

Fairfield Hospital

A Major Metropolitan peer group B1 facility of
South Western Sydney Local Health District

Operational Plan 2014 – 2018

Leading care, healthier communities



Health
South Western Sydney
Local Health District

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Foreword

The Fairfield Hospital Operational Plan provides a five year healthcare development plan, identifying a collaborative and innovative vision involving a values based framework of high quality customer focused care. This organisational framework, future goals and sustainability is reflective and based on the Australian Safety and Quality Framework for Health Care, the National Healthcare Standards and the EQUIP National Standards.

The profile structure of the operational plan provides an overview of organisational planning, priorities, actions and future demand strategies, all within a framework that is measurable through key performance measures, which assist change implementation for increased and improved productivity.

The plan was developed in consultation with a range of stakeholders including stream directors, clinicians, consumers, managers and staff. This plan incorporates a whole of hospital approach and is intended to address the entire audience of Fairfield Hospital. It is the expectation that all employees have an understanding of the vision “Leading care, healthier communities”, mission “Delivery of high quality healthcare” as well as the core values “Collaboration, Openness, Respect and Empowerment” of the organisation and work under the framework focussing on high quality, safe and timely patient care.

Fairfield Hospital prides itself on respectful, safe and a timely delivery of services across the organisation to culturally diverse, indigenous and socially disadvantaged populations. Fairfield Hospital provides a variety of services for the Local Health District. Fairfield Hospital has many evidence based practises and measured performance indicators highlighting the facilities importance and contributions to “Leading care, healthier communities”.

Some aspects of pride are; The Emergency Department maintaining excellence and supporting other organisations with in the district with NEAT targets. The Whitlam Joint Centre Replacement Centre leading the way in the delivery of quality care of elective joint replacement patients. The implementation of the Hand Surgery Service; which provides services to not only the Local Health District but also well beyond its borders. The minimisation and decrease in required hospital admissions of many patients attributed to the implementation and strategies by the Community and Ambulatory Care services, including the Falls Intervention Team (FIT) Program.

Fairfield Hospital’s operational plan is aligned with the South Western Sydney Local Health District Strategic and Corporate Plans. As part of a District framework, it focuses on directions to better health which are obtainable, with the whole of district and community strategies working within the same model, ideal, and seamless networks for future efficiency, sustainability and growth. Whilst focussing on this direction, the Hospital’s continues to maintain its commitment to Quality, Safety and Timely services and care.

Arnold Tammekand

Arnold Tammekand
General Manager

Mushtaq Malik

Mushtaq Malik
Clinical Council (Chair)
Director of Medical Services

Executive Summary

Fairfield City comprises of 27 suburbs, broadly divided into four areas by Fairfield City Council; the LGA is one of seven LGAs covered by SWSLHD. Fairfield City is one of the most multicultural local government areas (LGA) in Australia with more than half of residents born overseas (ABS 2011), and is ranked as the 5th most socioeconomic disadvantage local government area in NSW

Fairfield's population grew by approximately 4.4% between the 2006 and 2011 Census. The projected population growth for 2011 to 2021 is 3.9%. Appendices 2 and 3 provides additional demographic and health information about the residents of Fairfield LGA.

Fairfield Hospital is a 220 bed Major Metropolitan Group B1 hospital located within the South Western Sydney Local Health District (SWSLHD). The hospital provides a wide range of hospital and community based health services mainly at role delineation levels 3 and 4 (Appendix 4) to the people in the Fairfield Local Government Area (LGA). These include:

- Acute care services in medicine, cardiology, surgery, orthopaedics, obstetrics, paediatrics, and emergency medicine.
- Sub-acute care in Geriatrics / Rehabilitation and services through the Ambulatory Care Unit in association with Fairfield Community Health Services and Renal Dialysis Unit.

Fairfield Hospital faces some fundamental challenges in achieving its vision and mission for the local community. The most significant future challenges are the forecasted population growth, sufficient funding for service delivery requirements, recruitment and retainment of the workforce particularly in an environment of an ageing workforce, and the insufficient infrastructure to accommodate all future demands.

Fairfield Hospital is in regular consultation with the District Executive working on strategies to develop processes to accommodate current and future challenges to assist service delivery. Fairfield Hospital has identified a number of facility services to be enhanced or developed over the next five years through prioritising, organisational planning, and actions, to accommodate future growth and sustainability.

The *Fairfield Hospital Operational Plan 2014 - 2018* provides a framework through which the corporate priorities and actions articulated in the SWSLHD Corporate Plan 2013 - 2017 will be addressed. The Plan outlines the specific strategies that Fairfield Hospital will take over the next five years to realise these organisational goals and contribute to the achievement of the SWSLHD Vision; incorporating an identified risk rating, measurable evidence and linkages to the Australian Safety and Quality Framework for Healthcare as well as the EQulP National standards, of which the action adjoins with.

Introduction

In December 2013, two strategic planning documents to guide the future directions of South Western Sydney Local Health District (SWSLHD) were released:

- The *SWSLHD Strategic and Healthcare Services Plan - Strategic Priorities in Health Care Delivery to 2021* - which provides the healthcare services development plan for the District for the next ten years.
- The *SWSLHD Corporate Plan 2013 – 2017 - Directions to Better Health* - which outlines the actions the District will take over the next five years to respond to community and District needs and concerns, and ensure that targets and strategies articulated in the National, NSW and the SWSLHD performance agreement are addressed.

The strategic directions and priority corporate actions are summarised in the Summary of Strategic Directions.

Together these Plans form the basis of aligning all SWSLHD services to achieving the vision of *Leading Care, Healthier Communities*. They also provide a values framework which underpins all that we do. This includes the CORE values of Collaboration, Openness, Respect and Empowerment which are the foundation stones for building trust with our local communities; the mission statement which articulates our purpose, outlining how we will work collaboratively, innovatively and equitably to deliver better healthcare; and the core set of principles for service development (Appendix 1).

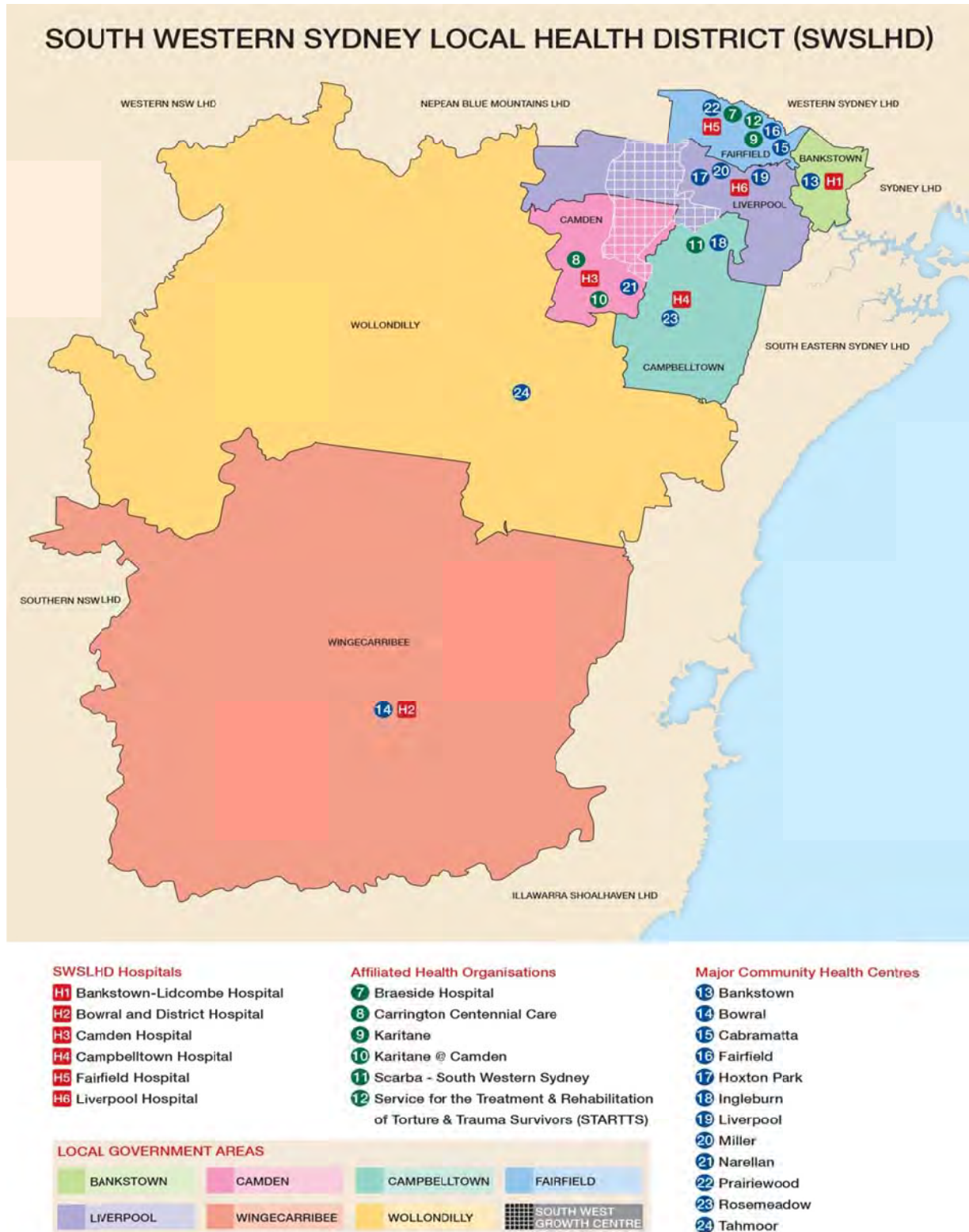
The *Fairfield Hospital Operational Plan 2014 - 2018* provides a framework through which the corporate priorities and actions articulated in the SWSLHD Corporate Plan will be addressed. The Corporate Areas of Action are:

- High quality health services
- Seamless networks
- Research and innovation
- Supporting business
- Community partnerships
- Developing our staff
- Enhancing assets and resources
- Efficiency and sustainability

The Operational Plan will reflect the specific strategies that Fairfield Hospital will take over the next five years to realise these organisational goals and contribute to the achievement of the SWSLHD vision. The operational plan will reflect the SWSLHD corporate action areas, action implementation strategy at facility level, a risk rating, measurable evidence and linkages to the Australian Safety and Quality Framework for Health Care and the EQUIP National standards, which the action adjoins.

The overall objectives and service planning principles that guided development of this Plan are aligned with the Australian Safety and Quality Framework for Health Care as well as SWSLHD's vision, goals and strategic directions. This Operational Plan uses the SWSLHD Corporate Plan strategies, initiatives and measures for achieving the NSW Health strategic directions at Fairfield Hospital.

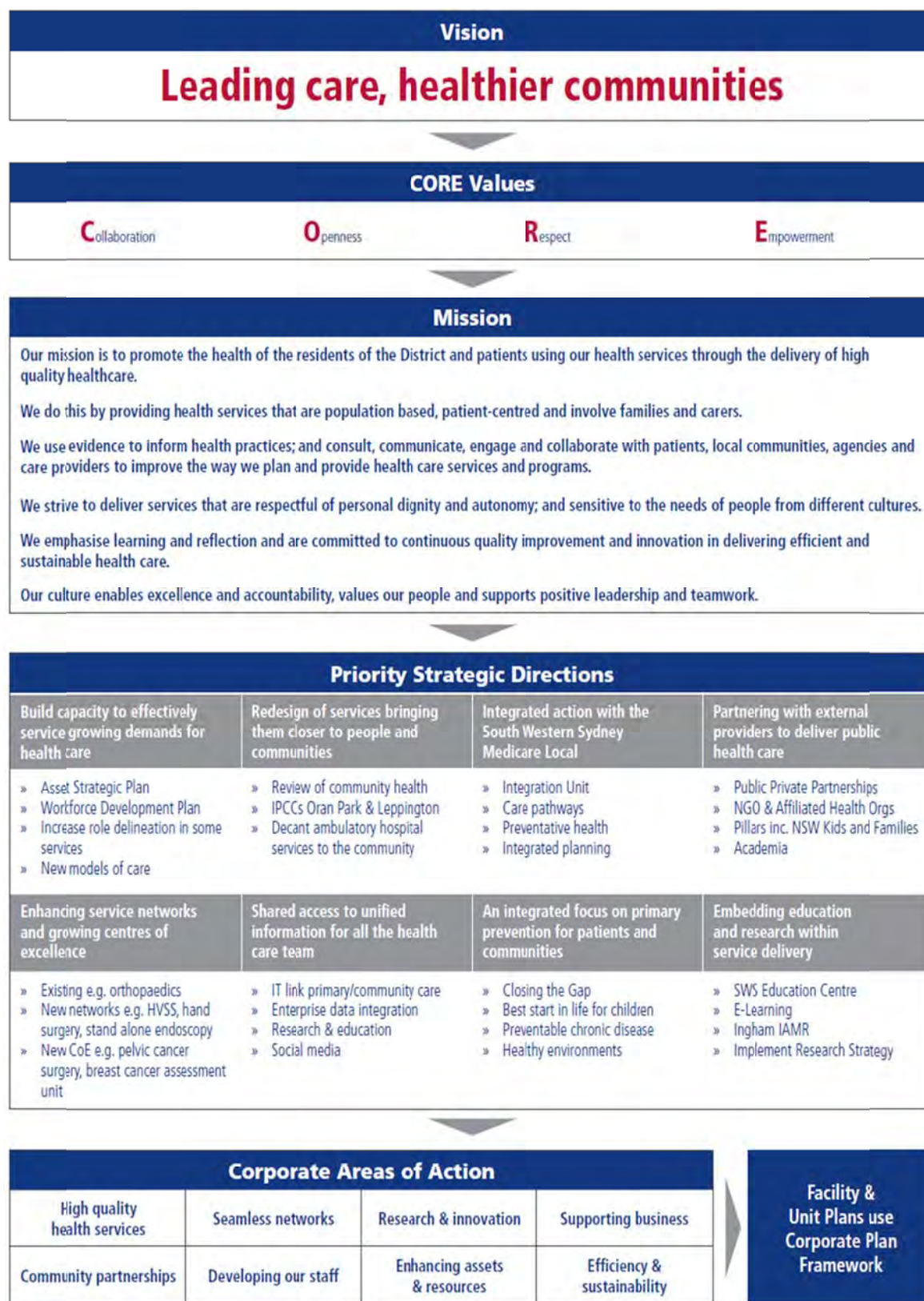
Map of South Western Sydney Local Health District



Source: SWSLHD Strategic and Healthcare Services Plan - Strategic Priorities in Health Care Delivery to 2021, page 6.

Values Framework

Appendix 1 outlines the Guiding Principles SWSLHD applies in service delivery.



Source: SWSLHD Facility Corporate Plan Information Guide (January 2014), page 6.

Community Profile

Fairfield City is one of seven local government areas (LGA) covered by the South Western Sydney Local Health District (SWSLHD). It is an urban, metropolitan developed, very large centre under the Australian Classification of Local Governments covering an area of 102 square kilometres with a population density of 1,954 persons per square kilometre. Fairfield City is located in the south west of Sydney, approximately 32 kilometres from the Sydney GPO and comprises of 27 suburbs, broadly divided into four areas by Fairfield City Council.

Fairfield City is one of the most multicultural local government areas (LGA) in Australia with more than half of residents born overseas (ABS 2011), and is ranked as the 5th most socioeconomically disadvantaged local government area in NSW. The City is characterised by recent migrants, high unemployment and a high proportion of families dependent on welfare. For the period 2008 – 2012, Fairfield LGA had the highest number of humanitarian settlers in NSW, with the majority of these new settlers being from the Middle East.

In 2011 there were 196,479 residents, this is projected to rise to 217,875 people by 2021 i.e. 10.9% growth. By 2021 the proportion of children and older people will be 19.9% and 10.7% respectively.

Fairfield City has high to very high reported levels of psychological distress, high rates of death from preventable causes such as smoking, and higher rates of hospitalization for falls related injuries, chronic obstructive airways disease and diabetes.

Appendix 2 provides population demographics and age structure of LGA populations including health behaviours and health status while Appendix 3 provides morbidity and mortality data for Fairfield LGA

Facility Profile

Fairfield Hospital is a Major Metropolitan Group B1 hospital within South Western Sydney Local Health District (SWS LHD), which was established on 1 January 2011 as part of the Federal Government Health Reform Agreement. SWSLHD incorporates the following facilities: Liverpool, Campbelltown, Fairfield, Camden, Bankstown, Bowral and Braeside. Fairfield has formal and informal links with these facilities as well as with other Local Health Districts (i.e., Sydney LHD / Children's Hospital Westmead).

The hospital provides a wide range of acute and sub-acute hospital and community based health services mainly at role delineation levels 3 and 4 (Appendix 4) to the people in the Fairfield Local Government Area (LGA). These include:

- Acute care services in medicine, cardiology, surgery, orthopaedics, obstetrics, paediatrics, and emergency medicine.
- Sub-acute care in Geriatrics / Rehabilitation and services through the Ambulatory Care Unit in association with Fairfield Community Health Services, Drug Health and Renal Dialysis

Catchment Population

For Fairfield LGA residents, around 40% of their hospital needs are met locally at Fairfield Hospital, with more than 70% of the bed days being provided for local residents.

Overall, 73% of the separations at Fairfield Hospital are residents of the Fairfield LGA, 15% are residents of the Liverpool LGA and 2% each for Bankstown, Campbelltown and Holroyd LGAs. At the Enhanced Service Related Group (ESRG) level inflows to Fairfield Hospital from outside Fairfield LGA are mainly in the surgical ESRG's (such as bowel procedures, upper GIT surgery and knee procedures); maternity ESRG's; Drug and Alcohol and Respiratory ESRG's.

