



# IMPROVING ABORIGINAL HEALTH

## Western NSW Local Health District Aboriginal Workforce Affirmative Action Framework 2019-2023

# FOREWORD

## Acknowledgement of Country

Western NSW Local Health District (LHD) acknowledges the traditional owners of Country throughout this region and their continuing connection to land and community. We pay our respect to all Nations and their cultures, and to Elders, past, present and emerging.

Developing and supporting a skilled Aboriginal workforce is fundamental to achieving health outcomes for Aboriginal people in our District. Correlation between good health and employment is well recognised and assisting individuals to gain meaningful employment with Western NSW LHD will have a positive impact on individuals, families and communities.

As a major employer in Western NSW, the District is in a strong position to provide employment opportunities to Aboriginal people across all health disciplines. Increasing and enhancing Aboriginal workforce in the District will help to ensure that we can provide culturally safe programs and services that meet the needs of Aboriginal people and positively impact on their health outcomes.

The Aboriginal Workforce Affirmative Action Framework (Framework) has been developed to guide us in our endeavors to increase, enhance and support our Aboriginal workforce in this District through a range of affirmative action strategies. In line with our commitment to the NSW Health *Aboriginal Workforce Strategic Framework 2017-2020*, *WNSWLHD Improving Aboriginal Health Strategy* and the WNSWLHD Aboriginal Reconciliation Action Plan we will strive towards an Aboriginal employment target of 9.4% by 2023.

The Framework outlines our focus on the recruitment and retention of Aboriginal people across all health disciplines within the District. Achieving outcomes and measures identified within the local and state plans will require collaborative efforts across the health and education sectors. To this end, we will continue to develop and strengthen effective partnerships and working relationships with the health and education agencies, Aboriginal communities and other key stakeholders within the region.



Scott McLachlan  
Chief Executive, Western NSW Local Health District

# Introduction

This Framework has been developed as a guide and focus document for all staff and links directly to the NSW Aboriginal Workforce Strategic Framework 2016-2020, Western NSW Local Health District (District) Improving Aboriginal Health Strategy 2018-2023 and Western NSW LHD Aboriginal Reconciliation Action Plan. The Framework captures the strategies and key performance indicators of the 3 documents and aligns each to the various stages of an Aboriginal employment journey. Framing Aboriginal workforce strategies in this way provides a practical guide to where and when Aboriginal workforce strategies should be implemented across the employment journey.

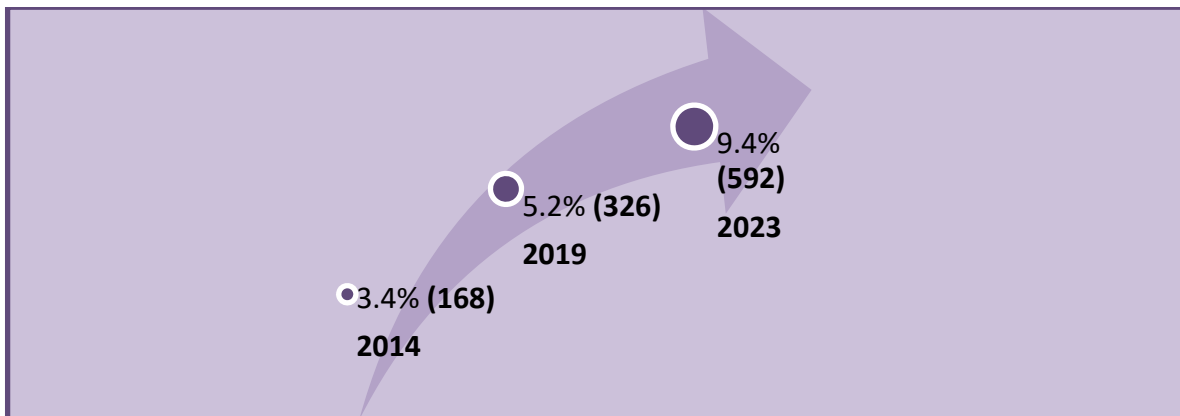
The District is committed to developing a skilled and robust Aboriginal workforce by expanding employment opportunities across all health disciplines. The District will aim to increase Aboriginal employment participation to a percentage which is reflective of our local Aboriginal population. Doing so will ensure a culturally responsive health service, increasing the District's ability to deliver programs and services that are effective and appropriate for Aboriginal people. Additionally, Aboriginal workforce enhancement will assist in improving Aboriginal health which will in turn have a positive impact on the economic and social wellbeing disadvantage experienced by Aboriginal people and their communities.

The Framework will focus on increasing and supporting Aboriginal workforce through affirmative recruitment measures. Additionally, we will look at how we can empower and support our workforce through a range of initiatives, including targeted recruitment, cadetships, professional development and career pathway opportunities

## Where are we now?

In 2014 the District implemented the WNSWLHD Aboriginal Workforce Action Plan 2014-2017 which focused on a range of strategies to increase and enhance Aboriginal workforce within the District. The implementation of the strategies from the previous Plan saw a marked increase in Aboriginal workforce from 168 (2014) to 326 (2019), which represents a 3.4% to 5.2% increase in 4 years.

