Learning Uncut Episode 76: NSW Health Workforce Planning Community – Kathryn Hume, Leigh Elligett Hosted by Michelle Ockers

Michelle Ockers:
In Learning Uncut episode 74 I spoke with Donald H Taylor about the 2021 L&D Global Sentiment Survey. The survey results showed a strong interest in collaborative and social learning. It was number two on the global list, and a clear first preference in Australia. So, there should be strong interest in this next Learning Uncut conversation which is an excellent example of social learning in action.

I'm joined by Kathryn Hume and Leigh Elligett from New South Wales Health to speak about a community of practice for workforce planners working in local health districts across the state. In 2018 Kath started grappling with the pressing need to create a capability plan for workforce planning without having holistic systems and processes in place. Additionally, the role is dynamic, with people working on many different types of projects and tasks over time. She decided use social and experiential learning approaches to develop capability. This took the form of a community of practice brought together to create processes.

Leigh was one of the workforce planners who actively participated in the community. We get her perspective on the experience of working collaboratively to develop tools and resources, then realising at some point that they had all learned so much in the process that they didn't need training.

One of the really exciting aspects of this story is how quickly the group was able to collectively respond when covid hit to prepare for workforce mobilization at the frontline of the pandemic. The value and impact of their community is clearly demonstrated by their agility in the face of this disruption.

After recording this episode Kath asked me to mention the first mentoring session, she had with me at the start of August 2018 where we worked through how to start this community. While it's really nice to see what has grown from this little seed, I think you'll agree that the credit fully belongs to Kath, Leigh and the other community members. Kath intentionally created and facilitated the time and space for this community who willingly collaborated to share their expertise, improving practices and business outcomes – and building capability along the way.

Michelle Ockers:
Welcome to Learning Uncut, Kath.

Kathryn Hume:
Thanks, Michelle. Thanks for having us.

Michelle Ockers:
Oh, I'm really delighted. And Leigh, a very special welcome to you. You're going to be a very special perspective to the podcast today, which people will hear about in a moment, so welcome, Leigh.

Leigh Elligett:
Thanks, Michelle.

Michelle Ockers:
So this story is set in New South Wales Health. So Kath, can you give us an introduction to New South Wales Health, who they are, what they do, who they do it for?

Kathryn Hume:
Sure. So New South Wales Health is a very large organisation. We service the population of New South Wales and anyone who's residing in it. I work within a body called the Ministry of Health, which is an overarching role—body that governs and provides supporting functions to our local health districts and agencies. The local health districts work independently, but we provide some guidance around how—and support around how they can perform their functions. Within this organisation, our workforce is absolutely critical to our ability to deliver on our strategic priorities.

It's a super complex organisation, really quite massive. Our headcount, don't quote me, but it's roughly around 160,000 people. So it's really quite significant, and they've broadly spread geographically. A lot of our workforce have really technical skills, and they've got really long lead times in developing those skills. And there's many and varied roles within that this organisation, and we're really heavily reliant on that workforce to deliver that service for us.

Michelle Ockers:
Yeah. And does it cover—when you talk about local health districts, what kind of services or units? Is it hospitals? Is it other forms of medical services or providers through other outlets?

Kathryn Hume:
So what I'd really like to do for these conversations, the local questions, if I can direct those to Leigh, because Leigh has that really local knowledge and lots of experience in that area and will be a much better place to answer those questions.

Michelle Ockers:
So Leigh, maybe introduce us to your role in New South Wales Health and then talk a little bit from a local health district perspective at what the organisation looks like and what the organisation does.

Leigh Elligett:
Okay, thanks very much, Michelle. So I'm based in one of the local health districts that Kath was talking about. I'm in the Western New South Wales Local Health District, and my role is based in Orange, which is over the mountains and in the Central West. So as Kath said, each of the local health districts is a separate organisation by itself when we operate usually fairly independently under the guidance of the ministry, and various sections of the ministry that provide support and advice and guidance and policy and a whole range of other direct input into what we do. But essentially, we're individual organisations which is really relevant to this story, I think.

Michelle Ockers:
And your—and the workforce that you support—so just for clarity, you're in a workforce planning—well, you're a workforce planner. Is that right, or is that part of your role, but it's a bigger role?

Leigh Elligett:
My role is based within an organisational development unit within the district, and my role focuses on workforce planning and strategy, but it is very much around organisational development in that context as well. So I do—I am involved in strategic thinking about workforce at the organisational level and also a range of projects as they're needed across the employee journey; so looking at employees from when they begin or actually from marketing and recruitment when employees are new to our organisation through to their development and support, looking at culture and all of those things that are important for employees and right through to those people potentially planning for retirement and leaving

the organisation. So a lot of my work is around education and support to those managers, and many of whom directly manage health services across the district and the workforce that we rely on to provide our services.

Michelle Ockers:
And in terms of setting, where are the people that you support working? Are they in hospitals? Are they in other kinds of health service providers?

Leigh Elligett:
Yes, both of those; hospitals, but also community health settings. We deliver a range of inpatient services and all sorts of community-based services, virtual health services, hospital in the home. There's a variety of different ways. We provide those services to our communities locally.

