

Darling Downs Hospital and Health Service

# Strategic Plan

# 2016

# - 2020

*2017 update*



## Darling Downs Hospital and Health Service Strategic Plan 2016–2020

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# A message from the Darling Downs Hospital and Health Service Board Chair and Chief Executive

We are very pleased to present the Darling Downs Hospital and Health Service Strategic Plan 2016-2020 (2017 update). This plan embodies our commitment to working with the community in providing patient-centred care and provides a roadmap for our service delivery over the next four years. Within our plan there are a number of strategic objectives, each with supporting strategies to put those objectives into action. We believe this strategic plan provides the foundation for a professional, inclusive and engaged approach to care and that our new vision 'Caring for our Communities - *Healthier Together*' will be realised by its implementation.

The Darling Downs Hospital and Health Service has achieved many things since its formation a few short years ago. Recent years have seen organisational change, streamlining of processes, adjusting models of care, financial revitalisation, targets achieved and successful engagement with healthcare partners and the community. We would like to congratulate and thank our staff, our volunteers, the community and our health partners for their collective contributions so far - but there is more to do. Our strategic plan builds on past achievements; it recognises that we are part of a broader healthcare system and must work closely together to provide high quality care; and it articulates the importance of investment in innovation, education and the continued support and professional development of our workforce.

Our region is changing. A growing, ageing population and an increased incidence of chronic disease are among our greatest challenges. At the core of our business, however, is our commitment to meet these and other challenges by supporting the 'right workforce' with the 'right processes' and the 'right resources' to provide the best healthcare for patients and their families. These are challenging times but they are exciting times and we will continue our focus on ensuring timely access to emergency care, reducing waiting lists, service delivery innovation across wide geographic areas, on Closing the Gap in health outcomes for Aboriginal and Torres Strait Islander communities, on improving safety and quality, and on enabling our patients, the community and our partners to have a voice through positive engagement. We are committed to making a difference in rural and regional healthcare.

As we start this new strategic planning cycle we reflect on the past but look forward to a very positive healthcare future in the Darling Downs Hospital and Health Service region. The Board and the Executive team are committed to working with staff and our community to provide integrated and patient-centred services, using this plan as the foundation. It is a pleasure to share the 'Darling Downs Hospital and Health Service Strategic Plan 2016-2020 (2017 update)' with you all.



