Acknowledgement of Country

We pay our respect to these lands that provide for us. We acknowledge and pay respect to the ancestors that walked and managed these lands for many generations before us.

We acknowledge and recognise all Aboriginal people who have come from their own country and who have now come to call Darkinjung country their home. We acknowledge our Elders who are our knowledge holders, teachers and pioneers. We acknowledge our youth who are our hope for a brighter and stronger future and who will be our future leaders.
Foreword

Caring for the Coast is in our DNA. It is what we strive to achieve on a day-to-day basis and what we work to improve on year-on-year. This mission does not change. What differs are the ways in which we accomplish this because healthcare is dynamic. It is most effective when it reflects the ever-changing population and needs of the community that it supports.

Our Caring for the Coast Strategy 2019-2024 looks at the next five years. It sets out a blueprint for what we want to achieve, a roadmap for how we might get there, and the elements that we will need to adapt to.

The environment in which we operate is rapidly changing. Our population is growing, the people within it are ageing, health needs are becoming more complex, and the cost of living including health care is rising.

This constant transformation can be a challenge, but it is one that we are well equipped to rise to. New technology and developments in techniques mean more innovation and opportunity. The wide range of patients we encounter ensures that our expertise is evolving every day, with every patient.

There are many variables, but the one constant is the need to work in partnership – with our patients, consumers, community, staff and partners.

Our overarching goal is to provide safe, consistently high quality health services that reflect the health needs and preferences of the individual patient and consumer. Over the next five years we will collaborate with our partners, including GPs, Ambulance, aged care providers and other health, research, education, community and business entities to deliver well-coordinated and integrated services across both health and social care.

Through these partnerships we will challenge current practice and drive innovation and positive change. We will continue to build a culture where innovation is encouraged and supported, where we continually seek to improve quality and outcomes. This will extend beyond clinical services and patient care to non-clinical services including effective use of all our resources.

Critical to our success are our staff, our people, who are our most valuable asset. It is through their dedication and pursuit of excellence that we will achieve our vision of Caring for the Coast. To support them we will continue to build a positive, respectful workplace culture with development opportunities to enable them to be the best that they can be.

Implementation of the Plan will require concerted action across five interdependent priority areas. The leadership of the Executive will guide the implementation ensuring that the strategic objectives permeate the organisation and are reflected in the operational plans which are developed and implemented. This will be supported by a measurement and reporting framework for evaluating our progress.

We would like to thank everyone who provided comments and input during the planning process. All of your contributions have helped to develop this Plan. It will be through your ongoing efforts and engagement that we will achieve our vision of Caring for the Coast delivering exceptional care for our patients, our community and our staff.

Mr Paul Tonkin, Board Chairperson
Central Coast Local Health District

Dr Andrew Montague, Chief Executive
Central Coast Local Health District

About us

Over 350,000 people call the Central Coast home. Nestled between Sydney and the Hunter Valley the region is popular with young families and retirees alike. The health of our growing community is supported by a network of hospitals, health centres and other community based services to ensure that people receive healthcare when and where they need it. In addition to the public health services we provide there are several private hospitals in the region.
Our growing community

By 2031 our population is projected to increase to over 391,000, an increase of 51,500 people or 15 per cent. Most of this growth is expected to occur in the northern area of the Coast with the population in the Wyong area predicted to exceed the Gosford area.

We have a rapidly growing Aboriginal population on the Central Coast making up 3.8 per cent (or 12,485 people) of the population. Between 2011 and 2016 our Aboriginal population grew by 14 per cent (1557 people) compared to 5.2 per cent for the entire Central Coast population.

While the median age of Central Coast residents is 42 years, for our Aboriginal population it is only 21 years. This is reflected in our aged population where only 4.8 per cent of the Aboriginal population is aged over 65 years compared to over 20 per cent of the total Central Coast population.

Over the next decade the most rapid population growth is expected among those aged 70 years and older. Approximately 20 per cent of the Central Coast population will be aged over 70 years by 2031.

The Central Coast has a lower socioeconomic status than the NSW average with this more pronounced in the northern parts of the region.

Although our community has higher rates of health risk factors, lower life expectancy, and higher rates of melanoma, lung and colorectal cancers than the NSW average, there have been improvements in a number of these areas in recent years with rates approaching the NSW average.

