CONTENTS

3 FOREWORD
4 WESTERN SYDNEY LOCAL HEALTH DISTRICT
5 EXECUTIVE SUMMARY
8 VISION AND VALUES
9 FUTURE CHALLENGES
10 OUR LOCAL HEALTH DISTRICT
10 Our People
11 Our Health Profile
13 Our Health Services
15 Our Partners
16 PLANNING FRAMEWORK
17 STRATEGIC PRIORITIES
18 STRATEGIC PRIORITY AREA: CULTURE
23 STRATEGIC PRIORITY AREA: INTEGRATED CARE
26 STRATEGIC PRIORITY AREA: PARTNERSHIPS
28 STRATEGIC PRIORITY AREA: ORGANISATIONAL REDESIGN
31 STRATEGIC PRIORITY AREA: RESEARCH AND EDUCATION
35 STRATEGIC PRIORITY AREA: FINANCIAL STABILITY AND SUSTAINABILITY
37 ABBREVIATIONS AND GLOSSARY
38 APPENDIX 1: WSLHD INTEGRATED PLANNING AND POLICY FRAMEWORK
38 APPENDIX 2: HIERARCHY AND INTERRELATIONSHIPS OF PLANS IN WSLHD

Better Health Services for the People of Western Sydney and Beyond
FOREWORD

We are pleased to present the Western Sydney Local Health District (WSLHD) Strategic Plan July 2013 – June 2016. This plan builds on our recent accomplishments and lays the foundations for further enhancing the delivery of healthcare for the people of western Sydney and beyond.

We acknowledge our staff and stakeholders who have been involved and contributed to the development of our strategic plan ensuring it is strong, relevant and represents the embodiment of work of our entire organisation.

At the outset we thank everyone involved for their enthusiastic commitment, contribution and their preparedness to invest in the ongoing development and the future of WSLHD as we endeavour to achieve our goals.

This document is a road map that will enable us to manage the changing demands for our services, continue to meet our responsibilities under the National Health Reform Agenda, equip our organisation for workforce challenges that may lie ahead with the given that we need to perform to an ongoing commitment to financial sustainability while always putting the patient at the centre of everything we do.

Our strategic plan aims to adapt our organisation to an exciting and dynamic industry that is positioned in a rapidly changing landscape to meet future requirements and challenges. It is therefore essential to our success to take into account the effectiveness of our collaboration with a broad range of business partners in clinical care, education, research, social services and environmental planning.

There is little doubt that the challenges we face across the health industry which include our rapidly growing population, workforce capacity, and increasing technological and financial pressures will continue into the future.

We believe we have developed a robust and flexible strategic plan that will show us the way forward and allow us to adjust our course according to the challenges ahead. The plan will provide our organisation with the structure through which we can provide good healthcare experiences for the people and communities of Western Sydney and beyond.

We commend our strategic plan to you.

Professor Stephen Leeder AO
Chairman of the Board
Western Sydney Local Health District

Danny O’Connor
Chief Executive
Western Sydney Local Health District
WSLHD is responsible for providing and managing all public healthcare within five Local Government Areas (LGAs), incorporating 120 suburbs in one of Australia’s fastest growing urban populations with a rich tapestry of culture, people, traditions and beliefs.

It was established in 2011 and is one of 15 Local Health Districts (LHDs) in the NSW Health system.

Our cutting-edge services provide a broad range of needs-specific healthcare to more than 876,500 local residents as well as Statewide specialty services to those from country NSW, other local health districts and interstate.

We employ more than 9,000 people across 100 sites and manage nearly 2,000 beds including four teaching hospitals and an extensive network of community health centres.

WSLHD comprises Westmead, Blacktown Mount Druitt, Auburn and Cumberland hospitals. It includes a comprehensive range of community-based services to meet the needs of a culturally diverse population in treatment, support and disease prevention.

In addition to our clinical and other health services, WSLHD’s research and education hub ensures the delivery of world-class healthcare into the future.
The WSLHD Strategic Plan July 2013 – June 2016 builds on our achievements and identifies crucial priority areas to enable us to further improve our healthcare services.

Guided by our ethos to provide better services for the people of western Sydney and beyond, each of our strategic goals is interrelated and underpins our drive to achieve this vision.

The six priorities areas that address the diverse needs of our community now and in the future are:

1. **Culture**
2. **Integrated care**
3. **Partnerships**
4. **Organisational redesign**
5. **Research and education**
6. **Financial stability and sustainability.**

Strategies have been developed for each component with indicators to measure how we are tracking, timeframes, and those responsible identified for achieving each objective.

Our goals centre on patients, staff, community and the need for excellence in services, education, research and organisational support.

Over the next three years we will regularly monitor our targets and where necessary adapt to accommodate adjustments to State or national health plans, policies, directions, and the changing health environment.

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**Culture**

WSLHD is committed to developing a culture with the patient and community at the centre of all we do, where there is respect and collaboration among patients, their carers, our staff and partners, and pride in the spectrum of work undertaken by our employees and volunteers.

By placing safety first, we seek to deliver better health services. As a flow on effect this will improve our efficiency and effectiveness, allowing us to invest savings into further improving services.

We will reduce red tape yet still be accountable for the allocation of resources and the services we deliver.

We aim to be the employer and trainer of choice for our staff, teachers, researchers and students, recognising that our people and culture are fundamental to our success in providing better health services to the people of western Sydney and beyond.

**Integrated Care**

By continuing to improve collaboration among our services as well as organisations external to WSLHD, we will deliver highly-functional, integrated care to our patients.

Further development of HealthPathways' with general practitioners and other primary healthcare providers will ensure patients move smoothly from one component of care to another.

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1. HealthPathways, a web-based information portal for clinicians, especially general practitioners, provides opportunities to improve care of the chronically ill and reduce unnecessary hospital readmissions.
EXECUTIVE SUMMARY  Continued

We will contribute to the coordinated delivery of phases of care from tertiary and quaternary to community care.

Where patients come to our services from outside WSLHD, we will endeavour to ease them back to their home in the care of their general practitioner (GP) and other services, emphasising the importance of continuity of care.

We will plan and invest in our services to improve our residents’ ability to access contemporary and innovative services locally and within appropriate clinical timeframes.

Partnerships

The development of new partnerships and strengthening existing associations will deliver more for our patients, their families and community stakeholders than we could achieve working alone.

Partnering with other organisations, including the private sector, provides us access to specialist resources and research, educational and infrastructure opportunities. It increases our opportunities to partner for innovation and keep in focus our accountability to the community, as is the case with NSW Health’s agencies and pillar organisations.

We will continue to work on actively engaging and refining relationships with our patients and their families, as well as our partners, to ensure our patients receive integrated care and to help us innovate and deliver new and contemporary services.

Implementing tools to better capture community and consumer feedback and progressing stakeholder involvement on a wide variety of committees, will assist in maximising their engagement in the health system.

We will contribute to increasing the health literacy of our society by improving the ability to navigate and communicate with the relevant health resources. This has the potential to improve our community’s knowledge and understanding about their health, their attendance at appointments, adherence to health behaviour advice and medication regimes and the ability to self-manage their health conditions.2
Organisational Redesign

Under the governance of the WSLHD Board and its sub-committees we are continuing to put systems and structures in place that will improve how we deliver services. This includes applying evidence-based clinical practice and models of care and reducing unwarranted variation in clinical practice so our patients get the correct care by the appropriate person at the right place and time.

We will invest in infrastructure to enable our future models of care and to ensure our buildings and equipment are fit for purpose. This investment is pivotal in providing the opportunity to optimise our work.

Research and Education

WSLHD is recognised nationally and internationally as a leader in the provision of healthcare, research and education. It allows us to attract and retain staff who are leaders in their field which in turn ensures our patients receive the best health service possible.