Mike Horan AM  
Board Chair



Dr Peter Gillies  
Chief Executive



## Our vision

Caring for our Communities - *Healthier Together*

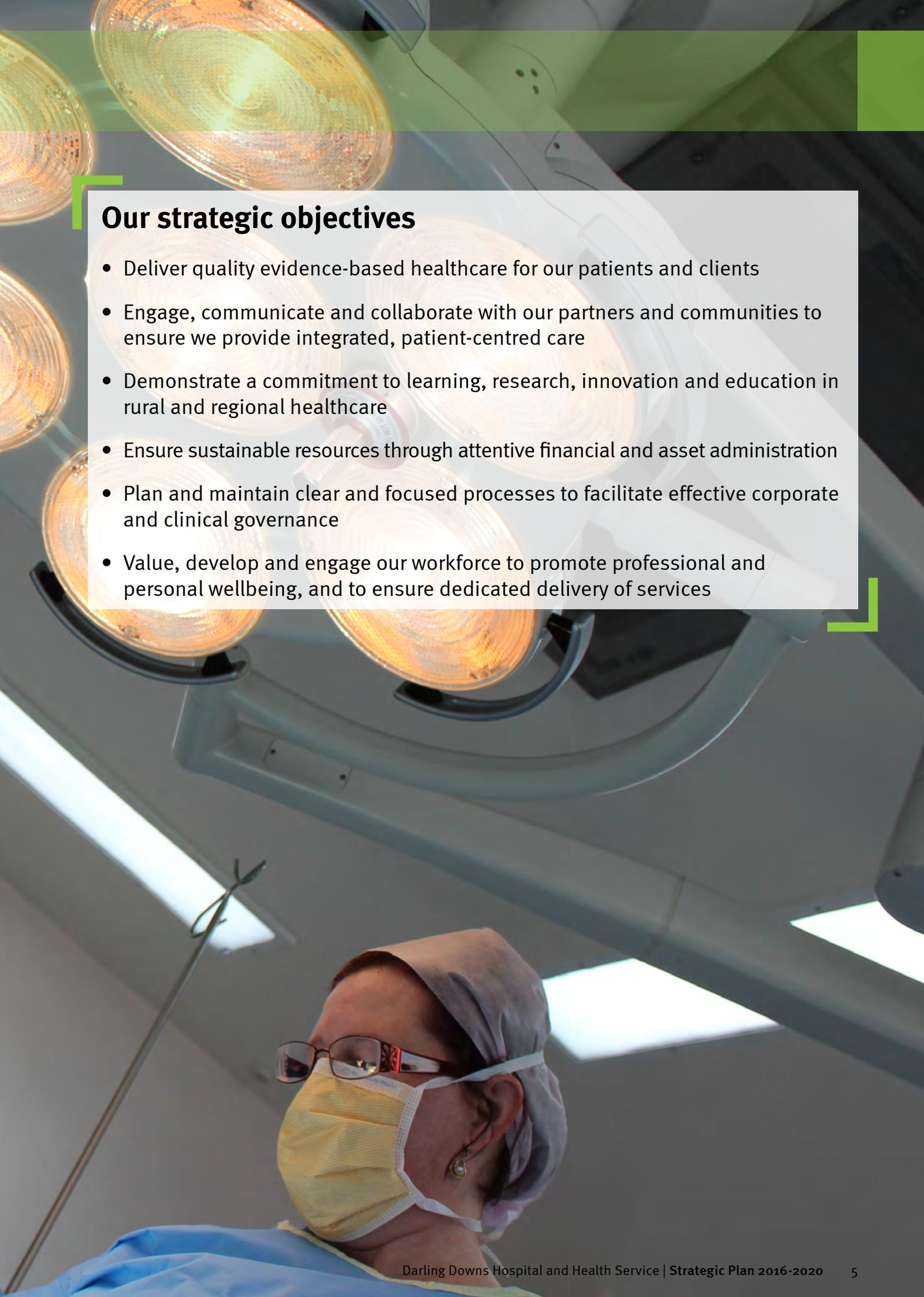
## Our values

-  **Compassion** – We engage with others and demonstrate empathy, care, kindness, support and understanding.
-  **Integrity** – We are open, honest, approachable, equitable and consistent in everything we do.
-  **Dignity** – We treat others with respect, display reasonableness and take pride in what we do.
-  **Innovation** – We strive to know more, learn more and do better.
-  **Courage** – We respectfully question for clarity, have the strength to act, and embrace change for the better.

## Acknowledgement of Traditional Owners

The Darling Downs Hospital and Health Service (DDHHS) respectfully acknowledges the Traditional Owners, both past and present, of the region we service. The DDHHS has a commitment to reducing inequalities in health outcomes for Aboriginal and Torres Strait Islander people in line with Australian and State Government policies including the Closing the Gap initiative.





## Our strategic objectives

- Deliver quality evidence-based healthcare for our patients and clients
- Engage, communicate and collaborate with our partners and communities to ensure we provide integrated, patient-centred care
- Demonstrate a commitment to learning, research, innovation and education in rural and regional healthcare
- Ensure sustainable resources through attentive financial and asset administration
- Plan and maintain clear and focused processes to facilitate effective corporate and clinical governance
- Value, develop and engage our workforce to promote professional and personal wellbeing, and to ensure dedicated delivery of services

## About us

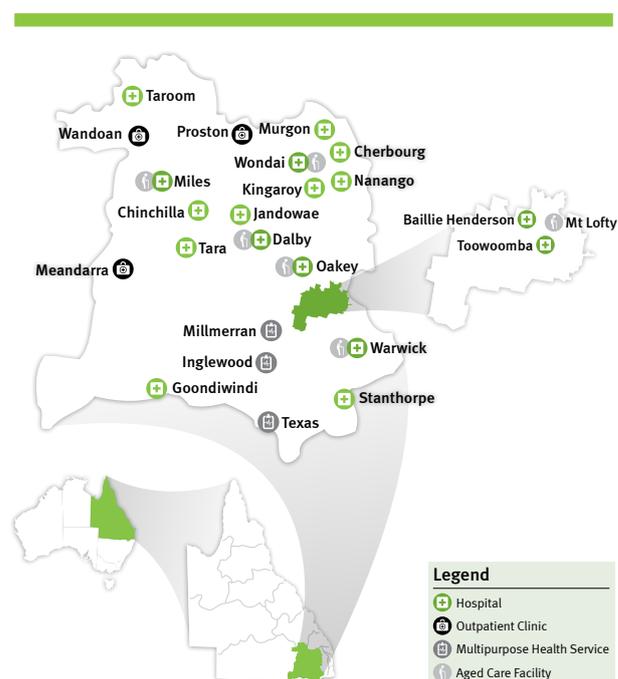
On 1 July 2012, in accordance with the *National Health Reform Agreement* and Queensland's *Hospital and Health Boards Act 2011* (the Act), the Darling Downs Hospital and Health Service (DDHHS) was established as an independent statutory body, overseen by a local hospital and health board (the Board), which reports to the Minister for Health. The functions of the Board are outlined in the Act and include establishing, maintaining and monitoring the performance of systems to ensure the Health Service meets community needs.

