



Limestone Coast Local Health Network

Clinician and Staff Engagement Strategy 2021-2024

November 2021



Health
Limestone Coast
Local Health Network

Acknowledgment to Traditional Custodians

The Limestone Coast Local Health Network (LCLHN) acknowledges the traditional custodians of country throughout the Limestone Coast. We respect their continuing connection to land, sea and community. We also pay our respects to Elders past, present and emerging and to the cultural authority of Aboriginal and Torres Strait Islander people from other areas of Australia who reside in the Limestone Coast.

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Foreword from the Board Chair

Grant King


I am pleased to present the first Clinician and Staff Engagement Strategy for the Limestone Coast Local Health Network (LCLHN).

The LCLHN commenced operations on 1 July 2019 as part of the SA Health governance reforms, which saw the establishment of 10 Local Health Networks, each with its own Governing Board. The Governing Boards are charged with the overall governance and oversight of their local services, as well as the development and implementation of two engagement strategies: one for clinicians and staff, and the other for consumers, carers and our community.

The COVID-19 pandemic has shifted how, why and when we engage with our clinicians and staff into sharp focus. There has been a great need for our staff to feel they are informed, involved and are able to influence decision-making in their workplaces and across the LCLHN.

We know that genuine and sustained engagement with clinicians and staff has not always been our strong point. Irrespective of whether it is because clinicians and staff are unsure of how they can contribute, or don't feel their contributions will be actioned, there is a need to redefine the way in which we value and support clinician and staff engagement across all levels of our organisation.

It is for this reason that, in the process of the development of both the Consumer, Carer and Community Engagement Strategy (CCCES) and this Clinician and Staff Engagement Strategy (CSES), the Engagement Strategy Development Working Group (a sub-group of the LCLHN Governing Board) developed the i³ model with three levels of engagement: inform, involve and influence.



Using the IAP2 Spectrum of Public Participation¹ as the central reference point, our i³ model lays the foundation for how we wish to approach engagement across the LCLHN. We believe if we provide meaningful, timely and relevant opportunities, every consumer, carer and member of the community, and every clinician, staff member and volunteer will find a way to be informed, be involved or to influence the LCLHN.

Our CSES demonstrates our commitment to partnering with clinicians and staff in decision-making across all relevant levels of health service delivery. While there cannot be a one-size-fits-all approach to how we engage with our clinicians and staff, this strategy has been developed following extensive consultation and aims to capture what our clinicians and staff have told us they need to be more effectively informed, involved and able to influence decision-making in their workplaces and across the LCLHN. The strategy also incorporates a commitment to identify a strengthened process for engaging with our many valued volunteers.

This strategy will operate alongside our CCCES, and both form a critical part of the LCLHN's strategic direction over the coming years. Through the implementation of both strategies, we aim to encourage and support participation at all levels of health service delivery for the purpose of delivering safe, high-quality, progressive, consumer-directed care and services. We will continue to refine each strategy over time, with an Engagement Strategy Oversight Committee (a sub-Committee of the LCLHN Governing Board) providing regular updates to the Governing Board about our progress. Annual reports will summarise the outcomes, also noting any highlights and emerging issues that may positively or negatively affect our engagement across our network. The Governing Board will formally review the strategies every three years.

Meaningful and sustained engagement takes time and continued effort from all involved. We know it will be challenging and we do not believe we have all the answers. Ultimately, it is only by working in genuine partnership with clinicians and staff that we can ensure we deliver care at the best time, in the best place and with the best possible outcomes for consumers, carers and the broader community.



From the Chief Executive Officer


Ngaire Buchanan

The LCLHN aims to be an effective and forward-thinking health network that anticipates challenges, embraces change and – most importantly – meets the needs of consumers, carers and our community. An engaged workforce is one of the key drivers that will allow us to fulfil these intentions.

Our CSES demonstrates our commitment for improving our engagement with clinicians and staff, and sets out our aspirations for the 2021-2024 period.

The reality is that there are many barriers to clinician and staff engagement, whether it is competing priorities and time constraints, information overload, disengagement due to past experiences, individual communication preferences, or a range of other factors. This strategy will only be successful in its implementation if we acknowledge these barriers and take the time to address them effectively.

It is for these reasons that we do not intend for the CSES to be a static document, but instead it will act as an enabler that supports us to build on what has been working successfully, and continue to learn how clinicians and staff would prefer to be informed, involved and influence the decisions that affect them. We are also keen to explore how we can more effectively engage with our many volunteers from our various communities across the LCLHN who support us and our consumers.



The LCLHN Clinical Advisory Council will lead the implementation of this strategy along with the Director of People and Culture, in collaboration with our Executive members. However, engagement is a shared responsibility, and for the strategy to be successful we must encourage and support participation from all levels of our organisation.

I have great pleasure in joining the Governing Board Chair in presenting our inaugural Clinician and Staff Engagement Strategy, and hope it will serve as the first of many steps we take together to improve our connections with each other and work towards our vision of being a trusted leader and partner in the provision of safe, high-quality, progressive, consumer directed care and services.



Our Vision:

To be a trusted leader and partner in the provision of safe, high-quality, progressive, consumer-directed care and services.

Our Purpose:

Partnering with our community in delivering best practice care and services that contribute to improving the health and wellbeing of our communities and region.



About the Limestone Coast Local Health Network

Who we are

The Limestone Coast Local Health Network (LCLHN) became a formal entity on 1 July 2019, having previously been known as the South East Region of Country Health SA LHN.

We are one of six regional LHNs responsible for the delivery of regional public hospital services and residential aged care for SA Health. Under the banner of Country Health Connect, we offer a range of in-home and community-based services to people of all ages, people living with disability, children, older people and carers. We also provide inpatient (hospital) and community mental health services across the region. Our hospital and community health locations are reflected on the map on page 12.

