

South Western Sydney Local Health District

Corporate Plan 2013 - 2017

Directions to Better Health

Leading care, healthier communities



Health
South Western Sydney
Local Health District

South Western Sydney Local Health District
Liverpool Hospital Eastern Campus
Locked Mail Bag 7279
Liverpool BC NSW 1871
Tel. (612) 9828 6000
Fax. (612) 9828 6001
www.swslhd.nsw.gov.au

Prepared by:
Planning Unit
South Western Sydney Local Health District

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November 2013



Foreword

The strategic & healthcare services plan for South Western Sydney Local Health District, *Strategic Priorities in Health Care Delivery to 2021*, provides the District with a ten year healthcare services development plan. It identifies a Vision of “*Leading care, healthier communities*” and a Mission Statement and Principles to guide service developments.

Achieving these service developments over the next ten years requires sustained action on change over a broad canvas of activity. Service development directions need to be translated into effective strategies and actions, with a clear indication of who will lead the process, linked to performance indicators that align to and measure the contribution to healthier communities. The corporate plan, *Directions to Better Health*, provides the framework that links fundamental goals in prevention and health care delivery to corporate action, focussing District activity on achieving the Vision.

Aligned to the strategic plan’s priority service development directions, eight Corporate Areas of Action have been identified - high quality health services, community partnerships, seamless networks, developing staff, research and innovation, enhancing assets and resources, efficiency and sustainability and supporting business. These Corporate Areas of Action provide the scaffold on which facility, service and business plans will be built.

This will ensure that at all organisational levels, drilling down to business and operational plans, there is a clear indication of how a service/unit contributes to achievement of the District Vision.

The Corporate Plan has a five year focus, in recognition that early action is required on many fronts. With over 150 actions identified it is ambitious in scope, presenting a stretch target for implementation.

Progress in implementation will be a prime responsibility of the District’s Executive Management Team. This process will be aligned with the monitoring process for the District Annual Strategic Priorities and Performance Agreement with the NSW Ministry of Health. This will ensure that new and emerging priorities of the NSW Government, including those in the yet to be released *NSW State Health Plan (2013-23)*, are reflected in corporate areas of action.

Many individuals have provided comment and raised issues, enhancing the quality and comprehensiveness of the Plan. This includes members of the local community, consumers, patients, District employees, clinicians and partner agencies in the government and non-government sectors. As a result we have great confidence that the corporate plan will bring the District Vision to reality, leading the way in health care for healthier communities.



Professor Phillip Harris AM
Chair
South Western Sydney Local Health District Board



Amanda Larkin
Chief Executive
South Western Sydney Local Health District

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Introduction

In early 2012, planning commenced for a strategic plan for South Western Sydney Local Health District (SWSLHD) - *Strategic Priorities in Health Care Delivery 2021*. The first phase in developing this plan included a comprehensive consultation process involving senior clinicians, the District Executive, community members and service providers. The strategic planning process included identification of:

- the National and NSW strategic imperatives
- key issues and concerns relating to service provision
- service development directions proposed for the future, and the implications for each facility and the District
- corporate development directions underpinning clinical and non-clinical services.

The consultation process established that planning needed to focus on two horizons:

- a long term ten year focus on service development directions to inform and guide strategic and capital development into the future
- a short-medium five year focus to ensure that the way in which the District provides services and does business meets community, clinical service development, state and national directions.

As a result, two planning documents were developed:

1. *Strategic Priorities in Health Care Delivery to 2021* - which provides the healthcare services development plan for the District for the next ten years

2. *Directions to Better Health - South Western Sydney Corporate Plan 2013 – 2017* - which outlines the actions that the District will take over the next five years to respond to community and District-wide needs and concerns and ensure that targets and strategies articulated in the national, NSW and the SWSLHD performance agreement are addressed.

This corporate plan provides an overview of the context in which planning is occurring, the proposed framework through which corporate priorities and actions will be addressed and the specific strategies proposed for the next five years. In the Appendix is a list of the key performance indicators (KPI) against which corporate action is assessed using targets specified under national and state jurisdiction, including the 2012/13 SWSLHD Performance Agreement with the NSW Ministry of Health.

Each of the KPIs in the SWSLHD 2012/13 Performance Agreement has been aligned to the corporate strategy that will most directly impact on the achievement of that KPI.

Vision, Mission, Values and Principles

Vision

Leading care, healthier communities

Mission

Our mission is to promote the health of the residents of the District and patients using our health services through the delivery of high quality healthcare.

We do this by providing health services that are population based, patient-centred and involve families and carers.

We use evidence to inform health practices; and consult, communicate, engage and collaborate with patients, local communities, agencies and care providers to improve the way we plan and provide health care services and programs.

We strive to deliver services that are respectful of personal dignity and autonomy; and sensitive to the needs of people from different cultures.

We emphasise learning and reflection and are committed to continuous quality improvement and innovation in delivering efficient and sustainable health care.

Our culture enables excellence and accountability, values our people and supports positive leadership and teamwork.

Values

The CORE values are fundamental to provision of health services across NSW and are the foundation stones for building trust. They underpin all activities of the District and define how staff and services work together and collaborate with patients, carers, the community and service partners in delivering health care and improving the health of the community.

Collaboration	Working as one team with patients, carers, the community, and other service partners
Openness	Services are transparent and open and explain the reason for decisions
Respect	Everyone involved in patient care or a health project can contribute and their views will be heard, valued and respected
Empowerment	Staff, patients, carers and the community can make choices and influence outcomes. Systems and processes will enable participation, supply necessary information, support delegation and ensure accountability.

Principles

The following principles guide how services are managed and developed into the future.

1. All residents have equity in access to health care services. People who are disadvantaged will be provided with assistance to access services where necessary.
2. Health services across the District will be of high quality.
3. Patients, communities, staff and service providers will be treated with courtesy, dignity and respect. Communication and collaboration will be fundamental to engagement.
4. Health care will be patient and family centred and responsive to the culture and needs of individuals, families and communities.
5. Individuals and communities will be actively engaged in health care and programs. They will be provided with information and supported to make informed choices about their health. Autonomy in decision making will be respected.
6. Population health programs and strategies will be developed with communities and other agencies to improve the health of local communities. Strategies will be multifaceted to increase effectiveness and sustainability.
7. Services will be provided as close to home as possible and integrated across hospitals, community and primary health settings. Networks to centres of excellence and tertiary services will increase access to expertise when required and support timely care.
8. Collaboration and teamwork will occur within all health services and include patients, community members and service partners. New partnerships and opportunities to improve health and health care will be explored and developed.
9. The workforce is valued and will be consulted and included in the development and implementation of initiatives. Personal and professional development opportunities will be provided to enable staff to meet ongoing changes in the health system.
10. Services will be provided in a safe and healthy environment.
11. New models of care, health care practices and technology based on evidence will be used to ensure that patients and communities receive the best and most appropriate service available. Innovation and research will be encouraged to ensure safe and appropriate interventions.
12. Services will be provided in an efficient, sustainable and cost effective manner and will be evaluated and remodelled as required.
13. Environmental sustainability will be fundamental to the design and delivery of clinical and non-clinical services and infrastructure.

Drivers of Health Care Demand and Challenges into the Future

South Western Sydney Local Health District is responsible for meeting the health care and service needs of a resident population of approximately 875,000 people. Geographically, the District covers 6,243 square kilometres of urban, rural and semirural areas and the seven local government areas (LGAs) of Bankstown, Liverpool, Fairfield, Campbelltown, Camden, Wollondilly and Wingecarribee.

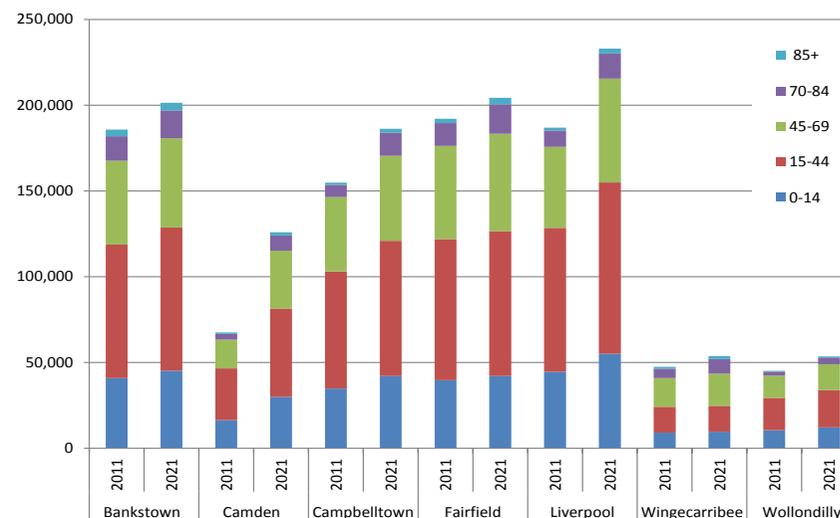
Over the next decade, the population is projected to grow by 21,800 people per annum. By 2016 the population is expected to reach in excess of 958,000 people and 1.06 million by 2021. Most of this growth will occur in the South West Growth Centre (SWG) impacting on Liverpool, Camden and Campbelltown LGAs. This development will increase the population in the south-west by 300,000 people by 2025 with development in the suburbs of Austral, Leppington, Catherine Fields, Rossmore, Oran Park, and parts of Kemps Creek, Bringelly and Badgerys Creek. In other parts of the District, there will be urban infill particularly in Bankstown and Fairfield LGAs and new Greenfield developments in the south of the District.

Growth will also be driven by the growing numbers of young families, particularly in new growth areas. With in excess of 12,000 babies born annually, the fertility rate for women in this District is above the state average and highest in Bankstown LGA. Approximately 22% of the population is under 14 years of age and a further 15% are aged 14 - 24 years.

The larger population will increase demand for emergency, surgical, medical, procedural, maternity, community health and population health services. This demand will be experienced in primary care, community, outpatient and inpatient services.

Ageing will have a major impact on demand for health care services. People aged over 70 years represent 8% of the population, and over the next decade 50% growth is projected for this age group, increasing by more than 30,000 to in excess of 100,00 people. Diseases associated with ageing such as dementia, diabetes, eye disease and osteoporosis will increase the likelihood of disability and create demand for specialist medical and support services.

South Western Sydney Population Structure 2011 and 2021



The health of the community is influenced by a complex range of factors including age, socio-economic status, social capital, physical environment, behaviours, beliefs, life experiences, country of origin, genetic predisposition and access to health and social care. SWSLHD residents on average have elevated rates of risk behaviours such as smoking and poor diet which are causes of

poorer health status and chronic diseases including cardiovascular and respiratory diseases, cancer, and other conditions that account for much of the burden of morbidity and mortality in later life. Population based strategies will be required to create healthy communities and environments. The increase in chronic disease will require specialist expertise in services such as mental health, cancer services and drug health services and generalist skills in treating people with multisystem problems and strategies for preventing additional health problems and disability.

