



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



Dial E for Engagement – Are clinicians on hold?

Clinical Senate Meeting Final Report

Table of Contents

Introduction	4
1. Process	6
2. Presentations	7
3. Plenary Debate	14
3.1 Clinician Engagement – The true encounter	14
4. Afternoon Workshop One	16
4.1 Creating a culture of engagement – capacity building.....	16
5. Afternoon Workshop Two	18
5.1 Ensuring sustainability – towards a framework.....	18
6. Final Session	20
7. Clinical Senate Recommendations	21
8. Appendix A: Program	23

Presenters

- Ms Marie Taylor, Nyungar Elder
- Adjunct Associate Professor Kim Gibson, Chair, Clinical Senate WA
- Professor Bryant Stokes AM, Acting Director General, Department of Health
- Mr John Clark, Senior Fellow, The King's Fund, Honorary Associate Professor, University of Warwick Medical School and Advisor, Institute of Health Leadership, WA Health
- Ms Sandra Miller, Executive Director, Safety, Quality and Performance, North Metropolitan Health Service
- Professor Frank Daly, A/Chief Executive Child and Adolescent Health Service and Commissioning Perth Children's Hospital
- Ms Gillian Babe, A/Head of Department, Pharmacy, Sir Charles Gairdner Hospital
- Ms Deborah Reid, Nurse Manager, ICT Commissioning Fiona Stanley Hospital
- Dr Alexius Julian, Medical Leadership Advisor, Institute for Health Leadership and Clinical Lead ICT Commissioning, Fiona Stanley Hospital

Expert Witnesses

- Ms Gail Milner, Assistant Director General, System Policy and Planning, WA Health
- Ms Kate Baxter, Co-lead, Disability Health Network
- Dr Harry Moody, Consultant Nephrologist, Sir Charles Gairdner Hospital and Co-Lead, Renal Health Network
- Dr Helen McGowan, Clinical Director, Older Adult Mental Health Program, North Metropolitan Health Service
- Dr Anil Tandon, Palliative Care Physician, Sir Charles Gairdner Hospital and Clinical Lead, Palliative Care Network
- Mr Jason Micallef, Manager, Institute for Health Leadership
- Dr Simon Towler, Intensive Care Specialist and Medical Co-Director of Service 4, Fiona Stanley Hospital
- Mrs Olly Campbell, Acting Executive Director, Patient Safety and Quality, WA Health
- Dr Alide Smit, Paediatrician, Joondalup Health Campus
- Dr Janet Hornbuckle, Consultant, Maternal Fetal Medicine and Co-Lead, Womens and Newborns Health Network
- Professor Hugh Dawkins, Director, Office of Population Health Genomics
- Dr Hemant Kulkarni, Renal Physician, Royal Perth Hospital and Co-Lead, Renal Health Network
- Dr David Ransom, Co-Director and Medical Advisor, WA Cancer and Palliative Care Network
- Mr Mark Slattery, Director, Health Networks, System Policy and Planning, WA Health

Introduction

The role of the Clinical Senate of Western Australia (WA) is to provide a forum where collective knowledge is used to discuss and debate current strategic health issues. Recommendations are made in the best interest of the health of all Western Australians and are subsequently provided to the Director General (DG), the State Health Executive Forum (SHEF) and through the DG to the Minister for Health.

The second meeting of the Clinical Senate of Western Australia for 2015 was held on 5 June at the University Club of WA. The topic for debate was Dial E for Engagement – Are clinicians on hold?

For more than a decade the Clinical Senate, working in parallel with the WA Health Networks, have provided a mechanism for clinician engagement at a state-wide level. Both organisations consider system-wide issues, working in partnership to identify solutions for key health reform.

There is consistent and growing evidence that clinical engagement is necessary for health reform. This stimulated the topic for this debate: How do we embed a culture of clinical engagement in healthcare settings. It was appropriate that the Executive Sponsor for debate be the Chair of the Clinical Senate with support from the Office of the Director General.

The specific focus for debate was on strategies to engage clinicians so that healthcare reform can occur at the facility level.

The mandate for clinicians was to consider how to identify best practice in clinician engagement and determine how to implement this in our health services.

In planning for the debate, multidisciplinary healthcare professionals, senior and emerging leaders, clinical leads, researchers and academics were invited as expert witnesses to share their expertise in clinician engagement.

The Acting Director General, Professor Bryant Stokes, AM officially opened the debate by acknowledging the substantial evidence base that demonstrated the correlation between clinical engagement and health service performance. Clinical engagement, he also emphasized, was an integral element of health system culture.

Professor Stokes stated that in its simplest form, clinical engagement is how we interact both formally and informally, and involve health care professionals across all of our organisational activities. He stated that engaged clinicians care about the future of their organisation and are prepared to invest effort into reform. Furthermore, they do not come to work just to do a task, but rather to be part of the organisation and contribute to its success. As a result, Professor Stokes stated, patient care improves, staff satisfaction grows and our health system is stronger.

Professor Stokes called on senators to examine how they could make a difference in health reform and service improvement at a health services level. He stated these vital questions can only be answered by engaging with clinicians themselves. Professor Stokes called on senators to embrace the opportunity to discuss this important issue with the knowledge that all recommendations from the debate would help to improve clinical engagement in the health sector.

