



Health
Western NSW
Local Health District



People Strategy

Western NSW Local Health District

2023

Western NSW Local Health District acknowledges the traditional custodians of the Country throughout Western NSW, and their continuing connection to land and community.

We pay our respect to traditional custodians, to Elders both past and present and acknowledge the privilege we have to live and work on Aboriginal lands.

We share and celebrate the rich history of Aboriginal culture and recognise the diverse and proud Aboriginal nations across our District.

We are committed to improving Aboriginal health and the health outcomes and experiences for all people and all communities across our District.

We all contribute to making a difference in health outcomes and have a responsibility to make a real and lasting difference in the lives of people living in Western NSW.

In our 2022 People Strategy, we particularly acknowledge the contribution of our Aboriginal workforce. We want to continue to build, grow and support our Aboriginal workforce, who, together with all of our staff, make our services safe and respectful for Aboriginal people.



Artwork by Jasmin Sarin

From the Chief Executive



People issues are the biggest focus for our organisation. Our People Strategy is critical to ensuring a strong and sustainable workforce into the future.

It also means having a workplace that is vibrant and enables you to be the best version of yourself at work that you can be.

It goes without saying that holding onto the people who already work for our District is fundamentally important.

Our People Strategy can really be summarised into three key themes:

- Addressing immediate shortages and building our future workforce
- Supporting talented people to thrive
- Creating a more positive workplace.

Supporting this strategy are over forty five different practical things we will be doing to reduce several of our workforce stresses over the next few years.

Many of those things are based on suggestions that have come from our staff.

We are also starting to make a few changes to how we recruit, orientate, and support new staff right across the district.

We are aiming to recruit significantly more new graduate nurses, midwives, and allied health professionals in 2023, including supporting some supernumerary roles for a period.

Creating and sustaining a positive and supportive workplace culture is always the most important and hardest of all things to do. We've got some work to do areas and our commitment is to make sure we do just that.

Mark Spittal

Chief Executive

From the Director, People and Culture



I am delighted to share our People Strategy which will shape our future for our biggest asset, our people.

The wellbeing of our workforce is our highest priority. The People and Culture team are committed to ensuring that our staff have good days at work - where they can deliver safe, reliable, and person-centred care to our communities.

There is no doubt that the last couple of years working in health care have been hard. Our staff have demonstrated resilience and ingenuity to deliver health care to our communities. This has been a tough but rewarding time.

Into the future, we will be working hard to increase our workforce numbers, ensure and provide opportunities for people to grow their careers in WNSW.

We will do this by enhancing and supporting our graduate workforce for nursing, midwifery, and allied health. We will 'grow our own' workforce and provide increased opportunities for school leavers through School Base Apprenticeships and Trainee positions as well as cadetships particularly for our Aboriginal population.

We will design a medical workforce plan to ensure our workforce is sustained to meet our service demands including the establishment of a Rural Physician training program.

The next few years provides us with an opportunity to implement flexible working options, look at accommodation opportunities within our rural/remote communities, and work with our university and TAFE partners to build our workforce capabilities.

Sandra Duff

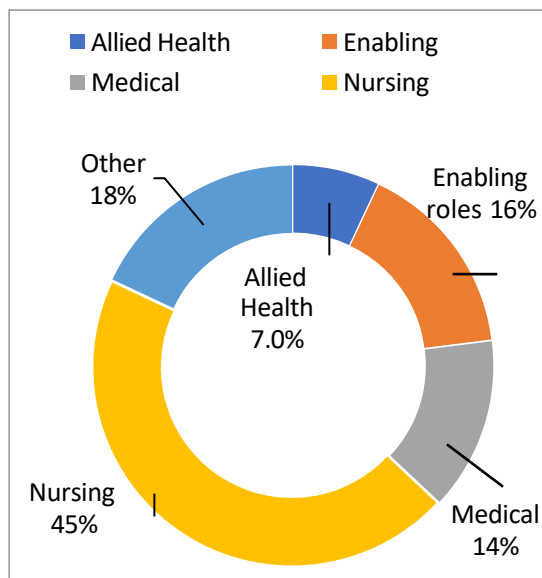
Director, People and Culture

Our People

We are exceptionally proud of our professional, hardworking and caring health workforce in Western NSW.

We employ around 8,442 staff¹ across the District in approximately 5,108 full time equivalent (FTE) positions. 491 staff identify as Aboriginal. Our staff are committed, innovative and connected to their communities.

The majority of our workforce is made of nursing staff, with around 3,781 people working in nursing roles in the LHD.



Western NSW LHD also employs around 1200 doctors, 550 allied health professionals and 3902 enabling and other staff who support both our clinical and corporate services².

On average, our staff work for Western NSW LHD for 15 years. Our retention rate is 88.6% and our turnover rate is around 7.3%³.

