Health Professionals' Mental Health and Wellbeing Summit

17 November 2022

Summary Report

Queensland Government

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Executive Summary

The mental health and wellbeing of the health workforce continues to be a priority for the Queensland Government. The COVID-19 pandemic has particularly highlighted the capacity of the health workforce to respond to increased demand and navigate novel challenges, only further emphasising the importance of proactive strategies to support the mental health and wellbeing of all healthcare professionals.

Whether the health workforce is clinical, operational, or administrative, it is widely recognised that all staff in health services work in complex settings and experience unique challenges which impact on their health and wellbeing.

The Minister for Health and Ambulance Services called for Queensland Health to convene a Health Professionals' Mental Health and Wellbeing Summit to discuss tangible ideas for change to consider ways to support a healthy workforce.

Approximately 100 representatives across health professions, from within Queensland Health and from external organisations came together on Thursday 17 November 2022 to discuss key issues and practical approaches to ease pressure on the state's healthcare workforce.

The Summit opened with showcase presentations from representatives across different health workforces who presented on a range of topics from understanding the issues and impacts upon the workforce to the practical application of strategies and models in the workplace. A panel discussion with speakers began a conversation which continued across three consecutive workshops exploring wellbeing challenges and opportunities.

Exploring how to effect a cross-professional wellbeing agenda, strategies to address wellbeing challenges for leaders and important elements for a wellbeing framework, workshop participants identified opportunities for change within a range of priority themes including, culture, workload, leadership, cross-professional support, action efficiency, empowerment, communication, messaging and system focus.

The Summit promoted a cross-professional conversation about wellbeing and discussions from the day will inform Queensland Health workforce strategy and the principles underpinning a wellbeing framework adaptable across the organisation and professional groups.

Effective planning and action to support the wellbeing of our workforce is not achieved from a single event or conversation. Acknowledging this, this report suggests future areas for targeted work to extend upon the identified themes from the Summit.

It is important that the collective voice driving improved workplace culture, increased engagement and connection is reflected within organisational policy to coordinate and measure action and investment in the health and wellbeing of our workforce.

Introduction

The Summit is intended to be an important event in a series of discussions focusing on health professionals' mental health and wellbeing from a cross-professional aspect. The outcomes have the potential to generate important and meaningful change for our health workforce and improve our approach to wellbeing policy including the Wellbeing framework and Queensland Health Workforce Strategy.

The following section outlines the aims and objectives of the Summit and provides an overview of the Summit's format.

Aim / Objectives

The Summit aimed to provide an opportunity to recognise and acknowledge the experiences of health staff during the COVID-19 pandemic, while also providing a platform to build on existing conversations around workforce mental health and wellbeing and begin progressing this important agenda cross-professionally.

The key objective of the Summit was to collaboratively identify and plan meaningful and implementable initiatives and strategies that prioritise the mental health and wellbeing of all healthcare professionals across Queensland.

Attendance

Facilitator: The Summit was facilitated by Dr Jennifer Schafer, Medical Director, Doctors' Health in Queensland, an organisation established to assist colleagues who may be in difficulty and support doctors and medical students in Queensland to achieve optimal health and wellbeing throughout their careers

Keynote Speaker: A keynote address delivered by Major William Gooderson, Founder and Director of Unconventional Leader, *Bend not break, wellbeing lessons from warzones and the workplace* opened the Summit.

Invited speakers: Five speakers from within Queensland Health and Queensland Ambulance Service were invited to present across themes that would translate to afternoon workshops which were facilitated by the Health Profession Chiefs as well as Human Resources and Wellbeing representatives.

Participants: Invitations were extended to the Health Profession Chiefs, departmental and Hospital and Health Service (HHS) representatives across professions (Medical, Nursing and Midwifery, Allied Health, Mental Health Alcohol and other Drugs, Dentistry, and Queensland Ambulance Services) as well as Unions and representatives from QSuper and Workforce Cover Queensland.

Minister's address: The Hon Yvette D'Ath MP, Minister for Health and Ambulance Services delivered a speech emphasising the Queensland Government's commitment to the wellbeing agenda and highlighting proposed legislative amendments which provide greater clarity on the obligations of hospital and health services in protecting the wellbeing of the public health workforce.

Format

Major William Gooderson's keynote address invited participants to share in his personal journey across his military career, highlighted the parallels of his own experiences and those of the health professional workforce.

During the morning session showcase presenters from across professions introduced topics and inspired workshop discussions, their presentations covered topics including:

- Understanding empathy and compassion fatigue
- A systems approach to psychological safety at work
- The five pillars for wellbeing under the PERMA (positive emotion, engagement, relationships, meaning, achievement) model
- Supporting First Nation's social and emotional wellbeing in the workplace
- A personal experience of recovery through compassionate care and mindfulness.

Following the showcase sessions, the presenters participated on a panel where the audience had the opportunity to pose questions to panel members.

Following a break for lunch, participants reenergized and refocused by engaging in a wellbeing activity conducted by wellbeing representatives from West Moreton Health. The final session of the Summit drew on participants' expertise, explored three workshop topics, generating insightful and robust discussions around current challenges and strategies to support our healthcare workforce in the future.

The afternoon session provided an opportunity for participants to explore themes across three workshop topics:

- How to effect a cross-profession wellbeing agenda
- Leadership for health and wellbeing
- Planning for impact – exploring elements of wellbeing at work

The showcase sessions, panel discussion topics and workshop outputs are covered in more detail in the next section.

Initiatives

Prior to the Summit, the convening team collected information on current workforce mental health and wellbeing initiatives and programs offered by the Department of Health, HHSs, Queensland Ambulance Service and Health and Wellbeing Queensland.

Information was received on 37 initiatives across health disciplines and organisations in Queensland (Refer to Appendix A). It is acknowledged that there may be other initiatives and programs utilised across Hospital and Health Services which were not submitted to Summit organisers.

Acknowledging the work already undertaken in the development of initiatives and programs to support the wellbeing of the workforce, a summary of all initiatives was provided to participants prior to the Summit. The document may also serve as a useful resource to showcase initiatives that may be transferable across disciplines or may help in the planning and development of initiatives cross-professionally.

Summit Finances

Expense	Price (incl GST)
Facilitators / Presenters (non-QH)	$10,120
Venue (including catering) and audio-visual	$21,193.50
Consumables	$248
Total	$31,561.50

Showcase Sessions

Presentation 1: Reserves Running Low: Understanding Empathy and Compassion Fatigue

Summary

Presented by Sabina Schlegel, A/Senior Director Talent and Organisational Development, Human Resources Branch, Corporate Services Division, Queensland Health.

The focus of this session was defining burnout and empathy fatigue and identifying the associated risk factors. The presentation also explored the neuroscience of the difference between empathy fatigue and compassion fatigue and discussed the research evidence on the effects of compassion on an individual including:

- Compassion behaviour as a solution to empathy fatigue
- Inverse association between burnout and compassion
- Escapism from burnout – at the location of stress

Presentation 2: A Systems Approach to Psychosocial Safety at Work

Summary

Presented by Todd Wehr, Director, Staff Support Services, Priority One, Queensland Ambulance Service.

This session focused on adopting a holistic systems approach to the wellbeing agenda and highlighted the different experiences and attributes of the individual that may influence wellbeing. The presentation also emphasised the importance of each role within the systems approach, including individual, peers, leadership, staff support services, and management.

Connecting the system towards a common goal involves understanding and acknowledging all the complexities across groups. The presentation suggested six key points to consider when attempting to connect the system including:

- Identifying the parts of the system.
- Identifying what parts of the system promote wellbeing and enhance them.
- Understanding the system is made up of humans who have selected into helping professions.
- Knowing each part of the system can be influenced.
- Acknowledging that support is already happening and support the people who are doing it.
- Access the supports that you have, to enhance your wellbeing.

Presentation 3: The Five Pillars for Healthcare Professional Wellbeing – The PERMA Model

Summary

Presented by Dr Liz Crowe, Staff Wellbeing Consultant, Metro North Hospital and Health Service.

This session centred around the PERMA Model of Wellbeing and interpreting the evidence for risk and protective factors for health care professionals' wellbeing. The five pillars of the PERMA Model were discussed in relation to the healthcare workforce:

- Positive emotions
- Engagement
- Relationships
- Meaning
- Accomplishment

Conceptualising and defining wellbeing for healthcare professionals is complex and this presentation highlighted practical applications of the PERMA model into staff culture and leadership to promote good mental health and wellbeing.

Presentation 4: Supporting First Nations Social and Emotional Wellbeing in the Workplace

Summary

Presented by Sueanne Gola, Clinical Psychologist, First Nations Taskforce, Office of First Nations Health.

This session focused on First Nations' experiences of wellbeing and the application of different models of social and emotional wellbeing within the workplace.

The presentation included important statistics on the landscape of First Nations representation in the health workforce and the knowledge and understanding of cultural and community connection and the experiences of wellbeing that First Nations healthcare professionals bring to the workplace.

The presentation also highlighted the additional layers of intergenerational trauma carried by First Nations people, empathy fatigue and cultural responsibility and how this can be supported in the workforce.

Presentation 5: Compassionate Care and Mindfulness: Being Truly Well

Summary

An e-presentation was pre-recorded by Professor Leonie Callaway, General and Obstetric Physician, Executive Director of Women, Children and Families Stream and Director of Research in Women's and Newborn Services, Metro North Hospital and Health Service Professor, University of Queensland.

This e-presentation provided a deeply personal perspective from Prof Callaway, sharing her own experiences of workplace issues impacting wellness and consequent recovery experience. Her presentation highlighted not only the efforts that may be made as an individual to recover but also the importance of compassionate and respectful workplaces in supporting staff mental health and wellbeing.

Panel discussion

Summary

At the conclusion of the showcase session, in-person presenters came together for a facilitated Q&A session to explore the introduced topics. The panel explored:

- ways to take a wellbeing agenda forward
  - through understanding what works for the people with whom you work, active consideration of the intent of communications with teams and colleague, promoting and ensuring authentic conversations about wellbeing, kindness and accountability.

- understanding how to maximise investment in wellbeing interventions
  - reconsidering how wellbeing is measured (eg anecdotal vs scientific) – "not all that is measured matters, and not all that matters is measured", promoting a community mindset, breaking down roles and occupations and accepting vulnerabilities.

