

Consumer and Community Engagement Strategy

Positioning people and local communities at the centre of health planning, design, delivery and improvement

2018 - 2022



We are committed to meaningful consumer and community engagement so that we can build a resilient, locally responsive and self-determining community that takes ownership of its Hospital and Health Service.

It is our expectation that our consumers and community will be at the centre of health planning, design, delivery and improvement.

Terminology

The definition of engagement includes the terms ‘consumer’, ‘carer’ and ‘community’. There is no single word or name that defines the many individuals who access or may need access to the South West Hospital and Health Service.

Common language used includes consumer, patient, client, participant or community member.

The use of language can enhance or detract from engagement; therefore, language needs to be flexible and relevant to individuals and the context of their interaction.

How each person defines him or herself in their interaction with our Hospital and Health Service will vary according to a range of factors such as age, gender, sexuality, cultural background, health needs and familiarity with the health system. Some consumers may become involved based on an experience they have had, others may represent the interests of a group of consumers or they may represent someone from their support network such as a family member, carer or friend.

For simplicity and consistency in this document, the term “consumer” and “community member” has been used.

Contributors

The South West Hospital and Health Service acknowledges the contribution of our Community Advisory Networks, wider community members, partners and employees who all provided their time and expertise in shaping our future engagement.

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South West Hospital and Health Service *Consumer and Community Engagement Strategy 2018-2022*



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Interpreter Service

The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding this strategy, you can contact us on (07) 4505 1544 and we will arrange an interpreter to effectively communicate the report to you.

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Foreword



Engaging effectively with our consumers and community in a meaningful, accountable, responsive and equitable way is not an obligation, but a necessity.

This strategy acknowledges the complexities and challenges of delivering health care services in a rural environment and the need for active consumer and community engagement.

Our consumers, partners and community are an integral part of the South West HHS team.

Our vision and purpose, not only gives our Hospital and Health Service shape and direction but it inspires, motivates and guides us in everything we do as we provide quality health care to our communities.

Vision: To be a national leader in the delivery of health services to rural and remote communities.

Purpose: To provide safe, effective and sustainable rural and remote health services that people trust and value.

On behalf of the Board, I thank everyone who has contributed to this strategy, and ultimately shaping the future of our Hospital and Health Service.

Mr Jim McGowan, AM
Chair, South West Hospital and Health Board

Introduction

We are committed to meaningful consumer and community engagement so that we can build a resilient, locally responsive and self-determining community that takes ownership of its Hospital and Health Service. It is our expectation that our consumers and community will be at the centre of health planning, design, delivery and improvement.

Our strength, lies with our consumers and community. Engagement is based on relationship building, partnership and the principle that our consumers and community has the resources and expertise to enable us to achieve our vision, purpose and strategic objectives.

Partnerships are essential to design, deliver and support rural health care services. Solutions and ideas that are innovative and flexible can only be achieved through engagement and collaboration. Together, with our community, and across the health sector, with health care providers and other supporting agencies we must improve the health outcomes for our rural communities by a coordinated approach to service delivery.

There are over 26,000 people from culturally and linguistically diverse backgrounds who live in our catchment area and rely on the public healthcare services that our 980 plus employees provide. We are responsible for the delivery of medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services in an area spanning over 319,000 square kilometres.

Geographically, we cover the municipalities of Balonne Shire Council, Bulloo Shire Council, Maranoa Regional Council, Murweh Shire Council, Paroo Shire Council and Quilpie Shire Council.

