

ISLHD 2024-2025 Annual Plan

Contents

- 1 Overview 3
- 2 Monitoring and evaluation..... 5
- 3 Key deliverables for 2024/25..... 6

1 Overview

1.1 ISLHD 2024/25 Annual Plan

ISLHD requires short-term plans to achieve long-term strategies and navigate the ever-changing healthcare landscape successfully. Long-term strategies offer a clear vision, aiding in adaptation to changes, resource allocation, stakeholder alignment, and strategic partnerships.

Short-term plans such as this Annual Plan, translate these strategies into actions, ensuring operational accountability, flexibility, performance monitoring and resource efficiency.

The 2024/25 Annual Plan:

- Aligns with the Strategic Outcomes and Focus Areas outlined in ISLHD's Strategic Directions 2023-2028
- Outlines goals mapped against the focus areas that ISLHD is committed to achieving over a three-year period, commencing last year in FY24.
- Details actionable steps and tasks to achieve those goals in the upcoming year and into next year where appropriate.
- Allocates responsibilities, timelines, and SMART measures of success for each action.
- Provides a roadmap for monitoring progress and adapting to changing circumstances by identifying SMART measures of success that will assist us to understand progress against actions and goals.

1.2 ISLHD Strategic Framework

Future Health: Guiding the Next Decade of Care in NSW 2022 - 2032 is the roadmap for ISLHD to meet the current and emerging needs of our local communities over the coming decade. The focus will be on a digitally capable and sustainable health system that delivers outcomes that matter most to patients and the community.

ISLHD has developed a Strategic Delivery Plan 2023-2028 which is based on Future Health. The Strategic Delivery Plan looks towards the next five years and articulates how the district will deliver improvements and investment. A corresponding ISLHD Strategic Implementation Plan 2023-2028 is being developed to achieve the goals articulated in the Strategic Delivery Plan.

The below figure demonstrates how these plans fits into the broader state-wide strategic direction and how they interrelate with other existing local plans. ISLHD's annual Plans will be informed by the Strategic Delivery Plan 2023-2028 and the corresponding ISLHD Strategic Implementation Plan 2023-2028.



2 Monitoring and evaluation

2.1 How will we know we have achieved this plan?

Executive directors designated as leads for respective actions in the plan will be responsible for their successful implementation. These leads will collaborate, plan, and execute actions over the next 12 months.

The planning team will organise periodic progress assessments in October, February and May during which leads will provide progress updates on that will be tabled for Core Executive discussion. These review points will provide an opportunity to consider adapting the plan to respond to changing circumstances.

As of 31 May 2024, leads will be required to report against the achievement of their assigned key actions. A final report will be formed and reported to the Core Executive.

Strategic Outcome	Focus Area	Key Actions	Measures of Success Q2 Oct 2024	Measures of Success Q3 February 2025	Measures of Success Q4 May 2025
Referenced from Annual Plan	Referenced from Annual Plan	Referenced from Annual Plan	Commentary on progress Update on measure of success Note any challenges or dependencies	Commentary on progress Update on measure of success Note any challenges or dependencies and likelihood of completed within designated timeframe.	Confirmation of -Completion of Key Action -Attainment of Measures of Success -Impacts of completion if any -Recommendation to close out or keep on next years Annual Plan.

3 Key deliverables for 2024/25

Priority Area 1. Positive experiences and outcomes that matter				
FOCUS AREA	ACTIONS FY25	MEASURE OF SUCCESS	TIMEFRAME FY24, FY25, FY26	ACCOUNTABLE
1.1. Provide consumer driven care with compassion and cultural safety.	1.1.1. Improve cultural safety for staff and patients in ISLHD's emergency departments by ensuring all ED staff have completed online and face to face RTD training within 3 months of commencing employment.	<ul style="list-style-type: none"> - ↓ Did Not Waits from 6.4% to 4% - ↓ discharge against medical advice for Aboriginal people from 6.4% (ED) and 3.2% (Admitted) to 3%. 	FY25	CO, AHW
	1.1.2. Improve Emergency Department experiences for all patients.	<ul style="list-style-type: none"> - ↑ admitted and ED targets for overall patient experience from 7.95 (admitted) and 8.37 (ED) to 8.7 - ↑ admitted and ED targets from 7.63 (Admitted) and 7.66 (ED) for Patient Engagement Index to 8.7. 	FY25	CO
	1.1.3. Respond to requests and recommendations of inquiries, such	Recommendations are considered and implemented	FY25 and FY26	CEO

