

# Building workforce planning capability in the NSW Health system – feedback from the discussion paper

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## 1. Purpose of the report

In August 2018, the Workforce Planning and Development branch (WPD) circulated the discussion paper – “Building workforce planning capability in the NSW Health system” to all health agency Chief Executives, Executives/Directors of Workforce, Allied Health, Medical and Nursing, as well as workforce planners and the Ministry of Health.

The purpose of this consultation was to test the suitability of a new approach to building workforce planning capability, involving increased collaboration between the Ministry and the health agencies<sup>1</sup>. The discussion paper also sought to gather intelligence on the workforce planning context from the perspective of the health agencies and other areas within the Ministry.

Responses collected in the consultation process has been summarised in this report. This will guide the development of new initiatives to stabilise the foundations of workforce planning, aligned with the Health Professionals Workforce Plan 2012-22 and NSW Health Strategic Priorities 2018-19.

The report outlines the NSW Health understanding of and vision for workforce planning, based on stakeholder feedback as well as highlighting current challenges and identifying future opportunities.

The next step will be the development of draft action plan in collaboration with key stakeholders across the health system. The action plan will identify key challenges and initiatives to build workforce planning capability across the NSW Health system.

## 2. Executive Summary

- The new approach to building workforce planning capability was widely supported.
- We received 148 survey responses across 20 different health agencies, from individuals in a variety of clinical, workforce and management roles.
- The Strategic, Tactical and Operational definitions of workforce planning outlined in the discussion paper were supported and have been refined to include stakeholder feedback in section 4 of this report.
- The vision for workforce planning outlined in the discussion paper was supported. Other key considerations to support the future state have been highlighted in section 5 of this report.
- Identified environmental challenges are further explored in section 6 of this report. Those noted in the discussion paper were also confirmed.
- Section 6 outlines six key areas of focus for the new program of work based on feedback to the ‘Challenges and Opportunities’ section of the discussion paper. These are:
  - Developing workforce planning capability in NSW Health.
  - Developing workforce planning capacity in NSW Health.
  - A consistent state-wide approach to workforce planning.
  - Driving local process improvement.
  - Maintaining a future focus.
  - A strong and engaged network of stakeholders.
- The next step will be the development of draft action plan in collaboration with key stakeholders across the health system. This will be based around the focus areas outlined above.

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<sup>1</sup> NSW ‘Health Agencies’ in this context include Local Health Districts and Specialty Networks, pillar organisations and specialist health services.

➤ Anticipated timeline of next steps:

Quarter 1, 2019	Quarter 2, 2019	Quarter 3, 2019	Quarter 4, 2019
<ul style="list-style-type: none"> <li>• Distribute report</li> <li>• Assemble advisory group</li> <li>• Draft action plan</li> <li>• Design and plan focus groups</li> <li>• Schedule focus groups and invite stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Run focus groups to further develop action plan</li> <li>• Revise action plan based on feedback</li> <li>• Determine if there is a need to hold further focus groups</li> </ul>	<ul style="list-style-type: none"> <li>• Circulate final draft of action plan to key stakeholders and make minor revisions if required</li> </ul>	<ul style="list-style-type: none"> <li>• Launch action plan and commence associated program of work</li> </ul>

### 3. Overview of survey responses

In total, 148 survey responses were received. We received responses from 14 out of the 15 Local Health Districts and two of the three Specialty Health Networks. Representatives from the Ministry of Health, Ambulance Services NSW, the Clinical Excellence Commission, the Health Education and Training Institute, HealthShare NSW and Health Pathology all responded to the survey.

There was a diversity in the roles of the survey respondents. This is reflective of the wide survey distribution, but also highlights that building workforce planning capability is an issue of interest to a broad range of stakeholders.

*Figure 1 – roles of survey respondents*

Role area	Count
Workforce	37
Nursing and Midwifery	35
Corporate Services/Management	34
Allied Health	18
Medical	10
Senior Management	8
Education and Training	5
Unspecified	11
<b>TOTAL</b>	<b>148</b>

### 4. Understanding workforce planning

Workforce planning is defined on three levels: strategic, tactical and operational. These definitions were widely supported by the survey respondents. Based on feedback received, they have been refined below to include:

- more detail and specific examples
- clarity about responsibility for the specific levels, and
- more of a future focus.

