CLINICIAN ENGAGEMENT STRATEGY

Cairns and Hinterland
Hospital and Health Service

Clinical Council
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction and Background</td>
<td>3</td>
</tr>
<tr>
<td>Purpose</td>
<td>3</td>
</tr>
<tr>
<td>Strategic Imperative</td>
<td>3</td>
</tr>
<tr>
<td>Responsibilities for Clinician Engagement</td>
<td>3</td>
</tr>
<tr>
<td>Creating a Culturally Focussed Strategy</td>
<td>4</td>
</tr>
<tr>
<td>Existing Engagement Structures</td>
<td>5</td>
</tr>
<tr>
<td>Enablers for Clinician Engagement</td>
<td>6</td>
</tr>
<tr>
<td>Key Principles of Clinician Engagement</td>
<td>7</td>
</tr>
<tr>
<td>Operationalising the Strategy</td>
<td>8</td>
</tr>
<tr>
<td>Clinician Engagement Framework</td>
<td>9</td>
</tr>
<tr>
<td>Cairns and Hinterland Clinical Council</td>
<td>10</td>
</tr>
<tr>
<td>Raising Clinical Concerns</td>
<td>10</td>
</tr>
<tr>
<td>Review and Evaluation</td>
<td>11</td>
</tr>
<tr>
<td>Signature Block</td>
<td>11</td>
</tr>
<tr>
<td><strong>Appendix A</strong></td>
<td></td>
</tr>
<tr>
<td>Action Plan</td>
<td></td>
</tr>
<tr>
<td><strong>Appendix B</strong></td>
<td></td>
</tr>
<tr>
<td>Referral Pathway for Clinical Issues</td>
<td></td>
</tr>
</tbody>
</table>
Introduction and Background

The Cairns and Hinterland Hospital and Health Service Board and Executive recognises that those who provide clinical services are well placed to identify improvements to service delivery and patient care outcomes.

Ensuring clinical engagement is crucial to ensuring that service changes are properly planned and effectively implemented. Clinicians must be engaged in the change process if it is to be successful.

In addition to improved successes with change management, the literature unequivocally agrees that Hospitals and Health Services with engaged staff perform significantly better. Improvements enjoyed are:

- Better patient, carer, and family experience
- Fewer errors
- Lower infection and mortality rates
- Stronger financial management
- Higher staff morale and motivation
- Less absenteeism and stress

The Cairns and Hinterland Hospital and Health Service strongly supports this notion; and this strategy outlines how we will effectively engage with internal clinicians and our partners in primary care to ensure that all clinicians have a voice in the planning, implementation, and review of clinical services within the CHHHS, and to ensure that the service is appropriately responsive to clinical risks identified by professional groups.

The Clinician Engagement Strategy builds upon the 2012 Strategy, and has been developed by the Clinical Council using informed feedback from clinicians throughout the Health Service.

Purpose

To establish a clear pathway for clinicians to have a voice in the planning, implementation and review of service and strategy in the Cairns and Hinterland Hospital and Health Service in order to strengthen and foster a shared understanding and transparency between the Board, management, and frontline clinical workforce.

Strategic imperative

Effective clinician engagement is essential for high quality health care and is a major focus of ongoing Queensland and national health reform. Cairns and Hinterland Hospital and Health Service (CHHHS) released its first Clinician Engagement Strategy in July 2012 following the commencement of the CHHHS Clinical Council, and in accordance with Section 40 of the Hospital and Health Boards Act 2011, which requires Hospitals and Health Services to develop and publish an engagement strategy to promote consultation with health professionals working in the service.

This strategy compliments and intersects with the CHHHS Consumer Engagement Strategy which is also required under the Act.

Together these strategies are designed to provide the foundation for better integration of services and more efficient, effective, responsive and professional health care in the region.

Building on the National Health Reform definition:

A ‘clinician’ is any individual who provides diagnosis or treatment as a professional medical practitioner, nurse, allied health practitioner or other health practitioner. This includes staff who contribute to the management of patient well-being.

“Clinician Engagement” is the involvement of clinicians in the planning, delivery, improvement and evaluation of health services within Queensland Health, utilising clinician’s clinical skills, knowledge and experience.

