Service Development Priority Focus Areas

Far West Local Health District

March 2024

NSW GOVERNMENT

Document Control

Document Title:	FWLHD Service Development Priority Focus Areas
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Version:	1.0
Date of Issue:	05 Mar 2024

Acknowledgement of Country

The Far West Local Health District (FWLHD) acknowledges the Traditional Custodians of the lands across our footprint, the traditional lands of the Barkandji, the Muthi Muthi, the Wilyakali, the Ngiyampaa, the Wadigali, the Malyangaba, and the Wangkumara peoples. We pay respect to Elders past and present. We acknowledge the Aboriginal people currently living in our region, and those working for the District.

We acknowledge the continuing connection to lands, waters, and communities; and the privilege we have to live and work on Aboriginal lands. We celebrate the rich history of Aboriginal culture and recognise the strengths and diversity of Aboriginal nations across our District. The lands of the Far West are Aboriginal land – always and evermore.

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EXECUTIVE SUMMARY

Far West Local Health District (FWLHD) is a geographically vast health district in remote western New South Wales. It covers almost 200,000 square kilometres and is home to just over 30,000 people with enduring heritage, cultural practices, and traditions. It includes the traditional lands of the Barkandji, the Muthi, the Wilyakali, the Ngiyampaa, the Wadigali, the Malyangaba, and the Wangkumara peoples. Closer to Melbourne and Adelaide than it is Sydney, FWLHD consequently has strong service links with Victoria and South Australia.

In this unique context, FWLHD is focused on providing high quality healthcare to the diverse communities within its district, including Aboriginal communities and those living in remote and rural areas. The LHD offers a wide range of services, including primary care, hospital care, community health, mental health, and aged care. Its mission is "Excellence in Rural and Remote Health," and it works to achieve this through a variety of inpatient and outpatient services, initiatives, and programs.

Our Challenges

In 2024, the LHD is facing a range of challenges. While many of these are not new, the urgency around each challenge is pronounced as the health system navigates the post-pandemic service landscape.

At a foundational level, FWLHD is perennially challenged by the diseconomies of scale inherent to healthcare systems in remote areas. Despite being classed as 'small' on a population basis, the LHD must still perform the same core functions as the much larger regional and metro LHDs, creating much larger overheads proportionally. The workforce is required to be both generalists and specialists, while delivering on broad and diverse portfolios that would otherwise be delivered by highly specialised teams, further complicating the recruitment challenges to find generalist specialists willing to deliver complex outcomes often as sole clinicians. This in-built constraint has necessarily driven innovation and creative solution development throughout the history of the LHD. Looking forward there is a real opportunity for the LHD to be regarded as the leaders in 'doing things with less'. Conversely, small services risk becoming dependent on key individuals and are vulnerable to sudden shifts in the workforce and personal circumstances.

The energy and motivation to innovate has also been challenged post-pandemic. Budgetary constraints are being felt across the health system as the COVID funding boosts of recent years give way to the current emphasis on budget repair and cost recovery. This stress on resources, already tightly stretched by the post-pandemic surge in demand for secondary care, is taxing on the LHD to innovate further. Over the next 10 years the LHD must evolve its already innovative design approaches to deliver a sustainable resourcing of effective and efficient services to consistently deliver value-based care for the people of the region.

Closing the Gap in terms of health equity is a critical mission for NSW Health, but the issue has a particular salience in FWLHD. Aboriginal people comprise 13% off the district's population, the highest proportion in the state. Our experience and research here and overseas have long proven the link between effective representation of Aboriginal people in health workforces and better health outcomes for their communities. Simply put, we need to increase our Aboriginal workforce, because unless health information is coming from within the community it will not make the difference needed.

Workforce sustainability has been an ongoing challenge for the LHD given its remote nature. In 2024, demographic and generational shifts are accelerating and exacerbating the workforce supply. The demographic 'workforce cliff' - the impact felt when the aging population results in fewer clinicians caring for a larger older and sicker population - has been signalled for many years and its effects are now being felt in FWLHD. Primary care provision is markedly declining as retiring GPs are not being replaced and a long reliance on long term resident workforce is starting to shift to reliance on fly in and fly out workforce models.

Changing generational expectations of work, life, and career are also playing out to make recruitment in many professional groups a challenge at best, and at times often unrealistic. There is not going to be a sudden influx of medical, nursing, and allied health staff to meet the needs of the region. This is leading to an increasing reliance on high cost, temporary staffing solutions which, while adequate day-to-day, are not conducive to quality and sustainability of care longer term. The district can establish great care systems, but sustaining them through high staff turnover is the challenge, particularly with stretched or absent resources for education and front line clinical governance champions.

FWLHD recognises the need for different staffing models, arrangements which could offer the benefits of remote and metropolitan health careers: the challenge of working in the outback, while also partnering with a larger, metro health organisation. Exploring this potential requires the LHD to expand (public and private sector) partnerships across the healthcare ecosystem and reduce unhelpful competition for resources which we know are becoming increasingly limited over time.

The way that clinical services have previously developed within FWLHD has often been driven by historic workforce, i.e., based on the skills of the clinicians who are available and prepared to work within the district. To realise the ambitions of the FWLHD Strategic Plan and deliver care in the way that best aligns with the goals of Future Health and the principles of value-based care, a significant quantum of change is required. It is timely now to ask, what is the service mix that will best meet the needs of the communities of Far West, and determine the appropriate modalities for delivery. By consulting with community and inviting staff, patients, families, and carers to participate authentically in service co-design, the LHD will be able to establish truly fit-for-purpose service models that align with the contemporary needs of its people.

Underpinning all of this is the geographical challenge faced by FWLHD, and the requirement to provide effective healthcare to some of the most rural and remote towns within NSW where the infrastructure may not effectively enable it. Many communities are living without basic services infrastructure (e.g., paved roads, communications networks, water supply) and transport, which can isolate them from accessing the care they need in a timely manner. While this is outside of the control of the LHD in many circumstances, it needs to be considered for when planning future service delivery.

Our Opportunities

In recent months, the Executive Leadership Team have worked to identify five Priority Focus Areas which will deliver material progress towards meeting the challenges described above. While each Priority Area offers significant value potential in and of itself, the transformative power of this Health Care Strategic Plan (HCSP) will be most evident when considered as an entire program of five inter-related and mutually reinforcing Priority Areas, as follows.

1. **Align Services with Need**: Development of a comprehensive Service Needs Assessment through consultation with FWLHD communities will set the baseline for (re-)design and commissioning of core clinical services which will best align with the essential and pressing needs of the FWLHD population.
2. **Develop Purposeful Partnerships:** Development of strong partnerships with inter-district and bordering health organisations to plan a more streamlined, unified, and collaborative health service for the Far West based on local human geographies rather than jurisdictional boundaries. Sharing information, knowledge, and training opportunities, for example, can help address the diseconomies of scale faced by regional and remote health systems while delivering better value care to patients.
3. **Apply Whole of Health / Patient-centric Principles to realise efficiencies:** FWLHD will initiate a program of process analysis and human-centred clinical redesign, which considers entire patient journeys in health care. The LHD recognises that there is a need to refine current models of care to eliminate the waste and rework which results in unnecessary patient wait times and difficulty navigating complex systems to access care.
4. **Grow our Aboriginal Workforce:** Review and refresh the FWLHD Aboriginal Workforce Strategy to develop a program to grow the Aboriginal proportion of staff in line with current population (from 9% to 13%), which is the LHDs goal. Enhanced recruitment and retention of Aboriginal staff in key clinical areas will increase the cultural safety of services, delivering better care and health outcomes for Aboriginal communities within the district, and contributing towards Closing the Gap in health equity.
5. **Establish a Rotational Workforce**: FWLHD will work with its partner (and other) LHDs/SNs to structure shared positions which build in dedicated time to work onsite in the Far West as well as at another organisation (e.g., a metro / regional tertiary service). This will provide consistent and more resilient resourcing for FWLHD services and reduce reliance on temporary staffing solutions (i.e., VMO, Locum, and Agency workers) reducing costs and improving quality, continuity, and therefore patient safety.

Sponsorship and operational management of this Priority Area portfolio will be provided directly by the Executive Leadership Team, with regular governance sponsorship and oversight provided by the Board.

