Government of **Western Australia**
East Metropolitan Health Service

East Metropolitan Health Service

Operational Plan 2017 – 2020

Update 1 - January 2019

Executive Sponsors

Chief Executive	**CE**	Area Director, Allied Health	**ADAH**
Director, Office of the Chief Executive	**DOCE**	Area Director, Clinical Services	**ADCS**
Executive Director, Armadale Kalamunda Group	**ED AKG**	Area Director, Nursing	**ADoN**
Executive Director, Royal Perth Bentley Group	**ED RPBG**	Area Director, Research	**ADR**
Executive Director, Corporate Services and Contract Management	**ED CS & CM**	Area Director, Workforce	**ADW**
Executive Director, Clinical Services Planning and Population Health	**ED CSP & PH**		
Executive Director, Finance and Infrastructure	**ED F & I**		
Executive Director, Safety, Quality and Consumer Engagement	**ED SQ & CE**		

High Performing Systems and Teams

Focus	Task	Outcome	Executive Sponsorship	Timeframe
1.1 Monitor and measure transparent indicators (quality, safety, financial and performance) that are meaningful – which meet and exceed our patient safety targets (both compliance and performance)	**1.1.1** Agree a standardised minimum data set which includes lead and lag indicators which are developed in collaboration with clinical teams	Targets are achievable which confirm EMHS as a high performing organisation – good/great/excellent	ED SQ & CE	Dec-19
	1.1.2 Participate in external benchmarking to measure performance against state and national peers			Dec-19
	1.1.3 Work with internal and external partners to improve access to emergency care within clinically recommended timeframes (i.e. WA Emergency Access Targets [WEAT])			Dec-19
	1.1.4 Work with internal and external partners to improve emergency ambulance patient off stretcher times to within 20 minutes of arrival at Emergency Department (ED)		ED CSP & PH	Dec-19
	1.1.5 Review clinical and non-clinical processes for elective and outpatient surgical services and develop solutions to improve wait times for elective surgery			Dec-19
	1.1.6 Monitor implementation of strategies to improve rates of patients who discharge against medical advice (DAMA)			Dec-19
	1.1.7 Monitor trends in performance of Health Service Performance Report (HSPR) Key Performance Indicators (KPI) for DAMA			Dec-19
1.2 Operate within allocated resources	**1.2.1** Monitor activity and expenditure on a monthly basis to ensure end of year position remains balanced and there is alignment between cost and activity	Balanced budget (activity and financial) achieved	ED RPBG ED AKG	Mar-19
	1.2.2 Should budgetary overruns appear, develop strategies to improve the position back to a balanced budget			Mar-19
	1.2.3 Review the budgeting process for 2018-19 financial year		ED F & I	Feb-18
	1.2.4 Transition accounts receivable function from Health Support Services to 'in house' function			Mar-19
	1.2.5 Review the elective vs emergency surgical activity over summer and winter months and develop a long-term plan for managing this demand, including associated workforce and bed number requirements	Activity targets are within +/- 2% target threshold	ED CSP & PH	Mar-19
1.3 Cultivate leadership at every level of the organisation, which grows and builds capability within our workforce	**1.3.1** Support participation in leadership programs internal and external to the organisation for all clinical and non-clinical leaders	EMHS supports leadership opportunities for all occupational groups and this will enable succession planning, in addition to capacity and capability building for the future	CE	Mar-19
	1.3.2 Identify, in consultation with the relevant Executive Director, emerging leaders and support them through leadership development and mentoring opportunities			Mar-19
	1.3.3 Invest in front-line leadership with proven outcomes to enhance the organisation's capability			Mar-19
	1.3.4 Develop a learning and development plan inclusive of all staff (corporate and clinical)			Mar-19
1.4 Robust infrastructure planning to encompass demands and changes to the external environment	**1.4.1** Develop a plan that enables current infrastructure to be used in the most efficient way	Infrastructure and assets are managed to meet the demands of the internal and external environments	ED F & I	Dec-19
	1.4.2 Develop a strategic asset management plan for facilities and equipment			Dec-19
	1.4.3 Develop a process of engagement with the system manager to maximise the resources required for the implementation of the strategic asset management			Dec-19
1.5 A robust performance management and development system for staff at all levels of the organisation	**1.5.1** Develop consistent performance development tools across the organisation	Performance development is embedded within the organisation at every level and is consistently applied across occupational groups	ADW	Mar-19
	1.5.2 Develop guides for conduct of performance development – both for the employee and manager conducting the development process			Mar-19
	1.5.3 Cascade performance agreements from the Chief Executive down to the relevant executives, and link this with performance appraisal			Dec-19
	1.5.4 Develop a learning set across professional/organisational groups with linked with key performance indicators to enable meaningful performance development and embed accountability in all roles			Dec-19
	1.5.5 Develop a system to reward discretionary effort, which is consistent across EMHS, as part of options for a reward and recognition program	Staff and volunteers are recognised for their efforts from the highest level of the organisation		Dec-19

