Best Experience:
Diversity, Equity and Inclusion Framework

2024–2028

Western Health

your Culture | *your* Ability | *your* Identity

We welcome you at Western Health

Western Health acknowledges the Traditional Custodians of the land on which our sites stand.

We pay our respects to Elders past, present and emerging. We are committed to the healing of Country, working towards equality in health outcomes, and the ongoing journey of reconciliation.

Western Health is committed to respectfully listening and learning from Aboriginal and Torres Strait Islander people and wholeheartedly supports their journey to self-determination.

Western Health recognises the importance of acknowledging First Nations Peoples, the first people of Australia who have lived on this continent for upwards of 60,000 years. By including their needs in this document, we affirm our commitment to equity, inclusion, and the shared journey toward reconciliation, which are essential for achieving equitable health outcomes.

Contents

2024 – 2027

Foreword

Western Health is committed to fostering a community that includes, embraces and celebrates people of all cultures, abilities and identities, and is committed to respectfully listening and learning from Aboriginal and Torres Strait Islander peoples.

This Diversity, Equity and Inclusion framework lays out Western Health's commitment to being a safe, inclusive and equitable place for all workers and consumers. This Framework has been developed in collaboration with people from across our community, staff from several disciplines and locations, consumers, volunteers and other stakeholders. They have been part of its development and will guide its implementation. We will deliver on our promises in this framework, in partnership with our community, as is the Western way. I would like to thank and acknowledge all those involved for their invaluable expertise in developing this framework.

As a health service and an employer, we believe safety and inclusion is everyone's responsibility and everyone's business. Western Health recognises that effective diversity, equity and inclusion for our consumers and our staff is a strength that positions us as an employer and service provider of choice.

We look forward to developing and implementing the improvements that this Framework enables. I encourage all Western Health staff, volunteers, patients, families, and communities to embrace this framework and consider the role they can play in supporting the commitments in the framework to come to life.

Russell Harrison
Chief Executive Officer
Western Health

Introduction

Why a Diversity, Equity and Inclusion Framework?

"It is strategically important that Western Health does our role and does it well – which is providing best care health services that meet community requirements. We cannot actually do that without having a health equity lens over every single thing that we do."

Western Health Executive

Best Care Framework

At Western Health we are committed to high quality care that is safe, person-centred, right and coordinated – we are committed to Best Care. To provide Best Care for consumers, we must constantly put them first, listen to them and their families and constantly review, enhance and improve how we deliver care.

Positive Workplace Framework

We rely on the efforts of our dedicated employees and volunteers to deliver Best Care. We aim to create and maintain a workplace where the day-to-day practice of all Western Health employees and volunteers enables both positive consumer experiences and a positive workplace environment for employees and volunteers.

Our communities are diverse and unique

- Western Health is a major healthcare provider in one of most diverse and fast growing regions of Australia.

- Our communities are culturally rich, with members speaking more than 150 languages and dialects.

- While proudly diverse, people from across our suburbs face significant challenges.

- Many people experience substantial social and economic disadvantage. Rates of unemployment and financial hardship tend to be higher within our communities.

- Our community has higher than average rates of chronic disease and poorer access to services including primary care. As our population ages, frailty is becoming a significant challenge to independent healthy living.

- The social, economic and cultural determinants of health are well recognised in health care settings.

- Worldwide, evidence shows that people from diverse populations are more likely to face barriers to accessing quality health care, leading to poorer health outcomes overall. This results in longer hospital stays, higher rates of medical error and lower consumer satisfaction.

- Many people in our community identify and belong to multiple diverse populations. As a result, they may face compounded and intersecting barriers to maintaining good health and wellbeing, and to accessing quality healthcare.

- We are deeply embedded in our community, and have a strong philosophy of working in partnership to deliver excellence in consumer care.

Our workforce should reflect the diversity of our communities

- At Western Health we employ almost 13,000 staff and have 700 volunteers, many of whom live locally. Our paid and volunteer workforce also represents the diversity of our community.

- Research has found that greater workforce diversity, particularly among decision makers and contributors, is associated with improved consumer satisfaction, better clinical decision making, quality of care, and positive health outcomes.

- Workforce diversity is also linked with improvement in organisational performance, productivity, effectiveness, innovation, and financial performance.

Our priority is the wellbeing of our staff, volunteers, and consumers

- We understand that a positive and safe workplace delivers better consumer care, increases staff retention, and decreases the number of accidents and reduces absenteeism.

- A commitment to Diversity, Equity and Inclusion (DEI) is good for people, good for health, and good for our community.

- Of course, we also recognise we have legal obligations as an employer and provider of services to the community.

- We must respect, protect and promote human rights and consider human rights when making decisions.

- We must not discriminate in employment and delivery of services, and should take all reasonable steps to prevent discrimination, harassment, and bullying.

- We must work to promote gender equality in our workplace.

- We have demonstrated a long commitment to principles of DEI reflective of the needs and experiences of the communities we serve.

- We have also heard that our efforts can be a patchwork of well-intentioned but ad hoc activities. We know our work can be strengthened through a more integrated and systematic approach.

- Through our DEI Framework we can ensure our commitment to fairness and equity sits at the heart of our work, is visible and reflected in our culture and practice, and informs everything that we do and deliver.

Strategic and legislative alignment

At Western Health we want to see a fair and just health system that empowers all people to thrive and have a good life. Our aim is to be a culturally safe and inclusive health environment where difference is celebrated.

This is our Diversity, Equity and Inclusion vision and purpose.

This Framework will become an essential resource to inform conversations between leaders, staff, consumers and our wider community about how we can best deliver on these aims in partnership with our community.

We want to be proactively anticipating and addressing the unique and evolving needs of our communities and workforce. Our values are more than a clever acronym – we want to be guided by our values in being at the forefront of DEI best practice rather than reactive to future DEI legislative requirements.

