AHP workforce is made up of many different disciplines and, in the ISLHD, only includes clinicians[1]. In Table 1 an overview of the disciplines is provided, demonstrating significant differences in the relative size of constituent workforces.

As illustrated in Table 1, AHPs were likely to work part-time, and this is reflected in the fulltime equivalent conversion factors in Table 1. Note that some disciplines have lower than the average AHP workforce FTE conversion factor (0.71) especially physiotherapists, podiatrists, dietitians and speech pathologists.

[1] In some definitions of allied health, diagnostic related professions (e.g., radiographers, medical scientists, etc.) and public health related professions (e.g., health promotion officers, contact tracers, etc.) are also included.

Table 1: Total Allied Health workforce in the ISLHD (June 26, 2022)

DISCIPLINE	Headcount	Fulltime equivalent (FTE)	FTE conversion factor
Allied Health Assistants (including diversional therapists with diplomas)	86	65.4	0.76
Audiologist	2	1.7	0.85
Dietitian	74	47.5	0.64
Diversional Therapist	6	3.6	0.60
Exercise Physiologist	5	4.1	0.82
Occupational Therapist	117	87	0.75
Physiotherapist	165	109.9	0.67
Podiatrist	11	6.9	0.63
Psychologists	100	70.3	0.70
Social Work (Counsellors/Social Worker/Welfare Officer)	187	142.8	0.76
Speech Pathologist	54	36.1	0.67
Total Allied Health Workforce	**807**	**575.7**	**0.71**

Source: ISLHD workforce data 2022

Image 3. Matt, Technician; Evelyn, Administration; Jacqui, Allied Health Assistant, Port Kembla Hospital Equipment Loan Pool Current workforce situation.

Current workforce distribution

Workforce gender distribution

Like most allied health workforces anywhere else in Australia (and most other countries), the allied health workforce in ISLHD is predominantly female (overall 85.2% female). This varies between disciplines from a low female percentage of 60% (allied health assistants, and exercise physiologists) to a high of 100% (several disciplines) (see Figure 2).

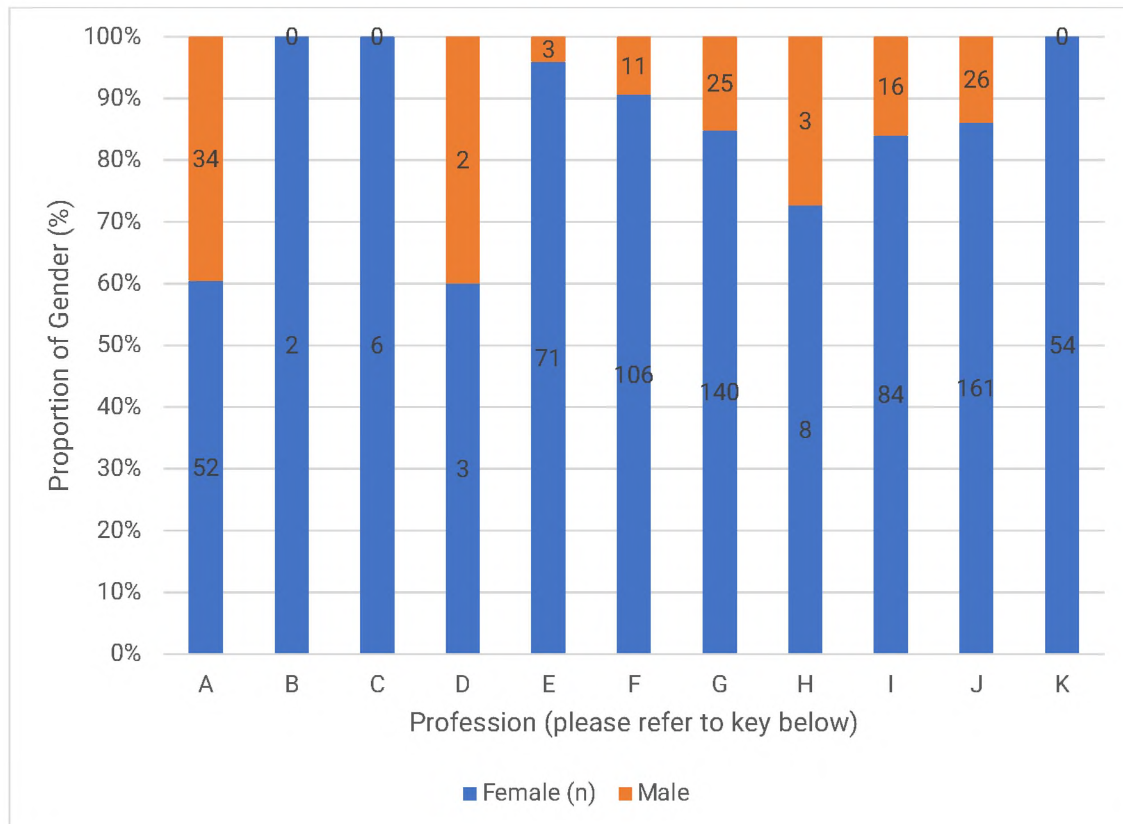


Figure 2: Distribution of the ISLHD allied health workforce (headcount) by gender and type of allied health profession (discipline) (Source: Workforce data, 2022)

Key

- A - Allied Health Assistants
- B - Audiology
- C - Diversional Therapy
- D - Exercise Physiology
- E - Nutrition and Dietetics
- F - Occupational Therapy
- G - Physiotherapy
- H - Podiatry
- I - Psychology
- J - Social Work (Counsellors/Social Workers/Welfare Officers)
- K - Speech Pathology

Workforce age distribution

Again, and similar to the rest of the NSW and Australian allied health workforce, the ISLHD allied health workforce is comparatively young, with nearly two thirds of the workforce (66.4%) under the age of 45 years old (see Figure 3). This compares with 59.6% of the total Australian workforce aged under 45 years old. Some disciplines have a younger distribution (e.g., physiotherapy and occupational therapy with the proportion under 45 years old being 70.9% and 70.9% respectively) while others have a slightly older profile (psychology, 60%

and Social Work 57.6%). These proportions are similar to those for the entire Australian allied health workforce.

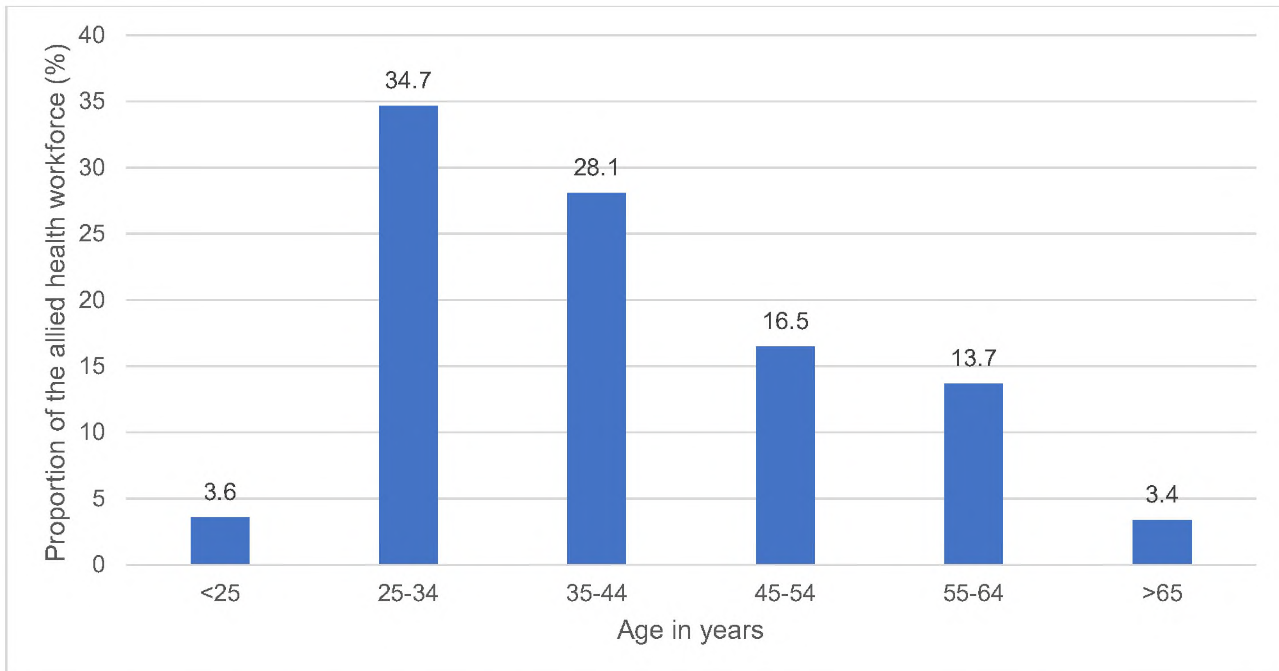


Figure 3: Distribution of the ISLHD allied health workforce by age (*Source: Workforce data, 2022*)

Workforce job classification distribution

Image 4. Amir, Occupational Therapist, Day Rehabilitation Program

Just under half (42.2%, n = 631) of all AHPs employed (excludes psychologists) are employed in the ISLHD at grades 1 or 2 level (see Figure 4). Another almost similar proportion of AHPs (39.1%) are employed at grade 3 level. This means only 18% are employed in the higher grades, potentially causing a barrier to career progression.

