

Canterbury Hospital Strategic Plan



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Canterbury
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Acknowledgement of Country

Sydney Local Health District acknowledges that we are living and working on Aboriginal land. We recognise the strength, resilience and capacity of Aboriginal people on this land. We would like to acknowledge all of the traditional owners of the land and pay respect to Aboriginal Elders past and present.

Our District acknowledges **Gadigal**, **Wangal** and **Bediagal** as the three clans within the boundaries of the Sydney Local Health District. There are about 29 clan groups within the Sydney metropolitan area, referred to collectively as the great **Eora Nation**. *Always was and always will be Aboriginal Land.*

We want to build strong systems to have the healthiest Aboriginal community in Australia.

Together under the Sydney Metropolitan Partnership Agreement, including the Aboriginal Medical Service Redfern and in collaboration with the Metropolitan Local Aboriginal Lands Council, Sydney Local Health District is committed to achieving equality to improve self-determination and lifestyle choices for our Aboriginal community.

Ngurang Dali Mana Burudi – A Place to Get Better

Ngurang Dali Mana Burudi — a place to get better, is a view of our whole community including health services, Aboriginal communities, families, individuals, and organisations working in partnership.

Our story

Sydney Local Health District's Aboriginal Health story was created by the District's Aboriginal Health staff.

The map in the centre represents the boundaries of Sydney Local Health District. The blue lines on the map are the Parramatta River to the north and the Cooks River to the south which are two of the traditional boundaries.

The **Gadigal**, **Wangal** and **Bediagal** are the three clans within the boundaries of Sydney Local Health District. They are three of the twenty-nine clans of the great **Eora Nation**. The centre circle represents a pathway from the meeting place for Aboriginal people to gain better access to healthcare.

The Goanna or Wirriga

One of Australia's largest lizards, the goanna is found in the bush surrounding Sydney.

The Whale or Gawura

From June to October pods of humpback whales migrate along the eastern coastline of Australia to warmer northern waters, stopping off at Watsons Bay the traditional home of the Gadigal people.

The Eel or Burra

Short-finned freshwater eels and grey Moray eels were once plentiful in the Parramatta River inland fresh water lagoons.

Source: Sydney Language Dictionary



Artwork

Ngurang Dali Mana Burudi — a place to get better

The map was created by our Aboriginal Health staff telling the story of a cultural pathway for our community to gain better access to healthcare.

Artwork by Aboriginal artist Lee Hampton utilising our story.

Foreword



Canterbury Hospital has been serving the local community since 1929 and is proud to deliver healthcare services for the residents of the Canterbury-Bankstown area. Over the last 90 years, Canterbury Hospital has developed a strong relationship with its local community, which has shaped our staff and the services we provide into one that is recognised, trusted and relied upon.

Canterbury Hospital prides itself on being a truly caring and compassionate hospital focusing not only on the delivery of high-quality healthcare, but also on equity, through a commitment to providing health services to a culturally diverse community that is patient and family centred. Critical to the delivery of this high standard of healthcare is our staff. Regardless of their role, all members of our staff come together as a team to ensure we can provide the best possible experience for our patients, their families and loved ones. We're very proud of our staff, what they do, and their important role in our community.

Integral to the future of Canterbury Hospital over the next five years is its redevelopment. In order for the hospital to appropriately meet the needs of our community, there is a need to expand our services and facilities. The hospital's last major redevelopment occurred in 1998 and the facility requires a significant investment to upgrade our infrastructure. In particular, the hospital must allow for the establishment of improved outpatient facilities, the establishment of a new Renal Dialysis service and upgrade of community-based healthcare services. This includes the early expansion of our Emergency Department to better manage the increasing volume of paediatric presentations.

The *Canterbury Hospital Strategic Plan 2019–2024* builds on Sydney Local Health District's Strategic Plan 2018–2023 and sets out the key strategic and operational focus areas

for the hospital to achieve over the next five years. The Plan outlines our vision: Excellence in Health and Healthcare for All, supported by our CORE values of Collaboration, Openness, Respect, and Empowerment.

