NSW Health

People and Culture for Future Health

Ministry of Health

June 2023

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NSW GOVERNMENT

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Executive Summary

Executive Summary

If you do not change direction, you may end up where you are heading

Lao Tzu

Across NSW Health there is significant variation in the scope, capability and effectiveness of people and culture services. Agencies vary in team size and makeup, capability, function, and the depth, breadth, and speed at which services are being provided. Some agencies may lack the necessary capability to provide services in a particular area, leading them to establish quasi partnership arrangements. On the other hand, other Agencies boast extensive teams and well-established service provision but function in relative isolation.

There are pockets of excellence and innovative practices occurring in most agencies. What there is not is leading practice across People and Culture (P&C) delivery *as a system*. There is great variation and duplication and no one P&C function that is being performed from a system lens is at an industry 'leading practice' level. The current pressure on Agencies for recruitment has placed a heavy dominance of transactional activity which is exacerbated by the policy environment, delegations, and system challenges. Every Agency demands and has shown a strong aspiration for enhanced capability in transitioning towards working strategically.

The *People and Culture for Future Health (PCFH)* review has consulted extensively with stakeholders across NSW Health and worked with P&C teams to address these issues. The following report complements the PricewaterhouseCoopers Consulting Australia (PwC) *People and Culture for Future Health Final Report (Report)* and signals recommendations for structures and new ways of working that will strengthen achievement of NSW Health's key strategic goals.

The report that follows calls for structural changes, new operating and service delivery models that: place the customer in the centre; increase digitisation; establish Centres of Excellence; and reset the role of the Ministry to one of leader and steward. The report recommends structural changes to how we manage administration functions in our clinical workforces. It highlights disparities and suggests a new approach is needed in learning and development and the P&C resourcing in Pillar Agencies. The project delivers supporting tools including contemporary role design for key roles and the Leader Success Profile for the Director People and Culture to aid agencies with implementation.

Our Human Capital Management (HCM) systems and supporting processes need to be contemporary and agile with improved time to market, and data driven decision making. We have started some inroads, for example, updating the recruitment policy but this alone is not enough. What the *PCFH* offers us is a guide with an iterative, continuous improvement lens to support a transformational radical shift in the design and curation of P&C for NSW Health. The recommendations phased across three horizons will ask Agencies to work differently, to increase collaboration and to make changes to structures. This will ultimately improve the staff experience and, in some cases, have the potential to realise savings.

We aspire for innovative P&C and achieving this requires a strong foundation. This report emphasises the efforts and decisions necessary to build a system-wide foundation that fosters innovation. Supporting P&C is critical to be able to deliver the strategies of Future Health over the next decade. This is our chance to change direction.

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Glossary

Definitions and Terminology

Throughout this report specific terminology is used. These terms have been defined below for clarity and consistency.

Centre of Excellence (CoE) local and statewide

A local CoE is the team operating in the Health Agency (HA) providing specific P&C functions (services). These teams are based within the HA and work onsite as well as virtually through flexible work arrangements. Local CoE enact services in accordance with the direction of the statewide CoE and respond to unplanned, bespoke, and contextualised issues locally.

The statewide CoE provides the direction and support to implement services in efficient and consistent ways across all HAs, for a particular P&C function. The statewide CoE anticipates and plans for service demand, leads innovation in service design and delivery and seeks continuous improvement to practice and process. The statewide CoE has accountability and governance to the statewide Directors of People and Culture group. Statewide CoEs may be structured in a variety of ways which will depend on their P&C functional areas. This may include as a virtual team; as a discrete team based within a HA or the Ministry; or as a separate entity such as The Health Education and Training Institute (HETI) for learning and development.

Circuit Breakers

Five key areas identified as the circuit breakers that will drive transition to modernise P&C models across NSW Health. Circuit Breakers are explained in detail in the Report.

Community of Practice (CoP)

CoPs are organic networks of P&C practitioners who seek learning and sharing opportunities by coming together in virtual meetings. The CoP may provide suggestions for service innovation and improvement to the statewide CoE. CoPs report into the Directors of People and Culture statewide group.

Customers

In the context of P&C teams, customers are HA staff.

Director of People and Culture (DPC)

This terminology is being used to describe the roles in NSW Health who lead the people and culture directorates in each HA. Most roles use the title DPC however variations do exist. DPC/DPCs is used to describe all lead roles, irrespective of title.

Discipline-specific teams

This term has been used to describe the P&C services that are provided to support staff in clinical roles. Most commonly these teams are known as Medical Administration, Nursing and Midwifery Workforce and Allied Health Workforce. In most instances these teams do not report into the local P&C directorate.

Employees and staff

The terms staff and employees are often used interchangeably however have slightly different meanings. *Staff* typically denotes an organisation's entire workforce (including contingent workers, VMOs, volunteers) whereas *employees* are those who have been employed to perform a certain job or duty[1]. To this regard, staff may be seen as a more inclusive term than employee.

Employee Value Proposition (EVP)

The employee value proposition (EVP) clearly articulates the "give and get" that defines an employer-employee relationship at a particular organisation. It establishes the expectations for performance and behaviour and the rewards for meeting them, which might include financial compensation, professional development opportunities, work/life balance, a sense of belonging or purpose, or anything else employees stand to gain in the organisation[2].

Health agency (HA)

Throughout the project, the term Health Agency has been used as the most inclusive term for the 27 organisations that make up NSW Health. HA includes Local Health Districts, Speciality Health Networks, Statewide/Specialist Health Services and Pillar Organisations.

Human Resources (HR)

Human Resources, or HR, is a well-known term to describe the department responsible for managing the employee life cycle and associated activities typically including recruiting, hiring, onboarding, training, performance management, administering benefits, compensation and offboarding employees. The term People and Culture (P&C) is a broader concept to describe the management of an organisation's staff by placing the employee first. This recognises the elevation of People and Culture as a profession and the alignment of 'people' practices into the organisation strategy and is becoming increasingly common as organisations embrace the employee value.[3] The term recognises a shift away from a transactional focus and signals to employees a greater value on their role and contribution. 'People and Culture' has been adopted in the PCFH.

Human Resources Business Partner (HRBP)

The HRBP is a strategic partnering role within P&C teams. Traditionally the HRBP is a professional with extensive HR experience who works closely with the business to support organisational goals by advising and supporting managers on strategic issues and helping them implement high-performing, integrated HR practices. They are the link between HR and the business and should not have any administrative duties or case management responsibilities. The acronym is commonly used.

Lead Design Team (LDT)

The project LDT co-designed and established the project methodology. The LDT comprises the PwC consultants and the Ministry project team.

People and Culture Business Partner/ People Partner (PCBP)

PCBP is an emerging name for the HRBP role in recognition of the transition from a transactional HR mindset to a strategic and consultative people and culture approach. A PCBP partners with the business across all functions of people and culture, a more expansive term reflective of how this role is strategically aligned to the agency priorities through effective workforce management and delivery of services to support the employee lifecycle.

[1] Ref: Staff vs Employee: Definitions, Differences & Benefits - LMS Hero
[2] Ref: *Harvard Business Review, 2022.*
[3] Ref: *Forbes, 2023.*

People and Culture Functions

Functions refer to the services that are provided by P&C. While structures in agencies vary the breadth of P&C functions should be provided to agency staff, regardless of the organisation of teams in structures.

Pillar organisations (Pillars)

Are support agencies within NSW Health who provide specialised services to support the aims and objectives of NSW Health. They are the Agency for Clinical Innovation, Bureau of Health Information, Cancer Institute NSW, Clinical Excellence Commission and the Health Education and Training Institute.

Shared-Services

Shared services include the existing shared service model within NSW Health and for the purposes of the review and recommended model, also incorporates virtual teams of P&C staff who may come together to provide support to or to deliver a system led activity.

Staff experience; employee experience; customer experience

In the context of P&C teams, there are different lenses for user experience. On one hand, the customer experience of the HA staff in relation to the customer service offerings of the P&C service considers were they treated well, served in a timely manner, were their enquiries met etc. On the other hand, one of the roles of the P&C teams is as the custodians of the employee experience, which is the lived experiences of employees throughout their employee journey within the organisation. To this regard, NSW Health refers to employee experience as 'staff experience' to include the whole workforce, paid and unpaid (See Employees and staff). Within the context of this project, there are recommendations that relate to building the capabilities and practices of P&C teams in terms of customer experience, as well as building the capabilities and practices of P&C teams in terms of the employee experience. It is important that these terms are not used interchangeably.

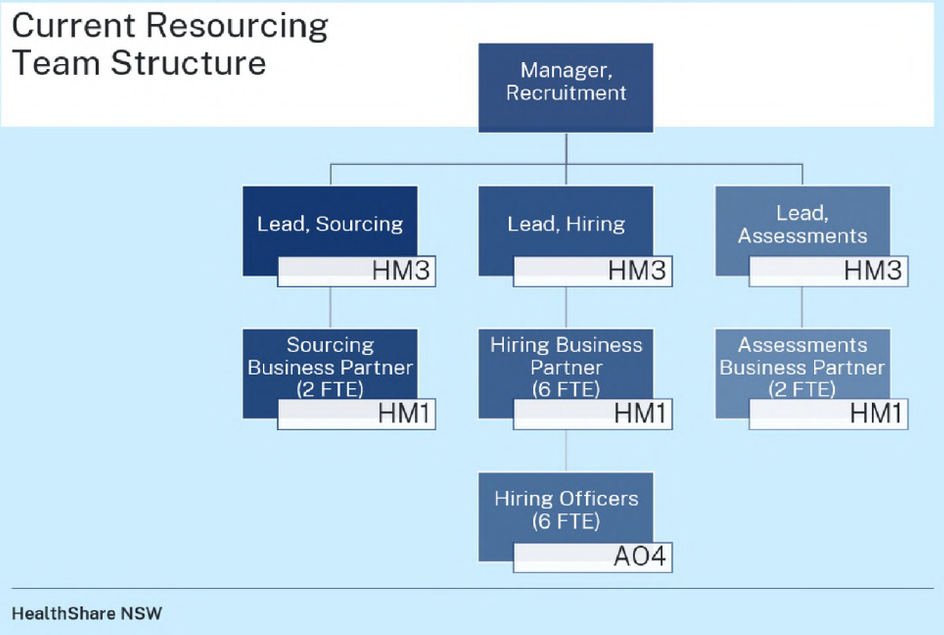
System-led

The project has adopted the phrase 'system-led' to describe sets of initiatives and/or activities currently performed by P&C teams in isolation, that could be undertaken at a system level. This may in turn be centrally performed or performed locally but under the direction of a system-wide approach recommended by a Centre of Excellence. It may also refer to the centralisation of an activity or set of activities. System-led initiatives will create capacity through the reduction in duplication, simplification, centralisation and/or automation of various activities currently performed by P&C teams. The Directors of People and Culture have agreed on the system-led activities identified in this report.

Use of 'People and Culture' (P&C)

There is no consistent naming convention for People and Culture services across NSW Health. The use of 'human resources' can be used to describe the full array of people related services, however in NSW Health Human Resources has a specific and discrete function. The PCFH has adopted the terminology of 'people and culture' reflective of the human-centred nature of the profession and more aligned with leading practice. It is not meant to exclude teams who do not use this name.

CASE STUDY: SOURCING, ATTRACTION AND RECRUITMENT THE HEALTHSHARE WAY



When HealthShare NSW wanted to redesign its recruitment framework to attract a diverse range of candidates who are culturally fit and best suited the requirements of the role and needs of HealthShare they focused on three key areas and built their team around them.

The Sourcing stream focuses on utilising the right and multiple sourcing platforms to attract and engage people, showcasing their employee-value proposition creatively and dynamically. These innovative sourcing methods have resulted in a 44% increase in Facebook page reach and 600 more applications received when looking at the same period from the previous year.

The Assessment stream uses job analysis and capability mapping to create online work-based assessment methods to screen candidates and better assess candidate quality and fit and have revamped traditional interview structures for effectiveness and efficiency.

The Hiring stream partners with hiring managers and candidates to tailor recruitment activities centred on customer service.

The HealthShare Recruitment and Resourcing team measure success through the lens of KPIs with success measures including quality of hire and hiring manager and candidate experience set to be implemented soon. In FY2022-2023, the redesigned framework resulted in a steady downward trend of recruitment timeframes to an average of 32.2 business days and a current best turnaround of 16 business days from Approval to Fill to Letter of Offer distribution.

Aligned to the framework is the use of conditional appointments and the moving of candidates through to commencement on risk management plans prior to all pre-employment checks clearing. This requires an enhanced usage of probationary periods and efforts have been taken across the People and Culture directorate in HealthShare to ensure this is available to support the framework.

The team have now established resource plans for each business line creating better understanding of resource capacity and needs forecasting.

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Background

What is People and Culture for Future Health

People and Culture play a vital role in NSW Health. They are responsible for ensuring that every member of staff is onboarded, nurtured, and developed for rewarding careers. Their roles are critical to support all clinical and non-clinical staff to work together to provide the best patient and carer experience possible.

People and Culture for Future Health (PCFH) is a review of the people and culture support functions across the Health portfolio agencies. Initiated by the Ministry of Health through the Workforce Planning and Talent Development (WPTD) Branch, the purpose was to identify strengths and define opportunities to further enhance capability to support Health Agencies. The review makes recommendations on structure change to bring in leading practice people and culture support, and to establish guidance around the capabilities and expertise required in roles in structures and teams.

The review has examined existing capability, researched best practice in other jurisdictions and business sectors, identified desired skills, attributes and capabilities of practitioners and identified the impacts of the future of work. The PricewaterhouseCoopers Consulting Australia (PwC) People and Culture for Future Health Final Report (Report) signals recommendations for structures and new ways of working that will strengthen achievement of NSW Health's key strategic goals.

Future Health: Guiding the next decade of health care in NSW 2022-2032, (*Future Health*) provides the roadmap for how services are delivered over the coming decade. The *NSW Health Workforce Plan 2022-2032* (HWP) provides a framework to guide the implementation of Future Health's workforce-related strategies across NSW Health. The recently established Regional Health Division supports the NSW Government's commitment to improving health outcomes and access to health services for people living in regional, rural, and remote NSW. Across all these people and culture functions will need to take a lead role in enabling and implementing a range of people and service reforms. The Report recommendations have been mapped to objectives in each key strategy.

How did we get to where we are today

Following the formation of the Local Health Districts (LHDs) in 2011, NSW Health Agencies (HAs) have developed and implemented human resource structures with inconsistent scope and design, with an initial focus on transitional economies, and consequently sub-optimal use of workforce resources. Capability across the system therefore varies.

Prior to the formation of the new health cluster structure in 2011, the health system had been through a substantial period of corporate rationalisation and restructuring, including its human resources functions. Human Resources (HR) functions were in relative infancy in terms of developing contemporary practice, with most agencies still retaining very traditional HR functional structures. The introduction of shared services in 2008 led to some service redesign, but with the intention of releasing resource contributions to the shared services function, rather than contemporising service delivery.

The outcome of splitting larger Area Health Services into smaller HAs was that economies achieved in earlier restructures were challenging to maintain within the new service structures.

Since 2011, HAs have restructured, and aligned P&C services in ways that meet their organisational needs. The capability profile of people and culture teams varies significantly as a result. Similarly, the duplication across service structures has resulted in a disproportion of transactional roles with lower remuneration arrangements being established, preventing the full range of P&C talent being attracted to work in the system.

In 2012 an NSW Commission of Audit report into public sector management, (known widely as 'the Schott Report') identified a significant need to improve the capabilities within the human resources functions. Over the years since, the NSW Government has developed a range of support material through the Public Service Commission, which has been adopted by agencies in varying degrees. In NSW Health there has not been any significant or wholesale change in that time to embed these new capabilities and approaches, until now.

> *"The system is focused on patient care not on how it organises its internal functions. That is how we are built and where the focus should be. There has been digitisation in other parts of the business, but not in this area. Corporate systems are not fit for purpose which turns people off. It isn't a change management issue; it is an investment issue."*
>
> **– Chief Executive**

Looking ahead

To maximise the opportunities of contemporary work practices, pandemic recovery, and the need to advance the health system to ensure it remains financially and operationally effective and sustainable, HAs must have capable, effective, experienced, and influential relationship builders in the People and Culture teams.

Future Health and other key policy reform drivers will require strategically focused people and culture support to enable and embed change. Most HAs now have positioned a key P&C executive in the HA at the senior executive level, which is assisting to attract suitable talent to these key positions. However, the requirement for talent within the team below these key roles is critical to ensure they have the capability and tools to deliver on expectations.

The workforce priorities and objectives within *Future Health* are significantly reformist and require real and demonstrable change in the way we attract, onboard, nurture and transition our workforce, and will also rely on capable P&C practitioners to enable and lead innovative pilots to achieve reform. This includes a requirement for deep experience with significant stakeholder engagement and shifting corporate approaches.

Internationally, new, and emerging ways of working are influencing workforce choice and requiring employers to review employee engagement metrics to prevent being left behind. The COVID pandemic has seen organisations that have embraced new ways of working thrive in otherwise challenging circumstances and has showcased these organisations as employers of choice. The government and health sectors will need to focus strategic attention to this area to maximise opportunities.

PCFH outlines an ambitious set of recommendations to equip NSW Health deliver on *Future Health*, through the disruption of counter-productive practices that will both increase capacity and capability of individuals, teams, and the system. Underpinning PCFH recommendations will require a commitment from health agencies to move towards more P&C service delivery through connected networks and a stronger reliance on self-directed digital solutions. Strengthened partnering of P&C professionals into and across agencies will deliver P&C outcomes that are customer-centric, consistent and represent value for money through efficiencies gained from the reduction of duplication and streamlining process.

Inherent across government and all industries post pandemic is the necessity to understand and demonstrate the Employee Value Proposition (EVP) to workforce. The increasingly intertwining of EVP and staff wellbeing is correlated with staff engagement and productivity. PCFH research has highlighted that setting a continuous learning culture as foundation is pivotal for innovation, retention, attraction, and engagement for all staff across all points of the employee life cycle. The role of P&C teams in NSW Health has never been so critical.

The cost of inaction

NSW Health is at the crossroads of maintaining inefficient and outdated practices or making commitment to real change to realise more effective and future focused operating models.

Enabling strong and resilient cultures requires contemporary and innovative P&C practices. For P&C to drive reform in NSW Health they need to be strategic partners. To achieve this P&C need to be lifted from the heavy burden of transactional work in repetitive and duplicative process and apply an enterprise lens to innovate the future solutions. The risk of inaction will maintain the status-quo, coupled with increasing challenge on retaining and attracting talent into P&C roles. The recommendations establish the pathway for contemporary operating and service delivery models to future-proof the P&C sector within NSW Health.

CASE STUDY: THE P&C TEAM AT NSW AMBULANCE HAS BEEN WORKING TO PUT THE CUSTOMER AT THE CENTRE OF WHAT THEY DO.

As part of their overall Cultural Reform and Engagement work, Employee Connect was introduced which aims to connect employees with the most appropriate P&C function to have their needs met. Where Employee Connect can resolve an enquiry they will, otherwise they will facilitate the right connection and undertake regular follow-up to ensure the enquiry is resolved. This ensures the needs of the customer are met efficiently and prevents employees falling through the cracks or becoming disengaged because they do not know who to call or because their issue remains unresolved.

The P&C team has also successfully differentiated the roles of People and Culture Business Partners, Professional Standards and Industrial Relations teams to enable specialised support and focused attention on staff-related matters.