While there were some comments around the timeframes used in the definitions, the majority of respondents agreed that they were indicative of workforce planning practice. It should be noted that these are intended as an indicator only. While different levels of workforce planning theoretically take place within different timeframes, workforce planning itself is a continuous and iterative process which means that timeframes may differ depending on need, time and geographic location.

**Strategic workforce planning** is matching long term workforce requirements to long term service demand. Typically, strategic planning looks at five years and beyond. It is important to continuously scan the environment to understand national and global changes that may impact on the workforce in the future.

**Responsibility:** Traditionally, the Ministry has driven the majority of this work with support, input and feedback from the health agencies. However, growing the capacity and capability of health agencies to undertake strategic workforce planning in their areas, while remaining consistent and integrated with state-wide policies and directions, will enable more long-term planning across the state.

**Examples:** The Health Professionals Workforce Plan 2012-2022 is the key strategic document which underpins the NSW Health workforce vision of ‘right people, right skills, right place.’ Most state-wide work to date has been driven by the strategies identified in this plan. Further examples of strategic workforce planning include the Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020 and the development of the NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022.

**Tactical workforce planning** identifies what various parts of an organisation need to do to align local workforce to clinical services. Tactical workforce planning specifies how work should be done in a specific area to achieve goals outlined in the strategic workforce plan. A key feature of tactical planning is the integration of workforce with other business planning, workforce management and governance processes. It is typically focused on a shorter time frame of one to three years.

**Responsibility:** Tactical workforce planning involves close collaboration between the Ministry and health agencies to build and maintain fit for purpose tools and resources that support the strategic priorities. Although some work has commenced in this space, there are opportunities to grow the Ministry’s support for tactical workforce planning through increased collaboration with health agencies.

**Examples:** Policies that cover a specific work area, marketing strategies and workflow arrangements are all examples of tactical planning components. Health agency clinical service plans and workforce plans should also be tactical documents, which outline how work will be done in order to achieve strategic goals.

**Operational workforce planning** is applying strategic and tactical requirements in a local context. It generally involves outlining specific milestones, actions, conditions for success and timeframes.

**Responsibility:** This area of planning is led by the LHDNs. The Ministry and Pillars have a role in enabling LHDNs with the systems, tools and capabilities to develop their workforce planning capabilities and processes. Having access to state-wide data and quality systems is critical to enabling this level of workforce planning.

**Examples:** Operational workforce planning includes rostering, recruiting to current vacancies and shorter term, time-based workforce planning i.e. for the Christmas or winter periods.

A key takeaway from the discussion paper feedback was that although these definitions align with the stakeholder’s understanding of workforce planning, the reality of the experience for many was different due to day to day operational and resourcing challenges. This will be explored further in later sections of this report.

*“I think the definition is great, while my workforce planning experience (so far) has been a long way from achieving this vision, especially in relation to integration with other planning processes.”*

The feedback also indicated strong support for a program of work to build workforce planning capability across all levels of workforce planning. Significant challenges, opportunities and enablers were highlighted which will be considered in the development of an action plan going forward.

Supporting the implementation of Strategic, Tactical and Operational workforce planning across NSW Health will require further work to build workforce planning capability and capacity in the system. The next section outlines the vision for the future state of workforce planning.

## 5. The vision for the future state

The discussion paper outlined the following vision for the future state of workforce planning:

**Workforce planners across NSW Health are equipped to approach workforce planning in a proactive, collaborative and systematic way to ensure that NSW Health attracts and retains a fit for purpose workforce with the capacity and capabilities to deliver first class, patient-centred care now and into the future.**

There was broad support for this vision, however a few further considerations were noted - these are outlined below.

As well as proactive, respondents suggested that the approach should be **agile**, highlighting the need for planning to be flexible and responsive to uncertain future needs. Additionally, in order to be proactive, it was highlighted that workforce planners needed to be both **empowered** and **supported**. To achieve this vision of workforce planning, respondents highlighted the need for strong governance, education and training, appropriate tools as well as adequate and skilled resources. Improved local processes and the reduction of red tape were also mentioned as key enablers.

*“Early workforce planning and early conversations”*

*“An agile, creative methodology for uncertain future needs.”*

There was strong agreement around the importance of a collaborative approach. **Engagement** with a broad range of stakeholders, sharing of resources and the breakdown of silos were noted as an important part of the forward approach. It was also mentioned that workforce planning needs to be **integrated** with a range of other processes, including but not limited to service planning, governance arrangements, community solutions and infrastructure planning.