We serve a population of over 67,000² people in the Limestone Coast, as well as residents from Western Victoria. Our region covers a geographical area of 21,329³ square kilometres, taking in the south-east corner of South Australia.

We have service agreements with Keith and District Hospital, local GPs, Country SA Primary Health Network (PHN), Pangula Mannamurna Aboriginal Corporation Inc, the South East Junction and other community-based groups and health services throughout our region and in neighbouring Western Victoria.

We employ over 1400 people, with more than 46% percent employed in the nursing/midwifery professions and 1.2% identifying as Aboriginal and Torres Strait Islander. We are also supported by a team of approximately 600 hardworking volunteers.

Our health network is led by the Chief Executive Officer and supported by a team of executive staff across the region.

Our Governing Board is responsible for the overall governance and oversight of local service delivery, including governance of performance and budget achievement, clinical governance, safety and quality, risk management, and development of the LCLHN's engagement strategies.

Who is a clinician?

A clinician is any LCLHN employee, or contracted health professional, who participates in providing clinical care to patients. This includes all clinical professionals, and other clinically trained staff not involved in direct patient care. It includes clinicians at all levels or stages of their careers. This can be a professional medical practitioner, nurse, allied health practitioner and other health practitioner employed within the LCLHN, or who work collaboratively with the LCLHN.

Who are staff?

Staff are any non-clinical LCLHN employee. This can include management, administrative staff, corporate services staff, ancillary staff (e.g. kitchen, patient services, cleaners, maintenance), and direct care attendants. We also value and acknowledge the contribution of volunteers who support our staff and consumers. For the purpose of this strategy, where we acknowledge staff this includes our volunteers.

Who are external clinical stakeholders?

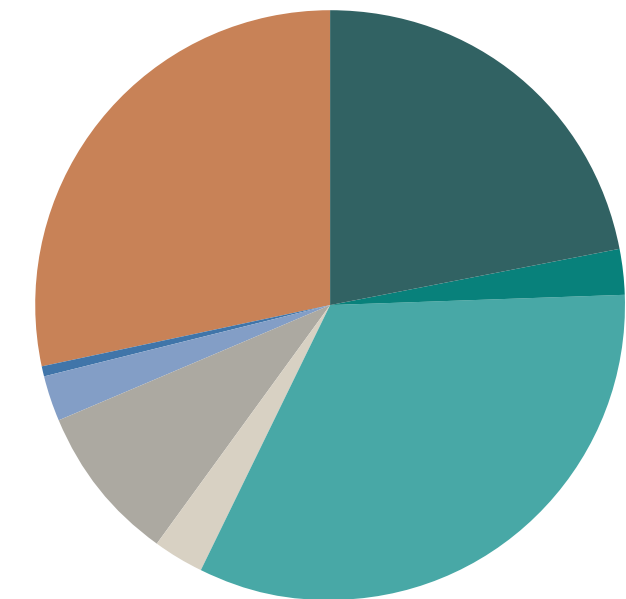
External clinical stakeholders are clinicians who have a stake in the quality of the services, teaching and research within the LCLHN. These include General Practitioners, universities, the South Australian Health and Medical Research Institute (SAHMRI) and the Chronic Disease Consortium, private dentists and medical practitioners, students, and private allied health providers/services.

What is clinician and staff engagement?

Clinician and staff engagement is the way in which clinicians and staff are involved in the planning, design, service improvement, and evaluation of health services. Clinicians and staff who understand and contribute to the strategic and operational goals of the LCLHN will enhance the safety of care provided to patients, ensure better health outcomes, and increase the quality of services provided to the community.

Our Clinician and Staff Profile*

Role Type

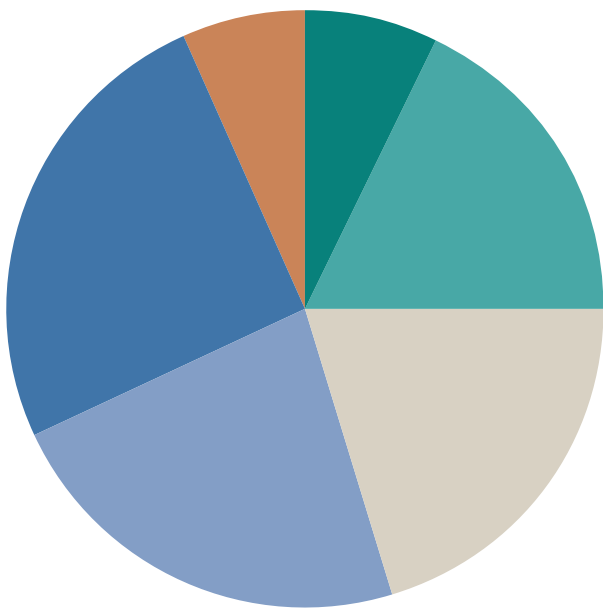


- Health Ancillary** (470)
- Medical (52)
- Nursing/Midwifery (701)
- Allied Health Professionals (60)
- Administration/Managers (184)
- Operational Services (40)
- Other (12)
- Volunteers (>600)

* Data current at end Q3 2021

** Health Ancillary staff include categories such as kitchen, patient services, cleaners and maintenance

Age Profile



- <25 (130)
- 26 - 34 (272)
- 35 - 44 (308)
- 45 - 54 (343)
- 57 - 66 (387)
- 67 - 76 (98)

Identify as:

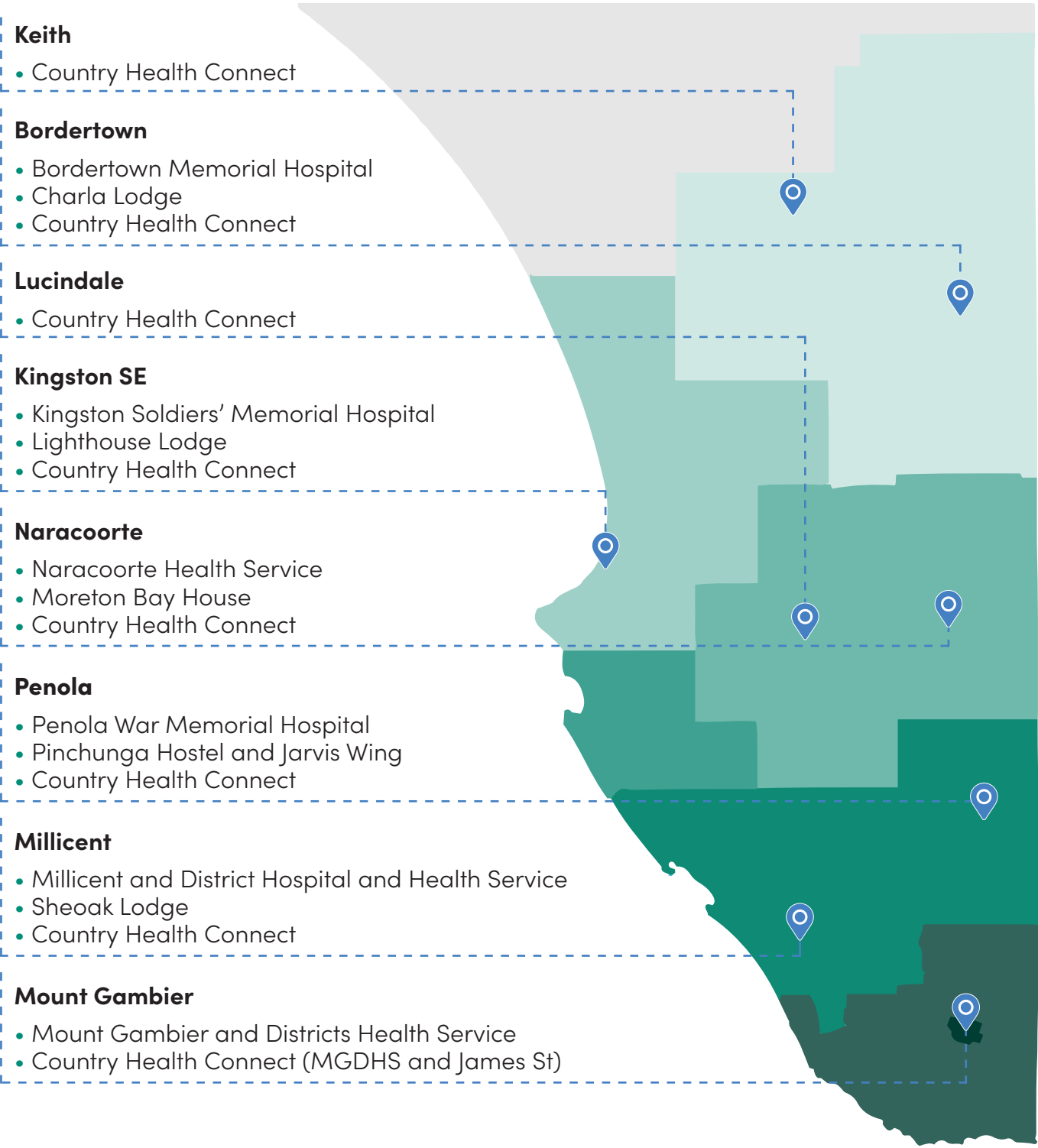


- Female (1380)
- Male (139)



- Not Aboriginal/Torres Strait Islander (999)
- Aboriginal (25)
- Undefined (499)

Our services



Limestone Coast

Population: 67,092

- City of Mount Gambier, population: 27,275
- Grant District Council, population: 8,584
- Wattle Range council, population: 12,041
- District Council of Robe, population: 1,450
- Naracoorte-Lucindale Council, population: 8,555
- District Council of Kingston, population: 2,371
- Tatiara District Council, population: 6,816

