



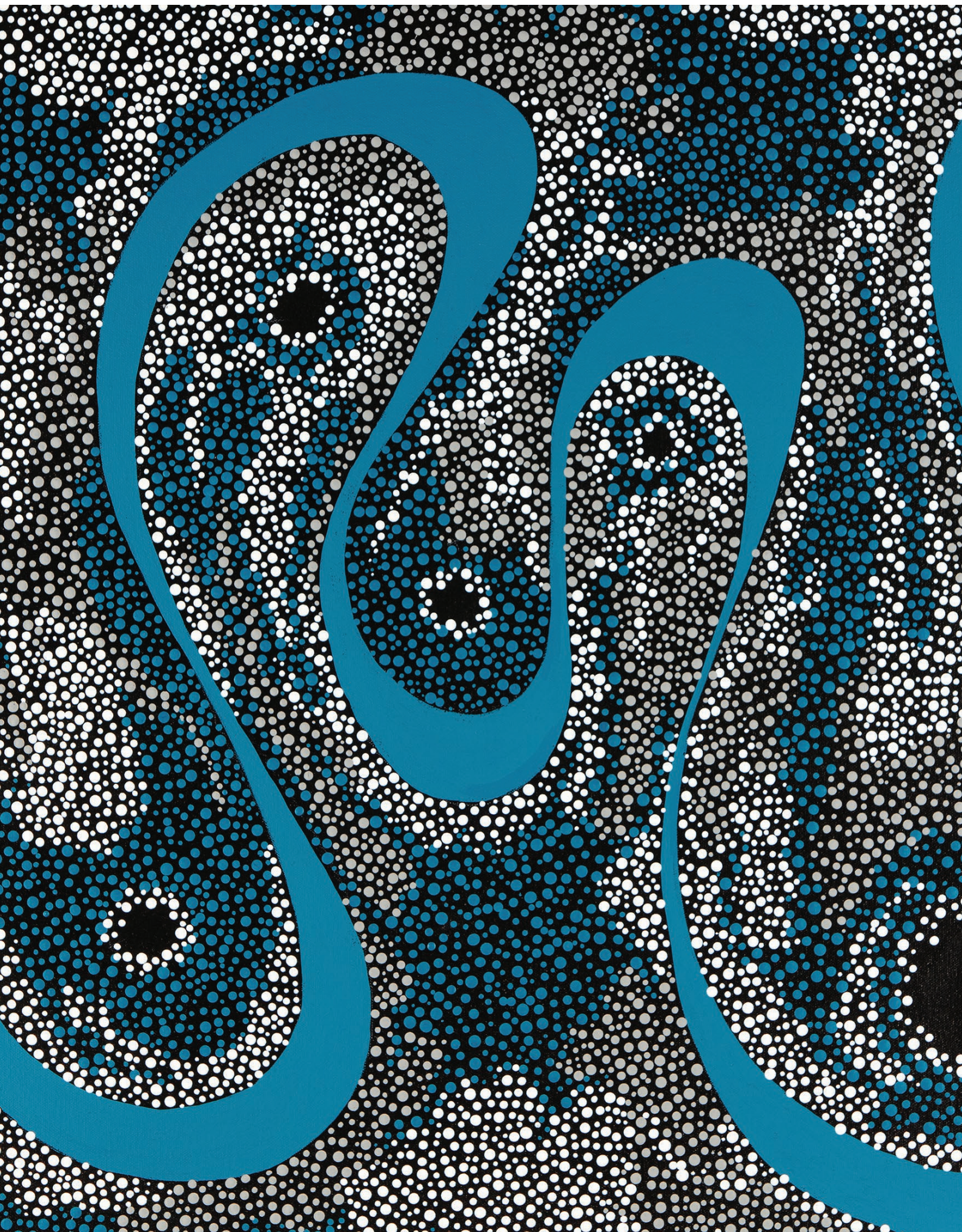
Consumer and Community Engagement Framework

2023-2028



Calvary

| Mater Newcastle



Artwork by Thomas Croft, Barngarla man, 'Caring for Communities'.

Contents

Calvary Mission and Values	2
Spirit of Calvary	3
Introduction	4
The importance of patient experience	5
Calvary Mater Newcastle community profile	6
Purpose and scope of the framework	8
Calvary Mater Newcastle's overarching approach to consumer and community engagement	9
What matters to our consumers – core priorities of the framework	13
▸ All voices matter	15
▸ Human encounters matter	19
▸ Listening matters	23
▸ Wellbeing matters	27
▸ Information matters	31
▸ Being involved matters	35
▸ Systems matter	39
▸ Environment matters	41
Strategic priorities and actions	44
Governance and implementation	50
Monitoring and evaluation	50
Definitions	51
References	52



Acknowledgement of Land and Traditional Owners

Calvary Mater Newcastle acknowledges the Traditional Custodians and Owners of the lands of the Awabakal Nation on which our service operates. We acknowledge that these Custodians have walked upon and cared for these lands for thousands of years.

We acknowledge the continued deep spiritual attachment and relationship of Aboriginal and Torres Strait Islander peoples to this country and commit ourselves to the ongoing journey of Reconciliation.

Aboriginal and Torres Strait Islander people are respectfully advised that this publication may contain the words, names, images and/or descriptions of people who have passed away.

Calvary Mission and Values

Calvary Mater Newcastle is a service of the Calvary group that operates public and private hospitals, retirement communities, and community care services in four states and two territories in Australia.

Our Mission identifies why we exist

We strive to bring the healing ministry of Jesus to those who are sick, dying and in need through 'being for others':

- In the Spirit of Mary standing by her Son on Calvary.
- Through the provision of quality, responsive and compassionate health, community and aged care services based on Gospel values, and
- In celebration of the rich heritage and story of the Sisters of the Little Company of Mary.

Our Vision identifies what we are striving to become

As a Catholic health, community and aged care provider, to excel and be recognised, as a continuing source of healing, hope and nurturing to the people and communities we serve.

Our Values are visible in how we act and treat each other

We are stewards of the rich heritage of care and compassion of the Little Company of Mary.

We are guided by our values:



Hospitality

Demonstrates our response to the desire to be welcomed, to feel wanted and to belong. It is our responsibility to extend hospitality to all who come into contact with our services by promoting connectedness, listening and responding openly.



Healing

Demonstrates our desire to respond to the whole person by caring for their spiritual, psychological, social and physical wellbeing. It is our responsibility to value and consider the whole person, and to promote healing through reconnecting, reconciling and building relationships.



Stewardship

Recognises that as individuals and as a community all we have has been given to us as a gift. It is our responsibility to manage these precious resources effectively for the future. We are responsible for striving for excellence, developing personal talents, material possessions, for our environment and handing on the tradition of the Sisters of the Little Company of Mary.



Respect

Recognises the value and dignity of every person who is associated with our services. It is our responsibility to care for all with whom we come into contact, with justice and compassion no matter what the circumstances, and we are prepared to stand up for what we believe and challenge behaviour that is contrary to our values.

Spirit of Calvary

Being for others

Hospitality
Healing
Stewardship
Respect

Everyone is welcome.

You matter. We care about you.

Your family, those who care for you, and the wider community we serve, matter.

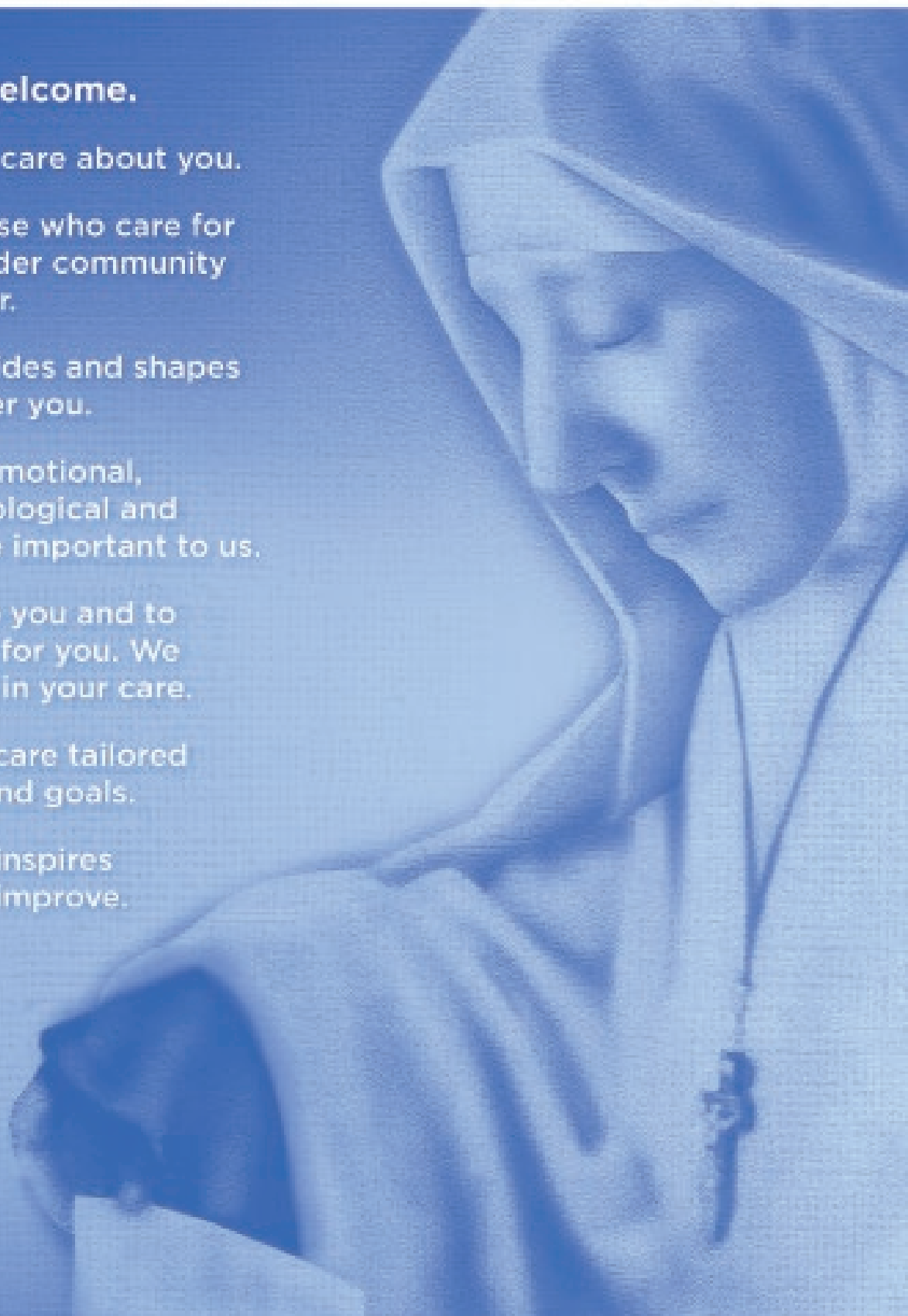
Your dignity guides and shapes the care we offer you.