The Professional Conduct and Integrity (PCI) team provides advice, guidance and leadership in the areas of ethics and professional standards through the management of serious complaints from members of the public and staff. They provide education to staff and managers that incorporate lessons learnt and deidentified case studies to support NSW Ambulance to maintain high-quality patient care and uphold the integrity of the healthcare professions.

The Industrial Relations team deals with the relationship between NSW Ambulance and its staff or staff representatives, such as industrial bodies. They support the organisation to engage meaningfully in consultation, resolve disputes or grievances, and provide guidance on matters related to staff rights, working conditions, wages, benefits, and disciplinary procedures.

People & Culture Business Partnering provides strategic and operational human resource management with a strong strategic focus and commitment to enhancing the employee experience. The Business Partners provide advice and support to their respective stakeholders on all areas of the employee lifecycle including complex people matters, cyclical people activities, performance management, grievance and workplace concerns resolution, leadership capability and development, and change management. They use their business insights, relationships, and feedback to drive continuous improvements, partner with their respective customers to provide value-add best practice advice and implement restorative justice approaches.

The P&C team has a large program of work within their complex industrial environment, and by keeping the customer at the centre of their work, they have established an operating model and service delivery model that has set them up for success into the future.

4

Context

Evolution of the People and Culture profession

The People and Culture profession has transformed over time from administrative and personnel management through to strategic business advisors, leveraging technology and responding to societal trends.

1990s & earlier

HR in an organisation was responsible for managing paper-based employee data, payroll, time, and attendance, and setting company policies. The role was largely that of personnel administration focused on both internal & external compliance, and on management of employee records.

1995+ Introduction of Ulrich Model

Pioneered by Dave Ulrich[4] this model segmented HR into Human Resources Business Partners (HRBPs), Shared Services & HR Centres of Excellence (CoEs) for large organisations.

2000+ HR as a business partner

As a business partner the role of HR evolved to meet the "existing business needs" so that the organisation can grow at a measurable rate. During this period HR's focus shifted to competency-based recruitment, total compensation, employee development, communication, and organisation design. The HR function was broken up into sub-functions such as training, personnel administration, recruitment, and compensation and benefits, each partly dependent on the other. Most organisations introduced automation and digitisation using tools either built internally or procured from vendors.

2010+ HR as a strategic partner

The 2010s saw a significant shift in HR towards strategy and a noticeable change in HR was a gradual shift away from transactional services. However, the implementation of the Ulrich model remained a work in progress for the majority of organisations[5].

2020+ VUCA & the future of work

Within the VUCA (Volatile, Uncertain, Complex and Ambiguous) context, agile ways of working and Agile HR Operating models[6] are emerging. Rapid innovation has become a strategic imperative for most organisations. The Ulrich model is still prevalent and relevant, however organisations are often opting to employ an iterative or hybrid model (Ulrich+).

Beyond COVID-19 & the future of work

HR Operating Models will need to continue to evolve, considering the future of work, accelerating technological change, and competing expectations of P&C. This means the models of today need to be flexible enough to stretch into the needs of the future. The forward-looking P&C function has evolved significantly from manual data entry to prioritize attracting and retaining talented individuals, fostering diversity, equity, and inclusion, and cultivating a positive work environment. This transformation includes implementing comprehensive wellbeing programs with flexible work options, equipping leaders with effective team management skills, ensuring a safe workplace, and recognising accessible learning and development opportunities as crucial drivers of employee experience, engagement, and organisation performance.

[4] Ulrich, D. (1996) Human Resource Champions: The Next Agenda for Adding Value and Delivering Results. Harvard Business Press
[5] Ulrich comes of age: What have 18 years of the Ulrich model done for HR?
[6] Agile for HR: Fine in practice, but will it work in theory?

Project Timeline

Key Project Milestones	
September 2022	Project commencement and communication to NSW Health Staff
October – December 2022	Staff invited to the first round of consultation 'Discovery' workshops
February 2023	Staff invited to the second phase of consultation 'Future Possible' workshops
March – May 2023	Synthesis of data and formation of Recommendations
June 2023	Presentation of the project report to the Senior Executive Forum
July 2023	Communication of project recommendations to staff

Alignment to strategic plans and initiatives

The 52 PCFH recommendations have been mapped to Future Health, Health Workforce Plan, and the Regional Health Strategy (Appendix A).

In September 2022, the Project team completed the *Future Health Report and NSW Health Workforce Plan (HWP) 2022-2032 Summary and Key Priorities* report. This provided a high-level summary of these key source documents and informed and connected the work of the project to the delivery of the Plans.

The Report recommendations seek to propel P&C as an enabler of the work undertaken every day in NSW Health agencies to deliver outcomes that matter to patients and carers. The recommendations align to the *NSW Health Elevating the Human Experience* initiative *02 Culture and staff experience*. The project has consulted extensively and listened to staff. Evidence shows that a strong, positive workplace culture is directly related to positive patient and carer outcomes and experience. The way staff relate and interact with each other can significantly influence patient and carer experiences. All staff, not just clinicians, shape the patient experience[7]. The staff working in P&C roles across agencies are talented and passionate and recognise that a good experience is created from a strong foundation based on the organisation vision and values. Implementation of the recommendations will assist all agencies deliver on the signature plans and strategies in NSW Health and support the experience of patients, carers and staff.

[7] Ref: *Elevating the Human Experience: Our guide to action for patient, family, carer, volunteer and caregiver experiences, NSW Health, 2021.*

Project Governance

The Steering Committee has provided governance and feedback on each stage of the project.

The committee membership is as follows:

- Executive Sponsor - Deputy Secretary People Culture and Governance
- Executive Director Workforce Planning and Talent Development
- Deputy Secretary Innovation and Research and Chief Executive Agency for Clinical Innovation
- Chief Executive Hunter New England Local Health District
- Chief Executive Western Sydney Local Health District
- Chief Executive Western NSW Local Health District
- Chief Executive Health Education and Training Institute
- Director Workforce HealthShare NSW
- Director Workforce and Corporate Services Sydney Local Health District
- Director Workforce Northern NSW Local Health District
- Executive Director Workforce Relations
- Executive Director Strategic Communications and Engagement
- Project Lead People and Culture for Future Health, MoH

The Steering Committee reports into the Senior Executive Forum.

Appendix B outlines the project governance arrangements.

> *"If we are to become contemporary as a system, the Ministry needs to revamp its policy and strategy guidance to health organisations to enable a change. The services provided by people and culture teams is determined by the policy parameters set by the Ministry."*
>
> **– Director People and Culture**

5

Methodology

External consultancy led human-centred design

PricewaterhouseCoopers Consulting Australia (PwC) were appointed through competitive tender to partner with the Ministry of Health Workforce Planning and Talent Development branch.

The engagement of a consultancy with expertise in human capital and organisation design, and with global networks and research teams has brought a leading practice perspective to the review. The PwC team consisted of capability across global strategy, human centred design, facilitation, project management and data analysis. PwC used a human centred-design methodology and accessed networks and global expertise to draw observations on the future of work and generate case studies from other industries.

WPTD stood up a small four-person project team to work alongside PwC on the design and implementation of the project phases which included consultation, discovery, ideation, and the forming of recommendations. The combined WPTD and PwC team formed the project Lead Design Team (LDT).

The project phases included:

- Communication to stakeholders on the project aims and objectives, and throughout the project phases
- Consultation workshops on the current state (Discovery Phase)
- Design thinking workshops to ideate a future state (Future Possible Phase)
- Development of recommendations for action towards the future state

Key Stakeholders

The LDT engaged widely throughout the project, and in total 1254 stakeholders were consulted.

The key stakeholders who were consulted in the review included:

- NSW Health staff as customers of people and culture
- People and Culture teams
- Directors of People and Culture (DPC)
- Chief Executives (CE)
- General Managers (GM)
- Aboriginal workforce managers (MAWD)
- Nursing workforce managers (NWM)
- Directors of Medical Services (DMS)
- Directors of Nursing and Midwifery (DoN)
- Directors of Allied Health (DAH)
- Regional Health Division, MoH
- Directors of Finance

268

P&C staff participated in Discovery workshops

375

Staff attended Town Hall sessions

210

Staff participated in Future Possible workshops

26

1:1 Conversations with Chief Executives

495

P&C team members engaged in local Agency visits

115

Customers involved in workshops

1026

Subscribers to *Towards Future Health*

1254

Total staff consulted with during the project

Co-design of recommendations

Adopting the principles of human-centred design, the recommendations of PCFH have been generated in partnership with stakeholders and following extensive consultation.

Human-centered design (HCD) is a creative problem-solving approach that places the needs and experiences of people at the forefront of the design process. It involves understanding the perspectives, behaviours, and preferences of the users and using that knowledge to create innovative and effective solutions.

The project consulted extensively with staff throughout the discovery and ideation phases and the experience of staff working in NSW Health as a customer of P&C and also as a P&C practitioner is documented throughout the report and associated materials. Interactive workshops with staff, held virtually and in person, were structured using HCD principles. The voice of the P&C customer and P&C practitioner has been referenced throughout the project.

Project scope

The project reviewed the people and culture functions, capabilities, and structures across 27 NSW HAs.

The areas excluded from the review included:

- HealthShare NSW statewide shared service transaction centres
- Central HR system support provided by eHealth
- Human Capital management (HCM) and other state-wide IT support systems
- Ministry of Health
- Affiliated organisations

Whilst omitted from the project scope observations have been drawn on the interplay of each with the delivery of people and culture services in NSW Health. The review did not revisit the shared human resource transaction functions within HealthShare NSW or the central coordination and policy functions within the Ministry of Health.

Communication strategies

The LDT developed a comprehensive Communication and Engagement Strategy to guide the messaging and approach to communication.

The key communication tactics and channels leveraged throughout the project include:

1. *Project intranet site* – Established early in the project lifecycle and regularly updated to enable all NSW Health staff members, and particularly P&C staff members to remain abreast of the project progress and findings
2. *Front Runner group* – Established in October 2022, the Front Runners were a small but diverse group of representative staff members who met monthly with the Lead Design Team to socialise ideas and iterate concepts.
3. *Presentations to key groups* – Throughout the project, commencing in March 2022, the Ministry of Health PCFH team presented to the key stakeholder groups at their regular forums.
4. Communication to industrial bodies on the purpose and timeframe of the review
5. *Systemwide messaging*– The NSW Secretary announced the of commencement of the project to all staff on 26 October 2022 via the *Your Health Check In* publication.
6. *Town Halls* – All P&C staff were invited to attend a series of Town Halls that commenced in October 2022. The Town Halls provided the opportunity for the Project Sponsor and Ministry of Health PCFH team to present on the project approach (Round 1) and discovery outputs (Round 2 – February 2023). The presentation was followed by an open Question and Answer session. A recording of each round was loaded onto the project intranet site and 55 Frequently Asked Questions were made available.
7. *Project Newsletter* – Established in December 2022, the team commenced a newsletter called Towards Future Health with a three-weekly cadence as an alternate channel of communication. The newsletter enabled the opportunity to spotlight some key findings, feedback about the local engagement sessions and provide education about some of the emerging areas of research. As at May 2023, there are over 1000 subscribers to the newsletter.

Local engagement work

The Ministry of Health PCFH team engaged with local teams in HAs throughout the project.

The analysis of P&C service provision in NSW Health has been enhanced through local engagement with stakeholders in HAs. Each HA has its own unique set of conditions, challenges and opportunities. While many of the challenges facing HAs and P&C teams are shared, each HA has a local context that has influenced decisions around structures and functions.

All HAs have been included in this work, except for Western Sydney Local Health District and Central Coast Local Health District who were undergoing protracted periods of change in P&C leadership at the time.

The purpose of the local engagement work was to:

- Understand the different contexts of People and Culture (P&C) teams across the various Health Agencies (HA) across NSW Health
- Understand the unique workforce challenges in various HA
- Expose the P&C teams to some of the research findings of the PCFH project
- Communicate and consult on the progress of the PCFH project and the findings of the Discovery workshops
- Collect further data (especially around professional development and career progression) and validate HA-specific data, and
- Build relationships with key stakeholders

Appendix D provides a summary of the local engagement initiatives and findings. The findings informed the recommendations.

Note on data sources

There were two key sources of data used in the project, self-reported data provided by the DPCs and Stafflink data. These data sources produce different data sets and analyses, and as a result, two different ratios have been reported.

The self-reported data ratio of *P&C FTE* to *total agency FTE* is referred to in this report. DPCs provided their self-reported data in October 2022. Data from eHealth and SESLHD was updated in March 2023 in response to significant structural changes in the relevant P&C teams.

All Stafflink FTE data is based on FTE from October 2022. P&C FTE data taken from Stafflink is based on all positions that have 'human resources' as a primary or secondary treasury code. The accuracy of this data is reliant on each Health Agency's efforts to accurately code their positions, and as such, self-reported data was considered most accurate for the make-up of P&C teams.

Due to the variability of the make-up of People and Culture teams across the state, inclusion criteria were established to create consistency. To this end, the data was defined thus:

- All discipline specific roles (AH, N&M, Medical), regardless of reporting line are not included as part of P&C
- Any core P&C functions (e.g., HR / WHS / Aboriginal Workforce) that sit outside of P&C are included
- Non-core P&C functions are not included as part of P&C, even if they report to the DPC (e.g., security, library, childcare, salary packaging)
- Education & Training – where they report to the DPC, they are included, where they do not, they are not

Project deliverables

The project has generated key outputs summarised below and represented in the Final Report and supporting documents.

The project deliverables include:

a. A summary of the key priorities and reform agendas outlined within the Future Health Strategy and Health Workforce Plan through to 2032, relevant to the role of people and culture functions

b. Review of the existing people and culture team structures and capabilities within health agencies, and provide a report on current structures, cluster wide consistencies, inconsistencies and strengths and weaknesses, including:

   i) analysis of people and culture activity supporting clinical workforces that is undertaken in other parts of the organisation.

   ii) a resourcing snapshot of people and culture roles and the numbers within these roles across the agency.

c. Review and report on best practice people and culture service structures from other business sectors, including other health jurisdictions

d. Identify the impacts of future of work, and how people and culture teams can optimise productivity, considering future work practices and expectations of workers

e. Identify desired skills, attributes, and capabilities of practitioners within the people and culture function that will contribute to the achievement of reform priorities, and develop contemporary success profiles for people and culture practitioners in NSW Health

f. Make recommendations for structures and capabilities within health agencies that take account of analyses and current state observations to strengthen achievement of the key strategic plans identified at point (1).

The complementary project materials to the People and Culture for Future Health Final Report and Recommendations (Final Report) include the following documents:

- Future Health Report & NSW Health Workforce Plan (HWP) 2022-2032
- Summary & Key Priorities
- P&C for Future Health – Impacts of Future Work Defined
- Global P&C Operating Model Research and Case Studies
- Toolkits to support implementation

By the numbers

The data outputs of the project are in the Discovery Pack with a short summary of key data below. A deeper analysis of the data has been completed to further understand the P&C teams, functions and gradings.

Of the P&C workforce 73.3% are female and the average age is 44. There are approximately 1,724 Full Time Equivalent (FTE)[8] staff across all agencies working in a P&C role providing an average servicing ratio of 1:67 using the self-report data, which suggests overall NSW Health P&C is dedicating more FTE to employees than other Healthcare providers. With the benchmark for other health providers being 1:93[9], the average for NSW Health would suggest P&C professionals are servicing approximately 28 FTE fewer. However, this collated data does not easily demonstrate the inconsistencies across the system. For example, 12 HAs have higher ratios and five exceed the 1:93 benchmark. The range data indicates that P&C may be adequately resourced or under resourced in different HAs in respect to the size of the workforce they support. None of the Pillar organisations exceed the 1:67 ratio. Overall, the data would suggest that NSW Health as a system has an adequate total number of P&C FTE.

The benchmarking data has been calculated using FTE, rather than headcount. FTE is a unit of measurement that considers the different working hours of the workforce. Due to the standardised nature of FTE, it is a more accurate metric to use for benchmarking workforce capacity, performance, and productivity[10]. It cannot be overlooked however that P&C teams are servicing people and therefore the FTE data may underrepresent the number of people each member of the team is required to support in an organisation.

There are several factors that impact on *P&C to employee* ratios. This includes the degree to which an organisation has invested in technology, role types in the team, size of organisation, budget, and the industrial environment.[11] As such, it is anticipated that P&C transformation resulting from this project will impact these ratios, likely driving the average the number of staff being serviced per P&C staff member up. Propelling this is the continued pursuit of efficiencies, increased automation and/or easy to use systems for people leaders, and the ongoing shift of transactional services to shared services.

Table 1 summarises the total number of P&C staff by grade as a percentage of overall staff group. For brevity, a range of grades have been placed into the 'Other' category which include staff on clinical awards and technical awards.

This data highlights that HM2 is the most common grade in P&C statewide. The average salary was calculated to be $74,200 which is below HM2 remuneration. This is explained by both the higher proportion of roles at or below HM2 (58.87%), compared with roles above and the concentration of roles at AO6 and HM1 level.

There are nine different names used to identify the 'People and Culture' directorates in HAs, and over 1,100 role titles statewide in P&C. This highlights the lack of consistency in how functions, teams and position titles are derived. Similar irregularity is present in role grades. This variability makes it difficult to form a cohesive picture of P&C across the state and to fully understand how each P&C function is resourced.

[8] *Source: P&C Organisational Chart Data (Self-reported data gathered in October 2022 via formal data requests to each P&C agency) - 1. Is this P&C or Not (Yes), Sum of FTE*

[9] *Source: Benchmarks have been taken from the PwC Benchmarking tool based on client and external data globally across Healthcare Providers (January 2023).*

[10] Headcount vs FTE Benchmarks: What is the Difference? | CompanySights - Headcount Benchmarking for Professionals

[11] Source: The Optimal HR to Employee Ratio - AIHR

Table 1: Summary of Total P&C staff per Grade

Grade	Total	%
AO1	1	0.06%
AO2	26.5	1.54%
AO3	28.6	1.66%
AO4	76.76	4.45%
AO4/6	8.84	0.51%
AO5	42.25	2.45%
AO5/6	8	0.46%
AO6	199	11.54%
HSSE 1	13	0.75%
HM1	202.1	11.73%
HM1/2	2	0.12%
HM2	406.8	23.60%
HM3	241.8	14.03%
HM4	112.1	6.50%
HM5	52.2	3.03%
HM6	16	0.93%
Other*	287	16.65%
TOTAL	**1724**	**100%**

*Other includes all other grades including Ambulance, Technical, Nursing, Allied Health and Medical grades

In addition to limitations describing variation across HAs, the overall P&C ratio (1:67) does not provide a clear picture of the service level or maturity per function. For example, where there might be a team of 30 recruitment staff in an organisation of 10,000, a service ratio of 1:333, the same P&C team may have a Work Health Safety consultant team of five, with a service ratio of 1:2000. This means that as the system transitions towards the new service delivery and operating model that there will need to be shifts in the make-up of the different functions to meet the strategic service demands. In short, this could look like transitioning roles out of transactional work into strategic work. In addition, when viewed with a system lens some key P&C roles, e.g., HRBP vary in the work they do, their role titles, and the grade of the incumbents of these roles across HAs. To this end, a Function Summary was completed for each P&C function and is included as Appendix E. The Function Summaries provide a synopsis of data, grades, activities, and general observations per function gathered through the review as well as a snapshot of leading practice research, and where it could be attained, ratio benchmarks.