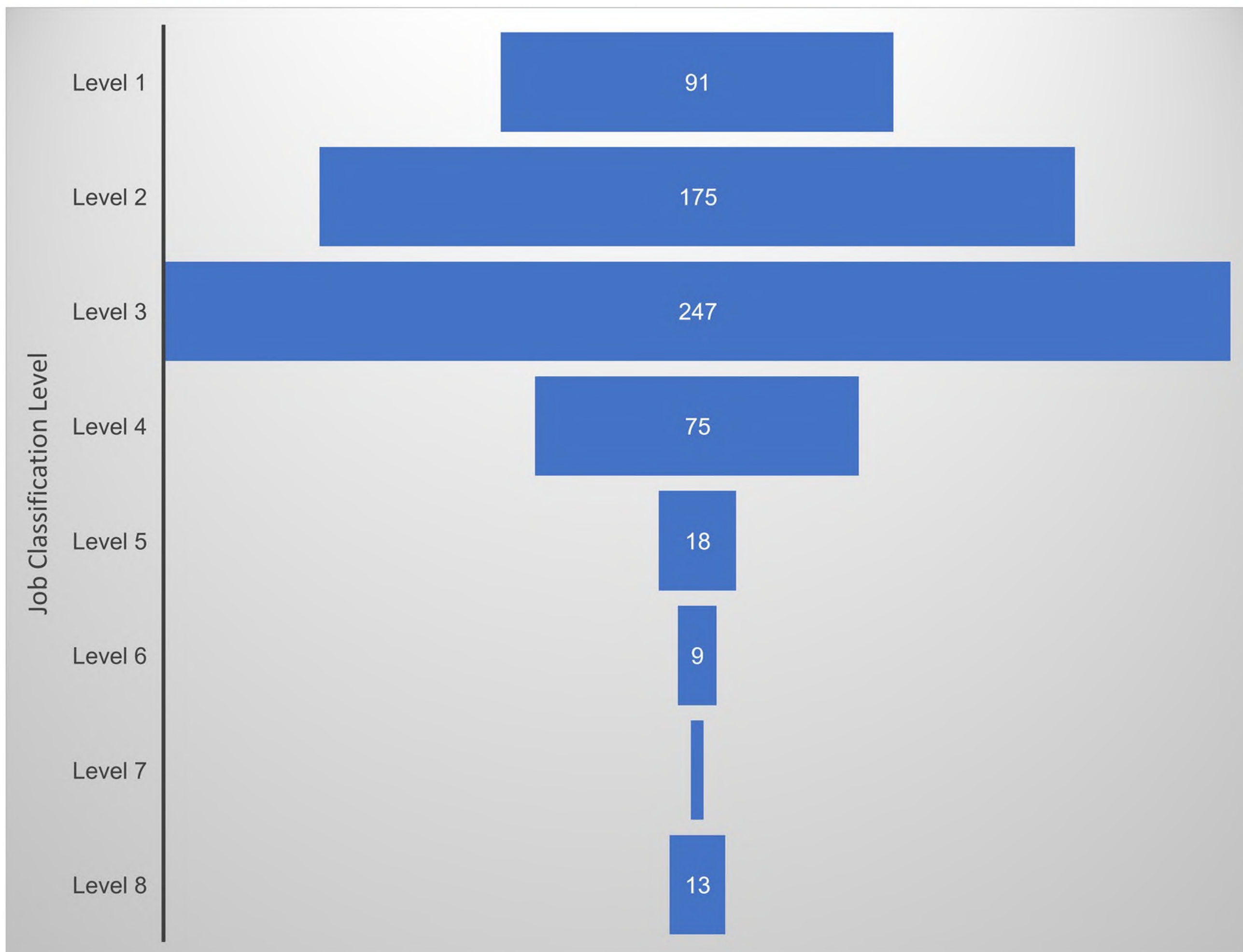


Figure 4: Distribution of the ISLHD AHP workforce by classification level (headcount) (*Source: Workforce data, 2022*)

As might be expected, given the significant differences in workforce size, the grading distribution varies across AHP disciplines (See Figure 5). Even between the three largest discipline workforces though there are differences with 22.6% of physiotherapists at grade 4 or above, but only 15.7% of social workers/counsellors/welfare officers and 12.1% of occupational therapists at the same level. These differences can raise concerns about varying career opportunities across disciplines.

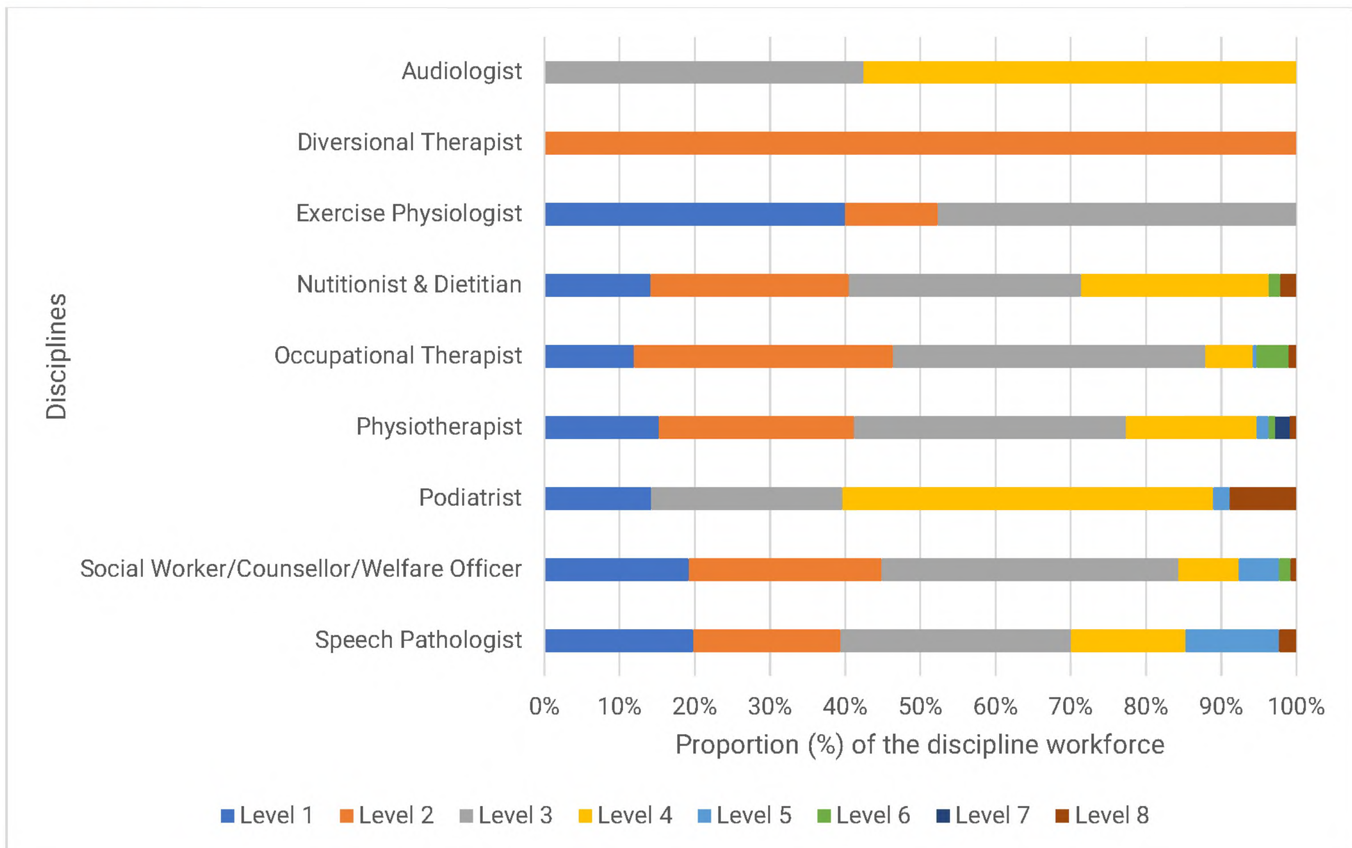


Figure 5: Distribution of workforce (%) by award level and by allied health discipline (proportions are calculated from hours worked in the last week of June 2022) (*Source: Workforce data, 2022*)

Vacancies

Vacancy rates are traditionally hard to estimate primarily because the denominator in the equation (establishment positions) is not always clearly defined (at least at the service delivery level). However, using the workforce data available, an estimate of the vacancy rate is possible. Leaving out psychologists and allied health assistants, the number of AHP vacancies for the last fortnight in FY 2021/22 was 52.9 FTE. This amounted to a vacancy rate of 10.7%.

The level of vacancies varies between AHP discipline as shown in Figure 6, which compares the discipline workforces for which data is available.

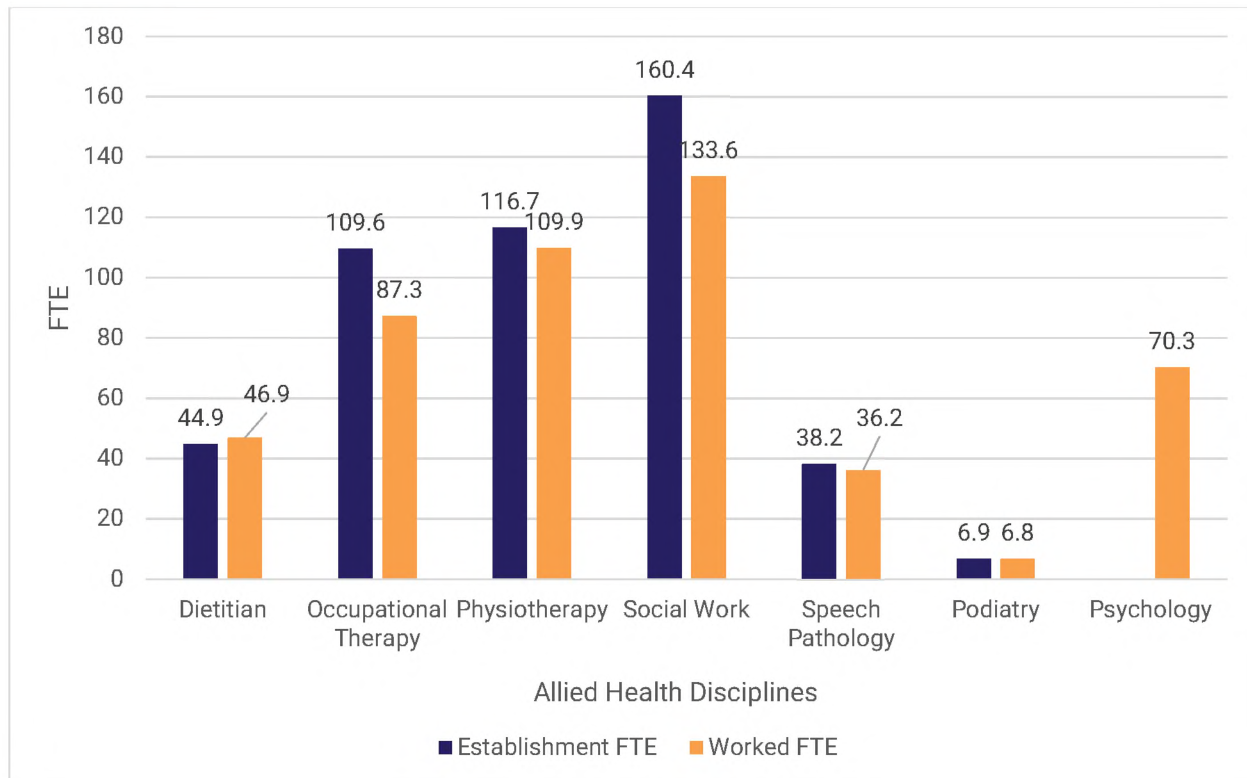


Figure 6: Comparison of Establishment and Actual FTE for selected AHP disciplines (based on data from the last pay fortnight in FY 2021/22), Establishment FTE data was unavailable for Psychology.

Dietitians have the lowest vacancy rate (which is actually positive, presumably through temporary or contract appointments), followed by speech pathology 5.2%, physiotherapy 5.8%, social work 16.7% and occupational therapy 20.3%. On face value the currently most problematic workforce is occupational therapy with one in five positions unfilled, however these comparisons are difficult to make and highlight more the need to review the current (historically based) establishment.