The highest level of outflow is to Liverpool Hospital where 38% of hospital needs are met for Fairfield residents. Significant outflows to Liverpool Hospital are for ESRG's such as:

- Injuries (>52% of Fairfield LGA residents demand)
- Orthopaedics – Surgical (> 54% of Fairfield LGA resident demand)
- Antenatal admission (47% of Fairfield LGA resident demand)
- Non-Procedural Ear, Nose & Throat (38% of Fairfield LGA resident demand)
- Neurology (35% of Fairfield LGA resident demand)
- Other Non-Subspecialty Medicine (31% of Fairfield LGA resident demand)
- Other Respiratory Medicine (34% of Fairfield LGA resident demand)
- Respiratory Infections / Inflammation (34% of Fairfield LGA resident demand)
- Chronic Obstructive Airways Disease (33% of Fairfield LGA resident demand)
- Chest Pain (32% of Fairfield LGA resident demand)
- Other Gastroenterology (30% of Fairfield LGA resident demand)
- Oesophagitis, Gastroenterology and miscellaneous Digestive System Disorder (28% of Fairfield LGA resident demand)
- Caesarean Delivery (27% of Fairfield LGA resident demand)
- Bronchitis and Asthma (24% of Fairfield LGA resident demand)
- Renal Dialysis (57% of Fairfield LGA resident demand)

There is also some outflow for Fairfield LGA residents to other hospitals including Westmead Hospital (4%), Bankstown - Lidcombe Hospital and Children's Hospital Westmead (3% respectively). The main ESRG level outflows of Fairfield LGA residents are to the Bankstown – Lidcombe Hospital (27% for Other Colorectal Surgery and 11% for Anal, Stoma and Pilonidal Procedures), Children's Hospital Westmead (14% for Other Non – Specialty Medicine and 12% for Other Gastroenterology) and Westmead Hospital (10% for Other Neurology and 9% for Injuries).

Appendix 5 provides data by LGA and Service Related Group (SRG) on the eight hospitals that receive the highest volume of inpatient separations from the local catchment population.

Appendix 6 provides data by Service Related Group on the eight LGAs which provide the highest volume of activity for the hospital.

Clinical Services

The Hospital provides clinical services in:

- Emergency Medicine, Cardiology, and High Dependency Care
- Medical sub-specialties including general medicine, neurology and renal with other sub-specialties on consultation
- Renal Dialysis (provided via a satellite Outpatient Unit of the South Western Sydney Renal Service)
- Hand Services (provided by the South Western Sydney Hand Centre),
- Surgical sub-specialties including general, orthopaedics (provided by the Whitlam Joint Replacement Centre), gynaecology and breast
- Maternity, Special Care Nursery and Paediatrics
- Aged care and Rehabilitation, Ambulatory Care Services
- Imaging – CT, ultrasound and general radiography.
- Dental Health – Local Health District Service located at Fairfield
- Drug Health – Local Health District Service located at Fairfield

Patient Activity and Performance

The Patient Activity and Performance is monitored by the NSW Health Key Performance Indicators Management Framework as outlined in Appendix 7.

Daily Snapshot of Activity

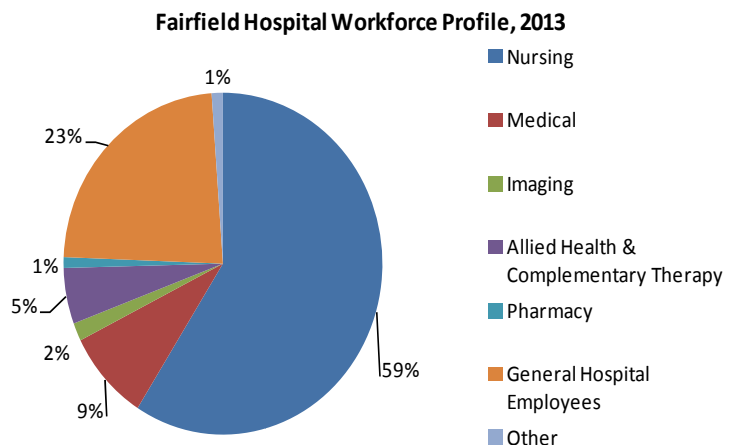
On a typical day at Fairfield Hospital in 2012/13, there were:

- 80 patients discharged from hospital
- 91 people assessed in the Emergency Department
- 5 babies born
- 16 operations, including 3 emergency operations
- 517 outpatient, ambulatory and community based services

Source: SWSLHD Performance Unit, NSW Health: Health Information Exchange (HIE).

Workforce

In 2013, 882 people (headcount) or 7% of all SWLHD staff were employed at Fairfield Hospital. This includes 520 nurses, 76 medical staff and a range of other clinical and non-clinical staff. Appendix 8 provides a workforce profile for the hospital by employment category.



Source: NSW Health StaffLink Payroll Information Management System.

Recent Achievements

Fairfield Hospital has made some significant changes all of which have achieved the intended outcomes of better, safer and timely patient care and experiences. Some recent achievements are as follows:

1. Accreditation - EQuIP National Standards

Fairfield Hospital participated in EQuIP National standards accreditation in November 2013 in which 337 action items over 15 Standards were reviewed and measured against the standards criteria. Fairfield Hospital met 328 action items of the 337, 29 met with merit, 9 not met. Of the 9 not met, all were non mandatory action items and of low risk, and all were given attainable recommendations. All not met action items have since been identified, with action and implementation planning commenced.

Overall, this was an outstanding result for a hospital to achieve eleven months post implementation of the National Standards, clearly reflecting Fairfield Hospital's focus on the vision of Leading Care, Healthier Communities, benefiting the community with Timely, Safe and Quality care as reflected in the Accreditation results.

2. Hands Services

A dedicated Hand Centre has been established at Fairfield Hospital, in 2013, in a new demountable building next to the Whitlam Joint Replacement Centre. The Hand Centre's model of care supports the complete patient journey from referral, to clinic appointment, to theatre, to discharge, and back to clinic for follow-up. From the point of view of patient flow and provision of care this model allows a "one stop shop".

The Hand Centre incorporates the pre and post-operative clinical assessment and management of hand injuries, as well as hand therapy support. The outpatient clinic has been designed to support a streamlined model of medical assessment, hand therapy and dressing processes to create a positive patient experience while supporting lean work practice methodology for the clinicians.

At Fairfield Hospital sufficient planned operating sessions (8 per week Mon-Fri and 1 on weekends) have been allocated to accommodate nearly all hand surgery procedures. This has allowed more timely treatment of hand injuries, with the majority of cases being performed in normal business hours.

3. Fairfield Emergency Department NEAT

As per the National Performance Agreement, hospitals are expected to meet the target of "90% patients will leave the ED within 4 hours for admission to hospital, referral to another hospital for treatment or be discharge" by 2015. At Fairfield Hospital, it was identified that there was a need to establish an Emergency Short Stay Unit (ESSU) to assist with meeting the NEAT targets. The ESSU was established in early 2013 and has led to improved NEAT targets of 5-15% on a weekly basis.

Fairfield Hospital now regularly attains the required NEAT Targets. These consistent results benefit the patients overall experience and also assist the NSW Ambulance Service with timely off load of patients. At times, targets are challenging due to circumstances i.e. during the winter month's higher acuity patients present more frequently, and infrastructure issues related to bed and isolation bed capacity becomes acute.

Some of the other strategies that have been introduced, in addition to the ESSU, since early 2012 include:

- Assigning a senior Medical Officer to Fast Track, this has increased Fast Track ED Discharges from 75% to 85%.
- Implementation of a new Emergency Department Admission policy which is mainly applied during business hours due to the minimal medical officer ward cover after hours.
- Revisions of the Cardiac Telemetry policy, to reduce and monitor the length of time patients are placed on telemetry; this has led to some increases in the turnaround time of telemetry beds.
- Increased referral and utilisation of afterhours and weekend Ambulatory Care Services / Community Health Clinics for routine treatment such as intravenous antibiotics or wound dressings.
- Introduction of a Director of Medical Services Friday patient review round with Medical Registrars to identify patients who could be discharged over the weekend.
- Enhancement of weekend medical cover with the addition of 0.32 Full Time Equivalents (FTE) included within the hospital FTE profile.
- Introduction of a 1400hr Friday afternoon Potential Discharge Meeting for nursing staff. Nurse Unit Managers meet with the Operational Nurse Manager / Patient Flow Manager to discuss current patient numbers and potential weekend discharges. This information is conveyed to the After Hours Managers so that potential weekend discharges can be followed up on the weekend.
- The weekly NEAT dashboard is tabled at the Patient Flow meeting to assist in the review and monitoring of discharges both during the week and on weekends.
- Increased support auxiliary staff with the employment of a dedicated Emergency Department Wards Person (0930-1800hrs) and a dedicated Emergency Department Cleaner (1530-0000hrs)

4. Percutaneous Coronary Intervention Reverse Triage

From August 2013, patients who have commenced care at Fairfield Hospital are now having their Percutaneous Coronary Interventions (PCI) at Liverpool Hospital as a day only procedure and returning to Fairfield Hospital post procedure.

Previously, patients from Fairfield Hospital who were transferred to Liverpool Hospital for Percutaneous Coronary Interventions were admitted to Liverpool Hospital post procedure. Patients were either discharged from Liverpool Hospital, or transferred back to Fairfield Hospital for continuing care 1-3 days post procedure. This impacted on the patient's continuity of care as well as on Liverpool Hospital's patient flow.

5. Fourth Medical Team

In August 2012, an additional registrar and junior medical officer commenced at Fairfield hospital. This provided the resources to introduce a fourth medical team and resulted in the on call arrangements being revised. Each admitting consultant is on call for one day on a rotational basis; this on call roster now evenly distributes the patient case load across the service.

This additional resource has distributed the workloads more evenly among the teams, allowing for timelier patient care/treatment and documentation, reduce patient length of stay, facilitated an efficient discharge planning process that is sustainable, facilitated early discharge and provided access to inpatient beds for admitted patients in the Emergency Department.

6. Digital fluoroscopy X-Ray machine

Two new digital X-ray machines were installed in 2012/2013 at Fairfield Hospital, providing improved image quality and enable faster diagnostic results, significantly reducing patient waiting times. The new machine also uses less radiation compared to conventional radiography making it even safer for patients.

One of the new machines enables fluoroscopy cases to be seen, which is highly beneficial to a wide range of patients. Video fluoroscopy is seen as the gold standard in assessing patients with oropharyngeal dysphagia (swallowing difficulties). This has significant benefits for our Speech Pathologists who now can be trained in completing Video Fluoroscopy and become credentialed.

7. Radiology Service Review

Fairfield conducted a review of its radiology services to identify system and process improvements to better support the department, patients and other hospital services. A new Radiology Head of Department was recruited, assisting with clinical supervision, staff training and managing medical issues in the Radiology Department. Recruitment of further Radiographers also occurred to assist in providing a 24 hour Radiology service. Patients have benefited by having their examinations attended to in a timely manner, and it has also assisted the patient flow in the Emergency Department.

8. Wireless computer access

Two mobile computers were introduced to the Emergency Department, in 2012, to improve the efficiency of patient care and reduce the need for duplication of documentation. Based on the success of this implementation, a further 3 mobile computers have been introduced to Medical Ward 1A, improving access to the patient's electronic medical record which in turn allows for more timely care being provided to the patient.

With the introduction of the Renal Dialysis electronic Medical Record, several mobile computers have also been introduced to the Renal Dialysis Outpatient Department. This has facilitated access to the patient's electronic medical record and the documentation of patient care at the point of contact; by the patient chair.

Partners

Fairfield Hospital Staff work in partnership with the local community as well as local health service providers to ensure continuity of care for the residents of Fairfield LGA i.e. General Practitioners, Pharmacies, Non-Government services and local community health groups.

Community Participation

The Community Participation Network meets on a monthly basis at Fairfield Hospital with many of its members also members of other focus health groups. The Community Participation Manager actively meets with the Fairfield Council and participates with activities promoted through the council. This year the Community Participation Manager and the General Manager in partnership with the NSW Ambulance Service have organised visits to local schools for students and parent councils.

Fairfield Hospital has also participated with the community in numerous ways including participating in expos, promoting health events and providing talks and tours to senior and walking groups. Tours have also being organised with different cultural groups such as the Vietnamese and Assyrian groups to break down barriers and provide detailed information about our services. The Fairfield Hospital open day is a very well attended event by the local community and schools.

Inter-Agency Meetings

Inter-Agency networks participate with other Government and non-Government agencies within the Fairfield LGA by way of monthly meetings. Fairfield Hospital presents information and invites input from the network meetings on current hospital services, future services, projects and events to assist community exposure and welcome their involvement and willing participation.

Education and Teaching

Fairfield Hospital supports Education and Teaching across all clinical and non-clinical areas. The facility supports furthering education on many levels from facility education days for example; the Cardiology and Critical Care Day to staff undertaking post graduate and tertiary level education.

Leaders of the Future Program

Since introduction at Fairfield Hospital, the Leaders of the Future Program has enhanced current leadership, strengths and transform counterproductive behaviours by incorporating the necessary requirements for the delivery of results with intensive but rewarding personal development.

Executives and senior level managers are making a far greater impact in the organization, acquiring new skills and capabilities required to challenge and change “old habits and out dated business patterns”, becoming drivers with breakthrough results and establishing new standards for performance.

Advanced Life Support -Train the Trainer

A review of processes regarding facility mandatory training of Critical Care staff in Advanced Life Support took place. As a result of this review, the Clinical Nurse Educator from the High Dependency / Coronary Care Unit took part in a “train the trainer” process. Having a qualified assessor within the hospital has decreased the burden of large numbers of staff requiring assessment at any one time, and eliminated the cost of sending staff to assessment days. This has led to a significant improvement in the number of Critical Care staff maintaining competency with minimal staff competency expiring, and thus, enhancing patient care.

University Links

Fairfield Hospital has affiliations with many tertiary institutions for both the Nursing and Medical faculty. Fairfield Hospital has an affiliation with Sydney University, UWS, UTS, ACU, Notre Dame, UTAS to support the Nursing faculty, providing clinical placement to students from first to third year of tertiary education. Placements are arranged through a central base called Clinconnect. Fairfield Hospital’s Nurse Educator from CEWD review, approve and assign placements. Fairfield Hospital also supports the UTS with clinical placements for Registered Nurses undertaking a Graduate Diploma in Maternity.

Fairfield is a teaching hospital of the UNSW SW Clinical School and provides clinical placements and teaching for medical students in phases 1, 2 and 3 of the UNSW medical curriculum. Through the Academic General Practice Unit and Clinic at Fairfield, it also provides training for General Practice Registrars.

Research / Quality

Fairfield Hospital has undertaken a number of research / quality projects with a focus on improving the patient's journey. Fairfield Hospital General Practice Unit plays a vital role in conducting research activities related to integrating care for our local community. Some recent projects are as follows:

1. Effectiveness of the current ring fencing procedure of the elective joint replacement unit

This research / quality project was implemented to identify any factors that may compromise the effectiveness of ring fencing on a Joint Replacement (JR) unit by Demographic screening for Methicillin-Resistant Staphylococcus Aureus (MRSA). While ring fencing has been associated with an overall reduction in MRSA after JR surgery, the current ring fencing procedure is not sufficient in preventing admissions of colonised patients. Compliance with the admission policy appeared high, although imperfect. (Schmidt, HMA; Izon, C; Maley, MW., (2012). *Demographic screening for MRSA may compromise the effectiveness of ring fencing on a joint replacement unit*. Journal of Hospital Infection, 82 (3): 207).

2. Ondansetron for Paediatric Gastroenteritis in the Emergency Department (ED)

This quality project was implemented to decrease the number of inpatient episodes for paediatric gastroenteritis and shorten overall length of stay for those children admitted to the children's ward. On consultation with the Emergency Department (ED), Paediatrics and Pharmacy, ondansetron wafers were supplied to ED. A nurse initiated protocol outlined the appropriate administration of ondansetron to children including age, exclusion criteria, diagnosis, weight for dosage and degree of dehydration. The statistics provided by the project show clearly that ondansetron is effective in decreasing the number of inpatient episodes for gastroenteritis, improving discharge and clinical care of paediatric gastroenteritis and shortening overall length of stay for those children requiring admission.

3. Reducing the burden of pathology testing following elective surgery using a simple 'needs' assessment algorithm

This quality project was implemented to reduce the frequency and cost of routine pathology testing during the acute-care period for primary, unilateral TKA or THA using a simple 'needs' assessment algorithm by a minimum 25%. The simple protocol for pathology requests based on a needs assessment algorithm substantially reduced the number and ward costs of pathology tests for the majority of patients following Total Knee arthroplasty (TKA) and Total Hip Arthroplasty (THA). For facilities performing primary TKA and THA procedures, the trialled algorithm can secure a saving of approximately \$6500 per 100 patients.

4. Improving services and outcomes for arthroplasty patients

This research project is currently being undertaken by Nurse Unit Manager - Orthopaedics and the Whitlam Joint Replacement Centre, representing Fairfield Hospital in a National Study. This research project was implemented to:

- To describe current and routine practices amongst a random sample of arthroplasty service providers and to identify which processes are associated with better patient outcomes
- To determine whether compliance with current practice recommendations for specific processes is associated with better outcomes
- To identify comparative costs associated with specific practices or processes, and;
- To use the results to inform future models of care

Future Demands

Future Demands are reflective of the inpatient activity projections by the Service Related Groups (SRG) for 2016 – 2017. Analyses of these projections give indication of future service demands indicative to Fairfield Hospital.

