



Government of **Western Australia**
Department of **Health**



The Health and Wellbeing of our Workforce: Becoming a Fearless Organisation

Clinical Senate of Western Australia
August 2020

Acknowledgement of Country and People

WA Health acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.

Using the term – Aboriginal

Aboriginal and Torres Strait Islander may be referred to in the national context and 'Indigenous' may be referred to in the international context. Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

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Joint statement

The Western Australian Clinical Senate recent debate provided an opportunity to highlight the importance of ensuring the health and wellbeing of our workforce into the future. Recently the Covid-19 pandemic has highlighted how a workforce within a strong culture of psychological safety and self-care, can excel and adapt to many changes and challenges. Covid-19 has allowed us an opportunity to turn a threat into a friend, and WA Health has had a period of being fearless and stepping up to this threat.

For the first time, a Welcome Dinner, hosted by the Director General Dr D Russell-Weisz was held the night before a full day Senate Debate. The Director General presented on the importance of clinician engagement and set the bar for open and fearless engagement that would provide five clear, achievable, implementable recommendations. He talked about clinicians also having a role in implementing the outcomes and partnering across health to improve both patient and staff experiences.

How to influence change at Department of Health level was presented by Emma Davies and the roles and responsibilities of Senators, the honour to be a Senator and our collective accountability was presented by Tanya Basile (Chair).

Senators then reconvened the following day and debated what the culture of a fearless organisation would look like and what solutions to achieve this could be enacted at individual, team, organisational and system levels.

There were several differences of opinion during the day, reflecting the nature of the topic, and that there is no one easy solution. This topic has been discussed and strategised at all levels for many years, and no silver bullet to achieve perfection has been determined. Workforce wellness and becoming a fearless organisation require ongoing work and improvement. This debate is one step further along this path.

This complexity of the topic was reflected in the identification of final recommendations at the conclusion of the debate. Two weeks of survey, interaction and liaison with senators following the debate resulted in the five recommendations presented in this report. These recommendations are reflective of the discussions held during the debate and are presented to the Health Executive Committee for review.

The recommendations presented in this report seek to assist the system manager, Health Service Providers, teams and individual staff members to review their current practices around wellbeing and creating an environment of psychological safety and provide them with tools and enhancements to make improvements.

The senators and expert witnesses are thanked for their contributions to an open and honest robust discussion which challenged the way that things have always been done and suggested solutions to help create a culture of safety to allow for fearlessness in our organisation.



Ms Tanya Basile
Chair
Clinical Senate of WA



Mr Paul Forden
Chief Executive
South Metropolitan Health Service

Recommendations

The recommendations presented below were informed by the presentations from key note speakers, a plenary debate and workshops. In accordance with Senate processes, the recommendations from the debate will be shared with both the System Manager and the Health Service Boards for consideration and implementation.

The five recommendations are:

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
 - 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
 - Leaders reflecting on how they can energise innovation through local programs like “IF” at NMHS, “Kaartdijin” at SMHS.
 - 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.
 - Linking local programs with innovation hubs, for example linking Junior Doctors service improvement initiative programs with an innovation team or administrative support.
 - Establishing a new or updated communication strategy of team and organisation successes.
 - 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.
 - 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
 - Introducing a key performance indicator that reflects the implementation strategies of Speak up for Values
- At a Clinician level this may look like
 - 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
 - Reviewing existing key performance indicators to ensure they state the relevance to person centred care values.
- At Clinician level this may look like
 - Developing a KPI with a descriptor related to progressing towards being both fearless and innovative.

Synopsis of the day

The topic chosen to be discussed is both complex and critical. It became clear during the plenary that there was considerable tension in the room and the belief that it was for the system to create change. However, at the end of the day the most powerful outcome was the recognition that senators were also a critical component of the system and that their commitment and ownership as an individual has an impact on culture. We received 57 individual statements for support that can be read in appendix 4. They can be grouped into the following themes.

- Support staff, team and colleagues
- Encourage, listen, advocate, learn and self-care
- Speaking up for values
- Hold myself and others accountable
- Autonomy, empowerment and delegation

Vision

The aims of this debate were to understand what good health and wellbeing of a strong workforce entails and to identify ways for the workforce of WA Health to become a strong and fearless driver for improvement to explore the relationship between workforce and the building of a sustainable health service delivery model. To meet the challenges of health care delivery into the future WA Health must become an employer of first choice. This requires a commitment to build and sustain a wellbeing culture within all healthcare services. It requires engagement at individual, team, site and system level where staff wellbeing and the relationship to successful personal outcomes are understood and promoted. The debate explored the relationship between workforce wellness and healthcare culture that supports leadership development and innovation and holds the person outcome at the centre of everything we do.

Approach

The Executive Sponsor for the debate was Mr Paul Forden, Chief Executive, South Metropolitan Health Service.

