

NSW Health



**NSW Health
Workforce Plan
2022-2032:
A supplementary
guide**

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A photograph of a doctor in a white coat and glasses examining a baby. The baby is being held by a smiling woman in a green top. The doctor is using a stethoscope on the baby's chest. The scene is set in a bright, clinical environment with a window in the background.

1.

Introduction
to the NSW Health
Workforce Plan
& Supplementary
Guide

This document provides information to complement the NSW Health Workforce Plan 2022-2032 (the Plan), to support interpretation and implementation

This document should be read alongside the [NSW Health Workforce Plan 2022-2032](#)

It provides additional context and examples of the Plan in practice. The **NSW Health Workforce Plan 2022-2032: a Supplementary Guide** aims to:

- Provide additional context and background to the Plan.
- Support the roll-out of the Plan in local contexts.
- Expand on each priority area to provide additional insight into the desired future state and what the activity roll-out might look like in practice.

The content presented in this narrative draws from extensive stakeholder engagement and other state-wide plans and strategies.

The key sources that informed this document



Sector-wide engagement in 2018-2019 leading to:

- [consultation summary report](#)



Stakeholder consultation as part of the development of the Health Workforce Plan including representatives from:

- Local health Districts (LHDs)
- Specialty Health Networks (SHNs)
- Ministry of Health (MoH)
- Agency for Clinical Innovation (ACI)
- Clinical Excellence Commission (CEC)
- Health Education and Training Institute (HETI)
- NSW Ambulance
- eHealth NSW
- Education providers / CSIRO



Engagement with representatives from LHDs/SHNs including:

- People and Culture
- NSW Ministry of Health pillar organisations (ACI and HETI)
- Ministry executives
- Clinical advisors and workforce subject matter experts conducted in Dec 2022 – Feb 2023

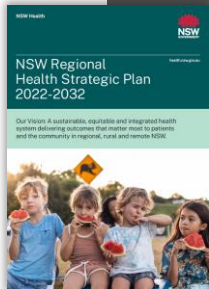
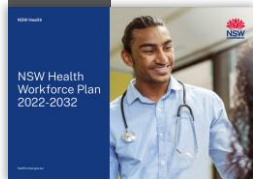


Consideration of NSW Health and broader environmental realities, including:

- [The Future Health Strategy](#)
- [Regional Health Strategic Plan 2022-32](#)
- [NSW Health Talent Strategy 2022-2032](#)

Consideration of existing LHD/SHN workforce, People and Culture activities and strategies as available

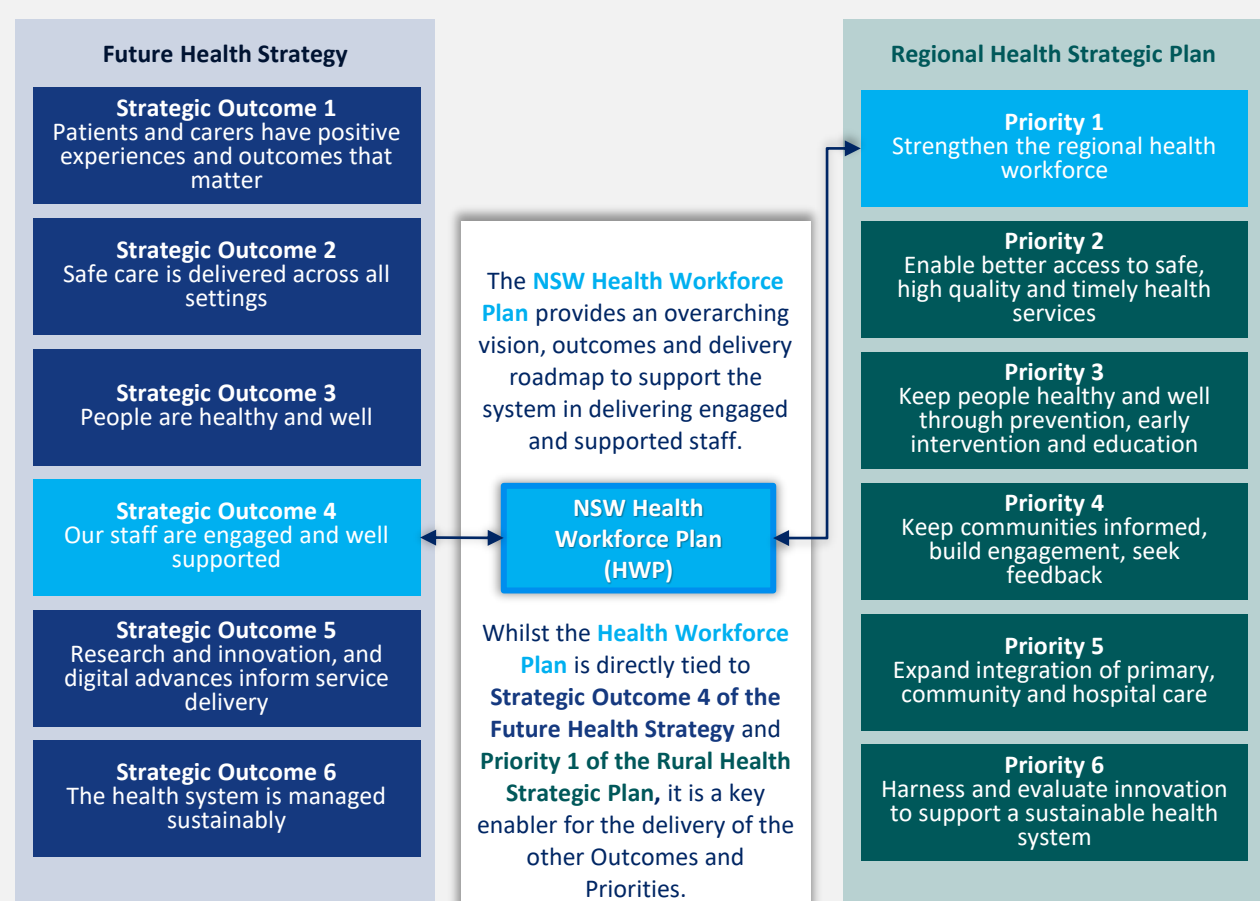
The NSW Health Workforce Plan aligns with key strategic priorities of the NSW health system