Review of these projections displays slow growth in Medical and Medical sub-specialties, Aged Care and Rehabilitation, and Allied Health. These areas of service delivery encompass an immense catchment of residents in the LGA, with greater future scope as reflected in the community profile (Appendix 2 Health Snapshot LGA). Medical and Medical sub-specialties, Aged Care, Rehabilitation and Allied Health individually and incorporating together will be dependent on Fairfield Hospital's ability to deliver services to the growing population with many complexities.

Chronic and Complex service delivery will be impacted and require strategies to support the growing prevalence of chronic disease. A number of services are in place at District and Hospital level in regards to these characteristic patients. Future strategies to address chronic and complex health problems will be outcomes of the Master Planning project identifying the Hospital's future needs and plan the redevelopment of the hospital to meet these needs.

There are noted growths in demand for services such as Urology 158%, Ophthalmology 53% and Ears, Nose & Throat (ENT), Head and Neck 36% projected for 2016 – 2017. Various discussions and service planning meetings have raised suggestions regarding these services and the ability of service delivery at Fairfield Hospital. To date, Urological Services and Surgery could be of advantage as a consultation service if re-established at Fairfield Hospital. Ophthalmology set up costs in both equipment and staff training would be extensive. ENT, Head and Neck surgery deemed inappropriate given the Hospital limitations to support such patients.

Appendix 9 and 10 provide projection data for Inpatient Activity by SRG and Outpatient Activity (NAPOOS) for 2016/17 respectively.

Challenges in Meeting Demands – Current and Future

The ability for Fairfield Hospital to meet the future demands of health care needs of the local community is impacted by a range of factors. Fairfield Hospital will focus on priorities in strategic direction to meet the healthcare demands to 2021, emphasising innovation and collaboration required for change. There is a necessity for sufficient funding to meet current and future demands for service delivery, sustainability and growth

Over the next decade, the population is projected to grow; by 2016 the population of Fairfield is expected to reach in excess of 205,000 people and 218,000 by 2021. With development in the suburbs of Austral, Leppington, Catherine Fields, Rossmore, Oran Park, and parts of Kemps Creek, Bringelly and Badgerys Creek, the population will increase in the south-west by 300, 000 people by 2025. In other parts of the District, there will be urban infill particularly in Bankstown and Fairfield LGAs and new Greenfield developments in the south of the District.

The larger population will increase demands for Emergency, Medical, Surgical, Procedural, Maternity, Community, Chronic Disease and Population Health Services at a hospital level, placing strain on infrastructure. This demand will be experienced in primary care, community, outpatient and inpatient services.

Growth will also be driven by the growing numbers of young families, particularly in new growth areas. Ageing will have a major impact on demand for health care services. People aged over 70 years represent 8% of the population and over the next decade 50% growth is projected for this age group, increasing by more than 30,000 to in excess of 100,000 people.

The health of the community is influenced by a complex range of factors including age, socio-economic status, social capital, physical environment, behaviours, beliefs, and life experiences, country of origin, genetic predisposition, chronic disease and access to health care. The community of Fairfield City attributes many of these influential aspects.

While access to healthcare is a fundamental right for all Australians, the community expects that healthcare will be timely (when they need it), safe and respectful. These expectations are increasingly reflected in national and state targets and programs. It is essential that Fairfield Hospital continues to develop services and implement processes locally to ensure access to health care and services remain safe and timely.

With such a culturally diverse community, Fairfield Hospital requires a workforce that is adaptable, flexible and skilled to meet future challenges. Succession planning as staff, staffing numbers and expertise will need to grow to match future demands for services.

The most significant challenge towards sustainability is infrastructure, attributing to future challenges of the forecasted population growth. Currently, the facility operates to capacity to maintain the demands on service delivery, staff and funding whilst remaining safe; and is still recognised for the quality service which is provided. Hospital infrastructure and redevelopment will be a major focus as part of the strategic development. All future demands will be dramatically impacted on the Hospital's ability to accommodate such growth and the entities associated with this growth. Identified priorities current and future are:

- Sufficient Finances and Budget to meet service delivery needs
- Aging structure of the building and equipment
- Internal capabilities to accommodate computerised / wireless advancements
- The ability for the facility to further expand in service delivery, physically and equipment requirements
- Provide alternate health service provision in the community or home environment rather than facility based
- Provision for education to address Chronic Disease Prevention and the needs of a Culturally and Linguistically Diverse (CALD) community.
- Maintain workforce growth, development and expertise to meet demands and expansion.

Maintaining and sustaining safety and quality is a particular challenge when services are not accommodated with the requirements to meet growing demands. Fairfield Hospital's vision, mission and priority are patient / customer focused without compromise of timely, safe and quality care. This is first and foremost Fairfield's goal now, and future commitment to the community we care for.

Priority Service Development Directions

Fairfield Hospital is currently preparing to participate in a Master Planning project to identify the Hospital's future needs and plan the redevelopment of the hospital to meet these needs. All staff as well as the local community will be asked to contribute to the future design of the Hospital so that it will continue to meet the growing needs of our community. This master planning project will also assist and form the ground work to developing various clinical services at the hospital including aged care and rehabilitation, complex care and internal medicine as well as exploring the expansion of the surgical services provided at the hospital.

Fairfield Hospital has identified a number of facility services to be enhanced or developed over the next five years through prioritising, organisational planning, and actioning, to accommodate future growth and sustainability. Some facility priorities identified for service development are as follows:

Aged Care and Rehabilitation

Develop acute geriatrics services in association with sub-acute and rehabilitation services

Complex Care and Internal Medicine

Provide 24 hour medical coverage; enhance the capacity to care for stroke patients; consider viability of resuming genetics clinics; and expand ambulatory care capacity including infusion services.

Medical Imaging

Enhance service integration with and availability in ED; and assess requirements for expansion to meet demand and changing service models.

Surgical Specialties

Enhance peri-operative medicine for people with multiple medical co-morbidities admitted under surgical teams; enhance surgical capacity in the short term via full 5 day week operation of the 4th operating theatre; enhance general surgery capacity using emerging surgical technology with evidenced efficacy for minor colorectal (including endoscopy), laparoscopic cholecystectomies, hernia repairs (to relieve waiting lists at Liverpool Hospital) and other day and short stay procedures; expand elective orthopaedic surgery provision, including joint replacement (subject to available beds) and additional minor procedures, supported by enhancement of the Fairfield Orthopaedic Hip and Knee Service (FOHKS) and patient education and medical management whilst on the waiting list; expand the role in post-surgical rehabilitation for older patients with orthopaedic trauma; and continued expansion of the Whitlam Research Centre focusing on surgical outcomes and patient satisfaction following orthopaedic surgery, with roll-out of the post-operative joint replacement outcome registry.

Women's Health

Maintain maternity networks with Liverpool Hospital, ensuring Fairfield mothers can access midwifery models of care and general practice shared care in a timely manner.

Appendix 11 provides an overview of Service Development Directions for Fairfield Hospital.

Corporate Actions

Corporate Action 1: Providing High Quality Health Services

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

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

SWSLHD Objectives

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

Corporate Action 1 – Providing High Quality Health Services

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD Objective 1.1 Develop staff communication skills in working with patients, family and service providers						
SWSLHD CPS 1.1.1: Implementation of <i>Communication with Purpose Program</i> to improve the way in which staff and managers communicate with each other, with patients and with external care providers in primary care and the health and non - health community sector.	Implementation of the 6 Communication with Purpose communication tools throughout the facility as outlined in the Fairfield Hospital ComPurs Implementation Plan	Low	Number of Departments / Services with a completed Above and Below the Line strategy document that has been implemented, reviewed and revised	General Manager	June 2018	Aust. S&Q Principle 1: Consumer Centred
	ComPurs Program in Emergency Department to be revisited. Revisit key milestones of the ComPurs program using a Multidisciplinary approach, involving ED Medical Officers and Administrative staff as well as Nursing staff.	Med	Percentage of Staff having ComPurs leader staff rounding interview monthly Number of patients that have had a ComPurs Leader rounding interview monthly % Patients who know their care plan % Patients satisfied with their care	Director of Emergency Nurse Unit Manager - ED	June 2016	National Std 1: Governance National Std 2: Consumers
	Rollout the ComPurs Program to Administrative Staff.	Low	Number of Complaints in the Department / Service with Communication listed as a primary issue NSW Health "Your Say" results improve NSW Health Patient Survey results improve	Director of Finance & Corporate Services	June 2016	
	Encourage frontline staff to complete the current CEWD online learning module COM934 - "Foundations: Communicating With Challenging Patients, Families and Peers"	Low	Number of staff who have completed the CEWD online learning module COM934	General Manager	June 2016	
SWSLHD CPS 1.1.2: Implement the <i>Patient Care Challenge</i> to ensure patients and family are included as care team members.	Appoint a Project Leader for the " Patient Care Challenge " Project. Develop an Action Plan to progress the implementation of the Patient Care Challenge at Fairfield Hospital	Low	Project Leader appointed Action plan developed. Progress on action plan noted Patient complaints decrease NSW Health Patient Satisfaction Results improve	General Manager	Dec 2015	Aust. S&Q Principle 1: Consumer Centred National Std 1: Governance National Std 2: Consumers

Corporate Action 1 – Providing High Quality Health Services

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD CPS 1.1.3: Develop a communication and workforce development strategy which embeds the mission, vision, CORE values and principles into all aspects of service operation commencing from orientation	Develop a communication strategy which includes: <ul style="list-style-type: none"> - Incorporating the mission, vision, CORE values and principles into the Operational Plan - Provide each Service Manager with the mission, vision, CORE values and principles poster and ask them to introduce it to their staff. - Ensure an email is sent to all Fairfield outlining the mission, vision, CORE values and principles - Ensure the mission, vision, CORE values and principles is included in orientation. 	Low	Communication Strategy completed Actions within the strategy are implemented	General Manager	Dec 2015	Aust. S&Q Principle 1: Consumer Centred National Std 1: Governance
SWSLHD Objective 1.2 Ensure patients, carers, visitors, community and service providers are treated with dignity, respect and in an ethical manner						
SWSLHD CPS 1.2.1: Implement the <i>Respecting the Difference: Aboriginal Cultural Training Framework</i> to provide staff with the knowledge and skills to deliver respectful, responsive and culturally sensitive services to Aboriginal people, families and communities	All staff to complete the CEWD online learning module COM915 - "Respecting the Difference: Part 1"	Low	100% of staff attendance of on line course COM 915 Part 1	General Manager	June 2015	Aust. S&Q Principle 1: Consumer Centred
	Inform staff of the Aboriginal Liaison Officer's Role at Fairfield Hospital	Low	Staff are informed via email and the facility newsletter of the employment of an Aboriginal Liaison Officer and her role	General Manager	Dec 2014	National Std 2: Consumers
	Develop and implement an action plan to address the needs of the Aboriginal population at Fairfield as well as the 'Respecting the Difference Framework.	Low	Action plan developed. Progress on action plan noted	Aboriginal Liaison Officer	Dec 2015	EqulP Std 12: Provision of Care

Corporate Action 1 – Providing High Quality Health Services

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD CPS 1.2.2: Implement the <i>NSW Advance Planning for Quality Care at End of Life Strategic and Implementation Framework</i> to integrate advance care planning for end of life into the care of people with chronic, life-limiting illness	Review the <i>NSW Advance Planning for Quality Care at End of Life Strategic and Implementation Framework</i> to identify the gaps at Fairfield Hospital. Develop an action plan to address the gaps Implement the strategies within the action plan.	Low	Gaps identified Action plan developed Action Plan Strategies implemented	Quality & Accreditation Manager	Dec 2015	Aust. S&Q Principle 1: Consumer Centred National Std 1: Governance, Std 9: Deteriorating patient EQuIP Std 12: Provision of Care
	Progress the implement the End of Life Care Plan at Fairfield Hospital Appoint a Project Team Leader to progress the strategies within the Fairfield Hospital End of Life action plan Pilot the End of Life Care Plan in Ward 1A	Med	End of Life Care plan trialled in Ward 1A End of Life Audit shows improvement in care delivered	Director of Nursing & Midwifery Services	Dec 2015	
	Progress the implementation of the 'My Wishes' Advance Care Planning program at Fairfield Hospital Appoint a new Team Leader for the Advance Care Planning project. Develop and implement an Action Plan to progress the implementation of the Advance Care Planning program at Fairfield Hospital	Med	Team Leader appointed Action plan developed. Progress on action plan noted	General Manager	June 2016	
	Implement the NSW Health Death Review database. Monitor all deaths to identify any deaths that may require further clinical review	Med	NSW Health Death Review database implemented All deaths reviewed according to the NSW Health KPI Deaths as identified are further reviewed by the relevant Clinical M&M meeting	Medical Emergency Team (MET) Coordinator	Dec 2014	

Corporate Action 1 – Providing High Quality Health Services

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD Objective 1.3 Improve the quality and safety of Health Services						
SWSLHD CPS 1.3.1: Meet National Patient Safety and Quality Standards through participation in external accreditation schemes and quality processes	Participate in the ACHS EQUIP National Accreditation Program Develop and implement an Action Plan to address any recommendations received.	Low	Accreditation awarded by the external accreditation body (ACHS) Action plan developed. Progress on action plan noted % Recommendations acted upon and completed	General Manager	Periodic Review Nov 2015 OWS Nov 2017	Aust. S&Q Principle 3: Organised for Safety National Std 1: Governance
SWSLHD CPS 1.3.2: Develop and implement a SWSLHD Clinical Governance Framework	Develop and implemented an action plan to instigate relevant strategies from the SWSLHD Clinical Governance Framework at Fairfield Hospital once the SWSLHD framework has been finalised	Low	Action plan developed. Progress on action plan noted	Quality & Accreditation Manager	Dec 2016	Aust. S&Q Principle 3: Organised for Safety National Std 1: Governance
	Monitor Clinical Incidents and trends in issues via the Incident Information Management System (IIMS) Develop and implement an action plan to address any issues found. Ensure any risks identified via the clinical incidents are either eliminated or added to the Facility risk register as required.	Low	Action plan developed. Progress on action plan noted Patient incidents decrease	Patient Safety Manager	Dec 2018	
	Review the policy and procedure framework for Fairfield Hospital to ensure alignment with the LHD framework Develop and implement an action plan to address any issues found.	Low	Action plan developed. Progress on action plan noted	Quality and Accreditation Manager	Dec 2015	

Corporate Action 1 – Providing High Quality Health Services

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD CPS 1.3.3: Implement infection control strategies relating to - Hand Hygiene (HH) - Hospital associated bloodstream infections (HAI) - Antimicrobial stewardship (AMS) - Environment Cleaning	Monitor HH Compliance via the HH Australia audit tool and monitor the results Increase the number of Hand Hygiene Auditors in areas submitting low number of moments to Hand Hygiene Australia, i.e. Maternity, Ward 1B(Rehabilitation) and Recovery	Low	Hand Hygiene Compliance Rate above National average Number of audited moments submitted to Hand Hygiene Australia increased in identified areas, i.e. Maternity, Ward 1B(Rehabilitation) and Recovery	Infection Control Clinical Nurse Consultant	Dec 2018	Aust. S&Q Principle 1: Consumer Centred Principle 3: Organised for Safety National Std 1: Governance National Std 2: Infection Control
	Monitor the incidents of HAIs via the NSW Health Infection Control KPIs monitor the results Continued participation in the SWSLHD FairSAB project.	Low	HAI incidents are below the NSW Health average			
	Purchase “Nocospray” cleaner and develop a cleaning regime to ensure all clinical areas are aseptically cleaned regularly	Low	Nocospray cleaner purchased Nocospray cleaning regime developed and implemented	Infection Control Clinical Nurse Consultant	Jun 2015	
	Progress the Fairfield Hospital Antimicrobial stewardship program action plan	Med	Action Plan Strategies implemented NUASP data shows antibiotic usage to be below the National average	Director of Pharmacy	Dec 2018	
	Review the NSW Health Environmental Cleaning Policy (PD2012_16) and the CEC HAI Program Environmental Cleaning Standard Operating Procedures to identify the gaps/risks at Fairfield Hospital. Develop an action plan to address the gaps/risks Implement the strategies within the action plan.	Med	Action plan developed. Progress on action plan noted	Quality & Accreditation Manager	Jun 2015	