Key population breakdowns

Aboriginal

12,485 people
3.8% Central Coast population
NSW 2.9% population

Non-English speaking background

20,292 people
6.2% Central Coast population
NSW 2.1% population

Need assistance due to disability

21,083 people
6.4% Central Coast population
NSW 5.6% population

Our population

Central Coast overall

By 2031 51% of the Central Coast population will reside in the Wyong area

By Age

Central Coast 2016

2016 % 2031 %

0-15 68,000 20.0% 75,796 19.4%

16-44 115,950 34.1% 125,374 32.1%

45-69 106,420 31.3% 113,040 28.9%

70-84 38,690 11.4% 61,370 15.7%

85+ 10,490 3.1% 15,470 4.0%

Predicted growth in age groups by 2031

We have an ageing population
Our workforce

7,805 staff provide care to our community

24.3% aged over 55 years

76.5% female

1.6% have a disability

2.5% Aboriginal and/or Torres Strait Islander

Over 170 volunteers support our patients, visitors and staff

Our activity

A snapshot of our activity in 2018/19

144,073 emergency department presentations

94,263 inpatient admissions

5,917 paediatric admissions (ages 0-15yrs)

19,901 overnight acute admissions aged over 70 years

1,546 mental health admissions

3,004 sub-acute admissions

3,056 babies born

20,346 renal dialysis treatments

806,188 community services (includes hospital outpatient, community based and in-home treatments)

41.82% of Admissions were day only procedures

Our health

How we compare

Life expectancy at birth

Central Coast: 81.9 years

NSW: 83.1 years

Adults (aged over 15 years)

<table>
<thead>
<tr>
<th></th>
<th>Central Coast</th>
<th>NSW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>36.1%</td>
<td>32.5%</td>
</tr>
<tr>
<td>Obese</td>
<td>22.5%</td>
<td>21%</td>
</tr>
<tr>
<td>Diabetes/high blood glucose levels</td>
<td>14.3%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Smokers</td>
<td>14.5%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Risky alcohol drinking behaviour</td>
<td>38.6%</td>
<td>31.5%</td>
</tr>
</tbody>
</table>
Preparing for the future

Healthcare operates in a dynamic environment where a range of factors such as new technologies, increasing demand, ageing population and community expectations influence how we deliver health services. As a local health district we need to be future-focused in terms of what services we provide, how and where we provide them, our service models and our workforce. We need to be ready to meet and anticipate the challenges and not wait for change to be imposed.

The challenge of meeting the projected growth in demand, changing population profile, health needs and expectations will require a greater emphasis on out-of-hospital care and integration of services across health and social care. How we partner with non-government organisations, GPs, private health sector, business, industry and education providers in developing the systems, services, technologies and workforce required to meet these challenges and ensure seamless care will be critical.

This integration of care through stronger partnerships and working more collaboratively with shared priorities will enable better health outcomes for the community and a more efficient and effective health service.

Advances in diagnostic, medical and digital technologies are transforming healthcare. These will drive the types of services we will provide and where and how they are delivered. They will influence the skill mix of the future workforce and the types of roles and scope of practice that will be required.

New digital technologies spanning connectivity, mobility and big data are creating innovative ways to plan and deliver services and interact more closely with patients. Digital technology will enable better information sharing and multi-disciplinary collaboration, both within Central Coast Local Health District and with other service providers.

The rapidly changing environment will require us to be agile and innovative in how we respond, fostering research and innovation and utilising evidence to inform both clinical and non-clinical practice and change. As an organisation, embracing learning and past experience will be an integral part of ongoing development and improvement. This means learning from the past (our mistakes and successes), innovating, learning from others (high achieving organisations or demonstrated best practice) and actively engaging with other providers and partners to explore better ways of operating and delivering care. Another element to this will be exploring opportunities from other industries including research, academic and education organisations to do things differently and better.

These efforts will be supported through a commitment to research, innovation and continuous improvement, ensuring that we adopt appropriately to change which is underpinned by effective change management. Research and our capacity to conduct locally relevant research will be integral to informing the care we deliver and identifying changes to clinical practice.

Changing health profile

The population on the Central Coast is growing, ageing and becoming more complex as the incidence and prevalence of chronic illness continues to increase along with the number of people with multiple chronic illnesses. The incidence and prevalence of dementia is expected to increase significantly with a rapidly ageing population. These factors will impact on the demand for health services as well as the complexity and cost of care required.

There is a strong correlation between social and economic disadvantage, lower levels of education and income, low levels of health literacy and higher rates of lifestyle risk factors such as smoking, risky drinking, obesity, poor diet, health inequity and the incidence of chronic illness.

An important goal will be to reduce the incidence of avoidable chronic illness through improvements in lifestyle and a reduction in lifestyle risk factors; improve health literacy through access to appropriate information and advice to empower people to improve their lifestyle; and information and programs targeted at high risk groups. To be effective a holistic approach that addresses both physical as well as psychosocial needs will be required.

Socioeconomic status varies across the region with higher levels of disadvantage in the northern end of the Central Coast compared to the southern parts, impacting on demand and service requirements. While the concentration of some highly specialised services at one hospital is appropriate, ensuring equitable access to non-tertiary health services locally is important to ensure the best outcomes for all community members.

Future service and infrastructure development should reflect population growth, need and demand for health services. This applies equally to hospital and community-based services.

