

# Reimagining the Future of Healthcare

## Getting the Balance Right: Workforce, Finance & Performance - Workshop Summary

25 people attended the Redesigning Our Healthcare Models Online Workshops between the 14 - 18 August 2023. Mentimeter, an online tool, was used to capture participant responses.

A thematic analysis of responses was completed, and a summary of responses is provided below.

### 1. What do you see as the biggest challenges for getting the balance right?



### 2. How will the challenges/opportunities of getting the balance right change your service delivery?

Theme	Participant Responses
<b>Sustainable and adaptability</b>	<ul style="list-style-type: none"> <li>• Increase sustainability, adaption of services and the impact of changes on our service delivery models</li> <li>• Partner with external providers</li> <li>• Build multipurpose infrastructure</li> <li>• Integration from the top level down</li> <li>• Policies and procedures – improve operating structures and guidelines for governance, establishment etc</li> <li>• Pressure on senior management to support skill dilution – need to embed basic service capabilities, customer service, etc.</li> </ul>
<b>Digital Technology and supporting changes</b>	<ul style="list-style-type: none"> <li>• Increasing skills and knowledge around digital technology</li> <li>• Digital requirements are likely to change our service delivery model</li> <li>• Leveraging technology to free up staff</li> <li>• Digital health and creating virtual care spaces</li> <li>• Need to match increases in technology with the increases in support (hardware, software, and appropriate staff)</li> <li>• Increased use of AI e.g., cull candidates in recruitment if their paperwork isn't correct</li> </ul>

	<ul style="list-style-type: none"> <li>• Addressing consumers understanding of virtual care</li> <li>• Use of innovation and automation in non-clinical settings e.g. Queue mgt etc.</li> </ul>
<b>Flexibility of funding and service models</b>	<ul style="list-style-type: none"> <li>• Narrowing of service delivery focused on those with highest needs</li> <li>• Move from FTE thinking to funding to be more flexible</li> <li>• Investment needed for future services with funding flexibility to respond to the growth</li> <li>• Service provision based on need or demand and not budget allocation</li> <li>• Be more agile and utilising resources efficiently</li> <li>• Addressing access issues for patients</li> </ul>
<b>Demands on services and reduced resources</b>	<ul style="list-style-type: none"> <li>• Having staff with skillsets to meet the demands</li> <li>• Population and demand – good policies and procedures about how Non-Admitted Patient services should operate. The Outpatient load is expendable.</li> <li>• Interface between primary and tertiary care – reduced presentations to ED as a result</li> </ul>
<b>Person-centered</b>	<ul style="list-style-type: none"> <li>• Moving from a transactional to a customer service and person-centered approach</li> <li>• Increase TYE within the LHD, and partner with external LHDs and MoH to leverage their experiences of success and ways of improving</li> <li>• Able to respond to the population need</li> <li>• Challenges in perception of staff by consumers and vice versa</li> <li>• Consumer involvement and development in services</li> <li>• Understanding impacts for consumers</li> <li>• Customer service model approach - need to embed customer services skills – complaints de-escalation, challenges how staff are perceived by consumers and the reverse of this.</li> </ul>
<b>Models of care</b>	<ul style="list-style-type: none"> <li>• Changes in model of care to meet demands</li> <li>• More efficient models, pooled waitlists, value-based care models</li> <li>• Diversified service delivery, focus on ED and hospital avoidance</li> <li>• An integrated end to end service delivery that flows people through acute settings to home and community-based care</li> <li>• Ability to provide the better service with better planning</li> <li>• Non admitted patient care - access issues for patients, long wait times</li> </ul>
<b>Risk management</b>	<ul style="list-style-type: none"> <li>• Addressing risk</li> <li>• Innovation versus risk averse system</li> </ul>
<b>Flexibility in systems and structures</b>	<ul style="list-style-type: none"> <li>• Use of MS teams to support flexible work and promote inter-district work</li> <li>• Be realistic and evolve services to ensure we are in sync with the market developments</li> <li>• Increase independence in seeking advice/information</li> <li>• Increase expectations for quick and accessible information</li> </ul>
<b>Workforce impacts</b>	<ul style="list-style-type: none"> <li>• Vacancies result in increased pressure to support others</li> <li>• People are fatigued</li> <li>• LHD issue and not an individual service-based one</li> <li>• Improved resourcing and workforce issues</li> <li>• Admin movement is significant</li> <li>• Workforce challenges impacting non-admitted patient services</li> </ul>