- ways to build culture to ensure a respectful working environment
  - with leadership setting the example, encouraging a collective voice, contribution to changing a narrative that has been historically accepted.

- systemic approaches to issues affecting wellbeing
  - understanding issues, identifying opportunities for change, co-design of a wellbeing framework to incorporate the experience of health workforce, explore issues through qualitative as well as quantitative studies, installing mechanisms to share successes, collegial mindset to wellbeing support (intra and inter-profession), acknowledging that there is not a universal solution.

- education and preparation for restorative conversations around issues affecting wellbeing
  - focussing on emerging leaders, cultural training, changing mindsets, give permission to act across all levels of hierarchy, measures to ensure psychological safety to initiate conversations, identifying spaces to access help beyond the formal structures.

- considerations for different perspectives/expectations of wellbeing support across a multi-generational workforce
  - ensuring multiple options for access to services/support, engaging compassionate leadership, utilising the knowledge and skills across generations, first-responder roles, peer support roles.

Workshop outputs

Workshop 1 – How to effect a cross-professional wellbeing agenda

Summary

Facilitated by Adjunct Professor Shelley Nowlan, Chief Nursing and Midwifery Officer, Clinical Excellence Queensland and Dr John Reilly, Chief Psychiatrist, Clinical Excellence Queensland.

This workshop acknowledged the professional silos that exist and explored how Queensland Health can progress a meaningful and equitable cross-profession agenda for wellbeing, with an aim of identifying priorities suitable for cross-profession strategies:

- Participants were separated into professional groups and identified their top three priorities for action.

- Participants then formed new cross-professional groups to discuss and identify their top priority for action.

- Throughout the process, participants were asked to identify their top priority for action visually on the butchers' paper using a dot sticker. The number of dot stickers received represents the level of support for each perspective priority and associated strategy.

Identified challenges

Based on participant feedback, identified challenges for priority action included:

- Defining and understanding the need
- Isolationism
- Recruitment and retention
- Work-life balance
- Bullying and harassment
- Maldistribution of doctor/nurse to patient ratio
- Workforce culture.

Outputs

As a result of cross-professional discussions, the following top three priorities for action were identified:

Priority Theme	Opportunities
Culture	- Improve education - Exercise accountability - Courage to manage poor behaviour - Care reviews - Streamlining recruitment and retention, Candidate care and onboarding - Enhancing culturally safe care - Fostering team culture - Promoting reflective practice
Workload	- Access to leave and leave balances - Appropriate rostering across professions - Equitable allocation of workload - Working to top of licence, scope of clinical practice - Improved models of care
Leadership	- Leader-staff relationships - 'Walking the walk' – prioritise and enable support - Visibility - Leadership coaching - Supervision - Encourage and enable peer support networks

Further outcomes of this workshop are detailed in Appendix B.

Workshop 2 – Leadership for health and wellbeing

Summary

Facilitated by Ms Liza-Jane McBride (Chief Allied Health Officer, Queensland Health) and Professor Keith McNeil (Chief Medical Officer, Queensland Health).

This workshop explored the wellbeing challenges experienced by health professionals and options for system and structural changes. The focus of this workshop was to identify wellbeing challenges faced by leaders and what system, service and/or individual changes could be made to address the identified wellbeing challenges for leaders.

- Participants worked together to identify at least three wellbeing challenges and three changes that could be implemented to address them.

- Facilitators led discussions based on the responses amongst the wider workshop group and identified key themes that were emerging from each group as the sessions progressed.

- The final takeaway activity for participants was to reflect on their own wellbeing as a leader and ask what was one thing that they could do tomorrow to improve their wellbeing while maintaining the wellbeing of their staff. Postcards were provided to do this so that participants could write down their thoughts and review at the start of the following week.

Identified Challenges

Challenges identified during the activities included:

- Increasing demand with insufficient resources
- Processes that do not add value / excessive red tape
- Information overload exacerbating employee fatigue
- Not allowing delegations to make decisions
- Accountability for wellbeing
- Lack of transparency
- Resistant attitude to change
- KPIs prioritising activity over wellbeing
- Lack of continuity for wellbeing activity.

Outputs

As a result of cross-professional discussions, the following top three priorities for action were identified:

Priority Theme	Opportunities
Cross-professional support	Hospital House System – new staff are designated into houses with members from cross-disciplinary areas – providing support across professions and outside the normal professional and hierarchical means within a hospital system. Resourcing specific activities to promote wellbeing (health promotion, Schwartz Rounds, wellbeing coordinators)
Action Efficiency	Leverage Google 'stupid ideas initiative' – staff are encouraged to put forward stupid ideas that waste time and do not contribute to the delivery of patient care or operational efficiency and productivity, address them, and remove if not adding value to encourage the review and removal of processes that do not add value or meaning to the workforce. Simplify recruitment to ensure agility and responsiveness Utilise mechanisms to improve portability of Queensland Health employees (eg. digital passport)
Empowerment	Permitting people to work at the top of their licence / top of their skillset to allow them to make decisions within their delegations, support and empower them to do so. Promote empowerment as a key leadership capability within the system.

Further outcomes of this workshop are detailed in Appendix C.

Workshop 3 – Planning for Impact – exploring elements of wellbeing at work

Summary

Facilitated by Ms Sabina Schlegel, A/Senior Director, Talent and Organisational Development, Human Resources and Dr Tim Jauncey, Staff Wellbeing Psychologist.

This workshop explored the important factors to be addressed in a wellbeing framework and the considerations to ensure a wellbeing framework is effective, useful, and impactful.

- Butchers paper with the following factor topics were displayed around the workshop room.
  - Individual factors
  - Team factors
  - Leadership/managerial factors
  - Organisational factors
  - Behavioural factors
  - Environmental factors
  - Physical factors
  - Other/specific context
- Participants were instructed to work together at their tables to list different workplace aspects/impacts that were relevant to each factor.
- Participants were asked to write down the aspects on the post-it notes provided and to place the notes under the appropriate topics.
- Guidance questions were displayed on the projector screen to get participants to think about the aspects of wellbeing from multiple perspectives.
- After this exercise, the group came together for a facilitator led discussion around their responses and the group participated in an interactive web-based activity where they shared their responses to several questions via online platform, *Slido*.

Identified Challenges

Challenges identified relevant to each workplace factor included:

- **Individual factors:** stigma around asking for help, trauma history, having work at home, self-awareness.
- **Leadership/Management factors:** communication and following through with action.
- **Organisational factors:** red tape, support from leaders, no time to connect on shift.
- **Physical factors:** space to work, meet and think and access to healthy food.
- **Team factors:** Poor culture, not being able to recruit, staff coverage, skills mix, visible leadership, models of care.
- **Other/specific context:** Concerns about finances, blame culture, financial delegations, reactive not proactive.

Outputs

As a result of cross-professional discussions, the following top three priorities for action were identified:

Priority Theme	Opportunities
Communication	Ensuring maintenance of flow of communication across all levels within the system to build consistency and thus trust. For example, effectively communicate and discuss executive level decisions across all levels. Empowering and enabling frontline staff to upwardly communicate feedback and ideas and ensure these reach QH executive.
Messaging	Better manage the incongruence of messaging regarding the importance of wellbeing. Ensure other emergent workforce priorities (eg COVID-19 pandemic response) do not disrupt the focus upon wellbeing and actions to support and promote the health and wellbeing of the Queensland Health workforce.
System Focus	Build agency and work together, across jurisdictions and disciplines to co-design effective solutions to problems that impact cross-professionally (e.g. rural workforce shortages).

Further outcomes of this workshop are detailed in Appendix D.

Evaluation Survey

Key outcomes and feedback

An online survey was developed and distributed to Summit attendees to gather insight into their experiences and provide an opportunity to deliver feedback on the content of the Summit and the overall running of the event.

There was a 23 per cent response rate with a total of 23 survey responses.

69% of attendees completing the survey agreed that the Summit adequately covered the major wellbeing issues affecting the health professional workforce.

Attendees who disagreed contributed the following suggestions:

- A more balanced approach across individual and organisational responsibility would have provided an expanded view of the issues.

- Would have been good to talk about the impact of stress on wellbeing and workplace culture. More emphasis on self-responsibility and ways individuals can prioritise their own wellbeing as there was a lot of focus on making it the organisations responsibility.

- In future, there could be a more in-depth focus on particular topics as determined by popular vote/poll?

- Theories of wellbeing, evidence base for wellbeing interventions, psychosocial risks to wellbeing, whole systems/multi-level approach to wellbeing (interventions at the individual, team, organisation and systems level).

- Breaking stigma, building psychological safety, changing culture.

Overall, the showcase sessions were well received by attendees with an average rating of four out of five stars across all presentations.

More than half of respondents felt the Panel Q&A session was a useful opportunity to explore the showcase session topics in more detail.

The wellbeing activity held after lunch was well received with an average rating of four out of five stars across responses.

While most respondents believed the three workshops conducted during the afternoon session contributed to the overall purpose of the Summit and the day's discussions, some noteworthy feedback from attendees provided insightful considerations for future wellbeing events.

In response to the final question of the evaluate survey, attendees to share their ideas for actions to implement over the next 12 months to improve the health and wellbeing of the health workforce, with many reflecting the themes identified in the Summit workshops.

Survey questions and expanded detail of attendee feedback is included in Appendix E.

Next Steps

Action to support the wellbeing of our workforce is fundamental to sustaining our organisation's greatest asset, our people.

The Health Professionals' Mental Health and Wellbeing Summit brought together a group of individuals from across professions, and across Queensland Health – each contributing their own insights, experiences, and expertise and translating these into ideas and opportunities to better support our healthcare workforce.

The themes identified at the Summit reflect a demand for wellbeing to not only be acknowledged and supported but embedded as culture throughout the organisation.

Inform workforce strategy

Many of the priorities for action across culture, leadership and communication that were identified at the Summit align with those from the recent Queensland Health Workforce Summit and will inform actions and initiatives within the Queensland Health Workforce Strategy.

Articulating an ethos of wellbeing within workforce strategy will ensure its consideration in workforce planning; building positive workplace culture across levels, fostering compassionate leadership (existing and emerging), improving cultural safety, and in harnessing opportunities to improve balance and flexibility through new employment models.