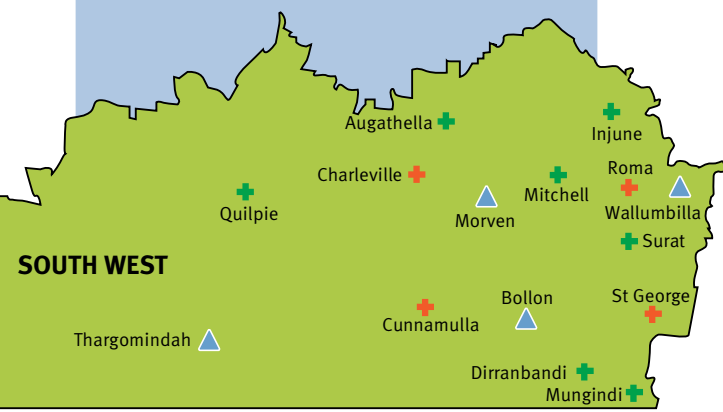
Our population is predicted to grow 0.2 per cent per year over 25 years, with growth from 26,392 in 2011 to 27,964 in 2036, with the highest level of growth occurring within the 50 and over age group. It is estimated that close to 12 per cent of our population are Indigenous, compared to 3.6 per cent for Queensland as a whole.

As part of our commitment to consumer and community engagement the South West Aboriginal and Torres Strait Islander Leadership Advisory Council has been established. Membership of this Council includes representatives from local aboriginal medical services and staff. The Council is a peak advisory committee in our governance structure and will provide expert advice in relation to service planning, partnerships, capacity building, policy development and quality improvement.

Health care planning, programs and service delivery models must be adapted to meet the widely differing health needs of rural communities and overcome the challenges of geographic spread, low population density, limited infrastructure and the significantly higher costs of rural and remote health care delivery.

Rural communities deserve equal access to quality and safe healthcare.

The South West Hospital and Health Service (South West HHS) recognises the unique challenges of providing health care in rural and remote Queensland and the importance of providing timely access to quality and safe health care services, no matter where our communities live.



+ Hospitals
 + Multipurpose Health Services
 ▲ Community Clinics

Residential Aged Care facilities are located with the hospitals at Charleville and Roma

The South West HHS Strategic Plan 2018-2022 outlines our commitment to put people first. We are focused on empowering and positioning our consumers and local communities at the centre of health planning, design, delivery and improvement.

Our *Consumer and Community Engagement Strategy* details the mechanisms and resources to fulfil our commitment of putting our people first. It builds on current strengths to enhance consumer and community engagement and sets a clear direction and course of action for meaningful engagement into the future.

This strategy supports several of our other strategies including: *Clinician and Employee Engagement Strategy 2018-2022*, *Safety Quality and Research Strategy 2018-22* and *Workforce and Cultural Capability Strategy 2018-2022*.

Principles of engagement

For engagement to be effective, the South West HHS must build a way of working with consumers and community members. Likewise, consumers and community members need to work collaboratively with the Hospital and Health Service.

To support this, a set of guiding principles of engagement has been developed and are outlined below in Table 1. The principles underlie how this strategy should be put into action, and what the South West HHS will do in order to achieve valuable and effective engagement.

Table 1. Principles of engagement

| | |
|---|---|
|  <p>Transparency and trust</p> | <p>We will be clear and open about consumer and community engagement and participation and how it influences decisions and actions</p> <p>We will build mutual trusting relationships that share information, performance measures and ideas; to ultimately enhance health care delivery for the South West community</p> |
|  <p>Equity of access</p> | <p>All community members have the right of equal access and participation to influence health care decisions and delivery in the South West</p> <p>We will make an effort to understand our consumers and communities and identify appropriate and ongoing channels, modes and means of engagement to involve all; understanding that no individual is the same</p> |
|  <p>Advocacy and support</p> | <p>We will support engagement by investing in the capacity and capability of our consumer and community engagement champions</p> <p>Our consumer and community champions will be empowered through formal training, research, and liaison with knowledge holders</p> |
|  <p>Meaningful engagement</p> | <p>We will place the same value on the expertise of consumers and community members as we do our organisational and professional expertise</p> <p>Effective participation and engagement occurs when consumers and community members are meaningfully involved in decision making about health care delivery and planning. Engagement will be valued and have influence</p> |

Embedding consumer and community engagement in a meaningful way means moving from ‘tokenistic’ or ‘symbolic’ engagement to direct, co-governance, involving consumers in the planning, design, delivery and improvement of health services.

