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A CLOSER LOOK AT
CLINICAL ENGAGEMENT & CULTURE
IN WA PUBLIC HOSPITALS



MORALE

Positive change can be achieved if hospital executives engage with clinicians and work hard to improve workplace culture

On 22 February 2017, Australian Medical Association (WA) President Dr Andrew Miller appeared on ABC Perth radio's *Morning* show with then presenter Geoff Hutchison and discussed the fiasco unfolding within the corridors of Princess Margaret Hospital. He emphasised the morale of doctors working at the hospital had nose-dived to precarious levels with their welfare largely ignored by PMH's executive.

Inadequate access to leave, the use of short-term contracts as an unfair measure of control, and junior doctors being forced into roles beyond their capabilities were just some of the long-running complaints put forth.

Dr Miller's radio interview that day precipitated a snowball effect, which resulted in a formal Health Department inquiry into the morale and engagement of PMH clinical staff, the resignation of the head of WA's Child and Adolescent Health Service (CAHS) and dismal results in the AMA (WA) 2017 Clinical Engagement & Morale Survey.

Yet frissons of change, albeit slow and painful at first, were increasingly embraced at all levels of the health service and a little over two years on, the turnaround at CAHS has been remarkable.

The health service has recently recorded some of the most encouraging results in regard to clinician engagement, culture and morale – it certainly is a success story that

WA Health can, and should, be proud of.

Culture, morale and engagement are integral to employee wellbeing and a functioning work environment, but in a hospital setting, these factors take on a new significance as patient outcomes and clinical care are directly affected by:

- how well clinical staff are engaged;
- the overall outlook, satisfaction and confidence that clinicians feel at work; and
- the shared attitudes, values and beliefs manifested in organisational behaviour.

Despite this, the issues manifest at CAHS in 2017 were not unprecedented. The AMA (WA) has continued to push back against system apathy towards these required components of a safe and productive work environment, advocating for action at every possible opportunity, be it state election campaigns, budget submissions or health system inquiries.

The AMA (WA) Doctors in Training Committee (DiTC) in particular, has become the torchbearer for doctors' wellbeing, instituting the annual DiT Hospital Health Check, which has prompted action across health services to address issues relating to junior doctor wellbeing, such as unrostered overtime and burnout.

Despite being necessary, site-specific action taken in response to exigent concerns, such as the 2017 Review of the morale and engagement of clinical staff at Princess Margaret Hospital, epitomises a system that **reacts** to crisis as opposed to managing risk. This is not a safe way to manage a health system.

The Sustainable Health Review's Interim Report to the State Government, published in January 2018 reflected AMA (WA) concerns, recommending a WA health system-wide employee survey process to inform and drive system-wide staff engagement programs, **for immediate action**.

Consequently, the Your Voice in Health (YVIH) survey was developed to provide all health system employees a platform to share their opinions about their workplace.

Health Minister Roger Cook said the results of the survey set an important benchmark.

"We are not shying away from issues that need to be addressed," he said.

"I expect the Department of Health (DoH) and each Health Service Provider (HSP) to act on what our staff have said."

The Minister confirmed that he has requested development action plans from the DoH and each HSP.

"The progress of these plans will be carefully monitored and reported to my office on a quarterly basis. The first quarterly report is currently in the final stages of development and is

anticipated by the end of November.

"I am advised work already being undertaken includes, but is not limited to: increased training to grow management capability, strategies to improve culture and retain our high-performing workforce and targeted opportunities for staff to speak up on a range of topics such as workplace safety, mental health and professional development opportunities," Minister Cook said.

Expectations from the AMA (WA), medical practitioners and health system stakeholders, including patients, are certainly high. The inaugural YVIH survey results, while perhaps the first system-wide survey conducted by the Minister for Health, complement a range of widely available data on culture, morale and engagement in the WA health system, including the AMA (WA) 2017 Clinical Engagement & Morale Survey, the follow-up Senior Doctor Clinical Engagement and Morale Survey 2019 and the DiT Hospital Health Check.

The AMA (WA) maintains that problems identified with morale, culture and engagement are not something that the health system should measure from afar, or report on an annual basis – there must be resolute action to address poor results, to protect employee wellbeing and ensure the highest clinical quality and safety levels in our public health system.