Source: Regional Development Australia, 2019

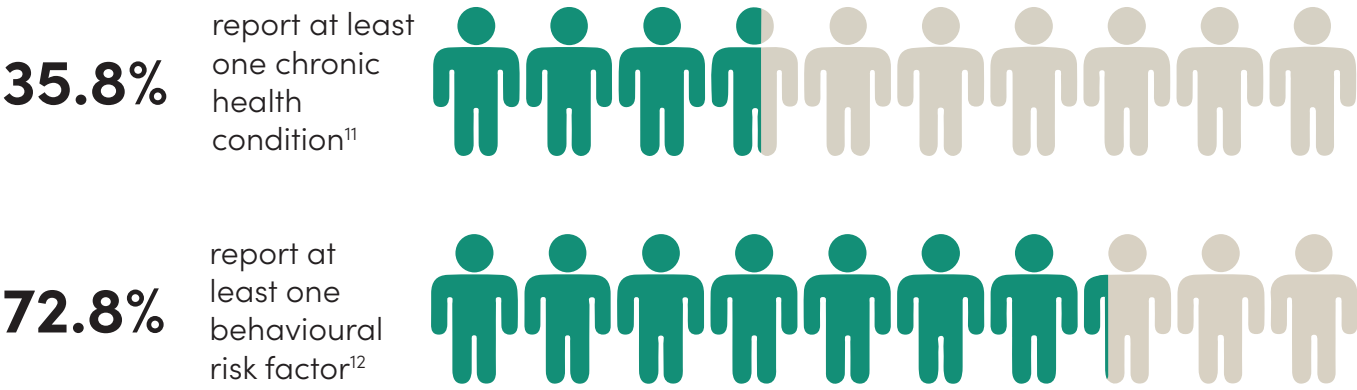
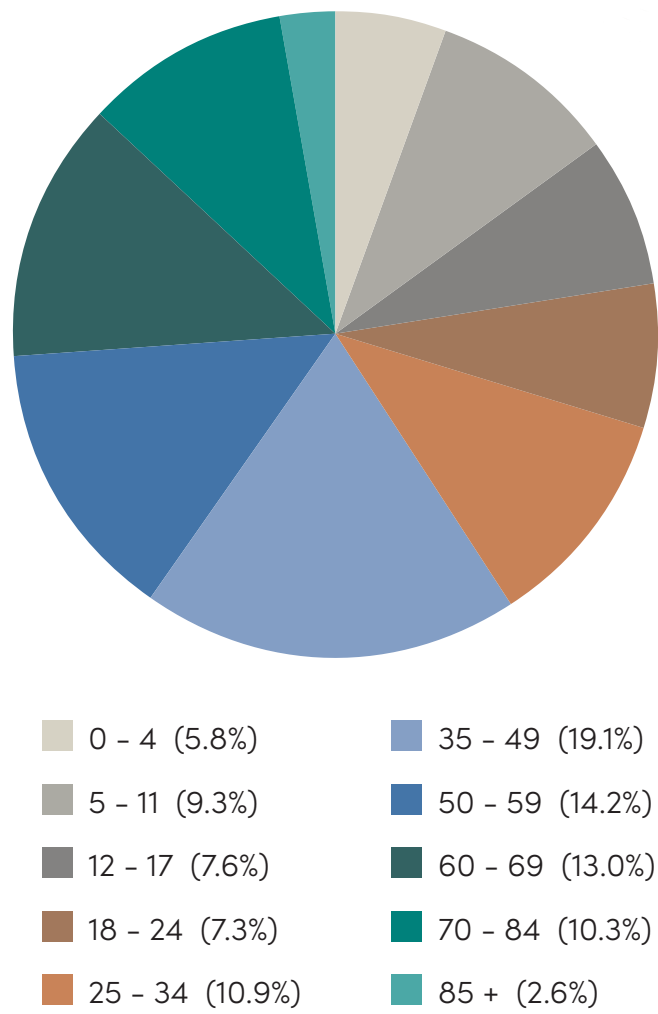
LCLHN 2020-21 snapshot

1519	total staff
600+	volunteers
652	babies born
32,495	emergency presentations
209,380	community health services
8,324	same-day discharges
595	telerehab consultations

Community snapshot

1.9%	of residents identify as Aboriginal and/or Torres Strait Islander ⁴
2.8%	speak a language other than English at home ⁵
1,110	new residents predicted by 2031, an increase of 2 per cent ⁶
29,911	residents employed ⁷
1,641	residents unemployed and looking for work ⁸
6,033	residents providing unpaid care (excluding childcare) ⁹

Community age profile¹⁰



About our Clinician and Staff Engagement Strategy

Through the implementation of this strategy, we seek to build an engagement framework that enables clinicians and staff to participate both formally and informally in decisions affecting them. We also value and acknowledge the contribution of volunteers who support our staff and consumers. Implementation of this strategy will ensure our LHN meets legislative requirements¹³, the National Safety and Quality Health Service (NSQHS) Standards¹⁴, National Disability Standards¹⁵, Aged Care Quality Standards^{16, 17}, and contemporary engagement strategy documents^{18, 19, 20}.

There are several overlapping contexts – described further on the next page – that affect our engagement with clinicians and staff:

- Physical location
- Professions
- Tenure and employment status
- Leadership

This complexity means that there cannot be a one-size-fits-all approach to clinician and staff engagement. All our clinicians and staff bring different skills, experience and lived experience, and in turn have different expectations and opinions about how and when they want to be informed, be involved and have influence. However, reinforcing this strategy is a commitment to challenging the status quo, and improving and strengthening how, why and when we engage with our clinicians and staff.

This document outlines:

- the values that underpin our approach to clinician, staff and volunteer engagement;
- the approach we have undertaken to develop this strategy;
- a summary of our objectives; and,
- how we plan to meet and measure our progress against these objectives.



Physical location

Our services are located in Bordertown, Kingston, Millicent, Mount Gambier, Naracoorte and Penola, with additional Country Health Connect facilities in Keith and Lucindale. Some clinicians and staff work predominately within one health service, some work between health services, and some staff are based in Adelaide and other locations outside the Limestone Coast. Some work in acute services, some in aged care and others in community care.

Professions

Clinicians and staff are employed across a range of professions, disciplines and specialities. Engagement needs to take into account various professional groupings and the importance of inter-professional teamwork.

Tenure and employment status

Clinicians and staff are employed in a range of capacities, including ongoing, temporary, full-time, part-time, sessional and casual. Many do shift work and some work during office hours. Some also have appointments at organisations, including universities and other education providers, other local health networks, private health providers and non-government organisations (NGOs).

Leadership

Our clinicians and staff hold various leadership roles, including team leaders, managers, directors, and executive roles. Some lead professional clinical groups (e.g. nursing, medicine or allied health) and some have leadership roles which transcend the clinical groups to include a combination of clinicians and staff.

Our Approach

The Engagement Strategy Development Working Group (the Working Group) had a staged approach to developing this strategy.

Stage One - information gathering:

An extensive information gathering process was conducted between May and August 2021.


