

## Day 1

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### Drivers for the evolution of engagement: the revised National Standards, health literacy and the Charter of Healthcare Rights

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#### **Naomi Poole, Director, Partnering with Consumers, The Australian Commission on Safety and Quality in Healthcare**

**Mark Tucker-Evans:** I'd like to now welcome Naomi Poole to the stage. Naomi is the director partnering with consumers with the Australian Digital Health Agency. Naomi will share how the commission are driving another evolution of engagement with the revised national standards and their additional focus on health literacy and their review of the Australian charter of health care rights. Naomi tells me that she's just actually come back from having her wisdom teeth pulled and this is only her third day back at work so please be kind to her.

**Naomi Poole:** Thanks, Mark and I have to say, that is a really hard act to follow, Carolyn and Suzanne. That was an amazing story and really illustrates why partnering with consumers is so important and why we do need to keep pushing for that evolution. So I'm Naomi obviously. I look after the partnering with consumers program at the commission and it covers a lot of different aspects of supporting and encouraging the health system to engage with consumers in partnerships in their own care and to improve the system itself. Is that the button? Technology... okay. So my talk is titled the drivers for evolution of engagement and what I'm going to talk to today is just about a couple of the levers that we at the commission have been using to try and influence the system so that there is more meaningful partnership with consumers. So what I'm going to talk mostly about today will be the national safety and quality health service standards, because obviously it's new, it's interesting and it's looming and it has the potential for quite a big change. I'm also going to talk a little bit about the charter of health care rights and what we're doing with that at the moment and then I'm briefly going to talk about a piece of work we've done recently looking at the characteristics of organisations that are high performers when it comes to person-centred care.

So I'm assuming that most of you know about the commission, but just for those of you who are new to us, we're an organisation who was established in about 2016 to lead and coordinate activity at a national level on safety and quality. So our work touches all health professions effectively and it cuts across the public and private sector and relates to acute community and primary health care settings. So it's pretty much the entire health care system that we deal with. As with most safety and quality organisations, a lot of what we started with were the classic safety and quality issues, things like infection, falls, pressure injuries, medication, safety, those kind of issues. But we also look at the systems and structures needed to support safety and quality and looked at things like accreditation, education and governance and more recently we've been focusing on some of the really more complex and cross-cutting issues that underline many adverse events such as things like health literacy and communication and the coordination and integration of care. So we're a little bit of a unique organisation. We're a national government organisation, but we're actually funded by both the Federal Government and also all of the States and Territories. So what that means is a lot of what we do is about liaison and negotiation and trying to gain agreement across the different States and Territories about where to act and the types of strategies to use. So what we do is provide a lot of evidence-based guidance and policy on quality and safety issues and work with a diverse network of passionate and interested stakeholders who are looking for opportunities to drive improvement. As an organisation, we don't have a lot of carrots or sticks in our arsenal and we rely a lot on influence and collaboration, but again, our most influential lever that we have is the safety and quality standards and that's where we feed a lot of our research and policy into for those really critical issues. Just to highlight as well, our organisation both internally and externally has a strong focus on partnering with consumers.

So we communicate to the system about the importance of partnership. But we also work internally to make sure that all we do is based on consultation and communication and engagement with consumers as we develop our policies and resources. And so what we do in terms of supporting and encouraging partnerships with consumers has a number of different fronts. So we raise awareness through different policy papers, through articles, presentations, workshops on the value and benefit of partnerships with consumers. We work with

lots of different stakeholders and bring them together to foster collaboration with jurisdictions and colleges and consumer organisations. We develop national policy and guidance. So things like we've developed a national statement on health literacy. We have consensus statements on things like end of life care and also models for care for things like comprehensive care. And we also get down to the nitty-gritty and provide a lot of practical tools and resources, either ones we've developed internally or ones that are there to be developed externally to help health services understand how they can move towards the change that we're advocating for. So when we talk about partnering with consumers, we're talking about sharing information, collaborating, treating each other with dignity and respect and it's a way of making sure that the care that is being delivered through the health care system is truly person-centred and provides the best possible care for the patient, balancing their clinical needs and their personal needs and preferences. I don't need to go into the detail with you. I'm sure you're really familiar with the evidence on person-centred care and the values and benefits. It's clear in a number, through a lot of research, there's many publications that talk about the business case and why we need to move towards this, as well as the intrinsic and the extrinsic value of taking this approach and we have a number of publications on this, if anybody needs to go into the detail of that.