Guide wellbeing framework principles

Priorities for action identified by Summit participants will also guide the principles that will underpin a Queensland Health Wellbeing Framework (including empowerment, communication, improvement, and a collegial approach to wellbeing support).

Co-design is recognised as a vital element to ensure an effective, useful and impactful wellbeing framework. enable the success of the framework and encourage its application across the organisation.

Exploring mechanisms to share resources and facilitating relevant forums for an ongoing wellbeing conversation will further enable the success of the framework and encourage its practical application across the organisation.

The initiatives collated for the Wellbeing Summit offer an opportunity for the identification of scalable local options which align with the principles of the wellbeing framework.

Summit discussions also highlighted the importance of utilising evidence-based models (e.g PERMA), national frameworks (e.g Every Doctor, Every Setting), and existing initiatives (e.g peer support programs) in developing this Framework.

Prioritise wellbeing through legislation

Relevant to discussions at the Summit about the unique challenges experienced by the public health workforce, on 29 November 2022 the Minister for Health and Ambulance Services introduced the Health and Other Legislation Amendment Bill 2022 into the Queensland Parliament. The Bill includes amendments to the *Hospital and Health Boards Act 2011* that require Hospital and Health Boards and Hospital and Health Services to proactively consider the need to promote a culture and implement measures to support health, safety and wellbeing of Hospital and Health Services staff.

When introducing the Bill, the Minister recognised that Hospital and Health Services staff work in complex and high-pressure settings which can pose safety risks and impact their physical and psychological health. If the Bill is passed, the amendments will make staff wellbeing obligations for Hospital and Health Services and their Boards clear, and support staff wellbeing to be prioritised.

The obligations will complement work health and safety legislation, including the new Code of Practice, *Managing the risk of psychological hazards at work*, which commences on 1 April 2023.

The proposed legislation is currently being considered by the Queensland Parliament's Health and Environment Committee.

Future targeted work

The Summit was billed as one of a series of important actions and conversations around mental health and wellbeing.

The Summit conveners identified early in the planning phase that a one-day event was not sufficient time to cover issues in detail and that future exploration of themes and content would be required.

It is suggested that further attention be afforded to more specific elements, particularly:

- First Nations workforces

- Operational and Security workforces

- Intergenerational workforce considerations and wellbeing approaches across generations

- A repository, within the departmental Wellbeing website, for collated initiatives, presentations videos and ideas generated from the Summit

    - This site could connect a community of practice across Queensland Health and become a hub for communicating wellbeing work undertaken within the department and across the organisation

Appendices

Appendix A – Wellbeing initiatives

Department of Health

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
Online wellbeing education and training program for junior doctors	• This initiative has been funded as a key priority of the *Medical Practitioner Workforce Plan for Queensland*. • This online program will be specifically tailored to junior doctors in postgraduate years one to five and reflect the unique workplace stressors and pressures facing this cohort of doctors. • Modules will be interactive and self-paced and include topics such as managing workload, self-care, stress, career development and professional wellbeing etc.	• Medical - interns, resident medical officers, principal medical officers, registrars and their supervisors	• Statewide	• Mater Education Limited and MINDCHECK Health Professionals	• Program currently in development

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
	• This program is currently in the initial stages of planning and development, due to be released in early 2023. • It is anticipated that this program will be expanded to senior medical officers and other cohorts in subsequent iterations.				
Wellbeing Working Group (WWG)	• Established in 2019, under the auspices of the *Medical Practitioner Workforce Plan for Queensland,* the WWG work to identify actions to promote and support the wellbeing of medical practitioners and medical students across Queensland. • In 2022, members have progressed key pieces of work aligning with targets under the national framework *Every Doctor, Every Setting* including: – Development of a framework (identifying wellbeing supports across the spectrum of need) and able to be operationalised for HHSs (under development). – Provision of mental health messages to medical practitioners and students	• Medical – students, interns, junior doctors, senior medical officers	• Statewide	• The WWG is chaired by the Chief Psychiatrist and includes representatives from the Australian Medical Association Queensland Council of Doctors in Training, Doctors' Health in Queensland, HHSs, Junior Medical Officer Forum Queensland and Queensland Medical Students Council.	• Activity undertaken by WWG members is in addition to their existing professional responsibilities, including clinical commitments. • COVID-19 response activities resulted in a pause in WWG activity during 2020. • Leading into 2023, members are reviewing the WWG Terms of Reference with an aim to better reflect its remit and guide ongoing priorities for action.

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
	aligning with days of acknowledgements (e.g. Crazy Socks 4 Docs Day). - Making a recommendation for inclusion of wellbeing role information with Medical Manager job descriptions.				

Hospital and Health Services (HHSs)

Cairns and Hinterland HHS

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
Range of wellbeing initiatives for junior doctors	• Shared experience small group sessions facilitated by a senior medical officer provide an opportunity for discussing concerns and personal experiences to reflect on strategies to address them. • Twice weekly sessions with the Medical Education Unit provide an opportunity for wellbeing checks. • Every intern attends a mid-term interview with a significant focus on wellbeing in addition to monthly career focus sessions.	• Medical – interns, junior doctors	• HHS specific	• Not known	• Not known

Central Queensland HHS

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
Annual Health and Safety Representative (HSR) Network Forum	• Development of HSR capabilities/knowledge, supports safety leadership/mentoring and promotes active consultation. • Executive endorsement to have HSRs rostered on for the equivalent of one shift per month to attend to health, safety and wellbeing matters.	• HSRs across all workgroups	• HHS specific	• No	• Time and availability of staff, understanding of the HSR role and its importance
Medical Education and Wellbeing Registrars	• Medical Education and Wellbeing Registrars are key members of the Central Queensland and Wide Bay Regional Medical Pathway Project Team accredited by the Royal Australasian College of Medical Administrators (RACMA). • Registrars advise and assist in the planning and support of a wellbeing program for medical trainees across all cohorts. • They develop, refine and/or implement strategies to 'attract and maintain' a medical workforce in the prevocational and vocational space.	• Medical – all cohorts	• HHS specific	• In conjunction with Wide Bay HHS and RACMA	• Not known

	• They advise, expand and improve career planning, vocational guidance, nurturing, mentoring and candidate patronage of prevocational and vocational medical officers.				
Range of wellbeing initiatives for junior doctors	• Wellbeing series during protected intern teaching including wellbeing contacts/supports, financial management, communication styles for teams, chair yoga sessions, personal and clinical boundaries, life management etc. • Establishment of a junior doctor mentoring program. • Provision of a vending machine with nutritious ready-made foods, with after-hours junior medical staff in mind. • 'Drop-in' end of day clinical debriefing (soon to be launched). • Medical Wellbeing Survey (soon to be launched) with views to incorporate focus group input.	• Medical - interns, junior doctors	• HHS specific	• Not known	• Not known
Safety and Wellbeing Expos	• Provides workforce with direct access to corporate partners across all dimensions of wellbeing to help support work/life balance.	• All staff	• HHS specific	• External corporate partners including QBank, QSuper, Medibank, Fitness Passport, employee assistance service providers, My Health for Life etc. • Internal contributors including BreastScreen	• Budget limitations, travel to regional areas, internal communications to all staff

				Queensland and other cancer screening programs etc.	
Thriving on Thursdays	• Dedicated fortnightly virtual employee assistance services (EAS) sessions for health workers. • Provides workforce with a dedicated and consistent access to a senior clinician from EAS provider that supports their mental wellbeing, in addition to the 24/7 hotline.	• All staff	• HHS specific	• Lifeworks	• Budget limitations

Central West HHS

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
Range of wellbeing initiatives	• Central West HHS is committed to ensuring staff have a platform through which resources can be referenced and accessed including the intranet site and staff communications. • Adjustments to nursing rosters particularly in primary health centres to ensure staff safety and reduce fatigue. Such Initiatives include building a relieving pool and combining days off so that staff have the opportunity to travel to regional centres or home, something that could not be done if they only had a weekend off. • Central West HHS is also committed to bringing clinicians together with an annual Primary Health Centre Conference where mandatory face to face training, information and initiatives are shared and staff get to meet their peers.	• All	• HHS specific	• No	• Not known

Children's Health Queensland HHS

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
Centre for Children's Health Ethics and Law (CCHEL)	• CCHEL aims to bring objectivity, clarity and compassion to distressing clinical decisions. • CCHEL provides a range of services to Children's Health Queensland HHS but of specific interest is the Ethics Consultation Service. • This service brings together subject matter experts to consult on complex patient dilemmas and identify potential pathways forward. This entails data collection, facilitated group discussions, and a written summary of case deliberations to support clinicians when making decisions.	• All staff within Children's Health Queensland HHS	• HHS specific with statewide considerations, referrals and education	• No	• Resourcing and time restraints remain challenging as members of the CCHEL team contribute voluntarily in addition to their substantive positions
Peer Support Programs	• Staff can reach out to responders in times of need and responders may be mobilised to check in with staff following significant events. • Responders are trained in psychological first aid and	• All staff within Children's Health Queensland HHS	• Unit/department specific but all areas can establish programs if desired	• No	• Finding local champions to assist in the coordination and embedding of the programs • Enabling clinical staff opportunities to

	receive resources/information about support services across the community. • Established in specific units, wards and departments. • Training underway to extend programs across other locations and replenish the number of responders.				participate in ongoing supervision and professional development • Creating easy pathways for responders to provide information about monthly utilisation
Queensland Interdisciplinary Paediatric Persistent Pain Service (QIPPPS) Family Wellbeing Strategy	• Allocated dedicated shared team time to actioning tasks or activities that meet team wellbeing needs ('wellbeing sessions'). • 'Dream and Play' team meetings every eight weeks as an opportunity for team members to share clinical ideas that excite and ignite them and allow space for team members to play with ideas to enable creativity and innovation. • Walking meetings. • Supporting team members to attend professional development opportunities. • Leaders modelling vulnerability and allowing time and space for team members to reflect on thoughts and feelings (e.g. clinical countertransference).	• Medical, nursing, psychology, physiotherapy, occupational therapy, music therapy	• Department specific	• No	• Ensuring team has high psychological safety prior to reflection activities
Range of strategies to address wellbeing domains	• Oncology Services Group initiated a range of strategies for statewide staff who care for their patients commencing in late	• Medical, nursing, allied health, administration and other operational staff	• Department specific – all staff who care for patients of the Oncology Services	• Promotion of wellbeing initiative through Queensland Health (Queensland	• Implementation is ongoing