Translational research\(^3\) gives our community early access to innovative care. We are committed to maintaining and improving our position by enhancing research productivity, collaborating with all of our facilities and universities and delivering relevant educational and training opportunities.

To continue to deliver the best possible quality services we will support and invest in education and training so our staff have current skills and the confidence to deliver services effectively. Our programs will continue to train and educate a large part of the State’s health workforce.

Financial Stability and Sustainability

Continued financial stability and sustainability are fundamental to the ongoing improvement of our service delivery.

Transitioning budgets based on Activity Based Funding (ABF) in 2012-2014 will drive the need to improve financial knowledge, accountability and responsibility to ensure we are funded for what we do. WSLHD is one of the few LHDs with a majority of ABF-funded services. Therefore, it is imperative all managers increase their understanding of funding and resource allocation to grow their sophistication in monitoring and developing service provision within allocated resources in preparation for the shift to full ABF-based budgets in 2014 and 2015.

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1. Health literacy is the extent to which an individual can access, process and understand information about healthcare, services and the health system. Reference: South Australia Health, Government of South Australia, Health literacy, at http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/safety+and+quality/partnering+with+consumers+and+the+community/health+literacy

2. Translational research entails transferring knowledge gained from the basic sciences to its application in clinical and community settings. The idea is encapsulated by phrases “bench-to-bedside” and “bedside-to-community” research. Reference: Institute of Translational Health Sciences, Translational Research, at https://www.iths.org/about/translational
Our strategic plan reflects our sustained commitment to our communities through our vision, mission and values while recognising the important contribution of staff, partners and patients in the development of and continued commitment to our:

**Vision**

Better health services for the people of western Sydney and beyond.

**Mission**

WSLHD’s six key priority areas focus on culture with the patient and community at the centre of all we do:

- Culture
- Integrated care
- Partnerships
- Organisational redesign
- Research and education
- Financial stability and sustainability.

**Values**

Underpinning our vision and mission are NSW Health’s four CORE values of collaboration; openness; respect; and empowerment.
The strategies in this document have been developed within the context of the challenges we face now and in the future. With a backdrop of a rapidly changing health environment and increasing demand for services, innovation and change will enable WSLHD to continue to meet the future needs of its patients and deliver on its vision.

Factors such as:

- A projected local population growth of 2 percent per annum compared to 1.2 percent for NSW for the period 2011 to 2021, including a 40 percent increase in people aged 65-plus
- A high birth rate. WSLHD had the State’s highest number of births in 2009 and 2010
- More than 50 percent of the adult population being overweight or obese; and
- Four out of five of our LGAs having diabetes rates above the NSW average.

These issues and others will require extra resources to meet demand, drive the need for WSLHD to change the way we deliver services, and increase the effectiveness of our partnerships with other healthcare providers.

A comprehensive redevelopment program with investment in infrastructure and major equipment will be essential to deliver innovative models of care and health services required in the 21st century to improve the patient experience and meet their expectations for modern and effective healthcare.

The health system has undergone broad changes over the past few years including the funding formula for public hospitals. These changes present opportunities for WSLHD. Careful financial management and monitoring are required to ensure fiscal stability and sustainability while meeting an increasing demand.

Information and technology services will require upgrading to harness advances such as the personally controlled electronic health record (PCEHR). This will improve data accessibility and communication with our patients, community and health partners, such as general practitioners, so we can provide more efficient services.

Future projected shortages of health staff, concurrent with increasing demand for health services, will mean our workforce strategies need to support the recruitment and retention of our employees. We are committed to employing staff that are knowledgeable, trained and skilled to develop and deliver innovative models of care.
Our Local Health District

The population of WSLHD is growing at almost twice the rate of the rest of NSW.

It encompasses the LGAs of Auburn, Blacktown, Parramatta, Holroyd and The Hills Shire comprising more than 876,500 residents with 43 percent born overseas.

Our population is younger with 7.8 percent being pre-school age (0-4 years) compared to 6.6 percent for NSW. Four of the five LGAs have higher fertility rates than the State average.

A total of 45 percent of residents speak a language other than English at home with the largest proportion from Auburn (79.5 percent). Arabic, Cantonese, Mandarin, Hindi, Tagalog, Korean, Tamil, Punjabi and Turkish are the most commonly spoken languages other than English.

Approximately 11,500, or 1.5 percent of our people self-identified as being Aboriginal with the majority (8,000) living in the Blacktown LGA.

WSLHD is responsible for providing a broad range of healthcare to the residents of western Sydney and beyond.

It provides services to many residents from other LHDs and interstate reflecting its reputation, and the quality, diversity and complexity of work undertaken by its staff.

WSLHD’s comprehensive services provide for the wide-ranging healthcare needs of our population. However it is the sickest and most vulnerable who often require intensive and complex healthcare.

Socioeconomic disadvantage is associated with poorer health and higher demands for care.

Our LHD has pockets of extreme disadvantage as measured by the Australian Bureau of Statistics (ABS) Socio-Economic Indexes for Areas (SEIFA).

SEIFA reflects disadvantage related to low income and education, high unemployment and unskilled occupations. The lower the score, the greater the disadvantage.

Based on the national SEIFA score of 1000 and compared to the Sydney score of 1011, the western Sydney region is 994. The most disadvantaged pockets in WSLHD include Parramatta south (870); Blacktown southwest (890) including Bidwill (623) and Willmot (718); Blacktown southeast (962); and Auburn (917).
Our Health Profile

Adults

• The number of women giving birth increased by 26 percent between 2001 and 2009, double the NSW average of 13 percent. WSLHD had the highest number of births in NSW in 2009 and 2010.

• High or very high psychological distress was reported in a larger proportion of residents in WSLHD (11.1 percent) than in NSW (10.4 percent) during 2011.

• WSLHD had the lowest percentage of males and females participating in adequate physical activity in NSW during 2010.

• The proportion of residents overweight or obese increased from 47.5 percent to 51.9 percent between 2002 and 2011.

• Only 7 percent of residents reported meeting the recommended level of vegetable consumption from 2002 to 2011. In 2011, 50.4 percent reported meeting the recommended level of fruit consumption.

• The number of smokers dropped from 21.9 percent to 11.3 percent between 2002 and 2011, more than the NSW average smoking cessation (of 21.8 percent down to 14.8 percent).

Despite the decrease the ramifications of chronic respiratory illness and smoking related conditions remain. Potential preventable hospitalisations as a result of smoking will be second to diabetes. A continued reduction in smoking is a key priority.

• While there were increasing trends in antenatal visits prior to 20 weeks gestation for Aboriginal and non-Aboriginal women, rates of smoking in pregnancy were three times higher in Aboriginal women.

• The proportion of the residents who reported consuming alcohol at levels posing a lifetime risk to health was consistently lower than the NSW average from 2002 to 2011.

• Cervical and breast screening rates for the WSLHD consistently lag behind the State average.

• WSLHD’s residents experienced higher hospitalisation rates for diabetes as a principal diagnosis than the rest of NSW in the 2010-2011 year. Diabetes is the most preventable cause for hospitalisation.

• The most common hospitalisations among Aboriginal people in WSLHD were dialysis treatment, followed by mental and behavioural disorders, injury and poisoning.
Children and Young People

- WSLHD had the highest number of babies born to mothers from non-English speaking countries at 48 percent compared to the NSW average of 26 percent during 2010.

- Overall the health status of children in WSLHD is comparable to their NSW counterparts.

- Our perinatal mortality rate was 8.6 per 1,000 births compared to 8.2 in NSW in 2010. The infant mortality rates in WSLHD of 4.05 per 1,000 births and NSW 4.03 per 1,000 were comparable from 2007-2010.

- There were 325 deaths in the 0-17 age group from 2007-2010. Infants in their first year accounted for 67.9 percent. The most common cause was congenital anomalies originating in the perinatal period.