1.6 Introduce values-based health care to EMHS	**1.6.1** Evaluate the effectiveness of value based healthcare	EMHS will only deliver activities that are considered high value for our consumers, and this is aligned to the EMHS annual service agreements	ED RPBG	Apr-19
	1.6.2 Enhance programs in existence at sites that are considered high value, for example Choosing Wisely, 5 Goals of Patient Care and Enhanced Recovery programs			Mar-19
	1.6.3 Develop a mechanism for consumers within EMHS to be aware of what we will and will not do (clinical tests, procedures and interventions)			Mar-19
	1.6.4 Develop a mechanism for staff within EMHS to be aware of what we will and will not do (clinical tests, procedures and interventions)			Mar-19
1.7 Develop a culture of clear expectations, and where our staff are valued	**1.7.1** Regular program of communication from CE and Board to EMHS staff	EMHS staff will receive regular communication from the highest level that enables two way conversation and understanding of expectations, goals and objectives	DOCE	Mar-19
	1.7.2 Develop a board and executive rounding schedule that is well published and communicated to all areas of EMHS			Mar-19
	1.7.3 Participation in staff forums, surveys and open panel sessions to provide opportunities for feedback and questions			Mar-19
	1.7.4 Acknowledge and recognise our staff for the work that they do and develop consistent messaging in line with our values			Mar-19
	1.7.5 Simplify messages to staff regarding expectations, and focus on tasks to achieve our expectations			Mar-19
1.8 Empower our community to contribute to the way in which health care is delivered	**1.8.1** Develop a framework that enables the community to alert the health service as to what they require, an ability to articulate what they expect from services and feedback on service provision	EMHS will be recognised as a health care service which is the provider of choice for hospital and community based care	ED SQ & CE	Mar-19
	1.8.2 Provide orientation, support and education to consumers who are partnering in the governance, design, measurement and evaluation of the organisation			Dec-19
	1.8.3 Use health promotion services to be proactive in partnership with community	Health promotion is viewed as part of the health care continuum and assists to keep our community well in their own home	ED CSP & PH	Dec-19
1.9 Partner with high performing organisations	**1.9.1** Establish relationships with high performing organisations, nationally and internationally	EMHS is considered a high performing organisation with links to partnering organisations of the same calibre	CE	Dec-19

Develop a system to reward discretionary effort, which is consistent across EMHS, as part of options for a reward and recognition program