Current workforce activity

Activity data indicated that most AHP activity is undertaken in the inpatient / acute care environment. Over two thirds of client encounters (68.1%) are inpatient encounters, which accounts for just over half of all client service delivery minutes (see Figure 7). Lower proportional numbers of 'community' encounters take up proportionately more time given the more intensive nature of those encounters.

Image 5. Marcine, Clinical Neuropsychologist, Rehabilitation and Medical Psychology, Port Kembla Hospital

MOH.0010.0154.0017

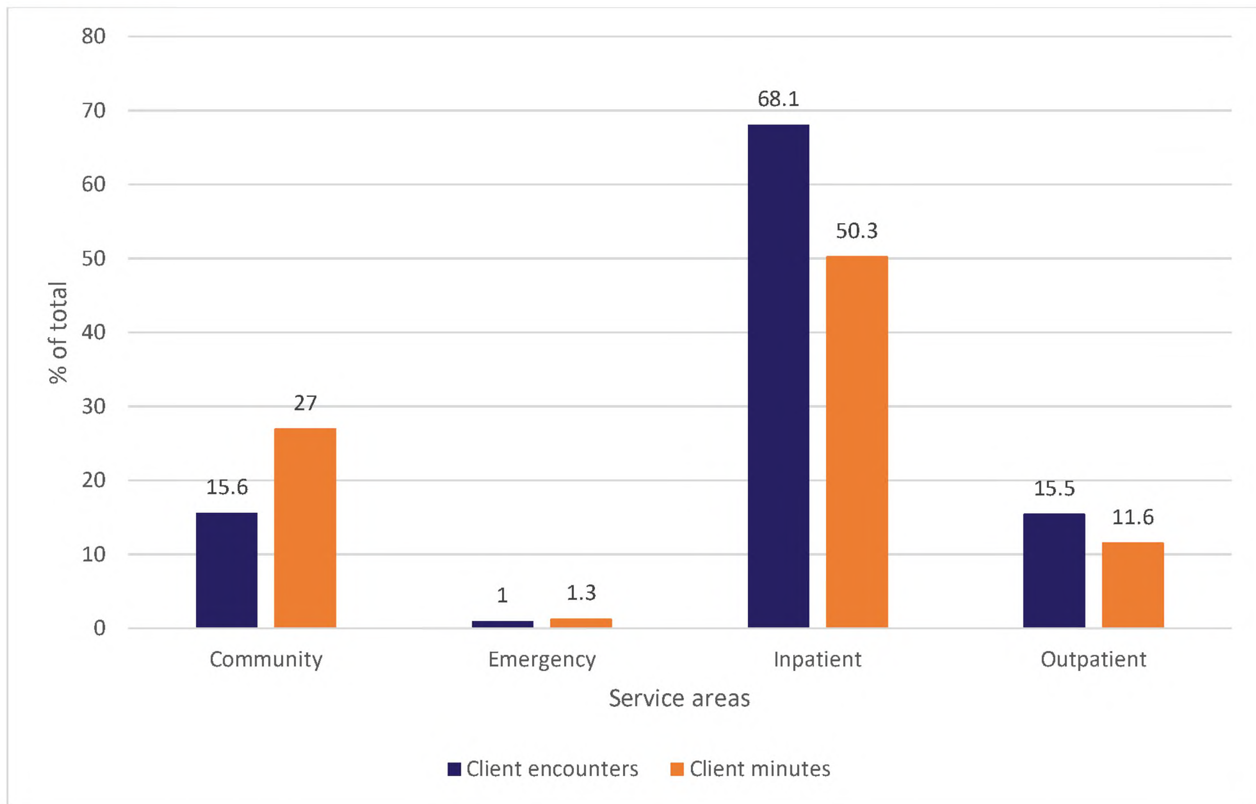


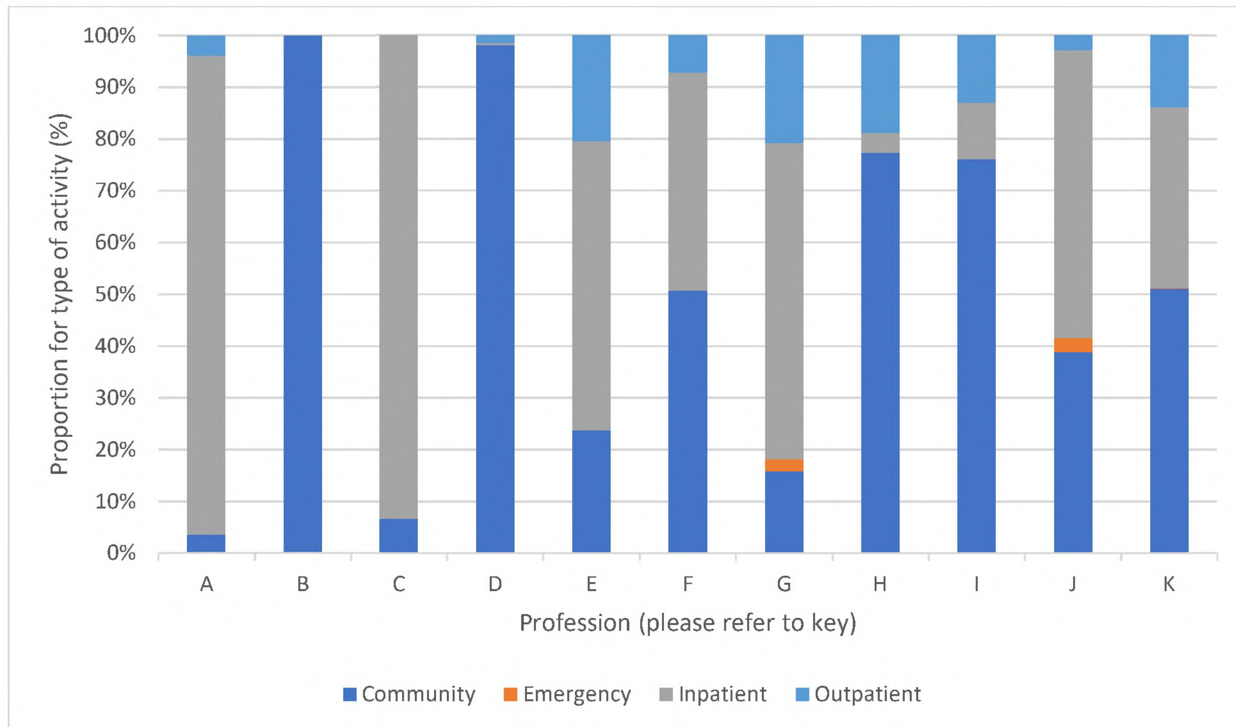
Figure 7: Distribution (%) of AHP activity by encounter and time over the service areas (*Source: Activity data*)

Image 6. Ashleigh, Speech Pathologist, Day Rehabilitation Program

The distribution of client care minutes between service areas varies between AHP disciplines (Figure 8). Allied health assistance, diversional therapy, nutrition and dietetics, physiotherapy, and social work provide the

MOH.0010.0154.0018

greatest proportion of their services within an inpatient setting while podiatry, audiology, exercise physiology and psychology provide the greatest proportion of their services in the community.



Key

A - Allied Health Assistants
B - Audiology
C - Diversional Therapy
D - Exercise Physiology
E - Nutrition and Dietetics
F - Occupational Therapy
G - Physiotherapy
H - Podiatry
I - Psychology
J - Social Work (Counsellors/Social Workers/Welfare Officers)
K - Speech Pathology

Figure 8: Distribution (%) of direct care minutes for clients by type of AHP discipline and area of service

As might be expected the distribution of encounters by AHP discipline is skewed towards the disciplines with greater workforce numbers (see Table 2). Some disciplines, presumably because of where and how they normally practice, have a disproportionate share of the client encounters. For instance, physiotherapists account for 19% of the total AHP workforce but 41% of encounters.

MOH.0010.0154.0019

Table 2: Distribution of client encounters by type of AHP discipline (n = 347,850)

Allied Health Discipline	Number of encounters	% of total encounters
Allied Health Assistant	8739	2.5
Audiology	2473	0.7
Diversional Therapy	4843	1.4
Exercise Physiology	2663	0.8
Nutrition & Dietetics	29052	8.4
Occupational Therapy	57716	16.6
Physiotherapy	142611	41.0
Podiatry	4580	1.3
Psychology	11965	3.4
Social Work	54238	15.6
Speech Pathology	28970	8.3
Total	347850	100

2. Engagement with AHP Heads of Discipline and clinicians

Face to face interviews were conducted on 23rd November 2022 with the Executive Director Allied Health and the Heads of Discipline for podiatry, speech and language therapy and audiology, nutrition and dietetics, occupational therapy and diversional therapy and social work.

In these interviews current workforce issues that each discipline considered important were explored. The key themes arising from the interviews are summarised below:

- Greater opportunities for career development opportunities for allied health professionals
  - Personal regrades, personal and professional growth opportunities – leadership, research, clinical
- Strategies to improve workload management
  - Respondents acknowledged they are attempting to do more work with fewer staff resulting, in part, from increased service demand without more workforce resources
  - Managing workload demands while minimising risks to staff and patients
  - The need to develop tools to support workload prioritisation and planning
  - Strategies to support building a strong business case for change and being able to present it in a way that drives change

MOH.0010.0154.0020

  - How do we best position resources to meet demand or at least meet the demand to provide high value care
  - Implicit service rationing
- Challenges with allied health recruitment and retention
  - Vacancy rate 10.7%, recruitment of senior staff, high levels of maternity leave without backfill
  - Retention of skilled staff especially in specialised areas of practice (e.g. paeds)
  - Competition with private sector and NDIS on remuneration and flexibility
  - Lack of senior staff to support early career workers
  - High temporary workforce – maternity leave, staffing instability
  - In addition to high demand – creates a stressful workplace
  - Temporary nature of backfilling maternity leave for years. Creates a lot of instability.
- Creating a safe work environment
  - Providing a safe work environment to support staff to feel safe and confident, particularly in an environment where a high proportion of staff are on maternity leave, placing a high burden of support on senior staff to support junior staff.
  - Acknowledging the extended trauma to staff arising from the recent crises of COVID and bushfires and supporting staff to acknowledge and address this.
- Opportunities to enhance interdisciplinary teamwork

3. Ideate

A workshop was held in Wollongong on the 24th of November 2022 involving leaders (Department and service unit managers and discipline leads) from all the 11 AHP disciplines operating in ISLHD. Apart from the consultants and the Executive Director of Allied Health, there were more than 30 participants in the workshop.