- The leading cause of death for children and youths (1-17 years) was intentional and unintentional injuries such as car accidents and suicide; and cancers.

- Children in WSLHD are lacking in adequate exercise, vegetable consumption and access to health services, especially after hours GP and specialist medical services, compared to the NSW average.

- The WSLHD Targeted Family Healthy Eating and Physical Activity Program for 7-13 year olds who are overweight and their families, is below the target for enrolments and completion.

- Parts of western Sydney show signs of children at disadvantage when starting school. Investing in children’s early years and preparing them for school brings lifelong benefits.

The Australian Early Development Index (AEDI) measures the developmental vulnerability of children at age five in the areas of physical health and wellbeing; social competence; emotional maturity; school-based language and cognitive skills; and communication skills and general knowledge.

There are communities in western Sydney where more than 40 percent of children are vulnerable in one or more areas and 25 percent in two or more compared to NSW overall where 19.9 percent of children were developmentally vulnerable in one or more areas and 9.2 percent were weak in two or more of the 2012 AEDI.

- The proportion of disengaged youth (aged 15-24 years) not attending an education facility and not working was 10.2 percent in WSLHD, compared to 9.6 percent in NSW in 2011.

- A total of 27 percent of WSLHD’s Aboriginal residents completed Year 12 in 2011 compared to 62 percent of non-Aboriginals.

- Teenage (12-19 years) pregnancy rates declined in WSLHD from 4.2 to 2.7 percent between 2001-2010.

Source: WSLHD Epidemiology 2013, Epidemiological Profile of WSLHD Residents; WSLHD Epidemiology Child Health in WSLHD 2005-2006 and 2007-2008; WSLHD Epidemiology 2010; Deaths by age-group report, WSLHD; WSLHD Health Promotion Unit; 2011 Census, ABS; Western Sydney Medicare Local 2013, Community Profile
Our Health Services

WSLHD delivers a comprehensive and diverse range of world-class health services from nationally-funded programs such as pancreas and islet cell transplants to primary healthcare.

We provide tertiary and quaternary clinical services Statewide including:

- Major trauma
- Bone marrow transplant
- Renal transplant
- Neurosurgery
- Pancreas (islet) cell transplant
- Neurointerventional radiology
- The Westmead Centre for Oral Health
- Radiation oncology
- Cardiology interventional services
- Cardiothoracic surgery
- Gastroenterology
- The Adult Eating Disorders Service
- Deep brain stimulation
- Complex epilepsy service
- Complex dermatology
- Transcultural mental health
- Neonatal intensive care; and
- Intra-utero neonatal referral service for babies requiring high level surgical interventions (neurological and cardiac)

The scope of non-clinical services provided to other LHDs and NSW health networks comprises the:

- Health Care Interpreter Service
- Multicultural Problem Gambling Service
- Culturally and Linguistically Diverse Women's Health at Work Program; and the
- Cedar Cottage and New Street Adolescent Service focussing on sexual abuse.

WSLHD operates leading-edge healthcare out of more than 100 sites. Key facilities encompass hospitals including a stand-alone mental health facility and community health centres.
Apart from our facilities, we provide healthcare to people in their homes as well as community settings such as schools and residential aged care facilities.

Reflecting our regional role, hospitals in WSLHD have the third largest number of inflows or adult residents from outside our LHD being treated in our hospitals with nearly 17,000 separations in 2011-2012. This amounts to 20 percent of all hospital acute adult activity (ref diagram).

Meanwhile, WSLHD’s capacity to treat its adult residents has fallen resulting in the largest outflow of any LHD with almost 26,000 separations in 2011-2012. A total of 72 percent of our adult residents utilised WSLHD hospitals which is lower than the recommended level of 80-85 percent for self-sufficiency. A total of 28 percent sought inpatient care outside WSLHD – the top three specialities being orthopaedics, obstetrics and gastroenterology.

The private sector is an important healthcare provider. Of the total acute adult inpatient activity in WSLHD, 46 percent was in private hospitals during 2011-12, the third highest of the LHDs in NSW.

The percentage of private patients utilising WSLHD public hospitals is low compared to other LHDs. WSLHD has the second lowest level in the State with an average 15.2 percent of bed days in WSLHD hospitals, compared to the NSW average of 23.1 percent in 2011-12.
Our Partners

Involving community members and consumers in decisions about delivering, planning and evaluating healthcare leads to better quality, safety and patient outcomes.

The WSLHD Board has given its commitment to engage with the people of western Sydney and those beyond.

Our partners are instrumental to the delivery and development of healthcare, educational and training services and research.

Our major collaborators include the NSW Ministry of Health and its agencies, the:
- Agency for Clinical Innovation
- Bureau of Health Information
- Cancer Institute NSW
- Clinical Excellence Commission
- Health Education and Training Institute
- Health Infrastructure
- NSW Kids and Families
- NSW HealthShare; and
- NSW Health Pathology.

Major local strategic and operational partners include the:
- Aboriginal Medical Service Western Sydney
- Westmead Millennium Institute (WMI)
- Western Sydney Medical Local
- The Children’s Hospital at Westmead, part of the Sydney Children’s Hospital Network
- Justice Health and Forensic Mental Health Network; and
- St Joseph’s Hospital, Auburn, part of the St Vincent’s & Mater Health Network.

The role of our non-government organisation (NGO) partners in providing health services and support to our community will expand under the NSW Health Partnerships for Health program.

Our partnerships with the WMI, University of Sydney, University of Western Sydney, and the University of Notre Dame Australia promote research and its clinical and preventive application. Together with universities and colleges, we help train and educate NSW’s future health workforce.

With recent changes in the way health services are funded, our ties with the Commonwealth Government will be strengthened through the Independent Hospital Pricing Authority (IHPA) and the National Health Performance Authority (NHPA).

Our partnerships with the Department of Education and Communities, and local governments allow us to promote healthy lifestyles and enable residents to better access our facilities.
PLANNING FRAMEWORK

WSLHD’s Strategic Plan July 2013 – June 2016 integrates with national, State and local policies, plans and strategies, particularly those of the NSW Ministry of Health and the NSW 2021 State Plan (ref Appendix 1).

Broader strategies of the NSW Government’s health reform that focus on building a health system that is patient centred; implementing a devolved governance structure where decisions are made as close to the patient as possible; and a commitment to greater transparency and public accountability have also guided the development of our strategic plan.

Our Strategic Plan July 2013 – June 2016 has been designed to inform and steer the development of all our clinical and business plans. It is part of a broader strategic planning and performance framework designed to enable the organisation to translate our long-term strategic goals into our day-to-day operations.

In developing this document we consulted with WSLHD Board members, executive directors, senior WSLHD managers and our major partners at board planning sessions and senior leadership forums.

WSLHD’s Strategic Plan July 2013 – June 2016 identifies a set of strategies under each of our six priority areas to enhance our role as a major healthcare provider for NSW.

A set of actions with performance indicators will demonstrate achievement. Each action has a timeframe and identifies executive responsibility consistent with WSLHD’s commitment to accountability, performance and meeting the needs of our community and beyond.
Our six strategic priority areas reflect WSLHD’s response to the changing healthcare environment and our key challenges:

1. Culture
2. Integrated care
3. Partnerships
4. Organisational redesign
5. Research and education
6. Financial stability and sustainability

Meeting the targets set within each priority will establish a good foundation on which to continue to build better and sustainable health services for the future.

This is critical for WSLHD given the substantial projected increases in local population and demand for health services over the next 20 years. Between 2011 and 2021 WSLHD’s population is forecast to increase by 163,000 or 2 percent per annum, almost twice the rate for NSW of 1.2 percent per annum.

Our strategies foster and ensure innovation, promote contemporary models of care, and allow for the new technologies.