### Aboriginal workforce increases from 2014 to 2019 (and beyond)

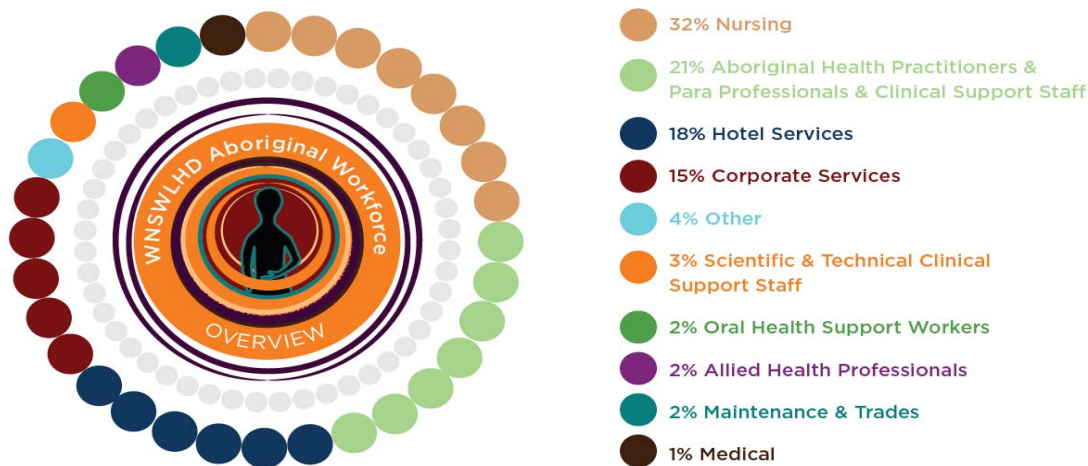


To continue the significant gains in Aboriginal recruitment and retention the District has identified that 'affirmative action' is required to grow our Aboriginal workforce beyond 5.0% to 9.4% by 2023. Affirmative action strategies, based on innovative thinking and a strong commitment from the Board, Executive and Managers across the District, will ensure that we can increase and enhance our Aboriginal workforce to the 2023 target.

Currently the District employs approximately 6302 people of whom 326 identified as being Aboriginal and representing to 5.2% of the total workforce (July 2018). A key focus of the District's strategic direction is our commitment to the recruitment and retention of Aboriginal people. We acknowledge that having a skilled and robust Aboriginal workforce helps us to develop trust and better engagement with our Aboriginal communities. Employing Aboriginal people will further support our district to better understand the significance of culture,

impacts of colonisation and importance of reconciliation in the delivery of our services to Aboriginal people, their families and communities.

Below is a snapshot of our current Aboriginal workforce within the District across all disciplines:



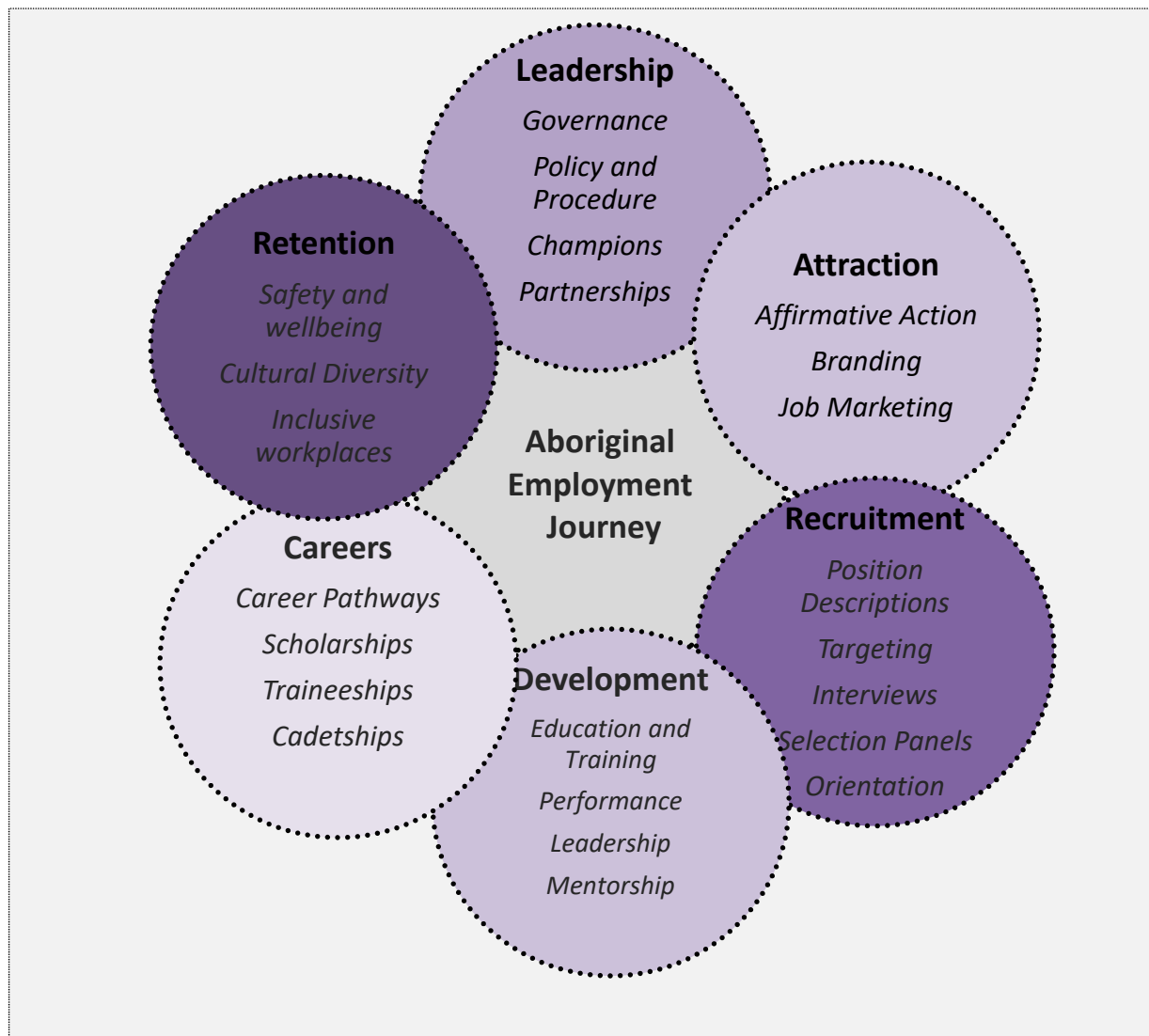
The snapshot data above (Sept 2017) indicates that Aboriginal Nurses (32%) and Aboriginal Primary Health Care Workers (21%) represent over 50% of the total Aboriginal workforce. Over the last 4 years Aboriginal Primary Health Care Worker (APHCW) representation has remained at a similar percentage level; however we see a marked increase in Aboriginal Nursing from 24% to 32% representing real growth within the discipline. Hotel and Corporate Services (support services) combined represent 23% of the total Aboriginal workforce. The data also suggest that there is a limited number of Aboriginal staff working within other health areas and some have no Aboriginal representation, hence those vocations are not listed above.