Michelle Ockers:
And so Kath, you're working at the strategic level. Leigh, you're working more closely at the level where the services are delivered. And we're going to be talking about workforce planning. So maybe, let's talk first about Kath, from the strategic whole of organisational level what workforce planning means and what it looks like, and then we can dive into the district level to join the dots there too to how it translates down there. So Kath, if we can start at the strategic level.

Kathryn Hume:
So workforce planning essentially is about considering what the demands are for our service and looking towards the future as what they will become; so looking on the horizons and seeing where—what the trajectory is, where it's taking us. But also then considering what are the challenges we're going to face in addressing any gaps between our demand and our workforce supply, but putting plans in place now to how we will fill those gaps so as we're not being completely reactive.

We've really got these long lead times for a lot of our staff, and we really need to be very strategic and have a lot of foresight into what might happen so as we can understand what we need to do to create that future. The population of New South Wales relies on us to support.

So in terms of the strategy, we're facing all of those challenges that all organisations globally are facing from the future of work. So we anticipate that we will be and already are being heavily impacted by technological advancement. We really have to get a grasp of what that might be and understand what the decisions are we have to make around those—the technology we'll adopt so as we can ensure we have the workforce to utilize that technology.

We've got this double dilemma of aging population which impacts us both from our client base or our consumers and our workforce supply. So being heavily dependent on our workforce and we do have this aging population. We are facing this scenario where we're seeing rapid increases in the demand for our services. We've got chronic and complex conditions that are occurring because we have got this aging population, but at the same time, we've got a workforce who are nearing retirement age, and so we need to develop those strategies that Leigh was referring to around how do we transition people into roles and retain them so as we can continue delivering this really critical service.

Michelle Ockers:
Yeah. And there's a whole separate conversation which unfortunately is not our focus today into how do you do that at a strategic level because that in itself is a really demanding and complex piece of work, Kath. So thanks for setting that scene kind of at a strategic level. So you're doing—or you're supporting the people. You're not actually doing the workforce

planning yourself. Are you, Kath? I don't think we actually dug into quite clearly what your role is.

Kathryn Hume:
So it's a good question because I'm just one of many, many, many people involved in workforce planning at the strategic level, and my role is really around developing capabilities, and it could be in a raft of things. This one happens to be workforce planning, but I've been involved in other projects predominantly around workforce. But it's not just me, obviously. There's a lot of thinking that has—that goes into the whole approach and how we'll ensure we've got the workforce that we need.

Michelle Ockers:
What are the outputs of the process at a strategic level then?

Kathryn Hume:
So the outputs that we've created, so other people in our branch will create a lot of—do a lot of horizon scanning, for example, so go and talk to people about where they anticipate the future heading. I've supported people in running surveys just to get a grasp of what people expect to be progressing towards in the future, and there's a lot of data analysis that is going on to anticipate what people's decisions might be and what trajectories they might progress along. There's lots of frameworks—I think we provide a lot of frameworks to get those strategic linkages, so we've got that alignment across the whole organisation, and those cascades down to the tactical and operational levels as well. So it really is—our role is really setting a scene and offering that guidance and support where—as and when it's required.

Michelle Ockers:
So Leigh, talk to us at a local district level, what workforce planning looks like, and anything that Kath's talked about as to the work that's on a strategic level, how that's picked up and used, and informs practices at local district level.

Leigh Elligett:
A whole organisation in particularly the executive and management structure, are involved in workforce planning from a day-to-day perspective. So they're looking at what they've got on their workloads at the—at any one time and how they're best utilizing the workforce that they have and thinking about the future, for example, how they're developing leaders that are going to be covering their current managers as they go on leave, and how preparing them for future, for succession planning when the next group of leaders are going to be needed.

So there's that constant activity within any local health district. It's guided by a lot of the work that the ministry does. So a lot of the projects that they run, a lot of their inquiries that they lead into what the needs are across the whole health service across the state. And something like the work that Kath's been doing has really helped us to see how we can be working together to achieve workforce planning, or achieve a lot of the projects that we do in the workforce space with a lot more efficiency, a lot more quality, collaborating on the work that each other—each of the LHDs is doing.

We all approach these same problems from slightly different perspectives often. We're sitting in our own LHDs and have different expertise and knowledge, and backgrounds, and we are faced with the same challenges. Rural health services tend to be a little bit different. We tend to face challenges in a slightly different way, some challenges in a slightly different way than metro areas. But essentially, the benefit of coming together and sharing ideas and learning from each other is enormous to help with our improved; I suppose the response to these challenges.

Michelle Ockers:

So can you give me an example of that the kind of decisions a workforce planner in a local district level would be making or supporting?

Leigh Elligett:
Well, that does depend on the unique nature of all of our roles in the local health districts. And I know from discussions with people throughout the collaborative work that we've done that our roles are all different.

So in terms of—if there's—some of us might have a role in directly supporting operational planning around a facility redevelopment, for example. So if that's the role that we're playing, we may be working with the team and the different stakeholders that are coming together to think about the services that are required in that space, in that town, for example, in the future around that redevelopment.

And the workforce planner might lead some discussion or contribute to some analysis of data looking forward to helping the people who are planning those services to understand what the workforce is going to look like in the future and how workforce challenges might need to shape the way services are delivered sometimes in the future.

Michelle Ockers:
So if we can think back to the time before the work we are going to discuss today around building the network, before that started, if you can cast your mind back. What were some of the key challenges in the role of workforce planning at a district level at that point?