## Our role

The DDHHS provides public hospital and healthcare services as defined in the service agreement with the Department of Health as the manager of the public health system. We deliver clinical services to nearly 300,000 people from 29 facilities, which includes one large regional referral hospital, one extended inpatient mental health service, three medium sized regional hub hospitals, twelve rural hospitals, three multipurpose health services, three community outpatient clinics and six residential aged care facilities.

We are one of the largest employers in the region, employing more than 5000 people, and manage a budget of more than \$750 million annually.

The DDHHS also has a learning, research and innovation role. The DDHHS partners with a number of tertiary education institutions to provide undergraduate and postgraduate clinical experience for members of the multidisciplinary healthcare team. Toowoomba Hospital houses the main campus of the University of Queensland Rural Clinical School, and Griffith University collaborates to provide medical, dental, and midwifery services and training at a number of DDHHS regional facilities.



DDHHS Local Government Areas	Population (2015)	Population Projections to 2036
Cherbourg Aboriginal Shire Council	1291	1466
Goondiwindi Regional Council	11,022	11,474
South Burnett Regional Council	32,575	40,198
Southern Downs Regional Council	35,738	40,924
Toowoomba Regional Council	163,232	205,025
Western Downs Regional Council	33,799	40,349
Taroom (part of Banana Shire)	873	873
<b>TOTAL</b>	<b>278,530</b>	<b>340,309</b>

Source: Population 2015: ABS Data by Region 2011-2016 (LGA) Released March 2017  
 2036 Projection: Qld Government Statistician's Office, Qld Treasury (2016). *Qld Regional Profiles: Resident Profile: DDHHS LGAs Region*. 56pp



## Our region and the community we serve

The DDHHS region is a large and diverse geographic area covering some 90,000 square kilometres. We encompass six local government areas and part of a seventh, the Banana Shire Council area and the town of Taroom.

The population of the community we serve is growing. Over the next 25 years the population is expected to grow by 27 per cent, which is among the highest growth rates in Queensland outside of Brisbane and the south-east Queensland coastal, urban centres.

The population of the community we serve is also ageing. By the year 2036 the proportion of the Darling Downs region's population that is aged 65 years or older is projected to be the third largest in all of Queensland at close to 25 per cent. Even now, approximately 17 per cent of our region's population is aged 65 years or older and this exceeds the whole of Queensland figure by 3 per cent. An ageing population provides both challenges and opportunities for the DDHHS.



More than one fifth of the Darling Downs' population will be aged 65 years or older within 15 years



An estimated two-thirds of those who have reached pensionable age have at least two chronic conditions



Older people require emergency care more often, generally have longer Emergency Department (ED) length of stay, and have higher admission and readmission rates.

The DDHHS provides healthcare services to rural and regional Queenslanders. In common with other rural and regional areas there are many challenges associated with increasing levels of chronic disease, geographic distance, workforce turn-over and retention, demand management, and financial sustainability in small or remote communities. Our aim is to provide safe and sustainable healthcare services.

There are a number of factors and demographic realities influencing DDHHS operations but we work hard to meet community needs and expectations through proactive partnerships with other care providers and through positive engagement with the community and its representative groups.

## The community we serve



4% of the population identify as Aboriginal and Torres Strait Islander



7% of the population is without a motor vehicle



17% of the population is aged 65 years or older



3% of the population speak a language other than English at home



5% of the population has a profound or severe disability requiring assistance



26% of the population is without an internet connection



31% of the population falls within the first quintile when scored for socioeconomic disadvantage



64% of the population are overweight or obese weight



11% of the population are smokers\*



Birth rate is 13.6 per 1000 persons

\* Source: *The Health of Queenslanders: Report of the Chief Health Officer Queensland 2016*

## Our services

The DDHHS provides a comprehensive range of hospital services including inpatient and outpatient services, surgical sub-specialties, medical sub-specialties, mental health, diagnostic services, and residential aged care.

We also offer community and primary health services including: aged care assessment, Aboriginal and Torres Strait Islander health programs, child and maternal health services, alcohol and other drug services, mental health services, home care services, community health, sexual health services, allied health services, oral health, screening services, and public health programs.

## Our facilities

The DDHHS delivers clinical services from 31 facilities. Our major referral hospital, Toowoomba Hospital, serves as the regional referral hospital for parts of the South West HHS, including Roma and Charleville, and some parts of northern NSW. DDHHS also operates an integrated mental health service which provides specialist services across a number of clinical programs through Toowoomba Hospital, Baillie Henderson Hospital and across our rural communities.

The DDHHS operates the Cunningham Centre which is Queensland Health's largest and most established Registered Training Organisation. Since its establishment in 1989, the Centre has been involved in high quality training, education, research and support of health personnel in Queensland.