Corporate Action 1 – Providing High Quality Health Services

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD CPS 1.3.4: Implement Clinical Excellence Commission (CEC) initiatives including: - “Between the Flags Program” to improve the way staff recognise and respond to patients whose clinical condition starts to deteriorate - “Sepsis Pathway” to improve recognition and management of severe infection and sepsis - “Chest Pain Pathway” to improve management of patients presenting with Chest Pain or other symptoms of myocardial ischemia - “In Safe Hands” to build and sustain highly functioning healthcare unit teams - “REACH” to empower patients and families to escalate care if they are concerned	Monitor the “Between the Flags” and Deteriorating Patient Clinical Indicator data and Clinical Audits All clinical staff to attend/ complete the relevant DETECT training Implement new forms as they are released from NSW Health	Low	Clinical Indicator date shows increasing Clinical Review Calls and decreasing Medical Emergency Team calls Clinical Audit data shows NSW Health Observation Charts are completed in accordance with NSW Health policy. 100% of clinical staff have completed the relevant DETECT training	Medical Emergency Team (MET) Coordinator	June 2015	Aust. S&Q Principle 1: Consumer Centred Principle 3: Organised for Safety National Std 1: Governance, Std 9: Deteriorating patient EQUIP Std 12: Provision of Care
	Progress the implementation of the Sepsis Pathway throughout Fairfield Hospital Monitor the “sepsis pathway” KPIs Implement the inpatient sepsis pathway	Low	Sepsis pathway KPIs show compliance to NSW Health policy	Director of Emergency	Dec 2015	
	Develop a clinical audit tool and KPIs to monitor the use of the “Chest Pain Pathway” at Fairfield Hospital	Low	A “chest pain pathway” clinical audit tool and KPIs are developed Results of the clinical audit and KPIs show compliance with NSW Health policy	Cardiology Head of Department	Dec 2015	
	Continue to monitor the ACHS Thrombolytic Clinical Indicator	Low	High compliance with best practice for ST elevation Myocardial Infarction treatment			
	Appoint a Team Leader for the “In Safe Hands” implementation project. Develop and implement an Action Plan to progress the implementation of the “In Safe Hands” program at Fairfield Hospital	Low	Team Leader appointed Action plan developed. Progress on action plan noted	General Manager	Dec 2015	
	Appoint a Team Leader for the “REACH” implementation project. Develop and implement an Action Plan to progress the implementation of the “REACH” program at Fairfield Hospital	Low	Team Leader appointed Action plan developed. Progress on action plan noted	General Manager	Dec 2015	

Corporate Action 1 – Providing High Quality Health Services

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD CPS 1.3.5: Work with and implement Agency for Clinical Innovation (ACI) initiatives - Models of Care: Surgical Services: Orthopaedics preoperative joint Outpatient Clinics - Models of Care: Surgical Services: Ortho-geriatrics – Hip Fracture Surgery - Models of Care: Medical Services: Stroke Management - Models of Care: Medical Assessment Unit (MAU)	Continued implementation of the Fairfield Hip & Knee Service (FOHKS) In conjunction with NSW Agency for Clinical Innovation develop a framework and resources for use by other NSW Health facilities. Develop benchmarking strategies	Low	Framework developed Supportive documentation developed FOHKS Model of Care implemented at other NSW Health facilities Benchmarking strategies implemented.	Clinical Nurse Consultant - Orthopaedics	June 2015	Aust. S&Q Principle 1: Consumer Centred National Std 1: Governance (C2: Clinical Practice) Equip Std 12: Provision of Care
	Review the ACI “The Ortho-geriatric Model of Care, Clinical Practice Guide 2010” to identify the gaps at Fairfield Hospital. Develop an action plan to address the gaps Implement the strategies within the action plan.	Low	Gaps identified Action plan developed Action Plan Strategies implemented	Ward 1B Nurse Unit Manager	June 2016	
	Review the ACI “Clinical Guidelines for Stroke Management 2010” to identify the gaps at Fairfield Hospital. Develop an action plan to address the gaps Implement the strategies within the action plan.	Low	Gaps identified Action plan developed Action Plan Strategies implemented	Ward 1A Nurse Unit Manager	June 2016	
	Monitor the Medical Assessment Unit via the NSW Health MAU KPIs Investigate and instigate any corrective actions as issues are identified (especially when targets are not met)	Low	NSW Health MAU targets meet	Ward 2E Nurse Unit Manager	Dec 2018	

Corporate Action 1 – Providing High Quality Health Services

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD CPS 1.3.7: Meet targets in: - Timeliness of care for Emergency Department - Timeliness of care for surgery - Unplanned readmissions associated with identified medical or surgical conditions and hospital acquired infections - Incorrect operating theatre procedures resulting in death or major loss of function	Monitor the timeliness of care in the Emergency Department via the NSW Health KPIs (i.e. Transfer of Care, Triage , NEAT, ED Performance KPIs) Investigate and instigate any corrective actions as issues are identify(especially when targets are not meet)	Low	NSW Health Emergency Department targets meet	Director of Emergency	Dec 2018	Aust. S&Q Principle 1: Consumer Centred EQuIP Std 11: Service Delivery
	Monitor the timeliness of care in the Surgical Services via the NSW Health KPIs (i.e. Access, Acute Surgical Priority, Surgical Performance KPIs) Investigate and instigate any corrective actions as issues are identify(especially when targets are not meet)	Low	NSW Health Surgical Services targets meet	Nurse Manager – Peri-Operative Services	Dec 2018	Aust. S&Q Principle 1: Consumer Centred EQuIP Std 11: Service Delivery
	Monitor the unplanned readmissions via the NSW Health KPIs Investigate and instigate any corrective actions as issues are identify(especially when targets are not meet)	Low	NSW Health Unplanned Re-admission targets meet	Patient Flow Manager	Dec 2018	Aust. S&Q Principle 1: Consumer Centred EQuIP Std 11: Service Delivery
	Monitor the incidents of incorrect operating theatre procedures resulting in death or major loss of function via the Incident Information Management System (IIMS) Investigate and instigate any corrective actions as issues are identify(especially when targets are not meet)	Low	Nil incidents of incorrect operating theatre procedures resulting in death or major loss of function	Patient Safety Manager	Dec 2018	Aust. S&Q Principle 1: Consumer Centred National Std 5: Patient Identification EQuIP Std 12: Provision of Care

Corporate Action 1 – Providing High Quality Health Services

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD Objective 1.4 Improve the patient experience						
SWSLHD CPS 1.4.1: Implement a model of care for coordination within inpatient units to support multidisciplinary care and transfer to the community	Implement the Whole of Hospital Project (WoH) to identify issues and delays in timely patient care Appoint a Project Leader for the Whole of Hospital Project. Develop an Action Plan to progress the implementation of the Whole of Hospital Project at Fairfield Hospital Monitor associated NSW KPIs	Med	Project Leader appointed Action plan developed. Implemented strategies show a difference in associated NSW Health KPIs	General Manager	Dec 2016	Aust. S&Q Principle 1: Consumer Centred National Std 1: Governance (C2: Clinical Practice) EQulP Std 12: Provision of Care
	Review the NSW Health Care Coordination Reference Manual and Policy Directive PD2011_015: Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals to identify the gaps at Fairfield Hospital. Develop an action plan to address the gaps Implement the strategies within the action plan.	Low	Gaps identified Action plan developed Action Plan Strategies implemented	Patient Flow Manager	June 2016	
	Progress the strategies within the Fairfield Hospital “Towards Normal Birth in NSW” policy action plan at Fairfield Hospital	Low	Progress on action plan noted	Obstetrics Head of Department	June 2016	

Corporate Action 1 – Providing High Quality Health Services

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD CPS 1.4.2: Implement the <i>Essentials of Care Program</i> to develop and evaluate all aspects of nursing and midwifery practice and patient care at a ward and unit level	Develop an action plan to implement the “ Essentials of Care Program ” facility wide. Identify resources to implement the program Implement the action plan	Med	Action plan developed. Progress on action plan noted Patient safety incidents decrease NSW Health Staff “Your Say” results improve NSW Health Patient Satisfaction Results improve	Director of Nursing & Midwifery Services	June 2018	Aust. S&Q Principle 1: Consumer Centred National Std 1: Governance (C2: Clinical Practice) EQulP Std 12: Provision of Care
SWSLHD CPS 1.4.3: Monitor trends and use information from complaints and the NSW Patient Survey to implement appropriate responses to address patient concerns	Review the results of the NSW Health Patient Satisfaction Survey Develop and implement an action plan to address any issues found.	Low	Action plan developed. Progress on action plan noted Patient safety incidents decrease NSW Health Patient Satisfaction Results improve	Quality & Accreditation Manager	June 2018	Aust. S&Q Principle 1: Consumer Centred National Std 1: Governance (C3: Incidents & Complaints) National Std 2: Consumers
	Conduct Patient Journey Interviews annually Develop and implement an action plan to address any issues found.		Patient Journey Interviews conducted annually Develop any action plan to address any issues found Report submitted to the LHD	Community Participation Manager	June 2018	
	Monitor complaint KPIs and trends in issues. Develop and implement an action plan to address any issues found.	Low	Action plan developed. Progress on action plan noted Patient complaints decrease	Patient Liaison Manager	June 2018	

Corporate Action 1 – Providing High Quality Health Services

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD CPS 1.4.4: Implement the Clinical Excellence Commission "Patient Care Challenge"	Appoint a Project Leader for the "Patient Care Challenge" Project. Develop an Action Plan to progress the implementation of the Patient Care Challenge at Fairfield Hospital	Low	Project Leader appointed Action plan developed. Progress on action plan noted Patient complaints decrease NSW Health Patient Satisfaction Results improve	General Manager	June 2016	Aust. S&Q Principle 1: Consumer Centred National Std 1: Governance (C4: R&R) National Std 2: Consumers
SWSLHD Objective 1.5 Implement early intervention and health promotion and illness prevention strategies						
SWSLHD CPS 1.5.13: Strengthen preparedness to respond to major incidents, disasters and health emergencies	Continue to attend the Local Disaster Management committee Plan and conduct a EMERGO disaster exercise Review outcomes of disaster exercise and develop an action plan to address any issues identified.	Low	100% attendance at the Local Disaster Management committee EMERGO exercise completed and outcomes reviewed. Action plan developed if required.	General Manager	Dec 2018	Aust. S&Q Principle 3: Organised for Safety National Std 1: Governance (C3: Incidents & Complaints)
	Review the facility Disaster Plan Review of any incidents that results in activation of the plan	Low	Disaster plan reviewed and available in all Services & Departments Incidents documented and reviewed, Disaster plan updates as required	General Manager	Dec 2015	Equip Std 15: Corporate Services (C7: Emergency & Disaster)

Corporate Action 2: Community Partnerships

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

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

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

SWSLHD Objectives

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

Corporate Action 2 – Community Partnerships						
SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD Objective 2.1 Engage and involve stakeholders in planning, service development and delivery						
SWSLHD CPS 2.1.1: Implement the SWSLHD Community Participation Framework which outlines the formal processes for involving consumers and the community in health service planning and delivery	Review the SWSLHD Community Participation Framework to identify the gaps at Fairfield Hospital. Develop an action plan to address the gaps Implement the strategies within the action plan.	Low	Gaps identified Action plan developed Action Plan Strategies implemented	Community Participation Manager	Dec 2015	Aust. S&Q Principle 1: Consumer Centred National Std 1: Governance (C4: R&R) National Std 2: Consumers
SWSLHD CPS 2.1.2: Increase the number and range of people involved in Consumer/Community Council, local networks and consultation processes, to reflect the diversity of communities across the District	Promote the Fairfield Hospital Community Participation Network to increase membership Attend various external expositions, fairs and information days/sessions in the community to increase Fairfield Hospital's profile and to promote community participation / volunteering at Fairfield Hospital. Advertise via news stories about community participation / volunteering at Fairfield Hospital. Attend meetings with the Fairfield Migrant Interagency to help build partnerships.	Low	Number of Community Representatives contributing at Fairfield Hospital is increased Number of external expositions, fairs and information days/sessions attended Number of news stories published in the local newspapers Fairfield Migrant Interagency meetings attended.	Community Participation Manager	Dec 2018	Aust. S&Q Principle 1: Consumer Centred National Std 1: Governance (C4: R&R) National Std 2: Consumers
SWSLHD CPS 2.1.3: Incorporate community and agency consultation into strategic and service planning for facilities, clinical streams and services	Distribute draft operational plan to the Community Participation Network for comment Conduct monthly Community Network meetings. Include Community Representatives into the membership of strategic management committees	Low	Draft operation plan distributed to all members of the Fairfield Hospital Community Participation Network, feedback received and reviewed, plan changed accordingly Monthly meeting held Community Representatives attend and contributes to the decisions on strategic management committees	General Manager	Dec 2018	Aust. S&Q Principle 1: Consumer Centred National Std 1: Governance (C4: R&R) National Std 2: Consumers

Corporate Action 2 – Community Partnerships

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD CPS 2.1.4: Expand community involvement in planning and development of capital works and infrastructure enhancement, using informal and formal processes such as Health Impact Assessments and Aboriginal Health Impact Statements	Ensure a Community Representative is part of the membership of the Building, Equipment and Works Committee Ensure a Community Representative is part of the membership of the any project team related to the planning and development of capital works and infrastructure enhancement	Low	Community Representatives attends and contributes to the decisions made by the Building, Equipment and Works Committee Community Representatives attend and contributes to the decisions made by any project team related to the planning and development of capital works and infrastructure enhancement	General Manager	Dec 2018	Aust. S&Q Principle 1: Consumer Centred National Std 1: Governance (C4: R&R) National Std 2: Consumers
SWSLHD CPS 2.1.6: Increase the number of volunteers contributing to and supporting hospital and community health services	Attend various external expositions, fairs and information days/sessions in the community to increase Fairfield Hospital's profile and to promote community participation / volunteering at Fairfield Hospital. Advertise via news stories about community participation / volunteering at Fairfield Hospital.	Low	Number of volunteers at Fairfield Hospital is increased Number of external expositions, fairs and information days/sessions attended Number of news stories published in the local newspapers	Human Resources Manager	Dec 2018	Aust. S&Q Principle 1: Consumer Centred National Std 1: Governance (C4: R&R) National Std 2: Consumers EQulP Std 14: HR
SWSLHD CPS 2.1.9: Develop a strategy to improve the fund-raising capacity of services and facilities across the District	Review current fund raising activities / strategies in view of developing a fund raising activity schedule / plan Identify community groups / organisations that could be approached to assist in fund raising activities for the hospital.	Low	A fund raising schedule Increased revenue from fund raising activities.	Revenue Manager	Dec 2016	Aust. S&Q Principle 2: Driven by Information EQulP Std 15: Corporate Services (C2: Delegations)

Corporate Action 3: Seamless Networks

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

Health improvement will require input from medical, nursing, allied health, prevention and other health practitioners across hospitals, community health centres and primary health care settings. It will also require close collaboration and coordination with other government agencies and community based services which provide ongoing support to individuals, families and communities.

Fairfield Hospital staff and services, in conjunction with the District, will work to plan for future needs, develop services and programs, improve access and build knowledge about factors which contribute to health and wellbeing.

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

SWSLHD Objectives

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

Corporate Action 3 – Seamless Networks

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
3.1 Actively participate in regional and local forums to build capacity to respond to emerging						
SWSLHD CPS 3.1.4: Participate in and contribute to local council and interagency planning, coordination and implementation forums addressing human services, multicultural communities and Aboriginal people	Attend the local Interagency monthly meetings. Participate in any relevant projects identified by the Interagency group	Low	Monthly meetings have a Fairfield Hospital Representative present	General Manager	Dec 2018	Aust. S&Q Principle 1: Consumer Centred
	Attend relevant Local Council monthly meetings. Participate in any relevant projects identified by the Local Council	Low	Monthly meetings have a Fairfield Hospital Representative present	General Manager	Dec 2018	National Std 2: Consumers EQuIP Std 11: Service Delivery
	Attend local community forums as requested / invited by the community	Low	Community forums attended as invited	General Manager	Dec 2018	
SWSLHD CPS 3.1.5: Establish a formal partnership with the South Western Sydney Medicare Local (SWSML)	Invite a member of the South Western Sydney Medicare Local to be a member of the Fairfield Hospital Clinical Council to share relevant information	Low	Monthly Clinical Council meetings is attended by the SWSML Representative	General Manager	Dec 2018	Aust. S&Q Principle 1: Consumer Centred National Std 2: Consumers EQuIP Std 11: Service Delivery
3.2 Foster coordinated planning and service delivery in health care						
SWSLHD CPS 3.2.6: In collaboration with NSW Kids and Families and the Sydney Children's Hospital Network, plan for local services and tertiary network arrangements for infants, children and adolescents	Review "Healthy, Safe and Well: A strategic health plan for children, young people and families of NSW 2014-2024" to identify the relevant strategies &/or gaps at Fairfield Hospital when finalised Develop an action plan to address the strategies / gaps Implement the strategies within the action plan.	Low	Strategies / Gaps identified Action plan developed. Progress on action plan noted	Head of Department – Paediatrics Clinical Nurse Consultant - Paediatrics	June 2018	Aust. S&Q Principle 1: Consumer Centred National Std 2: Consumers EQuIP Std 11: Service Delivery

Corporate Action 3 – Seamless Networks

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD CPS 3.2.7: Develop collaborative service models with health services which strengthen coordination and integration; and target potentially preventable hospitalisations	Review Fairfield Hospital role delineation levels to ensure that it accurately reflects the services provided at Fairfield Hospital	Low	Reviewed role delineation levels approved by the LHD & NSW Health.	Director of Medical Services	Dec 2014	Aust. S&Q Principle 1: Consumer Centred National Std 1: Governance (C4: R&R) National Std 2: Consumers
3.3 Improve transfer of care and patient access to services						
SWSLHD CPS 3.3.1: Implement strategies to support patient handover and transfer of care between professionals, teams, facilities and services with patient and carer involvement	Monitor the incidents that involve patient handover / transfer of care issues via the Incident Information Management System (IIMS) Investigate and instigate any corrective actions as issues are identify(especially when targets are not meet)	Low	Minimise the number of incidents of that involve patient handover / transfer of care issues	Patient Safety Manager	June 2018	Aust. S&Q Principle 1: Consumer Centred Principle 3: Organised for Safety National Std 6: Clinical Handover EQuIP Std 11: Service Delivery