Responsibilities for Clinician Engagement:

The Queensland Department of Health has the following responsibilities for clinician engagement:

- Fund and support the Queensland Clinical Senate
- Fund and support State-wide Clinical Networks
- Maintain the regulation and policy that underpins section 40 of the Hospital and Health Boards Act 2011
- Provide support tools and guidance to the HHS to assist them in meeting their obligations under the Act.

Board Decision Making Framework

To ensure a structured approach to decision making, the Board utilises a decision making framework. The framework is available to clinicians, so to facilitate engagement by ensuring transparency in decision making considerations.
Creating a Culturally-Focussed Strategy

Successful approaches to enhancing engagement require an organisational cultural focus, based on a genuine acknowledgement of the value of the clinical perspective, and the recognition that this must be incorporated into all aspects of strategic planning, service function, and service optimisation. This cannot be expected to be achieved through purely structural changes, though structural changes may be required to facilitate culturally-focussed strategies.

Cultural change requires a highly inclusive approach, whereby trust and understanding grows, and clinicians seek to become more involved in Health Service leadership and become engrained in the decision making process and leadership structure of the health service. This shift towards collective leadership is characterised by high levels of dialogue, and aims to achieve a shared understanding of problems and solutions within the Health Service.

To achieve this, the Cairns and Hinterland Hospital and Health Service is striving to create a culture of information sharing, engagement, collaboration, and empowerment.

This process begins with the alignment of objectives and a common purpose. Managers and clinicians within the Cairns and Hinterland Hospital and Health Service agree that they aim to:

- Sustainably achieving these outcomes will support the Health Service in achieving the direction of the My health, Queensland’s future: Advancing health 2026, the vision and 10-year strategy for health in Queensland:

  - Promoting Wellbeing: Improving the health of Queenslanders through concerted action to promote healthy behaviours, prevent illness and injury, and address the social determinants of health.
  - Delivering Healthcare: The core business of the health system and improving equitable access to quality and safe healthcare in all different forms and settings.
  - Connecting Healthcare: Making the health system work better for consumers, their families, and communities by tackling the funding, policy, and delivery barriers.
  - Pursuing Innovation: Developing and capitalising on evidence and models that work, promoting research and translating it into better practice and care.

- The Cairns and Hinterland Hospital and Health Service Board recognise that clinician engagement is central to achieving these objectives, and are committed to creating a culture that enables engagement and:

  - Focuses on delivery of high quality, safe health care
  - Enables staff to do their jobs effectively
  - Genuinely values, supports, and nurtures ‘the front line’
  - Ensures that there is strong connection between clinicians and managers to the shared purpose of the CHHHS
  - Ensures collaboration across professional and organisational boundaries
  - Achieves high staff engagement at all levels
  - Ensures transparency, openness, and candour
  - Accepts responsibility for outcomes and learns from them
  - Promotes and values clinical leadership
  - Supports, values and recognise staff
  - Creates opportunities where leaders let others lead
  - Have an overriding commitment to learning, improvement, and innovation.
  - Values all health professionals equally and commits to respectful interactions that foster openness, transparency, integrity, through partnerships and collaboration; working for mutually beneficial outcomes in a highly cooperative manner.
These strategic documents provide opportunities for clinician engagement in the planning, design, and delivery of services as well as clinical quality and safety. In addition to these strategic directives; entities exist (committees, meetings) that meet regularly, and are expected to participate in the internal aspects of the Clinician Engagement Strategy. These groups function within existing professional frameworks which ensure wider dissemination through specific disciplines.
Enablers for Clinician Engagement

The scope and implementation of the strategy involves both internal and external clinician stakeholders with an interest in CHHHS clinical service planning and delivery.

Alignment with CHHHS Strategic Plan

The Strategy is supported by a clinical governance framework, operational plan and decision making framework for the CHHHS. This encompasses service planning and decisions that will impact on the delivery of clinical services in the CHHHS.

Culturally focused strategy

Current literature strongly indicates that a successful clinician engagement strategy cannot be purely structural in nature, it must be culturally focussed.