Socio-economic factors such as income, employment, education and housing also impact on health with those who are most disadvantaged experiencing poorer health outcomes. This District has pockets of communities with high levels of unemployment, single families and poor school completion. There are large communities of Aboriginal people, particularly in the Campbelltown and Liverpool areas. Aboriginal people experience higher levels of disadvantage and poorer health outcomes. There are also large numbers of people from non-English speaking backgrounds including refugees. Fairfield, Bankstown, Campbelltown and Liverpool LGAs are in the ten most disadvantaged LGAs in metropolitan Sydney. The health status of these individuals, families and communities is likely to be poorer and they will require higher levels of support to access and use health care services.

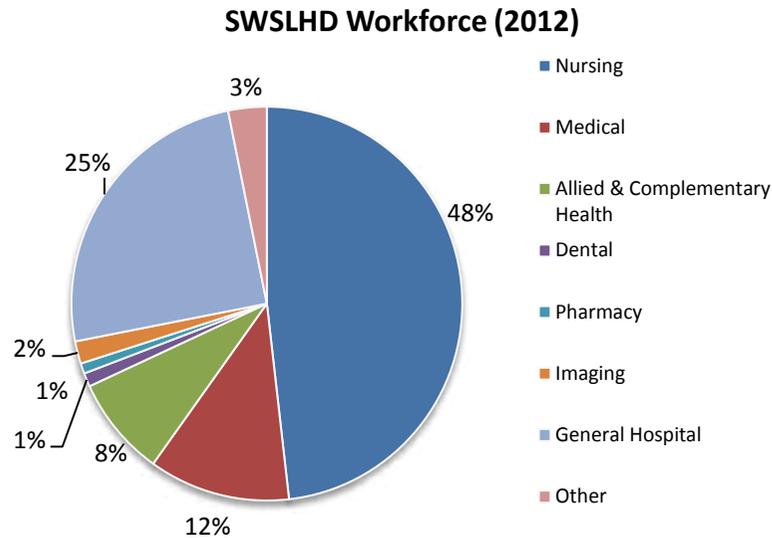
While access to healthcare is a fundamental right for all Australians, the community expects that healthcare will be timely (when they need it), safe and respectful. These expectations are increasingly reflected in national and state targets and programs. The District will need to continue to develop services locally and ensure access to state-wide services. Patients and families also expect to be involved in care and service planning which requires improved information, improved communication and higher quality services and facilities.

New and emerging models of care and service delivery driven by research and national and state government policy are being implemented. These models require effective collaboration between professionals, across health care teams and with community based agencies and services. A flexible workforce that is open to new approaches and that has the skills to work with others is also required. New high cost technologies enable earlier and more precise diagnosis and treatment of health conditions. Technologies will create demand for health care services, impact on cost and drive the need for specialist skills and education.



The current environment requires a workforce that is adaptable, flexible and skilled to meet future challenges. With a current workforce in excess of 12,000 staff, staffing numbers and expertise will need to grow to match demands for services. Recruitment and retention will be a major challenge for the District particularly in an environment of workforce ageing, requirements for flexible

working conditions and a growing female profile in medical and dental professions. The District will need to be competitive to attract and retain the skills needed to meet the challenges.



Universities and other tertiary institutions will continue to be a major partner in service provision. The District will need to increase undergraduate and postgraduate training opportunities for its university partners and provide students with a learning experience that encourages them to seek future employment with the District.

Opportunities to conduct and drive research will provide the stimulating environment and support service improvement.

Although funding has been secured to commence an expansion in infrastructure capacity to meet this demand, further on-going expansions will be required to meet future demand growth. Additional capacity will be required in all facilities and new models of integrated primary and community care established in the community, including new centres in greenfield development areas such as the South West Growth Centre. The relative undersupply of private specialists and facilities places additional pressure on public health services. Opportunities to develop new facilities and services collaboratively with the South Western Sydney Medicare Local and private providers will need to be explored.

New funding models will improve efficiency, helping to contain escalating health care costs and improve sustainability. New information technology and improved business skills will enable services to determine where investment should occur and also support disinvestment and redesign.

Corporate Strategic Action Framework

The vision and mission for SWSLHD serve as a framework for strategic and corporate planning. Together they link the fundamental goals of prevention and health care delivery to important organisational attributes necessary for effective governance and service direction.

Eight fundamental strategic directions have been identified by the SWSLHD Board and senior management and clinical leaders to drive development of health services over the next ten years. These directions shape and influence the priorities for action and the way in which actions are implemented. The strategic directions are:

1. Build capacity to effectively service growing demands for health care
2. Redesign of services bringing them closer to people and their communities
3. Integrated action with the South Western Sydney Medicare Local
4. Partnering with external providers to deliver public health care
5. Enhancing service networks and growing centres of excellence
6. Shared access to unified information for all the health care team
7. An integrated focus on primary prevention for patients and communities
8. Embedding education and research within service delivery

The widespread consultation process underpinning the SWSLHD strategic planning process identified a range of issues which required corporate action across all services. These issues focused on location, availability, timeliness and coordination of services and the manner in which services are provided.

In addition, corporate action for the District need to respond to the requirements of the performance benchmarks required under the National Health Reform by the Australian and NSW Governments and the NSW Ministry of Health. These requirements are described in the National *Health Reform Performance and Accountability Framework*, the National *Safety and Quality*

Health Services Standards, the State plan *NSW 2021: A plan to make NSW number one* and the District's Performance Agreement with the NSW Ministry of Health.

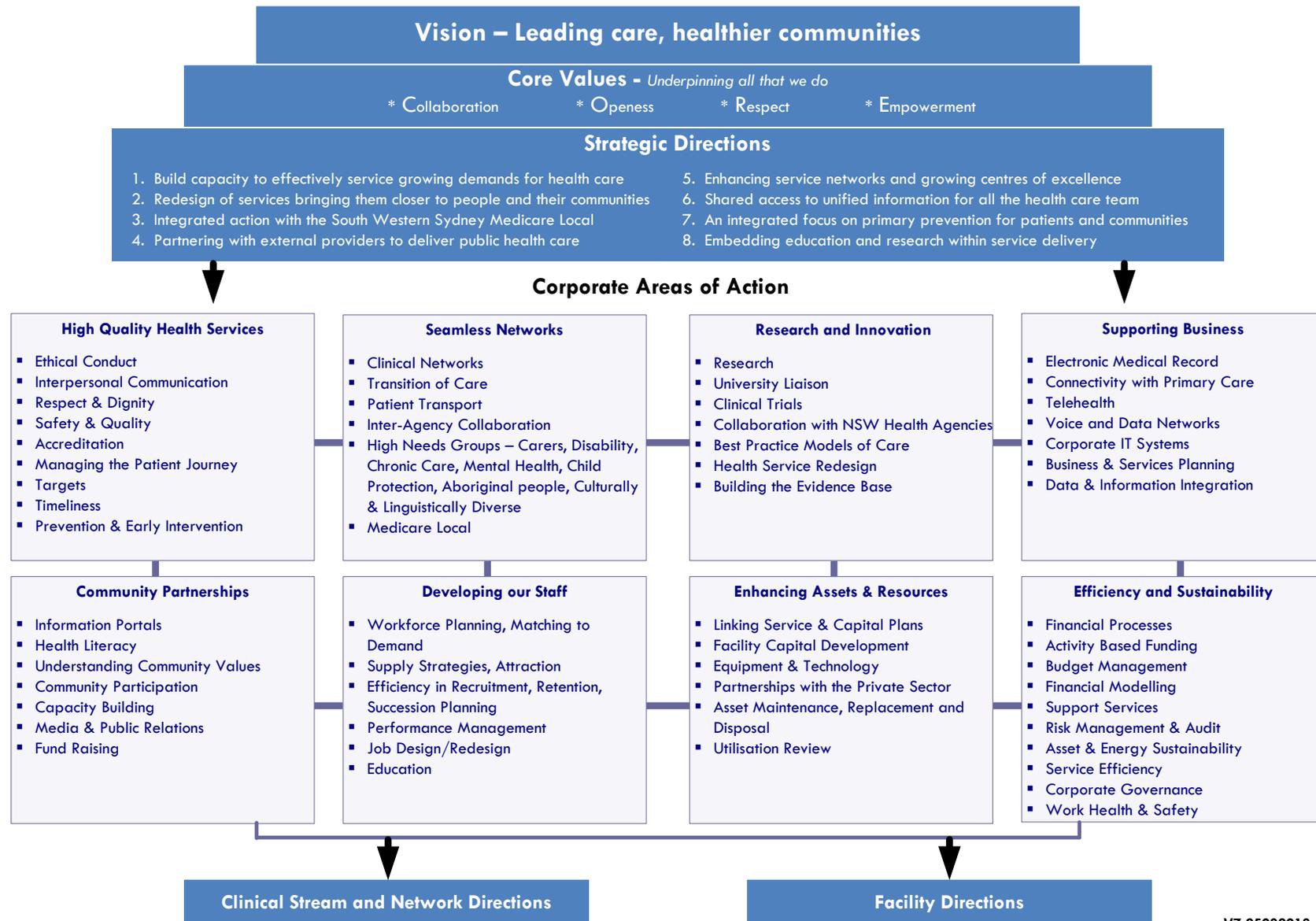
Eight areas of corporate action have been identified where organisational values and vision can be included in the day to day operation of health services. These areas are inter-connected and progress across all will be required to ensure that services meet the identified needs of local communities.

The areas for corporate action are:

1. Providing High Quality Health Services
2. Community Partnerships
3. Seamless Networks
4. Developing our Staff
5. Research and Innovation
6. Enhancing Assets and Resources
7. Supporting Business
8. Efficiency and Sustainability

These areas of action are embedded within the Framework for Corporate Strategic Direction, illustrated in the schema that follows. The framework requires all corporate action to be underpinned by the shared core values and vision for the health of the communities of South Western Sydney. It also requires that corporate action is underpinned by the eight strategic directions which will lead all SWSLHD services into the future. The corporate actions will drive improvement and change across the District.

Framework for Corporate Strategic Action in SWSLHD



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Corporate Actions

Corporate Action 1: Providing High Quality Health Services

The community expects and has a right to receive high quality health care. At an individual level, quality is measured by a range of factors including excellent patient outcomes, ease of access to health care, timeliness of services, good communication, strong teamwork, a seamless service and respectful treatment. At a system level it is formally measured by achievement of standards and targets and informally through media reports.

The District will develop and deliver quality services at a District and local level. Through clinical governance and corporate structures and systems, quality will be monitored and measured. The District will ensure that the strategies implemented enable quality health care to be fostered and strengthened.

Quality health care not only relates to the health care of people who are sick but also preventing health problems from occurring. There is considerable evidence that intervention in the early years protects children against poor longer term outcomes and that health promotion strategies will prevent premature death, reduce ill health and prevent further disability.

