



Health
Northern Sydney
Local Health District

NSLHD LEADERSHIP STRATEGY AND ACTION PLAN 2020-2022





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INTRODUCTION

WE ARE DELIGHTED TO PRESENT TO YOU THE INAUGURAL NSLHD LEADERSHIP STRATEGY.

Good leadership is intentional. Organisations like ours depend upon capable leadership at all levels to guide them through unparalleled ambiguity and complexity. Gaining and sustaining a critical mass of staff who are proficient ('can'), who are aligned ('know') and who are emotionally committed ('want') to realising change is a challenge for any organisation however, can become a reality with strong and committed leadership.

Staff feedback from the People Matter Engagement Surveys over recent years has identified the opportunity for strengthening the Northern Sydney Local Health District's (NSLHD) leadership capability. The NSLHD Leadership Strategy brings together work that has been occurring in the leadership development space with the skillset that underpins the implementation of the district's Strategic and Clinical Services Plans. Specifically, there is an opportunity to focus on fostering innovation, improving employee experience, cultivating diversity, inclusion and belonging, achieving successful change and overall organisational effectiveness equal in rigour to the focus on governing how patient safety and experience is managed.

Building great leaders and providing great leadership of a large metropolitan health district requires a broader approach than just the development of the capabilities of individual managers. The NSLHD Leadership Strategy offers the opportunity to lift the leadership development offered at NSLHD from being entirely driven by the employee and their development or career aspirations to being tailored for specific roles in order to build capability in critical areas required by the district to ensure successful performance. It is essential that all programs of work that are designed, delivered, and implemented link back to the NSLHD strategic plan and have transparent evaluation methodologies to realise and capture culture shift. This moves our district from an ad hoc approach to a strategic, planned, coordinated approach to leadership development.

The Leadership Strategy offers NSLHD the opportunity to break down silos, work collaboratively and develop the leaders in our organisation to build a more agile, accountable and responsive organisation for the future. The leadership strategy makes explicit what kind of leaders we need at NSLHD, with what skills and behaving in what fashion individually and collectively to achieve the total success we seek.

We hope you relate to the content of the strategy and find ways in your work to use the four concepts that underpin the strategy to assist your patients, consumers and colleagues. Leadership can be and should be executed by everyone in the organisation and it starts with you.



Deb Willcox
Chief Executive, NSLHD



Paula Williscroft
Director People and Culture, NSLHD

LEADERSHIP

MARK ZACKA DIRECTOR

Clinical Governance

I am a physiotherapist by training. I worked clinically for about 12 years, a lot of that was in HIV and AIDS in the days before anti-retroviral therapy. My first encounter with NSLHD was when I headed up the Physiotherapy Department about 20 years ago, it was a 50:50 role management and clinical.

I studied my Masters of Health Administration while working in a fulltime management role in a small statewide HIV and AIDS dementia service before heading over to Justice Health. I always say to people to try to work in a service with a fairly flat structure when you are starting out because it is full of opportunities.

That's what happened at Justice Health for me. It was at the time of the Campbelltown/Camden incident which precipitated the establishment of Clinical Governance units in health and patient safety roles. I got to take that on at Justice Health. I became the first Quality and Safety manager looking after clinical and corporate governance at the time.

I moved into other Clinical Governance roles at the CEC, SWSLHD and St Vincent de Paul before landing here. I always remember people who believed in me along the way and those that offered support and advocated for my career. I wasn't always fully ready for a promotional role when I attained it but people gave me the support to make a go of it and took a chance on me which helped me. You need an element of serendipity in your leadership journey, a dose of good luck alongside good planning.

The ingredients to make you a good leader are: develop your people and draw on their strengths; be aware of what you don't know together with what you do; and always have something you are aiming for, even if you don't know how to get there. I wouldn't even think you need a full blown vision just a vague notion will do and keep working at it until it becomes clear.



I ALWAYS SAY TO PEOPLE TO TRY TO WORK IN A SERVICE WITH A FAIRLY FLAT STRUCTURE WHEN YOU ARE STARTING OUT BECAUSE IT IS FULL OF OPPORTUNITIES.



THE FOUR CONCEPTS UNDERPINNING THE STRATEGY

1 LEADERSHIP IS NEEDED AT ALL LEVELS THROUGHOUT THE ORGANISATION

NSLHD recognises that leadership can be exercised anywhere in the organisation. It is not simply a matter of leadership performance in particular positions. What differs in the exercise of leadership between levels in the system is primarily the context in which leadership is practised, rather than the nature of the desired capabilities and behaviours, although the expectations of leaders generally broaden and deepen with more seniority.