	as parliamentary inquiries and special commissions.	in line with ISLHD processes and finances.		
	1.1.4. Improve health services for children and families by implementing: <ul style="list-style-type: none"> - Child safe organisation - First 2000 days - Paediatric capability framework - Trauma informed care framework - Implementation of Kids Head to Health hub 	Implement 100% of frameworks and initiatives.	FY25, FY26	ICSMH
	1.1.5. Grow virtual and hybrid non admitted care options through integration into all non-admitted allied health services-driven by clinical safety and consumer preference.	Increase virtual allied health care by 5% annually to reach a target of 17% of total NAP activity (target of 20% by 26).	FY25, FY26	AH
1.2.Improve Aboriginal patient experience	1.2.1. Foster strong relationships that enable co-design initiatives by renewing partnership agreement with ACCHOs and key stakeholders.	Established governance for identified priority areas.	FY25	CEO, AHW

Priority Area 2. Safe care is delivered across all settings

FOCUS AREA	ACTIONS FY25	MEASURE OF SUCCESS	YEARS FY24, FY25, FY26	ACCOUNTABLE
2.1. Provide safe and timely access to health care	2.1.1. Facilitate acute patient flow by introducing/expanding transdisciplinary models of care.	Implement interdisciplinary care to an additional 3 services.	FY25, FY26	AH
	2.1.2. Make the patient journey through the system as efficient as possible through implementing access and flow initiatives.	<ul style="list-style-type: none"> - 60% admitted to PECC within 4 hours - 95% admitted to ED short stay unit for more than 12 hours - 95% ED Mental Health extended stays no greater than 12 hours - 95% ED extended stays no greater than 12 hours - 35% of Mental Health discharges by midday - 80% discharged from ED within 4 hours - 80% admitted from ED within 6 hours. 	FY25, FY26	CO, ICSMH

	2.1.3. Commence service delivery under Healthcare@Home program to expand virtual care and virtual HITH.	<ul style="list-style-type: none"> - Increase in number of patients (OOS/NWAU target) - Reduction in LoS for identified patients. 	FY25	ICSMH
	2.1.4. Improve patient safety by working to reduce HACS to within their expected range.	Maintain 12 performing measures and ↓ number of measures not performing from 2 to 0.	FY24, FY25, FY26	MSCG, NMCG
	2.1.5. Ensure NDIS patients receive appropriate care by partnering with Commonwealth and others to reduce number of NDIS patients awaiting placement within ISLHD facilities.	Partnerships established.	FY24, FY25, FY26	AH
	2.1.6. Prevent unnecessary ED presentations and admissions by providing pathways for ISLHD consumers to access appropriate care.	100% of allied health services to have a rapid response option as an alternative to admitted care.	FY24, FY25, FY26	ICSMH, AH
	2.1.7. Reduce length of stay by continuing the Acute Rehabilitation Team at the Wollongong Hospital.	Reduce length of stay by 5% from FY24.	FY25, FY26	CO
	2.1.8. Build a safety culture by promoting the quality and safety program through internal communication channels.	↑ the number of ISLHD nursing and midwifery staff trained in the NSW Health CEC Applied Safety and Quality Program to 80%.	FY25, FY26	NMCG
2.2. Deliver integrated models of care	2.2.1. Grow provision of care closer to home by increasing community and	Achieve HITH/VHW target of 10% of admitted activity per quarter.	FY24, FY25, FY26	ICSMH

	out of hospital services including virtual care.			
	2.2.2. Commencement of Collaborative Commissioning partnership program for COPD.	As per CoCo deliverables FY24-25.	FY25	ICSMH
	2.2.3. Implement 24/7 integrated domestic and family violence crisis response program.	↑ % of cases supported effectively through the program.	FY25	ICSMH
	2.2.4. Reduce ED presentations and admissions within the Shoalhaven by expanding ACOS service to Shoalhaven region.	Increase hospital avoidance rate.	FY25	ICSMH
2.3. Improve patient outcomes	2.3.1. Ensure specialty services are providing care that is high quality, safe, streamlined, and efficient through the development of 3–5-year service plans as part of the speciality service planning project.	Complete 100% of tranche 1 plans.	FY25, FY26	MSCG, SRPP