Your physical, emotional, spiritual, psychological and social needs are important to us.

We will listen to you and to those who care for you. We will involve you in your care.

We will deliver care tailored to your needs and goals.

Your wellbeing inspires us to learn and improve.



Introduction

It gives us great pleasure to introduce the second edition of the Calvary Mater Newcastle Consumer and Community Engagement Framework (2023-2028). Our second Framework builds upon and extends on the work that we have already undertaken in partnership with the diverse communities that we serve.

Calvary Mater Newcastle remains committed to effective and meaningful engagement with our consumers and the community. It is only by involving the people that we serve, providing them with a voice within our hospital and truly listening, that we can genuinely provide safe environments that are responsive to needs, deliver high quality care and reflect the individual and collective diversity of the community who access Calvary Mater Newcastle.

Our second Framework underpins all of the work that we have methodically and meticulously carried out over the past few years in building a robust foundation for our consumer and community engagement. It provides a solid structure which further embeds continuous and meaningful engagement and expands the scope of our engagement activities by providing additional systems and infrastructure, and further builds our workforce’s knowledge and capacity.

Maya Angelou wrote, “There is no greater burden than carrying an untold story.” At Calvary Mater Newcastle we are committed to hearing the untold stories. There is no greater means to connect and better serve by working to discover, hear and then share these stories to learn and in turn deliver outstanding person centred health care.¹

The actions and priorities contained within the Framework are once again driven by the voices of our consumers, community and workforce through their direct input: What matters to you? What can we do better? Whose voices are not being heard?

By asking these questions we have been able to hear and act upon some of the untold stories. These voices have been captured and explored through focus groups, surveys, staff and consumer rounding, one-to-ones and Calvary Mater Newcastle committees. Throughout, members of

the Consumer Advisory Council have provided rich and meaningful observations and feedback which in turn have informed this Framework and its strategic priorities and intent.

The Framework has also taken into account compliments, complaints and surveys. It is aligned and underpinned by the Calvary Mater Newcastle Operational Plan 2022-23, the Translational Research Strategic Plan 2021-2023, Calvary Mater Newcastle Innovate Reconciliation Action Plan (2022-2024), the Health Literacy Action Plan 2019-2024, Wayfinding Audit 2021, and the Calvary Clinical Governance Framework. Other key external documents included NSW Health Elevating the Human Experience Guide, Hunter New England Local Health District (HNELHD) Policy Implementing the Partnering with Consumers Framework, the second edition of the National Safety and Quality Health Service Standards, and the National Clinical Trials Governance Framework.

The content of the Framework is deeply aligned with our Calvary values of Hospitality, Healing, Stewardship and Respect, and it truly embodies the Spirit of Calvary ‘Being for Others.’ The Framework’s strategic priorities, intent and actions, commits us to demonstrating our mission which is informed and directed by the experience of the people that we serve.

We wish to recognise the work of Helen Ellis, Public Affairs and Communication Manager, and Kellie Goldsworthy, Director of Mission Integration, in ensuring that the voices of our consumers have been heard and their voices have become actions. We would also like to recognise Deb Astawa, Public Relations Officer, whose graphic design skills have once again brought this Framework to life!

Finally, we wish to acknowledge the dedication, hard work, and drive of our Community Advisory Council members who always hold the heart and voice of our consumers as central to everything that we do. Throughout every stage of this Framework the members have provided a robust and dependable voice to help guide and make sure the voices of our consumers are always central to the Framework.



Robert Russell
Community Advisory Council Chairperson
Calvary Mater Newcastle



Mark Jeffrey
General Manager
Calvary Mater Newcastle

All voices matter.
Every interaction matters.
You matter.

Jason Wolf, The Beryl Institute



The importance of patient experience

“The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.”

Declaration of Alma-Ata, World Health Organisation, 1978

In 1978 the World Health Organisation (WHO) at the Alma-Ata Conference acknowledged the importance of consumer and community engagement to ensure people’s health needs are met.²

It is now over 45 years since the Declaration of Alma-Ata. The practice of engaging and partnering with consumers and the community in the delivery of health care has not only gained momentum, it has become a central tenant with consumers now participating and collaborating in the planning, design, delivery and evaluation of health care.

Consumers must be involved in decision-making, they are the experts in their own lives, whether it is at a micro/individual level – around their health, treatments and illness management, or at macro/health service level – around policy development, service design, delivery and evaluation.

Evidence clearly shows that the involvement of consumers is more likely to result in services that are more accessible and appropriate for users, thereby meeting their needs.³

Access to health care and participation in decision making that impacts on a person’s health is both an ethical issue and a basic human right for every human being without distinction.⁴

The NSW Health Elevating the Human Experience Guide acknowledges the importance of people’s experience of using health services and, most importantly, the link between a good experience of care and positive health outcomes. Patient experience works upon the premise that it is more than just receiving good quality clinical care. It is the totality of all interactions with a range of staff, that impact on their experience while at the health service. Better patient experiences are an important part of achieving the quadruple aim of health care comprised of improved patient experience, improved staff experience, better clinical outcomes, and more effective and efficient care.⁵

Delivering health care based on partnerships provides many benefits for consumers and the health service organisation and its workforce, including improvements in:⁶

- Exceptional patient experiences
- Health outcomes
- Health literacy resulting in a better understanding of health issues and service
- Sense of wellbeing, empowerment and belonging to the community
- Service delivery ensuring health services are delivered effectively and closely targeted to people’s needs
- Relationship with health consumers, other service and the broader community
- Clinical outcomes including associations with decreased re-admission rates
- Adherence to treatment regimes and decreased rates of health care acquired infections
- Functional status

The extent to which a health care organisation partners with its consumers, depends on the consumer and the level of involvement that they choose. Different types of partnerships and different levels of engagement are needed to ensure the best possible outcomes for all involved. Over the years, a number of studies and a variety of engagement models have been developed in this area. A few of these models will be explored in further detail in the section, ‘Calvary Mater Newcastle’s overarching approach to consumer and community engagement.’

“You cannot buy engagement. You have to build engagement.”

Tara-Nicholle Nelson

“We are human beings, caring for other human beings.”

Jason A Wolf, The Beryl Institute

Calvary Mater Newcastle community profile

"The conditions in which people live and die are, in turn, shaped by political, social and economic forces."

Commission on Social Determinants of Health, 2008

Calvary Mater Newcastle provides a range of public health services to the Hunter, New England and Mid North Coast regions of NSW. It is located in the Hunter New England Local Health District (HNELHD) which covers a large and diverse area covering 131,785 square kilometres and spanning 25 Local Government Areas (LGAs).

The traditional custodians of the HNELHD lands are the: Kamilaroi, Gomilaroi, Geawegal, Bahtabah, Thungutti, Awabakal, Aniawan, Biripi, Worimi, Nganyaywana, Wonnarua, Banbai, Ngoorabul, Bundjalung, Yallaro and Darkinung peoples.⁷

In the 2021 census the HNELHD had a resident population of 942,374 (11.7% of NSW population), including 64,333 Aboriginal and Torres Strait Islander people, which equates to 6.83% of the HNELHD population (the average across NSW Health Districts is 3.4%).⁸

It is the only health district in New South Wales with a major metropolitan centre, Newcastle; a mix of several large regional centres which are as varied as Armidale and Taree; and many smaller rural centres and remote communities within its borders. As a region it continues to experience population growth with the highest projected growth areas from 2016-2041 being Cessnock (41% growth), Maitland (32%) and Newcastle (24%). There are pockets of population decline projected in areas such as Singleton by 0.8% by 2041, and in the Upper Hunter Shire by 11.4%.⁹

The majority of residents within HNELHD were born in Australia, with 169,846 residents being born overseas. The highest proportion of non-English speaking people live in the LGAs of Armidale (14.9%) and Newcastle (14.8%).¹⁰

The top five languages that are spoken other than English in the Newcastle LGA, by population size and in order, are Mandarin, Macedonian, Arabic, Greek, and Italian. The fastest growing languages in the HNELHD are aligned with workforce changes and are Hindi, Bengali, Malayalam, Thai and Tagalog.

The most common languages requiring interpreter services at Calvary Mater Newcastle are Macedonian, Cantonese, Mandarin, Auslan and Arabic.¹¹

Over the past five years, refugees to HNELHD have come from Syria and Iraq (Arabic), Afghanistan (Dari and Pashto), Central Africa countries (Swahili, Burundi) and Tibet (Tibetan). Since borders reopened in August 2021, HNELHD has been receiving between 25-60 arrivals a month.¹²

For the first time, the 2021 National Census included Auslan as a prompt when asking what language was used at home. The 2021 Census showed a total of 16,242 people that were Auslan speakers. With 5.4% of the total number of Auslan speakers identifying as Aboriginal or Torres Strait Islander.¹³

Currently NSW records the highest population of Auslan speaking people. The median age group for Auslan speakers is 30-34, however the largest age group for Auslan identifying speakers is 0-9 years old, making up 38.7% of the emerging population.¹⁴

The HNELHD population is predicted to grow by 19.5% by 2031 to over 1.3 million. In 2021, 21.1% of the population of Newcastle, Lake Macquarie and Port Stephens LGAs were aged 65 years and over, NSW 17.7% and Australia 17.2%. In 2021, 2.8% of the Newcastle, Lake Macquarie and Port Stephens LGAs population were aged 85 years and over, compared with NSW 2.3% and Australia 2.1%.¹⁵

Calvary Mater Newcastle is one of three tertiary health referral hospitals in the HNELHD providing both local district hospital services to those within its catchment area, and tertiary referral services in oncology (medical and radiation), haematology, toxicology and palliative care.

The current external drivers of change operating in this local health district which may have implications for our consumers are:

- The opening of the new Maitland Hospital.
- The ongoing expansion of private oncology services in Maitland, Newcastle and Lake Macquarie.
- Australia is an ageing population and the proportion of people aged 65 years and over has increased from 15.7% in 2016 to 17.2% in 2021. In 2019, the Hunter Valley (excluding Newcastle) in New South Wales had the highest median age (63.0).¹⁶
- Continued changes within NDIS.
- The ongoing impact of COVID-19 on our consumers and workforce.
- The potential opportunities in digitally enabled research and innovation, such as the use of virtual care tools like Telehealth in our future health system, and what it means for both consumers and clinicians.
- The introduction of the Voluntary Assisted Dying Act (NSW) 2022 which will come into effect in NSW in 2023.

Health outcomes for individuals are the result of a complex interaction between biological factors and the social and cultural circumstances which shape people's lives. These operate as both barriers and enablers in health and social and emotional wellbeing.