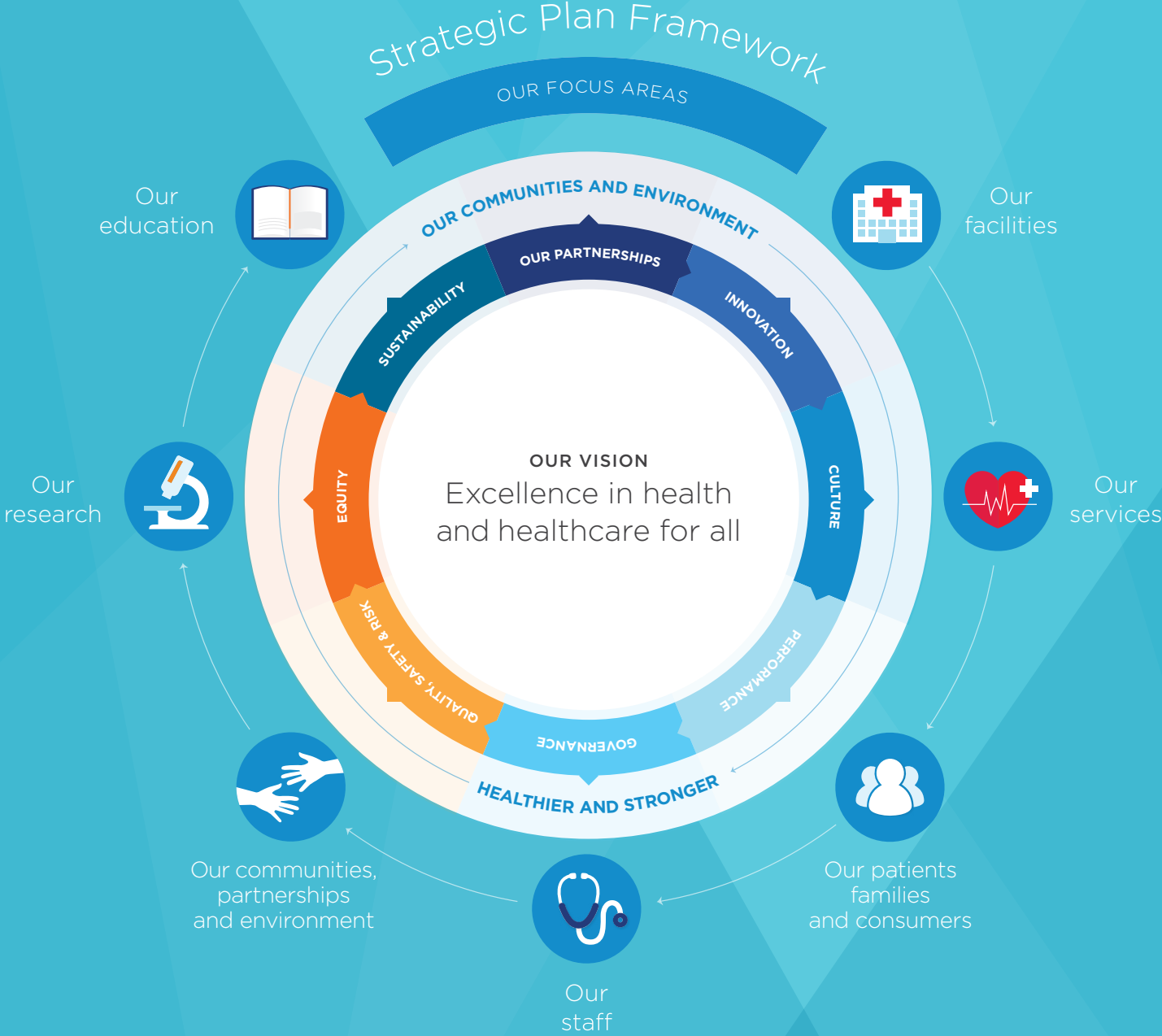
These foundational principles align with Sydney Local Health District's Strategic Plan's Strategic Focus Areas.