> *"The level of variability and inconsistency in everything P&C is mind blowing."*
>
> **– P&C staff member**

Table 2 summarises the total number of P&C FTE within each function by grade (and as a percentage of overall FTE for that function). For brevity, a range of grades have been grouped into the 'Other' category which include staff on clinical awards and technical awards. These data highlight that:

- The greatest number of roles are in the recruitment function, followed by Human Resources and Learning and Development. For further information about the percentages across the functions, refer to Appendix D.
- Learning and Development has the greatest range of grades, with the highest percentage of roles in the 'other' category
- Workforce Planning and Workforce Reporting and People Analytics are the least resourced functions
- Industrial Relations has the highest proportion of staff at HM4 or above (39.3%), while Recruitment has the highest proportion of junior roles with 32% of staff AO3 and below

A combination of factors provide rationale for the current structure of the P&C workforce. These include the federated system of agencies in NSW Health and siloed nature of operations, the geographical dispersion of the workforce and the transactional nature of the service provision that is person-dependent to date.

In response to the complexity and variability discovered in the data, some suggested roles and gradings have been included as Appendix F.

The report makes recommendations to improve resource productivity through recalibration of service provision. This aims to move the efforts of P&C teams away from a transactional dominance to strategic and forward planning work. Nationally there is a tight employment market across the P&C industry and efforts to retain and develop the existing P&C workforce are advocated through the recommendations.

The report also makes recommendations on improving the consistency of roles and grades, as well as the core functions of P&C.

Table 2: Summary of P&C staff per Grade per Function

	HR		IR		Recruitment		OD		L&D		WHS		Reporting & Analytics		Workforce Planning	
	FTE	%	FTE	%	FTE	%	FTE	%	FTE	%	FTE	%	FTE	%	FTE	%
AO1			1	1.80%	15	4.50%			1	0.30%						
AO2	1	0.34%			14	4.30%	1	0.70%	3	1.00%	4	2.20%				
AO3					76.17	23.20%	2	1.40%	13.84	4.80%						
AO4	1.7	0.58%			19	5.80%	3	2.10%	6	2.10%	1	0.60%			1	7.79%
AO5	2	0.68%			7	2.10%	3	2.10%	4	1.40%	0.47	0.30%				
AO5/6					92.4	28.10%										
AO6	17	5.80%	1.4	2.50%			5.6	3.91%	6.6	2.30%	3	1.70%	6.34	22.37%		
HM1	45.55	15.54%	3	5.50%	53	16.10%	14	9.78%	18.9	6.60%	33.14	18.20%	4	14.11%	3	23.36%
HM2	77.12	26.31%	8	14.50%	17.28	5.30%	47.24	33.01%	41.23	14.40%	105.16	57.90%	8	28.23%	2	15.58%
HM2/3	7	2.39%														
HM3	93.7	31.97%	18	32.70%	13	4.00%	36.47	25.48%	24.63	8.60%	20	11.00%	8	28.23%	3.84	29.91%
HM4	31	10.58%	15.6	28.40%	5	1.50%	14.8	10.34%	8	2.80%	8	4.40%			1	7.79%
HM5	12	4.09%	5	9.10%	1	0.30%	10	6.99%	2	0.70%			1	3.53%	2	15.58%
HM6	1	0.34%	1	1.80%			1	0.70%	1	0.30%	1	0.60%				
OTHER*	4	1.36%	2	3.60%	15.53	4.70%	5	3.49%	156.64	53.80%	6	3.40%	1	3.53%		
TOTAL	**293.07**	**100%**	**55**	**100%**	**328.38**	**100%**	**143.11**	**100%**	**286.84**	**100%**	**181.77**	**100%**	**28.34**	**100%**	**12.84**	**100%**

*Other includes all other grades - Ambulance, Technical, Nursing, Allied Health, and Medical grade

6

Recommendations

PwC report recommendations

The Report identifies the key areas that require disruption for NSW Health to equip P&C teams for the future.

The consultation and engagement phases generated a lot of information from staff about how P&C services are currently being delivered, what the gaps are and where there are improvement opportunities. The views from Chief Executives, customers of P&C and P&C staff have been considered alongside research into leading practice. Key questions to solve were ideated through workshops and shared with Chief Executives and the Directors of People and Culture. These included:

How might we/ How might:

- use standardised P&C functions and processes to circuit break the perpetual transaction cycle we are stuck in?
- enable our organisations to be more self-sufficient for transactional service delivery?
- build the brand, credibility, and knowledge of P&C to communicate our value more powerfully?
- transform the way we recruit and onboard new talent combining the best of digital and human?
- build a pipeline of diverse talent into P&C that we retain through rewarding career paths?
- deliver consistent, personalised service supported by digital tools and processes?
- use collaboration, connection, and consistency to deliver improved patient and employee experiences?
- integrate P&C more effectively into all parts of our organisations and how they work?
- enable greater automation, digitisations, and use of data in P&C to modernize our service delivery?
- build alternate delivery models and capabilities and deploy them differently to scale our impact in key areas of need?
- develop a stronger relationship-based approach to our service delivery
- P&C influence culture, psychosocial safety, and wellbeing across the NSW Health system?
- P&C transform the way we work in NSW Health to enhance staff and patient experience?

From these seminal questions five key themes emerged that house the project recommendations. The five key areas are identified as Circuit Breakers to drive the transition and contemporise P&C. These include:

i. Transitioning to new flexible and adaptable service and operating models focused on customer centricity
ii. Generating system capacity through simplification and standardisation, and growing P&C skills
iii. Refocusing the Ministry of Health to set strategy and transform the authorising environment
iv. Unlocking the power of the network through formal and informal connections to build scale and provide agile solutions
v. Digitise the core of P&C services through automation and digital tools

The 52 recommendations across the five circuit breakers are phased into three horizons. The Ministry endorses the Report inclusive of the circuit breaker recommendations. In addition, the following supplementary recommendations and commentary are made.

Recommendations on structural change

Improving People and Culture service delivery through structural reform.

Themes raised about team structures through the consultation and the rationale for change are summarised in the following sections. There is great variation in structures of the people and culture directorates across the system and with the Local Health Districts (LHDs) in particular. It is acknowledged that LHDs have variations in the size of workforce, size of the P&C workforce, geographical spread, and complexity of industrial and workplace environments, and all these factors have played a part in determining the current alignment of services in each organisation to date. It would however make sense for there to be more consistency in terms of the services offered and configuration of P&C teams for the benefit of attracting and retaining staff and improving employee and customer experience.

To this end, it is recommended that all P&C related activities are structured within the one central directorate, reporting to the DPC, who in turn reports to the CE. The recommended structures are illustrated in Figures 1 and 2.

Figure 1 Recommended Structure: Large Local Health District

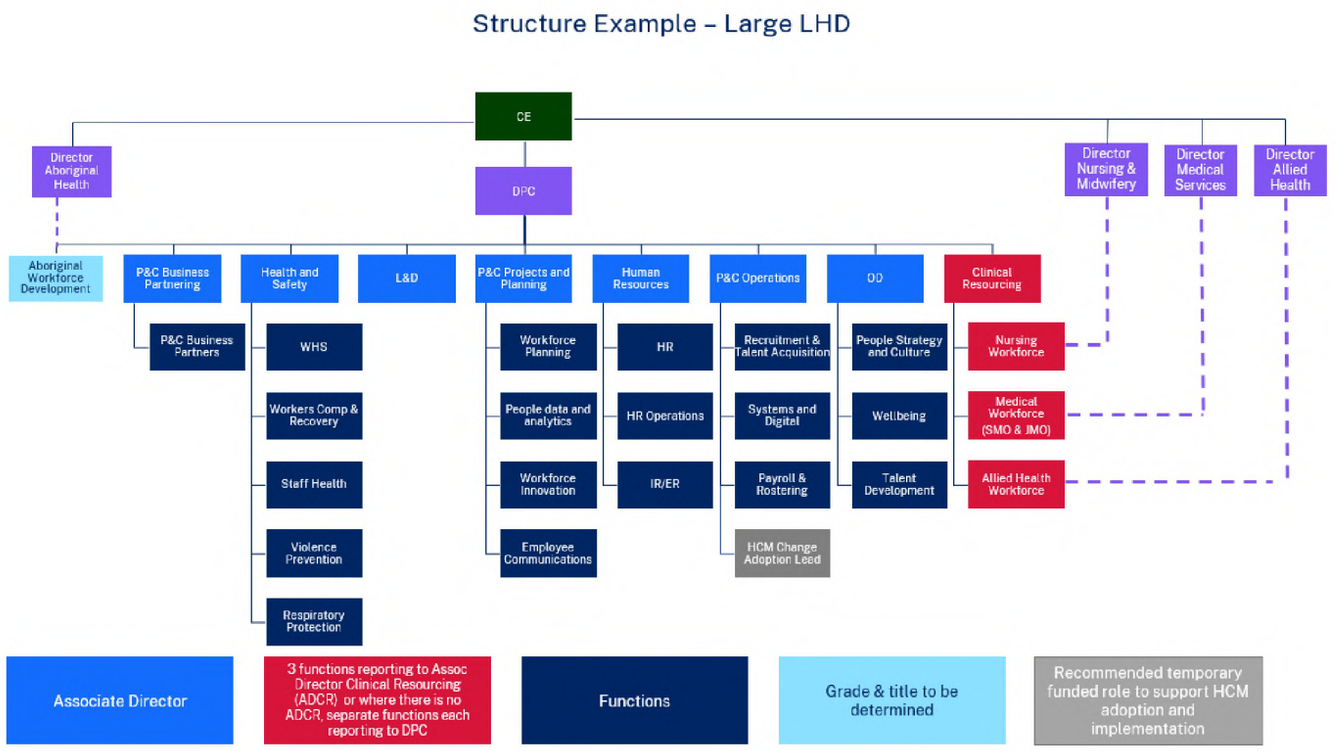


Figure 2 Recommended Structure: Small Local Health District

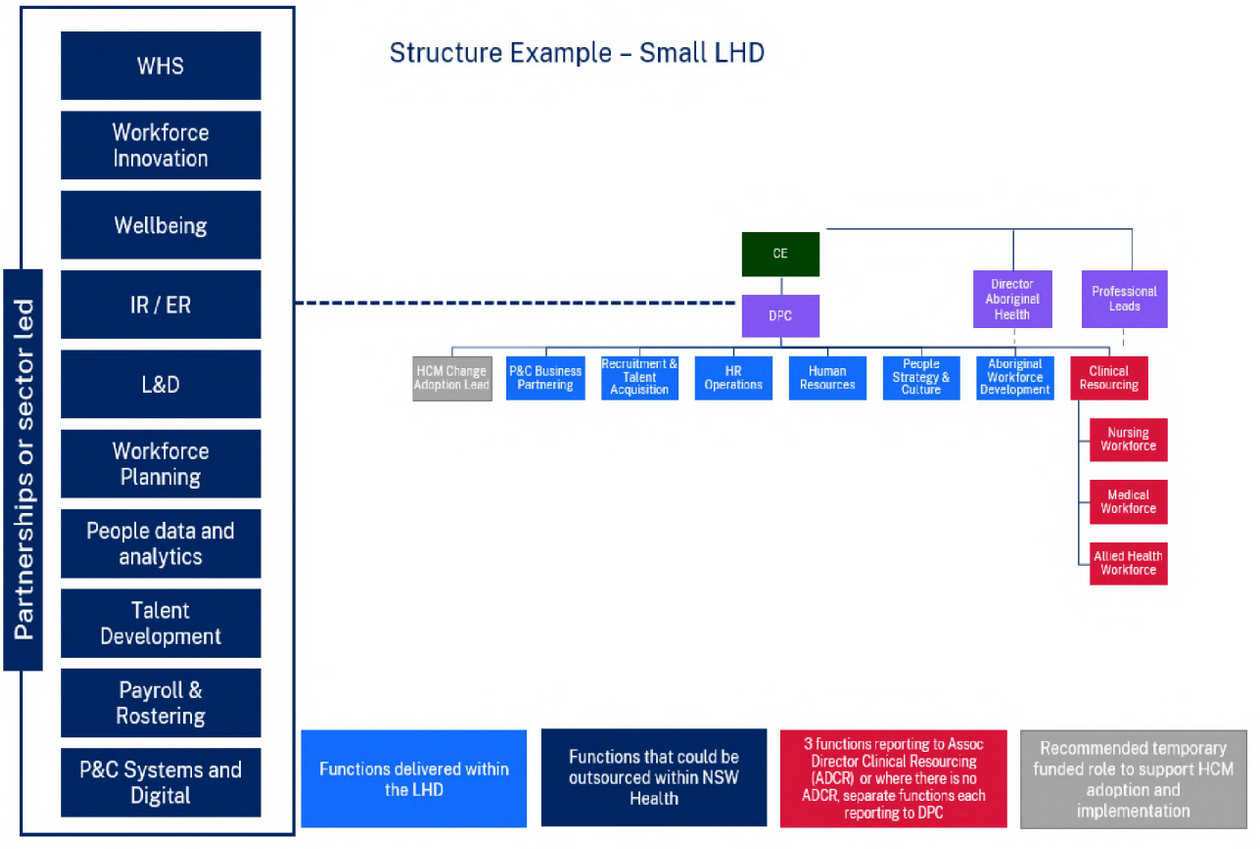


Figure 1 outlines the optimal structure for a large local health district and Figure 2 for a smaller local health district that has a small on-site team and the need to outsource some of the core functions as required. The optimal structures include only those functions considered as core P&C services. They also include the HCM Change and Adoption Lead, which is a proposed temporary role funded by the Ministry with savings achieved through service delivery model change to lead radical simplification and digitisation readiness in P&C teams.

In both models the creation of a local clinical resourcing Centre of Excellence that coordinates and manages the clinical workforce functions is recommended. This work is currently undertaken by Nursing and Midwifery workforce, Medical administration (Junior and Senior) and Allied Health workforce, and in most cases the units have little or no interconnection with each other or the broader P&C team. Under the recommended structures existing resources undertaking these activities would transfer to P&C and work within the P&C service. Strong connection with LHD discipline leads would be essential.

It is recommended all LHDs align their structures to these models.

> *"P&C teams need to understand broader change and their role in that. We need to continue investing in digitising the teams to connect them more effectively across the system to reduce duplication, speed up service, broaden their thinking and lift capabilities."*
>
> **– Chief Executive**

Rationale for Medical administration, Nursing and Midwifery workforce and Allied Health workforce reporting to P&C

There are long standing beliefs in Health about specialist skills and unique workforce needs of disciplines. To this end, the key clinical disciplines have dedicated workforce teams performing a range of P&C functions for their staff.

Most professional leads express a preference for ongoing separation from P&C to deliver their workforce support needs. Where discipline specific workforce teams are fully integrated as part of P&C, consultation has shown that relationships are described as close and collaborative.

P&C structures across the HAs vary. In some organisations the discipline-specific teams report into the DPC, in others they do not. Not all HAs have clinical workforces and as such they do not have discipline-specific teams. Not all HAs with clinical workforces have the full range of discipline-specific or dedicated discipline specific workforce resources.

During the Discovery Phase it was highlighted that the discipline-specific teams are executing P&C functions for discrete groups of staff, and while there are differences in what they do and how they do it, there are also similarities. There is also variability across HAs in the way the groups intersect and interact with each other and with the broader P&C teams.

All discipline-specific teams reported being responsible for recruitment and retention strategies for their disciplines.

Allied Health workforce teams, of which there are four across the state, also concentrate on grading/credentialing and workforce planning, with some involvement in workforce development. They report that due to the lack of dedicated workforce staff they have fallen behind in terms of their workforce e.g., limited growth in overall FTE, fewer AH locum positions, fewer AH educators. A lot of the strategic workforce work is performed by Directors of Allied Health.

In addition to transactional services, the Nursing and Midwifery (N&M) workforce teams reported having responsibility for more strategic P&C functions such as designing and delivering culture programs, leadership development, talent pipelines including student placements, succession planning, talent attraction and workforce planning. There is duplication in this work and the work of the broader P&C team however, it is asserted that a clinical lens is needed to ensure relevancy of programs for nursing and midwifery staff. Only one LHD has the N&M workforce team reporting to the DPC. The FTE range for N&M workforce teams is 1-47 FTE, median 8.[12]

Medical administration is particularly complex in that there are different teams servicing Junior Medical Officers (JMO) to those servicing Senior Medical Officers (SMO). The priorities of these teams differ with JMO units focussed largely on recruitment, rostering, Award interpretation and wellbeing support for JMOs, and SMO units focussed on recruitment, credentialling, Award interpretation, Training Education and Study Leave (TESL) and Visiting Medical Officer (VMO) contracts (quinquennium). People and Culture teams are equipped with the skills to perform this work, however, it is contended that the legal requirements in the appointment process for medical staff and risks of error justify separate units. Across Health, 72% of SMO teams and 89% of JMO units sit outside of the central P&C teams. The FTE range for Medical administration teams (combined JMO and SMO) is 2-33.2, median 14.[13]

[12] Source – the FTE data for N&M workforce teams is based on data provided by DPCs. Some Agency data was incomplete or not provided
[13] Source – the FTE data for Medical workforce teams is based on data provided by DPCs. Some Agency data was incomplete or not provided

None of the discipline-specific teams perform all functions of the broader P&C team. The discipline-specific teams commonly reported relying on P&C teams for complex workplace investigations, injured worker support and complex industrial disputes, staff health including vaccinations, mandatory training, workforce reporting, and performance management support. While they appeared to appreciate the opportunity to partner, they reported delays in 'moving paperwork back and forth from one team to another'.

There is no doubt from the consultation that a dedicated and capable team is needed in each discipline to perform specific P&C work, but there is also opportunity to improve the career paths and professional support for staff in these units, so that they continue to grow and improve the services they offer. As discrete units, the P&C staff working in discipline-specific teams face professional isolation.

There is also an opportunity to improve the connection and communication between discipline-specific teams and People and Culture to ensure greater partnering and inclusion of the clinical lens in the P&C purview. Due to the synergies in the work performed by the teams, there are opportunities to improve consistency and reduce duplication.

The recommendation in Horizon 2 is to transfer the discipline-specific workforce teams into People and Culture.

The opportunity in Horizon 1 is to move towards this transition by improving communication and including the discipline-specific teams in the project implementation initiatives. There is also a need to establish a fourth discipline-specific pillar in P&C to support Aboriginal Health Workers and the Aboriginal Health Practitioner workforce.

> *"There are limited resources in Aboriginal Workforce which needs to change. They are not embedded into our teams. This also applies to medical, nursing and allied health. They need support and advice from professional leads but should be embedded into P&C, which would allow for more sharing, more professional development. We have siloing in own organisation, let alone across the state."*
>
> **– Director People and Culture**

Rationale for Aboriginal Workforce reporting to P&C

There is a Premier's priority to increase the percentage of Aboriginal[14] staff in NSW Health. This work falls into the remit of the Aboriginal workforce staff who seek to recruit, retain, and develop Aboriginal staff within their HA.

There are a range of considerations that have emerged during the project regarding Aboriginal Workforce teams, including Manager Aboriginal Workforce roles and Respecting the Difference trainer roles.