So getting into the specifics, I'm going to talk a little bit about the standards, because it's our biggest lever for change. So one of the first jobs the commission was tasked with when we were set up was to have a look at the accreditation system and identify how it might be improved as a number of safety quality and incidents had occurred where the health services that they had occurred within had actually been recently accredited. We were looking at the whole of the system, how it worked and how it might work better. And we developed a national accreditation scheme when we were early in the commission's establishment, so around about 2008 I think, and out of this came the national standards, so that is a part of the scheme. And the way that it works is there are a number of different players involved in the scheme. So the commission and our role is to actually develop the set of standards that will apply across the health care settings and we also do work around reporting on data and we also have a role in approving the accrediting agencies. That's our position in this. Health ministers endorse the standards and keep track of the results and the State and Territory and Federal Governments

decide who needs to be assessed against the standard and they also need to respond to any emerging issues and results.

Then, there are also the agencies who do the actual assessing against the standards and the health services themselves who actually need to put in place strategies to meet the requirements of the actions. But saying this, when I say the commission develops the standards it's quite a long and convoluted process and it involves a lot of stakeholder liaison, so the first edition of the standards that was released, was implemented from 2011-12, that took around about 5 years to develop and involved a lot of consultation and negotiation and there were lots of phases where we would actually test it within the system and see how it would work. So now we're up to the stage where we've developed the second edition and that took around about 4 years to do, as well.

So it's quite a long process. What I'm going to do now is jump straight into the content of the second edition of the standard just to give you an idea about what the changes mean in terms of partnering with consumers, specifically focusing on the partnering with consumers standard and giving you a highlight of where there are definite parts within the broader standards where partnerships are also critically important. Just noting as well, that you'll notice that the second edition of the standards we've actually got eight standards now. We have reduced from 10 to 8, but in some ways there's quite a lot more breadth and bite to the standards this time. So even though there are less in number, they're far more refined and a little bit more specific about the requirements. Since the first edition was agreed in 2011, we've had quite a lot of improvement in our understanding of the safety and quality landscape.

We've learnt lessons about how things can be interpreted when we put the standards in place, or misinterpreted. How to communicate the intent of the standards, how to focus effort and the types of strategies that can drive change for improvement. We have a much better understanding of the types of risks that are common priorities for health services and the evidence on a range of safety and quality issues has actually built quite significantly over the last five years or so, particularly for areas around health literacy and on partnerships as well and for issues like cognitive impairment, mental health and end of life care. And we've

used all of that information, so the changes and evidence, what we've learnt for the implementation of the first edition to inform the changes to the second edition of the standards.

So this second edition includes a lot of things from the original version of the standards, some of which are refined, but it includes quite a few new things as well. Probably the most obvious change is that some standards have been reduced or integrated into broader standards. So going from 10 to 8. So falls and pressure injuries are no longer stand-alone standards. They've actually been integrated into the comprehensive care standard and are part of a set of risks of harm that are specifically identified that need to be managed within a health service. And patient ID is no longer a stand-alone standard as well. It's been integrated into the communicating for safety standard. We've also done some modification to make some of the standards, so particularly clinical governance and partnering with consumers a little bit more meaningful. We also have the new standard on comprehensive care, which is aimed at addressing some of the failures of basic processes of care that have been evident in a lot of the adverse events and critical reviews that have been occurring over the last couple of years.

So we know more about where the pressure points lie, where we can influence improvement for safety and quality and the new edition reflects this new knowledge and evidence. So jumping into the partnering of consumers standard. So it's still the second standard and it is actually quite a bit broader than it was previously. So in the first edition of the standards the partnering with consumers standard focused on engaging consumers in the governance of the organisation. So in the design, the delivery, the planning of the services. But we didn't really go to engaging consumers in their own care, whereas the new edition actually has a whole section around engaging consumers in their own care. We've actually focused on reducing some of the duplication and overlap, because there are a number of items throughout some of the other standards which were a little bit representative in terms of providing information. So asking the same types of questions, but spread across the standards, and we've pulled those back in to be more focused within the partnering with consumers standard. And we've also moved the charter and informed consent from the governance standard into

partnering with consumers and this time around we've actually overtly identified health literacy and specified some really interesting communication actions.

So the way all of the standards are written describes what needs to be achieved rather than how to get there and the reason for this is that there are many different types of health services, different types of consumers, context, organisational structures and functions that exist within the health care system and all of these different types of organisations need to be able to achieve the outcome that we're going for. So we need to have that kind of flexible approach that describes what we're trying to achieve and we then provide a whole heap of guidance underneath that, that will give you different options about how you can get there that you can tailor to your local context. It's a bit of a tricky balance sometimes with the standards, but we need to make sure that the actions are specific enough that they can drive meaningful change, but still flexible enough that they can be applied to a multipurpose service, a day surgery, a tertiary hospital, an outpatient clinic.