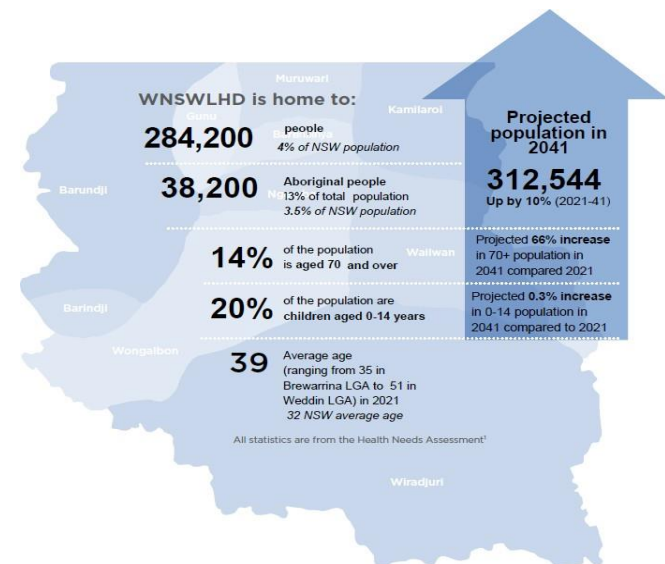
59.6% of our senior leaders are women.

¹ Includes contingent works who are Visiting Medical Officers, reflecting staff who are employed in services and visit the LHD.

Our Communities

We have one of the most rural and most vulnerable populations in NSW. The population of Western NSW LHD is approximately 284,200 people, geographically dispersed across a large region - from regional centres to small rural communities.

That vulnerability is seen in part in the poorer health and social outcomes experienced by our communities when compared to their urban counterparts.



Over the next 20 years, our LHD population is expected to grow overall by 10% to around 312,544 people by 2041. However, this growth is not evenly dispersed across all communities in the region, with major regional centres and medium sized towns projected to increase in population, while many small towns are projected to decrease in population.

The changing landscape of our rural and regional communities is a challenge we will need to respond to over the coming years.

² StaffLink extract, November 2022

³ Ministry of Health, Comparative Workforce Dashboard

Our current situation

The past two years have understandably been overshadowed by our health service response to the COVID-19 pandemic. The impact of COVID-19 on our health and aged care workforce is significant – adding additional pressures to the existing challenges in the delivery of rural health care.

The supply of a skilled health workforce is impacting the operation, delivery and sustainability of rural health services across NSW on a daily basis. While the challenges of recruitment and retention of health workers in rural areas have been long recognised, the issue is critical in rural NSW.

We don't always ask for help when we are not coping.

Operationally, rural health services are struggling with an increasing reliance on temporary, ad-hoc and expensive solutions to fill gaps on a week-to-week basis. Our staff are working hard to fill gaps, with 32% of our workforce having excess leave balances¹.

We don't always look after each other or treat each other as well as we should.

We recognise the importance of a good day at work, and our workplaces being great place to work. As well as addressing our workforce challenges into the future, we will focus on our culture and the wellbeing of our staff.

The way we work is just as important as the work we do.

While there is no simple solution, a bundle of well-designed initiatives, delivered in partnership with our staff and services, has the potential to alter the current trajectory. Many of these initiatives are practical suggestions that have come from our staff.

The people we treat are rarely strangers.



Our People Strategy Objectives

Our vision

To make Western NSW LHD a place where you have good days at work and to enable you to deliver safe, reliable, person-centred care to our community.



Our Strategic Outcomes



Address immediate challenges and build our future workforce



Support our talented people to thrive



Create the conditions for a more positive workplace

How we developed our People Strategy

We spoke to people at every level across the district to understand the challenges they were facing from a workforce and employee experience perspective, before conducting an extensive co-design process.



1. Sought to understand our workforce needs

- ✓ Reviewed strategic imperatives from NSW Health Workforce Plan
- ✓ Interviewed 124 staff across 12 sites from a range of roles and experiences
- ✓ Targeted interviews with leaders on workforce planning challenges
- ✓ Consolidated outputs to understand systemic challenges and causes
- ✓ Developed recommendations to address these challenges



2. Identified initiatives

- ✓ Formed cross-functional design group
- ✓ Co-developed potential initiatives
- ✓ Assessed, validated and prioritised initiatives to form shortlist



3. Developed the program plan

- ✓ Developed detail of each initiative and requirements to deliver it
- ✓ Identified key activities, timescales, milestones and any funding required
- ✓ Compiled initiatives into a single overarching program plan
- ✓ Worked through program governance, reporting and change strategy

This has helped us to ensure that the strategy reflects the true needs of those it serves.