Although our community has enjoyed improvements in their health over the past two decades, several serious challenges remain. Chronic disease including diabetes is prevalent; more than 50 percent of our adult population is overweight or obese; and many are experiencing high levels of psychological stress. There are many disengaged youths who do not attend school or are unemployed.

Demand for our services has risen over the past 20 years. WSLHD’s catchment is one of the fastest growing in NSW. The North West Growth Centre is, as its name implies, an area of rapid expansion.

Services need to increase to keep pace providing the potential to change and improve the way we deliver healthcare.

Despite the demands of growing need and exciting technological and innovative opportunities, our key challenge is to determine where to invest our resources to gain the maximum health benefit for our patients and community.

We will regularly monitor our targets in each strategic priority area. When there are changes to State or national plans, policies, directions, or the health environment we will realign our strategies so we can realise our vision of providing better health services for the people of western Sydney and beyond.
1.1: IMPROVE THE PATIENT EXPERIENCE

We will improve the patient experience by reducing the delay in providing care and increasing patient involvement in the planning of their care.

<table>
<thead>
<tr>
<th>Action</th>
<th>Key Performance Indicator</th>
<th>Resources</th>
<th>Sponsor</th>
<th>Timeframe</th>
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</thead>
<tbody>
<tr>
<td>1.1 (a) Improve the time to transfer patients from the care of the NSW Ambulance Service to our Emergency Departments (ED)</td>
<td>Transfer of care from ambulance to EDs will improve from 71.9% to 90%</td>
<td>Increase ED capacity, which will require $2 million capital funding and $1 million operating expenditure per annum</td>
<td>Executive Director Operations</td>
<td>December 2014</td>
</tr>
<tr>
<td>1.1 (b) Improve patient participation in the planning of their care</td>
<td>5% average increase in the advocacy scores across all nine patient categories within the NSW Health Patient Experience Survey</td>
<td>Models for the planning of care will involve the patient and family in determining pathways. WSLHD will maintain a staff education/training program emphasising this practice. Care planning methodology for multidisciplinary teams will be implemented at a cost of $150,000 per annum</td>
<td>Executive Director Organisational Effectiveness and Executive Director Nursing, Midwifery &amp; Disaster Response</td>
<td>December 2014</td>
</tr>
<tr>
<td>1.1 (c) Reduce the number of patients where the hospital cancels their operation on the day of surgery</td>
<td>The rate of day of surgery cancellations will be reduced from 4% to 2% or below</td>
<td>Provide an additional 26 surgical sessions per week: 10 sessions at Westmead Hospital; 8 sessions at Auburn Hospital; and 8 sessions at Blacktown Mount Druitt Hospital (Mount Druitt campus) at a cost of $5 million per annum</td>
<td>Executive Director Operations</td>
<td>December 2014</td>
</tr>
<tr>
<td>1.1 (d) Improve the transfer time of mental health patients from ED to the appropriate service</td>
<td>No mental health patient shall stay in ED longer than 24 hours</td>
<td>Undertake within existing resources by a realignment of work practices</td>
<td>Executive Director Operations</td>
<td>December 2015</td>
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1.2: IMPLEMENT PATIENT Rounding AND REACH

We will implement patient rounding to improve patient satisfaction and reduce adverse clinical events across WSLHD and provide a framework for carer involvement.

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<tr>
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<tbody>
<tr>
<td>1.2 (a) Implement patient rounding across all inpatient areas</td>
<td>The number of Severity Assessment Code (SAC) 1 and 2 clinical incidents will be reduced by 15%</td>
<td>Undertake within existing resources by a realignment of work practices</td>
<td>Executive Director Nursing, Midwifery &amp; Disaster Response</td>
<td>March 2014</td>
</tr>
<tr>
<td>1.2 (b) Empower the patient’s carer to seek assistance by introducing REACH (Recognise, Engage, Act, Call, Help)</td>
<td>A 5% average increase in the percentage of patients who rate their overall care as excellent or very good across all nine patient categories within the NSW Health Patient Experience Survey</td>
<td>Undertake within existing resources</td>
<td>Executive Director Nursing, Midwifery &amp; Disaster Response; Executive Medical Director; and Executive Director Organisational Effectiveness</td>
<td>June 2015</td>
</tr>
</tbody>
</table>

4. Patient rounding is a proactive, patient-centred approach to determine and address patient care needs. It involves a member of the care team regularly asking patients questions regarding pain, positioning, toilet and personal needs. This practice contributes to reducing the number of clinical incidents while caring for patients. Reference: Victorian Government, Department of Health, at http://docs.health.vic.gov.au/docs/doc/4B4AF03948B13840CA257B3B000431CE/$FILE/1210014_FS_Patient%20rounding_FA_WEB.pdf
### STRATEGIC PRIORITY AREA: CULTURE

#### 1.3: DO NO HARM

We will reduce the risk of adverse clinical events by improving in the targets set in national and State government policies and standards

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<thead>
<tr>
<th>Action</th>
<th>Key Performance Indicator</th>
<th>Resources</th>
<th>Sponsor</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>1.3 (a) Improve hand hygiene</td>
<td>Hand hygiene compliance rate will increase from 73% to 90%</td>
<td>The audit program for hand hygiene will require two full time equivalents (FTEs) at $200,000 per annum</td>
<td>Executive Director Nursing, Midwifery &amp; Disaster Response and Executive Director Organisational Effectiveness</td>
<td>March 2014</td>
</tr>
<tr>
<td>1.3 (b) Improve the management of the deteriorating patient</td>
<td>Compliance with the deteriorating patient policies will increase by 20%</td>
<td>Undertake within existing resources</td>
<td>Executive Director Nursing, Midwifery &amp; Disaster Response and Executive Director Organisational Effectiveness</td>
<td>March 2014</td>
</tr>
<tr>
<td>1.3 (c) Improve compliance with sepsis guidelines. Ensure administration of antibiotics within 60 minutes of admission to the ED</td>
<td>Antibiotics for sepsis will be administered within 60 minutes in EDs</td>
<td>Undertake within existing resources</td>
<td>Executive Director Organisational Effectiveness</td>
<td>June 2014</td>
</tr>
<tr>
<td>13 (d) Improve management of root cause analysis (RCA) recommendations</td>
<td>i Action taken on 100% of relevant lessons learned at all levels across the organisation</td>
<td>Undertake within existing resources</td>
<td>Executive Director Organisational Effectiveness</td>
<td>June 2014</td>
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<tr>
<td></td>
<td>ii 80% of RCA recommendations are completed within allocated timeframe</td>
<td></td>
<td></td>
<td>December 2014</td>
</tr>
<tr>
<td>1.3 (e) Improve compliance with the National Safety and Quality Health Service (NSQHS) Standards</td>
<td>100% NSQHS Standards will be met</td>
<td>Undertake within existing resources</td>
<td>Executive Director Organisational Effectiveness</td>
<td>December 2014</td>
</tr>
<tr>
<td>1.3 (f) Reduce Staphylococcus Aureus Bloodstream Infections (SABSI); pressure injuries; falls; medication errors; and unplanned mental health readmissions</td>
<td>Reduce: SABSI to less than 2 per 10,000 occupied bed days; pressure injuries by 20%; falls by 20%; medication errors by 20%; and unplanned mental health readmissions within 28 days from 22.9% to 10%</td>
<td>Undertake within existing resources</td>
<td>Executive Director Organisational Effectiveness; Executive Medical Director; Executive Director Nursing, Midwifery &amp; Disaster Response; and Executive Director Operations</td>
<td>December 2014</td>
</tr>
</tbody>
</table>
### 1.4 IMPLEMENT THE SUPERVISION FOR SAFETY STRATEGY

We will improve safety within the organisation by enhancing staff supervision and increasing opportunities to develop teamwork skills