Task 1.5.5

Supporting Cultural Diversity

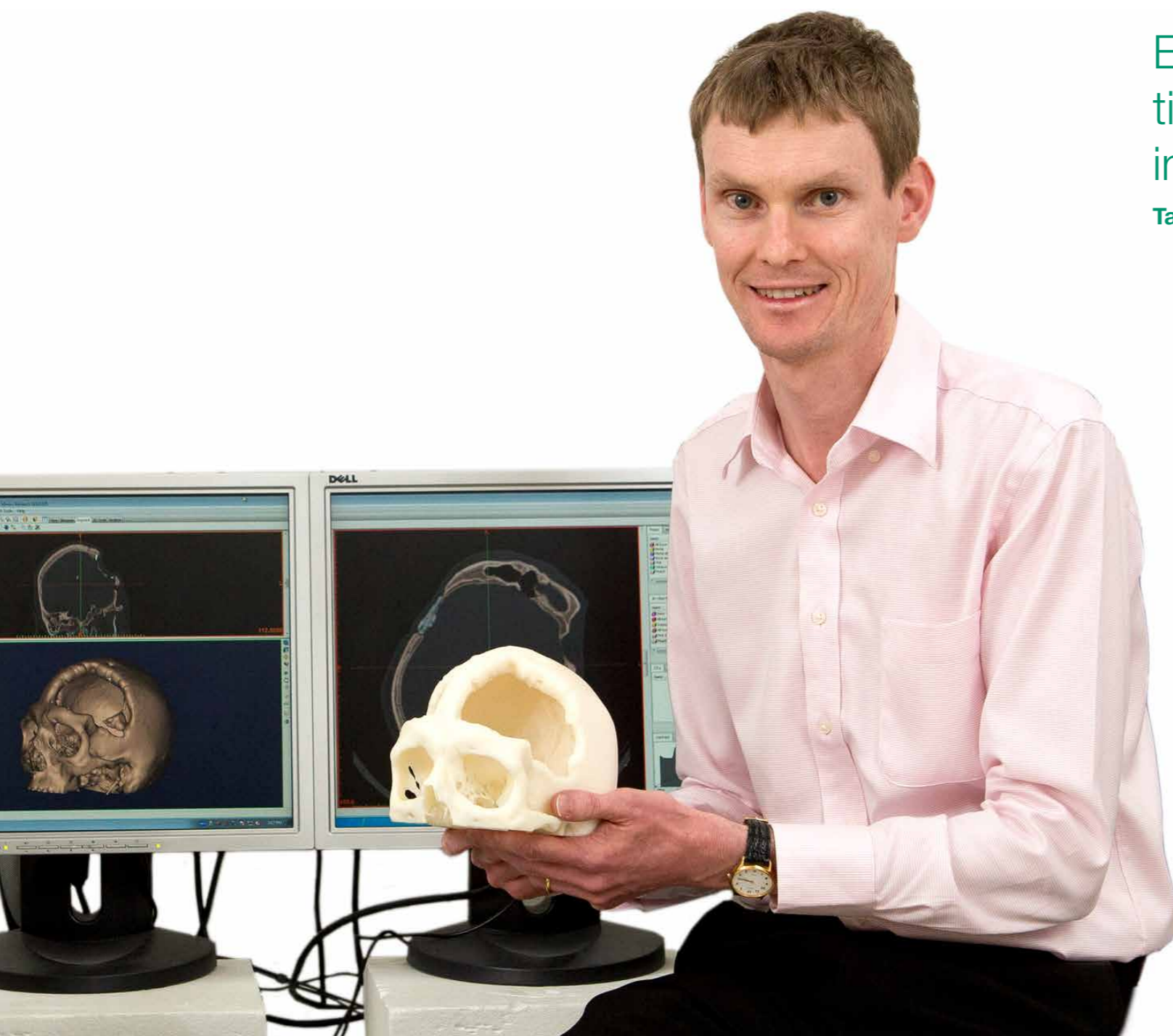| Focus	Task	Outcome	Executive Sponsorship	Timeframe
2.1 Partner with external organisations as a commitment to the ongoing health journey for those from culturally diverse backgrounds	**2.1.1** Develop links with partnering organisations (WA Primary Health Alliance (WAPHA), Aboriginal Health Council of WA (AHCWA)) to support care across the continuum across our culturally diverse population	EMHS will work in partnership with external organisations for the benefit of our community	ED CSP & PH	Mar-19
2.2 Consider institutionalised racism and how this is addressed in EMHS	**2.2.1** Complete a framework to respond to the institutionalised racism paper	Area Executive Group (AEG) commitment to address institutionalised racism and support recommendations and outcomes for EMHS	ED CSP & PH	Dec-19
2.3 Recognise the importance of language and symbols in support of our cultural diversity	**2.3.1** Identify the EMHS culturally diverse population by subgroups	Culturally appropriate care is provided along the continuum	ED CSP & PH	Feb-19
	2.3.2 Develop a repository of staff/patient/carer symbols that enables enhanced communication with these groups, and these are readily available in all patient facing areas			Mar-19
	2.3.3 Explore alternative feedback mechanisms that enable patients from culturally diverse backgrounds to provide feedback on their experience	Patients from culturally diverse backgrounds will have the opportunity to provide feedback in a way which is relevant to them	ED SQ&CE	Mar-19
	2.3.4 Consider options around innovative communication strategies for those patients from culturally diverse groups, which enables effective feedback for the organisation			Mar-19
	2.3.5 Consider opportunities for signage across the health service that embrace our cultural diversity	The health service enables its community to move through its facilities in a way in which they understand and is meaningful	ED F & I	Dec-19
2.4 Use of culturally diverse staff and volunteers to enhance the patient experience	**2.4.1** Explore options for volunteers of different cultural groups to support the patient and carer experience	EMHS will provide culturally respectful health care to those accessing its services		Dec-19
	2.4.2 Expand the hospital volunteer programs to include those from culturally diverse backgrounds to assist in education and support to staff, and to enhance care for patients from different cultures		ED SQ & CE	Dec-19
	2.4.3 Explore options for alternative workforce models that embrace relationships with sectors outside health, for example, peer support workers and partnerships with social security agencies.		ADW	Dec-19
2.5 Reach out to community for feedback, input and evaluation of services to ensure that the delivery of care is culturally appropriate	**2.5.1** Use the knowledge and skills of our volunteers to develop appropriate communication tools to use with our culturally diverse population	Our population will have access to a variety of different modes of communication to enable effective transfer of information between the health care provider and the consumer	ED SQ & CE	Dec-19
	2.5.2 Establish Aboriginal community advisory groups	The voice of the EMHS culturally diverse population will contribute to activities related to planning, care delivery and evaluation		Dec-17
	2.5.3 Establish groups of people from a range of cultural backgrounds, particularly those that are high users of EMHS services to provide advice and guidance on service delivery		ED CSP & PH	Feb-19
	2.5.4 Use customer liaison units across the health service to incorporate feedback in planning, care delivery and evaluation			Mar-19
2.6 Implement the Aboriginal Health and Wellbeing Framework (AHWF) across EMHS	**2.6.1** Use the implementation framework to guide embedding of the AHWF into daily work practices across EMHS	THE AHWF will be part of EMHS core business	ED CSP & PH	Dec-20
2.7 Develop localised health service provider cultural learning programs	**2.7.1** Define the cultural learning programs and how they will integrate with existing education at site level	EMHS will have a comprehensive suite of programs that address the culturally diverse nature of our population	ADW	Dec-19
	2.7.2 Determine methodologies for learning provision			Dec-19
	2.7.3 Embed cultural learning programs into annual programs of education across all occupational groups			Dec-20
2.8 Promote the health literacy of our culturally diverse population	**2.8.1** Complete a health literacy survey for our community, so both the health service and community understand their literacy and comprehension levels	EMHS and its community will understand its health literacy and improvements will be made to address areas of weakness	ED CSP & PH	Feb-19
2.9 Support and embrace a culturally diverse workforce	**2.9.1** EMHS will increase Aboriginal Employment Targets using Section 51 opportunities	EMHS will be the employers of a culturally diverse population, which will enhance the patient experience	ADW ED CSP & PH	Mar-19
	2.9.2 Use demographic data to link our community profile and workforce to ensure that we are recruiting people from similar cultural backgrounds to enhance the patient experience and provide culturally appropriate care			Dec-19