What we learnt from our staff

We have a number of strengths to build on for the future:

- Strong sense of purpose to serve our communities and provide the best possible care to our patients
- Supportive teams in most areas, who support each other during shift and in the tough moments
- Commitment and desire to make things better from most staff who are highly passionate about their job
- More responsibility and opportunity to grow, with the ability to attract ambitious staff wanting something different

However, we also have a number of challenges we need to address:

- Staff shortages, particularly in our rural and remote sites, placing pressure on our existing workforce to protect patient outcomes
- Teams under pressure which hurts team dynamics, leading to poor behaviours such as bullying and incivility that undermine team effectiveness and drive staff turnover
- High turnover in critical clinical roles, especially in some locations, putting more strain on our existing staff
- Gaps in key leadership capabilities such as team management, collaboration and innovation, ultimately creating obstacles to positive change
- Many staff feel exhausted and burned out, driving increased turnover, contributing to absence and sickness, and further compounding staffing shortages
- Cultural siloes that hinder collaboration and innovation within and between sites, preventing the sharing of network-wide best practice and new ideas.

Our Workforce Challenges

Our review of the current state of the district identified challenges around workforce and employee experience. The rating is an average overall, however, this is not necessarily reflective of all health services and all locations. It provides an overview of areas for improvement into the future.

Factor	Rating	Rationale
WORKLOAD: Having a challenging but manageable workload that increases engagement		<ul style="list-style-type: none"> Staff consistently stated their workload is unmanageable and unsustainable Perceived increased risk to staff and patient safety
KNOWLEDGE & SKILLS: A positive skill mix and opportunities to develop professionally		<ul style="list-style-type: none"> Access to professional development varies substantially by site and by discipline Ensuring right skill mix of workforce (esp. in nursing) is a widespread pain point
PAY & CONDITIONS (INC. JOB SECURITY): A role that is fairly remunerated, secure and in a quality physical environment		<ul style="list-style-type: none"> Perceived inadequate remuneration for certain roles (esp. in nursing and support services) Equipment, environment and job security was generally regarded positively
SENIOR LEADERSHIP: Visible senior leadership that communicates well and builds understanding		<ul style="list-style-type: none"> 'Us vs. Them' mentality between leaders and staff, with staff feeling disconnected from leaders Perception senior leaders don't understand or don't want to understand the situation on the ground compounded by a perceived lack of visibility
MANAGER SUPPORT: A manager who offers support and care for staff		<ul style="list-style-type: none"> Significant variation with good managers making staff feel valued and respected at work whilst there are also instances of bullying and below the line behaviours
AUTONOMY: Having influence over what is done and how		<ul style="list-style-type: none"> At local level, staff believe they can share ideas and managers seek their input At district level, perception that insufficient action is taken on feedback (e.g. from PMES)
ROLE: Having clarity on what is expected and the opportunity for variation		<ul style="list-style-type: none"> For majority there is clarity on what is expected and opportunity to move across roles Lack of role clarity and role conflict reported by managers (especially when new or acting) Role ambiguity for many new roles and for 'double hatted' roles where time is split
RECOGNITION & FEEDBACK: Being acknowledged for good work		<ul style="list-style-type: none"> Informal and formal recognition does take place at sites and is valued by staff It is inconsistently applied across district and can be sacrificed due to high workloads.
TEAM RELATIONSHIPS: Team is supportive and feels psychologically safe		<ul style="list-style-type: none"> Widespread 'Us vs. Them' mentality pervaded relationships (between teams, disciplines, sites) Significant variation with instances of high-performing team dynamics countered by instances of a serious breakdown in trust, incivility, bullying and perception of unfairness e.g. workload
ORG IDENTITY: A clear org purpose & identity that distinguishes itself from others		<ul style="list-style-type: none"> Staff have a strong sense of purpose in the job and pride in serving the community Identity is at a local site level, with limited sense of connection as a district

Planning Context

The People Strategy is based around the strategic pillars of the NSW Health Workforce Plan, considering the strategic objectives of the Future of Health, Draft NSW Regional Health Plan 2022-2032 and Western NSW LHD Strategic Plan 2020-2025



Regional Health Plan 2022-2032	PRIORITIES	KEY OBJECTIVES
<ul style="list-style-type: none"> Improve the health and wellbeing of the population Improve the efficiency and effectiveness of the health system Improve the experience of patients and staff Improve the sustainability of the health system 	<ul style="list-style-type: none"> Improve the health and wellbeing of the population Improve the efficiency and effectiveness of the health system Improve the experience of patients and staff Improve the sustainability of the health system 	<ul style="list-style-type: none"> Improve the health and wellbeing of the population Improve the efficiency and effectiveness of the health system Improve the experience of patients and staff Improve the sustainability of the health system