There are three key 10-year plans that cover the period 2022-32.

The **Future Health Strategy** sets the overarching vision and strategy for the NSW Health system for the next ten years. **Strategic Outcome 4**, in Future Health, addresses workforce: *“Our staff are engaged and well supported: Staff are supported to deliver safe, reliable, person-centred care driving the best outcomes and experiences”*.

The **NSW Regional Health Strategic Plan 2022-2032** is closely aligned to the **Future Health Strategy** and the **Health Workforce Plan**. **Priority 1** includes a plan for workforce issues that are specific to regional, rural and remote communities.





The NSW Health Workforce Plan is relevant and appropriate for the current environment, and recognises and reflects the rapidly evolving operating context

The Plan considers the complexity of the health system, as a whole, and especially the drivers of key workforce challenges.

The Plan intends to drive broad, system-wide planning for workforce initiatives.

Workforce supply is an ongoing challenge. The Ministry acknowledges the system-wide challenge in recruiting and retaining the health workforce, impacted by a variety of regional, national and global factors. The regional health workforce face disproportionate impacts from these challenges.

COVID-19 brought workforce challenges and workforce wellbeing into focus. The Plan aims to strengthen work environments and approaches to driving workforce wellbeing and satisfaction, to prevent burnout, and support the mental health of our workers.

It will

- Engage and support decision makers to develop and maintain a healthy, diverse, and future-ready workforce.
- Provide an overarching direction for NSW Health stakeholders, including the Ministry of Health, the pillar organisations, LHDs/SHNs, and other health agencies to help guide their local workforce strategies and activities.
- Offer flexibility for local areas to respond to their local need.

A healthcare professional with red hair, wearing blue scrubs and a stethoscope, is sitting on the floor next to an elderly man. She is holding a pencil and writing in a notebook. The man is sitting on a chair, holding a wooden cane, and looking down at the notebook. The background is a plain, light-colored wall.

2.

**NSW Health
Workforce Plan**
Strategic and system
context

The scope and intent of the NSW Health Workforce Plan is to set the strategic direction for the workforce of NSW Health, but the Plan may also assist other health organisations with workforce planning strategies

The NSW Health workforce is made up of more than **178,000 employees** across the state, working for a range of organisations.

15
LHDs

8 in greater Sydney and 7 in regional and rural NSW



MoH
Pillar
organisations

ACI, Bureau of Health Information, Cancer Institute NSW, CEC, HETI

2
SHNs

Justice Health and Forensic Mental Health Network & Sydney Children's Hospital Network

State-wide
specialist
health services



NSW Ambulance, Health Infrastructure, HealthShare, NSW Health Pathology, eHealth, Health Protection

The Plan sets a vision and direction for the development and success of the workforce of NSW Health, meeting their role as outlined in the NSW Health Services Act, but may also provide valuable context or connection to other organisations and groups who have an interest in the health system.

Whilst the Plan is not intended to shape or direct workforces outside of NSW Health, its content may also be relevant to others. For example, the Plan does not explicitly identify non-government organisations (NGOs), but NGOs may still use the plan to set their own strategic direction or assist in workforce planning.

The Plan is intended to support various stakeholders in different ways, recognising that they will engage with the plan for different purposes. Stakeholders may use the plan to:

- **Be well informed:** senior leaders within NSW Health, such as the Secretary, Chief Executives, and other department secretaries, will use the Plan's reporting mechanisms to stay informed on workforce needs, and strategic priorities across the broader health system.
- **Seek direction:** Directors, Executive Directors, clinical and corporate leaders, and Communities of Practice may use the Plan to provide direction, and as a tool for planning projects and initiatives.
- **Anticipate and meet needs:** the activities in the Plan will support People and Culture Leaders, workforce leaders, and their teams to anticipate and meet workforce needs. All NSW Health employees may also be interested in reading the Plan to understand the actions NSW Health is taking to support them in the workplace.
- **Keep up to date with NSW Health workforce initiatives:** internal NSW Health stakeholders and external workforces who interact with the health system, who plan and deliver local services for NSW citizens, or who educate and support current and future workforces may benefit from understanding the priorities, activities and outcomes.