Structure – There are no consistent reporting lines, role titles or remuneration structures for Aboriginal workforce roles across HAs. Approximately 71% of Aboriginal workforce roles reported to P&C when the data was collected (October 2022), however this percentage has decreased in more recent months with realignment of Aboriginal workforce teams to Aboriginal Health services in at least two HAs. In some instances, the Aboriginal workforce roles are split between P&C and the Aboriginal Health service e.g., the Manager Aboriginal Workforce Development reports to P&C while Respecting the Difference training sits in Aboriginal Health, or vice versa. Where roles report into Aboriginal Health, they are generally direct reports of the Director Aboriginal Health. Where roles are aligned in P&C, none are direct reports of the DPC. Aboriginal staff working in these roles consulted throughout the project advocated a strong desire to be working within the P&C team. It has been well intentioned to have a strong focus on Aboriginal health and the Aboriginal workforce through combining these internally staff focused and externally patient focused services. However, there is a risk of professional isolation and increased difficulty with career progression for staff leading P&C work outside of the central P&C portfolio. Embedding Aboriginal workforce roles within the P&C portfolio ensures appropriate training, supervision and support for activities undertaken by team members through alignment with relevant subject matter experts.

Role - These roles report broad purviews and complete autonomy. During consultation, they indicated the need for greater prioritisation from Executive leaders, greater support from P&C and Aboriginal Health colleagues, and greater commitment and clarity such as targets from HAs regarding Aboriginal cadetship and other pipeline programs. There is little grading consistency in the roles across HAs.

Resourcing - There is often only one Aboriginal workforce role in an organisation. They are often tasked with cultural support for all Aboriginal staff in the HA as well as the implementation of strategic and operational objectives, usually in isolation or with limited guidance or structural support. There is a sense that there is inadequate resourcing to effectively undertake the breadth of the role, and the opportunity in embedding Aboriginal workforce staff into P&C creates shared responsibility for elements of the role and greater access to HRIS to source data and report.

Recommendations - To improve consistency of professional support, career development opportunities, pipelines to P&C leadership pathways and integration of the Aboriginal workforce agenda into the broader P&C remit, it is recommended that Aboriginal workforce staff across all HAs report to P&C, with one role as a direct report of the DPC to embed the Aboriginal voice at a more strategic level across the organisation. An ongoing strong connection between the Aboriginal workforce roles and the DPC with the Aboriginal Health services is essential for cultural support and co-design of programs to support joint outcomes. Further work should continue to explore recommendations on role titles, development of exemplar position descriptions and consistent gradings for Aboriginal workforce roles as part of the review of the Good Health, Great Jobs Aboriginal Workforce Strategic Framework. Professional development priorities for Aboriginal Workforce professionals and internal Respecting the Difference facilitators should be prioritised to

[14] Aboriginal when used in this document is inclusive of the terms Aboriginal and/or Torres Strait Islander and/or Indigenous peoples in recognition that NSW is the traditional lands of Aboriginal peoples.

support individuals' ongoing pipeline and career development opportunities and further contribute to the growing capabilities of the P&C portfolios.

P&C core and non-core functions

P&C structures across the Health Agencies vary as do the functions that are provided.

In some cases, activities are provided by P&C teams that are not considered within the traditional remit of P&C and have evolved into P&C portfolios for local agency reasons. Examples include the provision of security, reception, records management, and library services. Research and leading practice would suggest that the functions of a high performing P&C division should be limited to those activities that are focused on the employee life cycle and in the Report are referred to as Core functions. It is recommended that HAs revisit the activities and functions within their P&C portfolios and structure their services in accordance with the Core functions identified in the Report and Table 3 below.

Table 3: Core and Non-Core P&C functions for NSW Health

Core Functions	Non-Core Functions
People Strategy and Culture *(including employee experience, organisational development, diversity and inclusion)*	Security Services
Human Resources	Fire Safety
Workforce Planning	Records Management
Talent Acquisition and Recruitment	Library Services
Learning and Development	Chaplaincy
Talent Development	Patient Experience
People Data and Analytics	Child Care Services
Payroll and Rostering	Salary Packaging
Human Resources Operations	Reception
P&C Systems and Digital	General Insurance and Risk
Workforce Innovation	
Wellbeing	
Work Health and Safety *(including Staff Health, Worker's Compensation and Recovery at Work)*	
Industrial and Employee Relations	
P&C Business Partnering	
Employee Communication	
Nursing and Midwifery Workforce Management	
Allied Health Workforce Development	
Aboriginal Workforce Development	
Medical Workforce Administration	
P&C Program Management Office	

Review of learning and development in NSW Health

Learning and development is a critical enabler of workforce.

Learning and Development is increasingly connected to the EVP across industries and sectors and becoming a central reason why people are staying or leaving employers.[15] The design, curation and access to learning and development is inconsistent across NSW Health and ranges from highly established and well-resourced centres of education to small teams that predominantly only manage the NSW Health Learning Management System (LMS) for their HA. In some agencies Learning and Development is also coupled with clinical Education and Training. In other agencies there is a blurring of functions between Organisational Development and Learning and Development.

The only existing P&C Centre of Excellence, the Health Education and Training Institute (HETI) governs the statewide LMS, My Health Learning (MHL) and provides a blend of online and in-person capability development in clinical and non-clinical areas. Participation in HETI education and training varies across HAs and with its current purview and resourcing, HETI cannot meet the development needs of the entire Health workforce. To this end, some agencies have engaged external consultants to develop leadership frameworks and development programs and others develop their own in-house programs where they have the capacity and capability to do so.

Whilst there is a commitment to providing learning and development to staff in all agencies, what is absent is a system-wide lens and governance over the practices, the impact of approaches and gaps. The criticality of learning and development for the system, for teams and for individuals warrants an in-depth exploration from a shared service lens to surface the areas of duplication and highlight examples of leading practice.

The current FTE investment in learning and development is approximately $32 million/annum[16]. There are opportunities for cost savings of a percentage of this investment with increased centralisation and/or redirection of resources.

[15] Ref: Employers lean into L&D to boost recruitment, retention | HRD Australia (hcamag.com)

[16] *Source: L&D salary spend (excluding on costs) is based on base salary for each grade as at May 2023. For those FTE where grades were not specified, HM2 salary was used (HM2 is the mode grade in L&D)*

Role of shared services

The Report Circuit Breaker, *Digitise our Core*, places emphasis on greater integration with systems to automate and digitise transactions that will achieve economies of scale and potential savings over time.

Opportunities have been identified for greater use of shared services to increase expediency, efficiency, and access for customers. The transition to increased digital P&C solutions will occur across three horizons. It is anticipated in the first horizon local shared service hubs will co-exist with the central shared-service provision. Over time however the local shared service hubs will be phased out as the sophistication of the central shared service hub model expands capacity and capability and opportunities to automate are maximised.

HealthShare NSW is working in partnership with eHealth on the design and deployment of an enterprise Robotic Process Automation (eRPA) as part of their Digitisation Strategy delivered through their Digital Centre of Excellence. The Report recommends rapid transformation of P&C processes through the existing SARA (Search And Request Anything) application. Options for robotic enhancements to automate connectivity between systems (e.g., VaxLink and ClinConnect) exist and should be explored for prioritisation.

The current pipeline for enhancements in Employee Shared Services includes assignment of Superannuation (anticipated to be rolled out from July 2023), Manager Self-Service forms and early work in bulk recruitment letter of offer, new hire tasks and parental leave requests. Initially this will primarily impact HealthShare NSW Employee Shared Services team members however, the future planned enhancements will create capacity for a broader range of P&C team members and reduce transactionally focused tasks. Overall, the enhancements will improve efficiency and accuracy enabling P&C staff to deliver services effectively.

The transition from local Employee Service Hubs to Statewide Service Hubs as part of the new operating model, and the expansion of automation including eRPA, will result in monetary savings and efficiencies over time. The opportunity to perform more as one-system will reduce replication of effort and enable process improvements to have maximum benefit for all. A formal P&C digitisation strategy will articulate the roadmap for P&C to make this shift.

> *"We need to create processes, channels and ways of communicating where we can share resources, ideas and issues and share collective knowledge instead of all working on the same problem individually."*
>
> **– P & C staff member**

Role of the Ministry

Throughout the PCFH consultation and engagement, P&C staff voiced a desire to work in a 'smarter way' as a system.

Across the system there is recognition of duplication of effort and resources, and a desire for both simplification of process and greater system leadership to establish guidelines on P&C service delivery. Staff working in P&C roles seek modernisation, stronger networks, and system-led support. The Report signals the reset of the role of the Ministry with an increased emphasis on setting the governance frameworks and influencing the authorising policy environment as steward of the system.

During consultation stakeholders expressed inconsistent knowledge and understanding on how the work of the Ministry impacts the P&C workforce, outside of the development of the Health Workforce Plan. They were not always able to articulate the connection and relevance of the Ministry purview to the broader P&C work of the system. There was a strong sentiment articulated around a lack of leadership emanating from the Ministry in relation to the work of P&C and to date HAs have been designing and implementing their own versions of frameworks and strategies. The DPCs have vocalised the need for the Ministry to take a stronger lead on strategic workforce planning for the NSW Health system, as well as the relationship with universities to achieve talent pipelines into Health. The DPCs expressed strong commitment to work as a system to establish alternate pathways to a broader range of roles and shift the internal culture of Health, as well as determine 10-year capability projections for the system.

The stakeholders in the P&C sector have voiced a desire for the Ministry to establish more distinct strategic objectives and take the lead in expediently developing important initiatives, guidelines, and resources. It is necessary to have a better grasp of the Ministry's role and the intricacies involved in their work concerning the larger P&C community. Both the Ministry and DPCs share the responsibility of determining the approaches needed to accomplish these goals.

The Report recommends the role of the Ministry is reset through:

- Setting the foundations and overarching leadership for the CoEs, CoPs and agile team models,
- Leading the implementation process for the system-led recommendations,
- Leading a review of delegations to support more localised decision making,
- Leading the simplification of P&C roles/ role titles and grades, and developing key P&C role success profiles and role descriptions
- Leading the development of an approach to radical simplification of processes, and
- Leading the development of a digitisation strategy for P&C

The PCFH review has assessed the system as a whole and gleaned the strengths and weaknesses of the federated model. There will be an ongoing need for local contextualisation, where it makes sense, however there are significant economies of scale and opportunities to minimise duplication to be gained from the implementation of consistent practices. The Ministry can play a stronger stewardship role to establish guidance and mechanisms to transition P&C at the system level. There is a need for increased leadership to articulate the interconnection and value proposition of the work being led at the Ministry to the broader system. The Ministry also has a key enabler role to play supporting greater connectivity across the system through the establishment of the operational and strategic networks including the Centres of Excellence.

Examples of P&C activities that could be system-led

Throughout the project consultation, several areas were identified as having potential to be led at the system level. These are generally pain-points that each HA is working to solve locally, where a collaborative approach would be beneficial.

The advantage of system-led activities is the opportunity to reduce duplication, streamline processes and increase standardisation for the sector. Increased cohesion will increase productivity for the benefit of the P&C customers. There are potential cost savings from efficiencies gained over time through the reduction in effort from duplication and transitioning to a greater reliance on digital solutions for transactional work.

In support of the Report recommendations the Ministry propose progressing the areas identified in Table 4 below as system-led activities and functions.

Table 4: Opportunities for System-Led solutions

Function	System-led option
Recruitment	Develop process for all checks to be undertaken centrally for all Health Agencies Explore opportunities for migration services to be coordinated at state level Explore opportunities for student verification checks to be undertaken centrally for all Health Agencies
Workforce Systems	Identify processes for standardisation as a first step to maximising usage of available technology (e.g., SARA) Review existing system guides so they are fit for purpose and avoid duplication Establish a process to automate and digitise transactions
Learning and Development	Explore avenues for sharing available local offerings more broadly Undertake review of L&D across the state – role of HETI and HAs, governance, access
P&C Pipeline	Develop model for P&C Traineeship / Cadet / New Graduate program for NSW Health
Workforce Planning	Explore options for strategic workforce planning across HAs or a centralised model Explore process to better link workforce and clinical service planning Develop a process to share clinical profession workforce planning data with DPC group
People Metrics	Explore and identify value adding workforce performance metrics to be considered as part of Agency Service Agreements
Data and Analytics	Explore the development of statewide workforce dashboards and reports Explore the development of statewide Data Analytics CoE
Wellbeing	Develop statewide psychosocial risk management strategy (linked to new Code of Practice)
Industrial Relations/ Employee Relations	Develop a model for statewide supported management of unfair dismissal processes Develop a model for statewide support for complex investigations Develop statewide investigations training for P&C professionals
Organisational Development	Establish clear OD definition and framework for state
Work Health and Safety	Consider development of statewide suite of safe work method statements Explore options for WHS (and SIAT) audits to be undertaken by tiger team across multiple / all HAs

Cost savings and economies of scale through a new P&C service delivery model for Agencies located at 1 Reserve Road

Pillar Agencies play an important role supporting LHDs and SHNs. The Pillars have their own P&C teams, except for Bureau Health Information (BHI). They partner with HealthShare NSW to deliver the full gamut of P&C services to Pillar staff.

An individual arrangement is in place with HealthShare NSW for the delivery of services to each Pillar.

The data has highlighted that the pillar ratios are lower in general than other HAs and given the co-location of many of the organisations since the establishment of 1 Reserve Road, a deeper look into the services was warranted as part of this review.

Appendix G outlines some of the options for how the Agencies located at 1 Reserve Road could be reorganised to maximise resources and improve consistency of service.

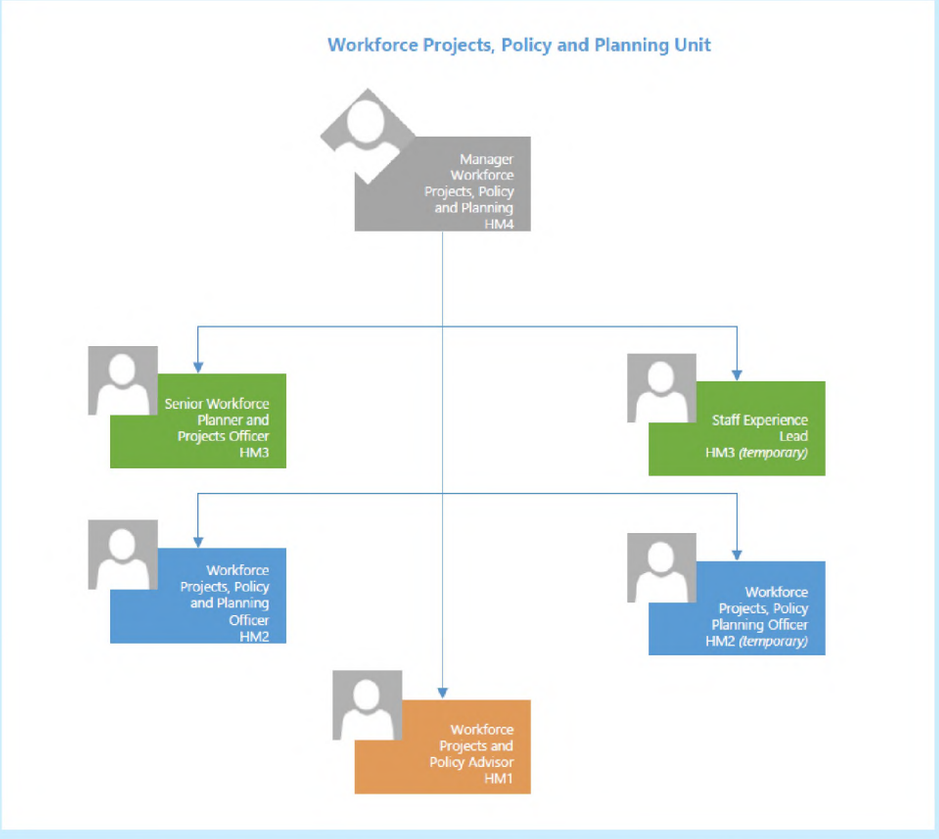
The option recommended is a single P&C team providing services across all Pillar agencies and Health Infrastructure (HI). This provides resource efficiency, economies of scale, flexibility to adapt the mode of operation based on needs and more holistic P&C service provision to the identified HAs. This option will require a new DPC role funded from the reduction in FTE required to service the model. Table 5 compares the cost of the current combined workforce, (ratio of 1:34) with the cost of the recommended model, (ratio of 1:67). This could potentially realise $2M annually in savings.

Table 5: Current P&C structure vs recommended structure for Pillar agencies and Health Infrastructure

Current Structures		
Combined workforce	1,286	
P&C FTE	38	P&C to HA FTE Ratio 1:34
P&C Salaries	**$4,360,075**	
Option: single team (Pillars and HI)		
P&C FTE	19.2	
P&C FTE realigned	18.8	P&C to HA FTE Ratio 1:67
Realigned P&C Salaries[20]	**$2,157,090**	

> *"In our agency there is limited resourcing and specialist expertise in the L&D function beyond HR capability, but they are stretched beyond capacity. It would be useful to have shared opportunities or programs where possible across pillars/MoH rather than all of us trying to achieve on our own."*
>
> **– Customer**

CASE STUDY: NBMLHD IS DEALING WITH COMPLEXITY WITH AGILITY



Facing tight turnarounds and needing to establish processes for new initiatives quickly, NBMLHD established a team to get things moving.

The Workforce Projects, Policy and Planning team manages time sensitive workforce responses relating to projects, compliance activities, and the development of relevant tools and systems to monitor and track responses. They also coordinate strategic workforce planning, development and review of workforce frameworks, policies, procedures, guidelines and processes. The team enables the implementation of strategies that support business objectives and address key workforce challenges.

Examples of initiatives the team have been involved in include P&C component of the Financial Recovery Plan, managing recruitment and incentives for 'Building and Sustaining the Rural Health Workforce Funding' and managing recruitment and tracking of Resilience funded positions.

They work closely with Recruitment, Organisational Development, Diversity and Inclusion and Human Resources and have plans to further enhance the team collaboration.

This team has all the makings of a great workforce innovation function, with the opportunity to bring valuable expertise in identifying and implementing innovative solutions across the entire employee lifecycle. A primary opportunity for the team into the future is to look outward at macro trends and find solutions for how to get ahead of the trends for the benefit of the business and customers, rather than remaining focused on what they describe as 'operational/reactive projects'.

7

Next Steps

Implementation strategy

The recommendations aim to position P&C as successful and future-ready, whether as individual practitioners, teams, or as a system. They pave the way for adaptation, innovation, and contemporary practices and offer the opportunity to realise cost-savings through efficiencies.

At the heart of these recommendations is the customer, the valued NSW Health staff member. By focusing on their 'employee life-cycle,' we can enhance their experience by building a stronger, more resilient, agile, and analytical P&C service. These recommendations introduce a robust and strategic operating model, supported by a customer-centric service delivery approach, leading to a transformative future. There are also potential cost-saving opportunities to be gained from agreement to implement the recommendations. The true measure of success lies in our collective willingness to embrace change, leaving behind old and outdated practices, and embracing a new way of working together, as one Health system.

It has been clearly communicated with stakeholders throughout the PCFH project that there are no additional FTE to inject into P&C despite the overwhelming sentiment during consultation that teams are overloaded. Likewise, stakeholders have repeatedly been informed that the impetus for the review is not a cost-cutting exercise, rather an opportunity to look differently at what is done, how it is done and who is doing the work. Realistically, projects of this nature are never completely cost neutral and as public health services there is a need to find cost savings where they exist. It is anticipated that there will be a need to redistribute or remove resources as the new service delivery model and operating model mature. There may also be the need for HAs to invest locally as they adopt recommendations, as some have financial implications.

With 52 recommendations, there is a lot to be done to reach the potential end-state of this review. Some recommendations are dependent on the achievement of others, and as such a progressive approach is necessitated. Each recommendation has therefore been mapped across one of three Horizons to enable prioritisation and the opportunity to evolve in a systematic way. Implementation leads have been mapped across the five circuit breakers (Appendix H) for Horizon One, to provide a head start for implementation enabling each critical group the opportunity to understand the part they need to play.