As we review a number of key takeaway points from the YVIH survey over the next few pages, we will also refer to our 2019 Senior Doctor Clinical Engagement and Morale Survey and its 2017 predecessor. We have referred to the results of both surveys and hope that they supplement the Your Voice in Health survey results, demonstrating that positive change is possible when resolute action is taken. ■

“The AMA (WA) has continued to push back against system apathy towards these required components of a safe and productive work environment, advocating for action at every possible opportunity, be it state election campaigns, budget submissions or health system inquiries

Raising concerns without fear of reprisal

Ensuring that health practitioners are able to raise concerns is integral to protecting and promoting quality and safety. The Medical Board's Code of Conduct notes that good medical practice in relation to risk management involves making sure that systems are in place to enable medical practitioners to raise concerns about risks to patients.

Health practitioners in particular, play a pivotal role in the promotion of safety and quality objectives. Their legal obligation to report notifiable conduct, is complemented by a system of voluntary notification, both of which are designed to protect the public.

However, the importance of raising concerns is not just confined to the practice of individual health practitioners, but extends to health system stakeholders and processes.

The 2017 Review of Safety and Quality in the WA health system noted that the "continuous focus on embedding a culture that emphasises that safety and quality is everyone's responsibility and that all staff have a duty to report safety and quality concerns to the appropriate authority if and where they are observed".

It is of the utmost importance that medical practitioners are able to raise concerns, and in the context of our public health system, facilitating this is a matter of public safety. In its extreme form, a lack of effective internal assessment and feedback mechanisms led to patient deaths at a UK hospital. 'Speaking up' was raised in the 2017 and 2019 AMA (WA) Senior Doctor Morale and Engagement surveys and also featured in the Your Voice in Health (YVIH) survey:

Your Voice in Health survey

Table 1 shows the percentage of medical practitioners who gave a positive response to the statement: **I think it is safe to speak up and challenge the way things are done in my organisation.**

In responding to this question, medical practitioners may have considered a number of issues ranging from direct patient care to the more banal, such as administrative processes. Regardless, doctors should always feel safe to speak up and challenge the way things are done, and it is clear that they do not.

Table 1

HSP	Medical % Positive
Child & Adolescent	55%
East Metro.	53%
WA Country	45%
North Metro.	37%
South Metro.	35%

Ranked in descending order of positive responses.

AMA (WA) 2019 survey

The AMA (WA) surveys asked senior doctors a similar question, the results of which paint an equally disconcerting picture of the quality, safety and risk management culture promoted by the WA Health System.

Do you fear victimisation as a result of raising concerns about decisions taken by Senior Executive?

THEN & NOW: Table 3 shows the change in 'Yes' responses from medical practitioners to the question 'Do you fear victimisation as a result of raising concerns about decisions taken by Senior Executive?', between 2017 and 2019:

Table 2

HSP	Yes	Neutral	No	N/A
Child & Adolescent	31%	14%	52%	3%
East Metro.	29%	29%	40%	2%
North Metro.	34%	21%	41%	3%
South Metro.	39%	20%	40%	1%
WA Country	45%	24%	31%	0%

Ranked in descending order of performance.

Table 3: 2017 vs 2019

HSP	AMA (WA) 2017 Survey	AMA (WA) 2019 Survey	
Child & Adolescent	51%	31%	↓ 😊
East Metro.	42%	29%	↓ 😊
North Metro.	28%	34%	↑ 😞
South Metro.	41%	39%	↓ 😊
WA Country	35%	45%	↑ 😞

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Only a coordinated response can address workplace culture

Culture, which the AMA (WA) expressly defined as the shared attitudes, values and beliefs manifest in organisational behaviour for the purposes of our 2019 survey, plays an important role in creating an environment that supports employees. Additionally, in a public hospital context, sound culture ensures that doctors and other health professionals are supported in the delivery of high-quality patient care.

Culture was a key focus of the AMA (WA)'s 2017 survey, particularly given the Review of the morale and engagement of clinical staff at Princess Margaret Hospital, which noted that the culture did not appear to be "conducive to providing a supportive working environment for staff".

It was unsurprising that in the AMA (WA)'s 2017 survey, only 24 per cent of senior doctor respondents believed the culture at Child and Adolescent Health Service (CAHS) could be described as either 'Fair', 'Good' or 'Excellent'.