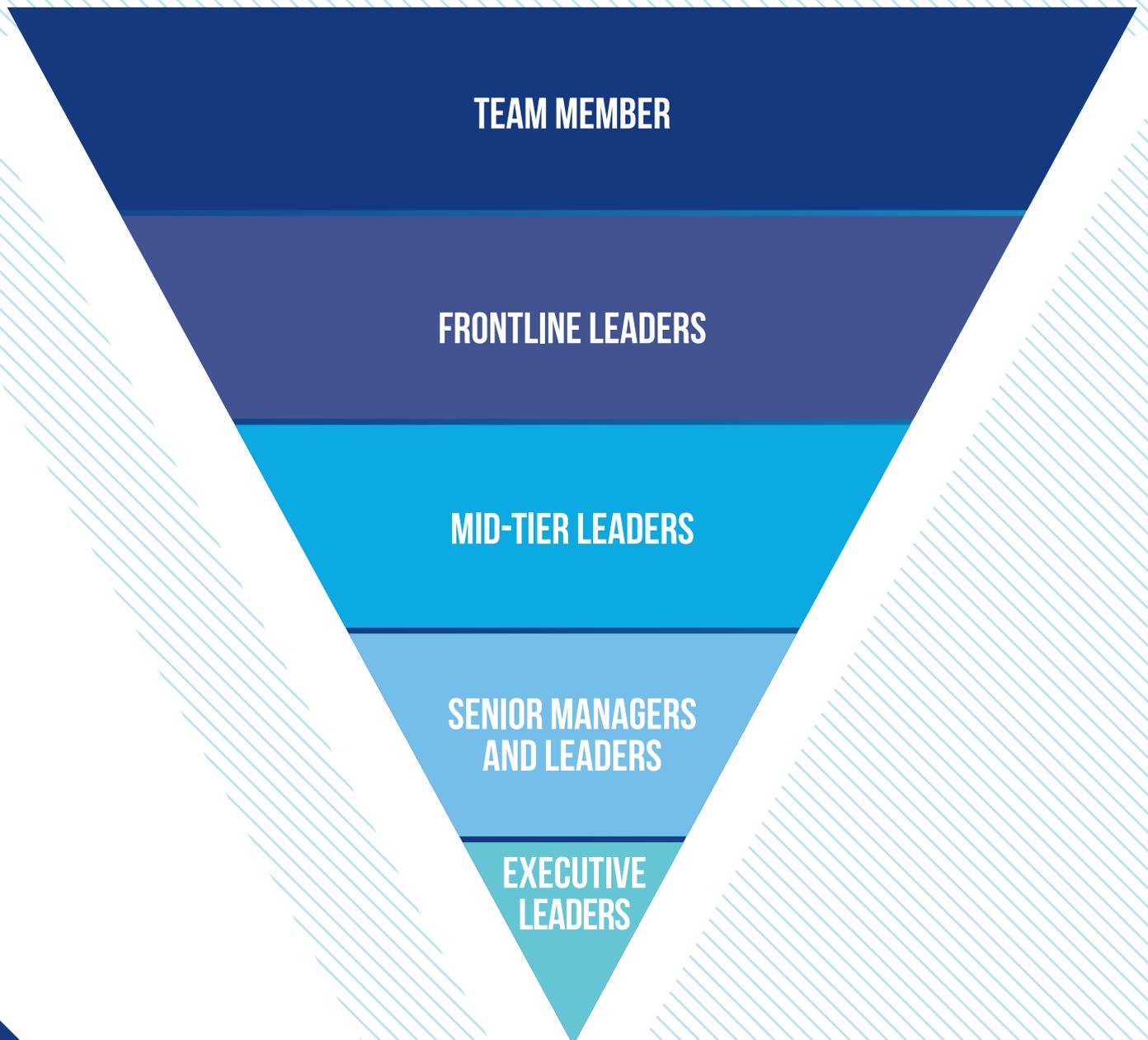
All roles across the LHD will fall into one category in the leadership pyramid below.

- **Executive Leaders (Leading the organisation)** – Roles at certain levels of the organisation that have the ability to anticipate, envision, maintain flexibility and empower others to create strategic change. (E.g. Executive Director of Operations, Director People and Culture). Positions will usually report into a member of the Executive Leadership Team (ELT) or directly to the Chief Executive.
- **Senior Managers and Leaders (Leading Services and programs)** – Roles at certain levels of the organisation that have the ability to lead services and divisions, lead across functions, redesign services (e.g. Nurse/Midwifery Managers 6-9, Health Managers 5-6, Allied Health 6+, Senior Staff Specialists). Positions will usually report into an Executive Leader.
- **Mid-Tier Leaders (Leading Performance)** – Roles at certain levels of the organisation that work to make sure that employees are encouraged to perform to the best of their abilities by providing the tools necessary to make tasks seamless, leading multiple teams, often leading managers (e.g. Health Manager 3-4, Nurse/Midwifery Managers 4-5, Allied Health Level 4-6) Positions will usually report into a Senior Manager/ Leader.
- **Front Line Leader (Leading others and projects)** – Roles at certain levels of the organisation that are responsible for day-to-day management of operational KPIs (e.g. HM1-3, NUM/MUMs and Nurse and midwifery managers 1-3, Allied Health Level 3-5). Positions will usually report into a Mid-Tier Leader.
- **Team Member (Leading Self)** – Roles within the organisation that do not have employee management or employee supervision accountabilities; largely patient/customer facing (E.g. RN, EN, Health Professional 1-2).