This was the first debate for 2020 due to the disruptions of Covid-19, with 64 of the senators attending for the first time. To facilitate this transition, an evening dinner was held. This served to introduce senators to each other, to set the scene, reminding senators of their roles and responsibilities involved in the debate and to challenge old ways of thinking with presentations designed to explore leadership, influencing change and health and wellbeing. This time enabled strong and valuable clinician engagement between the system manager, Health Executive Committee and the clinical senators.

The full day debate included several keynote presentations which informed discussion. An interactive and facilitated presentation was held in a plenary session, where expert witnesses shared their knowledge and experience. The format of this debate was further enhanced by using the morning session to showcase current innovative programs across health, non-government and community services.

Twelve posters were presented to highlight programs that have improved the health and wellbeing of the workforce within hospitals and health service providers. The full list of presenters, experts and invited guests are provided as Appendix 1. The

Senators were then split into several working groups to determine practical strategies for change at individual, team, organisational and system levels. The groups developed recommendations for both the Director General as System Manager and Health Service Boards. This resulted in robust discussion and an extensive list of recommendations at each level.

Following advice from the Director General the previous evening, encouraging five key substantive recommendations, and to further refine this list, a short survey was sent to senators following the debate, to rank their top ten recommendations. From this short list, the Clinical Senate has provided their recommendations.

Presentations from the day can be found on the Clinical Senate website:

<http://ww2.health.wa.gov.au/Improving-WA-Health/Clinical-Senate-of-Western-Australia>

Presenter highlights

Dinner

The importance of leadership and value of the Clinical Senate

Dr DJ Russell-Weisz, Director General, Department of Health WA

Dr Russell-Weisz opened the presentations of the evening welcoming Senators from as remote distances as Esperance and Fitzroy Crossing, new senators and returning senators. Highlighting how following the NoUS review, senators self-nominate and are as such highly engaged and motivated individuals who will be able to share insights into the workplace.

He discussed how Covid-19 has underlined the reliance of healthcare workers to deal with a crisis but wellbeing of our valued assets must be a priority. Including

- Workforce wellbeing is linked to system performance and sustainability
- Physical and psychological wellbeing in the culture individuals operate in

Dr Russell-Weisz described how WA Health is already doing many of the hallmarks of healthy workforce culture, and how there is always room for improvement. He discussed the Minister for Health's Your Voice in Health survey and the improvements in the past 12 months

- Increased engagement with the employee engagement index rising 4 per cent
- 11 per cent improvement in the proportion of staff perceiving their organisation to be doing a good job communicating what it could offer in term of health and wellbeing
- Communication is an area which WA Health continues to need to improve

Dr Russell-Weisz concluded the evening:

Thanking Ms Davies for an outstanding review of how the system manager should work and thanking Mr A Robertson for his hard work, around Covid-19 and leading the charge with the clinical senate. Thanking the senators for their time, identifying that senators need to challenge each other, get serious, get uncomfortable and work hard to provide key robust, viable recommendations to the Health Executive Committee. He encouraged senators to provide simple, key messages that will make a difference, be implementable and something that can be done together.

The Challenge, opportunity and privilege of driving change as a clinical senator

Ms Tanya Basile, Chair – Clinical Senate of Western Australia

Ms Basile outlined evolution of the Clinical Senate of Western Australia from the Medical Council reporting directly to the Director General of the day to a mature group of 80 clinicians crossing all disciplines and reporting to the Health Executive Committee. She discussed the review undertaken of the Clinical Senate over the past year.

- NoUS review in 2019 has led to a refreshed senate

- Increased frontline clinical staff on the senate membership
- Improved relationships between the senate and the Health Executive Committee

Ms Basile outlined how the Sustainable Health Review identified leadership as pivotal in having a viable and dynamic service. Leadership is more than a title, it is about curiosity, kindness, ensuring an environment that allows both physical and psychological safety for all. It is about respect for diversity and communication of a vision to develop 'fellow-ship'. A willingness to accept direction and guidance from leaders in an organisation. It is a part of learning to lead.

Ms Basile discussed the roles and responsibilities of a senator including bringing to the senate impartial advice to the challenges facing our health system and health care delivery.

Ms Basile concluded:

Clinician engagement is challenging. Both the system manager and clinicians alike will be challenged in remaining accountable for engaging in open, transparent communication and to be the champions for implementing the outcome and communicating solutions.

Influencing Change

Ms Emma Davies, A/Director, System Clinical Support and Innovation, Department of Health

Ms Davies outlined the system improvement and reform projects and initiatives that are occurring in the System Clinical Support and Innovation Unit, describing how for any program, project or initiative there are three central questions to consider. Addressing these makes change palatable, sustainable and creates value for all who are impacted.

- What is the priority for the organisation/system?
- What is important or a priority from the staff perspective?
- What is important from a patient/consumer perspective?