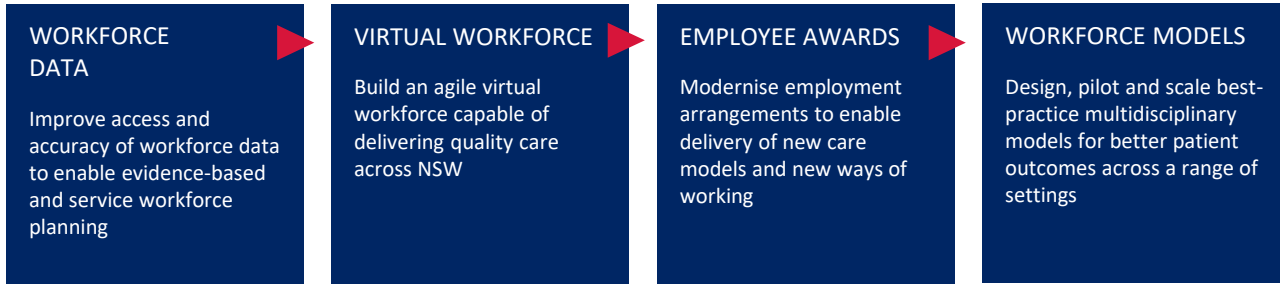
The NSW Health Workforce Plan sets a ten-year vision for the NSW Health workforce. The Plan focuses on Horizon 1 2022-25; developing and embedding the foundations

The Plan provides an overarching strategic direction for ten years, recognising the importance of adaptability and flexibility over time. The Plan's Horizons set out the direction over three-year planning cycles, aligned with the Future Health Strategy and building on previous learnings. The detail – including specific targets and measures – will continue to develop.

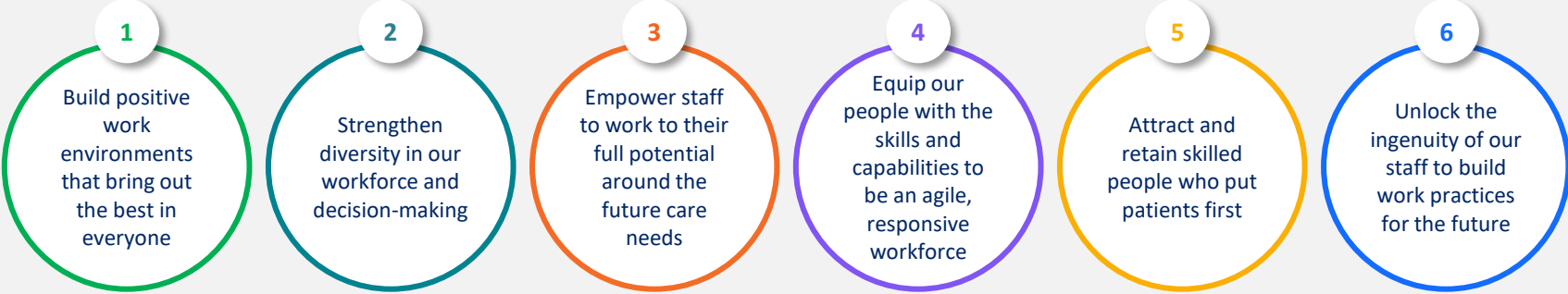
Horizon 2 and 3 activities will be determined in 2023 and onwards, in consultation with system stakeholders and reflecting on progress and the evolving operating context.

The Plan names four system-wide unlockers identified as critical to achieving success. This work will be commenced in Horizon 1 and will be developed over the 10 year lifespan of the Plan.

It is essential that the unlockers continue to be prioritised and progressed, recognising they require significant multi-stakeholder collaboration and systemic change. These opportunities are infused into the priorities and actions identified for Horizon 1



There are six priority areas that collectively support the development of a fit-for-purpose health workforce. The priority areas are mutually reinforcing.



The NSW Health Workforce Plan sets a state-wide workforce direction, with flexibility for local implementation, and reporting structures to monitor progress across the system

In line with the governance structures applied across the NSW health system, the Plan uses a **tight-loose-tight** governance approach, to enable local implementation while ensuring broader objectives are achieved.

Tight

The Plan provides a guiding, state-wide purpose and direction. NSW Health organisations are encouraged to implement the Plan flexibly to support local needs and priorities.

Loose

LHDs/SHNs, Agencies and Pillars should use the Plan to inform their own workforce plans and strategies, ensuring they are tailored and responsive to local need. For example, organisations may:

- Prioritise implementation of activities that are most important and relevant.
- Innovate activities beyond the Plan (the activities provided are indicative, not exhaustive or prescriptive).
- Contribute to broader system level workforce approaches where they have particular expertise or interest.
- Actively share learnings and experiences across LHDs/SHNs and other organisations to help to avoid duplication, leverage experiences and accelerate progress.

Tight

KPIs and reporting structures will align with Future Health and Regional Health reporting. While the Plan assumes significant flexibility and autonomy for the various NSW Health agencies, including LHDs/SHNs and pillar organisations, collectively everyone is accountable for contributing to health workforce outcomes.

Following engagements with stakeholders, key principles have been agreed to underpin reporting, including:

- Ensuring harmonisation and alignment with Future Health and the Regional Health Plan.
- Reducing duplication of reporting mechanisms and processes.
- Minimising the reporting burden on LHDs/SHNs.

