Clinician Engagement Strategy
2019-2021
The Torres and Cape Hospital and Health Service respectfully acknowledges the Traditional Owners / Custodians, past and present, within the lands in which we work.

Cape York

Northern Peninsula Area
Atambaya, Gudang, Yadhaykenu, Angkamuthi, Wuthathi.

Torres Strait Islands
The five tribal nations of the Torres Strait Islands:
The Kaiwalagal
The Maluilgal
The Gudamaluilgal
The Meriam
The Kulkalgal Nations.

Recognition of Australian South Sea Islanders
Torres and Cape Hospital and Health Service (TCHHS) formally recognises the Australian South Sea Islanders as a distinct cultural group within our geographical boundaries. TCHHS is committed to fulfilling the Queensland Government Recognition Statement for Australian South Sea Islander Community to ensure that present and future generations of Australian South Sea Islanders have equality of opportunity to participate in and contribute to the economic, social, political and cultural life of the State.
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About us
Torres and Cape Hospital and Health Service (TCHHS) is the largest provider of public health care services across the most northern remote areas of Queensland. TCHHS provides health services to a resident population of 26,966 with 67% identifying as Aboriginal and/or Torres Strait Islander.

The range and type of services provided are defined in a formal Service Agreement with the Department of Health. Services are provided across 35 facilities (4 hospitals and 31 primary and community health services) by more than 1000 staff.

Our vision
Leading connected health care to achieve longer, healthier lives.

Our purpose
• Ensuring seamless patient journeys.
• Embracing cultural diversity.
• Collaborating and connecting with communities and agencies.
• Enhancing the capacity and capability of the workforce.
• Maximising the use of technology.

Our objectives
• Excellence in healthcare.
• Advancing health through strong partnerships.
• An engaged, valued and skilled workforce.
• A well governed organisation.

Our values
• Customers first.
• Ideas into action.
• Unleash potential.
• Be courageous.
• Empower people.
Purpose

This Clinician Engagement Strategy provides the engagement standards, processes, and actions to enable a robust and progressive approach when engaging with clinicians over the next three years.

Developed in conjunction with clinicians, the Strategy builds upon the previous TCHHS Clinician Engagement Plan 2015/2018.

This new Strategy further develops existing engagement processes and provides additional innovative approaches to encourage improved collaboration and engagement opportunities over the next three years.

The purpose of the Strategy is to:

- ensure clinicians are engaged in the planning, implementation and evaluation of services offered by the HHS to provide better health care for our communities.
- build upon the previous strategy to mature engagement processes and outcomes to improve clinician satisfaction and engagement outcomes.
- provide a guide for all levels of staff and management in their interactions with clinicians.
- promote how to engage with clinicians to our community and to service partner groups.

Clinician engagement

TCHHS employs a wide range of clinicians to deliver health services and utilises a definition of clinician as anyone providing front line health services including medical officers, nurses, midwives, allied health practitioners and Indigenous health workers.

Clinician engagement is defined as the process used to ensure clinicians are involved in the design, planning, decision making, and evaluation of health services.

Research evidences a positive correlation in the relationship between staff engagement and clinical and organisational performance¹, confirming that where clinical engagement is high, services become more efficient, and quality and safety outcomes improve².

Robust clinician engagement can result in:

- improved practices and quality at the micro (team) level
- improved practices and quality at the service system level
- better informed policy development
- support for effective policy implementation³.

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¹. Developing Collective Leadership for Health Care. The Kings Fund
Objectives

The Strategy includes four key objectives:

**Clinician voices are heard and valued.**

Clinicians participate and contribute to organisational strategic and operational processes and are involved in influencing decision making through meaningful engagement processes.

**Clinician ability to contribute to service improvements is enhanced.**

Clinicians inform service design and lead service improvement through evaluation and quality advances to deliver high-quality patient care.

**Clinicians are better connected and supported.**

Clinical leaders are supported by wrap around services, and new leaders grown through innovative workforce design and clinician development programs.

**Clinicians are supported to collaborate.**

Clinicians are engaged and enabled to have input into health care policy and reform at local, state and Commonwealth levels.

Strategy

Strategies have been developed with TCHHS clinicians to achieve the overarching objectives and to define the actions for engagement with clinicians for the next three-year period. (Table 2 on page 10).

The Strategies will be used to strengthen clinician engagement and should be used to inform operational planning within the HHS.

Reporting progress

The Strategy will be evaluated annually and revised every three years. Annual progress will be reported via:

- an annual progress report to the TCHHS Board and Executive
- annual feedback disseminated to the TCHHS Workforce
- the TCHHS Annual Report.
The National Health Reform Agreement (NHRA) informs the need for clinician engagement as an essential part of a well-integrated and functioning health system. Statewide, the Hospital and Health Boards Act 2011 and Hospital and Health Boards Regulations 2012 specify that each HHS is obligated to publish a clinician engagement strategy to promote consultation with health professionals working in their Service.

Specific references to clinician engagement is included within the engagement protocol between TCHHS and the Northern Queensland Primary Health Network (NQPHN). TCHHS clinicians participate in various working groups between NQPHN and North Queensland HHS’s with the aim of improving service coordination and integration objectives of the protocol.