Ms Davies summarised the role of the Department of Health as Department of State and a system manager. She described the role of the system manager and governance within WA health and outlined the role of the system manager to work towards having policies frameworks, guidelines and plans in place with consumers at the front of mind and to lead and enable system improvement and reform.

Ms Emma Davies concluded:

A functioning, effective system manager allows health service providers to be innovative and adaptive and ensures a safe quality health system is in place for all of Western Australia.

Closing Remarks

Mr Paul Forden, Chief Executive, South Metropolitan Health Service

Mr Forden summarised the evening by reinforcing the message of the need for the clinical senate, of how it has unique value for engaging clinicians across the whole of

WA Health from public hospital clinicians, primary health clinicians and private practice and hospital clinicians. He described how a psychologically safe space is a building block for service improvement. Covid-19 is present and here to stay, it requires transformational change and the flexibility and agility of our organisation to turn a threat into our friend.

Mr Forden challenged senators to

- Think outside their silos, to think about all health organisations
- Ensure everyone has a voice to make a difference
- To be dynamic, forward thinking and experimental in their thinking

Mr Forden concluded:

It is important for WA health to be agile and adaptive to changes to remain an employer of first choice. He encouraged senators to focus overnight, and to return in the morning engaged, focused on the whole of health, to give a voice to those not present and to use this opportunity.

Debate

Welcome to Country

Mr Shaun Nannup, a Whadjuk Wardandi Nyungar man performed a Welcome to Country. He discussed the themes of

“Hear yourself, see yourself, feel yourself”

“Body, heart, mind and soul”

“Every stumble and fall is a way to grow”

“Today is a way to show the leaders of our community that they are not alone”

“See the teaching in everything”

“We are in this together”

“Welcome to Country is to invite people to be here to support us”

Chair’s welcome address

Ms Tanya Basile, Chair Clinical Senate of WA

Ms Basile welcomed the clinical senators back to the debate. She acknowledged and thanked the Director General for the Clinical Senate dinner last night. She acknowledged the large number of new clinical senators, and that Covid-19 had been disruptive to the Clinical Senate Debates, and that the virtual meeting held in June was an innovation providing learning opportunities. Ms Basile explained the governance of the clinical senate, and how this is one form of clinical engagement, however there are many. She outlined the recent submissions for Clinical Senate Chair as her term comes to a close, and identified two vacancies on the Clinical Senate Executive, with expressions of interest to be circulated shortly.

Ms Basile concluded:

Highlighting her recent experience farewelling Western Australian nurses departing for Victoria to assist the Covid-19 response. She described their motivation for wanting to

volunteer and their confidence in the education they had received. She used this example to inspire senators to identify what are the things that are important that can be worked on today.

Do we need to be fearless?

Mr Paul Forden, Chief Executive, South Metropolitan Health Service

Mr Forden started his presentation highlighting examples of disasters where people were not listened to. Prior to both the Challenger disaster and the Columbia disaster junior staff had identified small problems which could result in these large disasters. These junior staff were not listened to. The WA Health response to Covid-19 has been successful as we were all engaged, and this allowed a period of fearless culture. Mr Forden continued, highlighting examples of where fearless culture encourages challenge and creates success, with the Eurotunnel succeeding because a group of engineers felt safe to listen to a tea-boy who felt psychologically safe enough to speak up and provide the solution.

Mr Forden asked the senators what they do if they see something that is not right. Do they say nothing, or do they cover over it and assume it is someone's else's job to speak up? He asked what senators suggested leaders should do when they don't know the answer? Mr Forden asked how psychological safety could be measured, how recruitment could evolve to encourage people to be different.

Mr Forden concluded:

Winning requires constant learning. Proposing it doesn't matter if the suggestion doesn't work, if you only hear from the same people, you won't get the bigger picture. As leaders we can set the stage. Leaders need to be proactive in seeking ideas, not from just the same people, but those who are different from us.

Rage against the machine – has the modern workplace become a private government?

Mr Adam Carrel, Partner, Ernst & Young

Mr Carrel proposed the Clinical senate and the medical profession more broadly can become more fearless though

- Deconstructing traditional hierarchies
- Looking at how we embrace agility
- Adapting to new ideas – which he identified as something the clinical senate does very well

He emphasised 4 key points

- The level of authority and control that we have built in a modern workforce. We need
 - to avoid unofficial codes of behaviours such as 'permanent arbitrary surveillance'
 - to stop assuming reactions on free speech
 - to avoid following the assumed social strata

- to avoid the idea that there is an expectation that we follow the directions of leadership
- to identify the difference between the hours we work to show we are trying our best and the hours actually needed to get the job done well
- The level of bureaucracy
 - The culture of invented words that create an illusion of strategy
 - The protocols of engaging leadership have become increasingly elaborate and may be considered ritualistic
 - The occasions where corporate hierarchy needs re-explaining and streamlining at each level prior to reaching the leader. This deters ideas it doesn't want to hear from making it up the ladder.
- Intrinsic verses extrinsic imposed measures of success
 - The employee is a blank canvas that can be moulded to fit the organisation is recognised as unrealistic
 - It is unrealistic for people to remember the entirety of their KPI lists
 - At performance reviews employees tend to be measured against a fictional perfect employee – a standard that cannot be achieved, and employees feel unworthy
- There is a homogenising effect which all of these have plateauing productivity

Mr Carrel concluded:

There is a natural tendency of all organisations to obstruct clarity of thought and escalation of new ideas. Continue to remain discerning as no organisation is immune from these.