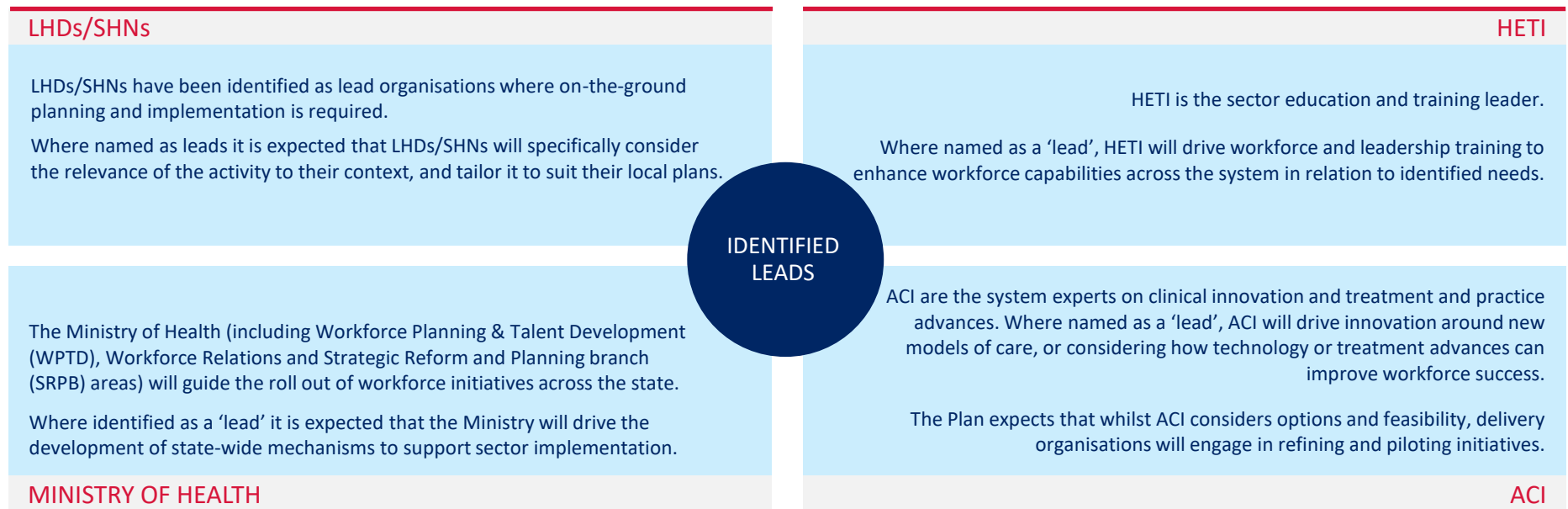
Ways in which stakeholders will be engaged in reporting:

- Reporting will adopt standard processes and templates as agreed with Future Health.
- Reporting will be reviewed by the Future Health Strategic Outcome 4 Steering Committee. Decisions will be communicated back to the system.
- Regular communications on progress of the Plan will be sent out to the system.

The delivery of the NSW Health Workforce Plan will be collectively driven by agencies across the health system, and each agency has a key role to play

Action and success will depend on collaboration from stakeholders across the system. Whilst stakeholders have been identified to lead specific actions, the expectation is that this will be with support and collaboration from others as relevant. It is expected that LHDs/SHNs will be central to implementation – and will be involved in many different ways, including: providing input on the development of frameworks and strategies; supporting piloting of new approaches or models; and benefiting from new approaches and resources.

Identified 'lead': The named group is the driver for a specific activity, working in collaboration with other organisations. This might mean regular engagement from other organisations in the development phase of the activity.



And other key partners

Although the groups above have been specifically called out as leads of different activity areas, it should be noted that many other groups will be important delivery partners – both internal to NSW Health (e.g. Regional Health Division, CEC, eHealth and others) and outside (e.g. the primary care sector, the education sector, local government, etc).



3.

**Priority
Areas**
in focus



Introduction to the priority areas

This section explores each of the Plan’s priorities and provides:

- The context and logic which underpins the priority area.
- Further detail on each priority area, including what each outcome seeks to deliver, and some further description of how different system stakeholders may be involved in contributing to that outcome.
- The content draws on extensive stakeholder engagement throughout the development of the Plan as well as on additional engagement undertaken during the development of this narrative.

The Plan provides an overarching strategic direction for ten years, but adaptability and flexibility is vital. The detail, including specific targets and measures, will continue to develop over time.

This narrative depicts a specific point in time which detailed measurements and reporting indicators are not yet determined. Targets and processes for reporting are currently in development with Future Health and in consultation with stakeholders across the system. These will be shared with the system as they emerge (expected mid-2023) and may evolve as the Plan is delivered.

This document should be read in conjunction with the Health Workforce Plan 2022-2032, and also considered in the context of organisation’s own strategic direction, with a view to it guiding the development of local responses that are strategically aligned, fit for purpose, and that meet the needs and context of different communities and cohorts.

Priority 1

Build positive work environments that bring out the best in everyone

Stakeholders engaged in the development of the Plan agreed on the importance of an uplift in leadership capability at all levels, as well as a dedicated, active focus on building a positive workplace culture that values its people. Stakeholders also noted the physically and emotionally demanding nature of health roles, and advocated for an increased focus on wellbeing and self-care (particularly from senior leaders).

The effects of the COVID-19 pandemic, including widespread staff burnout and attrition have compounded existing workforce challenges, validating the relevance and importance of a focus on supporting staff wellbeing and positive culture.

Stakeholders noted a range of opportunities, including:

- To invest heavily in leadership and contemporary system-wide talent development to support and sustain culture changes.
- To develop and nurture positive cultures that support and enable staff to perform.
- To develop truly collaborative and interdisciplinary approaches to care.



Outcomes

Future state

Practical applications

1.1 Training structures and resources are in place centrally and locally, which enable and equip leaders to deliver and sustain positive work environments

HETI will drive leadership training, as per the current NSW Health leadership program activity, incorporating tailored content as relevant and appropriate.