Health is not just the physical wellbeing of the individual, but the social, emotional, spiritual and cultural wellbeing of the whole community. Culture and cultural identity are critical to social and emotional wellbeing. This includes culturally appropriate preventative health care, early intervention, health promotion and delivering trauma informed care and practices. To achieve this will require development and education of the workforce that is integrated and embeds the cultural needs of its clients and its peers in its day to day business in a systemic way.

Better value care

How we provide healthcare is changing as we recognise that we need to better engage with our patients by listening to and tailoring our care to the things that are important to them. This applies equally to our patients and consumers and by extension their carers and family as well as our staff. Exceptional healthcare is not limited to the delivery of treatments and services. It encompasses care that is always delivered with compassion, kindness and respect improving patient experience and outcomes and leading to improved recovery.

True person-centred care ensures patients have access to information about their condition and treatment options, are kept informed about any changes and are involved in decisions about their treatment.

Value-based care means delivering services that improve:

- health outcomes that matter to patients
- the experience of receiving care
- the experience of providing care
- the effectiveness and efficiency of care.

It focuses on how our resources will deliver outcomes, rather than the volume of services provided.
Value-based care goes hand in hand with person-centred care, with both focussed on outcomes that are important to the patient or consumer. It represents a shift away from looking at the individual elements of care, instead focussing on the overall outcomes, including the patient experience, of that care.

The key to value-based care is improving clinical care through:

- evidence-based practice
- reductions in unwarranted clinical variation
- providing holistic and team-based care eliminating fragmentation between specialties and services
- providing connected and coordinated care
- elimination of waste due to duplication, inappropriate care, poor care, errors and poor coordination.

This requires continuous review of performance that is supported through both patient reported experience and outcomes.

Future-proofing our workforce

Our workforce is integral to providing safe, high quality services. Our ageing and more complex patients are changing the way we need to provide care to meet the needs of our community. We will need to attract and retain a capable workforce. As we continue to grow, new services will be required and a number of existing services will need to expand to provide a higher level of service to meet community demand. We will need to attract new specialist staff as well as ensure ongoing development of existing staff across all disciplines. A positive organisational culture that encourages and supports innovation and research as well as provides staff development opportunities is essential to attract and retain a capable workforce.

Improvement and innovation is driven by change and challenges. Effective change management is imperative in enabling successful implementation of improvement projects as well as building staff resilience. To enable us to continue to develop as a responsive and innovative service, delivering high quality care and services that continue to meet the health needs of our community, will be reliant on having the right structures and workforce in place to support us.

Building the workforce for the future will require robust and sophisticated workforce planning to determine future workforce needs and skills and develop the workforce accordingly. Planning may involve role redesign with a review of current practices to reduce unnecessary or outmoded practice, create capacity as well as maximising scope and utilising knowledge and skill levels of staff.

We need to help staff to work more effectively rather than just simply to work harder.

The concept of person-centred care can also be applied to staff. To provide compassionate care it is essential that our staff are listened to and treated with respect and compassion. There is a correlation between high levels of staff engagement and a high level of patient engagement. Staff are more likely to be enthusiastic and positive about securing the best outcomes for patients when they feel supported, empowered, and respected. Building positive teams that work collaboratively and where team members respect and support each other is key to ensuring success and improving outcomes for patients and encouraging an engaged workforce.

Policy environment

Our service priorities and models are influenced by the priorities set at both the National and State levels.

At the National level there is a shift toward illness prevention to reduce the rates of chronic disease, in addition to a focus on mental health and Aboriginal health.

The NSW State Health Plan Towards 2021 highlights three directions for NSW:

- keeping people healthy
- providing world-class clinical care
- delivering truly integrated care.

The NSW Health Strategic Priorities for 2019-20 focus on:

- Patient Safety and Experience – person-centred care, introduction of Patient Reported Experience Measures (PREMS) and Patient Reported Outcomes Measures (PROMS)
- Value-Based Healthcare – moving from ‘volume’ to ‘value’ and sustainable delivery of outcomes that matter to patients by improving how we organise and provide care. This includes Leading Better Value Care (LBVC) projects
- System Integration – delivering specialist health services, including specialist care and post-acute care, in the community. Integrating systems and delivering more care in the community setting
- Digital Health and Analytics
- Strengthening Governance and Accountability.

We will need to attract new specialist staff as well as ensure ongoing development of existing staff across all disciplines.
## Our Vision and Purpose

### Our Vision

**Caring for the Coast**

Delivering exceptional care  
Caring for our patients, our community and our staff

### Our Purpose

To enhance the health and wellbeing of our community

Working with our community to agree on health priorities and the best way to address these  
Our health services are accessible, high quality and integrated

## Strategic priorities

### Caring for our:

<table>
<thead>
<tr>
<th>Patients</th>
<th>Community</th>
<th>Staff</th>
<th>Resources</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceptional patient experience and outcomes</td>
<td>A healthy, engaged and empowered community</td>
<td>A valued, respected, engaged and high performing workforce</td>
<td>Financially responsible and sustainable</td>
<td>High quality, integrated, innovative services</td>
</tr>
</tbody>
</table>