However, after two years of concerted efforts by staff and management at CAHS to address organisational deficits,

79 per cent of respondents at CAHS would describe the culture as either 'Fair', 'Good' or 'Excellent'. A commendable improvement, particularly in light of the relocation of the hospital to Perth Children's Hospital.

The AMA (WA)'s 2019 survey results also show improvements in reported culture at East Metropolitan Health Service (EMHS), with 75 per cent of respondents describing the culture as either 'Fair', 'Good' or 'Excellent'.

Positive results for both CAHS and EMHS have been mirrored elsewhere, with both Health Service Providers' primary employing sites for doctors in training (DiTs) – Royal Perth Hospital and Perth Children's Hospital – being among the top rated hospitals for 'culture' in the 2019 DiT Hospital Health Check, released in May 2019. ■



AMA (WA) 2019 survey

Table 4: How would you rate culture at your hospital?

HSP	Very Poor	Poor	Fair	Good	Excellent
Child & Adolescent	3%	17%	38%	24%	17%
East Metro.	9%	15%	32%	35%	8%
South Metro.	21%	28%	30%	21%	0%
North Metro.	24%	27%	29%	15%	5%
WA Country	31%	26%	17%	24%	2%

Ranked in descending order of performance.

THEN & NOW: Percentage of respondents who rated culture as either 'Poor' or 'Very Poor' at their hospital:

Table 5: 2017 vs 2019

HSP	AMA (WA) 2017 survey	AMA (WA) 2019 survey	
Child & Adolescent	76%	21%	↓ 😊
East Metro.	49%	25%	↓ 😊
South Metro.	55%	49%	↓ 😊
North Metro.	38%	51%	↑ 😞
WA Country	44%	57%	↑ 😞

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Raising concerns without fear of reprisal

The YVIH results indicate that across all WA Health Services, practitioners do not feel it is safe to speak up and challenge the way things are done. This broadly reflects the results of the AMA (WA) surveys, which indicate a prevalent fear of raising concerns, with between 29 and 45 per cent of respondents fearing victimisation.

For the sake of ensuring an engaged clinical workforce, let alone safety and quality outcomes, enabling medical practitioners to challenge the way things are done or the decisions that are made, are fundamental to creating a safer public health system. ■

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Only a coordinated response can address workplace culture

Your Voice in Health survey

While the Health Minister’s Your Voice in Health survey did not have a single question addressing culture, there were a number of questions which reflect the key elements of the AMA (WA)’s definition of culture (i.e. the shared attitudes, values and beliefs manifest in organisational behaviour).

Table 6

HSP	Q. I believe that the decisions and behaviours of senior management are consistent with my organisation’s values. Medical % Positive	Q: My organisation is making the necessary improvements to meet our future challenges. Medical % Positive	Q. My organisation supports me and my goals. Medical % Positive
East Metro.	54%	52%	58%
Child & Adolescent	44%	52%	55%
WA Country	38%	34%	44%
South Metro.	32%	29%	41%
North Metro.	22%	21%	39%

These YVH survey results reflect opinion outlined in both the AMA (WA) 2019 Senior Doctors and DiT Hospital Health Check ‘culture’ results – both CAHS and EMHS are the HSPs that receive the most positive ratings from medical practitioners.

However, both North Metropolitan Health Service (NMHS) and WA Country Health Service (WACHS) have seen significant declines in senior doctor opinion of culture since the AMA (WA)’s 2017 survey and have not performed as well as other HSPs (such as CAHS and EMHS).

In our 2019 survey, only 49 per cent of NMHS respondents and 43 per cent of WACHS respondents rated the culture as either ‘Fair’, ‘Good’ or ‘Excellent’.

Both NMHS and WACHS face unique challenges in building and maintaining a positive workplace culture.

NMHS has been dealing with revelations of senior bureaucrats engaging in corrupt behaviour, which is estimated to have cost hundreds of thousands of dollars.

Likewise, the tyranny of distance not only presents challenges in the delivery of patient care; WACHS must face the challenge of building cohesive shared attitudes, values and beliefs manifest in organisational behaviour over a network of hospitals and services which transcends WA’s 2.6 million km² – this is no easy feat. ■



CAHS and EMHS show marked improvement in 'Morale' ratings

Doctor morale is a key performance indicator of any health system, with noted links between doctor morale, doctor wellbeing and patient outcomes. Defined in the AMA (WA)'s 2019 Senior Doctor Morale and Engagement survey as the overall outlook, satisfaction and confidence that employees feel at work, morale is reflective of how well health service providers (HSPs) engage and support their clinical workforce.

