

STRATEGIC PLAN

2016 – 2021



Health
Far West
Local Health District

Acknowledgement of Country

The Far West Local Health District acknowledges the traditional countries across the Far West region of New South Wales – ***the Barkandji/Paakantji; Wilyakali; Nyampa; and Muthi Muthi.***

It pays respect to the Elders past and present and their ancient wisdoms.

The LHD also acknowledges the Aboriginal communities of today and the contribution that community members make across their communities.

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Far West Local Health District

Our VISION

Excellence in Rural and
Remote Healthcare

Our VALUES

- Collaboration
- Openness
- Respect
- Empowerment

Our Board; Executive; Managers and Staff all work together to ensure our values underpin all aspects of our activities.

Our PRIORITIES

1. Enhancing our communities' access to evidence based, high quality, integrated health care
2. Communicating effectively with all stakeholders
3. Establishing the LHD as an employer of choice
4. Maintaining accountability for all resources available to the LHD
5. Collaborating effectively with all stakeholders who can help us to enhance the health of our communities

A Day in Far West

A baby is born



25 residents are admitted to a public hospital



19 are <75 years old
3 are Aboriginal people
2 are children

A person dies



8 residents access renal dialysis



402 people consult their general practitioner



75 people present to our emergency department



15 vaccinations are given to children



5 have serious illnesses/injuries requiring urgent treatment

56 have conditions that are not urgent requiring nursing or general practitioner intervention

01 Our Purpose

1.1 Purpose of the document

This document presents the strategic priorities of the Far West Local Health District (LHD) for the period 2016-2021. The plan identifies five priority areas of the LHD:

1. **Enhancing our communities' access to evidence based, high quality, integrated health care.**
2. **Communicating effectively with all stakeholders.**
3. **Establishing the LHD as an employer of choice.**
4. **Maintaining accountability for all resources available to the LHD.**
5. **Collaborating effectively with all stakeholders who can help us to enhance the health of our communities.**

These priorities are underpinned by a range of strategies in each priority area. These will guide the day-to-day activities of the Executive team working in partnership with the staff of FWLHD and our service delivery partners.

1.2 Background

The LHD Strategic Plan was formulated in the context of a range of over-arching policy frameworks. Of particular relevance are the:



The Strategic Plan will be underpinned by plans specific to operationalising the priorities including: healthcare and clinical service plans; information and communications technology; workforce planning; and asset management. A hierarchy of these plans and frameworks is available at Appendix One.

01 Our Purpose

1.3 Approach to strategy development

On 1 March 2016, the Board and Executive Team of the LHD participated in a facilitated workshop to identify challenges and opportunities confronting the FWLHD, before identifying key focus areas and potential strategies for addressing these focus areas. The Workshop identified the five priority areas for the Strategic Plan. The focus areas and strategies identified through the Workshop were presented at the April 2016 Board meeting to identify the ten strategies that were of highest priority before further work was undertaken to develop a draft strategic plan for wider consultation.

Independent consultants were then appointed to consult with senior management to identify specific strategies and an implementation strategy for these strategies.

The LHD Strategic Plan 2016 to 2021 has the following structure:

- **Context** describes:
 - The **Purpose of the Plan** (this chapter)
 - **Our Region** - sets the scene, describing the scope of the FWLHD operations (Chapter 2)
 - The **Challenges**, including customers, health service gaps and drivers for change (Chapter 3)
- **Strategic Priorities** presents the detailed strategies for the next five years.

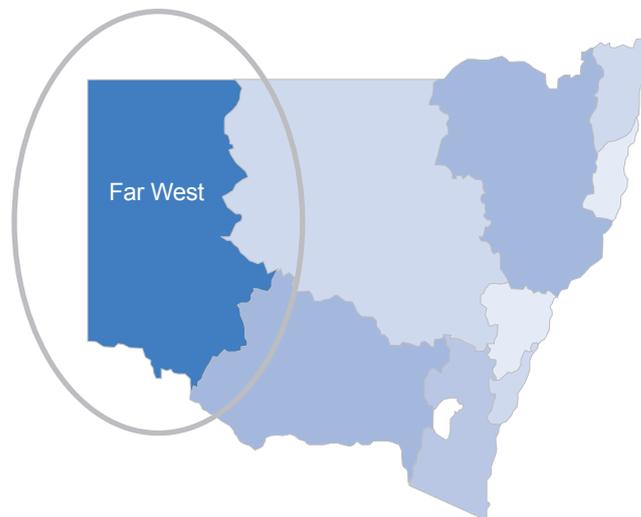
02 Our Region

2.1 Our Area

2.1.1 Overview

The LHD covers a geographical area of 194,949 square kilometres and includes the traditional lands of the Barkandji/Paakantji, Wilyakali, Muthi Muthi and Nyampa. It uniquely shares borders with three states (South Australia, Victoria and Queensland) and is closer to Melbourne and Adelaide than Sydney (1,100km away). Consequently the LHD has very strong healthcare links with South Australia and Victoria.

Figure 2.1: Map of Far Western NSW



Far Western NSW mainly consists of open plains and is dominated by pastoral grazing and mining to the north, where irrigation is absent. It is bisected by the Darling River through Wilcannia, Menindee and then to Wentworth.