Priority Area 3. People are healthy and well				
FOCUS AREA	ACTIONS FY25	MEASURE OF SUCCESS	YEARS FY24, FY25, FY26	ACCOUNTABLE
3.1 Elevate and prioritise Closing the Gap	3.1.1. Invest in Closing the Gap through the development and delivery of the Aboriginal Health Strategy and Action Plan.	Development of the ISLHD Aboriginal Health Strategy and Action Plan.	FY25	AHW, SRPP
	3.1.2. Transform Aboriginal Health through the delivery of NSW Health Aboriginal Health Transformation Agenda.	Continue to build on actions 6, 7, 8, 9 and 10 by FY26.	FY25, FY26	AHW
3.2. Strengthen partnerships	3.2.1. Partner meaningfully with ACCHOs by operationalising partnership agreement through the establishment of subcommittees.	Sub-committees and partnership objectives established.	FY25	ICSMH
	3.2.2. Partner with private providers to establish the model of care for Kids Head to Health hub for supervision, education, training & care coordination.	Model of care and partnership objectives established.	FY25	ICSMH
	3.2.3. Partner with the PHN on the Strategic Alliance work program for delivery of projects.	Achieve 100% of planned project milestones.	FY25	ICSMH, SRPP
	3.2.4. Collaborate with key partners to transform Wollongong through the development of a Health Precinct Strategy and the establishment of ongoing partnerships.	<ul style="list-style-type: none"> - Development of the Wollongong Health Precinct Strategy. - Initiate delivery of the strategy. 	FY25, FY26	SRPP

		<ul style="list-style-type: none"> - Partners identified and mechanisms for partnership established. 		
	3.2.5. Improve nursing student placement experience by partnering with UOW to establish an internal facilitation model for clinical placements.	<ul style="list-style-type: none"> - Nursing midwifery position established to develop the program in collaboration with UOW - Staff employed into CNE/facilitation positions. 	FY25	NMCG
3.3. Enhance mental health and wellbeing across the lifespan	3.3.1. Increase access to ISLHD services that address the needs of vulnerable populations.	<ul style="list-style-type: none"> - Complete 4-year-old developmental checks aligned with the Brighter Beginnings program target. - Expand the opioid treatment program by 25%. 	FY25, FY26	ICSMH, CIO
	3.3.2. Complete the Drug & Alcohol and Mental Health review project	Deliver gap analysis, business requirements and recommendations by November 24.	FY25	ICSMH

Priority Area 4. Staff are engaged and well supported				
FOCUS AREA	ACTIONS FY25	MEASURE OF SUCCESS	YEARS FY24, FY25, FY26	ACCOUNTABLE
4.1. Build safe and positive work environments	4.1.1. Reduce preventable harm to staff by developing and implementing a comprehensive Work Health and Safety governance framework.	↓ work compensation claims from to below FY24 actual.	FY25	PC, AH, MSCG, NMCG
	4.1.2. Become more inclusive, dynamic, and culturally safe by increasing the number of Aboriginal staff by developing and implementing an Aboriginal employment strategy as part of the Aboriginal Health Strategy and Action Plan.	<ul style="list-style-type: none"> - Plan developed and ↑ workplace culture index by a further 4%. - Grow current Aboriginal Cadet workforce from 11 by working with MoH and Aboriginal Workforce, and attracting applicants for FY25. 	FY25, FY26	AH, MSCG, NMCG
	4.1.3. Meet future workforce needs by developing Shellharbour and Shoalhaven workforce implementation plans to support redevelopments.	Identify key executive roles, establish succession plans, and implement mechanisms for talent identification and development by Jun 25.	FY25, FY26	PC, IA, CO
	4.1.4. Improve ISLHD accountability and governance by finalising the organizational design project and transitioning it to BAU operations.	Project finalised by Dec 25.	FY25	SRPP
	4.1.5. Increase diversity and cultural safety by implementing workforce,	<ul style="list-style-type: none"> - ↑ culture of listening in N&M, and partner with 	FY25	PC, AH, MSCG, NMCG

	diversity, inclusion and belonging initiatives.	research to establish #spacesforlistening by end of FY25. - Identified focus areas delivered by end of FY25.		
	4.1.6. Enhance nursing and midwifery staffing in emergency departments through the roll out of state safe workforce levels.	- ↑ TWH ED FTE by approximately 35FTE. - Implement district-wide recruitment within 12 months to address vacancies and assist in state safe workforce levels implementation.	FY24, FY25	NMCG
	4.1.7. Implement standardised robust medical workforce employment, utilisation, and engagement processes that support best practice operational governance practices.	100% implemented by end of FY25 and benefits tracked.	FY24, FY25	MSCG
	4.1.8. Respond quickly to patients showing deterioration by funding the district Deteriorating Patient Response Team.	- Reduction in Serious Adverse Event Reports (SAERs) - Reduction in Harm Score 1s (SAERs).	FY24	CO
	4.1.9. Prevention of Occupational Violence and Aggression (OVA)	- Delivery of actions identified from the OVA Prevention Steer Co and workstreams on Prevention,	FY24	PC