Intellectual Curiosity

Focus	Task	Outcome	Executive Sponsorship	Timeframe
3.1 Instil a culture of research and innovation at every level of the organisation	**3.1.1** Promote opportunities for research and innovation via multi-modal communication for all areas of the organisation, clinical and non-clinical	Research and innovation are embedded at every level of the organisation and are promoted to improve patient outcomes, the work environment and staff satisfaction	ADR	Dec-19
	3.1.2 Promote awareness of research at all available opportunities			Dec-19
	3.1.3 Develop a local and organisational approach to research and its application to practice			Dec-19
	3.1.4 Value all aspects of research and innovation, not only publications and presentations			Dec-19
	3.1.5 Embrace opportunities and time for staff to creatively innovate and research	Staff are given the time to research and innovate	ADCS	Dec-19
	3.1.6 Document participation rates in research, clinical audit, morbidity and mortality (M&M) reviews and develop leaderboard for best practice	EMHS is recognised as a leader in research and innovation which translates into best clinical practice outcomes		Dec-19
	3.1.7 Foster and encourage staff to present research and innovation at local, national and international events		ADR	Dec-19
3.2 Ensure EMHS is recognised as a leader in research and its translation into practice	**3.2.1** Increase publications and participation in conferences/scientific meetings year on year	EMHS profile will be raised nationally and internationally	ADR	Dec-19
	3.2.2 Research opportunities for all staff will be available to clinical and non-clinical staff			Dec-19
	3.2.3 Develop a healthy sense of competition for research and innovation to continually drive improvement and reform across the health service	EMHS is regarded amongst the industry as leaders in research and innovation		Dec-19
	3.2.4 Develop opportunities to attract and retain individuals who can drive the culture change required to embrace innovation, curiosity and research			Dec-20
	3.2.5 Develop a research framework for EMHS			Dec-19
	3.2.6 Harness the value of clinical academics, and consider appointments of professors in specific specialities to enable centres of research excellence			Dec-19
	3.2.7 Develop a communication strategy and implementation plan to promote a culture of research which improves the visibility of the research that we are participating in		DOCE	Dec-19
	3.2.8 Design and launch an EMHS symposium which shares learnings across the organisation	EMHS will hold an innovation symposium which enables the sharing of ideas, research and innovation		Dec-19
3.3 Strengthen our partnerships with research institutes	**3.3.1** Develop and invest in EMHS innovation events that attract interest locally, nationally and internationally	EMHS will develop partnerships with external organisations to harness opportunities nationally and internationally	ADCS	Mar-19
	3.3.2 Explore opportunities to partner with research and innovation institutes nationally and internationally			Mar-19
3.4 Intellectual property and commercialisation	**3.4.1** Harness opportunities to develop EMHS intellectual property that is used broadly by other health service providers	Innovation, commercialisation and development that are produced in EMHS will be the property of the health service over the life of its existence	ED CS & CM	Dec-19
	3.4.2 Understand the benefits of intellectual property, both clinically and non-clinically			Dec-19
	3.4.3 Explore commercialisation opportunities across EMHS that strengthen our position in the healthcare sector			Dec-19
3.5 Integrate teaching opportunities	**3.5.1** Proudly advertise EMHS as a teaching and learning organisation, which offers opportunities across - tertiary and non tertiary settings, in both clinical and non-clinical roles	EMHS develops a reputation that embraces learning across the continuum – from novice practitioner/worker through to experienced/sole practitioner/worker	ADW	Mar-19
	3.5.2 Strengthen our partnerships with education and research providers to become centres of excellence, which are recognised nationally and internationally		ADoN ADCS ADAH	Mar-19