Workplace Wellbeing is not about being Happy

Ms Susan Crawford, Director, Vicissitude

Ms Crawford presented via video conference from Melbourne. Ms Crawford presented several scenarios to the senators to encourage them to deliberate and consider what works best. Will staff be more productive if they are happy? Do we know what we need to make us happy?

Ms Crawford encouraged senators to think strategically rather than tactically. Considering framing of questions and asking for feedback about people, not themselves. She discussed how it was important to use data to drive decision making, using best practice and evidence-based modelling to provide solutions. She discussed how the quality of relationships, psychological interactions and the way in which hierarchy can influence the way we feel. The quality of our relationships at work along with our finances, diet, sleep and exercise impact on our wellbeing

Ms Crawford discussed the two common misconceptions about wellbeing

- In order to be well, we need to be happy
- In order to be happy, we must have an easy, stress-free life

If we want to build an organisation around wellbeing and about how we can do things well, how can we motivate and engage people in a model of sustainable engagement.

Ms Crawford concluded:

We need to focus on achieving high wellbeing and high engagement, this will result in sustainable engagement. If we focus on wellbeing alone, we get complacent engagement.

It is important to be strategic on workplace wellbeing and make the changes that make the biggest difference. It is important to look at the data to drive decision making and look at what it is that pulls people into the engagement space.

The posters presented on the day are shown here with the full list at Appendix 2.



Plenary

The plenary was held over two sessions. The first session was a facilitated interactive session where senators were asked questions around WA health becoming a fearless organisation and the reasons they thought it was not currently. This was followed with session where small groups of senators workshopped solutions and recommendations at an individual, team, organisational and system level.

As we moved through the afternoon the magnitude of the problem grew. This was truly a wicked problem with no clear solution. No consensus on solutions or clear leading recommendations were reached with many in the room suggesting that it was the System that needed to find solutions. However, at the end of the afternoon Senators were asked what they could specifically do as individuals to make a difference. This was the most positive part of the afternoon as Senators came forward with and proactive suggestions.

- Distribute information so that knowledge is shared.
- Call out poor behaviour at the time to ensure culture supports fearless and honest and have discussions in respectful ways
- Call or text a peer "that was tough. Are you ok? How can I support you?"
- Share my learning from today with my management colleagues to together change the culture around communication, transparency and empowerment
- I will find more time with my team to discuss and find solutions
- Document ideas for change into a clearly understandable plan regardless of whether I think it will go anywhere
- Sit in with my staff more and be visible and available for them and open honest communication
- Support my colleagues to have a bigger voice
- Implement some of the suggestions raised in the group discussion. Engage with staff to support empowerment
- Understand that many across the system are feeling the same. Act within my own sphere of influence
- Make time for myself to replenish my dopamine
- Network more and learn about the good work happening elsewhere
- Encourage my colleagues to bring their ideas and solutions forward to improve the system
- Feel less fearless about bypassing blocking mechanisms to make sure collaborative conversations happen with the people who need to understand the issues at the clinical coal face
- Encourage, listen, use my voice
- Push for improvements in Aboriginal health
- Work to make my team understand Aboriginal and Torres Strait Islander experience- safe and the same for all
- Advocate better for my staff
- Treat my mob with respect and integrity and trust ensuring they understand my expectations of them delivering their best, promoting accountability
- Encourage my team to appreciate the way in which their work benefits the people of WA.

- Will encourage my team to speak up and I will listen
- I will be brave and speak up myself and face the consequences
- Within own department allow for clinical forum, listen, empower the team.
- Embracing and supporting the purpose of individuals in my team
- Appreciative inquiry and curiosity, speaking up, finding solutions, investigating the resources that others have raised today
- Work through Health system agencies and activities through which I can advocate and contribute to change.
- Politely hold each senior non-clinics health manager to account for delivering what was agreed at a multidisciplinary meeting
- Encourage people to speak up -empower
- Improve connection with my team
- My commitment to mentor
- Personal accountability
- Talk to senior staff about my ideas for change
- Consciously make time for things
- Call out behaviour
- Devolve responsibility
- Encourage my colleagues to give ideas how we can improve our service
- Listen more
- Feedback to a wider group about the concepts of fearless organisations
- To read the 'Fearless Organisation' book again
- To keep pushing forward.
- Support the senator I sat beside today, to be her ally from the outside,
- Come back again when the answer is no
- Speak up constructively and encourage others to do so. If we don't speak up nothing will ever change
- Use my voice.
- Give staff the forum to speak up
- Educate myself on the subject. Knowledge is power.
- Continue to raise ideas for continuous improvement
- Empower others to speak up
- Be more analytical at work and work through problems in a constructive way with team
- Speak up against poor behaviour and attitudes in my workplace
- Courage and kindness attitude
- Be inquisitive
- Listen and make it safe for others to speak
- Listen and communicate better when approached with ideas
- Promote and encourage local decision making
- Ask for more suggestions
- Smile at others- a simple, no cost strategy to promote kindness in the workplace. It's hard not to smile back at someone who smiles at you.
- Encourage sharing of mistakes