A culturally-focussed strategy is based on genuine acknowledgement of the value of the clinical perspective and incorporation of this into all aspects of strategic planning, service function, and support of optimum quality care. To be successful in this process, cultural change is required in both clinical and non-clinical thinking, expectations, and behaviour.

Linkage with the Primary Health Network

With the establishment of the North Queensland Primary Health Network (NQPHN) in 2015, there is also a clear opportunity to engage with this body to enhance clinical practice and patient outcomes across the continuum from acute to community care.

To facilitate this conversation, a clinician from the CHHHS Clinical Council is an endorsed member of the NQPHN Northern Clinical Council, and the two clinical councils meet regularly to collaborate on joint ventures for the benefit of the community and the clinicians who care for them.

Queensland Clinical Senate

Membership of the Queensland Clinical Senate with clinicians from the CHHHS also supports the strategy and provides the opportunity to engage more broadly with internal and external clinicians and consumers.

CHHHS Clinical Council

The Clinical Council contributes clinical expertise to inform and influence clinical outcomes. The Council provides advice to the Executive and Board, and takes an active role in the planning of future clinical services, the improvement of current services, service standards, and matters the Council perceives to be of clinical relevance. The Clinical Council enables clinician engagement by establishing a culturally and professionally safe forum for clinicians to raise issues or ideas, enabling the fearless and respectful progression of issues relevant to improvement and maintenance of clinical care.

The Council fosters innovative approaches to service improvements, and provides a pathway where innovation is recognised, registered, and developed using project management resources via the Clinical Council Coordinator / Project Officer position.

Health Innovation Projects Office

The Health Innovation and Projects Office (HIPO) enables clinician engagement through provision of a structured process of seeking and managing innovative ideas and projects.

The HIPO will support the strategies of the Clinician Engagement Framework by increasing the capacity of clinicians through provision of educational opportunities to build and improve knowledge in project management, business analytics, leadership, redesign, and innovation. Through coaching and facilitating clinicians to lead localised initiatives, and maintaining project management standards, the HIPO will enhance engagement and embed innovation and continuous service improvements. Frontline clinicians will be encouraged and supported to engage in opportunities to enhance quality improvement, service delivery, and sustainability.

The HIPO aims to extend its reach to external clinicians and other health partners such as the NQ Primary Health Network, NGO’s, academic partners, and colleges; with the aim of developing a shared vision, improving linkages between the community and hospital, and optimising patient care outcomes.

General Practice (GP) Liaison

The Health Service engages with primary care clinicians through a General Practice Liaison Officer (GPLO) to strengthen the connection between primary and secondary care. The GPLO enables engagement by keeping general practitioners informed with the correct information to enable efficient interaction with secondary services, and by having a mechanism for primary care clinicians to raise issues and ideas.
The GPLO plays an important role in engaging primary care clinicians and partners in the development of new models of care; using clinician input to identify, design, implement, and monitor targeted solutions aimed at improving the integration and coordination of sustainable patient care.

**Clinician Champions**

*Clinical Lead Executive Champions:* The CHHHS has strived to retain strong links between the Executive Management Team and clinical practice, and has achieved this by enlisting the service of Executives who are also involved in direct clinical care. These clinical leads have a direct reporting line to the Hospital Board and are the key executive decision makers for the HHS. They maintain and support professional standards, and are responsible for improvements to the integration of services across the Health Service. The professional leads enable clinician engagement by being clinicians themselves, and by engaging with the sub-specialist Departmental Leads to ensure all clinicians have a strategic voice.

*Departmental Champions* support the professional leads, and provide expertise and leadership at the front-line.

*Front-line Clinical Champions* are essential to drive and support clinical change from the ‘bottom-up’. Front-line clinical champions may be formal or informal leaders, they are skilled communicators, personable, well-respected, have strong intra-organisational relationships, and crave change and innovation. Front line clinical champions are mentors, and lead junior staff on the quality improvement ‘journey’, by setting the tone of the workplace, and leading by example.
Key Principles of Clinician Engagement

The key aims of the Clinician Engagement Strategy are to *develop and maintain a relationship between, and crossover with, clinicians and management* which ensures that the specialist knowledge and experience of clinicians is incorporated into the core activities of the Health Service.

