The Health Advocate

Your voice in healthcare

Towards a thriving healthcare workforce

High functioning teams

Supporting oral health in Timor Leste and the Western Pacific Region

Staff shortage and employee-centred rostering

Healthcare Workforce

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The official magazine of the Australian Healthcare and Hospitals Association

ISSUE 72 / August 2023

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ISSUE 72 / August 2023

KYLIE WOOLCOCK
Chief Executive
AHHA

Our health workforce

This issue of The Health Advocate focuses on our health workforce, highlighting initiatives and innovation in, and commentary on our health services that focus on supporting a sustainable workforce.

A strong and effective health workforce is essential to a functioning health system. However, workforce challenges continue to be one of the most critical issues limiting universal access to health care. The challenges are diverse, and not unique to Australia: workforce shortages, skill-mix imbalances, maldistribution, barriers to inter-professional collaboration, inefficient use of resources, poor working conditions, a skewed gender distribution, limited availability of health workforce data, persist, often within an ageing workforce.

A sustainable supply and appropriate skill-mix for the health workforce will require effective cooperation and governance across multiple sectors, including health, education, labour, trade, finance, gender and social welfare, as well as the engagement of the private sector, and across all levels of government — from the local to the national.

The benefits are not one-directional — for example, with the health sector a significant employer across a wide range of education and skill levels; a large employer of women, migrants and other minorities; and providing employment across a dispersed geography, health workforce initiatives can support broader aims around social development.

Reliable data and forecasting will be crucial. It must be timely and reliable, with planning tools that are place-based and context-specific. The evidence must be sufficiently granular that it extends beyond numbers and distribution of the workforce as it currently exists, and express supply and demand in terms of skill-mix and aims.

With the mid-term review of the National Health Reform Agreement currently underway, we advocate that there be a requirement for intersectoral collaboration. This will require political leadership from the top to set the agenda and will be essential to developing and strengthening the health and care workforce that can support the health care Australians need into the future. ha

Cassandra Judith Frances Bennett

3/6/1980 – 27/5/2023

This past May, Cassandra Bennett passed away. Cass was the independent member on the AHHA Audit, Finance and Risk Committee and the consumer representative on the Australian Centre for Value Based Health Care Advisory Group. Her obituary is a reminder of us just how much consumer representatives give of themselves when they devote themselves to driving a better health care experience for all. We look to honour the contribution of Cass, and all consumer representatives, in holding the Cassandra Bennett Memorial lecture at the upcoming VBHC Congress 2023. *– Kylie Woolcock, AHHA CEO*

>

When Cassandra Bennett received a brain cancer diagnosis in 2018, she was a wife and mother of two young children, pursuing a successful corporate career as an accountant. The challenges of surgery and chemotherapy were met with the same drive with which Cass had achieved success as a young Australian on a rowing scholarship at Northeastern University (US) and in her busy professional life.

However, the 'uninvited squatter' as Cass described her tumour and her treatment eventually led her to accept her new role of 'patient'. Like all the roles she had previously taken up, this was a new challenge and one for which she will be long remembered and honoured.

Initially Cass, together with her family and friends, actively engaged in fundraising events to support brain cancer research. This included participating in the Walk4Cancer, running the City2Surf in Sydney and the Point to Pinnacle in Hobart to raise money for Carrie Bickmore's Beanies for Brain Cancer. In July 2022, Cass completed the Mark Hughes Foundation's Big Three Trek with a 150 kilometre walk from Sydney to Newcastle, notwithstanding compromised mobility and balance as a result of radiation treatment.

Raising funds was purposeful, and Cass acknowledged that investment in research would ultimately improve the prognosis for brain cancer patients. However, she was keen to help people living with the disease and their families in a more direct way, without diverting funds from research.

With the help of her friend Ana Toth and advice and guidance from Care2Cure on the medical content, Cass developed *The Survivorship Diary*, a resource to help patients and their families manage their various stages of treatment and care. Family rallied to ensure there was generous funding available to support Cass's mission. The diary provides a short summary of the various stages of treatment, questions to ask the medical team, checklists for finance and insurance details, and special pockets to hold prescriptions, referrals and imaging orders.

Drawing on Cass's own experience that there was still a life to be lived, a family to be loved, children to be raised and a community to be part of, *The Survivorship Diary* is both a practical tool and a guide to navigating a new and different future.

In an article Cass contributed to Brain Tumour Alliance Australia's magazine, she noted that 'the challenge of managing the diagnosis is more than just treatments and therapies. It is about finding a way to live a life that is directed both because of the disease, and in spite of it'.

Launched at Parliament House in May 2021 by The Brain Cancer Group, for whom Cass was an Ambassador, *The Survivorship Diary* is available free of charge through patient organisations including The Brain Cancer Group, Care2Cure, Peace of Mind, and online at www.survivorshipdiary.com

In addition to her work in developing The Survivorship Diary, Cass also contributed to brain cancer research as a consumer representative on the board of the Cooperative Trials Group

"At her funeral in Canberra on 6 June, there were many accolades from family and friends, the clinicians who had supported her care during her illness, and the not-for-profit organisations to whom she contributed her time and experience so generously."

for Neuro-Oncology (COGNO) as a member of their Consumer Advisory Panel. In this role, she reviewed research protocols to ensure they addressed issues which matter to people living with brain cancer, and attended Annual Scientific meetings.

Associate Professor Eng Siew Koh, Chair of COGNO, said of Cassandra: 'She made such a significant impact and positive contribution to the brain cancer community, both locally, nationally and beyond. She was an absolute shining light, her courage and determination being so evident even in the face of her own brain cancer journey.'

Cass reviewed palliative care trials for the Cancer Symptom Trials Group, and was a supporter of the University of Canberra's Cancer Wellness Centre. She wrote a foreword for Associate Professor Melanie Lovell et al's *Cancer Pain Book* and spoke at its launch, acknowledging that 'learning to manage (pain) in a nuanced and personalised way can benefit both people with cancer pain and their families'.

Cass contributed her professional accounting skills as a member of the Australian Healthcare and Hospital Association (AHHA) Audit, Finance and Risk Committee, and was a consumer representative on the advisory group of the Australian Centre for Value-Based Health Care. In that role, her contribution was described by AHHA Chief Executive Kylie Woolcock as being 'so important in centring the conversations of health system leaders on the realities experienced by people interacting with the health system and what matters during their care'.

Cass's many contributions as a community leader, activist and volunteer were celebrated when she was a finalist in Lifeline ACT's 2022 Women of Spirit awards. At her funeral in Canberra on 6 June, there were many accolades from family and friends, the clinicians who had supported her care during her illness, and the not-for-profit organisations to whom she contributed her time and experience so generously.

Cass was a devoted mother to her sons, James and Julian, and volunteered until the last few months of her life with the Marist College junior cricket team and in the canteen at Chapman Primary School. She rejoiced in the love and support of her husband Daniel who was by her side throughout her treatment and her many fund-raising activities and adventures.

Cassandra Bennett is sadly missed by her husband, Daniel, sons James and Julian, parents Judy Taylor and Lawson Brown, sister Julia Pooley, her extended family, and many friends and colleagues. ha

AHHA in the news

28 APRIL 2023

Commitment of National Cabinet critical in health reform

First Ministers affirming their commitment to health as a priority at a meeting of National Cabinet held in April, is critical in ensuring a person-centred and sustainable healthcare system.