Our culture, systems and processes support the provision of high quality, safe, person-centred care

Collaboration with our community and partners to improve the health and wellbeing of the community

Staff are energised and motivated, have a shared sense of belonging and have pride in their workplace and the services they provide

Financial sustainability to enable service provision to meet community need and support investment in innovation

A responsive, innovative, learning organisation underpinned by research, education and partnerships

### Core Values

- Collaboration
- Openness
- Respect
- Empowerment

### Enablers

- **Governance and leadership** - strong governance, clear accountability and inclusive leadership across the LHD
- **Safety, quality and continuous improvement** - are central to everything we do and an intrinsic part of everyone’s job, every day
- **Partnerships and integration** - working collaboratively to enhance the integration and coordination of care for our patients
- **Information technology and data analytics** - information technology systems support the availability and use of data to inform decision-making
- **Research and innovation** - exploring new and better ways of delivering care and achieving better patient outcomes
Our Strategic Priorities

We have five interdependent strategic priorities revolving around our vision of Caring for the Coast:

- Caring for our patients
- Caring for our community
- Caring for our staff
- Caring for our resources
- Caring for our future

Achievement of our vision and purpose will require concerted action across all five priorities.

Strategic objectives have been identified for each priority providing an ambitious but achievable program of work. They are not intended as a prescriptive roadmap nor provide an exhaustive list of everything we will do. We know that constant change is part of our environment and we will be ready to adapt and respond to new opportunities and challenges that emerge over the next five years.

Good communication will be fundamental in achieving our objectives. Whether we are communicating with patients and carers, the broader community or with each other and our partners, everything we do will be underpinned by open and effective communication that enables a positive culture where everyone has a voice.
Caring for our Patients

Exceptional patient experience and outcomes

Results statement
Our culture, systems and processes support the provision of high quality, safe, person-centred care.

Objectives
To provide high quality care that delivers good clinical outcomes and ensures that our patients and consumers are treated with compassion and respect and have a positive experience of care.

Our services and care models are person-centred and responsive to the preferences and needs of patients and consumers.

What this will look like:
• Patients feel welcome and are treated with respect and compassion.
• Patients, their carers and family are kept informed about their care and also have access to appropriate/understandable information about their condition and treatments.
• Patients and their carers are involved in shared decision-making about their care.
• Services are flexible and deliver culturally accessible, safe and responsive care. Staff are culturally aware and provide care in a culturally appropriate and responsive manner.
• Individualised care that is sensitive and responsive to individual patient needs.
• Patient experience is positive and this is reflected in Patient Reported Experience and Outcomes Measures (PREMS and PROMS).

Clinical Service delivery models reflect evidence-based best practice and good clinical outcomes.

What this will look like:
• Clinical treatment reflects care appropriate to the patient’s diagnosis and clinical condition.
• Unwanted clinical variation is minimised.
• Evidence-based best practice care – review models of care and current practice to ensure they reflect contemporary best practice.
• A holistic and collaborative approach to care with involvement of all clinical teams for patients with multiple clinical conditions reducing fragmented and siloed care (a whole of patient approach rather than focusing on clinical specialties and single diseases and fragmented care).
• Outcomes including PREMS and PROMS are measured, monitored, evaluated and used to inform clinical care.
• Performance is benchmarked against established standards as well as high-performing providers/organisations.

Care is integrated and delivered in the right place.

What this will look like:
• Increased range of services and improved access to ambulatory, community and home-based care including Hospital-in-the-Home for ambulatory sensitive conditions.
• Care coordination for patients with complex health and social care needs.
• Seamless integration with providers and services enabling connected care for patients. The patient’s general practitioner, primary and social care providers are involved in the patient’s care, have access to expert advice and are kept informed of changes to treatment and the care requirements.
• Inpatient (with the exception of specialised and tertiary level services), outpatient and community based services will be available and accessible closer to home.

Measures of success
• Good patient/clinical outcomes, reduced hospital related harm and improvements in established Key Performance Indicators (KPIs).
• Elimination of unwanted clinical variation.
• Positive patient experience as measured by PREMS and PROMS.
• Elimination of avoidable delays in accessing services.
• Care is accessible and available in the ‘right place’ with increased care appropriately delivered out of hospital in the outpatient and/or community setting.

Supporting documents
• Implementation of the Leading Better Value Care projects
• CCLHD Culture Plan 2018-2023
• Organisational Improvement and Innovation Framework (2018)
• Central Coast Aboriginal Health Plan 2017-2022
• CCLHD Aboriginal Health Priorities 2019-2022
• Multicultural Health Strategic Plan 2019-2023
• Disability Inclusion Plan 2019-2023
• Mental Health Plan (currently being developed)
Caring for our Community

A healthy, engaged and empowered community

Results statement
Collaboration with our community and partners to improve the health and wellbeing of the community.