Despite the opportunity to measure morale, the Your Voice in Health (YVIH) survey did not feature a system-wide question on morale. Yet two HSPs (CAHS and EMHS) asked respondents to rate the statement: "Morale is good where I work."

Your Voice in Health survey

Morale is good where I work.

The results from the YVIH survey indicate that both EMHS and CAHS have improved medical practitioner morale, compared to the results of the morale rating from our 2017 survey.

As per tables 8 and 9 below, improvements in morale at both EMHS and CAHS were also notable when comparing our 2019 senior doctor survey results with those in 2017, with only 24 per cent of respondents rating morale as 'Poor' or 'Very Poor' – a marked improvement.

Table 7

HSP	Medical % Positive
East Metro.	65%
Child & Adolescent	55%
North Metro.	No specific question
South Metro.	No specific question
WA Country	No specific question

In 2017, *Medicus* reported on the poor morale in our public health system and what the AMA (WA) described as a "toxic relationship" between hospital management and medical practitioners.

This was evident from the morale ratings provided by respondents to our 2017 survey. Forty-one per cent of respondents rated morale at NMHS – the 'best' performing public health service for senior doctor morale in 2017 – as either 'Poor' or 'Very Poor'. WACHS (45 per cent), EMHS (54 per cent) and SMHS (56 per cent) all fell short of NMHS' 2017 senior doctor morale rating. CAHS (77 per cent) languished at the bottom of the 2017 'morale rating' table.

AMA (WA) 2019 survey

How would you rate senior medical practitioner 'morale' at your hospital?

Table 8

HSP	Very Poor	Poor	Fair	Good	Excellent
Child & Adolescent	3%	21%	41%	24%	10%
East Metro.	8%	23%	35%	28%	6%
South Metro.	17%	26%	43%	15%	0%
WA Country	29%	26%	19%	26%	0%
North Metro.	29%	31%	24%	11%	4%

Ranked in descending order of performance.

THEN & NOW: Percentage of respondents who rated Morale as either 'Poor' or 'Very Poor' at their hospital:

Table 9: 2017 vs 2019

HSP	AMA (WA) 2017 survey	AMA (WA) 2019 survey
Child & Adolescent	77%	24% ↓ 😊
East Metro.	54%	31% ↓ 😊
South Metro.	56%	43% ↓ 😊
North Metro.	41%	60% ↑ 😞
WA Country	45%	55% ↑ 😞

WACHS and NMHS are the only HSPs who have failed to improve on their 2017 morale rating, with more than half of respondents from NMHS and WACHS describing morale as either 'Poor' or 'Very Poor'. With the next iteration of the Your Voice in Health survey due in 2020, the AMA (WA) encourages all HSPs to directly measure and address morale. ■

How should the Health Services respond?

The inaugural system-wide Your Voice in Health (YVIH) survey must provide more than a benchmark. The Australian Medical Association (WA) believes that a number of changes to the way medical practitioners are employed and managed, if implemented now, will see the necessary improvements in next year's YVIH survey results. The YVIH results and the AMA (WA)'s 2019 survey of senior doctors point to a number of issues that need to be addressed:

Job Security for Senior Practitioners

Permanent employment for senior doctors provides the required job security to enable them to raise concerns or challenge decisions without fear or favour. Permanency is required to create an environment where practitioners do not have their future employment opportunities used as a means of silencing those who speak up or challenge decisions.

At present, the WA Government has refused to consider employment security for practitioners in the ongoing industrial negotiations, despite permanency being a safer and more efficient way of managing senior doctor employment, with a significantly reduced administrative burden that stands to save the health system money.

The AMA (WA) and multiple independent inquiries consider this a matter critical to protecting senior doctor morale and wellbeing, health system management and patient quality and safety. For the health system to continue with its current approach to senior doctor employment, particularly in the face of survey data indicating the risk this presents to the health system, brings into question what the WA Health System values more – control or quality and safety.