The LHD is the most sparsely populated LHD in NSW with 62% of its over 30,000 inhabitants living in the regional city of Broken Hill. The remainder of the population live in:

- agricultural towns and neighbouring villages along the Murray River with a high Aboriginal population that are remote and socially as well as economically disadvantaged; and
- isolated villages and very small remote communities of 80-800 or on stations throughout the region.

Of the total LHD population, 91.1% are from an English speaking background. The region has the highest proportion of Aboriginal residents (12.7%) in NSW and many experience significant disadvantage. This population is relatively young and also reflects the lower life expectancy of Aboriginal people.

02 Our Region

Overall, Far Western NSW population is decreasing, ageing and experiences poor health status compared to the rest of NSW, related to lifestyle factors and chronic illness. Furthermore, low literacy levels; a lack of affordable transport; and overcrowded housing limit the capacity of some of the population to take responsibility for their own health.

2.1.2 Our Communities

The LHD has four Local Government Areas (LGAs): Balranald, Broken Hill, Central Darling, and Wentworth as well as the Unincorporated Far West NSW (excluding Lord Howe Island). As shown in Table 2.1 two LGAs are classified as 'very remote', two as 'remote' and one as 'outer regional'.

Table 2.1: Remoteness classification for Far Western NSW

Local Government Area	Main towns and communities	ARIA Score ** [1]	Remoteness Area
Balranald	Balranald	8	Remote
Broken Hill	Broken Hill	4	Moderately Accessible
Central Darling	Ivanhoe, Menindee, Wilcannia, White Cliffs	12	Very Remote
Wentworth	Dareton, Gol Gol and Buronga	7	Remote
Unincorporated Far West NSW*	Tibooburra	13	Very Remote

* Tibooburra ARIA Score used as data not available at LGA level

** The Accessibility/Remoteness Index of Australia (ARIA+) is an index of the accessibility of places to service centres, or conversely of remoteness of places

Table 2.2 shows the population distribution across the FWLHD as well as the Aboriginal population within each LGA.

Table 2.2: Population distribution Far West LHD

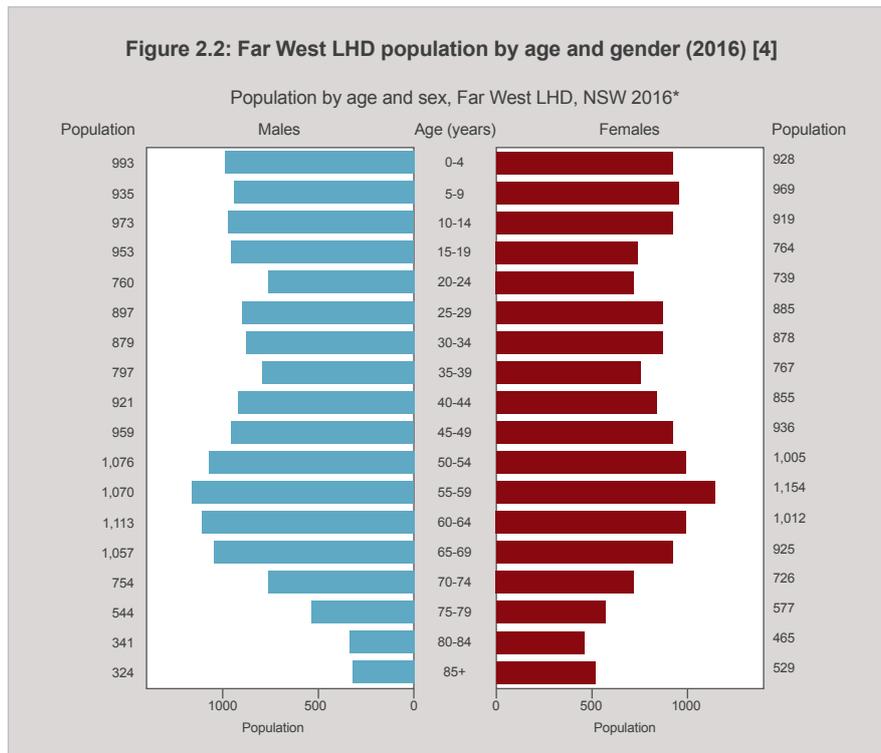
Local Government Area	Total Population [2]	Proportion LHD (%)	Aboriginal residents [1]
Balranald (A)	2,270	7.4	153
Broken Hill (B)	18,690	60.8	1,394
Central Darling (A)	2,080	6.8	763
Unincorporated Far West NSW	810	2.6	38
Wentworth (A)	6,890	22.4	679
Overall Far West	30,740	100%	3,799***

Source: * Australian Bureau of Statistics (ABS), 2011 Census, state suburb; **2016 ERP, CaSPA Planning Portal, NSW Ministry of Health;

