Report of recommendations from the Health and Wellbeing Meeting

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Recommendation 1

Empower teams, organisations and the system manager to encourage at all levels protected time to work on quality/continuous improvement projects, innovation or research with a clear goal to improve patient care.

- At a system level this may look like
  - o Creating a shared opportunity at the Health Executive Committee to showcase achievements which can be shared across service sites.

- At an organisational level this may look like o Leaders reflecting on how they can energise innovation through local programs like "IF" at NMHS, "Kaartdijin" at SMHS.
  - o Leaders reflecting on how innovation programmes are resourced to ensure the right work is being performed by the right people eg clerical, data access etc.
  - o Linking local programs with innovation hubs, for example linking Junior Doctors service improvement initiative programs with an innovation team or administrative support.
  - o Establishing a new or updated communication strategy of team and organisation successes.
  - o Establishing a new or updated communication strategy on how to access available protected time or what current protected time is currently available for staff to access.
  - o That the importance of "failing fast" and sharing these experiences as positives can be recognised in a positive way.

Recommendation 2

Communication across Health Service Providers and the Department of Health to share commonalities and improvements. Undertake a review of possible state-wide mentorship programs.

The action here is to commit to a future clinical senate debate to explore the topic further including strategies to invest in the future workforce and navigate the HR processes of job quarantining; how to be an employer of first choice and the challenges with job redesign.

Recommendation 3

Increase empowerment and autonomy by reducing or reviewing levels of delegation at organisational and team levels

- At System level and at site level this may look like
  - Implementing the principles of "earned autonomy". With the measures against performance the level of approval from a higher authority is reduced if key performance indicators (KPIs) are being delivered or increased if this is not the case.
  - Investing in leadership programs for middle management and hold participants accountable for implementing alternative problem-solving skills that can be used locally to address change management or wicked problems.
  - Implement psychological safety programs by first measuring your site level of cultural safety.

- At team level this may look like
  - Being clear with each team member both the level of responsibility and accountability as it relates to local decision making.
  - Coaching team members to work outside their comfort zone safely.

Recommendation 4

Acknowledging that a safe work environment includes "failing" as it is a valued part of learning. Empower individuals to call out poor behaviour in the moment to ensure workplace culture supports the fearless and honest discussions in respectful ways. Implement a "Speak up for Values" similar to the "Speak up for Safety" program

- At a Service level this may look like
  o Introducing a key performance indicator that reflects the implementation strategies of Speak up for Values

- At a Clinician level this may look like
  o Mentoring and upskilling staff to have difficult conversations in a safe manner.

Recommendation 5

Key performance indicators work when all staff understand what they are measuring and why they are collected.
Align KPI indicator names to indicate what person-centred care value they are improving and improve communication pathways of the story behind the number.

- At System level and site level this may look like
  - o Reviewing existing key performance indicators to ensure they state the relevance to person centred care values.

- At Clinician level this may look like
  - o Developing a KPI with a descriptor related to progressing towards being both fearless and innovative.