Aims of engagement

- To empower our consumers and community members to shape the future of the South West HHS
- To embrace and cultivate a person-centred culture in all that we do
- To share our performance, enhancements, ideas, decisions and innovation openly and transparently with our consumers and community
- To enhance our partnerships and relationships with key stakeholders to ensure a coordinated approach to health care throughout the region and beyond
- To develop the health literacy of our consumers and community, enabling ownership of their own health care

Priority objectives

The South West HHS is here to serve our communities and involving people in the decisions that affect their lives will support good governance, informed decision making and shared responsibility for future health care delivery in South West Queensland.

Maturing from our previous strategy, the 3 priority objectives that we will focus our efforts on from 2018-2022 are:

1. Form connections that are diverse and inclusive to deliver a whole-of-health care system approach
2. Empower and support our consumer and community members to shape the future, design and influence service delivery and improve the current quality of care
3. Lead a continuously improving person-centred culture



Table 2: Positioning people and local communities at the centre of health planning, design, delivery and improvement priority objectives and performance measures:



Priority objective 1: Form connections with consumers, communities and stakeholders that are diverse and inclusive to deliver a whole-of-health care system approach

| Actions | Performance Measures | Who | Timeframe |
|---|---|-------|-----------|
| <p>Health Pathways</p> <p>A web-based information portal supporting primary care clinicians to plan patient care through primary, community and secondary health care systems. It is like a 'care map', so that all members of a health care team – whether they work in a hospital or the community - can be on the same page when it comes to looking after a particular person</p> | <ul style="list-style-type: none"> • Creation of the Health Pathways information portal in conjunction with WQPHN • Launch of the portal and 85% of community and secondary health care providers in the region access and utilise the portal by the 2nd year | EDMS | July 2019 |
| <p>Launch Experience-based-co-design</p> <p>A method for improving people’s experience of health care that involves gathering experiences of patients and staff and then bringing them together to develop service improvements. This evidence-based method was developed by academics at King’s College London and has been tested at sites internationally http://www.kingsfund.org.uk/ebcd</p> | <ul style="list-style-type: none"> • New models of care and services have been co-designed with consumers | EDONM | Oct 2018 |
| <p>Establish a flexible and localised Community Advisory Network (CAN) structure</p> | <ul style="list-style-type: none"> • Increased participation rates across all CAN’s • Diversity that represents each community we serve | BGO | July 2018 |
| <p>Launch a ‘Citizen Space’ Community Consultation hub on the internet</p> | <ul style="list-style-type: none"> • Creation of Citizen Space • 10% increase in participation year-on-year | OSM | Oct 2018 |
| <p>Develop an online presence and information sharing capability</p> | <ul style="list-style-type: none"> • Establish a South West HHS Facebook page • Review and refresh the South West HHS internet page every 3 months | OSM | July 2018 |
| <p>Create a Community of Interest Register</p> | <ul style="list-style-type: none"> • 5% increase each year on participation | BGO | May 2019 |
| <p>Target strategies for Aboriginal and Torres Strait Islander communities</p> | <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander people are represented on over half of the CAN’s | EDCAH | Sep 2020 |
| | <ul style="list-style-type: none"> • Development of Aboriginal and Torres Strait Health <i>Closing the Gap</i> Strategy with significant contribution from Aboriginal and Torres Strait Health people | EDCAH | Aug 2018 |

