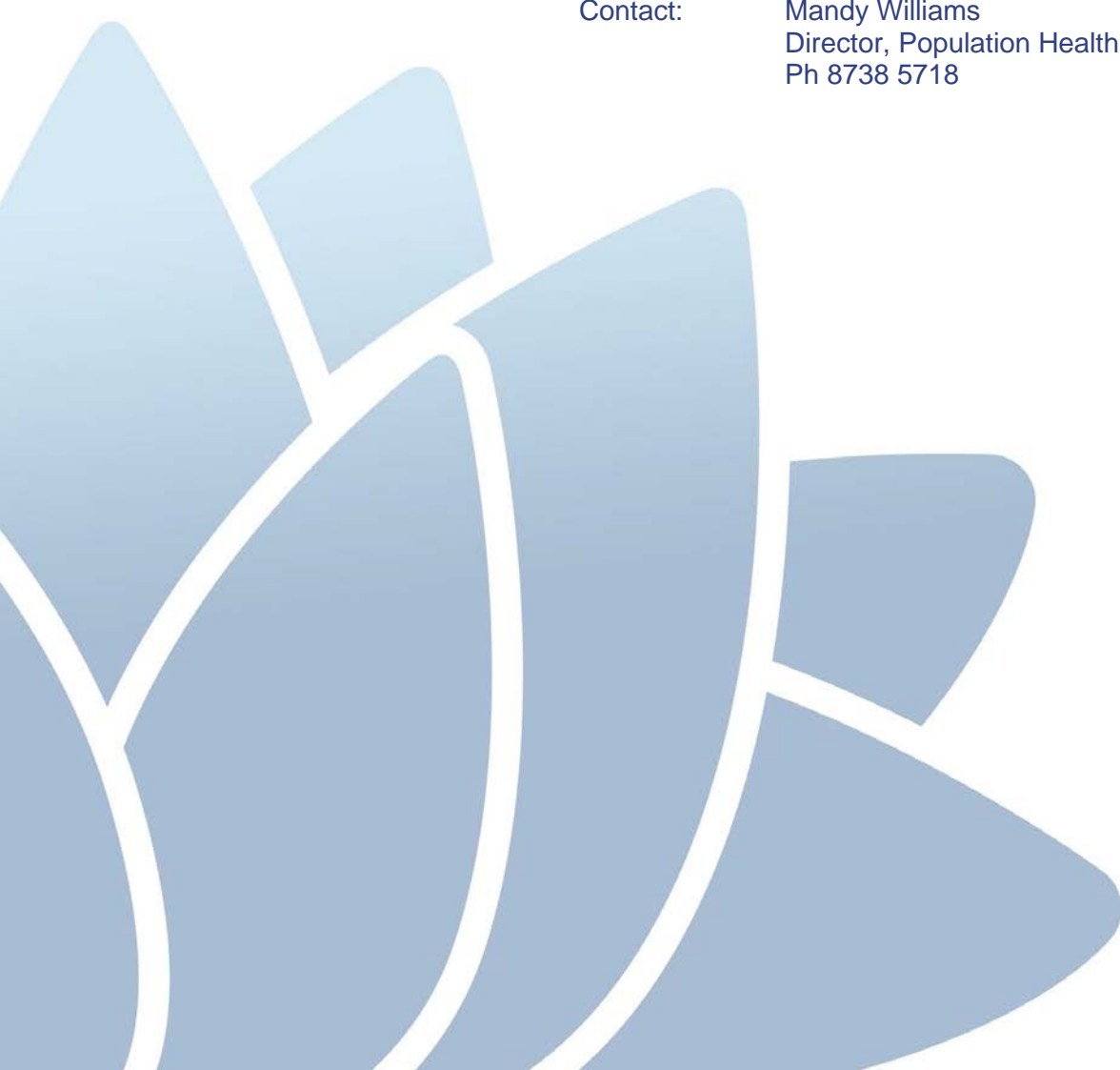


Population Health

Draft Operational Framework

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Version Control

Version	Date	Prepared by	Comments
1.0	23.8.2023	Population Health Directorate	

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The Mental Health Governance Compendium and Primary & Community Health Toolkit informed the development of this document.

HPE CM: SWD23/78681



1.1 Purpose of the Operational Framework

The Operational Framework outlines the governance framework, structures and systems that guide Population Health as a key business unit of South Western Sydney Local Health District (SWSLHD). The document sets out the roles and responsibilities of Population Health in relation to SWSLHD. It is also designed to assist Population Health staff and managers to meet their statutory, legal and professional obligations. In doing so, the document aims to:

- Promote adherence to the CORE values of the NSW Health system.
- Strengthen our capacity to deliver on our vision of Leading Care, Healthier Communities
- Build a culture that enables excellence and accountability
- Ensure delivery of high quality and safe care
- Improve equitable access to care and quality service provision.
- Ensure appropriate care and services are provided.
- Increase the awareness and transparency of staff and stakeholders of the processes undertaken within Population Health to provide appropriate service provision to the population of SWSLHD
- Identify risks for injury and loss related to the provision of care and services and implement strategies and activities to manage, minimise or eliminate those risks
- Provide appropriate protection of assets and business operations to maintain the business and provide comfort for stakeholders and the public
- Protect the organisation's image, public and commercial position
- Increase staff awareness, knowledge and participation in governance processes

The Operational Framework is built around a series of core components designed to support staff and managers as they strive to understand and exercise their key accountabilities. These core components include:

- Our organisational structure
- Our committee structure.
- Our planning and cultural context
- Our quality and safety commitment
- Our financial management
- Our processes for policies, procedures and guidelines
- Our enterprise-wide risk management
- Our workforce



1.2 Introduction and Background

Strategic Plans

The strategic directions for SWSLHD to 2022 are articulated in the SWSLHD Strategic Plan 2022 – 2027 Framework. The SWSLHD Strategic Plan provides the overarching framework for *Keeping People Healthy: SWSLHD Prevention Strategy to 2028*, which specifically relates to the strategic direction to ‘strengthen and promote healthier communities.

The SWSLHD plan is informed by NSW Premier Priorities and *NSW Health Future Health Guiding the next decade of care in NSW 2022 – 2032*. The plan reflects the core values, service principles and strategic directions to guide SWSLHD in achieving the vision of Leading safe, sustainable care for a healthier community.

Prevention plan

Population Health strategic direction will be informed by the *Keeping People Healthy: SWSLHD Prevention Plan to 2028*.

Operational plan

A Population Health Services: Operational Plan will outline implementation of objectives and priorities from the SWSLHD District Strategic Plan and Keeping People Healthy. In keeping with the SWSLHD Strategic Plan, this plan will set out the key actions to be achieved over a two-year period.

Delivery/Business plans

Population Health will develop a delivery plan outlining the work and priorities for the Service and links to the Operational plan, LHD Strategic plan and links to other relevant plans.

Other plans

Population Health has a number of other plans which inform the work or enablers to support the staff and services provision. These plans include, but are not limited to:

- Population Health: Health & Wellbeing Plan 2021 - 2023
- Population Health ICT Plan 2023-2025
- Population Health Workforce Plan 2021 – 2023
- Population Health Research Plan (to be developed)

Our Vision and Mission

Population Health’s mission is to protect and promote health, reduce health inequalities, and achieve the best of health for all who live in South Western Sydney.

Population Health Values

These values form the basis of how Population Health provide services and engages with the community:

- Equity: promote equity by providing and advocating for accessible, quality, fair and culturally appropriate services based on population need



- Professionalism: reflect a professional attitude and provide services with efficiency, impartiality and integrity
- Partnerships: work in partnership with the community in planning, delivery and evaluation of population health services
- Evidence: activities will be supported by sound evidence and will contribute to the evidence base
- Environmental sustainability: activities that promote environmental sustainability.
- Quality improvement: strive for continuous quality improvement.



1.3 About Population Health

Our Structure

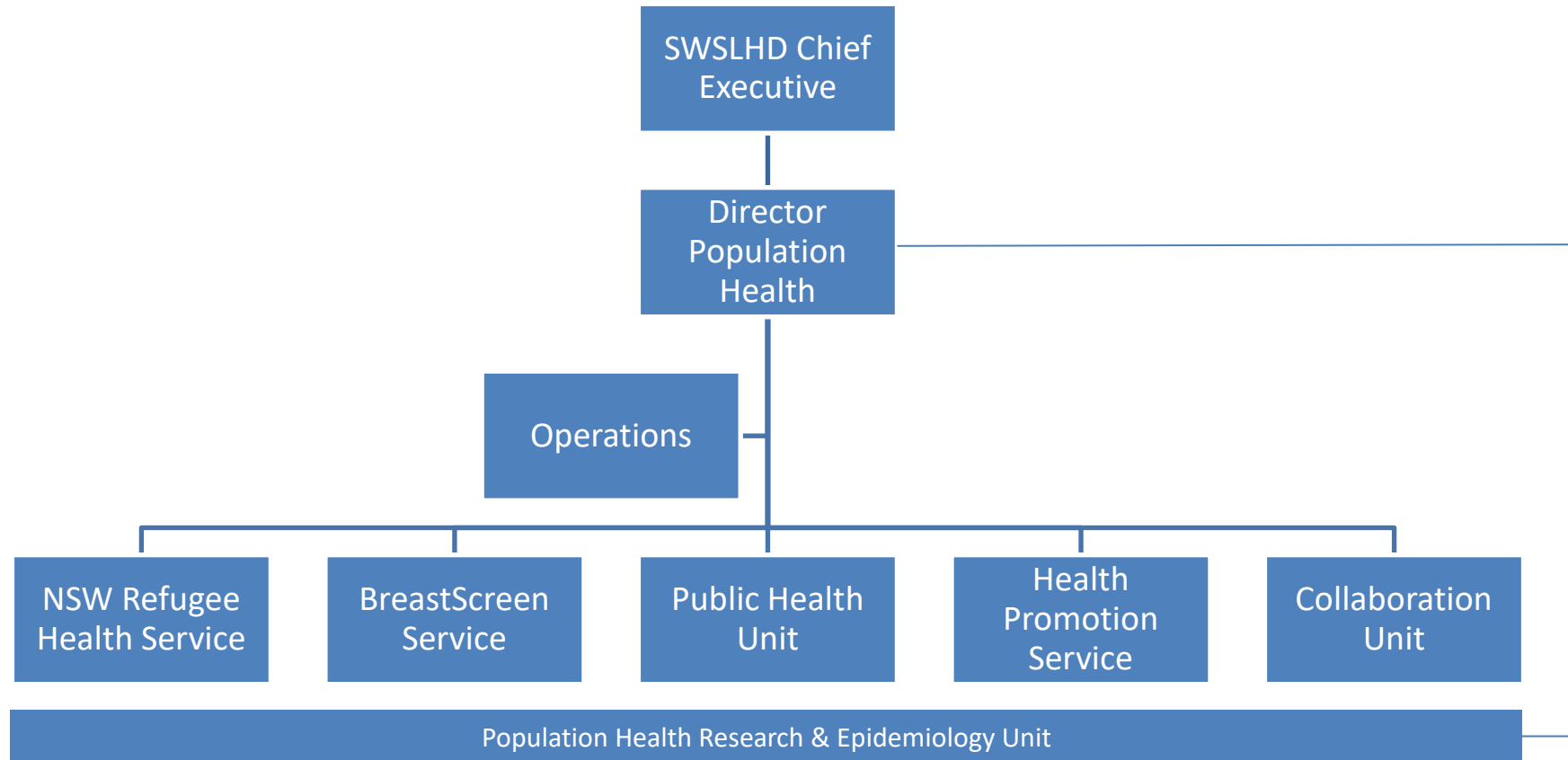
Population Health contains seven business units:

1. Operations
2. BreastScreen
3. Collaboration Unit
4. Population Health Research & Epidemiology Unit
5. Health Promotion Service
6. Public Health Unit
7. NSW Refugee Health Service

Population Health – Draft Operational Framework



Figure 1: Population Health Structure





Our Services

Population Health provides a broad and varied range of services. Population Health recognises that the causes of illness and disability often originate in features of the social environments in which people live, work and play. Such features include, for example, an individual's personal or family level of income, employment status, socioeconomic position, housing conditions, level of education and cultural background. They also include aspects of the society that surrounds them, for example the physical characteristics of the neighbourhood where they live, their work environment, whether others discriminate against them and more generally policies of governments. These features are referred to as the social determinants of health. Developing practical ways of addressing social drivers of ill-health is challenging but recognition informs our work programs.

We also recognise the importance of reducing health inequalities at the same time as we develop programs that address major causes of ill health and disability. Health inequalities refer to any difference in health status or access to health services between two or more groups of people. Some health differences are inevitable but when a health inequality is considered preventable and unfair it is referred to as a health inequity.

Operations

Operations is responsible for ensuring that the whole of Population Health achieves its strategic priorities within the resources available, with planning and reporting, budgetary control, workforce safety, risk management, facility and asset management and quality improvement. Operations (Figure 2) provides information technology support for all services and manages the Aboriginal Population Health Training Initiative.

BreastScreen

BreastScreen is funded by BreastScreen NSW (as part of Cancer Institute NSW) and operationally managed by SWSLHD through Population Health. BreastScreen provides free screening mammograms for the early detection of breast cancer. BreastScreen accepts females aged 40 years and older, and specifically targets asymptomatic women aged 50 to 74 - living within the SWSLHD catchment - on a biennial basis. The BreastScreen structure is outlined in Figure 3.

Collaboration Unit

The Collaboration Unit (Figure 4) will establish and maintain high level working agreements with various internal and external stakeholders through Health Alliances and Partnerships. Collaborative relationships will focus on shared health and wellbeing initiatives tailored to meet specific needs of the local community. It will also support the development of environmentally and socially sustainable built environments; healthy urban planning and placemaking.

Population Health Research & Epidemiology Unit

The Population Health Research and Epidemiology Unit will conduct research, evaluation and surveillance in population health and promote an evidence-based approach to population health programs. The Research Unit will build capability for population health research across SWSLHD and support graduate and post-graduate learning in population health and epidemiology. The Population Health Research & Epidemiology Unit structure is outlined in Figure 5.



CHETRE will be embedded within the Research and Epidemiology Unit to foster and develop research, evaluation and training with a focus on achieving better and fairer health for populations in South Western Sydney. The Research and Epidemiology Unit will negotiate with Universities to embed academics who will focus on SWSLHD population health research priorities.

The Research and Epidemiology team will:

- Monitor and report on the health status of the community
- Conduct high quality epidemiological research.
- Conduct high quality population health research that considers the broad social and economic determinants of health, equity, and focuses on priority population subgroups, including Aboriginal, disadvantaged, and culturally and linguistically diverse (CALD) communities
- Promote an evidenced-based approach to population health services and interventions.
- Facilitate transfer of research into population health policy and practice
- Collaborate with others to enhance population health services and capacity.
- Foster research co-production and partnerships with policy makers, local health service practitioners, and those likely to be affected by the research

Health Promotion Service

The Health Promotion Service (HPS) improves the health and wellbeing of our population through prevention across the lifespan. Our approach aims to increase health literacy, address social, ecological and the wider determinants of health, utilise community-based and settings approaches, all of which are guided by the principles of the Ottawa Charter. We recognise that the environments in which our community live, work and play influence their health behaviours and lifestyle choices. The Health Promotion Service structure is outlined in Figure 6.

Key focus areas for HPS include; closing the gap; ensuring the best start in life; healthy eating; active living; influencing food and built environments; smoking and vaping cessation; mental wellbeing; healthy ageing; and HIV and related programs including health promotion activities, monitoring and reporting functions for sexually transmissible infections and HIV programs, viral hepatitis and needle and syringe programs services.

The Health Promotion Service empowers communities to have more control over their health by:

- Planning, implementing and evaluating health promotion programs and initiatives.
- Working in partnerships with health professionals, communities, local government, and non-government organisations with shared priorities to build capacity and achieve greater population reach and outcomes.
- Promoting and supporting evidence-informed research, policy and practice
- Embedding equity principles and ensuring we meet the needs of priority populations, including culturally and linguistically diverse communities.
- Working with clinicians and health professionals to support the integration of prevention in clinical settings.



Public Health Unit

The purpose of the PHU is to prevent and control threats to health from communicable disease and the environment. Our key functions cover environmental health, emergency management, communicable disease control and immunisation programs. Core activities of the Public Health Unit are surveillance, monitoring and responding to notifications of communicable diseases; controlling outbreaks; implementing the adolescent (high school) immunisation program; providing immunisation advice; assessing environmental health risks; control of some environmental health hazards; ensuring compliance with tobacco control legislation; and responding to public health emergencies. The Public Health Unit structure is outlined in Figure 7.

Refugee Health Service

The NSW Refugee Health Service aims to protect and promote the health of refugees and people of refugee-like backgrounds living in NSW. The NSW RHS structure is outlined in Figure 8.

The service:

- provides early health assessments by refugee health nurses for newly arrived refugees.
- provides medical assessments and referrals through GP clinics, particularly for asylum seekers.
- educates health service providers on refugee health and related issues.
- acts as a link between agencies working with refugees and health services
- provides targeted health promotion programs for refugees.
- facilitates and conducts research in refugee health.
- advocates for appropriate services for refugees, and
- provides relevant policy advice at local, state and national levels.

Our Staff

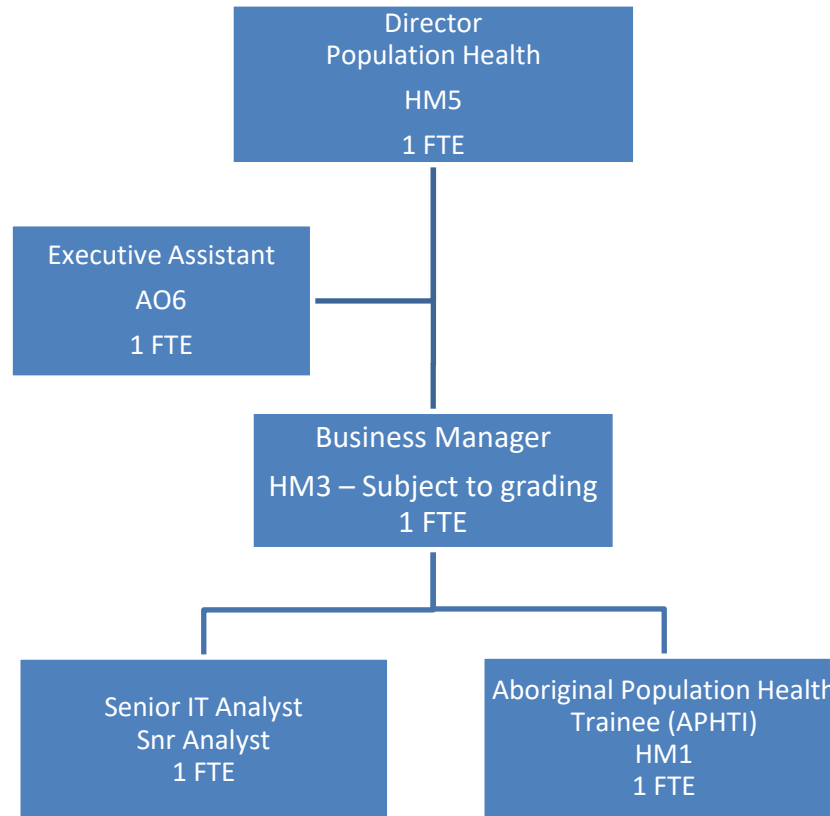
Population Health is made up of a multidisciplinary workforce of health promotion officers, health managers, administrative staff, nurses, doctors, dietitians, environmental health officers, radiographers and more. Population health has 174.79 fulltime equivalent staff (FTE) and more than 200 staff in total distributed across the District.

Population Health and its workforce is guided by values and principles of working that build on the core principles of the NSW Health and the District: equity, professionalism, partnership-working, evidence-based practice, environmental sustainability, and quality improvement.