Leigh Elligett:
I might jump in first there. I think the main thing is that as a rural health service, I've already mentioned there that we do sort of face some quite unique challenges around particularly attraction and retention of people in smaller towns across the state, particularly the more remote areas. But other than that, the challenges that we face are pretty similar across the LHD; so coping with change in environment and Kathy mentioned before, technological advances that we might need to develop different skills and approaches to respond, and to make sure that we're rolling out those and making use of—best use of those across our different health services.

But what was happening before is that each of our LHDs was looking at those independently in silos, for example, looking at those problems in isolation, definitely collaborating with the resources that we have within our LHDs. And I happen to sit in a fantastic organisational development unit, and I've got lots of resources and people to share ideas and expertise. But the unique focus on workforce planning, most of us has won a single position within our LHDs. So we didn't really have anyone to collaborate with locally on ideas for improving things and moving forward and coming up with solutions.

Michelle Ockers:
Understand the situation, and it's—although we're talking about workforce planning, this is not a unique situation, right. So many people listening will be able to recognize, well, there are roles in my organisation which are highly skilled, very specific, and people doing them are spread out all over the place, but maybe not well connected as a whole group. Which Kath, I think was the situation when you started looking at doing something different with capability build for workforce planning. I think that was one of the challenges you had. And I believe one of your colleagues wrote a discussion paper with some recommendations, which was part of it sort of triggering you to do something different. So maybe if you can talk a little bit about the recommendations there and how you got started with this different approach to capability build.

Kathryn Hume:

So that colleague, her name's Alice Dunn. And she's this amazing individual who created a discussion paper with another colleague, and it pulled together a lot of the thinking around what workforce planning in New South Wales Health should look like. But there was a consultation paper that was shared across the system, and a huge number of responses were received, and Alice was able to consolidate that all. She wrote a report which specified and clearly defined what workforce planning was at both—at all levels, so strategic tactical operational, and identified what the capability requirements were, what we needed to do to increase capacity, looked at it really from a holistic perspective of what are all of the actions we need to undertake that were ministry-led.

And so Alice created a working—sorry, an action plan with six items on it that capability was one of. But what ended up happening, when we tackled the capability piece, I really came across this situation which I've come across it before, but this was really quite an imminent need where we didn't have the systems and processes. So we didn't really have the time to create those first and then developed the capability.

The other thing about this was because it's so unique for everybody. And also, it's unique, but it changes all the time; it's so dynamic. You might be doing a redevelopment today, but you might be doing an operational workforce plan tomorrow, and then you might jump into something completely different the next day. So these moments of learning need placed in time, and so, they needed—we needed to provide support at a time when it was required so people could pull that learning. And so we started seeing—and this was what Alice came up with as well—that we actually needed to provide these support tools, performance support tools, and develop them in a way that by applying those tools and utilizing them, that would actually develop capability, but through experiential learning, but doing it in social environment where you could liaise with other people and collaborate and talk about how you were applying it for your context because everyone's context is so different. So really, those conversations were very rich.

But to your question around why did we come up with the human centered design approach. We really saw this as a wicked problem; the whole challenge of developing a workforce plan, facing all of the challenges that we had. And so we felt that we really needed an innovative solution, but we needed to develop capability quickly as well. So we ended up utilizing this design thinking approach to deliver both simultaneously so as we could actually say, "Yes, we're going to develop these tools and resources that are available at a point in need, but we're also going to intentionally develop capability."

So we overlay design thinking and human-centered design approaches with learning theory and really directed—I don't know if that was what it would feel like from the participant's point of view. I feel like it probably feels very fluid, but it was very intentional in the way we crafted our questions and engaged and led the conversations to ensure we achieved that overall goal that was outlined in those initial discussion papers and action plan.

Michelle Ockers:
Okay. So just as a time marker, when was that discussion paper created?

Kathryn Hume:
2018 from memory.

Michelle Ockers:
Okay. So about three years ago, that there was recognition that we need to do better with workforce planning across the system and to support the workforce planners more effectively. We've got gaps in capability, we've got gaps in processes and tools, and hey, they're working in a really challenging environment with the demands of the job, and what they're doing from day to day can shift as well.

In terms of stakeholder engagement, did you need to get anyone to sign off on resourcing, on you getting started with doing something as a consequence of the discussion paper? How did that process work?

Kathryn Hume:
Yeah, we do. And I'll make one clarification. I think there was capabilities that existed in the system, but we didn't have any visibility of it centrally. And so our role was really to try and grasp that and harness it and pull it together, and really create something out of what existed. So it's this ambidexterity to exploit what we already have, but then explore what was possible so as we could create new knowledge in that process. So definitely, we have many very capable people out there, but it was all happening in silos.

So in terms of resourcing, that was really critical. So Alice again had established this broader network of people who were directors of the workforce, so quite senior executives within these districts. And from that group, we sought expressions of interest for people to be members of this smaller group, and we created some engagement that way. But what we found is that initial group just kept growing and growing as word spread, and so it was really critical. And it also—it's in a constant state of flux, so people will cut drop in and out as their needs change. So one of the things that we're doing at the moment is trying to get topics scheduled ahead of time so as people have visibility over what meetings they might be involved in that are relevant for their context.

Michelle Ockers:
Leigh, when did you first hear about the work kicking off that Kath's describing, and how did you get involved with it?