Corporate Action 3 – Seamless Networks

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD CPS 3.3.2: Develop web-based information about available services, entry criteria and referral processes	Review the Fairfield Hospital intranet and internet webpages and ensure information is up dated every two years	Low	Fairfield Hospital webpages are reviewed and updated as required Fairfield Hospital webpages show evidence of review every two years	Quality & Accreditation Manager	June 2016	Aust. S&Q Principle 1: Consumer Centred National Std 2: Consumers
	Maintain the Fairfield Hospital Facebook page	Low	Fairfield Hospital Facebook page contains current information	Community Participation Manager	June 2018	EQuIP Std 11: Service Delivery EQuIP Std 14: Information Management
3.4 Strengthen access and support for high needs groups						
SWSLHD CPS 3.4.2: Consistent with requirements under the <i>NSW Aboriginal Health Plan 2013-2023</i> for LHDs to evaluate mainstream programs for the local Aboriginal people	Review the SSWAHS Aboriginal Health Plan 2010-2014 and NSW Aboriginal Health Plan 2013-2023 to identify relevant strategies for Fairfield Hospital. Develop an action plan to address the needs of the Aboriginal population at Fairfield as well as the 'Respecting the Difference Framework and any relevant strategies from the Aboriginal Health Plans Implement the strategies within the action plan.	Low	Relevant strategies / Gaps identified Action plan developed Action Plan Strategies implemented	Aboriginal Liaison Officer	Dec 2018	Aust. S&Q Principle 1: Consumer Centred National Std 2: Consumers EQuIP Std 11: Service Delivery
SWSLHD CPS 3.4.6: Implement a SWSLHD Disability and Carers Action Plan	Review the SWSLHD Carers Model of Care Framework and Disability Guidelines to identify the gaps at Fairfield Hospital. Develop an action plan to address the gaps Implement the strategies within the action plan.	Low	Gaps identified Action plan developed Action Plan Strategies implemented	Chairperson – Disability Committee	Dec 2016	Aust. S&Q Principle 1: Consumer Centred National Std 2: Consumers EQuIP Std 11: Service Delivery

Corporate Action 3 – Seamless Networks

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD CPS 3.4.11: Implement aspects of the previous administration's Youth Health Plan of continuing relevance to South West Sydney and review and update initiatives at expiry of the Plan's timeframe.	Review "The Sydney South West Area Health Service (SSWAHS) Youth Health Plan 2009-2013" to identify the relevant strategies &/or gaps at Fairfield Hospital. Develop an action plan to address the strategies / gaps Implement the strategies within the action plan.	Low	Strategies / Gaps identified Action plan developed. Progress on action plan noted	Head of Department – Paediatrics Clinical Nurse Consultant - Paediatrics	Dec 2016	Aust. S&Q Principle 1: Consumer Centred National Std 2: Consumers EQulP Std 11: Service Delivery
SWSLHD CPS 3.4.12: Contribute to planning, service development and implementation of local and interagency initiatives including: Dementia	Implement the CEC "TOP5" program Initiate meetings with the LHD "TOP5" Program Manager to discuss implementation of the program Organise a meeting to introduce the CEC "TOP5" Program to Clinical Staff. Identify a Champion for the program. Prepare a implementation Plan Pilot the program on Ward 2A	Low	Action plan developed. Progress on action plan noted	Director of Nursing & Midwifery Services	Dec 2016	Aust. S&Q Principle 1: Consumer Centred National Std 2: Consumers EQulP Std 11: Service Delivery

Corporate Action 4: Developing Our Staff

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

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

Building on the work of the Centre for Education and Workforce Development as well as on the existing and developing relationships with local universities, NSW Technical and Further Education, and local secondary schools, Fairfield Hospital will develop the skills and qualifications of the current and future workforce. These relationships will also be important in developing relationships with potential employees.

SWSLHD Objectives

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

Corporate Action 4 – Developing Our Staff

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD Objective 4.1 Develop sustainable workforce that reflects and has the skills required to address community needs						
SWSLHD CPS 4.1.1: Develop and implement a Workforce Plan which considers the NSW Health Professional Workforce Plan and the SWSLHD Workforce Plan	Review and update the Fairfield Hospital Workforce Plan to ensure alignment to the SWSLHD Workforce plan	Low	Fairfield Hospital Workforce Plan reviewed Strategies are implemented as per the plan	Human Resources Manager	June 2015	Aust. S&Q Principle 2: Driven by Information Principle 3: Organised for Safety EQuIP Std 14: HR
	Increase recruitment to and use of casual pool staff for all relevant departments	Low	Reduce the premium staff usage - average paid hours per FTE for Medical, Nursing, and Allied Health staff	General Manager / Executive Directors	June 2018	
	Review management of Staff Leave Leave plans and targets established for each cost centre with monthly monitoring	Low	Annual reduction in the total number of days in respect of accrued leave balances of more than 40 days	Human Resources Manager	Dec 2015	
SWSLHD CPS 4.1.7: In collaboration with NSW Health Education and Training Institute, implement leadership and related programs	Review the NSW Health People Management Skills Framework to identify the gaps at Fairfield Hospital. Develop an action plan to address the gaps Implement the strategies within the action plan.	Low	Gaps identified Action plan developed Action Plan Strategies implemented	Human Resources Manager	Dec 2015	Aust. S&Q Principle 3: Organised for Safety National Std 1: Governance (C3: Performance and Skills Mgt) EQuIP Std 14: HR
	Participate in the development of the SWSLHD leadership program as appropriate Identify staff to participate in the programs as they are conducted	Low	Number of staff completing leadership programs.	Human Resources Manager	Dec 2015	
	Review the NSW Health Leadership Framework to identify the gaps at Fairfield Hospital. Develop an action plan to address the gaps Implement the strategies within the action plan.	Low	Gaps identified Action plan developed Action Plan Strategies implemented	Human Resources Manager	Dec 2015	
	Participate in the development of the NSW Health Talent Management Framework.	Low	Fairfield Staff participated in the development of the NSW Health Talent Management Framework	General Manager	Dec 2015	

Corporate Action 4 – Developing Our Staff

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD CPS 4.1.8: Strengthen succession planning by linking performance management processes to post graduate management, management trainee and mentoring programs for clinical and non-clinical staff.	Identify staff with appropriate skills and aptitude and give them opportunities to take on acting management roles or to participate in management education programs.	Low	Number of staff completing management education programs. Number of staff given the opportunity to act in management roles.	General Manager / Executive Directors	June 2018	Aust. S&Q Principle 3: Organised for Safety
	Performance review processes are reviewed to ensure alignment to the LHD processes Develop and implement an action plan to address any issues found.	Low	Action plan developed. Progress on action plan noted	Human Resources Manager	Dec 2015	National Std 1: Governance (C3: Performance and Skills Mgt) EQuIP Std 14: HR
SWSLHD Objective 4.2 Create an organisation that people want to work in						
SWSLHD CPS 4.2.1: Review orientation programs for new graduates and employees including delivery of mandatory training	Review and restructure the Fairfield Hospital Orientation Program to ensure it incorporates the changes to the SWSLHD orientation program and is patient centred.	Low	Orientation Program is reviewed and has a patient based structure	Facility Nurse Educator	Dec 2015	Aust. S&Q Principle 3: Organised for Safety
	Review current Department record keeping of mandatory education attendance. Form a working party to review current record keeping and monitoring processes associated with mandatory training. Develop a Fairfield Hospital standardised template for monitoring mandatory training attendance to use via the shared QM Report folder.	Low	A standardised template for monitoring mandatory training attendance is developed and in use by Managers	Quality & Accreditation Manager	Dec 2015	National Std 1: Governance (C3: Performance and Skills Mgt) EQuIP Std 14: HR

Corporate Action 4 – Developing Our Staff

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD CPS 4.2.2: Create a respectful, effective and innovative Work Health Safety environment through implementation of the NSW Public Sector Workplace Health and Safety and Injury Management Strategy 2010-12	Review the NSW Public Sector Workplace Health and Safety and Injury Management Strategy 2010-12 to identify the gaps at Fairfield Hospital. Develop an action plan to address the gaps Implement the strategies within the action plan.	Low	Gaps identified Action plan developed Action Plan Strategies implemented Reduction in workplace injuries	Work Health Safety Manager	Dec 2015	Aust. S&Q Principle 3: Organised for Safety EQuIP Std 14: HR EQuIP Std 15: Corporate Services (C6: Safety Mgt)
SWSLHD CPS 4.2.3: Implement programs which improve the health and wellbeing of staff.	Review the Health Promotion Calendar yearly	Low	Plan developed and distributed to staff yearly	Community Participation Manager	Yearly in Jan	Aust. S&Q Principle 1: Consumer Centred
	Conduct Health Promotion activities as per the Health Promotion calendar	Low	Health Promotion activities attended as per calendar	Community Participation Manager / Relevant Service Manager	As per Calendar	National Std 2: Consumers EQuIP Std 11: Service Delivery
SWSLHD CPS 4.2.4: Support career and study pathways through recognised training programs	Review the NSW Health People Management Skills Framework to identify the gaps at Fairfield Hospital. Develop an action plan to address the gaps Implement the strategies within the action plan.	Low	Gaps identified Action plan developed Action Plan Strategies implemented	Human Resources Manager	Dec 2015	Aust. S&Q Principle 3: Organised for Safety National Std 1: Governance (C3: Performance and Skills Mgt)
	Review study leave applications for recognised training programs and approve as appropriate	Low	Number of staff completing recognised training programs.	General Manager / Executive Directors	June 2018	EQuIP Std 14: HR

Corporate Action 4 – Developing Our Staff

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD CPS 4.2.6: Develop and implement strategies informed by the NSW Health Your Say and NSW Public Sector Workplace surveys and the NSW Health Workplace Culture Framework	Review the results of the NSW Health Your Say and NSW Public Sector Workplace surveys Develop and implement an action plan to address any issues found.	Low	Action plan developed. Progress on action plan noted NSW Health Your Say and NSW Public Sector Workplace surveys results improve	Human Resources Manager	Dec 2018	Aust. S&Q Principle 3: Organised for Safety EQuIP Std 14: HR
	Review the NSW Health Workplace Culture Framework to identify the gaps at Fairfield Hospital. Develop an action plan to address the gaps Implement the strategies within the action plan.	Low	Gaps identified Action plan developed Action Plan Strategies implemented	Human Resources Manager	Dec 2018	
SWSLHD Objective 4.3 Develop relationships with potential future employees						
SWSLHD CPS 4.3.1: Work collaboratively with universities and other educational agencies to grow clinical placement capacity	Review clinical placement capacity annually with relevant Executive Director / stakeholders and advise the universities and other educational agencies	Low	Number of students placed at Fairfield Hospital	Human Resources Manager	Dec 2018	Aust. S&Q Principle 1: Consumer Centred National Std 1: Governance (C3: Performance and Skills Mgt)
SWSLHD CPS 4.3.2: Promote career and employment opportunities including school based traineeships to the local community	Attend relevant local school meetings to promote career and employment opportunities in health	Low	Number of school meetings attended	General Manager / Community Participation Manager	Dec 2018	EQuIP Std 11: Service Delivery

Corporate Action 5: Research and Innovation

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

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

SWSLHD Objectives

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

Corporate Action 5 – Research and Innovation						
SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD Objective 5.1 Foster an innovative culture and research capability						
SWSLHD CPS 5.1.2: Improve workforce capability to undertake research through comprehensive education and mentoring programs SWSLHD CPS 5.1.8: Build research interest and skills of nursing, allied health and community health professionals and managers	Support staff conducting research with appropriate resources and protected research time Ensure Fairfield Staff attend research seminar days highlighting projects conducted in the LHD.	Low	Number of research projects conducted at Fairfield Hospital Number of research projects presented Number of staff attending research seminar days	General Manager / Quality & Accreditation Manager	Dec 2018	Aust. S&Q Principle 2: Driven by Information EQuIP Std 15: Corporate Services (C4: Research)
SWSLHD CPS 5.1.7: Develop research infrastructure including facilities, clinical skills laboratories, videoconferencing capacity, teaching links and funding	Review the Research framework & processes at Fairfield Hospital Develop a report to identify all research projects at Fairfield Hospital and identify how they contribute to meeting the National Health care Standards. Continue to liaise with the LHD Research Unit through attendance at the Liverpool Hospital Research Committee	Low	A Research framework and process is developed and implemented. A facility report outlining all research activities at Fairfield Hospital are listed. Fairfield is represented on the Liverpool Research Committee	General Manager / Quality & Accreditation Manager	Dec 2018	Aust. S&Q Principle 2: Driven by Information EQuIP Std 15: Corporate Services (C4: Research)
SWSLHD Objective 5.2 Support innovation and best practice in prevention and clinical settings						
SWSLHD CPS 5.2.3: Increase participation in quality and innovation award programs	Submit a least one entry into the annual SWSLHD/NSW Health quality awards program Submit a least one entry into the annual Premiers and ACHS quality awards programs	Low	At least one entry submitted to each awards program.	Quality & Accreditation Manager	Dec 2018	Aust. S&Q Principle 2: Driven by Information National Std 1: Governance (C1: Quality Improvement)

Corporate Action 5 – Research and Innovation

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD CPS 5.2.6: In collaboration with universities, promote an exchange of ideas through opportunities for overseas travel to learn about and contribute to international discussions and hosting the visits of international experts	Support staff to present completed research projects at seminars and conferences Support staff by approving relevant conference and seminar leave.	Low	Number of research projects presented Number of staff who attend conferences and seminars.	General Manager / Executive Directors	June 2018	Aust. S&Q Principle 2: Driven by Information EQuIP Std 15: Corporate Services (C4: Research)

Corporate Action 6: Enhancing Assets and Resources

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

Fairfield Hospital will continue to identify and invest in capital infrastructure programs and new technology. Information technology will also require further development to ensure that communication supports clinical services, health service structures and needs. Improving utilisation and management of existing resources will also ensure that new and existing resources are efficiently used.

Fairfield Hospital will also investigate and be open to new opportunities to develop health services for local communities.

SWSLHD Objectives

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

Corporate Action 6 – Enhancing Assets and Resources

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD Objective 6.1 Provide physical capacity to address emerging health needs and population increases						
SWSLHD CPS 6.1.2: Implement and regularly update the SWSLHD Asset Strategic Plan to ensure that facility development reflects need and progress projects:	Participate in comprehensive clinical services and capital planning processes for the Prairiewood Health Campus as directed by SWSLHD. Undertake a Master Planning exercise for Fairfield Hospital Staff to participate in Clinical User Groups to identify infrastructure developments for Fairfield Hospital.	High	Staff participated in Clinical User Groups Master Plan completed	General Manager	Dec 2018	Aust. S&Q Principle 2: Driven by Information EQuIP Std 15: Corporate Services (C1: Planning)
SWSLHD CPS 6.1.7: Undertake information system hardware expansion and refresh for eMR, and core network and communication systems including telehealth	Undertake information system hardware expansion at Fairfield Hospital as required for SWSLHD eMR projects	Med	Expansion of hardware system completed with minimal impact on clinical services and utilities	Information Technology Service Manager	Dec 2018	Aust. S&Q Principle 2: Driven by Information EQuIP Std 14: Information Mgt
SWSLHD Objective 6.2 Respond to changes in the operating environment						
SWSLHD CPS 6.2.1: Undertake an environmental scanning and health service forecast process every five years during the ten year life of the SWSLHD Strategies Priorities in Healthcare Delivery to 2021	Participate in the SWSLHD environmental scanning and health service forecast process as required	Med	Report for Fairfield received from SWSLHD	Director of Finance & Corporate Services	Dec 2018	Aust. S&Q Principle 2: Driven by Information EQuIP Std 15: Corporate Services (C9: Environmental Mgt)

Corporate Action 6 – Enhancing Assets and Resources

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD Objective 6.3 Ensure good stewardship of existing resources						
SWSLHD CPS 6.3.1: Develop and implement an Asset Maintenance, Replacement and Disposal Program	Develop and implement an action plan to instigate the program at Fairfield Hospital once the SWSLHD program has been finalised	Low	Action plan developed. Progress on action plan noted	Director of Finance & Corporate Services	Dec 2018	Aust. S&Q Principle 3: Organised for Safety EQuIP Std 15: Corporate Services (C6: Buildings)
SWSLHD CPS 6.3.2: Review utilisation of : - plant and equipment and maximize performance and asset life	Review utilisation of plant and equipment yearly Develop and implement an action plan to address any issues found.	Med	Action plan developed. Progress on action plan noted	Director of Finance & Corporate Services	June 2016	Aust. S&Q Principle 2: Driven by Information Principle 3: Organised for Safety
- clinical and non-clinical space to optimise use of existing facilities	Review utilisation of clinical and non-clinical space every 2 years Develop and implement an action plan to address any issues found.	Med	Action plan developed. Progress on action plan noted	Director of Finance & Corporate Services	June 2016	EQuIP Std 15: Corporate Services (C6: Buildings)

