



The Commedia dell'Arte centre provides experiential and scenario based learning through simulated sessions using manikins and equipment (refer to page 74).

# The total picture

## Developing our people

### Highlights

- Developed and released *Employee Engagement Strategy 2013–16*
- Implemented the Workforce Redesign Program to support the achievement of set targets and efficiencies
- Action plan implemented as part of the Building Better Workplaces survey
- Continued to recognise employees' commitment to improving our health care services through our annual service and staff excellence awards
- Progression of the Nambour Academic and Research Centre
- Reduced our WorkCover total claims cost by \$748,240, and average claims by \$2,777
- Reduction in recorded incidence of fatigue payments, achieving best in the state

### Strategic priority

A sustainable and high quality workforce to meet future health needs.



## Committed employees delivering quality services

The delivery of quality health services can only be achieved by the contribution of skilled and committed professionals across all of roles in our organisation. Our vision and purpose is reliant on a highly skilled and valued workforce, and this will continue to remain a priority as we move towards meeting future health needs and the changing workforce environment in Queensland.

In 2012–13, we employed more than 3,574 Full Time Equivalent (FTE) people (2012: 3,672.58, as show in Table 7), representing a MOHRI head count of 3,611 people. Approximately 70 per cent of employees are health practitioners, medical, professionals and technicians, or nurses.

**Table 7: Our workforce profile – MOHRI occupied FTE**

Employment category	Employees 2011–12 (Note 1)	Employees 2012–13 (Note 2)
Managerial and clerical	599.09	572.36
Medical including visiting medical staff	472.77	481.84
Nursing	1,601.19	1,525.54
Operational	522.88	501.86
Trade and artisans	16.00	14.00
Professional and technical	35.71	34.15
Health practitioners	424.94	444.80
<b>Total</b>	<b>3,672.58</b>	<b>3,574.55</b>

**Notes:**

- 1 Includes all full-time, part-time and casual SCHHS employees as at 13 June 2012.
- 2 Includes all full-time, part-time and casual SCHHS employees as at 23 June 2013.

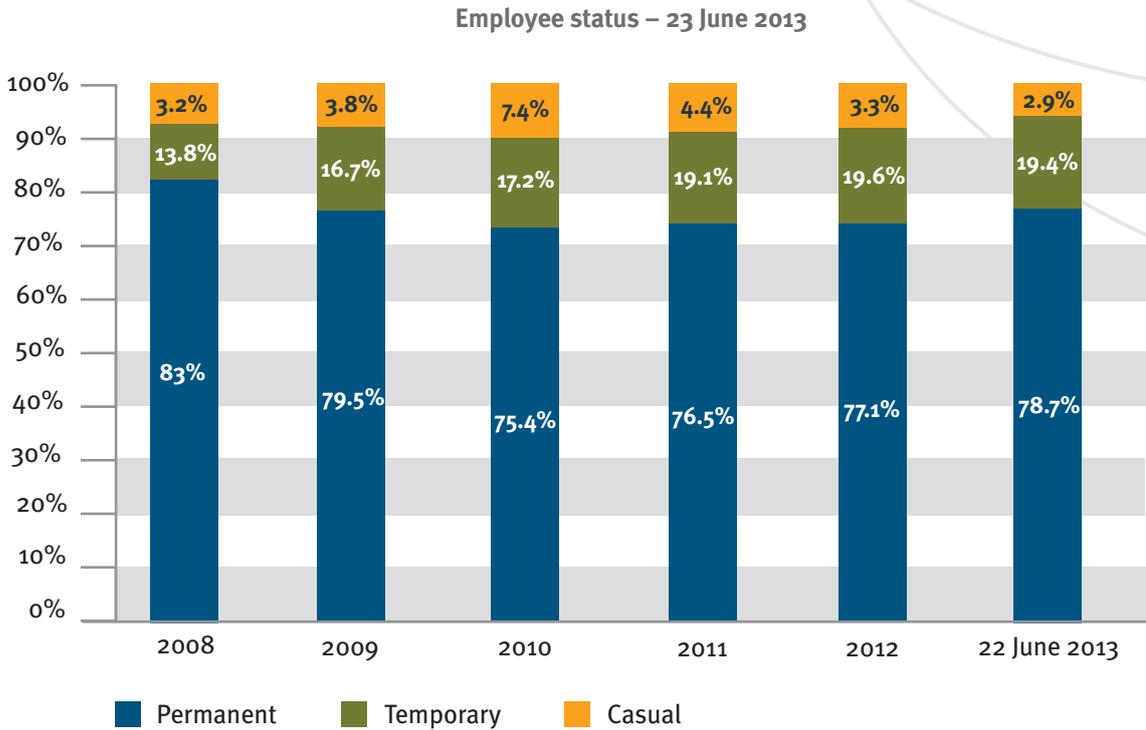
Our turnover rate for permanent employees for the 12 month period ending June 2013 was 8.8 per cent (based on MOHRI occupied headcount), which is the number of permanent employees who separated during the year as a percentage of permanent employees in the organisation. Our permanent retention rate, the percentage

of permanent employees still employed after a period of time, for 2012-13 is 91.9 per cent.