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Figure 2: Operations Structure



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Figure 3: BreastScreen Structure

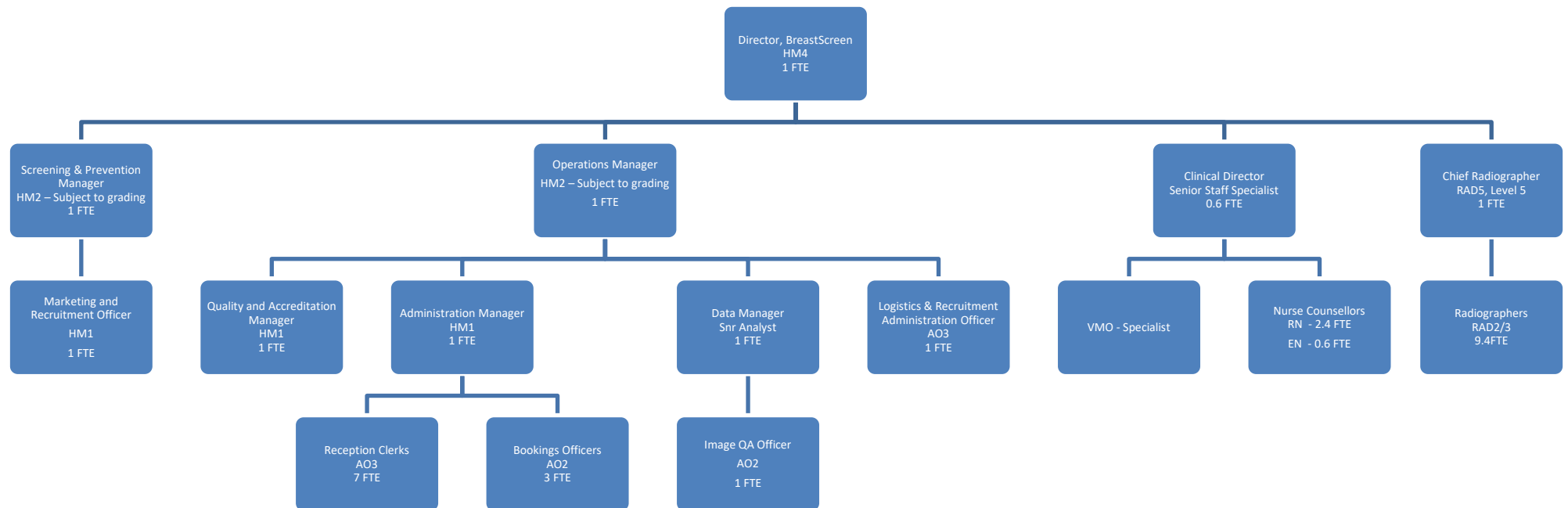




Figure 4: Collaboration Unit Structure

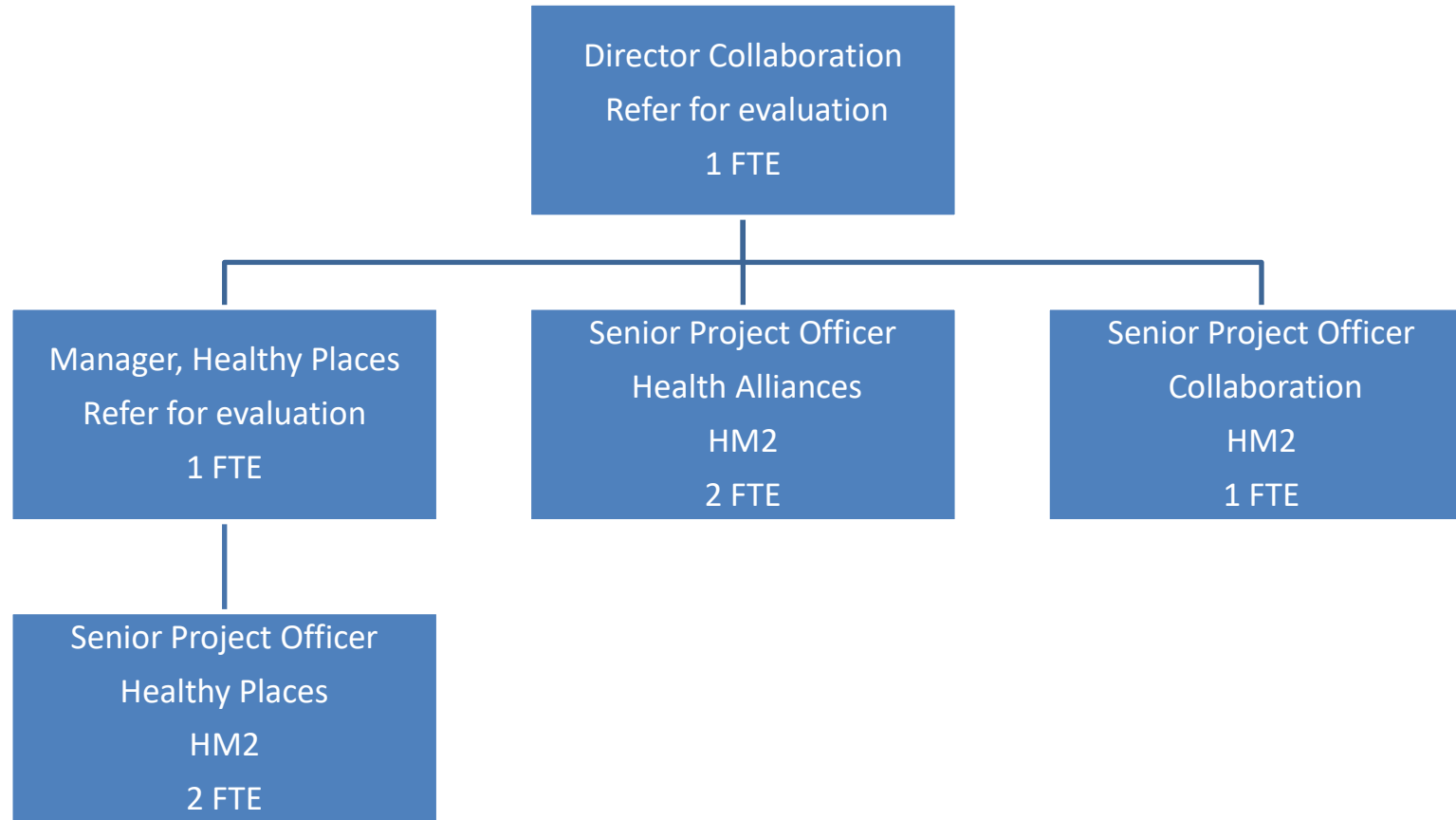
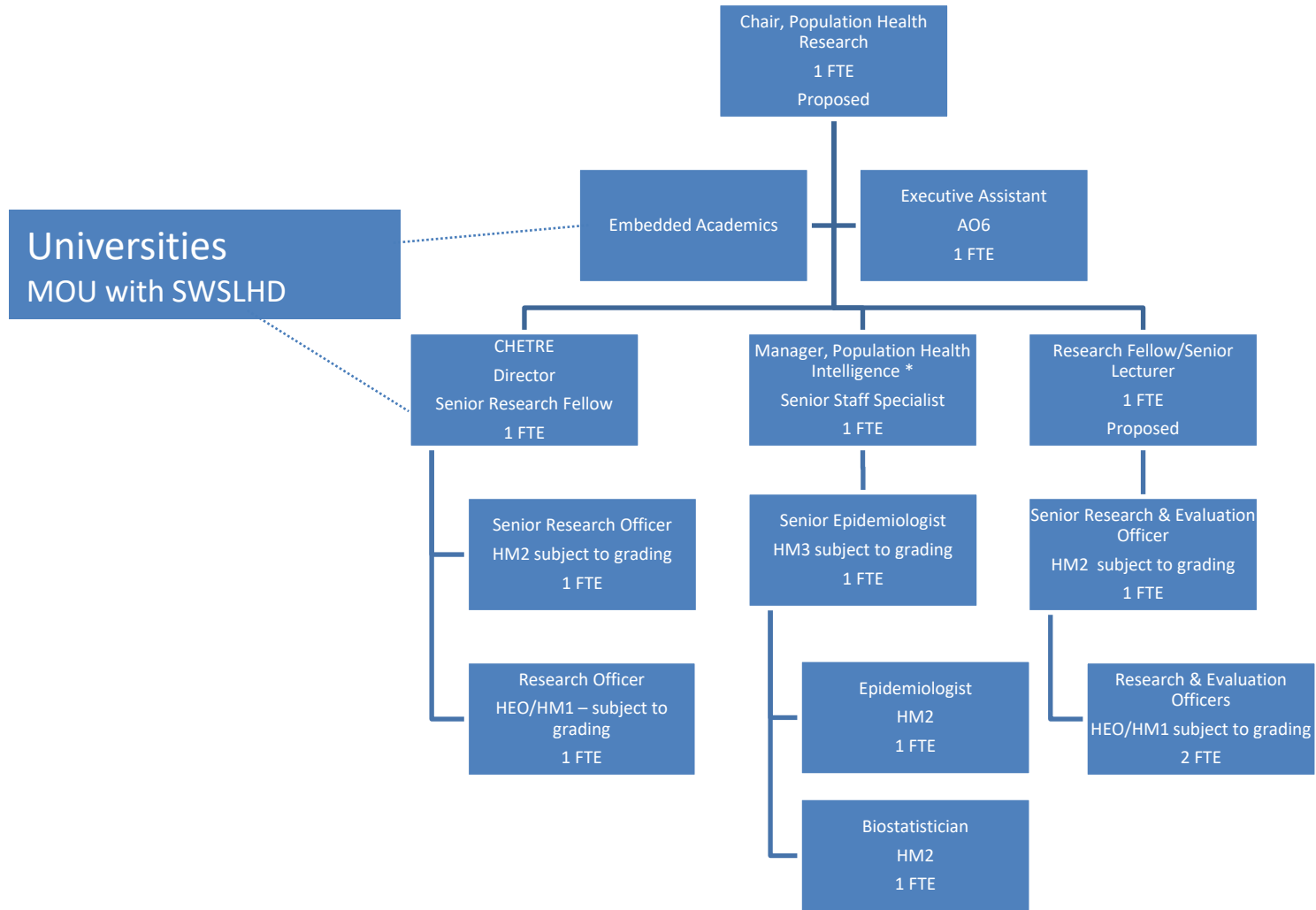




