Consultation schedule

15 January – 27 February

<table>
<thead>
<tr>
<th>Area</th>
<th>Scheduled</th>
<th>Delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>9</td>
<td>17 (36%)</td>
</tr>
<tr>
<td>NW</td>
<td>11</td>
<td>15 (32%)</td>
</tr>
<tr>
<td>S</td>
<td>18</td>
<td>14 (30%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>38</td>
<td>47 (1 unknown)</td>
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</tbody>
</table>
## Consultations in detail

<table>
<thead>
<tr>
<th>Mode</th>
<th>No.</th>
<th>Attendees</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face to face (verbal/power point)</td>
<td>38 (81%)</td>
<td>RN/Midwives</td>
<td>496 (70%)</td>
</tr>
<tr>
<td>Face to face + VC</td>
<td>2 (4%)</td>
<td>AHP</td>
<td>103 (15%)</td>
</tr>
<tr>
<td>VC</td>
<td>7 (15%)</td>
<td>Doctors</td>
<td>12 (2%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other (non-clinical)</td>
<td>22 (3%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not attributed</td>
<td>72 (10%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>706</strong></td>
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Feedback

- General support for the ideas presented
- Some concerns expressed
Staff feedback

- 64 responses in total
  - 39% responded to questions
  - 61% general comments

- Spectrum
  2-3 line emails to 4-5 page detailed attachments

- Passionate and well-argued
Overall rating

% Responses

Positive 53%

Balanced 25%

Negative 22%
Responses by discipline

% Responses by Discipline

- RN/EN: 47%
- AHP: 28%
- DR: 11%
- Other/unknown: 14%

Department of Health and Human Services
Responses by area

- South: 59%
- North: 11%
- NW: 8%
- Statewide: 11%
- Unknown: 11%
Themes

1. Taskforce credibility
2. Vision and values
3. Valuing people’s experience
4. Safety and quality
5. Leadership
6. New ways of working
1. Credibility

- Nursing and acute sector focus
- Health promotion/prevention?
- Concern re choice of countries visited
  - Why not centres of excellence in Aus?
  - Why not Sweden, Canada or New Zealand?
- Expense
- Ongoing funding
- Discussion Paper - lack of comparison/integration with local environment and initiatives
- Transparency of the process
2. Vision and values

- Generally supported and endorsed
- Some very constructive comments
  - **Vision**: more focused on the end point to be achieved
    gap between it and where we are now
    More inspiring
  - **Values**: need to state the behaviours exhibited when they are played out
  - **Accountability** - how to measure
3. Valuing people’s experiences

- Strongly supported
- Patient centredness crucial
- Valuing staff seen as equally crucial
- What is the clinical governance framework that made the changes in each country?
- Measurements
4. Safety and quality

- General acknowledgement that we can do much more
- Criticism about lack of mention of the Australian agenda and work being done in Tasmania
- Data management - consistent comments highlighting the fragmentation, inaccuracies and duplication in Tasmania
- Measures - MaPaSaF very popular
5. Supporting strong leadership at all levels

• Very strongly supported

• Programs and formal networks - many suggestions including:
  – formal training (PMP good, but needs more)
  – mentoring programs
  – networks
  – communities of practice

• Linked to cultural change
  – top-down realignment

• Strong support for visibility ideas
6. New ways of working

Most contentious areas

• General enthusiasm for ESP models
  – Health Visitor and Community Matron ideas generally supported

• Criticisms of lack of detail/analysis of the models presented

• Funding?
  – Credibility

• Support Workers - many passionate comments
  – AHP comments constructive, also from Q&S commentators.
Summary

• Paper generally well received

• Consultation - great effort

• Feedback generally very positive, but some key areas to consider in the commencement of the strategy