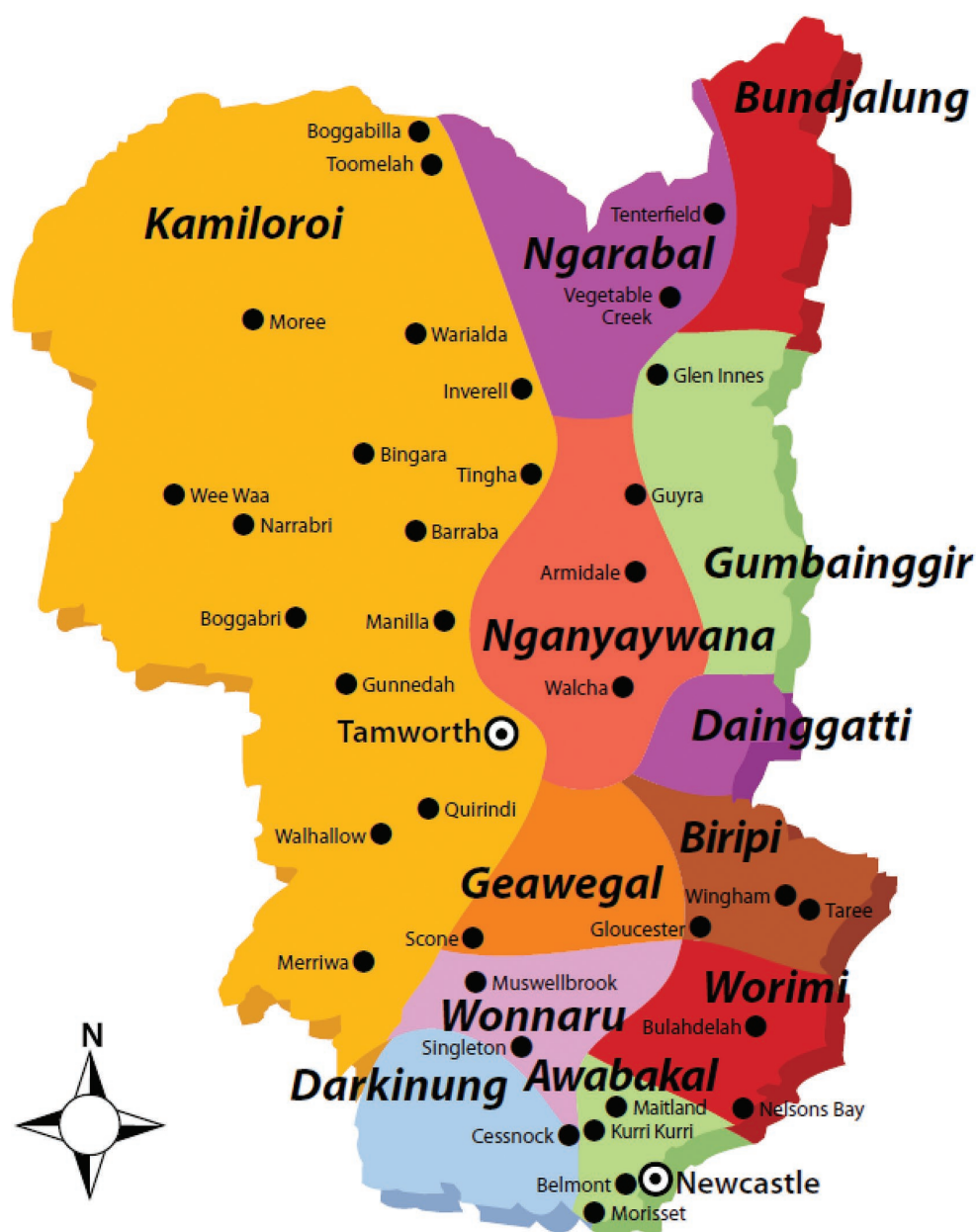
People living in rural and remote areas have less access to health services, travel greater distances to seek medical attention and generally have higher rates of ill health and mortality than people living in larger cities.

The indicators of socio-economic disadvantage or stressors in the HNELHD are higher in nearly all categories than the NSW and Australian averages. This combined with low levels of health literacy is a major challenge in working towards better health outcomes for consumers from vulnerable and disadvantaged communities.¹⁷

Also of concern is the large population of carers in our region with several LGAs close by to Newcastle having between 13-14% identifying as carers, as compared to the NSW average of 11.5%.

The proportion of people with a profound or severe disability across our region is higher than the NSW average of 5.6%, for example Mid Coast (8.7%), Cessnock (7.6%) and Port Stephens (6.8%).¹⁸

Hunter New England Local Health District and Aboriginal Nations map



This map indicates only the general location of larger groupings of people, which may include smaller groups such as clans or dialects or individual languages in a group. The boundaries are not intended to be exact. For more detailed information about the groups of people in a particular region, contact the relevant land councils.

Purpose and scope of the framework



Purpose

- Calvary Mater Newcastle is committed to meaningful and effective engagement with consumers and the community.
- Through this Framework we will outline Calvary Mater Newcastle's approach and its core engagement strategies for the next five years (2023-2028).
- This document builds upon our previous Framework with the view to further embedding and expanding on our consumer engagement activities and governance, while simultaneously helping to improve the experiences of our patients.
- It will enable staff to engage with consumers and the community in how services are planned, developed, delivered and evaluated.
- It will continue to underpin and inform Calvary Mater Newcastle's quality and safety improvement activities, as aligned with the National Safety and Quality Health Service Standards.
- Through furthering our engagement strategies staff will expand their knowledge and have a richer understanding of the application and implementation of consumer and community engagement at Calvary Mater Newcastle.
- Our actions as identified in the Framework will ensure that our services will be more accessible, responsive and tailored to the diverse community of which Calvary Mater Newcastle is part.
- As a result we shall continue to improve our community's health outcomes by providing services that are reflective of every person's individual needs and those of the wider community.
- With the overall aim of improving our patient experience, which will in turn improve our staff experience, which will help drive improved health outcomes for the local population.

Scope

- This Framework guides engagement between Calvary Mater Newcastle, its consumers and community, both locally and the wider health district, who require our tertiary level services.
- The Framework encourages flexible structures and activities that meet the specific needs of each department/service and its consumers/community groups.
- It is a 'living' document designed to evolve and develop with the ongoing growth and development of Calvary Mater Newcastle and its communities.

Calvary Mater Newcastle's overarching approach to consumer and community engagement

Partnering with consumers is about health care organisations, health care providers and policy-makers actively working with people who use the health care system to ensure that health information and services meet people's needs.

There are lots of terms used to describe the concepts that underpin partnerships with consumers, such as patient-centred care, consumer and community engagement, patient participation, patient experience, human experience and consumer enablement.

There is no single approach to partnering with consumers, as there are a range of ways consumers can partner with Calvary Mater Newcastle. However, our overall approach to consumer and community engagement will be guided by:

- Standard 2 of the National Safety and Quality Health Service Standards and the National Clinical Trials Governance Framework¹⁹
- The Beryl Institute Patient Experience Model²⁰
- The NSW Health Human Experience Model²¹
- The IAP2 Spectrum of Public Participation²²
- Co-design²³
- The three key levels of partnerships²⁴
- Calvary Mission and Values²⁵

Standard 2 of the National Safety Quality and Health Service Standards and the National Clinical Trials Governance Framework

The second edition of the National Safety Quality and Health Service (NSQHS) Standards, developed by the Australian Commission on Safety and Quality in Healthcare, was launched in November 2017. Health service organisations have been assessed against the eight standards since January 2019.

Standard 2 Partnering with Consumers, aims to ensure that consumers are partners in the design, delivery and evaluation of health care systems and services, and that patients are given the opportunity to be partners in their own care.

This standard aims to ensure:

- There are systems to help patients, carers and families to be partners in health care design and evaluation
- Consumers are partners in the design and governance of the health service organisation
- The delivery of care is based on partnering with patients
- Patients are able to be partners in their own care
- The organisation communicates with patients in a way that supports effective partnerships

This standard, together with the Clinical Governance Standard, underpins all the other standards. Standard 2 recognises the importance of involving patients in their own care and providing clear communication to patients.

In February 2022 the Australian Commission on Safety and Quality in Healthcare released The National Clinical Trials Governance Framework which builds on the National Model Clinical Governance Framework and the NSQHS Standards.²⁶

The Governance Framework has five components:

- Governance, leadership and culture
- Patient safety and quality improvement systems
- Clinical performance and effectiveness
- Safe environment for the delivery of care
- Partnering with consumers.

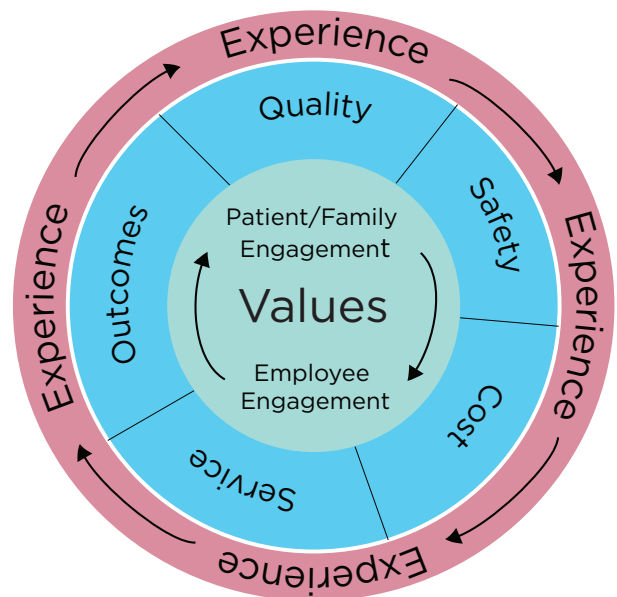
Our Framework helps support Calvary Mater Newcastle's compliance with the NSQHS Standards and the Governance Framework. It builds upon past engagement activities and serves to strengthen and enrich how the hospital engages with its consumers and community throughout all of its services. The purpose of the Framework however is not limited to addressing these standards. It has been developed through listening to our consumers about what matters to them and acting on this information.

The Beryl Institute Patient Experience Model

The Beryl Institute defines patient experience as:

"The sum of all **interactions**, shaped by an organisation's **culture**, that influence patient **perceptions** across the **continuum** of care."

The Beryl Institute's Patient Experience Model recognises that experience is intrinsically linked to the quality, safety, cost, service and outcomes an individual may experience from an organisation. At the centre, it recognises the link between employee engagement and patient/family engagement. Calvary Mater Newcastle has adapted this model by placing values at the heart of the model as it is a person's values that shape the way they behave and engage. A positive patient experience can be directly associated with an employee's behaviour as it reflects the organisation's values.