PRIORITY FOCUS AREAS AT A GLANCE

	Align Services with Need	Develop Purposeful Partnerships	Apply 'Whole of Health / Patient Centred' Concepts to Realise Efficiencies	Build Our Aboriginal Workforce	Establish a Rotational Workforce (all professions)
Overview of Priority	Conduct a needs assessment of the services that must be delivered within district, and those that could potentially be delivered virtually or alongside partner providers. Realign / redesign FWLHD service delivery to reflect this.	Establish a series of regular, planned engagements with district health service providers to grow relationships and facilitate open discussions around population health, encouraging and resulting in co-design and a more collaborative service delivery.	Deliver a structured program of clinical process analysis and redesign (where required) to ensure FWLHD is enabling/ delivering patient centred care.	Grow the Aboriginal workforce so that it reflects the local population profile at all levels. Aboriginal workforce meets or exceeds the 13% workforce benchmark outlined in the FWLHD Strategic Plan 2021-26.	Design and implement a new workforce strategy that replaces contingent workforce with rotational staff from other health providers. A shared commissioning model will ensure consistent, committed workforce with a dedicated FTE rotate through FWLHD, bringing skills and experience to share.
Strategic Alignment					
FWLHD Strategic Plan 2021-26	A Welcoming Service; Models of Care	Stronger Partnerships	A Welcoming Service; Models of Care	Workforce	Workforce; Strong Partnerships; Technology & Virtual Care
Future Health Report 2022-32	2. Safe care is delivered across all settings (2.5) 6. The health system is managed sustainably (6.1)	2. Safe care is delivered across all settings (2.3)	1. Patients and carers have positive experiences and outcomes that matter (1.1, 1.4) 2. Safe care is delivered across all settings (2.3, 2,4)	4. Our staff are engaged and well supported (4.2)	2. Safe care is delivered across all settings (2.2) 6. The health system is managed sustainably (6.1)
Region Health Strategic Plan 2022-32	1. Strengthen the regional health workforce (1.5) 2. Enable better access to safe, high quality and timely health services (2.6)	2. Enable better access to safe, high quality and timely health services (2.2) 3. Keep people healthy and well through prevention, early intervention, and education (3.1)	4. Keep communities informed, build engagement and seek feedback (4.1, 4.2, 4.4) 5. Expand integration of primary, community and hospital care (5.4)	1. Strengthen the regional health workforce (1.3)	1. Strengthen the regional health workforce (1.4) 2. Enable better access to safe, high quality and timely health services (2.2, 2.4) 5. Expand integration of primary, community and hospital care (5.2)
Timing of Initiatives	1-3 years	1-2 years	1-3 years	1-3 years	2-4 years

Planning assumptions	• Minor population changes • Service needs will remain steady for the next 10 years	• Health organisations will be open to collaborating with FWLHD	• Capacity will exist within the system to support and enable a structured and reproducible approach	• Aboriginal communities are available and willing to work with FWLHD	• Health organisations will be open to partnering with FWLHD • Metro/regional staff will be open to FIFO to FWLHD
Target Population	Far West community	Health providers in/to the Far West (public, private, cross-border, and relevant interstate (SA/Vic))	Far West community and LHD staff	Far West Aboriginal community	Other LHDs (metro/regional), local and interstate private health providers
FWLHD Executive Sponsor	Director Medical Services Director Clinical Operations Director Allied Health and Integrated Community Services	Chief Executive	Director Medical Services Director Clinical Operations Director Allied Health and Integrated Community Services	Director Aboriginal Health and Community Relations Director People and Culture	Director People and Culture

PRIORITY 1: ALIGN SERVICES WITH NEED

Case For Change

Problem/Opportunity

Over many years, the development of clinical services at FWLHD has been driven to a significant extent by the skills and experience of clinicians who are willing to make themselves available to practice within the district, such as Visiting Medical Officers (VMOs) or permanent members of staff. There is an attitude of appreciation for those who choose to work within the remote Far West communities, however the unintended consequence can be gaps between the services delivered based on staff availability and the most pressing health needs of the catchment population.

Additionally, when service delivery is based around the availability of one or two key clinicians, it is inherently vulnerable to disruption and sustainability can be a risk longer term.

As the LHD looks forward over the next 10 years, there is an opportunity to identify core services which meet the expressed needs of the Far West population, and which FWLHD will commit to resourcing sustainably. Achieving this outcome will likely require new and different approaches to traditional staff sourcing, recruitment, and retention (see Priority Area 5 below).

Objectives

To better align services with need, the LHD will conduct a thorough Service Needs Assessment of its population, comprising of two key elements:

- in-depth consultation with FWLHD communities to determine the needs of people across the district
- evidence-based feasibility assessment to explore potential models of service provision which factor in the potential of (but not limited to) alternate clinical workforce, digital healthcare, and expanded collaboration with other providers.

In this way, FWLHD will set the direction and parameters of service commissioning and future recruitment needs.

Service Change (Actions)

Successful completion of the Service Needs Assessment will provide a commissioning and recruitment roadmap for FWLHD and a consistent, guiding logic to further development of services. Effective commissioning on this basis will support more consistent delivery of core services, as these services will be resourced more sustainably.

The Far West community will also have greater clarity around which services they can access in-person within the district and services which will require them to travel for care or to access remotely (e.g., via virtual health).

By defining and committing to a sustainable core service, the LHD will reduce variability in service availability over the longer term and be better able to manage community expectations around how and where to access public healthcare.

Outputs

The Service Needs Assessment will be a comprehensive report which sets out the results of the research and consultation processes and articulates the future service framework. This will be the foundation that provides the roadmap for resourcing and service commissioning across the whole of the FWLHD ecosystem. It is anticipated that this will take a 10 year forward view and include a phased implementation plan.

Benefits / Outcomes

Our Value Proposition

IF FWLHD can develop service framework and commissioning/development roadmap which articulates the essential and practical core services needed within the LHD

BY conducting an authentic and comprehensive assessment of the population's service needs

THEN FWLHD will be better equipped to deliver suitable and sustainable clinical care for the community via the most appropriate modality.

It is anticipated that developing services on this basis will deliver systemic benefits including (but not limited to):

- reduced vulnerability of service provision, i.e., fewer cancellations driven by clinician availability
- enhanced patient/consumer participation in preventative care, as programs resonate over time with identified community needs
- more cohesive service mix, subject to lower levels of internal and external competition, proving a stable foundation for partnerships
- higher levels of patient satisfaction
- data and practice driven outcomes
- better health outcomes overall, as key services are delivered on a more consistent basis
- reduced cost of care provision, e.g., lower FIFO staffing costs, improved models of virtual care
- increased preparedness for the future
- more efficient use of resources for focused implementation of relevant service models.

Service Model

Service Model

Service models will be defined through the development of the Service Needs Assessment.

Illness prevention, health promotion, population health, early intervention

Completing this work will enable FWLHD to better address illness prevention, health promotion, and early intervention as it will have a more holistic understanding of population health need within the district, and the resource required to deliver targeted health solutions. This will result in improved population health outcomes across the district.

Out of Hospital Care

Safe, effective, patient-centric out of hospital care will be one of the key elements considered through the Needs Assessment and is expected to be a significant theme/design principle in any reconfiguration of services. Preference will be for clinically appropriate at-home and community-based care (including virtual care) depending on service requirement.

Virtual care

The potential for all clinically appropriate modalities of virtual care will be explored as part of the service alignment process and offered as a choice to the consumer.

Role Delineation

It is anticipated that role delineation will need to be reviewed alongside planning for this Priority Area, arising from possible changes in service delivery, models of care, workforce, task substitution/cross-cover between healthcare providers, etc.

Networking/Partnerships Within the LHD/SN

Networking within LHD/SN

- No specific implications will arise from the completion of this priority area.

Networking with other local health service providers

It is likely that FWLHD's service provision will change following analysis of the service needs assessment. Where change is anticipated, FWLHD will need to work closely with local healthcare providers to ensure continuity of service and care is delivered in the short-term, and a more stable and integrated network of care is provided in the longer term.

Closer integration of Far West local health service providers is anticipated, including with:

- Aboriginal Community Controlled Health Services (Maari Ma and Coomealla)
- Primary Health Networks
- Aged Care providers
- NDIS providers
- Not for Profit providers (e.g., YMCA)
- Council.

Health Place/Precinct considerations

This priority area will explore how best to leverage existing facilities and infrastructure, making the best use of existing assets. However, it may expose the need to consider a potential place/precinct model.

Networking with other LHDs/SNs related to the Priority Focus Area

It is likely that FWLHD's service provision will change following analysis of the service needs assessment. It may make better sense for services to be provided remotely from existing partner LHDs (e.g., virtual care provided through SLHD) or to be shared across neighbouring LHDs (e.g., mobile imaging shared with WNSWLHD).

Where change is anticipated, FWLHD will need to work closely with other LHDs/SNs to ensure continuity of service and care is delivered in the short-term, and a more stable and integrated network of care is provided in the longer term.

Furthermore, it is expected that existing relationships with metro and regional LHDs will be strengthened and extended as part of the development of an alternative resourcing and commissioning approach to service any changes as above (see Priority Area 5).

Interstate health service related to the Priority Focus Area

It is likely that FWLHD's service provision will change following analysis of the service needs assessment. Where it is deemed that services need not be provided within the district, partnerships and service/referral pathways with interstate provides will become pivotal.

Where change is anticipated, FWLHD will need to work closely with interstate healthcare providers to ensure continuity of service and care is delivered in the short-term, and a more stable and integrated network of care is provided in the longer term.

FWLHD will seek to enhance and expand its existing relationships with healthcare providers in the neighbouring jurisdictions of South Australia (SA) and Victoria (VIC), particularly with providers in the southern border towns of the district.

Education, Teaching and Research

It is anticipated that education and training requirements will arise from any change in service delivery. Education and training material addressing new service models/approaches will be developed once the shape of the core service is determined.

Environmental Sustainability/Climate Risk

Resource management

- No specific implications will arise from the completion of this priority area.

Transport and logistics

- No specific implications will arise from the completion of this priority area.

Building, design and asset management

- No specific implications will arise from the completion of this priority area.

Supply chain and procurement

- No specific implications will arise from the completion of this priority area.

Physical climate risks related to Priority Focus Area

Climate-related risks that may impact the implementation of revised service delivery model are outlined below.

Risk	Rating	Mitigation
Virtual workforce unable to provide virtual care due to power outages arising from significant weather (flood, storm, fire)	Likelihood: Possible Consequence: Major Rating: H (High)	• Enact business continuity plan • Ensure all sites are equipped with a backup generator for continuation of power. • Ensure sites are connected through multiple mobile network providers.