The workshop commenced with an overview by the consultants of the workforce planning approach, a summary of the key issues that had been elicited from the situation analysis and the interviews of managers and an exercise to prioritise further the workforce issues that needed to be addressed with greater urgency. The issues prioritised were:

- Career development opportunities
- Workload management
- Recruitment and retention
- Diversity in allied health
- Cross cutting themes

- Crisis and trauma management recovery
- Interdisciplinary teamwork

Image 7. Eric, Allied Health Assistant, Port Kembla Hospital Equipment Loan Pool

4. Strategise

Four multidisciplinary teams comprising of 8-10 people self-selected to work independently (with support from the consultants) on each of the first four dot points above. Each team was given the task of better understanding the problem they were dealing with using the the I-O-G Locos of Control Framework (see Figure 1), building on the initial discussions undertaken at the November workshop.

This context analysis explored the implications of trends and possible future change on the individual, organisation and the system as per the model below (Figure 9).

Figure 9: The Individual – Organisational - Global locus of control framework

MOH.0010.0154.0022

Participants were then asked to begin to identify solutions using a program logic tool. This tool requires logical development of solutions along the following path, starting with the problem, then often identifying the outcomes (Successes, Impacts) and working backwards to define the necessary activities (P-E-A-S-I). The key steps of the PEASI program logic approach are summarised in Figure 10.

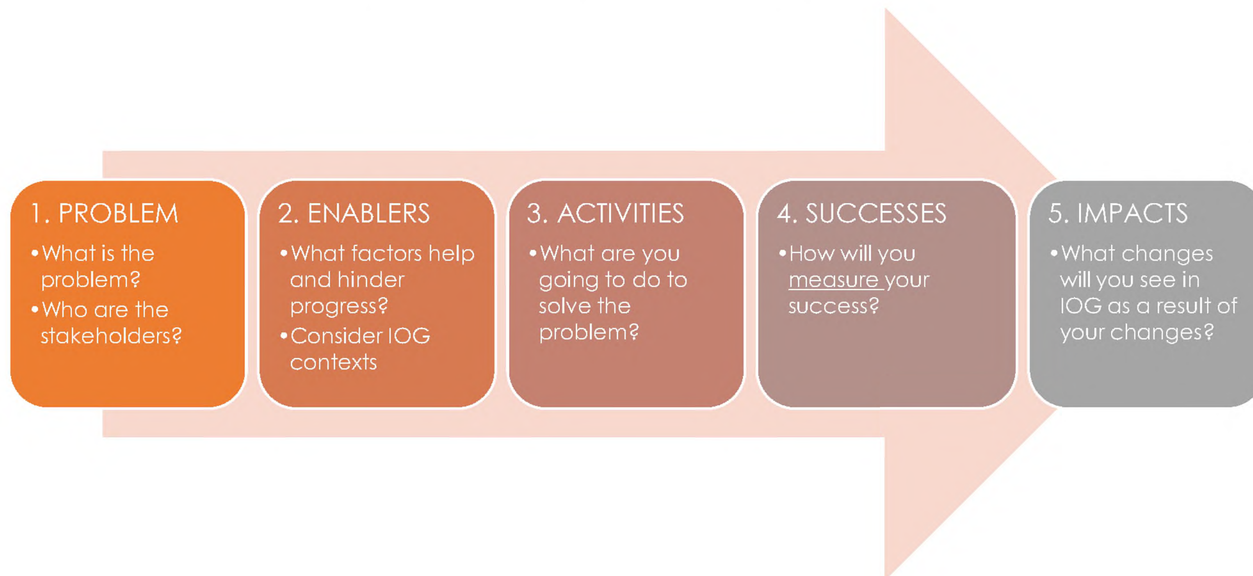


Figure 10: "PEASI" Program Logic Framework

The groups met independently and then would feedback progress in a meeting with the consultants to obtain more information and direction. Through this iterative process (and an average of five to six meetings) a program logic was established for each of the four prioritised problem areas.

Draft project plans were developed by each team. They were asked to prepare a short 10-15 minute 'pitch' to promote the solution to their problem at a whole day workshop on the 16th March 2023. A 'Project Pitch Template' was provided to ensure presentations were focused and not too long.

At the workshop, questions and comment from all workshop participants was accepted on each 'pitch', thus allowing teams to see how their plans could be further developed and refined. A major decision was also taken that the 'Recruitment and Retention' plan was really consequent upon all the other plans, and so this team was disbanded, and members reallocated to the remaining teams, along with their already formed ideas on recruitment strategy.

5. Implement

The remaining three teams met another 3-4 times following the March Workshop, sometimes with the consultant, to consolidate the details of their plans and check plan logic and feasibility. The plans are presented below, with full details in Appendix 2.

These goals have been condensed into a single primary goal of **developing the ISLHD into an attractive workplace for AHPs**, and ultimately an employer of choice in NSW if not in all of Australia. This primary goal, which impacts both recruitment and retention, delivering a workplace where people want to come and stay.

MOH.0010.0154.0023

When asked in a Workshop on 16 March 2023, AH leaders (n = 22) identified the following assets of working in the ISLHD as most contributing to attractiveness and areas that could be built upon to promote recruitment to the LHD:

Table 3: Workforce attractors of ISLHD for allied health professionals

Workforce attractors		
Attractor	**Descriptor**	**Number (%)**
Physical / living environment	Includes great lifestyle, beaches & mountains, great place to live)	10 (45.5%)
Job security, strong allied health workforce	Includes stable income and good award conditions, investment in professional development, encouragement and opportunities for growth	8 (36.4%)
Work environment	Includes genuine people, flexible environment, collaborative allied health identity, social & supportive workforce	6 (27.3%)
Work satisfaction / reward	Includes meaningful work that aligns with personal values, opportunity to contribute to making my community better	3 (13.6%)
Strong allied health leadership		2 (9.1%)

MOH.0010.0154.0024

Workforce plans

The three projects planned to build on ISLHD's existing areas of attractiveness and all support the achievement of the primary goal of developing the ISLHD into an attractive workplace for AHPs. The areas of action taken also fit well with conventional wisdom as to what attributes of an organisation are most likely to influence its capacity to be an 'attractive workplace' (Santos and Ridoutt, 2006) which identified the following key elements:

- Work organisation, effort to design work and workforces in such a way that satisfies the needs of health professionals to practice in a way that best utilizes their skills, affords them maximum control over their own work and the clinical judgements they make.
- Management style and leadership, which may vary depending on the stage of maturity of the organisation but is likely to be based on providing a clear and attractive work vision, engage workers in participative processes, demonstrate and on-going valuing of the worth of human resources, and promote an open, fair and supportive environment.
- Strong job futures, where compensation for the level of work required is competitive, a clear career pathway is evident and support, including professional development, is available to progress, and where job security is strong for persons who perform to expectations.
- Workplace social relationships that reflect mutual respect between different worker categories and between workers and management.

This is shown in Figure 11, overpage.

Image 8. Physiotherapy Balance Group, Milton-Ulladulla Hospital

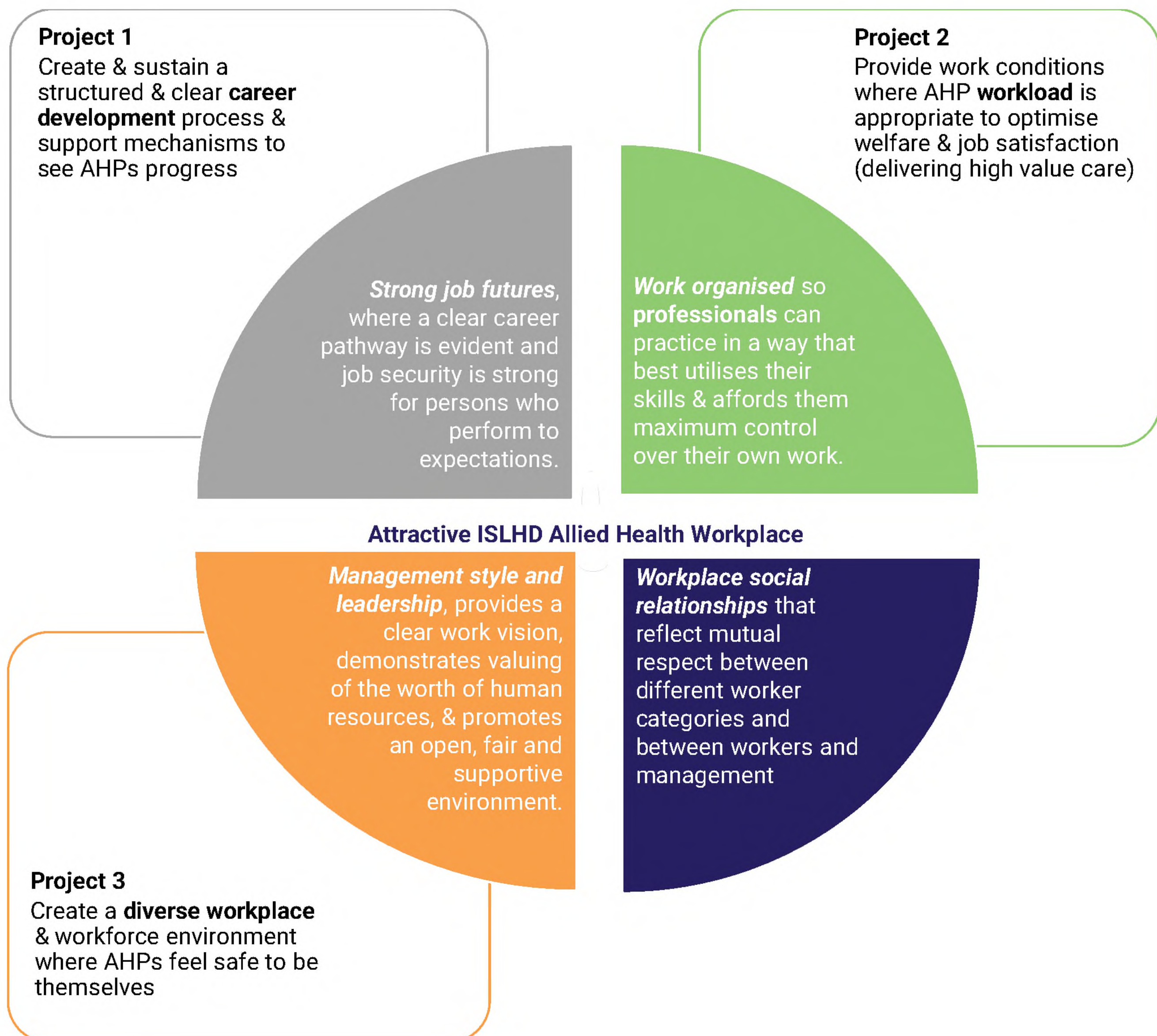


Figure 11: Summary of projects planned as part of the Allied Health Workforce Plan

From a program logic perspective, the achievement of an attractive workplace for allied health practitioners is not an end in itself, but a key link to the goal of better patient and population health outcomes through:

- Stronger focus on delivering high value care
- Improvement in service efficiency and productivity – doing more and better for less
- Providing services that support keeping people at home
- Stronger focus on getting people home from hospital.