The people that lead in our organisation champion our person-centred purpose, to enable others to realise their potential, and to cultivate a diverse, creative, safe, adaptive and values-based culture. Our leaders are inclusive, authentic, resilient, brave, accountable and innovative. They care, and bring about sustainable change that makes a positive difference for our patients/consumers, carers, and community, as well as our employees and organisation.

NSLHD LEADERSHIP ADVISORY BOARD



2 THE NSLHD LEADERSHIP ARCHITECTURE

In 2018-2019 the Leadership Architecture (Figure 1) was developed. It provides the overarching approach for every individual to contribute to achieving organisational success, regardless of formal authority. The Leadership Architecture is the blueprint for the Leadership Strategy, visually representing the key programs of work and strategic outcomes.

➤ **CAPACITY** – defining, designing and resourcing our clinical leadership roles and expectations. Building the districts future pipeline of qualified leaders
– e.g. leadership resourcing levels, FTEs, accountabilities (PDs), delegations, clinical engagement compact, succession management (bench strength).

➤ **CAPABILITY** – a framework of competencies/skills that leaders should possess at various levels of the organisation
– e.g. leadership & management experience and skills, change leadership and innovation.

➤ **CULTURE & PERFORMANCE** – how leaders facilitate the desired culture with their teams
– e.g. appropriate leadership behaviours to grow positive organisational culture, collaboration across the health system through a culture of constructive open feedback and reflection at all levels between colleagues, and leadership that builds and sustains high performing teams.

➤ **CALIBRATION** – aligns the district’s approach to managing performance and development processes ensuring that the investment in leadership development strategies is delivering the desired objectives
– e.g. the discipline to remain focused on the delivery of our agreed strategic priorities, shared goals and accountabilities, collective effort (simultaneously) to drive step changes, the investment in appropriate elements of the leadership strategy that deliver aligned outcomes, and divestment in programs and initiatives that don’t add value (planned abandonment), and a whole of district approach from front line leaders to the ELT.

The solutions adopted as part of the Leadership Strategy are not evenly spread across the four pillars rather the emphasis needs to be on what delivers the highest impact. The strategy combines what is working from within the current District and NSW Health (including the pillar organisations such as HETI, CEC and ACI), along with external expertise and innovation from strategic partners. The goal is to build a sustainable approach that can demonstrate value at all levels of leadership within NSLHD.

Leadership, not Leaders, is the key... it is the actions leaders take as a group to build the leadership within the organisation, not the personalities of the individual leaders that are critical.

MT ELIZA
2002
AUSTRALIA'S
TOP 199 ORGANISATIONS



LEADERSHIP

FELICITY MARTIN NURSE MANAGER

Vaccination Operations Centre

I have always been a nurse of sorts. I first worked as a personal carer in the community, then became an Assistant in Nursing (AIN) in 2004 at The Hills Private Hospital. From there, I moved to Port Macquarie and was the first AIN they'd ever had. Next stop was Darwin where I stayed for four years, while I worked and finished my Nursing studies.

My new graduate year was in Gladstone Hospital (Queensland) in the HDU/ICU area. It was such an opportunity because the caseload was so varied and I learnt to think quickly on my feet as well as see a bit of everything. I moved back to NSW and landed at Westmead Hospital Casual Pool, working in ED, Neuro and HDU before moving to Tasmania for a year.

I discovered that I was quite suited to casual work because I liked the flexibility, enjoyed seeing the different cultures on different wards and getting on with a variety of people. I didn't really think I would be given any leadership opportunities because I didn't want to work permanently anywhere, I enjoyed being a casual.

In 2015, I had a break from the hospital system and worked in Telehealth in Injury and Absence Management. I saw things from a different angle and started to understand the links between absenteeism and workplace culture. It ignited my passion for workforce. I ended up back at Westmead in the Staffing Office, during which I was given the opportunity to act as the Nurse Unit Manager and towards the end of that, I applied for the NUM Staffing role at RNS. Best decision ever!

I have had opportunities to act in higher management positions and completed the NSLHD Leadership Development Program in 2020 and now I am leading the Vaccination Hub at Hornsby Ku-ring-gai Hospital.



**THE BEST LEADERS
ENCOURAGED ME, BELIEVED
IN ME AND SUPPORTED ME
WHEREVER I WAS ON MY
CAREER PATH.**

I really believe that workforce is the biggest component to get right. You can fix other systems and processes but you have to recruit the right people to start with, and communicate with them up front so they feel supported and empowered. I have learnt from leaders along the way, the good and the bad. The best leaders encouraged me, believed in me and supported me wherever I was on my career path. It is lovely to have had people see potential in me, even when I was off doing my own thing and I try to do that for others.