In her opening address outgoing Senate Chair, Adjunct Associate Professor Kim Gibson confirmed that the topic for debate went to the heart of what it meant to be a clinical senator. How do you bring your clinical experience and expertise to reflect on the bigger picture issues of health reform and service improvement? She challenged senators to consider how to move their focus from the patient in front of them to what might be required to benefit our patients and populations as a whole, leaving aside issues of personal ambition, clinical comfort-zone and organisational or discipline rivalries, otherwise known as patch protection.

For the purpose of debate, she defined clinical engagement as: “the manner in which the health service involved the people who provide direct patient care in the planning, delivery, improvement and evaluation of health services”. She also acknowledged the importance of consumer, carer and community engagement at this level and emphasised that the focus for this debate was clearly on clinicians.

In setting the scene for debate, Mr John Clark, Senior Fellow, The King’s Fund, Honorary Associate Professor, University of Warwick Medical School and Advisor, Institute of Health Leadership, WA Health described his passion for clinical engagement. His research confirmed the critical role of doctors as shareholders in contributing to high quality care. He strongly stated that to deliver higher quality care, clinical engagement was not an optional extra, it was essential. “More patients suffer needless harm (and death) through poor management and leadership that due to clinical incompetence”.

Using examples from his research and experience in the NHS and the King’s Fund, he illustrated the importance of clinical engagement and clinical leadership. He highlighted areas of system-wide and organisational change which are needed for effective clinical engagement; which in turn is integral to health reform.

1. Process

The Clinical Senate in Western Australia was established in 2003 and each debate follows a standard process that has been refined over time. This process ensures that senators and others involved have a clear understanding of what is required and receive sufficient information to discuss the topic and then develop recommendations for the DG and SHEF. A copy of the program is included (Appendix A).

Prior to the debate, attendees received a series of webinars and pre-reading documents containing background information in preparation for the debate.

The full day senate debate traditionally commences with a Welcome to Country, which for this debate was offered by Nyungar Elder, Ms Marie Taylor. Following the Welcome to Country, the Chair of the Clinical Senate, Adjunct Associate Professor Kim Gibson welcomed attendees and gave an update on senate activities.

The Acting Director General, Professor Bryant Stokes AM officially opened the debate stating that clinical engagement was an integral element of health system culture. He then offered a response to the recommendations made at the previous meeting.

Renowned Senior Fellow, from The King's Fund, Mr John Clark set the scene for debate, sharing international research which confirmed the critical role of doctors as shareholders in contributing to high quality care. He illustrated the importance of clinical engagement and clinical leadership.

Presentations by Ms Sandra Miller, Executive Director, Safety, Quality and Performance, North Metropolitan Health Service on a framework for engagement and Professor Frank Daly, A/Chief Executive Child and Adolescent Health Service and Commissioning Perth Children's Hospital on the impact of medical engagement and how to move words to action were followed by three rapid five minute sessions which showcased examples from across WA Health where there was evidence and impact in relation to clinician engagement. These programs where clinician engagement was evident were presented by some of Health's emerging leaders: Pharmacist, Ms Gillian Babe, Nurse, Ms Deborah Reid, and Junior Doctor, Dr Alexius Julian.

The next stage of the process was a plenary debate entitled "Clinical Engagement – The true encounter" which allowed all participants to share their experience and identify opportunities to improve clinical engagement both within services and across WA Health. This was followed by a plenary debate that completed the morning session.

The afternoon session was devoted to two concurrent workshops in which participants focused either on the clinicians' responsibility and how to create a culture of engagement or the organisations responsibility to ensure sustainability within WA Health around clinician engagement.

Recommendations from the workshop groups were presented in the final session of the day and ranked in order of importance by the full senate. A response from the A/Director General of endorsed, endorsed in principle, or not endorsed was requested by the next senate meeting.

2. Presentations

Mr Bevan Bessen, facilitator for the day, opened proceedings by welcoming participants, acknowledging the traditional owners both past and present, and introducing Nyungar Elder Ms Marie Taylor who offered the Welcome to Country.

The day opened with a moving Welcome to Country by Nyungar Elder, Ms Marie Taylor, who shared a simple message encouraging participants to speak to each other, share and build on relationships.

Mr Bessen thanked Ms Taylor for her welcome and introduced Clinical Senate Chair, Adjunct Associate Professor Kim Gibson, who recognised the traditional owners and thanked Ms Taylor for her welcome and for sharing her personal insight.

In her opening address outgoing Senate Chair, Adjunct Associate Professor Kim Gibson confirmed the importance of the topic for Senators who are engaged to inform health reform and service improvement.

For the purpose of debate, she defined clinical engagement as: “the manner in which the health service involved the people who provide direct patient care in the planning, delivery, improvement and evaluation of health services”. She also acknowledged the importance of consumer, carer and community engagement at this level and emphasised that the focus for this debate was clearly on clinicians.

Adj Assoc Prof Gibson continued to outline the range of speakers for the day which included a range of experts and practitioners in this field. She reflected on the addition of a new challenging format which enabled emerging leaders to give their perspectives on the debate in 5 slides and 5 minutes. She welcomed Clinical Senators and the Member Representatives and thanked departing senators for their contribution and wisdom over past debates.

Finally, Kim reflected on her time as Chair over the last seven years, which she described as an honour and privilege. As a parting gesture she urged “all senators to continue to listen to your patients, clients, consumers, carers and the community for at the end of the day they know best and whose health is it anyway? I encourage you to go beyond doing your job well to engaging with your colleagues, with your workplace and across the system for the betterment of your profession, your clients’ well-being and yourselves. And as you engage challenge our thinking, challenge the dominant paradigm, breakdown traditional boundaries and give us new and exciting ways of doing things”.