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1.4 (a) Improve senior staff taking responsibility for active supervision of junior staff and measure through annual performance reviews</td>
<td>100% of junior staff will be actively supervised by senior staff</td>
<td>Project support of $50,000 in the first year</td>
<td>Executive Medical Director; Executive Director Nursing, Midwifery &amp; Disaster Response; and Executive Director Operations</td>
<td>December 2014</td>
</tr>
<tr>
<td>1.4 (b) Increase opportunities for clinical staff to undertake teamwork in a simulation environment</td>
<td>10% increase in the number of clinical staff who undertake teamwork in a simulation environment</td>
<td>Investment of $250,000 to increase the participation of WSLHD staff in simulation sessions by 10%</td>
<td>Executive Medical Director; Executive Director Nursing, Midwifery &amp; Disaster Response; and Executive Director Operations</td>
<td>December 2014</td>
</tr>
</tbody>
</table>

### 1.5 BUILD MANAGEMENT CAPABILITY

We will evolve our recruitment approach and improve our managers’ skills by increasing our investment in performance development

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<tr>
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</thead>
<tbody>
<tr>
<td>1.5 (a) Develop performance agreements for all Tier 1-4 managers</td>
<td>100% of Tier 1-4 staff will have performance agreements</td>
<td>Undertake within existing resources</td>
<td>Chief Executive</td>
<td>December 2014</td>
</tr>
<tr>
<td>1.5 (b) Change the orientation and emphasis of who and how we recruit to the WSLHD</td>
<td>75% of recruitment processes will include selection criteria centring on the NSW Ministry of Health’s CORE values</td>
<td>Undertake within existing resources</td>
<td>Executive Director Operations</td>
<td>December 2014</td>
</tr>
<tr>
<td>1.5 (c) Assess all managers who will complete a program appropriate to their development requirements</td>
<td>95% of managers will complete the Health Education and Training Institute (HETI) Leadership Management program or equivalent</td>
<td>$100,000 per annum project cost. A total of 10 days of professional development per participant within existing staffing resources</td>
<td>Executive Director Operations</td>
<td>December 2015</td>
</tr>
</tbody>
</table>
STRATEGIC PRIORITY AREA: CULTURE

1.6 REDUCE RED TAPE

We will reduce bureaucratic restrictions and inefficiency through devolving decision making to the point of care

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1.6 (a) Set delegations to allow decision making at a service level</td>
<td>No more than three signatures will be required for an approval</td>
<td>Undertake within existing resources. This will free up staff time which will be directed to clinical activity</td>
<td>Chief Executive</td>
<td>December 2013</td>
</tr>
<tr>
<td>1.6 (b) Devolve accountability for financial performance to cost centre managers</td>
<td>100% cost centre managers will provide monthly analysis identifying areas of risk and mitigation strategies where adverse performance is occurring</td>
<td>Undertake within existing resources</td>
<td>Executive Director Finance</td>
<td>June 2014</td>
</tr>
</tbody>
</table>
# Strategic Priority Area: Integrated Care

## 2.1 Improve the Transfer of Care Between Health Providers

Our services will provide comprehensive and timely transfer of care to other health providers and follow up appropriately within the community.

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>2.1 (a) Provide all patients with a discharge summary within 24 hours of discharge</td>
<td>100% of patients and referring GPs will be provided with a discharge summary within 24 hours of discharge</td>
<td>The implementation of the Electronic Medical Record will continue and be provided within existing resources</td>
<td>Executive Director Operations</td>
<td>March 2014</td>
</tr>
<tr>
<td>2.1 (b) Follow up all discharged patients who require community mental health intervention within WSLHD within 7 days</td>
<td>The percentage of discharged patients who require community mental health intervention and follow up within 7 days will be increased from 50.4% to 90%</td>
<td>Undertake within existing resources through re-prioritisation</td>
<td>Executive Director Operations</td>
<td>March 2014</td>
</tr>
<tr>
<td>2.1 (c) Increase access to hospital in the home services within WSLHD</td>
<td>i The percentage of hospital patients accessing hospital in the home services will increase from 2% to 3% ii Avoidable hospital admissions will decrease from 9.4% to 8.4%</td>
<td>Funding to be reallocated to enable an additional 1,000 patients per annum</td>
<td>Executive Director Operations</td>
<td>March 2014</td>
</tr>
</tbody>
</table>

## 2.2 Increase Vaccination Rates

We will improve the number of Aboriginal children fully immunised.

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</thead>
<tbody>
<tr>
<td>2.2 Improve the vaccination rate for Aboriginal children</td>
<td>Increase the percentage of Aboriginal children fully immunised at 1 year of age (77.8%) and at 4 years of age (84.6%) to 92%</td>
<td>Undertake within existing resources</td>
<td>Executive Director Operations</td>
<td>June 2014</td>
</tr>
</tbody>
</table>
### STRATEGIC PRIORITY AREA: INTEGRATED CARE

#### 2.3 ENHANCE THE PATIENT JOURNEY

We will improve our partnerships with external organisations and our coordination between WSLHD services to make the patient journey easier and to increase participation in health programs.

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</thead>
<tbody>
<tr>
<td>2.3 (a)</td>
<td>Develop HealthPathways for implementation between General Practice and WSLHD</td>
<td>Six HealthPathways will be implemented</td>
<td>Undertake within existing resources</td>
<td>Executive Medical Director and Executive Director Operations</td>
</tr>
<tr>
<td>2.3 (b)</td>
<td>Improve participation and completion of the Children’s Healthy Eating and Physical Activity Program in Early Childhood</td>
<td>The number of referrals will increase by 50% (250 to 375 referrals) and the completion rate will be 90% (80.4% to 90%)</td>
<td>Undertake within existing resources</td>
<td>Executive Director Operations</td>
</tr>
<tr>
<td>2.3 (c)</td>
<td>Improve the number of pregnant Aboriginal women screened prior to 14 weeks</td>
<td>The number of pregnant Aboriginal women screened prior to 14 weeks will be increased to 75%</td>
<td>Undertake within existing resources</td>
<td>Executive Director Operations</td>
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</tbody>
</table>

#### 2.4 IMPROVE THE AVAILABILITY OF SERVICES LOCALLY

We will increase the capacity and capability of our services so our residents can access public services within our local government areas.

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</thead>
</table>
| 2.4 | Enhance services to provide additional capacity | 80-85% self-sufficiency for WSLHD adult residents, ie 80-85% of public sector inpatient admissions for WSLHD adult residents will be in WSLHD hospitals | Additional capacity to treat an extra 9,800 patients per annum 
Additional funding for 20,000 National Weighted Activity Units (NWAUs) to be negotiated with the NSW Ministry of Health over the next 3 years | Executive Director Operations | December 2015 |
## 2.5 DELIVER INNOVATIVE CLINICAL SERVICE PLANS

We will plan our services so regardless of where our residents live within WSLHD they will receive the care they need at the right time, by the right person and at the right facility.

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<tbody>
<tr>
<td>2.5 (a) Incorporate design of future models of care into all clinical services plans</td>
<td>All clinical services plans will forecast emerging models of care</td>
<td>Undertake within existing resources</td>
<td>Executive Director Operations</td>
<td>June 2014</td>
</tr>
<tr>
<td>2.5 (b) Document services provided at each WSLHD facility</td>
<td>All clinical services plans will clearly outline the delineation of services</td>
<td>Undertake within existing resources</td>
<td>Executive Director Operations</td>
<td>December 2014</td>
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</table>

## 2.6 IMPROVE TIME TO COMMENCING DEFINITIVE CARE

We will improve the efficiency of emergency department, surgical and medical services to increase capacity so our patients receive more timely care.