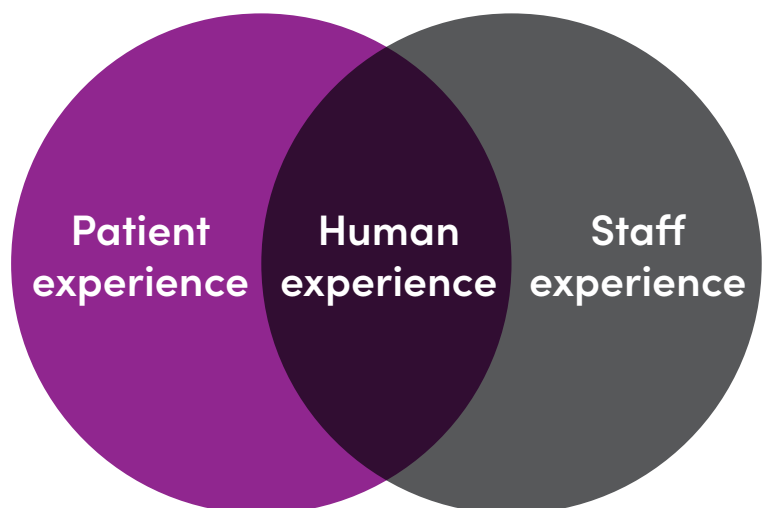
*Adapted from the Beryl Institute
Patient Experience Model*

The NSW Health Human Experience Model

Further work has been carried out in the area of patient experience, with NSW Health Elevating the Human Experience Guide using the term human experience:

"Human experience is not a project, nor is it a single initiative. It is the outcome of the organisational alignment of people, processes and place towards a common goal of providing exceptional experiences for all patients, families, carers and caregivers, from the first touch point to the last."

Intrinsic to this is the quadruple aim of healthcare which is comprised of- improved patient experience, improved staff experience, better clinical outcomes, and more effective and efficient care. Improved staff experience is a key driver of improved patient experience.



The IAP2 Spectrum of Public Participation

The IAP2 Spectrum of Public Participation is widely used by many health organisations when engaging with consumers and the community. The spectrum describes the various levels organisations may wish to engage with consumers, the promise being made to the public at each participation level, and that differing levels of participation are legitimate depending on the goals, time frames, resources and levels of concern in the decision to be made.



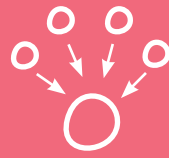
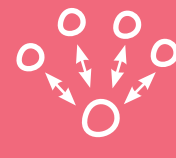
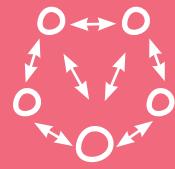
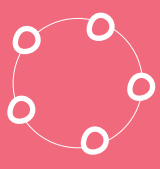
The spectrum outlines five levels of engagement – Inform, Consult, Involve, Collaborate, Empower/Partner – which are on a continuum of an increasing level of consumer engagement.

Our inaugural Framework allowed us to strengthen the way we ‘Inform’, ‘Consult’ and ‘Involve’ our consumers. With

the work of our second Framework we hope to continue to grow and develop our engagement methods allowing us to ‘Collaborate’ and ‘Empower/Partner’ with our consumers on a more frequent basis.

What an individual department or the hospital wants to achieve through engaging with consumers will directly influence the methods and participation levels used.

The spectrum sets out the promise being made at each level of partnership, it is vital as an organisation we keep these promises. Possible tools/methods are also described below but this is not exhaustive.

Increasing impact on the decision 					
	Inform	Consult	Involve	Collaborate	Empower/Partner
					
Goal	To provide the public with balanced and objective information to assist them in understanding the problems, alternatives and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public aspirations and concerns are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the public.
Promise to consumers	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and issues are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for direct advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.
Possible tools/methods	<ul style="list-style-type: none"> • Fact sheets • Leaflets • Hospital tours • Websites • Media releases 	<ul style="list-style-type: none"> • Public comment • Focus groups • Surveys • Public meetings • In-depth interviews 	<ul style="list-style-type: none"> • Workshops/roundtable meetings • Taskforces or working parties • Deliberate polling • In-depth interviews 	<ul style="list-style-type: none"> • Consumer Advisory Council • Consensus-building processes • Participatory decision-making • Networks • Planning groups 	<ul style="list-style-type: none"> • Consumer juries • Ballots • Delegated decisions

Developed by the International Association for Public Participation

Co-design

By continuing to strengthen our consumer engagement activities we will be working towards 'Empower/Partner' on the IAP2 Spectrum. This can be achieved by modelling and promoting methodologies such as Co-design.

Co-design places users, as 'experts' of their experience, who are crucial to the design process. It attempts to actively involve all stakeholders (e.g. consumers, workforce, community organisations, etc) to work together to implement solutions to an issue in the organisation or service that impacts on the consumer experience. The ultimate goal is to create benefits for both parties.

This approach enables a wide range of people to make a creative contribution in the formulation and solution of a problem and goes beyond consultation by building and deepening equal collaboration to resolve a particular challenge. The design process is about finding solutions to address problems, practical innovations that open up possibilities and improvements that enhance people's lives.

The three key levels of partnerships

Effective partnerships are needed at all levels to ensure the best possible outcome for all involved. The three different levels at which partnerships are needed are displayed below:

At the level of the individual	At the level of a service, department or program of care	At the level of the health service (Calvary Mater Newcastle)
<p>Relates to the interaction between clinicians and patients, providing:</p> <ul style="list-style-type: none">care that is respectfulsharing informationworking with patients, carers and families to make decisions and plan caresupporting and encouraging patients in their own care	<p>Relates to the organisation and delivery of care within specific areas involving the participation of patients, carers, families and consumers in the overall design of the service, department or program.</p> <p>This could be as full members of quality improvement and redesign teams, and participating in planning, implementing and evaluating change.</p>	<p>Relates to the involvement of consumers and consumer representatives as full members of key organisational governance committees in areas such as:</p> <ul style="list-style-type: none">patient safetyfacility designquality improvementpatient or family educationethicsresearch

Taken from the Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Care Standards

Calvary Mission and Values

"In the Spirit of Mary on Calvary, our vocation impels us to enter into the sufferings of others, to bring about equality and dignity for all and to collaborate with others to create a world of justice, love and peace."

Constitutions of Sisters of the Little Company of Mary

Our values are visible in how we act and treat each other. Hospitality, Healing, Stewardship and Respect, guide and inform all our interactions and relationships. They are evident in patient stories either in their presence or in their absence.

Stories of various patient experiences have been distilled and developed to become the foundation of Calvary's mission effectiveness tool, the Mission Governance Framework (MGF), to which all Calvary services are accountable.

Of the 10 focus areas that make up the MGF, four in particular inform this Framework: community engagement, preference for the poor and vulnerable, person-centred care, and advocacy for integrated, person-centred health, community and aged care systems.

"The most important test of our authenticity and integrity, is the experience of the people we serve. If the mission is real, people will experience it."

MGF, page 2

What matters to our consumers – core priorities of the framework

For our inaugural Framework a diverse range of conversations with our consumers and workforce allowed us to identify eight priority areas. Following wide consultation and analysis for the second edition of this Framework it was deemed that these priority areas still summarise the key areas that matter to our consumers and workforce. Therefore, new strategic priorities and actions have been placed under these priorities.

Over the next five years we will concentrate our efforts to continue to work with our consumers and workforce to realise the identified priorities and actions.

1. All Voices Matters

To ensure our services reflect, respond to and value our diverse communities

2. Human Encounters Matter

To ensure all interactions between consumers and the workforce encompass and express the Spirit of Calvary, 'Being for Others'

3. Listening Matters

To respect the consumers' voice as the starting point that informs all conversations

4. Wellbeing Matters

To recognise workforce morale affects the patient experience and impacts the motivation of consumers to be engaged

5. Information Matters

To improve consumers' ability to gain access to, understand and use information in ways which promote and maintain good health

6. Being Involved Matters

To encourage our consumers to partner with Calvary Mater Newcastle to ensure the health needs of our diverse community are met

7. Systems Matter

To involve consumers and the workforce as partners in the design and governance of the organisation

8. Environment Matters

To make the hospital environment welcoming and culturally safe for our diverse community

All voices matter

To ensure our services reflect, respond to
and value our diverse communities



All voices matter

To ensure our services reflect, respond to and value our diverse communities

“Disease only treats humans equally when our social orders treat humans equally.”

John Green, The Anthropocene Reviewed

The Spirit of Calvary is that, ‘Everyone is welcome. You matter. We care about you.’ It underpins Calvary Mater Newcastle’s commitment, as an inclusive hospital that we:

- value the integral dignity of each person, regardless of religion, race, gender, cultural background, political opinion, economic condition, social condition or social group
- be attentive to each one’s physical, emotional and spiritual needs
- respect choice
- care for each and every person who seeks our services; and
- care for the whole person

As a local hospital and the major oncology hospital for the Hunter New England Local Health District (HNELHD) one of our most pressing issues is to ensure that we meet the needs of the diverse community that we serve and that we provide an equitable service for all.

Health equity is defined as, “Differences in health that are avoidable and also considered unfair or unjust. Issues of equity can impact on health in a number of ways, including socially or economically disadvantaged groups who experience different prevalence of disease or poorer health outcomes and groups who have

different levels of access to health interventions due to geography, economic barriers or discrimination.”²⁷

Equity in the context of Calvary Mater Newcastle’s Consumer and Community Engagement Framework (2023-2028), means that all the communities that we serve, regardless of their cultural background, where they were born or live, their gender or sexual identity, should have the same opportunity to access our services and the same outcomes.

Equity is different to equality. Equality is giving all groups the exact same resources and support; equity is distributing resources and support based on the needs of specific groups.

Cancer contributes to the largest burden of disease in Australia.²⁸ The cultural determinants of health continue to have a negative impact on the provision of cancer services and in cancer outcomes in NSW. While cancer survival for Aboriginal people continues to improve, there is still a disproportionate gap in cancer outcomes. Closing the Gap in health outcomes for Aboriginal communities is a key priority of our Framework (2023-2028) and our Innovate Reconciliation Action Plan (RAP).

We also acknowledge that there are other communities that are disproportionately affected in the health and cancer arena which includes, but is not limited to: culturally and linguistically diverse communities (CALD), people with a disability, sexuality

“An equitable health system ensures that cultural and linguistic diversity is at the heart of service planning, service delivery and policy development.”

HNECCPHN Health Planning Compass 2016

and gender diverse people (lesbian, gay, bisexual, transgender, queer and intersex people, known as LGBTQI+ communities), older people, people from lower socioeconomic backgrounds, people with a mental health condition and regional, rural and remote communities.

For the purpose of our second Framework we want to build on the work we have undertaken in working in partnership with Aboriginal and Torres Strait Islander communities and CALD communities to provide a culturally safe environment where their health needs will be met. We want to extend our commitment to other diverse communities which will include people with disabilities, and sexuality and gender diverse people (LGBTQI+). Staff and consumer feedback identified these as areas of need, with NSW Health extending its commitment to these areas with inclusion and diversity strategic priorities.²⁹

In the 2021 census the HNELHD had a resident population of 942,374 (11.7% of NSW population), including 64,333 Aboriginal and Torres Strait Islander people, which equates to 6.83% of the HNELHD population (the average across NSW Health Districts is 3.4%).