	2016 to address retention and wellbeing issues for staff. • Strategies address a range of wellbeing domains mapped to the PERMAH framework – positive emotion, engagement, relationships, meaning, accomplishment and health. • Implementation of psychologist supported incident management small group sessions. • Wellbeing and resilience education workshops and sessions. • Mindfulness training, resources and sessions in clinical areas. • Support of quality improvement initiatives. • Improve team culture through communication programs, Charter of Behaviour, bullying strategies, managing poor behaviour (staff and families). • Acknowledgement of accomplishments, thank you cards. • Coaching. • Ongoing needs analysis, keep the conversation going, sustainability, role modelling.	who provide care for children with cancer, haematology or palliative care needs	Group and Queensland Paediatric Palliative Care, Haematology and Oncology Sub Network	Health Excellence Awards), Queensland Government (Return to Work Awards), Queensland communities (Community Achievement Awards) etc.	
Reflective Practice Groups (RPGs)	• RPGs are a model of peer supervision that focuses on the social and emotional impacts of the work. • Groups are established in	• Pilot is focused on nursing	• HHS specific	• Partnering with Chris Dawber from Reflective Practice Group	• Logistics of a regular ongoing time that staff can attend a one-hour group • The development of

	wards/units and occur fortnightly or monthly as a proactive ongoing support mechanism for staff. • 19 nurses have been trained as facilitators and will be supported in their facilitator training to deploy groups in their wards/units.				the RPG facilitation skill set is a highly specialised skillset
Schwartz Rounds	• Schwartz Rounds provide a safe space for staff to come together to reflect on the nature of the work. • All staff are invited to a one-hour group discussion featuring two facilitators and a panel of three staff members who provide reflections on a chosen theme.	• All staff within Children's Health Queensland HHS	• HHS specific	• Paid membership to the Schwartz Centre for Compassionate Care	• Exploring how to make this process psychologically safe for staff • Consideration of supports for staff following rounds • Ensuring staff across all professions feel invited to attend • Initial socialisation and membership funding
Wellbeing and Mental Health Framework including projects that purposefully consider junior doctors	• Doctors in Training Peer Support Program - designed and led by doctors in training, a peer-based support system based on psychological first aid principles. • Surgical Wellbeing Diagnostics - partnering with Dr David Bade (Director of Orthopaedic Surgery) in the design and development of a psycho-social diagnostic for all surgical	• Medical - interns, junior doctors	• HHS specific	• Not known	• Not known

	medical staff aiming to understand systematic wellbeing levers. • Delivering training packages - Recovery Rituals (sports psychology principles for staying well), Psychological First Aid, Help seeking pathways, and Moral Distress. These packages are delivered during onboarding and throughout the year. This includes 10-week rotations across interns, residents, registrars, principal house officers and fellows. Ad hoc education delivered with medical teams as requested on topics of interest.				

Darling Downs HHS

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
Building Psychological Safety	• Aims to assist line managers to develop a team culture that enables people to speak up, share ideas, ask questions and be honest about concerns or mistakes (without fear of retribution, humiliation or punishment). • The program reinforces the importance of psychological safety in achieving organisational outcomes as well as behaviours and outcomes experienced when psychological safety is low. • Program is incorporated into longitudinal experiential leadership programs offered within Darling Downs HHS however is also offered separately in workshop form.	• All staff within Darling Downs HHS	• HHS specific	• No	• Nil reported
Debrief initiative	• A best practice debriefing process for post event support	• All staff within Darling Downs HHS	• HHS specific	• No	• Scaling the project following the pilot is an

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
	has been developed. • The process provides staff with an opportunity to reflect and learn from their experiences after an event or incident. • Debrief is a priority action under the Darling Downs Mental Health Wellbeing Framework. • Achievements include the development of a debrief tool (scalable across HHS), an event identification tool and a debrief facilitator toolkit. • Debrief facilitator training has been delivered to approximately 40 people in two pilot locations.				anticipated challenge in the future (29 facilities spread over 90,000km2)
Mental Health Wellbeing Framework	• The Darling Downs Mental Health Wellbeing Framework outlines a shared responsibility model for safeguarding the psychological wellbeing and mental health of staff. • It clarifies response pathways and highlights 1/ how we prepare staff for the environments in which they work and 2/ ways in which support is provided during and after critical and adverse events.	• All staff within Darling Downs HHS	• HHS specific	• No	• Addressing mental health and engaging staff in the strategies • A Mental Health Wellbeing Steering Group and Working Group were formed to guide the development of the framework • Stakeholders have remained engaged via the Working Group in the design,

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
	• Emphasises an approach focused on prevention, early intervention and the provision of defined care pathways. Priority actions have been identified and are significantly underway for the following three core pillars of wellbeing. • 1 – **Individual wellbeing** including mental health awareness training for all staff to be launched in 2023 and the development of a Self-Care Wellbeing Kit and associated Manager's Guide for use with teams. • 2 – **Leadership for wellbeing** including psychological safety training for managers and wellbeing leadership for managers. • 3 – **Staff support** including debrief project, integrated onsite support and peer support network to be scoped in 2023.				development and reality testing of priority actions
Staying Well Online Module	• All interns complete the Staying Well Online Module prior to	• Medical – interns	• HHS specific	• Module contains resource, apps and	• Not known

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
	orientation covering topics such as doctors and stress, wellness, winding down strategies etc. • A prerequisite for the 'Thriving in Internship and Beyond' workshop scheduled during intern orientation program.			organisations to contact for help	

Gold Coast HHS

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
oneED	• oneED is a wellness program founded by clinical staff within the emergency department at Gold Coast HHS in 2016. • The goal is to normalise the conversation around wellness and struggle. • Includes some short, structured activities (e.g. four-minute pause at some clinical handovers). • Identification of medical and	• All emergency department staff (clinical and non-clinical) including doctors, nurses, allied health staff, administration and ward staff	• HHS specific	• No - however hospitals in Victoria, New South Wales and North America have adopted some practices from oneED	• Lessons learnt include that engagement was enhanced by framing as performance (as well as wellness-focused) and that leadership endorsement is vital • There is no funding and the program is sustained via staff

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
	nursing champions who can lead activity and who can be approached for help.				goodwill and investment

Mackay HHS

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
Range of wellbeing initiatives for junior doctors	• Have incorporated focus sessions on wellbeing into their formal intern education program throughout 2022 with topics including doctors looking out for doctors, wellness, occupational exposure and breaking bad news. • PHO step-up program has a key focus on building virtuous healthcare teams, with positive role-modelling, strong and flexible leadership, and resilience/wellbeing being key tenets of that program. The program is run annually with planning being put in place to run bi-annually from 2023 onwards. • Strong engagement with the Medical Staff Association and North Queensland Regional Training Hub with a key goal of scheduled activities being the building of a happy and attractive workplace culture. • Medical Education Unit operate	• Medical - interns, junior doctors	• HHS specific	• Not known	• Not known

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
	a Learning Ecosystem – Safe Clinical Care with content that is accessible on an easy-to-use mobile system with the ability to access mandatory training, orientation, clinical unit resources, quick reference guides, handbooks, and procedures. • Undertaking the rollout of the High Values Conversation's education program which is being run in collaboration with the Mater Brisbane. This program is being rolled out to ensure a robust culture is embedded in regard to empowering staff to speak up for safety.				

Metro North HHS

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
Culture and wellbeing – tiered staff support	Six tiers of staff support available, staff can choose the support that meets their needs: • Tier 1 – Wellbeing resources are posted on website for staff to access. • Tier 2 – Teammate support – encouraging staff to play their part in making Metro North HHS a friendly and supportive place to work. • Tier 3 – RUOK network – encouraging staff to stay connected and engage in conversations that help others through a difficult time. • Tier 4 – Peer Responder and Equity Information Officers. Peer Responders are volunteers trained in psychological first aid. Equity Information Officers are a network of volunteers who assist with equity, harassment and discrimination queries. • Tier 5 – Staff Psychology Service – team of psychologists across	• All employees of Metro North HHS including medical, nursing, allied health, administrative and operational staff	• HHS specific	• Benestar	• Navigating COVID-19 restrictions, engagement of key stakeholders as well as the recruitment of key staff to manage the implementation of this initiative

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
	Metro North HHS providing confidential support pathways to teams, managers and individuals, providing crisis planning and response support as well as providing education and training. • Tier 6 – Employee Assistance Program. • Provision of tiered staff support enables wellbeing of staff to be supported across the continuum from distress to surviving to thriving depending on the needs of the staff/team.				
Staff wellbeing presentation by staff psychologist	• Presentation by staff psychologist to staff within the Oral Health Centre on challenges, mental health, wellbeing, how to look after self and those around you.	• Dental officers, dental assistants, administration officers, dental technicians and nursing team	• Department specific	• No	• Not known

Metro South HHS

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
Health and Wellbeing Committee	• Committee established to consider information, identify initiatives and provide advice and recommendations that inform strategic priorities and objectives to develop and maintain a positive workplace culture. • Development of a central health and wellbeing website to support further sharing of wellbeing initiatives along with general support strategies. • Supporting development of Health, Safety and Wellness Factsheets. • Participation in a collaborative research project with Griffith University, the Employee Voice Project. • Implementation of the Mayo Clinic Wellbeing Index and participation in the Health Roundtable Workplace Wellbeing Special Interest Group.	• Multidisciplinary	• HHS specific	• Mayo Clinic Wellbeing Index app is licensed through the Health Roundtable	• Mayo Clinic Wellbeing Index licenses are needed for everyone that uses the app and have to be funded along with education in using it