LHDs/SHNs and other health agencies will support the development of their leaders through both HETI programs and local initiatives.

1.2 Workforce wellbeing is proactively and appropriately prioritised, including for cohorts or communities with specific needs or vulnerabilities

LHDs/SHNs and other health agencies may like to explore and embed initiatives that support wellbeing for their people based on their specific needs and realities.

MoH WPTD can play a connecting role, supporting LHDs/SHNs to collaborate on initiatives, facilitating sharing of resources, or sharing outcomes of programs piloted in other LHDs/SHNs.

1.3 NSW Health organisations have a structured approach to talent management which provides clear pathways and support for career progression within NSW Health

MoH WPTD will lead activities that contribute to talent management, as described in the Plan, starting with the development of a state-wide talent vision.

LHDs/SHNs and other health agencies will be able to leverage talent management approaches, building on and/or applying central resources, as appropriate for their local realities.

1.4 Workforces experience a positive work culture that supports diversity, professional development, and the delivery of high quality care

MoH WPTD will lead the review of the NSW Health Workforce Culture Framework.

LHDs/SHNs and other health agencies may consider how they can support culture change on the ground, including through flexible working strategies and reviewing existing approaches to workplace diversity to ensure the workforce is reflective of the communities they serve.

Priority 2

Strengthen diversity in our workforce and decision-making

The health workforce should reflect the diversity of the NSW population, including Aboriginal people, LGBTQI+ people, people who are culturally and linguistically diverse, and people of all genders, abilities and ages. Evidence shows that strengthening workforce understanding about diversity, and increasing workforce diversity, can improve patient outcomes and satisfaction.^{1,2}

Specifically, increasing Aboriginal workforce representation is a NSW priority. The Plan complements The Good Health – Great Jobs: Aboriginal Workforce Strategic Framework (GHGJ) which sets out specific Aboriginal workforce priorities in more detail. The Respecting the Difference Training program run by the Ministry also seeks to build cultural safe practices and environments in NSW Health, including for the workforce.

¹ Guglielminotti, J., Samari, G., Friedman, A., Lee, A., Landau, R., Li, G (2022). Nurse workforce diversity and reduced risk of severe adverse maternal outcomes. *American Journal of Obstetrics and Gynecology*. Volume 4, Issue 5. Accessed at: <https://doi.org/10.1016/j.ajogmf.2022.100689>

² Gomez, L. Bernet, P. Diversity improved performance and outcomes (2019). *Journal of the National Medical Association*, Volume 111, Issue 4, Pages 382-392, ISSN 0027-9684. Accessed at: <https://doi.org/10.1016/j.jnma.2019.01.006>

Stakeholders noted a range of opportunities, including:

- Improving workforce diversity at all levels, including senior leadership, to reflect local communities and to ensure the active involvement of diverse groups in decision making.
- Investment in our Aboriginal workforce to ensure cultural safety across the health system and to support Aboriginal patients to achieve improved health and wellbeing outcomes.
- Implementing appropriate cultural inclusion and diversity programs to promote workplace inclusivity, strengthen understanding of community demographics, and deliver better patient outcomes.
- Sharing of cultural inclusion and diversity programs and approaches between LHDs/SHNs to reduce duplication and replicate effective programs. Existing resources include NSW Health's Diversity Inclusion Belonging guide and GHGJ as well as many examples of successful local initiatives.



Outcomes

Future state

Practical applications

2.1 Through innovative recruitment and training initiatives, NSW health workforces reflect the diversity of their local communities

MoH will lead development of state-wide diversity approaches, including the sharing of resources through a central hub.

LHDs/SHNs and other health agencies will leverage the centrally developed approaches to implement local strategies which align with community needs.

2.2 Across the entire system, there is a visible commitment to building an Aboriginal workforce that is skilled and has appropriate development opportunities

MoH WPTD, including the Aboriginal workforce unit, play a lead role in guiding and supporting the sector, including through the GHGJ framework.

LHDs/SHNs and other health agencies will define and implement strategies relevant to their setting, leveraging the direction provided by GHGJ and applying local wisdom and relationships to ensure widespread cultural safety and awareness.

2.3 Women in the workforce are supported to develop, succeed, and lead, so that at least half of all senior leadership positions are held by women (by 2024)

LHDs/SHNs and other health agencies will define individual approaches to increasing the number of women in senior leadership, including co-designing approaches with women to understand how to improve workforce engagement and retention and to implement appropriate programs and initiatives as well as implementing suitable targets and measures to drive accountability.

2.4 People who are culturally and linguistically diverse and people with a disability can contribute actively and meaningfully to the NSW health workforce

LHDs/SHNs and other health agencies will proactively consider the experience and contribution of these cohorts and how to best support their involvement and success. Organisations may seek to recognise and leverage the breadth of diversity and experience of their workforces, supporting active participation through meaningful engagement and appropriate delivery structures.

Priority 3

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

Delivering high quality care is an ongoing challenge. This includes a growing need for more specialised care, in response to an increase in chronic conditions and comorbidities, technological advancements and consumer expectations. There are opportunities to redesign and innovate the workforce to meet the changes required. To respond, especially in an environment with limited workforce supply, NSW requires an innovative and agile workforce, with mechanisms in place to enable staff to be flexible, efficient and responsive, whilst working to their full potential to deliver the best possible care.