The TCHHS Strategic Plan 2019-2021 recognises the value of engagement with the service objective of ‘an engaged, valued and skilled workforce’.

This Clinician Engagement Strategy will be used to communicate and provide direction for TCHHS staff in planning and undertaking clinician engagement, and to provide the directions to strengthen clinician engagement to improve health services and clinician interactions and satisfaction. It should be used to inform operational planning within the HHS.

The relationship between this Strategy and other TCHHS planning activities is illustrated below (Figure 1).

**Figure 1: TCHHS integrated strategy and planning hierarchy**
Engagement

To achieve the objectives above, TCHHS will utilise a model of clinician engagement adapted from the IAP2 Public Participation Spectrum (Appendix A), with the range of actions increasing in participation from informing, to consulting, involvement, collaboration and empowerment.

The model will be used by managers and staff to determine the most appropriate level of engagement and consultation enablers required, and the expected outputs for each level of interaction.

Current clinician engagement groups and activities

TCHHS clinicians participate in statewide clinician engagement forums including the Queensland Clinical Senate and statewide Clinical Networks.

The Clinical Senate provides strategic advice and leadership on system wide issues affecting the quality, cost and efficient delivery of patient care within Queensland.

The Statewide Clinical Networks guide quality improvement reform and support clinical policy development, emphasising evidence-based practice and clinical consensus to guide provision of high-quality patient focussed health care.

The Clinical Council

The peak clinical advisory body for TCHHS is the Clinical Council. The Council is the major forum for clinician involvement in strategic and governance matters, aimed at providing high quality health care and ongoing service improvement to communities.

The Council’s purpose is to:

• honour the Aboriginal and Torres Strait Islander cultures
• work in true partnership with communities and other organisations
• be a leader in providing high quality, innovative and effective remote health services
• deliver measurable improvements in the health of our people.

The Council takes an active role in:

the planning of future clinical services and the improvement of current services
• ensuring service standards are being met
• the progression of clinical ideas or issues
• providing expert clinical knowledge and advice to the Executive and the Board.

The Council strives to be the peak source of expert clinical knowledge, so that it can continue to provide advice for evidence based, clinician driven, and high value care to maximise the beneficial use of health resources.

Not all clinicians are managed by a clinical line manager. To ensure engagement is available to all clinicians, this Strategy recognises and values the importance of engagement with clinicians through clinician led structures at local, state and national levels, and within horizontal/ professional or multidisciplinary peer groupings.

The following clinical quality and safety committees provide topic specific forums where clinicians are engaged with peers and management to improve service quality and safety outcomes:

• Medicine advisory committee
• Medical Imaging advisory committee
• Radiology governance
• Mental health committee
• Maternity and neonatal steering committee
• Oral health
• Renal services steering committee
• Child safety committee
• Allied health network
• Physiotherapy discipline group
• Occupational therapy discipline group
• Speech therapy discipline group
• Social work discipline group
• Public health steering committee.

Current TCHHS engagement activities with both clinicians and other staff are summarised on the opposite page (Table 1).
<table>
<thead>
<tr>
<th>Type of Engagement</th>
<th>Activities</th>
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<tbody>
<tr>
<td>Inform</td>
<td>Orientation and induction materials/ presentations</td>
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<td>Online education and learning materials</td>
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<td>Facebook</td>
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<td>Media releases</td>
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<td>Publications /information material</td>
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<td>Staff newsletters</td>
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<td>TCHHS facilitated events</td>
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<td>TCHHS website information</td>
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<td>Consult</td>
<td>Survey feedback/ consultation sessions on TCHHS planning documents</td>
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<td>Working groups</td>
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<td>Staff satisfaction surveys</td>
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<td>Union briefings</td>
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<td>Involve</td>
<td>TCHHS meetings</td>
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<td>TCHHS facilitated events</td>
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<td>Interagency meetings</td>
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<td>Issue reporting online</td>
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<td>Collaborate</td>
<td>TCHHS advisory groups</td>
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<td>TCHHS committees</td>
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<td>Clinical Council</td>
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<td>TCHHS representation on the State-wide Clinical Senate and clinical networks</td>
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<td>Empower</td>
<td>Clinically streams representation in the TCHHS Executive membership</td>
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<td><strong>Empower</strong></td>
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<td>- Increase ownership and accountability</td>
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<td>- Encourage feedback and input</td>
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<td>- Establish a culture of mutual respect and trust</td>
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<td>- Create opportunities for learning and growth</td>
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<tr>
<th><strong>Table 2: Three year engagement strategy</strong></th>
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<tr>
<td><strong>Primary Goal</strong></td>
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<tr>
<td><strong>Phase 1: Year 1</strong></td>
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<td>- Expand access to mental health services</td>
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<td>- Enhance community engagement</td>
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<td>- Foster partnerships with local organizations</td>
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<td>- Develop training programs for health professionals</td>
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**Table continued on next page...**
<table>
<thead>
<tr>
<th>Executive Committees</th>
<th>Steering Committees</th>
<th>Advisory Committees</th>
<th>Working Parties</th>
<th>Action Plans</th>
<th>Key Performance Indicators</th>
<th>Implementation Process</th>
<th>Outcome Monitoring</th>
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