Figure 1. The Leadership Architecture for Northern Sydney Local Health District



CULTURE

- NSLHD is recognised for its high performing patient focused teams capably led by engaging leaders who role model desired behaviours.
- Individuals on teams in various units understand how their roles support the organisational strategy with very clear expectations of individual and team responsibilities.
- The culture – “Way of Working” is driven by mutual respect where one can question colleagues safely, and where seeking better ways of doing things is top of mind.
- Annual Employee Engagement surveys attract a high employee participation rate.
- Results of the annual Employee Engagement survey – People Matter Engagement Survey (PMES) are reported back to staff with subsequent staff and team developed improvement plans implemented by management.
- Supporting Core Values and professional behavioural expectations in the district, Speaking Up For Safety program will be run across the district led by senior clinicians.

CALIBRATION

- NSLHD is recognised for its disciplined strategic ability and agility and the manner in which variances to plan are dealt with.
- The same discipline with which we review and manage patient clinical care is applied to People leadership processes.
- NSLHD is recognised for its consistency and effectiveness of leadership across the district.
- NSLHD is recognised for its performance management at the organisational and individual levels.
- Annual Reporting of Leadership Development programs return on investment.
- Performance Development Review system feeds into Succession Planning.
- Annual evaluation report to Leadership Advisory Board on the outcomes of the Leadership Strategy in relation to NSLHD Strategic Plan.

- We have leaders who role model our values, continually improving a respectful culture of high performance with engaged and empowered teams.
- We have a strong pipeline of internal future leaders and attract high potential talent to our organisation.

3 THE NSLHD LEADERSHIP STRATEGY IS ALIGNED TO THE NSW PUBLIC SECTOR CAPABILITY FRAMEWORK

An Engaged and Empowered Workforce as a key enabler in delivering our strategic plan requires development of leaders in a range of capabilities. In 2018, People and Culture collected input from three sources and mapped the data against the NSW Public Sector Capability Framework to review and update the priority capabilities for the district.

The data sources included: mapping of key People Matter Engagement Survey results (see Table below), interviews with key stakeholders and a workshop with the People and Culture Strategic Steering Committee.

| TOP 10 LOWEST SCORES IN PEOPLE MATTERS | MAPPED CAPABILITY |
|----------------------------------------------------------------------------------------------------|--------------------------------|
| I believe action will be taken on the results from this survey by my organisation | Display Resilience and Courage |
| I have confidence in the way recruitment decisions are made | Optimise Business Outcomes |
| I feel that senior managers listen to employees | Manage & Develop People |
| I have confidence in the ways my organisation resolves grievances | Display Resilience & Courage |
| I feel that change is managed well in my organisation | Manage Change & Reform |
| I feel that senior managers effectively lead and manage change | Manage Reform & Change |
| I feel that senior managers keep employees informed about what's going on | Inspire Direction & Purpose |
| My manager appropriately deals with employees who perform poorly | Manage and Develop People |
| I believe senior managers provide clear direction for the future of the organisation | Inspire Direction & Purpose |
| Senior managers promote collaboration between my organisation and other organisations we work with | Work Collaboratively |

Ten priority capabilities were identified and these form the basis of leadership development and capability mapping (e.g. for position descriptions and succession management) at NSLHD:



Manage and Develop People



Negotiate and Influence



Display Resilience and Courage



Inspire Direction and Purpose



Work Collaboratively



Commit to Customer Service



Managing Self



Demonstrate Accountability



Think and Solve Problems



Manage Change and Reform

LEADERSHIP

DR PETER ROACH

STAFF SPECIALIST PALLIATIVE CARE

Mona Vale Hospital

I completed my medical studies in 2004 and held an idealistic view that my time in medicine would be spent researching and solving big problems in healthcare. It became apparent early on, that my true passion was interacting with patients and working within the community, which led me on a very different path.

The beginning of my career was spent working in acute hospitals across Sydney and regional areas in NSW. Whilst an amazing learning experience, I did struggle to find direction in those initial hospital years. A very wise JMO manager took me aside and suggested I try palliative care – that it could be an ideal fit for me. She was absolutely right – I had thought palliative care would be too hard emotionally, but I loved the holistic way of both caring for patients and their families, and of working in a team. It really was a privilege to be there supporting a patient at such a vulnerable time.

In 2008 I embarked on general practice training in Western Sydney and Tamworth, as well as completing a diploma in children's health. I worked as a GP in Sydney for five years and despite enjoying this work, I realised I wanted to work in palliative care longer term and so returned to study as a registrar before becoming a Staff Specialist in 2019. I currently work in the Palliative Care Unit at Mona Vale Hospital as well as in the community for the Northern Beaches Community Palliative Care Service. They are busy jobs but enormously satisfying in being in skilled teams delivering care



for patients and families at such an important time.