Local Government Area	DDHHS Facility
Cherbourg	Cherbourg Hospital
Goondiwindi	Goondiwindi Hospital
	Inglewood Multipurpose Health Service
	Texas Multipurpose Health Service
Toowoomba	Toowoomba Hospital
	Oakey Hospital
	Millmerran Multipurpose Health Service
	Baillie Henderson Hospital (Mental Health Services)
Southern Downs	Stanthorpe Hospital
	Warwick Hospital
South Burnett	Kingaroy Hospital
	Murgon Hospital
	Nanango Hospital
	Wondai Hospital
	Proston Outpatient Clinic
Western Downs and Banana	Dalby Hospital
	Tara Hospital
	Chinchilla Hospital
	Taroom Hospital
	Jandowae Hospital
	Miles Hospital
	Wandoan Outpatient Clinic
Meandarra Outpatient Clinic	
<i>Residential Aged Care Facilities</i>	
Toowoomba	Dr EAF McDonald Nursing Home (Oakey)
	Mt Lofty Heights Nursing Home (Toowoomba)
Southern Downs	The Oaks Nursing Home (Warwick)
South Burnett	Forest View Residential Care Unit (Wondai)
Western Downs	Karingal Nursing Home (Dalby)
	Milton House (Miles)

## Key risks

- **Infrastructure**

The DDHHS has a significant number of aged, ageing and re-purposed infrastructure in many locations (i.e. both built and utilities infrastructure). Maintaining service standards and responding to growth in existing service demand and provision of new services is a key risk for the service.

- **Information and Communications Technology (ICT)**

Inconsistent or out dated ICT equipment, platforms, and processes pose a risk to DDHHS service delivery and in meeting patient and staff needs. The DDHHS will strive to support staff with optimal ICT to deliver modern, best-practice healthcare.

- **Community Expectations**

Our community is constantly changing, both demographically and geographically. Developing and reviewing healthcare service delivery that meets, and stays abreast of, the changing expectations of our diverse communities is a key risk that the DDHHS is committed to addressing.

- **Workforce**

The DDHHS operates in highly competitive human-resources markets, especially in rural and regional settings. This provides additional challenges around succession planning, loss of corporate and process knowledge, and continuity of service. In order to deliver quality, professional healthcare services and a positive patient experience we must recruit and retain qualified, capable and committed staff.

- **Service Demand Management**

Forecasting and managing increasing demand on our services is shaped by regional consumer health profiles, by continued population growth, and often by seasonal factors. Understanding, planning and being responsive to these changing demand profiles to ensure service continuity is a risk for the DDHHS.

- **Safe Workplace**

A key challenge, especially with our aged infrastructure, is continuously maintaining our high standards and reducing or eliminating unnecessary hazards, so that we can provide a safe and healthy workplace for all. The DDHHS strives to provide an appropriate working environment to keep our staff, our contractors and our visitors safe.

- **Funding**

Provision of healthcare services is directly affected by our ability to manage a balanced budget, maintain budget integrity, and identify opportunities to increase revenue. While the DDHHS has proven itself as an efficient deliverer of services and prudent financial manager, demand for services continues to increase above allocated funding.

- **Business Continuity**

Delivery of uninterrupted healthcare services, and remaining prepared for adverse events or other unexpected increases in service demand is a core community expectation. The DDHHS needs to ensure that our services are available at any point in time, even in the event of disaster.



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- **Healthcare & Social Reform**

A key challenge for the DDHHS is to update and maintain optimal models of care in healthcare and social environments where policy change is frequent. The DDHHS invests significant effort and resources toward offering the best ‘models of care’, tailored to community need and cognisant of issue-specific circumstance.

- **Environmental Risks**

With an eye to broader environmental sustainability of the DDHHS and our service-delivery, a key challenge is to incorporate environmental risk within our operational management frameworks. Attention to issues such as alternate energy, recycling, waste treatment and disposal, energy consumption and environmental awareness are just some of the contemporary community expectations around environmental sustainability for the DDHHS to consider and respond to.

- **Chronic Disease**

The increasing incidence of chronic disease (such as diabetes, renal, or cardiac disease) places increasing demand for services on the DDHHS. Changing demographics in our region, as well as a changing health profile of our residents, requires focussed planning and implementation of appropriate and innovative models of care.

- **Obesity**

The increasing trend in demand for the treatment of obesity and obesity-related conditions is a key risk for the DDHHS. Obesity is now routinely identified as a serious health risk factor for Australian communities and as a significant operational challenge for healthcare service providers. The DDHHS is committed to leading the fight against obesity in the region.

- **Patient Safety**

Patient safety is a primary goal. Maintaining our high standards of care, in line with our safety obligations and our community’s expectations is a key challenge. The DDHHS has a commitment to provide positive patient and family experiences through the delivery of safe, patient-centred care.

- **Governance and compliance**

Good governance is a critical operational requirement for the DDHHS as well as a key risk given frequently changing public policy, planning and regulatory frameworks.