The Working Group sought to hear from as many clinicians and staff as possible to ensure their voices informed the development of this strategy. Invitations were extended to all clinicians and staff to participate in four online World Café consultations, with questions based around the i³ model.

Over 40 clinicians and staff participated in the informal conversations facilitated by Governing Board members in online breakout rooms, providing the Working Group with invaluable information that formed the basis of the strategy's objectives and actions.

Governing Board members visited each LCLHN health service to meet face-to-face with clinicians and staff. Over 200 clinicians and staff met with the Governing Board members, adding to the information gathered in the World Café consultations.

Specific consultation sessions were held with the Medical Heads of Units, Junior Medical Officers and students, General Practitioners, Visiting Medical Specialists and volunteers.

An online survey, which included the same questions used in the World Café consultations and Governing Board visits, was disseminated via email to all clinicians and staff, with five staff preferring to respond via this method.



The current engagement mechanisms available for clinicians and staff were explored (see Appendix), and relevant health legislation, policies, accreditation survey results and standards 1-9 were reviewed and analysed as part of this process.

Stage Two - strategy development:

A draft strategy was developed following several workshops of the Working Group and analysis of information gathered in Stage One.

Stage Three - consultation:

The draft strategy was circulated to members of the LCLHN Executive and the Clinical Advisory Council for feedback. Once feedback was received and integrated, the draft strategy was disseminated to all clinicians and staff to seek their feedback.

Stage Four - integration:

Information gathered during Stage Three was discussed at length by the Working Group and the suggestions for improvement were integrated into the document to strengthen the strategy.

The final Clinician and Staff Engagement Strategy was endorsed by the LCLHN Governing Board on 16 November 2021.

Stage Five - implementation:

The Clinical Advisory Council will lead the development of the Implementation Plan which will begin implementation from January 2022.



Our Engagement Framework

Our strategy to support clinician and staff engagement across the LCLHN consists of two key parts:

- The i³ model
- How we ask you to participate (our values)

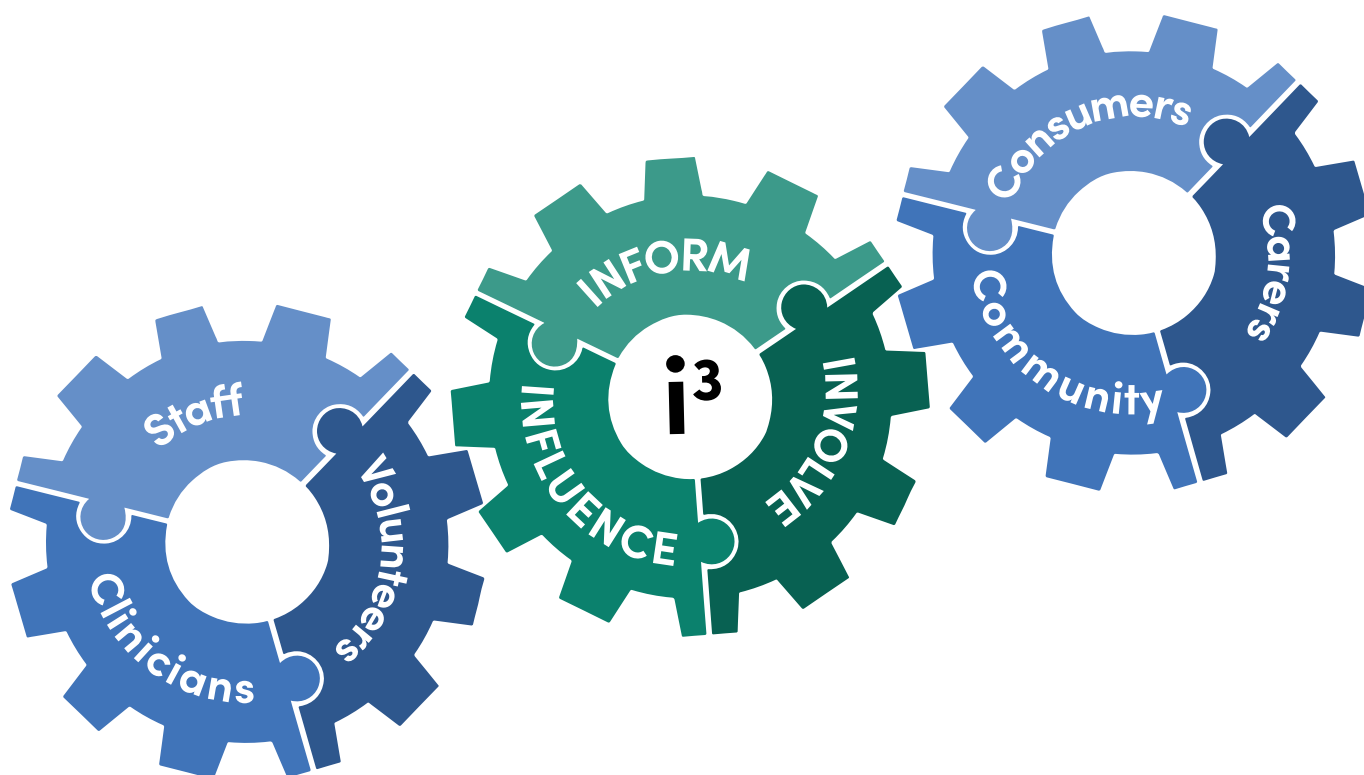
The i³ model

Our i³ model highlights our approach to engagement across the LCLHN. At the centre (the green gear) are the levels of engagement that our stakeholders can expect to experience. These engagement levels have been adapted from the IAP2 Public Participation Spectrum.

Within the LCLHN, we have chosen three key levels – inform, involve and influence. We believe that every consumer, carer and member of the community, and every clinician, staff member and volunteer (the blue gears) will find a way to be informed, be involved or to influence.