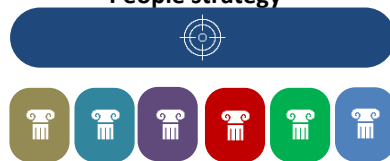
Future Health Guiding the next decade of care in NSW

Draft NSW Regional Health Plan 2022 -2032

Western NSW LHD Strategic Plan 2020- 2025

NSW Health Workforce Plan

Provides the vision and strategic pillars that inform our People strategy



Employee Experience Strategy

+

Workforce Enabling Strategy

Provides the initiatives and activities that Western will focus on



Aboriginal Workforce affirmative action framework

Provides the underpinning Aboriginal Health activity that supports this plan



The People Strategy is a considered approach to developing our workforce and aims to incorporate and address both our Employee Experience Strategy and our Workforce Enabling Strategy and our objectives under the Aboriginal Workforce Affirmative Action framework.

Our People Strategy at a glance (3 years)

A STRONG AND SUSTAINABLE WORKFORCE AND A GREAT PLACE TO WORK

Vision:

Priorities

Initiatives to support

1. Build positive work environments that bring out the best in everyone	2. Strengthen diversity in our workforce and decision-making	3. Empower staff to work to their full potential around the future care needs	4. Equip our people with the skills and capabilities to be an agile, responsive workforce	5. Attract and retain skilled people who put patients first	6. Unlock the ingenuity of our staff to build work practices for the future
<p>1.1. Enhance executive leadership capability</p> <p>1.2. Develop leadership and management capability across the district (including new manager/ leader orientation program)</p> <p>1.3. Improve talent management and support for career pathway progression</p> <p>1.4. Workplace wellbeing and psychological safety</p> <p>1.5. Build capacity to address grievances and bullying behavior to support wellbeing</p> <p>1.6. Design and implement a Medical Leadership Program</p>	<p>2.1 Support opportunities to develop our Aboriginal workforce</p> <p>2.2 Strengthen our organisation by recognizing value of diversity, inclusion and belonging in the workforce</p> <p>Continued delivery of the Aboriginal Affirmative Action Framework</p>	<p>3.1. Free up managers to focus on leading teams</p> <p>3.2 Improve LHD-wide communication and collaboration to solve problems</p>	<p>4.1. Review current mandatory training requirements for staff (& delivery approaches)</p> <p>4.2. Implement Fast tracked development programs</p> <p>4.3. Enhance university partnerships to build workforce capability and pipelines</p>	<p>A) Enhance the way we attract and recruit people to our workforce (5.1 - 5.9)</p> <p>B) Help our people to excel from day one (5.10 - 5.13)</p> <p>C) Develop our nursing / midwifery workforce and future pipeline (5.14 – 5.21)</p> <p>D) Develop our Allied Health workforce and community based care (5.22 – 5.24)</p> <p>E) Develop, train and sustain a highly skilled Medical workforce that meets our community-based needs (5.25-5.30)</p>	<p>6.1 Increase opportunities for flexible working (for example, start and finish times, flexible locations)</p> <p>6.2. Enhance rostering best practice</p>

NSW HEALTH
WESTERN NSW LHD

1. Build positive work environments that bring out the best in everyone

Initiative	Objective	Benefits and Measures
1.1. Enhance executive leadership capability	Equip all Executive Leadership Team and General Managers with the skills to be effective people leaders who can inspire their teams and create a positive work environment.	<ul style="list-style-type: none"> • Uplift in target capabilities (for example, resilience, change leadership) • Participation rates, feedback from staff
1.2. Develop leadership and management capability across the district (including new manager/ leader orientation program)	Expand the current leadership program and include a new orientation schedule focused on helping new leaders/managers to become effective people leaders	<ul style="list-style-type: none"> • Enhancement of current leadership / management pathway • Participation rates and staff feedback • Workforce Educators recruited • Improved staff experience • Increased retention of NM and HSMs • Increase in emerging managers attending programs
1.3. Improve talent management and career pathways	Enable us to better identify, nurture and progress key talent within our workforce through enhanced planning and support for performance, development, careers wellbeing and succession.	<ul style="list-style-type: none"> • Results from pilot • Improved ability to fill vacant rolls • Decreased turnover in identified roles • Improved retention of talent
1.4 Workplace wellbeing and psychological safety	<p>Cultivate and maintain a positive workplace culture where people feel valued and can have a good day at work through:</p> <ul style="list-style-type: none"> • Kindness, Compassion & Gratitude • Team Development • Psychological /Physical Safety and Fatigue • Good Communication • Good positive relationships and trust • Employee wellbeing focus 	<ul style="list-style-type: none"> • Reduction of sick leave due to stress • Reduction in compensation due to psychological injury • Reduction in turnover due to stress
1.5. Build capacity to address grievances, bullying behaviours to support wellbeing	Build employee and manager capacity to address grievances and bullying behaviours. To support psychologically safe workplaces, improve morale and wellbeing, retain staff and enhance productivity.	<ul style="list-style-type: none"> • Improved engagement, wellbeing and retention • A more physiologically safe workplace • Decrease in rates of grievances and bullying •
1.6 Design and Implement a Medical Leadership Development Program	Medical leaders at all levels are supported by a comprehensive leadership development program that is tailored to their roles and context.	<ul style="list-style-type: none"> • Medical leaders are well developed and participate in programs • Accountability evident • Retention of medical leaders