In the 2019 AMA (WA) survey, 59% of respondents identified the contract of employment renewal process as having either a 'strong negative' or 'negative' impact on culture and morale, compared to 53 per cent of respondents in the 2017 AMA (WA) survey results.

Access to Non-Clinical Time

Despite medical college guidelines, clinical accreditation requirements and entitlements under the Agreement, 53 per cent of AMA (WA) survey respondents identify their access to non-clinical time as having either a 'strong negative' or 'negative' impact on culture and morale, compared to 44 per cent in the 2017 AMA (WA) survey.

A lack of time to complete non-clinical duties has a direct impact on quality and safety as adequate time for non-clinical duties is crucial for enabling quality teaching, the sustainability of doctors' professional practice and for the capacity of the public health sector to provide quality care to patients.

The AMA (WA) sought to address a lack of access to non-clinical time through a workload review mechanism in the ongoing industrial agreement negotiations. This mechanism would provide a process for practitioners to formally review their workload and duties to prevent burnout and ensure appropriate access to non-clinical time. The workload review mechanism, which has already been implemented in Victorian public hospitals, formed part of the AMA (WA)'s claim for a replacement industrial agreement. However, to date, the WA Health System has not considered this provision in any of its offers to the AMA (WA). ■

WA Public Health System – Hospitals & Health Services

NMHS/North Metro: North Metropolitan Health Service

- Sir Charles Gairdner Hospital
- Osborne Park Hospital
- Graylands Hospital
- King Edward Memorial Hospital
- NMHS Mental Health
- PathWest

SMHS/South Metro: South Metropolitan Health Service

- Fiona Stanley Hospital
- Rockingham General Hospital
- Fremantle Hospital

EMHS/East Metro: East Metropolitan Health Service

- Royal Perth Hospital
- Bentley Health Service
- Armadale Health Service
- Kalamunda Hospital

CAHS/Child & Adolescent: Child and Adolescent Health Service

- Perth Children's Hospital
- CAMHS – Child and Adolescent Mental Health Service

WACHS/WA Country: WA Country Health Service

All publicly operated hospitals and health services in regional and remote WA.

Note:

The Your Voice in Health Survey results displayed are a percentage of positive responses from medical practitioners, provided by each health service provider. The results from the Child and Adolescent Health Service (CAHS) only include specialist consultants.

The AMA (WA) Survey results have been grouped according to the hospital or health service identified by survey respondents.

THE HEALTH SERVICES RESPOND

As part of our cover story, *Medicus* approached each of the Health Service Providers (HSPs) in Western Australia and the Department of Health about the initiatives, programs and plans that have been put in place following the publication of the Your Voice in Health data. Our questions covered issues of communication, collaboration between senior managers and clinicians, and doctor wellbeing.

In response, a DoH spokesperson said the following actions (though not limited to), are now occurring at HSPs across the State to improve engagement and communication with all staff.

Since the Your Voice in Health survey results were released, health system leadership teams, through HSP Boards and the DoH, have been working to implement strategies to address concerns identified in the survey.

North Metropolitan Health Service

As a health service, we are committed to improving our engagement and culture and recognise that employee happiness and satisfaction is integral to maintaining a healthy, engaged workplace.

Culture change is a responsibility shared by all and we are working as a united health service to create positive change.

The following initiatives demonstrate how the North Metropolitan Health Service (NMHS) is enhancing and improving its culture and leadership engagement:

- The NMHS workforce has collectively identified a new shared set of organisational values and is currently working towards embedding them, and their underpinning behaviours, in organisational documents, processes and workplace practices.
- Site executive directors provide weekly/fortnightly/monthly and bi-monthly organisational updates to all staff, as well as host medical staff-specific forums. These include:
 - The Women and Newborn Health Service monthly Medical Head of Department (MHoD) meeting, which is well-attended and provides attendees with a voice on key issues and opportunities.
 - Sir Charles Gairdner Osborne Park Health Care Group (SCGOPHCG) Medical Heads of Department (monthly) meeting and Medical Executive Committee (fortnightly) meeting – with medical wellbeing, morale and culture a permanent agenda item.
 - A quarterly whole-of-hospital consultant forum led by NMHS CE, SCGOPHCG ED and SCGOPHCG DCS.
- As part of the SCGOPHCG Junior Doctor, Senior Care initiative, two grand rounds per year are dedicated to medical staff wellbeing and culture.
- Each month SCGOPHCG and Women and Newborn Health Service (WNHS) Executive Directors engage with and brief department heads and consultants, as well as lead 'ward/service walkarounds' to informally engage with and hear from their clinical workforce. A key aspect of this initiative at King Edward Memorial Hospital is to encourage clinicians (and others) to "speak up for safety" and to recognise and respond to clinical deterioration.
- The newly-created NMHS People Engagement Culture Advisory Council (PECAC) is comprised of clinical and non-clinical members who engage with the broader staff group to improve culture and lead enhanced service delivery by bridging the communication gap between staff, clinicians, patients and carers, and the NMHS Area Executive Group and Board.
- Managers continue to share the Your Voice in Health survey results and discuss key themes to develop action plans on how to address the key issues.
- Yet to commence, but a key component of the newly-established NMHS 'Our People Strategy' is to identify critical roles and services and establish talent management and succession plans, as well as consulting with staff on major initiatives and listening to and respecting their contributions.
- We are at the beginning of a very long program of cultural change at WNHS and are focused on devolving accountability and empowering frontline staff. Clinicians are actively engaged in this space, and have recently participated in a series of sensing and scoping workshops.

- Cultural change is also a focus at Mental Health, Public Health and Dental Services (MHPHDS) within NMHS. Medical staff have recently been recruited to clinical leadership positions within Mental Health, including a Director of Clinical Services position, which did not previously exist.
- NMHS recently launched its Staff Recognition Program to recognise and reward dedicated individuals, teams and volunteers. The NMHS Going the Extra Mile (GEM) Awards celebrate and reward high-achieving staff who exemplify our values; the Employee of the Month & Quarter Awards acknowledge individual staff who have improved outcomes for patients, their colleagues and/or community; and the NMHS Long Service Awards recognise staff members who have completed continuous service over 10, 20, 30 and 40 years.
- NMHS has recently launched its new Innovative Future (IF) Program that is geared towards supporting and inspiring staff to be creative, and lead a project that drives towards a solution.
- SCGOPHCG is following WNHS' lead by exploring safety culture programs that encourage and support staff to 'speak up'.
- NMHS is developing an integrated approach to improving clinician wellbeing, particularly in relation to increased workplace violence and aggression. The Workplace Violence and Aggression Strategy will deliver many interventions to prevent and manage physical and psychological risks to staff while continuing to support staff to provide high-quality patient care. Additionally, the NMHS Our People Strategy includes an initiative to develop a cohesive health and wellbeing approach, which will better equip people managers to identify staff health and wellbeing issues earlier – and appropriately respond.
- NMHS is also reviewing leave management strategies to facilitate more regular clearances of leave to contribute to staff health and wellbeing. ■



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THE HEALTH SERVICES RESPOND

East Metropolitan Health Service

The East Metropolitan Health Service (EMHS) is committed to providing amazing care to all its patients and firmly believes that to achieve that end objective, it needs to have an engaged and supportive work culture. This entails a multi-pronged approach that includes a combination of long-standing programs and new initiatives such as:

- The Junior Doctors Wellbeing Program, launched in January 2017, which provides high-quality teaching, programmed mentoring, as well as informal mentors available to talk to and keep track of personal wellbeing.
- As doctors progress through their career, the services encompassed within the Centre for Wellbeing and Sustainable Practice program continues to be available to them, in addition to further programs specifically tailored to their needs. (The centre brings together the pastoral care service for patients, its associated chaplaincy training unit and the wellbeing program for junior doctors.)
- The Safety After Hours for Everyone (SAFE) Team model of care, which has improved the support systems available to doctors and nursing staff overnight.

Two-Way Communication between staff and management, coupled with strong leadership is also a trademark at EMHS and attributable to its high score in the Your Voice in Health survey. For example, the executive team ensures that it meets regularly with senior clinicians and has introduced medical advisory committees at hospital levels, whose membership is comprised of senior clinicians. Examples include:

- Royal Perth Bentley Group (RPBG) Executive Director Dr Lesley Bennett meets regularly with the Chair of Clinical Staff Association (CSA) and Chair of Medical Administration Council (MAC).
- Dr Bennett also attends the start of every MAC meeting to obtain a general update and encourages all attendees to raise any questions within that forum. She is provided with a personal update at the start of the CSA annual general meeting.
- The MAC Chairs also meet with the EMHS board twice a year.
- The RPBG Director of Clinical Services (DCS) also sits on the MAC as an ex-officio.
- A bi-monthly Head of Department forum, also helps management instil EMHS key values, such as kindness, respect, collaboration, integrity, accountability and excellence in everything staff do.