- Will present the ideas that stood out to me to our executive; to other whole of HSP forums; & to my team
- Ask staff for ideas. Encourage their accountability
- Put ideas to forum of junior clinicians to confirm we are on the right track
- Focus on rounding with my staff
- Talk to my manager about systems that aren't working without fear
- Have the conversations, build the relationships and find what gives people purpose and meaning
- Break down culture of hierarchy
- Make time to ask for new ideas and listen to them
- Continue to listen and empower my team. Manage up more effectively. Just do it!!!!
- Listen
- Call out poor behaviour
- Empower my staff to take time to focus on quality improvement for patient care
- Try and be more transparent.
- Give more opportunities to staff I manage
- Listen more

These our very powerful statements. If 80 Senators can do this and others follow we can have a movement for positivity.

Remaining true to Senate process a new strategy of consensus was found. Instead of diluting the wealth of information to fit a process to be finalised on the day it was agreed to use out of session time to continue to survey senators and bring the top themes to the surface. These themes would then be shared with the Health Executive Committee. There was strong and robust discussion during the plenary, with views and ideas presented from many standpoints and multiple perspectives. The plenary addressed all aspects of the questions presented, with the following themes being presented

- Organisations are currently trying to address culture and fearlessness and may send staff from different levels to different styles of training. This can make it hard for everyone to come back together to implement and appreciate the information received on the trainings as the messages can be different.
- We cannot view ourselves as victims and powerless. There are good people at every level of the system. The system is complex, and the people at the top want the best, the same as front line staff do. It is important to keep trying if ideas are rejected.
- It is difficult to expect people to continue to try with no change being made. We cannot expect people without power to have such significant resilience. Those with power need to ensure they are harnessing everything available, rather than having people disengage. There are learned behaviours when an idea is expressed and repeatedly not acted upon, people lose interest, feel there is no point to raising another idea.
- It is helpful when having an idea turned down, for the reasons around why to be

communicated. People are more likely to remain engaged with the process, and provide new innovative ideas later, if they understand the process, the reasons why and can address this in future presentations. Improved feedback, improved knowledge about the system and process along with training on presentation and communication skills can result in ideas being clear at presentation, and improved uptake of ideas.

- Managers receive great ideas daily, these can be difficult to action unless they fit key performance indicators and business.
- It is important not to talk about “us” and “them”. Managers need to understand strategy, clinicians need to understand issues and processes. There needs to be shared decision making with clinicians in the room with management.
- Health is a small network. It is important to continue to encourage an environment where clinicians, management and executive can speak up safely without long term consequences for their employment.
- Every person in health goes to work to do the best job they can at every level. Trust in each other, trust in your staff to do their jobs. A risk adverse culture has tightened permissions. We need to look towards loosening permissions, flattening delegations and improving trust for improved outcomes.
- Fearlessness looks like appropriate and adequate services for Aboriginal people. Silos of separate Aboriginal sections and units have been created. Aboriginal people are looking for the system to fit them, to be empowered to go to work without armour on, without expecting and experiencing casual racism and discrimination on a daily basis. These expectations and experiences daily make doing a job difficult. The plan for Aboriginal staff should be integrated into the plan for everyone

A graphic representation containing some key messages emerging from the morning session is provided as Appendix 3. The Plenary and the workshops highlighted the complexity of “culture” and how it influences the way we tackle issues every day. By using the four domains of influence at “System, Site, Team and Individual level” it made it very apparent we each have a role in identifying, establishing and maintaining our organisational culture that is reflective of our shared values. The final set of recommendations is reflective of our collective responsibilities in this space. To become a fearless organisation takes time, respect and courage. It takes both success and failure but most importantly it takes leadership at every level. Above all it takes a commitment from each of us to see what we can change and then put in place actions that will make a difference at both individual level and service level. This has been demonstrated in Appendix 4 – Senator Pledges