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
Monthly wellbeing activities within the Pharmacy Department, Princess Alexandra Hospital	• Regular monthly activities to facilitate staff engagement and improve morale and culture. • Nine monthly wellbeing activities have taken place from February to October 2022 including gratitude and pet photo walls, 80s month and compiling a pharmacy playlist, and recipe book. • High satisfaction and impact to staff wellbeing from monthly wellbeing activities with overwhelming support to continue.	• Pharmacists (including non-professional members of the pharmacy department such as pharmacy clinical assistants, pharmacy students, administration officers, store persons)	• Department specific	• No	• Ensuring all staff felt included to participate
Pulse of Positivity (POP) within the Pharmacy Department, Logan and Beaudesert Hospitals	• Staff in the department are monthly allocated a staff member to positively affirm. The allocation is randomly generated and comes as an email to staff. The affirmation may be in the form of an email, conversation, letter or small gift. • Has been active over the last 12 months. • Over 20 staff members have opted into the initiative.	• Pharmacists, clinical assistants and administration officers	• Department specific	• No	• Only challenge has been when people have not received positive affirmation however we have outlined there may be reasons why they are not receiving the positive affirmation (e.g. due to sick leave, annual leave or staff being busy)
Wellbeing plan within the Audiology	• Development of a wellbeing plan - 'train people well enough	• Audiology staff	• Department specific	• No	• Not known

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
Department, Princess Alexandra Hospital	*so they can leave, treat them well enough so they don't want to'.* • The plan fosters the maintenance and development of an exceptional workforce that will be highly skilled, sustainable, responsive and resilient and supported by transparent, authentic and engaged leadership. • Key deliverables include innovating and collaborating, maintaining and developing an exceptional workforce, educational excellence and research.				
Range of initiatives to support wellbeing within the Department of Nutrition and Dietetics, Princess Alexandra Hospital	• Flexible work arrangements. • Activities and initiatives that align with the four practices of the FISH philosophy to foster engagement and support wellbeing (Be There, Play, Make Their Day, and Choose Your Attitude). • Mental Health Week – morning and afternoon TEAMS sessions lead by the Mental Health	• Nutrition and dietetics	• Department specific	• No	• Work from home access and fees, expectations and perceptions

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
	Dietitian, short mindfulness activities, guided meditation. • Has resulted in reduced sick leave, increased productivity, maintained clinical care during COVID-19, good staff morale and culture, staff retention, professional quality of life and improved mental health.				

North West HHS

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
Range of wellbeing initiatives	• Working for Queensland Survey completed with plan to address identified issues. • Localised initiatives to address fatigue and other issues as they arise which impact wellbeing. • Plan to develop wellbeing strategy for North West HHS globally.	• All streams	• HHS specific	• No	• Not known

	• Returning staff recreation area to staff (had been seconded for COVID-19 for last three years).				

Sunshine Coast HHS

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
Broad range of staff wellbeing initiatives	• Care for Us - peers supporting peers. • Challenging Times - 30 minute wellbeing sessions available to all staff. • Diversity and Inclusion Working Group - aims to inspire a workplace where staff thrive and know they are valued. • Health4Life - broad range of online resources including emotional wellbeing, sleep and fatigue, safety, physical wellbeing, wellness leadership and culture, nutritional wellbeing, alcohol, smoking etc. • Psychological first aid - providing support to line managers and teams to support employees following critical incidents. • Reflective Practice Groups - allow issues of concern to be explored in a supportive group setting. • Leadership Program - offers management development	• All staff	• HHS specific	• Not known	• Not known

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
	opportunities, skills, supports and tools to help develop effective line managers. • Nursing and midwifery promote and discuss psychological wellbeing through information senior leadership forums led by psychology staff.				
EMERALD program	• The EMERALD program provides the capability for one-on-one coaching program for employees experiencing early signs that their mental health needs proactive attention (e.g. emerging signs of anxiety, depression or loneliness). • The program offers mental health support to staff in the early intervention category, with the aim of preventing a more serious decline. • Participants are assigned a health coach, undertake self-guided learning modules and work with allied health professionals such as a psychologist, dietitian and exercise physiologist to achieve	• The program runs across all professions including volunteers	• Organisation specific	• Facilitated by the University of Sunshine Coast's Thompson Institute in partnership with Wishlist Sunshine Coast Health Foundation	• Major challenge is ensuring buy-in for the entire program with some attendees dropping out due to competing time demands

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
	their goals over an 8-week period.				
Range of wellbeing initiatives for junior doctors	• Various initiatives offered through the Medical Education Unit including recommending all junior staff have their own GP (and provided with a list of local 'Doctors for Doctors') in addition to specific wellbeing events such as Doctors Day, Random Acts of Kindness, Crazy Socks 4 Docs, RUOK Day, Queensland Mental Health Week and World Kindness Day. • Developing a wellbeing series for interns in 2023. Each intern will participate in three sessions during their five-week elective block including a wellbeing workshop, self-care strategies and a 'be well' session.	• Medical - interns, junior doctors	• HHS specific	• Australian Medical Association Queensland	• Not known

Townsville HHS

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
Staff Welfare Initial Support (SWIS)	• SWIS is an initiative focused on promoting post traumatic growth and improving resilience to future trauma. • SWIS involves individuals in a single traumatic event dealing with this event collectively as a group, promotion of psychological safety and cognitive / emotional disclosures etc. • In the last year, 33 peers have been trained to facilitate SWIS. • 18 debrief groups have been conducted. • 90 participants accessed SWIS across Townsville University Hospital including nurses, doctors, allied health, security and support staff.	• All professionals including medical, nursing, allied health, administration and support staff	• HHS specific – currently being trialed in Townsville University Hospital however scalable statewide	• No	• Having staff released to be trained in the model and finding staff for facilitation as currently not enough staff members trained in SWIS

West Moreton HHS

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
Coming Up For Air Together (CUFAT)	• CUFAT consists of weekly 20-minute sessions via Teams which are open to all Queensland Health staff. • CUFAT provides an opportunity for staff to 'put on their own oxygen mask first' by actively taking time out of their work day. • Every session focuses on a different topic related to stress, coping, support and wellbeing. • CUFAT is not counselling or debriefing - rather advocates for participants to pause, and to focus on themselves whilst at work. • CUFAT has highlighted the importance of reflection and mindfulness in our personal wellbeing. • Introducing fun and joy to our engagements with the workforce. • Enabling connections statewide.	• All professions	• Statewide	• CUFAT sessions are open to all staff to join across Queensland Health	• High levels of fatigue, illness, and distress across the workforce
Peer Support Program (PSP)	• PSP is a group of committed peers who volunteer to provide	• All staff who work in services where the	• West Moreton Health's Prison Health	• The program is supported by	• The roll-out of PSPs across teams has been

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
	psychological first aid to colleagues who have been exposed to occupational violence or traumatic event in the workplace. • Minimise the risk of adverse consequences and support recovery. • Providers also help link colleagues into complementary support services, such as the Employee Assistance Services.	program has been implemented	Service and Mental Health and Specialised Services	networking across HHSs for continual improvement	gradual based on perceived need, resource availability for coordination, and availability of volunteer providers • Due to the traumatic content involved and unique services managed by these teams, associated risks need to be managed through sound governance and appropriate training
Range of wellbeing initiatives for junior doctors	• Provides all interns and junior doctors with access to an internal document titled *'How to Thrive in Internship'* which includes information on self-care and workload management. • Interns are provided with an education session conducted by an onsite staff psychologist regarding self-care management and strategies, and the Medical Education Unit regularly has ad hoc discussions with junior doctors about self-care, stress	• Medical - interns, junior doctors	• HHS specific	• Not known	• Not known

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
	management, career development, and wellbeing throughout the calendar year. • Wellbeing and self-care are covered in orientation programs, and issues around wellbeing, self-care and career development are discussed with interns during mid and end of term interviews.				
Staff Wellbeing Psychologist	• The role was funded temporarily during the COVID-19 pandemic to support staff wellbeing however has since been funded permanently via a contribution from all services to manage the HHS's wellbeing program. • The role has three major focus areas: championing an evidence-based best practice wellbeing movement across the HHS, developing leadership capability to support staff wellbeing, and providing tailored team wellbeing interventions. • The role was a key driver in the success of the Coming Up For Air wellbeing program (wellbeing	• All	• HHS specific	• Role has developed partnerships with other HHSs, health services in other states, universities and a range of other organisations	• Implementing a new role, raising its profile and networking with leaders during a COVID-19 wave. • Obtaining funding for the role in the current financial environment • Refining and continually improving the scope of a 0.8 FTE role that considers the wellbeing of all staff in the HHS (e.g. making the decision not to provide individual counselling) • Professional and ethical considerations

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
	and mindfulness sessions). • The role led the establishment of a Staff Health and Wellbeing Strategic Group, Wellbeing Ambassadors and other collaborative groups. • Developed and implemented wellbeing communications and branding including frequent presentations at staff and leader forums. • Facilitated cultural change such that staff wellbeing is now often listed as a priority in new organisational initiatives and decisions. • Assisted in resolving cultural issues within a range of teams. • Improved the leadership capability of multiple leaders.				such as confidentiality • Addressing cultural barriers to positive change
Thank You Day (TYD)	• Focused on the concept of gratitude, TYD advocated for unity, recognition, care and support for each other and the community. • TYD promoted every staff member to pause at work, say	• All professions	• HHS specific	• No	• High levels of fatigue, illness, and distress across the workforce

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
	thank you and bring awareness to achievements at work.				

Wide Bay HHS

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
Medical Education and Wellbeing Registrars	• Medical Education and Wellbeing Registrars are key members of the Central Queensland and Wide Bay Regional Medical Pathway Project Team accredited by the Royal Australasian College of Medical Administrators (RACMA). • Registrars advise and assist in the planning and support of a wellbeing program for medical trainees across all cohorts. • They develop, refine and/or implement strategies to 'attract and maintain' a medical workforce in the prevocational and vocational space. • They advise, expand and improve career planning, vocational guidance, nurturing, mentoring and candidate patronage of prevocational and vocational medical officers.	• Medical – all cohorts	• HHS specific	• In conjunction with Central Queensland HHS and RACMA	• Not known
Range of wellbeing initiative for junior doctors	• Wellbeing program integrated with the Junior Doctor Education Program.	• Medical - interns, junior doctors	• HHS specific	• Not known	• Not known

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
	• Junior Doctor Society delivers a range of initiatives supporting wellbeing. • Major focus of the Medical Education unit is wellbeing of individuals. • Webinar - Building resilience. • Webinar - Managing stress.				