3.6 Develop EMHS intellectual curiosity	**3.6.1** Survey staff on intellectual curiosity – what this means/could mean	Intellectual curiosity, coupled with data, enables health care provision to be focussed on excellent patient outcomes using the most appropriate clinical resources, equipment and technology	ED CS & CM	Dec-19
	3.6.2 Use data to drive intellectual curiosity and shape ideas			Dec-19
	3.6.3 Enable access to Data and Digital Innovation to drive curiosity and questions at department and specialty level			Mar-19
	3.6.4 Involve consumers in activities relating to intellectual curiosity which enables positive engagement with EMHS			Dec-19
3.7 Clinical audit	**3.7.1** Procure a risk adjusted methodology to review clinical outcomes	EMHS will participate in robust audit and morbidity and mortality reviews to ensure that the health care provided across the health service is at its optimum	ED SQ & CE	Mar-19
	3.7.2 Address risks relating to results management			Jun-19
	3.7.3 Standardise the approach to clinical audit and morbidity and mortality reviews			Mar-19
3.8 Develop digital strategy	**3.8.1** Provide updates on projects		ED CS & CM	Jun-19

Embrace opportunities and time for staff to creatively innovate and research

Task 3.1.5

Consumer Centred

Focus	Task	Outcome	Executive Sponsorship	Timeframe
4.1 The community are our consumers in waiting	**4.1.1** Develop options and opportunities to manage community expectations regarding healthcare provision	Consumers are equipped with the knowledge and information that they require in order to manage their health and they understand what services are available to them	ED SQ&CE	Dec-19
	4.1.2 Ensure transparency for the community so that expectations are managed	EMHS will ensure publically available information related to wait times in the Emergency Department, Elective Surgery Services and Outpatient appointments		Mar-19
	4.1.3 Ensure that the appropriate links/supports are in place for our patients across the care continuum, that this is communicated to both patient and carers, and there is information available to the community regarding access to services	The patients of EMHS will understand how to access care across the continuum, in addition to where to seek help if required		Dec-19
	4.1.4 Engage our communities to talk to our patients, to support them through their healthcare journey	Our patients are open to discussing their health journey with members of the community to promote healthy lifestyles		Mar-19
	4.1.5 Consider establishing larger community groups using a variety of different platforms, internet, pop-up meetings, health pathways to gain community feedback and ideas into service provision			Dec-19
4.2 Patient and carer feedback	**4.2.1** Continue to use Patient Opinion as a platform for patient feedback, that enables changes to practices and/or processes	Feedback will be used as one way to enact changes to health service delivery and this will be communicated to consumers where able	ED SQ&CE	Mar-19
	4.2.2 Use patient stories and lived experiences as catalysts for change and promotion of excellent care			Mar-19
	4.2.3 Use compliment and complaint data to improve and sustain health care delivery			Mar-19
	4.2.4 Improve feedback options – consider options other than traditional paper-based surveys	EMHS will have a suite of methods available for consumers to provide feedback to the organisation		Mar-19
	4.2.5 Standardise patient feedback questions so that national and international benchmarking can occur	EMHS will be able to benchmark patient feedback nationally and internationally to ensure that we are viewed as an exemplar health service		Mar-19
4.3 The patient journey	**4.3.1a** Design a framework and process for identifying the patient pathways to map the patient journey for Aboriginal people	Improved coordination for our Aboriginal patients and their families in accessing health services	ED CSP & PH	Apr-19
	4.3.1b Map those pathways with key community people			Jun-19
	4.3.2 Develop a health promotion plan in line with our strategic intent	EMHS will recognise the importance of holistic care across the health care continuum and work with our partners to develop strong foundations for the the future		Mar-19
	4.3.3 Make information available for our consumers which comprises of contemporary information related to our hospitals and health services	Encourage our consumers to commit to their health care journey	ED SQ&CE	Mar-19
	4.3.4 Improve discharge information provided to patients and use technology where able	Patients and their primary health care provider will receive accurate contemporary information related to their discharge from EMHS hospitals	ED RPBG ED AKG	Dec-19
	4.3.5 Develop a telehealth strategy	Patients will have access to advice and specialist care regardless of their location	ED CSP & PH	Jun-19
	4.3.6 Ensure that patients actively participate in bedside handover	Patients will be actively involved in decision making around their care	ED RPBG ED AKG	Mar-19
4.4 Data and outcomes to measure satisfaction and performance	**4.4.1** Develop and use patient-reported outcome measures	Patient reported outcome measures, representation data and clinical outcome reviews will be used as an additional element of measures of safety and quality of services delivered	ED SQ&CE	Dec-19
	4.4.2 Implement strategy towards prevention of hospital acquired complications (HACs) and unplanned readmissions			Dec-19