This Framework will provide a clear pathway to maintaining a safe, accessible, inclusive and welcoming environment for all people, supported by a range of other Western Health strategies, frameworks and plans.

As we continue to strengthen and integrate our diversity, equity and inclusion approach through this Framework, we will develop a new *Best Experience: Diversity, Equity and Inclusion Strategy* to realise its implementation.

The new strategy will progressively align a number of existing Western Health action plans to ensure our work is visible, integrated, effective, and intersectional.

Western Health Strategic Direction 2024–2027

Our new Strategic Direction 2024-2027 provides direction for our rapidly growing organisation and reflects our continued commitment to improve healthcare for the people of the West.

Building on our previous plan, this strategic framework is underpinned by five directions:

1 – We partner with patients, consumers, families and carers

2 – We care for our people

3 – We deliver services for the future

4 – We are better together

5 – We discover and learn

The Strategic Direction makes it clear the significant role the DEI Framework will have in helping us achieve and measure our aims for the next four years. Specifically, this is noted in initiatives outlined in:

- **Equitable and Inclusive Care (1.1)**
  Engage and involve patients and consumers in designing equitable and inclusive approaches to care, now and into the future.

- **Seamless Care Pathways and Personalised Care (1.2)**
  Support our patients and consumers with seamless navigation of care pathways that are connected, personalised and culturally appropriate.

- **Foster a Healthy and Inclusive Workplace Culture (2.4)**
  Foster a healthy and inclusive workplace culture as Western Health continues to grow and expand, providing a great employee experience from recruitment to on-boarding and throughout the employment lifecycle.

- **Connect with, and advocate for, our community (4.1)**
  Building strong connections with our community to better understand their unique and diverse needs, support health prevention and advocate to create a better health system for the people of the West.

Western Health Frameworks

Best Care Framework

To provide Best Care for consumers, we must constantly put them first, listen to them and their families and constantly review, enhance and improve how we deliver care.

Through our *Best Care Framework*, we aim to provide outstanding consumer care everywhere, every time.

We commit to working together and in partnership with our consumers to deliver care that is:

- **Person-centred**
  I am seen and treated as a person

- **Co-ordinated**
  I receive help, treatment and information when I need it and in a co-ordinated way

- **Right**
  I receive care that makes me feel better; and

- **Safe**
  I feel safe.
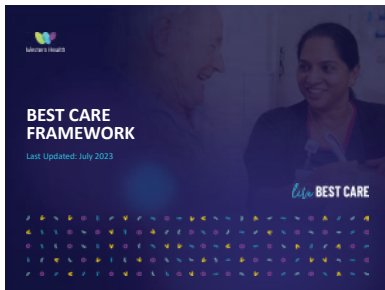
Positive Workplace Framework

Our capacity to deliver a positive consumer experience through Best Care relies on the efforts of our dedicated employees and volunteers.

Through our *Positive Workplace Framework 2021-2023: Caring and Growing Together* we aim to create and maintain a workplace that enables both positive consumer experiences and a positive workplace environment for employees and volunteers.

The Framework is founded on three pillars essential to building and maintaining a positive workplace at Western Health – our **future** (mental health and wellbeing, awareness raising, future workforce), our **pathways** (employee experience, employee growth, organisational alignment) and our **people** (inclusion and diversity, support and autonomy, connection and purpose).

Best Research Framework

To deliver Best Care and sustainable healthcare we understand our care practices must be underpinned by the best available evidence.

Through our *Best Research for Best Care Framework 2021-2026*, we focus on our people, our partners and our data to design, conduct and communicate research that is culturally appropriate and consumer-centred.

Our approach prioritises research that translates evidence into practice, focuses on consumers with the most complex care requirements, and partners with consumers and community.

Western Health Plans and Initiatives

Our long-term commitment to engaging with diverse communities is reflected in many of our existing action plans and projects which will continue to be supported and enhanced by the DEI Framework.

Aboriginal Health Cultural Safety Plan 2022–2025

Outlines the positive actions we will take to grow our Aboriginal and Torres Strait Islander workforce and deliver culturally safe care to our Aboriginal and Torres Strait Islander consumers and families.

Disability Access and Inclusion Projects

Initiatives are being coordinated to update and consolidate the achievements of the *Disability Access and Inclusion Action Plan 2019-2022*. These actions will continue to help make services, interactions and our culture more accessible and welcoming. Implementation aims to identify and change practices that may be discriminatory or restrict or prevent staff, volunteers and consumers from contributing to high quality and safe healthcare services.

Gender Equality Action Plan 2022–2025

Outlines our commitment to making reasonable and material progress towards workplace gender equality and inclusion. To deliver the Best Care for the people of the West, we need to have the best people on board and so we look to engage the broadest talent pool by addressing and eliminating bias when hiring staff, providing flexible working arrangements and leave, and building a culture where staff are safe and free from sexual harassment, bullying and discrimination.

LGBTIQ Inclusion Initiatives

Inclusion building initiatives such as Pride March and International Day against LGBTQI+ discrimination (IDAHOBIT), staff and volunteers wearing the Progress Flag and pronouns on name badges and the Gender and Sexuality project all contribute to shaping attitudes and culture to better understand the experiences of our LGBTIQ+ staff, volunteers and community. These actions lay the groundwork for a workplace and hospital community that is not only safe for all but welcoming all people as they are.

Consumer First Model

Central to our *Best Care Framework* and achievement of NSQHS Standard 2 – *Partnering with Consumers*, Conusmer first outlines our commitment to consumer partnerships across five focus areas that support planning, design, delivery, measurement and evaluation of care. These include:

- **Working together** (I am included as a respected partner in reviewing and improving healthcare)
- **Shared decision making** (I am supported to make informed decisions about my healthcare)
- **Personalised and holistic care** (I receive personalised care that is informed by the experiences of others and supports me as a whole person)
- **Equity and inclusion** (I receive care that is considerate of consumer diversity and promotes inclusion)
- **Effective communication** (I receive high-quality information that I can readily understand and act upon).