SWSLHD Objectives

- 1.1 Develop staff communication skills in working with patients, family and service providers
- 1.2 Ensure patients, carers, visitors, community and service providers are treated with dignity, respect and in an ethical manner
- 1.3 Improve the quality and safety of health services
- 1.4 Improve the patient experience
- 1.5 Implement early intervention and health promotion and illness prevention strategies



	Strategies	Executive Sponsor	Responsible Manager	Complete By
1.1	Develop staff communication skills in working with patients, family and service providers			
1.1.1	Implement the <i>Communication with Purpose Program</i> to improve the way in which staff and managers communicate with each other, with patients and with external care providers in primary care and the health and non-health community sector	Director Clinical Governance	Redesign Manager	2013 & ongoing
1.1.2	Implement the <i>Patient Care Challenge</i> to ensure patients and family are included as care team members.	Director Clinical Governance	Quality Manager	2015
1.1.3	Develop a communication and workforce development strategy which embeds the mission, vision, CORE values and principles into all aspects of service operation commencing from orientation	Chief Executive	Senior Managers	2014
1.2	Ensure patients, carers, visitors, community and service providers are treated with dignity, respect and in an ethical manner			
1.2.1	Implement the <i>Respecting the Difference: Aboriginal Cultural Training Framework</i> to provide staff with the knowledge and skills to deliver respectful, responsive and culturally sensitive services to Aboriginal people, families and communities	Chief Executive	General Managers; Director Aboriginal Health	2013 & ongoing
1.2.2	Implement the <i>NSW Advance Planning for Quality Care at End of Life Strategic and Implementation Framework</i> to integrate advance care planning for end of life into the care of people with chronic, life-limiting illness	Chief Executive	General Managers	2015
1.2.3	Develop a framework for ethical conduct to embed ethics into all facets of health service operation and to support development of models for ethical conduct	Chief Executive	Clinical Director Gastroenterology & Liver	2016
1.3	Improve the quality and safety of health services			
1.3.1	Meet National Patient Safety and Quality Standards through participation in external accreditation schemes and quality processes	Director Clinical Governance	Quality Managers	2015
1.3.2	Develop and implement a SWSLHD Clinical Governance Framework	Director Clinical Governance	Director Clinical Governance	2014
1.3.3	Implement infection control strategies relating to <ul style="list-style-type: none"> Hand Hygiene (HH) hospital associated bloodstream infections (HAI) antimicrobial stewardship (AMS) 	Director Clinical Governance	General Managers	HH – ongoing HAI - ongoing AMS - 2015
1.3.4	Implement Clinical Excellence Commission (CEC) initiatives including <ul style="list-style-type: none"> “Between the Flags Program” to improve the way staff recognise and respond to patients whose clinical condition starts to deteriorate “Sepsis Pathway” to improve recognition and management of severe infection and sepsis Chest Pain Pathway to improve management of patients presenting with Chest Pain or other symptoms of myocardial ischaemia “In Safe Hands” to build and sustain highly functioning healthcare unit teams 	Director Clinical Governance	General Managers; Clinical Director Critical Care	BTF: 2013 & ongoing Sepsis pathway: 2014. CPP: ongoing. In Safe Hands: 2013 & ongoing

	Strategies	Executive Sponsor	Responsible Manager	Complete By
1.3.5	Work with and implement Agency for Clinical Innovation initiatives	Chief Executive	Executive	2013 & ongoing
1.3.6	Develop and implement an Oral Health Clinical Services Plan informed by <i>NSW Oral Health Strategic Directions</i> and the <i>National Oral Health Plan</i>	Chief Executive	Clinical Director Oral Health	2014
1.3.7	Meet targets in: <ul style="list-style-type: none"> • timeliness of care for emergency departments, surgery and cancer • unplanned readmissions associated with identified medical and mental health conditions and hospital acquired infections • community based follow-up and ambulatory care of mental health patients • incorrect operating theatre procedures resulting in death or major loss of function • dental weighted occasions of service 	Director Operations	General Managers Clinical Directors Mental Health, Oral Health and Cancer	Ongoing
1.4	Improve the patient experience			
1.4.1	Implement a model of care for coordination within inpatient units to support multidisciplinary care and transfer to the community	Director Operations	General Managers	2014
1.4.2	Implement the <i>Essentials of Care Program</i> to develop and evaluate all aspects of nursing and midwifery practice and patient care at a ward and unit level	Director Nursing & Midwifery	Facility Directors of Nursing	2017
1.4.3	Monitor trends and use information from complaints and the NSW Patient Survey to implement appropriate responses to address patient concerns	Director Clinical Governance	Senior Managers	Ongoing
1.4.4	Implement the Clinical Excellence Commission "Patient Care Challenge" to assist in refocusing the organisation on the patient	Director Clinical Governance	Senior Managers	2015
1.5	Implement early intervention and health promotion and illness prevention strategies			
1.5.1	Work cooperatively with other agencies to implement NSW government early intervention strategies including Families NSW to ensure a healthy start to life	Director Operations	GM Community Health	Ongoing
1.5.2	Develop a Population Health Plan for SWSLHD	Chief Executive	Director Population Health	2014
1.5.3	Contribute to the achievement of national, NSW and local targets to improve the health of the community through comprehensive health promotion programs implemented in collaboration with other agencies, including the South Western Sydney Medicare Local and Aboriginal organisations, and the community including: <ul style="list-style-type: none"> • Closing the Gap in Aboriginal Life Expectancy • Overweight and Obesity Prevention focusing on activity and healthy eating • Falls Prevention • Mental Health Promotion • Tobacco control • Infant mortality 	Chief Executive	Director Population Health	2013 & ongoing

	Strategies	Executive Sponsor	Responsible Manager	Complete By
1.5.4	In collaboration with the Ministry of Health, South Western Sydney Medicare Local, agencies and communities reduce risk drinking through targeted strategies.	Chief Executive	Director Drug Health	2014 & ongoing
1.5.5	In partnership with the NSW Office of Preventive Health, further develop evidence of better practice in preventative programs	Chief Executive	Director Population Health	2013 & ongoing
1.5.6	Work collaboratively with other government and non-government agencies to create healthy environments	Chief Executive	Director Population Health	Ongoing
1.5.7	Through the NSW Refugee Health Service, expand provision of nursing and other health services to refugee groups locally and across NSW	Chief Executive	Director Population Health	2013 & ongoing
1.5.8	Develop and implement implementation plans to address the <i>NSW Refugee Health Plan 2011-2016</i> and the Policy and NSW Health <i>Implementation Plan for Healthy Culturally Diverse Communities 2012-2016</i>	Director Operations	Manager Multicultural Health Services	2014
1.5.9	Prevent transmission of blood borne viruses through expansion of Needle Syringe Programs, improved access to testing and treatment for HIV and Hepatitis C and comprehensive health promotion programs	Chief Executive	Director Population Health	2013 & ongoing
1.5.10	In collaboration with the South Western Sydney Medicare Local and primary health care providers, enhance the coverage and range of secondary disease prevention activities through early detection e.g. screening, and early intervention	Chief Executive	Clinical Directors	2014 & ongoing
1.5.11	Develop tertiary prevention and support models for people recovering from major health problems to prevent development of additional health conditions	Director Operations	Clinical Directors	2016
1.5.12	Maintain capacity to respond to known diseases and emerging diseases and hazards in the environment	Director Medical Services	Director Population Health	Ongoing
1.5.13	Strengthen preparedness to respond to major incidents, disasters and health emergencies	Director Medical Services	Director Medical Services	2013 & ongoing

Corporate Action 2: Community Partnerships

Communities have a significant role to play in the operation of health services - in service planning, in service provision through volunteering, in health research through participation in clinical trials and other forms of research, in working as businesses or local agencies with health services to meet patient needs or to provide support services, and in building physical capacity through donations and philanthropy. Different approaches will need to be developed to ensure that all members and sections of the community, including private business, can contribute.

Integral to service development and delivery will be partnerships with patients, clients, carers and the community. Services will need to draw on the expertise, experience and diversity of community members and communities to ensure that health responses are appropriate to local needs. In particular greater effort will need to be given to ensuring that communities who experience greatest disadvantage are consulted and involved in planning and development of services and programs that are tailored to meet their needs.

Health literacy plays a key role in building effective partnerships with the community. The District will need to ensure that the opportunities created through new social and information media are adapted so that the community and patients receive information in a way that is easily understood and enables them to make informed choices. Services will also need to consider and accept formal feedback from patients, services and the community when evaluating the effectiveness of services and programs.

SWSLHD Objectives

- 2.1 Engage and involve stakeholders in planning, service development and delivery
- 2.2 Raise the profile of the District locally through timely and accurate information
- 2.3 Empower individuals and local communities to make informed health choices



	Strategies	Executive Sponsor	Responsible Manager	Compete by
2.1	Engage and involve stakeholders in planning, service development and delivery			
2.1.1	Implement the <i>SWSLHD Community Participation Framework</i> which outlines the formal processes for involving consumers and the community in health service planning and delivery	Chief Executive	Manager Community Participation	2013 & ongoing
2.1.2	Increase the number and range of people involved in Consumer/Community Council, local networks and consultation processes, to reflect the diversity of communities across the District	Chief Executive	Manager Community Participation	2014 & ongoing
2.1.3	Incorporate community and agency consultation into strategic and service planning for facilities, clinical streams and services	Chief Executive	Manager Planning, General Managers & Clinical Directors	2013 & ongoing
2.1.4	Expand community involvement in planning and development of capital works and infrastructure enhancement, using informal and formal processes such as Health Impact Assessments and Aboriginal Health Impact Statements	Chief Executive	Manager Capital Works	2013 & ongoing
2.1.5	Develop new approaches to consult with people of all ages from diverse backgrounds and facilitate their collaboration in service development	Chief Executive	Managers Community Participation & Multicultural Health	2014
2.1.6	Increase the number of volunteers contributing to and supporting hospital and community health services	Director Operations	General Managers	2014
2.1.7	Increase the number of community members who participate in research	Chief Executive	Director Research	2015
2.1.8	Strengthen and build on partnerships with the Tharawal Aboriginal Medical Service and Gandangara Land Council Medical Services to improve the health of Aboriginal people and their access to health services.	Chief Executive	Director Aboriginal Health	Ongoing
2.1.9	Develop a strategy to improve the fund-raising capacity of services and facilities across the District	Director Operations	General Managers	2014
2.2	Raise the profile of the District locally through timely and accurate information			
2.2.1	Implement the SWSLHD Media and Communication Strategy to build community interest and knowledge about healthy lifestyles, local health services and programs and innovation	Chief Executive	Director Media	2014 & ongoing
2.3	Empower individuals and local communities to make informed health choices			
2.3.1	Use traditional and emerging technologies to promote SWSLHD programs and initiatives to improve access to and use of health services and programs and support healthier lifestyle choices	Chief Executive	Director Media	2013 & ongoing
2.3.2	In collaboration with consumers and other agencies, develop and implement strategies to improve health literacy and build the capacity of individuals and communities to effectively engage in health programs and care.	Chief Executive	Manager Community Participation	2015 & ongoing