- Work with Council to explore possible tech and power infrastructure upgrades in remote areas.

Health Risks

- No specific implications will arise from the completion of this priority area.

Financial implications

Financial implications are to be expected with the provision of backup/generator power and increases to network infrastructure and bandwidth that would enable virtual care.

Capital

Capital requirements linked to this priority

Capital requirements can be expected to enable the provision of virtual care where clinically appropriate, or to enable provision of any other modalities of care that existing facilities are not already designed to deliver.

Rationale why a capital solution is required

Facilities may need to undergo upgrades to enable additional supply of power or utilities, additional network bandwidth, additional redundancy, etc based on any revised service provision.

Optimisation of existing assets

This priority area aims to optimise utilisation of existing assets and resources across the full spectrum of service provision, however there may be necessary upgrades to assets or facilities to enable better service provision.

Operational efficiencies

It is anticipated that operational efficiencies will be delivered from this priority area e.g., aligning service delivery to need may ensure clinical spaces are better utilised as they are servicing the greatest need; may lead to greater utilisation of assets and less time on standby; may enable the flexible use of treatment spaces for a range of virtual care services, etc.

Impact of recent relevant capital redevelopments

There are four capital redevelopments taking place within the district over the next two years. While these redevelopments will provide facilities that may be used flexibly where required, they are based on the planned service provision and will likely require significant updates to layout, configuration, and connection should their usage change.

Redevelopment	Impact on planning
Wentworth Hospital redevelopment	• Upgraded facility may attract workforce to the district. • New urgent care, inpatient care, and community care rooms could be used flexibly should service delivery requirements change.
Broken Hill Hospital – upgraded ED	• Upgraded facility may attract workforce to the district. • No significant impact on planning – necessary service, upgrade of facility to meet standards.
Broken Hill Hospital – new MHIPU	• Upgraded facility may attract workforce to the district. • No significant impact on planning – necessary service, new facility to meet standards.
Key Worker Accommodation Program	• New facility (in combination with new ED & MHIPU) may attract workforce to the district. • No significant impact on planning – necessary to house health workers.

Impact on Support and Enabling Services or Potential Opportunities

	Potential impact	Outline impact	Opportunities	Discussed with entity

NSW Health Pathology or other pathology service provider	N	Possible future changes to service provision	-	N
eHealth or other information technology provider	N	Possible need for greater virtual care and enhanced network solutions in remote areas	Virtual care servicing more remote areas	N
NSW Ambulance Service	Y	Possible future changes to service provision	Collaboration Digital health Top of scope working	N
HealthShare NSW or other service provider	N	-	-	N
Patient Transport/Travel	Y	Changes to service provision may alter transport requirements	-	N

Workforce

Workforce impacts

It is anticipated that an alternative workforce approach to deliver a changed service need will arise from this priority area. A workforce plan that addresses any new service models/approaches will be developed once the shape of the core service is determined.

Workforce risks & strategies to mitigate risks

Risk	Rating	Mitigation
Workforce unavailable to deliver revised service need	Likelihood: Possible Consequence: Major Rating: H (High)	• Ensure workforce availability testing is completed prior to service change. • Test existing workforce willingness to change (where change is required). • Explore agency workforce to fill any temporary gaps. • Ensure services/facilities can be virtually supported when clinically appropriate.

Financial implications

A change in workforce operational costs is anticipated with any change in service delivery. A workforce plan that addresses any new service models/approaches will be developed once the shape of the core service is determined.

Other Resource Implications

Digital Infrastructure

It is anticipated that enhancements to digital and network infrastructure will be necessary to enable and ensure reliable delivery of virtual services across the district.

Other additional costs

- No specific implications will arise during the completion of this priority area.

Financial offsets (if applicable)

- No specific implications will arise during the completion of this priority area.

PRIORITY 2: DEVELOP PURPOSEFUL PARTNERSHIPS

Case For Change

Problem/Opportunity

Health organisations across the Far West encounter similar challenges with service provision. There is a shortage of skilled workers, competition for staff and resources and a siloed operating model that hinders cross-organisation cohesion and collaboration.

At present however, there is no mechanism by which these organisations can engage consistently to enable shared strategic planning and/or knowledge sharing. Each organisation is operating individually without clear visibility of others' activities in the broader health ecosystem of the region.

Objectives

FWLHD aims to establish/strengthen its partnerships with district and bordering healthcare providers to plan a more streamlined, unified, and collaborative health service for the Far West. The objective is to facilitate conjoint future service planning and the regular sharing of learnings and updates that will enable all providers to be better informed, better prepared, and to better deliver health care to the community.

Service Change (Actions)

This priority area will build on the existing corporate relationships that FWLHD has with district health service providers through the creation of a regional health services Forum, a shared governance structure to provide the formal mechanism for service planning and knowledge sharing purposes on a regularly scheduled basis.

All healthcare providers from the district (and integral interstate partners) will be invited and encouraged to attend to ensure continual knowledge and learning is shared. This provides an opportunity for healthcare providers to stay abreast of and collaborate on various health and other issues impacting the district.

Various categories of engagements will be developed based on requirements (e.g., meetings, working groups, info / training sessions, etc). And a range of participants will be encouraged to attend based on the agenda and focus of discussion (e.g., leadership, clinical/services, operations, governance, etc).

Outputs

This priority area presents the opportunity for healthcare providers to engage in open dialogue and collaboration around strategic, tactical, and operational matters impacting the district.

It will encourage providers to discuss any health and operational issues that they may be facing, and that may impact other organisations. It will also encourage discussion around how organisations can better work together to deliver health services for the Far West.

Benefits / Outcomes

Stronger, more cohesive, and more collaborative partnerships based on shared information and learning will help to deliver a more efficient, effective, and available service for the community.

Our Value Proposition

IF knowledge, learnings, and issues impacting service delivery are shared between Far West healthcare providers

BY creating regular forums to facilitate knowledge share and discussion

THEN all healthcare providers servicing the Far West will be better informed, better connected, and better able to provide their service in collaboration with partner organisations. This will result in a more streamlined, unified, and collaborative health service delivery for the Far West.

The following benefits and outcomes are anticipated from the initiation of this priority area:

- shared awareness of the broader health context impacting the Far West
- greater opportunities to discuss and co-design service delivery for the district
- shared awareness of workforce and service delivery constraints, and a forum to discuss possible mitigations

- possibility for shared resources where there is commonality and overlap across services
- possibility for shared learning and training initiatives.

The key indicators linked to the expected benefits include:

- reduction in workforce vacancies arising from overlap of service provision
- greater participation from district healthcare providers into future health service design/review
- greater preparedness to deal with health factors affecting the Far West.

Service Model

Service Model

Various terms of reference will need to be developed for this priority area outlining how healthcare providers will meet and work together.

Illness prevention, health promotion, population health, early intervention

The more that healthcare providers work together to build the health sector, the stronger their partnerships become, the more streamlined the service delivery, and the greater the overall outcome for patients and the community.

Purposeful partnerships will see organisations working together to better prevent illness, promote good health, encourage early intervention, and will result in improved overall population health.

Out of Hospital Care

It is anticipated that out of hospital care opportunities will arise from this priority area e.g., opportunity for shared services delivery, co-location of services, etc.

Virtual care

- No specific implications will arise from the completion of this priority area.

Role Delineation

- No specific implications will arise from the completion of this priority area.

Networking/Partnerships Within the LHD/SN

Networking within LHD/SN

- No specific implications will arise from the completion of this priority area.

Networking with other local health service providers

This priority area encourages regular formal networking between local health service providers.

The more that the district's health providers work together, the stronger their partnerships become, the more integrated and streamlined the service delivery, and the greater the overall outcome for patients and the community.

Health Place/Precinct considerations

It is anticipated that health place/precinct opportunities may arise from this priority area e.g., opportunity for shared service delivery, co-location of services, etc.

Networking with other LHDs/SNs related to the Priority Focus Area

- No specific implications will arise from the completion of this priority area.

Interstate health service related to the Priority Focus Area

This priority area encourages regular networking between key cross-border and interstate health service providers.

The more collaboration that occurs with the district's cross-border or interstate healthcare providers, the stronger their partnerships become, the more integrated and streamlined the service delivery, and the greater the overall outcome for patients and the community.

Education, Teaching and Research

It is anticipated that education and training opportunities will arise from this priority area e.g., cultural training through University Department of Rural Health (UDRH) or Maari Ma, first aid training through St Johns Ambulance or Royal Flying Doctor Service (RFDS), aged care training through Southern Cross, etc.

Environmental Sustainability/Climate Risk

Resource management

There is anticipated to be implications around resource management where partnership opportunities are implemented (e.g., increased task load to manage resources and logistics).

Transport and logistics

- No specific implications will arise from the completion of this priority area.

Building, design and asset management

- No specific implications will arise from the completion of this priority area.

Supply chain and procurement

- No specific implications will arise from the completion of this priority area.

Physical climate risks related to Priority Focus Area

- No specific implications will arise from the completion of this priority area.

Health Risks

- No specific implications will arise from the completion of this priority area.

Financial implications

- No specific implications will arise from the completion of this priority area.

Capital

Capital requirements linked to this priority

- No specific implications will arise from the completion of this priority area.

Rationale why a capital solution is required

N/A

Optimisation of existing assets

- No specific implications will arise from the completion of this priority area.