So we need to keep that in back of mind whenever we're developing these, and for partnering with consumers this is actually really important as there's no single best approach to engaging in partnerships with consumers. There's no single strategy. There are a wide variety of ways that it can be done so we need to think about it from the organisation upwards about what is going to be most appropriate, what's the purpose, and how do you actually work to achieve that goal given your environment? Criterion 1 in the standards, you'll notice it's actually quite similar across all of the standards and it includes a set of actions that tie this back to the core overarching standards. So in the first edition we talked a lot about how clinical governance and partnering with consumers were overarching standards that needed to be considered whenever you implement actions for all of the other standards. So in this edition we've actually gone a step further and overtly made that part of how you actually respond to each of the standards.

So for partnering with consumers, criterion 1 has actions which deliberately link you back to clinical governance. So the actions here say that the safety and quality systems that you've established within the requirements for the clinical government standard so things like risk management systems, your training

systems and your quality improvement systems should be used for what you do for partnering with consumers. So we're saying don't create separate systems, but make sure these systems are linked and that whenever you actually take action or develop systems or processes for each of these individual standards, that you actually think about the ones that you've already established for clinical governance and partnerships and make sure that they all intersect. So one of the resources that we've actually developed and is available now is a guide for measuring and evaluating partnering with consumers. So it's just a short guide and it's intended to give some high-level ideas about how a health service might go about measuring and evaluating what they do to support and embed partnering with consumers into their organisation.

So it just gives you some ideas about where you could get the data, the type of data you could use qualitative and quantitative in order to identify whether or not you're actually meeting the requirement within that action or working towards it. And this kind of user guide can be used for a number of definite purposes, so it helps give you an understanding of where you might stand in terms of actions in the new standard for partnering with consumers. But it also in a kind of meta-way, will help you meet one of the actions within criterion 1 which is about taking a quality improvement approach to the way that you engage with consumers in partnerships, because it gives you the data to actually identify how you progress.

So Criterion 2 has some of the new aspects of partnering with consumers. So it's about engaging with consumers in their own care and it includes some of the actions that were previously in clinical governance. Actions around the charter, making sure that the health service has a charter and it's also easy to understand and use. We've also moved informed consent into this section, as well and then we've expanded on that a little bit as well and we have some new actions around ensuring, identifying whether or not consumers have capacity to engage in decision making and making sure that there are systems and processes in place where consumers don't have capacity to identify who substitute decisionmakers might be. Importantly, this criterion also has actions around sharing decisions with patients about their care and working in partnership to plan and deliver care. Because we've known for a long time that there is good evidence that sharing decisions influences outcomes and consumer experience. These actions in this criterion as

well link very closely to some actions that were in the comprehensive care standard, because part of the comprehensive care standard is about engaging with consumers to plan for care and to deliver care in a comprehensive way.

So Criterion 3 pulls together a series of actions that were in the previous standard around information and generally that was focused around written information and reducing the complexity of what's being provided to consumers and it expands to specify the need for health services to support clinicians to communicate information in a way that's actually tailored to the specific needs of consumers. This health literacy criterion also links back to some of the actions that are in a clinical governance standard that talk about understanding what your community needs are so that you can actually tailor your services and information to the diversity of the community that you service. And the final criterion is actually where we've brought together a lot of the governance engaging consumers in governance design, delivery and planning of the health care services and system together.

So we've actually streamlined a lot of the actions in here to reduce the duplication and made it a lot kind of simpler and clearer to understand. But there's also an additional action in this criterion which is about working with local Aboriginal and Torres Strait Islander communities to meet their health care needs, which again links back to clinical governance and tailoring services and understanding community need. And just to mention as well, another guide that we've developed that's currently available is one that's focused on Aboriginal and Torres Strait Islander health. In this second edition of the standards we worked with a number of health workers, researchers, we had a number of working groups to develop a discrete set of actions that specifically focus on the safety and quality needs of Aboriginal and Torres Strait Islander people. So there are six actions that are spread across clinical governance, partnering with consumers and comprehensive care that overtly focus on the needs of Aboriginal and Torres Strait Islander communities.