The three projects are summarised below, with full details of the project plans provided in Appendix 2.

Project 1: Improving Career Development Opportunities

Vision:

A personal career development pathway is accessible to all ISLHD allied health professionals and builds on their strengths and the current and emerging needs of our community.

In an ideal world we would have:

- Each ISLHD AHP should have access to a personal career development pathway (including both clinical and operational pathways)
- The pathway builds on their strengths and interests
- Our career development pathway helps to meet the current and emerging needs of our community.

Proposed solution:

To develop a career development framework for Allied Health through:

- Building strategic partnerships – Health Education Training Institute (HETI), The NSW Ministry of Health Allied health Workforce Branch and academic partnerships
- Review existing career pathway frameworks – NSW and other agencies
- Create and implement a succinct visually-appealing career pathway that includes a self-assessment / self-paced pathway
- Evaluate the pathway through an academic partnership

Planned activities:

1. Review existing career pathway development frameworks
2. Establish partnerships to support implementation of an ISLHD Career Development Pathway
3. Create and implement a visually appealing career pathway including a self-assessment / self-paced pathway
4. With an academic partner, evaluate the ISLHD Allied Health Career Development Pathway

Support / resources needed:

- ISLHD participants for a working party
- Executive sponsorship – proceed with partnership approach
- ISLHD / Academic partnership for evaluation research – funded.

Project 2: Workload improvement in Allied Health Services

Vision:

Staff have workload guidelines that make them feel empowered to lead their workday and see the patients of highest priority.

In an ideal world we would have…:

Capacity meeting demand …

- Improved staff engagement, job satisfaction & wellbeing
- Improved care for patients
- Increased AHP innovation & creativity
- Increased recruitment + retention

Proposed solution:

- Co-create and update the workload guidelines to include a workload management framework. This will empower staff to work at top of scope, see patients of highest priority and work towards making ISLHD a workplace of choice. This requires two main tasks:
    - Review and update the workload guidelines in collaboration with Allied Health staff through discipline specific focus groups
    - Create a workload management framework for staff to manage clinical and non-clinical demands

Planned activities:

1. Review and revise workload guidelines
2. Identify operational workload prioritising tools and develop clinician competence & confidence to use the tools
3. Establish realistic assessment of demand for AH workforce at service and unit level

Support / resources needed:

- Access to Allied Health Performance and Strategy Lead
- Access to Allied Health Workforce Strategy Consultants
- Time
    - For staff to attend focus groups
    - For workload team to work on project

MOH.0010.0154.0028

Project 3: Improving Diversity and Inclusion in Allied Health Services

Vision:

A workforce that celebrates and harnesses its diversity to transform patient experience and care

In an ideal world we would have...:

- A shared understanding of the diversity that exists within the allied health workforce
- Staff feel a sense of belonging and are safe to be their authentic self at work
- Patients from diverse groups feel welcome, safe and have a positive experience when accessing allied health care
- Services set up in a way that facilitates engagement for all
- A proactively inclusive organisation- recognised as place where people want to work

Proposed solution:

- Develop a set of principles that define an inclusive organisation that we can implement across all facets of allied health work
- Environmental scan/log of resources, training and action already within or emerging in ISLHD
- Engage in an exploratory introspection of our Allied Health Workforce to understand and celebrate the wealth of diversity we bring to our work
- Facilitate intentional discussions about intersectional models of diversity (within allied health teams, with CE and everyone in between)

Planned activities:

1. Environmental scan/log of resources, training and action already within or emerging in ISLHD
2. Consulting more widely through presentation of findings to wider AH team and conducting a community scan
3. Undertake a workforce diversity survey / audit
4. Develop a set of principles that define an inclusive organisation for ISLHD

Support / resources needed:

See Figure 12, following page.

MOH.0010.0154.0029

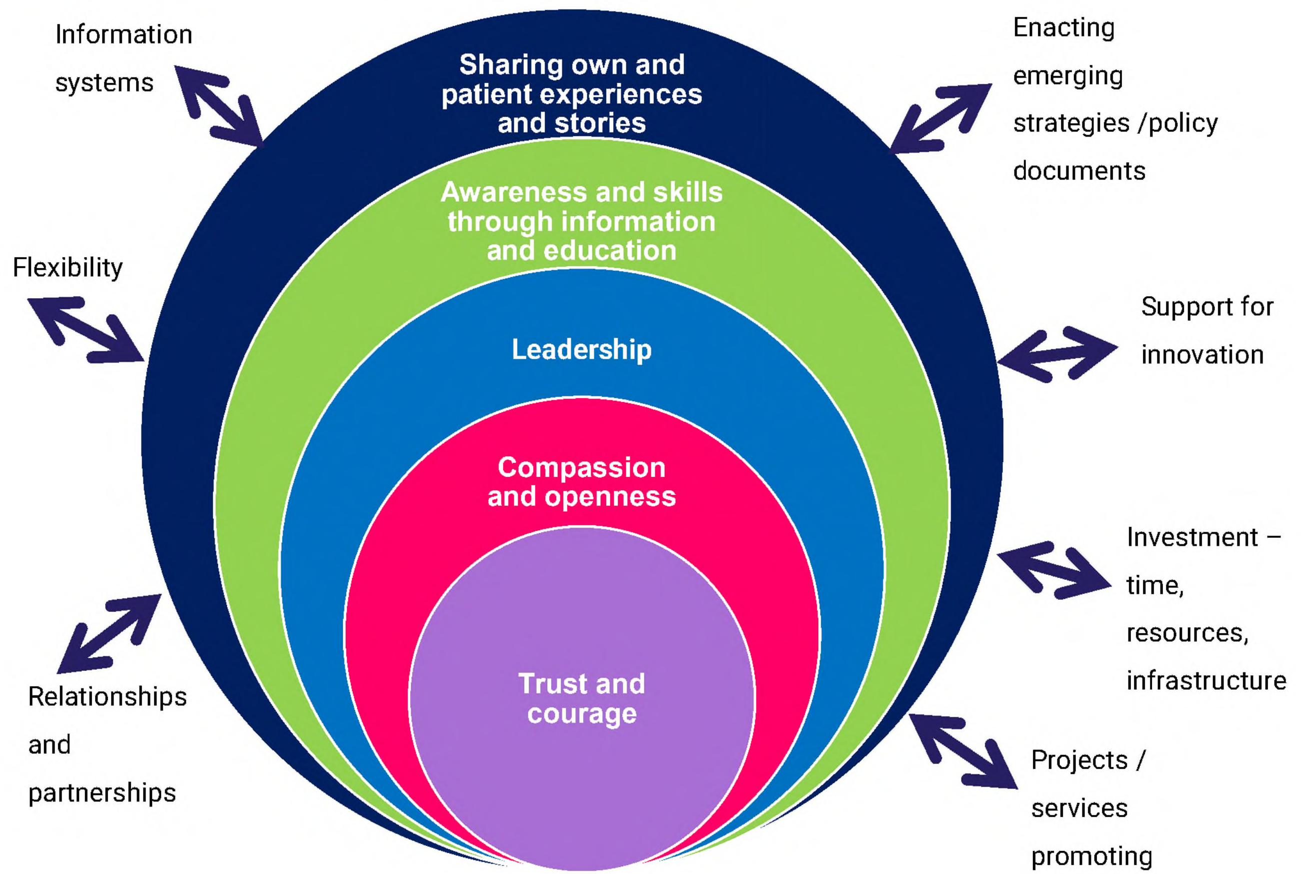


Figure 12. Support / resources needed for Project 3

MOH.0010.0154.0030

Discussion and limitations

On completion of the project, participants were sent a survey to obtain their feedback on the processes of the workforce planning approach. Responses were received from 17 participants who were predominantly in higher grades or Heads of Discipline (Figure 14). No responses were received from allied health assistants, audiologists, diversional therapists, or dietitians.