She then welcomed senators and member representatives and emphasised the process of how the Clinical Senate of WA does business:

- To work collaboratively, setting aside individual and organisational agenda.
- To state your opinions freely, drawing on your clinical experience and expertise.
- To empower you to influence others in all your professional spheres with the new perspectives gained through the debate.
- To play a leadership role in health reform, developing strong, valid, priority recommendations in the best interests of the health of all Western Australians.

In welcoming the Acting Director General, Professor Bryant Stokes (AM) to report on the response to the senate recommendations, Adj Assoc Prof Gibson acknowledged it was his last meeting as DG and thanked him for being a ‘good friend’ to the senate and for his support and guidance and in particular his unceasing drive to ensure implementation of recommendations that have been endorsed.

Prof Stokes welcomed participants, offering respect to the elders both past and present. He stated his role as the A/DG was to report back on the recommendations developed during the previous Clinical Senate debate held in March 2015: Great Expectations – Planning for expected deaths in acute health settings. Prof Stokes reflected on the importance of the debate and the need as a health system to address the way we handle end of life care. The senate resulted in 8 recommendations and identified that in a first during his term as Acting Director General: he was pleased to report that he endorsed all of recommendations.

Prof Stokes provided a comprehensive overview of each of the recommendations outlining key actions and strategies. He stated that Chief Medical Officer, Prof Gary Geelhoed in partnership with the WA Cancer and Palliative Care Network would be leading the change in this area and had already developed an implementation plan for the senate recommendations.

The full set of endorsed recommendations is as follows:

Recommendation 1: The Department of Health to commission a Public Awareness Campaign in partnership with key stakeholders to enhance community understanding of the limits of medical interventions, the benefits of palliative care and the importance of taking up the opportunity to develop an Advanced Health Directive and Advance Care Planning in relation to life-limiting conditions with their family, GP and other health professionals.

(E.g. Campaigns such as ACP in 3-Steps developed by Northern Health, Victoria)

Recommendation 2: The Department of Health to develop and implement standardised documentation to support using a 'Goals of Care Approach' system-wide.

- copies provided to patient, GP and other relevant health professionals to complement discharge/outpatient summary and other clinical handover tools. (e.g. phone calls)

Recommendation 3: The Department of Health to implement an additional section in all discharge summaries across all WA Health facilities to facilitate inclusion of goals of care/treatment and outcomes of case conferences/ family meetings. A copy should also be given to patients.

Recommendation 4: The Department of Health to support clinical leadership in advance care planning through early identification actions including:

- Every admission form to include a prompt to consider whether a patient requires a palliative care approach.
- The admission form to include asking the patient/carer/family/EPG whether an Advance health Directive has been completed.
- A goals of care pathway to be initiated for every patient with chronic disease and transferable back to the community.

Recommendation 5: To address the issue of inequity in state-wide palliative care service provision (specifically rural and remote), we recommend the WA Cancer and Palliative Care Network develop a gap analysis and set minimum standard targets for supporting 24 hour support.

Recommendation 6: The Department of Health to undertake a state-wide analysis of current practice to identify and engage carers in care planning and practical support to assist the person who wishes to die at home (to comply with Carers Recognition Act).

Recommendation 7: The Department of Health to write to undergraduate and post graduate education providers to seek evidence that their healthcare curricula include inter-professional education for healthcare professionals in end of life discussions. They must report on the following aspects:

- how to have difficult conversations
- understanding of roles including patients / families / carers
- building resilience
- supporting team members.

Recommendation 8: The Department of Health through the WA Cancer and Palliative Care Network to promote the use of existing educational tools for Advance Health Directives and Advance Care Planning and the use of triggers for health professionals to initiate early/appropriate discussions:

- in primary care
- in residential facilities
- in hospital.

Prof Stokes next acknowledged the outgoing Chair of the Clinical Senate, Adj Assoc Prof Kim Gibson stating she had been instrumental in the work of the Clinical Senate for many years. He stated that Kim is recognized for her exemplary leadership as Inaugural member, Deputy Chair and Chair (since 2008) of the Clinical Senate of WA 2003-2015.

In her time with the Senate, Prof Stokes reported she was involved in more than 40 debates on issues ranging from closing the gap in life expectancy for Indigenous Western Australians and GP shortages to how best to address health issues such as obesity and alcohol.

Kim has presided over 25 of these debates as Chair – where she was able to use her considerable knowledge of the WA Health system to ensure the Senate produced strong, valid priority recommendations in the best interests of the health of all West Australians. This, he stated is evidenced by the fact that the majority of these recommendations have gone on to result in health system improvements.

Prof Stokes stated that Kim has also worked closely with other States and jurisdictions in the establishment of their own clinical senates, and has partnered toward national reform.

For her contribution as Chair of the Clinical Senate, Kim was honoured as a finalist in the inaugural Minister for Health's Award late last year.

He stated it fitting that the topic for debate, which is Kim's last as Chair, focuses on clinical engagement – as she has been a tireless leader on this topic since she joined WA Health in 1994.

In addressing the topic of the day, Prof Stokes stated increasingly, the relationship between clinical engagement and health service performance is being recognized. Clinical engagement, he stated is not an optional extra, but rather an integral element of the culture of a health system.

Defining clinical engagement Prof Stokes stated, in its simplest form, clinical engagement is how we interact with – both formally and informally – and involve health care professionals across all of our organisational activities. He stated that the engaged clinician cares about the future of the organisation they work in and is prepared to invest effort into the organisation. They do not come to work just to do a task, but rather to be part of the organisation and

contribute to its success. As a result, patient care is better, staff satisfaction is higher and our health system is stronger.