Approximately 90% of all Aboriginal Primary Health Care Workers have completed the Certificate IV Aboriginal Primary Health Care (National Qualifications Framework), in either the clinical or non-clinical stream. Since 2006 Western NSW LHD has been leading the push in NSW to implement the national qualification at a State and District level. Approximately 80% of our APHCWs have completed the (Practice) stream of the national qualification and 60% of those workers are now registered with the Australian Health Practitioners Regulation Agency (AHPRA) as Aboriginal Health Practitioners.

Despite the District's ongoing effort to have this qualification embedded, recognised and supported within the District, there are still some major industry challenges for us to address to complete this body of work. However, we remain committed to having this particular workforce recognised and supported to maintain their clinical careers and we will continue to work with local and state stakeholders to ensure that this important work is completed.

In the absence of new funding for Aboriginal Primary Health Care roles we anticipate that the major growth in the Aboriginal *clinical and non-clinical* workforce will occur within other health disciplines. Affirmative action strategies are required around targeted recruitment, cadetships, scholarship and providing leadership and career pathways for both clinical and non-clinical Aboriginal staff.

## Aboriginal Employment Journey



### Improving the Aboriginal employment journey

The Framework is a non-reportable document which identifies and promotes strategies from a range of strategic documents that will guide us to grow and enhance our Aboriginal workforce over the next 5 years. The strategies which we have referenced within the Framework are extracted from:

- WNSWLHD Strategic Plan 2016-2020
- WNSWLHD Improving Aboriginal Health Strategy 2018-2023
- NSW Aboriginal Workforce Strategic Framework 2016-2020
- WNSWLHD Aboriginal Reconciliation Action Plan 2017-2023

Achieving the outcomes and measures outlined in the State and District Aboriginal workforce strategic directions documents, we will:

- Become the employer of choice for Aboriginal people in this region
- Increase Aboriginal employment through Aboriginal position targeting across all health vocations
- Provide leadership opportunities for Aboriginal staff

- Provide a range of entry level traineeships and cadetships for Aboriginal people
- Provide career pathway opportunities for existing and future Aboriginal staff
- Support Aboriginal staff in their professional and career development
- Ensure that we have a culturally inclusive environment across our hospitals and facilities
- Develop and maintain strong partnerships with education and health agencies

The Framework aligns key strategies from the above mentioned documents to an Aboriginal employment journey whereby key strategies are implemented within a particular stage of the Aboriginal employment cycle. Framing Aboriginal workforce priorities in this way provides an 'easy read' practical guide to what, when and where strategies should be implemented. Importantly, we have headed leadership at the top of the Aboriginal employment journey as leadership will be fundamental to ensuring that we meet our Aboriginal workforce outcomes over the next 5 years. The key stages to our Aboriginal employment journey are:

## Leadership

Increasing and enhancing Aboriginal workforce is a key priority for all Public Sector agencies including NSW Health and Western NSW LHD. For us this priority is being driven by key measures within the NSW Aboriginal Workforce Strategic Framework 2016-2020 and the NSW Public Sector Aboriginal Employment Strategy 2014-2017 (currently under review). Unemployment is a key determinant of Aboriginal disadvantage and social exclusion across the nation and within our own District and therefore a key priority for public sector agencies and this District.

In the absence of additional employment funding, increases in Aboriginal employment participation will come from the implementation of targeted training and cadetships, recruitment across all health disciplines, professional development and the development of a range of career pathway opportunities. Additionally, we will be required to ensure that our workplaces are inclusive and culturally safe for all staff. Strong and pointed procedures around affirmative action will assist us to grow our Aboriginal workforce to 9.4% by 2023 and beyond.

Increasing Aboriginal workforce to 9.4% by 2023 will require a significant commitment from all staff within the District particularly the Board, Executive and Senior Managers within our District. Affirmative action in regard to Aboriginal workforce will require our leaders and champions to be committed to the Districts vision of Aboriginal workforce increases and enhancements. We anticipate that (at times) our leaders and champions may be required to have challenging discussions to manage resistance, particularly around our affirmative recruitment strategies.

External partnerships and collaboration will be fundamental to achieving our Aboriginal workforce targets and therefore over the next 5 years we will build upon existing relationships while establishing additional partnerships with a range of external health, education and employment agencies.

### Leadership- focus

- Provide regular reporting through the Aboriginal Health Dashboard Report
- Ensure that Aboriginal workforce is a standing agenda item at the board and executive meetings
- Establish an Aboriginal Workforce Leadership Group to provide direction, advocacy and accountability in regard to strategies and ensuing policy and processes.
- Report to the NSW Ministry of Health in regard to Good Health Great Jobs KPIs
- Develop and provide a regular District reports in regard to the Aboriginal Recruitment and Retention Framework
- Establish and nurture 'Champions' of Aboriginal Health and Workforce within the District
- Develop and implement a District Aboriginal workforce targeting procedure fact sheet that provides the detail on how increase employment opportunities for Aboriginal people within the District
- Develop internal communication to all staff around our expectations in regard to affirmative action on Aboriginal workforce strategies
- Develop high level partnership with key stakeholder agencies, Ministry of Health, Universities, ACCHS, AES, TAFE, State Training NSW, other employment and education agencies
- Conduct a 'service modelling' review of existing Aboriginal Health Worker positions against local health service and community needs and redesign positions to community need

## Attraction

Promoting the District and raising our profile as a preferred employer for Aboriginal people is fundamental in our endeavors to build and sustain an Aboriginal workforce beyond 9.4%. Improving our branding and promoting career opportunities in culturally inclusive environments to Aboriginal communities, schools, universities and other professional industries will increase interest in our organisation.