Leigh Elligett:
was part of a—I suppose a series of meetings rather than a collaborative. So originally, we had a regular, or I think there were four times a year forums where we talked about workforce strategies. But it was more information sharing, and there wasn't really the opportunity to work on anything. And I think in the beginning of this particular process, I didn't actually realise that the aim was for—it was developing capability. I thought we were really focusing on developing tools and resources that we could all use and that then, the education and capability development would follow later. And I suppose it wasn't until I was sort of immersed in the process that I realised, hey wait on, this is what it's about. It's not the end product so much, although that they were important too.

I realised that I was sitting alongside these people with amazing skills and experience and such diversity in terms of what we brought to the discussion. We had people who had backgrounds in clinical areas, in management, in HR, in project management, payroll data. And all of these people had these really rich ideas, and it was the discussion itself and sharing what we'd been working on. And maybe somebody was working on a medical workforce plan at a particular time, and somebody else realised, okay, well, that's what I've got coming up next, or I did that last year, let's look at what we can develop.

And we've certainly had the idea of producing these tools and guides and a whole range of—whole toolkit basically that we can use and adapt to different context depending what we were doing, but the benefit is really being in the richness of the collaboration and working together. And we have had face-to-face meetings in the past pre-COVID, and they were fantastic workshops and the ability to throw around ideas and actually sit around butcher's paper and work together. And that hasn't been so much possible in the COVID environment, but it's certainly been a different environment a bit, but good nonetheless. We've sort of worked in small groups and shared the outcomes with other people in the collaborative. And

I think that we've got a lot more exciting things planned for the future that I'm really looking forward to working with the group on.

Michelle Ockers:
I love Leigh that she describes where it's—I didn't realise we were building capability, I thought we were building processes and tools, and along the way, you're learning from each other, and a community of practice which is really what this is all about is about improving practice, and in the process, you will grow and experience knowledge as well. So Kath, talk to us about kind of that period from 2018 to pre-COVID. So I guess that—would that be about an 18-month period that you kind of kick-started the work?

Kathryn Hume:
Yeah. So I actually came and got involved in this around July 2019, so a year later. And as I said, I was just tasked with developing the capability. And so I think one of our first meetings was around August, and that meeting that Leigh talked about, fortunately, we were able to pull everyone together face to face.

And honestly, I think this is where we've flicked a switch because I—and it was a bit of a happy accident. I did some work around mindset, so I looked at the IDEO Field guide and looked at their mindsets and really just put a couple of A3 pages down on tables and got people to think through what are the mindsets that they find most challenging. And then go and find someone who actually has that mindset and talk to them about why they see the world the way they do, and try and get that clarity from another person.

But I really think at that point, you could see those relationships form. Like in retrospect, when I look back, I can really see that as a critical moment where people started to really empathize with each other, and I think we—yeah, as I said, built those really strong relationships, and that's formed a really good foundation for all of these conversations going forward.

The other thing that we've built is this really good strong sense of psychological safety, I think. I think—I honestly think this group of people are amazing. They've got enormous amounts of capability, yet none of them actually feel that they do. They all will so often say, "Oh, I'm just a newbie in this area, or I just—I don't really know what I'm talking about, but—" and it's a safe place to do that. And I like the fact that that enables the conversations people feel safe to throw around ideas and not worry about the negative consequences that might come from that.

Michelle Ockers:
Leigh, talk to us about the experience of someone involved? I mean, how does safety build? Was it just a case of well, you were there, and it was instantly safe? How do the relationships build and the sense of trust build to the point where you're able to say, "Well, I don't know something."? I'm open. Who's gonna help me, or who can I learn from?"

Leigh Elligett:
Thanks, Michelle. I don't think I would ever have described the situation in the beginning as unsafe by any means. I think there was very professional, and we really had a sense of purpose on why we were all there, and the fact that we were going to benefit from this now, taking this back to our own work locations.

But before we knew each other, I remember thinking how everyone else has got so much experience and so much knowledge, and the work that they're doing is so much further ahead than what I've been involved in. And I sort of felt quite not in a position to really contribute much to the discussion, and I didn't feel like I had to pretend that I was doing more than I was or anything like that. But I think just over time, as we got to know each other

and realised that we all have our strengths, our backgrounds that are useful for workforce planning, that it was okay that we didn't have everything in our toolbox or everything in our experience, I think.

I suppose expressing that vulnerability, saying, "This is something I don't know, and you know, and I know you know, you've had you've just done this work. Can we talk about this, and maybe I can share something else that you can benefit from?" I don't know, but I think it just happened because we just spent a bit of time together and got to know each other, and there's that level of respect in the first place.

But I think Kath's facilitation of the group was really quite important as well in the way that she brought out the knowledge and experience that we had and valued that and constantly brought that out as a topic. And I suppose we popped up a little bit when we were being spoken of in such a respectful way, and it's sort of, I suppose, to some degree helped in that sharing of ideas and coming together.

Michelle Ockers:
So it sounds like Kath, you were consciously creating a space and time for learning. So people stepped into this space. They knew they were there to work together to create something together to get better together. How did—what did that process look like? You can talk about pre-COVID and what progress was actually made in building process tools, sharing knowledge, and what—how you did that?