He challenged the senators to examine how clinicians can make a difference in health reform and service improvement at the health services level. He asked them to consider the barriers to good engagement, how to spread best practice and how clinician engagement could be embedded in our organisations; recognising that none of the answers can be understood without engaging clinicians themselves.

Prof Stokes closed “I urge you all to embrace this opportunity to discuss this important issue, knowing that the recommendations from today’s debate will be vital in helping to improve clinical engagement in the health sector”.

Mr Bessen thanked Professor Stokes for his address and introduced the first speaker for the day, Mr John Clark, Senior Fellow, The King’s Fund, Honorary Associate Professor, University of Warwick Medical School and Advisor, Institute of Health Leadership, WA Health to set the scene for debate.

Mr Clark described his passion for clinical engagement. His research confirmed the critical role of doctors as shareholders in contributing to high quality care. He strongly stated that to deliver higher quality care, clinical engagement was not an optional extra, it was essential. “More patients suffer needless harm (and death) through poor management and leadership that due to clinical incompetence”.

Using examples from his research and experience in the NHS and The King’s Fund, he illustrated the importance of clinical engagement and clinical leadership. He stated it was important to move away from the notion of a heroic leader and instead create a culture of empowerment that enabled others to be involved in a collective leadership approach. Leaders, must create cultures that: focus on the delivery of high quality; safe health care; enable staff to do their jobs effectively; genuinely value, support and nurture the ‘front line’ and ensure the connection to a shared purpose. Furthermore, leaders must enable and support patient involvement, ensure transparency, openness and candour, promote and value clinical leaderships and support, value and recognise staff. He stated that every clinical professional should have management and leadership responsibility in addition to their clinical role. They are, shareholders involved in improving the system.

Mr Clark provided an overview of the Medical Leadership Competency Framework which describes the competencies doctors need to be actively involved in planning, delivery and transformation of health services. He also referenced the CanMEDS Roles Framework which addresses the changing nature of the medical profession and suggests that clinical leadership needs to start earlier in a professional’s life, from the onset of training.

He recognised the commitment of WA Health to clinical engagement and identified several key achievements to date. These include: a commitment for the A/DG and SHEF to a culture of clinical engagement, investment in leadership development for clinical leaders and consultants; investment in empowering junior doctors to embrace service improvements and leadership; and the incorporation of management, leadership and service improvement into undergraduate/graduate curricula. Mr Clark stated there were a range of other encouraging initiatives being introduced in individual health services and hospitals.

He concluded by reaffirming the evidence of a powerful connection between medical engagement and clinical performance, however, cautioned without effective clinical engagement any health reforms will be sub-optimal. For clinical engagement to be effective, it requires both organisational and system wide cultural change. “To be a good clinician is more than being a

clinical expert, it is also just as important to be a good manager, leader and advocate for health”.

Mr Bessen thanked Mr Clark for setting the scene for the debate and introduced Ms Sandra Miller, Executive Director, Safety, Quality and Performance, North Metropolitan Health Service (NMHS) who provided an overview of the comprehensive approach by the North Metropolitan Health Service towards a framework of engagement. She stated it is a journey to build a culture of engagement across the service not just having pockets of excellence. The service recognised that during this period of significant reform, clinical engagement was vital to the success of the reform agenda.

Ms Miller provided definitions of both clinical and consumer engagement which highlighted similar principles between the statements. She highlighted the principles of engagement and revealed the quality outcomes are also the same regardless of whether you are considering clinical or consumer engagement. She stated the NMHS engagement framework, C4 (clinician, consumer, carer and the community), used the levels of engagement based on IAP2 model which provides a spectrum of engagement from informing through to empowering. She stated they would be using a staged approach to engagement over several years.

Ms Miller shared the process and results of phase one of the project and the tool utilised to assess levels of embedded engagement for both clinicians and consumers. Dimensions for clinicians included: vision and quality; leadership and commitment; awareness raising and communication; governance and delivery; and evaluation and improvement. Leadership and commitment were identified within 62% of the successful activity followed by vision and quality at 61%.

In phase two she identified that they considered quality assessments across five NMHS sites. Several enablers to the process were identified: the credibility of the process, support and backing from senior staff, flexibility in the way they engaged with clinicians and the capacity for improvement.

Ms Miller closed highlighting the importance of recognising that it was a long term process of change. In NMHS they are embarking on drafting the Framework and encouraging site specific engagement plans. The intention is continue to monitor the progress and report on compliance to the NMHS Executive.

Professor Frank Daly, A/Chief Executive Child and Adolescent Health Service and Commissioning Perth Children’s Hospital spoke next about leading change in the South Metropolitan Health Service (SMHS). In his reflection on medical engagement he highlighted the importance of connections to achieve: better outcomes for patients, improved patient experience, development of a committed workforce and financial sustainability.

He reaffirmed the evidence of a clear relationship between organizational culture and patient outcomes. He identified that clinical and medical engagement are key contributors to this culture. Additionally, he stated that the evidence shows that the quality of teamwork in hospitals is associated with patient outcomes and that medical engagement is about the quality of the work doctors do together to lead and improve the whole system.

Prof Daly also spoke to the evidence and importance of ‘people management’ through robust HR processes and the impact of the relationship between staff satisfaction and patient satisfaction.