Corporate Action 3: Seamless Networks

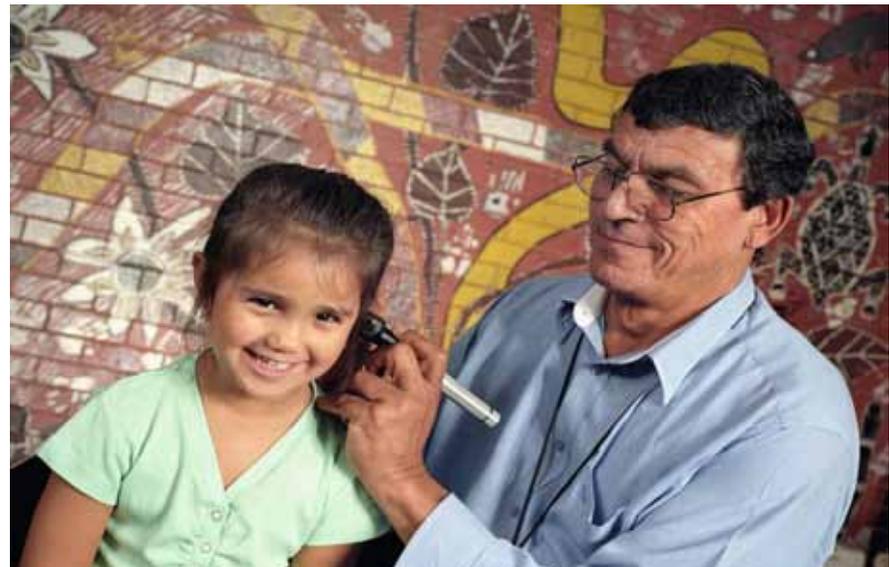
The health of individuals and communities is not only dependent on quality of health care and how and where health services and programs are delivered but also on individual factors including the social and environmental determinants of health such as education, employment and income and food security. Improving health can as a result be extremely difficult, requiring excellent communication, coordination and collaboration within and across health facilities and services, with other health providers such as general practitioners, with community services and across levels of government.

Health improvement will require input from medical, nursing, allied health, prevention and other health practitioners across hospitals, community health centres and primary health care settings. It will also require close collaboration and coordination with other government agencies and community based services which provide ongoing support to individuals, families and communities. Health staff and services across the District will work at local and regional levels to plan for future needs, develop services and programs, improve access and build knowledge about factors which contribute to health and wellbeing which will influence the work of other agencies.

There will also be a focus on building an integrated health care system for local residents and other people using and working with health services. This will mean that irrespective of where help is sought, the right service can be accessed. Networks will be developed within clinical and service streams to build skills and expertise. Where required, centres of excellence will be developed to ensure that health care is provided at the most appropriately equipped facility.

SWSLHD Objectives

- 3.1 Actively participate in regional and local forums to build capacity to respond to emerging needs
- 3.2 Foster coordinated planning and service delivery in health care
- 3.3 Improve transfer of care and patient access to services
- 3.4 Strengthen access and support for high needs groups



	Strategies	Executive Sponsor	Responsible Manager	Complete by
3.1	Actively participate in regional and local forums to build capacity to respond to emerging needs			
3.1.1	Contribute to NSW and Regional Coordination Management Forums to ensure that health needs are incorporated into planning processes	Chief Executive	Chief Executive	Ongoing
3.1.2	Participate in NSW Government Community Renewal activities including at Rosemeadow/Ambarvale, Bradbury/Airds and Bonnyrigg.	Chief Executive	Director Population Health	Ongoing
3.1.3	Work collaboratively with other agencies and communities to address the social determinants of health	Chief Executive	Director Population Health	Ongoing
3.1.4	Participate in and contribute to local council and interagency planning, coordination and implementation forums addressing human services, multicultural communities and Aboriginal people	Chief Executive	All senior managers	Ongoing
3.1.5	Establish a formal partnership with the South Western Sydney Medicare Local (SWSML) which includes: targeted integration strategies; collaborative planning and community consultation approaches; responses to local health needs; common KPIs; shared representation on appropriate corporate governance entities; and efficient coordination and communication. A high priority integration strategy will be the collaborative development of care pathways which include integrated action with NGOs and the health and non-health community sector	Chief Executive	Manager Planning	2013 & ongoing
3.1.6	Develop a framework for collaboration with other agencies and services, addressing opportunities, responsibilities, mechanisms and models of collaboration. A high priority will be in the application of this framework in the development of care pathways	Chief Executive	Manager Planning	2014
3.2	Foster coordinated planning and service delivery in health care			
3.2.1	Develop models for integrated networks of care in all clinical streams and facilities in the District, consistent with the principles for clinical network development (S8.2 Strategic Plan) and clearly identifying the benefits of the network for all stakeholders	Chief Executive	Clinical Directors	2014
3.2.2	Develop an equity framework (and potentially toolkit) that ensures the needs of diverse population groups are reflected in services planning and policy development, including multifaceted consultation and communication strategies with high needs groups	Chief Executive	Manager Planning Director Population Health	2015
3.2.3	Establish a framework to progress development of centres of excellence, clearly defining the characteristics of these centres, identifying services which currently meet the criteria, researching the impact on health and operational outcomes and identifying services with high potential for development as a centre of excellence	Chief Executive	Clinical Directors SWSLHD Executive	2015
3.2.4	Monitor service responsiveness to the needs of residents during and post the devolution of Inter-District Agreements, particularly with the Shared Services of Mental Health, Drug Health, Population Health and Oral Health Services. Similarly monitor continuing service responsiveness of NSW Health Pathology	Chief Executive	Network Directors	2014 & ongoing

	Strategies	Executive Sponsor	Responsible Manager	Complete by
3.2.5	Maintain existing clinical and non-clinical statewide and networked services and work with the NSW Ministry of Health and related agencies including other local health districts and networks to <ul style="list-style-type: none"> improve access to health services and service delivery increase District self-sufficiency (the proportion of LHD residents treated within LHD facilities) address patient flows, including access to state-wide specialist services. 	Chief Executive	Clinical Directors	Ongoing
3.2.6	In collaboration with NSW Kids and Families and the Sydney Children’s Hospital Network, plan for local services and tertiary network arrangements for infants, children and adolescents	Chief Executive	Clinical Directors General Managers	2014 & ongoing
3.2.7	Develop collaborative service models involving clinical streams, Community Health and primary health care providers such as the South Western Sydney Medicare Local and Aboriginal health services which: <ul style="list-style-type: none"> strengthen coordination and integration target potentially preventable hospitalisations work towards implementation of an Integrated Primary and Community Care (IPCC) model of care in community settings, including the establishment of IPCC Centres in the South West Growth Centre 	Chief Executive	Executive General Managers	2013 & ongoing
3.3	Improve transfer of care and patient access to services			
3.3.1	Implement strategies to support patient handover and transfer of care between professionals, teams, facilities and services with patient and carer involvement	Director Operations	General Managers Clinical Directors	2014
3.3.2	Develop web-based information about available services, entry criteria and referral processes	Director Operations	General Managers Clinical Directors	2015
3.3.3	Initiate and contribute to solutions for health related transport including: <ul style="list-style-type: none"> the NSW Ministry of Health Non-Emergency Patient Transport Project addressing inter-facility transport non-emergency transport services for disadvantaged communities including rural people in partnership with community partners 	Director Operations	Director Corporate Services	2014 2016
3.4	Strengthen access and support for high needs groups			
3.4.1	Implement aspects of the previous administration’s <i>Aboriginal Health Plan 2010-2014</i> of continuing relevance to South West Sydney that are consistent with national policy commitments and targets <i>and</i> emerging directions of the 10 year NSW Aboriginal Health Plan; including framework and corporate initiatives and initiatives in priority health areas of early years, children and young people; chronic diseases and ageing; drug health; mental health; infectious diseases and sexual health; and oral health. Guided by the 10 year NSW Aboriginal Health Plan, initiate in 2013 -14 a process to develop a SWSLHD Aboriginal Health Plan to apply from 2015 onwards.	Chief Executive	Director Aboriginal Health Manager Planning	2015

	Strategies	Executive Sponsor	Responsible Manager	Complete by
3.4.2	Consistent with requirements under the <i>NSW Aboriginal Health Plan 2013-2023</i> for LHDs to evaluate mainstream programs to ensure their effect on Aboriginal people is measured (p.11) and collaborate with local Aboriginal Community Controlled Health Services (ACCHS) in the development of health care plans to achieve a shared, coordinated, and joined up approach to service delivery (p.13); work with ACCHSs to establish a framework for all services to review existing models of engagement, recruitment and care for Aboriginal patients to ensure they remain a priority group for action. This might best be undertaken as a pilot program in services of high need in Aboriginal communities.	Chief Executive	Clinical Directors General Managers Service Managers Director Aboriginal Health	2013 & ongoing
3.4.3	In collaboration with the South Western Sydney Medicare Local, implement Chronic Disease programs including Connecting Care, the One Deadly Step Program and the 48 Followup Program for Aboriginal people to reduce the number of potentially avoidable hospitalisations.	Chief Executive	Clinical Director Chronic Care	Ongoing
3.4.4	In collaboration with the South Western Sydney Medicare Local and other service provider agencies, identify a best practice framework for meeting the diverse needs of local multicultural communities across all aspects of healthcare provision within SWSLHD	Chief Executive	Director Multicultural Health	2015
3.4.5	Review the structure of and access to Health Interpreter Services	Director Operations	Director Health Interpreter Service	2014 & ongoing
3.4.6	Implement a SWSLHD Disability and Carers Action Plan which incorporates NSW Government interagency initiatives, the Carer's Recognition Act and the SWSLHD Carers Model of Care Framework and Disability Guidelines. The Action Plan will address the implications of introduction of the National Disability Insurance Scheme (NDIS) and the provision of therapy services under the Department of Ageing, Disability and Home Care's <i>Stronger Together: A New Direction for Disability Services 2006-2016</i> .	Chief Executive	All Senior Managers	2014
3.4.7	Implement NSW Ministry of Health programs and work collaboratively with other clinical streams and local agencies to enable people with a mental health condition to recover, remain safely in the community and lead productive lives	Chief Executive	Director Mental Health	2013 & ongoing
3.4.8	In collaboration with the South Western Sydney Medicare Local and Justice Health, improve access to drug health services for people recently in contact with the criminal justice system and develop pathways for this target group and their children to primary and specialist health care services	Chief Executive	Director Drug Health	Ongoing
3.4.9	Expand access to health care for residents in rural fringe areas and geographically isolated areas through service outreach, practical support and use of new technologies such as telehealth.	Director Operations	Clinical Directors General Managers	2015 & ongoing
3.4.10	Improve local responses to the Ministry of Health Guidelines, Policies and Procedures for the Protection of Children and Young People including assessment of children in ED and paediatric services and in Out of Home Care.	Director Operations	Director Child Protection	Ongoing

	Strategies	Executive Sponsor	Responsible Manager	Complete by
3.6.11	Implement aspects of the previous administration's Youth Health Plan of continuing relevance to South West Sydney and review and update initiatives at expiry of the Plan's timeframe.	Director Operations	All senior managers	2015
3.4.12	Contribute to planning, service development and implementation of local and interagency initiatives including: Out of Home Care, Homelessness, Dementia and "Keep them Safe" Child Protection initiatives	Director Operations	All senior managers	Ongoing



Corporate Action 4: Developing Our Staff

Over the next ten years, there will be further development of health services in South West Sydney. Quality health services and care relies on having sufficient staff with the necessary knowledge and skills to provide effective care and to provide it in the right location.