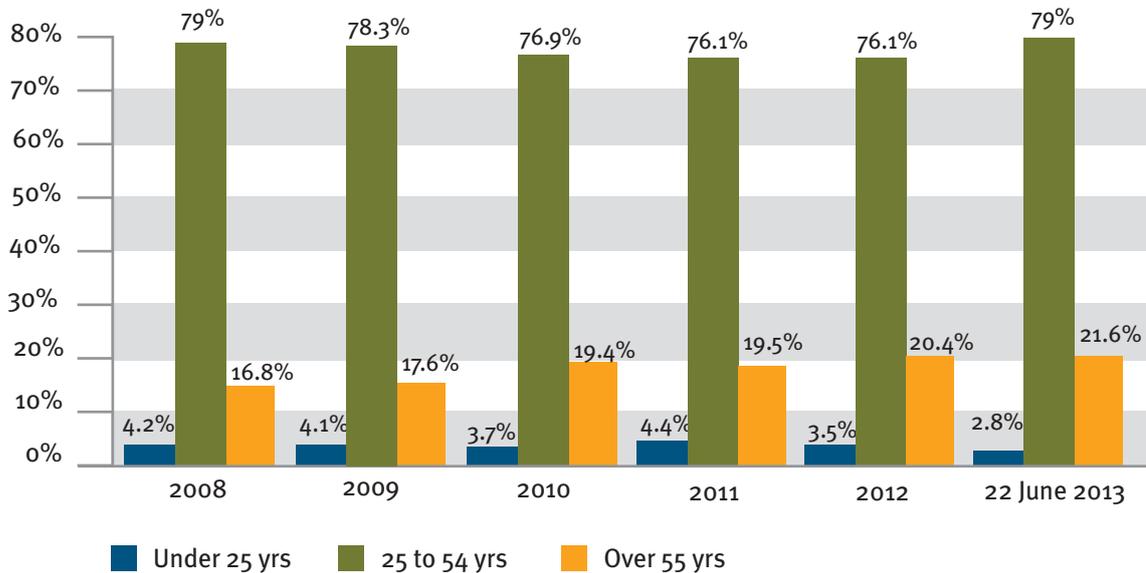
Graph 4 demonstrates the continued ageing workforce over the past five years and is an issue being addressed by our *Strategic Workforce Plan 2011–21*.



Graph 3: Five-year workforce status comparison: based on MOHRI occupied FTE



Graph 4: Age distribution comparison over five years (MOHRI occupied FTE)



## Responding to workforce targets sustainably

This year presented us with a challenge to not only operate within our allocated budget, but to also meet the Full Time Equivalent (FTE) targets, both set by the state government through the Department of Health.

To achieve such targets, we used a workforce redesign program to match staffing with service needs, guide the process and develop strategies, including:

- reviewed the vacancies created through the resignations each month (approximately 0.7 per cent of our workforce) to determine whether these positions could be terminated
- offered voluntary redundancy packages to selected employees that were in areas or roles that have been or will be affected by job redesign or organisational restructure
- actively reviewed the range and extent of services provided by corporate units, service groups and facilities
- identified services currently provided which are already delivered by other health care providers
- reviewed our rostering practices and resourcing needs to reduce overtime (which have an FTE equivalent)
- increased focus on decreasing unplanned absenteeism, supported by an Attendance Management Program
- reviewed all temporary positions.

During the period, 113 employees opted to receive a voluntary redundancy at a cost of \$9,690,365.30 (the Sunshine Coast Hospital and Health Service funded the leave entitlement costs with the remainder being funded by the state government). Employees who did not accept an offer of a redundancy were supported by a case manager or provided with a period of time to identify alternative employment placements. A total of 318 employees registered an expression of interest for a voluntary redundancy.

The board and executive leadership team (ELT) formally commended all employees for their positive and professional response to

the challenge of operating within available resources. As a result, while we saw a reduction of overall staffing numbers, there were no forced redundancies and all employees leaving our organisation received voluntary redundancy packages.

A state government Voluntary Separation Program was implemented during 2011-12. The program ceased during 2011-12 and no further payments were made in 2012-13.

Ongoing strategies will be implemented to ensure we continue to meet the budget and resource targets, while continuing to deliver a high quality service to our communities. These strategies include changes in rostering practices, improved scheduling of leave, and continued vigilance in managing overtime and unplanned leave.

## Building the workforce for the future

Health workforce planning and development are areas of significant reform in the health industry across Australia. In line with national efforts and planning, including the National Partnership Agreement (NPA) on Hospital and Health Workforce Reform, our *Strategic Workforce Plan 2011-21* was developed to set out the issues, evidence and strategies required to deliver a sustainable workforce for the next 10 years.

There are a number of challenges facing the future growth of our organisation, including the commissioning of new services, opening of the Sunshine Coast University Hospital (SCUH), an ageing workforce (refer to graph 4), significant population growth on the Sunshine Coast and a multi-generational workforce. In order to meet the challenging needs of the health service environment, it is critical we continue to invest in our people. This year we finalised our *Employee Retention Plan 2012-17* and the *Employee Recruitment Plan 2012-17*.