Legislative Context

The work we are doing to strengthen and deepen our diversity practice at Western Health will also support our capacity and commitment to meeting requirements under several Commonwealth and State laws, including for example:

Commonwealth

- Age Discrimination Act 2004
- Disability Discrimination Act 1992
- Fair Work Act 2009
- Sex Discrimination Act 1984
- Workplace Gender Equality Act 2012

Victoria

- Charter of Human Rights & Responsibilities Act 2006
- Child Wellbeing & Safety Act 2018
- Equal Opportunity Act 2010
- Gender Equality Act 2020
- Medical Treatment Planning & Decisions Act 2016
- Mental Health & Wellbeing Act 2022
- Multicultural Victoria Act 2011
- Occupational Health & Safety Act 2004
- Racial & Religious Tolerance Act 2001
- Victorian Disability Act 2006
- Occupational Health and Safety Regulations 2017 (Vic) (New OHS Regulations)

How was the Framework developed?

"I feel like we should be leaders in this because we have probably the most diverse community that we work in, and this is the same community that our workforce comes from."

Western Health Executive

Our approach

This Framework was developed through a series of conversations with consumers, volunteers, staff and leaders from a variety of operations and disciplines between October 2022 and July 2023.

The aim of these conversations was to develop a **shared vision**, underpinning **framework** and **governance** arrangements to support Western Health's DEI work into the future.

As the scope of the Framework makes clear, it was important that any future work should include *all* people who connect with Western Health – patients and families, consumers, partners, staff and volunteers.

Key activities in the development of the Framework included:

- **A desktop review** of our existing documents, including relevant frameworks, strategies and action plans; organisational charts, committee structures, terms of reference and meeting minutes; quality reporting accounts; and staff and consumer survey experience data.

- **Targeted interviews** with internal and external stakeholders, including members of our Executive, staff responsible for key diversity, engagement and research initiatives, and people leading similar work in other large health settings.

- A series of **workshops** with staff and consumer representatives working at multiple levels and locations across Western Health to explore current strengths and limitations, and future vision and opportunities.

- Comprehensive **outcome mapping** against internal plans and strategies and externally validated tools for measuring diversity, equity and inclusion practice and staff/consumer experience.

This Framework is informed by a review of over sixty documents, the perspective of around eighty people, and more than half a dozen externally validated best practice tools.

What we heard

Across all our conversations, we heard a number of key themes about what our people value and what they want that informed our Framework, our commitments and our work into the future. They identified several current strengths in our practice, as well as areas to improve and strengthen.

Key features

Key features that our community want to define our diversity, equity and inclusion approach and practice include:

- **Health equity lens:** We recognise many in our community experience disadvantage and inequitable access to service, supports and opportunities. These lead to disparities in health, education, employment, and other outcomes. To account for unique needs, experiences and barriers we place an equity lens over our work and tailor our approach accordingly.

- **Inclusive of all people:** The nature of a person's relationship with us should not define their experience; all people should feel and be valued, respected and affirmed through interactions that are culturally safe, all the time and at all life stages.

- **Evidence-based and data driven:** As we continue to strengthen our diversity, equity and inclusion practice we need to invest in systems and processes that deliver high-quality data. If we understand how access, experience and outcomes are similar and different between diverse groups we can research and plan the best approaches to improve outcomes for everyone.

- **Iterative and evolving:** Community needs and experiences, language and terminology, and culturally safe practices are emerging and evolving. They change over time. Our diversity, equity and inclusion practice must also constantly adapt, develop, strengthen and respond to meet these changing needs and expectations, including through an organisational commitment to critical practice and self-reflection.
- **Trauma-informed:** Recognising that many people in the Western Health community have historical and ongoing experiences of intersectional discrimination, oppression, stigma and trauma (including for example the impacts of colonisation and ableism; ageism; classism; homophobia, biphobia and transphobia; racism; and sexism) our work should be underpinned by trauma-informed practice principles.
- **Genuine partnership:** At the heart of our diversity, equity and inclusion practice is a commitment to redress the historical and continuing power imbalances described above. This commitment calls us to work in genuine partnership with our diverse communities to co-design approaches that promote and enhance autonomy, choice, control, and self-determination.

Strengths and enablers

At Western Health we have invested in strategies to better respond to the needs and experiences of the diverse communities of the West for a very long time.

On the next page is a snapshot of our diversity, equity and inclusion journey to date. It highlights just some of our successes to date that we are most proud of.

During our conversations to develop this Framework, our community highlighted several strengths that provide us with a solid platform for this work. Some examples included:

- We are a strongly **values-based organisation** that is deeply embedded in our community; we understand our operating context and the aspirations of the people of Melbourne's West.
- Across our organisation at all levels of leadership, all disciplines, and all sites we share a deep sense of **commitment** to fairness, justice and equality supported by excellent **goodwill** and a **generosity** of spirit.
- We have a **diverse workforce** of paid and volunteer staff which reflects the community we serve; we are well served by **identified roles** for diversity, equity and inclusion and consumer participation, as well as extensive (and growing) **consumer voice** mechanisms.
- We have already applied a **priority cohort focus** and planning approach, which is embedded in our Best Care and Consumer First **quality structures**.
- We have access to strong **business intelligence** and a commitment to stronger data use and reporting.
- Our approach to research is underpinned by **multidisciplinary, translational and co-designed research** supported by workforce mentoring and practice development.
- We have developed opportunities to influence and deliver population-level public health improvements through the **direct community interface** delivered through the Western Public Health Unit.