The focus of the work in Horizon One of the Plan will be exploratory, identifying and scoping options and addressing enablers. For this reason, health agencies including ACI and to a certain extent the Ministry will play a lead role, with the expectation that their groundwork will help to establish models and structures that can be leveraged and tailored locally. ACI will also work with the Ministry to build on what is already happening, identifying what the system could scale in relation to clinical models that include different workforce approaches.

Stakeholders noted a range of opportunities, including:

- Aligning local health roles with current and future health needs, including exploring and developing new roles to build a strong workforce pipeline, including through non-traditional models or education pathways.
- Growing and enabling a multidisciplinary and interdisciplinary team approach, where specialised teams of health professionals are supported to work to top of scope, with clear roles, responsibilities and clinical governance structures to effectively manage care.
- Supporting healthcare providers to creatively shape workforce models to their contextual realities, leveraging partnerships and flexible employment models as necessary.
- Enabling the development of whole workforces to deliver care in new and different ways to better meet community needs, for example mental health workforces moving towards the community or blended in person and virtual care workforces to provide quality care in consumers' preferred location.
- Ongoing monitoring and environmental scanning of contemporary workforce trends, to identify opportunities to innovate.

Outcomes

3.1

Expanded scopes of practice for clinicians to 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

Priority 3

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

Future state

3.1 New and expanded clinician roles provide greater workforce flexibility and enable communities to shape fit for purpose workforces, even with limited supply of some workforces.

3.2 The evidence base for multidisciplinary team models and the benefits and opportunities of these approaches has been clearly articulated and is applicable at the local levels.

3.3 NSW health service providers have the information and resources required to successfully implement and benefit from multidisciplinary team approaches.

Practical applications

MoH WPTD will explore opportunities for new roles or expansion of existing roles. For example, through engaging with the health workforce to identify and explore opportunities for expanded scope of practice.

ACI will review and develop clinical guidelines, redesign models of care, and develop transformative care models. In developing these models, ACI will work with WPTD and LHDs/SHNs.

MoH WPTD will take the lead to explore models of multidisciplinary teams (MDT) across specific workforce cohorts through empirical and scientific reviews.

MoH (System Information and Analytics) will investigate the measurement of the benefit of multidisciplinary team activity, building on the foundations provided by ACIs work, aligning with existing data and KPI activity.

LHDs/SHNs and other health agencies may provide ACI with practical insights from across care settings, providing examples of where multidisciplinary teams have been implemented, how and with what results.

ACI will work with clinicians, consumers and system leaders to integrate evidence on MDT models into the design and implementation of new models of care. Outputs of this work might include options for evidence-based workforce models to embed new models of care.

MoH WPTD will support the thinking and planning for enhanced multidisciplinary team care and will bring workforce planning process expertise to challenge and ensure redesign occurs in line with best practice and the NSW Health Workforce Planning methodology.

LHDs/SHNs and other health agencies will benefit from this work by having access to documented, evidence-based models. But during the development and planning they provide input on practical examples and experiences to help guide the resource development.

Priority 4

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

The world that we live in is changing rapidly, including what citizens expect of their governments, healthcare systems and healthcare providers. Emerging models of care delivery, including for example through virtual or hybrid models and public private partnerships, are breaking down traditional access barriers to specialist care, and the demand for new and innovative care models continues. To meet this demand, workforce skills and capabilities must continue to be refined at all levels and across all roles, with an emphasis on what is needed to effectively deliver care, including within new and different models of care.

Stakeholders expect that future frontline healthcare workers will need expanded competencies – including across clinical, corporate and digital skillsets, in order to effectively respond to areas of growing need and pressure, such as digitally supported health, genomics, mental health, obesity, and chronic disease. In addition, the increasing focus on prevention, promotion, and early intervention to address health behaviours and increasing focus on addressing social determinants of health will require both breadth and depth of expertise.

Stakeholders noted a range of opportunities, including:

- Embedding a culture of lifelong learning into NSW Health so that our people are used to learning and developing throughout their careers and are comfortable with change.
- Implementing structures and processes that enable and support learning and professional development, including goal setting, performance review, and access to upskilling opportunities.
- Improving the readiness of students entering the workforce, working closely with education providers, ensuring that curricula and training align with current and future health needs.
- Providing more early career opportunities, and ongoing development pathways, to encourage graduates into roles with NSW Health.
- Ensuring that ongoing education and training for health practitioners adequately emphasises prevention, promotion, and early intervention for health behaviours and addressing social determinants of health..

Outcomes

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

Priority 4

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

Future state

4.1 Workforce learning, capability development and upskilling becomes a more consistent and established practice as a result of evidence based frameworks, infrastructure and programs.

4.2 NSW Health workforce is equipped with core digital competencies to support the delivery of virtual healthcare and to encourage uptake of innovative service delivery models.

4.3 Graduates entering the workforce are appropriately prepared for contemporary healthcare delivery

4.4 The right number and type of health graduates are emerging from education as a result of collaborative planning and a future focus.

4.5 Health services are better meeting the needs of their communities through considering and addressing all of the factors that influence their health needs and their health journey.

Practical applications

MoH WPTD will develop and implement mechanisms to provide consistent approaches to continuous learning and development and to enable proactive career planning.

Centrally developed mechanisms will be available to **LHDs/SHNs and others** to adapt for their local workforce contexts.

HETI will enable ongoing learning and upskilling in line with system needs and HETI programs.