In saying this, these are not stand-alone actions, but they need to be considered in the context of the other actions within those standards. But they do highlight some of the issues that researchers identified, where there is potential to



improve the quality of care and outcomes for Aboriginal and Torres Strait Islander people. What we've done is we had a group of people come together and work with us to develop a user guide that aims to help particularly mainstream services think about the different types of strategies and approaches that could be used to meet these requirements and it also includes a range of really interesting case studies that illustrate the diversity of action that can be taken for these particular actions. So the other thing worth mentioning is that overall, this version of the standards does have a much greater focus on partnering with consumers.

So the obvious way that you can see that is in the partnering with consumers standard and how that has been built up quite a bit since the initial version. But as I mentioned before, each of the standards, so health care associated infection, medication safety, comprehensive care, communicating for safety, blood management and R&R all have within their first criterion an action that says that they need to actually use the systems that you've established for partnering with consumers when you're implementing strategies to meet the actions for this standard. So there is a much stronger focus there and a tie-in to partnerships. In addition to that, there are actually a number of actions throughout many of the other standards such as in clinical governance there are actions around ensuring safety environments and signage. There is quite a lot of information in comprehensive care about sharing decisions and working with consumers to plan and deliver care, in communicating for safety there's actions around communicating with patients and families and for the recognising and responding to deterioration standard there's an action in there about patient and family escalation and all of these reflect the principles of engaging in partnerships with consumers.

So I just have one slide on comprehensive care partly, because I look after that as well, but partly because it is so closely related to partnering with consumers. This is the new standard and it addresses some of the cross-cutting issues that underlie many adverse events and some of the basic processes of care that are identified as missing when tragic events happen and the comprehensive care standard is aimed at ensuring that consumers receive care that is aligned with their expressed preferences and health care needs, it considers the impact of their health, their life and their well-being and it is clinically appropriate for their

circumstances and minimises harm from specific risks. So you can see it's a very person-centred approach. Clearly, if you're going to deliver care that is aligned with the express preferences of the patient you need to work in partnerships with consumers in order to understand those preferences. So you really can't deliver care that's comprehensive without partnering and engaging with consumers. Parts of this new edition may seem challenging to some health services. There's quite a few differences from what was originally there. What some health services are also finding challenging is that in the original edition we had both core and developmental actions within the standards whereas this time around, everything is core. So there are no developmental processes.

So everyone needs to work towards all of these actions. In order to help health services actually get to that point we've developed a multitude of resources and we're developing many more to try and explain the different aspects of each of the actions, the intents of each of the standards and what we're trying to achieve from this. These are the first tranche of resources that are available on our website. We've started off by doing the same types of guides we did the first time around. We have guides for hospitals and day surgeries, multipurpose services and community services which detail different types of strategies for each of the individual actions that these types of services could put in place in order to help them meet those requirements. But in addition to that, we've got the accreditation workbook which actually helps with understanding and doing a gap analysis and we've also developed an electronic monitoring tool which also health services can use in order to understand where they currently sit and what they might need to focus on. We've also got a whole range of facts sheets on the standards and we also have the national model clinical governance framework which goes to a lot of the requirements of the clinical governance standard. So they're kind of our baseline resources that we have. We've also got developing a whole suite of user guides. Many are new to this second edition of the standards. We did a number of these for the first edition, but we're doing a whole suite of them for this one and these are being developed to help people understand the different types of issues we've identified within the standards, to explain the actions that might be relevant to specific roles and how the standards might apply or need to be considered for specific populations.

I've mentioned the user guide for Aboriginal and Torres Strait Islander health and we've got the user guide for measuring and evaluating partnering. There's also one currently available on our website for paediatric patients and we've got a whole series of them coming down the pipeline which is going to describe strategies for governing bodies, the different types of strategies that you could use to meet the mental health requirements in the new standards, how you can actually look at health care variation within your service. Specific issues that might be relevant Tomi grant and refugee health, chemotherapy services. My team will be doing a user guide around end of life care and looking at how you can link the work together of the consensus statement, what's required in the standards and the different strategies that can be used in different types of services. We're also developing one that's focused on cognitive impairment. So there's a whole lot of resources available, and this may seem like a lot of information to take in and so one of the other things that we've been doing as well, is this time around we've actually developed- we're calling it an on-line portal, but it's actually just a microsite which has the information that is being developed in all of the different resources, cut up into different pieces and we've developed this so that it's a lot easier for people to navigate. If you can actually go through and identify what your role is. If you want to go through and see from a consumer perspective what type of resources have been developed for me, you can go down that pathway and link to different actions or if you're a quality manager or if you are working in an executive or a governing body then you can look at it from those different perspectives.