'The early announcement of a $2.2 billion package in the 2023 federal budget measures to address immediate challenges in primary care is welcomed,' said AHHA Chief Executive Kylie Woolcock.

'The need for integrated, team-based models of care has been promoted for decades, yet effectively operationalising them at scale has continued to elude our system.

'Sector-wide attention is needed across a broad range of areas to enable team-based care. The measures that have been announced reflect some of the important enablers — commitment to our workforce working at top of scope, funding models that incentivise value over volume, and investments in digital health.' ha

10 MAY 2023

Budget to help establish a learning health system

AHHA welcomed announcements in the Federal Budget that supports the development of our health system as a learning health system, driving improved outcomes for Australians.

Learning Health Systems (LHS) allow for best practices to be embedded in the care process; support patients, families and carers to be active participants in their care; and capture new knowledge as an integral by-product of the care experience.

'This Budget shows that the Federal Government is committed to investing in some of the critical enablers to make this happen,' says AHHA Chief Executive Kylie Woolcock. ha

HAVE YOUR SAY...

We would like to hear your opinion on these or any other healthcare issues.
Send your comments and article pitches to our media inbox: communications@ahha.asn.au

10 MAY 2023

Budget on track to improve access to primary care

The Australian Healthcare and Hospitals Association (AHHA) welcomes the Federal Government's actions to improve access to primary care in the 2023-24 budget.

'Last night's budget announcement had a particular focus on improving primary care access for our underserved and vulnerable populations,' said AHHA Chief Executive Kylie Woolcock after the budget was released.

'This includes funding to address the decline in GP bulk billing of people on low incomes, improving access to after-hours care and programs to support people experiencing homelessness, as well as funding to establish a Primary Health Network (PHN) Multicultural Access program, to help support multicultural communities in accessing primary care. ha

1 JUNE 2023

Deeble Fellowship to examine voluntary patient registration reforms and equitable access to care

The Australian Healthcare and Hospitals Association (AHHA) has awarded the 2023 Deeble Institute Fellowship to Associate Professor Reema Harrison, Lead Healthcare Engagement and Workplace Behaviour, Australian Institute of Health Innovation, Macquarie University.

Named in honour of Professor John Deeble AO (1931-2018), health economist, co-architect of Medicare, founding director of the Australian Institute of Health and Welfare, and namesake of the Deeble Institute for Health Policy Research (AHHA); the Fellowship has been awarded to an outstanding mid-career researcher whose research commitment reflects Professor Deeble's legacy of universal healthcare through affordable, quality healthcare for all.

'Associate Professor Harrison is a worthy recipient of the Deeble Institute Fellowship 2023, recognising her commitment to engaging diverse populations in research in order to improve equitable access to health services and outcomes', says Chief Executive AHHA Kylie Woolcock.

Reema is a well-respected leader in health systems and policy research, designing and publishing instruments to assess clinician and patient experiences of health care for government and scientific communities. ha

ahha australian healthcare & hospitals association

Australian Centre for Value-Based Health Care

VBHC CONGRESS 2023

Join us for AHHA's 2nd Value-Based Health Care (VBHC) Congress!

This VBHC Congress will bring together leaders from across the health system - clinician leaders, executives, senior managers, consumers, policy makers and researchers to showcase and share experiences.

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A/PROFESSOR KATE HUGGINS
Deakin University, Geelong
Institute for Health Transformation

FRANCIS CLAESSENS
Research Officer
The Australian Healthcare and Hospitals Association

Towards a thriving **healthcare workforce**

The full impact of the COVID-19 pandemic on healthcare worker wellbeing will not be realised for some time as the negative impacts are sustained. We should, however, act now to invest in ways to repair and protect wellbeing of healthcare workers by making work safe and sustainable.

Supporting and protecting healthcare workers' safety and wellbeing is linked to provision of high quality, safe and sustainable healthcare. A shift in culture across the healthcare system to place promoting and protecting healthcare worker wellbeing as one of the core components of an effective and safe healthcare system is needed.

In their Perspectives Health Policy Brief from the Deeble Institute for Health Policy Research; *Towards a thriving healthcare workforce*, Associate Professor Kate Huggins and colleagues from the Institute for Health Transformation, Deakin University explored enabling policies to support the cultural change needed.

The relationship between wellbeing and work

Protecting healthcare worker wellbeing is a priority for attracting and retaining the healthcare worker workforce. Employers have an obligation to provide work that is both physically and psychologically safe and therefore need to minimise work-related modifiable determinants of worker wellbeing to the extent feasible.

Although employee's wellbeing will differ due to both intrinsic factors and personal factors;

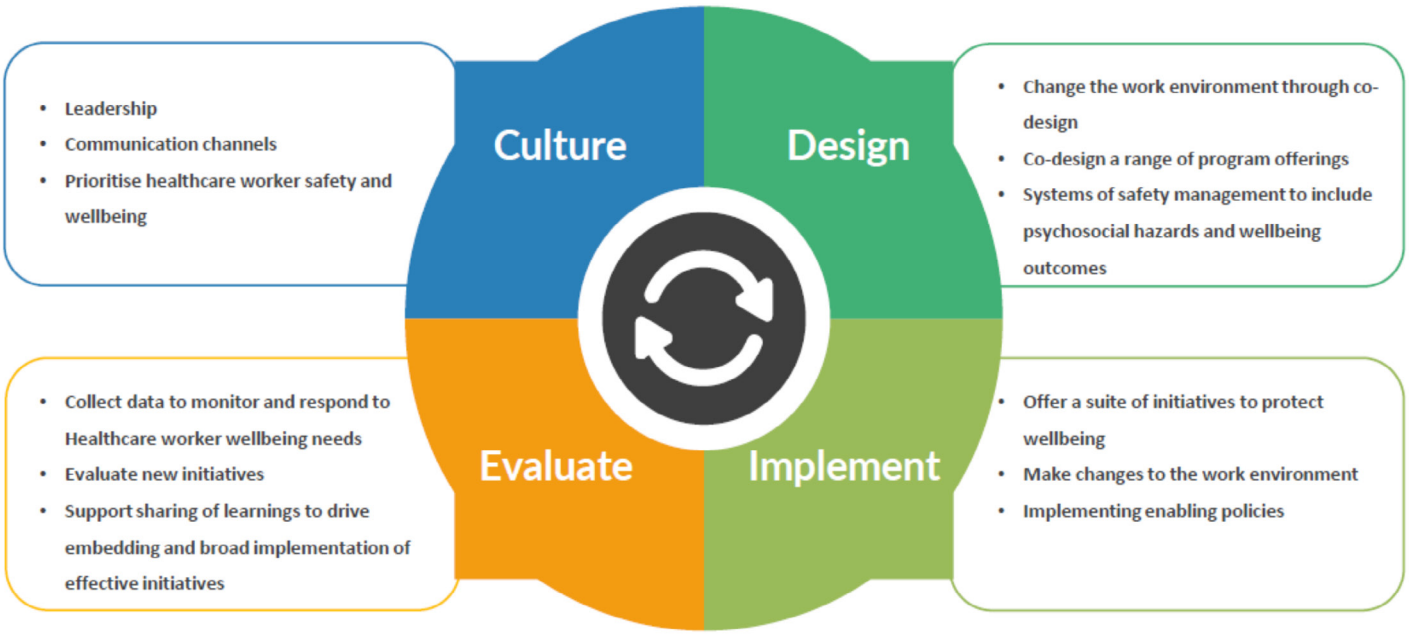

Figure 1:Potential health services actions in a programmatic approach to wellbeing at work

job satisfaction and contentment at work also strongly impact on wellbeing. For nurses, job satisfaction is the one most important factor that keeps them motivated and therefore retained in the workforce. Job satisfaction is substantially influenced by a range of factors and the work environment.