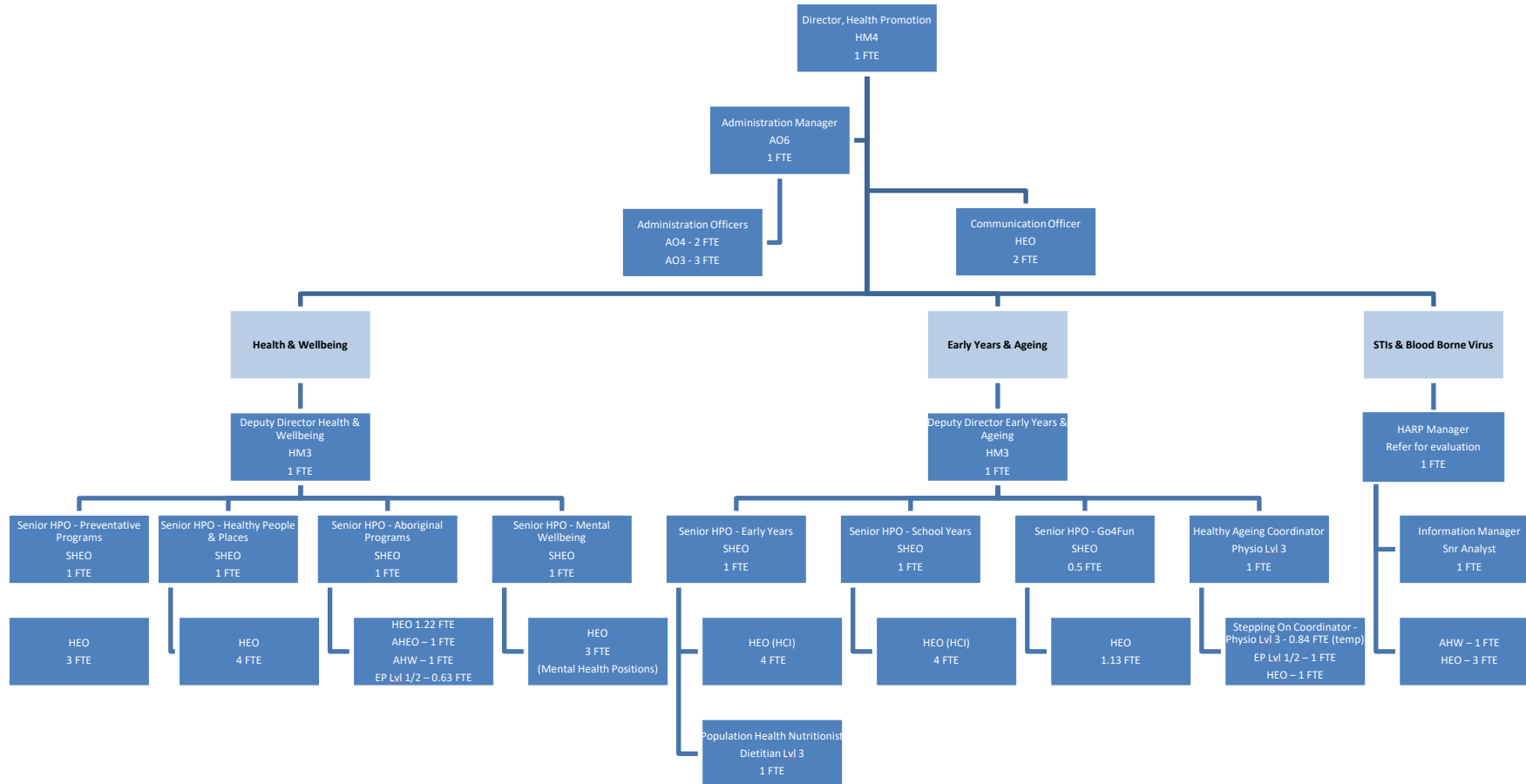
Figure 5: Population Health Research & Epidemiology Unit



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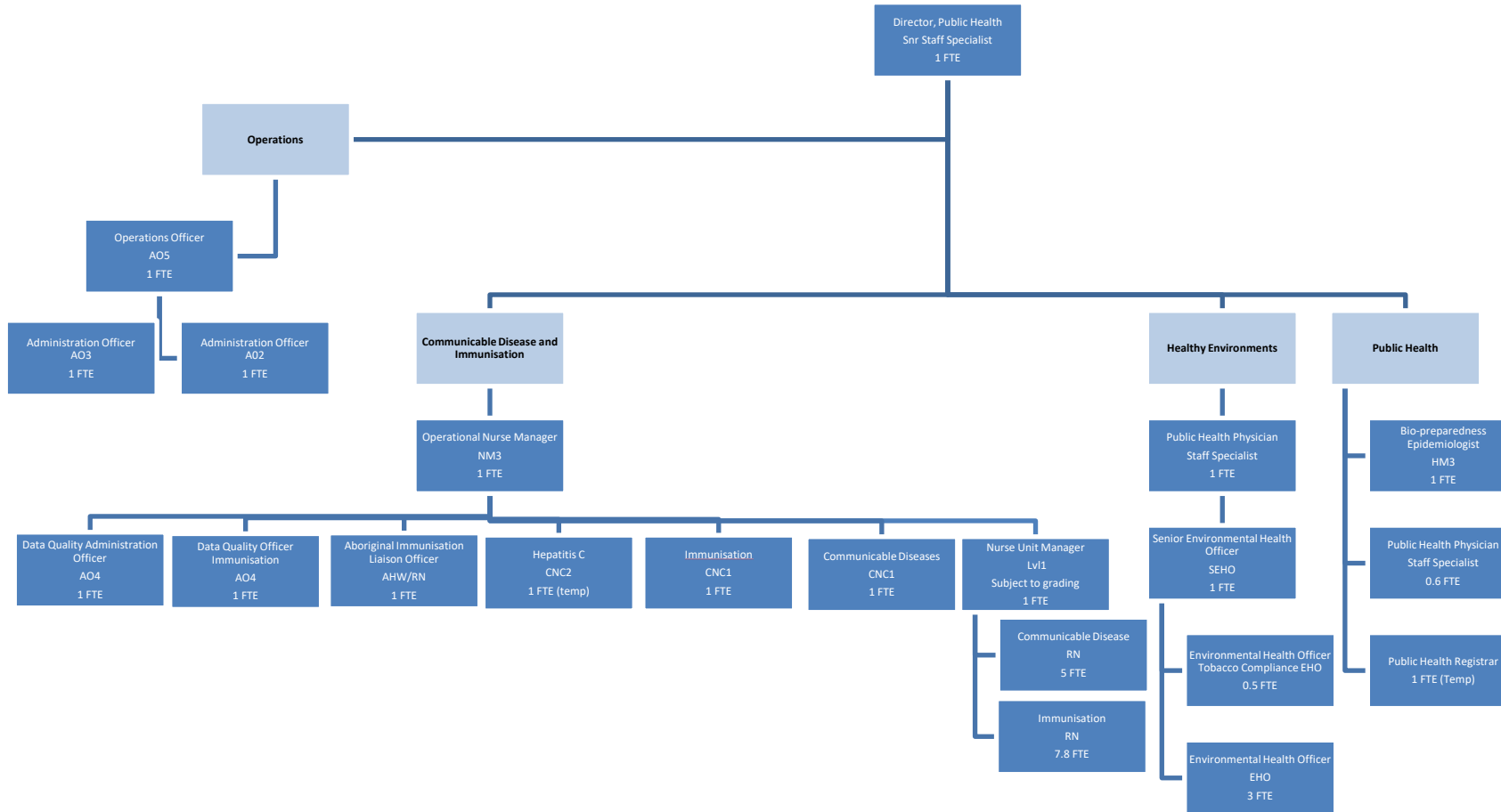
Figure 6: Health Promotion Service Structure



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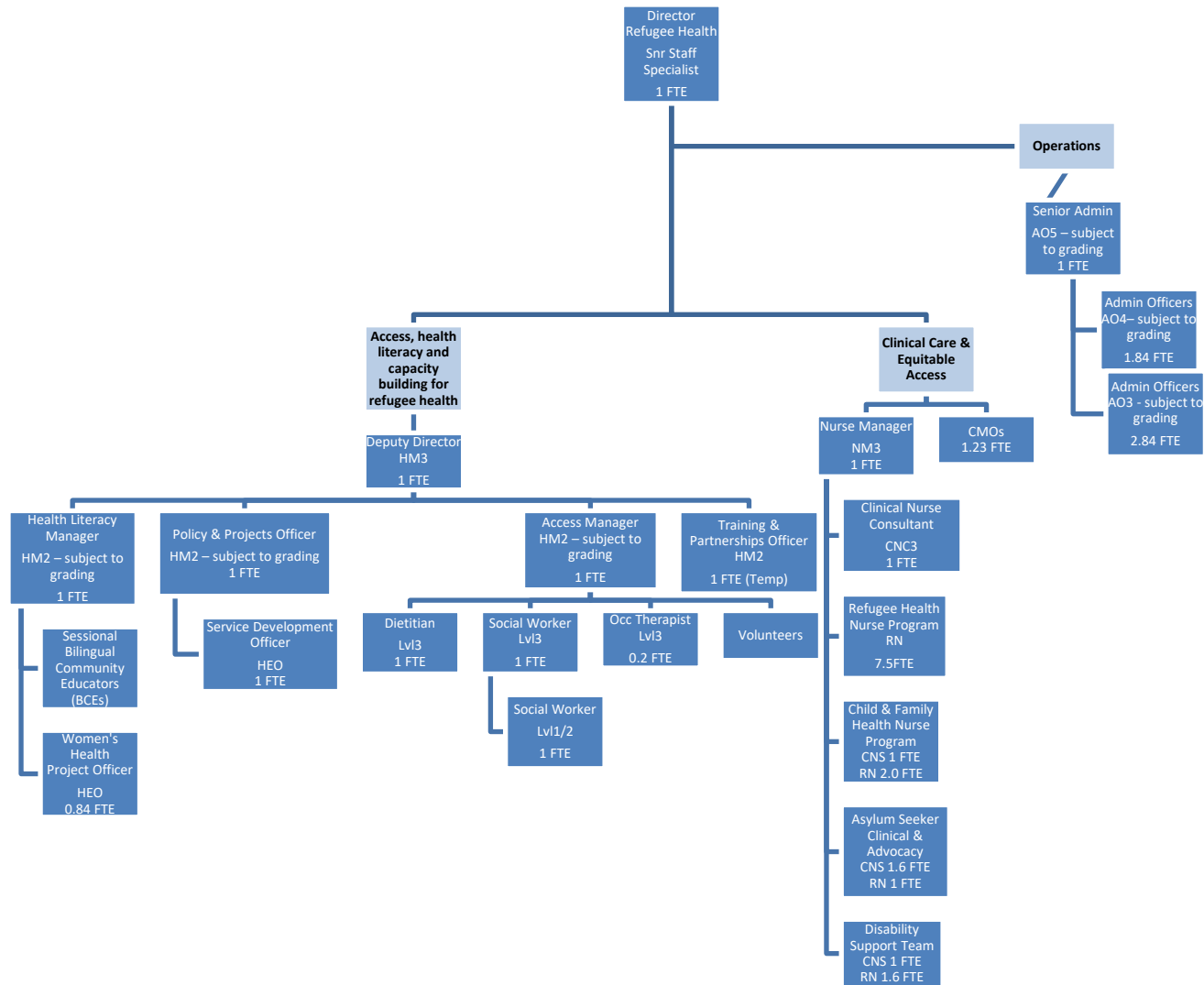


Figure 7: Public Health Unit Structure



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Figure 8: Refugee Health Service Structure





1.4 Our Committee Structure

The Executive Leadership Team (the Executive) has overarching responsibility for clinical and corporate leadership through 3 peak governance committees – Executive Leadership Team (strategic / performance); Quality & Safety Committee and Corporate & Operations Committee. A broader Strategy & Partnerships Committee will discuss key strategic issues and facilitate integrated planning across Population Health (Figure 9). The ELT leads strategic planning and inform decision-making processes. The ELT is made up of business unit Managers/Directors from each unit (refer to Figure 1 above). Senior Managers within Population Health operate within a framework of delegation driven by the SWSLHD Delegations Manual and SWSLHD’s Policy/Procedure Directives outlining the scope and boundaries of financial and management decision-making.