2. Strengthen diversity in our workforce and decision-making

Initiative	Objective	Benefits and Measures
Continued delivery of the Aboriginal Workforce Affirmative Action Framework	Develop a skilled and robust Aboriginal workforce, increase Aboriginal employment participation and improve the ability of the organisation to deliver programs and services that are effective and appropriate for Aboriginal people.	<ul style="list-style-type: none"> • Increased Aboriginal employment • Increased leadership opportunities for Aboriginal staff • Availability of entry level traineeships, cadetships and career pathway opportunities • Increased professional development opportunities
2.1 Strengthen our organisation by recognizing value of diversity, inclusion and belonging in the workforce	Ensure all staff have knowledge of how to work effectively with people who have a disability, from diverse cultures, or LGBTIQ+ community to feel included.	<ul style="list-style-type: none"> • Utilisation of resources • Increase in capability of staff to support diversity • Increased Aboriginal employment • Improved attraction of CALD candidates
2.2 Support opportunities to develop our Aboriginal workforce	To align our workforce people strategy, supporting the Aboriginal Health Directorate to reflect the objectives in the Aboriginal Affirmative Action Plan 2019-2023.	<ul style="list-style-type: none"> • Increased Aboriginal workforce in targeted locations • Improved metrics on PMES, entry and exist surveys • Our workforce reflects our Aboriginal cultural footprint

3. Empower staff to work to their full potential around the future care needs

Initiative	Objective	Benefits and Measures
3.1. Free up managers to focus on leading teams	Reduce the burden on managers to ensure they have the capacity and time to effectively lead their teams.	<ul style="list-style-type: none"> • Redesign pilot undertaken • Self-reported increase in Nurse Manager and Health Service Manager time for leadership roles in pilot
3.2. Improve LHD-wide communication and collaboration to solve problems	Create a culture of collaboration by creating more opportunities to collaborate, share knowledge and tackle 'big' problems as a district	<ul style="list-style-type: none"> • Increase in innovative projects and programs that target local needs • PMES survey on relevant collaboration measures

4. Equip our people with the skills and capabilities to be an agile, responsive workforce

Initiative	Objective	Benefits and Measures
4.1. Revise current mandatory training requirements for clinical staff	Reduce the time burden on clinical staff for mandatory training to ensure essential training is completed.	<ul style="list-style-type: none"> • Rationalisation of CE flagged mandatory training requirements • Simplified processes
4.2. Implement fast tracked development programs in key areas	Grow our own workforce and attract staff to our LHD through by implementing well supported, fast- tracked development programs for leadership and management or specialty clinical roles.	<ul style="list-style-type: none"> • Accelerated development of new graduate and overseas nurses – increased intake Fast-track development program and resources • developed and utilisation rates Improvement in recruitment to • identified roles and retention
4.3. Enhance university partnerships to build workforce capability and pipelines	Develop productive relationships with universities, training organisations and University departments of rural health to enhance pathways for students and promote job-ready graduates for our LHD.	<ul style="list-style-type: none"> • Increased partnerships with universities and participation in collaborative initiatives • Increase in research and joint research or grant applications