MoH branches and pillars will explore new and emerging capabilities to support a future-ready workforce and will work with health education providers to support capability development.

ACI and HETI will identify where emerging technology and treatment advances can be embedded into care models and practice, and will support associated capacity building.

MoH WPTD will play a lead role in implementing programs to support the development of the workforce pipeline.

LHDs/SHNs may consider developing graduate training programs to increase opportunities for graduates in areas of growing demand and need in their local areas, or in particular areas of practice.

MoH WPTD will work with education providers and other relevant bodies to align curriculum and training pathways to current and future workforce needs and competencies.

ACI may explore approaches to establish workforce competencies and models of care that address social determinants of health.

HETI may work with Vocational Education and Training sector to develop learning pathways that embed prevention and focus on incorporating social determinants of health into curricula.

LHDs/SHNs may establish linkages with community services to support referral, collaboration and forums for shared learning.

Priority 5

Attract and retain skilled people who put patients first

In a constantly evolving environment, it is vital that structures and strategies both identify and deliver on the current and emerging health workforce needs across local settings. Stakeholders report the need for strong workforce planning, informed by data, to identify workforce numbers, skills, capabilities and approaches to attract, recruit and retain the workforce, to deliver on patient needs.

COVID-19 has exacerbated workforce gaps and needs, with workforces experiencing exhaustion and attrition nationally. It is well known that there is an acute, current health workforce shortage, which requires action. In addition, it is expected that ongoing workforce growth will be necessary in the coming years to meet changing population needs across NSW, with consideration of the needs of regional, rural, and remote communities.

Stakeholders noted a range of opportunities, including:

- Enabling data-driven strategic workforce planning, that is future focused and based on workforce analytics and consumer needs. This will require increased data literacy across the system.
- Identifying and addressing specific workforce gaps, including the misalignment between consumer expectations and realised experiences of the system.
- Upskilling a future-ready workforce, which has the skills, agility, and mobility to deliver truly interdisciplinary, patient-focused healthcare.
- Implementing tailored solutions to attract, recruit, and retain workforce in regional communities, including considering place-based models, collaboration with primary care and the importance of clear career progression.
- Implementing cross-sector collaboration and planning, particularly in regional communities, to support greater integration of services and to offer innovative solutions to workforce challenges.

Outcomes

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 regional, rural and remote areas in collaboration with local stakeholders

5.4

We use cross sector workforce planning to better understand opportunities in rural areas

Priority 5

Attract and retain skilled people who put patients first

Future state

5.1 NSW Health and LHDs/SHNs can make more informed workforce decisions as a result of improved data and evidence

5.2 Monitoring workforce trends will enable the development of targeted resources to provide system leaders with the tools and information to better target workforce strategies

5.3 Regional, rural and remote LHDs take opportunities to grow their own and upskill their workforces through local partnerships and piloting innovative recruitment and retention strategies

5.4 Improved sector coordination in regional LHDs to plan for and respond to anticipated workforce needs in their community

Practical applications

MoH will lead will play a lead role in progressing the availability, quality and useability of workforce data.

LHDs/SHNs and other health agencies will have the opportunity to apply the improved data as an input to local workforce planning.

HETI will play a role in upskilling NSW Health staff on the application of health workforce data as part of existing training and development.

MoH WPTD will develop an organised and strategic approach to monitoring workforce trends and data-driven decision making that responds to future demand and emerging priorities.

LHDs/SHNs and other health agencies will benefit from this work as it emerges, and can use it in different ways depending on their context and needs.

Regional LHDs create tailored, evidence-informed employee value propositions, above and beyond remuneration. This may be in collaboration with other community services both within and outside of health, and in consideration of state-wide approaches.

MoH WPTD will collaborate with the Rural Health Division to explore the cross-sector opportunities for shared service and workforce planning in rural locations, in line with the Regional Health Strategic Plan 2022-32.

Priority 6

Unlock the ingenuity
of our staff to build
work practices for
the future

The health workforce is a product of how people are educated, trained and supported, within the context of the range of roles that exist and how those roles are defined (often by the relevant professional body). Workforce supply – the number and mix of health professionals in different roles and locations – is becoming increasingly misaligned with the demands for workforce.

The way in which roles are focused or structured may not be fit for purpose in the current (or future) working environment. Stakeholders highlighted the importance of role and team structures enabling new and evolving ways of working, with less boundaries and more flexibility to deliver collaborative, interdisciplinary care. Modernising employment arrangements, including industrial award structures, is recognised as a vital enabler.

Stakeholders noted a range of opportunities, including:

- Broadening the scope of some professions to enable multidisciplinary team working, workforce flexibility, and greater system efficiency to address patients' multiple needs. For example, trialling new roles with expanded scope.
- Updating award structures to reflect modern operational situations to enable flexibility in innovative workforce roles. For example, adequate award structures that more accurately reflect the care provided.
- Providing a framework within which individual health entities are enabled to make local workforce decisions to meet their unique needs.
- Identifying system-wide and localised opportunities to enable workforce flexibility, e.g. work hours, part-time arrangements, dual employers etc.