Opportunities to grow and improve

Through this Framework we commit to engaging with the opportunities our community identifies for us to improve. Including, for example, in areas such as:

- Development of a cohesive **shared vision, purpose and strategy** for diversity, equity and inclusion.
- A more **integrated and embedded approach** to planning and delivering diversity, equity and inclusion initiatives that are intentional, meaningful and person-centred.
- More **efficient use of time and resources** by reducing fragmentation, siloed/ad hoc approaches, and initiatives that do not deliver improved outcomes.
- Improved **staff knowledge, skills and capabilities** that are clearly defined and supported, and for which staff are held accountable.
- Strengthened **intersectional representation** across leadership and consumer groups.
- Improved collection and analysis of **disaggregated data** for consumer/staff outcomes and experience to inform planning.
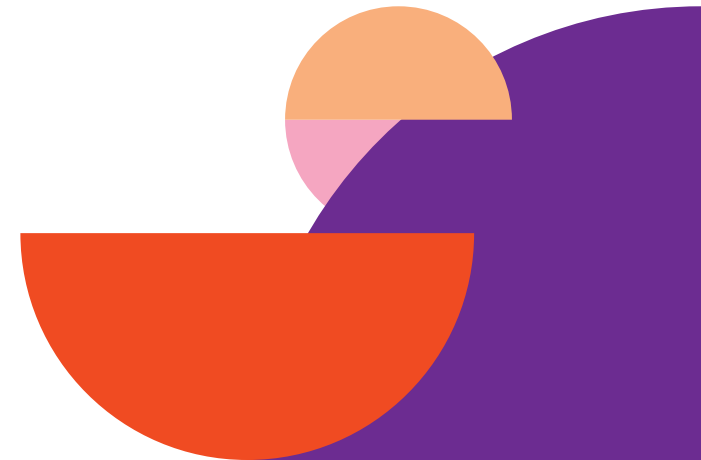
Western Health Diversity, Equity and Inclusion Framework

Vision

A fair and just health system that empowers all people to thrive and have a good life.

Purpose

To be a culturally safe and inclusive health environment where difference is celebrated.

Principles

Respect: We create a welcoming environment where individual dignity is maintained.

Fairness: We are honest and transparent, promoting equity and justice through our work.

Partnership: We share power by elevating the voice of our whole community and valuing lived experience.

Courage: We evolve our practice through self-reflection, and lead by standing up for our values.

Framework scope

- We acknowledge that all people should live and work in a safe and equal society, have access to equal power, resources and opportunities, and be treated with dignity, respect, and fairness.

- Equality is a human right and precondition to social justice. Equality benefits all people and brings significant economic, social and health benefits for everyone.

- All people, regardless of background, should be free to develop their personal abilities, pursue their professional careers and make choices about their lives without being limited by stereotypes or prejudices.

- Equality is a shared right and responsibility for everyone.

- This Framework applies to all people we have a relationship with, regardless of whether a person is a member of staff or a volunteer, a consumer or family member, or a member of the broader community of the West.

Our community: including communities of the West, external partners

Our consumers: including patients, clients, families, carers

Our staff: including Western Health staff and volunteers from a range of operations and disciplines

Our leaders: including Western Health Board, Executive and Managers

For each group there are a range of expected outcomes this Framework will deliver. These include behavioural outcomes and experiential outcomes.
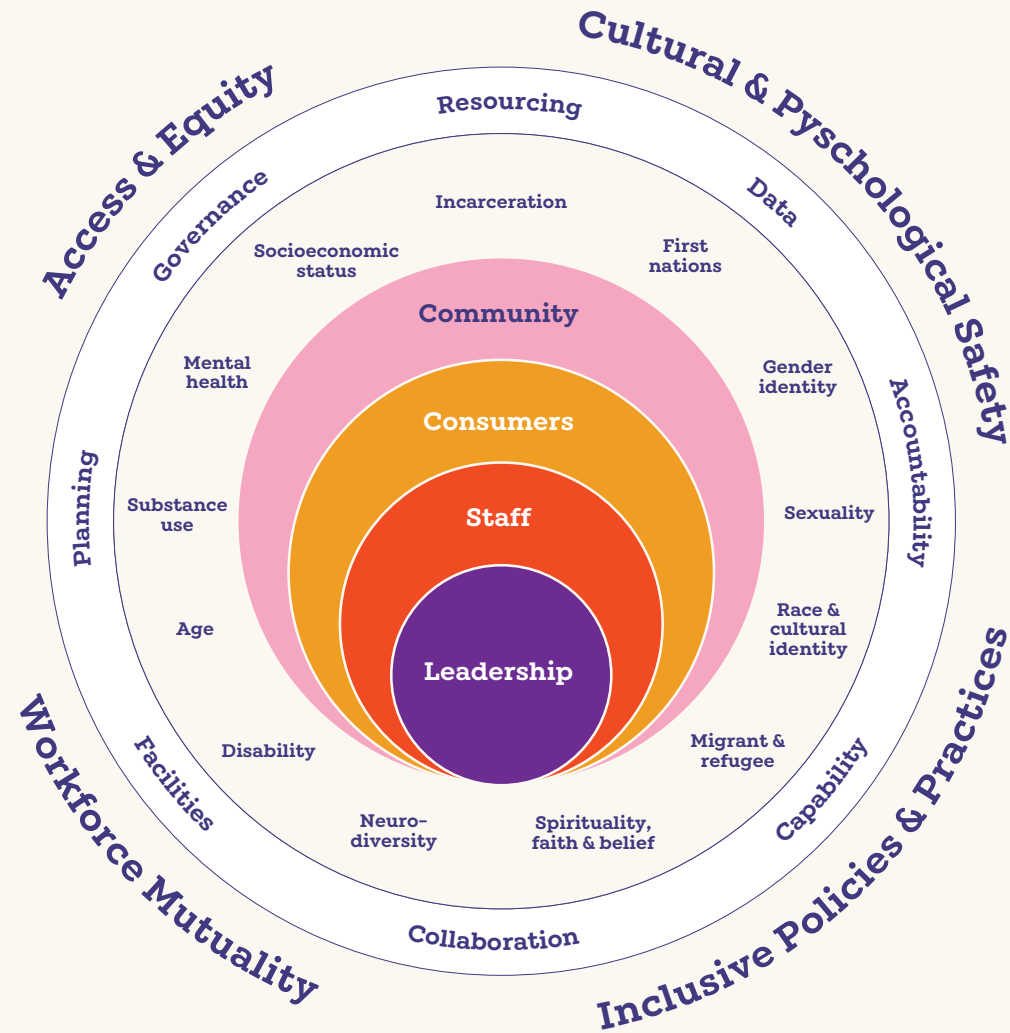
Priority populations

Evidence shows us that DEI experiences and outcomes vary widely. Inequality may be compounded by other forms of disadvantage or discrimination that a person may experience based on indigeneity, age, disability, ethnicity, gender identity, race, religion, sexual orientation, colonisation and other attributes.