To significantly increase Aboriginal workforce we will be required to compete with all public and private sector agencies for skilled and non-skilled Aboriginal employees. Developing and promoting a range of entry level training and employment opportunities, along with significantly increasing Aboriginal targeted recruitment will ensure that we meet key performance indicators in line with District, State and National targets.

### Attraction- focus

- Improve our promotion of advertised traineeships, cadetships, targeted positions and non-targeted positions across communities and agencies
- Increase position advertising in Aboriginal media and agencies
- Develop an Aboriginal workforce 'commitment statement' to be attached to all recruitment advertising
- Improve our promotion of advertised traineeships, cadetships, targeted positions and non-targeted positions to potential Aboriginal employees.
- Develop and maintain partnerships with Communities, Aboriginal agencies, Schools, TAFE and Universities
- Develop a communications document which identifies and increases awareness of Commonwealth and State Scholarships available to Aboriginal people and promote within networks
- Promote the NSW Health Stepping Up resources which brands Aboriginal careers in Health
- Develop local resources to promote health careers for Aboriginal people

## Recruitment

Western NSW LHD has an Aboriginal population of approximately 10% of the total population and is significantly higher than National, State and most other LHD Aboriginal population percentages. Increasing Aboriginal workforce beyond 5.2% to 9.4% (266 employees) over the next 5 years is a significant challenge for the District and will require a revision of historical recruitment systems, processes and thinking. Aboriginal position targeting will be a key affirmative action strategy to assist us in meeting our Aboriginal workforce target. Developing and implementing procedures which describe and support the targeting process will ensure that we commence targeting future Aboriginal employees in a planned and processed way.

To date our approach to Aboriginal targeting has been somewhat adhoc and without guiding procedure, thereby reliant on the good will of supportive managers, staff and champions. We need to become more systematic and consistent with this strategy, utilising effective change management processes to ensure success.

For our District to increase Aboriginal workforce to a target of 9.4% by 2023, all local sites (facilities) will be required to increase Aboriginal workforce to varying percentages which are reflective of the local Aboriginal population and in line with Australian Bureau of Statistics LGA Aboriginal population data (2016). All District Programs and Directorates will be required to meet the broader 9.4% Aboriginal workforce target. Please refer to Attachments 1 and 2 for detailed Aboriginal workforce gap analysis, 5 year progression data and the staged implementation of Aboriginal Position Targeting.



### Recruitment- focus

- Develop and implement 'Aboriginal position targeting' procedures document which details accountabilities and outcomes measures
- Complete the recruitment targeting pilot at Dubbo Base and implement the processes across the District, incorporating lessons learned
- Commence position targeting across all sites, programs and directorates
- Establish a cohort of skilled Aboriginal workforce to be utilised as cultural experts on interview selection panels
- Develop a procedure document which describes culturally competent interview processes and which also describes exemptions and exemption quotations for identified and targeted positions
- Be strategic about priority positions for Aboriginal recruitment and work with managers on initiatives to achieve targets

## Development

Having a skilled and career-progressive Aboriginal workforce within the District is fundamental to growing our Aboriginal workforce and improves health and social outcomes for Aboriginal people generally. Providing ongoing personal and professional development will ensure that we attract and retain Aboriginal workforce for the long term.

Ongoing supported development will assist each employee to grow and develop their skills and improve our organisation's ability to deliver responsive health services to Aboriginal and non-Aboriginal communities. All Aboriginal employees should work with their manager on a development plan which is evaluated and revised on an annual basis. Staff development generally focuses on job-related skills which contributes directly to the role of the Aboriginal employee and improves health services to Aboriginal communities. A well-constructed staff development plan should also combine the broader professional and career aspirations of the Aboriginal employee and provide some direction for Aboriginal employees to achieve their longer term career goals.

Our workforce data confirms that there is disproportionately fewer Aboriginal staff holding senior roles within the District. To address this we will be required to develop career pathways and give Aboriginal employees opportunities to undertake leadership and management skills training, mentoring support and opportunities to act up in senior roles.

### Development - focus

- Ensure that all new Aboriginal employees are provided with a comprehensive orientation program
- Ensure that all Aboriginal workforce have a staff development plan which includes job specific skills development and identifies broader career and professional aspirations
- Develop and implement an Aboriginal Mentoring Program
- Ensure that all Aboriginal employees receive supervision which is appropriate to their role
- Provide support and opportunities for Aboriginal employees to attend job specific training
- Provide support and opportunities for Aboriginal employees to progress along career pathways.
- Increase opportunities for Aboriginal workforce to be linked to leadership and front line management programs
- Recruitment of an Aboriginal clinical educator

## Career

The District will strive to provide existing and future Aboriginal workforce with opportunities to maximize their professional potential and career aspirations. We will be required to provide 'mapped out' pathways for students, trainees and cadets to progress and transition into rewarding health careers. Additionally we will provide existing and future Aboriginal workforce with opportunities to undertake university education in Allied Health, Mental Health, Nursing, Public Health, Corporate Services, Management and other health disciplines.

Working together with health and education agencies (in high level partnerships) will be fundamental to developing and sustaining career pathways for Aboriginal workforce.

### Career - focus

- Identify and promote a range of scholarships/traineeships which are available for existing Aboriginal employees
- Develop a document which provides clear pathways into a range of health professions
- In partnership with TAFE and Universities develop a range of programs which provide opportunities for existing Aboriginal staff to undertake skills based training, diplomas and degrees
- Develop a HECS loan/payback system for Aboriginal University attendees
- Develop and promote a school 'careers' package which provides a range of health career options for secondary and tertiary students
- Recruit a Targeted Training and Cadetship Coordinator

## Retention

Our workforce data suggests that historically we have retained a reasonable percentage of our front line Aboriginal Primary Health Care Workers (APHCWs) beyond 10 years and it is not uncommon to meet Aboriginal staff members who have spent the majority of their working lives in the same APHCW positions.