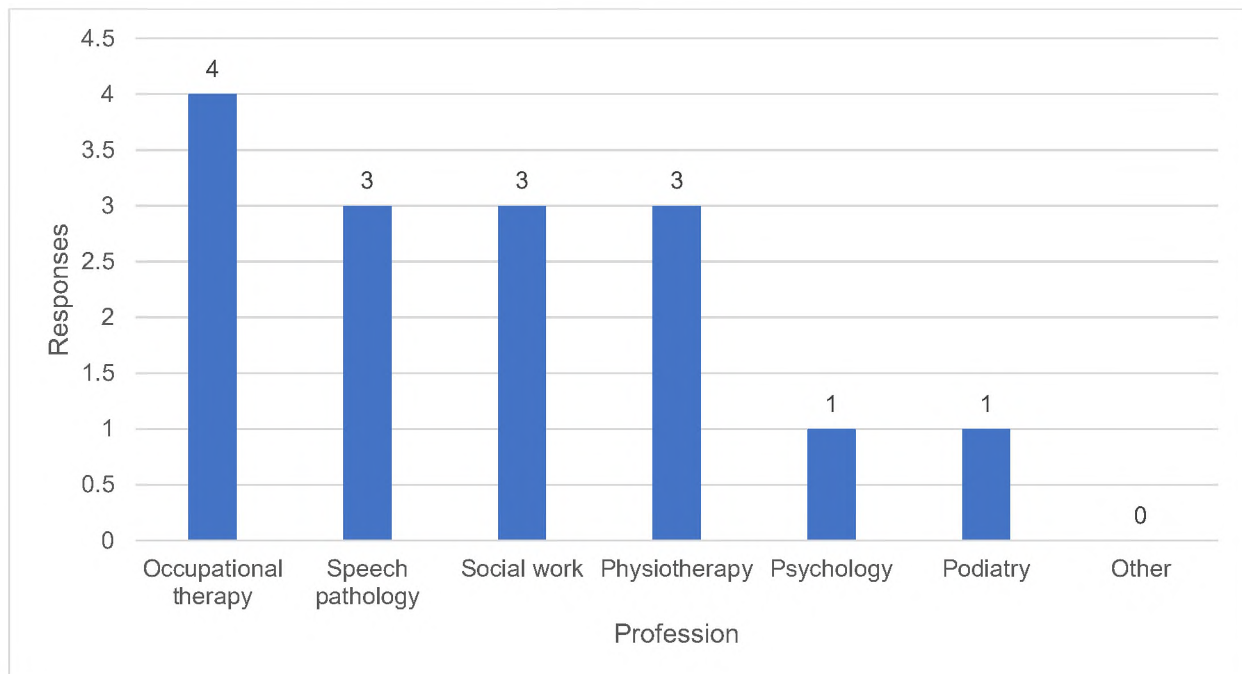


Figure 13: Professional background of survey respondents

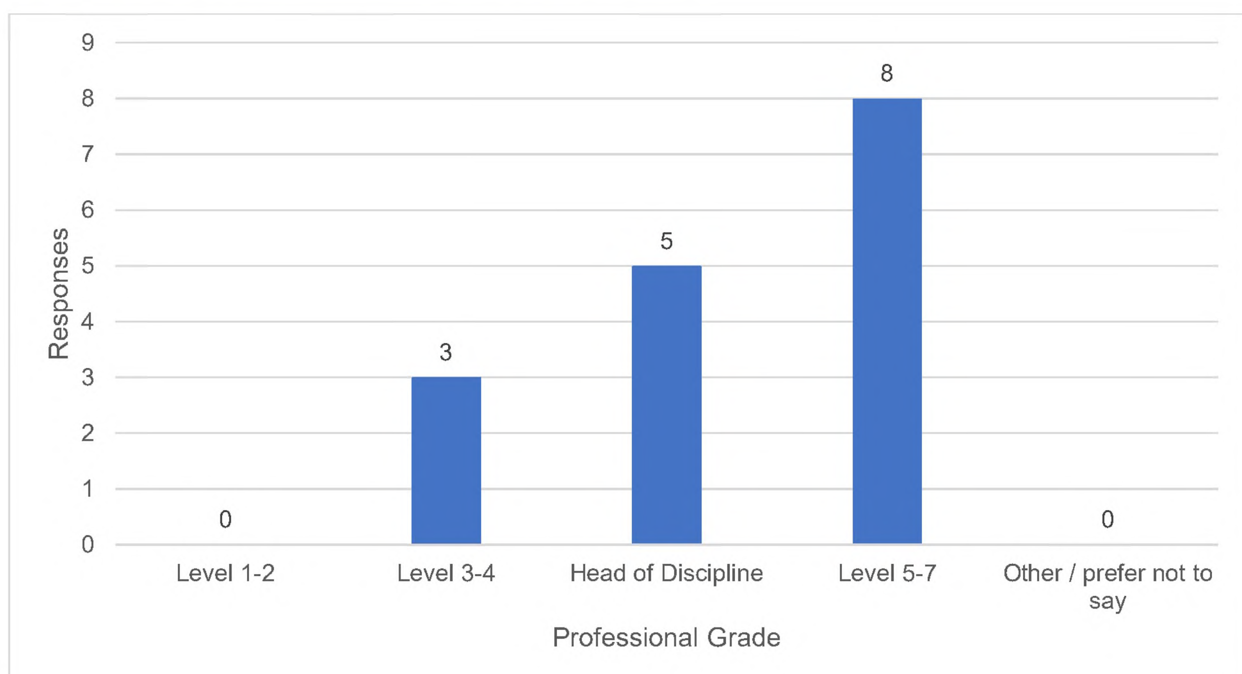


Figure 14: Respondent grades

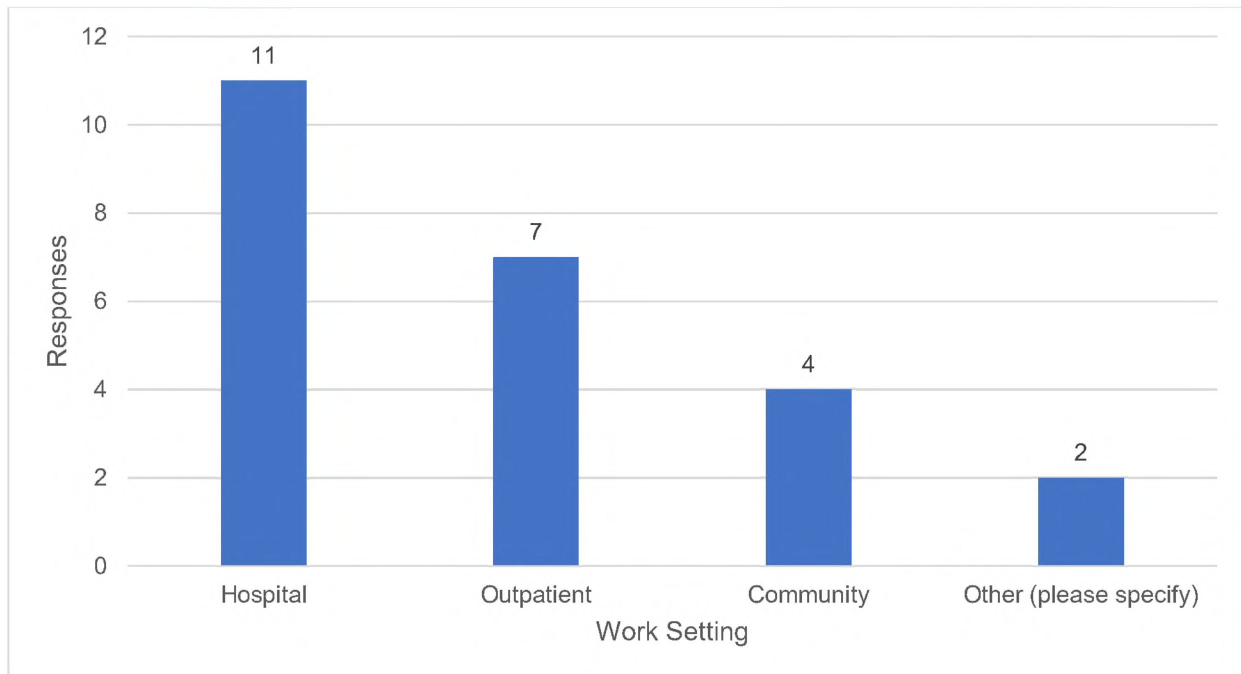


Figure 15: Work settings (n = 17)

Participants most valued learning new ways of thinking about issues, working within a group, having real influence over the content of the workforce plan, and the opportunity to develop leadership skills (Figure 16).

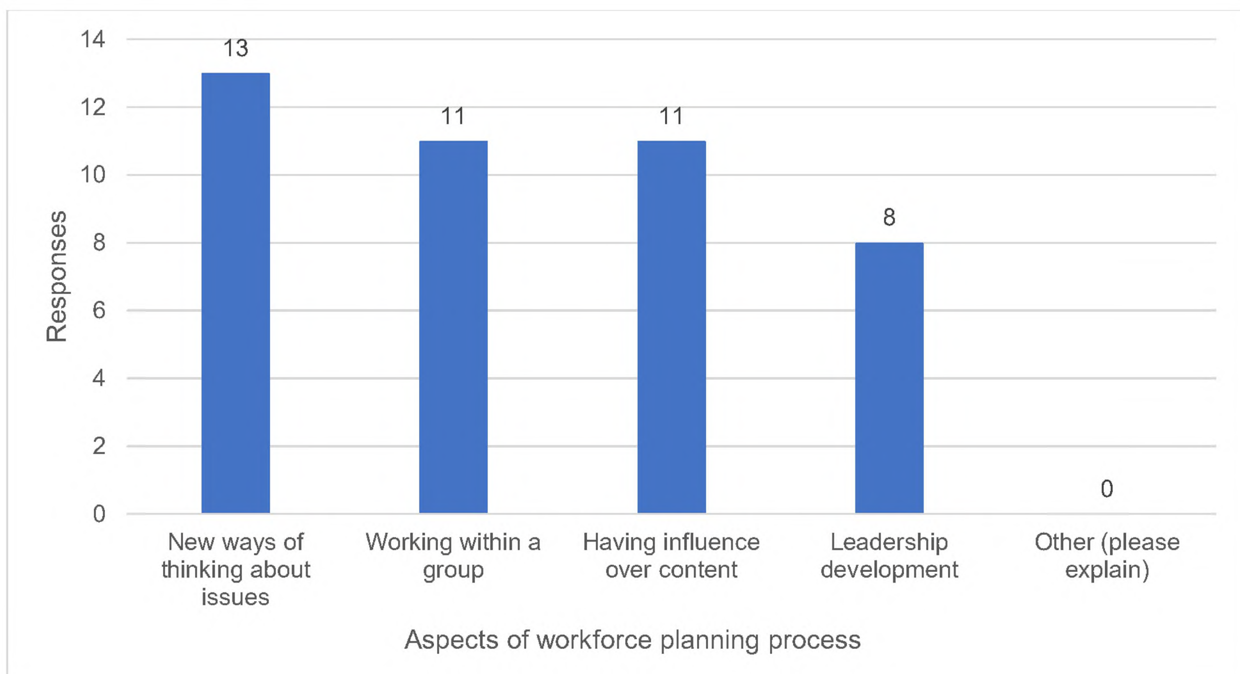


Figure 16: Aspects of the workforce planning process that worked well for participants

The greatest challenges reported by participants was their inability to allocate time to the workforce planning process, and a large proportion of respondents (10/17) reported that they found the process

MOH.0010.0154.0032

difficult. Participants also reported that there was a lot of work required by each group, and that the group leaders were not aware that this would be the case at the outset. Despite this, the majority of survey respondents (11/17) were able to participate in the majority of the group gatherings.

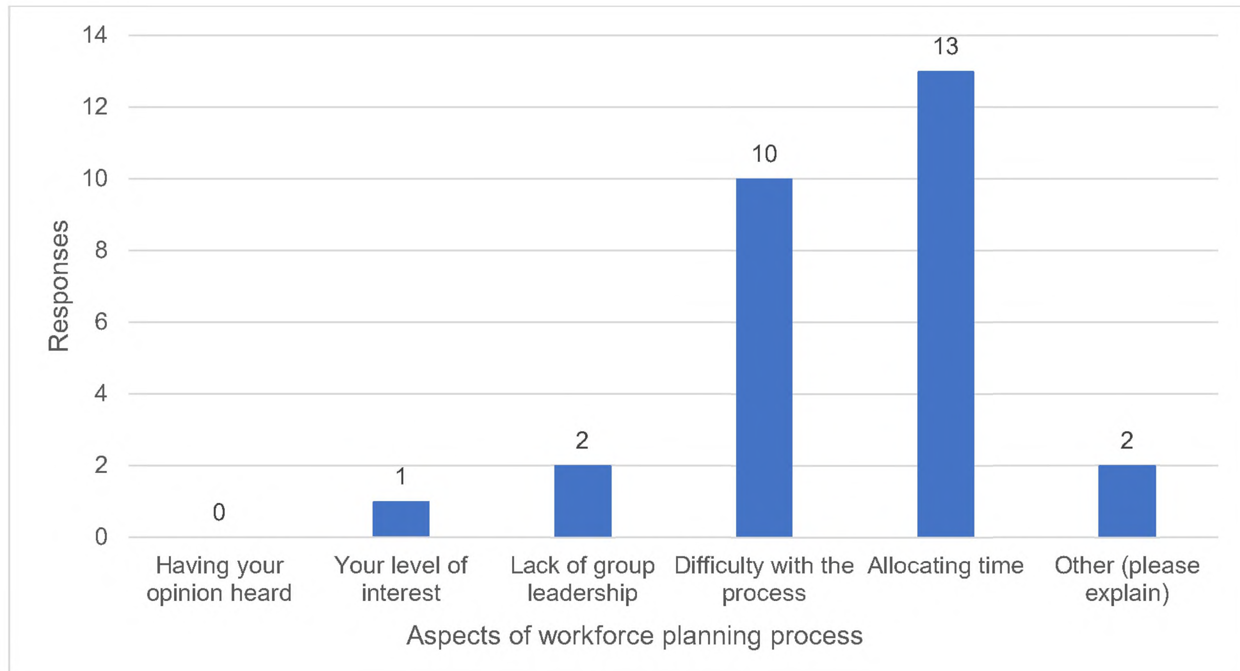


Figure 17: Greatest challenges of being involved, identified by participants.