# Darling Downs Hospital and Health Service



## Our opportunities

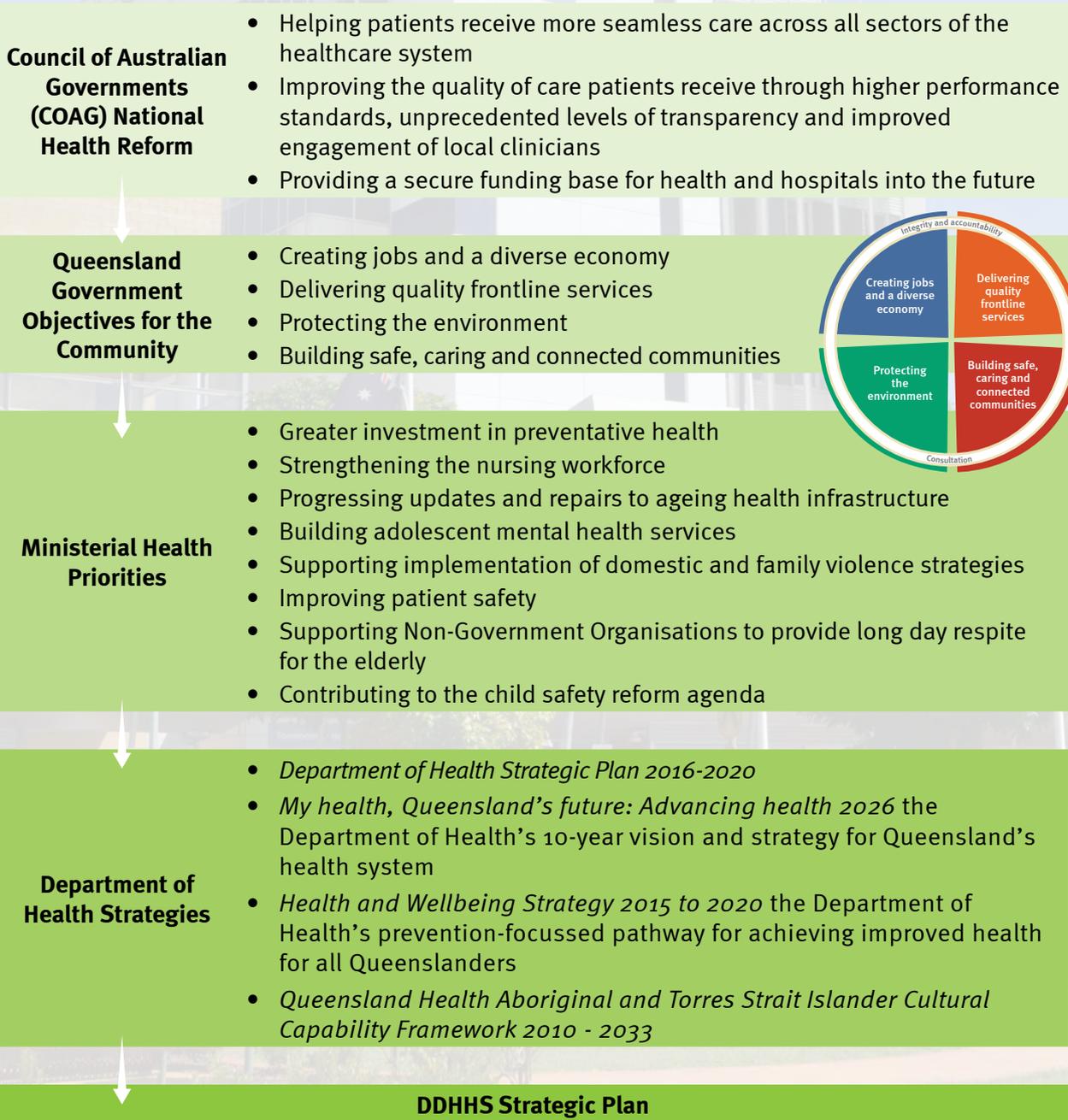
The DDHHS faces many challenges in the delivery of healthcare services regionally. However, a number of significant opportunities can be broadly identified which, in many ways, offset these challenges and provide exciting areas of focus for the future. Building on these opportunities will ensure a professional and comprehensive healthcare service for our community, and this intent is captured in our strategic objectives.

We have opportunities around:

- Improving our service-delivery capacity and processes
- Integrating care, and making use of innovative healthcare delivery mechanisms
- Continuing to strengthen complementary relationships with healthcare partners, consumers and the community
- Continually improving our models of care and expanding use of emerging technologies to ensure patient-centred service and improved outcomes
- Streamlining and adapting our financial management to take best advantage of funding models and to ensure a balanced fiscal position
- Focussing on learning, research, innovation and education to provide for continual improvement and to meet the community's changing healthcare needs and expectations
- Valuing and making use of our network of volunteers, community advisory committees, foundations and auxiliaries
- Valuing the workforce talent and commitment by seeking their input and by supporting training and professional development
- Nurturing and growing our workforce
- Focussing on strengthening partnerships with Aboriginal and Torres Strait Islander peoples and communities to improve health outcomes; and,
- Forming a social media presence to engage with our community.