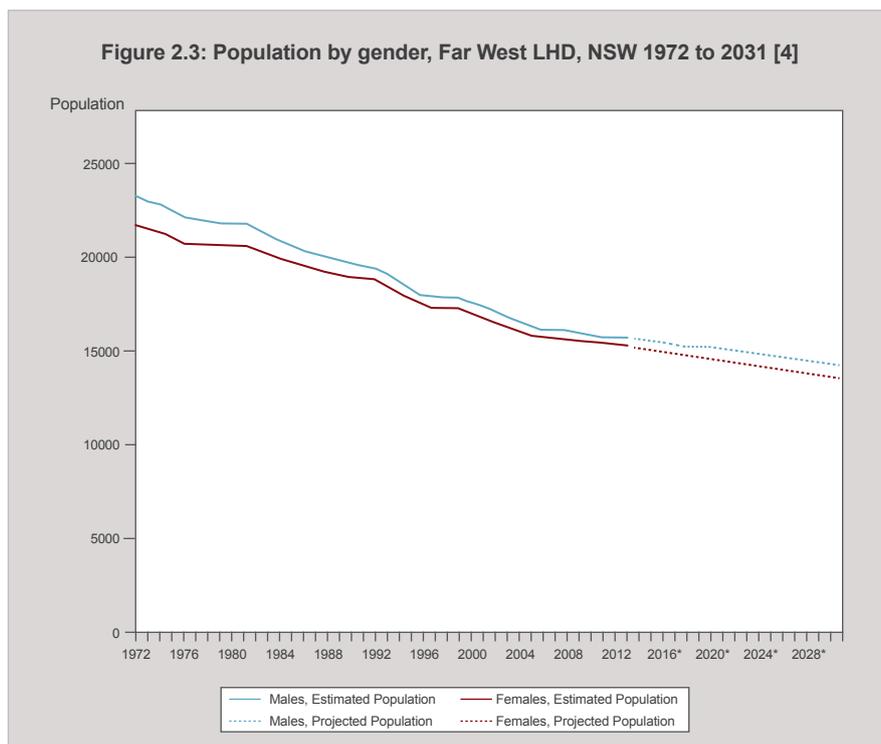
*** 2015 ERP Centre for Epidemiology and Evidence. Health Statistics New South Wales Sydney: NSW Ministry of Health.

02 Our Region

Figure 2.2 (below) shows the FWLHD population distribution by age and gender



As shown in Figure 2.3 the population of Far Western NSW has been decreasing since 1972 and is projected to continue to decrease. However, the proportion of the LHD aged 65 years and over is projected to increase from 18.0% in 2016 to 29.0% by 2036.



02 Our Region

Table 2.3 shows that the population of Far Western NSW is projected to decrease 9.6% by 2036.

Table 2.3: Far Western NSW Population Projections by LGA [2, 4]

Local Government Area	2016	2021	2026	2031	2036	Change (2016-2036)	% change (2016-2036)
Balranald (A)	2,270	2,240	2,140	2,090	2,050	-220	-9.6
Broken Hill (B)	18,690	18,190	17,620	16,910	16,130	-2,560	-13.6
Central Darling (A)	2,080	2,130	2,140	2,170	2,170	90	4.3
Unincorporated Far West NSW	810	780	790	790	800	-10	-1.2
Wentworth (A)	6,890	6,880	6,820	6,740	6,630	-260	-3.7
Far West LHD	30,740	30,220	29,510	28,700	27,780	-2,960	-9.6

However, with a planned land release in the Wentworth LGA its population may significantly increase over the next 25 years. In addition, mining activity and alternate electricity generation technologies are increasing in Broken Hill and in some outlying communities.

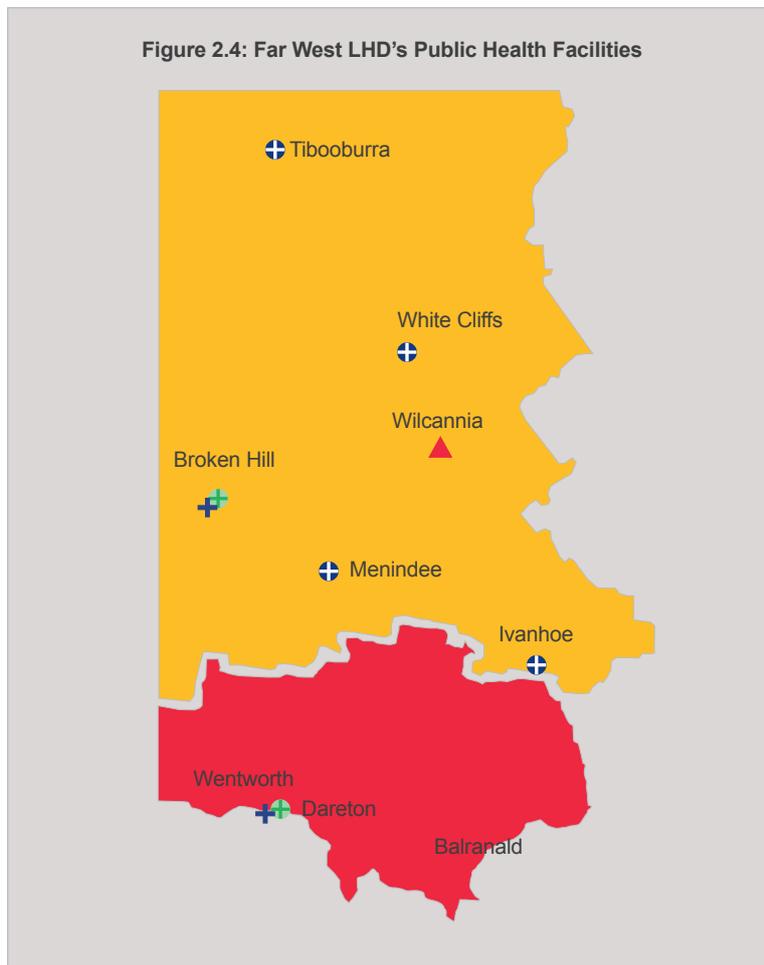
Although there continues to be Fly-in, Fly-out (FIFO) arrangements with many health professions there is more encouragement for families to relocate to Broken Hill which may result in an increased short to medium term demand on local healthcare services.