I have recently started the NSLHD Leadership Development Program which has helped me grow as a leader. The best leaders in my career have shown great personal integrity, respect for people around them, compassion in their care for patients, and a focus on developing and supporting staff. I would love to be remembered as a leader who staff learnt a lot from technically, whilst at the same time being someone who is kind and supportive, hopefully empowering staff to be their best.

The ingredients that I feel lead to good leadership are: experience and good technical skill; consistently modelling behaviours you want to see in your team such as personal integrity, care and professionalism; listening to people's concerns; and being willing to let others see some personal vulnerability. I have learnt so much from senior colleagues who have modelled this to me.



THE BEST LEADERS IN MY CAREER HAVE SHOWN GREAT PERSONAL INTEGRITY, RESPECT FOR PEOPLE AROUND THEM, COMPASSION IN THEIR CARE FOR PATIENTS, AND A FOCUS ON DEVELOPING AND SUPPORTING STAFF.

4 THE NSLHD LEADERSHIP STRATEGY ENCOURAGES COLLECTIVE AND INDIVIDUAL LEADERSHIP

To date, leadership development at NSLHD has focused primarily on the development of individual leaders. The conventional view has been that individual leaders make a significant and even crucial impact on the performance of the organisation. This remains important. However, transforming the system for greater receptivity and sustainability requires more collaborative, less hierarchical practices to tackle complex challenges. It requires committed people working together through fluid, multi-directional relations, networks and partnerships as well as individually. Both collective and individual leadership are needed.

Organisations today exist in a complex, intricately networked world full of greater uncertainty and higher velocity than at any other time in history. Organisational leadership must be prepared to respond accordingly and as such the NSLHD Leadership Strategy focuses on the work and practice of leadership (shared values, quality interactions, effective dialogue) as well as the observable behaviours of individual leaders.



“ BY FOCUSING ON TRANSFORMING THE IMPACT OF SENIOR LEADERS, ORGANISATIONS CAN LITERALLY TRANSFORM THEIR ORGANISATIONS FROM THE INSIDE-OUT.” PETER FUDA

LEADERSHIP

MICHELLE LAWRENCE CLINICAL LEAD

Mental Health Drug and Alcohol
Aboriginal portfolio

I entered NSLHD in August 2018 after an exciting career at NewsCorp. Working in Surry Hills for 15 years I was overcome by the homelessness and challenge I saw in the streets. I started talking to people, really talking to them and realised that I didn't want to stay working in the corporate world, I wanted to help people.

Being a Gomerioi woman, I wanted to work with Aboriginal people. I was awarded a traineeship with Justice Health. I was the only female Aboriginal health worker in the prison system. There was no time for training, I hit the ground running. I was never not busy, and worked across Men's, Women's and Youth services.

I felt lucky to have three years' on-the-job training while studying at Charles Sturt University. It was an exceptional opportunity for me to learn every day. I then spent time at SWSLHD working in child and adolescent services. I had great leaders who moulded me and supported me to apply for promotional roles, like the one I am in at NSLHD.

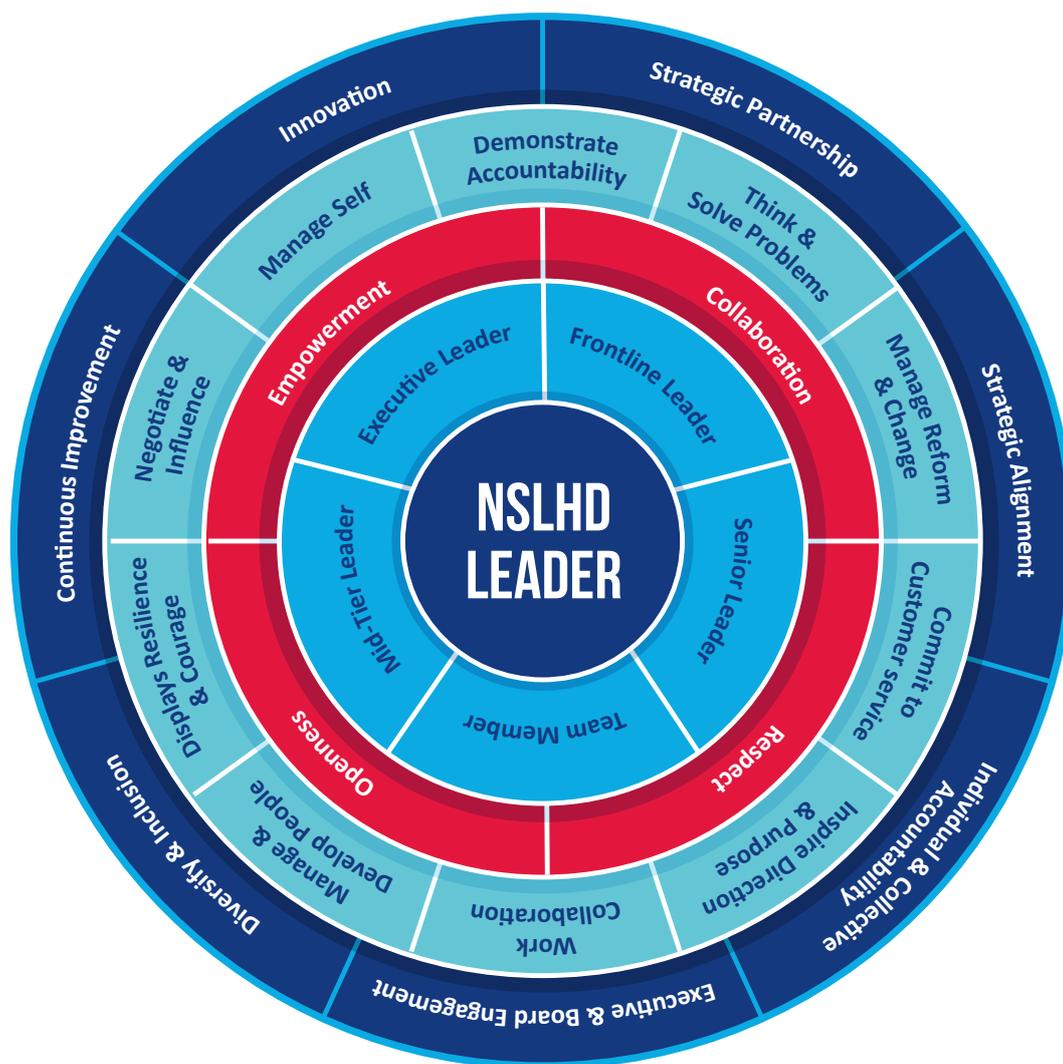
I have been recognised for my leadership skills and won the Jackie Crowe prize in the National Mental Health Commission Fellowship Leadership Program and the ACHSM Health Leader of the Year last year. I am proud of these achievements but for me, leadership is about being passionate about what you do and integrity, being who you are. No ego. And it is about being the best person you can be, upholding the CORE values and leading by example.