Figure 9: Population Health Committee Structure



Members of the Executive will lead committees and working groups and ensure services interface with other key internal and external partners. Transforming Your Experience is embedded across Population Health Committees. See Appendix 2 for details of Committee meetings.

The Executive (ELT)

The Executive has overarching responsibility for clinical and corporate governance ensuring delivery of high quality and safe services and acts as a forum to receive information, provide leadership to enhance staff and community engagement. This committee provides strategic oversight and performance monitoring of service delivery in Population Health. The Executive has a key role ensuring oversight and performance of the Population Health’s responsibilities identified in the *Keeping People Healthy: SWSLHD Prevention Plan to 2028*. Strategic discussion around TYE would be held at this forum. At a functional level, the Executive will meet monthly for strategic planning and performance monitoring and will convene weekly risk huddles to identify, discuss and resolve operational priorities and key items that need to be addressed.



Corporate Governance & Operations

This group is responsible driving organisational planning and leadership, managing human, physical and financial resources and providing and maintain a safe environment for items included but not limited to:

- Security
- Accommodation
- Finance
- Fleet
- Maintenance

A number of committees report to the Corporate Governance Committee including Workforce Development; Clinical Nurse Specialist Grading Committee; ICT Committee; Health & Wellbeing Committee; Implementation of TYE will be monitored at Corporate Governance meetings.

Clinical Quality

This Committee is responsible for improving quality and safety of clinical care and improving the patient, family and carer experiences. The Committee oversees clinical governance issues and TYE patient experience matters. The committee reviews and monitor standards for quality systems including the monitoring of quality indicators, incident management, complaints management, auditing processes, clinical risk management and clinical quality improvement.

Strategy & Partnerships

The Strategy & Partnerships Working Committee provides a forum for the Executive and key senior staff from business units to discuss key strategic issues and facilitate integrated service planning across Population Health. The Committee provides a structure for reviewing equitable service provision and strategic direction including partnerships and making recommendations to the ELT. This committee will meet quarterly.

Population Health Working Groups

Working groups will be established for key initiatives that align with Population Health priorities. Key initiatives that are identified as requiring a cross service approach will have working groups to drive this initiative. An Executive Sponsor from the Executive will lead each working group. The Executive Sponsor is responsible for ensuring outcomes are achieved and reported back to the ELT.

Minimum Standards for Our Committees

Population Health uses standardised document templates for our committees and working parties. These include:

- Terms of Reference
- Agenda
- Minutes
- Referral Note
- Committee Evaluation form

Standing Items include responsibility for reviewing key performance indicators, risk register items and/or policies specific to the function of the committee (as set out in Terms of Reference).



1.5 Supporting Patient Safety and Quality

Population Health does not have a dedicated Clinical Governance Unit. Patient safety and quality will be over seen by the Population Health Quality & Safety Committee.

The Population Health Quality and Safety Committee is responsible for improving quality and safety of clinical care and improving the patient, family and carer experiences. The Committee oversees clinical governance issues and continued implementation of the Patient Safety and Clinical Quality Program within Population Health. The Committee reviews and monitors standards for quality systems including the monitoring of quality indicators, incident management, complaints management, auditing processes, clinical risk management and clinical quality improvement. The Committee also has an oversight of accreditation programs.

Patient Safety

The Committee, in collaboration with the Executive analyse trends and provide recommendations regarding improvements in relation to issues identified through the clinical incident management system.

The Committee will meet quarterly to review incidents reported in IMS+. A summary of all clinical incidents reported is provided to the Committee as required. Harm Score 1 (HS1) and Harm Score 2 (HS2) incidents are notified to the Population Health Executive via a Reportable Incident Brief. The Business Manager will monitor IMS+ daily for monitoring of SAC 3 and 4 incidents.

The responsibilities of the Committee include:

- Monitoring and daily surveillance of incidents notified in IMS+
- Identify and analyse trends.
- Review and analyse significant occurrences and report to key stakeholders.
- Coordinate Serious Adverse Event Review (SAER) investigations.
- Monitor status of SAER recommendations
- Assist serious incident investigation processes.
- Monitoring incidents notified in IMS+ to their location.
- Monitoring the management of incidents in IMS+ within key performance indicators (KPIs)
- Provide reports to Population Health Executive, Population Health Clinical Quality Committee and District as required.
- All documentation for incident management to be recorded in the SWSLHD Records Management system.
- Provide in-service education sessions on IMS+ management, incident investigation and the SAER process to frontline clinicians
- SAER feedback to treating teams.

Patient Liaison

The Committee is responsible for coordinating the investigation of all formal complaints relating to services provided by Population Health in a manner that is equitable, timely, and efficient and without bias. The Committee is also responsible for coordinating responses from Population Health to external inquiries from various sources including Ministerial, Health Care Complaints Commission or members of the public.

The responsibilities of the Committee relating to Patient Liaison include:



- Monitoring and daily surveillance of consumer feedback reports notified in IMS+
- Identifying and analysing trends in consumer feedback
- Monitoring consumer feedback notified in IMS+ according to location.
- Monitoring the management of consumer feedback notified in IMS+ in line with expected KPIs.
- Coordinating responses to external inquiries from various sources including Ministerial, Health Care Complaints Commission or members of the public.
- Collaborating with SWSLHD Designated Senior Complaints Officer (DSCO) including review of HCCC complaints.
- Recording all documentation pertaining to complaint management in the SWSLHD Records Management system
- Providing in-service education sessions on managing consumer feedback to the Population Health workforce

Quality Improvement

The role in relation to Quality Improvement (QI) is to assist the Population Health to define, develop, implement and evaluate the various components of the quality system into a framework for achieving safe and effective care that will motivate staff to fulfil their roles.

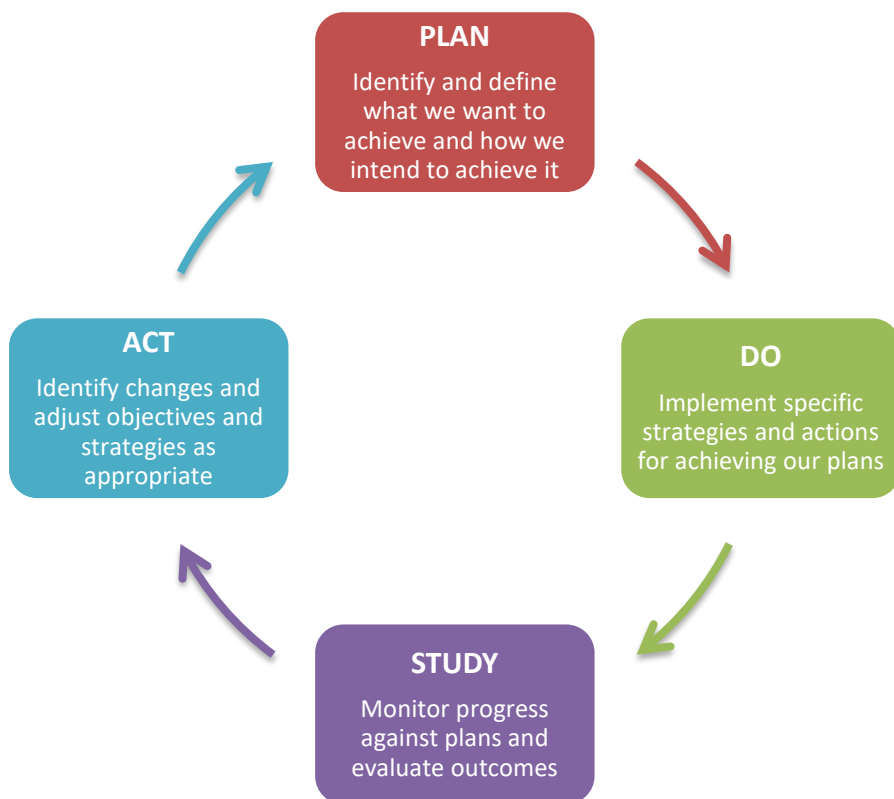
The QI responsibilities include:

- Providing biannual reports on quality improvement activities
- Coordinating improvement and innovation priorities and initiative

Predominantly Population Health uses the Plan-Do-Study-Act Cycle (PDSA) model outlined in Figure 3 below. The PDSA cycle is useful for looking at how best to implement quality improvement by planning, trying, observing the results, and acting on what is learned.



Figure 3: Plan-Do-Study-Act Cycle



In addition, the principles articulated in the SWSLHD Clinical Governance Framework apply to Population Health services that provide clinical care - NSW Refugee Health Service, BreastScreen and Public Health:

- Set a goal of zero harm to patients.
- Provide care that is centred (or focused) around the Patient (Consumer)
- Ensure clinicians are engaged and capable.
- Strive to continuously improve care.
- Aim for standardisation and systematisation of care processes
- Establish clear responsibility and accountability.
- Ensure communication and teamwork.
- Act on problems identified in audits.
- Ensure action is data driven, evidence based or evidence generating and outcomes focused.

The role of the Committee in relation to Quality Improvement (QI) is to assist Population Health to define, develop, implement and evaluate the various components of the quality system for achieving safe and effective care that will motivate staff to fulfil their roles.

The QI responsibilities of the Committee include:

- Developing and scheduling audits for monitoring quality of care
- Providing quarterly and annual reports on audit results
- Training for increasing quality maturity in Population Health
- Coordinating clinical improvement and innovation priorities and initiative



- Ensuring that Population Health staff are aware of registered clinical practice improvement initiatives.
- Providing support and coaching to clinicians in the implementation of clinical practice improvement initiatives

1.6 Planning

The work of Population Health is articulated in the plans described in section 1.2. This will be captured in

- Operational Plans – A District requirement led by the Planning Unit in partnership with Population Health and informed by the District’s Strategic Plan and Keeping People Healthy.
- Delivery/Business planning will be undertaken on an annual basis and will identify actions required to deliver outcomes identified in relevant strategic and prevention plans of Population Health and the District.
- Integrated planning – integrated planning processes will be adopted as part of the new operational framework approach to enable cross service integration and reduce silos. Where appropriate, this may also include clinical and non-clinical LHD teams outside of Population Health. Population Health will work in partnership with many internal and external partners (see Appendix 3) in the delivery of Keeping People Healthy Prevention Plan.

1.7 Our Auditing Structure

An auditing system contributes to the improvement of the quality and safety of care if it is linked to both governance structures and targeted improvement projects. Audits are reported at a business unit level for each site, for local review and any corrective/improvement action that may be required.

QARS Reports

Population Health completes a number of QARS assessments namely:

- WHS – monthly
- COVID-19 – bi monthly
- Security - annually.