Operational efficiencies

It is anticipated that operational efficiencies will arise from this priority area e.g., flexible use of shared spaces, co-location opportunities, increased community- or home-based services, etc.

Impact of recent relevant capital redevelopments (delete if not applicable)

- No specific implications will arise from the completion of this priority area.

Impact on Support and Enabling Services or Potential Opportunities

	Potential impact	Outline impact	Opportunities	Discussed with entity
NSW Health Pathology or other pathology service provider	N	-	-	N
eHealth or other information technology provider	N	-	Opportunity to align IT systems across providers	N
NSW Ambulance Service	Y	-	Stronger partnership with local stations, shared knowledge, and learning	N
HealthShare NSW or other service provider	N	-	-	N
Patient Transport/Travel	Y	Potential decrease in patient transport requirements, but increase in community-run transport routes	Potential for shared patient transport services across health providers	N

Workforce

Workforce impacts

It is anticipated that this priority area will encourage open discussion around district capability requirements and available resource to fill job vacancies.

Considered in conjunction with Priority Areas 1 and 5, it may result in the introduction of shared workforce initiatives and lower levels of unfilled job vacancies. The funding for these unfilled vacancies could be reinvested into other areas.

It may also encourage workforce attraction and/or retention if partnership opportunities with service providers are available for education, training, secondment, etc.

Workforce risks & strategies to mitigate risks

- No specific implications will arise from the completion of this priority area.

Financial implications

- No specific implications will arise from the completion of this priority area.

Other Resource Implications

Digital Infrastructure

It is anticipated that digital infrastructure requirements may be necessary resulting from this priority area e.g., compatible systems to enable information sharing between partners.

Other additional costs

- No specific implications will arise from the completion of this priority area.

Financial offsets (if applicable)

- No specific implications will arise from the completion of this priority area.

PRIORITY 3: APPLY WHOLE OF HEALTH/PATIENT CENTRED CONCEPTS TO REALISE EFFICIENCIES

Case For Change

Problem/Opportunity

Over the last 10 plus years, NSW Health has supported LHDs to apply the principles of a 'Whole of Health' approach to healthcare. This coordinates a multi-stakeholder approach (clinicians, management, executive team) to improving patient flow and access to care. It places the patient's needs at the centre of service design and ensures the patient's needs are considered through each step of their journey. Implementing this holistic approach provides the basis for establishing a culture of continuous quality improvement, which iteratively delivers higher quality care and better patient outcomes, at a lower cost to the system.

FWLHD has not reviewed its service offering or assessed its models of care in recent years. Aligned with principles of international leading practice, this priority area provides the opportunity for the LHD to review its service and models and determine the impact that any service inefficiencies may have on patient flow and ease of access to care. This will ensure that the LHDs service provision remains efficient, accessible to the community, and that it is truly patient-centric.

Objectives

FWLHD aims to initiate a structured program of clinical process analysis and redesign to ensure the delivery of truly patient centred care. It will apply the principles of holistic, integrated care and ensure sustainable services are delivered that place the patient, their families, and carers, at the centre of care.

The objectives of this ongoing work will be to:

- **identify** the services/patient journeys with greatest need for improvement (may be taken from the Service Needs Analysis in Priority Area 1)
- **prioritise** the improvement effort by targeting the areas which have the highest benefit and lowest implementation challenge, delivering efficiency and greater return on investment
- **redesign** relevant services/patient journeys following engagement with clinicians, patients, families, and carers to understand how to deliver more pertinent patient centred care.

In this way, continuity of care will be provided from the point of initial presentation/referral, through inpatient admission and/or outpatient attendance, from discharge back to primary or home-based care, which may be supported by digital health and/or community-based services.

Service Change (Actions)

Applying a renewed Whole of Health lens to service delivery will:

- ensure healthcare process inefficiencies (internally, or with external providers) are identified and addressed
- ensure a patient, family, and carer lens is applied to considerations around enhancing continuity of care
- ensure patients, families, and carers are actively engaged in the co-design of service delivery, encouraging a focus on patient centred care and the breakdown of any clinical care silos
- ensure FWLHD works more closely with other healthcare providers to focus on wellbeing and preventative care via coordinated health promotion and support activities.

Outputs

The initial products of this priority area will include:

- diagnostic assessment of the key service areas/constraint points requiring redesign and improvement
- a prioritised plan for improvement, initiatives to be assessed by potential benefit and implementation challenge
- establishment of a governance function to oversee work on this priority area and measure progress.

Benefits / Outcomes

The key benefits anticipated to result from this work include:

- where clinically appropriate, more patient care provided within the community, supported by virtual technology
- deeper understanding of patient and clinician experiences and insights into more effective practice

- improved care navigation for patients, families, and carers
- shorter patient journeys with fewer points of intervention
- higher quality care, delivered at lower overall cost
- more robust referral pathways
- greater clinician collaboration to complement the whole patient journey, not just optimise one segment of it
- shorter inpatient length of stay and reduced readmissions
- accelerated discharge supported by safe, trusted models of healthcare which may include digital models of care.

Over the intermediate to long term, FWLHD anticipates providing:

- better care experiences for the FWLHD community, including patients, families, carers, and clinicians
- the right services, delivered by the right resources, via the most appropriate modality, at the right time.

Our Value Proposition

IF FWLHD updates its service offerings (where relevant) to better provide Whole of Health solutions that better enables patient centred care

BY conducting a review of clinical processes and identifying those which are ineffective, siloed, or don't put the patient at the centre

THEN FWLHD can be assured it is delivering valued-based healthcare that encourages and enables patients, carers, and the community to seek the required help when they need it.

This priority area is intended to design and deliver value-based healthcare at FWLHD. Within the NSW Health context, this means continually striving to deliver care that improves:

- health outcomes that matter to patients
- experiences of receiving care
- experiences of providing care
- effectiveness and efficiency of care.

Progress towards these goals will be assessed against two types of patient-reported measures (PRMs):

- patient-reported experience measures (PREMs) – capturing patients' experiences of their healthcare and services
- patient-reported outcomes measures (PROMs) – capturing patients' views on how their illness or care has impacted their overall health and wellbeing.

Patient surveys will need to be coordinated as close as possible to the time of treatment to ensure more accurate responses. Statistical process control analysis will be used to track performance over time and determine significance of change impact.

Service Model

Service Model

This priority area will design and deliver of a wide range of service models aimed at meeting the objectives of value-based healthcare as discussed above.

Illness prevention, health promotion, population health, early intervention

Preventative healthcare, with a focus on family and personal wellness, will be an area of particular emphasis. The work of this priority area is expected to elevate current focus on early interventions and hospital avoidance, where safe.

Out of Hospital Care

Provision of care in the community or out of hospital settings (e.g., Hospital in the Home) will be an area of strong focus for the work in this priority area.

Virtual care

Safe, trusted, effective models of virtual health care are seen as a critical enabler to the Whole of Health concept. Given the geography of FWLHD, leveraging the full potential of digital technology for prevention, remote patient monitoring, and patient-led management of chronic conditions (e.g., heart failure, COPD, diabetes) is expected.

Role Delineation

At this stage, it is not possible to determine whether any changes to role delineation(s) will be required, however this is not in any way ruled out.

Networking/Partnerships Within the LHD/SN

Networking within LHD/SN

It is anticipated that this priority area will help to mature, expand, and strengthen internal FWLHD teams and networks via an enhanced patient focus to care provision.

Networking with other local health service providers

Similarly, the work of this priority area is intended to help mature, expand, and strengthen teams and networks with Primacy Care providers including General Practitioners, the Primary Health Network, the RFDS, and Aboriginal Community Controlled Health Organisations such as Maari Ma and Coomealla.

Stronger relationships with residential aged care and other relevant NGO and NDIS providers are also intended to co-develop processes which can avoid unnecessary hospital admissions and speed discharge. These may involve routine sharing of information and/or resources.

Health Place/Precinct considerations

As the models of care and network relationships change and grow, there may well be potential opportunities to co-locate services and/or share buildings.

At the time of writing there are no plans for a health precinct development within the Far West.

Networking with other LHDs/SNs related to the Priority Focus Area

It is anticipated that FWLHD will continue to build on service foundations and relationships with partner healthcare providers, including:

- NSW Ambulance
- Sydney LHD
- South East Sydney LHD
- Western NSW LHD
- Western Sydney LHD
- Sydney Children's Hospitals Network
- Nepean Blue Mountains LHD.

Interstate health service related to the Priority Focus Area

There is potential for complementary sharing of resources and/or information with neighbouring providers in Vic and SA and their networks (providing outpatient services, primary and specialised services, regional health services). For example, in some regions there may be opportunities to support out of hospital/community-based care for FWLHD residents who may seek treatment across the border (and vice-versa).

Education, Teaching and Research

As part of the continuous improvement process, it is anticipated that the LHD will seek the experiences and learnings from other providers, both Australian and international. The new approaches/models of care which are developed as part of this priority area may provide the basis for research as the priority area progresses.

Environmental Sustainability/Climate Risk

Resource management

- No implications expected through the work of this priority area.

Transport and logistics

- No implications expected through the work of this priority area.

Building, design and asset management

- No implications expected through the work of this priority area.

Supply chain and procurement

- No implications expected through the work of this priority area.

Physical climate risks related to Priority Focus Area

- No implications expected through the work of this priority area.

Health Risks

- No implications expected through the work of this priority area.

Financial implications

- No implications expected through the work of this priority area.