| Actions | Performance Measures | Who | Timeframe |
|--|---|-------------|-----------|
| Create an e-Youth CAN to engage with children and young people across South West Queensland | <ul style="list-style-type: none"> Develop an e-Youth CAN utilising digital communication Increase in youth participants | BGO | Many 2020 |
| Targeted communication strategies to reflect the diversity of our community: <ul style="list-style-type: none"> Older people Children and young people; People with a disability People with a chronic condition People with mental illness People from Culturally and Linguistically Diverse populations Aboriginal and Torres Strait Islander people LGBTI people Homeless people | <ul style="list-style-type: none"> Increased diversity on CAN's | BGO | Ongoing |
| 'Community Conversations' Actively approach and engage consumers and community members where they are at | <ul style="list-style-type: none"> Number of attendances at local community events which are not necessarily related to health (Eg. Sporting, Agricultural, Community, Social events) Visitation to Aged Care facilities, RSL's, Roma bowls, other activities Seniors are involved in Visits to schools – Education days, working in Health etc. | Board & ELT | Ongoing |
| Strengthen relationships with Members of Parliament, NGO's, Peak bodies, Local Government and other key stakeholders to engage with hard to reach or marginalised consumers and community members | <ul style="list-style-type: none"> Number of communication and engagement activities to increase by 5% year on year with stakeholders Partnerships formalised to better integrate care and health outcomes across the region | HSCE | Ongoing |
| Build capacity and capability for our staff to undertake tailored strategies for reaching diverse consumer and community groups | <ul style="list-style-type: none"> 10 staff who have completed the HCQ Staff Training: Partnering with Consumers | EDONM | July 2019 |

Priority objective 2: Empower and support our consumer and community members to shape the future, design and influence service delivery and improve the current quality of care.

| Actions | Performance Measures | Who | Timeframe |
|---|--|-------|-------------|
| Create a Decision Making Framework which has the consumer and community at the centre of all decisions | <ul style="list-style-type: none"> Board approved Decision Making Framework which is cascaded through to all formal Committees | BOARD | July 2019 |
| Review and embed health literacy into our consumer information, and in a format that all consumers can understand | <ul style="list-style-type: none"> Consumer publications, policy and associated guidelines and resources are reviewed to assess effectiveness in improving health literacy | BGO | June 2019 |
| Build health literacy through online communication tools: Pathways, services delivered locally | <ul style="list-style-type: none"> Internet site that publicises visiting specialist and outpatient clinics Consumer friendly appointment scheduling | OSM | July 2018 |
| Consumer and community representatives will form membership of all Tier 1 Executive Level Committees | <ul style="list-style-type: none"> A consumer and/or community member is a member of each Tier 1 Executive Level Committee | ELT | May 2020 |
| Leadership positions that require significant consumer engagement will have a consumer or community champion on the selection panel | <ul style="list-style-type: none"> At least one consumer is on selection panel for positions with significant consumer engagement responsibility | DPC | Sept 2019 |
| Invest in empowering our community and consumer champions to become more involved in healthcare design and delivery | <ul style="list-style-type: none"> All CAN Chairs and consumer representatives on committees have completed a Consumer Health Leadership Program (Health Issues Centre) | BGO | Ongoing |
| Enable our consumer representatives and CAN members to attend workshops and development programs with Health Consumers Queensland | <ul style="list-style-type: none"> Encourage our CAN Members to attend the Health Consumers Queensland annual training Invite Health Consumers Queensland to visit the South West HHS twice a year to deliver training | BGO | Ongoing |
| Annual CAN Forum | <ul style="list-style-type: none"> 95% of CAN Chairs attend the CAN Forum 85% of attendees assess the CAN Forum as effective | BGO | Ongoing |
| Empower mental health consumers to have a better understanding of their rights and responsibilities through education, training and support | <ul style="list-style-type: none"> Establishment of a Mental Health Consumer Group | BGO | August 2018 |

Priority objective 3: Lead a continuously improving consumer and community-centred culture.