Objectives

Improved health and health literacy in the community.

What this will look like:

- Information about health and healthy lifestyle and behaviours is easily understandable and accessible.
- Health equity and health outcomes are addressed and improved through information and programs targeting high risk groups.

Services are culturally safe, appropriate and responsive.

What this will look like:

- All patients and consumers are treated with respect and dignity.
- People from all communities feel safe to access services.
- Staff are provided with cultural awareness training to imbed best practice behaviours and attitudes.

The community actively participates in achieving a high performing health care service for the Central Coast.

What this will look like:

- Partnering with the community to identify and address local priority health issues.
- Community participation in the design and development of health services and infrastructure (co-design).
- Meaningful engagement with patients, consumers and carers in care design, innovation and research.

Integration with primary and community health services to keep people healthy and out of hospital.

What this will look like:

- Integrated care plans with the community health services and general practice to help keep people healthy and out of hospital.
- In partnership with general practice, primary care providers, private providers and facilities and other healthcare providers develop an agreed regional approach to prevention, early detection and early intervention, as well as population health strategies that improve health outcomes for our community.

The community is actively engaged in the development and design of health services.

What this will look like:

- Partner with community health services, general practice and other primary care providers to deliver integrated care for patients with chronic and complex illnesses.
- Integration between hospital and non-hospital services to provide continuity of care for patients and their carers.

Information on available health services is available and easily accessible.

What this will look like:

- Contemporary information is available and accessible to assist navigation of health and social care services.
- Information available will include what services are available and how to access these services including contact information and referral processes.
- Referral processes will be simplified and streamlined to facilitate referral by GPs and other care providers and improve access to our services.

Measures of success

- Individuals and communities have improved self-reported rates of health and wellbeing:
  - Health literacy and self-care are on the rise.
  - Individuals and communities have more informed choice about the care they receive.
  - Risk factors for chronic illness such as smoking, risky drinking, obesity are decreasing.

- Reduction in preventable visits to hospital by 5 per cent by 2023 (Premier’s priority 2019).

- Community is actively engaged in the development and design of health services.

- Community, GPs and other service providers are able to easily navigate the health care services including referral processes and pathways.

Supporting documents

- Health Promotion Strategy 2018-2023
- Central Coast Aboriginal Health Plan 2017-2022
- CCLHD Aboriginal Health Priorities 2019-2022
- Multicultural Health Strategic Plan 2019-2023
- Disability Inclusion Plan 2019-2023
- Mental Health Plan (currently being developed)
Caring for our Staff

A valued, respected, engaged and high performing workforce

Results statement
Staff are energised and motivated, have a shared sense of belonging and have pride in their workplace and the services they provide.

Objectives
Our culture, values and behaviours support the health and wellbeing of our staff to enable them to provide high quality patient care.

Services are provided by a skilled and sustainable workforce.

Governance and performance management systems support the delivery of health services.

A safe workplace and supportive working environment.

What this will look like:
• Behaviours reflecting the CORE values are evident throughout CCLHD.
• The principles of person-centred care extend to staff – staff are cared for; they are listened to, their views are respected, they are kept informed and have access to information and they are involved in decisions around service delivery and development.
• Staff health and wellbeing is a priority and is supported through safe workplace, work practices, workload and hours of work. Programs are in place to support and promote the psychological wellbeing of staff such as peer support programs.
• Staff competence and satisfaction is supported through ensuring that workloads do not exceed the ability of staff to deliver high-quality, safe and compassionate care.
• Recognition and acknowledgement for good performance.

What this will look like:
• We continue to support staff to grow, develop and learn so that their skills and competence are constantly improving throughout their careers.
• We skill our staff in person-centred care and shared decision-making.
• Staff recruitment and selection processes align with the skills and knowledge and workforce profile that reflects the population profile, culturally representative and will be adaptable to the future changes in the health environment and service delivery models.
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Measures of success
• Positive/improving results in the annual NSW People Matters Employee Survey.
• Increased levels of employee engagement.
• Increasing participation in learning and development programs, quality improvement activities and research.

Supporting documents
• CCLHD Culture Plan 2018-2023
• Workforce Plan 2012-2022
• Education and Training strategic plan 2016-2021

A culture that promotes and encourages innovation, collaboration and teamwork.

What this will look like:
• Investment in clinical leadership skills to inspire innovation and support implementation of changes in service delivery and the organisation of care.
• Building effective team and inter-team working throughout CCLHD, supported by appropriate team building programs.
• Creating a culture that supports critical thinking, where staff feel able and confident to speak freely to challenge the way we do things and generate ideas for improvements across the clinical and non-clinical setting.
• Staff are actively engaged with the development and promotion of innovative work practices, models of care and facilitate the dissemination and uptake of new ideas.
• Implementation planning and change management processes are in place to support staff and the successful implementation of changes to current practices including changes to models of care, infrastructure and technology.