Capital

Capital requirements linked to this priority

While most of the work within this priority area will be supported by operational funding, capital requirements can be expected to enable the provision of virtual care where clinically appropriate, or to enable provision of any other modalities of care that existing facilities are not already designed to deliver.

Rationale why a capital solution is required

Facilities may need to undergo upgrades to enable additional supply of power or utilities, additional network bandwidth, additional redundancy, etc based on any revised service provision.

Optimisation of existing assets

The objective of this priority area is to optimise use of existing clinical infrastructure through more efficient and effective use of all resources, including physical assets and staff.

Operational efficiencies

The work of this priority area will explore the potential of a variety of operational configurations including (but not limited to):

- flexible use of treatment spaces
- service availability (operational hours, clinics/week)
- home-based care
- virtual healthcare modalities.

Impact on Support and Enabling Services or Potential Opportunities

	Potential impact	Outline impact	Opportunities	Discussed with entity
NSW Health Pathology or other pathology service provider	N	-	-	-
eHealth or other information technology provider	Y	Support required for FWLHD to optimise potential of SDPR	Enhanced interoperability to support external providers (e.g., Home-based care)	N
NSW Ambulance Service	Y	Potential increased utilisation for lower level support/care, lessening the number of emergencies callouts	-	N
HealthShare NSW or other service provider	Y	Potential for decreases in food / linens as patients are kept in community services, efficiencies in HealthShare space utilisation space	-	N
Patient Transport/Travel	Y	Better utilisation and less travel as people are kept well within the community	-	N

Workforce

Workforce impacts

It is expected that this priority area will produce initiatives which explore the potential of task substitution between professional clinical groups, (e.g., Nurse Practitioner for GP) and an increasing emphasis on supporting staff to work in Advanced Scope capacities.

Workforce risks & strategies to mitigate risks

Risk	Rating	Mitigation
Workforce availability – unavailable to design new models and provide services	Likelihood: Possible Consequence: Minor Rating: (R) Medium	• Carve out time for staff to contribute to co-design and improvement work as part of business as usual.
Limited support available to enable staff to work consistently in Advanced Scopes of practice	Likelihood: Possible Consequence: Minor Rating: (R) Medium	• Proactive planning with clinicians to consider how they could leverage the assistant workforce, structured delegation to release capacity for higher complexity activity.
Reluctance of professional groups to consent to task substitution/ share	Likelihood: Possible Consequence: Minor Rating: (R) Medium	• Consultation with all professional groups and involvement in co-design and address common barriers to change (e.g., perceptions of medico-legal risk).

Financial implications

- No implications expected through the work of this priority area.

Other Resource Implications

Digital Infrastructure

Two aspects of this priority area will be raised as follows.

- **System interoperability**: virtual healthcare functionality has been identified as a key enabler of this work, in particular the need for the relevant patient information to be accessible across the entire patient journey, not just within FWLHD. The ability of clinicians working in other provider organisations (e.g., AMS staff) to access FWLHD patient data at the point of care, may have digital infrastructure implications which will be explored as part of this priority area.
- **Increased uptake of models of virtual care**: it is expected that successful delivery of this priority area will generate additional volume of patients and clinicians active on specified virtual platforms. It is unclear at this stage whether the increased uptake of virtual care will have a material impact on digital infrastructure provision, or if current models are fit for purpose.

Other additional costs

- No implications expected through the work of this priority area.

Financial offsets (if applicable)

- No implications expected through the work of this priority area.

PRIORITY 4: BUILD OUR ABORIGINAL WORKFORCE

Case For Change

Problem/Opportunity

While FWLHD is one of the state's leaders in its level of Aboriginal workforce participation, it is not meeting its vision of having an 'Aboriginal workforce that reflects the local population profile at all levels'[1]. There are still too few staff who identify as Aboriginal when compared to the LHDs 13% goal.

The evidence around Aboriginal healthcare is conclusive, provision of culturally appropriate care is significantly enhanced when delivered by Aboriginal staff who can offer cultural safety simply though having a presence. Having a greater number of Aboriginal people seek and obtain timely care because they know they can be seen by an Aboriginal health worker will naturally enhance the populations outcomes.

There are barriers to recruitment and retention of Aboriginal people at all levels of the healthcare workforce, including:

- unreasonably lengthy and challenging recruitment processes that may discourage Aboriginal applicants
- relatively low numbers of targeted roles
- possible cultural isolation once employed, feelings of disconnect from community
- burden of cultural load as staff become 'representatives' for all Aboriginal issues/business, leading to burnout
- lack of understanding from managers about the holistic benefits and importance of cultural practices e.g., around Sorry Business, and the validity of yarning as clinical counselling activity
- low numbers of Aboriginal representation in management and executive positions.

FWLHD recognises that, as the LHD with the largest proportion of Aboriginal people in its catchment, sustained and significant efforts to continue Closing the Gap are essential as an enabler of better health outcomes.

Objectives

FWLHD aims to increase the proportion of Aboriginal staff working within the district from 9% at present to 13%, which is in line with the targets of the FWLHD Strategic Plan 2021-26.

In practical terms, to do this today would mean increasing the current numbers of Aboriginal staff working for FWLHD by 19 (i.e., a 25% uplift) to take the total from 72 to 91 FTE.

Service Change (Actions)

The key action of the priority area is to review and update the FWLHD Aboriginal Workforce Strategy. It is expected that this will address (but is not limited to) the following key areas:

- development of a trainee program to better transition Aboriginal interns (e.g., SBATs) into fully qualified roles
- enhanced links to education and strengthen/expand training pathways
- development of new/realignment of existing models of care to drive delivery of better outcomes
- leveraging digital technology to provide education opportunities in real time; expand access to include local, national, and global resources
- development and implementation of measures to better retain our existing highly trained Aboriginal workforce.

Outputs

Initially, the tangible product of this priority area will be the report that articulates a refreshed and revitalised approach to development of Aboriginal workforce at FWLHD. The key messages within the strategy will be articulated throughout the LHD and broader health ecosystem to reinforce the rationale behind these efforts i.e., that a larger Aboriginal health workforce will deliver better population health outcomes.

Subsequent products will include (but are not limited to):

- training and education pathways from secondary school to the LHD/tertiary education
- new education and training opportunities for Aboriginal communities in remote areas via online platforms
- culturally safer clinical spaces in which Aboriginal people are more comfortable seeking care
- models of care which recognise cultural practices and deliver more effectively for Aboriginal communities.

[1] FWLHD Strategic Plan 2021-26, Workforce

Benefits / Outcomes

A significant amount of research has been conducted that highlights the positive relationship between employing Aboriginal staff within a healthcare setting to delivering better Aboriginal health outcomes. Three examples of such studies are provided below.

- A study published in the "International Journal for Equity in Health" in 2019 found that Aboriginal patients in Australia who received care from an Aboriginal doctor were more likely to have their diabetes managed effectively, compared to those who received care from a non-Aboriginal doctor.
- A review published in the "Journal of the American Medical Association" in 2017 found that Indigenous patients in Canada were more likely to receive appropriate care and have better health outcomes when they received care from Indigenous healthcare providers.
- A study published in the "International Journal of Environmental Research and Public Health" in 2020 found that Indigenous patients in New Zealand who received care from an Indigenous healthcare worker were more likely to have their chronic health conditions managed effectively, compared to those who received care from a non-Indigenous healthcare worker.

Overall, these studies suggest that having Aboriginal staff in healthcare organisations can lead to improved health outcomes for Aboriginal patients. This is likely due to factors such as improved cultural competence, improved communication, and increased trust between patients and their healthcare providers.

In the medium and longer term, the following key benefits and outcomes are anticipated:

- better health outcomes for Aboriginal communities within the Far West
- increased employment opportunities for Aboriginal people within FWLHD
- improved levels of cultural awareness and safety within FWLHD
- increased Aboriginal people seeking more frequent care from FWLHD
- enhanced retention rates for Aboriginal staff
- 13% of the FWLHD workforce identifying as Aboriginal
- reduced impact of psychological health issues through earlier intervention
- meaningful progress towards ‘Closing the Gap’.

Our Value Proposition

IF we can increase the proportion of FWLHD Aboriginal workforce to 13% in line with the FWLHD Strategic Plan

BY streamlining recruitment processes, developing stronger education and training pathways, and increasing cultural safety across all parts of the organisation

THEN we will increase the number and frequency of Aboriginal people seeking care, which will improve health outcomes for Far West Aboriginal communities.

In NSW, the definition of value-based health care considers what value means for patients, clinicians, and the health system, and aims to provide health services that deliver value across four domains by improving:

- health outcomes
- experiences of receiving care
- experiences of providing care
- effectiveness and efficiency of care.

The key indicators that are linked to the expected benefits and value-based healthcare include:

- number of Aboriginal people attending FWLHD services
- higher reported levels of patient satisfaction around the cultural safety of care
- increased levels of Aboriginal people participating in the FWLHD workforce
- reduced levels of chronic disease within Aboriginal communities
- reduced numbers of acute exacerbations of chronic disease (i.e., driven by delays seeking treatment).

Service Model

Service Model

Revisions to the service model may be developed as part of this priority area.

Illness prevention, health promotion, population health, early intervention

The overarching objective of this priority area is to increase the ability of FWLHD to provide health services to Aboriginal communities across the entire continuum of care. Greater Aboriginal representation within FWLHD will assist in creating a more culturally safe space that hopefully encourages more frequent and more timely access to medical services, whether that be education for illness prevention, regular check-ups and screening, or access to treatment.