The *Canterbury Hospital Strategic Plan 2019–2024* has been developed using frameworks that are derived from the District's current Strategic, Workforce, and Research Plans, as well as incorporating extensive local community, staff and stakeholder feedback. The strategies outlined have originated in part from our staff consultation forum, to identify areas in which the hospital should focus resources and efforts to benefit our local community.

I am delighted to present the *Canterbury Hospital Strategic Plan 2019–2024*. Monitored and reported each year by the hospital's Executive Team as part of the Operational Plan, I believe the key focus areas outlined will ensure we are prepared for the many challenges and opportunities that we will experience over the next five years. This plan will guide our direction and allow Canterbury Hospital to build on its strong foundation to continue to grow and be prepared to provide the healthcare services that meet the needs of our growing multicultural and diverse community for many years to come.

Kiel Harvey
Acting General Manager, Canterbury Hospital

Strategic Focus Areas



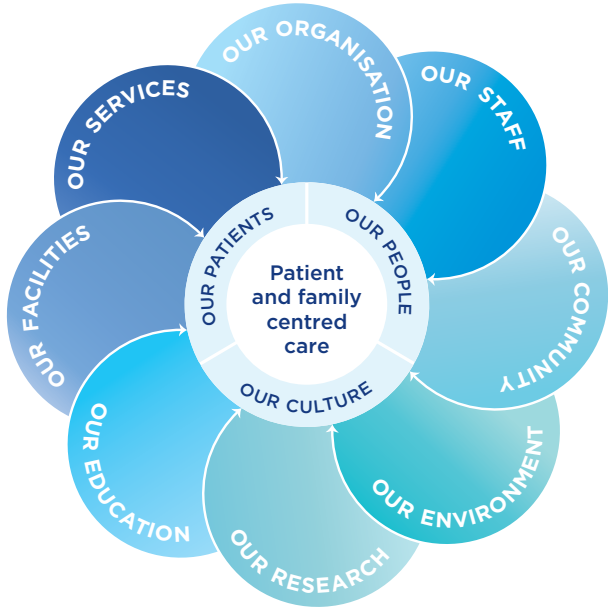
Our vision and mission

Our vision	
Excellence in health and healthcare for all	
Our mission	
The mission of Canterbury Hospital, shared by Sydney Local Health District, is to:	
Work with our communities to promote:	
Co-designed and co-produced health policy, plans, new service models and research studies	
Improvements in the social and environmental factors that sustain health	
A healthcare system that is responsive to equity concerns	
Best practice prevention, health promotion and health protection programs and strategies	
Care in the community delivered close to where people live	
Ensure that the community has equitable access to the highest quality patient/client and family/carer-centred care that is:	
Integrated, timely, culturally safe and competent, evidence-based and efficient	
Provided by a highly-skilled compassionate workforce who are committed, accountable, supported and valued	
Supported by leading-edge research, education and medical and information technologies	
Supportive of the healthcare of populations in other local health districts, States and Territories across Australia and in other countries	

Sydney Local Health District and Canterbury Hospital are committed to the principles of Patient and Family Centred Care (PFCC). PFCC embodies respect, compassion, support and responsiveness to the needs, experience, diversity and preferences of our patients, families, carers and the community. We work in partnership with our patients and consumers to improve health literacy, support self-management and provide care close to where people live.

The benefits associated with PFCC include decreased mortality, decreased readmission rates and improved adherence to treatment regimens. Delivering care across settings, in the home, community or hospital should be seamless. Delivering truly integrated care requires collaborative solutions to health and empowered, self-reliant communities.

The Strategic Focus Areas of the *Canterbury Hospital Strategic Plan 2019–2024* directly relate to the principles of PFCC, as outlined below and opposite.



Strategic focus areas



Our facility

Providing modern, world-class infrastructure in our hospital with access to modern technologies that supports a holistic approach in the delivery of health services for our patients and their families.



Our community, partnerships, and environment

Engaging and partnering with our growing and ageing community to enable them to better understand the services we provide and to improve their access to the healthcare services they require. Improving the environment in which our communities live and work with a focus on equity, prevention, urban development and sustainability by building partnerships with community groups and other health organisations.