Other feedback provided by the group included:

- The need for more strategic group allocation initially to ensure appropriate representation across disciplines, roles and experience, and also to ensure that the allocated team leader had the appropriate level of skills to drive actions and outputs between meetings.
- Some participants found the framework difficult to understand and to apply and felt that more preparatory material and pre-reading would have helped this, including the principles underpinning the framework.
- Participants were not experienced in workforce planning and would have valued more material to guide the workforce planning process and approach.

MOH.0010.0154.0033

Conclusion

A 2023-2027 Allied Health Workforce Plan has been developed by and for the allied health professionals in ISLHD. The content of which was entirely driven by allied health professionals within ISLHD using their understanding of the workplace supported by data. As such, it focuses on a seemingly small number of issues (that are large in scope and potential impact) that are close to the heart of the professions, and if achieved will deliver a more productive workforce and sustainable patient and population outcomes.

Image 9. Guilia, Dietitian, Day Rehabilitation Program

While small in number, the implementation of each of the planned projects will provide a significant implementation challenge and require persistent effort, a commitment to continued strategic thinking and non-surrender to operational demands, and courage.

In maintaining the course of the implementation process, the first two years will be critical (and the following three years may need further review of the plans). Some actions which might help ensure implementation is successful include:

- Attain and celebrate early wins. This will provide motivation to continue.
- Don’t plan on leaving all the work in few hands. The planning has largely been undertaken by more senior AHPs, but the implementation will need input from all workers in ISLHD. As well, there are other resources (other service workforces, human resources management, education institutes, professional development resources, etc.) that can and should be engaged as partners that can share the load.
- Break the planning process down into shorter time periods (3-6 months) that will make implementation seemingly more feasible.
- Ensure leadership skills as well as technical and other skills are placed in each project team.

References

NSW Health (2022) *Allied Health Workforce Macro Trends Report*. NSW Ministry of Health, Sydney

Centre for Epidemiology and Evidence (2017) *Developing and Using Program Logic: A Guide*. Evidence and Evaluation Guidance Series, Population and Public Health Division. Sydney: NSW Ministry of Health

Anderson, K (2019) ISLHD Occupational Therapy Workload Guidelines V1. ISLHD, January

Santos, T. and Ridoutt, L. (2006) *Workplace Health Promotion and Organisational Change in Recruitment & Retention of the Health & Community Services Workforce*. Discussion Paper Prepared for the Department of Human Services, Victoria. Melbourne

MOH.0010.0154.0035

Appendix 1: Illawarra Shoalhaven Population Health attributes

Population characteristic	Population metric		SA3 Region				
			Dapto-Port Kembla	Kiama-Shellharbour	Wollongong	Shoalhaven	Total
Population	Total	#	79,815	99,254	134,760	108,320	422,149
	0-4	#	4954	5743	7132	5437	23266
		%	6.21%	5.79%	5.29%	5.02%	5.51%
	5-14	#	10,225	12,662	15,398	11,876	50,161
		%	12.81%	12.76%	11.43%	10.96%	11.88%
	15-19	#	4840	6090	8196	5453	24579
		%	6.06%	6.14%	6.08%	5.03%	5.82%
	20-64	#	44,288	54,455	79,570	55,180	233,493
		%	55.49%	54.86%	59.05%	50.94%	55.31%
	65+	#	15,508	20,304	24,464	30,374	90,650
		%	19.43%	20.46%	18.15%	28.04%	21.47%
Assistance Required	Core Activity - Need for Assistance[2]	#	6646	6611	7814	8774	29,845
		%	8.33%	6.66%	5.80%	8.10%	7.07%
Indigenous Population	Estimated Resident Aboriginal and TSI Pop.	#	3580	4341	3367	7060	18348
		%	4.49%	4.37%	2.50%	6.52%	4.35%
SES	SEIFA Index of Relative Socio-economic Disadvantage. score 2016[3]		949	997	1012	964	

[2] Australian national figure for comparison is 5.1% (ABS Population Census, 2016)

[3] Australian nation figure for comparison is 997 (ABS Population Census, 2016)

Population characteristic	Population metric		SA3 Region				
			Dapto-Port Kembla	Kiama-Shellharbour	Wollongong	Shoalhaven	Total
Health Conditions	**Diabetes**	#	5155	5215	5671	6997	23038
		%	6.46%	5.25%	4.21%	6.46%	5.46%
	Stroke	#	990	1070	1349	1624	5033
		%	1.24%	1.08%	1.00%	1.50%	1.19%
	Mental Health Condition (incl. depression or anxiety)	#	8787	9956	12976	12209	43928
		%	11.01%	10.03%	9.63%	11.27%	10.41%

Source: ABS Census 2020

MOH.0010.0154.0037

Appendix 2: Detailed Project Plans

Project 1: Improving career development opportunities

PROJECT 1: IMPROVING CAREER DEVELOPMENT OPPORTUNITIES					
VISION: A personal career development pathway is *accessible* to all ISLHD allied health professionals and builds on their *strengths* and the current and emerging *needs of our community*					
Initial activities	***Subsequent activities***	***Next activities***	**Outputs - *Implementation progress***	**Successes - *Indicators of progress***	**Outcomes - *Best possible long-term impacts***
Activity 1: Review existing career development frameworks					
Review existing ISLHD AHP career development frameworks currently being used. Collect data on their use (in preparation for evaluation/research)	Brief review of existing tools / frameworks both within and external to ISLHD *(suggested frameworks for review: Step-Up, BUILD, Victorian Framework and HETI 'My Professional Development: A Compass for Allied Health').*	Determine if a career development framework can be adapted for ISLHD Allied Health	Audit of existing career development frameworks used within ISLHD and external to ISLHD Collection of data on AH career development frameworks within ISLHD	A certain number (?) of existing career development frameworks reviewed *(in preparation for Activity 3)* Draft Career Development Framework appropriate to ISLHD context	Adoption of an ISLHD AH career development framework ISLHD AH staff are aware of the Framework and supported in their career development pathways

PROJECT 1: IMPROVING CAREER DEVELOPMENT OPPORTUNITIES					
VISION: A personal career development pathway is *accessible* to all ISLHD allied health professionals and builds on their *strengths* and the current and emerging *needs of our community*					
Initial activities	***Subsequent activities***	***Next activities***	**Outputs - *Implementation progress***	**Successes - *Indicators of progress***	**Outcomes - *Best possible long-term impacts***
Activity 2: Establish partnerships to support implementation of an ISLHD Career Development Pathway					
Identify prospective partners and **goals / outcomes of partnerships to achieve this strategic objective** Undertake analysis of identified partners to categorise type and level of partnership	Map out current and emerging partnerships including discipline specific, ISLHD AH partnerships, ISLHD partnerships (HR Department), Ministry of Health, HETI, academic institutions	Approach partners to ascertain their interest in working with us to establish, support and evaluate an ISLHD AH Career development pathway. This includes MOH AH Workforce (strategic objective is listed as an objective in the AH Workforce Macro Trends Report), HETI AH, ISLHD workforce, ISLHD clinicians / leaders, university / research contacts	Stakeholder map Clear partnership objectives	Executive Sponsorship approval of partnerships Engagement of partners in formalised partnership arrangements Collaborations between ISLHD and Universities including Conjoint appointments	Long term sustainable formalised partnerships for each discipline and ISLHD AH that deliver research activities and formalise ISLHD AH Workforce innovations showcased at state level

PROJECT 1: IMPROVING CAREER DEVELOPMENT OPPORTUNITIES					
VISION: A personal career development pathway is *accessible* to all ISLHD allied health professionals and builds on their *strengths* and the current and emerging *needs of our community*					
Initial activities	***Subsequent activities***	***Next activities***	**Outputs -** ***Implementation progress***	**Successes -** ***Indicators of progress***	**Outcomes -** ***Best possible long-term impacts***
Activity 3: Create and implement a succinct visually appealing career pathway including a self-assessment / self-paced pathway					
Prepare project plan **Identify resources for successful document creation and implementation**	Draft document and/or website portal developed Awareness raising among Allied Health about the availability of the document / portal	Draft document / portal trialled and monitored according to pilot testing	Completion of project plan Final document developed and endorsed within Allied Health Resources available for execution	Clinicians and managers are using the framework within business as usual e.g., PEDs, orientation. Disciplines/services can identify areas of strength/gaps to support succession planning (e.g. mentoring, coaching, funded training / backfill, rotation frameworks), develop new roles using this pathway. Results from PMES/manager survey	Culture change within ISLHD that promotes and supports career development Clear career pathways exist within NSW Health for clinicians and they are supported to progress. The organisation recognises the leadership styles of AH disciplines assisting the organisation to increase collaboration, enhancing consumer voice and leadership positions are open for AH.