### 3. How should SWSLHD respond to the challenges/opportunities of getting the balance right?

Theme	Participant Response
<b>Innovation</b>	<ul style="list-style-type: none"> <li>• We need top level (exec) buy in to support innovation</li> <li>• Enable front line staff to design solutions</li> <li>• Consult staff in all position to support putting forward ideas</li> <li>• Look to our neighboring districts and adopt strategies and ideas that work within those districts, that could work in ours</li> <li>• Take on the challenges</li> <li>• Trial a range of approaches and allow some to fail.</li> <li>• Invest in projects/systems that will add value</li> </ul>
<b>Digital Technology</b>	<ul style="list-style-type: none"> <li>• Purchase and maintain technology to a high standard</li> <li>• Dashboard to monitor and report on relevant KPIs</li> <li>• Increase collaboration between areas, e.g. IT and clinical teams.</li> <li>• Looking at other ways of working with clients. More online appts if needed.</li> <li>• Develop systems that adequately capture activity</li> <li>• Implement an automated system or software that tracks and analyzes responses.</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• Being open minded and not blocking ideas without looking at the full picture</li> <li>• Ongoing conversations and involve all sectors</li> <li>• Actually, listen to the feedback and make considered changes</li> <li>• Listen to those within the LHD who are innovators</li> <li>• Don't allow assumptions on what staff want - let staff tell us</li> </ul>
<b>Collaboration</b>	<ul style="list-style-type: none"> <li>• Work more collaboratively to reduce silos and duplication of work</li> <li>• Silo approach leads to lack of visibility</li> <li>• Working to streamline services and their effectiveness</li> <li>• Utilising collaborative tools and communication platforms that enhance coordination among team members</li> </ul>
<b>Barriers</b>	<ul style="list-style-type: none"> <li>• Remove the red tape</li> <li>• Upskill the managers with the financial skills and accountability</li> </ul>
<b>Employment with a future view</b>	<ul style="list-style-type: none"> <li>• Make our District competitive, an employer of choice</li> <li>• Review and standardisation of position descriptions</li> <li>• Upskill existing staff, and support succession planning</li> <li>• Ensure that staff have the knowledge, skills and support to respond</li> <li>• Agile and flexible workforce strategies, we are in a more competitive market and not employer of choice</li> <li>• Significant feedback from employees coming from other LHD's that our workloads are not sustainable</li> <li>• Staff training and resources to support our work</li> </ul>
<b>Models of care and resource allocations</b>	<ul style="list-style-type: none"> <li>• Hybrid models of care, delete outdated models</li> <li>• Ability to provide the better service with right planning support</li> <li>• Equity in the resource distribution</li> <li>• Cart before the horse, developing service models after the funding.</li> <li>• Lack of planning support for service delivery</li> <li>• Service planning consultation</li> <li>• Equity in the resource distribution</li> <li>• Engaging the community, service planners and health analyst</li> <li>• Ensure non-clinical services are considered and incorporated</li> </ul>

<b>Support and development of staff</b>	<ul style="list-style-type: none"> <li>• Program management office function – diffused roles and lack of consistency across the district. No sharing of lessons learned.</li> <li>• Transparency of budget, openness and increased understanding</li> <li>• Inconsistency across disciplines and areas of work.</li> <li>• Governance</li> <li>• Sharing knowledge and not reinventing the wheel</li> <li>• Support/knowledge of new initiatives, various channels and approval processes, time consuming, traditional way of working, leanness of teams, tedious when trying to work within bureaucracy, roadblocking of projects</li> </ul>
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#### 4. What is an innovative approach you or your team could take to respond to the challenge/opportunity of getting the balance right?

Theme	Participant Response
<b>Technology</b>	<ul style="list-style-type: none"> <li>• Find technology and get support from IT to implement and support</li> <li>• Build applications that provide info to assist with clinical decision making and managing data reporting needs</li> <li>• Greater support to utilise the new ICT applications and programs to build efficiencies.</li> <li>• Apps are available and there is support to utilise them effectively</li> <li>• Allied Health are capturing quality rather than just activity for data collection</li> <li>• Focus on patient outcomes</li> </ul>
<b>Responsiveness and innovation</b>	<ul style="list-style-type: none"> <li>• Innovation fatigue, SWSLHD has not truly understood the community expectations for service delivery. We keep creating new services without consolidating the existing services to ensure services for patients</li> <li>• Be more agile</li> <li>• Be curious about innovation, rather than resistant</li> <li>• Accepting risk</li> <li>• Remove barriers from implementing ideas or testing them</li> <li>• Widen opportunities to learn by looking globally rather than focus on NSW Health or Australia</li> <li>• More directions from executive about the future vision, plans and directions</li> <li>• Upskilling and seeing the challenge as an opportunity to improve, e.g., new ways of working</li> <li>• Low socio-economic populations and health literacy can result in low agency</li> <li>• We need to get existing service delivery right before expansion, otherwise there are gaps</li> <li>• A consistent approach to project management</li> </ul>
<b>Sustainability of health care</b>	<ul style="list-style-type: none"> <li>• Cross skilling opportunities to ensure sustainability of operations</li> <li>• Utilise resources wisely (e.g. collaborate with uni students)</li> <li>• Active recruitment strategies- employer of choice, targeting new grads etc</li> </ul>
<b>Collaboration</b>	<ul style="list-style-type: none"> <li>• Work together rather than blocking ideas or opportunities out of fear or big emotions</li> <li>• Work with other districts</li> <li>• Business partnership models to collaborate across departments/business units within the organisation</li> <li>• To build mutual understanding among teams (nursing, allied health and finance)</li> <li>• Consistency / standardisation across the district with systems, expectations etc.</li> </ul>

<p><b>Amplifying voices and giving time</b></p>	<ul style="list-style-type: none"> <li>• Give time to listen to new ideas</li> <li>• Have time to develop ideas and opportunities, rather than quick fix or band aid approach</li> <li>• Remove fear from people to raise ideas who have been shot down in the past</li> </ul>
<p><b>Training, development and support</b></p>	<ul style="list-style-type: none"> <li>• Development of in-house learner led training and competency assessment programs</li> <li>• SWSLHD education team having designated positions that focus on education capacity building within departments</li> <li>• More new grads programs - Clinical, Corporate and Finance</li> <li>• Funding for improving staff health and wellbeing.</li> <li>• Project and program managers – training consistency, various opportunities</li> <li>• Upskilling someone within the team rather than bringing someone brand new from outside to maintain critical corporate knowledge</li> <li>• Large gaps in grading,</li> <li>• How do we do succession planning, cover leave etc. if the teams are so lean</li> </ul>