Our patients, families, carers, and consumers

Providing a world class health service that has a focus on patient experience and outcomes, innovation and performance and driving improvements that matter to our patients and their families.



Our services

Providing integrated, culturally safe and competent multidisciplinary health services that deliver better and safer care to meet the changing demands and needs of the community.



Our staff

Working with our staff to support their development and their own health and wellbeing and to improve the ways in which we work together as a team including partnering with our patients and their families.



Our research

Supporting collaboration in clinical research with a focus on translating research findings into clinical practice that support better health outcomes for our patients and their families.



Our education

Developing education, training and professional development for our clinicians and health professionals that fosters a workplace culture of excellence in the delivery of health and healthcare.

Our values

Canterbury Hospital shares the CORE values of all NSW Health staff and Sydney Local Health District.

Collaboration	Openness
We work in collaboration with our patients/clients, communities, our colleagues, employees and with other agencies and services.	We have transparent, clear, honest processes which feature strong community consultation processes.
Respect	Empowerment
We value our diverse communities and respect cultural differences. We respect and celebrate the rights and culture of Aboriginal communities, the traditional owners of the land. We treat patients/clients, carers, colleagues and employees compassionately, fairly and positively. We uphold privacy, dignity and social justice. We are committed to employment, human and health rights.	Our communities are empowered to contribute to the health system, to be self-reliant, resilient and to assume greater control over their health and social circumstances. Our patients, carers and families are empowered in decision-making about care. Our staff are supported to participate in the workplace and their views and opinions are valued and influential.

The planning process

The *Canterbury Hospital Strategic Plan 2019–2024* has been developed through an inclusive consultation process which has involved our governing Board, Executive team, staff and local community. The previous strategic plan and enabling plans were reviewed and population demographics and hospital activity data updated.

A major stakeholder workshop was held at the hospital in October 2018 to inform and develop the strategic priorities in alignment with Sydney Local Health District’s Strategic Plan.

Further, Sydney Local Health District and its Aboriginal Health Unit undertook a community consultation workshop with wide representation. Issues identified included:

- The need for an Aboriginal flag, more Aboriginal art, and a plaque in the waiting room to acknowledge the traditional owners of the land
- Future enhancement of Aboriginal Liaison Officer positions to enable stronger engagement
- District-wide development of a 1800 helpline number to assist Aboriginal patients

- Improved data collection including better Aboriginal identification in the medical record.

An Aboriginal Health Impact Statement for this Strategic Plan was completed in consultation with Aboriginal members of the hospital community and the Sydney Local Health District Aboriginal Health Unit.

Our patients, families, carers and consumers



Canterbury Hospital is committed to providing high quality, evidence-based patient and family centred care. Multiple measures are in place to ensure that our patients receive the highest level of healthcare provision, while remaining as effective and efficient as possible.

The Hospital has recently achieved full accreditation from the Australian Council on Healthcare Standards (ACHS) against the National Safety and Quality Health Service (NSQHS) Standards Version 1 with the new version of the NSQHS Standards coming into place in January 2019.

Patient Reported Measures (PRMs), through both experience and outcome measures, is a focus of Canterbury Hospital. The ongoing work in this area by the Agency for Clinical Innovation, as part of the NSW Health Integrated Care Strategy and Leading Better Value Care (LBVC) Program, will influence the future implementation at the hospital. Canterbury Hospital will continue to utilise patient outcome and experience measures to evaluate the performance of the clinical services provided by the hospital.

With such a large culturally diverse population in the Canterbury area, health literacy is an issue of concern among clinicians. Basic health literacy is vital in ensuring people can make their own, informed, healthcare-associated decisions. Canterbury Hospital has

access to, and relies heavily on, specially trained healthcare interpreters who are readily available for patients. In addition, Canterbury Hospital supports programs that enhance patient and family centred care, such as the Partners in Care program, which recognises the cultural and linguistic diversity of the community and works to reduce barriers to visiting and supporting patients.

Canterbury Hospital is committed to strengthening the response to patients, families and carers who have experienced violence, abuse and neglect. An integrated service response for victims and families will continue to focus on enhancing healthy development, preventing violence, and responding to the causes and impacts of abuse and neglect.