Prof Daly stated that one of the best predictors of mortality in acute hospitals is the percentage of staff who are working in well-functioning teams. These teams, he stated have clear mutually agreed objectives, use data to measure performance, meet regularly to review data and plan ways to improve and as a result these teams show a reduction in errors, staff stress,

absenteeism and staff injury. He stated only 35% of staff in most hospitals work in real teams but evidence shows that for every 5% more staff working in real teams in acute hospitals there is a 3.3% reduction in standardised mortality. At one of Perth's adult tertiary hospitals Professor Daly states this would represent a reduction of 15 deaths per year.

Prof Daly stated that medical engagement scores are closely correlated to: hospital acquired infection rates; hospital complication rates; patient experience, financial performances; and mortality. He outlined the SMHS Medical Engagement Action Plan which included strategies to address the importance of working in a collaborative culture, having purpose and direction and being valued and empowered.

One of the examples shared by Prof Daly was of the Frontline Leadership Program at Royal Perth Hospital where Medical Heads of Departments partnered with Nurse Unit Managers to undertake a master class series with follow up and experiential learning over six months. They considered how to lead their departments to develop a vision and two year plan that is complimentary to the hospital's values and strategic priorities

He provided an overview of the Junior Doctors Service Improvement and Leaderships Program IHL partnership which was an eleven week non clinical term which included them undertaking a clinical redesign project and extra curricula master class series through IHL – based on the medical leadership competency framework.

He identified that a system wide plan for clinical engagement is needed with a clear vision. The values need to be translated into clear goals that can be applied across all areas of the organisation. Prof Daly closed stating as clinicians we all need to consider “what can I do on Monday to convert these words to actions”.

What followed was three rapid five minute sessions where practical examples of clinician engagement were provided. These programs presented by some of Health's emerging leaders: Pharmacist, Ms Gillian Babe, Nurse, Ms Deborah Reid, and Junior Doctor, Dr Alexius Julian.

In her talk Gillian Babe, A/Head of Pharmacy, Sir Charles Gairdner Hospital highlighted that while their core business is to manage medicines more effectively, it was recognised that Pharmacy's business has broader implications across the clinical workforce. She identified that for improvements in the system, there is the need to manage change effectively, to create a culture of leadership at all levels, which included an environment for staff to share ideas, engage in open debate and challenge current systems. She stated we want good citizen's not just good pharmacists. The lessons learnt was that engaging clinical staff helped to address long standing deficits and improved planning for our future.

Ms Deborah Reid, Nurse Manager, ICT Commissioning at Fiona Stanley Hospital highlighted the importance of engagement from top to bottom, a clinician first approach, with cooperative decision making and a committed team with strong leadership and a defined purpose. Key elements were regular communication and mapping of clinical workflow. The lessons learnt included: poor clinician buy in at the commencement directly impacted on the perception of the final result; services with no clearly defined leader proved most difficult to engage, conflicting agendas and competing interests at any stage causes delay and the success of the ICT program relied heavily on flexibility in approach.

Dr Alexius Julian, Advisor, Institute for Health Leadership, shared a case study: Improving Gynaecology Community Handover at Discharge – to address the backlog and poor quality of discharge summaries in response to GP complaints. The study resulted in an updated discharge summary policy, RMO education and a business case for new discharge program.

Dr Julian ended his presentation with his view on furthering clinical engagement as: medical staff are time poor not ideas poor; we need to elicit solutions from those who know the business

the best and that is the people who work at the coalface; and we must ensure there is both senior and junior engagement across many disciplines.

Mr Bessen thanked all the presenters for sharing their perspectives and providing senators with a comprehensive overview of the topic and foundation for debate.

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/Clinical-Senate-debates-and-publications/2015-Clinical-Senate-debates>

Following the morning break, Senators engaged in an open plenary debate.

3. Plenary Debate

3.1 Clinician Engagement – The true encounter

Facilitator	➤ Mr Bevan Bessen
Presenters/ Expert	➤ Mr John Clark
Witnesses	➤ Ms Sandra Miller
	➤ Prof Frank Daly
	➤ Ms Gillian Babe
	➤ Ms Deb Reid
	➤ Dr Alexius Julian
	➤ Ms Gail Milner
	➤ Ms Kate Baxter
	➤ Mr Jason Micallef
	➤ Mr Mark Slattery
	➤ Mrs Olly Campbell
	➤ Dr Alide Smit
	➤ Dr Janet Hornbuckle
	➤ Prof Hugh Dawkins
	➤ Dr Simon Towler
	➤ Dr Hemant Kulkarni

Mr Bevan Bessen facilitated the plenary session “Clinician Engagement – the true encounter.” He opened by welcoming the expert witnesses and invited guests and outlined the rules for debate and the aim of the session.

In the plenary session senators and experts shared their experience and coal face realities with regard to clinician engagement. The session confirmed themes from the earlier presentations about the need for a systemic approach to leadership and engagement and the clear evidence of the relationship of these to improved patient outcomes.

Several barriers to clinician engagement identified included: competing demands on clinician’s time, clinician’s engaged across multiple service sites and the lack of decision making where people are employed in acting positions. It was highlighted that any future approach for clinician engagement needed a multidisciplinary focus with development of a culture shift which recognises the value of engagement and opportunities to support emerging leaders.

It was identified that one opportunity to improve engagement regarding systemic issues could be through the use of performance appraisals, where goals can be agreed upon for competency standards in management and leadership. Another concept identified by John Clark was a model used in the UK where newly appointed clinicians are orientated to the work of the system by chief executives for the first two weeks of their appointments and again at regular intervals throughout their employment.