A programmatic approach to wellbeing at work

Best practices for protecting and promoting worker health and wellbeing take an integrated planned approach. A programmatic approach to promoting and protecting healthcare worker wellbeing needs to span workplace culture, environment, structures and processes.

The success of this approach is hinged on robust regular data collection and reporting, to drive design implementation of effective initiatives and strategies to protect healthcare worker wellbeing and to create a learning cycle and improvement culture for health and safety (Figure 1).

To achieve this, support is needed from all healthcare system stakeholders including government, health service organisations, healthcare workers, and the community. Drawing on systems thinking methods is one way to co-develop solutions.

Applying systems mapping approaches enables inclusion of key stakeholders to be part of characterising the state of current policy and >

“The healthcare system is a shared responsibility between the federal and state governments. Both governments and health service providers have a duty of care towards healthcare workers’ health and safety at work, which includes, to the extent feasible, creating a psychologically safe workplace.”

practice and to identify gaps and potential solutions, similar to what’s been done to understand protecting against work-related violence.

Taking action

Failure to protect healthcare worker wellbeing will lead to an unsustainable workforce that will have wider implications for the quality and sustainability of all service offerings within the health services.

The healthcare system is a shared responsibility between the federal and state governments. Both governments and health service providers have a duty of care towards healthcare workers’ health and safety at work, which includes, to the extent feasible, creating a psychologically safe workplace.

A wholistic strategy is needed to initiate cultural change in healthcare systems and enable the development of a programmatic approach to healthcare worker wellbeing. Huggins and colleagues identified key actions government and service providers could take to support change:

- Policy development to drive cultural change to prioritise psychologically safe work environments.
- Establish mechanisms for routine, ongoing collection of standardised measures of healthcare workforce wellbeing.
- Perform regular gap and risk analyses to enable context specific capability building informed by real time data on workforce demand and gaps in competencies, positions and employees.
- Co-design strategies recognising the systemic nature of the known modifiable job-related drivers of lowering wellbeing to reduce adverse health and organisational outcomes such as burnout, depression, anxiety and absenteeism.
- Establish a clearinghouse of data, information, tools and resources for health service leaders, supporting implementation, monitoring and evaluation of initiatives to promote and protect wellbeing. ha

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Population Health Advisor,
Dental Health Services Victoria

CHUN HAN
Project Coordinator of Clinical Leadership,
Dental Health Services Victoria

DR MARTIN HALL
Chief Oral Health Officer,
Dental Health Services Victoria

Oral health promotion in action at one of the local primary schools in the Bobonaro district

Supporting oral health in Timor Leste and the Western Pacific Region

Dental Health Services Victoria partners with Timor Leste and the Western Pacific Region to support good oral health

R to L: Dr Martin Hall, Chief Oral Health Officer, Dr Hana Sekiguchi with Ana Tilman at Daisoli primary school, Alieu district

For over six years Dental Health Services Victoria (DHSV), Victoria's lead public oral health agency, has been building international partnerships to promote oral health in the region. This work has extended from Timor Leste to the Western Pacific including Fiji, Tonga and the Solomon Islands. DHSV is deeply committed to supporting these countries to build local capacity, while also taking the opportunity to learn from the experiences and local expertise of partners. These collaborative efforts are driving progress towards the vision of the World Health Organisation's Global Strategy on Oral Health for all individuals and communities to *'enjoy the highest attainable state of oral health… contributing to healthy and productive lives.'*

Oral Health Promotion and Local Capacity Building in Timor Leste

There is a very high prevalence and severity of dental caries (tooth decay) among children in Timor-Leste. In the Alieu district, about two-thirds (64%) of children have dental caries in their deciduous (baby) teeth, and over half (53%) of children have dental caries in their permanent (adult) teeth.[1]

The Kose Nehan project aims to improve the oral health of children so that fewer suffer from toothache, more attend school and better educational outcomes are possible. The project brings together local dental staff from the Aileu District and volunteers from Victorian public

dental services to teach local school kids about brushing their teeth, deliver a supervised school toothbrushing program and build capacity of local teaching staff. In 2016, support from the Borrow Foundation enabled Kose Nehan to reach six primary schools. Ms Anna Tillman, a locally trained dental nurse (the equivalent to a registered oral health therapist in Australia), was engaged to coordinate the project, conduct primary school visits, deliver education sessions to school teachers and provide technical support. The school visits also involved collecting data to evaluate the project and guide its future.

The project grant also supported a cultural exchange and further education for Ms Tillman. Ms Tillman's expertise has subsequently supported other Timor-Leste dental programs including Friends of Maubisse, Friends of Baucau, Timor Dental Program, Klibur Domin, and the Balibó Dental Program.

The Balibó Dental Program, which also supports Kose Nehan, involves the operation of a dental clinic in the Bobonaro district. The clinic was officially opened on 24 August 2016 by President José Ramos-Horta.

The Balibó Dental Clinic is led by the Balibó House Trust and is financially supported by Victorian Rotary Clubs, the Victorian Department of Health, Peter and Ruth McMullin and Ellerston Capital. DHSV provides technical and subject matter expertise and has donated and supported the fit out of the dental clinic.

Partnerships in the Western Pacific Region

In 2023, DHSV established the Colin Riley Scholarship to enable Victorian public oral health professionals, including dentists, oral health therapists, oral health educators and dental assistants, to participate in clinical placements and support training in the Western Pacific region. The scholarship is in honour of a beloved former DHSV dentist, Dr Colin Riley, who devoted his career to improving public oral health.

In its inaugural year, the capacity-building scholarship program sponsors two oral health professionals to travel to the Solomon Islands and another two to Tonga for two weeks to partner with local oral health providers to improve oral health outcomes for the local communities.

As part of the scholarship program, three former DHSV dental vans were donated to Fiji, Tonga and the Solomon Islands in the names of Colin's three beloved daughters: Ella, Nicola and Fiona.

DHSV looks forward to continue and strengthen relationships with our international partners in the Western Pacific region. ha

'Australia has so much to offer our neighbours in the way of resources, expertise, equipment and materials however it is the collaboration with colleagues and community in these countries which is just as important. Sharing ideas and experiences reinforces that we can achieve so much more working together than apart. In the end it is about improving the lives and oral health of the community. This is why prevention and health literacy are so important.'