Key priorities for our patients, families, carers and consumers

- 1 Develop mechanisms for strategic, sustained engagement with the local community
- 2 Support patient and family centered care
- 3 Support innovation and performance to drive improvements



Our facility

Originally opened in 1929 and undergoing a major redevelopment in 1998, Canterbury Hospital has undergone significant expansion over the years to meet the changing needs of the local community.

Canterbury Hospital currently provides a wide range of services:

- Emergency Medicine
- Intensive Care
- Surgical sub-specialties includes general surgery, ENT, orthopaedics, urology and gynaecology
- Medical sub-specialties includes general medicine, endocrinology, cardiology, respiratory medicine, rheumatology, diabetes and endocrinology, nephrology and neurology
- Maternity
- Paediatrics and Special Care Nursery
- Imaging – CT, ultrasound, and general radiography
- Pathology*
- Allied Health
- Aged Care and Rehabilitation†
- Cardiac Rehabilitation
- Ambulatory Care services
- Drug Health‡
- Oral Health‡

The Canterbury Hospital campus accommodates complementary healthcare services including Canterbury Community Health Centre, the Tresillian Family Care Centre, an After-hours General Practice Service and NSW Health Pathology.

Planning for the full redevelopment of Canterbury Hospital is our major future priority, based on our rapidly growing population and our ageing physical infrastructure. The planned upgrade of the hospital will include a modern Emergency Department, new and upgraded beds and services, upgraded operating theatres, a new renal dialysis service, expanded outpatient facilities, updated imaging and diagnostic services, expanded education spaces and more modern, spacious facilities.

Over the past five years, Canterbury Hospital achieved significant changes based on the previous *Canterbury Hospital Strategic Plan 2013–2018*. This has included the development of a High Volume Short Stay Surgical Unit (HVSSS), a new Emergency Department Short Stay Unit (EDSSU) and the introduction of Hospital in The Home (HiTH) services. The hospital has redesigned a number of its clinic areas, successfully rolled out many platforms within the electronic medical record (eMR) and maintained a high standard of performance in the face of growing demands.

Priorities for the next five years focus on planning for the Hospital's physical development as well as ensuring the hospital continues to manage the growing demand within our existing infrastructure.



Key priorities for our facility

1	Plan for the redevelopment of Canterbury Hospital
	Plan for the expansion of the Emergency Department
	Plan for the redevelopment of Canterbury Hospital
	Upgrade Ambulatory Care
	Improve hospital services to ensure that Aboriginal people feel welcomed
2	Continue to improve ICT accessibility, including the digital transformation of the hospital's eMR and other IT programs
3	Support innovation and performance to drive service Support the District priority for a sustainable and holistic health system



* The pathology laboratory at Canterbury Hospital is part of Operations East, NSW Health Pathology (NSWHP). Operations East is responsible for the operational management of pathology services provided to Sydney and South Eastern Sydney Local Health Districts (LHDs).

† Aged Care is managed as part of the Sydney Local Health District Aged Care Clinical Network

‡ Drug Health and Dental Care/Oral Community Health Services are managed through the Sydney Local Health District Integrated Care Directorate

Our community, partnerships and environment



Canterbury Hospital is located 17 km south-west of the Sydney CBD in the suburb of Campsie, part of the Canterbury-Bankstown Local Government Area (LGA). In 2013, the existing Canterbury and Bankstown Councils were amalgamated to form the combined Canterbury-Bankstown LGA. While the Canterbury Area within this LGA remains part of Sydney Local Health District (LHD), the Bankstown area is part of the South Western Sydney LHD.

The term ‘Canterbury Area’ in this Strategic Plan refers to the area previously known as Canterbury LGA.

Population projections indicate a 39% increase in population between 2016 and 2031. This represents significant growth. The Canterbury Area is predominately residential with smaller commercial and industrial areas. Over recent years, residential development has grown significantly. For example, the area along Canterbury Road adjacent to the hospital is planned to have an additional 7,000 dwellings. The Sydenham to Bankstown Urban Renewal Corridor includes four planned precincts including Canterbury, Campsie, Belmore and Lakemba. This Corridor Strategy plans for 35,400 new homes and 8,700 jobs over the next 20 years and infrastructure to support the future community’s needs.