	4.4.3 Review clinical outcomes and patient experience concurrently to determine improvements in healthcare delivery through initiatives such as a standardised carer escalation e.g. Ryan's rule			Mar-19
4.5 Engagement foundations	**4.5.1** Roll out the Walk a Day in my Shoes program to improve the patient experience	EMHS will have a 10% improvement in Hospital Consumer Assessment of Healthcare Providers and Systems survey responses related to discharge information, communication with doctors and nurses, communication about medicines and pain management	ED SQ&CE	Jul-19
	4.5.2 Develop consumer engagement foundations which will include consumers of our health service and the community			Feb-19

Active Partnerships

Focus	Task	Outcome	Executive Sponsorship	Timeframe
5.1 Partner with local, national and international counterparts to develop collaborative relationships	**5.1.1** Establish relationships with service providers, non-government organisations, alternate funding bodies to promote EMHS	Multi-agency lobbying opportunities to improve the health of our EMHS community	CE	Mar-19
	5.1.2a Continue to strengthen inter-governmental relationships with formal partners – Mental Health Commission (MHC), Department of Health (DoH), PathWest, Health Support Services (HSS), as well as Disability and Housing			Dec-19
	5.1.2b Recognise our consumer and community advocacy groups and strengthen these relationships – Health Consumers Council, Health and Disability Services Complaints Office (HaDSCO), Carers WA		ED SQ & CE	Dec-19
	5.1.3 Continue to cultivate internal EMHS relationships across all levels of the EMHS organisation	Professional working relationships are maintained across the health service	CE	Dec-19
	5.1.4 Establish specific links with Western Australian Country Health Service (WACHS) regions – Kimberley, Pilbara, Wheatbelt to ensure collaborative relationships that are in the best interest of patient care	EMHS and their partners will have transparent information available regarding satisfaction of service provision and opportunities for collaboration	ED RPBG ED AKG	Dec-19
	5.1.5a Implement relevant election commitments in partnership with the DoH and Department of Premier and Cabinet (DPC) – Mental Health Observation Area (MHOA)	EMHS will successfully implement the State Government Election Commitments	ED RPBG	Dec-20
	5.1.5b Implement relevant election commitments in partnership with the DoH and DPC – Urgent Care Clinic (toxicology)			Mar-19
	5.1.5c Implement relevant election commitments in partnership with the DoH and DPC – Innovation Hub			Dec-19
	5.1.5d Implement relevant election commitments in partnership with the DoH and DPC – Medi-hotel			Dec-20
	5.1.5e Implement relevant election commitments in partnership with the DoH and DPC – protection of frontline staff		ADoN	Dec-19
5.2 Community and primary health providers	**5.2.1** Enhance the relationship with Western Australian Primary Health Alliance (WAPHA) – promote a two-way connection across and throughout both organisations	EMHS and WAPHA will work in partnership to deliver services across the care continuum which are effective, efficient and collaborative	ED CSP & PH	Dec-17
	5.2.2 Identify other community health service providers and non-government organisations and establish partnerships with these organisations	EMHS will have a range of service providers that they work in partnership with, that enables options for patients to be managed in the community		Mar-19
	5.2.3 Determine in partnership with community and primary health service providers the patient group who are the rising risk and collaborate on ways to manage these patients in the community setting			Mar-19
5.3 Share learnings with partners	**5.3.1** Establish relationships with partners who we can both learn from and those that can learn from us	Reciprocal learning and teaching opportunities for EMHS staff	CE	Mar-19
	5.3.2 Explore opportunities to partner outside the DoH to share learnings and opportunities			Mar-19
	5.3.3 Determine strategies to measure successful partnerships			Mar-19
	5.3.4 In partnership with the DoH and HSS deliver the Information Communication Technology (ICT) strategy to secure a digital healthcare future for the organisation	EMHS will deliver a digital future for staff and consumers of the health service		Dec-20
5.4 Procurement and contract management	**5.4.1** Increase our value proposition with public private partnerships	Ensure that the operator achieves best performance outcomes and contract value is not eroded	ED CS & CM	Mar-19
	5.4.2 Develop a system for contract categorisation – outcomes/benefits/value/size	Maximised opportunities to leverage of contracting across the organisation for goods and services		Mar-19
	5.4.3 Commercial options for procurement of equipment are considered in high value purchases			Dec-19
5.5 Education providers	**5.5.1** Formalise relationships with universities and technical colleges	Recognition as an employer of choice across education providers and an organisation that works in partnership with education providers which fosters industry ready graduates	ADoN ADCS ADAH	Mar-19
	5.5.2 Develop innovative pathways that promote the transition from student/novice to graduate entry positions, and ongoing programs to support learning and development			Dec-19
	5.3.3 Consider post basic qualifications and partnerships in delivering advanced education across all disciplines/occupational groups			Dec-19
	5.3.4 Consider scholarships to promote EMHS as an employer of choice			Dec-19