To this extent, achieving equal DEI outcomes for different members of our community and our workforce can only happen when we adequately understand the diverse needs of our people and consumers, and respond effectively and accordingly. This is what we mean by taking an equity approach or applying an intersectional equity lens.

While our DEI Framework is intended to benefit all people, it focuses on specific groups that have historically lacked access to power, resources and opportunities. These include marginalised attributes and aspects of identity as illustrated in Figure 1. Marginalisation of these groups will be address by WH through action-based committees, direct clinical services, or both.

Figure 1 — Concentric circle diagram. Inner circles (from centre outward): Leadership, Staff, Consumers, Community. Surrounding attributes: Incarceration, First nations, Gender identity, Sexuality, Race & cultural identity, Migrant & refugee, Spirituality, faith & belief, Neuro-diversity, Disability, Age, Substance use, Mental health, Socioeconomic status. Outer ring labels: Resourcing, Data, Accountability, Capability, Collaboration, Facilities, Planning, Governance. Outermost headings: Access & Equity, Cultural & Pyschological Safety, Inclusive Policies & Practices, Workforce Mutuality.

What are our priority actions?

Pillars for action

Our Diversity, Equity and Inclusion Framework recognises that more than a series of activities and events is needed to achieve our ambitions.

We recognise that structural and cultural shifts are necessary to create substantive, transformative and sustainable change.

Through this Framework, we commit to an integrated approach delivered through the following pillars for action:

Planning

- Our DEI Framework is delivered through integrated, linked and resourced plans that that are consistently implemented across the organisation.

- Leaders, staff, patients and consumers from diverse backgrounds contribute to and participate in an organisational culture that values DEI as a core strength.

Governance

- We have Executive Director-sponsored structures to oversee and lead the development, delivery and monitoring of our DEI Framework and initiatives at all levels of our organisation.

- Distributed leadership supports a top-down and bottom-up approach in which DEI rights, roles and responsibilities for leaders, staff, patients and consumers are clearly defined.

Resourcing

- We allocate and grow dedicated resources to improve and refine our DEI work.

- We optimise resources by supporting leaders, staff, patients and consumers to share knowledge and lived experience to further our DEI objectives.

Data

- We collect, analyse and report intersectional DEI experience and outcome data for staff, patients and consumers to identify disparities and inform system, service and workforce planning.

- We collect sensitive information in a culturally safe way using appropriate and inclusive language, forms and systems.

Accountability

- We establish measurable goals, KPIs and clear metrics to deliver ongoing improvements in our DEI systems, processes, culture and outcomes.

- We monitor and are transparent in our reporting of DEI metrics to our community, partners and sector.

Capability

- DEI capability is a people development priority and actively considers the skills and knowledge available and required to support different leader, staff and consumer roles.

- Our processes for recruiting and developing leaders, staff and consumers, and caring for patients are transparent and unbiased, designed to eliminate barriers, and focused on supportive pathways for underrepresented groups.

Communications

- Our DEI commitment is reflected in publications, communications and other promotional resources that are inclusive, respectful, and responsive to diverse cultural, linguistic and cognitive needs.

- We acknowledge leader, staff and consumer DEI contributions and their achievements are celebrated; we understand and celebrate diverse communities, their cultures, achievements, and strengths.

Collaboration

- Our people are empowered to share their lived experience as co-design partners in the design, delivery and evaluation of culturally safe and person-centred facilities and services.

- We work with, learn from, and share our expertise with peak organisations and recognised leaders in DEI practice.

Facilities

- We support positive staff, patient, consumer and community experience through sector-leading facilities and environments that are culturally safe, fit-for-purpose, welcoming and accessible.

Expected outcomes

A range of outcomes are anticipated to be delivered for our people through the pillars for action described above, and the detailed actions that will be continued in the *Best Experience: Diversity, Equity and Inclusion Strategy*.

These outcomes will be *experiential* (how our people think and feel), *behavioural* (how our people act), and *systemic* (how our organisation works).

These experiential, behavioural and systemic outcomes feed into four thematic areas:

- Access and equity
- Cultural and psychological safety
- Inclusive policies and procedures
- Workforce mutuality

Experiential	Behavioural	Systemic
Access and equity		
• Our people are treated equitably no matter who they are. Identity is no barrier to leadership, employment or accessing quality care.	• Our people model respect, and are for human rights; treating one another with dignity and respect and inclusive of different cultures, beliefs, backgrounds and abilities.	• Our people can access quality care and support when they need it according to their needs.
Cultural and psychological safety		
• Our people feel safe and welcome to be themselves at work, when receiving care, and in the community.	• We deliver and receive quality care free of bullying, harassment and discrimination.	• Our systems enable us to prevent, monitor, track, report and respond to safety risks and events.
Inclusive policies and practices		
• Our people experience flexible and adaptive employment and care tailored to their DEI needs and preferences.	• Our people listen to one another; opinions, ideas and concerns are valued and recognised, and diverse voices are included when making decisions.	• We are recognised as a good place to work and receive care, free from bias.
Workforce mutuality		
• Our people can use their personal cultural capital and expertise in their role.	• Our people hold the DEI skills, knowledge and capabilities they need to deliver leading DEI practice.	• Our leadership, workforce, and consumers reflect the diversity of our community.