Several self-assessment toolkits have been provided for use in Horizon One to support local HA teams to fully understand their baseline state against leading practice. This acknowledges that all HAs commence implementation at a different place, with different needs. It is anticipated that P&C teams that are more mature will help uplift those that are emergent, taking a central role in standardisation practices or system-led initiatives.

More consistent role descriptions for the key roles who lead work in the functional areas have been recommended in the Report. Draft Role Descriptions for several key roles have been developed (Appendix I). Consultation will be required to finalise these and identify and complete others.

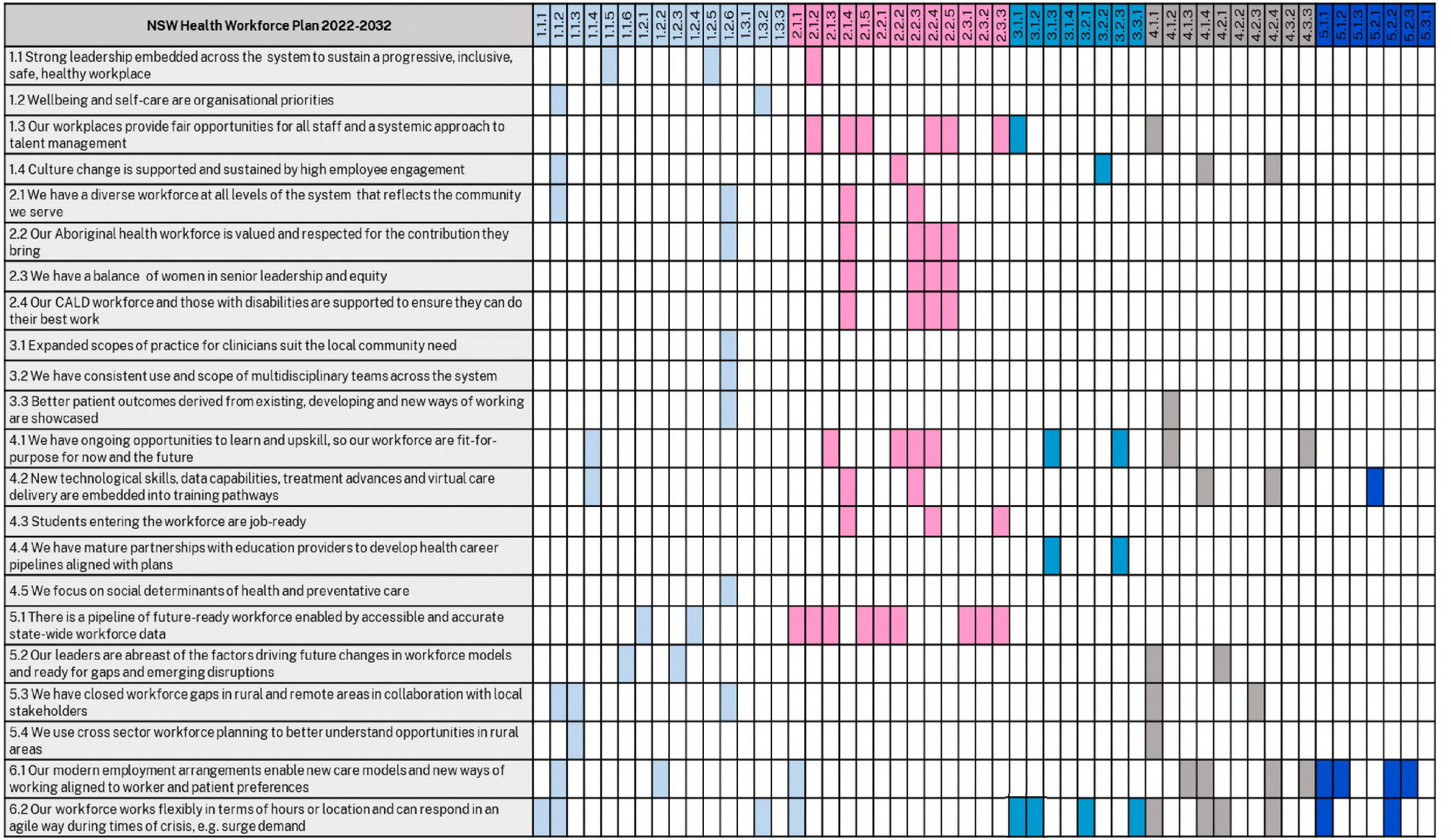
An essential part of this review has been to look at the capability of P&C and consider what is needed by P&C staff to meet the future state operating and service delivery models. The DPC Leader Success Profile (Appendix J) has been completed to support consistency and capability uplift in leadership roles. In response to the transformation agenda, capability development of P&C teams has been recommended in areas such as customer service, radical simplification, digitisation, and function-based subject matter expertise. The approach to capability development will need to meet individual, team, service, and statewide needs.

The Ministry will establish a small team to manage the project implementation in Horizon One. Their role will be as a critical enabler of the work, and they will bring people together to collaborate to achieve outcomes.

8

Appendices

Appendix A: Mapping to Future Health, Regional Health Strategic Plan and Health Workforce Plans


NSW Health Workforce Plan 2022-2032
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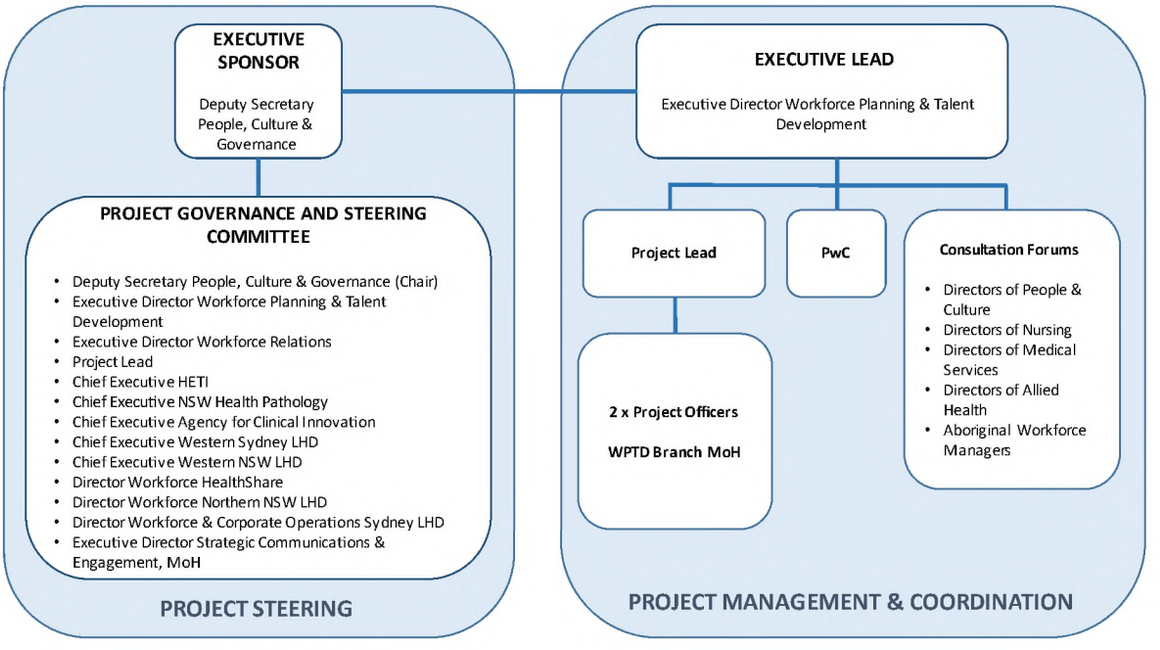
5.3.1
1.1 Strong leadership embedded across the system to sustain a progressive, inclusive, safe, healthy workplace
1.2 Wellbeing and self-care are organisational priorities
1.3 Our workplaces provide fair opportunities for all staff and a systemic approach to talent management
1.4 Culture change is supported and sustained by high employee engagement
2.1 We have a diverse workforce at all levels of the system that reflects the community we serve
2.2 Our Aboriginal health workforce is valued and respected for the contribution they bring
2.3 We have a balance of women in senior leadership and equity
2.4 Our CALD workforce and those with disabilities are supported to ensure they can do their best work
3.1 Expanded scopes of practice for clinicians suit the local community need
3.2 We have consistent use and scope of multidisciplinary teams across the system
3.3 Better patient outcomes derived from existing, developing and new ways of working are showcased
4.1 We have ongoing opportunities to learn and upskill, so our workforce are fit-for-purpose for now and the future
4.2 New technological skills, data capabilities, treatment advances and virtual care delivery are embedded into training pathways
4.3 Students entering the workforce are job-ready
4.4 We have mature partnerships with education providers to develop health career pipelines aligned with plans
4.5 We focus on social determinants of health and preventative care
5.1 There is a pipeline of future-ready workforce enabled by accessible and accurate state-wide workforce data
5.2 Our leaders are abreast of the factors driving future changes in workforce models and ready for gaps and emerging disruptions
5.3 We have closed workforce gaps in rural and remote areas in collaboration with local stakeholders
5.4 We use cross sector workforce planning to better understand opportunities in rural areas
6.1 Our modern employment arrangements enable new care models and new ways of working aligned to worker and patient preferences
6.2 Our workforce works flexibly in terms of hours or location and can respond in an agile way during times of crisis, e.g. surge demand

NSW Regional Health Strategic Plan 2022-2032	1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.1.6	1.2.1	1.2.2	1.2.3	1.2.4	1.2.5	1.2.6	1.3.1	1.3.2	1.3.3	2.1.1	2.1.2	2.1.3	2.1.4	2.1.5	2.2.1	2.2.2	2.2.3	2.2.4	2.2.5	2.3.1	2.3.2	2.3.3	3.1.1	3.1.2	3.1.3	3.1.4	3.2.1	3.2.2	3.2.3	3.3.1	4.1.1	4.1.2	4.1.3	4.1.4	4.2.1	4.2.2	4.2.3	4.2.4	4.3.1	4.3.2	5.1.1	5.1.2	5.1.3	5.2.1	5.2.2	5.2.3	5.3.1
Priority 1: Strengthen the regional health workforce																																																				
1.1 Invest in and promote rural generalism for allied health professionals, nurses and doctors																																																				
1.2 Prioritise the attraction and retention of healthcare professionals and non clinical staff in regional NSW																																																			
1.3 Tailor and support career pathways for Aboriginal health staff with a focus on recruitment and retention																																																			
1.4 Expand training and upskilling opportunities, including across borders to build a pipeline of regionally based workers																																																			
1.5 Accelerate changes to scope of practice while maintaining quality and safety – encouraging innovative workforce models and recognition of staff experience and skills																																																			
1.6 Nurture culture, psychological and physical safety in all NSW health workplaces and build positive work environments that allow staff to thrive																																																			
6.2 Fund and implement digital health investments and increase capability of workforce to deliver connected patient records, enable virtual care, provide insightful health data and streamline processes																																																			

Appendix B: Project Governance



Appendix C: Summary of Local Engagement work

Health Agency	Date (s) of Engagement	# P&C team members engaged	# stakeholder meetings	Engagement method
ACI	30 January 2023	1	0	Virtual meeting with People and Culture lead
BHI	19 December 2022	1	0	Virtual meeting with People and Culture lead
CEC	19 December 2022	1	0	Virtual meeting with People and Culture lead
eHealth	26 April 2023	22	0	Hybrid team workshop; F2f workshop with leadership team
FWLHD	15-16 December 2023	6	2	F2F team workshop; 1:1 meetings wit stakeholders
HETI	21 December 2022	2	0	Virtual meeting with Human Resources function
HI	22 December 2022	1	0	Virtual meeting with People and Culture lead
HealthShare	19 April 2023	5	0	Virtual meeting with leadership team
HNELHD	11 January 2023	35	0	Hybrid team workshop
ISLHD	22 February 2023	18	1	F2F team workshop
JH&FMHN	6 December 2022	44	1	Hybrid team workshop
MLHD	17 April 2023	10	0	Hybrid workshop with leadership team
MNCLHD	3-4 May 2023	46	3	Hybrid team workshop; F2F workshop with P&C leadership team; 1:1 meetings with stakeholders
NBMLHD	15 March 2023	12	0	F2F team workshop
NSWCI	21 December 2022	1	0	Virtual meeting with People and Culture lead
NSLHD	23 November & 2 December 2022	76	0	Virtual team workshop; F2F workshop with P&C leadership team
NNSWLHD	27-28 February 2023	36	3	F2F team workshop
NSWA	2 March & 6 March 2023	8	0	Virtual workshop with P&C leadership team
NSWHP	8 February 2023	27	0	Virtual team workshop
SCHN	7 February 2023	10	0	F2F team workshop
SESLHD	2 February 2023	15	0	F2F workshop with P&C leadership team
SLHD	24 February 2023	16	0	F2F workshop with P&C leadership team
SNSWLHD	19-20 January 2023	29	2	F2F CE & exec team meeting; F2F team workshop; F2F workshop P&C leadership team; 1:1 meetings with P&C leaders
SWSLHD	17 February 2023	25	0	F2F workshop with P&C leadership team
WNSWLHD	13-14 March 2023	52	3	Virtual team workshop; F2F workshop with P&C leadership team; 1:1 meetings with stakeholders
TOTAL		495	15	

Summary of Highlights and Workforce Challenges captured during Engagement work

P&C Highlights

- State-wide investment in the recruitment function leading to the development of innovative models focusing on the candidate experience [300+ FTE working in recruitment roles across NSW]
- Establishment of partnerships to support leadership and management capability development across the employee life cycle
- Increased collaboration and early intervention to reduce workers compensation claims costs and return-to-work timeframes
- Embedded focus on wholistic employee wellbeing
- Introduction of alternative dispute resolution processes focussing on addressing issues using a restorative approach
- Customers and stakeholders value their P&C team members
- HR business partnering model is starting to get traction in a number of HAs

Key workforce Challenges

- Retaining and competing for P&C talent with other organisations that have greater workplace flexibility and/or higher pay rates
- Adopting some workforce policies is time consuming and restrictive creating push back
- Relatively siloed working relationships (including with discipline workforce teams) resulting in duplication
- Succession planning in P&C units is limited
- Vacancies in P&C teams have significant resourcing implications due to lean structures
- Accessing consistent, reliable workforce data to inform decision making is challenging
- Numbers of worker's compensation claims for psychological injuries are increasing year on year
- Limited capacity for strategic workforce planning throughout the system (capability and resourcing)

Summary of data captured during local engagement

Top Topics for Capability Development

— Talent and succession management

— Workforce Strategy

— Workforce planning

Preferred Methods for Professional Development

— Course/workshop

— Coaching/mentoring/supervision

— Shadowing/ on-the-job training

Career Enablers

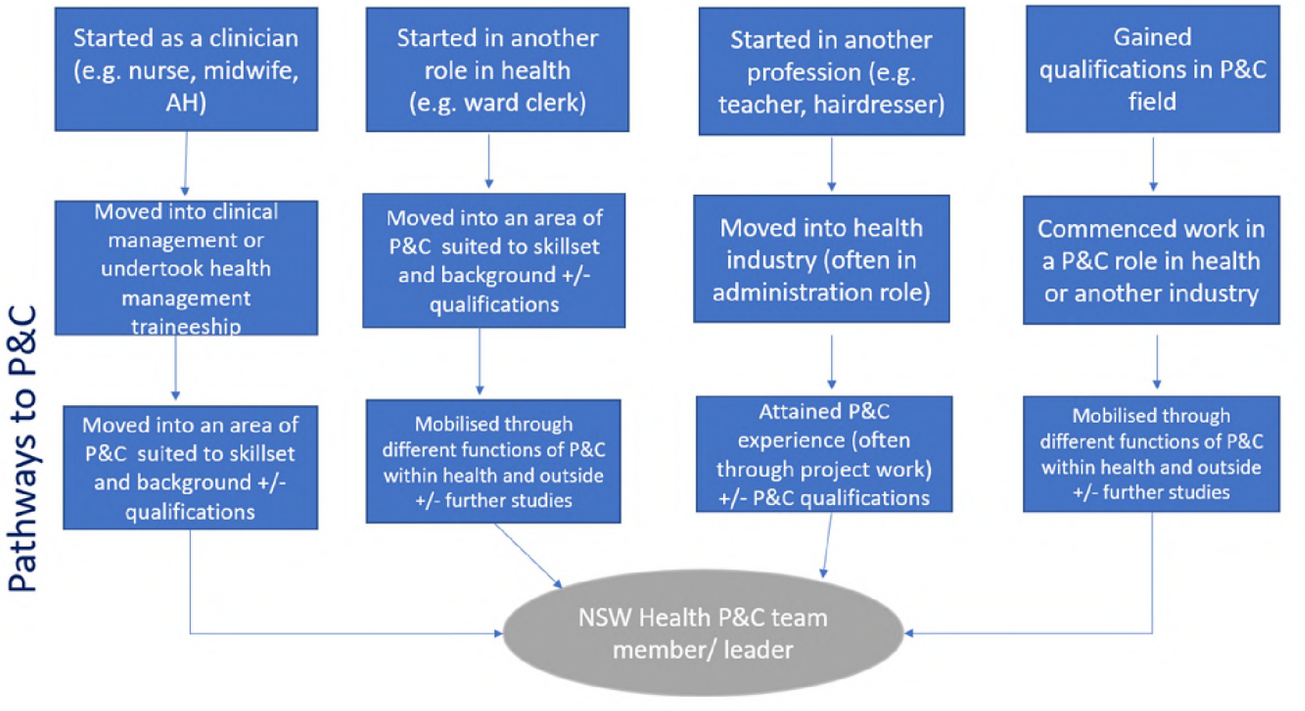
The biggest enabler of careers in P&C and 'development opportunities', with others captured in the word cloud below:

Career Barriers

'Capability' was the biggest barrier in P&C team members careers, with other barriers captured in the word cloud below:

Career pathways

Teams had the opportunity to explore how people came to work in P&C for NSW Health and what their career pathways have looked like. While there was a wide range of different career paths shared at the workshops, they largely fell into four different entry points: clinician, non-clinician in health, alternate career, and qualified P&C professional. A collated summary of Pathways to P&C is below.