Aboriginal consumers have representation at the hospital through access to an Aboriginal Hospital Liaison Officer. This vital role ensures that we provide a culturally safe environment and inclusive cultural practices.

The hospital has an active and committed Closing the Gap Collaborative Committee which works in partnership with various Aboriginal community groups, health care workers and provides and works to address the social and cultural determinants of Aboriginal health. We will continue to build on this vital work in this area.

Our Innovate Reconciliation Action Plan has been endorsed by Reconciliation Australia and launched locally. We are committed to working in the four strategic areas of: Relationships, Respect, Opportunities and Governance.³⁰

Our CALD communities are significantly smaller than the population averages of New South Wales or the National population. In the combined Newcastle, Lake Macquarie and Port Stephens LGAs, 16.7% (78,138 people) of the population identified in the 2021 ABS Census as having been born overseas (the majority were born in Britain, New Zealand, India, China) compared to 34.6% across NSW and 33% nationally.³¹

The percentage of the population that identified as speaking a Language Other Than English (LOTE) at home in the Greater Newcastle LGAs was 8.9% (15,913 households) compared to 29.5% households across NSW and 24.8% nationally.³²

Over the past five years, refugees to HNELHD have come from Syria and Iraq (Arabic), Afghanistan (Dari and Pashto), Central Africa countries (Swahili, Burundi) and Tibet (Tibetan). Since borders reopened in August 2021, HNELHD has been receiving between 25-60 arrivals a month.

For the first time, the 2021 National Census included Auslan as a prompt when asking what language was used at home. The 2021 Census showed a total of 16,242 people that were Auslan speakers. With 5.4% of the total number of Auslan speakers identifying as Aboriginal or Torres Strait Islander.³³

We now have a well-established Multicultural Advisory Committee and are working closely with the HNELHD Multicultural Health Service in developing and delivering policies and protocols that reflect our diverse community. We are educating our workforce to further increase culturally safe engagement with these communities. This is a rewarding area of opportunity and growth.

We are also committed to disability inclusion which means that everyone has the same opportunities to receive equitable health care. We are dedicated to ensuring that our service responds to the needs of people with disability and their family/carers. We will evaluate our current environment by working with key stakeholders in disability to provide an inclusive and culturally safe environment where their health care needs are met.

As part of our commitment to disability inclusion, we will strive to:

- Recognise patients with disability and respond to their needs
- Respect the individual's abilities
- Empower the individual and their carer to take part in the planning and management of their care

The Human Rights Commission estimates that approximately 11% of the Australian population identify as LGBTQI+, with more than a third of those hiding their LGBTQI+ identity when accessing services.³⁴ The current data on the health and wellbeing of LGBTQI+ communities has significant gaps which is due to a lack of LGBTQI+ indicators in a range of health and wellbeing sector data sets, for example, the national census, minimum data sets and suicide death data records.

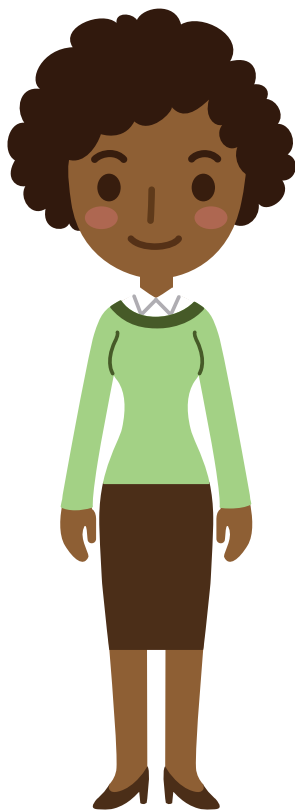
Sexuality and gender identity are not routinely collected, or if it is it's often not conducted in a culturally safe or appropriate way. It may also be skipped by staff who have not been trained on how and why the collection of sexuality and gender identity data is crucial to achieving equitable health

care outcomes for LGBTIQ+ communities. The LGBTIQ+ community is often referred to as invisible due to the lack of specific data collection.

Whilst many LGBTIQ+ people live healthy and happy lives, contributing to their families, local communities, workplaces and society more broadly, an overwhelming amount of research evidence has

“The biggest barriers disabled people face everywhere are attitudes or environments that exclude. It’s not the impairment that disables, it is society.”

CMN consumer



consistently demonstrated that LGBTIQ+ people experience significant health disparities compared to the general population. These poorer health outcomes can be attributed to the chronic stressors that LGBTIQ+ people are uniquely exposed to as a result of their sexuality and gender diversity being socially stigmatised. This includes discrimination, invisibility, social exclusion, harassment and physical violence.³⁵

The Writing Themselves in 4 (NSW) Report found the following:³⁶

- 38.5% of LGBTIQ+ respondents have a disability or long term health condition
- 39.3% had experienced verbal harassment in the last twelve months, 8.2% physical assault and 20.8% sexual assault in the previous 12 months
- 10.5% had experienced homelessness in the past 12 months
- 10.2% had attempted suicide in the previous 12 months and 26.2% in course of their lifetime

The ‘About the Out’ with Cancer Study states that the LGBTIQ+ communities represent an “ignored epidemic” and a “growing and medically underserved population” in cancer care. Building on previous research it suggests LGBTIQ+ communities experience a disproportionate cancer burden, and face unique psychosocial challenges, such as higher rates of cancer related distress and sexual concerns, lower levels of family support, difficulties in accessing general health care or cancer services, gaps in patient provider communication and lower satisfaction with cancer care.³⁷

It is essential that the voices of vulnerable groups are heard for the realisation of improved health outcomes. It is only by working in partnership with LGBTIQ+ communities that we can provide a culturally safe environment. Calvary Mater Newcastle has partnered with Pride in Health + Wellbeing so that we can begin our journey in this area.

“Your family, those who care for you, and the wider community we serve, matter.”

Spirit of Calvary ‘Being for Others’

Human encounters matter

To ensure all interactions between consumers and the workforce encompass and express the Spirit of Calvary, 'Being for Others'



Human encounters matter

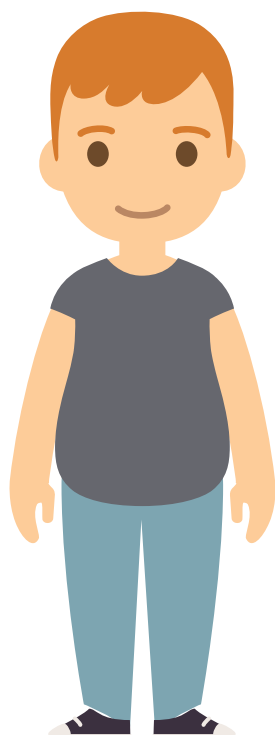
To ensure all interactions between consumers and the workforce encompass and express the Spirit of Calvary, 'Being for Others'

"The greatest moment of impact may be in the smallest of encounters."

Jason Wolf, The Beryl Institute

"I appreciate people updating me and letting me know what's happening, even if it's explaining a wait."

CMN consumer



Our Calvary values, Hospitality, Healing, Stewardship and Respect, underpin the relationships between the workforce and our consumers. These values should be evident in everything we do.

All the evidence gathered from our consumer engagement, which has included rounding, consultation, surveys, and feedback including complaints, has clearly articulated the centrality of our value of Hospitality. This value is based on the desire to be welcomed, to feel wanted and to belong. Whilst technology continues to evolve, the need and want from our consumers is to have human contact - to be seen and heard.

The significance of the initial contact with the organisation through its workforce cannot and should not be underestimated. It is important to consumers that staff are easily identifiable and accessible. We want to encourage a culture that demonstrates our mission and values in action by simple but meaningful gestures as consumer's value being greeted and acknowledged and their concerns respected.

"Introductions are about making a human connection between one human being who is suffering and vulnerable, and another human being who wishes to help. They begin therapeutic relationships and can instantly build trust in difficult circumstances."³⁸

A good patient experience is about the totality of all interactions, interactions with non-clinical staff have as meaningful an impact as interactions with clinicians. Clear, respectful and compassionate human centered care is needed throughout the entire patient journey.


We are aware that hospitals can be daunting environments, especially when many people are at their most vulnerable. We need to be conscious of keeping our patients up to date throughout their care journey, including the importance of Hospitality, especially when long waits apply. The difference refreshments and timely communication can make on the patient experience needs to be highlighted.

We are conscious of the role our volunteers play in improving the patient experience. The positive impact volunteers have on our health service cannot be underestimated. We need to embrace the contribution that our volunteers make to our service and build upon our existing volunteer service.

To expand this service we need to actively recruit volunteers from diverse backgrounds and from under represented cohorts that embodies the diversity of local community.


We want to ensure that our consumers feel welcomed and orientated through a more intentional concierge service. They can provide the human contact on arrival for those seeking care, their visitors, and the wider community, all of whom pour through our doors daily. Hospitals can be unfamiliar and intimidating environments. A human link assisting in deciphering directions, locating services and personnel, accessing facilities, can help ensure a positive patient experience, which is the 'sum of all interactions'.

The simplest of interactions can have a profound effect on a vulnerable person. Our interactions reflect and are shaped by the culture we create and the systems we build and sustain.



"The staff member was very informative, she brought us tissues, cups of tea, sandwiches and generally was very compassionate and understanding. She made us feel like human beings, not just a 'number'."

CMN consumer



"Staff name badges and introductions are really important. I have so many people treating me. I need to know who they are."

CMN consumer

"Everyone is welcome. You Matter. We care about you."

Spirit of Calvary 'Being for Others'

Listening matters

To respect the consumers' voice as the starting point that informs all conversations



Listening matters

To respect the consumers' voice as the starting point that informs all conversations

“Experience is designed to fit your organisation and the people in your care. No one provider, no one vendor, no one organisation holds the ultimate answer to the experience riddle. The greatest successes, are those organisations willing to pull from the best of all they can, across all the information available, to meet their unique needs. That will take you the farthest down the path to experience success.”³⁹

Consumers tell us what matters to them is that they are listened to and that their voice is heard. In a setting where there is constant screening and assessment, time limited appointments, shorter lengths of stay, results to be communicated, care plans developed, and discharge plans to be put in place, most interactions are initiated and determined by the needs of the health practitioner/s. There is an inherent power imbalance between those delivering the care and those receiving the care which means that many consumers feel intimidated in hospital settings and defer to the health practitioner in decision making. There is a shift occurring in this arena as consumers find their voice and have greater access to more sources of information.

For the consumer their power lies in their experience and self-knowledge, consumers are experts in their own lives. They are the only ones able to contextualise their health needs within their lives. Health practitioners need to understand and value this in their conversations with consumers.

Consumers need those whose help they seek to hear their concerns and worries, the impact this episode of ill-health is having on them and those they care about. What matters to them and their goals of care need to be listened to and understood. Consumers feel most comfortable when health practitioners engage with them conversationally and informally to assess their needs and expectations. When this occurs a strong foundation is laid for truly collaborative decision making.