Kathryn Hume:
Okay. So one of the things I think I'll just speak to is what we're really fortunate in health is that we've got this overarching and a very clear sense of purpose, and the motivation is almost innate, which is really nice. So in terms of the process that we went through, we facilitated a couple of face-to-face workshops, but in between those workshops, we were running fortnightly meetings, which we asked these—the divergent questions and then convergence, so we kept moving through those cycles. And each fortnight, I think I was either curating resources that people were sending to me, or I was just putting a couple of prototypes together for the next meeting to say, "This is what I heard from you, this is what I think it looks like, now, give me some feedback."

So I think having something a little bit tangible enabled that conversation to flow because otherwise, I'm not sure that people knew what they—what the goalposts were, like what we were aiming for. Yeah, and I did not—

Michelle Ockers:
Can I get you to step one step back? You talked about divergent thinking and convergent thinking. If you want to talk a little bit more about what they mean and how you move from one to the other? Maybe give us a concrete example.

Kathryn Hume:
Okay. So with the processes that we move through, we continually move through divergent and convergent thinking, and that's fundamental to the whole design thinking process. So what we—what I did was design questions like dream-like. What's your dream? What would this look like if we hit our goals? Take yourselves to the future; where would—where do we want to be? And that's that really broad thinking. And once you get a few people throwing ideas out, I think people start to see the possibilities which when you're really busy and time-poor, you don't have the ability to think that creative thinking and you don't—I'm really big on intuition and trusting that people know in themselves, they've got this information in their subconscious, but we need to just draw it out. And I think that divergent questioning is really helpful to just—you can almost see the color come to these conversations as people—and it might be crazy. It doesn't matter because that's not our objective.

Our objective is to pull the ideas out. And then my role is in I feel like on the bumpers—on the sidelines of the bowling alley is just to say, "okay, we've thrown that ball down the alley. Now, let's guide that back into where we're trying to hit." we've got that purpose at the end, we know what our goal is. But what can we—what's actually genuinely possible?

Obviously, we're a government organisation, so we've limited on lots of resources, but the people in these positions are incredible at being able to make the most of those resources like minimize wastage and make sure we utilize everything we've got. And so those questions would be more around, "Okay, so what could we do now? What resources do we have? Who could we draw on? Who would we need to speak to?" And that—I think that's what the toolkit is, and Leigh's leading a piece of work at the moment to progress this even further where she's just provided a framework of questions for people to put—to fill in the gaps, really.

So Leigh's got that big picture thinking of what she sees the end goal to be. But rather than Leigh being a person to pull it all together, she's distributed that within this collaborative, and it's now out there for people to see where they can contribute and what they could add to that framework to pull it all together.

Leigh Elligett:
That approach, and I suppose I've learned from Kath because what I thought particularly was valuable, the Kath's approach. And the fact that she started, I suppose, from a point of limited knowledge about workforce planning, she was able to just really channel the discussion and really listen to us and pick up on things that we had in common, and really sort of, I suppose, reflect on what we were talking about as the things that we needed, and just reframe those and help us to develop that sophistication around our ideas and progress them to the point where we could use them for practical outcomes.

So in the work that I'm doing now leading this project, I don't have the expertise in this particular area of workforce planning. I've had limited experience in the past, but I know there's people in the group that do. And so, I've spent a bit of time thinking about how—what that might look like, and sort of, I suppose, given the work a little bit of direction. And what I'm hoping to do is really just work with those people who do know and build those ideas up, just acting in that facilitation role like Kath did in the beginning for this group.

Michelle Ockers:
So it sounds Leigh, like not only has your workforce planning expertise increased, but your ability to facilitate and to guide a group to create new knowledge and new understanding and new processes has increased as well as a benefit.

Leigh Elligett:
Yeah. I think so.

Kathryn Hume:
Which is actually part of the role of workforce planning as well.

Michelle Ockers:
Right. It's a great outcome. So in terms of the progress you've made up until COVID had hit—and I don't know which one of you takes this question on—and where do you think you've gotten to? What was in place that hadn't been in place? What was the difference from when you started working together in August 2019 to, let's say, February-March 2020?

Kathryn Hume:

I'll explain it from my point of view, but Leigh will have a very different experience. So when COVID happened in early March or mid-March last year, all these groups were really important to getting an understanding of the composition of the workforce because there were lots of decisions that needed to be made. And Leigh will, I'm sure, talk about that.

From my point of view, I had thought that we probably still had another six months' worth of work to do in achieving our goal of developing these performance support tools and resources. But I—almost for this project, I lost them because they were now occupied elsewhere. And at that time, I didn't have, and there was no imminent need for me who was a more strategic and longer-term—I had projects over a longer period. So I kind of felt a bit lost, but I did go back and say, "All right, where are we up to? What could I do with this?" because everybody else was busy.

And I had reflected on what we had and thought, I'll just put out what we've got. So I created just a SharePoint page because we had that existing. It was really just thinking, "Oh this is as far as I've got now. I'll park it here but have it available, so it's the best-case scenario." But what happened is another one of the members rang me and said, "Kath, I think we all need to meet more regularly. We're all getting pulled into this." I don't—I want to talk to these people more often because they're obviously all doing the same thing. And it was a really interesting time because for at once, we were all working to solve the same problem.

Michelle Ockers:
At the same time.