		<p>During Incident and Post Incident</p> <ul style="list-style-type: none"> - Implementation of new duress alarms across District. 		
4.2. Grow and empower our people	4.2.1. Optimise our workforce for long term success by applying the NSW Talent Management Strategy within ISLHD.	<ul style="list-style-type: none"> - Strategy to be reviewed for staged implementation of key areas across the next 12 months. - Alignment with HETI, College, National leadership alignments. 	FY25	PC, AH, MSCG, NMCG
	4.2.2. Invest in daring leadership by spreading Dare to Lead™ cross disciplinary.	<ul style="list-style-type: none"> - Dare to Lead™ skill domains included in 100% of leadership position descriptions and included in each leadership Performance review. - By FY25, 20 ISLHD leaders will have completed the Dare to Lead 3-day program, and 12 trained leaders will progress to the extended program and take on the role of Daring Teams Coordinators. 	FY25	AH, NMCG
	4.2.3. Empower our nursing and midwifery staff in their roles by developing a nursing & midwifery leadership academy.	<ul style="list-style-type: none"> - Leadership academy developed. 	FY25, FY26	NMCG

		<ul style="list-style-type: none"> - Train 11 NUMs and 7 senior nurse managers in the ECAP, and select leaders to undertake LCAP AND ACAP programs. 		
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Priority Area 5. Research, Innovation and Digital				
FOCUS AREA	ACTIONS FY25	MEASURE OF SUCCESS	YEARS FY24, FY25, FY26	ACCOUNTABLE
5.1 Advance health data and analytics	5.1.1 Develop 'one source of truth' through the development of a single data warehouse for the district.	<ul style="list-style-type: none"> - Complete a proof of concept using the NSW central "Data Lake" by Dec 24 - Develop a plan to move to the Data Lake by Jun 25. 	FY24, FY25, FY26	CIO
	5.1.2 Establish strong governance of systems and digital infrastructure through the digital governance framework.	Framework developed and committees established by Dec 24.	FY24 FY25	CIO
	5.1.3 Make data-led decision-making business as usual through implementation of Power BI.	<ul style="list-style-type: none"> - Develop a plan to migrate to Power BI Aug 24 - Migrate 50% of identified reports to power BI by Dec 24 - All reporting migrated to Power BI by Dec 25. 	FY24, FY25, FY26	CIO
	5.1.4 Improve data management and flexibility by migrating to cloud.	Full migration by FY26	FY24, FY25, FY26	CIO
	5.1.5 Improve financial and data literacy through development and delivery of program to cost centre managers	95% of cost centre staff trained within 24 months.	FY25, FY26	SRPP, FCS
5.2 Accelerate digital investment	5.2.1. Support the development and implementation of the Single Digital Patient Record.	<ul style="list-style-type: none"> - Identify and allocate ISLHD representatives for the SDPR working groups and councils by Jul 24 	FY24, FY25, FY26	CIO, CO (All)

		<ul style="list-style-type: none"> - Ensure SDPR is supported and communicated in ISLHD by continuing with the Steering committee and Executive meetings. - Build an SDPR project team by Dec 24. 		
	5.2.2. Improve district collaboration with the extended use of Microsoft tools.	<ul style="list-style-type: none"> - Develop plan for the implementation of M365 – Jul 24 - Convert onsite personal storage (U: drive) to OneDrive by Mar 25 - Convert 50% of district departments to full functioned Teams collaboration by Jul 25 - Convert 90% of Department shares to teams/SharePoint by Dec 25. 	FY25, FY26	CIO
5.3. Embrace research as the frontier for innovation	5.3.1. Foster opportunities for high quality research by developing a business case in conjunction with the Agency for Clinical Innovation to address the gap in health-based research and innovation structures in the Illawarra Shoalhaven region	Business case delivered.	FY25, FY26	SRPP