Feedback highlighted that increased collaboration would drive a systematic approach. Standardising processes and the provision of **centralised** resources, experts and information would support this.

*“A one stop shop for workforce information”*

Lastly there was a clear desire for the approach to be **action-orientated**. Real plans, actions and solutions were desired to drive the future state of workforce planning.

*“I would love to see a practical workforce planning guide that talks through strategies and requirements at each stage of the facility redevelopment process (of which I currently have limited understanding).”*

A draft action plan will be produced in response to the feedback outlined in this report. This will contain strategies and actions to support the NSW Health system to align more closely with this vision for workforce planning.

## 6. Identified environmental challenges

It was clear from the feedback that there remain barriers to delivering ‘ideal’ workforce planning in the current environment. It is important to acknowledge and understand the environmental drivers that can make workforce planning challenging. While some were highlighted in the discussion paper, further detail provided by respondents is outlined below.

### Changing nature of healthcare

The nature of how healthcare is delivered is changing rapidly. Technology and digital transformation are bringing in new skill requirements for the workforce. Changing models of care and a shift towards integrated community care, Public Private Partnerships and the National Disability Insurance Scheme are also changing the nature of health service delivery.

Outside of health, the context is also changing, which impacts the type and scope of healthcare services required. Demographic and social factors (i.e. social disadvantage, chronic disease, population growth, and the ageing population) are increasing the demand for certain healthcare services. Changes in Commonwealth policy also impact our workforce (restrictions on overseas nurses, visa changes, Medicare) and our planning needs to be flexible enough to respond to these changes.

### **Workforce demographics**

The workforce is ageing alongside the population. In addition, expectations of the future workforce are also changing, with a desire for flexible working becoming an important factor which will need to be considered in planning.

*“The changing expectations of later generations regarding life/work balance, how work should be organised, and how professional development should occur offer both challenges and opportunities.”*

### **Resourcing and capacity challenges**

Feedback noted that currently there can be competition between the health agencies for staffing resources (particularly in rural and regional areas). Certain workforces (small but critical, specialist etc.) require concentrated effort in supporting education and training pathways to allow for the development of sufficient resources to meet future needs. Other factors that impact capacity include: limited planning resources, limited supervisors to support student placements, and the challenges of balancing skill mix and support workforces.

### **Limitations of current capability, skills and systems**

Support for the development of workforce planning capability across NSW Health was clearly identified as a need. Other specific skills that were identified as requiring development to enable effective workforce planning include: modelling and forecasting skills and specifically medical workforce planning capability.

The need for effective systems and quality data was also mentioned regularly. The ability to use recruitment and rostering systems effectively, the availability and reliability of data and effective leave management processes are all important enablers to effective workforce planning.

### **Challenges to specific workforce groups**

Respondents identified that certain workforce face different challenges and require a different approach to workforce planning. They highlighted a number of specific areas of challenge:

- Addressing Aboriginal health needs and supporting the Aboriginal workforce requires specific attention in workforce planning. Feedback highlighted relevant strategies already in place to support this workforce including: Good Health. Great Jobs: An Aboriginal Workforce Strategic Framework as well as the Premiers Priorities and state-wide mandated targets.
- The Mental Health workforce was also mentioned as requiring specific attention. Feedback highlighted the development of the NSW Strategic Framework and Workforce Plan for Mental Health which they anticipated would support planning in this space.
- The attraction, recruitment and retention challenges facing regional, rural and remote areas were a common theme throughout the feedback. This is a significant area where state-wide work can support health agencies to plan and develop their workforce.
- Specific recruitment challenges were also noted for Justice Health. Challenges were likened to the challenges facing rural and regional areas. Increased sharing of information and collaboration will allow these areas to learn from and share strategies with each other.

*“I think from the rural perspective, it is not sufficient to create and market good jobs (and good organisations that people want to work for), our value proposition has to include the community that people will live in... planning has to involve collaboration with a range of other stakeholders, that are probably not relevant for workforce planning processes outside the rural setting.”*

## Redevelopment pipeline

Limitations with existing infrastructure as well as the growing pipeline of redevelopments in NSW were highlighted as major challenges. Respondents noted a lack of time and resources, as well as limited integration of workforce planning within existing governance structures.

## Workforce management challenges

There were numerous challenges noted around workforce management. While many of these challenges depend on the health agency's specific context (e.g. geographic location, size, budget), there are several that seemed to be shared across NSW Health.