Queensland Ambulance Service

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
Priority One, Staff Support Services	• Counselling, peer support, chaplaincy and psychological education. • Psychological health and wellbeing of all QAS staff and their immediate families • Program has been ongoing for over 30 years and is internationally and nationally recognized and replicated.	• All QAS staff	• Statewide	• No	• Constant ongoing evaluation and change to meet the changing needs of the organisation over the past 30 years

Health and Wellbeing Queensland

Initiative	Summary of initiative including key achievements	Targeted profession	Remit of initiative	External partners (if applicable)	Specific challenges that needed to be addressed in implementing the initiative
Hour of Power	• Launched in November 2021, the Hour of Power is a one-hour timeslot booked in all staff members' calendars between 1 pm and 2 pm each day. • The time provides the opportunity for staff to undertake an activity which supports their wellbeing such as exercise, mindfulness or attending a health appointment. • Whilst participation is optional, and the time is unpaid, this initiative provides staff with the benefit of protected time to undertake an activity that they otherwise may not have time to do.	• Hour of Power can be adapted to suit different professions and settings	• Organisation specific	• No – internal staff within Health and Wellbeing Queensland	• None identified

Appendix B – Full summary (Workshop 1)

Queensland Health

Workshop one
How to effect a cross-professional agenda
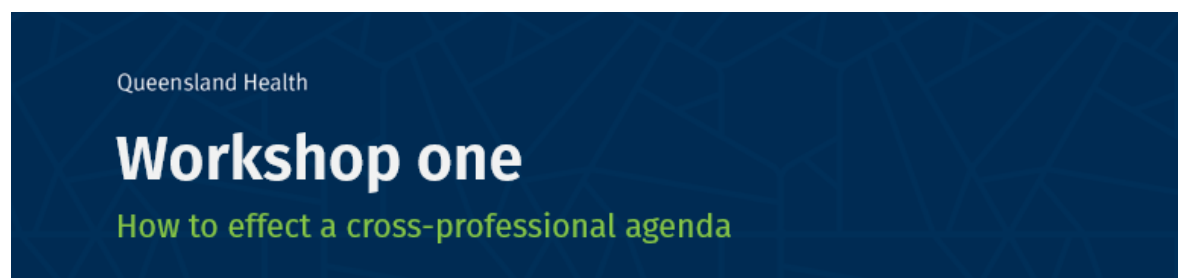
Workshop format

- This workshop acknowledged the professional silos that exist and explored how Queensland Health can progress a meaningful and equitable cross-professional wellbeing agenda, with an aim of identifying priorities suitable for cross-professional strategies.

- This workshop was facilitated by Adjunct Professor Shelley Nowlan, Chief Nursing and Midwifery Officer, Clinical Excellence Queensland and Dr John Reilly, Chief Psychiatrist, Clinical Excellence Queensland.

- At the commencement of each workshop, participants were separated into professional groups (e.g. allied health, dental, medical, nursing and midwifery).

- Participants were asked as professional groups to discuss and identify their top three priorities for action to address wellbeing issues including associated strategies. These priorities were recorded by each group on butchers' paper.

- After approximately 10 minutes, one participant from each group was asked to swap tables to ensure cross-professional discussion and representation.

- In new groups, participants were asked to discuss their top priority for action. This process was then repeated with a participant from each group swapping tables again.

- Throughout the process, participants were asked to identify their top priority for action visually on the butchers' paper using a dot sticker.

- Group notes were collated and are detailed below in full.

- It is noted that:
  - The number of dot stickers received represents the level of support for each respective priority and associated strategy.
  - It is highlighted that the profession heading (e.g. allied health, dental, nursing, medical, nursing and midwifery) is reflective of initial profession specific discussions at the commencement of the workshop.

Workshop notes

Workshop group 1

Allied health

Rank	Priority	Strategy
4 dots	'Walk the walk'	Prioritise it, enable it, fund it, find ways – at all levels
No dots	Define and understand the need	No one size fits all
No dots	Spread to scale	Stop re-inventing the wheel

Medical

Rank	Priority	Strategy
3 dots	Culture	Education, accountability, leadership
2 dots	Isolationism	Formal and informal peer networks Allowing work time to access peer support / help
1 dot	Work / life balance	When rostered off you are not at work

Nursing (including dental)

Rank	Priority	Strategy
2 dots	Recruitment and retention	Attraction, feedback, mentoring, training / professional development, clear roles that are meaningful, simple processes
1 dot	Practical support	Parking safe and close, access to childcare
No dots	Leadership	Visual on the ground, authentic relationships, training together, soft skills

Workshop group 2

Allied health

Rank	Priority	Strategy
5 ½ dots	Working to full scope	Appreciation and recognition, contribution, expectations *Interventions include –* Dependent factors (person specific) Re-design Reporting lines / consistency across and between Models of care (how do we change, create new normal, what consumers expect, what meets the needs of patients and staff) Change management – strategic that is purposeful and not reactive Right people to support, champion, success stories Support from other professional collectives
3 ½ dots	Reflective practice	Supervision, informal, crisis states reflecting on ways of working *Interventions include –* Prioritisation / time Protected time Building into expectations Reflecting on own versus others Celebrating success Existing platforms New norm multidisciplinary after action reviews Lessons learnt Values alignment

Rank	Priority	Strategy
No dots	Workforce design	Design of worktime / structures Link to satisfaction *Interventions include –* Psychological hazards – management and mitigation

Medical

Rank	Priority	Strategy
5 dots	Queensland Health guideline to be developed	Better practice for all professions, attitude of we are a team
2 dots	Houses within hospital	
No dots	Bullying and harassment Career development Ratios of doctors to inpatients / outpatients Workforce culture	

Nursing and midwifery

Rank	Priority	Strategy
4 dots	Workload	Role re-design, staff deficit / fatigue
4 dots	Culture	Business of work developed, onboarding, streamline recruitment, mentoring, leadership care / support / investment, reflective practice, equipping graduates, increasing undergraduate placements, increased focus on cadetship program, enhancement of culturally safe care through increase in identified positions
1 dot	Skill mix	Preparing talent environment – e.g. clinical resources to support clinical facilitation / education, rotations

Workshop group 3

Allied health

Rank	Priority	Strategy
5 dots	Leave	Rotation, accommodation – partnership with hospital foundations
2 dots	Supervision	Supervision of supervision, support for cross-discipline and cross-HHS opportunities
1 dot	Work balance	

Medical

Rank	Priority	Strategy
5 dots	Embedding wellbeing training into the continuum of medical growth	Focus on wellbeing training
1 dot	Transitions in training are very stressful	Solutions include training package, life skills, CV writing, discipline specific support and mentoring
No dots	Person centred rostering	Rostering is an ongoing challenge

Nursing and midwifery

Rank	Priority	Strategy
5 dots	Culture	Manage poor behaviour, role model, leadership – transformational, vision and values
3 dots	Connectedness / silos of specialisation	Communication strategies, generalist nurse practitioners, podcasts
1 dot	Lack of team work / patient allocation / models of care	Solutions include working to top of licence, ability to move between HHSs, working together to understand issues

Summary outcomes

As a result of cross-professional discussions, the following top three priorities for action were identified to progress an ongoing cross-professional wellbeing agenda:

Priority 1 – Culture

- Opportunities to improve education and exercise accountability

- Courage to manage poor behaviour

- Care reviews

- Streamline recruitment and retention, candidate care and onboarding

- Enhancing culturally safe care

- Fostering team culture

- Promoting reflective practice

Priority 2 – Workload

- Access to leave and leave balances

- Appropriate rostering across profession groups

- Equitable allocation of workload

- Working to top of licence, scope of clinical practice

- Improved models of care

Priority 3 – Leadership

- Leader-staff relationships

- 'Walking the walk' – prioritise and enable support

- Visibility

- Leadership coaching

- Supervision

- Encourage and enable peer support networks

Appendix C – Full summary (Workshop 2)

Queensland Health

Workshop two
Leadership for health and wellbeing

Workshop format

- Facilitated by Ms Liza-Jane McBride (Chief Allied Health Officer, Queensland Health) and Professor Keith McNeil (Chief Medical Officer, Queensland Health), workshop two focused on:
    - o Identifying wellbeing challenges faced by leaders, and
    - o What system, service and/or individual changes could be made to address the identified wellbeing challenges for leaders.

- Participants at each table worked together to list at least three wellbeing challenges that Queensland Health puts in the way of leaders daily and three changes that could be implemented to address them.

- Groups had approximately 10 minutes to brainstorm and at the end of each activity, a spokesperson would share with the wider workshop group what their table had come up with.

- Facilitators led discussions based on the responses amongst the wider workshop group and identified key themes that were emerging from each group as the sessions progressed.

- The final takeaway activity for participants was to reflect on their own wellbeing as a leader and ask what was one thing that they could do tomorrow to improve their wellbeing while maintaining the wellbeing of their staff. Postcards were provided to do this so that participants could write down their thoughts and review at the start of the following week.

Workshop notes

Activity 1 – What is getting in the way?

As leaders, what are the top three wellbeing challenges that Queensland Health puts in your way each day that you would change if you could?

- Insufficient resources – increased workload, hours, lack of skill mix, burden of disease, recruitment challenges

- Processes that don't add value – there are many policies in place, but HHSs add their own complexities to them

- Information overload exacerbating employee fatigue – employees having to react fast to change but can't find the time to keep up to date with information being provided
- Adherence to bureaucracy without consideration of the human impact
- No commonsense approach – not allowing those with delegations to make decisions within the rules
- Increasing demand without increasing resources – has led to increased workload and an increase in escalation of grievances
- Accountability for wellbeing – unclear who is responsible and who monitors wellbeing in the organisation
- Unwillingness to be transparent or vulnerable
- Excessive forms and red tape
- Resistant attitudes to change - "It's all too hard"
- Key performance indicators focus on activity (churn) and quality however staff wellbeing is not a priority, is not valued and not funded
- Lack of continuity – changes in line managers, lack of 'pastoral care', equity of access to 'wellbeing things'

Activity 2 - What can we do about it?

What are the top three system, service and/or individual changes that could be implemented to address the wellbeing challenges identified in Activity 1?

*Participants asked to be specific with guiding questions such as what would you want to see in a wellbeing strategy? Can it happen within existing resources? What would you need to make it happen?