1.8 Monitoring & Reporting

Dashboard Reports

A number of dashboards have been developed to monitor Population Health performance. Regular reporting for clinical, corporate and finance includes the following:

Dashboard	Frequency	Reported To
Finance Dashboard	Monthly	Corporate Governance & Executive Committees



Performance Management Framework	Monthly	Quality & Safety & Executive Committees
Service Indicator Dashboards	Monthly	Chief Executive

The dashboards provide information for the District to monitor compliance with attainment of relevant Key Performance Indicators along with identifying areas requiring further investigation. This enables the service to implement strategies for improvement, which can then be monitored using the dashboards.

Population Health is responsible for state-level performance measures within the Service Agreement between SWSLHD and NSW Health. These are reviewed and updated annually. Current measures are included in Appendix 4.

TYE Indicators

Population Health uses a range of TYE indicators to identify opportunities and strategies to support the delivery of quality care for our consumers and their carers; and maximise health, wellbeing and capability of our workforce.

Information and data are collected and reported via designated committees. This enables Population Health to:

- a) monitor compliance, quality and trends over time; and
- b) report variations to the District Executive and/or District governance committees (e.g., Health Care Quality and Safety). Information and data are used to guide decisions and recommendations about resourcing requirements across Population Health.

Critical information and performance data collected by Population Health includes:

- Number of Executive Rounds per quarter
- Number of Leader staff rounds per quarter.
- Number of Risk Huddles completed per quarter.
- Number of complaints in IMS per quarter
- Number of compliments in IMS per quarter
- Number of recognitions (from MEM)
- Reason for leaving service.
- Number of leader patient rounds per quarter
- Number of My Experience Matters (MEM) survey completed per quarter.
- Themes from My Experience Matters and Patient experience.
- What has the service changed as a result of feedback?
- What is in progress or being progressed as a result of feedback?
- What is not able to be actioned and why?



1.9 Our Financial Management

Reporting processes are in place to allow the Executive team to review the efficiency and effectiveness of the organisation in delivering its strategic objectives and in meeting its accountability as prescribed in the annual budget letter from the District. The purpose of reporting is to provide the relevant information to enable the Executive to understand the organisation's performance against service and activity levels and the management of resources applied for the delivery of services. This indicates, but is not limited to, budget consideration, use of staff resourcing and other inputs used in service delivery. Identification of any exposure to financial risks and the extent to which they are being effectively managed are key considerations when assessing the impact of these risks on the overall performance of the organisation.

Monthly reports include but are not limited to the following:

- Year to date financial performance and projection.
- Explanation of results and variances.
- Reporting on identified budget risks.
- FTE Performance.
- Any relevant financial dashboards.

1.10 Risk Management for our Enterprise

Population Health manages risks in accordance with both Ministry of Health Policy Document PD2015_043 Risk Management - Enterprise-Wide Risk Management Policy and Framework – NSW Health, and the SWSLHD Risk Procedure (SWSLHD_Proc2019_008). Focusing on compliance with these foundational documents and adoption of an enterprise approach to risk identification and management, Population Health leaders and staff are encouraged to act proactively to identify potential and actual risks and contribute to risk mitigation. In keeping with an enterprise risk management approach at the District level, Population Health aims to:

- Embed risk management into corporate governance, planning, financial, clinical, workforce management, operational service delivery, project management and support functions.
- Include risk management as a part of our strategic, operational and annual business planning activities.
- Keep an up-to-date Risk Register in place.
- Use agreed processes to escalate and report on risk to the Chief Executive, Audit and Risk Committee and Board, as appropriate.
- Create opportunities for risks to be identified and discussed in a safe and respectful way.

Consistent with the wider SWSLHD approach, risk analysis is undertaken using the bow tie analysis (BTA) tool. The BTA tool is a simple and effective tool for communicating risk assessment results at all levels, clearly displaying the links between the potential causes, consequences, controls, actions, and monitoring activities. It is used to analyse, rate, and manage risk. Any new risk is to be monitored /or actions are implemented to attempt to bring the risk to a level where the actual risk meets the risk appetite set by the LHD.

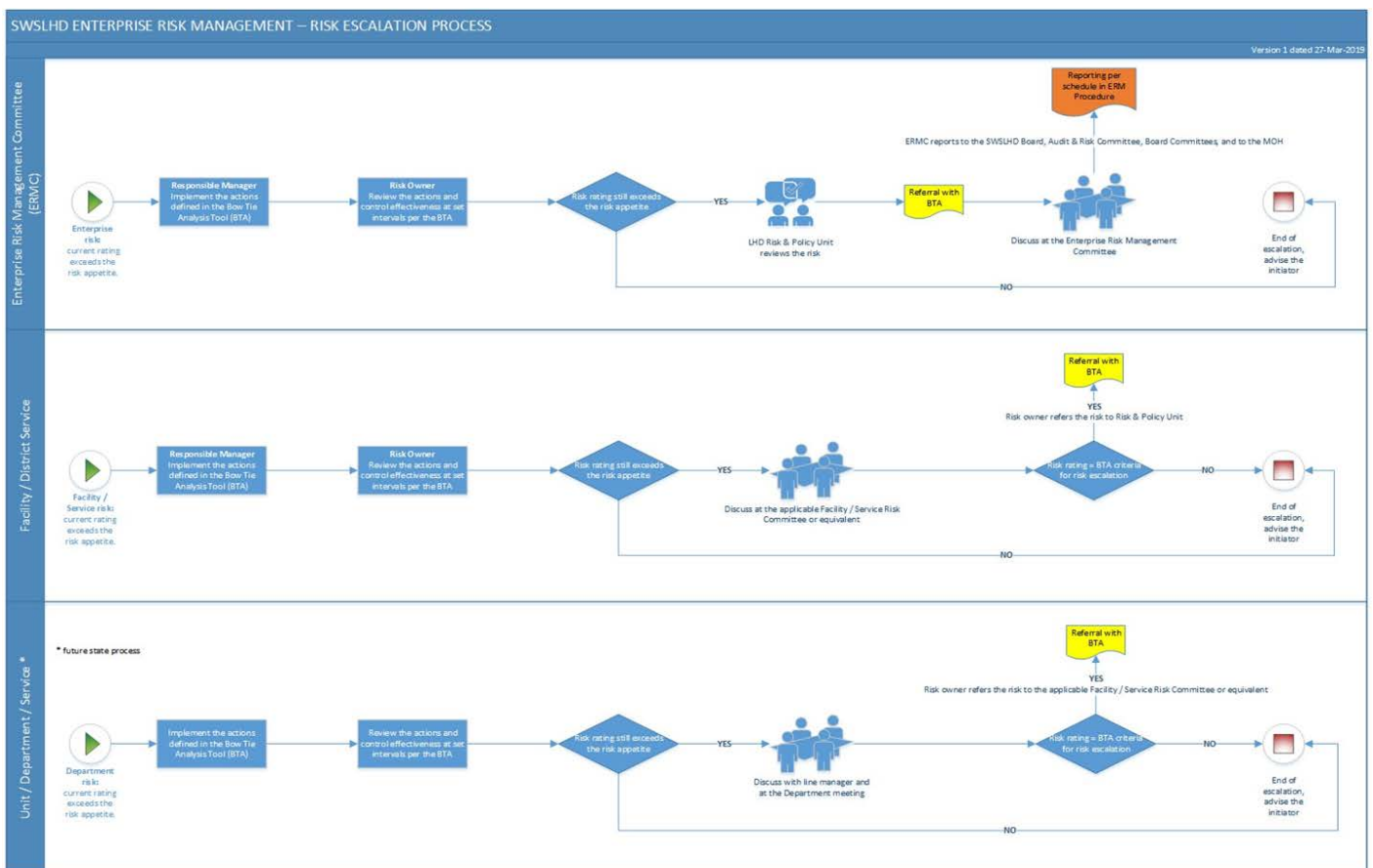


Population Health managers, are responsible for ensuring that:

- risks within their service/area of responsibility are effectively managed in accordance with the Enterprise Risk Management Procedure.
- risks are identified, assessed, documented, and activity monitored.
- formal risk management practices are applied when making decisions, including identifying uncertainties that will affect the achievement of objectives.
- staff are aware of risks, control measures, and are able to perform their duties within the constraints of their ability to manage risk.
- risks that exceed the approved risk appetite are escalated.

Risks that are rated as high or extreme risk are to be escalated to the District Enterprise Risk Committee for notification, review and monitoring. The onus remains with Population Health to continue to monitor and implement actions to reduce the risk rating to an acceptable level. The Risk Escalation Process is shown in Figure 4.

Figure 4: SWSLHD Enterprise Risk Management – Risk escalation process



Risks can be accessed through the CAMMS Cycle system - an integrated, end-to-end Enterprise Performance Management (EPM) and Business Intelligence system used to integrate the functions of enterprise risk, performance (performance agreements & SLA), planning, internal audit, legislative compliance, and board/ committee reporting into a single information management system.



The current risks identified in Population Health are listed below:

Current Risk Register

Risk Title	Accountable Executive	Responsible Manager
FSD544 – Managing and controlling Infectious Disease Outbreaks	Population Health Director	Public Health Director
FSD546 – Staff recruitment and retention for Population Health projects	Population Health Director	Population Health ELT Sponsor

1.11 Our Policies, Procedures and Guidelines

Population Health complies with the process for the development, review and approval of policies, procedures and guidelines (PPGs) as indicated by the SWSLHD Policy Unit.

To reduce the number of policy directives and procedures across facilities and services in SWSLHD, these documents should only be developed in consultation with Population Health Executive and SWSLHD Policy Unit. Population Health will develop procedures only when those outlined in the corresponding SWSLHD or NSW Health PPG do not meet operational requirements.

The accuracy, consistency, appropriateness and implementation of PPG documents is essential to maintaining a safe working environment and to delivering appropriate patient care.

PPGs aim to clarify and standardise behaviour, decision making and performance in all areas, so as to minimise threats and risks arising from error and variances in service delivery, thus supporting the achievement of optimal care outcomes. Compliance with PPGs is mandatory throughout Population Health.

1.12 Keeping our Workforce Safe

Work Health & Safety Support

Population Health does not have a designated WHS Manager. WHS issues are managed by the designated SWSLHD WHS Consultant. Population Health is aware of the importance of Work Health & Safety (WHS) to staff and consumers. To meet expected WHS standards and regulated compliance, all staff must complete their mandatory training.

Managers in Population Health must:

- Provide advice and plan support to Population Health management on facility utilisation, including service relocations or redesigns.
- Improve safety within all Population Health sites for workers and others by promoting, monitoring and making recommendations to improve safety, wellbeing and quality systems and preventing incidents.
- Active involvement in organisational development and change initiatives to ensure Population Health has the structures, skills, resources and systems to achieve their objectives and compliance with WHS legislation and safety standards.