While APHCW retention is laudable, it has occurred despite limited career pathway opportunities, inclusive working environments, recognition of Aboriginal Health Worker roles and support. While we acknowledge and applaud APHCWs who have made a conscious decision to remain in the front line, some may have welcomed the opportunity to move into other health disciplines had they been provided with supported career pathway opportunities. We believe that both Aboriginal and non-Aboriginal workers now expect to be employed, skilled up and move onwards into rewarding health careers.

In an era of public and private sector - skilled workforce shortages, organisations will be required to compete to attract and retain motivated and skilled Aboriginal staff. If we fail to respond to contemporary Aboriginal workforce needs we will struggle to attract the additional Aboriginal workforce required to meet our outcomes and target.

Delivering on our strategies throughout the Aboriginal employment journey will ensure that we can grow our Aboriginal workforce across all of the health disciplines. To retain Aboriginal staff we will be required to provide sustained entry level training and cadetships, targeted recruitment, professional development and career pathway opportunities, whilst ensuring that our workplaces are nurturing, supportive and culturally inclusive.

### Retention - focus

- Develop an Aboriginal Health focused orientation Program
- Implement and promote the WNSWLHD Aboriginal Reconciliation Action Plan
- Develop and Implement Aboriginal Cultural Respect Program
- Develop regional Aboriginal workforce network groups
- Develop and implement a formalised Aboriginal Mentoring Program
- Develop and implement informal buddy systems
- Ensure that every Aboriginal Health Worker has an individual development plan which consists of skills acquisition for current positions along with detail regarding longer term career aspirations
- Conduct a 'service modelling' review of existing Aboriginal Health Worker positions against local health service and community needs and redesign positions to community need

## Aboriginal Workforce Reporting Documents

The District currently has reporting responsibility to a range of local and state Aboriginal workforce strategies and plans, we currently provide reporting to the documents listed below:

- [NSW Aboriginal Workforce Strategic Framework 2016-2020](#)
- [NSW Health Aboriginal Health Plan 2013-2023](#)
- [NSW Public Sector Aboriginal Employment Strategy 2014-2017](#) (currently being reviewed)
- [WNSWLHD Strategic Plan 2016-2020](#)
- [WNSWLHD Improving Aboriginal Health Plan 2018-2023](#)
- [WNSWLHD Aboriginal Reconciliation Action Plan 2017-2019](#)

## Attachment 1 (Aboriginal Workforce gap analysis data)

Below, the WNSWLHD Aboriginal workforce gap analysis data for Directorates, Programs and Facilities provides all Directors and Managers with a clearer understanding of the required number of Aboriginal staff to be employed in each Directorate, Program or Facility to meet Aboriginal workforce targets.

Additionally the analysis will be used by the Executive to determine where to implement affirmative action strategies such as Aboriginal position targeting. Aboriginal population percentage by LGA data is provided by the Australian Bureau of Statistics (ABS) 2016 as estimates.

It should be noted that there are some sites which are currently meeting the Aboriginal workforce target however for other sites including some of our base hospitals there will be significant challenges in meeting the targets.