Priority Area 6. Health System is managed sustainably				
FOCUS AREA	ACTIONS FY25	MEASURE OF SUCCESS	YEARS FY24, FY25, FY26	ACCOUNTABLE
6.1. Deliver services in financially sustainable way.	6.1.1. Deliver against the district's Financial Sustainability Plan: revenue, EIPs, expenditure, forecasting & FTE.	Return to breakeven financial position over 3 years: <ul style="list-style-type: none"> - Year 1 (FY25): Savings Target is \$19m, reducing overspend from \$46m to \$27m - Year 2 (FY26): Savings Target is \$17m, reducing overspend from \$27m to \$10m - Year 3 (FY27): Savings Target is \$10m, reducing overspend to \$0. 	FY25, FY26	FCS
	6.1.2. Improve procurement efficiency through the delivery of state-wide procurement reform.	Reduce procurement spend by \$4 million in FY25.	FY25, FY26	FCS
	6.1.3. Improve management of assets through ISLHD asset strategy and compliance with state requirements.	Completion of AMP and SAMP.	FY24, FY25	IA
	6.1.4. Deliver progress towards Shellharbour Redevelopment.	Completed FY27.	FY24, FY25, FY26	IA
	6.1.5. Deliver progress towards Shoalhaven Redevelopment.	Completed FY26.	FY24, FY25, FY26	IA

	6.1.6. Deliver Milton Ulladulla Health Service Plan (HSP), master planning and funded capital works.	<ul style="list-style-type: none"> - Complete HSP by mid FY25 - Complete master planning by end FY25. 	FY24, FY25	SRPP, IA
	6.1.7. Deliver Wollongong Hospital Clinical Services Plan (CSP) and undertake master planning.	<ul style="list-style-type: none"> - Complete Draft CSP by mid FY24 - Complete master planning by end FY25. 	FY24, FY25	SRPP, IA
	6.1.8. Decant Port Kembla Hospital late 2024 and review corporate staffing locations.	Complete by mid FY25.	FY24, FY25	IA
	6.1.9. Improve patient care by delivering MAC unit relocation and transit lounge expansion at Wollongong Hospital.	Late Dec 24.	FY24, FY25	IA, CO
	6.1.10. Improve access to services in Milton Ulladulla by delivering a CT scanner and upgrades to cancer services.	Feasibility of these projects determined by end FY25.	FY25	IA
	6.1.11. Increase access to services for ISLHD children by delivering Kids Head to Health hub.	Completed FY26.	FY25, FY26	ICSMH
	6.1.12. Increase access to services for southern Illawarra residents through delivery of the Warrawong Community Health Centre.	Completed FY26.	FY25, FY26	IA
	6.1.13. Increase safe care at Shellharbour Hospital by introducing and completing the safe assessment unit.	Completed by end FY25.	FY24, FY25, FY26	CO

	6.1.14. Improve business intelligence through the development of a performance framework.	Performance framework delivered.	FY25	SRPP
	6.1.15. Understand, manage, and control risks through the development of a business continuity plan.	Business continuity plan developed.	FY25	SRPP
	6.1.16. Increase efficiency and reliability by reviewing and changing maintenance practices from reactive to proactive.	Increase planned maintenance – to exceed 80%.	FY25	IA
	6.1.17. Explore the delivery of Aged Care services within the District.	Development of an Aged Care Services business model and business case	FY25	CE
	6.1.18. Implement ongoing financial improvement strategies over a period of 3 years resulting in an overall saving of \$20M enabling SHG to operate within its allocated staffing profile and financial budget and meet allocated activity (NWAU) targets.	100% implemented and benefit realisation confirmed.	FY25	CO
6.2 Commit to an environmentally sustainable footprint	6.2.1 Develop a position to coordinate key deliverables for ISLHD to adapt to and mitigate the impacts of climate change.	Position developed.	FY24, FY25, FY26	SRPP
	6.2.2. Undertake Climate Risk Assessment.	Complete by Feb FY25.	FY24, FY25, FY26	SRPP

	6.2.3. Support the ISLHD Climate Risk & Net Zero Taskforce and develop key working groups to commence hot spot projects to adapt to and mitigate climate change, including clinical, waste, fleet and energy reduction projects.	Deliver 100% of planned projects by FY25 (dependent on the new position).	FY24, FY25, FY26	SRPP
	6.2.4 Undertake fleet electrification.	Upgrade 6 sites for the FY25.	FY24, FY25, FY26	FCS, IA

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