The employee retention plan focuses on:

- retaining the right people through sound orientation and on-boarding programs, capturing entry and exit information and creating the framework for succession planning
- creating and maintaining a high performance workforce through employee and leadership development, effective job design, reward and recognition and performance management
- recognising the importance of health and wellbeing and the requirement for an organisational culture that facilitates diversity in a supporting working environment.

The objective of the recruitment plan is to streamline recruitment practices to create a competitive edge in a limited workforce market, make the most of potential employee enquiries and enable the selection of the right people into the right roles.

The plans address the key issues raised by employees in the *Better Workplaces Survey 2011*, a Queensland Health staff survey run every two years. The latest survey was analysed by the University of Southern Queensland, with the results provided to the ELT and to employees

online, as well as through information sessions and focus groups in March 2012. As a result of the consultations throughout the workplace, action plans were developed and endorsed by the CE.

The three key areas identified by the survey included communication, trust in leadership and zero tolerance to harmful behaviours in the workplace. Bi-monthly progress reports against the action plans are communicated through the Workforce and Strategic Human Resources Committee, the ELT and employees across the organisation.

Achievements this year include the formation of a health service culture group in January. The Culture Club is made up of employee representatives, management and unions. Meetings are held monthly to discuss actions and ongoing improvements in the key areas identified by the survey. An Internal Change Management Guide and fact sheets are currently being developed, to support line managers to effectively communicate any change with their employees. We are also in the process of determining how our employees prefer to be communicated with, including via notice boards, emails or one-on-one communication.

Future activities included in the overall action plan include exploring employee engagement strategies to create an employee voice, providing regular executive or senior management updates to employees to communicate any changes within the organisation, encouraging our leaders to focus on two-way communication with their staff and linking each employee's preferred style of communication into their performance and development agreements, increasing the visibility of senior managers by encouraging weekly 'floor walks' of their teams, providing staff with a summary of the key decisions from the ELT meetings, providing support to managers through management action training, and creating a suite of communication materials including fact sheets and screensavers on zero tolerance to harmful behaviours in the workplace.



## Developing our employees' capabilities

Education and training is provided at all of our facilities. Undergraduate through to postgraduate health programs, as well as continuing professional education and vocationally orientated health care training, are provided collaboratively with other education providers.

Nursing:	758 undergraduates 24 new midwifery graduates 52 general graduates
Allied health:	174 undergraduates 56 new graduates 5,301 student days taken
Medical:	49 interns 234 undergraduates

Data represents the full school calendar year for 2012.

A comprehensive suite of programs for our medical employees exists, including a comprehensive medical education program for medical interns and house officers. Registrars obtain postgraduate training in a number of vocational programs, overseen by external medical colleges that we support.

We have established relationships with a number of universities and vocational education providers including the University of Queensland, University of the Sunshine Coast, Central Queensland University, Bond University, Griffith University, Sunshine Coast TAFE, and vocational education and training providers.

Training is provided in medical education, nursing-midwifery practice, allied health and medical imaging, as well as within our people and culture group. Graduate placements are available in medicine, mental health, nursing and midwifery, medical imaging, pharmacy and allied health.

Our medical education unit focusses on supporting, educating and developing our junior doctors. Weekly educational sessions are facilitated as part of the program, which is regularly evaluated to ensure it remains current

and consistent with industry standards. Our intern program is accredited every four years, with the next assessment due at the end of 2013.

This year our Integrated Education Framework was endorsed by our Workforce and Human Resource Strategic Committee in November 2012. The framework provides overall direction for education in our organisation in preparation for becoming a university tertiary training facility and a successful learning organisation. It supports our move to become a contemporary, responsive and clinically relevant service by adopting principles underpinning effective learning organisations. Part of this strategy includes the implementation of innovative learning tools, including simulation and e-learning.

Other tools established to assist employees' improve their skills, knowledge and performance include:

- coaching and mentoring programs
- Study and Research Assistance Scheme (SARAS)
- performance and development (PaD) and succession planning
- *Health Service Better Workplaces Action Plan*
- resources library
- traineeships – through a Trainee and Registered Training Organisation
- scholarships – through the Sunshine Coast Health Foundation (Wishlist).

Training and development is also provided to our professional streams. This year, a review of available courses was undertaken, which will see a new phase of training, including leadership development, being offered to employees. Leadership development will include line managers training, to provide empowerment and support platforms for middle tier management. This will build a vertical leadership initiative to support the growth and career progression of all of our leaders and potential leaders.

Our organisation's orientation includes mandatory information to ensure organisational

and individual awareness for every new employee. It is covered in a one-day program and is also made available on DVD. Twenty-three sessions were held this year, with an 83.5 per cent completion rate across our organisation. Topics include coverage of our Code of Conduct (Code of Conduct for the Queensland Public Service, available at [www.psc.qld.gov.au/includes/assets/qps-code-conduct.pdf](http://www.psc.qld.gov.au/includes/assets/qps-code-conduct.pdf)), Aboriginal and Torres Strait Islander cultural practice program, cultural diversity, fire and emergency, healthcare ergonomics, occupational health and safety, occupational violence prevention, whistleblowers

and public interest disclosures, and infection prevention and control. Existing employees are also required to undertake selected programs on a reoccurring basis to maintain up-to-date knowledge and skills.