It was also highlighted that there is a need for better clinician involvement into the design of policies and practices. The engagement needs to be clinician led rather than just clinical input.

An important theme that arose from the plenary discussion was that clinical engagement shouldn’t be separate from daily clinical work. It was felt that improvements in clinical work would be strengthened by increased engagement (of the teams) in system management issues.

Senators agreed there is a challenge to win over the disengaged clinicians. They also raised as an issue the “acting in” culture

The attitude and treatment of clinicians are important components in increasing clinical engagement. The senior clinicians should have ongoing contact with chief executives to maintain this engagement. They identified the importance of embracing junior healthcare professionals as an opportunity to develop clinical engagement and leadership early on in their careers.

Clinicians agreed the challenge is to develop a culture which survives organisational changes and budget restrictions. Clinical engagement should become part of a good culture. Part of that culture must be changing the notion that we have moved from the notion of heroic leaders and acknowledge that we need to share the load of leadership across professions and levels.

At the conclusion of the plenary session Mr Bessen called on Senate Chair, Kim Gibson who shared some of the key themes emerging from the full morning session. This was developed using mind map software and informed senators in the afternoon workshops. The Map was displayed via PowerPoint and distributed to participants who attended the workshops.

All participants then broke for lunch.

Following the lunch break Senators participated in their choice of the following two workshops:
Creating a culture of engagement and Ensuring sustainability.

What follows are the workshop notes and final senate recommendations.

4. Afternoon Workshop One

4.1 Creating a culture of engagement – capacity building.

Facilitator	Mr Bevan Bessen
Executive Committee Member(s)	Adj Assoc Prof Kim Gibson Ms Pip Brennan
Expert Witnesses	Mr John Clark
Support	Ms Nijole West/ Ms Barbara O'Neill

Bevan Bessen opened the workshop stating the focus was to consider what is required at the health services level to create a culture of engagement. He stated the process was to:

- generate priority issues
- group issues and develop key themes
- develop solution focused recommendations - SMART (specific, measureable, agreed, realistic, timely) recommendations to address the key themes
- vote on the 5 most important recommendations
- take these recommendations to the full senate.

Bevan provided participants with a mind map from the morning session which outlined several issues. He encouraged participants to first consider these and then discuss others at the table level.

Consensus was reached on the following four groups with participants self-selecting to a group of their choice. These four themes were carried through to the recommendation forming phase of the workshop.

1. Culture
2. Leadership development
3. Interface with consumers and their feedback
4. Teamwork and governance

Participants selected a theme(s) of their choice and worked to develop recommendations.

At the end of the workshop, each group presented their recommendations. Eleven recommendations were put forward to the group for voting with the top six taken to the final session.

A summary of the group discussions during the recommendation forming stage is provided below.

Group 1- Culture

Participants in group one considered the importance of creating a culture of engagement. In doing so they proposed there be an initiative to develop a culture of learning in all health sites that is linked to the National Safety and Quality in Healthcare Standards (NSQHS).

They agreed the best way forward would be for WA Health to develop a common/unified vision for all health services with an aim to achieve unity in shared values and collaboration, to inspire engagement, and with a focus on patients as the core. They agreed there is the need to link these to these common values and governance for all aspects of human resources such as orientation/leadership/appraisal processes and for all employees.

Group 2- Leadership development

Group two participants focused on the importance of leadership development for all professions at all levels. They discussed the need to incorporate it into both undergraduate and post graduate curricula's and for it to include mentoring and succession planning.

They discussed the need for competencies to be stage specific and for the health service improvement unit to run a service improvement project in each AHS that brings together policy expertise with clinical teams.

They recommended that the Department of Health implement an inclusion of values approach to the recruitment of both managers and senior clinical health professionals.

The main recommendation from this group called for WA Health to develop a clinical leadership framework that outlines the competencies required across all levels of the clinical workforce. They identified the need to pick up on other work in this area such as the Health Workforce Australian Health LEADS framework and that is aligned with existing efforts of programs.

Group 3- Interface with consumers and their feedback

Participants in group three identified the importance of consumer engagement and clinical leadership in terms of creating the right culture. From the consumer and carer perspective they considered the importance for clinicians to hear what consumers had to say about the care they received.

Focussing consumer engagement participants identified the need for WA Health to adopt an online moderated platform in order for health services and clinicians to listen to and engage with the experiences, good and bad, of consumers and carers. They suggested the Patient Opinion website as an example: <https://www.patientopinion.org.au/> Patient Opinion is a website where the public can publish their experiences of local health services. The website allows health service staff to interact with these patients to help improve care. Patient Opinion is a not-for-profit charitable organisation. The organisation exists to help improve dialogue between patient and health service providers and to improve health services.

In addressing clinical leadership, participants in group three proposed that the Chief Officers work collaboratively to ensure future leadership programs are inter professional, there are more places and more accessible including all levels of employees.

Group 4 - Teamwork and Governance

Participants in group four discussed the importance of teamwork and the opportunity to create a culture by working together.

The group considered the need for all health programs to demonstrate a commitment to team based partnership and integrated approaches to care. They suggested that a key measurable might include clinical audit. They recommended that the Department of Health adopt a "Care Pathway" framework that facilitates the engagement of multidisciplinary teams, including primary care.

The key recommendation emerging from this group called for WA Health to sponsor and oversee/train facilitators to enhance and progress team based service delivery. This they suggested could be achieved by initially sourcing facilitators from within the Department, the Institute for Health Leadership and, Clinical Leads/ Leaders. They emphasized the need for facilitators to be external to the team being considered.