A valued, respected, engaged and high performing workforce

Results statement
Staff are energised and motivated, have a shared sense of belonging and have pride in their workplace and the services they provide.

Objectives
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Supporting documents
• CCLHD Culture Plan 2018-2023
• Workforce Plan 2012-2022
• Education and Training strategic plan 2016-2021
Caring for our Resources

Financially responsible and sustainable

Results statement
Financial sustainability to enable service provision to meet community need and support investment in innovation.

Objectives
In the face of increasing pressures of an ageing population, technological developments, patient and community expectations and rising health care costs, the demand for healthcare services will continue to increase. Managing available resources in this environment will require rethinking about where and how we deliver services to ensure maximum value and outcomes are achieved. Achieving a balance between fiscal responsibilities of the current system and investing in innovation to ultimately provide more effective and efficient services will be required.

Resources are maximised through value management practices – responsible and accountable use of resources.
What this will look like:

- A culture of resource responsibility and accountability by all staff.
- Value management principles in place to eliminate waste, remove inefficiencies and maximise effectiveness.
- Exploration of new revenue sources and commercial opportunities.
- Investment and resource allocation align with our priority areas.

Effective demand management with care delivered in the most appropriate place, maximising available capacity - balancing demand for service, supply and maintaining patient flow.
What this will look like:

- Care and services provided are high quality and value-based to ensure effective outcomes and eliminate waste and consequent costs that come from poor care and processes.
- Reduction in preventable hospital admissions. Models of care include alternatives to inpatient management, including potential for delivery of specialist care and post-acute care in the community.
- Investment in alternatives to inpatient management with increasing ambulatory, community and home-based care and technological opportunities to support self-management.

Analysis of demand and capacity to identify and apply good practice approaches to plan for known peaks in demand and maximise capacity to improve patient flow.

Investment and disinvestment decisions are based on evidence and robust evaluation.
What this will look like:

- Decisions are made in the context of the strategic directions for CCLHD.
- The provision and analysis of information to enable the timely assessment of care delivery to ensure that the care delivered is safe, effective and ensures value.
- Established processes and mechanisms to measure and evaluate the impact of innovations, changes to service delivery and new technologies on costs and demand for both clinical and clinical support services as well as the workforce.
- Physical infrastructure is managed effectively – including planning replacement, removal of obsolete or fully depreciated plant and equipment.
- Decisions around purchase of new equipment and technology and infrastructure is based on technology review and evidence.
- Disinvestment in ineffective and low value care, technology and processes will release funds for investment in innovative evidence-based care and new technologies.

Environmental information communication and technology systems to support clinical and corporate operations.
What this will look like:

- Secure and reliable information, communication and technology systems to support the operations of the organisation including service delivery as well as financial and other business processes.
- Interface between systems (inpatient, outpatient and community) to eliminate fragmentation and duplication of data entry particularly patient information.
- Clinical information systems support clinical decision-making and review of performance.
- Information technology infrastructure for seamless integration between systems enabling a single electronic view of the patient record, reducing the need for manual data entry and eliminating duplicate data entry into multiple systems.

Enhanced information communication and technology systems to support clinical and corporate operations.
What this will look like:

- Use of environmentally friendly chemicals including cleaning products.
- Retention and/or revegetation of green space.
- Environmental considerations are included as part of the decision-making process around infrastructure development (new buildings and refurbishment) and investment in new technologies and products.

Measures of success

- Sustainability – financially and able to meet changing and growing demand.
- Value-based care and value-based management – effective use of resources.
- Continuous reduction in waste and duplication across CCLHD.
- Improved service utilisation with reductions in avoidable hospital admissions where care could be more appropriately provided in a non-inpatient setting.
- Staff are engaged in developing environmentally sustainable practices including reductions in waste and appropriate disposal of recyclables and non-recyclables.

Supporting documents

- Clinical Services Plan 2017-2022
- CCLHD Asset Strategic Plan
- CCLHD Annual Operational Plan
- NSW State Health Plan, Towards 2021
- NSW Health, Resource Efficiency Strategy 2016-2023

Caring for our Future

High quality, integrated, innovative services

Results statement
A responsive, innovative, learning organisation underpinned by research, education and partnerships.

Objectives

Caring for our future means having a shared vision for the future and working towards shaping our systems and services to achieve that vision.

To meet the projected growth in demand, changing population profile, health needs and community expectations will require a greater emphasis on out-of-hospital care and integration of services across health and social care. The role of partnerships will be pivotal in the provision of seamless care. We will partner with private, non-government, business, industry, universities and education providers in delivering the systems, services, technologies and workforce required to meet these challenges.

Building the services for the future to meet the population health needs – being open to new ideas, adaptive and seeking innovative solutions.