Valuing our Staff

Focus	Task	Outcome	Executive Sponsorship	Timeframe
6.1 Staff feedback	**6.1.1** Use feedback from Voice of the Staff and Minister for Health Surveys to improve staff satisfaction and morale		CE	Mar-19
	6.1.2 Implement different modes of receiving staff feedback – not just via staff surveys – that consider anonymity	EMHS staff will feel valued as employees, and a reduction in turnover and absenteeism rates	ADW	Jun-19
	6.1.3 Develop guidelines for managers to assist in decision making regarding consideration to our social responsibilities and includes diversity, family friendly, disability and environment when considering staff requests around changes to working hours or conditions			Jun-19
	6.1.4 Assist staff with change management processes		CE	Dec-19
	6.1.5 Develop workforce change protocols that assist managers through the change process		ADW	Jun-19
6.2 Talent management	**6.2.1** Create a talent management pool that supports junior staff members	Opportunities for staff development and participation in leadership programs are awarded	ADW	Jun-19
	6.2.2 Establish cross-agency talent pools to share learnings and opportunities	Opportunity to maximise cross agency relationships and skills of people outside the health environment		Dec-19
6.3 Staff development	**6.3.1a** Implement robust processes and develop a skill base for succession planning to support the work environment	EMHS will have the opportunity to cultivate their own leaders	ADW	Jun-19
	6.3.1b For all senior positions that are greater than 4 weeks, a robust expression of interest process will take place			Jun-18
	6.3.2 Provide equitable access to training and development opportunities for all staff, with consideration given to financial support	All EMHS staff will have equitable access to training and development opportunities, attendances at conferences		Jun-19
	6.3.3 Provide equitable access to professional development leave, conferences and training programs			Jun-19
	6.3.4 Conduct a learning and development model review in the first 12 months and develop a model for the future			Mar-19
6.4 Caring for staff along the career pathway	**6.4.1** Establish occupational entry level support/mentorship programs	EMHS is commited to the career progression of all staff along the career journey	ADoN ADCS ADAH	Jun-19
	6.4.2 Establish mid-career leadership/emerging leader programs across occupational groups to develop and cultivate our own staff		ADW	Jun-19
	6.4.3 Establish a transition to retirement program			Jun-19
	6.4.4 Develop a mentorship program for all staff			Jun-19
6.5 Staff safety, health and wellbeing	**6.5.1** Give consideration to different safety and security methods to ensure staff safety, particularly in high risk areas	Staff safety, health and wellbeing is a priority and this is demonstrated through tangible actions	ADoN	Dec-17
	6.5.2 Establish an Aggression Prevention and Intervention Committee to address violence within the workplace		ADW	Jul-17
	6.5.3 Review incidents and data to identify trends in order to promote staff safety across the organisation			Jul-19
	6.5.4 Develop a comprehensive communication plan to address violence in our health service with targeted consistent messaging for both patients and staff			Dec-17
	6.5.5 Ensure that staff wellness is captured at the local level to promote a healthy workplace with the health and wellbeing of our staff a priority			Jun-19
	6.5.6 Review the OSH model and ensure it is contemporaneous and supports staff in the workplace			Mar-19
6.6 Culture and Values	**6.6.1** Develop metrics around staff culture and value	Staff will know they are valued through our actions, and our behaviours and practices will be transparent to all	CE	Jun-19
	6.6.2 Integrate our cultures across the organisation to align with our vision and values			Mar-19