Corporate Action 7: Supporting Business

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

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

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

SWSLHD Objectives

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

Corporate Action 7 – Supporting Business

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD Objective 7.1 Develop integrated and appropriate technology to meet the needs of clinicians, managers and patients						
SWSLHD CPS 7.1.1: Develop an Information Management and Technology Plan for the District	Develop and implemented an action plan to instigate the relevant strategies from the SWSLHD Information Management and Technology Plan at Fairfield Hospital once the SWSLHD plan has been finalised	Low	Action plan developed. Progress on action plan noted	Quality & Accreditation Manager	Dec 2018	Aust. S&Q Principle 2: Driven by Information EQuIP Std 14: Information Mgt
SWSLHD CPS 7.1.2: Extend and enhance the patient-centred Electronic Medical Record (eMR) functionality across the LHD for a comprehensive single view of the patient	Implement Electronic Medical Record (eMR) functionality as per the SWSLHD eMR action plan - Surginet (2014)	Low	eMR functionality implemented according to plan	Quality & Accreditation Manager	Dec 2018	Aust. S&Q Principle 2: Driven by Information EQuIP Std 14: Information Mgt
SWSLHD CPS 7.1.8: Participate in and implement national and state-wide technology driven projects including:	Appoint a Team Leader for the implementation of the national and state-wide technology driven projects.	Low	Team Leader appointed for each project as required	General Manager	Dec 2015	Aust. S&Q Principle 2: Driven by Information EQuIP Std 14: Information Mgt
- Oracle Release 12	Develop and implement an Action Plan to progress the implementation of the "Oracle Release 12" program at Fairfield Hospital	Low	Action plan developed. Progress on action plan noted	Director of Finance and Corporate Services	June 2015	
- Payroll Systems	Develop and implement an Action Plan to progress the implementation of the "Payroll Systems" program at Fairfield Hospital	Low	Action plan developed. Progress on action plan noted	Human Resource Manager	June 2015	
- ICT Infrastructure	Develop and implement an Action Plan to progress the implementation of the "ICT Infrastructure" program at Fairfield Hospital	Low	Action plan developed. Progress on action plan noted	Information Technology Service Manager	June 2015	

Corporate Action 7 – Supporting Business

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
- V Money	Develop and implement an Action Plan to progress the implementation of the “V Money” program at Fairfield Hospital	Low	Action plan developed. Progress on action plan noted	Medical Services Operational Manager	Dec 2015	Aust. S&Q Principle 2: Driven by Information
- Rostering Systems	Develop and implement an Action Plan to progress the implementation of the “Rostering Systems” program at Fairfield Hospital	Low	Action plan developed. Progress on action plan noted	Human Resource Manager	Dec 2018	EQuIP Std 14: Information Mgt
- Revenue Systems	Develop and implement an Action Plan to progress the implementation of the “Revenue Systems” program at Fairfield Hospital	Low	Action plan developed. Progress on action plan noted	Director of Finance and Corporate Services	June 2015	
- Organisational Risk Management	Develop and implement an Action Plan to progress the implementation of the “Organisational Risk Management” program at Fairfield Hospital	Low	Action plan developed. Progress on action plan noted	Quality & Accreditation Manager	June 2018	
SWSLHD Objective 7.2 Develop business intelligence and decision support capability						
SWSLHD CPS 7.2.3: Embed the Performance Framework processes into planning and operational activity	Document the performance framework at Fairfield Hospital identifying the Managers and committees responsible for reviewing the KPIs within the framework	Low	Fairfield Hospital Performance Framework developed and distributed to all Service Managers.	Quality & Accreditation Manager	June 2016	Aust. S&Q Principle 2: Driven by Information National Std 1: Governance (C1: Quality Improvement) EQuIP Std 14: Information Mgt

Corporate Action 8: Efficiency and Sustainability

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

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

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

SWSLHD Objectives

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

Corporate Action 8 – Efficiency and Sustainability						
SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD Objective 8.1 Strengthen the financial sustainability of the district						
SWSLHD CPS 8.1.2: Develop capability, understanding and responsiveness to Activity Based Funding	Review the SWSLHD ABF Implementation Plan to identify the gaps at Fairfield Hospital. Develop an action plan to address the gaps Implement the strategies within the action plan.	Low	Gaps identified Action plan developed Action Plan Strategies implemented	Director of Finance and Corporate Services	Dec 2018	Aust. S&Q Principle 2: Driven by Information EQuIP Std 15: Corporate Services (C2: Delegations)
SWSLHD CPS 8.1.3: Maximise funding through Activity Based Funding including achievement of clinical coding targets	Weekly monitoring of coding workload Implementation of Quality activities Input into state-wide costing projects	Low	Coding Targets met Costing deadlines met	Clinical Information Manager	Dec 2018	Aust. S&Q Principle 2: Driven by Information EQuIP Std 14: Information Mgt
SWSLHD CPS 8.1.4: Develop and implement a District Efficiency and Revenue Plan	Develop Efficiency and Revenue plans for Fairfield Hospital	Low	Meet efficiency targets Meet revenue targets	Director of Finance and Corporate Services	Dec 2018	Aust. S&Q Principle 2: Driven by Information
	Review and develop strategies to increase revenue from private patients. Implement strategies and monitor private patient revenue	Low	Increase private patient revenue	Revenue Manager	Dec 2018	EQuIP Std 15: Corporate Services (C2: Delegations)
SWSLHD CPS 8.1.5: Develop financial capability in managers and staff to ensure effective financial management	Ensure Cost Centre Managers complete the NSW Health Financial Management training program conducted by HETI	Low	80% of cost centre managers attend financial management course	Director of Finance and Corporate Services	June 2016	Aust. S&Q Principle 2: Driven by Information
	Devolve budgetary control and accountability from LHD to cost centre management level to ensure clinician input to, and engagement in, operational decision-making.	Low	Defined cost centre budgets by end of August annually which is communicated to cost centre managers	Director of Finance and Corporate Services	Sept Annually	EQuIP Std 15: Corporate Services (C2: Delegations)

Corporate Action 8 – Efficiency and Sustainability

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD CPS 8.1.9: Meet identified annual targets for services including: - expenditure, revenue and payment of creditors	Develop a facility financial dashboard Monitor and review monthly progress against expenditure and revenue targets. Investigate and instigate any corrective actions as issues are identify(especially when targets are not meet) Review management of Creditors to identify any issues. Address issues as required.	Low	Dashboard distributed to Managers monthly Year to date revenue General Fund (%) Recurrent Trade Creditors > 45 days correct and ready for payment (\$) Small Business Creditors paid within 30 days from receipt of a correctly rendered invoice (%)	Director of Finance and Corporate Services	Dec 2018	Aust. S&Q Principle 2: Driven by Information EQuIP Std 15: Corporate Services (C2: Delegations)
- activity from purchased volume in cost weighted separations, acute inpatient services, cost weighted emergency attendances and emergency services	Monitor and review monthly progress against Acute Inpatient Services (NWAU) target Investigate and instigate any corrective actions as issues are identify(especially when targets are not meet)	Low	Variation against purchased volume (%) Target 166,018	Director of Finance and Corporate Services	Dec 2018	Aust. S&Q Principle 2: Driven by Information EQuIP Std 14: Information Mgt
	Monitor and review monthly progress against Emergency Department Services (NWAU) target Investigate and instigate any corrective actions as issues are identify(especially when targets are not meet)	Low	Variation against purchased volume (%) Target 29,383			
	Monitor and review monthly progress against Sub and Non Acute Inpatient Services (NWAU) target Investigate and instigate any corrective actions as issues are identify(especially when targets are not meet)	Low	Variation against purchased volume (%) Target 21,659			
	Monitor and review monthly progress against Non Admitted Patient Services – Tier 2 Clinics (NWAU) target Investigate and instigate any corrective actions as issues are identify(especially when targets are not meet)	Low	Variation against purchased volume (%) Target 51,917			

Corporate Action 8 – Efficiency and Sustainability

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD Objective 8.2 Minimise Risk						
SWSLHD CPS 8.2.1: Develop a framework for managing risk across the District which includes strategies to:	Review the Risk Management governance structure within the facility to ensure it is in line with SWSLHD policy. Review current facility Risk Management policy	Low	Facility Risk Management policy published to the website The policy outlines the governance structure for Risk Management at Fairfield Hospital	Quality & Accreditation Manager	June 2016	Aust. S&Q Principle 3: Organised for Safety National Std 1: Governance (C1: Quality Improvement)
- embed governance structures and arrangements into day to day operation	Review Organisational Committees' terms of references (TOR) and agendas to ensure that - The committee's "Risk Management" responsibilities are outlined on their TOR - "Risk Management" is a standing agenda item. - That all KPIs associated with the committee's risk profile are outlined on the agenda.	Low	All committee terms of reference outlined their risk management responsibilities All committee agenda have risk management as a standing agenda item and all relevant KPIs and audits are listed under this item	Quality & Accreditation Manager	June 2016	Aust. S&Q Principle 2: Driven by Information Equip Std 15: Corporate Services (C2: Delegations)
	Develop a risk assessment tool for project strategies	Low	Risk assessment tool developed and in use by all project and improvement teams/working parties at Fairfield Hospital	Quality & Accreditation Manager	June 2016	Aust. S&Q Principle 3: Organised for Safety National Std 1: Governance (C1: Quality Improvement)

Corporate Action 8 – Efficiency and Sustainability

SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
- develop and maintain risk registers	Review current facility and departmental risks in line with the implementation of Riskman Participate in the SWSLHD Riskman implementation	Low	The facility risk register is uploaded to Riskman The SWSLHD Riskman application lists all current facility risks	Quality & Accreditation Manager	June 2016	Aust. S&Q Principle 3: Organised for Safety
- establish formal processes for identifying and analysing risks	Implement the SWSLHD Risk assessment form Educate Service Managers re the SWSLHD enterprise risk management policy	Low	All committee terms of reference outlined their risk management responsibilities All committee agenda have risk management as an standing agenda item and all relevant KPIs and audits are listed under this item	Quality & Accreditation Manager	June 2015	National Std 1: Governance (C1: Quality Improvement)
- develop risk management plans	Review current risk management plan and update plan to ensure it outlines the implementation of Riskman Enter action plans for relevant risks as they are uploaded to Riskman.	Low	All actions associated with the facility risks are documented and monitored in Riskman	Quality & Accreditation Manager	Dec 2018	
SWSLHD CPS 8.2.2: Implement a comprehensive rolling program of audit and implement the recommendations	Review the audit system (clinical / non clinical) to ensure the audits effectively monitor recognised facility risks and services Participate in the SWSLHD development of an electronic audit tool application. Implement the SWSLHD electronic audit tool when developed.	Low	A review of the audit system is completed	Quality & Accreditation Manager	June 2016	Aust. S&Q Principle 3: Organised for Safety National Std 1: Governance (C1: Quality Improvement)
SWSLHD CPS 8.2.3: Develop a reporting framework to assess success in implementing Strategic and Corporate Plan initiatives	Develop a progress report based on the Facility Operation plan to monitor progress on the strategies identified	Low	Progress report developed and in use	Quality & Accreditation Manager	Dec 2014	Aust. S&Q Principle 3: Organised for Safety EQuIP Std 15: Corporate Services (C1: Planning)

Corporate Action 8 – Efficiency and Sustainability						
SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD Objective 8.3 Contribute to environmental sustainability						
SWSLHD CPS 8.3.1: Implement the District Sustainability Plan	Review the SWSLHD Sustainability Plan to identify the gaps at Fairfield Hospital. Develop an action plan to address the gaps Implement the strategies within the action plan.	Low	Gaps identified Action plan developed Action Plan Strategies implemented	Director of Finance and Corporate Services	Dec 2018	Aust. S&Q Principle 3: Organised for Safety EQuIP Std 15: Corporate Services (C9: Environmental Mgt)
SWSLHD CPS 8.3.3: Participate in NSW Government sustainability initiatives and implement strategies to reduce energy consumption across the District	Participate in NSW Government sustainability initiatives and implement strategies to reduce energy consumption across the District	Low	Government sustainability initiatives implemented	Director of Finance and Corporate Services	Dec 2018	
SWSLHD Objective 8.4 Ensure efficiency of services						
SWSLHD CPS 8.4.1: Review the efficiency and effectiveness of services and models of care and identify strategies for reengineering and disinvestment	Finalised and publish the surge bed policy to the website See also 1.2.2, 1.3.4, 1.3.5 and 1.4.1 for additional items.	Low	Policy published	Patient Flow Manager	June 2016	Aust. S&Q Principle 1: Consumer Centred National Std 1: Governance (C1: Quality Improvement)
SWSLHD CPS 8.4.2: Identify, plan and implement increased use of subacute beds to assist in efficiency of acute bed utilisation	See SWS LHD CPS 6.1.2	High	Staff participated in Clinical User Groups Master Plan completed	General Manager	Dec 2018	Aust. S&Q Principle 2: Driven by Information EQuIP Std 15: Corporate Services (C1: Planning)

Corporate Action 8 – Efficiency and Sustainability						
SWSLHD Corporate Action	Facility Action Implementation Strategy	Risk Rating	Measurable Evidence	Responsible Manager	Completed by	Linkages
SWSLHD Objective 8.5 Strengthen Governance						
SWSLHD CPS 8.5.2: Develop the management and decision making skills of the Executive, General Managers and Clinical Directors	Develop and monitor the Orientation / Mentoring Framework for Executive on Call	Low	Review preceding week Executive on Call events at the weekly mini Executive meeting. Address any issues that arise during the review process	General Manager	June 2018	Aust. S&Q Principle 3: Organised for Safety EQuIP Std 15: Corporate Services (C1: Planning)
SWSLHD CPS 8.5.4: Implement strategies to increase staff awareness of statutory and related reporting requirements	Staff to attend mandatory training Policy changes communicated to staff via General Information Circulars (GICs) GIC periodically distributed to staff regarding statutory and related reporting requirements	Low	All staff complete relevant mandatory training as required GICs and NSW Health policy Matters Newsletter circulated to all Fairfield staff via email	General Manager	June 2018	Aust. S&Q Principle 1: Consumer Centred National Std 1: Governance (C1: Quality Improvement)
SWSLHD CPS 8.5.5: Review internal structures and processes to ensure that the District complies with corporate governance requirements as outlined in the Corporate Governance Compendium and reporting requirements	Review the NSW Health Corporate Governance Compendium to identify the gaps at Fairfield Hospital. Develop an action plan to address the gaps Implement the strategies within the action plan.	Low	Gaps identified Action plan developed Action Plan Strategies implemented	Quality & Accreditation Manager	June 2017	Aust. S&Q Principle 2: Driven by Information EQuIP Std 15: Corporate Services (C2: Delegations)
SWSLHD Objective 8.6 Ensure work health safety						
SWSLHD CPS 8.6.1: Develop a strategic framework to implement the NSW Ministry of Health Policy Directive 2013_005 Work Health and Safety: Better Practice Procedures	Develop and implemented an action plan to instigate relevant strategies from the SWSLHD Work Health and Safety Framework at Fairfield Hospital once the framework has been finalised	Low	Action plan developed. Progress on action plan noted	General Manager	June 2018	Aust. S&Q Principle 3: Organised for Safety EQuIP Std 15: Corporate Services (C5: Safety Mgt)

Implementation

This Plan identifies the key strategies that will be implemented in Fairfield Hospital over the next five years. Against each key strategy the person(s) responsible for ensuring that the operational aspects of the strategy are progressed and the completion status have been identified.

The Fairfield Hospital Management Team will monitor, on a monthly basis, progress against this Plan. It is expected that all services will contribute to achieving the objectives of the Plan and will report progress to the Executive. The review process will include consideration of:

- The performance reports prepared for the *South Western Sydney Local Health District Annual Strategic Priorities and Performance Agreement* with the NSW Ministry
- Local priorities from this Plan for inclusion in the Annual *SWSLHD Strategic Priorities and Performance Agreement* for the subsequent financial year
- New and emerging NSW Government priorities and whether they are adequately reflected within this Plan
- Reports on progress against strategies which may not be in the annual performance agreement. This may include strategies which have a longer timeframe or have been prioritised to respond to the operating environment

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

Appendices

Appendix 1: SWSLHD Guiding Principles

The Principles which guide how services are managed and developed into the future are:

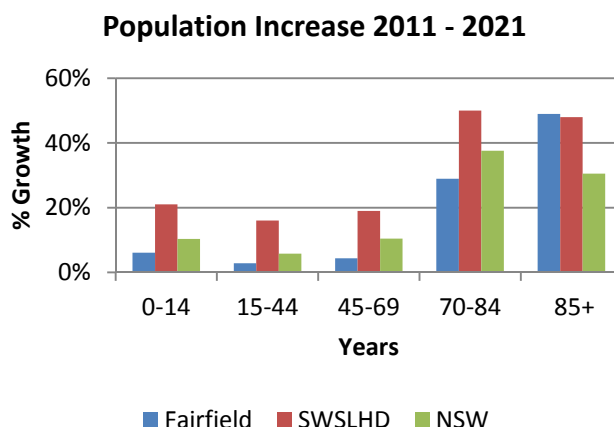
1. All residents have equity in access to health care services. People who are disadvantaged will be provided with assistance to access services where necessary.
2. Health services across the District will be of high quality.
3. Patients, communities, staff and service providers will be treated with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

Source: SWSLHD - Facility Corporate Plan Information Guide (January 2014), page 7.

Appendix 2: Health Snapshot Fairfield LGA

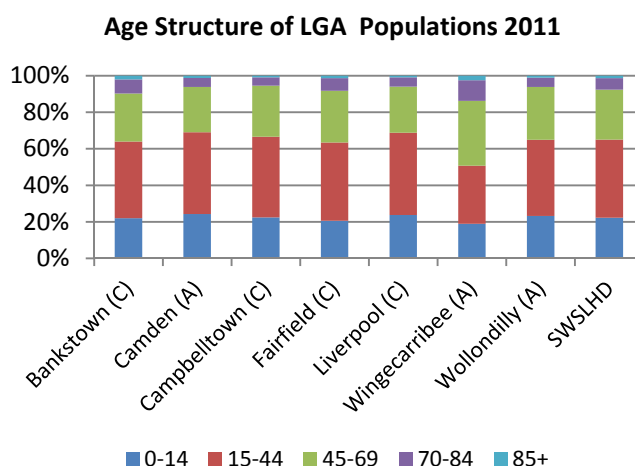
Fairfield is one of seven local government areas (LGA) covered by the South Western Sydney Local Health District (SWSLHD). It is an urban, metropolitan developed, very large centre under the Australian Classification of Local Governments covering an area of 102 square kilometres with a population density of 1,954 persons per square kilometre.