What this will look like:

• Health services, models of care, workforce, infrastructure and information technology are strategically planned and are aligned with CCLHD’s strategic directions and priorities and informed by service requirements to meet the future health care needs of our community.
• Increasing self-sufficiency with most clinical services available locally through the introduction of new services to address identified gaps and further development and expansion of current services to meet population demand and future service requirements.
• Established processes for evaluating new treatments and technologies and supporting timely adoption and implementation of those that will deliver high value. This is supported by a process of review where disinvestment in low value and superseded treatments and technologies occurs.

• Information technology and platforms support services, service provision and provision of care in a range of environments enabling real-time data availability and single data entry.

Developing and consolidating strong and effective partnerships – integration of services and opportunities for innovation.

What this will look like:

• Partnerships with other service providers, education and research institutions to develop and deliver comprehensive and integrated services and support innovative ways of delivering both clinical and non-clinical services.
• Collaborating with business and industry including technology developers as well as education and research institutions to explore and further develop opportunities for innovative and smarter ways of working.
• Strong partnerships with the University of Newcastle and other leading academic institutions across disciplines and clinical specialties for undergraduate students, staff, post-graduate students and other health professionals.

Supporting and developing the workforce required for the future.

What this will look like:

• Planning for the future workforce requirements including the volume, types of positions and the skill mix as well as role redesign including scope of practice in line with changing technology, changes to care delivery and work practices.
• Workforce practices to reflect changes in the workforce and staff wellbeing including flexible hours, job sharing and other workplace/employment options.
• Potential to partner with private providers to attract workforce to the Central Coast.
• Recognised as a progressive and attractive place to work attracting specialist staff (across all disciplines) to support the establishment of new clinical services and the growth and development of existing services as well as trainees and students.
• Parting with education institutions (Universities, TAFE, training colleges) to develop and attract the future workforce.

Being recognised for educational opportunities and research leadership.

What this will look like:

• Build on the opportunities from onsite presence of the Central Coast Clinical School and Research Institute for access to research expertise and opportunities and building research leadership to support:
  • developing the research capacity within CCLHD so that research becomes core business in all aspects of healthcare
  • opportunities for collaborative research with other health services including private providers as well as with universities and other agencies
  • integration of research into clinical practice (translational research)
  • integrating research evidence into changing the way we deliver care.

Measures of success

• Research is aligned to strategic priorities.
• Increased staff participation in research, education and training.
• Clinicians can access support for clinical redesign, research translation and evaluation of outcomes.
• Successfully attract and retain workforce to enable establishment of new services and development of existing services that align with identified service requirements to meet population need.
• Service and infrastructure development align with identified priorities.

Supporting documents

• Clinical Services Plan 2017-2022
• Asset Strategic Plan
• CCLHD Research Plan 2017 - 2021
Our Critical Enablers

Governance and Leadership

Strong governance, clear accountability and inclusive leadership.

Inclusive leadership is evident across all levels of the organisation and encourages and supports people to perform at their best.

Clear governance structures support frontline decision-making and ensure all staff are aware of their responsibilities and accountabilities.

What we will do

- Ensure that our governance and management structures and processes are aligned to support and enhance service delivery.
- Improve staff awareness of their responsibilities, performance standards and expectations, and accountabilities.
- Foster positive leadership skills and qualities across all levels and roles.
- Staff are able to access leadership opportunities and development programs.

Safety, Quality and Continuous Improvement

Are central to everything we do and an intrinsic part of everyone’s job, every day.

A safe environment for patients, visitors and staff is created and maintained.

The culture reflects an ongoing commitment to improving quality that is both relevant to and involves all staff.

This will involve reviewing our performance across all aspects of clinical and non-clinical services and looking for opportunities to continually improve.

What we will do

- Implementation of the Organisational Improvement and Innovation Framework.
- Embed performance management framework in routine hospital, clinical stream and network work practices.
- Quality and Safety governance systems, and processes across both clinical and non-clinical services are in evidence.

Partnerships, Collaboration and Integration

Working collaboratively to enhance the integration and coordination of care for our patients.

Clinical specialities, teams and clinical services partner in the provision of holistic care. Collaboration occurs with our community partners, including primary and community health services and general practice, social care and private providers to deliver coordinated and connected care.

What we will do

- Identify opportunities for providing more care in the community.
- Develop better ways to coordinate care.
- Develop pathways for collaboration and integration with other care providers to ensure patient access to appropriate services to meet their care requirements.

Information Technology and Data Analytics

Information technology systems improve clinical workflows and support the availability and use of data to inform decision-making.

Information Technology systems are in place that are capable of providing meaningful, comparable patient and organisational level information to support the management and monitoring of patient care, service delivery, clinical research and evidence-based practice.

Information technology systems and data are used to inform and support clinical decisions and to facilitate changes and improved effectiveness in how we work.

Staff are skilled in data analytics and using data to inform decision-making whether clinical data, or operational/performance data.