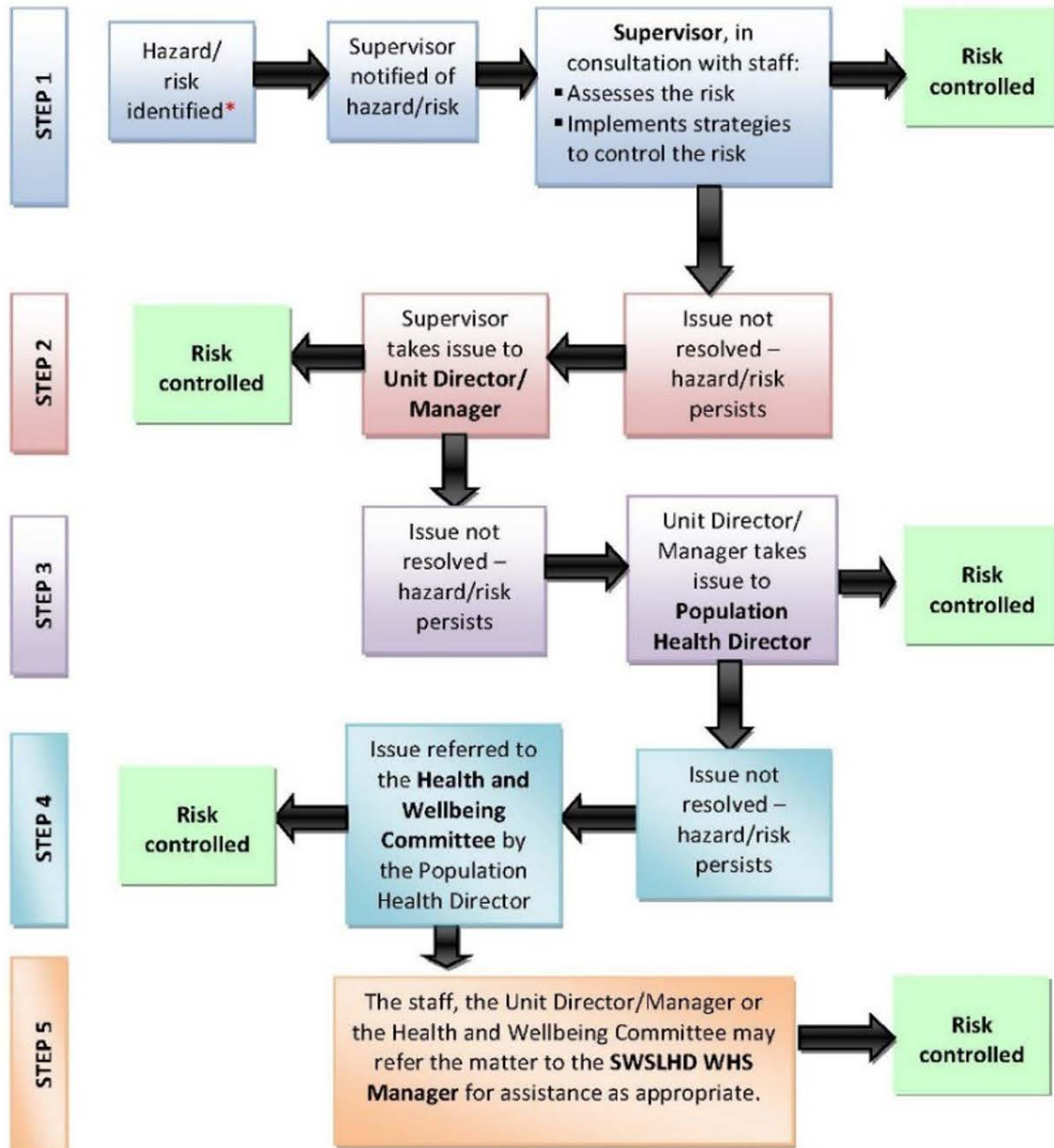
- Monitor current WHS systems and plan improvements, including review of WHS related policies and procedures, coordinating Population Health WHS and Security Audit evidence and auditing other SWSLHD facilities.
- Assist staff with the safe recovery at work for work related and non-work-related injuries.
- Monitor and report on Workers Compensation Claims data.
- Facilitating WHS training and identifying other relevant or emerging WHS training opportunities/requirements.
- Collect and / or report on relevant performance indicators to the Executive, including but not limited to; Corporate Dashboard, environmental audits, safety audits, SafeWork and Workers Compensation data.

Consultation Arrangements

The Health and Wellbeing Committee is an opportunity for Population Health Staff to discuss and contribute to decision-making process relating to the work health and safety issues & concerns. The Committee consists of employee representatives from the business units and Population Health ELT members (employer representatives). The committee also includes attendees such as Staff Wellbeing and Support Service and SWSLHD WHS Consultant who take part in meetings, risk huddles, information training sessions and training relating to WHS.



Risk escalation processes for Population Health are identified below.



***NOTE:** Hazards/risks identified through workplace inspections, Accident and incident investigation, Injury and illness records, Safety audits, Consultation, staff meeting, observations and complaints.



1.13 Responding to Emergencies and Business Continuity

The purpose of the SWSLHD Emergency Management Plan is to ensure health resources are effectively and efficiently coordinated in the event of an emergency. This includes emergencies where a SWSLHD response is coordinated under the SWSLHD HEALTHPLAN. A Population Health Emergency Plan has been prepared to support the South Western Sydney Local Health District Health Services Functional Area Supporting Plan (SWSLHD HEALTHPLAN). The Plan is authorised in accordance with the provisions of the State Emergency and Rescue Management Act 1989 (NSW) (as amended).

Population Health has an overarching Emergency Management Plan that will be followed in the case of an emergency. Individual business units have business continuity plans that are followed when issues to business as usual arise.



Appendix 1: SWSLHD Strategic Plan 2022-2027 Framework

Strategic Plan 2022 - 2027 Framework

South Western Sydney
Local Health District

<ul style="list-style-type: none"> NSW Premier’s Priorities NSW Health <i>Future Health: Guiding the next decade of care in NSW 2022-2032</i> SWSLHD Clinical Services Planning <p>Core Values</p> <p>Collaboration Openness Respect Empowerment</p> <p>Vision</p> <p>Leading safe, sustainable care for a healthier community.</p> <p>Mission</p> <p>Our mission is to deliver safe, consistent, timely and high-quality health services of value to all in our communities.</p> <p>Our partnerships with communities promote, protect and maintain health and wellbeing.</p> <p>Our service delivery is culturally responsive and shaped by innovation, continuous improvement, sustainability and translational research.</p>	transforming your experience	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #2c3e50; color: white; padding: 10px; text-align: center;"> Deliver safe quality care and positive experiences </td> <td style="padding: 10px;"> <ul style="list-style-type: none"> Show kindness and compassion, delivering personalised and culturally responsive care. Deliver safe, consistent, timely, high-quality care through seamless networks. Strengthen integrated care across all care settings. Build our culture of continuous improvement. Engage with consumers, communities and our partners. </td> </tr> <tr> <td style="background-color: #e74c3c; color: white; padding: 10px; text-align: center;"> Strengthen and promote healthier communities </td> <td style="padding: 10px;"> <ul style="list-style-type: none"> Close the gap for Aboriginal people and communities to improve equity of outcomes. Improve equity of outcomes for all priority populations including our culturally and linguistically diverse communities. Build capability in our communities and partner to create social and physical environments that promote health and wellbeing. Engage our communities in prevention, screening and early intervention programs. Enhance mental health and wellbeing of individuals and the community. Support people of all ages to live a meaningful and functional life, ensuring the best start in life and promoting healthy ageing. </td> </tr> <tr> <td style="background-color: #27ae60; color: white; padding: 10px; text-align: center;"> Support and develop our people </td> <td style="padding: 10px;"> <ul style="list-style-type: none"> Plan for and deliver a workforce that meets the future needs and reflects the diversity of our community. Embed positive workplace culture valuing the wellbeing and engagement of our people. Be the employer of choice for staff who value high-quality care. Equip our people with the skills and capabilities to be an agile, responsive workforce. </td> </tr> <tr> <td style="background-color: #f1c40f; color: white; padding: 10px; text-align: center;"> Lead research and innovation </td> <td style="padding: 10px;"> <ul style="list-style-type: none"> Build capacity in research aligned with clinical service planning. 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Appendix 2 – Committee Schedule

Committee	Chair	Secretariat	Frequency
Executive Committee	Director	Executive Assistant	Monthly
Executive Risk Huddle	Director	Executive Assistant	Weekly
Quality & Safety Committee	Director	TBD	Quarterly
Corporate & Operations Committee	Director	Executive Assistant	Monthly
Staff Consultative Committee	Director	Business Manager	Quarterly
Workforce Development Committee	Population Health Executive Sponsor	TBD	Monthly
ICT Committee	Business Manager	Executive Assistant	Quarterly
Health & Wellbeing Committee	Employee Representative and Population Health Executive Sponsor	TBD	Quarterly
CNS Grading Committee	Nurse Managers (RHS & PHU)	Admin Officers RHS & PHU	Monthly
Strategy & Partnerships Committee	Director	TBD	Quarterly
Research Committee	Chair, Population Health Research	TBD	TBC



Appendix 3 – Internal and External Stakeholders

Stakeholders that Population Health will routinely liaise with to undertake and deliver healthy outcomes for our community. This is not an exhaustive list.