— Adjunct Professor Martin Hall
DHSV is Victoria's lead agency for state-wide public dental services

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Staff shortage and **employee-centred rostering**

Employee-centred rostering: a vehicle to retain nurses and midwives in the workforce

Staff shortage is one of the greatest challenges in our health systems. Australian health services are currently concerned about an exodus of experienced nurses and midwives due to deteriorating wellbeing and stressful working conditions. Supporting and protecting the work-related wellbeing of nurses and midwives is critical to health service capability, patient outcomes and safety, and ensuring a thriving workforce.

Healthcare staff have been reported to view their employers with increased loyalty and shown greater productivity when offered employee-initiated flexible working conditions with work-life policies and practices in place that support a greater work-life balance.[1] This has resulted in improved job satisfaction, higher retention rates of staff, and less absenteeism within the workforce.[1] Nurses and midwives have identified the need for improved working conditions, and evidence suggests that more flexible working/shift patterns and self-rostering/scheduling systems can improve nurses' and midwives' work-life balance, health and wellbeing, job satisfaction and retention.[2]

A 2021 discussion paper about strengthening roster guidelines highlights that nurses and midwives are not granted flexible working conditions and feel they lose control within their profession and are not supported adequately by their employers. Chronic workload stress, and feelings of powerlessness to control one's work-life balance through inflexible rostering practices, is resulting in many nurses and midwives leaving the hospital system and seeking jobs elsewhere. This excessive turnover may lead to reduced quality of patient care and can be costly for health services.[3]

Rostering is a leading concern for nurses and midwives, and it impacts the ability to maintain ratios, staff wellbeing and retention. Current rostering practices are based on historical customs and practices that may no longer meet the needs

ADJUNCT PROFESSOR SHANE CROWE
Executive Director of Nursing and Midwifery, Western Health, Melbourne, Victoria

PROFESSOR BODIL RASMUSSEN
Western Health Partnership, Melbourne, Victoria

“The nurses and midwives in the involved health services will be invited to participate in a survey asking questions related to roster preferences, working times, shift schedules, work-life balance and job satisfaction.”

of nurses, midwives, and health services. Rostering is an important process to enable efficient, effective and safe delivery of healthcare. However, shift work is well known to be associated with several negative health outcomes for nurses and midwives, including burnout, fatigue, obesity as well as social isolation, mental distress and sleep disorders. As well as the negative health-related outcomes, shift work may also influence nurses’ and midwives’ career-related decisions, including their turnover intentions. Turnover intentions tend to be higher among nurses and midwives who are less satisfied with their jobs, experience conflict managing their paid work and family responsibilities, work night shifts, rotating shifts, and work night shifts but would prefer daytime work.

An innovative Rostering Project in nursing and midwifery is being undertaken by Safer Care Victoria (SCV) with two metropolitan health services (Western Health and The Royal Melbourne) and one regional service (Echuca Regional Health) in collaboration with the Australian Nursing and Midwifery Federation (ANMF) Victorian Branch. The project aims to develop rostering principles that meet the needs of the employees and employers by exploring nurses’ and midwives’ experiences, perceptions of and satisfaction with the current rostering guidelines. By identifying nurses’ and midwives’ rostering preferences as well as absenteeism, turnover, overtime rates and incident reports, acceptable and feasible rostering guidelines will be developed.

The nurses and midwives in the involved health services will be invited to participate in a survey asking questions related to roster preferences, working times, shift schedules, work-life balance and job satisfaction. Based on those findings, focus groups will be facilitated across facilities, and finally, all results about nurses’ and midwives’ >

preferences for roster guidelines, will be presented and feedback obtained in co-designed groups with key stakeholders.

Intended Benefits

The intent of the Rostering Project is to integrate our findings in creating a set of guidelines that will support more employee-centred rostering. The project reflects responsiveness towards flexible working arrangements, supports the individual's work, family and social situations and will help to shape workforce reforms by meeting nurses' and midwives' needs and desires. The co-designed rostering guidelines are likely to contribute to improved staff satisfaction, retention and reduced absenteeism, overtime and agency costs.

The Rostering Project promises a significant opportunity to tap into an underutilised nursing and midwifery workforce, increase workforce availability and improve retention. The strong collaboration between the Department of Health, three health services and the Australian Nursing and Midwifery Federation (ANMF) Victorian Branch, provides a strong platform for a broader implementation of flexible rostering guidelines to match the current needs of both nurses, midwives, and health services. ha

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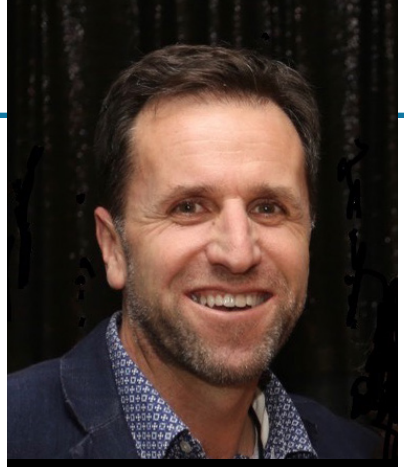
PROFESSOR SABE SABESAN
Clinical Director, Australian Teletrial Program, Queensland Health & President-Elect Clinical Oncology Society of Australia



A/PROFESSOR LYNDEN ROBERTS, MBBS PhD FRACP
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High functioning teams

Perspective on a formal strategy to create an empowered and mentally healthy workforce in contemporary Australia

Workforce engagement as an ongoing priority

Workforce engagement has been a major focus of health systems since an engaged workforce is productive, empowered, produces discretionary energy and is mentally well. At a system level, strategic plans for workforce engagement have been developed over the years without evidence of real changes in engagement, as reflected in many workforce surveys. Unfortunately, engagement has often been interpreted as engagement with the management layers rather than engagement with work and work environment.

At a system level, structural examples of clinician engagement include clinical senate, councils, and networks that mainly involve the top layers of the system; but members are largely selected by executive and middle managers to fit within their 'echo chambers'. The effectiveness of frontline voices would then depend on the culture of the organisation and the leadership capabilities of line managers without oversight at system level.

Need for building and maintaining formal teams

Most health systems have been investing significant amount of taxpayer funds in leadership development programs, that focus on individual abilities and assume that improving individual leadership skills alone may improve the culture. However, a review by Faculty of Medical Leadership and management of the King's Fund in 2015, found that there is little robust evidence for the

> **"A collection of individuals gathering around a 'scapegoat' without a team framework is not a team."**

effectiveness of specific leadership development programs. If we simply apply the diffusion of innovation curve, it is unlikely that we will see more than 20-30% leaders who are innovators or early adopters. Most of the leaders will fall under the 70-80% combined category of early majority, late majority and laggers. Do we then take a chance and allow one or few people to set the vision for others? Rather, we should draw on the concept that everyone is an 'incomplete leader' and needs a team to be complete. The King's Fund review also found that teamwork was an important contributor to heath care quality. To create and maintain teams, we need formal governance framework for team-based approaches. Without formal governance for teams, the word team as a philosophy is interpreted variably depending on the ability of line managers.