Demographic profile

The Canterbury area is home to a culturally and linguistically diverse community. Just under half (48%) of Canterbury residents were born overseas and just under half (47%) reported Chinese, Lebanese or Greek ancestry. Many residents of the Canterbury community have arrived in Australia relatively recently. Just fewer than 67% of Canterbury residents do not speak English at home¹ which is almost three times higher than the NSW average (22%). The predominant languages spoken are Arabic, Greek, Mandarin, Bengali, Cantonese, Vietnamese, Urdu, Italian, Indonesian, Korean and Nepali. On average, around one third (33%) of Mandarin, Korean, Cantonese and Vietnamese speakers do not speak English well or at all² (Table 1).

The majority of humanitarian arrivals that have settled in Sydney Local Health District, have done so in the Canterbury area. Most arrived from Afghanistan³, although a significant number of Burmese and Rohingya refugees have also settled in the area. Humanitarian arrivals often have complex health problems related to either their prior limited access to healthcare and/or their individual experiences of persecution or trauma.

Table 1
Canterbury Area: Selected Cultural, Social and Economic Indicators

	Canterbury Area	Greater Sydney
Households classified as low income	40%	20%
Born overseas	48%	33%
English or Australian ancestry	24%	50%
Poor English language proficiency	16%	6%

Source: SLHD Public Health Observatory, May 2018

Aboriginal people make up 1.1% of the District’s population, compared with 2.9% of the state’s population. In the 2016 Census it was estimated that there were 795 Aboriginal people in Canterbury which is 0.5% of the estimated 2016 Canterbury area population. Consistent with state and national figures, the age profile of Aboriginal people in the District is younger than the non-Aboriginal population. In 2017/18, Canterbury Hospital had 168 admissions where a person identified as Aboriginal and six where a person identified as a Torres Strait Islander. Aboriginal people accessed a range of services including the antenatal clinic, the Midwifery Discharge Support Program, physiotherapy and hydrotherapy services.

Sydney Local Health District acknowledges Gadigal, Wangal and Bediagal as the three clans with part or complete territories within the boundaries of the District. The area bordered by the Cooks and Georges River and between Botany Bay and Rose Hill was the likely area occupied by the Bediagal clan⁴.

Socioeconomic status

The Canterbury area has a diverse population. There are a high proportion of people living in the Canterbury area (particularly in Punchbowl, Riverwood, Wiley Park and Lakemba) who are more likely to be unemployed, have a low income, be a part of a one-parent family and/or speak English poorly⁵. Additionally, people who live in Lakemba and Wiley Park are also more likely to live in houses that are overcrowded. Up to 24% of houses in Wiley Park and 29% of houses in Lakemba require at least one more bedroom to accommodate the number of people currently living in the house.

Around one third (33%) of the Canterbury population live in areas that are among the most socioeconomically disadvantaged in Australia. Data from the 2016 Census suggests that Canterbury is more socioeconomically disadvantaged than other surrounding areas, with 31% of Statistical Areas Level 1 (SA1s) among the most disadvantaged 20% of SA1s in Australia. A number of indicators of socioeconomic disadvantage are more prevalent in Canterbury than in the surrounding areas and in Greater Sydney, which is relevant to health service planning because of the well-established links between social disadvantage and health need.

Figures 1 and 2 provide an overview of the geographic distribution of socioeconomic disadvantage, and proportion of disadvantage in each quintile.