The District will need to attract and retain skilled staff across all health professions and support services. It will also need to ensure that the skills and knowledge of existing staff are developed and that staff has the capacity and adaptability to adopt new practice, and skills needed to support innovation and change. The District will value its workforce and ensure that staff are encouraged, rewarded and treated fairly and with respect.

Building on the work of the Centre for Education and Workforce Development and existing and developing relationships with local universities and NSW Technical and Further Education, the District will develop the skills and qualifications of the workforce. These relationships will also be important in developing relationships with potential employees.

SWSLHD Objectives

- 4.1 Develop a sustainable workforce that reflects and has the skills required to address community needs
- 4.2 Create an organisation that people want to work in
- 4.3 Develop relationships with potential future employees



	Strategies	Executive Sponsor	Responsible Manager	Complete by
4.1	Develop a sustainable workforce that reflects and has the skills required to address community needs			
4.1.1	Develop and implement a Workforce Plan which considers the <i>NSW Health Professional Workforce Plan</i> and includes regular horizon scanning of future workforce needs. Ensure the Workforce Plan includes initiatives to enhance staff capacity in primary prevention work, to achieve the Strategic Plan's priority strategic direction of an integrated focus on primary prevention for patients and communities	Director Operations	Director Human Resources	2014
4.1.2	Review and expand the range of clinical and non-clinical workforce development programs	Director Operations	Director Centre for Education & Workforce Development (CEWD)	2015
4.1.3	Develop an Aboriginal Employment Implementation Plan informed by the <i>NSW Health Aboriginal Workforce Strategic Framework 2011-2015</i> and includes initiatives to: <ul style="list-style-type: none"> increase representation of Aboriginal people across clinical and non-clinical settings and levels increase Aboriginal traineeships develop career pathways and skills including support and mentoring programs 	Director Operations	Director Aboriginal Health	2014
4.1.4	Develop models of education which foster inter and intra-disciplinary teamwork	Director Operations	Director CEWD	2015
4.1.5	Maintain and develop a strong and comprehensive educational service for all employees with good synergy across the arms of education including: <ul style="list-style-type: none"> technology assisted education resources skilled education state of the art education facilities flexible learning study pathways 	Director Operations	Director CEWD	2013 & ongoing
4.1.6	Develop systems and processes for identifying the skill mix required for new and emerging models of care and successfully managing job redesign	Director Operations	Executive	2015
4.1.7	In collaboration with NSW Health Education and Training Institute, implement leadership and related programs	Director Operations	Director CEWD	2014 & 2015
4.1.8	Strengthen succession planning by linking performance management processes to post graduate management, management trainee and mentoring programs for clinical and non-clinical staff.	Director Operations	Director Human Resources	2015
4.1.9	Work opportunistically with other agencies including the Health Education & Training Institute (HETI), Universities, TAFE NSW and professional colleges to expand educational opportunities and build a professional workforce	Director Operations	Director CEWD	2013 & ongoing
4.1.10	Develop and use workforce information to inform decision making and planning, contribute to the evidence on staff to service benchmarks and meet NSW Health targets	Director Operations	Director Human Resources	2014 & ongoing

	Strategies	Executive Sponsor	Responsible Manager	Complete by
4.1.11	Institute a performance management system that is effective, sustainable and clearly links individual performance to service goals and priorities	Director Operations	Director Human Resources	2014
4.1.12	Work collaboratively with the Ministry of Health and the four Pillars (HETI, CEC, ACI and BHI) to Influence and drive changes in state-wide awards and human resource management	Director Operations	Director Human Resources	Ongoing
4.2	Create an organisation that people want to work in			
4.2.1	Review orientation programs for new graduates and employees including delivery of mandatory training	Director Operations	Director CEWD	2014
4.2.2	Create a respectful, effective and innovative Work Health Safety environment through implementation of the <i>NSW Public Sector Workplace Health and Safety and Injury Management Strategy 2010-12</i> and includes: <ul style="list-style-type: none"> proactive workplace safety solutions programs which foster respect and prevent and address bullying robust incident reporting and management systems and early return to work for injured staff programs 	Director Operations	Risk Manager	2014 & ongoing
4.2.3	Implement programs which improve the health and wellbeing of staff. This includes healthy worker initiatives which focus on issues such as vaccination, healthier eating, active transport, smoke free workplaces and staff amenities	Director Operations	General Managers Director Human Resources	2014 & ongoing
4.2.4	Support career and study pathways through recognised training programs	Director Operations	Director CEWD	2014 & ongoing
4.2.5	Develop strategies to increase work place flexibility and address workload management	Director Operations	Director Human Resources	2015
4.2.6	Develop and implement strategies informed by the <i>NSW Health Your Say</i> and NSW Public Sector Workplace surveys and the <i>NSW Health Workplace Culture Framework Characteristics</i> which focus on the culture of the District and which engage staff in development of responsive employee programs	Director Operations	General Managers	2014 & ongoing
4.2.7	Consider the recommendations from the <i>SWSLHD Improving Support for Staff who are Carers</i> and address within the SWSLHD Workforce Plan	Director Allied Health	Director Human Resources	2014
4.3	Develop relationships with potential future employees			
4.3.1	Work collaboratively with universities and other educational agencies to grow clinical placement capacity, ensure clinical training meets future District service requirements and ensure quality clinical education placements (including education of staff providing clinical supervision)	Director Operations	Directors Nursing, Medical & Allied Health	2013 & ongoing
4.3.2	Promote career and employment opportunities including school based traineeships to the local community	Director Operations	Director CEWD	2013 & ongoing

Corporate Action 5: Research and Innovation

Health services and practices are constantly evolving and changing with new evidence about better methods to respond to emerging needs and improve health care. There are also changes led by national and state governments that require flexibility and new ways of working including new partnerships.

The District has considerable clinical and research expertise and experience that can be leveraged to support the development of the District's healthcare services. Clinicians and health services will be encouraged and supported to assume leadership roles and identify where they can contribute to health improvement. In collaboration with Ministry of Health agencies and other agencies, local services will use new health practice and contribute to new evidence through innovation and research which leads to better health outcomes for local communities.

SWSLHD Objectives

- 5.1 Foster an innovative culture and research capability
- 5.2 Support innovation and best practice in prevention and clinical settings



	Strategies	Executive Sponsor	Responsible Manager	Complete by
5.1	Foster an innovative culture and research capability			
5.1.1	Develop and implement the District's Research Strategy	Chief Executive	Director Research	2012 & ongoing
5.1.2	Improve workforce capability to undertake research through comprehensive education and mentoring programs	Chief Executive	Director Research	2013 & ongoing
5.1.3	Incorporate research into new service developments and initiatives, align new research with District and NSW priorities and develop new collaborations with the University sector	Chief Executive	Executive Director Research	2013 & ongoing
5.1.4	Increase clinical trial activity	Chief Executive	Director Research	2013 & ongoing
5.1.5	Expand translational research and strengthen the application of evidence in new models of service delivery	Chief Executive	Senior managers	2013 & ongoing
5.1.6	Develop the SWSLHD Research Office to support research and researchers, and identify, report and showcase research	Chief Executive	Director Research	2013 & ongoing
5.1.7	Develop research infrastructure including facilities, clinical skills laboratories, videoconferencing capacity, teaching links and funding	Chief Executive	General Managers	2013 & ongoing
5.1.8	Build research interest and skills of nursing, allied health and community health professionals and managers	Chief Executive	Directors Nursing & Midwifery, Allied Health & GM Community Health	2013 & ongoing
5.2	Support innovation and best practice in prevention and clinical settings			
5.2.1	Develop a program to acknowledge, showcase and celebrate the work of individual staff and teams	Chief Executive	Executive	2014 & ongoing
5.2.2	Develop local approaches for using staff talents and sharing innovation and excellence	Chief Executive	Executive	2014 & ongoing
5.2.3	Increase participation in quality and innovation award programs	Chief Executive	Senior Managers	Ongoing
5.2.4	Develop and implement clinical redesign programs in priority areas	Director Clinical Governance	Redesign Manager	Ongoing
5.2.5	Identify a framework linked to Clinical & Quality Council to assess, plan for, implement and evaluate new models of care, innovations in practice and emerging health technology	Chief Executive	Clinical Directors	2014
5.2.6	In collaboration with universities, promote an exchange of ideas through opportunities for overseas travel to learn about and contribute to international discussions and hosting the visits of international experts	Chief Executive	Senior Managers	Ongoing
5.2.7	Work collaboratively with the Ministry of Health and related agencies and universities to: <ul style="list-style-type: none"> ensure NSW priorities and new programs respond to South Western Sydney needs and that funding is equitably allocated implement state wide service improvement and development 	Chief Executive	Senior Managers as appropriate	Ongoing

Corporate Action 6: Enhancing Assets and Resources

SWSLHD will need to ensure that health service infrastructure has capacity to meet the growing and complex healthcare needs arising from demographic change. Additional investment will be required in public and private health services to meet this demand.

The District will continue to identify and invest in capital infrastructure programs and new technology. Information technology will also require further development to ensure that communication supports clinical services, health service structures and needs. Improving utilisation and management of existing resources will also ensure that new and existing resources are efficiently used. The District will also investigate and be open to new opportunities to develop health services for local communities.