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</thead>
</table>
| 2.6 (a) Provide all patients surgery within benchmark timeframes | i National Elective Surgery Targets (NEST) will be met  
ii Patients on the surgery waiting list will receive care 25% sooner than benchmark | Whole of WSLHD wait list function at $130,000 and $5 million per annum for the additional 26 surgical sessions per week to reduce the number of patients where the hospital cancels their operation on the day of surgery | Executive Director Operations | i December 2013 
ii June 2014 |
| 2.6 (b) Improve the performance for patient admission and discharge from our emergency departments | The National Emergency Access Target (NEAT) will be met. There will be an improvement from the current 53% to 83% | Whole of WSLHD access function at $130,000 per annum. Increase in ED capacity, requiring $2 million capital; and $1 million operating spend per annum as previously allocated to improve patient transfer times from the Ambulance Service of NSW to ED | Executive Director Operations | December 2014 |
| 2.6 (c) Provide all patients’ medical procedures within appropriate timeframes | Targets modelled on NEST will be met. These will be set by the NSW Ministry of Health from July 2014 | Whole of WSLHD wait list function at $130,000 and $5 million per annum for the additional 26 surgical sessions per week to reduce the number of patients where the hospital cancels their operation on the day of surgery | Executive Director Operations | June 2015 |

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### 3.1 MAXIMISE COMMUNITY AND CONSUMER ENGAGEMENT

We will increase involvement of our community and patients to improve the services we provide

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</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Implement the WSLHD Community and Consumer Engagement Framework</td>
<td>10 designated activities that demonstrate community and consumer engagement benefits to service planning, design, evaluation and improvement will be implemented</td>
<td>Undertake within existing resources through re-prioritisation</td>
<td>Executive Medical Director</td>
</tr>
</tbody>
</table>

### 3.2 OVERHAUL INFORMATION TECHNOLOGY SERVICES

We will improve our information and technology processes and infrastructure

<table>
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</thead>
<tbody>
<tr>
<td>3.2 (a)</td>
<td>Initiate diagnostic review of current state of processes and infrastructure</td>
<td>Diagnostic review completed</td>
<td>$50,000 to complete the diagnostic review</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>3.2 (b)</td>
<td>The WSLHD steering group will implement a change program determined through the results of the diagnostic review</td>
<td>Implementation plan developed and completed</td>
<td>$1 million to develop and complete the implementation plan</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>3.2 (c)</td>
<td>Develop a WSLHD information technology strategic plan</td>
<td>Plan adopted by all clinical services</td>
<td>$1 million to develop and complete the implementation plan</td>
<td>Chief Executive</td>
</tr>
</tbody>
</table>
### 3.3 REFINE PATHOLOGY USE

We will work with our staff and NSW Health Pathology to reduce our pathology expenditure and improve the utilisation of blood products.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>3.3 (a)</strong> Introduce a Blood Products Utilisation program</td>
<td>Blood products expenditure will reduce by $750,000 per annum</td>
<td>$100,000 per annum</td>
<td>Executive Director Operations</td>
<td>June 2014</td>
</tr>
<tr>
<td><strong>3.3 (b)</strong> Develop and implement an efficiency improvement plan with NSW Health Pathology</td>
<td>i The number of tests per attendance or separation will be reduced by 5%</td>
<td>Undertake within existing resources</td>
<td>i Executive Director Operations</td>
<td>i June 2014</td>
</tr>
<tr>
<td></td>
<td>ii The average cost per test will reduce by 5%</td>
<td>Undertake within existing resources</td>
<td>ii Executive Director Finance</td>
<td>ii September 2014</td>
</tr>
</tbody>
</table>
## STRATEGIC PRIORITY AREA: ORGANISATIONAL REDESIGN

### 4.1 OPTIMISE CLINICAL PRACTICE AND MODELS OF CARE

We will improve patient safety, quality and efficiency by incorporating benchmarking into our service planning and reporting.

<table>
<thead>
<tr>
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<th>Timeframe</th>
</tr>
</thead>
</table>
| 4.1 (a) Publish annual quality of care reports | i Westmead Hospital will publish an annual quality of care report  
ii WSLHD will publish an annual quality of care report | Undertake within existing resources | Executive Director Operations | i June 2014  
ii June 2015 |
| 4.1 (b) Incorporate national and State benchmarking for appropriate quality, patient safety and efficiency in service plans | All service plans, including benchmarks and performance targets, are completed within WSLHD’s planning cycle | Undertake within existing resources | Executive Director Operations | December 2015 |

### 4.2 REDUCE VARIATION IN CLINICAL CARE

We will improve the appropriateness of treatments to eliminate unwarranted variation.

<table>
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</thead>
<tbody>
<tr>
<td>4.2 (a) Implement pathways to determine the correct antibiotics for common clinical conditions</td>
<td>The prescribing of correct antibiotics will be improved by 30%</td>
<td>Undertake within existing resources</td>
<td>Executive Director Organisational Effectiveness</td>
<td>June 2014</td>
</tr>
<tr>
<td>4.2 (b) Reduce the relative stay index in cardiac disease, stroke and respiratory medicine</td>
<td>The relative stay index for cardiac disease, stroke and respiratory medicine will be reduced by 20%</td>
<td>Undertake within existing resources</td>
<td>Executive Medical Director and Executive Director Organisational Effectiveness</td>
<td>December 2014</td>
</tr>
</tbody>
</table>
4.3 IMPLEMENT WSLHD STRUCTURE

Our WSLHD structure and portfolios will reflect the strategic priorities of the organisation

<table>
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<tr>
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<tbody>
<tr>
<td>4.3 (a)</td>
<td>Finalise organisational portfolios and structure</td>
<td>All organisational portfolios and the WSLHD structure will be finalised</td>
<td>Undertake within existing resources</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>4.3 (b)</td>
<td>Incorporate portfolio responsibilities into all executive director performance agreements</td>
<td>All role descriptions of the executive directors will be amended</td>
<td>Undertake within existing resources</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>4.3 (c)</td>
<td>Document accountability for deliverables in executive director performance agreements</td>
<td>Annual performance agreements will define accountability for the delivery of key performance indicators</td>
<td>Undertake within existing resources</td>
<td>Chief Executive</td>
</tr>
</tbody>
</table>

4.4 DELIVER A COMPREHENSIVE FACILITY REDEVELOPMENT PROGRAM

We will advocate for funding to ensure the physical facilities of WSLHD meet contemporary requirements

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>4.4 (a)</td>
<td>Plan for Westmead Hospital redevelopment</td>
<td>Funding to be allocated to complete planning for the redevelopment of Westmead Hospital</td>
<td>$6 million</td>
<td>Chief Executive and Executive Director Operations</td>
</tr>
<tr>
<td>4.4 (b)</td>
<td>Complete a proposal for the redevelopment of Yaralla</td>
<td>Redevelopment approved</td>
<td>$6 million estimated cost</td>
<td>Chief Executive and Executive Director Operations</td>
</tr>
<tr>
<td>4.4 (c)</td>
<td>Advocate for Stage 2 development of Blacktown Mount Druitt Hospital</td>
<td>Funding is committed within the Statewide Capital Program for Blacktown Mount Druitt Hospital Stage 2 Expansion</td>
<td>$400 million estimated total cost to be sourced from the NSW Ministry of Health</td>
<td>Chief Executive and Executive Director Operations</td>
</tr>
<tr>
<td>4.4 (d)</td>
<td>Develop a master plan for the Cumberland Hospital campus</td>
<td>Master plan completed and adopted</td>
<td>A partnership with Health Infrastructure. Resources to be supplied by Health Infrastructure</td>
<td>Chief Executive and Executive Director Operations</td>
</tr>
<tr>
<td>4.4 (e)</td>
<td>Advocate for Stage 2 development of New Beginnings6</td>
<td>Funding is committed</td>
<td>$2.5 million</td>
<td>Chief Executive and Executive Director Operations</td>
</tr>
</tbody>
</table>