# Government objectives for the community and health priorities

Our strategic plan considers and responds to the Commonwealth and State Government’s health agendas, healthcare priorities, and government objectives for the community. We demonstrate our relationship with these government agendas and priorities through the development of our own strategic objectives. The DDHHS is committed to delivering quality frontline services and outcomes that strengthens the public health system, provides patient-centred care, and aligns with national and state government health priorities.



## Objectives and strategies: *Taking action*

The DDHHS “strategic objectives” are put into action through a number of “strategies” or priorities-for-action. Our strategies are grouped below a parent objective and, collectively, are tested with respect to their intended outcome using one or more “measures of success”. The DDHHS Board, supported by the Executive leadership team, develop and adopt these strategies having regard for the expectations of government (and the policy environment), the expectations of the community, and the key risks and challenges facing the DDHHS and its region.

Operational plans, which are implemented and updated annually, are prepared by the DDHHS to further develop and articulate the actions and initiatives that will be undertaken to put our strategies into action and to achieve the intended outcomes. Through the implementation of our operational plans, which are aligned to our strategic plan, the DDHHS will reach its longer term strategic objectives.

## Our strategic framework

The DDHHS uses a conceptual ‘balanced-scorecard’ approach to its strategic and operational planning. Originally proposed by Kaplan and Norton (1996)<sup>1</sup>, the balanced scorecard is a strategic planning and management system that is used extensively in organisations to align business activities to a vision, improve internal and external communications, and monitor operational activity against strategic objectives or goals. The balanced scorecard suggests viewing an organisation from four perspectives. The DDHHS uses the following perspectives to shape its planning processes.

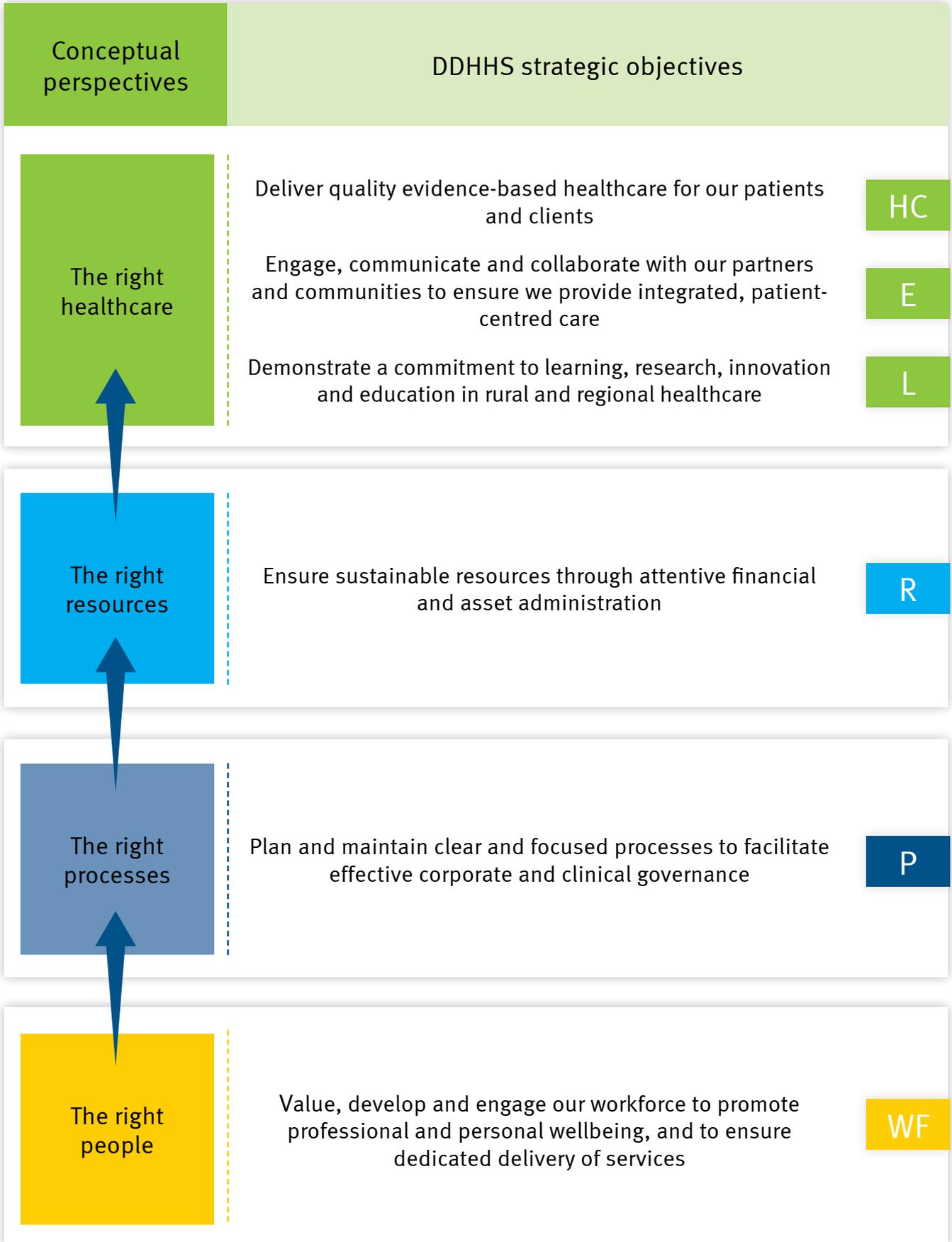
- **The learning, growth and workforce perspective:** We should focus on our ability to learn, innovate and educate to ensure a knowledgeable and supported workforce - the ‘right people’. Can we continue to improve?
- **The internal business perspective:** We should focus on those critical internal operations and processes that support our workforce to deliver the best healthcare – the ‘right processes’. What must we do to facilitate service-delivery?
- **The financial perspective:** We should focus on working within a balanced budget and on collaborative engagement with funders - the ‘right resources’. Are we performing and commercially diligent?
- **The patient and community perspective:** We should focus on providing integrated, patient-centred care for residents in every part of our region – the ‘right healthcare’. Are we meeting community expectations and are we trusted to deliver healthcare?