SWSLHD Objectives

- 6.1 Provide physical capacity to address emerging health needs and population increases
- 6.2 Respond to changes in the operating environment
- 6.3 Ensure good stewardship of existing resources



	Strategies	Executive Sponsor	Responsible Manager	Complete by
6.1	Provide physical capacity to address emerging health needs and population increases			
6.1.1	Complete funded projects including: <ul style="list-style-type: none"> Liverpool Hospital Stage 2 Phase 1 redevelopment and carpark Campbelltown Hospital Acute Stage 1 redevelopment COAG funded Sub-Acute Mental Health Inpatient unit at Liverpool Hospital 	Director Operations	Manager Capital Works	2013 2015 2013
6.1.2	Implement and regularly update the SWSLHD Asset Strategic Plan to ensure that facility development reflects need and progress projects including: <ul style="list-style-type: none"> the Campbelltown Hospital Mental Health redevelopment Liverpool Hospital Redevelopment Stages 2.2 and 2.3 Campbelltown Hospital Stages 2 and 3 Bowral and District Hospital Redevelopment and Refurbishment Bankstown-Lidcombe Hospital Expansion and Refurbishment land purchase and construction of new Integrated Primary and Community Care Centres in the South West Growth Centre comprehensive clinical services and capital planning for Fairfield /Braeside Hospital campuses 	Director Operations	Manager Capital Works	2013 & ongoing
6.1.3	Develop educational facilities including: <ul style="list-style-type: none"> student and teaching facilities at Bowral and District Hospital the SWSLHD Education Centre 	Director Operations	Manager Capital Works Director Nursing & Midwifery	2013 2014
6.1.4	Progress clinical service planning for Bankstown-Lidcombe (building on the clinical services development planning undertaken in 2012) and Fairfield/Braeside Hospitals, informed by the SWSLHD Strategic Plan – <i>Strategic Priorities in Health Care Delivery to 2021</i> .	Director Operations	Manager Capital Works	B/L: 2014 F/B: 2015
6.1.5	Further expand mental health inpatient, outpatient and community capacity across the District	Director Operations	Manager Capital Works Director Mental Health	2013 & ongoing
6.1.6	Develop a Community Health Infrastructure Strategy which includes new models of care for integrated primary, community health and specialist service delivery	Director Operations	Manager Capital Works	2014
6.1.7	Undertake information system hardware expansion and refresh for eMR, and core network and communication systems including telehealth	Director Operations	Director IM&TD	Ongoing
6.1.8	In consultation with clinicians, identify technology requirements and innovative funding opportunities and mechanisms	Director Operations	Director Corporate Services	Ongoing

	Strategies	Executive Sponsor	Responsible Manager	Complete by
6.1.9	Engage with NSW Ministry of Health services such as HealthShare NSW, NSW Health Pathology and Information Technology to ensure that SWSLHD priorities are addressed and that NSW support service requirements are integrated into District planning	Director Operations	Directors Corporate Services & IM&TD	2013 & ongoing
6.1.10	In collaboration with Health Infrastructure, review relationships, responsibilities and processes to ensure that completed capital projects meet local service requirements	Director Operations	Manager Capital Works	2014
6.1.11	Initiate, respond to and undertake business planning with the non-government and private sectors to develop new ways to deliver health services in South Western Sydney	Chief Executive	Director Operations	2013 & ongoing
6.2	Respond to changes in the operating environment			
6.2.1	Undertake an environmental scanning and health service forecast process every five years during the ten year life of the <i>SWSLHD Strategies Priorities in Healthcare Delivery to 2021</i>	Chief Executive	Manager Planning	2018
6.2.2	Explore potential to establish a high level standing committee to review on a rolling program, models of care informed by evolving community need, contemporary clinical practice and best practice identified by NSW Ministry Pillars	Chief Executive	Clinical & Quality Council	2014
6.3	Ensure good stewardship of existing resources			
6.3.1	Develop and implement an Asset Maintenance, Replacement and Disposal Program	Director Operations	Manager Capital Works	2014
6.3.2	Review utilisation of : <ul style="list-style-type: none"> plant and equipment and maximize performance and asset life clinical and non-clinical space to optimise use of existing facilities the District fleet to ensure reasonable use 	Director Operations	Manager Capital Works	2014

Corporate Action 7: Supporting Business

In an environment of rapid change, clinicians and managers require access to appropriate and up-to-date information and data to support informed choices, monitor progress and develop new ways of care. Information management and technology (IM& IT) provides potential for developing efficiencies, promoting innovation and improving patient care.

A patient-centred Electronic Medical Record (eMR) informed by privacy considerations will provide a comprehensive view of each patient. All team members will share access to the EMR, strengthening decision making and improving communication.

The District will develop bedside technology and use of applications to promote work practice innovation, and provide specialist support required for such a system. Business planning capabilities will be developed to ensure that existing and new services are viable from a service and financial perspective.

SWSLHD Objectives

- 7.1 Develop integrated and appropriate technology to meet the needs of clinicians, managers and patients
- 7.2 Develop business intelligence and decision support capability



	Strategies	Executive Sponsor	Responsible Manager	Complete by
7.1	Develop integrated and appropriate technology to meet the needs of clinicians, managers and patients			
7.1.1	Develop an Information Management and Technology Plan for the District which supports the service development directions in the LHD's strategic plan – <i>Strategic Priorities in Health Care Delivery to 2021</i> and the NSW e-health ICT Strategy (including a seamless statewide network)	Director Operations	Director IM&TD	2014
7.1.2	Extend and enhance the patient-centred Electronic Medical Record (eMR) functionality across the LHD for a comprehensive single view of the patient	Director Operations	Director IM&TD	2016
7.1.3	Align the eHealth records with Pathology NSW Strategy requirements	Director Operations	Director IM&TD	2016
7.1.4	Provide General Practitioners and other health care providers with access to the Electronic Medical Record	Director Operations	Director IM&TD	2014
7.1.5	Support research and academic endeavours by developing: <ul style="list-style-type: none"> research modules within the eMR information and computer technology (ICT) system solutions to enable firewall traversal to universities and other institutions 	Chief Executive	Director IM&TD	2013 & ongoing
7.1.6	Develop a single point of contact for patients and the community to facilitate access to information and services and improve service coordination for patients	Director Operations	Director IM&TD GM Community Health	Ongoing
7.1.7	Expand teleconferencing, telehealth and access to web-based technologies and utilise fibreoptic initiatives including National Broadband Network (NBN) to improve clinical care, management and networking arrangements.	Director Operations	Director IM&TD	Ongoing
7.1.8	Participate in and implement national and state-wide technology driven projects including: <ul style="list-style-type: none"> Medication Management (including Pharmacy Systems) Oracle Release 12 Payroll Systems ICT Infrastructure V Money Rostering Systems Patient Revenue Systems Organisational Risk Management Medical Imaging Information System Business Information Strategy (Edward) Community Health and Outpatient System National personally controlled Electronic Health Record 	Director Operations	Director IM&TD; Senior Managers	Ongoing

	Strategies	Executive Sponsor	Responsible Manager	Complete by
7.2	Develop business intelligence and decision support capability			
7.2.1	Develop a SWSLHD Data Integration model which enables timely access to data and information through a combination of IT solutions and District Support Unit activities.	Director Operations	Manager Performance	2015
7.2.2	Develop a framework to enable clinical streams and services to identify service priorities and directions which are incorporated into Service Plans	Chief Executive	Manager Planning	2014
7.2.3	Embed the Performance Framework processes into planning and operational activity	Chief Executive	Managers Performance & Planning General Managers	2013
7.2.4	Develop business planning capacity and undertake comprehensive planning to identify <ul style="list-style-type: none"> • benefits and risks of new proposals • the financial cost of service development directions 	Director Operations	Manager Clinical & Business Support	2014

Corporate Action 8: Efficiency and Sustainability

Recent changes to funding models created by the National Health and Hospitals Reform Agreement will drive considerable change in how services are funded, provided, organised and measured. There will be a growing emphasis on monitoring performance and identifying opportunities to improve efficiency and effectiveness in care and service delivery. All services will need to ensure that the necessary processes and systems are used to drive improvement.

With a complex health environment, responding to new challenges will also create new risks. Systems will need to be developed to ensure that the risks are clearly identified and strategies are in place to ensure that these risks are managed. These systems will need to be supported by effective governance.

The threats posed by climate change on the environment and on individuals and communities are increasingly recognised. The District will reduce and manage use of resources so that the impact on the environment is minimised.

SWSLHD Objectives

- 8.1 Strengthen the financial sustainability of the District
- 8.2 Minimise risk
- 8.3 Contribute to environmental sustainability
- 8.4 Ensure efficiency of services
- 8.5 Strengthen governance
- 8.6 Ensure work health safety



	Strategies	Executive Sponsor	Responsible Manager	Complete by
8.1	Strengthen the financial sustainability of the District			
8.1.1	Develop a robust and sustainable financial framework and processes including: <ul style="list-style-type: none"> financial and reporting mechanisms financial accountability delegations 	Director Finance	Director Finance	2014
8.1.2	Develop capability, understanding and responsiveness to Activity Based Funding	Director Finance	Director Finance	2015
8.1.3	Maximise funding through Activity Based Funding including achievement of clinical coding targets and contribution to State-wide costing	Director Finance	Director Finance	2014
8.1.4	Develop and implement a District Efficiency and Revenue Plan	Director Finance	Director Finance	2014
8.1.5	Develop tools and capability within the District to provide Financial Impact Statements for new capital and service projects	Director Finance	Director Finance	2016
8.1.6	Develop financial capability in managers and staff to ensure effective financial management	Director Finance	Director Finance	2015
8.1.7	Review current arrangements and develop service agreements with local networked services and NSW Health agencies including HealthShare NSW, NSW Health Pathology and the Ambulance Service of NSW to ensure responsiveness to local needs	Director Operations	Director Corporate Services	2013 & ongoing
8.1.8	Strengthen procurement capabilities locally and participate in proposed contract management initiatives led by the NSW Ministry of Health and related agencies	Director Operations	Director Corporate Services	Ongoing
8.1.9	Meet identified annual targets for services including: <ul style="list-style-type: none"> expenditure, revenue and payment of creditors activity from purchased volume in cost weighted separations, acute inpatient services, cost weighted emergency attendances and emergency services drug health closed treatment episodes (withdrawal management and other outpatient) and number of patients in public Opioid Treatment Programs dosed or prescribed 	Director Operations	Service Managers	Ongoing
8.2	Minimise risk			
8.2.1	Develop a framework for managing risk across the District which includes strategies to: <ul style="list-style-type: none"> embed governance structures and arrangements into day to day operation develop and maintain risk registers establish formal processes for identifying and analysing risks develop risk management plans ensure disaster recovery and continuity 	Director Operations	District Risk Manager	2014
8.2.2	Implement a comprehensive rolling program of audit and implement the recommendations	Chief Executive	Manager Audit	2014

	Strategies	Executive Sponsor	Responsible Manager	Complete by
8.2.3	Develop a reporting framework to assess success in implementing Strategic and Corporate Plan initiatives and their effectiveness in achieving desired outcomes.	Director Operations	Manager Performance	2013
8.3	Contribute to environmental sustainability			
8.3.1	Implement the District Sustainability Plan	Director Operations	General Managers	2014 & ongoing
8.3.2	Incorporate sustainability in asset maintenance, replacement and capital developments	Director Operations	Manager Engineering	2013 & ongoing
8.3.3	Participate in NSW Government sustainability initiatives and implement strategies to reduce energy consumption across the District	Director Operations	Manager Engineering	2014
8.4	Ensure efficiency of services			
8.4.1	Review the efficiency and effectiveness of services and models of care and identify strategies for reengineering and disinvestment	Director Operations	General Managers	2013 & ongoing
8.4.2	Identify, plan and implement increased use of subacute beds to assist in efficiency of acute bed utilisation	Director Operations	Manager Planning, General Managers, Clinical Director Aged Care & Rehabilitation	2016 & ongoing
8.5	Strengthen Governance			
8.5.1	Identify key competency developmental requirements of the Board for effective governance and implement a program to increase the knowledge, skills and expertise of Board members	Chief Executive	Manager Executive & Board Secretariat	2014 & ongoing
8.5.2	Develop the management and decision making skills of the Executive, General Managers and Clinical Directors	Chief Executive	Executive	2014 & ongoing
8.5.3	Embed actions from the annual performance agreement, SWSLHD <i>Strategic Priorities in Health Care Delivery to 2021</i> Healthcare Services Strategic Plan and <i>Directions to Better Health for South Western Sydney – Corporate Plan 2012 – 2017</i> into operational plans	Chief Executive	Executive, Senior Managers	2014
8.5.4	Implement strategies to increase staff awareness of statutory and related reporting requirements	Chief Executive	Executive	2014 & ongoing
8.5.5	Review internal structures and processes to ensure that the District complies with corporate governance requirements as outlined in the <i>Corporate Governance Compendium</i> and reporting requirements	Chief Executive	Executive Senior Managers	2014 & ongoing
8.6	Ensure work health safety			
8.6.1	Develop a strategic framework to implement the NSW Ministry of Health Policy Directive 2013_005 <i>Work Health and Safety: Better Practice Procedures</i>	Director Operations	District Risk Manager	2014
8.6.2	Establish an effective work health safety management system that aligns with the NSW <i>Work Health and Safety Act 2011</i>	Director Operations	District Risk Manager	2014
8.6.3	Establish a dashboard monitoring framework to benchmark success in implementing the work health and safety management system	Director Operations	District Risk Manager	2014

Implementation

This Plan identifies the key strategies that will be implemented over the next five years. Against each key strategy an Executive Sponsor and the Responsible Manager have been identified. The Executive Sponsor is the member of the District's Executive Management Team who has responsibility for ensuring the strategy is successfully implemented. The Responsible Manager/s are senior managers (including General Managers, Service Managers and Clinical Directors) who will ensure that the operational aspects of the strategy are progressed.