Internal	
Who	Scope of Work
Primary & Community Health:	PHU - COVID 19 cases follow up and monkey pox vaccinations. HPS - Height and Weight management, Go4Fun referrals and engagement, First 2000 Days – implementation of strategies in pre-conception and integration of prevention in pregnancy care and HIV and STI e.g. STI follow up CHETRE - Gambling related-harm prevention (e.g., GP screening tool), cross-sectional Household Survey Operations, CHETRE & Healthy Places - Health Alliance positions
Gastroenterology & Liver Services	HPS - Hep B and Hep C activities e.g. Deadly Liver Mob
Liverpool HIV Clinic	HPS - HIV and STI activities
Campbelltown Immunology Clinic	HPS - Support data collection related to HIV treatment
Drug Health Services	HPS - Smoking in Pregnancy and Hep C
Aboriginal Health	PHU - Targeted work related to vaccination HPS - Tobacco, Mental wellbeing, Diabetes Hep B, Hep C and STI strategies CHETRE - Racism framework research
Youth Health	HPS - Vaping HIV, STI Hepatitis C and LGBTIQ+
Multicultural Services	HARP & TP Hepatitis B CALD Engagement, Pasifika Diabetes, First 2000 Days/Preconception Social Marketing and Stepping On PHU - Collaboration for diverse communities around immunisation and communicable disease work
Performance Unit	Operations - Board reporting
ICT	Operations - IT and data support
Planning Unit	PHU - liaise on planning exhibitions and submissions across LHD and region.
Strategies and Partnership Unit (CIBU)	PHU – Greater Western Sydney Health Partnership – Healthy Urban Planning working group.
Liverpool Hospital redevelopment team	PHU - Liaise and consult re HBE – especially active travel planning. Member of the LHAP Arts & Health advisory group
Nursing & Midwifery	HPS - Get Healthy in Pregnancy, breastfeeding, Growing Healthy Kids Website and smoking in pregnancy
Oral Health	HPS - Get Healthy Service, Childhood Obesity work
Diabetes Service	HPS - Food Security and Community Kitchens
Mental Health	HPS - Mental Health Wellbeing CHETRE - Improving men's health - <i>Tackling the Challenge</i>
Physiotherapy / Aged Care and Rehabilitation/ Allied Health	HPS - Healthy Ageing, Stepping On, Healthy and Active For Life
Cancer Services, Cardiovascular Service	HPS - Get Healthy Service
Microbiology	PHU - Infectious disease related work
District Disaster Management	PHU - Emergency management work
TB Clinic	HPS & PHU - Collaboration for TB mitigation
District Finance	Operations - Finance and budget support
District Workforce	Operations - Staffing support
South Western Emergency Research Institute	CHETRE - Climate change research
Corporate Services (Sustainability)-	CHETRE - Climate



External	
Who	Scope of Work
CI NSW	BreastScreen - Breast screening CHETRE - The Cancer Institute NSW is seeking a rapid review of evidence on place-based interventions to inform their future policy and program developments in health promotion and risk prevention and screening
NSW Ministry of Health	HPS – Vaping Live Life Well @ School, Stepping On and Go4Fun, Munch and Move, HARP Leadership Group and Centre for Population Health PHU -Health Protection / Communicable Disease branch; Surveillance team; Immunisation; Environmental Health Branch; Office of the Chief Health Officer; and Emergency Preparedness and Response Branch, HBE NSW Network member and Health Infrastructure team Operations – Policy work smoke free facilities and Healthy Food & Drink Framework
SWS Primary Health Network	PHU - CD, epi related work, vaccination and infectious disease work HPS - Get Healthy in Pregnancy / Get Healthy, First 2000 Days, Go4Fun, Stepping On Referrals, Mental Wellbeing and Hep C CHETRE - Intersectoral collaboration for health projects, Wollondilly Health Alliance
Local Government Areas: <ul style="list-style-type: none"> • Liverpool City Council • Campbelltown City Council • Camden Council • Fairfield City Council • Wollondilly Shire Council • Wingecarribee Shire Council • Canterbury Bankstown City Council 	PHU - MOU and joint position and Healthy Streets grants HPS – Stepping On and low-cost physical activity opportunities Loneliness – Doing it Differently, Claymore COMPACT work - Addressing social determinants of mental wellbeing – homelessness hub
NGOs	HPS - Community Kitchens, food security work, mental wellbeing work, Stepping On, vaping Mental Wellbeing Projects, research and Hep C PHU - Monkeypox
Universities <ul style="list-style-type: none"> • University of Wollongong • University of Western Sydney • University of Sydney • University of Adelaide • Monash University • Australian National University • University of NSW • Toronto Metropolitan University • University of Ottawa 	HPS – PRSP projects; Pacifica Diabetes program; Mental Wellbeing projects, Dementia friendly environments and Citizen Science work PHU - HBE, HUE Collaboratory CHETRE – PhD supervision, Public Health response to COVID-19: Addressing financial strain-related health impacts of the Pandemic, Communicating COVID-19: Public health leaders in a comparative perspective, NHMRC Ideas grant 'Evaluating systems change for health equity: A case study of Australia's COVID-19 policy response, ARC grant application, ongoing collaboration, NHMRC and CIHR grant implementing healthy cities, Transport infection control grant, Health Policy Masters teaching and Equity ARC, and developing a place planning guideline
LHDs	HPS - SWAP It research – NHMRC, PRSP projects, Pacifica Diabetes program CHETRE - Climate change, HIAs
GPs and Practice Nurses	HPS - Get Healthy in Pregnancy / Get Healthy, First 2000 Days, Go4Fun Stepping On Referrals Mental Wellbeing and Hep C PHU - Vaccination and Infectious Disease work
Primary & High Schools	HPS - Live Life Well @ School, Go4Fun and 5 ways to wellbeing, CPH High School Settings Program PHU - Vaccination
Department of Education	HPS - CPH High School Settings Program and Vaping
Early Childhood Centres, Family Day Care Service providers,	HPS - Munch and Move
Aboriginal Community Controlled Organisations <ul style="list-style-type: none"> • Tharawal Aboriginal Corporation • Gandangara and • Kari 	HPS - smoking cessation, mental wellbeing, diabetes prevention, Hep B & C and Go4Fun
Department of Communities and Justice (Housing)	Various - Health and Housing CHETRE - 2168 Miller Community Survey
SPHERE	CHETRE - Climate change and vulnerability assessment HPS - Dementia friendly environments






External	
Who	Scope of Work
Multicultural HIV & Hepatitis Service (MHAHS)	HPS - Hepatitis C, Hepatitis B, HIV and STI strategies
Hepatitis NSW	HPS - Hepatitis C and Hepatitis B
ACON	HPS - HIV STI and LGBTIQ+ strategies
Australasian Society for HIV & Hepatitis Medicine (ASHM)	HPS - Hepatitis C Hepatitis B HIV and STI
Positive Life NSW	HPS - HIV strategies
NSW Users and AIDS Association (NUAA)	HPS - Hepatitis C and HIV strategies
Sex Workers Outreach Project (SWOP)	HPS - HIV STI strategies
Transport for NSW	PHU – Various work including Healthy Streets, Walkable public spaces and toolkits
Heart Foundation	PHU – various work including Healthy Streets events and HBE (e.g. Healthy Active by Design case studies)
WSROC	PHU - Turn Down the Heat projects, Working Group for Heat Smart initiatives
WS Health Alliance	PHU - Sit on working group – Liveability & Connections (grant applications and advisory role), Increase recreational walking and food policy implementation
GWS Health Partnership – Healthy Urban Planning working group	PHU - Lead team work on GWS HUP working group
Healthy Streets Community of Practice	PHU - Bring together practitioners to increase action in SWS.
Office of Sport, Belgravia Leisure Centres and Belgravia Foundation	HPS - low-cost physical activity opportunities
Parkrun	HPS - parkwalk@parkrun – increase CALD participation
West Tigers	HPS - Vaping in high school children
Local churches	HPS - Pacifica Diabetes program
Aged Care Services, Catholic Care, Community-based aged care services, Meals on Wheels, etc	HPS - Healthy Ageing – Stepping On
Mental health organisations i.e., NEMI	HPS - Mental Wellbeing Projects and research
Australian Housing and Urban Research Institute (AHURI)	CHETRE - Inform, marginal and short-term accommodation under Covid-19: housing system risk and opportunities
VicHealth	CHETRE - Review ARC grants
Human Capital Alliance	CHETRE - Review Learning by Doing training as a model for population health training and capacity building in SWSLHD
The Bill Crews Charitable Foundation	CHETRE - 2168 Miller Community Survey
Infection Control and the Supply Chain (TEACHO)	CHETRE - Research into infection transmission and control training in the transport industry, and the impact of restrictions on worker movements including border closures
Alcohol and Drug Foundation (ADF)	CHETRE - Build capacity to respond to alcohol licensing application and engage in decision making processes
2168 Resident Group <i>Community Voice Matters</i>	CHETRE - Building capacity – Mentoring and Leadership
The Men's Table	CHETRE - Men's Health
Casula Group for Responsible Planning	CHETRE - Build capacity and supporting community to respond to alcohol licensing application and engage in decision making processes
The George Institute for Global Health	CHETRE - Alcohol and gambling related harm prevention
Transport Education Audit Compliance Health	CHETRE - Infection Control and the Supply Chain



Appendix 4 – Performance Management Framework 2023–24

Population Health

	Health South Western Sydney Local Health District		Key Performance Indicator
			Improvement Measure
POPULATION HEALTH			
KPI (PH-013A): Smoking During Pregnancy - At any time: Aboriginal women (%)			
KPI (SPH007): Smoking During Pregnancy - At any time: Non-Aboriginal women (%)			
KPI (DPH_1201): Pregnant Women Quitting Smoking - By the second half of pregnancy (%)			
KPI (PH-011C): Get Healthy Information and Coaching Service - Get Health in Pregnancy Referrals (number)			
KPI (SSA140): Breast Screen Participation Rate – All women aged 50-69 (%)			
KPI (SSA140): Breast Screen Participation Rate – All women aged 70-74 (%)			
KPI (MS1102): Childhood Obesity - Children with height/length and weight recorded in inpatient settings (%)			
KPI (SPH012): Children fully immunised (%) - ALL children fully immunised at 1 year of age			
KPI (KPI23-001) Children Fully Immunised at five years of age (%)			
KPI (PH-014C): Hepatitis C Antiviral Treatment Initiation - Direct acting - by LHD residents (% variance to target)			
KPI (KPI23-002): Human Papillomavirus (HPV) vaccine – 15-year-olds receiving a course of HPV vaccine (%)			
IMPROVEMENT MEASURE (PH-011B): Get Healthy Information and Coaching Service - Enrolments (number)			
IMPROVEMENT MEASURE (KS1410): Human Immunodeficiency Virus (HIV) Testing - Within publicly-funded HIV and sexual health services			
IMPROVEMENT MEASURE (PH-008A): Healthy Children Initiative - Children's Healthy Eating and Physical Activity Program (Early Childhood Services) - Sites achieving agreed proportion (80%) of Munch and Move program practices (% cumulative)			
IMPROVEMENT MEASURE (PH-008B) : Healthy Children Initiative - Children's Healthy Eating and Physical Activity Program - Trained primary schools achieving agreed proportion (70%) of Live Life Well @ School program practices (% cumulative)			
IMPROVEMENT MEASURE (PH-008C): Healthy Children Initiative - Children 7-13 years who enrol in the Targeted Family Healthy Eating and Physical Activity Program (Go4Fun) -Completed program (%)			



IMPROVEMENT MEASURE (PH-008D): Healthy Children Initiative - Children 7-13 years who enrol in the Targeted Family Healthy Eating and Physical Activity Program (Go4Fun)-Enrolments achieved (Number)
IMPROVEMENT MEASURE (DPH_1402): Meningococcal Vaccination - Coverage in Year 10 for serogroups A, C, W, Y (%)
IMPROVEMENT MEASURE (PH-017A): Tobacco Compliance Monitoring: compliance with the smoke-free Health Care Policy (%)