Governance frameworks for team-based approaches

How do we set up governance framework for teams within health systems? A hierarchical and autocratic business approach to teams doesn't address the needs of the multidisciplinary nature of health practice and management and fails to reflect contemporary workplaces that has diverse ethnic groups, gender, physical abilities, sexual preferences, and age groups due to increase in retirement age. Additionally, unlike other industries, clinicians who are experts in care delivery are at the bottom of the layers. There are many frameworks available; and regardless of the framework, requirements for team functioning must be built into corporate and HR governance systems for embedding, monitoring, and maintaining.

Lencioni has described High Functioning Teams (HFTs) as a group of individuals who come together around a common goal, though his description hasn't accounted for contemporary cosmopolitan workplaces in democratic societies. Lencioni pays attention to collective results by taking accountability and commitment underpinned by trust and constructive conflict. If we need a complete team, since everyone is an incomplete leader, then health LEADS outlines qualities for individual members within teams.

Purpose alignment is crucial for team members and typically the purpose of the organisation is set out by strategic plans. Workplans and agenda items are then reflective of items on strategic plans. We live in democratic societies and if the system operates as an autocratic machinery, this contradiction between societal expectation and workplace behaviours or hypocrisy is going to cause moral injury, disengagement and burn-out. Autocracy within systems can be minimised >

COMPONENTS OF A HIGH FUNCTIONING TEAM

Purpose of the team
Purpose of the teams would reflect or align with organisational purpose and strategic direction.

Items listed on the strategic plan will guide the team activities and meeting agendas. For example, if closing the gap is a key purpose, this will be on the agenda item of all teams across the layers, and committees.

Membership
Breadth of membership is required to ensure capacity to deliver on the purpose of the team. This requires consumer participation, specific multi-disciplinary, inter-departmental contributions and should consider potential for succession. To address health equity, diversity and inclusion, consideration must be given to ensuring diversity in gender, ethnicity, geography, physical abilities, age, expertise and thought processes and other emerging diversity and inclusion areas.

Roles and responsibilities
Portfolio responsibilities are assigned as per the need of the team to achieve the strategic purpose of the organisation since one person cannot be a champion for all the items on the strategic plans.

Decision making
Decisions are taken through consensus and democratic principles as the standard. Solutions and actions should be developed through a co-design/partnership methodology wherever possible. The concept of 'Co-design' is often a misused term in that most programs are not designed by the experts; rather by management consultants with superficial involvement of staff nominated by the senior management teams. True co-design is where the experts holding multiple perspectives sit together and develop solutions for a well-defined important problem. These experts are selected their expertise and track records rather than their roles alone.

Interprofessional and personal relationships, processes, policies, resource allocation and actions
These are guided by values of the organisation. For example, Compassion is shown by cutting down red tape and filling vacancies in a timely manner. Respect is by responding to emails in a timely manner and closing communication loops. Policies and processes could be co-designed by experts from all layers and consumers.

Team capability, and capability development
This involves several team building initiatives including team coaching and individual development.

Team performance and measuring success
Success of the team can be measured by focusing on team morale and wellness and addressing the agenda items that reflect the strategic purpose of the organisation, rather than purely focussing on number based KPIs. This also offers an opportunity to involve junior members and trainee workforce as part of quality improvement of team performance.

by adopting consensus and democratic decision making and co-design approach to problem solving. Organisational values, usually viewed as lip-service, are crucial to guide the teams' actions, performance, decisions, processes, resource allocation and interprofessional interactions. Values of the organisation do not simply refer to day to day human interactions such as 'Are you ok? How was your weekend?'.

There needs to be a paradigm shift in performance management and capacity building too, since they must focus on teams rather than individuals. Conceivably, team approaches can enhance strengths and compensate for weaknesses of individuals. However, this is not a substitute to true performance management when poor performance is observed. When HFTs are operational at all layers within health systems, we will be able to achieve a values and purpose aligned organisation that also is a high performing organisation.

Components of a High Functioning Team

Guided by modern leadership and management principles discussed above and real-life experience designing and implementing transformational programs, we propose the components listed in the box that could form the foundation for high performing health management and clinical teams

Implementation at system level

Introducing a HFT framework across organisations provides a formal approach to align the whole organisational layers and committees with its purpose and values. The teams will continue to have the flexibility to decide on their actions and priorities under the common framework.

Following strategic actions could be the next steps:

1. HFT framework and need for application of the framework to build and maintain teams are incorporated into corporate and human resource governance. This applies to teams within all layers of the system, committees and working groups.
2. Following points needs to be clarified and agreed through consensus:
   - What is the right number and type of teams and committees to achieve the strategic purpose?
   - What are the goals/purpose of each team and how they work?
   - Can the current committees, teams or working groups be rationalized?
   - How much delegation is given to the teams to be self-reliant?
   - How would teams from each layer communicate up and down and how the decision
   - loops are closed
   - What is the nature of clinical representation and consumers within management teams at all layers?
3. Implementation plan developed through partnership and co-design with line managers and clinical and non-clinical workforce. ha

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PROFESSOR JEFFREY BRAITHWAITE
Australian Institute of Health Innovation, Macquarie University

Invigorating general practice through continuous learning and improvement

Researchers show how a learning health system approach brings innovation

GPs are under increasing pressure. The need for innovation is urgent.

More than 21 million people visit the GP in Australia at least once per year, and an increasing number of these are presenting with chronic or complex health issues. The GP workforce however is shrinking with more than 40% of doctors aged over 55 and increasingly fewer medical graduates choosing to specialise in general practice. GP burnout is also a known issue, exacerbated by experiences during the COVID-19 pandemic.

Researchers at the Australian Institute of Health Innovation, led by Professor Jeffrey Braithwaite, have explored the strategy of applying a learning health system concept to invigorate general practice. This highly practical approach aims to ensure research and data are used routinely in clinics to create a patient centred environment and facilitate continuous improvement. This grassroots approach does not rely on slow moving policy changes or funding decisions at higher levels — state and federal health departments, or primary health systems — rather, a willingness of clinicians and practice staff to adopt a more nimble, continuous improvement mindset. Importantly, implementation can be tailored to suit the environment and conditions of each general practice.

What are the key attributes of a learning health system? It is the combination of science, informatics, culture, and incentives to produce high quality care and continuous improvement and

innovation. Simply, it is about giving clinicians and practice staff the high-quality, relevant, and timely data and information they need to make informed and patient centred decisions — within a feedback loop facilitating learning from experience and outcome in order to improve.

The research team evaluated the operation of a learning health system approach in a university-based general practice around five themes:

- Real time access to knowledge
- Engaged, empowered patients
- Incentives aligned for value and full transparency
- Leadership instilled culture of learning
- Established structures and governance for learning

Real time access to knowledge

Through the use of information communication technology, a learning health system aims to provide real time access to the best available clinical evidence to support decision making. This could be via journal subscription services or through Primary Health Network provided access to HealthPathways, an online primary care support tool. Digital platforms (including electronic health records and disease registries) can be used for the real time capture of the care experience. For example, CAT4 is a clinical audit tool that gives practitioners an overview of their patient cohort and a comparison with other practices in the same geographic location. Outputs from these types of systems can be used to create a near real time continuous feedback and learning loop that is used by the practice to review outcomes and improve procedures.