It is expected that a progressive and sustainable approach to engaging clinicians is firmly embedded in management practices. The Clinician Engagement Strategy will assist with this through application of the following key principles.

1. **Inclusion of all levels of clinician (user group) in **EARLY ENGAGEMENT**.
   a. This requires direct consultation with all clinicians before decisions are made
   b. Will result in clinicians feeling a sense of ownership of their clinical work processes and outcomes

2. **EFFECTIVE COMMUNICATION**, (horizontally and vertically) within three (3) key areas:
   a. **UPWARDS** feedback from users that is direct and useful and provides an accessible and timely avenue for communication
   b. **DOWNWARDS** information from the higher levels of the Health Service that is clear, timely and relevant
   c. **SUPPORTIVE TECHNOLOGY** that is accessible and available, and that allows systemic issues of approval, control and identification of contact mechanisms to be clearly explicated and disseminated

3. **ACCOUNTABILITY** of clinicians, executive staff and Board members resulting in transparency in governance and risk and outcome management.

The International Association for Public Participation Model provides a useful model for consideration of the purpose, methods, and outputs for different levels of clinician engagement.

The five steps listed in increasing level of delegation that guide the engagement strategies and Clinical Council activity are:

![Inform, Consult, Involve, Collaborate, Empower](image_url)

These steps form the basis of the objectives of the Clinician Engagement Framework, and guide the Clinician Engagement Action Plan.
Operationalising the Strategy

The CHHHS Clinician Engagement Strategy will be operationalised through the Clinician Engagement Action Plan (APPENDIX A), and the Referral Pathways for Clinicians, (APPENDIX B). Appendix A and B will be available on the Clinical Council website, and Appendix B will also be used as a single page hand out, to increase awareness of the Clinical Council to clinicians and to guide them towards the Clinical Council website for more information.

Additionally, the Strategy includes a Clinician Engagement Framework, which links to the aforementioned Public Participation model and serves to guide clinicians as to how the strategy will be implemented and managed, and establish lines of accountability.

The Framework has been written with the Clinician Engagement Checklist as guidance:

- Clinician engagement is part of an overall organisational approach to enhancing safety, and quality of care in a sustainable environment
- Organisational culture supportive of clinician engagement where clinicians want to be ‘shareholders’
- The Board, Executives and Clinicians continue to work in bi-directional partnerships
- There are strong leadership structures supported by professional management, and authority is devolved to, and accepted by divisional and departmental leaders
- Considerable effort is given to the recruitment of senior clinicians and leaders against values and competency frameworks. There is sustained investment in management and leadership development, talent management, and succession planning, and junior clinicians involvement is encouraged
PHILOSOPHY FOR ENGAGEMENT:
To create a sustainable, and credible Hospital and Health Service with a community and patient focus, and a high performing and engaged workforce, who are talented, engaged and focussed on meeting the needs of the community.

OBJECTIVE
1. **INFORM**: Provide clinicians with balanced objective information to promote understanding.
2. **CONSULT**: Obtain clinicians feedback on matters of clinical importance and provide opportunities for discussion and input from clinicians on analysis, alternative and decisions.
3. **INVOLVE**: Work directly with clinicians to ensure their concerns and aspirations are understood and considered.
4. **COLLABORATE**: Partner with clinicians in each aspect of the decision making process, including the development of alternatives and the identification of preferred options.
5. **EMPOWER**: Place decision-making in the hands of the clinicians, and informed decision making based on robust discussion.
6. **COMMUNICATE**: Shared responsibility to communicate what is clinically important.