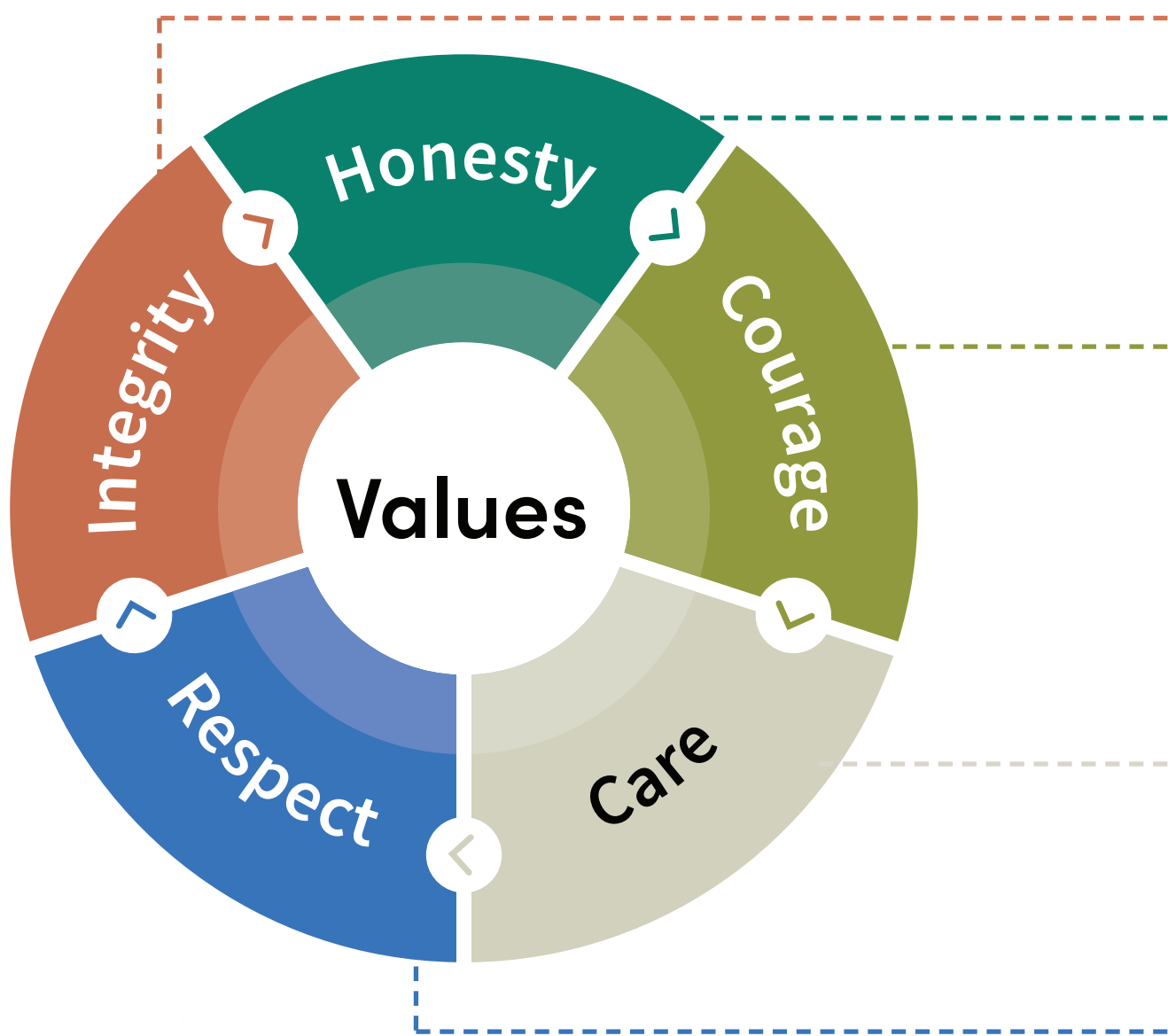
The gears illustrate the connection between individuals or groups and our organisation. The illustration intends to show that engagement is a two-way process: individuals or groups can inform, involve and influence our organisation by engaging with us, and we can inform, involve and influence their lives by meaningfully engaging with them.



The illustration also intends to demonstrate that our Consumer, Carer and Community Engagement Strategy and our Clinician and Staff Engagement Strategy are inherently linked; if one gear is spinning, so are the others.





How we ask you to participate (our values)


Our values will provide the foundation for the way the LCLHN improves and strengthens engagement with our workforce. By ensuring our values remain at the centre of everything we do, we can ensure that the ways in which we engage with each other are meaningful, timely, honest and respectful.




- 
- 
- We know integrity involves not only doing what is right when everyone knows, but also when no one is watching
 - We recognise the importance of our work and display a high standard of professionalism
 - We do what we say and say what we mean

- 
- We engage in open, clear and honest communication
 - We are transparent and truthful in our actions
 - We acknowledge our strengths, limitations and mistakes and learn from these for improvement

- 
- We have the courage to speak up and respectfully challenge others
 - We are committed to being a high performing team that fosters continued progress and growth
 - We show resilience in the face of adversity

- 
- We provide compassionate, appropriate and safe care in a supportive and nurturing environment
 - We partner with consumers, family members and carers to help them make decisions and support them along the care continuum
 - We create a culture of care where staff feel supported and positively engaged in their work

- 
- We seek to understand and value others by putting ourselves in their shoes
 - We listen attentively, communicate openly and act without judgement
 - We recognise and welcome diversity within our community and our staff




Our Objectives

This section outlines how our values will help us achieve our objectives for meaningful engagement with clinicians and staff.