Engaged, empowered patients

Patients, families, and care givers are all welcomed into the patient-centred system as partners. Through the transparent sharing of information, patients and their families or care givers can have access to information including pathology results or correspondence with specialists involved in their care. Costs are fully transparent and explained. Health literacy can be addressed to ensure patients are not only well informed, but also able to better understand the implications of a diagnosis or treatment choice.

Incentives aligned for value and full transparency

The learning general practice will have policies to actively encourage the ongoing evaluation of care in order to improve processes. Genuine feedback is sought from patients using tools such as the Practice Accreditation and Improvement Survey, >

"In a fully formed learning health system model, policies, governance and regulations are aligned within a general practice to facilitate research, collaboration and learning. "

a quality improvement tool recommended by the Royal Australian College of General Practitioners.

High value care is in the spotlight and the avoidance of wasteful practices — such as unnecessary tests — is emphasised. In a striking example of where this approach is key to avoiding low value care, research has shown that GPs in Australia order 30 times more tests for low vitamin D (25OHD <50nmol/L) in children than they did in 2003, without a corresponding increase in the number of cases detected. Of those children diagnosed with low vitamin D or a deficiency in Vitamin D, only a small proportion are followed up for further testing as Global Consensus Guidelines recommend. In a learning health system, this type of inefficiency is identified early and addressed, reducing the cost on the health system and ensuring more appropriate care for children.

Leadership instilled culture of learning

From the top down, a general practice embracing a learning health system approach values ongoing reflection, alertness to new information and skill building — both for clinical and administrative staff. At the simplest level, this could be a regular newsletter for practice staff outlining new policies or amendments, changes to health system guidelines, feedback from patients and supported education opportunities.

Established structures and governance for learning

In a fully formed learning health system model, policies, governance and regulations are aligned within a general practice to facilitate research, collaboration and learning. For instance, time is set aside for these endeavours and contributions are recognised. Even without formalised structures, a learning general practice will encourage knowledge acquisition and use, and stimulate an improvement approach, fed by good quality timely data from monitoring systems, clinical databases and stakeholder and consumer feedback.

The opportunity

The learning health system is a concept that is gaining traction and increasingly being sought out for hospital systems around the world. Better performing General Practices are ahead of the curve and already embracing many of these initiatives, but for others, progress has been slower or more piecemeal. Less is known about the adoption of learning health system principles and practices in general practice, however the research led by Professor Braithwaite's team at the Australian Institute of Health Innovation demonstrates not only the potential to improve outcomes for patients, but a valuable realignment for general practice thinking with potential to invigorate individuals and teams. ha

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ELDAC is funded by the Australian Government Department of Health

Steps on the path to financial wellbeing

A higher cost of living has increased financial hardship for more Australians. We look at why this has happened, and actions you can take to help ease money worries.

For many Australians, life is tougher in a post-COVID world. Since 2020, interest rates, mortgages and inflation have risen fast but real wages have gone down[1]. Despite the lowest unemployment rate in a generation, higher living costs are affecting living standards.

A challenging economic climate has seen more people experience severe or moderate financial stress, while the number of people who are financially secure has dropped. A 2022 AMP financial wellness report[2] showed that women and those working part-time are facing more severe or moderate financial stress at 27% and 26%, respectively. This was an 8% increase since 2020 for both groups.

Financial wellbeing and money attitudes

When a person can meet expenses and has some money left over, is in control of their finances, and feels financially secure, now and in the future, they have a feeling of 'financial wellbeing'.

Positive financial wellbeing can help us manage financial stress and be more resilient if we're facing financial stress.

On the path to financial wellbeing

In the current economic climate, it can be hard to feel in control of your finances. The key is to take small, achievable steps to help get (or keep) you on the path to financial wellbeing.

- Recognise financial 'red flags' — these may include getting behind on your mortgage repayments and paying bills late or not paying them.
- Be financially honest — it's important to be honest with yourself if you're under financial stress. Get empowered and educated to help you make better financial decisions.

Our online education tools and resources can help. Check out Super questions answered and watch our online webinars. You can also access our online learning.

- Plan and budget — a clear budget and financial plan can help you restructure spending, manage debt, and change spending habits. Check how much you're spending and work out where your money is going with ASIC's MoneySmart Budget Planner. Try the Budget Planner.
- Get sound advice — getting sound money advice is a vital step. Professional, experienced advice tailored for your situation can help provide a more secure financial future. Find out more.
- Look for quick wins — simple steps like combining old super accounts can help you feel more in control and keep your money on track now, and into the future.

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Northern Queensland Primary Health Network (NQPHN)

New GPs and allied health professionals relocate to **North Queensland to help ease workforce shortages**

"Workforce is a national conversation, but across our NQPHN catchment area we are working on a variety of local solutions to attract health care professionals."

Robin Whyte, Chief Executive Officer, Northern Queensland Primary Health Network

Twelve health professionals — including three general practitioners (GPs) and nine allied health professionals — now call North Queensland home after receiving a relocation grant funded by Northern Queensland Primary Health Network (NQPHN).

Tully Medical Centre Resident Medical Officer Dr Baylie Fletcher is one of those new faces.

'Working in this position has been incredible, and I intend to stay in Tully for as long as I can,' she said.

NQPHN Chief Executive Officer Robin Whyte said a solution was needed and NQPHN was working to help address the shortage of GPs and allied health professionals in North Queensland's rural and remote communities.

'Workforce is a national conversation, but across our NQPHN catchment area we are working on a variety of local solutions to attract health care professionals,' Ms Whyte said.

'We recognise the workforce shortage is a growing crisis with widespread impact on our communities, and we know general practices and providers are having difficulty recruiting and retaining GPs and primary care staff.

'Our priority is to build our North Queensland primary care workforce capacity and capability to address workforce shortages.'

Dr Baylie Fletcher outside Tully Medical Centre

Relocation funding for primary care professionals

For the past three years, NQPHN, in partnership with Health Workforce QLD, has funded relocation packages to address allied health professional shortages.

NQPHN recently extended its relocation packages to all primary care professionals in northern Queensland with up to $10,000 in funding available to individual clinicians depending on the profession and region.

'We are pleased to extend the packages to all primary care professionals in the NQPHN catchment area, including GPs, and there will be further incentives to attract GPs to the areas with the most critical needs, such as Tully and Mission Beach,' Ms Whyte said.

Since the release of the new relocation packages campaign in March 2023, the program has supported nine allied health professionals and three GPs who have relocated to North Queensland, including Tully, Weipa, and Clermont.

'The Tully practice has been able to attract a new GP to service Tully and Mission Beach, given the closure of the practice in Mission Beach,' Ms Whyte said.

'We know the incentives are a small step, however, they are having a big impact for the >

people in our communities, while also relieving some of the pressure for general practices.'

Community benefits from GP move to North Queensland

Dr Fletcher loves working and living in the small rural community of Tully.

'Working in this position has been incredible,' she said. 'The best aspects of my work include the variety, the constant learning, and the sense of comradery that comes with this environment.

'The main challenge, and it is a good challenge, is related to the new conditions and questions that patients are presenting with day to day, some of which I have not had to deal with working in a hospital.

'The greatest success I've had is having patients come back and ask to be a regular patient of mine.