- Framework that facilitates wellbeing time in work time (i.e., two hours set aside of wellbeing activities) – driver being a collection of programs/activities to meet statutory obligation
- Same accountability for staff health and wellbeing as there is for budget and activity
- Scale back Queensland Health scope/level of service and scale up Primary Health Networks (reduce the number of people coming to hospital)
- Follow companies like Google who have a 'stupid ideas initiative' that encourages employees to put forward stupid processes/tasks to leadership to review and remove where appropriate
- Simplifying recruitment to make the process more agile and responsive to get the best candidates
- Digital passport to house mandatory training across HHSs and centralised recruitment
- Control negative media stories to avoid 'confirmation bias' and have a mechanism for good news stories

- Resources for specific activities such as health promotion activities, Employee Assistance Programs, critical incident response, Schwartz rounds, wellbeing coordinators

- Flatten the hierarchy – enable decision making closer to the frontline within budget

- Virtual wellbeing activities such as 20 minutes on Teams to take timeout and laugh together and an overall review of meetings to reduce meeting times and ensure they are necessary and effective

- Hospital house system where new staff are designated a house and welcomed by members of the house, provides a support network for all members and membership is cross-disciplinary

- Empower localised management to drive systems improvement which could be done by reviewing HHS delegations' manuals to enable leadership

Summary outcomes

Three recommendations from the discussions:

1. Hospital 'houses' (like houses at Hogwarts in Harry Potter) where new staff are designated into houses with members from cross-disciplinary areas which can help to provide support outside the normal professional and hierarchical means within a hospital system

2. Leverage Google 'stupid ideas initiative' – where staff are encouraged to put forward stupid ideas that waste time and don't add any value to the delivery of patient care or operational efficiency and productivity, address them and remove if not adding value

3. Permitting people work at the top of their licence / top of their skillset to allow them to make decisions within their delegations, support and empower them to do so. Promote empowerment as a key leadership capability within the system.

Appendix D – Full summary (Workshop 3)

Queensland Health

Workshop three

Planning for impact – exploring elements of wellbeing at work

Workshop format

- Facilitated by Ms Sabina Schlegel, A/Senior Director, Talent and Organisational Development, Human Resources and Dr Tim Jauncey, Staff Wellbeing Psychologist, West Moreton Health, workshop three explored:
    - Important factors to be addressed in a wellbeing framework
    - Considerations to ensure a wellbeing framework is effective, useful, and impactful.
- Butchers paper with the following factor topics were displayed around the workshop room.
    - Individual factors
    - Team factors
    - Leadership/managerial factors
    - Organisational factors
    - Behavioural factors
    - Environmental factors
    - Physical factors
    - Other/specific context
- Participants were instructed to work together at their tables to list different workplace aspects/impacts that were relevant to each factor.
- Participants were to write down the aspects on the post-it notes provided and to place the note under the appropriate topic.
- Participants were also asked to place a 'tick' on post-it notes they agreed with.
- Some guidance questions were displayed on the projector screen to get participants to think about the aspects of wellbeing from multiple perspectives including:
    - What are the impacts of mental health and wellbeing for healthcare workers? Consider impacts across multiple factors.

- o What are the considerations or elements that need to be addressed in a mental health and wellbeing framework?
- Approximately 15 minutes was allocated for groups and individuals to brainstorm and float around the room to put up their responses.
- After this exercise, the group came together for a facilitator led discussion around their responses.
- The group were then asked to participate in a web-based interactive activity where they would log into the *Slido* online learning platform and record their answers to the following question:
  - o What might help us to overcome possible barriers and enable success?
- Responses noted on the butchers paper and *Slido* were collated and are detailed below.
  - o *Note:* The ^ symbol refers to notes that had ticks on them (meaning agreeance).
  - o One ^ equals one tick

Workshop notes

Individual Factors
Stigma around mental health/ asking for help ^^
Career progression opportunities
Trauma history ^
Self Esteem
Having work at home ^
Self-awareness ^^^
Fatigue
Reactivity with every decision
Working in a silo and not having flexibility
Self-doubt/ lack of confidence
Work-life balance ^^^
Increased sick leave
Increased discretionary effort
Time away from families
Distance to travel to work
Not feeling psychologically safe to express anxiety concerns ^^
Safe space ^
Unrealistic expectations ^^
Feeling unvalued
Feeling guilty about taking leave/ sick leave
Feeling unsupported and disenfranchised ^
Lack of feeling appreciated = reduced confidence
Hero mentality

Leaving work at work
Professional identity issues
Loss of confidence / loss of identity
Over demanding specific individuals
Fear of AHPRA
Personal health ^
Meaningful staff recognition ^^
PDP - useless exercise with nil action from organisation ^^
Fatigue/workload
Impact on families / local community
Capacity for compassion for others
Working under or over scope of practice

Team Factors
Culture/ Bad Culture ^^^^^
Bad behaviour tolerated
Conflict ^
Shared purpose ^^^
Not being able to recruit ^^^
Working from home
Coverage - picking up the slack ^
Respect
Skills mix impacts ^
Visible leadership ^
Models of care ^
Bullying and harassment by superiors
Resources
Clear vision, mission, shared purpose
Them and us mentality
Racial and other discrimination
Build Culture ^^^
Team culture most important to have a healthy and positive workforce
Culture of working late and missing meals
Fatigued
Isolation when working from home
Disciplinary Silos - more interprofessional training
Social opportunity
Laughter ^
People afraid to support ideas if senior staff oppose them - no team backup
Personality of team members
Within team inequity in entitlements
Inclusive management
Constant recruitment - always a 'new team'
Peer Support ^
Good news stories ^^^

Leadership ^^^^
Under-resourcing then expecting the impossible ^^^
Watching out for your colleagues
Smaller / functional teams with clear purpose
Regular check ins *
Back-to-Back meetings - leaving time in diaries for breaks
Mixing teams up to solve problems ^^
Busy badge seen as the norm ^
PERMA - positive emotions, engagement, relationships, meaning, achievement
Lack of time for connection / peer support *
Skill mix impacts ^^

Leadership / Managerial Factors
Mentoring
Listening ^
Values
Communication ^
Vision
Flexible rostering
Leaders who don't follow through on issues raised
Bureaucracy^^
Expectations - Overtime vs time in leu
Open door policy ^
Senior leaders not being held accountable by management
Too many layers each with their own priorities
Less focus on KPIs
Leadership shadowing ^
Acceptance of poor behaviour
Understanding and demonstrating leadership vs management
Celebrating success as well as recognising failures ^
Coaching access
No recruitment to vacant positions ^
People not using scheduling assist to organise meetings
Flexible working
Safe brainstorming ^
Changing goal posts
Silos - not cross-HHS learning ^
Feeling unheard - no resolution or improvement ^

Organisational Factors
No time to connect on shift ^
Workload
Red Tape ^^^
Report writing
Support for leaders ^^
Choice to work from home
Tech access
Not walking the walk ^
Productivity
Safety
Inefficiency
Blame culture ^
Unwritten ground rules
Organisation understands its impact on the learning journey of its employees
Reactivity with every decision ^
Impact on patient care
Duplicity of recruitment problems and cross credentialling
Workplace culture
Learning people need to address risks and causes
Inadequate staffing
High caseloads / workload growing w/o increased staff levels
Lack resources to do a job
Wellbeing governance structure – top-down accountability ^
Time to provide the best care possible
Reduced productivity
Fractured terms
Absenteeism
Increased HR demand
Budgeting failures = less people, more work
Review what are the needs of the service
Waste of resources/ Unproductivity ^^
Staff rostering through units with training and support
Work from home opportunities
Peer support like QAS
Client Care/ Outcomes
Access to leave
Fear as a manager to address issues or staff problems
Accountability
Interprofessional mentoring/supervision ^
Increased part time expectations
Decreased staffing
Leadership development through development positions to support new leaders
Learning and innovation – impeded if not psychologically safe (if people are not well) ^

Understanding differing needs generationally
Leadership ^^
Inefficient systems
Racism ^
Divisions and districts create unhealthy competition
Restrictive process
The unofficial organisational hierarchy
Onboarding junior staff supernumerary ^
Toxic work culture
HHSs making their own rules when policy makes them easier ^
Not enough staff to deliver / meet needs of patients (historical funding) ^
Crisis Culture ^
Need for leadership training / supervision
Obvious fighting within leadership
Compliance cultures (impede innovation and discharge individual decision making) ^
Prevention – if not, then early intervention allowing people to seek care
Ratios – HEWs to Patients
Recognising merit for promotions
Amount of documentation requirements
Everyone is important ^

Behavioural Factors
Role Modelling ^
Managing poor behaviour ^
Joy
Change Fatigue
Disengaged
More efficient HR performance ^^
Bad behaviour accepted ^
Aggression– verbal and physical ^
Limited change management/leadership
Highlighting / promoting achievements or jobs done well
Leadership in managing poor behaviour and poor performance
Poor behaviour going underreported or reported behaviour not being acted on ^^
Lack of initiative
Recognition awards ^^
Conflict with colleagues or management
Less enthusiasm and ownership
Ability to manager staff with help from HR Support for outcomes *
The standard you walk is the standard you accept
Lack of accountability
Being kind to others ^
Dealing with uncertainty ^
Growing leaders early and identifying traits and nurturing them ^
Feedback culture ^^
De-stigmatise mental health conversations ^
Lack communication

Environmental Factors
Silos/ disconnectedness ^^^^
Regional recruitment concerns ^
Flexible rostering ^^
Job scarcity
Aggression towards staff - verbal and physical
Temperature, noise, light
Transport
Public demand ^
Old buildings and not compliant
Not COVID safe lifts, seating, cleaning etc
Building/workplace design and layout ^^
Upkeep of space for patients and staff
Accommodation incentives in regional and remote *
Green space
No healthy food options/ café
Not enough desks/computers
Lack of privacy - can hear others' conversations with patients
Child care friendly hours
Aggression and violence ^
Parking ^
Budgets
Doing more with less
Services outside metropolitan areas
Location- distance to home

Physical Factors
Acute illness over chronic illness
Shared spaces
Provide more staff tea rooms / lounges ^^
Work life/balance
Access to healthy foods ^
Offices without windows ^
Space to work meet and think ^^^
No access to proper lunch rooms so you eat at your desk
Hot desking
No desk space / quiet rooms
More stand-up desks/ movement friendly
Overcrowded workplaces - equipment, analysers, stock etc
Accommodation incentives for rural and remote staff ^