At the moment, the portal has the information that is in all of the guides for hospitals, day surgeries, MPSs and community services and it has the facts sheets including the consumer fact sheets and as each of these new resources come up they'll be added to the site, as well. Hopefully that will make it more accessible for people. One of the other things that we're also doing in order to facilitate and support the implementation of these new edition of the standards is we've developing some on-line education modules for the surveyors. In order to make sure that we're starting on the best foot forward, we're making sure that we have provided sufficient support and education to the assessing agencies and the surveyors so there is a clear understanding of what the intent are the standards are and what the implications are for each of the actions and what the rationale is for why they've been included. So the training modules are being provided to

surveyors and they will be made publicly available as well, so they're incrementally going up at the moment. I think we have about two of them available for surveyors, but they will be coming through over the next month or two and if people are interested you can get in touch with our accreditation hotline, or email and they can actually put you on the list to register for that.

Obviously, this is looming so we've had drafts of the standards in for a number of years now. The final edition of the standards was approved by health ministers in November last year and what we've been doing is we've been very busily developing lots of tools and resources to help health services understand what the requirement is going to be and what they need to do once implementation hits. Implementation is actually from January 2019 so it's not far away now. There are a number of health services who are starting to work towards doing some self-assessment and getting a gap analysis undertaken and we're working with a number of them to try and understand where the challenges might lie, to understand once this actually hits the ground what type of additional support services and consumers and communities and clinicians might need in order to enact these changes. But it's interesting times ahead and it's very, very close I think. I have spent a bit of time on the standards, but I wanted to briefly talk a little bit about the charter, as well. Also, to talk about another piece of work that we're doing. Just in terms of the charter, I think most people are fairly familiar with the charter. It's been around for a long time now. It's been around for a decade and many of us who've worked with and within health for a long time have seen it peripherally. We may be aware of what it is.

We may have seen it as a poster on a wall somewhere. But it's been around and it is interesting, because the charter is one of the things that is the most requested downloaded and queried resource the commission has ever had. So it continually is at front of mind for people. So it obviously meets a need and it has an importance that I think we need to build on and use and work out how we can actually improve. The charter itself speaks to and it supports consumer engagement. It sets out what consumers can expect in their interactions with the health care system and what consumers' rights are in terms of how they should be engaged in their own care. So it overlaps a lot with the principles that we've embedded in our work around partnering with consumers, but it has an overt and

clear and simple structure and focus. But it's been 10 years. We have learnt a lot about safety and quality in that time as I've mentioned and there have been significant changes in the health care landscape. There are things within our system there that weren't there ten years ago. There's knowledge, systems and processes that have changed quite a bit and there's also a change in the groundswell for engagement of consumers.

Clearly, we are moving along that evolution and so expectations are changing and the landscape is changing and so what we want to do is we're reviewing the charter. We want an understanding of how people view it as it is now. Like, how well-known is it? Is it used and referenced? We want to sense test what is in the charter at the moment. Are the rights included still relevant? Does it include everything we need for the current environment or do we need to add something in there, is there refinement that's needed? Importantly, we want to understand how we can encourage and support better use of the charter, because the charter can be a tool to drive change. So it can be a change for consumers, it can be a tool for consumer organisations. It can be a tool for health services to actually argue and push for change. We're at the very first stage of reviewing the charter, so we've got a survey up at the moment to give us a bit of baseline data about how well-known the charter is and what the kind of basic issues or concerns might be. The survey is open until next week, so for anyone interested in doing the survey, everyone is welcome.

It's actually really interesting, because we've had in the I think four weeks we've had it open we've had almost 900 submissions so far, which is one of the highest rates of submissions to any consultation that we've had. Interest is very high, but interestingly enough, a lot of the people who've actually completed the survey haven't necessarily been really aware of it or how they can use it. Trying to actually work out how we can do that better is something we're really interested in doing. A quick shout out, as well. I'm around during lunchtime, so if anyone wants to talk to me about the charter, feel free to grab me. The other thing that I wanted to talk about as well is another piece of work that I find really interesting and I think is also a way of supporting health services understanding of how they might take an organisational approach to becoming a more person-centred organisation. I've been working in this area for a while now, so almost ten years and it's interesting to

see that there are some health services who are really easily able to grab on to the principles of person-centred care.