We believe that the ‘right people’, supported by the ‘right processes’ and the ‘right resources’, can deliver the ‘right healthcare’ in a professional and patient-centred way. This is the DDHHS strategic framework.

Our plan builds around six strategic objectives<sup>2</sup>. Three strategic objectives are centred on providing and improving rural and regional healthcare (our core business) and three strategic objectives are centred on enabling our core business.

<sup>1</sup> Kaplan, R.S. and Norton, D.P. (1996). *The Balanced Scorecard: Translating Strategy into Action*. Boston, MA: Harvard Business School Press. ISBN 978-0875846514

<sup>2</sup> The DDHHS strategic objectives are colour-coded and letter-coded in the figure to enable cross-referencing in subsequent sections of this strategic plan.



## Our strategies

The DDHHS has a number of strategies that enable us to reach our strategic objectives or goals. These strategies are given effect through our operational plans and through our engagement with the community and our healthcare partners.

### HC

## Deliver quality evidence-based healthcare for our patients and clients

### Strategies

- HC1. Deliver core health services
- HC2. Improve access to services
- HC3. Ensure safe and quality health outcomes
- HC4. Work to deliver Aboriginal and Torres Strait Islander health and support services in line with Closing the Gap
- HC5. Deliver more care locally
- HC6. Enhance patient experience and increase confidence in the health system

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### Measures of success

- ✓ We will deliver services in accordance with the DDHHS Service Agreement with the Department of Health
- ✓ We will monitor and maintain key performance indicators within target levels for mental health, oral health and BreastScreen
- ✓ We will monitor and maintain emergency department performance times within target
- ✓ We will monitor and maintain elective surgery within clinically acceptable timeframes
- ✓ We will monitor and maintain specialist outpatient services within clinically recommended timeframes
- ✓ We will increase the uptake and use of Telehealth services
- ✓ We will maintain compliance and accreditation against the national safety and quality health service standards, national mental health standards and aged care standards
- ✓ We will demonstrate and maintain an integrated system of governance to actively manage patient safety and quality risks
- ✓ We will monitor and maintain key performance indicators within targets for 'Closing the Gap'

# E

## Engage, communicate and collaborate with our partners and communities to ensure we provide integrated, patient-centred care

### Strategies

- E1. Collaborate with and leverage other providers to reduce the impact of chronic disease
- E2. Lead the integration of primary healthcare and other health service providers
- E3. Engage the community and healthcare consumers, including promoting health literacy
- E4. Establish and maintain relationships with the community and with partners that enable responsiveness to legislative changes and social reform
- E5. Provide a leadership role in fighting the obesity epidemic

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### Measures of success

- ✓ We will establish and facilitate an engaged and effective consumer advisory council
- ✓ We will coordinate meetings and jointly plan with the Darling Downs West Moreton Primary Health Network and community-controlled Aboriginal and Torres Strait Islander health services
- ✓ We will hold meetings between community groups and the Board at least monthly
- ✓ We will disseminate information and communicate updates about our activities to inform the community and our partners
- ✓ Work collaboratively with DDWMPHN to implement the Health Pathways program to achieve integrated patient pathways across the system and improve the patient journey