Failures in communications are the most common primary cause of errors and adverse events in health care⁴⁰, as well as a significant factor in complaints and a poor patient experience. By providing the right information, to the right people, at the right time, it can make patients, their carers, and family members,

feel empowered and informed. Listening to the patient and tailoring communication to their needs, preferences and capabilities, allows them to make informed decisions, navigate the system and manage and share in their care.⁴¹ We need to improve upon the way we engage in focused active listening with our consumers throughout their journey of care.

We also note that efforts are appreciated when conversations of a serious or complex nature are held privately. As an organisation, Calvary Mater Newcastle needs to find ways to do this more intentionally particularly in busy clinical units. It is a common theme in feedback provided by our consumers.

Of particular note is the large proportion of carers in the LGA of Newcastle, including those caring for people with disabilities. Their reported lack of recognition and insufficient respite support, challenges us to be attentive to their role as advocates and their need to be included and heard in conversations about those in their care. We want to develop a Carers Action Plan that recognises the multifactorial nature of the carer role and drives better communication at key moments that matter in the patient journey with regards to inclusion of carers/family members in all levels of decision making.

“There are times when I really need my partner to attend appointments with me. Sometimes I need a second set of ears, eyes and a mouth when mine don’t work because the information is just too much.”

CMN consumer

“Include me in my care. It is my care and so I must be part of it.”

CMN consumer

“Every morning I found myself getting anxious because I didn’t know if today was the day that I would be going home.”

CMN consumer

“I am a real person not a machine. Treat me with dignity and respect. Let me use my voice and when I do please listen.”

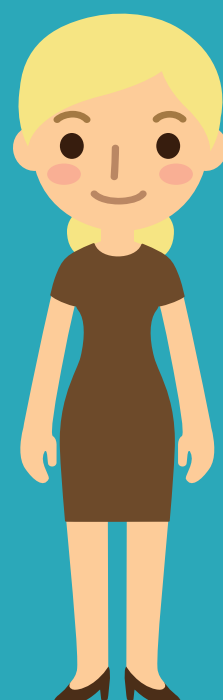
CMN consumer

“We will listen to you and to those who care for you.”

Spirit of Calvary ‘Being for Others’

Wellbeing matters

To recognise workforce morale affects the patient experience and impacts the motivation of consumers to be engaged



Wellbeing matters

To recognise workforce morale affects the patient experience and impacts the motivation of consumers to be engaged

“We must mobilise all groups and leave no one behind as we build a web of kinder and safer health care.”

The Ethos Project St Vincent’s Health Australia

Consumer feedback clearly acknowledges the impact of staff morale, attitude, and their relationships with one another, as having significant impact on the consumer’s sense of comfort, wellbeing and preparedness to ask for what they need and in turn be heard.

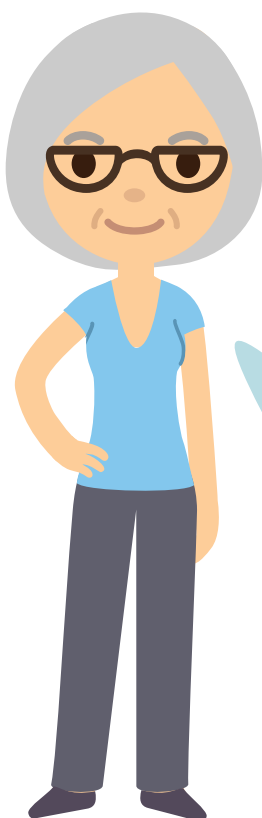
When staff work well together, when there is a warm and respectful working relationship, when they enjoy their work and even approach it with humour, and when they assist one another, consumers feel safe, welcome and more relaxed in engaging with staff in an open and genuine manner.

When consumers experience staff morale and attitudes as negative, an undercurrent of fear and distrust can emerge in the consumer’s relationship with them. Fear of being a nuisance, of their requests being considered insignificant or silly, and the ultimate fear of repercussions.

Morale operates at the individual, group and systems level, and is a barometer of the broader cultural health of an organisation.

“In patient-centred care... considerable attention should also be paid to the experience of the workforce. The organisation is responsible for creating and nurturing their most important asset, their workforce. They need to be valued and treated with the same level of dignity and respect that the organisation expects them to provide to patients and families.”⁴²

The workforce seeks and requires a workplace culture which allows them to feel safe, welcomed and valued.⁴³ As an organisation we need to balance caring for others with caring for ourselves.




“So many staff go above and beyond what is needed. I feel cared for.”

CMN consumer

Our staff typically care deeply about our patients and put patient experiences at the heart of the way they work. However, 'You matter. We care about you' applies equally to our consumers as it does to our workforce. We need to continue to foster a positive workplace culture, deeply entrenched by our mission and values.

Investing in, supporting and listening to our staff is key. The importance of kind, compassionate and well trained leadership is also fundamental to ensure our workforce is valued, respected, engaged, supported and encouraged.

The reward and recognition of our workforce's achievements and performance remains vital in creating a culture where people feel valued. Together with celebrating our kind and generous workforce through initiatives such as Kindness Works Here.



“Staff need to be looked after too. Look after your nurses and employees.”

CMN consumer

“I’ve got a great boss. I’d like to know and feel that the organisation appreciates me and acknowledges/is trying to address the amount of stress all health care workers have been under and continue to face.”

Staff member

“What matters to me as a staff member is working in a caring environment where staff are valued and feel supported.”

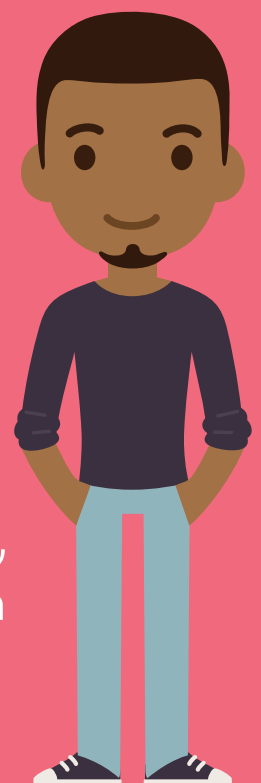
Staff Member

“Your wellbeing inspires us to learn and improve.”

Spirit of Calvary ‘Being for Others’

Information matters

To improve consumers ability to gain access to, understand and use information in ways which promote and maintain good health



Information matters

To improve consumers ability to gain access to, understand and use information in ways which promote and maintain good health

“People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health.”

World Health Organisation 2013

Information is the currency of health care. Who has it? Who needs it? When is it exchanged? How is it conveyed? What impact does it have? Consumers force us to rethink all our assumptions in answering these questions.

At the heart of effective communication in the health setting is an understanding of health literacy. This forms an integral part of Standard 2 Partnering with Consumers which requires us to ensure that consumers are supported to access, understand and appraise, and apply the information they need to participate in a successful partnership with the organisation.

Health literacy can be separated into two parts, individual health literacy and the health literacy environment.

Individual health literacy refers to the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care and take action.

Whereas the health literacy environment is the infrastructure, policies, processes, materials, people and relationships which make up the health system and have an impact on the way in which people access, understand, appraise and apply health related information and services.⁴⁴

In 2019 Calvary Mater Newcastle launched its Health Literacy Action Plan (2019-2024) which is based on the NSW Health Literacy Framework (2019-2024)⁴⁵ with the four key priority areas being: staff, environment, health system, and patient, families and carers. This plan provides a guide to action for Calvary Mater Newcastle. It builds on some of the great work already carried out by staff across the organisation,

and it will help improve the health literacy responsiveness of the hospital, enable consumers to improve their health literacy and enhance staff capability. Continuing to implement this action plan will form a major part of this strategic priority.

As part of our commitment to involve consumers to ensure all communications, verbal, written and visual are of a high standard, accessible and effective we will work with the Clinical Trials Unit to identify parameters and opportunities for greater consumer involvement in the development of publications and fact sheets for this service.

Through our ongoing consumer consultation processes we are aware that we need to continue to build our health literacy capacity for both individuals and the environment, ensuring it is tailored to the diversity inherent in both.

All consumers regardless of health literacy have the right to find their voice to effectively exercise their influence in health care decisions; this is at the core of an effective partnership. As an organisation we will address health literacy needs throughout the partnership spectrum- individual, service and health service level- to allow all our consumers to effectively partner with Calvary Mater Newcastle.

"I find it helpful when people explain things to me simply. I find it really helpful when I am shown things on the computer such as diagrams."

CMN consumer

"If someone looks lost they probably are. Taking the time to stop and ask means so much."

CMN consumer

"I have had experiences when it seemed like people were talking medical gibberish. I couldn't understand them and this was about my care. I found it hard to ask what they meant in case they thought I was stupid."

CMN consumer

"I don't know how to use a mobile, then the appointment reminder came via a text, causing confusion and didn't tell me where the appointment was."

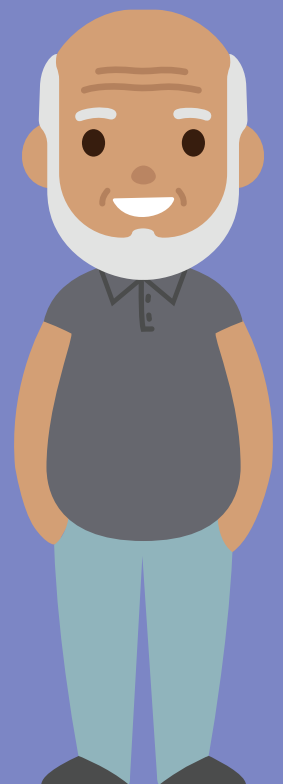
CMN consumer

"Your dignity guides and shapes the care we offer you."

Spirit of Calvary 'Being for Others'

Being involved matters

To encourage our consumers to partner with Calvary Mater Newcastle to ensure the health needs of our diverse community are met



Being involved matters

To encourage our consumers to partner with Calvary Mater Newcastle to ensure the health needs of our diverse community are met

The second edition of the Australian Charter of Healthcare Rights describes the rights that consumers, or someone they care for, can expect when receiving health care. Everyone who works in a health service is responsible for upholding these rights. Now that the second edition of the Charter is available throughout Calvary Mater Newcastle, continuous work needs to be carried out to ensure the workforce has the right skills to provide care that aligns with the Charter, together with education for both the workforce and consumers on what it means to them. We are aware from consumer feedback that for patients, carers and family members, that 'Being Involved Matters' - the Charter encapsulates the very essence of this notion. In order for it to be understood and reflective of our diverse communities, work will be carried out to adapt the Charter.

At a hospital wide level, we are aware of the critical importance of the collection of real time patient experience data. Working with Calvary and the HNELHD we would like to adopt and implement the Calvary National Patient Experience Survey, allowing us to further measure and take action on patient feedback. We are also committed to implementing a Clinical Trial Survey for our Clinical Trial Units to partner with our consumers.