Out of Hospital Care

It is anticipated that, alongside stronger partnerships with Aboriginal Medical Services and Aboriginal Community Controlled Health Organisations (see Priority Area 2), out of hospital care opportunities will arise from this work.

Virtual care

It is anticipated that a range of opportunities to extend and enhance virtual care will arise from this work, e.g., greater assistance and support can be provided from Aboriginal Liaison Officers or Aboriginal Health Workers to Aboriginal patients when accessing virtual care, or this may present opportunities to consult virtually with Aboriginal healthcare providers across the state for specialist advice when not available on the ground (see Priority Area 5).

Role Delineation

At this stage it is not possible to determine whether changes to role delineations will be required, however this is not in any way ruled out.

Networking/Partnerships Within the LHD/SN

Networking within LHD/SN

- No specific changes in this area are anticipated as part of this priority area.

Networking with other local health service providers

Aboriginal staff within FWLHD are strongly encouraged to network with staff within other Aboriginal health organisations to ensure the message of timely access to healthcare is embedded. The LHD must work alongside other Aboriginal healthcare providers to ensure an accessible system is presented.

It is therefore anticipated that this priority area will result in closer integration of FWLHD with Aboriginal Medical Services and Aboriginal Community Controlled Health Organisations within the district (alongside Priority Area 2).

Health Place/Precinct considerations

- No specific changes in this area are anticipated as part of this priority area.

Networking with other LHDs/SNs related to the Priority Focus Area

This priority area has the potential to enhance networks between Aboriginal staff across NSW Health. Staff may be encouraged to connect with their peers in other LHDs and share their knowledge and experiences, access cultural support, guidance through onboarding, help navigating cultural requirements, etc.

Interstate health service related to the Priority Focus Area

This priority area has the potential to enhance networks between Aboriginal staff within FWLHD and healthcare providers within border towns and interstate. As above, staff may be encouraged to connect with their peers within our referral networks and ensure that continuity of safe cultural care is being provided through the referral pathway, share their knowledge and experiences, understand trends and where care may be enhanced, etc.

Education, Teaching and Research

To facilitate learning to recruit Aboriginal (and non-Aboriginal) people into the FWLHD workforce, the development of new – and the strengthening of existing – education and training partnerships between FWLHD and local education providers will be required. These are likely to include, but are not limited to:

- local primary and secondary schools / NSW Department of Education
- University partners within University Departments of Rural Health
- TAFE and other Registered Training Organisations (e.g., HETI)
- apprenticeship support agencies
- Maari Ma and Coomealla Aboriginal Community Controlled Health Organisations.

Environmental Sustainability/Climate Risk

Resource management

- No specific changes in this area are anticipated as part of this priority area.

Transport and logistics

- No specific changes in this area are anticipated as part of this priority area.

Building, design and asset management

- No specific changes in this area are anticipated as part of this priority area.

Supply chain and procurement

- No specific changes in this area are anticipated as part of this priority area.

Physical climate risks related to Priority Focus Area

- No specific changes in this area are anticipated as part of this priority area.

Health Risks

- No specific changes in this area are anticipated as part of this priority area.

Financial implications

- No specific changes in this area are anticipated as part of this priority area.

Capital

Capital requirements linked to this priority

Capital requirements can be expected to enable the provision of virtual services or support.

Rationale why a capital solution is required

Facilities may need to undergo upgrades to enable additional supply of power or utilities, additional network bandwidth, additional redundancy, etc based on any revised service provision.

Optimisation of existing assets

- No specific changes in this area are anticipated as part of this priority area.

Operational efficiencies

- No specific changes in this area are anticipated as part of this priority area.

Impact of recent relevant capital redevelopments (delete if not applicable)

There is existing MWE funding assigned to creating a more welcoming space within each FWLHD facility for Aboriginal staff, patients, and community, through construction of Yarning Circles and Healing Gardens.

Impact on Support and Enabling Services or Potential Opportunities

	Potential impact	Outline impact	Opportunities	Discussed with entity
NSW Health Pathology or other pathology service provider	N	-	-	-
eHealth or other information technology provider	N	-	-	-
NSW Ambulance Service	N	-	-	-
HealthShare NSW or other service provider	N	-	-	-
Patient Transport/Travel	N	-	Opportunity to boost Aboriginal representation in patient transport services	-

Workforce

Workforce impacts

It is expected that the range of measures determined in the refresh of the FWLHD Aboriginal Workforce Strategy will significantly increase the number of Aboriginal people working in all types of roles across the LHD. The focus is not primarily to develop new roles in this context, but rather to enhance recruitment of new Aboriginal members of staff while also retaining those Aboriginal members of staff already employed.

As the proportion of Aboriginal workforce grows and the presence of Aboriginal employees becomes more representative within roles at all levels of the organisation, it is anticipated that the cultural competency of all staff will be enhanced.

Workforce risks & strategies to mitigate risks

Risk	Rating	Mitigation
Workforce availability – unable to source sufficient Aboriginal workforce from the district	Likelihood: Possible Consequence: Minor Rating: (R) Medium	• Ensure adequate in-community discussions and engagement around employment options and opportunities • Emphasise flexibility within roles and potential for virtual work where applicable / appropriate
Workforce tension – non-Aboriginal staff perceive they are being neglected by the LHD, creating a toxic culture of 'affirmative action' or 'positive discrimination'	Likelihood: Unlikely Consequence: Minor Rating: (U) Low	• Ensure early change management – increases in Aboriginal staff is highly desirable because it directly yields better health outcomes for Aboriginal community • Framing the change – the LHD's effort to expand the Aboriginal workforce should be clearly linked to the mission of improving the health of Aboriginal communities

Financial implications

It is expected that this Priority Area could be implemented with minimal/no additional funding. It is part of core business and should be covered under routine operational expenditure.

Other Resource Implications

Digital Infrastructure

- No specific changes in this area are anticipated as part of this Priority Area.

Other additional costs

- No specific changes in this area are anticipated as part of this Priority Area.

Financial offsets (if applicable)

- No specific changes in this area are anticipated as part of this Priority Area.

PRIORITY 5: ESTABLISH A ROTATIONAL WORKFORCE (ALL PROFESSIONS)

Case For Change

Problem/Opportunity agency

FWLHD is heavily reliant on contingent workforce (including agency workers, locum staff, VMO, etc) to cover clinical and support role vacancies across the district. The majority of the staff in the Broken Hill Emergency Department, for example, are agency staff. Where the district is unable to hire permanent staff into clinical and support roles, the workforce strategy is to fill the roles with contingent or temporary workers.

Comparison of the last two financial years (FY2021-22 and FY2022-23) of Employee Related expenditure indicates a degree of volatility in staffing costs.

- Employee Related costs increased by 8.4% ($7.05m) in FY2023 to a total of $90.99m.
- Costs related to permanent staffing declined, including:
  - Salary & Wages Base and Accruals costs decreased 2% (-$1.15m)
  - Overtime decreased by 2.3%
  - Shift and Public Holiday Penalties decreased by 35% combined
- Premium Labour costs (Medical, Nursing and Other Agency staffing) increased by 43% ($2.55m) to a total of $8.89m. Agency Nursing costs saw the largest increase (+ 66% / $1.85m) to total $4.62m in FY2023.
- VMO expenditure (which is in addition to Employee Related costs) totalled $10.32m in FY2023, an increase of 8.3% from FY2022.

The implication here is that permanent staffing levels are static at best and that reliance on premium labour is increasing, as is its unit cost. These observations illustrate the practical resourcing challenges faced by the LHD in an inflationary environment with a shrinking workforce supply. Reducing variability in staffing and thereby the related resourcing cost, would pay a quality and a financial dividend.

Workforce that is complemented with contingent workers is beneficial as it enables the district to continue providing critical care, as there are not enough resident workers to cover vacant roles.

However, contingent workers are more expensive than permanent staff members, their availability is inconsistent which leaves gaps in service delivery, and they are temporary which inhibits continuity of service, culture, and corporate knowledge.

FWLHD has spent several years trying to mitigate workforce challenges. This priority area seeks to realise the opportunity to trial and implement innovative workforce strategies and, where relevant, share learnings with LHDs experiencing similar issues.

Objectives

FWLHD aims to establish a rotational workforce strategy based on shared staff commissioning with partner healthcare providers. Rotation of temporary contingent workers will be phased out, paving the way for a permanent workforce that is planned, reliable, digitally enabled, and that delivers exposure, experience, and skill development to all staff.

Service Change (Actions)

FWLHD will partner with other health providers to fill key capability gaps, replacing reliance on contingent staff.

Capabilities unable to be filled locally will be sourced from other LHDs, private health providers, or interstate health organisations based on a shared commissioning model. The requirements will be outlined in service level agreements (or equivalent) to ensure consistency and continuity.

Staff will rotate into the district to complement resident workforce in agreed roles (e.g., full time Registered Midwife from SLHD works on-site in FWLHD for 0.25 FTE). They may also provide a remote/virtual workforce to fill capability gaps where roles are not required to be physically present (e.g., full time Clinical Midwife Educator from NSLHD works remotely for FWLHD for 0.25 FTE).

Aligned to Priority Area 1, capabilities will be sourced to align with service need, rather than historical role vacancy.

Outputs

This workforce strategy will ensure that the district is resourced in key clinical and support roles as required to deliver services.