'This means so much to me and makes me so grateful for the opportunity that I have to make a difference in someone's life. This is the beauty of GP work.'

Health Workforce Queensland Health Workforce Solutions Team Leader Sandra Bukumirovic said making the move to rural North Queensland might be the best decision health professionals could make to progress their career.

'Jobs are challenging, but rewarding, and offer health professionals a variety of presentations in addition to ongoing on-the-job learning, which would ultimately lead to career progression,' she said.

'Meanwhile, rural communities offer a sense of belonging and have the utmost appreciation for the health professionals who look after their health care needs.'

Health Workforce Queensland anticipates more relocation grant uptake in the future.

'There are number of potential candidates in the pipeline for existing vacancies, and with the continuation of this valuable program, we expect to continue our support to North Queensland and ensure seamless recruitment processes and relocation of rural health professionals to this beautiful part of the world,' Ms Bukumirovic said.

Expressions of interest for new workforce model

The NQPHN Health Needs Assessment (HNA) 2022-24 demonstrates the need to develop and support the implementation of innovative primary care workforce solutions and new workforce models across North Queensland to respond to the significant primary care workforce shortages.

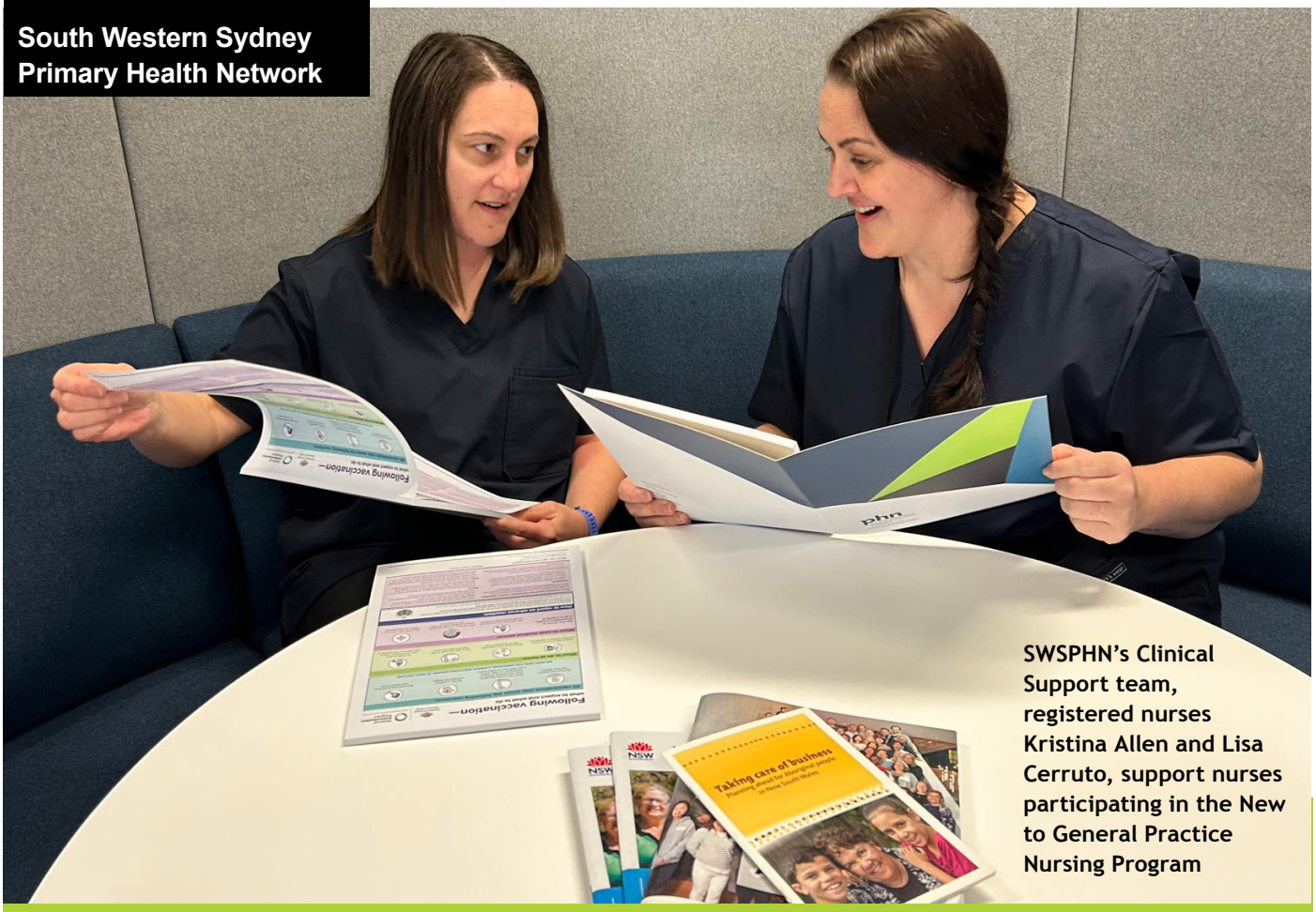
'NQPHN has again partnered with Health Workforce Queensland and the University of Queensland and Mater Research Institute to offer the Virtual Integrated Practice (VIP) model across the North Queensland region,' Ms Whyte said.

'Tully, Ingham, and Cardwell have answered the expression of interest to participate in this program, which is great news.

'This model incorporates an additional GP into the already-established practice and team, who will then visit in-person every six months, at a minimum, to meet and support patients, and then further support the same patients via telehealth.'

Health Workforce Queensland, in partnership with NQPHN, is working to build a sustainable health workforce through the recruitment and retention of general practitioners, nurses, and allied health professionals. ha

South Western Sydney Primary Health Network



SWSPHN's Clinical Support team, registered nurses Kristina Allen and Lisa Cerruto, support nurses participating in the New to General Practice Nursing Program

Program empowers and improves confidence of general practice nurses

South Western Sydney Primary Health Network's (SWSPHN) New to General Practice Nursing Program offers support for nurses who are new, returning or transitioning to general practice within South Western Sydney.

The 12-month program aims to upskill the practice nurse workforce by providing access to continuing professional development (CPD) events, and practical, self-directed online education modules and resources.

SWSPHN's Clinical Support team of registered nurses provide support and mentoring for participants of the program, which has been endorsed by the University of Wollongong.

The origins

Increasingly new graduate nurses are transitioning to general practice with little-to-no primary care preparedness at the undergraduate level, or clinical experience. >

Those transitioning from acute care nursing in hospitals are often also unprepared for the unique role practice nurses have as patient carers, organisers, quality controllers and improvement agents, problem solvers, educators and agents of connectivity.

They can feel uncertain about their role and scope, and isolated as they are often the only nurse in a general practice.

SWSPHN recognised this gap and developed the program to ensure nurses who are new to general practice are better prepared for the role.

The nuts and bolts

The program currently covers seven learning modules which include: immunisation, cold chain/vaccine management; infection prevention and control/sterilisation; chronic disease management; registers, reminders and recalls; preventive health screening and assessment; and clinical activities – spirometry, ECG, wound management, triage, procedures, advanced skills.

Practice nurses are required to submit a minimum of one activity checklist per month from the online learning modules.