Figure 1
The geographic distribution of socioeconomic disadvantage (IRSD) in Canterbury and the surrounding areas

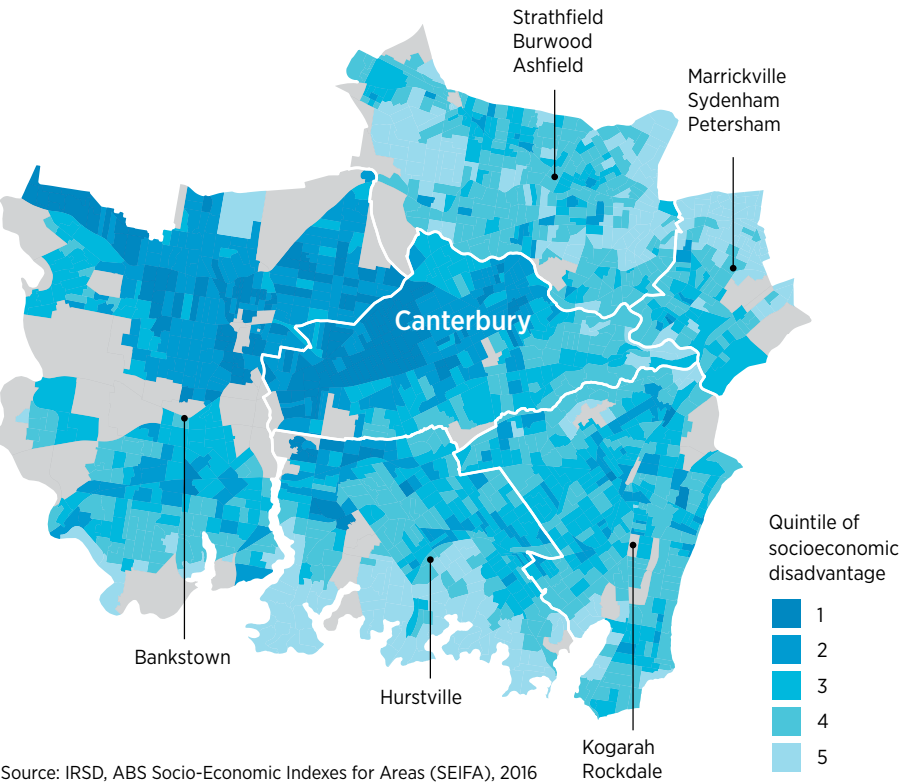
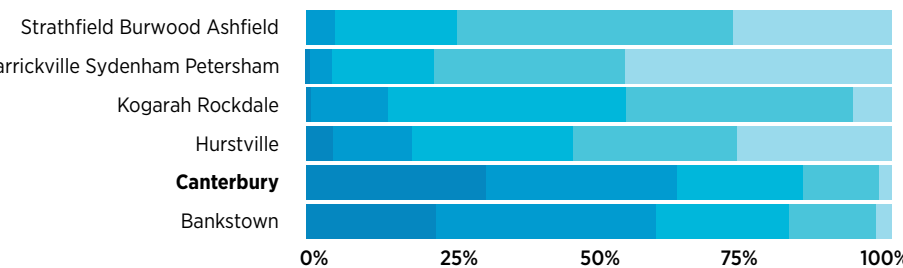


Figure 2
The proportion of SA1s in each quintile of socioeconomic disadvantage by SA3



Source: IRSD, ABS Socio-Economic Indexes for Areas (SEIFA), 2016

Projected population

The Canterbury area has a young and growing population. The overall population is projected to grow from 156,650 people in 2016 to 217,750 people in 2031. This is an expected increase of 61,100 people (39%) and is a proportionately higher increase than the expected equivalent increase in NSW overall (21%).

The increase in population from 2016 to 2031 for each age group for the Canterbury area is projected to be higher than the equivalent increase in these age groups for the NSW population.

Age groups that are projected to have the highest proportional growth from 2016 to 2031 are those aged over 64 years (65–84 years: 10,150, 54% growth; and 85+ years: 1,910, 67% growth). These are age groups with typically high levels of hospital utilisation.