Population Demographics



Source: Regional Population Growth, Australia, 2012 (cat. no. 3218.0) Australian Bureau of Statistics

- In 2011 there were 196,622 residents, projected to rise to 204,366 people by 2021 i.e. 3.8% growth



Source: Australian Bureau of Statistics (2011) Census Population and Housing

- 19.8% are ≤14 years and 8.3% ≥ 70 years of age. By 2021 the proportion of children and older people will be 20.6% and 10.3% respectively. The fertility rate is 1.83 (NSW 1.91)
- 75.3% speak a language other than English at home (NSW 30.5%), the most common being Vietnamese (19.1%) Arabic (7.3%) and Assyrian (5.6%)
- 4,249 refugees (humanitarian stream) settled here over 2008-2012 i.e. 19.9% of NSW refugees
- 1,322 residents (0.7%) identify as being Aboriginal or Torres Strait Islanders (NSW 2.5%)
- It is the 5th most disadvantaged of 152 LGAs in NSW (SEIFA 2011). It is the most disadvantaged LGA in the Sydney Metropolitan Area
- The most disadvantaged suburbs are Villawood and Cabramatta

- There are 5,577 (9.3%) social housing dwellings (NSW 5.0%). 1,303 people are homeless and 1,852 residents live in crowded dwellings
- 41.7% have only completed their education to year 10 or below (NSW 37.1%)
- The unemployment rate is 9.7% (NSW 5.9%)
- 10.5% use only public transport (NSW 11.7%)
- 25.3% of private dwellings have no internet connection (NSW 20.2%)
- 59.7% (NSW 72.4%) of residents feel safe walking down their street after dark
- 64.5% (NSW 73.4%) would feel sad to leave their neighbourhood

Health Behaviours of Adults

- 16.5% consume 2+ standard drinks a day (NSW 30.4%)
- 59.1% consume the recommended daily amounts of fruit (NSW 56.6%) and 4.9% consume the recommended daily amounts of vegetables (NSW 10.0%)
- 42.8% engage in adequate physical activity (NSW 55.2%)
- 27.3% are overweight (NSW 53%) and 16.8% are obese (NSW 19.6%)
- 17.3 % of adult residents smoke (NSW 17%). The Prevalence Ratio for women who smoke during pregnancy is 117 (NSW 100)
- 49.0% of women had their first antenatal visit before 14 weeks gestation (NSW 79.3%)
- The cervical screening rate for women aged 20-69 years is 54.3% (NSW 57.3%). The rate of breast screening is 54.3% (NSW 76.3%)

Health Status

- 73.3% of adults rated their health as being excellent, very good or good (NSW 80.2%)
- 13.2% reported high or very high levels of psychological distress (NSW 11.1%)
- Compared to NSW (100), Fairfield has higher rates of death that are
- from preventable causes (103)
- smoking attributable (103.3)
- Compared to NSW (100), Fairfield has lower rates of death that are
- alcohol attributable (91.8)
- high body mass index attributable (71.9)
- amenable to health care (92.0)
- Compared to NSW (100), Fairfield has lower rates of hospitalisation that are
- from all causes (89.4)
- potentially preventable (90.5)
- high body mass index related (91.4)
- alcohol related (75.0)
- coronary heart disease related (87.1)
- smoking attributable (99.7)
- Compared to NSW (100), Fairfield has higher rates of hospitalisations that are
 - COPD related (109.4)
 - from falls related injury (106.2)
 - diabetes related (101.6)
- The prevalence of Diabetes is 7.2 % (NSW 6.3%)
- The rate of Hepatitis B notifications is 161.8/ 100,000 people (NSW 37.6/ 100,000). The rate of Hepatitis C notifications is 88.3/ 100,000 people (NSW 57.2/ 100,000)

Source: Additional information about health status, health behaviours, cancer rates, social capital and health services can be obtained from Health Statistics NSW, <http://www.healthstats.nsw.gov.au/>

Appendix 3: Morbidity and Mortality Data for Fairfield LGA

Indicator	Fairfield	SWSML
Deaths from all causes 2005-2007, Standardised Mortality Ratio (SMR)	100.0	100.8
Life expectancy at birth and by gender 2002-2006	Males: 80 Females: 84.3	Males: 78.7 Females: 83.5
Hospitalisations 2009-10 to 2010-11, smoothed number of separations per year (smoothed estimate of Standardised Separation Ratio - seSSR)	59,379 (89.4)	284,213
Potentially preventable hospitalisations 2009-10 2010-11 smoothed number of hospitalisations per year (seSSR)	4,035 (87.2)	20,431 (n.a.)
Alcohol attributable hospitalisations, 2009-10 to 2010-11, smoothed number of hospitalisations per year, (seSSR)	914 (73.4)	4,792 (n.a.)
Smoking attributable hospitalisations, 2009-10 to 2010-11, smoothed number of hospitalisations per year (seSSR)	1,082 (100.2)	4,692 (n.a.)
High body mass index attributable hospitalisations, smoothed number of separations per year 2009-10 to 2010-11 (seSSR)	889 (92.2)	4,218 (n.a.)
Coronary heart disease hospitalisations 2009-10 to 2010-11 smoothed number of hospitalisations per year (seSSR)	1,022 (87.1)	4,806 (n.a.)
COPD Hospitalisations, persons aged over 65, 2008-09 to 2009-10, smoothed number of separations per year (seSSR)	382 (115.6)	1,533 (n.a.)
Diabetes hospitalisations, 2009-10 to 2010-11, smoothed number of separations per year (seSSR)	477 (101.6)	2,293 (n.a.)
Fall-related injury overnight hospitalisations, persons aged 65 years and over, 2008-2009 to 2009-2010 combined, smoothed number of hospitalisations per year (seSSR)	588 (93.8)	2,659 (n.a.)
Potentially avoidable deaths, persons aged under 75 years, 2006 to 2007 combined, smoothed number of deaths per year, smoothed Standardised Mortality Ratio (sSMR)	263 (100.3)	1,115 (n.a.)
Deaths from preventable causes, persons aged under 75 years, 2006 to 2007 combined (sSMR)	164 (105.6)	668 (n.a.)
Potentially avoidable deaths from causes amenable to health care, persons aged under 75 years, 2006 to 2007 combined, smoothed number of deaths per year (sSMR)	101 (93.8)	449 (n.a.)
High body mass index attributable deaths by LGA 2006 2007, (sSMR)	49 (71.9)	261 (n.a.)
Alcohol attributable deaths, smoothed estimate of standardised mortality ratios per year, 2006 - 2007 (sSMR)	28 (91.8)	123 (n.a.)
Smoking attributable deaths, smoothed estimate of standardised mortality ratios per year, 2006 - 2007 (sSMR)	119 (103.3)	504 (n.a.)
Number of people with diabetes - NDSS Registrations (% of 2011 population)	13,582 (7.2%)	53,438 (6.1%)
All cancers, count and age standardised incidence rates per 100,000 2004 - 2008	3.616 (400.6)	16,609 (450.1)
All cancers, count and age standardised mortality rates per 100,000 2004 - 2008	1,502 (179.7)	6,347 (178.7)

Source: Data derived from Centre for Epidemiology and Evidence. Health Statistics New South Wales. Sydney: NSW Ministry of Health. Available at: www.healthstats.nsw.gov.au. Accessed (10/10/2013).

Appendix 4: Role Delineation Levels for Fairfield Hospital

Service	Delineation Level	Service	Delineation Level
Pathology	4	Orthopaedics	4
Pharmacy	4	Plastic Surgery	NPS
Diagnostic Imaging	4	Urology	NPS
Nuclear Medicine	3	Vascular Surgery	NPS
Anaesthetics	4	Maternity	4
Intensive Care	4	Neonatology	3
Operating Suite	4	Paediatric Medicine	4
Coronary Care	4	Paediatric Surgery	3
Emergency	4	Family & Child Health	4
General Medicine	4	Adolescents	3
Cardiology	4	Adult Mental health (Inpatient)	NPS
Dermatology	NPS	Adult Mental Health (Community)	4
Endocrinology	4	Child Adolescent Mental Health (Inpatient)	NPS
Gastroenterology	4	Child Adolescent Mental Health (Community)	3
Haematology – Clinical	4	Older Adult Mental Health (Inpatients)	NPS
HIV/AIDS	NPS	Older Adult Mental Health (Community)	2
Immunology	3	Child Protection Services	3
Infectious Diseases	3	Drug & Alcohol Services	6
Oncology - Medical	3	Geriatrics	NPS
Neurology	4	Health Promotion	6
Oncology - Radiation	NPS	Palliative Care	2
Renal Medicine	3	Rehabilitation	4
Respiratory	4	Sexual Assault Services	NPS
Rheumatology	4	Aboriginal Health	5
General Surgery	4	Community Health - General	5
Burns	3	Community Nursing	5
Cardiothoracic Surgery	NPS	Genetics	NPS
Day Surgery	4	Multicultural Health	4
Ear, Nose & Throat	NPS	Oral Health	2
Gynaecology	4	Sexual Health Services	NPS
Neurosurgery	NPS	Women's Health	4
Ophthalmology	NPS		

Source: SWSLHD Service Role Delineation Levels 2011

Note: “NPS” refers to where there is no planned service or a limited service. In addition, some services listed above are provided by other facilities including SWSLHD Community Health Services, Dental Services, Drug Health Services and Mental Health Services

Appendix 5: Flow of Local Catchment Population to Hospitals for Inpatient Care – Fairfield LGA residents 2011-12

Service Related Group	Fairfield	% of Total	Liverpool	% of Total	Childrens Westmead	% of Total	Westmead	% of Total	Braeside	% of Total	Bankstown Lidcombe	% of Total	Concord	% of Total	Auburn	% of Total	Other Hospital	% of Total	Total Pub Hosp
Cardiology	1,348	54%	913	36%	16	1%	68	3%		0%	22	1%	18	1%	48	2%	128	5%	2,513
Interventional Cardiology	70	11%	442	69%	2	0%	55	9%		0%		0%	13	2%		0%	55	9%	637
Dermatology	40	30%	39	29%	27	20%	4	3%		0%	2	2%	8	6%	4	3%	13	10%	133
Endocrinology	85	36%	78	33%	46	19%	9	4%		0%	7	3%	2	1%	2	1%	11	5%	238
Gastroenterology	1,188	44%	771	28%	203	7%	57	2%		0%	156	6%	37	1%	55	2%	299	11%	2,711
Diagnostic GI Endoscopy	388	46%	165	20%	18	2%	21	3%		0%	77	9%	10	1%	24	3%	157	19%	836
Haematology	28	11%	104	40%	65	25%	38	15%		0%	2	1%	7	3%		0%	13	5%	257
Immunology & Infections	105	29%	93	26%	65	18%	43	12%		0%	4	1%	14	4%	2	1%	38	10%	362
Oncology	44	13%	187	55%	14	4%	35	10%		0%	10	3%	8	2%	2	1%	40	12%	338
Neurology	532	40%	529	39%	67	5%	88	7%		0%	26	2%	23	2%	28	2%	79	6%	1,344
Renal Medicine	104	28%	153	42%	10	3%	13	4%		0%	32	9%	13	4%	4	1%	41	11%	366
Respiratory Medicine	1,313	51%	860	33%	153	6%	61	2%		0%	41	2%	28	1%	39	2%	143	6%	2,599
Rheumatology	37	19%	65	34%	11	6%	40	21%		0%	15	8%	1	1%	2	1%	21	11%	190
Pain Management	39	25%	76	48%	6	4%	12	8%		0%	2	1%	3	2%	6	4%	19	12%	157
Non Subspecialty Med	810	40%	692	34%	147	7%	56	3%		0%	86	4%	15	1%	29	1%	216	11%	2,022
Breast Surgery	72	33%	74	34%	1	0%	26	12%		0%	10	5%	6	3%	19	9%	31	14%	220
Cardiothoracic Surg		0%	143	76%	12	6%	10	5%		0%		0%	1	1%		0%	22	12%	188
Colorectal Surgery	357	51%	108	15%	7	1%	14	2%		0%	107	15%	19	3%	17	2%	87	12%	699
Upper GIT Surgery	331	41%	262	33%	13	2%	25	3%		0%	58	7%	22	3%	9	1%	91	11%	802
Neurosurgery	111	20%	320	57%	32	6%	34	6%		0%	17	3%	11	2%	5	1%	40	7%	565
Dentistry		0%	28	13%	18	8%	67	31%		0%		0%	3	1%		0%	101	47%	217
ENT & Head and Neck	214	22%	351	36%	124	13%	36	4%		0%	23	2%	23	2%	71	7%	205	21%	976
Orthopaedics	636	29%	1,033	47%	131	6%	56	3%		0%	64	3%	29	1%	21	1%	258	12%	2,207
Ophthalmology	12	2%	249	43%	33	6%	15	3%		0%	31	5%	40	7%		0%	201	35%	581
Plastic and Recon Surg	107	23%	147	32%	33	7%	18	4%		0%	18	4%	28	6%	19	4%	108	24%	459
Urology	154	13%	403	33%	42	3%	38	3%		0%	198	16%	139	11%	10	1%	249	20%	1,223
Vascular Surgery	53	13%	229	57%	13	3%	15	4%		0%	48	12%	7	2%	10	2%	36	9%	401
Non Subspecialty Surg	897	36%	902	36%	112	4%	138	6%		0%	119	5%	31	1%	51	2%	293	12%	2,492
Transplantation		0%		0%		0%		0%		0%		0%		0%		0%	8	100%	8
Extensive Burns	1	9%	1	9%	2	18%		0%		0%		0%	6	55%		0%	1	9%	11
Tracheostomy		0%	44	51%	13	15%	12	14%		0%	10	12%	2	2%		0%	5	6%	86
Gynaecology	540	45%	375	31%	5	0%	64	5%		0%	46	4%	5	0%	30	2%	176	15%	1,211
Obstetrics	1,967	64%	795	26%		0%	136	4%		0%	42	1%		0%	30	1%	146	5%	3,086
Qualified Neonate	275	65%	91	22%	9	2%	27	6%		0%	3	1%		0%	5	1%	16	4%	421
Perinatology		0%	83	63%	22	17%	12	9%		0%		0%		0%		0%	14	11%	131
Drug and Alcohol	213	56%	95	25%	5	1%	9	2%		0%	11	3%	7	2%	11	3%	41	11%	381
Psychiatry - Acute	30	4%	501	60%	14	2%	48	6%		0%	33	4%	70	8%	6	1%	141	17%	837
Psychiatry - Non Acute		0%		0%		0%		0%		0%		0%	1	2%		0%	47	98%	48
Rehabilitation	324	24%	159	12%		0%	26	2%	792	59%	15	1%	5	0%		0%	21	2%	1,342
Psychogeriatric Care		0%	6	15%		0%		0%	33	83%		0%		0%		0%	1	3%	40
Palliative Care		0%	49	8%		0%	13	2%	521	88%		0%		0%		0%	7	1%	590
Maintenance	4	6%	40	63%		0%		0%		0%	9	14%		0%	5	8%	11	17%	64
Unallocated	10	26%	17	45%	1	3%	1	3%	1	3%	1	3%		0%		0%	7	18%	38
Total	12,439	37%	11,672	34%	1,492	4%	1,440	4%	1,347	4%	1,345	4%	655	2%	564	2%	3,636	11%	34,027