| Actions | Performance Measures | Who | Timeframe |
|--|---|---------------------------|-----------------------|
| <p>Introduce the ‘Hello, my name is... campaign.;</p> <p>Campaign founded by Kate Granger, a doctor living with terminal cancer, to encourage all staff to introduce themselves by name and profession when meeting a new patient. Kate says, ‘In my mind it is the first rung on the ladder to providing compassionate care’ www.hellomynameis.org.uk</p> | <ul style="list-style-type: none"> 85% of consumers respond on their inpatient feedback form that staff introduced themselves | EDONM | July 2018 |
| <p>Ensure that the consumer is continually and visibly front and centre</p> | <ul style="list-style-type: none"> Physical facilities including executive offices have information and patient stories | EDONM through local DON’s | July 2019 and ongoing |
| | <ul style="list-style-type: none"> The digital environment includes patient quotes and pictures | OSM | July 2018 |
| <p>Establish a South West HHS Charter of Healthcare Rights</p> | <ul style="list-style-type: none"> Involve consumers in the development of a localised Charter of Healthcare Rights | EDMS | June 2021 |
| <p>Introduce mandatory field experience for staff not engaged with consumers e.g. staff from administration, finance, legal, corporate services)</p> | <ul style="list-style-type: none"> All staff achieve mandatory field experience within 1 year of commencing and every 2 years following | DPC | Oct 2019 and ongoing |
| <p>Patient experience is everyone’s responsibility</p> | <ul style="list-style-type: none"> Patient experience is built into all professional development systems | DPC | Nov 2019 |
| <p>Consumer storytelling to be a standing agenda item on the Board Safety and Quality Committee and all monthly Tier 1 Executive Committees</p> | <ul style="list-style-type: none"> A consumer story program is developed and consumer stories are presented at every Safety and Quality Committee meeting (100%) | ELT | Ongoing |
| <p>Review staff recruitment practices including role statements to incorporate greater focus on staff selection based on attributes of empathy, collaboration, responsiveness, and openness</p> | <ul style="list-style-type: none"> HR Recruitment practices amended to reflect the attributes the South West HHS is seeking in its staff | DPC | Jan 2019 |
| <p>Develop Executive Leadership KPI’s for engaging with consumers and community members</p> | <ul style="list-style-type: none"> Consumer and community engagement KPI’s are implemented and assessed as part of Executive accountability | HSCE | July 2018 |
| <p>Create a Safety and Quality dashboard with KPIs that is communicated to the community</p> | <ul style="list-style-type: none"> Transparent reporting through CAN’s, Citizen Space, and local notice boards of key Safety and Quality KPI’s | EDMS | July 2019 |

| Actions | Performance Measures | Who | Timeframe |
|--|---|-----------|-----------------------|
| Invest in innovative systems that make it easy for consumers to provide feedback in a manner that allows them to tell us about their experiences both at the point of care as well as after care. (Patient Reported Outcome Measures and Patient Reported Experience Measures) | <ul style="list-style-type: none"> Evaluated systems for collecting consumer feedback and experiences are developed | EDCAH | Sep 2018 |
| Measure the patient experience, prioritise and support patient experience improvements | <ul style="list-style-type: none"> Guidelines for analysis of consumer feedback have been developed for system analysis, reporting and response | EDCAH | Sep 2018 |
| Support staff to achieve a Graduate Certificate in Consumer and Community Engagement | <ul style="list-style-type: none"> 4 employees per year successfully complete the Graduate Certificate in Consumer and Community Engagement | EDONM | July 2018 and ongoing |
| Increase compliance of staff who have completed person-centred care training | <ul style="list-style-type: none"> 85% of staff have completed the person-centred care training | EDMS | July 2018 |
| Delivering the requirements of the National Safety and Quality Healthcare Standard 2: Partnering with consumers | <ul style="list-style-type: none"> South West HHS fulfils all of the requirements of <i>National Safety and Quality Healthcare Standard 2: Partnering with consumers</i> | EDMS | Ongoing |
| Consumer and community engagement activities are evaluated to inform continuous improvement | <ul style="list-style-type: none"> Recommendations from evaluations are considered and implemented when appropriate. 'You say, we listened approach.' | All staff | Ongoing |
| Complete a self-assessment to work towards being officially recognised as a person-centred organisation | <ul style="list-style-type: none"> Recognised as a person-centred organisation | EDMS | 2021 |

Embedding consumer and community engagement in a meaningful way means moving from ‘tokenistic’ or ‘symbolic’ engagement to direct, co-governance, involving consumers in the planning, design, delivery and improvement of health services.