Directorate, Facility or Program	Current Facility Headcount	Current ATSI headcount	Current ATSI percentage	Ultimate (5 year) target headcount	1st year target headcount %	2nd year target headcount %	3rd year target headcount %	4th year target headcount %	5th year target headcount %	Actual Aboriginal population % (as per ABS 2016)	Difference between current headcount and target headcount %	Headcount difference divided by 5	Extra staff to employ over the 5 years
January 2018													
BARADINE MULTI PURPOSE SERVICE	29	2	6.9%	4.9	2.6	3.2	3.7	4.3	4.9	16.9%	2.9	0.6	2.9
WLHD BATHURST HEALTH SERVICE	551	11	2.0%	29.8	14.8	18.5	22.3	26.0	29.8	5.4%	18.8	3.8	18.8
WLHD BLAYNEY MULTI-PURPOSE SERVICE	59	3	5.1%	2.1	2.8	2.6	2.5	2.3	2.1	3.6%	-0.9	-0.2	-0.9
BOURKE MULTI PURPOSE SERVICE	51	18	35.3%	16.0	17.6	17.2	16.8	16.4	16.0	31.4%	-2.0	-0.4	-2.0
BREWARRINA MULTI PURPOSE SERVICE	47	11	23.4%	28.8	14.6	18.1	21.7	25.2	28.8	61.2%	17.8	3.6	17.8
BROKEN HILL HEALTH SERVICE	1	0	0.0%	0.1	0.0	0.0	0.1	0.1	0.1	9.4%	0.1	0.0	0.1
CANOWINDRA HEALTH SERVICE	50	1	2.0%	1.7	1.1	1.3	1.4	1.5	1.7	3.3%	0.7	0.1	0.7
COBAR HEALTH SERVICE	35	3	8.6%	4.8	3.4	3.7	4.1	4.4	4.8	13.7%	1.8	0.4	1.8
COLLARENEBRI MULTI PURPOSE SERVICE	26	3	11.5%	11.1	4.6	6.2	7.8	9.4	11.1	42.5%	8.1	1.6	8.1
CONDOBOLIN HEALTH SERVICE	38	3	7.9%	8.4	4.1	5.2	6.2	7.3	8.4	22.1%	5.4	1.1	5.4
COOLAH MULTI PURPOSE SERVICE	44	0	0.0%	2.1	0.4	0.8	1.2	1.7	2.1	4.7%	2.1	0.4	2.1
COONABARABRAN HEALTH SERVICE	59	4	6.8%	8.1	4.8	5.7	6.5	7.3	8.1	13.8%	4.1	0.8	4.1
COONAMBLE MULTI PURPOSE SERVICE	54	8	14.8%	17.1	9.8	11.6	13.4	15.3	17.1	31.6%	9.1	1.8	9.1
COWRA HEALTH SERVICE	119	2	1.7%	9.3	3.5	4.9	6.4	7.8	9.3	7.8%	7.3	1.5	7.3
CUDAL PRIMARY HEALTH CENTRE	2	0	0.0%	0.0	0.0	0.0	0.0	0.0	0.0	1.6%	0.0	0.0	0.0
DUBBO HEALTH SERVICE	899	52	5.8%	131.3	67.9	83.7	99.6	115.4	131.3	14.6%	79.3	15.9	79.3
DUNEDOO MULTI PURPOSE SERVICE	37	3	8.1%	2.8	3.0	2.9	2.9	2.9	2.8	7.7%	-0.2	0.0	-0.2
EUGOWRA MULTI PURPOSE HEALTH SERVICE	27	2	7.4%	1.5	1.9	1.8	1.7	1.6	1.5	5.6%	-0.5	-0.1	-0.5
FORBES HEALTH SERVICE	126	4	3.2%	14.0	6.0	8.0	10.0	12.0	14.0	11.1%	10.0	2.0	10.0
GILGANDRA MULTI PURPOSE SERVICE	65	5	7.7%	9.2	5.8	6.7	7.5	8.3	9.2	14.1%	4.2	0.8	4.2
GOODOOGA PRIMARY CARE CENTRE	5	3	60.0%	3.7	3.1	3.3	3.4	3.6	3.7	74.1%	0.7	0.1	0.7
GRENFELL MULTI PURPOSE SERVICE	71	1	1.4%	2.0	1.2	1.4	1.6	1.8	2.0	2.8%	1.0	0.2	1.0
GULARGAMBONE MULTI PURPOSE SERVICE	28	3	10.7%	9.0	4.2	5.4	6.6	7.8	9.0	32.0%	6.0	1.2	6.0
GULGONG MULTI PURPOSE SERVICE	32	2	6.3%	2.5	2.1	2.2	2.3	2.4	2.5	7.7%	0.5	0.1	0.5
LIGHTNING RIDGE MULTI PURPOSE SERVICE	47	4	8.5%	10.7	5.3	6.7	8.0	9.3	10.7	22.7%	6.7	1.3	6.7
MOLONG HEALTH SERVICE	50	1	2.0%	2.5	1.3	1.6	1.9	2.2	2.5	4.9%	1.5	0.3	1.5
MUDGEES HEALTH SERVICE	159	6	3.8%	9.9	6.8	7.5	8.3	9.1	9.9	6.2%	3.9	0.8	3.9
NARROMINE HEALTH SERVICE	59	11	18.6%	11.7	11.1	11.3	11.4	11.6	11.7	19.9%	0.7	0.1	0.7
NYNGAN MULTI PURPOSE SERVICE	64	9	14.1%	12.1	9.6	10.2	10.9	11.5	12.1	18.9%	3.1	0.6	3.1
ONBERON MULTI PURPOSE SERVICE	39	0	0.0%	1.3	0.3	0.5	0.8	1.1	1.3	3.4%	1.3	0.3	1.3
ORANGE HEALTH SERVICE	913	17	1.9%	57.5	25.1	33.2	41.3	49.4	57.5	6.3%	40.5	8.1	40.5
PARKES DISTRICT HOSPITAL	133	5	3.8%	13.4	6.7	8.4	10.1	11.7	13.4	10.1%	8.4	1.7	8.4
PEAK HILL HEALTH SERVICE	30	3	10.0%	7.2	3.8	4.7	5.5	6.3	7.2	23.9%	4.2	0.8	4.2
RYLSTONE MULTI PURPOSE SERVICE	54	0	0.0%	2.2	0.4	0.9	1.3	1.7	2.2	4.0%	2.2	0.4	2.2
TOTTENHAM MULTI PURPOSE SERVICE	31	1	3.2%	1.4	1.1	1.2	1.2	1.3	1.4	4.5%	0.4	0.1	0.4
TRANGIE MULTI PURPOSE SERVICE	36	7	19.4%	7.9	7.2	7.4	7.5	7.7	7.9	21.9%	0.9	0.2	0.9
TRUNDLE MULTI PURPOSE SERVICE	22	0	0.0%	1.5	0.3	0.6	0.9	1.2	1.5	7.0%	1.5	0.3	1.5
TULLAMORE MULTI PURPOSE SERVICE	30	1	3.3%	1.8	1.2	1.3	1.5	1.6	1.8	5.9%	0.8	0.2	0.8
WALGETT MULTI PURPOSE SERVICE	51	10	19.6%	22.1	12.4	14.9	17.3	19.7	22.1	43.4%	12.1	2.4	12.1
WARREN MULTI PURPOSE SERVICE	60	3	5.0%	10.6	4.5	6.0	7.5	9.0	10.6	17.6%	7.6	1.5	7.6
WELLINGTON HEALTH SERVICE	62	5	8.1%	17.2	7.4	9.9	12.3	14.8	17.2	27.8%	12.2	2.4	12.2