The SWSLHD Executive Management Team will annually review progress against this Plan. The review process will include consideration of:

- the performance reports prepared for the *South Western Sydney Local Health District Annual Strategic Priorities and Performance Agreement* with the NSW Ministry.

- local priorities from this Plan for inclusion in the Annual *SWSLHD Strategic Priorities and Performance Agreement* for the subsequent financial year
- new and emerging NSW Government priorities and whether they are adequately reflected within this Plan.
- Reports on progress against strategies which may not be in the annual performance agreement. This may include strategies which have a longer timeframe or have been prioritised to respond to the operating environment.

Progress on strategies within this Plan will be used to inform the South Western Sydney Local Health District Annual Report and reporting to the NSW Ministry of Health.

Appendix: National, State and District Indicators of Performance

Code	Indicator Domains
National Health Reform Performance and Accountability Framework (NF)	
NF1	Effectiveness - Safety and quality
NF1.1	Hospital Standardised Mortality ratio
NF1.2	Death in low-mortality Diagnostic Related Group
NF1.3	In hospital mortality rates for:
NF1.3.1	Acute myocardial infarction
NF1.3.2	Heart Failure
NF1.3.3	Stroke
NF1.3.4	Fractured neck of femur; and
NF1.3.5	Pneumonia
NF1.4	Unplanned hospital readmission rates for patients discharged following management of:
NF1.4.1	Acute myocardial infarction
NF1.4.2	Heart Failure
NF1.4.3	Knee and hip replacement
NF1.4.4	Depression
NF1.4.5	Schizophrenia; and
NF1.4.6	Paediatric tonsillectomy and adenoidectomy
NF1.5	Healthcare associated Staphylococcus aureus (including MRSA) bacteraemia
NF1.6	Healthcare associated Clostridium difficile infections
NF1.7	Rate of Community follow up within the first seven days of discharge from a psychiatric admission
NF2	Effectiveness - Patient Experience
NF2.1	Measures of the patient experience with hospital services
NF3	Equity and effectiveness - Access
NF3.1	<u>Access to services by type of service compared to need</u>
NF3.2	Emergency Department waiting times by urgency category
NF3.3	Percentage of Emergency Department patients transferred to a ward or discharged within four hours, by triage category
NF3.4	Elective surgery patients waiting times by urgency category; and
NF3.5	Cancer care pathway - waiting times for cancer care

Code	Indicator Domains
NF4	Efficiency - Efficiency and financial performance
NF4.1	Relative Stay Index for multi-day stay patients
NF4.2	Day of surgery admission rates for non emergency multi-day stay patients
NF4.3	Cost per weighted separation and total case weighted separations; and
NF4.4	Financial performance against activity funded budget (annual operating result)
NSW 2021: A plan to make NSW number one (SP)	
SP1	Keep health people and out of hospital
SP1.1	Reduce smoking rates by 3% by 2015 for non-Aboriginal people and by 4% for Aboriginal people
SP1.2	Reduce the rate of smoking by non-Aboriginal pregnant women by 0.5% per year and by 2% per year for pregnant Aboriginal women
SP1.3	Reduce overweight and obesity rates of children and young people (5–16 years) to 21% by 2015
SP1.4	Stabilise overweight and obesity rates in adults by 2015, and then reduce by 5% by 2020
SP1.5	Reduce total risk drinking to below 25% by 2015
SP1.6	Halve the gap between Aboriginal and non-Aboriginal infant mortality rates by 2018
SP1.7	Reduce mental health readmissions within 28 days to any facility
SP1.8	Increase the rate of community follow-up within 7 days of discharge from a NSW public mental health unit
SP1.9	Increase the number of adults and adolescents with mental illness who are diverted from court into treatment
SP1.10	Reduce the age-standardised rate of potentially preventable hospitalisations by 1%, and by 2.5% for Aboriginal people by 2014–15
SP2	Provide world class clinical services with timely access and effective infrastructure
SP2.1	Planned surgical patients admitted within clinically appropriate time
SP2.2	Time from triage to commencement of clinical treatment meets national benchmarks
SP2.3	Achieve the COAG agreed national emergency department access target of 90% of persons attending ED staying four hours or less
SP2.4	Reduce current rates of unplanned and unexpected hospital readmissions as percentage of total hospital admissions (5% per year over 4 years)
SP2.5	Remain below the COAG benchmark for Staphylococcus aureus (staph) bloodstream infection rate per 10,000 patient bed days
SP2.6	Ensure all publicly provided health services meet national patient safety and quality standards
SP2.7	Improve on the previous year's Patient Experience Survey following treatment

Code	Indicator Domains	Corporate Plan Alignment
SWSLHD Performance Agreement 2012-2013		
PA1	Safety and Quality	
PA1.1	Participate in recognised accreditation processes by 2014	1.3.1
PA1.2	Improvement of the patient experience - continue improvement in the overall care received	1.4.3
PA1.3	Patient Safety	
PA1.3.1	Finalise implementation of Between the Flags	1.3.4
PA1.3.2	Implement Sepsis Pathway and the Chest Pain Pathway	1.3.4
PA1.3.3	Decrease Healthcare Associated Infections; ICU Central Line Associated Bloodstream (CLAB) Infections, Staphylococcus aureus bloodstream infections	1.3.3
PA1.3.4	Incorrect procedures (operating theatre) resulting in death or major loss of function.	1.3.7
PA1.4	Aboriginal Health - Improve the quality of Aboriginal Health by:	
PA1.4.1	Accurately identify Aboriginal patients	3.4.1
PA1.4.2	Ensuring cultural safety	1.2.1
PA1.4.3	Building trust and effective partnerships between Aboriginal people, Aboriginal community controlled Services and LHDs part via the Chronic Care for Aboriginal People Program, the Aboriginal Maternal and Infant Health Service and the Aboriginal Family Health Program	3.4.3
PA2	Service Access and Patient Flow	
PA2.1	Surgery - Treat surgery patients within the clinically appropriate timeframes (Emergency & Elective), defined under the National Elective Surgery Target (NEST) and NSW Health's no overdues ('triple zero') target.	1.3.7
PA2.1.1	Minimise overdue booked surgical patients; Elective surgery patients admitted within clinically appropriate time	1.3.7
PA2.2	Emergency Access: Improve timeliness of access to services by:	
PA2.2.1	Ensuring Emergency Department patients are treated, discharged, admitted or referred from the ED within timeframes outlined in the National Emergency Access Target	1.3.7
PA2.2.2	Efficient use of inter hospital transport and the Non-Emergency Patient Transport in line with NSW Health Reform Program	3.3.3
PA2.2.3	Improved Transfer of Care Time < 30 minutes ; Improve % of ED patients admitted, referred or discharged within 4 hours of presentation; Reduce the number of patients staying in ED > 24 hours; Reduce the number of Mental Health presentations staying in ED > 24 hours (number); ED presentation admitted to the ward/ICU/operating theatre.	1.3.7

Code	Indicator Domains	
PA2.3	Connecting Care - Reduce potentially preventable hospitalisations and unplanned readmissions through:	3.4.2
PA2.3.1	Enrolment of patients onto the Connecting Care Program	3.4.2
PA2.3.2	Implementation of integrated Connected Care Plans	3.4.2
PA2.3.3	Number of currently enrolled clients	3.4.2
PA2.4	Integrated Clinical Service Networks and Plans – Ensure effective & integrated networks of care for the local population that also support cross District and Statewide networks.	7.2.2,3.2.3,3.2.1
PA2.5	Community Health Services: In partnership with Health Ones and other Primary Health Care Providers, inc. Medicare Locals and Aboriginal Community Controlled Health Services:	3.2.6
PA2.5.1	Strengthen a coordinated and integrated primary health care service	3.2.6
PA2.5.2	Provide care targeting potentially preventable hospitalisations.	3.2.6
PA2.6	Mental Health: Improve outcomes for Mental Health patients by:	
PA2.6.1	Reducing readmission within 28 days	1.3.7
PA2.6.2	Increasing the rate of community follow up within 7 days upon discharge; Mental Health: Acute Post-Discharge Community Care – follow up within seven days	1.3.7
PA2.6.3	Improving access for prisoners through Court Liaison and the Adolescent Diversion Program	3.4.7
PA2.6.4	Contributing to the further integration of mental health into mainstream health services	3.4.6
PA2.6.5	Ensuring the implementation of community based mental health services allowing for least restrictive care and a strong pathway of care	3.4.6
PA2.6.6	Aligning service models of care to recognise a focus on recovery and rehabilitation returning people with a mental illness to employment, education and community participation	3.4.6
PA2.6.7	Mental Health - no of ambulatory (provider) contacts	1.3.7
PA2.7	Oral Health:	
PA2.7.1	Improve access to Oral health by implementing the NSW Oral Health Strategic Directions incorporating recommendations from the Ministerial Taskforce.	1.3.6
PA2.7.2	Public dental weighted occasions of service against target (%)	1.3.7