Appendix 1: Presenters, expert witnesses and invited guests

- Mr Shaun Nannup, Whadjuk Wardandi Nyungar man
- Ms Tanya Basile, Chair, Clinical Senate of WA
- Dr David Russell-Weisz, Director General, Department of Health WA
- Mr Paul Forden, Chief Executive, South Metropolitan Health Service
- Mr Adam Carrel, Partner, Ernst & Young
- Ms Susan Crawford, Director Vicissitude
- Dr Shaun Ridley, Chief Operating Officer, Australian Institute of Management WA
- Mr Will Bessen, Facilitator and Graphic Recorder, Tuna Blue Facilitation
- Dr Lisa Richardson, Clinical Psychologist, COVID-19 Health and Wellbeing team, Lead Coordinator, Workplace Mental Health and Wellbeing, Public Health and Dental Health Services
- Mr Ben Irish, A/Deputy Chief Executive Officer, Joondalup Health Campus, Ramsey Health Care
- Professor Helen Milroy, Faculty of Health and Medical Sciences University of Western Australia
- Ms Emma Davies, A/Director System Clinical Support and Innovation, Department of Health WA
- Ms Kellie Blyth, Director of Allied Health & State Rehabilitation Services, Fiona Stanley Fremantle Hospitals Group, South Metropolitan Health Service
- Dr Merrilee Needham, Head of Department Neurology, Fiona Stanley Hospital South Metropolitan Health Service
- Ms Liz MacLeod, Chief Executive, East Metropolitan Health Service
- Dr Aresh Anwar, Chief Executive, Child and Adolescent Health Service
- Mr Joseph Boyle, Chief Executive, PathWest
- Dr James Williamson, Assistant Director General, Clinical Excellence Division, Department of Health WA
- Dr Andrew Robertson, Chief Health Officer and Assistant Director General, Public and Aboriginal Health Division, Department of Health WA (senator)

Appendix 2: Poster briefs and presenters

The Shape our Future journey at the Child and Adolescent Health Service

Presented by: Associate Professor Asha Bowen, Shape our Future Team, Child and Adolescent Health Service

Building a culturally respectful non-discriminatory workforce through provision of Aboriginal Person-centred Care training

Presented by: Ms Nola Naylor, Aboriginal Health Director, South Metropolitan Health Service

INVEST – Inspire, Nurture, Vocalise, Engage, Support, Together

Presented by: Ms Kellie Blyth, Service Director of Allied Health & State Rehabilitation Services, South Metropolitan Health Service

RPBG Centre for Wellbeing and Sustainable Practice

Presented by: Ms Annette Barker, Nursing and site Director Bentley Health Service, North Metropolitan Health Service

SCGOPHCG Doctors' Wellbeing Strategy

Presented by: Ms Francis Lee, Medical Administration Registrar, North Metropolitan Health Service

WACHS Health and Wellbeing Strategies

Presented by: Ms Penelope Thornton, A/Community Nurse Manager Schools, Bunbury Hospital, Western Australian Country Health Service

Workforce Profile Project – Allied Health and Health Sciences

Presented by: Ms Jennifer Campbell, Chief Allied Health Officer, WA Department of Health

WAPHA transition to working from home during COVID 19

Presented by: Mr Damien Zilm, Ruralist, Western Australian Primary Health Alliance

WaSSAaP (Wellbeing and Staff Support Activities and Programs) at SCGOPHCG

Presented by: Ms Stacey Fuller, Co-ordinator ED and ICU Postgraduate programs, Staff Wellbeing

FSFHG Doctors Welfare Group]

Presented by: Mr Andrew Toffoli, Emergency Medicine Consultant, Director of Clinical Training, South Metropolitan Health Service

Promoting balance in the workplace by practicing compassionate self-care

Presented by: Ms Helen McLean, Development Facilitator, Training Centre in Subacute Care