What P&C staff value about working for NSW Health

- The people – great team to work
- Impacting the business, patient outcomes and the local community
- Making a difference to other staff
- Job security and stability
- Variety of roles and tasks, both operational and strategic
- Sense of purpose (value alignment, sense of accomplishment)
- Culture of HA
- Being in a position to effect change and innovate
- Career opportunities/pathways
- Supporting people leaders
- Interesting and varied work; complex industrial environment
- Professional partnerships
- Pay and conditions including flexible working
- Empowering staff to be the best they can be
- Being valued by colleagues
- Working together to maintain and deliver one of the top health systems in the worl

Appendix D: Health Agency Data Comparison

The information in this spreadsheet was last reviewed on: 30/05/2023 and was correct on that date

	Source Index	1	2		3	4						5				
	Agency	Agency FTE (Oct 2022)	FTE (self reported HR data)		Ratio P&C to Overall FTE (P&C:FTE) (excld discipline specific FTE)		DPC part of Exec	DPC or Other	N&M workforce part of P&C team	SMO workforce part of P&C team	JMO Workforce part of P&C team	Aboriginal Workforce part of P&C team	Safety part of P&C team	L&D part of P&C team	Allied Health workforce role	Allied Health workforce part of P&C
	NSW Health overall	Total FTE (Oct 2022)	FTE (P&C incl discipline specific)	FTE (Core P&C)	NSW Health P&C Ratio[1]	NSW Health P&C Ratio[2]	% agencies who have DPC on Exec Team	% agencies who call their role Director People and Culture	% agencies who have N&M Workforce Unit part of P&C Team	% agencies who have SMO workforce Unit part of P&C team	% agencies who have JMO Workforce Unit part of P&C team	% agencies who have Aboriginal Workforce part of P&C team	% agencies who have WHS part of P&C team	% agencies who have L&D part of P&C team	% of Agencies who have AH workforce role	% agencies who have AH workforce role in P&C
no.		131,360	2,194	1,814	1:95	1:67	77%	54%	6%	28%	11%	71%	77%	69%	15%	25%
1	CCLHD	5713	105.18	86.58	1:86	1:66	YES	OTHER	NO	NO	NO	YES	YES	YES	NO	
2	FWLHD	712	26.6	17	1:236	1:42	YES	DPC	NO	NO	NO	NO	NO	YES	NO	
3	HNELHD	12856	161.07	114.73	1:213	1:112	YES	OTHER	NO	YES	NO	YES	YES	YES	YES	NO
4	ISLHD	6279	124.97	74.76	1:126	1:84	NO	OTHER	NO	NO	NO	NO	YES	NO	NO	
5	MLHD	3517	106.42	83.82	1:89	1:42	YES	DPC	NO	NO	NO	YES	YES	YES	NO	
6	MNCLHD	4049	69.21	54.21	1:107	1:75	YES	DPC	NO	NO	NO	YES	YES	YES	NO	
7	NBMLHD	5202	105.82	69.58	1:75	1:74	YES	DPC	NO	YES	YES	YES	YES	NO	YES	YES
8	NNSWLHD	4950	52.4	50.4	1:90	1:99	YES	OTHER	NO	NO	NO	NO	YES	YES	NO	
9	NSLHD	8613	133.05	109.95	1:129	1:78	YES	DPC	NO	NO	NO	NO	YES	YES	NO	
10	SESLHD	10735	98.33	60.54	1:132	1:85	YES	DPC	NO	NO	NO	YES	YES	YES	NO	
11	SLHD	10835	178.4	153.6	1:103	1:71	YES	OTHER	NO	NO	NO	YES	YES	YES	NO	
12	SNSWLHD	2374	57.28	43.68	1:56	1:54	YES	OTHER	NO	YES	NO	YES	YES	YES	YES	NO
13	SWSLHD	11983	160.77	158.37	1:136	1:76	YES	DPC	NO	NO	NO	YES	YES	YES	NO	
14	WNSWLHD	5709	107.1	85.2	1:84	1:67	YES	DPC	YES	YES	NO	NO	YES	YES	NO	
15	WSLHD	11545	165.37	128.68	1:108	1:90	YES	DPC	NO	NO	NO	YES	YES	NO	YES	NO
16	SCHN	5035	42.73	32.63	1:224	1:155	YES	DPC	NO	YES	YES	YES	YES	YES	NO	
17	JHFMHN	1400	56.63	54	1:87	1:27	NO	OTHER	NO	NO	NO	NO	YES	YES	NO	
18	NSWHP	4571	64.02	59.02	1:95	1:28	YES	DPC	YES	NO	NO	YES	YES	YES	NO	
19	NSW Ambulance	6340	162.79	161.79	1:27	1:39	YES	DPC				YES	YES	YES	NO	
20	HS NSW	6544	164	164	1:60	1:40	YES	DPC				YES	NO	NO	N/A	
21	eHealth	1528	14	14	1:1556	1:111	YES	DPC				YES	YES	NO	N/A	
22	ACI	170	5	5	1:34	1:34	NO	OTHER				N/A	NO	YES	N/A	
23	BHI	39	0	0	N/A	N/A	N/A	N/A				N/A	N/A	N/A	N/A	
24	CEC	113	2	2	1:113	1:57	YES	OTHER				N/A	NO	NO	N/A	
25	CINSW	253	4	4	1:63	1:63	NO	OTHER				N/A	NO	YES	N/A	
26	HETI	150	3	3	1:50	1:50	NO	OTHER				N/A	YES	NO	N/A	
27	HI	145	15	15	1:29	1:10	NO	OTHER				N/A	YES	YES	N/A	
28	HS NSW - Health Agency team	1286	9	9	1:142	1:142	N/A	N/A				No	YES	NO	N/A	

Sources

1 StaffLink NSW Health_CONFIDENTIAL_HR_Extract - October 2022
2 P&C Organisational Chart Data (Self reported data gathered via formal data requests to each P&C agency)
3 StaffLink NSW Health_CONFIDENTIAL_HR_Extract - October 2022
4 This ratio has been calculated using two different data sources – P&C Organisational Chart Data (Self reported data gathered via formal data requests to each P&C agency) = P&C : StaffLink Data Extract = FTE
5 P&C Organisational Chart Data (Self reported data gathered via formal data requests to each P&C agency)
6 Workforce KPI Comparative Dashboard = July 2022 to April 2023
7 2022 PMES Results
8 P&C Organisational Chart Data (Self reported data gathered via formal data requests to each P&C agency)
9 HS NSW - Health Agency team Agency FTE data is the combined FTE of its client group (i.e. the Pillar Agencies, HI and HSSG)
10 Safety FTE includes all staff within Agency WHS teams (including workers compensation, fit testing, VPM training and wellbeing roles where these are part of the WHS team)
11 OD FTE includes all staff within Agency OD teams or undertaking OD roles (includes Diversity, wellbeing, Aboriginal Workforce roles where these are part of the OD team)
12 Business Support FTE includes staff within Rostering and payroll teams (includes estaablishment and governance roles where these are within rostering teams)

					5					6		7		8
Agency	Recruitment FTE (Core P&C Only)	HR FTE (Core P&C Only)	IR / ER FTE (Core P&C Only)	Business Support FTE (Core P&C Only)	OD FTE (Core P&C Only)	L&D FTE	WHS FTE (Core P&C Only)	Reporting & Analytics FTE (Core P&C Only)	Workforce Planning FTE (Core P&C Only)	YTD Avg recruitment days (FY 2023)	Staff Retention Rates (FY 2023)	PMES ENGAGEMENT INDEX	PMES CULTURE INDEX	OUTSOURCE TO HEALTHSARE
NSW Health overall	FTE	FTE	FTE	FTE	FTE	FTE	FTE	FTE	FTE	Average of all agencies	Average of all agencies			% agencies who outsource to HSNSW
	15%	**13%**	**3%**	**7%**	**7%**	**13%**	**8%**	**1%**	**1%**	**56.7**	**91.7%**	**62%**	**58%**	**24%**
CCLHD	15	8.72	1	11	2	5.99	7.82	0	0.84	59	89.8%	57%	51%	NO
FWLHD	3	2	0	1	1	1	0	0	0	43	86.0%	59%	53%	NO
HNELHD	28.38	18.7	0	9.84	19.4	0	15.7	2	0	97	90.5%	59%	55%	NO
ISLHD	13	10.68	3.6	5	7	1	18.68	1	0	50	90.4%	59%	55%	NO
MLHD	18.5	6	0	5.26	3	14.2	9	1	0	43	87.0%	60%	57%	NO
MNCLHD	7	6	0	4	5	5	5	0	0	51	91.8%	58%	54%	NO
NBMLHD	8	7.5	1	5	8	21.24	4	2	0	70	89.5%	58%	51%	NO
NNSWLHD	12.5	10	2	8.6	3	4.2	6.4	0	0	76	89.1%	55%	49%	NO
NSLHD	14.53	14.47	0	5	8.31	14.51	6.47	5	0	66	88.0%	65%	62%	NO
SESLHD	32	16	6	12.54	12	0	14	10.34	0	79	88.5%	64%	61%	NO
SLHD	34	41	4	14	7	88	11.1	2	1	68	87.3%	67%	65%	NO
SNSWLHD	11.47	7	2	6	5	2.5	2	1	1	73	85.0%	55%	51%	NO
SWSLHD	33	20	4	9	2	50.37	14	0	4	51	89.0%	2%	60%	NO
WNSWLHD	16	12	0	4	3.6	24.6	16	0	0	59	88.8%	64%	60%	NO
WSLHD	11	23	6.4	8.27	15	14.2	8	1	0	113	90.2%	57%	53%	NO
SCHN	6	7.5	0	2	3	1.23	1.6	1	0	55	87.9%	64%	55%	NO
JHFMHN	5	4	1	2.42	7.8	20.8	1	1	1	58	85.9%	66%	62%	NO
NSWHP	16	17.5	2	5	2	6	6	0	0	47	90.5%	58%	53%	NO
NSW Ambulance	17	14	17	24	6	9	13	1	2	43	93.4%	54%	45%	NO
HS NSW	9	18	5	9	8	0	22	0	3	58	85.0%	65%	63%	N/A
eHealth	13	10	0	0	10	0	0	0	0	33	91.4%	75%	77%	YES
ACI	0	2	0	0	1	0	0	0	0	39	82.6%	71%	70%	YES
BHI	0	0	0	0	0	0	0	0	0	35	86.1%	71%	75%	YES
CEC	0	2	0	0	0	0	0	0	0	34	84.6%	78%	81%	YES
CINSW	0	4	0	0	1	1	0	0	0	40	90.7%	70%	72%	YES
HETI	0	2	0	0	0	0	0	0	0	35	85.1%	70%	74%	YES
HI	1	5	0	0	3	2	0	0	0		90.9%	78%	80%	YES
HS NSW - Health Agency team	4	4	0	0	0	0	0	0	0					
	328.38	293.07	55	150.93	143.11	286.84	181.77	28.34	12.84			NSW Health P&C 68%	NSW Health P&C 67%	

Appendix E: Functional Summaries

Organisational Development

Statewide functional summary from data collected for People and Culture for Future Health

50% of OD teams in NSW Health are involved with Manager Development, Leadership Development, L&D capability/ Professional Development frameworks, Performance Development frameworks and Employee Engagement strategy.

Other activities include Diversity, Inclusion & Belonging initiatives, Talent and Succession Management, Mandatory Training Coordination, L&D Design & Delivery, Staff Recognition and Employee Wellbeing

General Observations:

- OD is a relatively new function in HA P&C teams
- Lack of consistency in what OD is and what it does across HAs
- Full breadth of OD interventions not apparent in all HAs
- Linkages between OD initiatives and organisational performance / effectiveness not well measured

Leading Practice Research: Common organisational development interventions**

Individual employee/ Team development interventions:

- Career coaching/ development
- Leadership development
- Certifications
- Mentoring opportunities
- Team building strategies

Organisational system and structure interventions:

- Readjusting/realigning team structures
- Job design and structure
- Decision-making processes
- Strategic planning initiatives
- Organisational values and culture
- Performance management strategies

Human relations interventions:

- Diversity and inclusion initiatives
- Wellness programs
- Talent management
- General employee engagement
- Reward and Recognition

Table 1: Summary of OD Grades

Grade	FTE	%
AO2	1	0.7%
AO3	2	1.4%
AO4	3	2.1%
AO5	3	2.1%
AO6	5.6	3.9%
HM1	14	9.8%
HM2	47.24	33.0%
HM3	36.47	25.5%
HM4	14.8	10.3%
HM5	10	7.0%
HM6	1	0.7%
NM2	3	2.1%

* Employees to talent development staff ratio in workplaces worldwide in 2019 was 1:330 published in 2021 by Statistica
** Organizational Development: A Holistic View of Your Company • Asana

Learning and Development

Statewide functional summary from data collected for People and Culture for Future Health

63% of HAs have L&D as part of P&C team

286.84 FTE working in L&D in P&C across all HAs

1:457 (Ratio L&D FTE to overall FTE) is ~x1.5 the world wide average*

6 different team names for L&D across the state

>80 FTE are HM2 or NE2

46 different grades

L&D teams in NSW Health are involved with L&D capability/ Professional Development Frameworks, L&D Design and Delivery, Mandatory training coordination, Traineeships/Cadetships, Student Placements Manager Development, Leadership Development, and Aboriginal Workforce programs

General Observations:

- Seven HAs have fully established L&D functions within P&C
- The role of L&D is not consistent across HAs and the interplay with HETI is inconsistent
- The distinction between L&D, clinical education and Organisational Development is not always clear
- 33% of HAs have clinical education part of L&D in P&C; 40% of HAs have L&D as part of the OD team
- High degree of duplication of effort across the system e.g. leadership development programs
- Learning offerings across NSW Health, NSW Public Sector, LinkedIn Learning, iCare etc. could be better leveraged e.g. Digital Academy

Leading Practice Research: L&D is a key driver for business performance, employee satisfaction, retention and talent acquisition**

Key L&D Interventions

- Onboarding and new hire programs
- Career development
- Capability development
- Delivery of formal training e.g. RTO
- Learner experience management
- Leadership development programs
- Skills training
- L&D strategy and evaluation
- Mandatory training
- Organisational learning needs analysis
- Mentoring/coaching
- Competency-based assessments
- Learner Management System administration
- Talent pipelines for future workforces such as students, trainees
- Facilitation of learning programs

Table 1: Summary of L&D Grades

Grade	FTE	Grade	FTE	Grade	FTE
AO1	1	HM4	8	NM6	1
AO2	3	HM5	2	NM7	2
AO3	13.94	HM6	1	OT/DT5	2
AO4	6	Library G3	1	OT/DT3	1
AO5	4	ME2	0.7	PE1	1
AO6	6.6	ME3	2	Pharm G3	0.63
AH1/2	1	NE	2	PHYS502	1
AH5	1	NE/ME2	10	RN	2
AH6	1	NE/ME3	19	SAA3	1
AIN	1	NE1	5.08	Staff Spec	2
CNC2	1	NE2	38.93	SWS02	0.84
CNE	15	NE2/HM3	0.42	TSO3	1
CNE/CME	3	NE3	19.84	Not specified	10.2
HAG1	1	NM2	1		
HM1	18.9	NM3	1		
HM2	41.23				

Note - FTE/Grade data not available for all agencies
Information about FTE within structures outside

* Employees to talent development staff ratio in workplaces worldwide in 2019 was 1:330 published in 2021 by Statistica
**What Is L&D And Why Is It Important? - Elucidat

Recruitment

Statewide functional summary from data collected for People and Culture for Future Health

77% of HAs have an internal recruitment team

328.38 FTE working in recruitment across HAs

1:400 (Ratio recruitment FTE to overall FTE)

11 different names for recruitment function across all HA's

>50% of people working in recruitment are AO4 or AO6

Recruitment teams in NSW Health are involved with strategic recruitment and talent acquisition, recruitment processing, pre-employment health assessments, other employment screening and communications.

General Observations:

- Six HAs outsource their recruitment function to HealthShare
- There are a variety of different recruitment models across HAs, ranging from a fully centralised and supported service to a transactional unit only
- There has been a significant investment in recruitment across the state, leading to revised service delivery models in many HAs
- Anecdotally, recruitment teams are using manual system work arounds to create efficiencies in the process
- There is variation in the use of technology across the recruitment function (e.g. Modern Hire, video interviews, online reminders, Service Now)
- There is a stated desire to shift from a recruitment to a talent acquisition focus across HAs

Leading Practice Research: Employing the right people contributes to achieving targets, making appropriate decisions and keeping employees motivated and engaged. There is a role for both recruitment and talent acquisition across organisations*

Recruitment	Talent Acquisition
Short term – emphasis on filling immediate vacancies	Long term – ongoing strategy anticipating future staffing requirements based on business needs
Regular recruitment and volume hiring	Focuses on the strategic side of hard to fill positions
Can be deployed immediately – recruiters hire for positions that are always needed, so recruiting tactics are deployed on the get go	Employs more time and planning – TA specialists study the organisation's roles and departments, as well as the skills and experience needed to succeed in each area

* Talent Acquisition vs Recruitment: The Differences and HR's key role

Table 1: Summary of Recruitment Grades

Grade	FTE	%
AO2	10	3.0%
AO3	14	4.3%
AO4	76.17	23.2%
AO5	19	5.8%
AO5/6	7	2.1%
AO6	92.4	28.1%
ASO1	5	1.5%
CNS1	1	0.3%
HM1	53	16.1%
HM2	17.28	5.3%
HM3	13	4.0%
HM4	5	1.5%
HM5	1	0.3%
NM	1.5	0.5%
RN	4.03	1.2%
SAA3	9	2.7%

Human Resources

Statewide functional summary from data collected for People and Culture for Future Health

HR teams in NSW Health are involved with Business Partnering, HR policies, procedures and compliance, Employee / Industrial / Workforce relations, grievance and complaints management, workforce planning, position grading, employee services, employee experience strategy and initiatives, P&C change management, talent management, succession management, performance development framework / strategy / initiatives and staff recognition.

General Observations:

- The remit of HR teams is broad and varied across all HAs
- There is a variety of reporting lines for HR teams in HAs, with some reporting into Operations and some reporting into P&C, whilst others have a hybrid management model
- Six Agencies obtain their HR support from HealthShare
- HAs report challenges in recruiting to, and also retaining talent in HR roles across NSW Health
- There are strong partnerships between HR teams and operational management across most HAs

Leading Practice Research: The Australian HR Capability Framework combines what HR practitioners should know, what they are expected to do and what their peers expect them to be in terms of behaviours and capabilities*. Even generalists are required to have at least a base knowledge in each of these areas.

Organisational Enabler
- Technology

Trusted Partner
- Coaching and Mentoring

Business Strategist
- Business Acumen
- HR Strategy

Culture And Change Leader
- Culture and Change
- Ethical Practice
- Diversity, Equity and Inclusion

Workforce & Workplace Designer
- Strategic HR solutions
- Learning & Development
- Organisational Development and Design
- Workforce Planning and Risk

Expert Practitioner
- Employee Relations
- Reward, Recognition and Retention
- People Analytics
- Health, Safety and Wellbeing

Table 1: Summary of HR Grades

Grade	FTE	%
AO2	1	0.4%
AO4	1.7	0.6%
AO5	2	0.7%
AO6	17	6.1%
Cont Worker	3	1.1%
HM1	40.55	14.6%
HM2	71.12	25.6%
HM2/3	7	2.5%
HM3	91.7	33.0%
HM4	29	10.4%
HM5	12	4.3%
HM6	1	0.4%
SAA3	1	0.4%

* The Australian HR Capability Framework

Human Resource Business Partners

Statewide functional summary from data collected for People and Culture for Future Health

HR Business Partners (HRBP) in NSW Health are involved with providing advice to senior managers on HR strategy, frontline manager support and coaching, grievance management, providing support to operational managers to solve people problems, providing workforce data, managing complex HR matters (e.g. misconduct, mandatory reporting, investigations) and often, managing industrial issues

General Observations:

- As with general HR teams, there is a mixture of reporting lines for HRBPs across all HAs
- HRBPs are generally mapped by geography or Division to their customer groups
- HRBPs are embedded within their HAs, with varied levels of effectiveness
- HRBPs are often consumed with operational demands, minimising their ability to be true business partners
- Where HRBPs are part of customer leadership teams, the model works well
- Developing HRBP capability has been identified as a priority by DPCs across all HAs

Leading Practice Research: HRBPs are strategic partners to the business, individual contributors who directly support the business or a business function. They operate as advisors and consultants and are data driven

Key HR BP competencies and skills ***

- Data Literacy – need to understand data interpretation, collection and creation. Need to be able to read a dashboard and reports and develop a plan to act on the data
- Business Acumen – need to understand the business they are operating in, finance principles, risk and reward and business outcomes.
- Digital Integration – need to be able to leverage technology to increase efficiency and drive business results
- People Advocacy – need to advocate for employees and push back when needed
- Stakeholder Management – need to understand the political landscape of the business
- Communication & Presentation skills – need to be able to communicate key information with a variety of people, and also present solutions to management for implementation
- Deal with Resistance – need to be able to manage resistance in order to implement identified HR interventions

Table 1: Summary of HR BP Grades

Grade	FTE	%
CW	2	2%
HM1	5.63	5%
HM2	33.84	30%
HM2/3	7	6%
HM3	57	51%
HM4	3	3%
HM5	3	3%

*FTE based on roles with 'Business Partner' in the title
**HR Transformation: HRBP Report (talentstrategygroup.com)
*** The HR Business Partner: A Full Guide

Industrial / Employee Relations

Statewide functional summary from data collected for People and Culture for Future Health

44% of HAs have dedicated IR roles in their P&C team

55 FTE working in IR roles across all HAs

1:1608 (Ratio IR FTE to overall FTE in HAs with IR roles)

22 different titles for IR roles across the state

>39% of IR roles are graded HM4 and above

IR/ER teams in NSW Health are involved with managing union relationships, representing HAs in various tribunals and managing complex HR matters (e.g. misconduct, mandatory reporting, investigations).