5. Attract and retain skilled people who put patients first

Initiative	Objective	Benefits and Measures
5.1. Improve engagement with school students	Grow our own future talent pipeline by engaging with local school students through a range of channels.	<ul style="list-style-type: none"> Completed framework and approach Number schools engaged and reach across District Attendance rates at school careers events Increase in SBAT application rates
5.2. Enhance internal mobility and use of state-wide and local eligibility lists	Enhance our workforce planning by creating a talent pool database of high potential job candidates for critical roles.	<ul style="list-style-type: none"> Establishment of new CRM Reduction in recruitment timeframes
5.3. Enhance candidate engagement and experience	Improve candidate engagement and experience during attraction, recruitment and onboarding.	<ul style="list-style-type: none"> New 'Candidate Experience Officers' recruited and on-boarded Feedback from candidates Reduction in vacancies
5.4. Improve workforce data analysis to inform decision making	Improve the way we capture, manage and utilise our workforce data to support local workforce decisions.	<ul style="list-style-type: none"> Dissemination of workforce data analytics across the region Utilisation of workforce data analytics to enhance workforce decision making Finalisation of new KPI framework
5.5. Employ incentives for attraction and retention	Attract and retain more high-quality talent by using targeted incentives based on the NSW Incentives Framework.	<ul style="list-style-type: none"> Development of local business rules for incentive scheme Implementation of incentive scheme, number of recipients Improved retention rates
5.6. Use permanent recruitment for selected temporary roles	Improve our ability to attract and recruit staff by filling temporary roles (e.g. maternity leave and extended leave) with a permanent appointment in identified area.	<ul style="list-style-type: none"> Number of temporary roles converted to permanent Reduction in number of vacancies
5.7. Improve recruitment and selection process	Improve our ability to select and recruit candidates with the right skills and attributes by enhancing our existing processes.	<ul style="list-style-type: none"> Enhancements to recruitment process finalised Completed PD library update Feedback from candidates Increased application completion rates
5.8. Introduce centralised recruitment for nurses in rural sectors and rural referral sites	Centralise recruitment for nurses in the rural sectors to improve talent management, consolidate recruitment workloads and reduce hiring manager activity.	<ul style="list-style-type: none"> Established model for centralised nursing recruitment Reduction in number of vacancies
5.9. Market to a diverse range of potential applicants	Improve our ability to source, attract and retain key health workers by marketing to a diverse range of candidates.	<ul style="list-style-type: none"> Additional marketing FTE recruited and on boarded Expanded marketing for hard to fill roles Increased applications for hard to fill roles

5.10. Improve orientation for new Staff	Improve the experience of our new employees through a new orientation that addresses their needs and engages them with development goals and career pathways.	<ul style="list-style-type: none"> • Development of new orientation process and resources • Feedback from new employees • Improved staff retention at 12 months
5.11. Introduce a rapid upskilling program for rural and remote healthcare	Ensure new staff (particularly grads and overseas trained nurses) are adequately prepared by creating a centralised program to upskill and orientate them before they start.	<ul style="list-style-type: none"> • Establishment of CREST-sim lab at Wellington • Development of new program and materials • Participation rates • Feedback from staff
5.12. Enhance key health worker accommodation	Increase the availability of suitable accommodation across the LHD to enable key health workers (especially new grad and overseas trained clinicians) to relocate to our sites for work.	<ul style="list-style-type: none"> • Increased access to health accommodation • Utilisation rates • Feedback from employees
5.13. Improve access to education in rural and remote areas	Support access to training and development opportunities across rural and remote sites to support the development and upskilling of new and existing staff.	<ul style="list-style-type: none"> • Mandatory training participation • rates in rural and remote locations • Feedback from employees
5.14. Increase midwifery career pathway opportunities for registered nurses across the LHD	Increase our skilled and dual registered RN and RM workforce and combat RM shortages by increasing the number of Postgraduate Midwifery positions available across the LHD.	<ul style="list-style-type: none"> • Increased access to the Postgraduate • Midwifery positions • Feedback from staff
5.15. Increase new graduate nurse / midwife recruitment	Combat our Registered Nurse/Registered Midwife shortages and increase our coverage of specialty areas by increasing numbers of new graduate nurses and midwives across LHD.	<ul style="list-style-type: none"> • Enhanced RN/Midwifery FTE • Sustained retention rates of staff • Increase exposure to a variety of clinical areas
5.16. Centralise and enhance education support for nurses in rural and remote areas	Enhance and centralise clinical nurse education resources to support clinical staff in-situ in the development of new skills.	<ul style="list-style-type: none"> • Increase in support, feedback from staff • Improved retention rates
5.17. Increase enrolled nurse supply and improve transition to practice	Increase Enrolled Nurse, Midwifery Assistant and Nursing Assistants attraction and retention by increasing access to supported training opportunities and assistance with transition to practice.	<ul style="list-style-type: none"> • Enhanced EN FTE • Reduction in EN vacancies • Increased Transition to Practice numbers • Reduction in AIN vacancies through AIN rural scholarships
5.18. Support pathways to registered nursing / midwifery	Support career pathway progression to RN through a range of strategies focusing on our existing workforce, to promote the ongoing supply of RNs and to retain existing nursing Workforce.	<ul style="list-style-type: none"> • Rates of participation in the pathway • Feedback from staff
5.19. Increase and enhance tertiary student placements - nursing	Build our future workforce and promote opportunities to tertiary students by increasing volume of high-quality clinical placements to undergraduate EN and RN nursing students.	<ul style="list-style-type: none"> • Rates of undergraduate placements • Feedback from students • Rates of employment of students' post-graduation