Eleven recommendations formed by participants in workshop one were voted on, ranked and the top six were presented to the whole Senate in the final session of the day.

5. Afternoon Workshop Two

5.1 Ensuring sustainability – towards a framework

Facilitator	Mr Will Bessen
Executive Committee Members	Prof Julie Quinlivan Ms Tanya Basile Ms Pip Brennan Ms Nerida Croker Dr Dan XU
Expert Witnesses	Ms Sandra Miller
Support	Ms Kimberly Olson/ Ms Joanne Cronin

Mr Will Bessen facilitated workshop two. He welcomed participants and stated the focus of the workshop as to consider organisational action towards a framework of engagement. How we can embed the changes within the organization and how we can measure improvements.

He outlined the process as to firstly, discuss the issue streams brought forward via the mind map, to identify any additional issues, group them into themes and finally, develop recommendations. All recommendations he stated, would be voted on, with the top five brought forward to the final session.

He facilitated discussion with the full group of the issues brought through from the mind map, participants requested clarity around a couple of the themes.

The full group worked to consider the main themes with consensus reached on the following four to focus on for development of recommendations:

1. System-wide engagement
2. Organisational culture and governance
3. Leadership
4. Measurement

Group 1- System-wide engagement

Participants in group one considered system wide engagement towards organisational change. In considering recommendations they discussed the importance of a common vision to engage clinicians, consumers, carers and communities in the process.

They determined the best way forward to enable significant change would be to develop a new aligned vision for WA Health that engages clinicians, consumers, carers and communities to encourage investment in the vision. It was identified that a new Strategic Intent for WA Health had recently been developed.

The group recommended the establishment of a system wide framework for clinical engagement and identified the need for it to be used in strategic reform, policy development, system redesign and improvement and inclusive of ICT development. This recommendation was combined with the group looking into organisational culture and governance with the provision it include: multidisciplinary/professional/levels; adequate resources; leadership modules; training; infrastructure to support, key performance indicators and processes inclusive of implementation plans.

Group 2- Organisational Culture and Governance

Group two participants considered organisational culture and governance. They discussed the importance of delineating clear organisational standards at the beginning of staff tenure and identified the induction process as an important first opportunity to do so. They debated the importance of induction vs on boarding of employees into the culture and organisation and determined the need for robust human resource processes with clear standards from the outset. These standards must be apparent during workplace orientation and extended if necessary, backed up by mandatory on line training.

The main recommendation from this group addresses the need for WA Health to embed best practice in strategic human resource management with the aim of improving engagement processes in the organisation. They outlined several specific areas of focus with the overall aim to improve engagement processes in the organisation.

Group 3- Leadership Training

Participants in group three considered the importance of leadership training, the importance of induction and of developing people. They agreed to the need for better investment in the provision of health leadership programs and a focus on clinician engagement.

Participants acknowledged there are good programs however, limited access for most staff. Therefore, the recommendation developed by this group outlined the importance of increased opportunities for participation in health leaderships programs with a focus on clinician engagement through the Clinical Service Redesign (CSR) across all of Health. In recognising the importance, they agreed this needed to be part of the annual performance review where employees demonstrate active engagement in CSR. Finally, they called for participation in CSR to be a pre requisite for contract renewal.

Group 4 - Engaging measurement

Group four participants emphasised the importance of measuring clinical and organisational performance and called for consistency. They agreed that current engagement is siloed across services, and that there is little knowledge by clinicians when they input data and little understanding of the pathways in terms of outputs of measurement. The key message from this group was that clinicians would like there to be improved dialogue and meaningful feedback on the business aspect of their work.

Participants expressed the need for WA Health to include clinician users in the design and configuration of the development of new IT systems as well as engagement in ongoing development that includes the implementation of the WA Health ICT Strategy.

Recommendations developed in this group identified the need for an agreed clinician engagement tool that is measured annually, set to an agreed set of quality indications, utilized across all health services and reported to SHEF.

A total of 8 recommendations were developed by participants in workshop two. Participants agreed to merge two recommendations with one additional recommendation being discarded as there had been recent sign off by the Director General. This resulted in a total of 5 which were voted on in order to prioritise and be taken to the final session.

In the final session, senators were presented with five recommendations from workshop one and six recommendations from workshop two. The group agreed to merge two similar recommendations. A total of ten recommendations were voted on and ranked forming the final prioritised recommendations from the day.

6. Final Session

In the final session senators reviewed each of the recommendations presented from both workshops. Consensus was reached on combining two similar recommendations and members voted to prioritise them. A total of ten recommendations were put forward from the debate.

Bevan sought comments from the Executive Sponsor for the day Prof Julie Quinlivan who thanked senators for their efforts in producing recommendations. She reiterated the importance of clinician engagement, emphasized the strength and importance of the recommendations developed by senators and stated that she looked forward to taking them forward to the A/Director General and SHEF.

In conclusion, many clinicians in our health system do not feel engaged. Perhaps one of our emerging leaders summarized it best: “The best solutions come from the people who know the business best; the people who know the business best work at its coal face; the coal face is diverse and complex, thus engagement must be at senior and junior levels across many disciplines – our problems are multi-faceted. Appropriate and lasting solutions must come from a multi-level and collaborative approach”.

WA Health must have a corporate vision for effective engagement throughout all health services. They must embrace a values based recruitment (best practice) of all staff to grow a culture of engagement. There must be opportunities for participation in leadership training and development for the multidisciplinary workforce with ongoing monitoring and reporting of clinician engagement.