I want to manage and develop my team to be part of the change. I want to make sure the Aboriginal workforce and community have a voice in what we do in health. I get that people don't always know what they don't know but it is 2021 and it is time to get some education.



I HAD GREAT LEADERS WHO MOULDED ME AND SUPPORTED ME TO APPLY FOR PROMOTIONAL ROLES, LIKE THE ONE I AM IN AT NSLHD.

SUCCESS MEASURES FOR THE STRATEGY



The NSLHD Leadership Strategy initiatives are multi-faceted and complex, which makes it more difficult to articulate clear outcomes than is the case with individual leadership development. Evaluation of complex and adaptive initiatives requires continuous data gathering and a long term perspective.

Evaluating leadership and return on investment (ROI) is notoriously challenging as initiatives are often intended to be long-term investments (Perez, 2014)¹. Outcomes evaluations are conducted to inform decisions about continuing, terminating or expanding an initiative. The efficacy must be measured on both individual success and the impact on organisational goals (Sindell and Sindell, 2017)². Evaluation measures encompass the expected results from each initiative across three groups:

1 Perez: <https://www.td.org/Publications/Blogs/Human-Capital-Blog/2014/07/ROI-of-Leadership-Programs>

2 <https://www.entrepreneur.com/article/289066>



**EVERYTHING THAT CAN BE COUNTED DOES NOT NECESSARILY COUNT;
EVERYTHING THAT COUNTS CANNOT NECESSARILY BE COUNTED.**
ALBERT EINSTEIN

The measurement of leadership capabilities is not an end in itself; rather working on leadership is a means of improving work climate (measured by People Matter Engagement Survey) and workplace systems and eventually of strengthening health services. Our evaluation focusses on results at the output levels and the processes used to achieve them.

| INDIVIDUAL | GROUP | ORGANISATION |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Outcomes related to the individual leader. This can include change in beliefs, increased knowledge, change in leadership behaviours and ability to get better leadership results | Outcomes related to groups. Includes shifts in collective beliefs, knowledge gain, change in interaction patterns, collective capabilities and better group-level leadership results | Outcomes for the entire organisation. Includes shifts in collective beliefs, knowledge gain, change in interaction patterns, collective capabilities, and better group-level leadership results |

Culture and Performance

- › Launch the NSLHD Leadership Charter (our expectations of our Leaders).
- › Implementation of the Speaking up for Safety (SUFS) program and Safe Behaviours Together Program.
- › Implementation of standardised/consistent accountabilities in Leadership Position Descriptions (PDs) & Performance Development Reviews (PDRs).
- › Development of leaders’ capabilities in growing positive organisational cultures so that over time less time is spent on fire fighting poor performance and behaviour.

Calibration

- › Review and alignment of Executive Leadership Team structure, accountabilities, strengths and capabilities to the strategic plan, including utilising 360 feedback, executive coaching and clear performance expectations.
- › Performance Development Review implementation moves from ad hoc to co-ordinated.

Capacity

- › Implementation and evaluation of a sustainable succession management process for senior and critical roles.
- › Review of delegations/processes/span of control to enable empowered leadership and free up time to lead especially at front line leadership levels.