General Observations:

- Employee relations matters are generally well handled in HAs who have dedicated IR roles
- Alternate dispute resolution processes are being implemented across many HAs
- Industrial expertise has been identified as a key skill gap in HAs without dedicated roles
- Some HAs rely on external advice and support for IRC related matters
- Several IR specialist roles across HAs are vacant, with agencies advising they are difficult to fill

Leading Practice Research: Restorative Justice practices are consistent with best practice approaches in Industrial Relations*

Foundational Principles of Restorative Justice

- Cause no further harm
- Work with those involved
- Seek to set relations right

"What has happened, how have people been affected and what might now be done to restore or reset right relations"

Moving away from a punitive approach**

- Open, proactive way of finding solutions, learning lessons and sharing learnings
- Restorative approaches focus on understanding why an issue occurred – is there a systemic or underlying problem?
- Uses coaching and listening skills and a non judgemental approach

Benefits

- Improved psychosocial safety and wellbeing of all involved in the issue
- Improved workplace culture
- Reduction in repeat issues as underlying causes are addressed and lessons learned are shared

Table 1: Summary of IR Grades

Grade	FTE	%
AO1	1	1.8%
AO6	1.4	2.5%
HM1	3	5.5%
HM2	8	14.5%
HM3	18	32.7%
HM4	15.6	28.4%
HM5	5	9.1%
HM6	1	1.8%
OM3	2	3.6%

* Australian Association for Restorative Justice
** Restorative just culture: The missing link to building trust at work

Work, Health and Safety

Statewide functional summary from data collected for People and Culture for Future Health

71% of HAs have WHS as part of P&C team

181.77 FTE working in WHS teams across HAs

1:802 (Ratio WHS team FTE to overall FTE)

8 different team names for WHS across the state

~58% of people working in WHS roles are HM2

WHS teams in NSW Health are involved with safety management system design and implementation, incident investigations, risk assessments, audits (WHS and Security) and provision of advice and education.

General Observations:

- There is a variety of reporting lines for WHS teams in HAs, with some reporting into Operations and some reporting into P&C whilst others have a hybrid model
- WHS team make up varies across HAs, with some Agencies including Respiratory Protection Program, VPM training, staff health (OASV management), wellbeing and EAP as part of their remit
- 4 agencies have internal Employee Assistance Program (EAP) teams which are highly valued across the HA; most partner externally for EAP services
- There is a high degree of duplication of effort across the system e.g. safe work method statements, safety management system policies and procedures, safety education and training programs

Leading Practice Research: WHS is more than compliance; it is an essential component of an organisation's workplace culture and employee value proposition.

Safety Culture Maturity*

- Emerging – safety defined in terms of technical and procedural solutions and compliance with regulations. Safety is not seen as a key business risk
- Managing – average incident rate for the sector. Safety is a business risk and some effort is put into accident prevention. Safety is adherence to rules and regulation
- Involving – incident rates are low. Business understands that employees are critical go good health and safety if improvements are to be seen. Safety is actively monitored
- Cooperating – majority of staff believe health and safety are important. Significant effort made in proactive measures to prevent incidents. Safety is a shared responsibility. Healthy lifestyles are promoted.
- Continuous improvement – prevention of harm to employees is a core value. No recent incidents but no complacency. Performance actively monitored and all workers share belief that WHS is critical to their job and a business priority. Healthy lifestyles are promoted.
- The majority of large businesses rate themselves at 'cooperating' or 'continuous improvement' stage

Table 1: Summary of WHS Grades

Grade	FTE	%
AO2	4	2.2%
AO4	1	0.6%
AO5	0.47	0.3%
AO6	3	1.7%
CNS	2	1.1%
GAS9	3	1.7%
HM1	33.14	18.2%
HM2	105.16	57.9%
HM3	20	11.0%
HM4	8	4.4%
HM6	1	0.6%
NE2	1	0.6%

* Final WHS Trends Report 2022

Workforce Planning

Statewide functional summary from data collected for People and Culture for Future Health

19% of HAs have a workforce planning team

12.84 FTE working in dedicated workforce planning roles across HAs

7 different role titles for workforce planners in HAs

~30% of workforce planning roles are HM3

Workforce Planning teams in NSW Health are involved providing support for redevelopments, supporting the development of discipline specific workforce plans and developing strategic workforce plans for Health Agencies.

General Observations:

- Most HAs have workforce planning responsibility as part of their P&C remit, but do not have dedicated roles
- Much of the workforce planning activity being done across HAs is focussed on redevelopments, rather than future workforce needs and pipelines
- Workforce Planning is undertaken in collaboration with the professions (Nursing, Medical, Allied Health)
- Workforce planning identified by DPCs as an area of need for capability development

Leading Practice Research: Workforce Planning is a critical function that allows organisations to ensure they have the workforce they need now and into the future.

Types of workforce planning*

- Tactical – focussing on rostering and servicing peaks and troughs in service delivery
- Operational – focusses on developing the workforce needed to do the work of today
- Strategic – looks at the workforce of tomorrow in terms of skills (what do we need in the future), size (how many of each role are needed), site (where do we need each role), shape (what structures do we need in place) and source (where are we going to get people with the skills needed

Importance of strategic workforce planning**

- Demographic changes mean we have an ageing workforce and lack of newly emerging skills
- Talent Management – we need to develop a talent pipeline for all roles within an organisation from the ground up
- Flexibility – workplaces are changing as are the roles and skills required to be contemporary and competitive

* An overview of strategic workforce planning
** A guide to strategic workforce planning

Table 1: Summary of Workforce Planning Grades

Grade	FTE	%
AO4	1	7.8%
HM1	3	23.4%
HM2	2	15.6%
HM3	3.84	29.9%
HM4	1	7.8%
HM5	2	15.6%

Workforce Reporting and People Analytics

Statewide functional summary from data collected for People and Culture for Future Health

Workforce Reporting and Analytics teams in NSW Health are involved with providing regular and ad hoc reports on a range of workforce issues, development of workforce dashboards and other tools to support Health Agencies to manage their workforce.

General Observations:

- Most HAs workforce reporting roles' focus on reporting only. There is some descriptive analytics and very limited predictive analytics
- Many reporting roles are combined with other functions (e.g. systems administration, roster support, establishment management)
- There are challenges with accessing consistent data across HAs – systems are not integrated. Some HAs have developed their own workforce dashboards
- Despite significant data being available, useful analysis to inform decision making is lacking across HAs
- Data analysis and reporting is identified by DPCs as an area where capability development is required

Leading Practice Research: People Analytics is emerging as an essential function in all P&C teams. It is moving beyond the traditional reporting of data to looking at how it can be used to improve overall business performance.

Importance of People Analytics*

- Hire and retain the right talent – analyse factors that influence turnover.
- Increase employee engagement and productivity – identify factors that impact engagement and productivity and use this to inform targeted strategy development.
- Improve decision making – provide business insights into people related issues to help business make data driven decisions that are accurate, reliable and effective.

Emerging trends

- Use of natural language processing (NLP) to analyse employee feedback from various sources to identify insights and trends
- Adoption of blockchain technology for secure and efficient HR data management (e.g. payroll, performance and benefits data)
- Increased focus on employee experience (EX) metrics to help create a better workplace culture
- Incorporation of social media data for recruitment and employer branding – identify potential candidates, measure effectiveness of campaigns etc.

Table 1: Summary of Workforce Reporting and Analytics Grades

Grade	FTE	%
A06	6.34	22.4%
HM1	4	14.1%
HM2	8	28.2%
HM3	8	28.2%
HM5	1	3.5%
NM4	1	3.5%

*The Future of HR Analytics: Emerging Trends and Technologies to Watch

Appendix F: Suggested Role Grade and Titles

Grade	Description of role responsibility	Role Names Option #1	Role Names Option #2	Worked example – HR (large team)	Worked example – HR (small team)
HES1	Health Agency wide leadership of People and Culture strategy, services, processes, procedures	Director People and Culture	Chief People Officer	Director People and Culture	Director People and Culture
HM1	Executive Assistant to Director People and Culture	Executive Assistant - People and Culture	Executive Officer - People and Culture		
HM6	Health Agency wide leadership of multiple P&C functions e.g., OD and L&D; HR and IR and Director P&C proxy; managing managers (multiple direct reports)	Deputy Director People and Culture	Deputy Chief People Officer		
HM5	Health Agency wide CoE function leads (leading a team) (not deputising); or multiple P&C functions e.g., OD and L&D; HR and IR; managing managers	Associate Director HR, OD, L&D etc	Senior Manager People and Culture - HR, OD, L&D etc	Associate Director - HR	
HM3	Health Agency wide CoE function leads (sole practitioner) - except IR which should be an HM4	CoE Function Lead/ HR lead	P&C Partner - Talent, HR etc		
HM4	Site-based/service lead of Function or HA wide lead of single function- strategic role + operational - (leading a team - not leading managers)	Manager HR, WHS etc	Manager P&C - HR, WHS etc	Manager - HR	
HM3	Site/service-based lead of Function - strategic role + operational - sole practitioner	Senior HR / Senior CoE Partner	Senior P&C Partner - Talent etc	Senior HRBP	Senior PCBP
HM2	Experienced HR generalist/ CoE specialist - typically leading a portfolio with guidance from Senior	HR / CoE partner	P&C Partner - HR etc	HRBP	
HM1	HR generalist/CoE practitioner - working in the business - largely transactional, customer enquiries, supporting broader team	Associate HR/ CoE Associate	Associate P&C Partner	HR Associate	PC Associate
A06	High level administration support for team	HR/CoE Administration Coordinator	P&C Adviser	HR Coordinator	PC Coordinator
A04	Entry level administration support for team/ data entry	HR/CoE Administration Officer	P&C Officer	HR Officer	PC Officer

Appendix G: Pillar agency options in detail

- Currently, the Ministry of Health, each Pillar agency and Statewide / Specialist Health Service has their own People and Culture team with variations in the service offerings across the teams
- The Pillar agencies also source People and Culture support from a dedicated team within HealthShare NSW called the *HR and Recruitment Services – Health Agencies team*
  - This team also supports staff within the HSSG (Health System Support Group)
  - The P&C service catalogue provided by the Health Agencies team to Pillars and the HSSG staff group is dependent on the agency needs – services can be provided solely by the team or in conjunction with existing agency P&C teams
- Four options are presented to seek efficiencies and consistency in P&C service provision. The options achieve economies of scale, flexibility to adapt the mode of operation based on needs and more holistic P&C service provision to the identified Health Agencies
- Each option presents an opportunity for realignment of P&C FTE across all Health Agencies to achieve a more equitable P&C FTE: Overall FTE ratio in line with the 1:67 average benchmark (1:67 P&C FTE to HA total FTE source: PCFH Discovery Output, PwC)
- Adopting a shared service approach will realise cost savings by generating options for streamlining service offerings and a reduction and/or reallocation of resources
- It is not expected that any realignment of FTE will result in a physical change of location for staff, rather an opportunity for a realignment of FTE through virtual team arrangements.

People and Culture teams across MoH, Pillars and Statewide Health Services (excluding NSW Ambulance) – a snapshot

Table 1: P&C team FTE and salary

Agency	P&C FTE#	P&C Ratio	P&C Salary^	Agency FTE*
NSW Health Pathology (NSWHP)	71.39~	1:64	$7,364,853	4571
HealthShare NSW (HS)	140	1:47	$14,305,668	6544
eHealth (eH)	41	1:37	$4,354,867	1528
Agency for Clinical Innovation (ACI)	5	1:34	$567,409	170
Bureau of Health Information (BHI)	0		-	39
Clinical Excellence Commission (CEC)	2	1:57	$236,311	113
Cancer Institute NSW (CINSW)	4	1:63	$474,315	253
Health Education and Training Institute (HETI)	3	1:50	$350,959	150
Health Infrastructure (HI)	15	1:10	$1,737,096	145**
HS Health Agency team (HS-HA)	9	-	$993,985	-
Ministry of Health (MoH)	24.4	1:48>	$2,744.711	1173
Health System Support Group (HSSG)	-	-	-	416
TOTAL	314.79	1:48	$33,130,173	15,102

Notes on the data
* FTE data taken from SMRS – October 2022
^ P&C salary based on entry point for each grade – May 2023, Contingent worker salaries based on HM3
~ NSWHP P&C FTE updated 5 June 2023
** Health Infrastructure FTE does not include contractors
# P&C FTE data taken from data provided by each Health Agency during the PCFH project
> MoH P&C team supports HSSE staff across all agencies. These numbers are not included in the Agency FTE or ratio

Option - Single P&C team across all agencies based at 1 Reserve Road

Current structures		
Combined workforce	15,102	Ratio 1:48
P&C FTE	314.79	
P&C Salaries	$33,130,173	
Option: single team (All 1RR)		
P&C FTE	225	Ratio 1:67
P&C FTE realigned	89.79	
Realigned P&C Salaries[17]	$9,449,977	

Model Description

- A single P&C team provides services across all Health Agencies based at 1 Reserve Road (including MoH, all pillar and statewide health agencies (excluding NSW Ambulance))
- All P&C staff from within these Agencies would transfer to the single team
- Each Agency would have a Business Partner (number based on need) assigned from this team
- This team reports into one of the CEs of the Agencies based at 1RR

Considerations

- This model would require a HSSE Band 2 Director of People and Culture due to the complexity of the role. This would need to be funded from the potential realigned salaries
- Given the breadth of this model across multiple HAs, it is likely that several Deputy Director roles would be required at either the HSSE Band 1 or HM6 level. There are 4 x HSSE Band 1s and 4 x HM6s within this current structure (HAs with Band 1 are shaded in dark blue)

Table 2: P&C team current state grade analysis – MoH, Pillars, Statewide and Specialist Health Services (excl Ambulance)

Grade	FTE	%
AO4	19	6.0%
AO5	3	1.0%
AO6	23.39	7.4%
HM1	53	16.8%
HM2	58	18.4%
HM2/3	7	2.2%
HM3	69	21.9%
HM4	21	6.7%
HM5	18	5.7%
HM6	4	1.3%
HSSE 1	3	1.0%
PSSE1	1	0.3%
Clerk Grades	23.4	7.4%
Other	12	3.8%

[17] Realigned P&C Salaries = total option P&C salary – (P&C FTE realigned x Average salary per P&C FTE in this option). Average salary per P&C FTE=$105,245.32. This is an approximate estimate and further costing, and analysis is required based on actuals and a detailed operational model.

Option - Single P&C team across all agencies based at 1 Reserve Road (excl MoH)

Current structures		
Combined workforce	13,513	Ratio 1:46
P&C FTE	290.39	
P&C Salaries	$30,385,462	
Option: single team (All 1RR excl MoH)		
P&C FTE	200	Ratio 1:67
P&C FTE realigned	90.39	
Realigned P&C Salaries[18]	$9,458,114	

Model Description

- A single P&C team provides services across all Health Agencies based at 1 Reserve Road excluding MoH (but including all pillar and statewide health agencies (excluding NSW Ambulance))
- All P&C staff from within these Agencies would transfer to the single team
- Each Agency would have a Business Partner (number based on need) assigned from this team
- This team reports into one of the CEs of the Agencies based at 1RR
- Reporting line for HSSG staff and the FTE in the HS-HA P&C team who support HSSG transition to MoH P&C team (who are excluded from this option)

Considerations

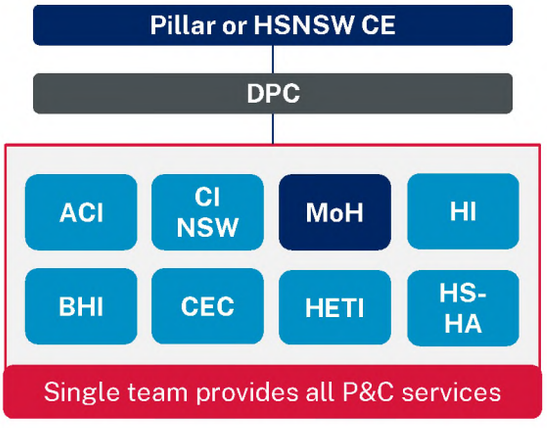
- This model would require a HSSE Band 2 Director of People and Culture due to the complexity of the role. This would need to be funded from the potential realigned salaries
- Given the breadth of this model across multiple HAs, it is likely that several Deputy Director roles would be required at either the HSSE Band 1 or HM6 level. There are 4 x HSSE Band 1s and 4 x HM6s within this current structure (HAs with Band 1 are shaded in dark blue)

Table 3: P&C team current state grade analysis –Pillars, Statewide and Specialist Health Services (excl Ambulance)

Grade	FTE	%
AO4	19	6.54%
AO5	3	1.03%
AO6	23.39	8.05%
HM1	53	18.25%
HM2	58	19.97%
HM2/3	7	2.41%
HM3	69	23.76%
HM4	21	7.23%
HM5	18	6.20%
HM6	4	1.38%
HSSE 1	3	1.03%
Other	12	4.13%

[18] Realigned P&C Salaries = total option P&C salary – (P&C FTE realigned x Average salary per P&C FTE in this option). Average salary per P&C FTE=$104,636.74. This is an approximate estimate and further costing, and analysis is required based on actuals and a detailed operational model.

Option - Single P&C team across MoH, HI and all Pillar agencies



Current structures		
Combined workforce	2,459	Ratio 1:39
P&C FTE	62.4	
P&C Salaries	$7,004,786	
Option: single team (MoH + Pillars)		
P&C FTE	36.5	Ratio 1:67
P&C FTE realigned	25.9	
Realigned P&C Salaries[19]	$2,948,942	

Model Description

- A single P&C team provides services across MoH, HI and all Pillar agencies
- Each Agency would have a Business Partner from within this team, and access to the full suite of P&C services provided

Version A – Organised by Function

- Each Agency delivers a single P&C function (e.g., OD, HR, Recruitment) on behalf of the whole group
- Each P&C function reports to the relevant Agency DPC and CE (e.g. if Recruitment is delivered by ACI, the team would report to the ACI CE)

Version B – Single team

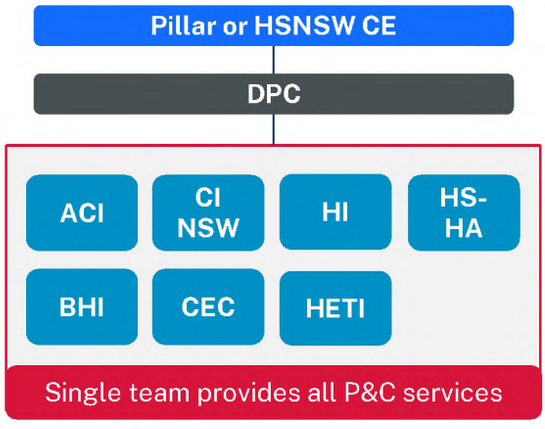
- P&C services report into a single DPC
- This DPC reports into one of the Pillar CEs or HS NSW CE

Table 4: P&C team current state grade analysis – MoH, Pillars, HI and HS-HA teams

Grade	FTE	%
AO6	2	3.2%
Clerk Grades	23.4	40.7%
HM1	5	8.0%
HM2	7	11.2%
HM3	11	17.6%
HM4	6	9.6%
HM5	4	6.4%
PSSE1	1	1.6%
Other	3	4.8%

[19] Realigned P&C Salaries = total option P&C salary – (P&C FTE realigned x Average salary per P&C FTE in this option). Average salary per P&C FTE=$113,858.75. This is an approximate estimate and further costing, and analysis is required based on actuals and a detailed operational model.