Kathryn Hume:
Yeah. And that—I just I feel so fortunate to have been a part of that because we had a real genuine really big problem to solve and we had to solve it, but this group just came together. And because of those foundations that we had, and because of those resources that were already sitting there which I thought weren't actually finished, but because we got them to a point where they were usable over that time when everyone else was busy, they actually became useful but also the collaborative became useful. So we just created an extra page on that SharePoint site which was now COVID related, and we shared resources, and then I just curated them and pulled them together.

So we literally had—and Leigh will probably talk about this. If everybody had to do it themselves, they would have been maybe 20 or 30 little mini projects they had to be running. But because we were able to share it, one person was able to focus on their little piece and bring it back to the group. So because it was so time-intensive, so it was so important that we had this immediately; it was just really nice to see how this group came together and delivered.

Michelle Ockers:
Yeah. So, Leigh, Kath talked then about you're all working on the same problem at the same time. From your perspective, what was the problem you were working on? You want to describe the problem when COVID hit and what that felt and looked like for you?

Leigh Elligett:
Well, in the beginning, I like everybody; we really didn't know where COVID was going to hit and what impact it was going to have in terms of service delivery on our organisations, both metro and rural, and therefore what we were going to need in terms of workforce. We'd had a lot of scenarios projected, possible ways that the pandemic might have headed, and looked at scenarios around what that means, what that was going to mean for our workforce.

So one of the areas that I was collaborating with others on in our local health district was around the secondary workforce. So if we needed to ramp up and search the services that

we were providing, how do we prepare our existing workforce for that, and how did we potentially utilize other people in the community potential workforce to come in and provide support? So that was sort of the—where we were thinking and trying to sort of create some agility in the organisation, build some skills, recognize who had skills from past roles in health, it's very common that we come in and one pathway and go a dozen different ways. And often, we don't have visibility over the skills and abilities that our workforce has because we really just think about them in respect of what they currently do.

So one of the things that we were working on was a workforce survey to gather information, particularly about past skills and abilities, but also things like health vulnerabilities and caring responsibilities that would have had an impact on how we might have used the workforce. It just gave us—was aimed at giving us more information to be able to respond to whatever the pandemic threw at us however that eventuated.

Michelle Ockers:
Right. So I think Leigh, if I can paraphrase something you've just said there for whatever reason at the time that the pandemic hit, in terms of ensuring agility in the workforce and being able to move people to where demand came up, in a range of possible scenarios and knowing how you were going to do that, there were some gaps in the data you had available to you to do that kind of planning, so you had to go out and get that data. And every health district was going to have to get the same data, right?

Leigh Elligett:
That's right.

Michelle Ockers:
So how did you guys work together? How did you address that gap?

Leigh Elligett:
Well, that was one thing that I was working on just independently in my health service to start—to begin with. And in a previous pandemic, not as big as this one, we had already started some work on that, so I had that those questions and that survey to build on. But that was something that I was able to share with the collaborative, and people who were sitting in other LHDs had been working on other components of their response or potential response to COVID.

For example, Estelle, one of the group members, she was working on a rapid recruitment and onboarding process that she was able to share with us. So that's about how we streamline the process of bringing new people on board into the organisation to help quicken our response and build our workforce in whatever way we were going to need it to respond to COVID. So there was very much a sense of we all need these tools and processes and ways of approaching the response—workforce response to COVID, but we don't all have to do them ourselves within our respective silos.

Michelle Ockers:
How was that all coordinated? Like how did you surface who was working on what and figure out well, who's going to do what to make the best use of the limited time we've all got right now, and the expertise we might have in different areas? What was the process for that?

Leigh Elligett:
As Kath explained, we sort of met on a regular basis virtually, so we had our Zoom check-ins and gave a bit of an update of what we were all working on and the SharePoint site in itself; as Kathy explained, it was an opportunity for us to put all of our resources that we were

working on, so you could sort of go in and oh, okay, I need that, and I can help with that or—so it was partly by discussion but partly by having a space to share resources.

Michelle Ockers:
It sounds really fluid. It sounds like someone was project managing it. It's a matter of servicing what everybody was working on and good communication across the group to figure out who would work on what, and having a mechanism to share what you were doing.

Kathryn Hume:
Yeah. And one of the things—so in the first place, that's exactly what happened. People just threw up their hands and said, "I'm working on this; who wants this?" And so I pretty much said to everybody, whatever you're working on, send it to me, and I'll curate that. And that was maybe luck or good management, I don't know, but it seemed to be a good spread. So we didn't have multiple people working on a survey and multiple people working on work from home policies. It just kind of happened that we had this comprehensive solution.

As time went on a little bit, our deputy secretary and my director Brian and Alice, they were running these other communities of practice with the clinical leads to try and determine the big picture problems, but the—our roles are—Phil Brian, and Alice were looking at the workforce implications, and they came up with these 11 points that we needed to cover. And so from that, we developed—and this is a couple of weeks in—we developed this overarching monitoring framework which just said, these are the big picture, things that you need to be focusing on at the moment.

So aboriginal workforce, for example, they were a vulnerable population. So we really needed to look at how we were going to take care and provide safe working arrangements for them and understand their scenarios and what they were working in. So that was just one, but there were 11. So they ended up being the overarching pieces of work we were focusing on.