In addition to organisational orientation, specific health service and local induction training is provided to every new employee determined by their position. All training attendance is recorded into a database, and well as through our online e-learning system which provides certain mandatory training to be completed online.

**Table 8: Percentage of employees who have completed mandatory training sessions 2012–13**

Workshop	Target (%)	2011-12 completion (%)	2012-13 completion (%)
Public interest disclosures (whistleblowers)	95	41.5	78.0
A&TSI cultural practice program	70	30.5	39.5
OH&S orientation	95	54.1	81.1
Health care ergonomics	95	49.4	81.8
PaD compliance	95	55.9	74.7
HHS orientation	95	68.2	69.4
Cultural diversity	70	34	73.9
Infection control (clinical)	95	62.6	83.3
Occupational violence presentation (DVD)	95	55.6	83.3
Code of conduct	95	65.7	83.5
Infection control (non-clinical)	95	64.1	80.7
Emergency codes	95	72.4	87.9
Fire – first response and general evacuation	95	78.7	90.2



## Building a workforce for the future – Nambour Academic and Research Centre

The Nambour Academic and Research Centre (NARC) is a collaborative venture the SCHHS has with the University of Queensland (UQ) and the University of the Sunshine Coast (USC). Planning for the facility began in 2010 and construction is expected to be completed in November 2013.

Operation of the facility aims to ensure collaboration between education, research and clinical providers to improve health care overall.

Located across from our Nambour hospital on HHS land in Waterfall Road, and funded by Health Workforce Australia, NARC will provide a purpose built multi-disciplinary education and research hub. A project control group with representation from all parties meets monthly to monitor progress and provide project governance.

All parties to the collaboration will have access to shared facilities which include multi-functional teaching areas, practice development laboratories, research and clinical trials space and amenity spaces.

As we move closer to the opening of SCUH in 2016, the provision of these additional facilities will not only free up valuable space within the main hospital building, but also support the expansion of the health professional workforce numbers and collaborative research agenda essential for the transition of services to include a tertiary level facility at SCUH in late 2016.



Artist impression of the Nambour Academic and Research Centre

## Our Commedia dell 'Arte

The Commedia dell 'Arte, an educational centre based at Nambour hospital, provides experiential and scenario based learning to our health service clinicians. The Centre, which opened in 2010, specialises in providing opportunities for clinicians to be exposed to a variety of health care experiences (scenarios) in a no risk, simulated environment.

Scenarios are delivered utilising fully operational manikins, actors, hybrids and part-task trainers. Thirty-two programs across our service are now supported by the centre for the professions of nursing and midwifery, medicine and allied health.

Simulated learning also occurs at Gympie Hospital and the Intensive Care Unit at Nambour Hospital. Clinical coaches, nurse educators and clinicians across the health service also deliver simulated learning in a number of clinical units.

## Recognising our employees' commitment

Our annual service and staff excellence awards recognise employees who have dedicated many years to the delivery of public health services, as well as those who have made exceptional contributions over the past year. Awards are presented in categories of innovation, engagement, patient safety and quality, leadership, Aboriginal and Torres Strait Islander commitment, and the overall Barny Moy award.

For 2012–13, 1018 employees were recognised for 5, 10, 15, 20, 25, 30, 35, 40 and 45 years of continuous service.

In the coming year, our reward and recognition program will be reviewed to incorporate the Building Better Workplaces principles of supporting cultural change and improving our workplace.



I'm very proud, but I don't see it as a personal award. It's the people I work with and how we help each other. The level of communication and trust in the way people support each other here is incredible. I wouldn't have won this award without them.



Employee: Mark Forrest, winner of the 2012 Barny Moy award.



## Efficient pay information for employees

In May, payroll self service (PSS) became available to all our employees at, bringing fast, easy and secure online access to pay information. From work, home or mobile devices, employees can access their pay information including payslips from March 2010, loans and overpayments, payment summaries and payroll enquiries.

PSS aims to benefit all employees and management through increased transparency, easy access to payroll information and improved administration efficiencies. These benefits are especially vital to those who do not have regular access to work computers, are located in remote locations, or work irregular hours.