Priority 6

Unlock the ingenuity of our staff to build work practices for the future

6.1

Our modern employment arrangements enable new care models and new ways of working aligned to worker and patient preference

6.2

Our workforce works flexibly in term of hours or location and can respond in an agile way during times of crisis e.g. surge demand

6.1 Specific, and feasible, changes to employment arrangements have been identified and there is a clear path forward for implementation

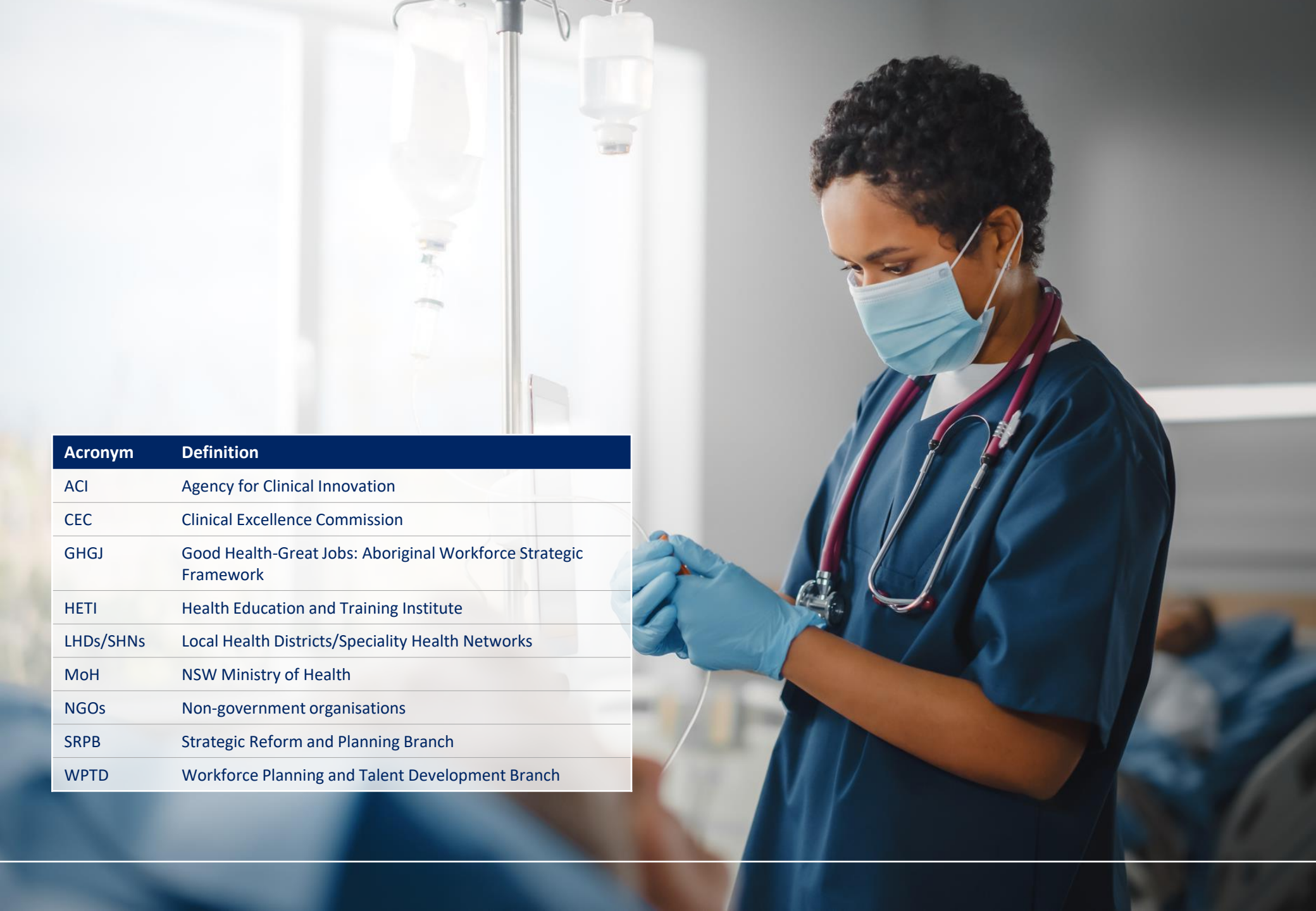
6.2 Appropriate systems and structures are in place to enable flexible workforce arrangements, providing LHDs/SHNs with the ability to shape their workforce to respond to local needs both efficiently and effectively

In Horizon 1, this activity will focus on identifying the opportunity for change and putting foundations into place to underpin the evolution of the employment arrangements.

MoH (Workplace Relations) will lead the work, engaging with stakeholders throughout to develop a way forward that is evidence-based and fit-for-purpose. This could include working with stakeholders to define contemporary employment models and implementing structures to pilot these models.

MoH (Workplace Relations) will play a lead role in developing policy frameworks and governance structures that will shape the implementation of flexible workforce models. This work will be undertaken during work on modernising employment arrangements (6.1, above).

LHDs/SHNs and other health agencies may be able to use the opportunities and frameworks identified to design and implement local responses to meet local and system needs.



Acronym	Definition
ACI	Agency for Clinical Innovation
CEC	Clinical Excellence Commission
GHGJ	Good Health-Great Jobs: Aboriginal Workforce Strategic Framework
HETI	Health Education and Training Institute
LHDs/SHNs	Local Health Districts/Speciality Health Networks
MoH	NSW Ministry of Health
NGOs	Non-government organisations
SRPB	Strategic Reform and Planning Branch
WPTD	Workforce Planning and Talent Development Branch

NSW Ministry of Health
1 Reserve Road
St Leonards NSW 2065

T: (02) 9391 9000

W: www.health.nsw.gov.au

SHPN (WPTD) 230129

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