And then we just gave people a monitoring framework which was optional, but just to say keep track of this. And they were monitoring it regularly so they could—there were some visuals built into that so they could see what progress, and it was just a self-assessment tool. But just so as I had some guidance in okay, if I'm not sure what I need to be doing, what are some high-level indicators that would help me to determine what I need to be doing here? And then all those pieces that sat on the SharePoint site sort of aligned with those bigger items.

Michelle Ockers:
Yeah. And was there a way for people to have virtual discussions? Did you use any sort of tool or forum for people just to be able to between meetings and—I was going to say in person, but you know what I mean, online meetings and so on. Was there any sort of asynchronous —I know that's a bit jargony, but anyway, for people to communicate without actually having to have a meeting?

Kathryn Hume:
So there is in SharePoint, and I'm a big believer in the whole asynchronous approach for deep learning and contextualize and self-evaluation reflection, all of those benefits. But it's not really been something that this group has and has taken on, and admittedly, I haven't really driven it either because we seem to have been—I did at the beginning asking those provocative questions and sort of designing it so as people would engage, but it didn't really take off. And I think SharePoint's a bit clunky. If we had a Teams environment then or a Yammer or something, where that was a bit easier to do, maybe that would, but I think the technology probably was a bit prohibitive in that scenario.

Michelle Ockers:
So it was mostly coming together for meetings and being updated very quickly with what you were doing.

Kathryn Hume:
And there was offline conversations, but what I do, whilst those conversations weren't happening, I know people were jumping onto that SharePoint quite regularly, and that was being constantly updated. So I—sitting in my role at the ministry, there were constantly things coming in from a ministry perspective that I was able to share. So things like workplace relations, legislations changing around what people were allowed to do in terms of working from home and just different—there were lots and lots of different things that workplace relations were working on, but I had the ability to distribute that quickly. And if people weren't able to sit in on the meetings or troll through a whole lot of emails which I imagine everyone was getting thousands of, it was in a central location that was easy enough to find. And as it changed, I was able to keep it updated.

Michelle Ockers:
Yeah. So people knew where to go to discover the latest resources and to share stuff as well, which is the core of being able to collaborate on stuff together. Kath, there was one example you shared with me when we spoke a couple of weeks ago, which I thought was such a brilliant example of kind of work this group was able to do during COVID. I'd love for you to share this with the listeners. And there's a story about the ventilator operators and the problem around not having enough of those and how you're going to solve that. Do you want to tell that story?

Kathryn Hume:
Thanks, Michelle. Yeah, Hassan, one of our colleagues, is the Director of Allied Health at the ministry and just an amazing individual who's able to see opportunity but also make it happen. So what he did he looked at the role of a physio and looked at the role of what nurses—ICU nurses would be required to do to take care of patients who were on ventilators AND identified those skills that were common to both roles, and then the gaps between what a physio had and what an ICU nurse needed. So just to give a bit of context, an ICU nurse is a one-to-one—one nurse to one patient. So if we had increasing numbers of patients on ventilators, the demand for our workforce supply would rapidly increase. So we really needed to look for solutions on how we could increase that supply really quickly.

So because of what Hassan did, he identified that gap. He spoke to people around the HETI, one of our organisations, the health education training institute. They developed so quickly these online learning resources to develop the skills in how to care for patients on ventilators. So they weren't replacing ICU nurses because that's a very technical skill, but they were developing these physios who we had in numbers to be able to support those ICU nurses.

So if we did have that surge in demand, those patients could still be cared for, but those technical skills that the ICU nurses needed to have could be applied more broadly because they would—those other skills could be, or tasks would be looked after by these physios who'd had that advanced training. So I think within the first literally week or two, Hassan had about 300 or 400 physios trained statewide, and eventually, it was such a valuable resource, I believe—don't quote me—but I believe we released it. It's anyone globally could access those resources, and I know that he was getting emails from people in New York saying, "Thank you so much for making these resources available. This is really making a difference for us."

Michelle Ockers:

I think it's amazing how quickly we showed ourselves we could move if we really needed to during COVID, right.

Kathryn Hume:
Yeah.

Michelle Ockers:
So Leigh, if you think back over the past two years and how your work has been impacted by having this community and collaborating with people doing similar roles for yourself all over the state, how would you compare your role now to two years ago, and what impact do you think the communities had?

Leigh Elligett:
I think the main difference is just having confidence now that if something new comes across my plate or I'm involved in a new project, that I have this group of amazing people I can contact and talk with and collaborate with and get ideas about how they've learned from a similar environment in the past, and what they've used and practical tools. And I suppose it's just that feel like I'm writing on the wave of that brilliance in that group and being able to harness it if I need it for future work. I think that's sort of mainly the difference in how I feel now.

I don't feel—I've never felt isolated because I work within a fantastic team in a fantastic directorate doing what I do, but in terms of the specific techniques around some of the workforce planning approaches. There's nothing like the group that I have at the state level now to know and understand that.

Michelle Ockers:
Yeah. You can reach into the network for knowledge. It doesn't have to be in your head all the time.

Leigh Elligett:
Yeah.

Michelle Ockers:
Kath, at an organisational level, how would you describe the impact of the network and the work you've done with the planning group?