Diversity, Equity and Inclusion Framework 2024—2028

Governance

This Framework establishes new governance arrangements responsible for the oversight and delivery of our diversity, equity and inclusion commitment and initiatives.

As part of Western Health's broader governance arrangements, the Diversity, Equity and Inclusion Committee will be renamed to the Best Experience Committee. In echoing Best Care, we want our people to have the best experience whether they are working, visiting or being cared for.

Reporting directly to the Executive and through the Executive to the Board subcommittees and Board, the Best Experience committee will be responsible for oversight of this Framework and delivery of the Diversity, Equity and Inclusion Strategy to follow.
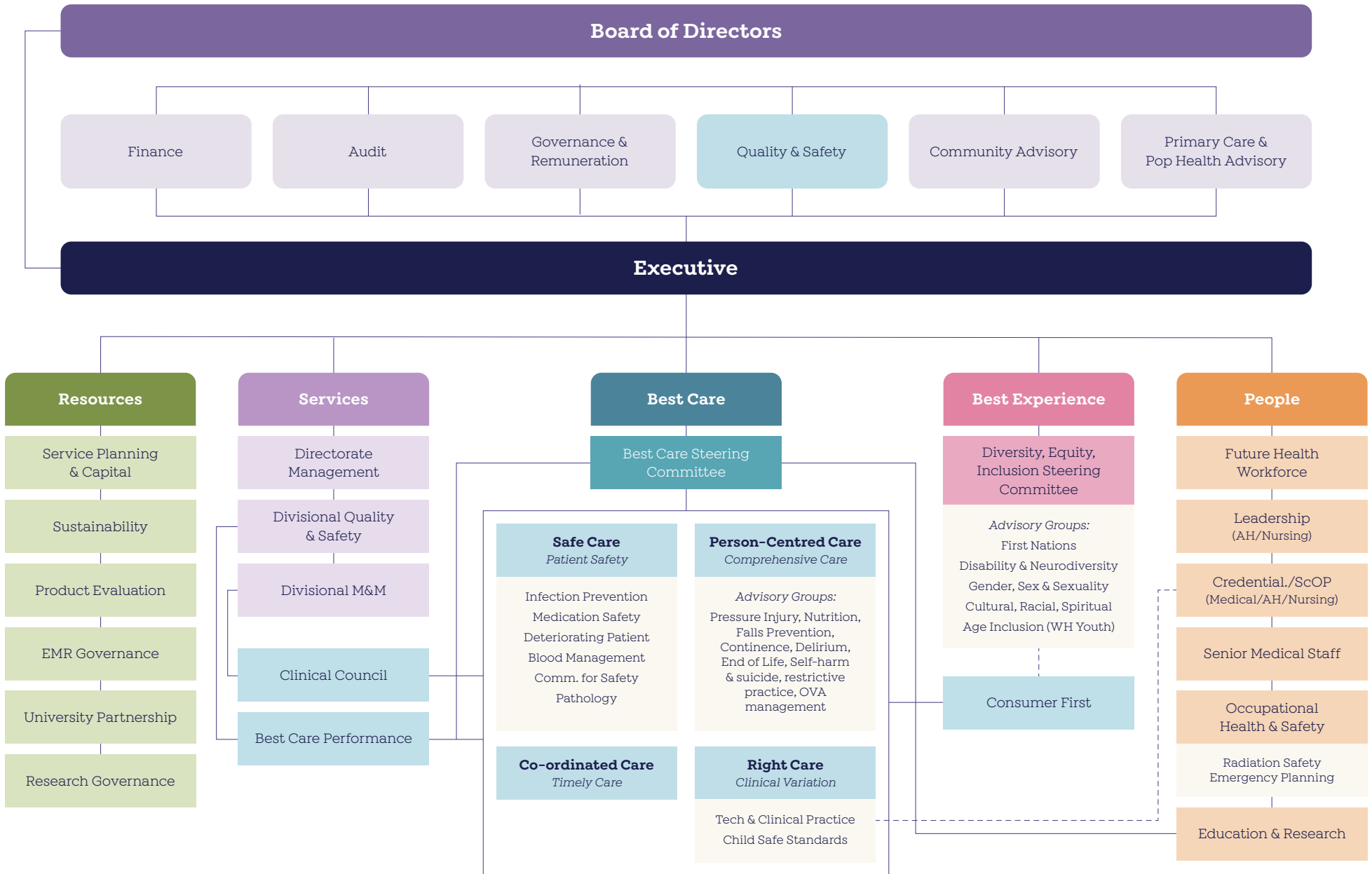
In the first instance, the Best Experience Committee will be chaired by WH CMO-sponsor which is separate from the Operational Executives; EDPCC and EDON whose areas operationalise the work.

Direct links to the Best Care Consumer First,

Research, Best People and Best Use of Resource committee structures (see diagram below) and reciprocal integration of work within respective remits will be supported through shared senior-level membership and established communication and reporting mechanisms between committees.

Operational delivery of the Best Experience DEI Strategy and related action plans will be supported through priority population and cohort working groups. Led by identified DEI staff and others, these working groups will facilitate cross-organisational and multidisciplinary staff involvement and consumer inputs, ensuring DEI action plans are aligned to the overarching strategy and effectively embedded across sites and programs.