5.20. Enhance allied health coverage in the emergency department	Increase allied health staff coverage in the Emergency Departments (EDs) at our base hospital facilities across Physiotherapy, Occupational Therapy (OT) and Social Work.	<ul style="list-style-type: none"> • Improved ED performance • Established ED to community model of care • Improved patient experience
5.21. Increase and enhance tertiary student placements - allied health	Build our future workforce and promote opportunities to tertiary students by increasing volume of high-quality clinical placements for undergraduate Allied Health students.	<ul style="list-style-type: none"> • Rates of undergraduate placements • Feedback from students • Rates of employment of students' post-graduation
5.22. Improve ability to appoint to hard-to-fill allied health roles through employment flexibility	Enhance recruitment pools for hard-to-fill AH roles by reviewing part time roles and exploring inter-disciplinary/ model of care flexibility in rural facilities.	<ul style="list-style-type: none"> • Increased access to Allied health disciplines in rural and remote areas and MPS sites • Staff feedback • Increased rates of flexible work hours for employees
5.23. Enhance allied health workforce for rural and remote areas (incl. MPS residential aged care)	Support on-site and virtual allied health services and enhance patient outcomes by increasing Allied Health Assistant positions and Virtual Allied Health Service across LHD.	<ul style="list-style-type: none"> • Increased access to Allied Health disciplines in rural and remote areas and MPS sites
5.24. Establish a new allied health rural graduate program	Establish an Allied Health graduate program to provide an entry level (supernumerary) pathway to base facilities with education programs and considered governance structures.	<ul style="list-style-type: none"> • Development of a new allied health rural graduate pathway and resources • Feedback from graduates
5.25. Establish a Strategic Medical Workforce Plan	The LHD has a robust plan to sustain and build the medical workforce that it requires to meet service demands.	<ul style="list-style-type: none"> • Plan is aligned to service need • Plan is based on an accurate profile of the medical workforce irrespective of engagement type • Plan is realistic, achievable and able to be sustained by the LHD.
5.26. Define and implement standardised medical leadership structures and functions	Medical leadership roles and functions are clearly defined, documented and standardised at all levels so that the LHD has a coherent medical leadership structure and functions.	<ul style="list-style-type: none"> • Coherent LHD medical leadership structure exists • Position holders have clear accountabilities and responsibilities • Structure and functions integrate sensibly with other leadership roles
5.27. Establish the WNSWLHD Rural Physician Training programme	WNSW is an early adopter of opportunities to host an accredited physician training network and programme delivered entirely in a rural LHD setting.	<ul style="list-style-type: none"> • Accredited programme is implemented • Programme places are sought after • Programme creates rural physician pipeline
5.28. Establish the WNSWLHD Rural Generalist Training programme	WNSW hosts an accredited rural generalist training programme delivered across primary, procedural and regional settings within the LHD.	<ul style="list-style-type: none"> • Accredited programme is implemented • Programme places are sought after • Programme creates rural generalist pipeline
5.29 Refine the processes that support medical recruitment, credential scopes of practice, and assure clinician performance	Medical workforce process is simple, robust, standardised and capable of ensuring the safety of the public, the organisation and clinicians.	<ul style="list-style-type: none"> • Streamlined medical recruitment process • Decreased timeframe to recruitment • Diverse marketing to attract quality applicants in targeted areas

5.30 Invest in the medical workforce to support specific priority service developments	New investments in medical roles are linked to the LHD's service and annual plans.	<ul style="list-style-type: none">• Gap analysis for service deficit.• Future planning for service needs in Medicine
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Unlock the ingenuity of our staff to build work practices for the future

Initiative	Objective	Benefits and Measures
6.1. Increase opportunities for flexible working (start and finish times)	Improve work/ life balance, attraction and retention by enhancing access to alternate start/ finish times for those who would value this.	<ul style="list-style-type: none"> • Increased rates of flexible work hours for employees • Feedback from staff • Improved retention • Reduction in vacancies •
6.2. Enhance rostering best practice	Enable rostering best practice across the organisation through training, mentoring, and supporting roster users.	<ul style="list-style-type: none"> • Training participation rates • Improved forward rostering • PMES feedback • Reduced overtime related to vacancies, reduced excess leave, reduced casual utilisation

Our approach to delivering the People Strategy

Implementation of the People Strategy will look to:

Restore hope

Build trust

**Demonstrate
results**

**Reinforce a District
identity**

Implementation has been designed to ensure sufficient support to lead and monitor progress with the Strategy's initiatives, prioritise what matters and measure progress.



A program team to provide consolidated reporting and support the most complex initiatives.

This program will require a high volume of effort to deliver. A program-dedicated resource to support the Directorates with their initiatives, track and monitor progress centrally, and take accountability for the delivery of the more complex initiatives will be established.



Prioritised delivery to get results.

This is an ambitious strategy made up of around 45 initiatives in total. The most important objectives have been prioritised, to respond to pressing needs, but also recognise the interdependencies across initiatives. There will be flexibility and agility to respond to new developments or challenges alongside the implementation plan for the initiatives.