EMHS is very conscious of staff understanding the role of its Board and actually meeting its members face-to-face. Consequently, EMHS conducts a Board forum twice a year, which all staff are encouraged to attend. Likewise, EMHS Chief Executive Liz MacLeod also conducts a forum for all staff twice a year.

Significantly, within EMHS there is a focus on reward and recognition. As a direct result of the Minister's Your Voice in Health survey feedback, EMHS is in the process of developing the framework for this program, following extensive consultation with staff throughout hospital. ■

South Metropolitan Health Service

The South Metropolitan Health Service (SMHS) and its hospitals – Fiona Stanley Fremantle Hospitals Group (FSFHG) and Rockingham Peel Group – have engaged with staff to develop comprehensive and wide-ranging action plans and initiatives for wards, departments and hospitals.

At a health service-wide level, the following actions (though not limited to) are occurring:

- Developing a management toolkit for new middle managers;
- Improving the Employee Assistance Program accessibility and staff awareness;
- Adapting the Learning Management System to provide flexible learning options;
- Developing the SMHS wellness/wellbeing strategy and more wellbeing activities for staff across the health service;
- Developing the SMHS People Capability Framework and the People Development Strategy;

In addition, recognition programs continue to recognise, celebrate and acknowledge staff, including:

- The SMHS Excellence Awards;
- Staff member of the month/quarter awards at all sites; and
- Work Health Safety Recognition program.

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Child and Adolescent Health Service

The Child and Adolescent Health Service (CAHS) is committed to staff wellbeing with a core pillar of the CAHS Strategic Plan being to value and respect our people. Our commitment extends to all staff across varied clinical and non-clinical roles.

CAHS has adopted a strategic approach with a comprehensive range of programs rolled out across the health service over the last two years to improve staff engagement, communication and wellbeing.

The current program of work commenced two years ago, following the CAHS (Barrett's) Values Assessment in November 2017. This led to the formation of the Shape our Future Steering Team, comprised of staff and chaired by senior clinicians. The Steering Team developed the CAHS Culture Action Strategy and Culture Action Work Plan in mid-2018.

The Work Plan outlines 150 initiatives aligned to the CAHS Strategic and Operational Plans and endorsed by the CAHS Board. There is executive sponsorship for each of six key work streams:

- Aligning our values and behaviour;
- Being a centre of excellence;
- Great place to work;
- How we work and relate to one another;
- Leadership development;
- Communication and engagement.

Key achievements and current activities include:

- A launch of CAHS Values in May 2018, followed by "living our values" launched earlier this year to celebrate and encourage ways in which we embed our values in every part of the organisation.
- Staff recognition awards, Stars of CAHS, have been refreshed to align with our core values.
- Introduction of a Medical Executive Committee which is comprised of clinical staff, including JMO representation, to advise health service executive on clinical issues.
- Establishment of a Clinical Advisory Group, reporting to the

CAHS Board to improve communication, collaboration and consultation on matters of importance to our clinical workforce.

- Implementation of the Cognitive Institute's 'Speaking up for Safety' and 'Promoting Professional Accountability' programs; evidence-based programs proven to improve a culture of safety.
- Introduction of Leading CCAREE at CAHS, a tailored leadership development program, which provides leaders with support and skill development, while also connecting with their personal purpose and meaning of their role in the organisation and building their organisational networks.
- A targeted wellness program is being developed which will include the recruitment of a dedicated Wellness Coordinator.
- Launch of a JMO Wellbeing Program which aims to develop positive culture change and initiatives that promote junior doctor wellbeing, recognising that junior doctors are a key component of providing excellence in care for children of Western Australia.
- Introduction of Mindfulness sessions at Perth Children's Hospital to assist in preventing compassion fatigue and burnout, improve job satisfaction, physician health, mental wellbeing and resilience.

A second Culture Values Assessment is currently underway to track our performance, and the impact of this strategic focus and extensive work plan. The findings will be assessed alongside the Your Voice in Health data to continue to drive action and ensure we deliver on our strategic priority to value and respect our people.