What we will do

- Optimise clinical applications and technology platforms to improve clinical workflow and quality of care.
- Ensure data systems are connected to reduce duplication in data entry, integration of information from inpatient and non-inpatient data systems and a single accessible view of patient information.
- Make meaningful data and information available and in a format that is easily accessible and useful.
- Include objective data as well as performance measures (including PREMS and PROMS) to inform decision-making.
- Provide education and training for staff to improve data literacy and analytical skills.
- Explore opportunities for the use of mobile technologies to support greater effectiveness and efficiencies in work practice.

Research and Innovation

Exploring new and better ways of delivering care and achieving better patient outcomes.

Embedding research to inform clinical practice, encouraging ideas for service development, supporting participation in projects and using outcomes to inform practice occurs. Opportunities are available to participate in collaborative and multi-service or multi-centre research projects.

Evidence-based research is integrated into changing the way we deliver care and provide services.

A culture of innovation is fostered by encouraging and supporting staff to propose and further explore opportunities for improving clinical and non-clinical practice.

What we will do

- Support staff to undertake research through development of research skills.
- Integrate research into clinical practice making research participation less onerous.
- Provide easy access to resources and training to maximise research success and translation.
- Establish systems to support staff to develop ideas for change and innovation into research projects and assist with research applications including for funding support.
our values

**COLLABORATION**
_We work together_ to achieve our shared goal of providing the highest level of care

**OPENNESS**
_We communicate_ in an open and honest way to build trust

**RESPECT**
_We listen_ to the needs and choices of others to ensure everyone has a voice

**EMPOWERMENT**
_We encourage_ participation in decision making to foster continual improvement

at the **CORE** of everything we do

Caring for the Coast
EVERY PATIENT EVERY TIME
Implementation

Our Strategic Plan sets our strategic direction and priorities for the next five years. Led by the Executive, it will need the support and active involvement of all staff to ensure we can deliver on our objectives.

These strategic objectives will be developed into specific strategies or actions which are measurable, deliverable and reported on regularly. Detailed outcome and reporting measures will be developed as part of this process.

All other plans and key documents developed within CCLHD will align with the Strategic Plan and will reflect our strategic directions and objectives. Strategies will be included in business planning processes to identify financial forecasts and investments required.

An overarching implementation plan will be developed which identifies key projects, timeframes, responsibilities and measures. This will feed into the CCLHD’s annual Operational Plans and those of individual directorates and services where specific strategies will be identified along with outcomes, reporting measures and timeframes. Progress monitoring will occur through the established performance monitoring processes of Monthly Accountability Meetings (MAMs) and 90 day action plans.

Process for developing the Plan

The development of the Strategic Plan involved an initial review of all plans, frameworks and seminal documents developed within CCLHD over the past three to five years to identify and draw out the strategic directions and key strategies to be achieved.

The consultation and development process commenced with a workshop with the CCLHD Board and Senior Executive. The purposes of this workshop was to review the existing vision, mission and strategic priorities; identify challenges and opportunities for CCLHD over the next five years; and agree the strategic priorities, their descriptors and vision for each to 2024.

This information was distilled and used to develop a consultation framework.

Staff forums were held at each of the four inpatient sites to gain valuable input and insight from our workforce. A staff survey was promoted on the intranet to ensure all staff had the opportunity to provide feedback on the Plan. The survey received over 230 responses.

In addition, presentations and discussions occurred at the Executive Forum, Clinical Council, Medical Advisory Committee, the Consumer and Community Engagement Committee and the combined heads of department meeting.

The community were given the opportunity to add their voice via a survey link on the CCLHD’s Facebook page. Our volunteers at Gosford Hospital also helped to spread the word by circulating the survey.

The feedback from all forums as well as any additional feedback has been used in the development of the Plan.
Existing CCLHD plans and key documents

The following CCLHD documents are already developed and in place and were consulted during the preparation of this Plan:

- Caring for the Coast – Strategic Vision for the Future (2011)
- Caring for the Coast – Preparing for the Future (2011)
- CCLHD, Annual Safety and Quality Account 2017/18
- CCLHD, Operational Plan 2018-2019
- CCLHD, Organisational Improvement and Innovation Framework (2018)
- CCLHD, Caring for the Coast Culture Plan 2018-2023 (2017)
- CCLHD, Clinical Services Plan 2017-2022 (2017)
- CCLHD, Clinical Services Plan 2012-2022
- CCLHD, Workforce Plan 2012-2022
- CCLHD Research Plan 2017-2021
- Central Coast Aboriginal Health Plan 2017-2020
- CCLHD, Annual Safety and Quality Account 2018/19
- CCLHD, Consumer Participation Framework 2019-2022
- CCLHD, Multicultural Health Strategic Plan 2019-2023 (Draft)
- CCLHD, Disability Inclusion Plan 2019-2023
- CCLHD, Education and Training 5 Year Strategic Plan (2016)
- CCLHD, HIS (Health Information Services) Strategic Snapshot 2018-2021
- CCLHD, Health Promotion Strategy 2018-2023