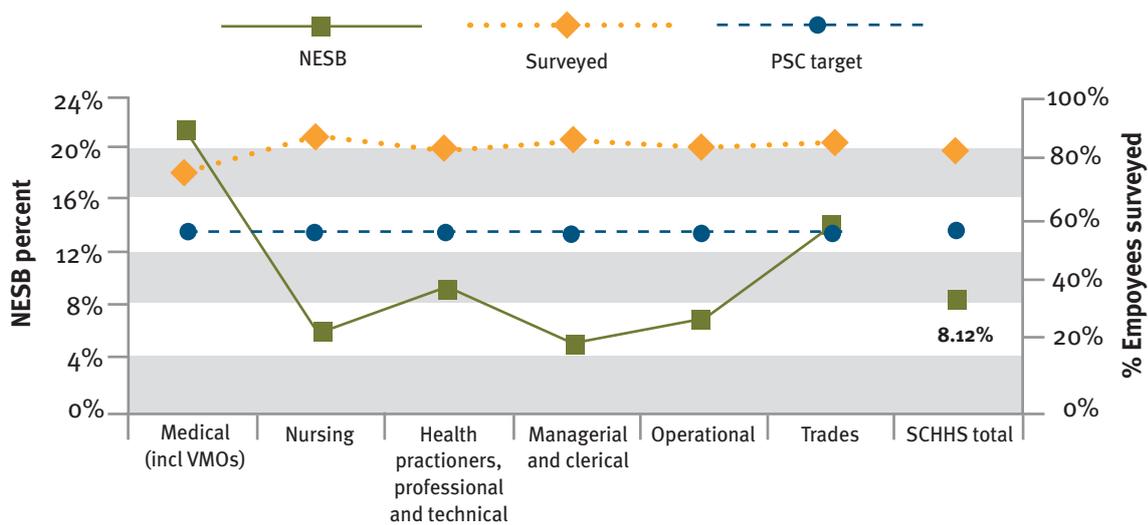
## Creating equal employment opportunities

We are committed to an environment which supports and promotes inclusive behaviours and respect for diversity. We track employment diversity in our workplace by measuring the gender balance, age distribution and people from minority groups. In 2012–13, we employed approximately 2,612 female FTEs and approximately 968 male FTEs. Provision of certain information is at the employees' discretion. As such, collection of this information is limited to

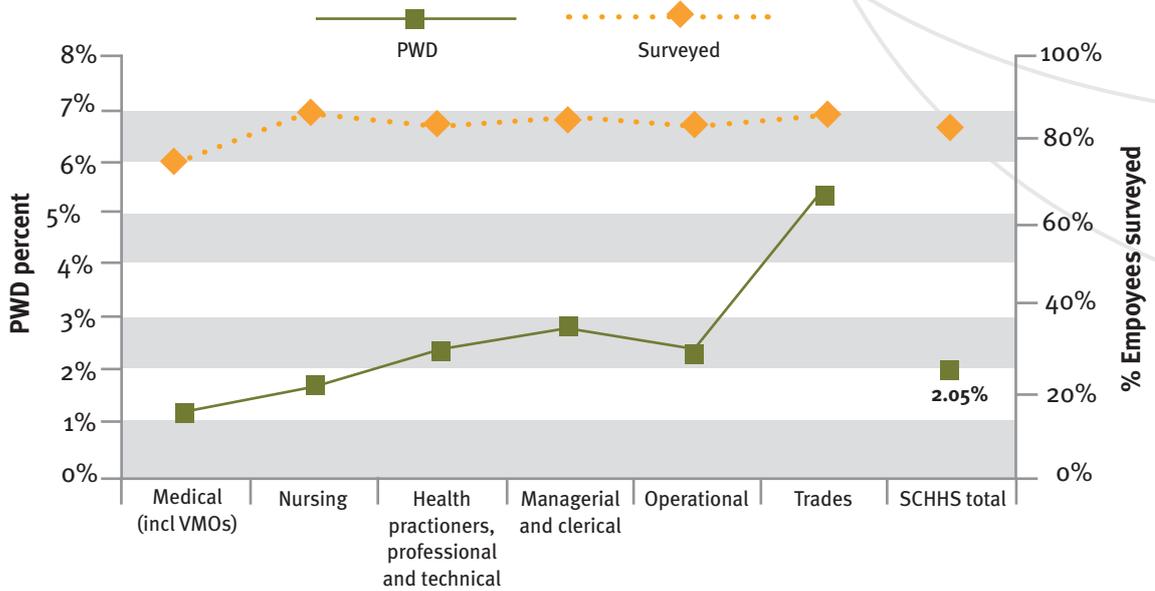
those employees who elect to participate.

Our Aboriginal and Torres Strait Islander Workforce Advisory Group provides expert advice on improving our recruitment, retention and career development opportunities for the current and future Aboriginal and Torres Strait Islander workforce. Advisory group membership is open to all our Aboriginal and Torres Strait Islander employees.

