

Leading the Way  
Tasmania's Health Professionals  
Shaping Future Care

# Discussion Paper Feedback

## March 2009



# Consultation schedule

15 January – 27 February

Area	Scheduled	Delivered
N	9	17 (36%)
NW	11	15 (32%)
S	18	14 (30%)
<b>TOTAL</b>	<b>38</b>	<b>47 (1 unknown)</b>

# Consultations in detail

Mode	No.
Face to face (verbal/ power point)	38 (81%)
Face to face + VC	2 (4%)
VC	7 (15%)

Attendees	No.
RN/Midwives	496 (70%)
AHP	103 (15%)
Doctors	12 (2%)
Other (non-clinical)	22 (3%)
Not attributed	72 (10%)
<b>TOTAL</b>	<b>706</b>

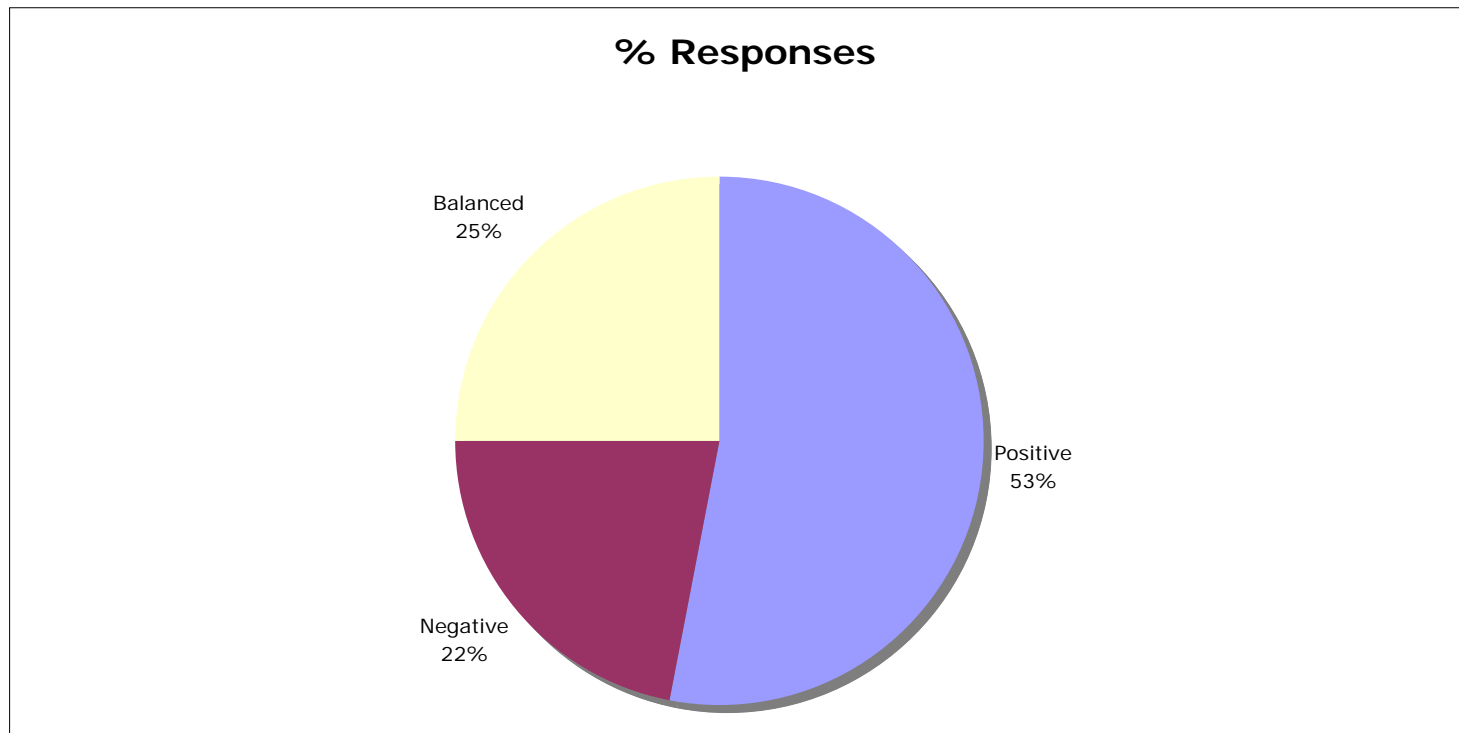
# Feedback

- General support for the ideas presented