The Clinical Senate recommendations that follow signal the importance of clinician engagement and will assist the A/Director General and SHEF to create greater alignment across WA Health by providing a way forward on this important issue. They offer strategies that align with the WA Health Strategic Intent 2015-2020.

7. Clinical Senate Recommendations

Dial E for Engagement – Are clinicians on hold?

1. WA Health refines, implements and embeds best practice in strategic human resources management, with a specific focus on:
 - Values-based recruitment and selection.
 - Optimising orientation of new appointments into the culture of the organisation.
 - Regular and appropriate performance management that's meaningful to clinicians and the organisation (and links to patient, team and business outcomes).
 - Talent management and succession planning frameworks and initiatives.With the aim to improve engagement processes in the organisation.
2. WA Health to adopt an agreed clinician engagement tool that is measured annually and reported to SHEF.
 - Each health service to develop an engagement strategy
 - Engagement outcomes are to be correlated annually against an agreed set of quality indicators, determined with clinician input (and which include a measure of patient experience)
 - Departmental results must be feedback to clinicians at the front line
3. WA Health establishes a system-wide framework for effective clinical engagement (in addition to consumer, carer, community) to be used in strategic reform, policy development, system redesign, safety and quality improvement and ICT development. The framework could include the following:
 - Multi-disciplinary/professions/level/services
 - Adequate resources
 - Leadership models
 - Training
 - Infrastructure to support
 - KPI's
 - Process and implementation plan
4. The Chief Officers from Medical, Dental, Nursing/Midwifery and Health Professions, work collaboratively with the Institute for Health Leadership (IHL) to ensure future leadership programs are interprofessional and more accessible (i.e. more places, all levels of employees, equitable access).
5. WA Health to develop a clinical leadership framework that outlines the competencies required across all levels of the clinical workforce.
 - Picking up on Health LEADS* and other work in this area
 - In partnership with education providers as appropriate
 - Aligned with existing efforts or programs
 - Includes performance appraisal

* <https://www.hwa.gov.au/sites/uploads/Health-LEADS-Australia-A4-FINAL.pdf>

Recommendations continued on next page

6. WA Health increase opportunities for participation in health leadership programs with a focus on clinician engagement through Clinical Service Redesign (CSR).
 - Engagement in CSR is part of annual performance review
 - Participation in CSR is a pre requisite for contract renewal

7. WA Health sponsor and oversee/train facilitators to enhance and progress team based service delivery. These facilitators may be sourced from within DoH, IHL, from other Clinical Leads, or external. [The facilitator is external to the team being considered].

8. WA Health to adopt an online moderated platform* – specifically “Patient Opinion Australia” and “Carer Opinion Australia” – in order for health services and clinicians to listen to and engage with the experiences, good and bad, of consumers and carers.
 - * <https://www.patientopinion.org.au/>

9. WA Health to commit to the development of a common vision for all health services in WA.

To:

 1. Achieve unity in shared values and collaboration
 2. Inspire engagement
 3. Focus on patients as the core
 4. Link these common values to orientation/leadership/appraisal process

10. WA Health commit that adoption of all new information technology systems will require a process that engages clinicians with active patient contact in their design, configuration and ongoing development. This should be incorporated into the implementation of the WA Health ICT Strategy.

8. Appendix A: Program

Dial E for Engagement – Are clinicians on hold?

5 June 2015
Banquet Hall South
The University Club of Western Australia
Crawley, Western Australia

7.45 – 08.30	Registration	Tea & coffee
Executive sponsor: Chair, Clinical Senate of Western Australia Facilitator: Mr Bevan Bessen		
08.30	Welcome to Country	Ms Marie Taylor
08.40	Welcome and senate update	Adj Assoc Prof Kim Gibson
08:45	A/Director General's response to recommendations	Prof Bryant Stokes AM
09.00	Clinician Engagement: No longer and optional extra	Mr John Clark
09.20	Towards a framework for engagement at NMHS	Ms Sandra Miller
09.35	Clinical engagement: words to action	Prof Frank Daly
09.50	Showcase #1	Ms Gillian Babe
09.55	Showcase #2	Ms Deb Reid
10.00	Showcase #3	Dr Alexius Julian
10.05	Questions	
10.15	Morning tea	Banquet Hall Foyer
10.45 – 12.15	Plenary debate: Clinical Engagement – The true encounter	
Additional Expert Witnesses	Ms Gail Milner, Ms Kate Baxter, Dr Harry Moody, Dr Helen McGowan, Dr Anil Tandon, Mr Jason Micallef, Mr Mark Slattery, Mrs Olly Campbell, Dr David Ransom, Dr Alide Smit, Dr Janet Hornbuckle, Prof Hugh Dawkins, Dr Simon Towler and Dr Hemant Kulkarni	
12.15	Lunch	Banquet Hall Foyer
13.00 – 14.40	Workshops	
	Workshop 1 – Banquet Hall South Creating a culture of engagement-capacity building ➤ Facilitator: Mr Bevan Bessen ➤ Expert: Mr John Clark	Workshop 2 – Banquet Hall North Ensuring sustainability – towards a framework ➤ Facilitator: Mr Will Bessen ➤ Expert: Ms Sandra Miller
14.40	Afternoon tea	Banquet Hall Foyer
15.00 – 15.30	Final session	
15.00	Presentation and prioritisation of recommendations	Bevan Bessen /Will Bessen
15.20	Closing remarks	Prof Julie Quinlivan
15.30	Close	



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