Option - Single P&C team across MoH, HI and all Pillar agencies



Current structures		
Combined workforce	1,286	Ratio 1:34
P&C FTE	38	
P&C Salaries	$4,360,075	
Option: single team (Pillars and HI)		
P&C FTE	19.2	Ratio 1:67
P&C FTE realigned	18.8	
Realigned P&C Salaries[20]	$2,157,090	

Model Description

- A single P&C team provides services across HI and all Pillar Agencies – all P&C staff within these agencies transfer into this single team
- Each Agency would have a Business Partner assigned from this team, and access to the full suite of P&C services provided
- Reporting line for HSSG staff and the FTE in the HS-HA P&C team who support HSSG transition to MoH P&C team
- MoH is removed from model as it operates under a different set of employment arrangements
- The DPC in this option would report into one of the Pillar CEs or HS NSW CE

Considerations

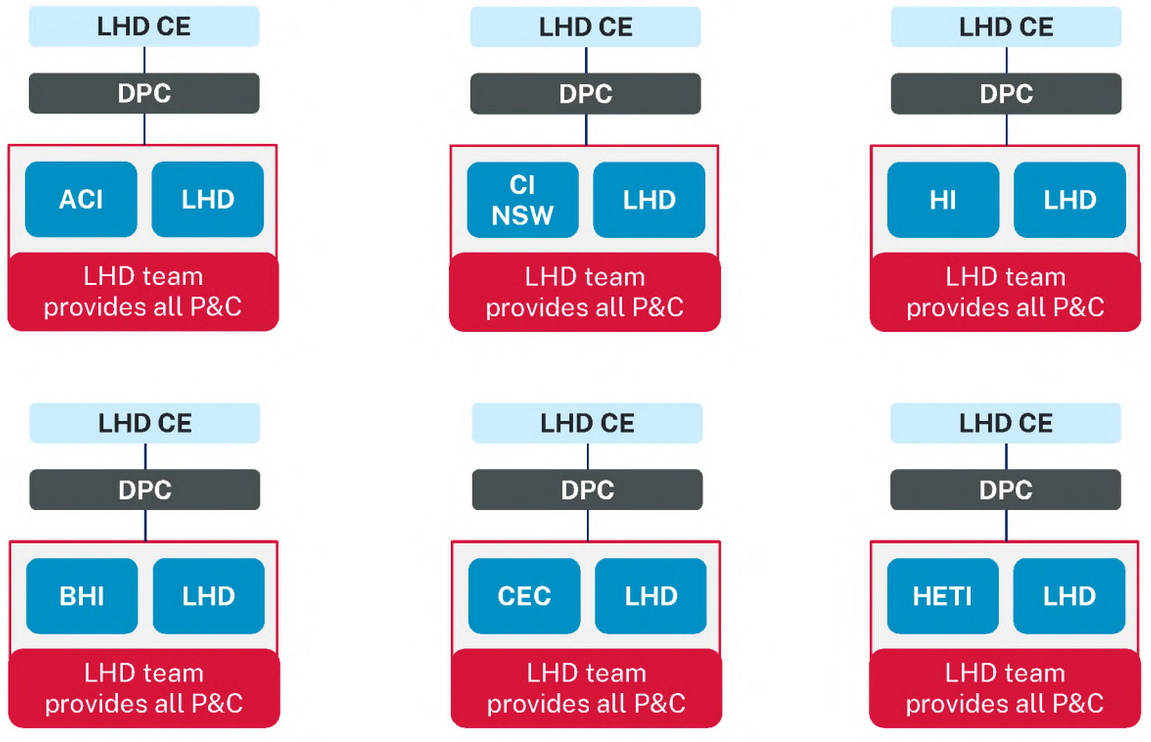
- A HSSE Band 1 DPC does not exist in this structure, therefore this would need to be funded from the realigned FTE

Table 5: P&C team current state grade analysis –Pillars, HI and HS-HA teams

Grade	FTE	%
AO6	2	5.26%
HM1	5	13.16%
HM2	7	18.42%
HM3	11	28.95%
HM4	6	15.79%
HM5	4	10.53%
Other	3	7.89%

[20] Realigned P&C Salaries = total option P&C salary – (P&C FTE realigned x Average salary per P&C FTE) for this option. Average salary per P&C FTE=$114,738.82. This is an approximate estimate and further costing, and analysis is required based on actuals and a detailed operational model.

Option - Pillars and HI aligned to LHDs



Model Description

- HI and each Pillar Agency is aligned to a Local Health District P&C team who provides the full range of P&C services to the Pillar Agency / HI workforce as well as their own
- HI / Pillar P&C team members are realigned to the district providing the services but remain in their current location
- Each Agency would have a Business Partner assigned from the relevant combined P&C team, and access to the full suite of P&C services
- HS-HA team members currently supporting the Pillar Agencies and HI are either realigned across all HAs, or deemed Excess
- Options for HSSG staff
  a) Line management of HSSG changed to Ministry of Health P&C team. FTE in the HS-HA team who currently support HSSG also transfer to the MoH P&C team; or
  b) Line management of HSSG remains with HealthShare, FTE in the HS-HA team who currently support HSSG transition to the general HS P&C team

Appendix H: Recommended Implementation Leads – Horizon 1

Circuit Breaker 1 – Transition to more flexible, adaptable service and operating models	MoH	SSH	Sector CoE	State DPCs	Health Agency
1.1.1 Health Agencies develop voice of customer strategy					
• Baseline current activity, map customer segments and services to identify areas requiring deeper knowledge of customers & business					
• Develop a local customer experience (CX) vision					
1.1.2 Employee Experience lead					
• Embed dedicated employee experience (EX) function within P&C portfolios					
1.1.3 Establish system-led functions					
• Identify options for system-led P&C delivery across a range of functions and / or activities					
• Increase scope of shared service delivery to include all employee services processing activities					
1.1.4 Standardise P&C role descriptions					
• Analyse P&C roles with a view to simplify and establish a common taxonomy across functions					
• Target areas of specialty for standardisation to determine benefits and magnitude of change					
• Update HRIS based on outcomes					
1.1.5 Strengthen Human Resource Business Partner (HRBP) capability and capacity across the system					
• Develop plan to optimise HRBP roles, including rebalance of existing capabilities and capacity in line with P&C operating model					
1.1.6 Commence realignment of P&C services					
• Realign P&C structures to incorporate core P&C functions and remove non-core P&C functions from existing structures					

Circuit Breaker 2 – Build capacity and capability	MoH	SSH	Sector CoE	State DPCs	Health Agency
2.1.1 Radical simplification commences					
• Develop an approach to radical simplification with a focus on high volume activities to be supported in SARA. *First tranche: workforce reporting, recruitment and onboarding processes*					
• For each - evaluate current state – engage with customers on needs (current and future)					
• Identify priorities to standardise and re-design supporting processes and governance					
• Identify digital options to enable delivery					
2.1.2 Undertake P&C skills and maturity assessments					
• Undertake a maturity assessment of P&C teams					
• Undertake a skills assessment across P&C teams to identify capability gaps					
• Undertake a training needs analysis of P&C leadership teams					
2.1.3 Design P&C Academy (capability and mobility)					
• Design operating model for P&C Academy (including vision, strategy, governance, evaluation and investment)					
2.1.4 Establish P&C diversity and internship models					
• Develop a P&C internship model to attract and retain P&C talent to NSW Health					
• Diversify the P&C workforce with targeted roles in alignment with the Premier's Priorities					
2.1.5 Complete Role Success Profiles					
• Develop Role Success Profiles for key P&C roles, starting with HR Business Partners					

Circuit Breaker 3 – Reset the role of the Ministry	MoH	SSH	Sector CoE	State DPCs	Health Agency
3.1.1 Reset relevant delegations					
• Establish statewide best practice delegation guidelines for P&C					
• Review current delegations, supporting people policies and processes, guidance documentation and other relevant materials					
• Review locally-developed people policies for fit-for-purpose, in line with state policies					
3.1.2 Enable new ways of working					
• Upskill P&C team members and people leaders on revised delegation processes and ways of working impacted by radical simplification					
• Clarify roles and accountabilities between MoH and Health Agency P&C teams in radical simplification					
3.1.3 Review L&D / E&T model across the system					
• Review current L&D / Education and Training (E&T) models through systems-based needs assessment and review of current activity					
• Explore options for HETI in context of tiered delivery model for sector-based L&D					
3.1.4 Consolidate P&C operating model across Pillar organisations					
• Determine appropriate P&C operating model focusing on simplification and removal of duplication					
• Implement agreed model					

Circuit Breaker 4 – Unlock the power of the network	MoH	SSH	Sector CoE	State DPCs	Health Agency
4.1.1 Establish agile delivery teams – Tiger Teams					
• Using a co-design approach, create agile 'tiger' team model including processes and governance					
• Form a 'tiger team' to lead radical simplification and delegation adjustment at local level					
4.1.2 Reset Communities of Practice (CoP)					
• Review established networks and CoP to identify strengths and gaps					
• Work with CoP leads to reset governance, Terms of Reference, Executive Sponsorship and support to build their impact					
4.1.3 Communicate the P&C value proposition					
• Define P&C service delivery offering to clearly articulate P&C services for customers					
• Establish mechanism for collecting CX feedback and establish metrics across the employee lifecycle					
• Develop and implement P&C communications strategy					
4.1.4 Enable flexible work					
• P&C teams undertake flexible by design assessment					
• Iterate flexible work approach for P&C teams as an attraction/retention strategy and key component of the employee experience					

Circuit Breaker 4 – Unlock the power of the network	MoH	SSH	Sector CoE	State DPCs	Health Agency
4.1.1 Establish agile delivery teams – Tiger Teams					
• Using a co-design approach, create agile 'tiger' team model including processes and governance					
• Form a 'tiger team' to lead radical simplification and delegation adjustment at local level					
4.1.2 Reset Communities of Practice (CoP)					
• Review established networks and CoP to identify strengths and gaps					
• Work with CoP leads to reset governance, Terms of Reference, Executive Sponsorship and support to build their impact					
4.1.3 Communicate the P&C value proposition					
• Define P&C service delivery offering to clearly articulate P&C services for customers					
• Establish mechanism for collecting CX feedback and establish metrics across the employee lifecycle					
• Develop and implement P&C communications strategy					
4.1.4 Enable flexible work					
• P&C teams undertake flexible by design assessment					
• Iterate flexible work approach for P&C teams as an attraction/retention strategy and key component of the employee experience					

Appendix I: Draft role descriptions for consultation

Draft Role Description – People and Culture Business Partner

Overview

The People and Culture Business Partner (PCBP) is a strategic partner who works closely with the business leaders and managers to align human resources initiatives and programs with business objectives. The PCBP serves as a consultant, advisor, and advocate for both management and employees, ensuring effective P&C support across all areas of the organisation. The role requires a deep understanding of the business, strong HR knowledge, and the ability to build relationships and influence key stakeholders

Responsibilities

- *Strategic HR Planning*: Collaborate with business leaders to develop and implement HR strategies that align with the organisation's goals and objectives. Provide insights and recommendations on workforce planning, talent acquisition, talent management, and succession planning.
- *People Data Analysis*: Utilise data and analytics to identify trends, develop insights, and provide recommendations to improve HR processes and programs. Use data to support decision-making and measure the effectiveness of HR initiatives.
- *Employee Relations*: Act as a trusted advisor to managers and employees, providing guidance and support on employee relations matters, conflict resolution, performance management, and disciplinary actions. Ensure compliance with employment laws and regulations.
- *Talent Acquisition and Management*: Partner with the recruitment team to identify talent needs, develop job descriptions, and participate in the selection process. Work with managers to assess employee development needs, create career development plans, and support succession planning efforts.
- *Performance Management*: Support the performance management process by providing guidance on goal setting, performance reviews, and feedback. Assist in identifying performance improvement opportunities and facilitating coaching and development programs.
- *Organisational Development*: Collaborate with leaders to assess organisational needs and design interventions to improve performance, employee engagement, and organisational effectiveness. Implement change management initiatives to support organizational transformation.
- *HR Policy and Compliance*: Stay updated on HR laws, regulations, and best practices, and ensure compliance with labour laws and internal policies. Advise managers on HR policies, procedures, and practices.
- *Employee Engagement and Culture*: Develop and implement programs and initiatives to enhance employee wellbeing and engagement, foster a positive work culture, and promote diversity and inclusion. Coordinate employee surveys and analyse data to identify trends and areas for improvement.
- *Work, Health and Safety*: Partner with leaders to identify and address risks to staff health and safety. Broker specialist services as required.

Skills, Qualifications and Experience

- Bachelor's degree in Human Resources, Business Administration, or a related field (Master's degree preferred).
- Proven experience as an HRBP or in a similar HR role.
- In-depth knowledge of HR principles, practices, and employment laws.
- Strong business acumen and the ability to understand business objectives and challenges.
- Excellent interpersonal and communication skills, with the ability to build relationships and influence stakeholders at all levels.
- Strategic thinking and problem-solving skills.
- Ability to handle sensitive and confidential information with discretion.
- Strong analytical skills and the ability to use HR data to drive insights and recommendations.
- Experience with HRIS systems and HR analytics tools.
- Professional HR certifications (e.g., AHRI CPHR) desirable.

Draft Role Description - Recruitment and Talent Acquisition Lead

Overview

As the Recruitment and Talent Acquisition Lead, you will play a pivotal role in identifying, attracting, and hiring top talent for our organization. You will be responsible for building and executing a comprehensive recruitment strategy that aligns with our organisation's goals and values. You will work closely with HR teams, hiring managers, and senior leaders to ensure the successful recruitment of candidates that align with NSW Health's goals and values.

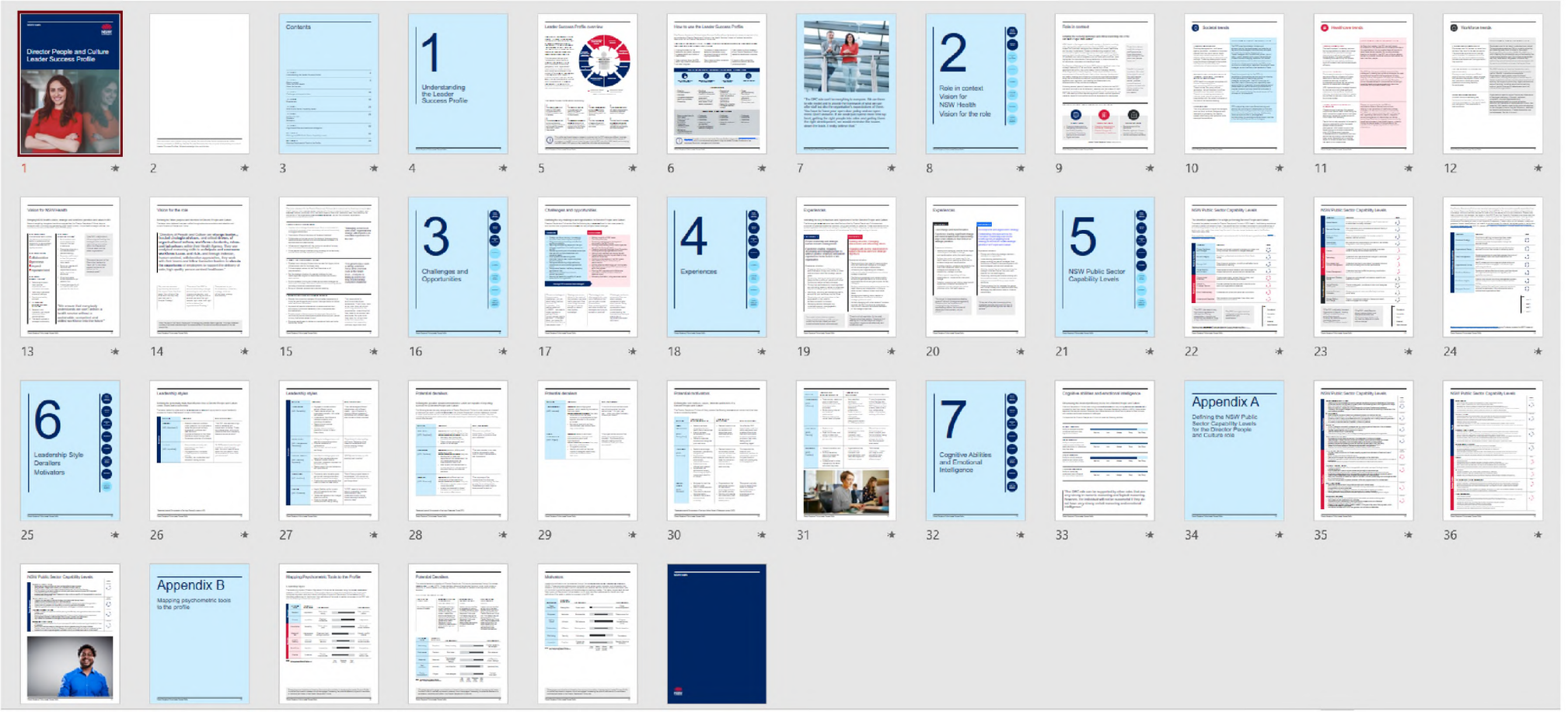
Responsibilities

- Manage the entire recruitment cycle, from sourcing and screening candidates to negotiating offers and onboarding new hires
- Develop and implement recruitment strategies while ensuring that the recruitment process is efficient, effective, and in compliance with all relevant laws and regulations
- Identify and implement contemporary sourcing strategies for a range of roles
- Collaborate with hiring managers to understand their business objectives and staffing needs, and develop recruitment plans to address those needs
- Continuously improve recruitment processes and strategies to ensure the attraction of the best candidates
- Provide advice to the organisation on the most effective candidate assessment processes
- Analyse recruitment data to identify trends and insights, and use these to make data driven decisions
- Build and maintain strong relationships with external recruiting agencies and other talent acquisition sources

Skills, Qualifications and Experience

- Qualifications in Human Resources Management and / or proven experience in a recruitment manager or talent acquisition role
- Demonstrated working knowledge of recruitment best practices, including applicable laws and regulations
- Strategic thinking and problem-solving skills
- Demonstrated leadership skills and the ability to motivate a team to achieve objectives
- Strong data analytics and reporting skills
- Experience with applicant tracking systems and online recruiting
- Excellent interpersonal and communication skills, with the ability to build relationships and influence stakeholders at all levels.

Appendix J – DPC Leader Success Profile



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NSW GOVERNMENT