For patients – more staff means patients have better access to timely care, resulting in decreased wait times and providing capacity for additional activity.

For staff – increased resources will result in a more even workload distribution and decrease in overtime/covering shifts. It will ensure all staff have access to relevant training, education, and supervision. Staff experience and wellbeing will improve resulting from these factors.

It will provide an opportunity for staff development for metro or regional-based workers, who can physically or virtually rotate through the district's rural and remote facilities and build their rural practice experience.

For FWLHD – this delivery model will provide financial efficiencies in the areas of recruitment and retention and provide operational efficiencies through reduced overheads and reduction in time spent sourcing contingent workers.

Benefits / Outcomes

Our Value Proposition

IF the workforce strategy is revised to reduce the reliance on contingent workers to fill key clinical and support roles

BY implementing a shared staff commissioning model in partnership with other health providers

THEN the district will have a more consistent and reliable service provision that ultimately benefits staff, patients, and the broader Far West community.

It is anticipated that developing workforce on this basis will deliver systemic benefits including (but not limited to):

- financial efficiencies realised from reduced contingent worker overheads
- reduced clinical overtime and need to cover shifts
- increased accessibility and availability of services, reducing patient wait times
- increased access to virtual care, potentially broadening the scope of service provision
- increased staff wellbeing.

Benefit Projections

As an illustration, three of the key anticipated benefit scenarios have been modelled in the table below.

The benefit potential for FWLHD of obtaining planned access to shared permanent staff resourcing is clear from the scenarios posited below. Important to note, that these projected savings would be offset with the requisite Salaries and Wages expenditure and so represent funds available for re-investment. Harder to quantify but equally impactful is the benefit to having community based service sustainably staffed to deliver preventative services keeping people well and out of hospital, further adding indirect savings on current models.

Savings potential is also expressed in FTE terms, this is simply another way to highlight the premium cost of temporary resourcing to the LHD at present, and the value potential should these funds be freed up to be spent elsewhere.

Benefit Scenario	Annual Cost Savings	Savings at 5 Years	Permanent Staff FTE Equivalent[2]
The creation of shared / rotational roles leads to 15% reduction in VMO expenditure	$1,548,036	$7,740,177	6.8*
The creation of shared / rotational roles leads to 25% reduction in Medical Agency levels	$954,987	$4,774,983	7.9**
The creation of shared / rotational roles leads to 25% reduction in Agency Nursing levels	$1,154,795	$5,773,973	13.5***
Total	**$2,503,032**	**$12,515,160**	**28.2**

**Assumed resource: Senior Medical Officer >5 years $228,121 p.a.*

***Assumed resource: Junior Medical Officer 4th year Resident / 2nd year Registrar $228,121 p.a.*

****Assumed resource: Registered Nurse 5th year $85,519 p.a.*

Service Model

Service Model

FWLHD will introduce a rotational workforce accessed through a shared commissioning model with other LHDs, private health providers, and interstate health organisations.

In line with Priority Area 1, the capabilities required to deliver patient and community services will be reviewed, and where relevant, existing contingent workforce will be replaced by rotational staff from partner healthcare providers. Rotational staff, in physical or virtual capacity, will fill capability gaps across the district.

This model will ensure staff are available when required (physically or virtually) to deliver services across the district, enabling greater access to consistent, safe, and timely care for patients and the community.

Illness prevention, health promotion, population health, early intervention

The revised workforce strategy will provide greater staff coverage across clinical and support roles.

- Greater availability and coverage of staff results in reduced vacancies and greater availability of services, providing greater access to early interventions.
- Greater availability of services that are better aligned to population needs, means better servicing of population needs and positively influences population health outcomes.
- A fully resourced workforce enables staff to focus on their roles and commit time to health promotion where required/relevant.
- Better health promotion can result in community seeking earlier interventions, preventing avoidable illness, and contributing to increases in overall population health.

Out of Hospital Care

- No specific implications will arise from the completion of this priority area.

Virtual care

The revised workforce strategy embraces virtual care delivery when clinically appropriate or for support roles not reliant on having a physical presence.

This may include patient services, such as:

- virtual triage, as is practiced in Wilcannia Hospital in partnership with SLHD (Royal Prince Albert Hospital)
- virtual patient monitoring, as is practiced in Broken Hill Hospital ICU through SLHD (Prince of Wales Hospital)
- telehealth / virtual consultations
- store and forward (Asynchronous).

[2] HEALTH PROFESSIONAL AND MEDICAL SALARIES (STATE) AWARD 2023

Or support services, such as:

- clinician training, education, and supervision
- virtual care planning.

Role Delineation

- No specific implications will arise from the completion of this priority area.

Networking/Partnerships within the LHD/SN

Networking within LHD/SN

- No specific implications will arise from the completion of this priority area.

Networking with other local health service providers

Relevant non-LHD healthcare providers across the district will be approached to assist in filling workforce vacancies. This will be through a shared commissioning model with specialists fulfilling FTE for FWLHD on a rotational basis.

Depending on the nature of the partnership between FWLHD and the private/NGO/AMS, service level agreements (or similar) will be established.

Health Place/Precinct considerations

- No specific implications will arise from the completion of this priority area.

Networking with other LHDs/SNs related to the Priority Focus Area

Other NSW Health LHDs will be approached to assist in filling workforce vacancies. This will be through a shared commissioning model with specialists fulfilling FTE within the Far West on a rotational basis.

Depending on the nature of the partnership between FWLHD and the partner LHD, service level agreements (or similar) will be established.

This provides the opportunity for partner LHDs to rotate workforce through FWLHD for skill development or to gain experience in rural practice. Where the opportunity arises for reciprocal arrangements, rotations through metro or regional LHDs will benefit FWLHD staff with skill uplift and experience.

Interstate health service related to the Priority Focus Area

Various public and private healthcare providers within SA and Vic will be approached to assist in filling workforce vacancies within the Far West. This will be through a shared commissioning model with specialists fulfilling FTE on a rotational basis.

Healthcare providers within NSW/Vic border communities would be of particular interest due to their convenient location, helping to potentially minimise associated travel and accommodation costs. There may be interest for the healthcare provider to rotate workforce through FWLHD for public sector experience or for rural practice skill development.

Depending on the nature of the partnership between FWLHD and the interstate provider, service level agreements (or similar) will be established.

Education, Teaching and Research

This workforce strategy provides greater opportunity for training and development of all staff.

- A better resourced district will ensure staff spend less time covering shifts, allowing them to take more time for personal development, skill development, and education.
- Greater availability of staff will improve opportunities for observation, shadowing, and on-the-job training.
- Resident staff will have the opportunity to learn from rotating staff, who may bring different experiences, practices, and skills with them to the district.
- Rotating staff will gain exposure to rural practices which may be considerably different to their metro/regional experiences.
- Unfilled trainer and educator roles will have the opportunity to be filled by rotating workers.

Environmental Sustainability/Climate Risk

Resource management

- No specific implications will arise from the completion of this priority area.

Transport and logistics

Employing non-resident workforce to work within FWLHD will always yield environmental impact. The remote nature of the Far West district means air travel is generally the most efficient (and most practical) way to access the region, and once on the ground, the use of fleet vehicles is necessary to get around.

However, the environmental impact of supplying physical workforce to the district's southern border towns could be reduced if partnerships with Vic healthcare providers were established. Workforce could be sourced from areas like Mildura or Swan Hill which is only a short drive (up to 1 hour) from the southern FWLHD facilities. In these instances, flights, accommodation, and LHD fleet hire may not be required.

Building, design and asset management

Building design (specifically room design) will need to be considered where virtual care modalities are to be introduced, including factors such as lighting, acoustics, privacy, wall colours, etc. There may also be the requirement to increase data/power within the room, and for additional or new technologies to be adopted to support virtual care.

Supply chain and procurement

- No specific implications will arise from the completion of this priority area (outside of transport and logistics above).

Physical climate risks related to Priority Focus Area

Climate-related risks that may impact the implementation of a non-resident workforce strategy are outlined below. However, it's worth noting that these risks will continue to exist until a fully locally sourced workforce is implemented.

Risk	Rating	Mitigation
Workforce unable to travel to/from district due to significant weather episodes (flood, storm, fire)	Likelihood: Possible Consequence: Moderate Rating: M (Medium)	• Ensure key services are virtually supported with the right tech solutions in place. • Ensure local staff are trained and skilled in the use of virtual tech for patient support.
Virtual workforce unable to provide virtual care due to power outages arising from significant weather (flood, storm, fire)	Likelihood: Possible Consequence: Major Rating: H (High)	• Ensure all sites are equipped with a backup generator for continuation of power. • Ensure sites are connected through multiple mobile network providers. • Work with Council to explore possible tech and power infrastructure upgrades in remote areas.

Health Risks

- No specific implications will arise from the completion of this priority area.

Financial implications

- No specific implications will arise from the completion of this priority area.

Capital

Capital requirements linked to this priority

There is little capital impact arising from the revised workforce strategy, the key consideration being within the virtual care technology space. FWLHD would look to expand its existing virtual care technology (in line with the recommendations from Priority Area 1) including:

- over-bed cameras for virtual triage and patient monitoring within all sites offering emergency services
- VC-enabled workspace-on-wheels (WOW) accessible within relevant in/outpatient spaces
- VC-enabled computers within all consult rooms for virtual patient consultation/telehealth.

Virtual technology will also enable remote staff training and supervision.