Roles and Responsibilities

The achievement of our objectives can only be realised through shared responsibility and effort involving South West HHS leaders, staff, consumers and community members. This strategy is about positioning our team at the centre of health planning, design delivery and improvement.

The South West HHS strives to be flexible and adaptive when engaging with the consumers and community we serve. We encourage all consumers and community members to engage with our Health Service in a way that they choose, that is suited to their interests, experiences and lifestyle.

There are currently 15 CAN's which are geographically dispersed and report directly to the South West Hospital and Health Board. Our CAN's provide a unique community and consumer perspective to all aspects of our health service's operation and healthcare delivery. They work as an advisory committee to the Board and are essential partners in the delivery of safe, high quality care for everyone.

The purpose of the CAN is to:

- Provide an ongoing mechanism for health consumers, carers and representatives from our community to participate and influence health planning, design, delivery and improvement
- Ensure the community shapes the future of health care delivery in the South West HHS
- Act as a conduit for the community to provide information to the South West HHS relevant to local health service needs
- Engage with their local communities and network about local health service matters. Provide feedback on matters as requested by the South West HHS

All consumers and community members are invited to participate in our Citizen Hub (*to be established by October 2018*).

Consumers and community members can register their interest with the South West HHS through our Community of Interest register. Engagement levels can range from those who just want to be kept informed about what is happening with our Health Service to those who want to actively participate on committees or on projects.

The South West HHS Office of the Chief Executive is responsible for leading engagement by:

- Facilitating engagement with consumers and partner organisations in strategic activities such as development of the Health Service Strategic Plan
- Developing and co-ordinating a South West HHS consistent approach to meaningful engagement supported by guidelines and tools such as establishing the *South West HHS Citizen Space* and *Community of Interest Register*

Each Executive Leader portfolio is responsible for achieving the National Safety and Quality Health Service Standards.

Performance measures and reporting

Performance will be measured annually against the objectives and performance indicators outlined in Table 2 on pages 4-8. Our performance against the measures will be reported on quarterly to the Executive Planning and Performance Committee and Board; with results published online.

Our Consumer and Community Engagement Strategy will be reviewed annually.

Legislative and Policy context

The Act and Regulation

The *Hospital and Health Boards Act 2011 (Qld)* and the *Hospital and Health Boards Regulation 2012 (Qld)* require that each Hospital and Health Service develop and publish a strategy (a consumer and community engagement strategy) to promote consultation with health consumers and members of the community about the provision of health services by the Service.

Western Queensland Primary Health Network

The South West HHS has a formal partnership with the Western Queensland Primary Health Network to work in collaboration to provide consumer and community input into integrated healthcare across primary and acute health services.

The National Safety and Quality Healthcare Service Standards

We strive for a culture of continuous learning and improvement, and ensuring safety and quality excellence for our patients. The South West HHS participates in external peer assessments and accreditation to monitor performance against the National Safety and Quality Healthcare Service Standards. These standards have been developed by the Australian Commission on Safety and Quality in Health Care. Standard 2: Partnering with Consumers provides the framework for our Hospital and Health Service to implement systems for engaging with consumers and communities.



This strategy aligns with the requirements of Standard 2.

The Charter

Our strategy is cognisant of the Australian Charter of Healthcare Rights which specifies the rights of patients and consumers when seeking to receive healthcare services. The charter allows patients, consumers, families, carers and service providers to have a common understanding of the rights of people receiving health care.

Scope

Our *Consumer and Community Engagement Strategy* brings together:

- People who work for the South West HHS
- People who access or may need access to the services provided by the South West HHS
- Families or carers of people who access South West HHS services; and
- People in partner organisations