Capabilities

- › Review the effectiveness of existing leadership development solutions.
- › Divest in low impact activities and leverage existing investment in our TDC and HETI contribution.
- › Launch the NSLHD Change Leadership toolkit.

The overall Leadership Strategy supports delivery of the NSLHD Strategic Plan. Ultimately the strategy will be deemed successful when:

- › We have the right management capacity, capabilities and processes to create a responsive and adaptive organisation, with an engaged and empowered workforce.
- › We have leaders who role model our values and create a culture of high performance management.
- › We have an executive management team who has the skills required for a modern health system, where decisions are driven by data and agreed outcomes are delivered to plan.



ACTION PLAN

YEAR ONE: 2020

| What | Who | Measures | When | Architecture Alignment |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------|
| Establish a leadership strategy group that is representative across levels and disciplines (Leadership Advisory Board). | Director People and Culture | <input checked="" type="checkbox"/> Executive and Board representation <input checked="" type="checkbox"/> Clinical leaders representing all professions <input checked="" type="checkbox"/> Overall governance and the opportunity for co-design <input checked="" type="checkbox"/> Quarterly meetings | November 2019 | Capabilities |
| Commence succession planning in top-down method across the site/ service Executive teams and build sustainability through development of facilitators. | Organisational Development/ Human Resources Business Partners | <input checked="" type="checkbox"/> Co-design with site/ service leader <input checked="" type="checkbox"/> HR/OD partnership <input checked="" type="checkbox"/> Skill development of facilitators | November 2019 December 2020 | Capacity |
| Ensure all leaders at all levels have an aligned performance & development plan (PRIDE). | Executive Leadership Team | <input checked="" type="checkbox"/> Audit 30 departments (random) | June 2020 | Capabilities |
| Review the agreed NSLHD Leadership Strategy and develop Action Plans to meet the strategic objectives. | Organisational Development/ Leadership Advisory Board | <input checked="" type="checkbox"/> Strategy and Action Plan developed | June 2020 | Culture and Performance |
| Implement the Speaking up for Safety program. | SUFS project steering group | <input checked="" type="checkbox"/> Training available across RNS/ MVH/ Ryde <input checked="" type="checkbox"/> Refresh SUFS intranet page | July 2019 | Culture and Performance |
| Build and launch the NSLHD Leadership Charter (our expectations of our Leaders). | Leadership Advisory Board | <input checked="" type="checkbox"/> Incorporate staff consultation <input checked="" type="checkbox"/> Collaborate with LAB | June 2020 | Culture and Performance |
| Re-engage the teams responsible for facilitating the Managers Toolbox skills based sessions and review the overall pathways. | Organisational Development | <input checked="" type="checkbox"/> People Manager Pathway established | December 2020 | Capabilities |
| Pilot, implement and evaluate Leadership Development Program (mid-tier and frontline leaders). | Centre for Education and Talent Development/ Leadership Advisory Board | # cohorts # pax | July 2020- January 2021 | Capabilities |
| Develop Senior Leadership Development Program. | Centre for Education and Talent Development/ Leadership Advisory Board | <input checked="" type="checkbox"/> Program endorsed <input checked="" type="checkbox"/> Aligned to talent review process | October 2020 | Capabilities |
| Build and launch the NSLHD Change Leadership toolkit (this is the way we lead change at NSLHD). | Leadership Advisory Board | <input checked="" type="checkbox"/> Consultation with relevant stakeholders <input checked="" type="checkbox"/> Change Leadership Framework developed (available online) <input checked="" type="checkbox"/> Change Leadership incorporated into Manager Toolkit sessions, LDP and SLDP | October 2020 | Capabilities |