PROJECT 1: IMPROVING CAREER DEVELOPMENT OPPORTUNITIES VISION: A personal career development pathway is *accessible* to all ISLHD allied health professionals and builds on their *strengths* and the current and emerging *needs of our community*					
Initial activities	***Subsequent activities***	***Next activities***	**Outputs -** ***Implementation progress***	**Successes -** ***Indicators of progress***	**Outcomes -** ***Best possible long-term impacts***
Activity 4: With an academic partner, evaluate the ISLHD Allied Health Career Development Pathway (continued over page)					
Approach specific evaluation **partners** and **explore research grant opportunities** **Determine methodology of evaluation (e.g. survey, focus groups, audits)** **Ethics approval (research project for publication)** **Obtain Executive sponsorship**	Plan and implement evaluation data collection including Survey administration Focus group designed and implemented Audit implemented (e.g. how many hits has career pathway had on website)	Collate data, analysis and interpret data and write up Research report/publication	Reported findings Finalised research report/publication	Pathway embedded into everyday AH practice Evidence to show worth of Allied Health Educator and more educator roles in Allied Health	AH career pathway leading to positive workplace culture and improved staff wellbeing. Skilled, and experienced staff are providing safe, high-quality care Improved skilled staff translates to high-productivity and improved patient care (reduced LOS, reduced hospital readmissions)

PROJECT 1: IMPROVING CAREER DEVELOPMENT OPPORTUNITIES					
VISION: A personal career development pathway is *accessible* to all ISLHD allied health professionals and builds on their *strengths* and the current and emerging *needs of our community*					
Initial activities	***Subsequent activities***	***Next activities***	**Outputs -** ***Implementation progress***	**Successes -** ***Indicators of progress***	**Outcomes -** ***Best possible long-term impacts***
Activity 4: With an academic partner, evaluate the ISLHD Allied Health Career Development Pathway, cont.					
See previous page.	*See previous page.*	*See previous page.*	*See previous page.*	*See previous page.*	For ISLHD to be a NSW leader in the development of an AH Career Development Framework, supported by research AH staff are self-directed in their career progression, considered for roles outside of Allied Health and applying for personal regrades Workforce data around improved staff retention

Project 2: Workload improvement in allied heath services

PROJECT 2: WORKLOAD IMPROVEMENT IN ALLIED HEALTH SERVICES					
VISION: Staff have workload guidelines that make them feel empowered to lead their workday and see the patients of highest priority.					
Initial activities	***Subsequent activities***	***Next activities***	**Outputs -** ***Implementation progress***	**Successes -** ***Indicators of progress***	**Outcomes -** ***Best possible long-term impacts***
Activity 1 – Review and revise existing workload guidelines					
Pre-project staff interviews **(qualitative)** and **surveys** (quantitative)	Review and update workload guidelines within each discipline	Roll out workload guidelines	Complete identified actions	Achievement of identified goals	Post implementation evaluation indicating improved workload management
Review of staff compliance with workload guidelines (quantitative) including % of time spent in non-clinical activity	Co-create with staff a broader framework for workload management	Educate staff Managers monitor allocation of time to areas such as clinical supervision, research, education		Increased allocation of time to research, education which has a flow on effect to improved patient care, improved safety and improved staff wellbeing	Improved staff satisfaction Increased innovation and creativity
Explore **quality of care** data **e.g. PROMS /** feedback **compliments / suggestions**		Post implementation evaluation			Improved recruitment and retention Improved patient care

PROJECT 2: WORKLOAD IMPROVEMENT IN ALLIED HEALTH SERVICES					
VISION: Staff have workload guidelines that make them feel empowered to lead their workday and see the patients of highest priority.					
Initial activities	***Subsequent activities***	***Next activities***	**Outputs -** ***Implementation progress***	**Successes -** ***Indicators of progress***	**Outcomes -** ***Best possible long-term impacts***
Activity 2 – Identify operational workload prioritising tools and develop clinician competence & confidence to use the tools (continued over page)					
Review of systems and frameworks available across disciplines **to prioritise (e.g. census task list)** patient need	Review & re-draft current prioritising tools seeking as much commonality as possible across disciplines.	Agree on guide for supervisors in how to support clinician prioritisation using the tools	Agreed tools developed & distributed	Staff know clinical boundaries and have less fear of litigation	Increased staff engagement, job satisfaction and well being
			Increased ownership over referrals	Staff have reduced levels of stress (guilt) associated with prioritisation & workload decisions (Use people matters survey data)	Higher care patients receiving the care they require
Seek sharing of information on existing tools across disciplines (e.g., OT recruitment brochure, Pod/OT letters for unsuitable referrals) through positive and collaborative AH culture	Review / audit a sample of patients prioritised using chosen tools – revise tools if necessary	Develop & implement an education campaign for referrers to AH services			Increased flexibility to move staff
	Train clinical staff how to best use chosen prioritisation tools			Reduced burnout due to being under-resourced	Confidence that we are supported to make changes and allocate where appropriate
	Clinicians taught OTJ how to map out the day, setting timetables, what a good day looks like (support, productive),			Ability to make changes with resources without losing funding / FTE	

PROJECT 2: WORKLOAD IMPROVEMENT IN ALLIED HEALTH SERVICES					
VISION: Staff have workload guidelines that make them feel empowered to lead their workday and see the patients of highest priority.					
Initial activities	***Subsequent activities***	***Next activities***	**Outputs -** ***Implementation progress***	**Successes -** ***Indicators of progress***	**Outcomes -** ***Best possible long-term impacts***
Activity 2 – Identify operational workload prioritising tools and develop clinician competence & confidence to use the tools, cont.					
See previous page.	Empower staff to make these decisions supported with framework / documentation	*See previous page.*	*See previous page.*	*See previous page.*	*See previous page.*
Activity 3 – Establish realistic assessment of demand for AH workforce at service and unit level (continued over page)					
Analyse acute care demand for AH using budgeted and actual DRG activity ▪ Hospital level ▪ Cost centre level	Compare demand analysis with current establishment	Build the initial business case for re-allocation of FTE between hospitals / cost centres if not for increasing establishment	Business case for administration support, intake support for referrals	Transparency on expectations for business case (and approval) with associated funding Growth in the right area (ability to move workers to areas of need)	Increased staff engagement and well being Decline in number of patients waiting
Analyse community & outpatient demand using CHOC and linked activity data	Compare demand analysis with current establishment	Build and submit business case for re-allocation of FTE between cost centres and / or increased FTE	Business case for administration support, intake support for referrals	Improved AH worker job satisfaction in affected cost centres (Use people matters survey data)	High value care for patients Increased quality of care for patients

PROJECT 2: WORKLOAD IMPROVEMENT IN ALLIED HEALTH SERVICES					
VISION: Staff have workload guidelines that make them feel empowered to lead their workday and see the patients of highest priority.					
Initial activities	***Subsequent activities***	***Next activities***	**Outputs -** ***Implementation progress***	**Successes -** ***Indicators of progress***	**Outcomes -** ***Best possible long-term impacts***
Activity 3 – Establish realistic assessment of demand for AH workforce at service and unit level, cont.					
Identify services / locations to undertake investigation of a shift to higher value-based care	Use Calderwood Framework (or similar tool that promotes interdisciplinary care) to assess workforce skills mix across disciplines & workforce categories	Compare demand analysis to current establishment Re-allocate staff if required	Modified establishment	Increase in number of business cases approved	Improved patient indicators (PREMS results, using results to change how we provide service)

Project 3: Improving Diversity and Inclusion in Allied Health Services

PROJECT 3: IMPROVING DIVERSITY AND INCLUSION IN ALLIED HEALTH SERVICES VISION: A workforce that celebrates and harnesses its diversity to transform patient experience and care					
Initial activities	***Subsequent activities***	***Next activities***	**Outputs - *Implementation progress***	**Successes - *Indicators of progress***	**Outcomes - *Best possible long-term impacts***
Activity 1 – Environmental scan/log of resources, training and action already within or emerging in ISLHD					
Brief review of academic literature to develop a typology for describing diversity in ISLHD (e.g. see references already sourced).	Develop an audit tool / data collection tool to capture existing diversity activity in ISLHD based on the typology developed.	Prepare summary report outlining ISLHD diversity typology and activity.	Development of 'ISLHD Diversity Typology' and report on current activity	Completion of preliminary audit report on diversity and inclusion activities within ISLHD.	Development and adoption of a broader and agreed definition of 'diversity' within ISLHD.
				Celebration and recognition of a range of existing activities that support diversity and inclusion within ISLHD	Normalisation of diversity and inclusion activities within ISLHD
					Culture change within ISLHD that promotes and supports diversity and inclusion

PROJECT 3: IMPROVING DIVERSITY AND INCLUSION IN ALLIED HEALTH SERVICES VISION: A workforce that celebrates and harnesses its diversity to transform patient experience and care					
Initial activities	***Subsequent activities***	***Next activities***	**Outputs -** ***Implementation progress***	**Successes -** ***Indicators of progress***	**Outcomes -** ***Best possible long-term impacts***
Activity 2: Consulting more widely through presentation of findings to wider AH team and conducting a community scan					
Using typology and audit tool developed in Activity 1, repeat process for community within ISLHD footprint	*See previous page.*	*See previous page.*	*See previous page.*	- *See previous page.*	*See previous page.*
Activity 3: Undertake a workforce diversity survey / audit					
Engage with executive around findings from Activities 1 and 2 to obtain executive support for workforce survey audit	Determine survey scope (all ISLHD or AHP only); ethics approval (research project for publication) or internal review and awareness raising? Prepare project plan, identify resources for implementation (e.g. student project?)	Conduct the survey and analyse data / elicit and report on findings	Executive sponsorship Resources for execution Completion of project plan	Finalisation and dissemination of findings Recognition and celebration of breadth of diversity within ISLHD	Culture change Recognition of workforce diversity New data around workforce diversity captured

PROJECT 3: IMPROVING DIVERSITY AND INCLUSION IN ALLIED HEALTH SERVICES					
VISION: A workforce that celebrates and harnesses its diversity to transform patient experience and care					
Initial activities	***Subsequent activities***	***Next activities***	**Outputs -** ***Implementation progress***	**Successes -** ***Indicators of progress***	**Outcomes -** ***Best possible long-term impacts***
Activity 4: Develop a set of principles that define an inclusive organisation for ISLHD (continued over page)					
Review literature on diversity and inclusion principles, NSW MoH policies and procedures, and governance structure within ISLHD for alignment	Consider (and identify) both the principles of diversity and inclusion, and the 'scaffolding' onto which it could be applied (e.g. HR, Clinical Governance, Education and Training, Models of Care). Consider the perspective of the stakeholder (e.g. patients and staff feeling safe and included)	Develop principles based on findings from previous activities, published literature, consultation, ISLHD structures.	Frameworks for developing D&I principles Framework for scaffolding D&I principles into ISLHD structures and processes	Development of D&I principles for ISLHD Development of implementation framework for D&I principles Discussions within organisation about wider D&I principles and issues	Culture change within organisation Genuine efforts to embed D&I principles into core aspects of the ISLHD areas of work that are within scope for this project. See over page for potential activities.

PROJECT 3: IMPROVING DIVERSITY AND INCLUSION IN ALLIED HEALTH SERVICES VISION: A workforce that celebrates and harnesses its diversity to transform patient experience and care					
Initial activities	***Subsequent activities***	***Next activities***	**Outputs -** ***Implementation progress***	**Successes -** ***Indicators of progress***	**Outcomes -** ***Best possible long-term impacts***
Activity 4: Develop a set of principles that define an inclusive organisation for ISLHD, cont.					
See previous page.	*See previous page.*	*See previous page.*	*See previous page.*	*See previous page.*	Potential activities to be considered: • Actively disseminating the concepts and implications of the Intersectional model of diversity across the organisation. • Aligning and integrating Diversity and inclusion initiatives with existing systems (e.g. AH portfolio) – • Inclusive principles used as part of designing all new models of care • Celebration