2.2 Health Services

2.2.1 Our Health Services

As shown in Figure 2.4, the Far West LHD has **nine key public health facilities**. An overview of each of these facilities is provided below. Further details about what types of services each of these facilities currently provide to Far Western NSW is described in nine produced local community **2015 Health Snapshots** available in the **Healthcare Service Plan 2016-2021**.

02 Our Region



- The **Balranald Health Service** opened as a Multi-Purpose Service (MPS) in 2010 and has 15 high care residential aged care beds (including four for dementia), one respite bed, eight acute beds, provision for three renal dialysis chairs and a two bay emergency department.
- The **Broken Hill Health Service** (BHHS) is a rural teaching hospital (Broken Hill Hospital (BHH)) with 112 beds providing acute, non-acute and outpatient services to Broken Hill and its surrounding communities. It has a 24 hour emergency department, general medical, surgical, obstetric, paediatric, dialysis and special care beds as well as theatre, palliative care, intensive and coronary care units. The BHHS also has off site facilities including the Child and Family Health Centre and the Morgan St Dental Clinic.
- The **Dareton Primary Health Care Service** provides services to the Wentworth and Balranald LGAs and is a “hub” for a diverse range of primary healthcare services. Services include palliative care, sexual health, diabetes education, women’s health, child and family health, aged care assessment, ante/postnatal care as well as prevention and early detection services. A range of visiting specialists also provide regular services on site. The Mental Health and Drug and Alcohol team is also located in Dareton and provides services across the two LGAs.

02 Our Region

- The **Ivanhoe Health Service** acts primarily as an outpatient general and specialty clinic as well as providing 24 hour emergency and trauma services. A 4WD ambulance is operated from this facility which also has holding beds for patients requiring evacuation by the Royal Flying Doctor Service (RFDS). A range of visiting specialists conduct regular clinics on site and the RFDS visits weekly to provide emergency medical care. The Maari Ma Health Aboriginal Corporation (Maari Ma) also provides a visiting chronic disease GP every 6 weeks.
- The **Menindee Health Service** is a primary health care facility staffed by registered nurses and Aboriginal Health Workers. The RFDS and Maari Ma run multiple GP clinics each week. Maari Ma specifically focuses on chronic disease and quarterly specialist services including cardiology, renal, endocrinology and smoking cessation. Other specialities include GP obstetrician, ophthalmology registrar and optometrist. Emergencies and acute patients are stabilised and those requiring hospitalisation are transported to Broken Hill either by road ambulance dispatched from Broken Hill or by RFDS fixed wing aircraft. BHH regularly provides outreach services to the facility. A 4WD ambulance is operated from this facility.
- The **Tibooburra District Hospital** operates as a primary health care clinic with emergency services provided “on call” as needed. There are two registered nurses based at this site and medical services are provided as outreach from BHH through the RFDS.
- The **Wentworth Health Service** is a 15 bed facility that provides aged care and subacute services as well as four transitional aged care packages. The local Day Care Centre is co-located on the campus which also accommodates the Home and Community Care Team. The main primary health facilities within the LGA are located in Dareton and the Coomealla Aboriginal Health Corporation.
- The **White Cliffs Health Service** is located 100kms from Wilcannia and operates as a primary health care clinic with emergency services provided “on call”. Medical services are provided as outreach from BHH through the RFDS. A GP clinic services the town one day per week with allied health staff visiting throughout the year.
- The **Wilcannia Health Service** opened as a MPS in 2002 and provides primary and community healthcare services, aged care services as well as 24 hour emergency care. There are currently three Commonwealth-funded high care places and five community packages available in Wilcannia. The service also allows for short term low risk admissions with the approval of the RFDS. Maari Ma manages the primary health care services including GP clinics run by Maari Ma and RFDS doctors for chronic disease and acute care. Visiting services include child and adult dental; and a wide range of visiting specialist clinics held quarterly – cardiology, renal, endocrinology, smoking cessation, GP obstetrician, ophthalmology and optometry.

02 Our Region

2.2.2 Our Key Partners

The Far West NSW LHD has strong relationships with several other key health organisations to provide healthcare services and support to ensure the best health outcomes for the communities living in Far Western NSW. Over the years, health organisations have recognised the importance of taking an ongoing working collaborative approach to help overcome the challenges of providing timely and quality healthcare to rural and remote communities.