- growing focus on culture and workforce wellbeing
- recruitment, attraction and retention challenges
- succession planning for specialist staff
- career development and progression opportunities
- vacancies
- budget uncertainty and funding.

While these are not solely workforce planning issues, they highlight the need to work collaboratively with other stakeholders.

A few also highlighted that from their perspective workforce planning did not appear to be a priority in their organisation. This highlights the need to make the case for the importance of workforce planning across the NSW Health system.

*"There doesn't appear to be a committed focus on workforce planning.... it is not clear whether there is an ongoing commitment to workforce planning or whether there is a clear understanding at the executive level of the value of workforce planning."*

*"I would see leadership as an important element or enabler to good workforce planning and management"*

The next section outlines the enablers and key areas of focus which were supported by stakeholder feedback.

## 7. Focus areas for building workforce planning capability

Key enablers of the desired future state are outlined in the table below.

Tools to create plans and strategic workforce plans	Partnerships and collaboration	Risk management
Leadership, support and funding	Diversity	Dedicated planning resources and resource allocation for major capital works
Development of workforce planning staff	Access to information, data and systems	Transparency
Internal process improvement	Realistic timeframes and expectations	Innovation
Clarity of workforce planning purpose	Clarity of NSW Health's role and the roles of pillars	Marketing, brand management and robust promotion
Early engagement of staff and key stakeholders	Correlation between activity and staffing	LHD planning KPIs

The discussion paper identified five key areas of opportunity to guide the development of the objectives for the action plan:

- *develop a common language for workforce planning*
- *developing workforce planning capability in NSW Health*
- *developing workforce planning capacity at a state-wide level*
- *a consistent state-wide approach to workforce planning and development*
- *maintain and develop a strong and engaged network of stakeholders.*

While respondents generally agreed that these were important areas to focus attention, we have refined them based on the survey feedback and added an additional focus area. These will inform the key focus areas for an action plan going forward.

It should be noted that some of the recommendations listed below may be out of scope for a workforce planning action plan. However, they have been included here so that this report can be used as a source of evidence for other areas or projects.

#### **Focus area one: Developing workforce planning capability in NSW Health**

The feedback indicated strong support for a program of work to build workforce planning capability across all levels of workforce planning. To support this it was suggested that we may need to consider:

- availability and accessibility of workforce planning tools and resources
- supporting workforce planners to have business knowledge and capabilities, not just clinical knowledge
- education and training opportunities for workforce planners
- educating staff and executives on the workforce planning context
- building change management capability
- consideration of a HETI education program to develop workforce planning capability.

#### **Focus area two: Developing workforce planning capacity at a state-wide level**

Feedback also indicated that initiatives to develop workforce planning capacity across health agencies would be beneficial. Recommendations included:

- commitment and funding for workforce planning initiatives
- support for skilled and dedicated workforce planning resources
- consideration of workforce planners as a small but critical workforce
- provision of centralised workforce planning resources
- advocating a value proposition for workforce
- utilisation of facilitators to support future thinking
- development of practical solutions
- a network of available workforce planners.

*“Building a network of available workforce planners across the State will be beneficial to LHDs with smaller networks and limited availability to access capabilities.”*

Respondents frequently mentioned that greater availability of data and reliable information for any of the planning levels will support their capacity for effective workforce planning. This may include:

- making centralised data more readily accessible
- developing fit for purpose data analytics tools (including forecasting) and providing structure and training around their use
- improving the reporting functions of rostering and recruitment platforms.

### **Focus area three: Consistent state-wide approach to workforce planning**

There was strong support for a consistent state-wide approach to workforce planning. The discussion paper recommended a focus on developing a common language, definition and terminology for workforce planning and while there was support for this, respondents felt that this was only possible with strong state-wide direction and governance.

Activities that could support this consistency in approach, and the strengthening of governance, could include:

- promoting the early consideration of workforce planning
- creating consistency in roles and responsibilities for workforce planning at the LHD level
- ensuring there are tools and resources in place which are adaptable to each local context
- a centralised, sustainable workforce planning resource model
- more focus on workforce planning in state-wide strategies
- continued support through the Health Professionals Workforce Plan
- communication around Commonwealth and State priorities and alignment of local priorities to state-wide priorities
- align planning with state-wide programs (i.e. Leading Better Value Care, integrated care)
- support for workforces facing specific challenges i.e a rural program of work
- support to meet the Premier's Aboriginal health targets
- changing policies and practices to reduce red tape
- continued work to forecast future shortages or workforce limitations and effective communication around the impact on health agencies
- alignment of budget/finances with workforce systems and reporting.