Kathryn Hume:
Just seeing what they were able to do from the COVID perspective. So the surge plans that we worked with the districts to create just show that incredible depth of knowledge and skill in being able to manipulate and interpret data, make inferences about it, but talk to the people—relevant people, and having the confidence, I think when that when push comes to shove, and you have to—this stuff is what if I don't do it, it's kind of that this group really were able to have the confidence to stand up and take the lead in those early days, and really demonstrate that they had the skills. And if they didn't, they knew where to turn. And I think that a little bit of backup, I don't know because I'm not in their shoes, but I've kind of get the sense that it gives them that confidence to just try things that they might not otherwise try because, hey, if you get too far down the track and you can't go forward, there's probably someone else that you can turn to and ask.

Michelle Ockers:
Yeah. And it sounds like the agility that it created was just invaluable in the response to COVID and the preparation. So, Kath, we'll start with you, and then we'll move on to you, Leigh, in terms of tips for others who are thinking about utilizing a more knowledge-sharing approach to building capability, Kath. What tips would you have for them? What were the

most valuable experience lessons you learned along the way, and what tips would you have for others who were thinking I might try an approach like this?

Kathryn Hume:
Trust in the process. Know that we are humans, and we are innately driven to socialize. Learn from each other, problem-solve, be curious, use our intuition if we've got time to do so, that learning doesn't actually need to be a formalized structured approach, that it can be fluid, and it can be different things for different people. And it is possible to diversify and offer those alternate solutions if you really get to know who your audience is that you're supporting and have a really clear purpose in mind.

Ultimately, if it's the purpose, I think it all comes back to me for the purpose, and I can almost feel that emotion in if we don't do this, it is who are—people in our—who we're caring for that might suffer because of that, we just don't have that in our mindset that that's even a possibility that we just have to deliver this and we have to do all we can, and there's no time to worry about egos and things. It's just what have I got within my skill set that I can bring here to create the best bang for the buck, I guess.

Michelle Ockers:
So it sounds like it's almost like connecting everyone to an overarching, a big P sense of purpose, as well as when you look at bringing a group of people together, what's the purpose of this group coming together, and how do you connect the two as well?

Kathryn Hume:
That's right.

Michelle Ockers:
Yeah, super valuable. And Leigh, for people—and I'm thinking for the perspective that would be really helpful for you to share is for people who are invited to take part in knowledge sharing, in being part of a community, what have you learned along the way about that experience, and what tips or advice would you give to them?

Leigh Elligett:
I just think the benefits have just been amazing. To have a group of diverse people with so many ideas and backgrounds and different perspectives and approaches to similar or the same problems, the coming together, the sum is so much better than the—sorry—the whole is so much better than the sum of the parts in this situation.

It really just allows us to accomplish more within the same space of time. And to—I think the essential components to making this work as you've talked about with Kath there is the purpose, but also just the time and the space and having a regular forum set aside to bring everybody together with the loose agenda, and allowing a lot of fluidity around that flexibility around that agenda, and people to having the ability to bring up topics that are important to you, and developing that sense of trust.

And I think we probably could have created this environment without the face-to-face meetings in the beginning, but I think they were in my experience in this particular collaborative. I think they were quite important in the beginning. We've managed to keep it going very well virtually, but I think that we were sort of really cemented the group in the face-to-face setting before COVID started and before we had to move virtual. I really don't know whether it would be the same quality of experience if without that, but I think it would have been harder.

Michelle Ockers:

Absolutely. I was just going to say to you that what you've subscribed there very much matches my own experience at supporting a number of communities of practice. Where you're able to bring people together face to face, it just accelerates people learning more about each other, building their relationships, building the trust a lot quicker, and it becomes easier then to continue the collaboration without having to be face to face. So I think you're spot on the money there with that advice, Leigh.

Thank you both very much for sharing a very timely and important story with us. I really appreciate the insights, and for giving people an alternative model to well, we need a course to build capability because there's many effective ways of doing that and what you've created has a much stronger legacy I think from—versus just Kath saying, "Well, I need to work with some people to develop some courses." it proved to be really critical to you during the pandemic.

Michelle Ockers:
So thanks so much Katherine, Leigh, for sharing your story today. I think there's a lot of value in it as an alternative model to just thinking everything has to be developed through courses in terms of capability. It's really nice working example.

There'll be a link for listeners to Kath's LinkedIn profile in the show notes if you'd like to find out more or get in touch with Leigh or Kath directly. And, of course, we post all of these episodes on LinkedIn. So if you search on the hashtag Learning Uncut, you can ask questions directly, you can leave feedback and comments and appreciation for the guests there, and continue the conversation, if there's questions I haven't asked that you're curious about. Thanks for being a listener of Learning Uncut, and I hope you got as much value out of this story as I have today.

About Michelle Ockers

Michelle Ockers works with business and learning leaders to realise the untapped potential of learning in organisations. She is an organisational learning strategist and modern workplace learning practitioner. Michelle works with organisations to develop and implement transformative organisational learning strategy, and to build the capability of their learning team. She delivers keynotes, workshops and webinars for learning and broader professional or workforce groups at both public and in-house events. Michelle also mentors learning professionals at all career stages on career planning and professional development.

- *Michelle received the following prestigious industry awards in 2019:*
- *Australian Institute of Training and Development Dr Alastair Rylatt Award for L&D Professional of the Year – for outstanding contribution to the practice of learning and development*
- *Internet Time Alliance Jay Cross Memorial Award – for outstanding contribution to the field of informal learning*

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