- **Ambulance Service of New South Wales:** Ambulance stations are located at Balranald, Broken Hill and Wentworth. Four-wheel drive volunteer ambulance services are based in Ivanhoe, Menindee, Tibooburra, White Cliffs, and Wilcannia – the ambulance vehicle is stationed at the health service.
- **Coomealla Health Aboriginal Corporation:** an Aboriginal Community Controlled Organisation based in Dareton. It aims to provide a holistic approach to culturally respectful primary health care and also provides services to the Greater Sunraysia area of NSW and Victoria.
- **Maari Ma Health Aboriginal Corporation:** an Aboriginal Community Controlled Health Organisation based in Broken Hill. It provides primary health care services in Broken Hill and also outreach services to smaller communities using facilities operated by the Far West LHD. The LHD also contracts Maari Ma to provide a range of services in communities outside Broken Hill.
- **Royal Flying Doctor Service – South Eastern Section:** the RFDS provides primary health services to people living outside Broken Hill, as well as a range of primary health services in facilities operated by the LHD. The RFDS provides emergency, aeromedical evacuations, inter-hospital transfers, GP clinics, remote consultations in dental, mental health, women and children's health and audiology as well as supports visiting specialists.
- **Western NSW Local Health District:** the Far West LHD has a Service Agreement with its neighbour Western NSW LHD for the shared functions of Population Health and Health Information Communication and Technology. Staff members from both Directorates are located in Broken Hill.
- **Western NSW Primary Health Network:** in 2015, the Western NSW Primary Health Network (PHN) was established incorporating the whole of Far West LHD and functions of the previous Far West and Lower Murray Medicare Locals. The PHN is a Commonwealth funded health initiative with key objectives to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and to improve coordination of care to ensure patients receive the right care in the right place at the right time.

02 Our Region

- **University Department of Rural Health Broken Hill:** the Broken Hill University Department of Rural Health (UDRH) focuses on expanding and enhancing the rural and remote health workforce including for medical, nursing and allied health students through multidisciplinary education and training, research, professional support and service development. It also provides comprehensive training for research training for GPs and primary health care workers as well as providing professional development support for other local health professionals.

2.3 Budget: Capital and Recurrent

The budget for FWLHD is shown in Table 2.4.

Table 2.4: FWLHD Budget

\$m, 2015-16	
Recurrent	Capital
103	1.5

03 Our Challenges

3.1 Health Status

Overall, the communities of Far Western NSW have relatively poor health compared to the rest of NSW. Moreover, Aboriginal people experience significantly poorer health and health outcomes than other Australians and this is specifically evident in Far Western NSW:

- The Far West LHD has the highest rate of death from all causes and potentially avoidable deaths of all NSW LHD's. Specifically, the LHD experiences higher mortality rates for: all cancers, prostate cancer, lung cancer, perinatal and Chronic Obstructive Pulmonary Disease (COPD) when compared to the rest of NSW.
- Far Western NSW also experiences the highest rates of potentially preventable hospitalisations and hospitalisations in NSW that are attributable to: coronary heart disease, COPD, diabetes, intentional self-harm, high blood pressure and high cholesterol.

In 2012, the life expectancy at birth for Far West LHD residents was 78.6 years compared with 83.0 years for NSW residents. The LHD has the highest rate in NSW of deaths from all causes (703 vs 545 per 100,000 persons). In 2012-13, the rate of potentially avoidable deaths¹ per 100,000 people was markedly higher than for NSW (192.2 vs 105.5).

Compared to other LHD's in NSW, Far West has the lowest rates of breast cancer screening, cervical cancer screening and undertaking adequate physical activity. It also has one of the lowest rates of infant breast feeding and adequate fruit consumption. However, the LHD has one of the highest rates of recommended vegetable consumption and above average immunisation rates for influenza and pneumococcal disease and antenatal visits at 14 weeks.

3.2 Health Gaps

The FWLHD is committed to working closely with its local communities to better understand the healthcare needs of the population living in Far Western NSW.

Specifically, the LHD has established a model of local Health Councils to provide an effective structure for improved community participation, engagement and consultation. Currently, there are seven Health Councils active within the LHD at Menindee, Balranald, Broken Hill, Ivanhoe, Tibooburra, Two Rivers (Wentworth LGA) and White Cliffs.

During 2016, Far Western NSW communities were consulted to identify their current healthcare service gaps as well as key priorities for developing services over the next five years which focus on:

- **providing services as close to home as possible;**
- **promoting wellness and quality of life; and**
- **reflecting the needs of the community and consumers.**

¹ Potentially avoidable deaths are those that occur before age 75 years and are caused by conditions that are potentially preventable through individualised care and/or treatable through existing primary or hospital care. Deaths are defined as avoidable in the context of the present health system.

03 Our Challenges

Table 3.1 provides a summary of identified healthcare service gaps for the nine local communities consulted in the Far West LHD. The health gaps for each community have had key priorities and strategies developed further in the LHDs Healthcare Service Plan 2016-2021.

Table 3.1: Healthcare service gaps for Far West NSW local communities

Local Community	Health Service Gaps
Balranald	<ul style="list-style-type: none"> • coordination of care for chronic disease clients • child and youth services • social work – access and support services
Broken Hill	<ul style="list-style-type: none"> • delays to access medical specialist services • limited prevention programs and services • lack of coordination and continuity of care • youth health services especially mental health services • processes for follow-up and coordination across agencies for vulnerable community members
Ivanhoe	<ul style="list-style-type: none"> • access to medical specialists • access to allied health services • access to paediatric services
Menindee	<ul style="list-style-type: none"> • access to medical specialists • access to dental services • access to paediatric support • social work – basic counselling and support
Tibooburra	<ul style="list-style-type: none"> • strategic and timely health promotion/education activities; • coordination of care for chronic disease clients • access to paediatric support
Wentworth LGA	<ul style="list-style-type: none"> • access to allied health services • youth health services • continence services
White Cliffs	<ul style="list-style-type: none"> • strategic and timely health promotion/education activities • ongoing support and follow-up • coordination of care for chronic disease clients • access to allied health services especially physiotherapy • access to paediatric support
Wilcannia	<ul style="list-style-type: none"> • coordination of care for chronic disease clients • mental health services to address grief and loss for children • health services for men especially sexual and mental health • access to paediatric support