Board of Directors

- Finance
- Audit
- Governance & Remuneration
- Quality & Safety
- Community Advisory
- Primary Care & Pop Health Advisory

Executive

Resources
- Service Planning & Capital
- Sustainability
- Product Evaluation
- EMR Governance
- University Partnership
- Research Governance

Services
- Directorate Management
- Divisional Quality & Safety
- Divisional M&M
- Clinical Council
- Best Care Performance

Best Care
Best Care Steering Committee

Safe Care
Patient Safety

Infection Prevention
Medication Safety
Deteriorating Patient
Blood Management
Comm. for Safety
Pathology

Person-Centred Care
Comprehensive Care

Advisory Groups:
Pressure Injury, Nutrition, Falls Prevention, Continence, Delirium, End of Life, Self-harm & suicide, restrictive practice, OVA management

Co-ordinated Care
Timely Care

Right Care
Clinical Variation

Tech & Clinical Practice
Child Safe Standards

Best Experience
Diversity, Equity, Inclusion Steering Committee

Advisory Groups:
First Nations
Disability & Neurodiversity
Gender, Sex & Sexuality
Cultural, Racial, Spiritual
Age Inclusion (WH Youth)

Consumer First

People
- Future Health Workforce
- Leadership (AH/Nursing)
- Credential./ScOP (Medical/AH/Nursing)
- Senior Medical Staff
- Occupational Health & Safety
- Radiation Safety Emergency Planning
- Education & Research

Appendices

I. DEI Framework Summary

Vision, Purpose and Principles	Scope	Applications	Key Concepts	Alignment	Outcomes / Indicators
Vision A fair and just health system that empowers all people to thrive and have a good life. **Purpose** To be a culturally safe and inclusive health environment where difference is celebrated. **Principles** • **Respect:** We create a welcoming environment where individual dignity is maintained. • **Fairness:** We are honest and transparent, promoting equity and justice through our work. • **Partnership:** We share power by elevating the voice of our whole community and valuing lived experience. • **Courage:** We evolve our practice through self reflection, and lead by standing up for our values.	• First Nations people • Women and victim-survivors of family violence • LGBTQIA+People • People from marginalised cultures, races and faiths • Recent migrants & refugees • People living with Disability • Neurodivergent people • People younger than 25 and older than 54 years • People with addiction • People with mental health concerns • People experiencing socioeconomic disadvantage • People who are incarcerated	• Our community: including in the West and among external partners • Our consumers: including consumers, clients, families, carers • Our staff: including frontline and service staff, volunteers • Our leaders: including board, executive and managers	• Human rights and the social determinants of health • Diversity, equity, inclusion, belonging, and equality as an outcome • Cultural safety and intersectionality • Staff and consumer experience • Self-determination, participation and engagement (incl. consumer voice, co-design, power sharing, shared decision making) • Workforce mutuality	• Western Health Strategic Directions 2024-2027, Values (CARES) • Priority population plans and strategies • Patients and consumers to Best Care Framework, Consumers First and SCV Partnering in Health • Staff and volunteers to Positive Workplace Framework 2021-2023 • Research to Research Strategic Plan 2021-2026	• Experiential outcomes / indicators • Behavioural outcomes / indicators • Organisational / systemic outcomes / indicators

II. Key Concepts

Access:

The elimination of discrimination and other barriers that contribute to inequitable opportunities to join and be a part of a work group, organisation, or community. [1]

Cultural intelligence:

The ability to be culturally responsive, adaptable and relatable, and practice social humility and cultural competence when engaging with people and circumstances connected with a culture other than one's own. [2]

Cultural safety:

First developed for health service delivery for Māori communities and later adopted by other First Nations communities (including in Australia) and more broadly, cultural safety is defined as an environment that is safe for people, where there is no assault, challenge or denial of identity, of who they are and what they need. Cultural safety is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and true listening. [3]

Disaggregated data:

Refers to a way of collecting and analysing data that is broken down into specific sub-categories (such as age, gender, ethnicity) to help understand different experiences. Data that is disaggregated for intersectional identities can reveal specific experiences and outcomes for particular groups and tells a more nuanced "story" that aggregate (whole of population) data can hide.

Discrimination:

Refers actions that treat a person less favourably because of a personal characteristic (for example age, sex, gender, sexual orientation, race, ability, religious belief, parenting status), or impose a requirement, condition or practice that is likely to unreasonably disadvantage such a person. Discrimination presents as ageism, sexism, racism, ableism, homophobia and transphobia, for example.

Diversity:

Involves the representation or composition of various social identity groups within a group, organisation, or community. The focus is on social identities that correspond to societal differences in power and privilege, and thus to the marginalisation of some groups based on specific attributes—e.g., race, ethnicity, culture, gender, gender identity and expression, sexual orientation, socioeconomic status, religion, spirituality, disability, age, national origin, immigration status, and language. (Other identities may also be considered where there is evidence of disparities in power and privilege.) There is a recognition that people have multiple identities and that social identities are intersectional and have different importance and impact in different contexts. [4]

Equality:

Recognising that, as human beings, we all have the same value. This means, we all have the same rights, we should all receive the same level of respect, and be supported to access opportunities. Equality is an outcome that is achieved not by treating everyone exactly the same, but through structures and systems that are equitable. [5] (See Equity)

Equity:

Providing resources according to the need to help diverse populations achieve their highest state of health and other functioning. Equity is an ongoing process of assessing needs, correcting historical inequities, and creating conditions for optimal outcomes by members of all social identity groups. [6]

Experience (consumer and staff):

The sum of all **interactions** (the orchestrated touch-points of people, processes, policies, communications, actions, and environment), shaped by an organisation's **culture** (vision, values, people at all levels and in all parts of the organisation and community), that influence **perceptions** (what is recognised, understood and remembered as also influenced by beliefs, values, cultural background, etc.) across the **continuum of engagement** (before, during and after consumer care or staff employment). [7]

Human Rights:

Human rights are the rights we all have because we exist as human beings; they are **fundamental** (they form the basis of international law), **universal** and **inherent** to all people (we all have them regardless of our background) and **inalienable** (they cannot be taken away without a good reason and due process). [8]

[1] https://www.apa.org/about/apa/equity-diversity-inclusion/framework.pdf
[2] https://www.apa.org/about/apa/equity-diversity-inclusion/framework.pdf
[3] Williams R 2008 'Cultural safety: what does it mean for our work practice?' Australian and New Zealand Journal of Public Health, vol. 23, no. 2, pp. 213-214
[4] https://www.apa.org/about/apa/equity-diversity-inclusion/framework.pdf
[5] Adapted from https://humanrights.gov.au/lets-talk-about-equality-and-equity
[6] https://www.apa.org/about/apa/equity-diversity-inclusion/framework.pdf
[7] https://theberylinstitute.org/
[8] https://www.ohchr.org/en/what-are-human-rights