*“Clarity of purpose - be clear of what we are aiming to do and why. Involvement of both technical and clinical expertise in the design process. Ongoing, iterative evaluation”*

### **Focus area four: Driving local process improvement**

The improvement of local processes was also noted as an important enabler to improving workforce planning capability. This will differ for each health agency but common themes included:

- effective strategies for succession planning
- supporting the development of positive workplace culture
- regular, effective use of staff surveys
- thorough change management processes
- integrated workforce planning
- workforce development strategies
- a shift in focus, from redevelopment towards redesign
- exploring opportunities for workforce redesign alongside infrastructure development
- strengthening local workforce planning governance and processes.

### **Focus area five: Maintaining a future focus**

The need for a future focus, reflecting the changing nature of healthcare noted in section five, is seen as an important opportunity. This could include:

- uptake of relevant technology, such as mobile and telehealth
- innovative models of care
- horizons scanning to build understanding of the future workforce as well as of the short, medium and long term changes impacting the workforce
- improving access to data and information
- a strong training and recruitment framework
- revisiting the traditional skill mix in an evidence based way.



*“Strategic workforce planning necessitates a long-term view and structure that factors in future needs then recruits and/or builds capability to ensure readiness. A strong training and recruitment framework should be in place to support this.”*

#### **Focus area six: A strong and engaged network of stakeholders**

Stakeholder engagement was noted so frequently that we have split this category into two sub-areas.

##### a) A strong and engaged network of internal stakeholders

A significant number of respondents mentioned a need to improve communication with internal stakeholders. This would be supported by:

- promoting collaboration internally and communication between departments
- encouraging interaction between workforce staff and clinical leaders
- collaboration outside workforce especially with clinical directors and general managers
- reducing competition by improving collaboration between hospitals and LHDs (through leadership at a district level)
- incorporating patient needs and clinical insight into workforce planning
- engaging with operational clinical and financial staff
- aligning workforce planning between functions and departments.

##### b) A strong and engaged network of external stakeholders

A strong and engaged network of external stakeholders is also an important enabler of effective workforce planning. Strategies to support this may include:

- engaging and communicating with other health agencies to avoid duplication across LHDNs
- communicating with shared services to include and align shared service needs with workforce planning
- engaging with Health Infrastructure to streamline the process for workforce planning for redevelopments and integrate it with existing project management structures
- engaging with education and training organisations such as higher education, VET, and specialist training bodies (e.g. engaging universities in service design)
- improving our understanding of education pipelines for various professions
- seeking information from interstate and overseas on international/national best practice
- collaborating with other government stakeholders to consider multidisciplinary and cross agency planning
- considering a whole of community focus (especially in rural areas), and engaging with wider community groups (including consumers).

*“Universities and vocational training institutions play an important part in development of the future workforce quantities and capabilities. Development of the current NSW Health workforce is also a key part of HETI’s role.”*

## **8. Conclusions and next steps**

This report has outlined the NSW Health vision for workforce planning, as well as our understanding of Strategic, Tactical and Operational workforce planning.

We have acknowledged that there are significant challenges to delivering this ‘ideal’ definition in the current environment, but have also identified numerous enablers and opportunities to support NSW Health to workforce plan more effectively.

The respondents to the survey were generally very supportive of this program of work to build workforce planning capability.

Based on respondent feedback we have refined our key areas of focus to be:

**Focus area one:** Developing workforce planning capability in NSW Health.

**Focus area two:** Developing workforce planning capacity in NS Health.

**Focus area three:** A consistent state-wide approach to workforce planning.

**Focus area four:** Driving local process improvement.

**Focus area five:** Maintaining a future focus.

**Focus area six:** A strong and engaged network of stakeholders.

After this report is circulated, an action plan to guide activities going forward will be developed based on these focus areas.

An advisory group of relevant stakeholders will be formed to assist with creating a draft action plan. This draft will then be circulated more widely, and refined by consultation with key workforce groups across NSW Health.

*“It would be great to see a robust research/evaluation framework applied to this work (especially as there is mention of anticipated outcomes). This could include a ROI review of key initiatives.”*