Central to our ongoing commitment to staff wellbeing and engagement is the recent creation of a new Executive Director of People, Capability and Culture to acknowledge the importance of staff education, training, morale and wellness.

The next Your Voice in Health survey will commence in mid-2020. The results will be measured against the 2019 benchmark data to determine the success of these initiatives and shape the direction of future improvements for staff wellbeing and morale. ■

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South Metropolitan Health Service

Various SMHS staff groups continue to build the culture of the organisation and help drive engagement in an open, safe and transparent environment for all staff, including but not limited to:

- More than 750 people from across SMHS professions – doctors, nurses, allied health and corporate – attended the Stanley Medical Officers Society annual ball;

- FSFHG INVEST has held numerous staff activities and events such as a staff long-table lunch, 'Bring your Dog to Work' day, Fun Shirt Friday and Socks for Docs.
- The FSFHG Doctor Welfare Group continues to advise FSFHG on issues pertaining to medical staff welfare and embedding the health service's values through 'Club Rules'. ■

THE HEALTH SERVICES RESPOND

WA Country Health Service

The WA Country Health Service (WACHS) remains absolutely committed to improving our engagement and culture and recognises that employee satisfaction is integral to our mission of delivering and advancing high-quality healthcare in country WA.

Through considerable consultation, the following actions (though not limited to) are already occurring, or have occurred, both before and after the 'Your Voice in Health' survey results.

Clinical Directors' Network

WACHS has established a new Clinical Directors' Network that incorporates 18 specialties to facilitate inter-specialty communication and collaboration.

The organisation recognises the importance of investing in clinical networks and understands that patient outcomes and processes of care can be improved by creating an environment in which honest feedback is encouraged and acknowledged, and where appropriate, acted upon.

Country Health Innovation Program

The Country Health Innovation Program provides incentives that support GPs in the provision of emergency, primary and acute care. In addition, the program has provided a platform for GPs to voice issues around contracting and billing interactions with WACHS, listening to feedback and implementing strategies.

Better Medical Care for Rural WA

WACHS continues to partner with Rural Health West to lead programs that target the recruitment, development and retention of the medical workforce. Currently, initiatives include the provision of:

- Education and training workshops, podcasts and other courses;
- Implementation of the GP mentoring program in the procedural areas of Surgery, Emergency Medicine, Obstetrics and Anaesthetics;
- Implementation of the Family Support Program to assist families in settling into new locations;
- Support for the GP Locum Program; and
- Development of the Residential Specialist and Procedural GP Education series.

In recognition of the hard work and dedication of the rural medical workforce, WACHS also supports the provision of the WA Doctors Awards.

Medical Workforce Education and Development

WACHS is the only health service provider currently offering the community residency program – supporting the education of junior doctors in General Practice.

WACHS is also implementing the ASPIRE program in 2020, which has been developed to support GPs wishing to progress their surgical skills.

The WACHS Medical Education Unit has also been involved in the development and implementation of the Rural Generalist pathway being considered by the Commonwealth and State governments. This pathway will support the development of a sustainable Rural GP workforce.

Director, General Practice

The WA Country Health Service acknowledges the invaluable contribution of GPs across rural and remote Western Australia. In order to ensure direct engagement with the GP workforce, the organisation is currently recruiting a Director, General Practice. This position will play a key role in providing expert advice to the WACHS Executive around GP issues and lead on developing innovative programs to support the ongoing development of this sector.

General Communications

In addition to regular organisational updates to all staff as well as medical staff-specific forums, WACHS is actively working to improve communication with its medical workforce as demonstrated through the development of the Country Health Initiative newsletter.

In addition, the organisation remains committed to the Medical Advisory Council format that enables direct communication between GPs and local health service providers.

WACHS also partners with external agencies such as Rural Health West, WAGPET, Rural Clinical School, AMA, RACGP and ACCRRM to communicate current issues and develop programs and has recently implemented its *Pitch Your Pilot* program that encourages staff to work up innovative service ideas to pitch for funding from the organisation.

WACHS Executive and managers also continue to share and discuss the Your Health in Voice survey results in order to develop and implement action plans to address key issues.

The organisation remains committed to increasing visibility of its employee assistance program and supporting medical staff with the provision of professional development. ■