Breastfeeding pumping spaces
Resources and equipment available ^
Old workplace so out of date with current safety requirements
Noisy workplace
Improving connectivity in dental and breast screen vans
Bring back the communal tea room ^
No outside spaces
Minimal quiet places ^
uneven grounds around facility for walking
Having access to natural light
Mindfulness pod for staff
Staff doctor

Other / Specific Contexts
Financial delegation
Reactive not proactive
Entitlement
Inability to address concerns
Concerns about finances ^
Agreements made to do more reporting with no resources to support
Blame culture
Culture and models of care not team focused ^
Access to computer workstations
Support for superannuation planning and retirement – impact on resource planning
An organisation that doesn't do the little things
Poor training – ill prepared practically
empathy for colleague/s who identify with mental illness ^
An accountable person exists within the reach of all – who can listen, support, guide without judgement and in confidence ^
Budget cuts in one area to fix waste in another
Innovation not housing ^
Meetings during lunch times
Get rid of work that has no meaning or value ^

Slido activity responses

What might help us to overcome potential barriers and enable success?
Reduce unnecessary processes
Trust
Education campaign for community highlighting health staff / recognition
Leadership rounding top down
Front line staff need to see changes in their work environment as a result of well-being programs – anything else will be seen as a token gesture
Improve communication, information availability on QHEPS. Support current collaborations and networks rather than establish specific task forces that talk about it rather than support what's working with clinicians who are linking across services. Patients and consumers cross HHS boundaries – our practices should too

All staff involvement
Flexible working
Create a safe space for discussion
Small, functional teams
Top-down bottom up communication: staff forums, newsletters, team meetings, leader rounding
Stop creating new models… look at what already exists and how to improve this
Walk the talk
Have consistency and trust
Barriers relate to trust in the organisation. How do you build trust with the individuals in the organisation…….you listen, be visible, engage.
Make sure the right resources are in place to support it and not adding just another thing to someone's already full plate
Replicate PERMA model across all HHS
Resources including time, expertise and leadership
Transformational leadership
We need more resources to make these changes. Dept. Health needs to invest in wellbeing.
Appetite to address and accept the symptoms of change that can be negative
Imbed health and well-being initiatives into existing mandatory training/accreditation.
Have people at all levels involved in solutions from graduates to executives
Flexible working to increase work life balance
Resources
Understand the psychosocial risks and needs of employees
Intervene at multiple levels: primary, secondary, and tertiary aimed at individuals, teams, groups, organisation, systems
Underpin the framework by sound evidence-based theories
It's a culture change to include health and well-being as BAU
Have multiple options to meet identified and local needs.
Funding the framework to ensure the framework is implemented locally
allow for nuanced and individual approaches - one size will not fit all
Have courage to acknowledge the barriers e.g. workload
Improved communication across hierarchical levels
Accountability for health and well-being of healthcare workers needs to start right from the top - HHS Boards and HSCEs and their senior staff
Recognise and reward good initiatives, and adopt them across the system
Authentic leadership commitment Leadership development so that leaders know how to prioritise and support employee wellbeing Hold leaders to account for employee wellbeing
Make what is already out there available to everyone
Staff well-being share equal accountability with budget balance and activity.
Space provided to staff in terms of roles and workload for wellbeing
All Qld health workers should have an additional week of leave to recoup and look after their mental health
Ensure leaders have staff wellbeing as part of KPI/performance reporting
Bring Wellbeing to those who don't think it's a problem. Bullies are unlikely to be in this room!
Assign KPIs and accountability associated with the outcomes of MHWB

Be part of highest-level performance reporting - not just activity reporting - measures of wellbeing/ staff engagement part of highest level reporting
Safety to show vulnerability
QLD health needs to stop blaming its staff.
Trying to "fix it" rather than looking at how do we empower and build agency as well
Hold ourselves accountable
Never give up - cultural change takes time
Share information- break down silos and recognise what is working
Human centred change management and change leadership
Development of a mental health and well-being team with sub-teams throughout the state who can roll out consistent support resources
If we are working ridiculously - remuneration should be appropriately increased.
Being the leaders, we want to see and be
Clinicians to patient ratios. With surge capacity.
Accountability of QLD health (poorly done to date)
Training for workplace managers, e.g the Director of the work area
Attention to positive outliers
Use of existing resources that are in place in other organisations outside of QH
Co designed and also holding people to account to deliver.
Accountability of directors of HHSs
Individual responsibility as well
Multidisciplinary regular forums
KPIs
Acknowledge, celebrate and share things that work well
Instead of lip service and being told you need better resilience (better individual self-care), QLD health needs to take responsibility for the mental health and well-being of its staff. It's an occupational health hazard.
Check out the evidence-based framework from Beyond Blue
Psychological safety embedded into action
Legislation
More self-responsibility and teamwork
Accountability
Designed by the people / co-designed
Upper executive levels need to listen! And invest enough resources to sustain the initiative
Clear and multi-level communication plan

Summary outcomes

The three key takeaways from the discussions and workshop notes were:

- *Communication:*
  - Ensuring maintenance of flow of communication across all levels within the system to build consistency and thus trust. For example, effectively communicate and discuss executive level decisions across all levels. Empowering and enabling frontline staff to upwardly communicate feedback and ideas and ensure they reach executive level.

- *Messaging:*
  - Better manage the incongruence of messaging regarding the importance of wellbeing.
  - Ensure other emergent workforce priorities (e.g. COVID-19 pandemic response) do not disrupt the focus upon wellbeing and actions to support and promote the health and wellbeing of the Queensland Health workforce.
- *System focus:*
  - Build agency and work together, across jurisdictions and disciplines to co-design effective solutions to problems that impact cross-professionally (e.g. rural workforce shortages)

Appendix E – Summit evaluation

Participants attending the Health Professionals' Mental Health and Wellbeing Summit were invited to complete an evaluation survey to gather feedback and inform future wellbeing events.

Survey questions:

Question	Response
Do you feel that the Summit covered the major wellbeing issues faced by our workforces	Yes / No
Were there any workforce wellbeing issues that you felt were not covered adequately? ○ If 'yes', what additional topics would have been useful to explore at the Summit?	Yes / No
Please let us know how much you enjoyed the presentation by keynote presenter Major William Gooderson "Bend not break, wellbeing lessons from warzones and the workplace"	Out of five stars (five being enjoyed the most)
Please let us know how much you enjoyed the presentation by Ms Sabina Schlegel "Reserves running low: understanding empathy and compassion fatigue"	Out of five stars (five being enjoyed the most)
Please let us know how much you enjoyed the presentation by Mr Todd Wehr "A systems approach to psychosocial safety at work"	Out of five stars (five being enjoyed the most)
Please let us know how much you enjoyed the presentation by Dr Liz Crowe "The Five Pillars for Healthcare Professional Wellbeing – the PERMA model"	Out of five stars (five being enjoyed the most)
Please let us know how much you enjoyed the presentation by Ms Sueanne Gola "Supporting First Nations Social and Emotional Wellbeing in the workplace"	Out of five stars (five being enjoyed the most)
Please let us know how much you enjoyed the pre-recorded presentation by Dr Leonie Callaway "Compassionate Care and Mindfulness: Being Truly Well"	Out of five stars (five being enjoyed the most)

Question	Response
Was the Panel Q&A a useful opportunity to further explore details of the morning session presentations?	Yes / No
Please let us know how much you enjoyed the wellbeing activity after lunch.	Out of five smiley faces (five being enjoyed the most)
Do you believe workshop 1: How to effect a cross-professional wellbeing agenda, was a useful contribution to the day's discussions? o If 'No' what elements about the workshop 1 could have been improved?	Yes / No
Do you believe workshop 2: Leadership for Health and Wellbeing, was a useful contribution to the day's discussions? o If 'No' what elements about the workshop 2 could have been improved?	Yes / No
Do you believe workshop 3: Planning for impact – exploring elements of wellbeing at work was a useful contribution to the day's discussions? o If 'No' what elements about the workshop 3 could have been improved?	Yes / No
What was your favourite part of the day?	Open response
Were you satisfied with the organisation of the summit in terms of communications, logistics, venue, and catering?	Yes / No
Would you be interested in attending a future event on this or similar topics?	Yes / No
If you could implement one key action/idea over the next 12 months to improve the health and wellbeing of our workforce, what would it be?	Open response

Respondents provided the following feedback in relation to the three afternoon workshop sessions:

Workshop feedback
The timeframe for exploration of the issues during the workshops was rushed which also impacted on the effectiveness of the process in terms of what was put forward.

Workshop feedback
All of the sessions could have been improved if a clearer approach had been designed and more time allowed for the workshops.
I liked the opportunity to explore the impacts on wellbeing from different perspectives. When there were overpowering or strong views in the group space it was difficult to share a different perspective
Rather than three short workshops, a longer more in-depth workshop would probably have garnered mor useful insights and understanding.

Respondents shared their ideas for actions over the next twelve months that might improve the health and wellbeing of the healthcare workforce:

Ideas for short term action to improve health workforce wellbeing
Undertake a review of 24/7 work arrangements (particularly those involving rostering and shift work) with a view to creating smaller and more consistent teams. Creating more consistency provides more opportunity to build trust and comradery through connection.
'Cut the fat' –remove tasks that add no value to patient care.
Compassionate Leadership.
Encourage supervision and taking leave.
Reducing unnecessary and unproductive bureaucracy.
Work on becoming a better person in order to be a better person at work (develop self-care practices, practice compassion, practice kindness, reduce stress).
Recognise issues and share.
To increase leaders/executives understanding of systemic wellbeing.
Improving productivity within the workplace by encouraging regular walks/self-care and ensuring flexibility within work hours if appropriate.
Ensure all interventions are underpinned by an evidence based theoretical framework and informed by local needs analysis.
Include cultural forms of healing into the wellbeing agenda.

Below is a summary of respondents' feedback in relation to the Summit in general:

Summit feedback (general)
Expected more opportunity for sharing and showcasing of existing good work and possibilities to inform our future.
It is noted that the majority of speakers and representatives at the Summit would represent certain generational groups and the younger generation have differing needs that need to be considered.
A system issue requires a system solution, and the more individuals work in isolation, the more we enable the system issues to permeate. How do we come together to champion safety, connectedness, agency, hope and calm in the wellbeing systems we engineer – this is how we nudge system issues.
Too much time talking about the issues and not enough about possible solutions, including interstate and international approaches.