03 Our Challenges

3.3 Drivers for Change

3.3.1 Our Opportunities

There is a range of opportunities that FWLHD seeks to address through the strategic plan. These are:

- Better use of ideas and knowledge of existing workforce;
- Capital funding availability to leverage priorities;
- Training of medical workforce in partnership with UDRH;
- Further enhance appropriate patient care through:
 - Case management providing full person care that is responsive to social determinants;
 - Promote greater community ownership of the health of individuals through the Health Councils, which facilitate community engagement;
 - Shared decision with community for shared outcomes;
- Collaboration (shared service provision) with new providers, including the Western NSW PHN and Headspace; and
- Engage Digital agenda – eHealth – ability to provide information and data analysis; data determinants of health use for integrated care.

3.3.2 Our Risks

Risks faced by FWLHD are:

- Failure – loss of support if changes do not deliver expected outcomes;
- Inflexibilities in the workforce;
- Recruitment must be appropriate for models of care;
- Training must promote interdisciplinary collaboration;
- A lack of patient and community engagement; and
- Cross border flows – referral and follow-up processes for community members.

04 Strategic Priorities

Priority 1: Enhancing Access To Evidence-Based, Quality, Integrated Health Care

The NSW RHP seeks to provide a framework to achieve seamless care as close as possible to where residents live. The FWLHD will pursue a number of specific strategies to enhance the care available to its residents.

Significant progress has been made over recent years in the digital arena. eHealth is a key enabler for enhancing the services available to the LHD community. Our LHD health services are now connected to the Health Wide Area Network (HWAN) and all have onsite telemedicine facilities. Remote vital-signs monitoring equipment has been deployed across the District for people with multiple chronic diseases. The Electronic Medical Record (eMR2) system is operational across all FWLHD health services. Ensuring the community; clinicians and managers have access to information to guide healthcare and initiatives will be important.

Currently around 60% of acute hospital admissions of FWLHD residents occur outside of the District. Although there will always be a need to access some out-of-District services it is vital use local capacity where capability exists to provide a quality service locally. Implementation follows design and needs to follow best practice principles. It will be supported by staff training appropriate to the initiatives.

Strategy	Action	Measure
1.1 Effectively use contemporary technology	<ul style="list-style-type: none"> • Prepare and implement a LHD Telehealth Plan. (1.1.1) • Expand Telehealth services into LHD facilities. (1.1.2) • Increase the availability of home monitoring for patients with complex chronic conditions. (1.1.3) • Expand consumers' access to information about their health and health care, including support for a shared care platform. (1.1.4) • Increase clinicians' access to contemporary information systems. (1.1.5) • Provide inpatients with access to Wifi. (1.1.6) 	<ul style="list-style-type: none"> • Patient travel kilometers saved increase each year. • Increase in the number of service hours provided across the LHD. • Increase in the number of patients supported by home monitoring within the LHD. • Increased volume of information uploaded to the My Health Record platform. • Increase in the number of patients whose care is supported by a multidisciplinary shared care platform they can access. • All clinicians have access to electronic records and video conferencing. • Inpatients have access to Wifi in LHD facilities.
1.2 Enhance the range and mix of clinical services available within the LHD	<ul style="list-style-type: none"> • Revise Clinical service plans to identify service gaps and opportunities to enhance services locally. (1.2.1) • Review and enhance service models to increase access and take advantage of developing technology. (1.2.2) • Adopt co-design principles in service development and planning to ensure consumers' needs and expectations. (1.2.3) • Increase the range of specialist services available within the LHD. (1.2.4) 	<ul style="list-style-type: none"> • Reduction in the service gaps identified by Health Councils in our communities. • Achievement of all Access measures within the LHD's Service Agreement. • Services models are revised to match consumer needs and expectations. • Specialties identified in LHD Clinical Service Plans are available.

04 Strategic Priorities

Strategy	Action	Measure
1.3 Develop innovative plans to provide (or deliver) services	<ul style="list-style-type: none"> • Increase the involvement of Aboriginal staff and consumers in all service planning and development. (1.3.1) • Develop and strengthen mental health and drug and alcohol service delivery across the LHD. (1.3.2) • Increase greater clinician involvement in service development and planning. (1.3.3) • Consolidate service focused on children and families. (1.3.4) • Continue implement the Staying Healthy Integrated Care Program across the LHD. (1.3.5) • Initiate redesign initiatives for services where Aboriginal people have outcomes different to Non-Aboriginal people. (1.3.6) • Identify and exploit opportunities to improve population health through student lead clinics and school health hubs. (1.3.7) • Implement integrated care program for 20-55 year olds (Staying Health). (1.3.8) • Consolidate and expand primary health care services in communities where a resident GP is not available. (1.3.9) 	<ul style="list-style-type: none"> • Increased use of LHD services by Aboriginal people. • Increased availability of mental health and Drug and Alcohol services in communities across the LHD. • Clinicians are supported through redesign and implementation training. • Far West LHD children have access to comprehensive immunisation, screening, development and paediatric services. • People aged 20-55 across the LHD have an agreed health pathway/plan. • Reduced gap between Aboriginal and Non-Aboriginal people on all measures (i.e. DNW, DAMA, unplanned representations, low birth weight babies). • Expansion of scope of services provided in School Health Hubs and student lead clinics. Population Health Plan implemented. • Monitor results through the agreed evaluation framework. • Take up of 19(2)(b) in communities outside Broken Hill.
1.4 Monitor, Report, Evaluate	<ul style="list-style-type: none"> • Continue to contribute to the development of the Health Intelligence Unit. • Continue to expand the OPAL Business Intelligence System. • Monitor service quality and compliance with standards. • Provide consumers with access to information about our services. • Increase the range and frequency of patient surveys to monitor satisfaction. 	<ul style="list-style-type: none"> • HIU established and capacity to support reporting and evaluation enhanced. Regular HIU Steering Committee Progress Reports. • All managers have access to up to date data on activity, finances and personnel available through the OPAL Portal. • QARS Audits demonstrate above 85% compliance on all measures. • Consumer portal providing information about quality and safety measures available to consumers. • Increased availability and response to data regarding patient experience of our services.