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6. New Beginnings is a drug health service based at BMDH, Mount Druitt campus.
STRATEGIC PRIORITY AREA:
ORGANISATIONAL REDESIGN

4.5 INVEST IN EQUIPMENT AND MAINTENANCE
We will invest in our equipment and maintenance to ensure resources are fit for purpose

<table>
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<tbody>
<tr>
<td>4.5 (a) Improve the budget for the maintenance and replacement of equipment</td>
<td>i. Budget increase of 100%  ii. A maintenance and replacement program developed</td>
<td>Budget increase of $8.2 million in 2013-14</td>
<td>Executive Director Finance and Executive Director Operations</td>
<td>June 2014</td>
</tr>
<tr>
<td>4.5 (b) Develop a program to prioritise asset maintenance and replacement</td>
<td>The quantity of backlog maintenance will be reduced by 20% per annum</td>
<td>$5 million per annum</td>
<td>Executive Director Finance and Executive Director Operations</td>
<td>December 2014</td>
</tr>
</tbody>
</table>

4.6 STRENGTHEN THE GOVERNANCE STRUCTURE
We will evaluate the performance of the WSLHD Board and board sub-committees and improve our accountability to our community

<table>
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<tbody>
<tr>
<td>4.6 (a) Annual evaluation of WSLHD Board and board sub-committees</td>
<td>100% of recommendations from governance surveys are reviewed, and where relevant, incorporated into WSLHD Board and board sub-committee work plans</td>
<td>Undertake within existing resources</td>
<td>Board Chair</td>
<td>June annually</td>
</tr>
<tr>
<td>4.6 (b) Develop annual work plans for WSLHD Board and board sub-committees</td>
<td>100% of work plans completed and reviewed annually</td>
<td>Undertake within existing resources</td>
<td>Board Chair</td>
<td>June annually</td>
</tr>
<tr>
<td>4.6 (c) Host the annual public meeting to communicate the end of financial year performance and to forecast the challenges and opportunities for WSLHD</td>
<td>Annual public meeting held</td>
<td>Undertake within existing resources</td>
<td>Board Chair/Chief Executive</td>
<td>Annually</td>
</tr>
</tbody>
</table>
### STRATEGIC PRIORITY AREA:

**RESEARCH AND EDUCATION**

#### 5.1 STRENGTHEN RESEARCH AND EDUCATION PARTNERSHIPS

We will undertake research and provide education and training through strategic partnerships with the tertiary education sector and NSW Health agencies and pillars.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>5.1 (a)</td>
<td>Develop a research strategy for WSLHD</td>
<td>WSLHD research strategy developed</td>
<td>Undertake within existing resources</td>
<td>Executive Medical Director</td>
</tr>
<tr>
<td>5.1 (b)</td>
<td>Develop a comprehensive memorandum of understanding (MOU) with the Westmead Millennium Institute (WMI)</td>
<td>i MOU adopted by WSLHD and WMI ii The separation of the WMI as a sustainable entity</td>
<td>Undertake within existing resources</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>5.1 (c)</td>
<td>Create a Westmead precinct health sciences strategic plan</td>
<td>Westmead precinct health sciences strategic plan developed</td>
<td>$250,000 estimated</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>5.1 (d)</td>
<td>Develop an education and clinical skills building on the Westmead campus in collaboration with the University of Sydney and the WMI</td>
<td>A new education and clinical skills building is funded</td>
<td>$10 million capital funding contribution to the Westmead clinical skills centre</td>
<td>Executive Director Operations and Executive Director Corporate Governance</td>
</tr>
<tr>
<td>5.1 (e)</td>
<td>Gain recognition of the Crown Princess Mary Cancer Centre, Westmead as a successful international research partnership</td>
<td>Crown Princess Mary Cancer Centre, Westmead recognised as a successful international research partnership</td>
<td>Undertake within existing resources</td>
<td>Executive Director Operations</td>
</tr>
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</table>
## 5.2 ENHANCE RESEARCH PRODUCTIVITY

We will expand translational research to provide improved access to developing and contemporary care for our patients

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<tr>
<td>5.2 (a)</td>
<td>Provide administrative and professional support for the application of peer-reviewed grants</td>
<td>10% increase in peer-reviewed grants</td>
<td>Undertake within existing resources</td>
<td>Executive Medical Director</td>
</tr>
<tr>
<td>5.2 (b)</td>
<td>Increase statistical and epidemiological support for clinicians publishing in peer-reviewed journals</td>
<td>10% increase in published and peer-reviewed journals</td>
<td>$400,000 per annum for additional data management support across clinical areas and biostatistician support from WSLHD Research &amp; Education Network</td>
<td>Executive Medical Director</td>
</tr>
<tr>
<td>5.2 (c)</td>
<td>Document the commitment to research and training in job descriptions of senior clinical staff across the WSLHD</td>
<td>Performance agreements for all senior clinical staff articulate the commitment to research and education</td>
<td>Undertake within existing resources</td>
<td>Executive Director Operations</td>
</tr>
<tr>
<td>5.2 (d)</td>
<td>Improve information technology (IT) capability to increase research productivity</td>
<td>Improvement in IT capability</td>
<td>The resource commitment will be identified within the information technology strategic plan</td>
<td>Chief Executive</td>
</tr>
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</table>
## 5.3 DELIVER TRAINING AND EDUCATION

We will train and educate our staff to ensure their knowledge and skills continue to meet the requirements of an innovative organisation

<table>
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<th>Timeframe</th>
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</thead>
<tbody>
<tr>
<td>5.3 (a)</td>
<td>Implement Health Education and Training Institute (HETI) training and education modules for clinical practice</td>
<td>Mandatory training and education modules implemented in HETI agreed timelines</td>
<td>Undertake within existing resources</td>
<td>Executive Medical Director</td>
</tr>
<tr>
<td>5.3 (b)</td>
<td>Provide comprehensive orientation to all new employees</td>
<td>100% new starters attend orientation within six weeks of commencement</td>
<td>$100,000 in 2013-2014 to redesign information management systems for recording mandatory education and review of orientation</td>
<td>Executive Medical Director</td>
</tr>
<tr>
<td>5.3 (c)</td>
<td>Consolidate training and education resources within the WSLHD network</td>
<td>Simulation centres are integrated within the WSLHD Research &amp; Education Network</td>
<td>Undertake within existing resources</td>
<td>Executive Medical Director</td>
</tr>
<tr>
<td>5.3 (d)</td>
<td>Develop an education strategy with education providers including universities, other training bodies, the NSW Health pillars and other health services</td>
<td>WSLHD Education and Training Plan completed</td>
<td>Undertake within existing resources</td>
<td>Executive Medical Director</td>
</tr>
<tr>
<td>5.3 (e)</td>
<td>Manage successfully existing partnerships with training and education partners</td>
<td>MOU for all partnerships</td>
<td>Undertake within existing resources</td>
<td>Executive Medical Director</td>
</tr>
</tbody>
</table>
5.4 DELIVER A WORKFORCE STRATEGY

Our workforce strategy will design a workforce model to deliver evidence based models of care

<table>
<thead>
<tr>
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<th>Sponsor</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.4 (a)</td>
<td>Finalise a workforce plan for WSLHD</td>
<td>Workforce plan completed</td>
<td>Undertake within existing resources</td>
<td>Executive Director Organisational Effectiveness</td>
</tr>
<tr>
<td>5.4 (b)</td>
<td>Redesign nursing workforce profiles to reflect the contemporary skill mix between registered, enrolled and assistant nurses</td>
<td>80%, 15%, 5% skill mix between registered, and enrolled nurses and assistants in nursing respectively</td>
<td>Undertake within existing resources</td>
<td>Executive Director Nursing, Midwifery &amp; Disaster Response</td>
</tr>
<tr>
<td>5.4 (c)</td>
<td>Redesign medical workforce rosters to increase coverage of evening and weekend shifts, thereby providing a more comprehensive clinical service</td>
<td>50% of FTE used in medical overtime converted to normal working hours across 7 days per week</td>
<td>$200,000 to provide for medical advisor and financial accounting support for the redesign</td>
<td>Executive Medical Director</td>
</tr>
</tbody>
</table>
### 6.1 MONITOR AND REPORT ON FINANCIAL PERFORMANCE

We will improve financial management capability and introduce comprehensive reporting systems that enable WSLHD to achieve financial stability.