**Graph 5: Percentage of employees from a Non English Speaking Background (NESB) in our workforce 2012–13**



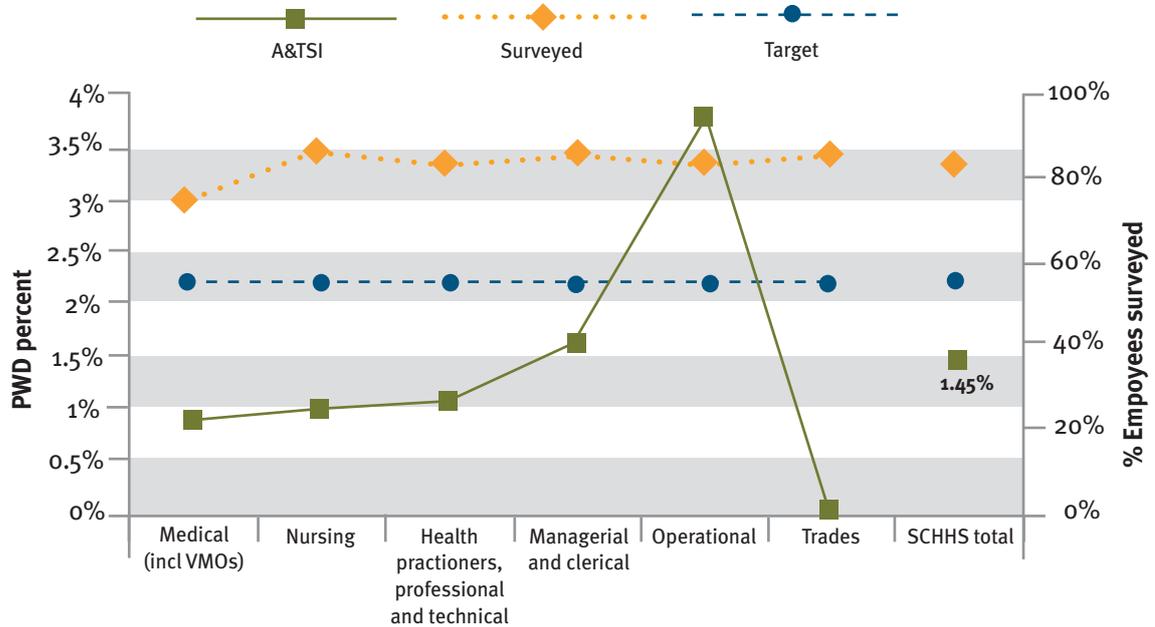
Graph 6: Percentage of people with a disability in our workforce 2012–13



Note:

There is currently no Public Service Commission target.

Graph 7: Percentage of Aboriginal and Torres Strait Islander employees in our workforce 2012–13



## Improving our occupational health and wellbeing

This year, an external audit was carried out to assess our implementation of the Queensland Health Occupational Health and Safety Management System in accordance with AS/NZS4801:2001 as well as whole-of-government objectives.

Overall the audit found SCHHS's safety management system performed well and highlighted our key achievements for the year.

- Comprehensive strategic planning and management review processes
- Business continuity and disaster planning processes
- Creative IT solutions to deliver training and awareness material
- OHS regime for inspections and safety behaviour assessment of contactor process
- OHS Unit and Building, Engineering and Maintenance Services (BEMS) partnership plan, reflects greater commitment and accountability.

Whole-of-government initiatives focus on driver safety, healthy lifestyles, injury treatment and management, and claims management. With no non-conformances, our audit demonstrates our performance in working towards these objectives. Opportunities for improvement, to be focussed on in 2013–14, include our document control and record keeping processes, and improvement in security planning.

We believe a healthy lifestyle and workforce not only reduces health risks and prevents injuries, it also boosts employee morale, supports our Be Safe culture (refer to page 77) and provides our patients with a continued high level of service.

Health and wellbeing initiatives this year include:

- Healthy Lifestyle Program, including face to face education, access to healthy lifestyle activities, forums and providing ongoing educational materials.
- promotion of Safe Work Week in September, including the national *R U OK Day* focussed on encouraging

conversations to prevent suicide

- health and safety training program through the Nambour TAFE (23 workplace health and safety representatives attended this year)
- resilience education sessions
- driver safety awareness
- healthy choices
- healthcare ergonomics
- occupational violence prevention
- health and safety forum
- preventing slips, trips and falls.

Workplace health checks included health pit stops, international women's day, men's health day, breast cancer awareness and provision of breast screen appointments during work time, access to yoga sessions, dental health awareness, flu prevention and provision of flu vaccine, and world kidney day promotion.

Our fatigue risk management for medical officers procedure ensures we meet the Department of Health's fatigue policies and standards. We continued to achieve 100 per cent compliance for our medical fatigue training. A Medical Staff Fatigue Risk Management Working Party was also established, to monitor and evaluate our fatigue management. This year we achieved a reduction in the recorded incidents of fatigue payments, resulting in the best in the state. Fatigue discussions continue to take place on a daily basis during handovers.

Immunisations are provided to all employees in line with the Department of Health's implementation standard for vaccination of healthcare workers. While we fell short of our KPI target for sick leave (target: 3.5 per cent), continual improvement throughout the year has been achieved due to the range of initiatives implemented including the Healthy Lifestyle Program. Our rate has reduced from 4.74 per cent in July 2012 to 3.8 per cent in June 2013.

In 2012–13, there were 195 WorkCover claims against a recorded 1,457 incidents (Table 8). The majority of WorkCover claims are related to



an ergonomic risk which includes both manual handling and patient handling incidents. The average days lost to work per claim is 28.52 days, at an average cost of \$5,174 per claim.

The top five reported incidents for 2012–13 included occupational violence, including both physical (262) and verbal (145), manual handling (140), patient handling (134), and slips, trips and falls (126).

We are progressively implementing actions to improve in these areas.