Participants receive a Certificate of Completion at the end of each module and then another at the end of the course, in addition to accruing CPD points via completion of CPD events or online training sessions.

Current participation

During the financial year up to 30 June 2023, 46 practice nurses enrolled in the program and 99 modules have been completed.

SWSPHN's Clinical Support team provided participants with support on 329 different occasions via email, phone and in-practice visits.

"Nurses can also empower their patients and their families with knowledge. We can help our patient to understand their disease process and the plan of care. Nurses can bring understanding and peace during what can be a confusing or challenging time."

Participant experience

Former practice nurse at Liverpool and Campbelltown, Lisa Cerruto, completed the course before joining SWSPHN as part of the Clinical Support team.

As a practice nurse, Lisa said she'd been able to utilise much of what she'd learned through the program at her medical centre, including information about:

- Immunisation Catch-up Calculator
- MBS education for health professionals
- Guidance around how to improve reminders and recalls

Lisa said the program highlighted the important role of safety and accountability in practice nursing.

'Safety is paramount in nursing especially in general practice,' she said.

'It is easy to make mistakes and we are all human, but we need to practise safely and be accountable when we do have an error occur.

'By doing this we reflect and can see where, how, why this happened and what strategies we can put in place to prevent this error from reoccurring in future.'

Importance of practice nursing

More than 400 practice nurses work across the South Western Sydney region.

Clinical Support Team Lead, Kristina Allen, said the role of a practice nurse required many skills to help with different areas of healthcare.

'Essentially, a practice nurse is an all-rounder in a general practice setting,' she said.

'Nurses work collaboratively with doctors and pharmacists to keep up with disease management, referrals or acute illnesses.

'Nurses can also empower their patients and their families with knowledge. We can help our patient to understand their disease process and the plan of care. Nurses can bring understanding and peace during what can be a confusing or challenging time.'

Kristina said the program captured and nurtured the different knowledge and skills a practice nurse required.

'It will ultimately lead to improved patient wellbeing through prevention, early intervention and self-management of chronic conditions, and a reduced burden on acute care,' she said.

Our CEO says

SWSPHN Chief Executive Officer, Dr Keith McDonald PhD, said one of SWSPHN's core goals was to support primary care providers to deliver a health system which was fit for purpose and contributed to improving health outcomes.

'The huge difference practice nurses make to the health of our community can't be overstated, and this program has an important role in ensuring nurses working in primary care in South Western Sydney have the knowledge and skills they need to carry out their vast and varied role,' he said. ha

Learn more by visiting our New to General Practice Nursing Program webpage (New to General Practice Nursing Program | South Western Sydney PHN (swsphn.com.au))

STUART MCCULLOUGH
Chief Executive Officer, Victorian Hospital Industrial Association

Why enterprise bargaining has failed (and how to fix it)

Enterprise bargaining would be a good idea, if anyone were to try it.

In theory it's wonderful, and the workforce is supported with better terms and conditions in exchange for productivity improvements. The reality is something less. Often, bargaining is more about attrition than reason, and has a habit of missing the mark when it comes to the workforce.

Given we've had bargaining for three decades, you have to wonder why we're not better at it by now.

Bargaining is an assumed skill

Bargaining should be taught.

What's tricky about bargaining is that it's an *assumed* skill. That is, everyone thinks they're great at it, even when there's evidence to the contrary. Whilst the *Fair Work Act* promotes enterprise bargaining, little attention is given to building the capacity of those expected to do it.

Those running registered organisations must meet certain standards with respect to financial duties or undertake training to increase their capacity. But bargaining, which is one of the primary activities of registered organisations, is relatively unsupported.

This should change.

Bargaining is not surrender

Often, bargaining is framed as an act of conflict rather than compromise.

It's common for a log to include a claim for 'no reduction in any existing entitlement'. Those making such claims are hamstrung. In effect, it's a declaration that a party is unable to bargain, where existing money can't be re-directed to achieve a greater good for more employees. It entrenches historical anomalies, no matter how absurd.

Bargaining should take employees and employers forward. But this should be measured in terms of the bigger picture rather than every brushstroke.

Bargaining should be about the greatest benefit for the greatest number.

"There are plenty of opportunities for a more efficient and equitable industrial framework, but there needs to be a willingness to depart from the comfort of the status quo."

Bargaining is preparation

One of the key gripes with bargaining is delay.

Too often, bargaining representatives arrive to negotiate without having fully prepared. Hours, days and weeks can be wasted on claims that haven't been developed to a reasonable standard. If a representative doesn't know what their claim means, the claim should not have been made.

Bargaining begins long before the parties sit down to bargain.

Bargaining for the wrong things

Imagine never being able to change your mind. Enterprise Agreement terms that seek to manage a workplace from the outside have precisely that effect.

These claims don't deliver employee benefits but, instead, seek to impose controls on how the workplace operates. Often, such claims reflect a bargaining representative's idea of how the business should run which is out of date.

It's a dangerous practice. Embedding controls into an enterprise agreement prevents the organisation from responding to change.

Bargaining should be focused on mutual benefit rather than preventing change.

Productivity is a broad concept

It's often said that enterprise bargaining can't achieve productivity in the health sector. After all, words on a page won't result in more patients or residents receiving care.

But that's a narrow view of what productivity is.

The most obvious productivity gains come from the industrial instruments themselves. In our sector, a single employer may be covered by up to twelve different enterprise agreements. This results in a complex compliance environment.

Complexity is cost. Complexity is also a key driver of inequity and the gender pay gap. However, there's a reluctance on the part of many bargaining parties to address this. This means the burden of efficiency rests with the employees whilst inefficiencies in enterprise agreements are allowed to go undisturbed.

There are plenty of opportunities for a more efficient and equitable industrial framework, but there needs to be a willingness to depart from the comfort of the status quo.

Where a single workplace has multiple agreements, there should be fewer of them. And those that are there should contain common terms for things that aren't occupation specific.

What do we do next?

The reforms from the *Fair Work Amendment (Secure Jobs, Better Pay) Act 2022* support enterprise bargaining. There's going to be more of it. More importantly, some reforms should improve the bargaining process and (hopefully) reduce protracted negotiations.

But legislation can't do all the work. Equally important is how we evolve bargaining to be something bigger than a ritualistic tug of war. It's going to require a greater level of engagement and cooperation if it's to serve the interests of workplaces and the workforce alike for the next thirty years. Our workforce deserves nothing less.

And that, I hope, is something we can all agree on. ha

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- capacity to influence health policy
- a voice on national advisory and reference groups
- an avenue to key stakeholders including governments, bureaucracies, media, like-minded organisations and other thought leaders in the health sector
- access to and participation in research through the Deeble Institute for Health Policy Research
- access to networking opportunities, including quality events
- access to education and training services
- access to affordable and credible consultancy services through JustHealth Consultants
- access to publications and sector updates, including:
  -Australian Health Review
  -The Health Advocate
  -Healthcare in Brief
  -Evidence Briefs and Issues Briefs.

To learn about how we can support your organisation to be a more effective, innovative and sustainable part of the Australian health system, talk to us or visit ahha.asn.au/membership.

More about the AHHA

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The AHHA Board has overall responsibility for governance including the strategic direction and operational efficiency of the organisation.

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