Focus	Task	Outcome	Executive Sponsorship	Timeframe
7.1 Use of allocated resources	**7.1.1** Deliver hospital and community-based care in the most appropriate setting	Our consumers will understand how to use the health system across the continuum	ED CSP & PH	Dec-19
	7.1.2 Work with external organisations to communicate appropriate care delivery to the community			Dec-19
	7.1.3 Review frequent attenders to EMHS hospitals and propose different ways to manage these patients in collaboration with primary and community care			Mar-19
	7.1.4 Continue the winter collaborative work to ensure that access to services over known periods of high demand are managed – both from a consumer perspective and health service perspective		ED RPBG	Mar-19
	7.1.5 Establish a Youth Mental Health Unit that will ensure increased access to inpatient beds for those youth deemed at risk		CE	Mar-19
	7.1.6 Review rostering practices to align staff and activity, ensuring that relevant awards and conditions are considered		ADW	Jun-19
	7.1.7 Develop a clinical service plan that aligns with the Clinical Services Framework 2014–2024		ED CSP & PH	Mar-19
	7.1.8 Conduct an energy audit		ED F & I	Dec-19
7.2 Our culture	**7.2.1** Develop guidelines for genuine behaviour that align with our EMHS vision and values at team level	Our actions, behaviours and practices will be transparent to all, and we will demonstrate pride in the way in which we engage with each other as staff and with the consumers that access our services	CE	Mar-19
	7.2.2 Create an environment that enables staff to call out behaviours that do not align with our vision and values			Mar-19
	7.2.3. Leaders will encourage questioning to improve clinical care delivery		ED RPBG ED AKG	Mar-19
7.3 Our people	**7.3.1** Mentor our staff so that they understand what doing the right thing means	Our staff will teach each other what the right thing is	CE	Mar-19
	7.3.2 Promote a consistent message of doing the right thing, that is understood between generations	Our actions and behaviours will be transparent to all	DOCE	Mar-19
7.4 Compliance, legislation and upgrades	**7.4.1** Respond to the CCC Report and changes to poisons regulations and ensure all sites are compliant with the changes	We will ensure compliance with relevant standards and appropriate recommendations from external reports and reviews are implemented and regularly audited	ADoN	Jun-18
	7.4.2 Complete EMHS business continuity plans to ensure staff safety is our priority			Mar-18
	7.4.3 Complete RPH fire safety upgrades		ED F & I	Dec-21
	7.4.4 Complete the Kalamunda Hospital roof upgrades			Mar-19
	7.4.5 Complete Armadale Hospital lift upgrades			Mar-19
	7.4.6 Install Wi-Fi across EMHS sites		ED CS & CM	Jun-20
	7.4.7 Upgrade RPH helipad to enable landing of the new helicopter fleet		ED F & I	Dec-19
	7.4.8 Implement National Safety and Quality Health Service (NSQHS) Standards (second edition)		ED SQ & CE	Dec-19
	7.4.9 Implement the new Risk Management System that has been procured by the DoH			Apr-18
	7.4.10 Implement the recommendations of the Hugo Mascie Taylor Review in Quality and Safety in WA Hospitals			Mar-19
	7.4.11 Procurement and contract management improvements relating to the CCC North Metropolitan Health Service FM Report		ED CS & CM	Dec-19
	7.4.12 Implement recommendations from the Sustainable Health Review		CE	Dec-19
	7.4.13 Implement recommendations from the Service Priority Review			Dec-19