#### **Occupational violence**

- Violence aggression mitigation prevention (VAMP) process in place, with action plans for high and medium exposure areas currently being reviewed and updated.
- Revised occupational violence prevention (OVP) training program in place which also includes in-services tailored to individual unit requirements.
- Reporting and monitoring through the Safe Practice and Environment (SPE) Committee, the OVP Committee, and the Service Workplace Health and Safety (WHS) Committee.

#### **Patient handling and manual handling**

- Established a working party to identify additional control measures and reduce patient handling and manual handling related injuries.
- Reviewing and analysing incidents, as well as consulting with employees to identify systemic issues which may contribute to the risk of injury.
- Reporting and monitoring key exposures through the SPE and the Service WHS Committees.

#### **Slips, trips and falls**

- A public areas audit is conducted regularly to identify potential slips, trips and falls hazards.
- Quarterly work unit WHS inspections are carried out to identify potential hazards.
- Timely rectification of identified hazards by managers and the Building and Equipment Management Services.
- Revised mopping procedures to minimise

exposure to wet floors.

- Safe Me Safe Others promotion focussed on wearing appropriate footwear.
- Slip, trip and falls awareness through posters and all staff communications.
- Reporting and monitoring of external employee incidents, those outside of SCHHS facilities, through the SPE and Service WHS Committees.

#### **WorkCover claims**

The Injury Management Improvement Plan has been developed and strategies implemented, which has resulted with better return-to-work outcomes and improved performance against the WorkCover and injury management KPIs. Strategies include focusing additional resources on claims management, greater involvement of managers, increasing the return to work options, involving the Deputy Executive Director Of Medical Services to assist in consulting with injured workers and doctors in complex cases, and providing board, ELT and managers awareness sessions.

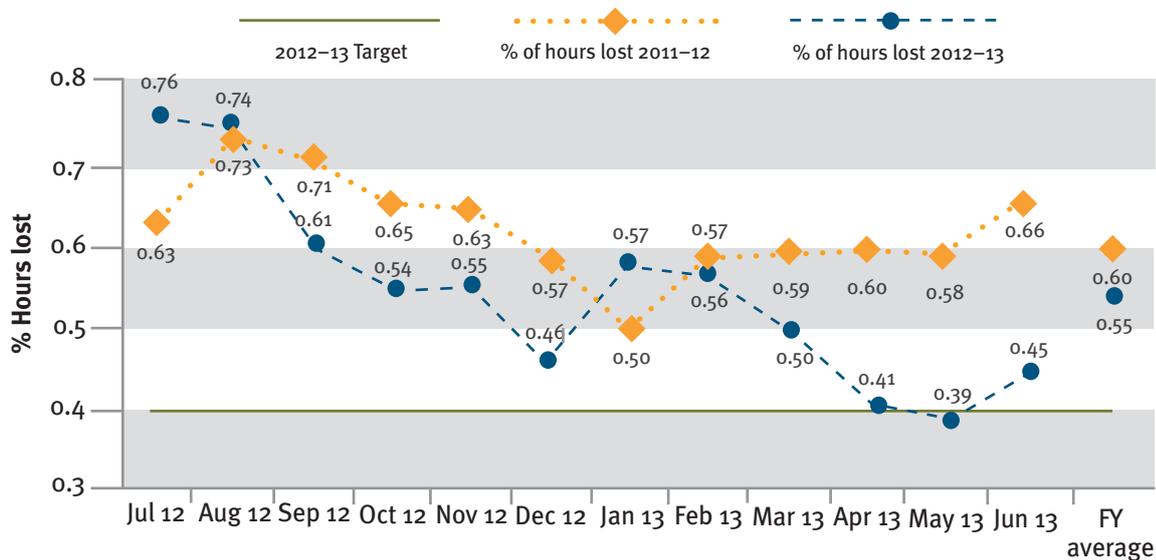
We also have a comprehensive environmental cleaning schedule and regular environmental auditing conducted to ensure patients, employees and visitors are provided with a clean environment and risk of infection is minimised. All areas must have an overall environmental and cleaning audit rating of 85 per cent to comply. Any non-compliance is required to be actioned immediately and is subsequently re-audited. Our Operational Services team developed the current auditing tool which is now been used state-wide.



**Table 8: Workplace incidents and injuries**

	2012–13 Target	2011–12 Actual	2012–13 Actual
Number of incidents/near-misses reported	N/A	1,626	1,457
Incidents resulting in WorkCover claims	191	221	195
Total hours lost (Tier 1 KPI WorkCover hours/FTE: 0.57 Target: 0.40)	28,363	43,703	39,000
Average hours lost	26.55	31.71	28.52
Total claims cost	N/A	\$1,757,117	\$1,008,877
Average claims cost	No annual target	\$7,951	\$5,174 (average monthly payment \$2,551)

**Graph 8: 2012–13 WorkCover hours lost versus occupied FTE**



**Note:**

WorkCover hours lost as a proportion of Occupied FTE (employees currently working in a position) is a KPI which captures all workers' compensation and absenteeism, including time lost claims and partial paid days. As graph 8 demonstrates, we are working towards achieving the monthly target of 0.40 per cent of WorkCover hours lost versus occupied FTE, attaining an annual average 0.55 per cent for 2012–13 (2011–12: 0.60 per cent).