<table>
<thead>
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<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 (a)</td>
<td>Roll out the State-wide Management Reporting Tool (SMRT) across all cost centres and establish devolved budgets within SMRT and roll out at the cost centre level</td>
<td>Financial reports will be available monthly to cost centre managers</td>
<td>$400,000 per annum to increase the management accounting team by 3 FTEs</td>
<td>Executive Director Finance</td>
</tr>
<tr>
<td>6.1 (b)</td>
<td>Provide financial training, education and support to Tier 2, 3 and 4 managers</td>
<td>100% training is completed</td>
<td>$400,000 per annum to increase the management accounting team by 3 FTEs</td>
<td>Executive Director Finance</td>
</tr>
<tr>
<td>6.1 (c)</td>
<td>Deliver via the budgeting process a break-even activity budget for expenditure and revenue</td>
<td>Expenditure will equal budget</td>
<td>Undertake within existing resources</td>
<td>Executive Director Finance and Executive Director Operations</td>
</tr>
<tr>
<td>6.1 (d)</td>
<td>Develop and deliver on a Financial Management Improvement Strategy (FMIS) for WSLHD</td>
<td>Achieve annual FMIS target</td>
<td>Undertake within existing resources</td>
<td>Chief Executive</td>
</tr>
</tbody>
</table>
### 6.2 MAXIMISE ACTIVITY BASED FUNDING OPPORTUNITIES

We will deliver our services at or below State price for weighted activity units and activity within our contracted volume.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>6.2 (a) Establish internal contract management reporting systems</td>
<td>Services deliver activity within 1% of the target</td>
<td>Undertake within existing resources</td>
<td>Executive Director Finance</td>
<td>June 2014</td>
</tr>
<tr>
<td>6.2 (b) Conclude negotiations for 2014-15 volumes by March 2014</td>
<td>Contracted volumes increase greater than or equal to our weighted population</td>
<td>Undertake within existing resources</td>
<td>Executive Director Finance</td>
<td>June 2014</td>
</tr>
<tr>
<td>6.2 (c) Improve patient-related activity costing information and move to monthly costing reporting</td>
<td>Cost per National Weighted Activity Unit (NWAU) reports are produced on a monthly basis</td>
<td>$250,000 for additional senior analyst support and $100,000 for costing applications</td>
<td>Executive Director Finance</td>
<td>June 2014</td>
</tr>
<tr>
<td>6.2 (d) Deliver a program to up-skill clinicians and managers in operating within an activity funded environment</td>
<td>95% of cost centre managers of activity funded areas participated in a WSLHD program</td>
<td>$300,000 for roles and program support and health information management</td>
<td>Executive Director Operations</td>
<td>June 2014</td>
</tr>
</tbody>
</table>
ABBREVIATIONS AND GLOSSARY

ABF  Activity Based Funding. The allocation of government funding to a local health district based on the type and volume of services it provides. ABF quantifies and gives a value to a local health district’s output.

ABS  Australian Bureau of Statistics

AEDI  Australian Early Development Index is a measure highlighting the developmental vulnerability of children

AMWS  Aboriginal Medical Service Western Sydney

BMDH  Blacktown Mount Druitt Hospital

CALD  Culturally and linguistically diverse

CORE  Collaboration Openness Respect Empowerment, the NSW Ministry of Health’s values

Definitive care  Curative action which ends a phase in a cycle of patient care

ED  Emergency Department

FMIS  Financial Management Improvement Strategy

FTE  Full time equivalent

GP  General practitioner

HETI  Health Education and Training Institute

IHPA  The Independent Hospital Pricing Authority determines the national efficient price for healthcare services provided by public hospitals

Islet cells  Clusters of pancreatic cells that sense blood sugar levels and release insulin to maintain normal levels

IT  Information technology

LHD  Local health district

LGA/s  Local government area/s

MOU  Memorandum of understanding

NHPA  National Health Performance Authority is an independent agency that reports on the performance of hospitals and primary health care organisations across Australia

NSQHS  National Safety and Quality Health Service

NEAT  National Emergency Access Target

NEST  National Elective Surgery Target

Neurointerventional radiology  The subspecialty of radiology that deals with the diagnosis and treatment of conditions of the brain

New Beginnings  A drug health service based on the BMDH, Mount Druitt campus

NGO  Non-government organisation

NWAU  National Weighted Activity Unit is a measure of health service used in Activity Based Funding activity, against which the national efficient price (NEP) is paid. It provides a way of comparing and valuing each public hospital service, whether it be an admission, emergency department presentations or outpatient episode, weighted for clinical complexity. The most intensive and expensive activities are worth multiple NWAUs and the simplest and least expensive are worth fractions of NWAUs

Patient Rounding  Patient rounding is a proactive, patient-centred approach to determine and address patient care needs such as pain, positioning, toilet and personal needs

Perinatal mortality rate  Still births and deaths within 28 days of delivery

Perinatal period  The period around childbirth, especially the five months before and one month after birth

PCEHR  Personally controlled electronic health record

Primary care  The work of healthcare professionals who act as a first point of consultation for all patients within the healthcare system such as general practitioners, and nurse practitioners

Quaternary services  An extension of tertiary care that is more specialised, offered in a limited number of regional or national healthcare centres

REACH  Recognise, Engage, Act, Call, Help

RCA  Root cause analysis is an investigation into what caused an adverse event, why it occurred and what can be done to prevent reoccurrence

SABS  Staphylococcus Aureus Bloodstream Infection

SAC  Severity Assessment Code

Secondary care  Healthcare services provided by medical specialists and other health professionals who generally do not have first contact with patients eg cardiologists, urologists and dermatologists

SEIFA  Socio-Economic Indexes for Areas

Separation  The process whereby an admitted patient (either same-day or overnight) completes an episode of care

Tertiary (hospital) services  Specialty hospital services dedicated to specific sub-specialty care

Translational research  Transferring knowledge gained from the basic sciences to its application in clinical and community settings

SMRT  Statewide Management Reporting Tool

WMI  Westmead Millennium Institute

WSLHD  Western Sydney Local Health District

WSML  Western Sydney Medicare Local
APPENDIX 1
WSLHD INTEGRATED PLANNING AND POLICY FRAMEWORK

APPENDIX 2
HIERARCHY AND INTERRELATIONSHIPS OF PLANS IN WSLHD

WSLHD Strategic Plan July 2013-June 2016
(articulates the vision and high level strategic priority areas covering all aspects of the business for three years)

WSLHD Health Services Plan – Outlook 2020
(Strategic focus for 5-10 years)

Individual Stream Clinical Service Plans eg Renal, Surgery, Diabetes
Hospital Clinical Service Plans eg Auburn, BMDH, Westmead
Population Health Plans eg Aboriginal Health, Refugee Health

WSLHD Workforce Plan (5 years)
WSLHD Asset Strategic Plan (10 years)
WSLHD Strategy for Information and Communication Technology
WSLHD Research Strategic Plan
WSLHD Education and Training Plan

Service Agreement between the NSW Ministry of Health and WSLHD (1 year)

District Operational Plan (1 year)

WSLHD Hospital and Services Business Operational Plans
WSLHD Executive Performance Agreements (Annual)

WSLHD Community and Consumer Engagement Framework
CORE values: Collaboration, Openness, Respect, Empowerment