## Attachment 1 (cont'd)

Directorate, Facility or Program	Current Facility Headcount	Current ATSI headcount	Current ATSI percentage	Ultimate (5 year) target headcount	1st year target headcount %	2nd year target headcount %	3rd year target headcount %	4th year target headcount %	5th year target headcount %	Actual Aboriginal population % (as per ABS 2016)	Difference between current headcount and target headcount %	Headcount difference divided by 5	Extra staff to employ over the 5 years
ABORIGINAL HEALTH	13	11	84.6%	1.2	9.0	7.1	5.1	3.2	1.2	9.4%	-9.8	-2.0	-9.8
AGED CARE	32	1	3.1%	3.0	1.4	1.8	2.2	2.6	3.0	9.4%	2.0	0.4	2.0
ALLIED HEALTH	13	4	30.8%	1.2	3.4	2.9	2.3	1.8	1.2	9.4%	-2.8	-0.6	-2.8
BREASTSCREEN	25	1	4.0%	2.4	1.3	1.5	1.8	2.1	2.4	9.4%	1.4	0.3	1.4
CANCER SERVICES	29	0	0.0%	2.7	0.5	1.1	1.6	2.2	2.7	9.4%	2.7	0.5	2.7
CC - CHRONIC CARE	31	1	3.2%	2.9	1.4	1.8	2.1	2.5	2.9	9.4%	1.9	0.4	1.9
CC HACC	2	0	0.0%	0.2	0.0	0.1	0.1	0.2	0.2	9.4%	0.2	0.0	0.2
CLINICAL GOVERNANCE DIRECTORATE	12	0	0.0%	1.1	0.2	0.5	0.7	0.9	1.1	9.4%	1.1	0.2	1.1
COMMUNICABLE DISEASE	3	0	0.0%	0.3	0.1	0.1	0.2	0.2	0.3	9.4%	0.3	0.1	0.3
COMMUNICATION AND ENGAGEMENT DIRECTORATE	8	0	0.0%	0.8	0.2	0.3	0.5	0.6	0.8	9.4%	0.8	0.2	0.8
CSD ASSET OPERATIONS	5	0	0.0%	0.5	0.1	0.2	0.3	0.4	0.5	9.4%	0.5	0.1	0.5
CSD BIOMEDICAL ENGINEERING	7	0	0.0%	0.7	0.1	0.3	0.4	0.5	0.7	9.4%	0.7	0.1	0.7
CSD CORPORATE SERVICES	9	1	11.1%	0.8	1.0	0.9	0.9	0.9	0.8	9.4%	-0.2	0.0	-0.2
CSD ENVIRONMENTAL SERVICES	5	0	0.0%	0.5	0.1	0.2	0.3	0.4	0.5	9.4%	0.5	0.1	0.5
CSD FLEET	3	0	0.0%	0.3	0.1	0.1	0.2	0.2	0.3	9.4%	0.3	0.1	0.3
CSD MAINTENANCE OPERATIONS	91	6	6.6%	8.6	6.5	7.0	7.5	8.0	8.6	9.4%	2.6	0.5	2.6
CSD PURCHASING & SUPPLY	3	0	0.0%	0.3	0.1	0.1	0.2	0.2	0.3	9.4%	0.3	0.1	0.3
DEN - NORTHERN ORAL HEALTH	28	3	10.7%	2.6	2.9	2.9	2.8	2.7	2.6	9.4%	-0.4	-0.1	-0.4
DEN - NPA	5	0	0.0%	0.5	0.1	0.2	0.3	0.4	0.5	9.4%	0.5	0.1	0.5
DEN - OTHER	14	2	14.3%	1.3	1.9	1.7	1.6	1.5	1.3	9.4%	-0.7	-0.1	-0.7
DEN - SOUTHERN/EASTERN ORAL HEALTH	36	3	8.3%	3.4	3.1	3.2	3.2	3.3	3.4	9.4%	0.4	0.1	0.4
DISTRICT GOVERNANCE	7	1	14.3%	0.7	0.9	0.9	0.8	0.7	0.7	9.4%	-0.3	-0.1	-0.3
DRUG AND ALCOHOL	63	4	6.3%	5.9	4.4	4.8	5.2	5.5	5.9	9.4%	1.9	0.4	1.9
ENVIRONMENTAL HEALTH	8	2	25.0%	0.8	1.8	1.5	1.3	1.0	0.8	9.4%	-1.2	-0.2	-1.2
FINANCE SERVICES	40	1	2.5%	3.8	1.6	2.1	2.7	3.2	3.8	9.4%	2.8	0.6	2.8
HEALTH INFORMATION COMMS AND TECHNOLOGY	80	2	2.5%	7.5	3.1	4.2	5.3	6.4	7.5	9.4%	5.5	1.1	5.5
HEALTH INTELLIGENCE UNIT	21	0	0.0%	2.0	0.4	0.8	1.2	1.6	2.0	9.4%	2.0	0.4	2.0
HEALTH PROMOTION	17	2	11.8%	1.6	1.9	1.8	1.8	1.7	1.6	9.4%	-0.4	-0.1	-0.4
HEALTH PROTECTION MANAGEMENT	9	1	11.1%	0.8	1.0	0.9	0.9	0.9	0.8	9.4%	-0.2	0.0	-0.2
HIV & RELATED PROGRAMS (HARP)	3	1	33.3%	0.3	0.9	0.7	0.6	0.4	0.3	9.4%	-0.7	-0.1	-0.7
IMMUNISATION	9	2	22.2%	0.8	1.8	1.5	1.3	1.1	0.8	9.4%	-1.2	-0.2	-1.2
IPCAP EXECUTIVE PERFORMANCE PERFORMANCE A	9	2	22.2%	0.8	1.8	1.5	1.3	1.1	0.8	9.4%	-1.2	-0.2	-1.2
KF - CHILD AND FAMILY HEALTH STRATEGIES	29	4	13.8%	2.7	3.7	3.5	3.2	3.0	2.7	9.4%	-1.3	-0.3	-1.3
KF - CHILD PROTECTION STRATEGIES	27	4	14.8%	2.5	3.7	3.4	3.1	2.8	2.5	9.4%	-1.5	-0.3	-1.5
KF - SEXUAL ASSAULT STRATEGIES	25	1	4.0%	2.4	1.3	1.5	1.8	2.1	2.4	9.4%	1.4	0.3	1.4
KF - WOMENS HEALTH STRATEGIES	7	0	0.0%	0.7	0.1	0.3	0.4	0.5	0.7	9.4%	0.7	0.1	0.7
MEDICAL IMAGING BUSINESS UNIT	144	1	0.7%	13.5	3.5	6.0	8.5	11.0	13.5	9.4%	12.5	2.5	12.5
MEDICAL SERVICES DIRECTORATE	29	0	0.0%	2.7	0.5	1.1	1.6	2.2	2.7	9.4%	2.7	0.5	2.7
MENTAL HEALTH	622	24	3.9%	58.5	30.9	37.8	44.7	51.6	58.5	9.4%	34.5	6.9	34.5
NURSING AND MIDWIFERY	30	0	0.0%	2.8	0.6	1.1	1.7	2.3	2.8	9.4%	2.8	0.6	2.8
OPD PATIENT FLOW/TRANSPORT	87	4	4.6%	8.2	4.8	5.7	6.5	7.3	8.2	9.4%	4.2	0.8	4.2
OPD SECTOR MANAGEMENT										9.4%			
OPERATIONS EXECUTIVE	13	1	7.7%	1.2	1.0	1.1	1.1	1.2	1.2	9.4%	0.2	0.0	0.2
PLANNING AND SERVICE DEVELOPMENT	10	0	0.0%	0.9	0.2	0.4	0.6	0.8	0.9	9.4%	0.9	0.2	0.9
SPOTLESS	269	5	1.9%	25.3	9.1	13.1	17.2	21.2	25.3	9.4%	20.3	4.1	20.3
WORKFORCE AND CULTURE	75	4	5.3%	7.1	4.6	5.2	5.8	6.4	7.1	9.4%	3.1	0.6	3.1
<b>TOTAL</b>	<b>6302</b>	<b>326</b>	<b>5.2%</b>	<b>592.4</b>	<b>379.3</b>	<b>432.6</b>	<b>485.8</b>	<b>539.1</b>	<b>592.4</b>	<b>9.4%</b>	<b>266.4</b>	<b>53.3</b>	<b>266.4</b>