YEAR TWO: 2021

| What | Who | Measures | When | Architecture Alignment |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------|
| Review the effectiveness of existing leadership and management development solutions; align offerings to the priority capabilities and skills gaps areas. | Organisational Development/Centre for Education and Talent Development | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Detailed Needs and Impact analysis completed. <input checked="" type="checkbox"/> Divest in low impact activities and leverage existing investment. | June 2021 | Capabilities |
| Develop Leader Development Framework for each level of leadership based on review of leadership and management development offerings. | Organisational Development/Centre for Education and Talent Development | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Framework endorsed by LAB and published | June 2021 | Capabilities |
| Target leadership courses to leaders and managers based on their role in alignment with succession planning and performance development review processes. | Organisational Development/ Leadership Advisory Board | <ul style="list-style-type: none"> # courses cancelled; # pax trained | Ongoing | Capabilities |
| Map desired capabilities to all leadership PDs in line with the delivery of organisational priorities. | Organisational Development/ Human Resources Business Partners/ Employee Services | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Capability mapping tool established <input checked="" type="checkbox"/> Managers trained <input checked="" type="checkbox"/> New PDs mapped <input checked="" type="checkbox"/> Advertised PDs are mapped | December 2021 | Culture and Performance |
| Implement standardised/ consistent accountabilities in Leadership PDs & PDRs. | People and Culture Directorate in consultation | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> PDs reviewed <input checked="" type="checkbox"/> Standards established <input checked="" type="checkbox"/> New PDs mapped <input checked="" type="checkbox"/> Advertised PDs are mapped | December 2021 | Culture and Performance |
| Continue succession planning in top-down method across the site/service Executive teams. | Organisational Development/ Human Resources Business Partners | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Co-design with site/ service leader <input checked="" type="checkbox"/> HR/OD partnership <input checked="" type="checkbox"/> Skill development of facilitators | Jan – Dec 2021 | Capacity |
| Consider and create opportunities for Aboriginal and Torres Strait Islander emerging leaders. | Organisational Development/ Aboriginal Health Service | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Diversity markers included LDP application <input checked="" type="checkbox"/> Partner to support the Aboriginal and Torres Strait Islander Network | June 2021 | Capabilities |
| Review and align ELT structure, accountabilities, strengths and capabilities to the strategic plan, including utilising 360 feedback, executive coaching and clear performance expectations. | Director People and Culture/ Deputy Director People and Culture/ Chief Executive | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Meetings conducted | September 2021 | Calibration |

| What | Who | Measures | When | Architecture Alignment |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|
| Pilot Senior Leadership Development Program in partnership with external provider. | Centre for Education and Talent Development/ Leadership Advisory Board | # participants <input checked="" type="checkbox"/> Participant feedback <input checked="" type="checkbox"/> Facilitator feedback <input checked="" type="checkbox"/> Manager feedback | March 2021 – December 2021 | Capabilities |
| Performance Development and Review implementation calibrated. | PAT implementation team/ Director People and Culture | <input checked="" type="checkbox"/> PAT implemented | From July 2021 | Calibration |
| Aligning operational planning with individual performance planning and development planning for all leadership positions. | PAT implementation team/ Director People and Culture | <input checked="" type="checkbox"/> PAT implemented | From July 2021 | Calibration |
| 360 degree survey for all ELT (if not conducted as part of development program <2 years). | Centre for Education and Talent Development/ Partners | <input checked="" type="checkbox"/> 360 degree surveys completed <input checked="" type="checkbox"/> Feedback provided | December 2021 | Capabilities |
| Review a range of sources including data from the People Matters Survey to determine how to continually evaluate impact of leadership development on overall culture. | Organisational Development/ Leadership Advisory Board | <input checked="" type="checkbox"/> methodology established <input checked="" type="checkbox"/> Evaluation conducted | September 2021 | Culture and Performance |
| Implement Safe Behaviours Together Program. | SUFS project steering group | <input checked="" type="checkbox"/> Program established <input checked="" type="checkbox"/> Portal launched <input checked="" type="checkbox"/> Managers, peer messengers and triage teams trained | December 2021 | Culture and Performance |



YEAR THREE: 2022

| What | Who | Measures | When | Architecture Alignment |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------|
| Evaluate the leadership offerings to ensure the leadership development is having a direct impact on NSLHD strategic and operational objectives. Amend programs appropriately. | Centre for Education and Talent Development | <input checked="" type="checkbox"/> impact of LDP/SLDP | Ongoing | Capabilities |
| Evaluate Senior Leadership Development Program in partnership with stakeholders. | Centre for Education and Talent Development/ Leadership Advisory Board | # participants <input checked="" type="checkbox"/> Participant feedback <input checked="" type="checkbox"/> Facilitator feedback <input checked="" type="checkbox"/> Manager feedback | March 2022 | Capabilities |
| Review a range of sources including data from the People Matters Survey to determine how to continually evaluate impact of leadership development on overall culture. | Organisational Development/ Leadership Advisory Board | <input checked="" type="checkbox"/> Engagement score | September 2022 | Culture and Performance |
| Explore options of Targeted Talent Pools for critical hard to fill positions across all area. For example, Director of Medicine or General Manager roles. | Organisational Development/ Human Resources Business Partners/ Employee Services | <input checked="" type="checkbox"/> talent pools created/ utilised <input checked="" type="checkbox"/> partnership with other district explored | March 2022 | Capacity |
| Develop leaders' capabilities in growing positive organisational cultures. | People and Culture Directorate | <input checked="" type="checkbox"/> PMES data <input checked="" type="checkbox"/> # WID cases | June 2022 | Culture and Performance |
| Roll out of PSC and occupation specific capability sets. | People and Culture Directorate | <input checked="" type="checkbox"/> P&C PDs updated | June 2022 | Culture and Performance |
| Develop Project Management Leadership Framework. | Organisational Development / Leadership Advisory Board | <input checked="" type="checkbox"/> Included in Manager pathway <input checked="" type="checkbox"/> resources developed | June 2022 | Capabilities |





Health
Northern Sydney
Local Health District



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MonaValeHospitalNSW
HornsbyHospital
RydeHospital
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