04 Strategic Priorities

Priority 2: Communicating With Stakeholders

Communication with stakeholders is vital to ensure information is disseminated in a way that encourages feedback and supports the enhancement of service delivery.

The FWLHD will pursue a number of specific strategies to enhance the quality of communication with stakeholders.

Strategy	Action	Measure
2.1 Establish a coherent approach to promoting the LHD	<ul style="list-style-type: none"> Establish the LHD Brand (Live Your Best Life). (2.1.1) Implement a coherent Public Relations Strategy to guide LHD promotional and media activities. (2.1.2) Redevelop the LHD's Internet site. (2.1.3) 	<ul style="list-style-type: none"> Patients increasingly view the LHD as a partner in their health. Media presents a predominantly positive image of the LHD and its role in the community. The LHD has a contemporary, user friendly Internet presence that allows communities to access useful information.
2.2 Improve communication with communities	<ul style="list-style-type: none"> Consolidate the role of Health Councils engaging communities and individuals in the planning, development and promotion of services through the LHD. (2.2.1) Undertake community forums in each of our communities at least annually to improve awareness of health services and health literacy. (2.2.2) Ensure information published by the LHD is in a form which is easily understood. (2.2.3) 	<ul style="list-style-type: none"> Health Councils are actively engaged by HSMS in all our communities. Communities consider input into planning and service processes with the LHD routine. Community forums held in all communities at least annually. All LHD publications and information resources are rated highly for understandability.
2.3 Improve communication with other government agencies	<ul style="list-style-type: none"> Develop and implement a comprehensive Stakeholder Engagement Strategy. (2.3.1) Actively participate in the Regional Leadership Group. (2.3.2) 	<ul style="list-style-type: none"> Strategy developed. Reporting on engagement finalised with the Board.

04 Strategic Priorities

Priority 3: Establish the FWLHD as an Employer of Choice

The LHD is committed to a cost-effective, stable and comprehensive workforce to satisfy service delivery requirements. We strive to Attract, Recruit, Retain and Sustain its workforce through strategies aimed at being recognised as an **employer of choice**. The 2011 Your Say survey of staff highlighted areas for improvement across the FWLHD. Significant progress was observed by the 2015 Your Say survey and 2016 People Matters survey. There remain opportunities for us to continue this improvement with benefits including a lower reliance on more expensive employment options (contract, agency arrangements), greater engagement and increased commitment to service delivery improvement. It is important that the public image of the LHD identifies the benefits from working within our unique health service and the opportunities available.

Strategy	Action	Measure
3.1 Strongly support career development for all staff	<ul style="list-style-type: none"> Maintain development pathways for all staff groups across the LHD. (3.1.1) Ensure specific workforce plans are implemented for all skill groups. (3.1.2) Develop secondment and staff exchange programs to enhance access to higher level skills. (3.1.3) Support all new managers to undertake financial and people management skills training. (3.1.4) Ensure all staff have an annual development plan in place. (3.1.5) 	<ul style="list-style-type: none"> Staff are aware of the potential pathways for career development within the LHD. Workforce plans are in place and progress is reported to the Workforce Development Committee. 5% of staff have access to secondment opportunities outside the LHD annually. All managers have completed skills training. Proportion of staff completing their annual development plan.
3.2 Maintain a focus on staff retention	<ul style="list-style-type: none"> Build a strong, positive organisational culture through the Yamirri Nharatji program. (3.2.1) Ensure new employees are supported to integrate into the LHD and the community in which they live. (3.2.2) Maintain a strong culture of acknowledging and rewarding high performance. (3.2.3) Support empowered leaders through ongoing leadership development programs. (3.2.4) Celebrate achievements of staff across the LHD. (3.2.5) Introduce re-onboarding for new staff after 12 months and act on feedback to improve. (3.2.6) 	<ul style="list-style-type: none"> Staff Rounding and MAMs compliance in all teams. All staff commencing with the LHD report support to build social and support networks as a key feature of their first 12 months with the LHD. Staff survey results. All managers participate in the LHD's leadership program. Monthly newsletter promotes achievements. Quarterly summary of information gained from re-onboarding and actions proposed.