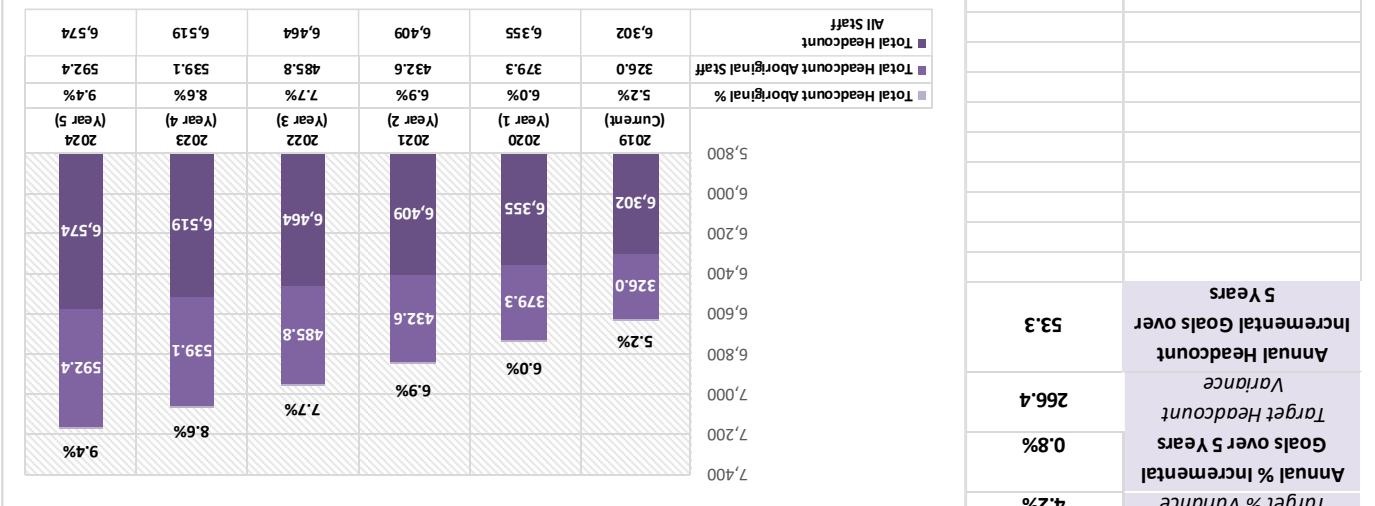
Attachment 2 (Aboriginal Workforce 5 year progression data and Aboriginal Position Targeting)

WNSW LHD Aboriginal Workforce Summary Report

LHD Summary	Total Headcount Aboriginal Staff	Total Headcount All Staff*	Total Headcount Aboriginal %	Target Aboriginal %	Target Headcount Aboriginal Staff	Target Headcount Variance Aboriginal Staff	Target Headcount % Variance Aboriginal
TOTAL	326	6,302	5.2%	9.4%	592.4	-266.4	4.2%

WNSW LHD Aboriginal Workforce Projections							
Year	2019 (Current)	2020 (Year 1)	2021 (Year 2)	2022 (Year 3)	2023 (Year 4)	2024 (Year 5)	
Total Headcount All Staff	6,302	6,409	6,464	6,519	6,574	6,574	
Total Headcount Aboriginal Staff	326.0	379.3	432.6	485.8	539.1	592.4	
Total Headcount Aboriginal %	5.2%	6.0%	6.9%	7.7%	8.6%	9.4%	

WNSW LHD ABORIGINAL WORKFORCE TARGETS



\*Data run as of 9 January 2019 from the Health Intelligent Unit Reporting Portal - Aboriginal Workforce Dashboard Tool.  
 \*\*Please note this data is summarised and displayed using 1 decimal place.

Aboriginal Position Targeting – staged implementation

Developing and supporting a skilled Aboriginal workforce is fundamental to achieving health outcomes for Aboriginal people in our District. The LHD has set a target of 9.4% of the workforce to be Aboriginal. This would equate to 270 employees.

The ELT has agreed to the following staged roll out of Aboriginal Position Targeting in order to achieve our target of 9.4% over the next five years from 2019 to 2023:

- 0 – 1.5 years focus on the towns of Dubbo, Orange and Bathurst. This is not just a base hospital focus but to include all services such as Oral Health, Aged Care, Mental Health and Drug and Alcohol.
- 1.5 years – 3.5 years focus on four District Hospitals and three Multi-Purpose Centres.
- 3.5 years – 5 years a whole of organisation targeted approach.