They're able to engage with consumers in a really meaningful way and make change that actually contributes substantially to the organisation and others really struggle when it comes to this area and a question that's niggled for a long time is, what is it about the organisations that are high performers that allows them to do this and deliver consistent person-centred care? So, last year we engaged an organisation to do a review for us to see if they could identify what those kind of attributes or characteristics of these high-performing organisations are. They did the standard great literature review, which didn't come up with anything radically different. But the interesting part of the project was they actually went out and with a group of kind of experts and advisers we identified four sites in Australia and four international health care organisations who do really well at person-centred care and we got the review team to go out and interview a whole lot of different people within those health services at different levels, different professions, different positions within the organisation to try and understand what it is about that organisation that actually made it work well.

We identified that there were seven key kind of core characteristics or attributes of these organisations and it's a little artificial to separate them, because there's a lot of overlap. They're interrelated, mutually reinforcing, they all kind of work together as a web and they actually look different in different organisations, as well. Some organisations had a greater focus than some areas and others had others, but all were apparent within these high-performing organisations. So what the attributes are is basically these organisations had a focus on comprehensive care delivery that was based on delivering person-centred care at every interaction with their patient, family and carers. They also had a clear purpose, strategy and strong leadership that drives the organisation to achieve exceptional person-centred care. They also had a focus on people, capability and person-centred culture that supported the needs and choices of the individuals. So, the individual as in the patient and the consumer and the family and the carer, but also the individual as in the staff, as well who were working with an organisation.

So they were looking at everyone as individuals and thinking about everyone's needs. They also had person-centred governance systems, so they involved consumers at all levels of their organisations. There was clear accountability for individuals and teams at every level and management, including for things like the consideration of engagement of consumers and consumer perspectives on things like resource allocation and the priority of different services. They also recognised strong external partnerships were integral to coordinating services around the needs and preferences of individuals and interestingly, there was a strong theme around technology in the built environment, as well. We had a long discussion about this and went back to a couple of organisations, but all of them in very different ways actually used the advice, experience, engage with consumers in order to inform decisions about technology and the environment regardless of resource constraints. There were a number of organisations in there who had actually quite significant resource constraints and actually used really creative ways to make sure there were still good physical design principles and the kind of innovative use of technology that didn't necessarily have to cost a whole lot.

And the last one was measurement for improvement. These organisations had an organisational wide culture of continuous improvement. They focus on measuring patient outcomes and experiences and they talked a lot about measuring what matters to the patients and the consumers. This piece of work we're just finishing now. So we're actually just at the point where we should be publishing the report on the piece of work that was done and a whole lot of information about the attributes that we identified in the next couple of weeks and we've also got a nice little set of case studies from the eight organisations that were interviewed. What I find interesting is that none of these attributes are particularly radical ideas. They echo a lot of characteristics of safety culture and high reliability organisations, but they're grounded in the goal of delivering person-centred care and so focusing on fostering these types of attributes will help health services think about how they can meet some of their requirements about the partnering with consumers standard, but it helps them understand how they can move beyond the basics to establishing strong, organisational culture and practice that reflects the consistent person-centred approach to care. And so we have also developed a set of fact sheets that explicitly make the link between a number of the actions of the standards and each of the attributes.

Finally, I just wanted to say that I've talked about three things today that we have been working on to try and drive change and to support and encourage and facilitate greater consumer engagement within the health care sector. But it's the tip of the iceberg in terms of the different types of resources that we've developed over the years and the resources we've tried to influence through colleges, consumer organisations, through other government agencies.

There are a whole heap of resources that we have available and to sum up, I think really, the standards are our biggest influencer, it's our biggest opportunity to actually drive change within the system. We saw with the first edition that there was actually, there was resistance at the start, but it didn't take long for health services to actually think about how they can actually do things that may require minor adjustment to quite kind of significant and substantial change that can create improvement both for consumers and for the service itself. So I think people have actually come along quite a journey with that first edition of the standards and have a great appreciation now of how engaging with consumers can actually drive improvement in the entire system. Conscious the implementation is commencing soon so I think we're going to start to see an increase in need, an increase in action, an increase in the desire of health services to start engaging more broadly. Particularly with those new requirements around the standards.

Also, I've talked about the charter which is one of our core resources which can be a tool for change and also how we might use the attributes, which I think moving forward we're going to see how we can support health services to start striving for that higher place to start reaching for excellence by illustrating how that can be demonstrated in different ways. So I think there will be challenges ahead for some organisations adjusting to this new environment and the increasing expectation to engage. But I think there is a massive opportunity and potential for improvement that is quite exciting and will be interesting to see over the next few years. And that's it. Thank you. (APPLAUSE)