Achieving these objectives will require us to make authentic and genuine attempts to engage, and ensure action is taken with the information and feedback we receive as part of this process. We believe that the tools and mechanisms we describe on the next page will support the LCLHN to have a culture of true engagement.





Our LHN has developed four key engagement objectives:

Objective 1

To ensure that all clinicians and staff have, and are aware of, the formal and informal pathways to be informed, to be involved and to influence the provision of health services in the LCLHN.

Objective 2

Our values will provide the foundation for the way the LCLHN improves and strengthens engagement with our workforce:

- Care
- Courage
- Honesty
- Integrity
- Respect

Objective 3

Clinicians and staff will have the opportunity to be actively involved in decision-making across all relevant levels of health service delivery, including:

- Strategy and planning
- Governance structures
- Innovation
- Service performance and improvement
- Service design
- Workplace and organisational culture
- Public and/or community awareness campaigns

Objective 4

Clinicians and staff will have visibility of engagement activities and the outcome.

Objective 1

To ensure that all clinicians and staff have, and are aware of, the formal and informal pathways to be informed, to be involved and to influence the provision of health services in the LCLHN.

How will we do this?

- Using feedback from our consultation with clinicians and staff, we will develop and implement an organisational communications strategy using various methods and contemporary technology to improve engagement.
- We will map out each working group's reporting lines and highlight the ways they can be informed, involved and are able to influence.
- The Governing Board, Executive and Leadership team will be visible across the LCLHN and commit to engaging with all sites at least once a year, acknowledging feedback and responses received.
- We will encourage clinicians and staff to be involved in governance processes with opportunities for participation in leadership, committee and working group memberships.
- We will plan ways to include innovative ideas, encourage constructive debate, and identify existing challenges and emerging workplace problems.
- We will encourage, educate and support clinicians and staff at all levels and locations to have an active role in shared decision-making processes in their own working groups and across the LHN.
- We will use staff surveys and other innovative tools to measure and review engagement across the LHN.
- Improved two-way communications will reassure all clinicians and staff that they can make a difference and influence decision-making in the LHN.

How will we know we are meeting our objectives?

- Increasing numbers of clinicians and staff will engage with us, and provide feedback that they are well informed, have an opportunity to be actively involved, and can influence decision-making across the LHN.
- Our Governing Board and Executive members will have increased insight into the complex and varying needs of our clinicians and staff.

Objective 2

Our values will provide the foundation for the way the LCLHN improves and strengthens engagement with our workforce:

- **Care**
- **Courage**
- **Honesty**
- **Integrity**
- **Respect**

How will we do this?

- We will publish and promote the LCLHN values, purpose, vision and Strategic Plan to strengthen and support the way we engage with clinicians and staff.
- Implementation of the Strategic Plan will be guided by our organisational values to strengthen and improve the way we communicate with clinicians and staff.
- We will ensure the diverse voices of our clinicians and staff are integrated in all levels of governance and they will have an active role in decision-making across the LHN.
- We will acknowledge clinician and staff input into our engagement process and identify various opportunities for clinicians and staff to assist with the successful implementation of this strategy.
- Governing Board briefing notes will include a section to identify the engagement processes that are occurring within the LHN and the clinician and staff initiatives that have been put forward.

How will we know we are meeting our objectives?

- Clinicians and staff will understand the importance of meaningful engagement and demonstrating these values in their practice will be the norm.
- Our Governing Board and Executive will have increased insight into the complex workforce needs across the LHN.

Objective 3

Clinicians and staff will have the opportunity to be actively involved in decision-making across all relevant levels of health service delivery, including:

- **Strategy and planning**
- **Governance structures**
- **Innovation**
- **Service performance and improvement**
- **Service design**
- **Workplace and organisational culture**
- **Public and/or community awareness campaigns**

How will we do this?

- Clear and concise information will be made available to enable informed, collaborative and sustainable decision-making processes.
- We will provide clinicians and staff ongoing information regarding relevant LCLHN news and initiatives in accessible and engaging formats.
- We will review LCLHN committee structures, their relevance and effectiveness, compliance with standards and membership to ensure that broad representation is achieved, and these committees are purposeful and outcome-focused.
- We will promote, encourage and support engagement with clinicians and staff as the norm in decision-making processes across the region.
- Each site will explore how their volunteers wish to engage.
- We will identify, recognise and celebrate effective engagement-based projects.
- Governing Board members will make themselves available and be approachable during consultation opportunities regarding strategic matters and direction.

How will we know we are meeting our objectives?

- More clinicians and staff will participate in engagement opportunities

- Diverse groups of clinicians and staff will be represented in engagement opportunities.
- We will report regularly on clinician and staff involvement in decision-making processes.
- Clinicians and staff will be able to recognise how their feedback contributes to decision-making in relation to best practice health service delivery.
- Each site will have explored preferred ways to engage their volunteers and will have responded to their preferences.

Objective 4

Clinicians and staff will have visibility of engagement activities and the outcome.

How will we do this?

- We will make available a summary of the key issues discussed and decisions made in each formal engagement activity with clinicians and staff.
- When engaging informally, we will facilitate opportunities for our workforce to share ideas with those colleagues who represent them at meetings, committees and/or working groups.
- Our LHN will have engaged leaders who will work directly with clinicians and staff throughout decision-making processes to ensure that their concerns and aspirations are consistently understood and considered.
- The capacity, awareness and opportunity for clinicians and staff to engage will be strengthened.
- We will use staff surveys and innovative tools to measure and review engagement across the LHN.
- This strategy and its implementation will be reviewed on a quarterly basis by the Engagement Strategy Oversight Committee. Any improvements will be influenced by the success of our engagement with clinicians and staff.

How will we know we are meeting our objectives?