04 Strategic Priorities

Strategy	Action	Measure
3.3 Build a valued, diverse workforce	<ul style="list-style-type: none"> • Maintain and expand the School Based Apprenticeship and Trainee (SBAT) program. (3.3.1) • Maintain a focus on recruiting and retaining Aboriginal staff in line with the Aboriginal Workforce Strategy. (3.3.2) • Ensure all staff are skilled to maintain a culturally safe workplace. (3.3.3) • Celebrate cultural diversity in LHD publications and events. (3.3.4) 	<ul style="list-style-type: none"> • At least 10 SBAT positions filled annually. • Proportion of Aboriginal staff (FTE and headcount). • Decline in reported incidents of culturally insensitive behavior. • Achievement of “Respecting the Difference” training targets. • Events and publications promoting the cultures represented within the LHD.
3.4 Build Positive reputation for recruiting	<ul style="list-style-type: none"> • Ensure recruitment processes are efficient. (3.4.1) • Effectively harness media to promote working in the LHD. (3.4.2) • Revitalise the LHD’s recruitment website. 	<ul style="list-style-type: none"> • Average recruitment time is <40 days. • Participation in media productions that promote the region and LHD. • Applicants have ready access to information about the benefits and attractions of working the LHD.

04 Strategic Priorities

Priority 4: Maintain Accountability For All Resources

Resources need to be distributed across an ever expanding portfolio of services and to address community needs. Our workforce must be provided with the skills and tools necessary to support their role in managing the available resources to maximise the benefits to the community. All staff need to be part of the resource management process within their areas of responsibility and be aware of the whole of organisation resource environment. The LHD has a comprehensive Asset Strategic Plan and has been approved for a significant (\$30M) Capital Works Program for Broken Hill. It is vital that the physical infrastructure across the entire District is developed and maintained to the highest achievable environment and supports the delivery of services. Our staff, consumers and visitors must not be subject to undue risk from the health service facility environment or poor workforce practices due to inadequate training.

Strategy	Action	Measure
4.1 Ensure all our resources are managed efficiently	<ul style="list-style-type: none"> • Provide financial and people management training to all new managers. (4.1.1) • Ensure all managers are accountable for their budget. (4.1.2) • Allocate resources across the LHD rationally and equitably. (4.1.3) • Monitor and address use of human, financial and physical resources. (4.1.4) 	<ul style="list-style-type: none"> • All managers can effectively interpret and respond to information about their cost centre performance. • All cost centres perform within 0.5% of budget and agreed staff profile. • Resources are allocated in line with the Board's strategic direction and LHD Service Agreement. • LHD achieves all financial and human resource related targets.
4.2 Ensure physical infrastructure is managed effectively	<ul style="list-style-type: none"> • Implement AFM system and ensure all facilities, plant and equipment are recorded. (4.2.1) • Ensure maintenance programs for all plant and equipment are adhered to. (4.2.2) • Consistently manage the removal of obsolete or fully depreciated plant and equipment. (4.2.3) 	<ul style="list-style-type: none"> • The LHD has a comprehensive, accessible view of facilities, plant and infrastructure it controls. • All plant and equipment is maintained in line with manufactures' guidelines. • The LHD complies with its depreciation and disposal schedule for all plant and equipment.
4.3 Provide a safe working environment	<ul style="list-style-type: none"> • Ensure all staff undertake mandatory training for WHS. (4.3.1) • Promote reporting of all WHS and safety incidents or risks by staff across the LHD. (4.3.2) • Maintain patient and visitor safety initiatives. (4.3.3) 	<ul style="list-style-type: none"> • 100% of staff maintain mandatory training. • Maintain the decline in WHS incidents and workers compensation costs. • Maintain or reduce patient and visitor incidents and their severity.

04 Strategic Priorities

Priority 5: Collaborating Effectively With All Stakeholders

An important focus area identified for our LHD is to continue to work toward effective collaboration with all our stakeholders. This is consistent with the NSW RHP that seeks to progress initiatives that reinforce a team and all-inclusive approach to the care of an individual. Patients their families and carers will be actively engaged in decisions about their care to ensure they are well informed, feel safe, and are understood. Consumers will be actively engaged in the design and development of service models to ensure the co-design of healthcare services. The LHD will also engage our service partners and providers to assess and meet our communities' needs. Our key relationships will be with our communities as well as GPs; Schools; Police, MPRA, Maari Ma Health; RFDS, EPA, and DCS. The LHD will also maintain strong collaborative relationships with external stakeholders including: MOH, Commonwealth, NDIA, PHN, RDN, ACI, HETI, CEC, BHI, volunteer groups, and donors.

Strategy	Action	Measure
5.1 Promote our staff actively engaging with consumers to ensure they are well informed, feel safe and are understood.	<ul style="list-style-type: none"> Implement AIDET in all clinical areas. (5.1.1) Promote the involvement of families and carer's as partners in patient care. (5.1.2) Promote "What Matters to Me" and "Small Acts of Kindness" across the LHD. (5.1.3) 	<ul style="list-style-type: none"> Improved patient ratings regarding their understanding of the treatment they receive and their experience with our staff. Staff identify patient and carer needs as central to decisions about care.
5.2 Enhance collaboration with communities and community organisations	<ul style="list-style-type: none"> Maintain formal links with key stakeholder organisations across the LHD. (5.2.1) Establish and implement a formal pathway for engaging stakeholder organisations in key LHD planning activities. (5.2.2) 	<ul style="list-style-type: none"> Existing forums/meetings are documented and activity is reported each quarter. All identified key stakeholder organisations are engaged in LHD planning processes.

Appendix One

Far West Local Health District

Plans and Frameworks (as at April 2017)