- Some concerns expressed

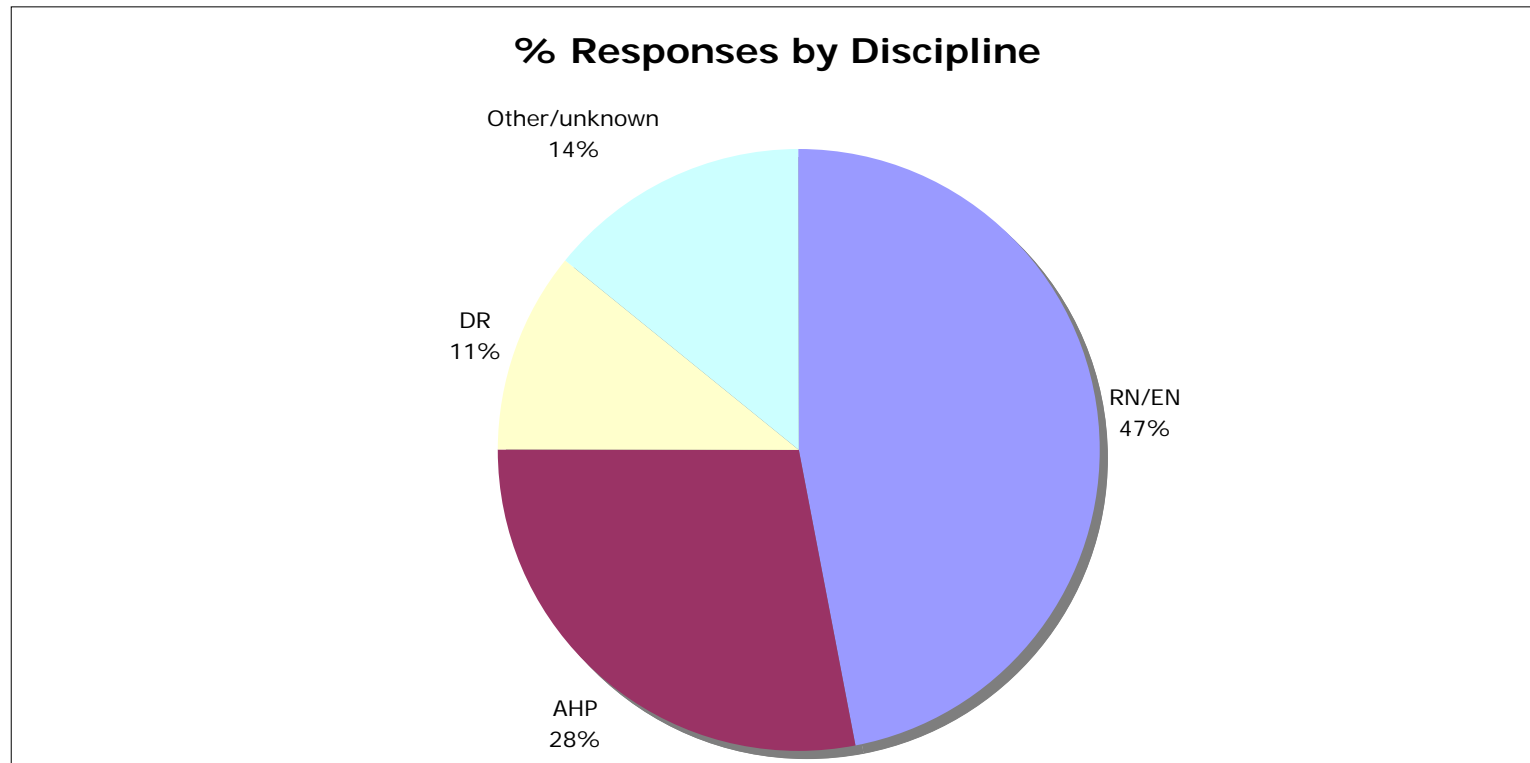
# Staff feedback

- 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

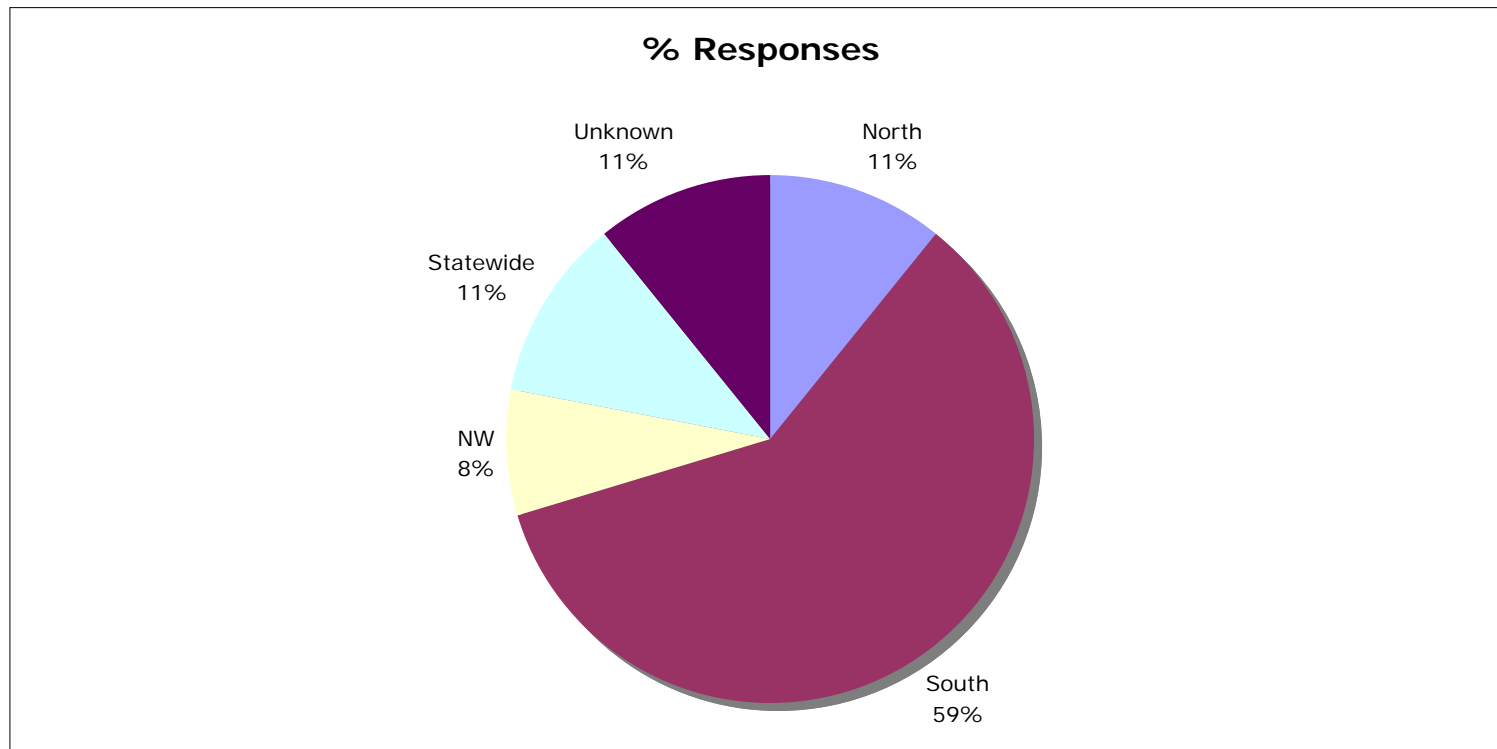
# Overall rating



# Responses by discipline



# Responses by area





# 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