- Clinicians and staff across the LCLHN will describe their experience of engagement as being transparent and worthwhile.
- Clinicians and staff will have experienced decision-making as a shared process with much to be considered before an outcome can be achieved.

Accountability and Responsibility

The Governing Board is accountable for the development and endorsement of this Strategy. The Engagement Strategy Oversight Committee is accountable for the ongoing monitoring of the strategy implementation and the provision of relevant reports.

Strategy implementation will be supported by the CEO in collaboration with the Executive Director of Medical Services, Executive Director of Nursing and Midwifery, Executive Director of Community and Allied Health, and Director of People and Culture. The Clinical Advisory Council is responsible for the development of the Implementation Plan, and the subsequent actions and evaluation.

The LCLHN will create opportunities for engagement with external stakeholders (e.g. providers of primary health care services, SA Ambulance Service, Aboriginal services, culturally and linguistically diverse (CALD) services, universities, private practitioners, non-government organisations and other LHNs) for the purpose of improving working relationships and health services across the network.

Evaluation and Reporting

Evaluation of these objectives will be conducted by the Clinical Advisory Council during the implementation process and life of the strategy (until the end of December 2024). The Implementation Plan will include the scheduling of what is to be done, by whom and when.

A sub-committee of the Governing Board, the Engagement Strategy Oversight Committee, will monitor, critique, and report on the implementation and evaluation of the strategy by reporting to the Governing Board every four months. This information will be publicly reported through the Governing Board minutes.

A formal Annual Report will be provided by the Engagement Strategy Oversight Committee to the LCLHN Governing Board for endorsement.

The report will include:

- an evaluation of progress against the objectives and strategy implementation;
- improvements, efficiencies and innovative ideas;
- highlights and emerging issues; and,
- feedback from clinicians and staff

The Governing Board will formally review this strategy every three years and make recommendations for improvement to inform future engagement methods.

References

1. International Association for Public Participation Australasia (2014), [*IAP2 Spectrum of Public Participation*](#), accessed 5 May 2020
2. Regional Development Australia (2019), [*Limestone Coast region Community Profile*](#), accessed 23 March 2020
3. Ibid
4. Australian Bureau of Statistics (2016), [*2016 Census QuickStats Limestone Coast*](#), accessed 23 March 2020
5. Ibid
6. Training and Skills Commission (2018), [*Limestone Coast Regional Profile*](#), accessed 23 March 2020
7. Regional Development Australia (2019), [*Limestone Coast region service age groups*](#), accessed 23 March 2020
8. Regional Development Australia (2019), [*Limestone Coast region Community Profile*](#), accessed 23 March 2020
9. Ibid
10. Ibid
11. SA Health (2019), *Limestone Coast Local Health Network Regional Local Health Network Profile*, accessed January 2020
12. Ibid
13. South Australia Health Care (Engagement Strategies) Variation Regulations 2019, *Health Care Act 2008*, No 166 of 2019 published in Gazette 27.6.2019 p 2360
14. Australian Commission on Safety and Quality in Healthcare, [*National Standards Safety and Quality in Healthcare Standard 1*](#), accessed 1 September 2021
15. NDIS Quality and Safeguards Commission (2019), [*NDIS Quality Standards: Standard 6 Service Management*](#), accessed 1 September 2021
16. Aged Care Quality and Safety Commission, [*Aged Care Quality Standards: Standard 7 Human Resources*](#), accessed 1 September 2021
17. Aged Care Quality and Safety Commission, [*Aged Care Quality Standards: Standard 8 Organisational Governance*](#), accessed 1 September 2021
18. Commonwealth of Australia (2011), *Lead Clinicians Groups: Enhancing Clinical Engagement in Australia's Health System*
19. SA Health (2018), *Strategic Framework for Clinical Engagement Discussion Paper*
20. Townsville Hospital and Health Service (2018), *Clinician Engagement Strategy 2018-2022*

Appendix

Clinician and Staff Engagement Strategy Consultation - Feedback

How do you currently know what is happening in the LHN?

- Bulletins/Executive Updates
- Verbally, word of mouth, informally
- Online – surveys and Facebook/Social Media
- All Staff Forums
- Emails
- Discussions with Managers/Team Leaders
- Notice board, printed information, pigeon holes
- Staff/Team/Committee meetings
- SharePoint/Website
- Clinical Handover
- Meeting minutes

How do you want to be informed?

- Daily huddles/ Staff/departmental meetings/handover
- Weekly CEO/SharePoint update on 'hot topics'
- Social media/social app just for staff
- Closed Facebook/Messenger groups
- Email, key messages (in dot points)
- Tailored messaging – Distribution Lists, SMS messaging
- Meeting with Manager promoting important information
- Interactive (digital) noticeboard
- Newsletters/Printed copies of emails/handover notes/notice boards (no access to emails)
- MS Teams (for important updates) with recordings for missed sessions

- Recommence Regional meetings
- To be informed in advance
- Community updates
- A combination of digital and verbal (face-to-face) communication
- CEO/Exec walk arounds on 'all' sites
- Website
- Computer access in tea rooms
- Monthly bulletin (from EDMS)
- Meet & Greet
- Lunchtime meetings at Clinics (i.e. Hawkins)

How do you currently get involved in what is happening across our LHN?

- All staff communications
- 'Catch ups' with leaders
- All Staff Forums
- Team meetings/huddles, virtually, phone
- Governance Committee and Working Groups
- Consumer involvement
- Emails
- Be part of the process
- Departmental involvement
- Invitations, knowledge of opportunities
- Audits and Quality Improvement (QI)



Endorsed by the LCLHN Governing Board on 16 November 2021

For more information

Limestone Coast Local Health Network

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