It is noted that, as above, in addition to procurement of technology and maintenance/servicing as required, facilities may need to be updated to provide a better environment for virtual care delivery (e.g., network upgrades, power upgrades, room colour, acoustics, insulation, etc).

Rationale why a capital solution is required

In the instance that workforce capability is not able/required to be physically present, virtual care infrastructure can (in clinically appropriate circumstances) enable remote workforce to provide the required service.

Optimisation of existing assets

FWLHD currently relies on virtual care to deliver many of its services so there is already a network of assets in place. Existing virtual care technology will continue to be utilised as required.

If existing virtual care technology is no longer deemed necessary in its current use, but the asset is still within its functional life, it could be redeployed to another facility for use.

In the case that the existing technology allocation is exhausted, or there is a change to service provision and existing technology does not sufficiently cater for the new service, the LHD would look to funding solutions to source additional assets. This would be necessary to ensure that all facilities within the district are equally equipped to deliver remote care.

Operational efficiencies

This workforce strategy is anticipated to produce operational efficiencies for the district arising from the reduced need for expensive non-LHD accommodation currently required to house contingent workers (e.g., Airbnb and motels).

Impact of recent relevant capital redevelopments

There are four capital redevelopments taking place within the district over the next two years. While these redevelopments account for some updates to virtual care equipment, the technology is based on current service provision and utilisation. Changes to service provision, workflow, and utilisation will likely require significant increases and updates to virtual care technology.

Redevelopment	Impact on planning
Wentworth Hospital redevelopment	• Upgraded facility may attract workforce to the district. • New virtual care FFE included to enable virtual clinical consultations and clinical support (overbed critical care cameras in emergency department bays, desktop video conferencing in triage and consult rooms in addition to web camera for non-agnostic video platforms).
Broken Hill Hospital – upgraded ED	• Upgraded facility may attract workforce to the district. • New virtual care FFE included to enable virtual consultation and clinical support (overbed critical care cameras in 2 resuscitation bays and desktop video conferencing in consult room in addition to web camera for non-agnostic video platforms) reducing expenditure on new virtual care assets.
Broken Hill Hospital – new MHIPU	• Upgraded facility may attract workforce to the district. • New virtual care FFE included to enable virtual consultations, legal hearings, meetings, and education. Includes new interactive sensory room.
Key Worker Accommodation Program	• New facility (in combination with new ED & MHIPU) will attract workforce to the district. • Additional LHD-owned residences will provide accommodation for staff when they travel to Broken Hill for work. This will alleviate the need for expensive, non-LHD accommodation solutions (motel beds, Airbnb).

Summary of options considered

The LHD will consider the following options for procuring virtual technology:

- Purchasing virtual technology
- Leasing virtual technology.

Noting that both of these options will require a recurrent budget allocation.

Impact on Support and Enabling Services or Potential Opportunities

	Potential impact	Outline impact	Opportunities	Discussed with entity
NSW Health Pathology or other pathology service provider	N	-	-	N
eHealth or other information technology provider	Y	Consultation around relevant virtual care processes for LHD	-	N
NSW Ambulance Service	N	-	-	N
HealthShare NSW or other service provider	Y	Consultation around procurement of virtual care assets that are relevant for the LHD	-	N
Patient Transport/Travel	N	Potentially less active with the provision of virtual care	-	N

Workforce

Workforce impacts

The LHD will transition contingent workforce responsibilities to staff from partnership healthcare providers who have a dedicated FTE to work within FWLHD.

Aligned to Priority Area 1, capabilities will be sourced to align with service need, rather than historical role vacancy.

Workforce risks & strategies to mitigate risks

Risk	Rating	Mitigation
Workforce availability – unable to source workforce from partner organisations	Likelihood: Possible Consequence: Major Rating: (H) High	• Discuss viability of the arrangement and put in place mitigations with organisations prior to SLA development. • Remain connected to contingent workforce as a backup in the event transitional arrangements fall through.
Workforce affordability – cost associated with transitional workforce is inefficient	Likelihood: Possible Consequence: Minor Rating: (R) Medium	• Travel to be planned and booked well in advance to take advantage of more affordable flights. • Virtual services to be utilised Virtual services to be utilised when clinically appropriate and the consumer accepts the offer.
Workforce sustainability – unable to retain rotational workforce due to travel requirement	Likelihood: Possible Consequence: Major Rating: (H) High	• Discuss viability of the arrangement and put in place mitigations with organisations prior to SLA development. • Remain connected to contingent workforce as a backup in the event transitional arrangements fall through.

Financial implications

This workforce strategy is anticipated to produce financial efficiencies for the district arising from the reduction in expensive overhead costs associated with funding contingent workers.

Other Resource Implications

Digital Infrastructure

Digital infrastructure (virtual assets) is anticipated as outlined in the capital requirements section.

Other additional costs

- No specific implications will arise from the completion of this priority area.

Financial offsets (if applicable)

- No specific implications will arise from the completion of this priority area.

INVOLVEMENT IN DEVELOPMENT OF PRIORITY FOCUS AREAS

SECTION/UNIT *Examples are given of potential leads who provide specialised input in plan development and oversight. Amend as required.* *It is anticipated the leads would be involved in developing the plan, evaluation and monitoring.*	**INVOLVED**	**NAME**
Service Planning Unit: Facilitate or provide input in the development of the Plan.	Y	Annabelle Matthews
Performance Unit: Develop activity targets; monitor performance to ensure targets are achieved.	Y	Apsara Kahawita
Workforce: Identify current and future workforce opportunities and strategies associated with the Plan; monitor, evaluate and refine strategies to ensure expected outcomes are realised.	Y	David Green
Telehealth or Virtual Care Manager: Identify virtual care opportunities and strategies associated with the Plan; monitor, evaluate and refine strategies to ensure the expected outcomes are realised.	Y	Sharyn Cowie
Population Health/Health Promotion Lead: Identify population health needs, opportunities and strategies associated with the Plan; monitor, evaluate and refine strategies to ensure expected outcomes area realised.	Y	Leadership Team
Chief Information Officer: Identify ICT needs, opportunities and strategies associated with the Plan; monitor, evaluate and refine strategies to ensure expected outcomes are realised.	Y	Michelle Harkin
Finance Lead: Evaluate current actual and budgeted costs and future fiscal environment; identify cost opportunities and strategies associated with the Plan; monitor, evaluate and refine strategies to ensure expected outcomes are realised; escalate financial risks to the LHD/SN executives or Board.	Y	Apsara Kahawita
Place and Partnerships Lead: Develop place-based vision, coordinate planning for strategic and commercial partnerships with industry, universities, and education institutions. Identify opportunities and strategies for partnerships with other government and non-government organisations, consumers, and carers associated with the Plan; monitor, evaluate and refine strategies to ensure expected outcomes are realised.	Y	Leadership Team
LHD/SN Sustainability/Environmental Lead: Identify environmental opportunities and strategies associated with this Plan; monitor, evaluate and refine strategies to ensure expected outcomes are realised; measure, monitor and report on progress aligned with NSW Health's net zero trajectory.	Y	Leadership Team
Climate Risk Lead: Climate risk assessment for the LHD/SN, develop an adaptation plan, review, monitor, evaluate the implementation of the adaptation plan.	Y	Leadership Team
LHD/SN Asset Management Lead: Identify opportunities and strategies to maintain or better use existing assets, repurpose existing assets or identify requirements for new assets.	Y	Christopher McLoughlin
LHD/SN Rural Health Lead: Identify opportunities and strategies to improve access/service provision to rural, regional, and remote residents associated with the Plan; identify opportunities to support rural, regional, and remote health services and health service providers; monitor, evaluate and refine strategies to ensure expected outcomes are realised	Y	Leadership Team
LHD/SN Capital Lead: Identify opportunities and strategies to maintain, make better use of existing assets, or repurpose existing assets prior to strategies recommending new assets; monitor, evaluate and refine strategies to ensure expected outcomes are realised	Y	Christopher McLoughlin

CONSULTATION

WHO	Align Services with Need	Develop Purposeful Partnerships	Apply 'Whole of Health/Patient Centred' Concepts to Realise Efficiencies	Build Our Aboriginal Workforce	Establish a Rotational Workforce (all professions)	Comment
Clinical and non-clinical staff	Y	Y	Y	Y	Y	
LHD/SN Advisory Group	N	N	N	N	N	To Be Considered
Patients, Carers and/or Consumer representatives	N	N	N	N	N	To Be Considered
Aboriginal Community Controlled Health Services	N	N	N	N	N	To Be Considered
Other Aboriginal Groups	N	N	N	N	N	To Be Considered
Primary Health Network	N	N	N	N	N	To Be Considered
HealthShare NSW	N	N	N	N	N	To Be Considered
eHealth NSW	N	N	N	N	N	To Be Considered
NSW Health Pathology	N	N	N	N	N	To Be Considered
Other LHDs/SNs	N	N	N	N	N	To Be Considered
Health Infrastructure	N	N	N	N	N	To Be Considered
Agency for Clinical Innovation	N	N	N	N	N	To Be Considered
NSW Ambulance	N	N	N	N	N	To Be Considered
Non-government organisations	N	N	N	N	N	To Be Considered
Local Councils	N	N	N	N	N	To Be Considered
Other stakeholders	N	N	N	N	N	To Be Considered

APPENDICES

DOCUMENT	
FWLHD Strategic Plan 2021-26	**FWLHD Strategic Plan - 2021 - 2026 Final.pdf (nsw.gov.au)**