Appendix 3: Graphic representation

INFLUENCING & DRIVING CHANGE AS A SENATOR

DR DAVID RUSSELL-WEISZ

A REINVIGORATION OF THE SENATE

A PROUD HISTORY
TONIGHT IS ABOUT **networking**

you are the new Senate

2/3 NEW SENATORS

A CLEAR & DIRECT VOICE TO ENACT CHANGE

A SPACE TO SAFELY DEBATE

FRANK & FEARLESS CLINICIAN ADVICE

WORKFORCE WELLBEING

OUR STAFF ARE UNDER PRESSURE

WE MUST LOOK AFTER OUR MOST VALUABLE ASSET

PHYSICAL
MENTAL
CULTURE

WESTERN AUSTRALIAN CLINICAL SENATE AUGUST 2020

MS TANJA BASILE

SENATE IN ITS 17TH YEAR

SHR THE BEDROCK OF OUR STATE RECOVERY

PROVIDING IMPARTIAL ADVICE

CLINICIANS

SHARED TOPIC CHOICES

DOH HSP SENATE EXEC

YOU ARE ADDRESSING WICKED PROBLEMS

FAIRNESS EQUITY PROMOTING SUCCESS

LEARNING FROM MISTAKES

WE ARE IMPROVING

COMMUNICATION REMAINS A CHALLENGE

LEAD FROM WHERE YOU STAND NOT YOUR TITLE

INFLUENCE EXPAND YOUR KNOWLEDGE & INSIGHTS

IT WILL TAKE YOUR UNIQUE & CURIOUS leadership

TAKING CARE OF THE PEOPLE RESPONSIBLE FOR THE RESULTS

THE COVID PRESSURE WILL REMAIN BUT I REMAIN GLASS HALF FULL

WE CAME TOGETHER

MS EMMA DAVIES

THE ROLE OF DOH

INFLUENCING CHANGE

SYSTEM STAFF CONSUMER PRIORITY

OUTPATIENT REFORM PROGRAM

DOH WORKING WITH THE KEY PLAYERS

SYSTEM MGR DOH DEPT OF STATE

3 KEY FUNCTIONS

ENSURING THE SYSTEM IS OPTIMALLY PLACED FOR BEST CARE

IT'S NOT ABOUT THE IDEAS

QUESTION INFLUENCE CHALLENGE TAKE ACTION

BUT MAKING THEM HAPPEN

SCRIBED BY TUNA BLUE

SHAWN NANNUP

A conversation with ourselves

TASTE HEAR FEEL SEE

TO GROUND OURSELVES

BODY HEART MIND SOUL

BODY PRESENT

TO CONNECT WITH BOODJA

AND ALWAYS KEEP LEARNING

WE FLOW TOGETHER DERBAL YERRIGAN

KARDAGGOORUP

WELCOME TO COUNTRY

DO WE NEED TO BE FEARLESS?

MR PAUL FORDEN



SET THE STAGE
TO LEARN FROM MISTAKES

INVITE PARTICIPATION

RECOGNISE & THANK PEOPLE

Fearless
AN ATTITUDE OF NOT KNOWING

LISTEN

MEASURE PSYCHOLOGICAL SAFETY

CHALLENGER 1986
NUMEROUS EMAILS TO THE BOSS

CANARY ISLANDS 1977
WE HAVE TO MEET SCHEDULE!

A FEARLESS CULTURE

"SILENCE" means PLAYING NOT TO LOSE

WE MUST SHARE OUR IDEAS, FEEDBACK & CHALLENGES

UK WESTERN AUSTRALIAN CLINICAL SENATE AUGUST 2020

FRANCE PSYCHOLOGICAL SAFETY
TEA 80%

SCRIBED WITH THE DEEPEST RESPECT ON WHADJUK NOONGAR BOODJA

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RAGE AGAINST THE MACHINE

MR ADAM CARREL



AUTHORITY & CONTROL

BUREAUCRACY

EXTRINSIC DRIVERS

A PROFESSIONAL MASOCHIST
CAREER LIMITING PRESENTATIONS

PERMANENT ARBITRARY SURVEILLANCE
FEAR

ENTIRELY INTERNAL FACING PROCESSES
VAST & MEANINGLESS UNIVERSE OF BUREAUCRACY

EMPLOYEE
BLANK CANVAS
CLOSED LOOP OF NORMS
EMBODY KPI'S

THE PRIVATE SECTOR
AGILE FLEXIBLE FEARLESS

UNASHAMED RESTRICTIONS ON FREE SPEECH
HISTORICAL IDEAS

RITUAL OVER PROCEDURE
NEW POWERPOINTS
MANAGER

PERVADING SENSE YOU ARE NOT DOING ENOUGH
ALWAYS AT FAULT
ALWAYS UNWORTHY

REALITY?
WESTERN AUSTRALIAN CLINICAL SENATE AUGUST 2020

UNFORMAL CODES OF CONDUCT
SERFDOM
LIBERTY DRAWN FROM WORK
I CAN'T SPEAK TO...
I AM THE LEADER!
FOLLOWING LEADERSHIP... NOT LOGIC
REPORTING LINES CONTROL

MIRROR, MIRROR ON THE WALL...
A SYSTEM RECEIVING IDEAS IT WANTS TO HEAR

THE BROWN TAPE
THIS IS AN ECONOMIC ISSUE
SCRIBED BY TUNA BLUE

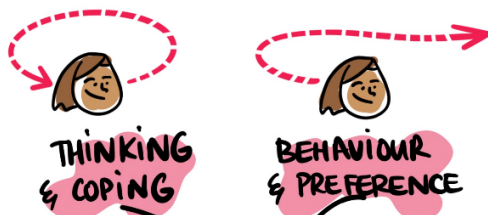
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WORKPLACE WELLBEING IS NOT ABOUT BEING HAPPY

MS SUSAN CRAWFORD



HAPPY STAFF
WANT TO STAY & WORK
WILL THEY?