## Promoting a Be Safe culture

This year, an external audit was carried out to assess our implementation of the Queensland Health Occupational Health and Safety (OHS) Management System in accordance with AS/NZS4801:2001 as well as whole-of-government objectives. Overall the audit found our safety management system performed well and highlighted our key achievements for the year:

- comprehensive strategic planning and management review processes
- business continuity and disaster planning processes
- creative IT solutions to deliver training and awareness material

- OHS regime for inspections and safety behaviour assessment of contactor process
- OHS Unit and BEMS partnership plan, reflects greater commitment and accountability.

Whole-of-government initiatives focus on driver safety, healthy lifestyles, injury treatment and management, and claims management. With no non-conformances, our audit demonstrates our performance in working towards these objectives. Opportunities for improvement, to be focussed on in 2013–14, include document control and record keeping processes, and security planning.

## Supporting workplace relations

We have a number of consultative forums established in line with the *Public Service Commission Guidelines for Consultative Forums*. The forums facilitate meaningful consultation between management and unions on matters arising under the State Government Departments Certified Agreements or matters that otherwise impact or may impact on our workforce.

These forums include:

- SCHHS Consultative Forum
- Health Practitioner Local Consultative Forum
- Administrative Local Consultative Forum
- Nursing and Midwifery Consultative Forum
- Operational Services Local Consultative Forum
- Building and Equipment Management Services (BEMS) Local Consultative Forum.

Employees have access to our Employee Assistance Service (EAS), an in-house resource, or our Employee Assistance Program (EAP) which is provided by an external contractor. Both the EAS and EAP provide confidential counselling, manager assistance and crisis response services free of charge for up to six sessions to all employees and their immediate family.

A monthly report is prepared by a contractor outlining EAP usage and the categories of use, which is provided to our Workforce and Human Resources Strategic Committee.

Our employee relations team also provide support and advice related to employee entitlements, policies, industrial awards and agreements, the code of conduct, performance management, grievances and industrial matters.

## Engaging our staff

Effective internal communication is more than sharing information. It is important employees are engaged through two-way dialogue to ensure our programs, strategies and service delivery is effective, relevant and current.

In June this year, the Queensland Public Service conducted an employee opinion survey. More than 78,000 employees across the Queensland Public Service elected to provide feedback. Our response rate was 31.8 per cent. Results are in



the process of being collated, with an analysis and feedback to follow. These will be integrated into the Better Workplace Survey action plan.

This year we developed and released our *Employee Engagement Strategy 2013–2016*, publicly available at [www.health.qld.gov.au/sunshinecoast/html/emplengplan.asp](http://www.health.qld.gov.au/sunshinecoast/html/emplengplan.asp). The purpose of the strategy is to detail in an action plan how we will maintain and enhance our employee engagement across the organisation. An Employee Engagement Strategy Steering Committee was established, formed by clinical and non-clinical employees, to provide oversight, monitor, review, and make recommendations.

Employees leaving the organisation are also invited to provide feedback on their employment experience through our employee exit survey. The survey is confidential and is used to identify issues affecting employees, and how we may reduce or mitigate these, as well as the opportunities to assist in retaining a skilled and valued workforce. Assessment is undertaken bi-annually and tabled at the Workforce and Human Resources Strategic Committee to be used in our workforce planning activities.

We are currently exploring ways to increase the completion rate, providing options for completing the survey (currently provided online) and improving the structure of the survey to be more user-friendly.

## Keeping employees informed

In the lead up to the transition to an independent statutory body, various internal communication activities were also undertaken to provide employees with up-to-date information and also allow concerns to be heard. Communication occurred through Scoop articles (an internal monthly magazine), Chief Executive (CE) Communique, all employee emails and e-alerts, fact sheets, media releases, satellite broadcasts, corporate office e-alerts and CE information sessions at all facilities.

Throughout the year, updates, news and information is provided to our employees through the weekly all staff email, monthly newsletter, monthly all staff forum, CE Communique, our Intranet site, and through individual service group and unit meetings.

## Key future priorities

- Implement the *SCHHS Strategic Workforce Plan 2011-2021* and *Workforce Operational Plan*
- Implement the *SCHHS Recruitment Plan* and the *SCHHS Retention Plan*
- Act on improvement recommendations as a result of the OHS audit
- Build on and embed the performance appraisal system
- Implement the Workforce and Clinician Engagement Strategy and track its effectiveness
- Develop and implement the Occupational Health and Safety Strategy to ensure a coordinated approach to promoting and facilitating employee health and wellbeing
- Explore opportunities which enable more flexible and effective use of the workforce including re-skilling, peer support, mentoring and partnerships
- Release and promote the refined professional and development training programs, including the range of leadership development sessions
- Increase the mandatory training completion rate
- Implement training programs to create a high performance culture of service excellence
- Review and update staff satisfaction surveys, schedule and reporting programs to ensure a comprehensive program is in place to regularly monitor and identify opportunities for improvements