Inclusion:

Harnesses the diversity and brings these unique views, resources and experiences together to create an environment where all community members are involved, respected and connected; with equitable access to opportunities, resources and services. (3, 4)

An environment that offers affirmation, celebration, and appreciation of different approaches, styles, perspectives, and experiences, thus allowing all individuals to bring in their whole selves (and all their identities) and to demonstrate their strengths and capacity. [9]

Intersectionality:

Refers to the ways in which various aspects of a person's identity can expose them to overlapping forms of privilege and/or discrimination and marginalisation. Intersectionality is heavily impacted by the concept of social location – people can experience both power and oppression simultaneously and can experience power and privilege in some contexts and oppression in others. [10]

Justice:

Commitment to creating fairness and equity in resources, rights, and treatment of marginalised individuals and groups of people who do not share equal power in society. [11] Justice seeks to fix systems and structures to promote long-term, sustainable and equitable access. [12]

Participation and engagement:

Public participation is broadly defined as the involvement of those affected by a decision in the decision-making process. In practice, participation can incorporate a wide range of activities using interchangeable terms such as community consultation or stakeholder engagement. Occurring along a spectrum, lower levels of engagement (informing and consulting) tend to involve limited power sharing and shared decision making, whereas higher levels of engagement (collaboration and empowerment) involve greater power sharing by meaningfully involving stakeholders in the design, delivery and evaluation of services and programs (co-design, co-deliver, co-evaluation). [13]

Psychological safety:

A climate that is safe, welcoming, engaging, and affirming for people of all social identity groups and intersections, especially those most impacted by systemic oppression. It includes being courageous to express vulnerability, to own mistakes and transform them into learning opportunities, and to trust that judgement will not be issued for doing so. Creating a psychologically safe environment requires a deep understanding of the historical challenges in healthcare, an acknowledgement of who has been harmed and the impact of that harm, and a commitment to cultivating an honest and transparent relationship with marginalised communities. [14]

Self-determination:

Self-determination can mean different things to different groups of people. At its core, self-determination is concerned with the fundamental right of people to shape their own lives. In a practical sense, self-determination means that people have the freedom to live well and to determine what it means to live well according to their own values and beliefs. [15]

In an Australian context, Aboriginal self-determination is an ongoing process of choice to ensure that Indigenous communities can meet their social, cultural and economic needs. The right to self-determination acknowledges Indigenous peoples as Australia's first people and is central to addressing the historical legacy and continuing impacts of colonisation and dispossession. [16]

Social determinants of health:

Determinants of health are factors that influence how likely we are to stay healthy or to become ill or injured. Many of the key drivers of health reside in our everyday living and working conditions – the circumstances in which we grow, live, work and age. These social determinants can strengthen or undermine the health of individuals and communities.

The social determinants of health include factors such as socioeconomic position, conditions of employment, the distribution of wealth, empowerment and social support. Social determinants form part of the wider determinants of health which also include the environmental, structural, economic, cultural, biomedical, commercial and digital factors in our lives. [17]

[9] https://www.apa.org/about/apa/equity-diversity-inclusion/framework.pdf
[10] https://media-cdn.ourwatch.org.au/wp-content/uploads/sites/2/2021/11/18101814/Change-the-story-Our-Watch-AA.pdf
[11] https://www.apa.org/about/apa/equity-diversity-inclusion/framework.pdf
[12] https://onlinepublichealth.gwu.edu/resources/equity-vs-equality/
[13] https://www.audit.vic.gov.au/sites/default/files/20150130-Public-Participation-BPG.pdf
[14] https://www.apa.org/about/apa/equity-diversity-inclusion/framework.pdf
[15] https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/self-determination
[16] https://vpsc.vic.gov.au/workforce-programs/aboriginal-cultural-capability-toolkit/aboriginal-self-determination/
[17] https://www.aihw.gov.au/reports/australias-health/social-determinants-of-health

Trauma-informed practice:

A mode of providing clinical and psychosocial supports underpinned by five core principles that include:

- **Safety:** Working to ensure the physical, psychological, emotional and cultural safety including by identifying a person's intersectional needs and preferences

- **Trustworthiness:** Maximising trust through a clear description of role, explaining and upholding a person's rights and maintaining clear boundaries

- **Choice:** Maximising a person's choice and control in the short and longer term by providing information that enables them to make informed decisions

- **Collaboration:** Working in partnership with others through collaboration and power sharing people can make their own decisions based on their preferences

- **Empowerment:** Taking a strengths-based approach that empowers people by drawing on their skills and capabilities and strengthening internal resources and resilience.
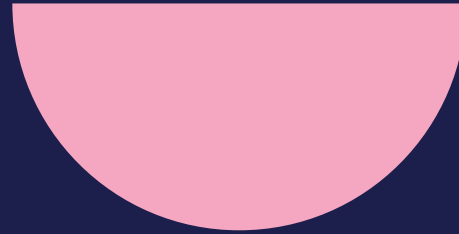
Unconscious bias:

Refers to the automatic associations and reactions that arise when we encounter a person or group, in which we unconsciously associate positive or negative stereotypes with them that can influence our behaviour. Unconscious bias can lead to discriminatory behaviours.

Workforce mutuality:

Workforce mutuality describes the extent to which the diversity of an organisation or a sector's workforce reflects the diversity of the community it serves, as well as the level of responsiveness of an organisation or sector to the needs of a diverse community. Workforce mutuality can increase the participation of people from diverse backgrounds in the delivery of health and community services. It can also improve the ways in which organisations meet the needs of their communities. [18]

[18] https://healthwest.org.au/wp-content/uploads/2023/07/Workforce-Mutuality-Standards-2020.pdf

Western Health