Measurable outcomes to drive accountability.

We will instil from the commencement of this program a focus on tracking, measuring and reporting on the benefits (financial and non-financial) of each initiative – particularly where we have requested additional FTE or funding to support the delivery.

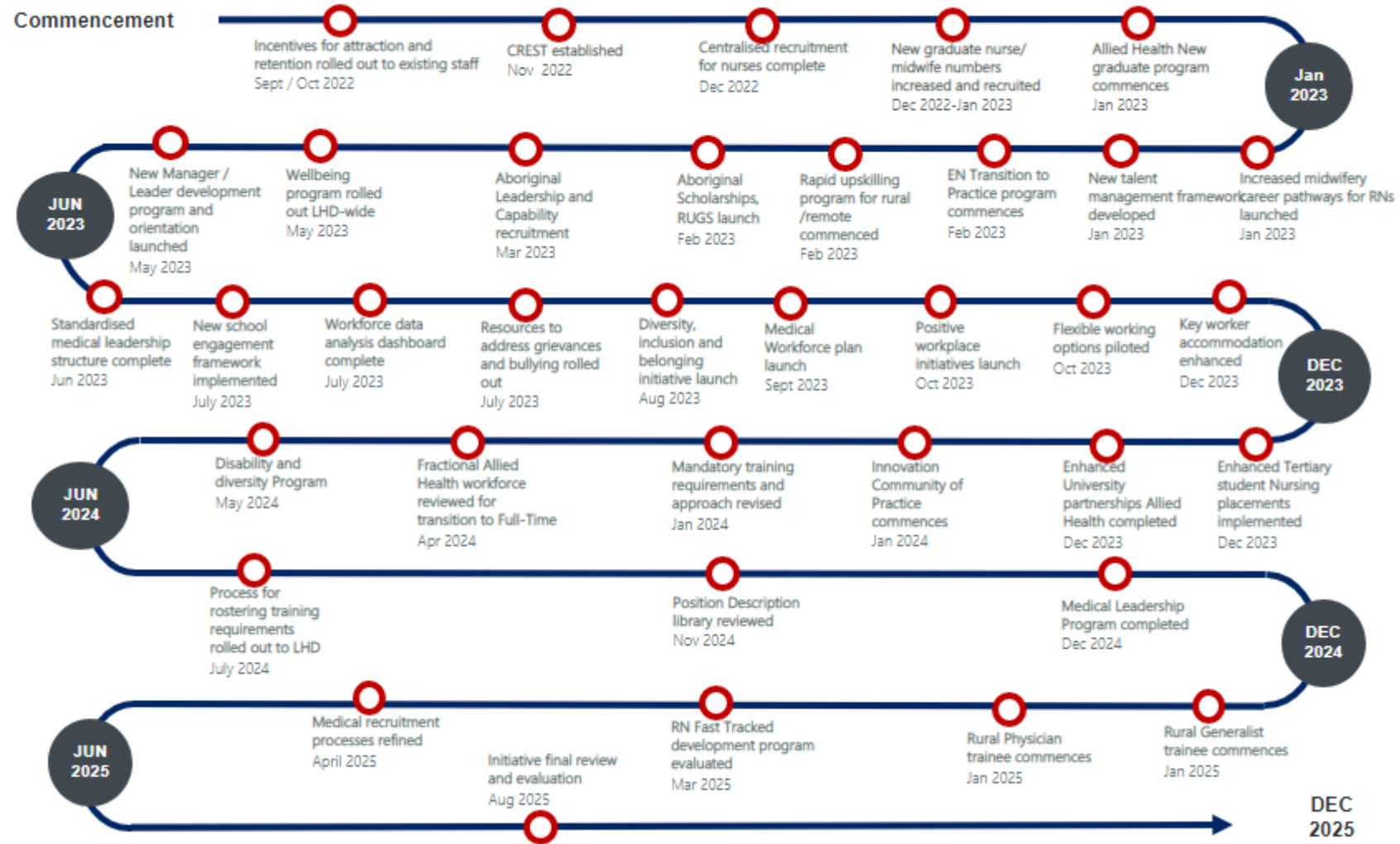
Evaluation and Monitoring

A set of metrics and indicators, focused on progress with delivery as well as outcomes for each of the initiatives has been developed to ensure the People Strategy is monitored robustly.

These measures will be used to track progress with delivery and help to evaluate the Strategy overall.

The Strategy will also have flexibility to include new state-wide or other initiatives which are relevant and important for the Western NSW LHD workforce over the next three years. These will be integrated and monitored alongside the existing initiatives.

Impacts and Benefits over the Next Three Years



People and Culture Directorate
Western NSW Local Health District