When consumers have a positive experience of care or they feel strongly that change needs to occur in the way we do things, they want to tell us. Their stories consistently inform us and the wider community

about what patients' value, how they have been cared for, what they need and appreciate. They capture the experience and reflect back to us the extent to which they perceive us as living our mission and values.

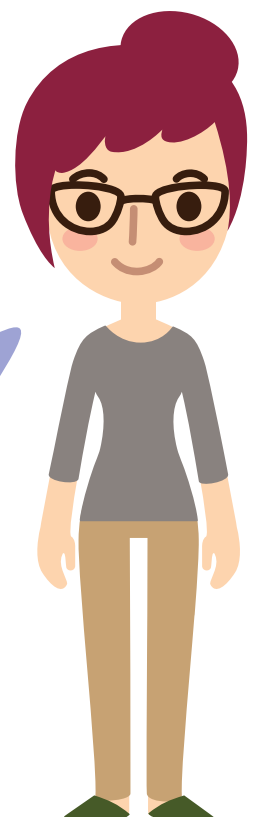
We want to continue to embed the voice of the consumer throughout our hospital, this can only be achieved by encouraging and partnering effectively with our consumers.

Collectively, stories can help build a picture of what it is like as a consumer and how the service could be improved. The narrative of a story is also a powerful learning and training tool to allow clinicians and health care professionals to better understand what is important to a patient, which then contributes to improving the patient experience and the safety and quality of care.

In order for consumer engagement to become a partnership, consumers need: immediate access to the organisation, to be engaged respectfully, to understand the process of engagement and to be kept informed and involved meaningfully throughout decision making processes. Consumers need to feel confident the outcomes will improve or further enhance services.

*"There is a team around me
and I feel like I'm part of it."*


CMN consumer



Following on from the work and achievements of our inaugural Framework, we are committed to:


- Ongoing recruitment for our Consumer Register
- Building and strengthening our partnerships with consumers by closing the feedback circle and empowering them
- Being curious and inviting consumers to share their untold stories
- Acknowledging critical moments when motivation for our consumers to be involved is high
- Seeking, inviting and being receptive to consumer initiatives
- Promote opportunities for staff to embrace consumer engagement
- Make visible our commitment to consumer engagement and the impact of that engagement

These processes must be supported through Calvary Mater Newcastle governance structures which include the Community Advisory Council, whose terms of reference reflect the ever evolving approaches to consumer and community engagement.



“Cancer trials are so important. I have been able to get on a trial. It means that I have lived longer.”

CMN consumer



“I see and feel care and compassion from staff every time I am here.”

CMN consumer

“We will involve you in your care.”

Spirit of Calvary ‘Being for Others’

Systems matter

To involve consumers and the workforce as partners in the design and governance of the organisation



Systems matter

To involve consumers and the workforce as partners in the design and governance of the organisation

"Providing support to consumers engaged with health services significantly contributes to their effectiveness and satisfaction."⁴⁶

Serena Joyner, The WentWest - Health Consumers NSW Consumer Engagement Project

Standard 2 Partnering with Consumers underpins all the other NSQHS Standards. This clear recognition of the fundamental importance of this work guides us in developing systems and structures that once embedded in our practice and governance, ensure true partnership is possible and achieved.

A robust consumer and community engagement culture accepts, values and embraces the views and experience of consumers. Effort and time is required to build knowledge and capacity for this culture to develop, grow and thrive in meaningful and reciprocal ways. We are committed to continuing to find relevant ways to incorporate our consumers experience into the development of our workforce education and training programs, thereby allowing us to embed the voice of the consumer in driving change and educating our workforce.

Supporting a network of consumers across the organisation and providing a means for them to connect, communicate and work together is vital to ensure consumers become true partners. A strong and visible consumer presence will counter perceptions of either tokenism, which can quickly erode consumer confidence and participation, or over reliance on a few which simply burns them out.

Ongoing training and support is vital to achieve this. Both the workforce and consumers need to have access to appropriate training to build capacity and confidence in engaging with one another effectively. As levels of experience and skills grow, different levels of training are required.

Training tailored to meet the needs of both partners can improve the experience and effectiveness of engagement from both the consumer and health service perspective. *"Training consumers to build their capacity to engage is considered best practice."⁴⁷*

Critical to this support is our Community Advisory Council. Through its role as the peak body for consumers for our organisation, built into its terms of reference is the oversight of consumer participation, facilitation and representation.

"We will deliver care tailored to your needs and goals."

Spirit of Calvary 'Being for Others'

Environment matters

To make the hospital environment welcoming and culturally safe for our diverse community



Environment matters

To make the hospital environment welcoming and culturally safe for our diverse community

“By providing a space in which people are safe, comfortable and confident in the care they receive, hospitals and health systems become a positive environment for patients.”

NSW Health Elevating the Human Experience

The impact of the environment of the hospital on the wellbeing and health of our consumers has received extensive academic attention. In one of the earliest studies of the important role of hospitals as healing environments, Ulrich⁴⁸ suggested that stress was a major obstacle to healing and that the wellbeing and recovery of patients was directly related to the physical environment of the hospital and its health care facilities.

The hospital environment includes factors such as space, lighting, use of colour, acoustics, noise levels, smells and the degree of control a consumer has over their environment, can all have an impact on the wellbeing and mood of a consumer and indeed the workforce.

Calvary Mater Newcastle consumers have identified the importance to them and their families of having personal space, a welcoming atmosphere, a supportive and comfortable environment, good physical design, being able to find their way, and access to external areas. When an environment meets the needs of a consumer it can promote health and wellbeing. When consumers have some control over their environment it has been shown to be linked to a person's real or perceived ability to determine their own outcome and make positive choices.⁴⁹

Cultural Safety plays an important role in ensuring the environment for consumers is safe and secure. Cultural Safety refers to:

“Patient care in an environment that is spiritually, socially and emotionally safe, as well as physically safe for people, where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together.”⁵⁰

Cultural Safety is primarily about the consumer experience.

Working in partnership with our consumers Calvary Mater Newcastle will continue to ensure the hospital is an inclusive and welcoming environment for all. Our Wayfinding Audit Action Plan, combined with our Health Literacy Action Plan, will help guide us to enhance the

“The view from my room is like the Ritz.”


CMN consumer



physical environment. Our consumers have highlighted that access to outdoor spaces is important, our work in developing and customising these spaces, and in turn orientating patients and visitors to these areas will continue.

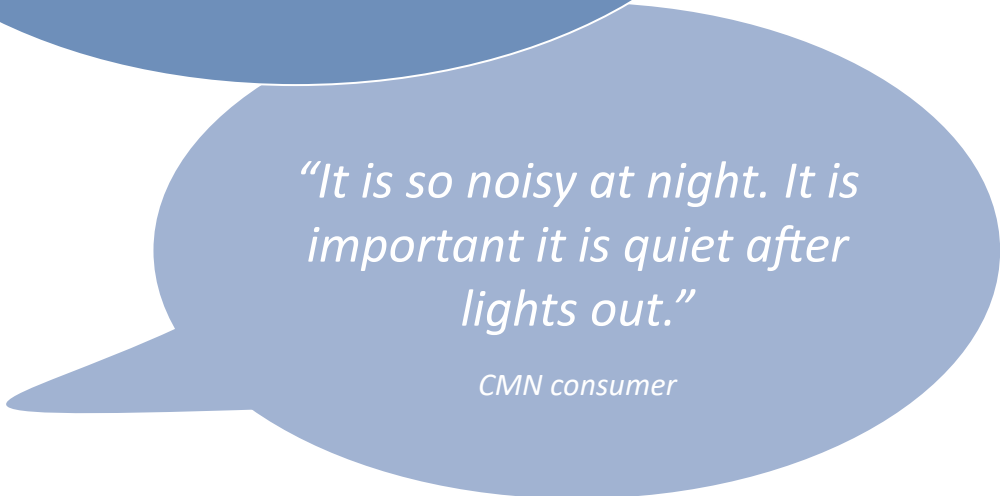
We will continue to encourage and support our workforce in engaging with our consumers and adapting their ward and department environments to help improve the patient experience. It will also be celebrated through our 'You said. We did.' display that helps close the consumer feedback loop.

We will strive to create an environment that celebrates diversity and ensures that everyone is welcome by feeling genuinely welcomed and culturally safe.



"I didn't know about the beautiful gardens. It would have been good to have been told about them."

CMN consumer



"It is so noisy at night. It is important it is quiet after lights out."

CMN consumer

"Your physical, emotional, spiritual, psychological and social needs are important to us."

Spirit of Calvary 'Being for Others'



Strategic priorities and actions



1. All voices matter

To ensure our services reflect, respond to and value our diverse communities

STRATEGIC PRIORITY	ACTIONS
1.1 To work in partnership with Aboriginal and Torres Strait Islander communities to provide a culturally safe environment where their health care needs will be met	<ul style="list-style-type: none"> Implement and action the Innovate Reconciliation Action Plan (RAP) August 2022 - August 2024. To provide a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait people throughout the hospital.
1.2 To work in partnership with Culturally and Linguistically Diverse (CALD) communities to provide a culturally safe environment where their health care needs will be met	<ul style="list-style-type: none"> To further train our workforce on policy, procedures and technologies that improve access to interpreter services. This will be a whole of hospital approach for inpatient, outpatient and clinical trials. Inform and educate the workforce about the diversity of the consumers that live in our community and access our services. Educate the workforce about the specific needs of the Deaf community who receive care in our hospital.
1.3 To work in partnership with key stakeholders in disability, to provide an inclusive and culturally safe environment where their health care needs will be met	<ul style="list-style-type: none"> Appraise the HNELHD Disability Inclusion Action Plan for actions relevant to Calvary Mater Newcastle. Build partnerships with the disability sector to create an inclusive physical and attitudinal environment at Calvary Mater Newcastle.
1.4 To work in partnership with LGBTIQ+ communities to provide an inclusive and culturally safe environment where their health care needs will be met	<ul style="list-style-type: none"> Work in partnership with Pride in Health + Wellbeing, as our subject matter experts, to gain input from services and the LGBTIQ+ community to help inform our practice and provide impetus for ongoing development. Develop a Rainbow Ally / staff working party to help ensure that our work place systems are inclusive for patients and staff. Provide specific education to our workforce on LGBTIQ+, which will increase knowledge and skills to work effectively with this community. Develop a list of LGBTIQ+ inclusive referral networks, service providers and use existing LGBTIQ+ specific resources to enhance the patient experience. Undertake the Health+Wellbeing Equality Index (HEWI) and its staff survey for continuous service improvement in LGBTIQ+ service provision.