### L

## Demonstrate a commitment to learning, research, innovation and education in rural and regional healthcare

### Strategies

- L1. Embed the application of evidence-based practice and research into the organisation
  - L2. Invest in and develop leaders for the future
  - L3. Enhance relationships with the tertiary education sector
  - L4. Develop collaborative research partnerships
  - L5. Identify, develop and implement innovative health initiatives
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### Measures of success

- ✓ We will encourage and facilitate active research collaboration and engagement within our organisation, across our region and between collegiate organisations
- ✓ We will accumulate evidence that demonstrates that results of research are embedded into best practice initiatives across our health service
- ✓ We will increase the number of DDHHS staff successfully undertaking research projects and publishing
- ✓ We will accumulate investment and training evidence to demonstrate our leadership development contribution
- ✓ Establish a University Department of Rural Health to grow and sustain the regional and rural allied health and nursing workforces

# R

## Ensure sustainable resources through attentive financial and asset administration

### Strategies

- R1. Enhance our governance capacity to meet increasing internal and external service delivery expectations**
- R2. Focus on efficient business practices including ensuring effective and appropriate costs management**
- R3. Manage funding models and other resourcing opportunities to remain operationally agile and to maximise revenue**
- R4. Engage effectively with funders**
- R5. Strengthen and enhance ICT capacity and capability**
- R6. Invest in planning around asset optimisation, asset maintenance and asset replacement or expansion**

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### Measures of success

- ✓ We will show a balanced or surplus operating position for the full-year Hospital and Health Service (HHS) result
- ✓ We will demonstrate that all services are counted, coded and attributed appropriately
- ✓ We will have an ICT framework in place that meets contemporary HHS requirements
- ✓ We will deliver Board 'community dividend' projects where a surplus operating position allows
- ✓ We will develop, maintain and implement strategic asset management tools and frameworks such as our Total Asset Management Plan (TAMP) and our Asset Management and Maintenance Plans (AMMP)
- ✓ Move towards electronic healthcare management by implementing the integrated electronic Medical Record solution
- ✓ Undertake in conjunction with the Department of Health capital infrastructure evaluations for major hospital redevelopments to enable new and expanded services to meet current and future community health needs.

## P

### Plan and maintain clear and focused processes to facilitate effective corporate and clinical governance

#### Strategies

- P1. Ensure effective operational planning and plan implementation
- P2. Review and improve our service delivery processes
- P3. Maintain processes to ensure business continuity and emergency preparedness
- P4. Identify, monitor and respond to environmental issues and risks to ensure environmental responsibility and sustainability
- P5. Ensure quality and consistency in our processes through compliance with appropriate standards and with legislative and regulatory requirements
- P6. Improve health service delivery planning to ensure a HHS-wide integrated approach to business
- P7. Improve timely access to accurate data to facilitate and support decision making
- P8. Remain vigilant and contribute appropriately to emerging social responsibilities/issues

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#### Measures of success

- ✓ We will show the annual preparation and regular review of operational plans
- ✓ We will maintain compliance with relevant standards, legislation and regulations
- ✓ We will maintain, and keep current, a business continuity plan for the DDHHS
- ✓ We will maintain, and keep current, an emergency preparedness plan for each DDHHS facility
- ✓ We will prepare, implement, and routinely update water quality management plans for each DDHHS facility
- ✓ Complete a service gap analysis in conjunction with DDWMPHN and community controlled Aboriginal and Torres Strait Islander health services.
- ✓ Complete a new Health Service Plan that provides a clear direction on current and future community health needs and informs future strategic plans.
- ✓ Complete an integrated planning framework to link planning activities and align organisational change with strategic goals.
- ✓ Increase the number of operational planning action items completed.

## WF

**Value, develop and engage our workforce to promote professional and personal wellbeing, and to ensure dedicated delivery of services**

### **Strategies**

**WF1. Embed a values-based culture**

**WF2. Engage the workforce to improve the service**

**WF3. Plan, recruit and retain an appropriately skilled workforce**

**WF4. Develop, educate and train our workforce**

**WF5. Promote and support the health and wellbeing of our staff**

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### **Measures of success**

- ✓ We will demonstrate that staff have been offered and have completed mandatory training in the areas of values, personal wellbeing and professional conduct
- ✓ We will maintain and promote an employee recognition program
- ✓ We will develop and implement an education strategy for our staff
- ✓ We will remain compliant with the AZ/NZS 4801 Occupational Health and Safety Management System
- ✓ We will develop and implement a workforce planning framework
- ✓ Implement the DDHHS Staff Wellness Program to encourage healthy lifestyle choices.
- ✓ Improve on the culture result achieved in Staff Survey 2017
- ✓ Deliver a management development program