Code	Indicator Domains	
PA3	People and Culture	
PA3.1	Build a Professional, Safe and Sustainable Health Workforce by implementing:	
PA3.1.1	The Health Professionals Workforce Plan –Build a sustainable health workforce	4.1.1
PA3.1.2	NSW Public Sector Workplace Health and Safety and Injury Management Strategy 2010 – 2012	4.2.2
PA3.1.3	The new Code of Conduct reflecting CORE Values.	1.1.3
PA3.1.4	Collaboration with the Pillars (HETI, CEC, ACI, BHI).	4.1.8
PA3.2	Make a positive difference to workplace culture:	
PA3.2.1	Implement Your Say Action Plan	4.2.6
PA3.2.2	Embed the Workplace Culture Framework Characteristics	4.2.6
PA3.2.3	Embed Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health	1.2.1
PA3.2.4	Implement strategies aimed at eliminating bullying and harassment	4.2.2
PA3.2.5	Identify and implement strategies to ensure staff are provided with a safe and supportive workplace.	4.2.2
PA3.3	Good Health - Great Jobs , the NSW Health Aboriginal Workforce Strategic Framework 2011 – 2015 - Implement the Framework to achieve the targets for 2015.	4.1.3
PA3.4	Efficient management of annual leave	3.4
PA3.4.1	Compliance with Annual Holidays Act and Industrial Relations Act	3.4
PA3.4.2	Reduction in excess accrued leave liability.	3.4
PA5	Corporate Governance	8.5
PA5.1	LHD capacity building - Ensure that the District has the skills and expertise to achieve service agreement priorities through:	
PA5.1.1	Building capacity of board members in key areas including governance, financial and operational and organisation culture	8.5.1
PA5.1.2	Building management capacity of Executive and Health Service management.	8.5.2
PA5.1.3	Complying with key whole of government policy objectives, requirements and accountability frameworks to recognise the organisation's role in the wider NSW Public sector	8.5.5
PA5.2	Good corporate governance:	
PA5.2.1	Meet requirements of the Corporate Governance Compendium	8.5.5
PA5.2.2	Ensure processes are in place to support and enhance staff awareness of statutory and organisational reporting requirements.	8.5.4

Code	Indicator Domains	
PA6	Finance and Management	8.1
PA6.1	National Health Reform Agreement & Initiatives: Implement the National Health Reform Agreement as it applies to the Local Health District, including:	
PA6.1.1	Annually develop a strategic plan (which may be met through the District's Local Healthcare Services Plan.	8.5.3
PA6.1.2	Annually implement an operational plan (which may be met through the District's Business Plan) and deliver agreed services and performance standards within an agreed budget, based on these plans, to give effect to the Service Agreement.	8.5.4
PA6.1.3	Comply with annual reporting processes subject to the applicable NSW Government financial accountability and audit frameworks.	8.5.5
PA6.2	Performance Framework – Embed the Performance Framework processes within the Local Health District's hospitals, clinical streams and networks.	7.2.1
PA6.3	E-Health Information and Communications Technology (e-health ICT):	
PA6.3.1	Effectively implement the State e-health ICT Strategy (including a seamless statewide network)	7.1.1
PA6.3.2	Continue to participate in the implementation of the national personally controlled Electronic Health Record as required.	7.1.8
PA6.4	Best Practice Financial Management – Continued implementation of the NSW Health Financial Management Framework.	8.1.9
PA6.4.1	Expenditure matched to budget	8.1.9
PA6.4.2	Revenue matched to budget	8.1.9
PA6.4.3	Recurrent Trade Creditors > benchmark	8.1.9
PA6.4.4	Small Business Creditors > benchmark	8.1.9
PA6.5	Efficiency Improvement Plan: Deliver and report on Local Health District efficiency targets, based on improvements in Service Access, Patient Flow and Safety and Quality Strategic Priorities.	8.1.4
PA6.6	NSW Health Funding Reform – Develop Local Health District capability to implement NSW Health Funding Reform, including: Activity Based Funding management capability, achievement of clinical coding targets and contribution to Statewide Casemix costing.	8.1
PA6.6.1	Cost weighted acute separations - variation in activity from purchased volume	8.1.9
PA6.6.2	Acute inpatient services (NWAU) - variation in activity against purchased volume	8.1.9
PA6.6.3	Cost weighted emergency department attendances - Variation of activity against purchased volume	8.1.9
PA6.6.4	Emergency services (NWAU) - variation in activity against purchased volume	8.1.9
PA6.6.5	Drug Health - closed treatment episodes	8.1.9
PA6.6.6	Drug Health - Opioid Treatment program - Number in public programs dosed or prescribed	8.1.10
PA6.7	NSW Kids and Families Service and Strategic Plans – Local Health District planning to contribute to implementation of NSW Kids and Families Statewide Strategic Plan.	3.2.4
PA6.8	Environmental Sustainability – Effectively participate in the implementation of the NSW Health Environmental Sustainability Strategy, including implementation of energy performance projects and monitoring initiatives.	8.3.3
PA6.9	Procurement Strategy and Planning:	8.1.8
PA6.9.1	Develop Local District procurement capabilities	8.1.8
PA6.9.2	Participate in whole of Health and Government procurement strategies.	8.1.8

Code	Indicator Domains	
PA7	Population Health	
PA7.1	Improve the Health of the Population by implementing:	1.5.3
PA7.1.1	The NSW Tobacco Strategy to:	1.5.3
PA7.1.1.1	Reduce the harm which tobacco imposes on the community	1.5.3
PA7.1.1.2	Contribute to closing the gap in Aboriginal health by supporting pregnant Aboriginal women to stop smoking.	1.5.3
PA7.1.2	The revised NSW Government Plan for Preventing Overweight and Obesity to reduce the prevalence of overweight and obesity, and encourage healthy eating and increase opportunities to be physically active among children.	1.5.3
PA7.1.2.1	Centre based children's service sites adopting the Children's Healthy Eating and Physical Activity Program in Early Childhood to agreed standard	1.5.3
PA7.1.2.2	Primary school sites adopting the Children's Healthy Eating and Physical Activity Program in Primary School to agreed standard	1.5.3
PA7.1.2.3	Targeted Family Healthy Eating and Physical Activity Program - Children 7 – 13 years enrolled; Children 7-13 years who complete the program.	1.5.3
PA7.1.3	The Policy for Prevention of Falls and Harm from Falls among Older People, 2011 to 2015 by delivering health promotion services and working with NSW Health clinical services and residential aged care services.	1.5.3
PA7.1.4	The NSW Blood Borne Viruses and Sexually Transmitted Infections Strategies to:	1.5.7
PA7.1.4.1	Scale up HIV testing to priority populations, improve access to HIV and hepatitis C treatment, improve access to needle and syringe programs and intensify health promotion and community mobilisation efforts.	1.5.7
PA7.1.4.2	Prioritise access to sexual health services, support general practice, promote awareness of sexually transmitted infections (STIs) and promote early detection and treatment.	1.5.7
PA7.1.5	Programs that reduce:	1.5.3
PA7.1.5.1	Risk drinking	
PA7.1.5.2	Potentially preventable hospitalisations	
PA7.1.5.3	Tuberculosis	1.5.8
PA7.1.5.4	Vaccine preventable diseases.	1.5.8
PA7.2	Improve the Health of the Aboriginal Population through strategies that:	
PA7.2.1	Meet key national policy commitments with performance targets:	3.4.1
PA7.2.1.1	National Indigenous Reform Agreement including Closing the Gap in Indigenous Health Outcomes	3.4.1
PA7.2.1.2	National Partnership Agreement on Indigenous Early Childhood Development	3.4.1
PA7.2.1.3	National Preventive Health Partnership	3.4.1
PA7.2.1.4	Aboriginal and Torres Strait Islander Health Performance Framework	3.4.1
PA7.2.2	Achieve the targets of the new NSW 2021 State Plan including:	
PA7.2.2.1	Smoking rates	1.5.3
PA7.2.2.2	Smoking among pregnant women	1.5.3
PA7.2.2.3	Overweight and obesity in children, young people and adults	1.5.3
PA7.2.2.4	Risk drinking	1.5.3
PA7.2.2.5	Infant mortality	3.4.1
PA7.2.2.6	Potentially preventable hospitalisations	3.4.1, 3.4.2
PA7.2.3	Identify key initiatives within local strategic and service plans that contribute to NSW priorities under Closing the Gap.	3.4.1

Code	Indicator Domains	
PA7.2.3	Identify key initiatives within local strategic and service plans that contribute to NSW priorities under Closing the Gap.	3.4.1
PA7.3	Keep Them Safe – Continue implementation of the Government’s response to the Special Commission of Inquiry into Child Protection.	3.4.11
PA7.4	NSW Kids and Families Strategic and Service Plans – Implement programs to address Government priorities for NSW Kids and Families.	3.2.4
PA7.5	Emergency Response Planning and Readiness – Particularly for biopreparedness and infectious disease outbreaks in collaboration with local public health units.	1.5.10, 1.5.11
PA8	Services and Facilities	
PA8.1	Maintain networked services: Statewide Services; Cross District Referral Networks; and Services to other LHDs. Including maintenance of Networked non-clinical Services, community health services; population health services; and Aboriginal health Services	3.2.3
PA8.2	Complete Commissioning of New projects	6.1.1
PA9	Teaching Training and Research	
PA9.1	Teaching and Training	
PA9.1.1	Grow and support a skilled, competent and capable workforce: Implement an LHD Education and Training Learning Plan; Work in partnership with HETI to develop, implement and evaluate education and training including programs for new starters and teams; Increase the number of intern positions in LHDs in line with planned growth in medical graduates and the NSW Government’s COAG commitment; Establish new graduate and pre-registration trainee positions in allied health professions to meet future workforce need; Monitor expenditure and take-up of TESL across specialties and facilities; Enhance the provision of training and education provided for Allied Health Professionals in external education and training courses relevant to the particular allied health specialty; Meet HETI reporting requirements for education and training programs for professional entry, clinical, clinical support, administration and corporate staff in the public health system; Report the clinical placement hours provided by LHDs for professional entry students in Nursing & Midwifery, Medicine, Allied Health and Dentistry/Oral Health for reporting under the NPA.	4.1
PA9.1.2	Recognise the value of generalist and specialist skills: Expand medical specialist training opportunities in line with current and future service requirements to maximise the impact of the increased numbers of medical graduates in the NSW health system; Implement a Rural Generalist Training Pathway for proceduralist GPs (For LHDs covering rural areas).	4.1
PA9.1.3	Develop effective health professional managers and leaders: Work in partnership with HETI to implement leadership programs (including Executive, General Manager and Clinical Leader Programs) and the HETI Leadership Framework; Implement the Statewide People Skills Management Framework and the NSW Health Financial Management training program.	4.1.7
PA9.2	Research to be informed by the implementation of the NSW Health and Medical Research Review and will apply to all research conducted within the Local Health District. The Strategic Review will also apply to major research facilities and organisations based within the LHD. The LHD should establish a Research Committee (see NSW Health Corporate Governance and Accountability Compendium), work with the Office for Medical Research/MoH and be responsible for:	5.1
PA9.2.1	Encouraging the translation and innovation from research by: Fostering a dynamic and supportive research culture through strategic leadership and governance; Attracting and retaining high quality clinician researchers; Providing training for clinician researchers and facilitating access to research support; Ensuring	5.1.6
PA9.2.2	Improving research administration by: Appropriately resourcing the research office to undertake research ethics and governance functions	5.1.7
PA9.2.3	Establishment of appropriate governance structures for research entities within the District.	5.1



Health

South Western Sydney
Local Health District

South Western Sydney Local Health District
Liverpool Hospital Eastern Campus
Locked Mail Bag 7279
Liverpool BC NSW 1871
Tel. (612) 9828 6000
Fax. (612) 9828 6001
www.swslhd.nsw.gov.au