2. Human encounters matter

To ensure all interactions between consumers and the workforce encompass and express the Spirit of Calvary, 'Being for Others'



STRATEGIC PRIORITY	ACTIONS
2.1 To provide the human face of the organisation at the consumers' first point of contact	<ul style="list-style-type: none">• Continue to build the volunteer concierge service at the hospital entrances for greeting and assisting in locating people and services.• Provide a volunteer concierge service to orientate new residents of onsite accommodation to the hospital particularly radiation oncology and communal service areas.• Actively recruit volunteers from diverse backgrounds and from under represented cohorts that embodies the diversity of our local community.• Identify volunteer needs and embrace the contribution that volunteers make to the human experience.• Identify and implement strategies which ensures our workforce is identifiable to consumers.• Identify and implement strategies which ensure our workforce is accessible to consumers.

3. Listening matters

To respect the consumers' voice as the starting point that informs all conversations



STRATEGIC PRIORITY	ACTIONS
3.1 To value the importance of the patient experience in determining what's important for them and thereby addressing their needs	<ul style="list-style-type: none">• Develop a Carers Action Plan that recognises the multifactorial nature of the carer role.• Identify and communicate key moments that matter in the patient journey and assess the quality of existing communications in relation to inclusion of family members/carers in all levels of decision making.
3.2 To empower those who may be intimidated by the hospital environment including: socially disadvantaged, people from remote or rural communities, carers, the elderly, shy/quiet people, young adults, LGBTIQ+, and those with mental health concerns	<ul style="list-style-type: none">• Support patients to participate in communications about their care, including through inclusive bedside handovers and the patient care board.• Ensure that patients are active participants in their own care by utilising goals of care and what matters to you.• Identify key opportunities to engage those intimidated by the hospital environment, for example hourly rounding and critical moments of transition such as admission, discharge and transfer.

4. Wellbeing matters

To recognise workforce morale affects the patient experience and impacts the motivation of consumers to be engaged



STRATEGIC PRIORITY	ACTIONS
4.1 To balance caring for others and caring for ourselves	<ul style="list-style-type: none">• Continue to reward and recognise workforce achievements.• Continue to drive hospital based events to increase staff moral and wellbeing.• Continue to provide increased opportunities for staff to access Calvary leadership courses.• Put forward CMN staff to participate in the HNELHD pilot of Schwartz Rounds.• Promote Kindness Works Here and any other relevant initiatives.• Continue to promote our Employee Assistance Program to ensure our employees have access to this pivotal service.• To establish and encourage participation in Human Experience Communities of Practice (CoPs).

5. Information matters

To improve consumers' ability to gain access to, understand and use information in ways which promote and maintain good health



STRATEGIC PRIORITY	ACTIONS
5.1 To improve the health literacy responsiveness of CMN, enable patients to improve their health literacy and enhance staff capability	<ul style="list-style-type: none">• Continue to implement and advance the CMN Health Literacy Action Plan (2019-2024), based on the NSW Health Literacy Framework (2019-2024), as per the four key priority areas.
5.2 Involve consumers to ensure all communications, verbal, written and visual, are of a high standard, accessible and effective	<ul style="list-style-type: none">• Work with the Clinical Trial Units to identify the parameters and opportunities for greater consumer involvement in the development of CMN publications and fact sheets.• Ensure that our methods of information and communication are tailored to the individual patient needs.• Continue to provide information to the local community regarding key hospital achievements including clinical trial successes.• Analyse informed consent audit results and create relevant action plans based on the consumer feedback provided.

6. Being involved matters

To encourage our consumers to partner with Calvary Mater Newcastle to ensure the health needs of our diverse community are met



STRATEGIC PRIORITY	ACTIONS
6.1 To empower patients and their carers to partner with CMN, in all aspects of their care, to the extent that they choose	<ul style="list-style-type: none">• Further promote the Australian Charter of Healthcare Rights to patients and staff.• Undertake regular audits to ascertain if patients are aware of the Charter of Rights.• Adapt the Australian Charter of Healthcare Rights to meet the needs of our diverse communities including First Nations.• Explore the viability of adopting and implementing the Calvary National Patient Experience Survey and its application at CMN.• Implement a Patient Experience Survey for our Clinical Trial patients, which will include three surveys - before the study, during the study and after the study.
6.2 To embed how CMN partners with its consumer representatives	<ul style="list-style-type: none">• To continue to review and enhance the recruitment of consumers to our CMN Consumer Register, including representation on CMN Committees.• Develop a template to invite regular feedback from consumers who have participated in consumer engagement activities.
6.3 To enhance consumers sense of purpose by motivating them to contribute in meaningful ways	<ul style="list-style-type: none">• Enhance the use and translation of patient and carer stories throughout CMN.• Demonstrate and promote how consumer feedback is used and what changes/improvements have been made as a consequence.• Explore ways in which consumers can be involved in workforce recruitment, and embed consumer and community engagement into workforce recruitment processes and templates.



7. Systems matter

To involve consumers and the workforce as partners in the design and governance of the organisation

STRATEGIC PRIORITY	ACTIONS
7.1 To develop training and education opportunities for the workforce	<ul style="list-style-type: none">• Reinforce with the workforce the value of consumers' views and experience in driving change at CMN.• Promote additional workforce training opportunities in the areas of consumer and community engagement, including research.• Work with consumers to incorporate their experience and views into the development of workforce education and training programs.
7.2 To develop training and education opportunities for consumer representatives	<ul style="list-style-type: none">• Continue to implement the mandatory and developmental consumer and community engagement training plan for our consumers.
7.3 To expand the role of the Community Advisory Council in monitoring, improving strategies and reporting consumer engagement activity through CMN's governance structures	<ul style="list-style-type: none">• Ensure our Community Advisory Council is representative of and advocates for the changing diversity of our community.• Assist the facilitation of consumer participation in future strategic planning for research, effectively aligning translational research with community priorities.



8. Environment matters

To make the hospital environment welcoming and culturally safe for our diverse community

STRATEGIC PRIORITY	ACTIONS
8.1 To ensure our environment facilitates a positive consumer experience and supports healing	<ul style="list-style-type: none">• Continue to implement the Wayfinding Audit Action Plan.
8.2 To enhance our environment to make our facility more welcoming	<ul style="list-style-type: none">• Review and improve upon, where practicable, our outside spaces to assist with patient, family, visitor and staff experience and wellbeing.• Publicise and promote outdoor areas available for public use.• Work with departments and wards to enhance their environments and resources, to help elevate the patient experience.• Ensure staff provide orientation to patients about the hospital amenities.• Identify and implement strategies for reducing noise, particularly at night.• Identify and implement strategies to ensure that privacy is paramount during ward rounds and sensitive conversations.

Governance and implementation

The Calvary Mater Newcastle Consumer and Community Engagement Framework (2023-2028) provides an overarching structure to guide and support the hospital's engagement with consumers and the community.

The strategic priorities and actions have been developed into an Implementation Plan approved by the Community Advisory Council and Executive. The plan's implementation is for a period of five years.

Alongside the Director of Mission Integration and Public Affairs and Communication Manager, other committees that are structured under partnering with consumers, will help oversee and coordinate the plan's implementation. Further to this, it is imperative that other committees throughout the hospital are engaged in and across the Framework.

Once again, it is pivotal for a whole of hospital approach in order for the Framework to be fully embedded in our day to day activities.

Department managers will be key to help ensure its implementation, together with reporting core engagement activities, benefits and improvements arising from working in partnership with consumers.

Monitoring and evaluation

The hospital's Community Advisory Council will continue to play an integral role in monitoring, providing advice and feedback, together with evaluating the Consumer and Community Engagement Framework (2023-2028).

The Director of Mission Integration and Public Affairs and Communications Manager will carry on providing quarterly updates to Community Advisory Council members together with a yearly progress report.

In the year 2028 an evaluation of the Framework will take place to assess its effectiveness including its impact, benefits and service improvements resulting from its implementation.

Every person is the
patient experience.
I am the patient
experience.

Jason Wolf, The Beryl Institute



Definitions

Co-design: An approach to design which actively involves people, such as staff, patients, community and other stakeholders, in the design process to help ensure the result meets their needs.

Community: Community refers to groups of people with diverse characteristics who are connected through common location, attitudes, cultures or interests. Individuals can be considered to be members of multiple communities at once. In the health context, it can be used to describe the population of the area serviced by an organisation, a cultural group or a group of people who all experience a particular health condition.⁵¹

Communities of Practice: Groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis.⁵²

Community strength: Community strength is an important indicator of the level of social cohesiveness within a population. This impacts how the community deals with unforeseen events or crises and how they support members of their community in times of need. It additionally impacts how safe people feel in their communities and their acceptance of other cultures.⁵³

Consumer Advisory Council: An advisory council established by a health care organisation which comprises consumers and community organisations including those from diverse and hard-to-reach groups who use the organisation's services. The council provides a structured partnership between consumers and the health service organisation and may provide advice, direction and guidance to the organisation on consumer and community engagement and any other issues identified in its terms of reference.⁵⁴

Consumer engagement: Processes through which consumers and carers actively partner with health organisations in their own health care and in health policy, planning, service delivery and evaluation at all levels of the health system.⁵⁵

Consumer representative: A health consumer representative is a health consumer who has taken up a specific role to advocate on behalf of consumers, with the overall aim of improving health care.

A consumer representative is someone who voices consumer perspectives other than their own and takes part in decision making on behalf of consumers. A health consumer representative may be nominated and supported by and accountable to, a consumer organisation.⁵⁶

Consumers: Consumers are members of the public who use, or are potential users, of health care services. When referring to consumers, we are referring to patients, consumers, families, carers and other support people.⁵⁷

Cultural safety: Cultural safety refers to patient care in an environment that is spiritually, socially and emotionally safe, as well as physically safe for people, where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together.

Health literacy environment: The infrastructure, policies, processes, materials, people and relationships which make up the health system and have an impact on the way in which people access, understand, appraise and apply health-related information and services.

Health service: A publicly funded organisation providing health care. This includes hospitals, rehabilitation centres, aged care services, community health centres and primary care services.⁵⁸

Human Experience: Human experience is not a project, nor is it a single initiative. It is the outcome of the organisational alignment of people, processes and place towards a common goal of providing exceptional experiences for all patients, families, carers and caregivers, from the first touch point to the last.⁵⁹

Individual health literacy: The skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care, and take action.

Partnerships: The process where joint decision making, planning, accountability and responsibility occur between the community and the health service.

Patient experience: The sum of all interactions, shaped by an organisation's culture, that influence patient perceptions across the continuum of care.

Wellbeing: Wellbeing is a complex combination of a person's physical, mental, emotional and social health factors. It is strongly linked to happiness and life satisfaction. It can be described simply as how you feel about yourself and your life.⁶⁰

Wellness: Wellness refers to the state of being in optimal mental and physical health. It includes physical, intellectual, emotional, interpersonal and spiritual wellness. It can also be considered from an ecological viewpoint as something that is dependent on the dynamic relationship between people and the quality of their physical and social environment.⁶¹

Workforce: The people engaged in or available for work. When referring to workforce, we are referring to Calvary Mater Newcastle staff (permanent and casual), volunteers and auxiliary.

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