Source: NSW Health FlowInfo V12

Appendix 6: LGA of Residence of Inpatients of Fairfield Hospital 2011-12

Service Related Group	Fairfield	% of Total	Liverpool	% of Total	Campbell town	% of Total	Bankstown	% of Total	Holroyd	% of Total	Parramatta	% of Total	Blacktown	% of Total	Other LGAs	% of Total	Total Hospital
Cardiology	1,348	81%	160	10%	15	1%	26	2%	21	1%	5	0%	13	1%	73	4%	1,661
Interventional Cardiology	70	74%	11	12%	1	1%		0%	3	3%		0%	3	3%	6	6%	94
Dermatology	40	78%	7	14%		0%		0%	1	2%		0%		0%	3	6%	51
Endocrinology	85	81%	11	10%	2	2%		0%	2	2%	2	2%		0%	3	3%	105
Gastroenterology	1,188	73%	226	14%	20	1%	33	2%	35	2%	15	1%	20	1%	83	5%	1,620
Diagnostic GI Endoscopy	388	59%	156	24%	26	4%	14	2%	15	2%	11	2%	12	2%	40	6%	662
Haematology	28	88%	3	9%		0%		0%	1	3%		0%		0%	0	0%	32
Immunology & Infections	105	82%	16	13%	1	1%		0%	2	2%	1	1%	2	2%	1	1%	128
Oncology	44	86%	4	8%		0%	1	2%		0%		0%		0%	2	4%	51
Neurology	532	81%	60	9%	5	1%	13	2%	8	1%	3	0%	6	1%	28	4%	655
Renal Medicine	104	88%	7	6%	1	1%	1	1%	3	3%		0%	1	1%	1	1%	118
Respiratory Medicine	1,313	84%	126	8%	6	0%	30	2%	35	2%	5	0%	4	0%	38	2%	1,557
Rheumatology	37	79%	4	9%	2	4%		0%		0%	2	4%		0%	2	4%	47
Pain Management	39	80%	6	12%	1	2%		0%		0%	1	2%		0%	2	4%	49
Non Subspecialty Med	810	81%	97	10%	11	1%	20	2%	24	2%	7	1%	5	0%	27	3%	1,001
Breast Surgery	72	66%	14	13%	3	3%	5	5%	3	3%		0%		0%	12	11%	109
Colorectal Surgery	357	68%	96	18%	7	1%	10	2%	16	3%	13	2%	4	1%	21	4%	524
Upper GIT Surgery	331	75%	55	12%	7	2%	14	3%	11	2%	4	1%	5	1%	15	3%	442
Neurosurgery	111	80%	10	7%		0%	6	4%	4	3%	1	1%		0%	6	4%	138
ENT & Head and Neck	214	84%	21	8%	1	0%	4	2%	6	2%	2	1%		0%	6	2%	254
Orthopaedics	636	44%	311	21%	214	15%	22	2%	46	3%	31	2%	20	1%	169	12%	1,449
Ophthalmology	12	80%		0%		0%	1	7%	1	7%		0%		0%	1	7%	15
Plastic and Recon Surg	107	74%	17	12%	4	3%	2	1%	2	1%	4	3%	2	1%	7	5%	145
Urology	154	79%	20	10%	2	1%	1	1%	9	5%	3	2%	1	1%	5	3%	195
Vascular Surgery	53	52%	25	25%	11	11%	1	1%	1	1%		0%	2	2%	8	8%	101
Non Subspecialty Surg	897	76%	168	14%	14	1%	20	2%	28	2%	4	0%	12	1%	41	3%	1,184
Extensive Burns	1	100%		0%		0%		0%		0%		0%		0%	0	0%	1
Gynaecology	540	66%	140	17%	32	4%	27	3%	21	3%	9	1%	10	1%	44	5%	823
Obstetrics	1,967	85%	170	7%	15	1%	36	2%	32	1%	9	0%	6	0%	68	3%	2,303
Qualified Neonate	275	82%	24	7%	1	0%	5	1%	7	2%	3	1%	2	1%	19	6%	336
Drug and Alcohol	213	29%	133	18%	101	14%	79	11%	13	2%	17	2%	16	2%	151	21%	723
Psychiatry - Acute	30	83%	3	8%		0%		0%		0%		0%	1	3%	2	6%	36
Rehabilitation	324	61%	143	27%	17	3%	11	2%	5	1%	2	0%	3	1%	24	5%	529
Maintenance	4	100%		0%		0%		0%		0%		0%		0%	0	0%	4
Unallocated	10	83%		0%		0%		0%		0%		0%		0%	2	17%	12
Total	12,439	73%	2,244	13%	520	3%	382	2%	355	2%	154	1%	150	1%	910	5%	17,154

Source: NSW Health FlowInfo V12

Appendix 7: Core Activity Indicators from the Performance Management Framework

Indicators	2010/11	2011/12	2012/13
Emergency Department			
ED Admissions	7,869	8,817	8,530
ED Admissions to Ward	6,129	6,969	6,699
ED Attendance Triage 1 - Immediately life threatening	121	155	95
ED Attendance Triage 2 - Imminently life-threatening	1,506	1,660	1,680
ED Attendance Triage 3 - Potentially life-threatening	3,902	4,634	4,517
ED Attendance Triage 4 - Potentially serious	2,251	2,283	2,136
ED Attendance Triage 5 - Less urgent	89	85	102
ED Attendances	32,037	32,888	33,341
ED Available Beds	14	14	14
ED Emergency Access performance (EAP)	67.5%	64.9%	64.4%
ED National Emergency Access Target (NEAT)	65.1%	59.5%	71.6%
ED Transfer of Care (ToC)		69.0%	74.9%
ED Triage 1 (% seen ≤ 2 mins, immediately life threatening)	100.0%	100.0%	100.0%
ED Triage 2 (% seen ≤ 10 mins, imminently life-threatening)	79.1%	82.3%	92.2%
ED Triage 3 (% seen ≤ 30 mins, potentially life-threatening)	75.0%	76.4%	90.5%
ED Triage 4 (% seen ≤ 60 mins, potentially serious)	73.7%	73.4%	80.7%
ED Triage 5 (% seen ≤ 120 mins, less urgent)	90.2%	87.3%	93.5%
Separations			
Separations Total	17,633	26,785	29,064
Separations Planned	4,466	12,357	15,070
Separations Unplanned	13,167	14,428	13,994
Separations Overnight	13,626	14,662	14,231
Separations Same Day	4,007	12,123	14,833
Acute Inpatient Activity			
Acute Separations Total	17,026	26,257	28,566
Acute Overnight BedDays	51,295	53,863	54,156
Acute Separations Overnight	13,024	14,139	13,747
Acute Separations Same Day	4,002	12,118	14,819
ALOS Overnight			
Average Length of Stay Overnight	4.56	4.43	4.59
Average Available Beds			
Average Available Beds	227.8	245.9	249.0
Overnight Bed Days			
Overnight Bed Days	62,191	64,944	65,313
Non-acute Inpatient Activity			
Non Acute Separations Total		525	491
Non Acute Separations Overnight		523	485
Non Acute Separations Same Day		2	6
Births			
Births	1,872	1,863	1,958
Surgery			
Theatre Cases - Elective	4,249	4,267	4,663
Theatre Cases - Emergency	1,050	1,132	1,118
Theatre Cases - Total	5,299	5,399	5,781
National Elective Surgery Targets (NEST)			
NEST 1 (% within 30 days)	99.4%	98.5%	100.0%
NEST 2 (% within 90 days)	99.5%	98.9%	100.0%
NEST 3 (% within 365 days)	98.4%	99.9%	99.7%
National Weighted Activity Units (NWAU) ¹			
Acute			16,697
ED			3,556
Mental Health			-
Non Admitted			6,806
Sub Acute			1,772
Non-admitted Patient Occasions of Service			
NAPOOS ²	176,967	189,571	188,529

1. An NWAU is a measure of activity expressed as a common unit, against which the National Efficiency Price (NEP) is paid. It is a point of relativity for pricing of hospital services, which are weighted for clinical complexity. The 'average' hospital service is worth one NWAU. More intensive and expensive activities are worth multiple NWAUs, and simpler and less expensive activities are worth fractions of an NWAU. NWAU not available for 2010/11 and 2011/12

². NAPOOS exclude Private Referred Non Inpatient (PRENIP)

³. Data sourced December 2013

Source: SWSLHD Performance Unit, NSW Health: Health Information Exchange (HIE).

Appendix 8: Fairfield Hospital Workforce Profile 2012

Employment Category	Fairfield Hospital	
	Headcount (Number) of Employees	% of Employees
Nursing	520	59%
Medical	76	9%
Imaging	15	2%
Allied Health & Complementary Therapy	47	5%
Pharmacy	9	1%
General Hospital Employees	205	23%
Other	10	1%
Total	882	100%

Source: SWSLHD Workforce Profile, April 2013

Appendix 9: Inpatient Activity Projections by SRG for 2016/17

Service Related Group ¹	2010-11						2016-17						% Δ in NWAUs
	Day Only		Overnight			Total NWAUs V13	Day Only		Overnight			NWAUs V13	
	Seps	I/P Beds @ B'mark ²	Seps	B'days	I/P Beds @ 85% B'mark ³		Seps	Beds @ B'mark	Seps	B'days	Beds @ B'mark		
11 Cardiology	44	0.1	978	4,150	13.4	834	47	0.2	993	4,118	13.3	928	11%
12 Interventional Cardiology		0.0	104	697	2.2	196	1	0.0	124	748	2.4	238	21%
13 Dermatology	5	0.0	22	94	0.3	22	7	0.0	22	83	0.3	21	-5%
14 Endocrinology	3	0.0	68	307	1.0	89	2	0.0	82	501	1.6	112	26%
15 Gastroenterology	560	1.9	715	2,831	9.1	767	576	1.9	747	2,969	9.6	796	4%
16 Diagnostic GI Endoscopy	638	2.1	73	285	0.9	260	656	2.2	65	244	0.8	260	0%
17 Haematology		0.0	25	159	0.5	35	5	0.0	21	136	0.4	36	2%
18 Immunology and Infections	3	0.0	104	247	0.8	58	5	0.0	102	273	0.9	60	5%
19 Oncology	3	0.0	67	630	2.0	118	7	0.0	68	529	1.7	121	3%
21 Neurology	8	0.0	462	2,795	9.0	557	9	0.0	442	2,357	7.6	546	-2%
22 Renal Medicine	5	0.0	77	426	1.4	95	12	0.0	83	527	1.7	119	26%
24 Respiratory Medicine	18	0.1	1,192	6,245	20.1	1,270	27	0.1	1,255	6,601	21.3	1,421	12%
25 Rheumatology	15	0.1	32	237	0.8	40	21	0.1	41	247	0.8	53	35%
26 Pain Management	5	0.0	16	67	0.2	12	4	0.0	16	64	0.2	12	6%
27 Non Subspecialty Medicine	26	0.1	787	4,730	15.2	969	31	0.1	833	5,037	16.2	1,140	18%
41 Breast Surgery	39	0.1	56	153	0.5	100	37	0.1	62	141	0.5	109	9%
43 Colorectal Surgery	310	1.0	202	611	2.0	431	301	1.0	188	702	2.3	426	-1%
44 Upper GIT Surgery	4	0.0	360	1,407	4.5	520	7	0.0	358	1,318	4.2	518	0%
46 Neurosurgery	5	0.0	77	649	2.1	112	4	0.0	77	501	1.6	118	5%
48 ENT & Head and Neck	12	0.0	132	251	0.8	70	19	0.1	154	333	1.1	95	36%
49 Orthopaedics	380	1.3	1,042	5,745	18.5	3,700	385	1.3	1,109	6,111	19.7	4,033	9%
50 Ophthalmology	1	0.0	3	9	0.0	4	3	0.0	6	24	0.1	6	53%
51 Plastic and Reconstructive Surgery	117	0.4	49	166	0.5	122	110	0.4	47	200	0.6	120	-2%
52 Urology	7	0.0	57	190	0.6	42	49	0.2	93	287	0.9	109	158%
53 Vascular Surgery	51	0.2	45	265	0.9	114	54	0.2	43	248	0.8	113	-1%
54 Non Subspecialty Surgery	143	0.5	708	2,216	7.1	764	171	0.6	659	2,181	7.0	791	4%
71 Gynaecology	386	1.3	293	757	2.4	524	355	1.2	294	665	2.1	494	-6%
72 Obstetrics	137	0.5	2,039	5,268	17.0	2,227	160	0.5	2,159	6,100	19.7	2,553	15%
73 Qualified Neonate	8	0.0	341	2,044	6.6	501	18	0.1	392	2,474	8.0	569	14%
81 Drug and Alcohol	29	0.1	475	3,020	9.7	460	40	0.1	470	2,849	9.2	483	5%
82 Psychiatry - Acute	1	0.0	11	91	0.3	15	1	0.0	11	91	0.3	15	0%
99 Unallocated	1	0.0	3	23	0.1	11	1	0.0	3	23	0.1	11	0%
Total Acute SRGs	2,964	10	10,615	46,765	151	15,037	3,126	10	11,018	48,677	157	16,428	9%
84 Rehabilitation	5	0.0	627	10,718	32.6	N/A	9	0.0	726	12,264	37.3	N/A	
85 Psychogeriatric Care		0.0	1	11	0.0	N/A		0.0	0	5	0.0	N/A	
86 Palliative Care		0.0	5	137	0.4	N/A		0.0	9	171	0.5	N/A	
87 Maintenance		0.0			0.0	N/A		0.0			0.0	N/A	
Total Sub and Non Acute SRGs	5	0	633	10,866	33		9	0	736	12,439	38		
Total All SRGs	2,969	10	11,248	57,631	184	15,037	3,135	10	11,754	61,117	195	16,428	9%
2011-12 average available beds ⁴		11			183								
Estimated additional beds in 2017 above 2012 level at benchmark occupancy levels								-1			12		

1 excludes chemotherapy, renal dialysis, unqualified neonates

2 benchmarked at 120% occupancy for 250 days p.a.

3 benchmarked at 85% occupancy for 365 days p.a. for acute care and 90% occupancy for 365 days p.a. for sub and non acute care

4 excludes emergency department, renal dialysis, bassinets, delivery suite, designated mental health beds

Source: NSW Health planning Toolkit: aIM2012 v2.1 and SiAM_2012 v 2.1

Appendix 10: Outpatient Activity (NAPOOS) Projections for 2016/2017

Clinical Services	2011/12 Equiv Non Admitted Patients Occasions of Service	2017 projections	2011/12 Privately Referred Non- Inpatients	2017 projections	2017 projections (NAPOOS & PRNIP)	% Growth
Aged Care & Rehab	2,653	3,080	0	0	3,080	16.1%
Allied Health	14,745	17,119	0	0	17,119	16.1%
Cardiovascular	6,470	6,580	211	215	6,794	1.7%
Critical Care	33,699	34,659	0	0	34,659	2.8%
Complex Care	19,555	19,888	0	0	19,888	1.7%
Medical Imaging	16,598	17,071	5,840	6,006	23,077	2.8%
Surgical Spec	1,777	1,827	0	0	1,827	2.9%
Pathology	45,101	46,522	108	111	46,633	3.2%
Women's Health	31,918	31,743	0	0	31,743	-0.5%
Facility Services	29,991	30,936	3,064	3,161	34,096	3.2%
Fairfield Total	202,507	209,424	9,223	9,493	218,917	3.4%

Data Sourced Dec 2012, excludes Mental Health and is consistent with that in the *SWSLHD Strategic & Healthcare Services Plan*. Variance between data in this table and the SWSLHD Performance Management Framework (data sourced Dec 2013) is due to exclusion of PRNIP data, ongoing auditing and service realignment.

Appendix 11: Service Development Directions for Fairfield Hospital

Aged Care and Rehabilitation - develop acute geriatrics services in association with sub-acute and rehabilitation services

Allied Health - provide extended hour social work and physiotherapy services for emergency and specific inpatient caseloads 7 days per week

Cancer - increase capacity to provide palliative care; and establish a fixed Breast Screen NSW service in Fairfield LGA, including investigation of Fairfield Hospital as a potential site

Cardiovascular - consolidate and expand the satellite renal dialysis subject to demand; enhance non-invasive cardiology and cardiac rehabilitation services; and develop a HDU Cardiology on-call roster

Complex Care and Internal Medicine - provide 24 hour medical coverage; enhance the capacity to care for stroke patients; consider viability of resuming genetics clinics; establish an Infectious Diseases Service, including consultation, hospital in the home and acute assessment and chronic care clinics; and expand ambulatory care capacity including infusion services

Critical Care - expand ED services and physical capacity including paediatric spaces; and establish a Medical Assessment Unit/ Acute Assessment Unit (MAU/ AAU) adjacent to ED with associated clinics

Drug Health - enhance consultation and liaison and ambulatory detoxification supported by GP shared care; provision of counselling as well as the Needle & Syringe Program (NSP) via Automatic Dispensing Machines and sharps disposal bins

Gastroenterology and Liver - increase use of endoscopic diagnostic investigation including bronchoscopy and gastroscopy; develop specialist multidisciplinary services for viral hepatitis; and establish a stand-alone or virtual stand-alone endoscopic procedures unit to enable diversion of some endoscopic procedures e.g. check cystoscopies from the operating theatres

Laboratory - assess requirements for expansion to meet demand and changing service models

Medical Imaging - enhance service integration with and availability in ED; and assess requirements for expansion to meet demand and changing service models

Oral Health - investigate feasibility for oral surgery (to relieve Liverpool Hospital waiting lists) for low risk day patients, potentially in the community oral health clinic

Paediatrics and Neonatology - enhance paediatric short stay capacity

Research - expand physical capacity to undertake research, including clinical trials.

Surgical Specialties - enhance peri-operative medicine for people with multiple medical co-morbidities admitted under surgical teams; enhance surgical capacity in the short term via full 5 day week operation of the 4th operating theatre; assess options for urology service development including access to theatres for minor, mainly day only and uncomplicated procedures; enhance general surgery capacity using emerging surgical technology with evidenced efficacy for minor colorectal (including endoscopy), laparoscopic cholecystectomies, hernia repairs (to relieve waiting lists at Liverpool Hospital) and other day and short stay procedures; establish a hand surgery unit to provide the less complicated follow-up surgery after initial trauma assessment and care at Liverpool Hospital and short stay, low risk elective procedures e.g. carpal tunnel, trigger finger, Dupuytren's contracture and ganglions; expand elective

orthopaedic surgery provision, including joint replacement (subject to available beds) and additional minor procedures, supported by enhancement of the Fairfield Orthopaedic Hip and Knee Service (FOHKS) and patient education and medical management whilst on the waiting list; expand the role in post-surgical rehabilitation for older patients with orthopaedic trauma; and continued expansion of the Whitlam Research Centre focusing on surgical outcomes and patient satisfaction following orthopaedic surgery, with roll-out of the post-operative joint replacement outcome registry

Women's Health - Maintain maternity networks with Liverpool Hospital, ensuring Fairfield mothers can access midwifery models of care and general practice shared care in a timely manner

Source: SWSLHD Strategic and Healthcare Services Plan - Strategic Priorities in Health Care Delivery to 2021, page 291.



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