STRATEGIES
- Ensuring clinicians in leadership positions are supported to be directly involved in both the strategic planning process and operational delivery.
- Ensuring that clinicians participate in and are aware of the general performance requirements of the HHS; and that they are well placed to support the delivery of these requirements.
- Clinicians feeling a sense of ownership of their clinical work processes and outcomes, and understanding the need for good governance, audit, and transparency in risk and outcome management.
- Expecting clinicians to be accountable via performance monitoring and benchmarking, and to be driving long-term performance improvement.
- Clinicians supporting health service initiatives in a collaborative manner around all aspects of health service performance; including quality measures, best practice protocols, clinical outcomes, resource utilisation, operational efficiency and cost effective alternatives.
- Having clinicians who accept the challenge of providing robust, considered, evidence based input into decision making at all levels of the organisation.
- Clinicians advocating for patients and giving constructive advice operationally and strategically which is encouraged, welcomed, listened to and fed back on.
- Ensuring that all clinicians have opportunities to participate with the senior leadership team within the CHHHS formally throughout the year.

ORGANISATIONAL ENABLERS
- **Formal communication channels**:
  - Clinical Senate
  - Clinical Networks
  - Clinical Council
  - Divisional Leaders
  - Team Meetings
  - Staff Forums
  - Professional Advisory Groups
- **Informal communication channels**:
  - E-Bulletin
  - QHEPS
  - Staff Broadcasts
  - Facebook
  - Podcasts
  - Floor walkers
- **Strategy, Planning, Capability and Culture**:
  - Alignment with CHHHS Strategic Plan
  - Clinical Governance Strategy
  - Workforce Strategy
  - Linkage with Primary Health Networks
  - Leadership and Management Education
  - Culturally sensitive approaches

DEMONSTRATED OUTCOMES
- Engaged clinicians
- Improved clinical outcomes
- Informed clinicians
- Clinical leadership
- Quality and Innovation
- Honest and transparent discussions
- Consumer satisfaction
- Value-based decision making
The CHHHS Clinical Council comprises representatives who reflect the diversity of professional groups within the healthcare setting. As the CHHHS has services across regional, rural, and remote areas; the Council membership should reflect these perspectives.

The role of the Clinical Council is to provide advice to the Executive and the Board, and take an active role in the planning of future clinical services, the improvement in current services, service standards and all matters the Council agrees clinically relevant.

The Council maintains open bidirectional channels of communication with the Board and the Executive Management Team. The Council meets with the Executive Management Team on a monthly basis, and the Board, Quarterly.

Clinical Council Objectives:

Engage and liaise with clinicians at all levels to ensure the views and ideas of the clinician cohort are advocated to the Executive and the Board to add value through clinical leadership.

Provide expert evidence based advice to the Health Service Executive and Board on major strategies, clinical service planning and reform, innovative models of care and service delivery, and policy development.

Foster a culture of trust, respect, innovation, honesty and effective communication within the Clinical Council in order to promote improved collaboration between all clinicians who work for the Health Service and all other health service providers who work in the Health Service.

Raising Clinical Concerns

Despite the best of intentions and structural reform and redesign, there are occasions when clinicians feel that their concerns are not adequately responded to by management or Executive. Accordingly, the Clinician Engagement Strategy includes a guide for clinicians who may have a clinical concern. (See Appendix B)

- The issue should be raised with management in writing in the appropriate format/template through the line manager and/or professional line manager.
- Referrals should include an outline of the relevant risks in a professional approach, aided by line or professional line management.
- Referrals should be responded to in a timely manner in the form of a written response.
- If the response is inadequate or not received within a reasonable timeframe, the clinician can escalate the matter to the next management level and ultimately, to the CHHHS Board and Executive, using the appropriate template.
- If appropriate channels have been utilised to no effect, any employee can make a disclosure about a substantial and specific danger to public health or safety. Further information can be found in the Public Interest Disclosure Policy, or the Whistleblowers Protection Act 1994.
Review, Evaluation and the Clinician Engagement Survey

The Clinician Engagement Strategy should be reviewed every 3 years. The Strategy will also evolve as ongoing feedback and input is received by health professionals as the strategy is embedded and operationalised across the CHHHS.

Annually, the action plan should be assessed, and the effectiveness of consultation with health professionals will be demonstrated by the successful delivery of performance indicators within the action plan.

Using engagement sensitive questions on the annual Employee Opinion Poll, the Health Service will monitor the levels of clinician engagement to make judgement on the effectiveness of the strategy, and to understand the perspective of the clinical workforce.

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Review Date

Clinician Engagement Survey

Clinician Engagement Strategy

January 2018

June 2018