BEING WELL IS NOT 'HAPPINESS'

PURPOSE & MEANING DRIVERS MATTER

AN EASY & STRESS FREE LIFE IS NOT HAPPINESS

THE STRIVE & STRUGGLE IS IMPORTANT

WELLBEING + ENGAGEMENT = SUSTAINABLE

HAPPINESS + PURPOSE & MEANING

"STRATEGIC" WORKPLACE WELLBEING

SUBJECTIVE 'HAPPY' vs EUDAMONIC 'TRAVELLING WELL'

BEST PRACTICE

HOW DO YOU FIND OUT WHAT PEOPLE NEED FOR WELLBEING

TACTICAL vs STRATEGIC

WANT VS NEED SURVEY

HOW WILL I ASSIST?

WESTERN AUSTRALIAN CLINICAL SENATE AUGUST 2020

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Appendix 4: Senator Pledges

Continue to distribute information so that knowledge is shared. Joy for me is achieved through collaborating and working together. Commit to development if peer support program in IHL.
Call out poor behaviour at the time to ensure culture supports fearless and honest discussions in respectful ways
Call or text a peer "that was tough. Are you ok? How can I support you?"
Share my learning from today with my management colleagues to together change the culture around communication, transparency and empowerment
I will find more time with my team to discuss and find solutions
Document ideas for change into a clearly understandable plan regardless of whether or not I think it will go anywhere
Sit in with my staff more and be visible and available for them and open honest communication
Support my colleagues to have a bigger voice
Implement some of the suggestions raised in the group discussion. Engage with staff support empowerment
Understand that many across the system are feeling the same. Act within my own sphere of influence
Make time for myself to replenish my dopamine
Network more and learn about the good work happening elsewhere
Encourage my colleagues to bring their ideas and solutions forward to improve the system
Feel less fearless about bypassing blocking mechanisms to make sure collaborative conversations happen with the people who need to understand the issues at the clinical coal face
Encourage, listen, use my voice
Push for improvement s in Aboriginal health
Work to make my team understand Aboriginal and Torres Strait Islander experience-safe and the same for all
Advocate better for my staff
Work on calling out the brown tape stuff and fight it
Encourage Quality Indicators
Treat my mob with respect and integrity and trust ensuring they understand my expectations of them delivering their best, promoting accountability
Encourage my team to appreciate the way in which their work benefits the people if

WA.
Will encourage my team to speak up and I will listen I will be brave and speak up myself and face the consequences
Within own department allow for clinical forum, listen, empower the team.
Own my responsibility and be brave enough to go rogue when Im confident
Embracing and supporting the purpose of individuals in my team
Appreciative inquiry and curiosity, speaking up, finding solutions, investigating the resources that others have raised today
Work through Health system agencies and activities through which I can advocate and contribute to change.
Politely hold each senior non clinics health manager to Account for delivering what was agreed at a multidisciplinary meeting
Encourage people to speak up -empower
Improve connection with my team
My commitment to mentor
Personal accountability
Talk to senior staff about my ideas for change
Consciously make time for things
Call out behaviour
Devolve responsibility
Shared resources
Encourage my colleagues to give ideas how we can improve our service
Listen more
Feedback to a wider group about the concepts of fearless organizations
To read the 'Fearless Organisation' book again
To keep pushing forward.
Support the senator I sat beside today, to be her ally from the outside,
Come back again when the answer is no
Speak up constructively and encourage others to do so. If we don't speak up nothing will ever change
Use my voice.
Give staff the forum to speak up
Educate myself on the subject. Knowledge is power.

Continue to raise ideas for continuous improvement
Empower others to speak up
Be more analytical at work and work through problems in a constructive way with team
Speak up against poor behaviour and attitudes in my workplace
Courage and kindness attitude
Be inquisitive
Listen and make it safe for others to speak
Listen and communicate better when approached with ideas
Promote and encourage local decision making
Lots
Ask for more suggestions
Smile at others- a simple, no cost strategy to promote kindness in the workplace. It's hard not to smile back at someone who smiles at you.
Drive organizational change to collect systematic data
Encourage sharing of mistakes
Will present the ideas that stood out to me to our executive; to other whole of HSP forums; & to my team
Ask staff for ideas. Encourage their accountability
Put ideas to forum of junior clinicians to confirm we are on the right track
Focus on rounding with my staff Talk to my manager about systems that aren't working without fear
Have the conversations, build the relationships and find what gives people purpose and meaning
Break down culture of hierarchy
Make time to ask for new ideas and listen to them
Continue to listen and empower my team. Manage up more effectively. Just do it!!!!
Listen
Call out poor behaviour
Empower my staff to take time to focus on quality improvement for patient care
Persistence makes the difference
Try and be more transparent. Give more opportunities to staff I manage Listen more

I am going to stop worrying about consequences I am not able to see and start talking more confidently about my issues. Clearly I am not alone with my fear and knowing that gives me confidence

Invite clinical enquiry

**This document can be made available in alternative formats
on request for a person with disability.**

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