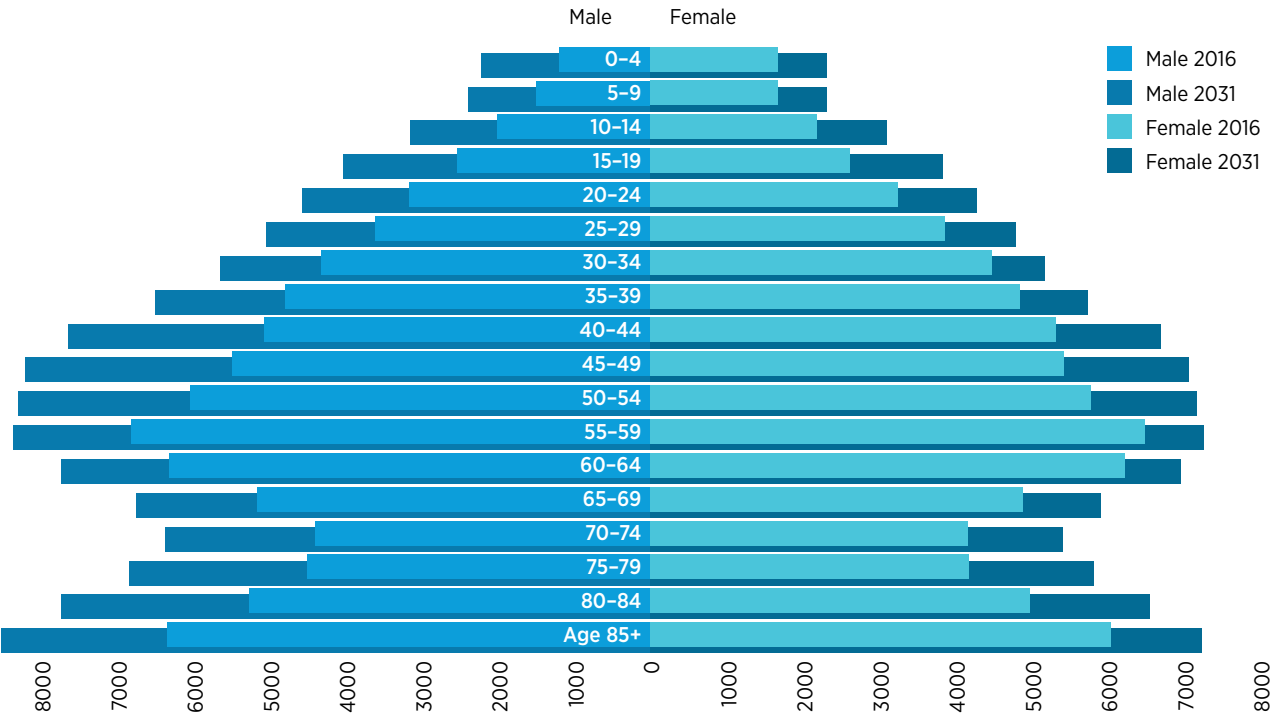
Table 2
Estimated resident population projections 2016– 2031

Projected population	2016	2021	2026	2031
Canterbury Area	156,650	174,780	194,710	217,750
Difference from 2016		18,130	38,060	61,100
		12%	22%	39%
NSW	7,748,270	8,297,640	8,844,440	9,386,980
Difference from 2016		549,370	1,096,170	1,638,710
		7%	13%	21%

Projected population by age group	2016	2031	Growth	% Growth
Canterbury Area				
0–14 years	31,320	44,730	13,410	43%
15–44 years	67,210	89,610	22,400	33%
45–64 years	36,300	49,530	13,230	36%
65–84 years	18,950	29,100	10,150	54%
85+ years	2,870	4,780	1,910	67%
Total population	156,650	217,750	61,100	39%
NSW				
0–14 years	1,462,870	1,743,750	280,880	19%
15–44 years	3,129,960	3,557,240	427,280	14%
45–64 years	1,914,680	2,208,470	293,790	15%
65–84 years	1,068,170	1,593,000	524,830	49%
85+ years	172,590	284,520	111,930	65%
Total population	7,748,270	9,386,980	1,638,710	21%

Source: 2016 Department of Planning and Environment New South Wales State and Local Government Area Population Projections, NSW Ministry of Health.

Figure 3
Estimated resident population projections:
comparison of Canterbury population by age group from 2016 to 2031



Source: 2016 Department of Planning and Environment New South Wales State and Local Government Area Population Projections, NSW Ministry of Health.

Births

Almost 10% (2,497) of all babies born to Sydney Local Health District residents in 2015 were born to women living in Canterbury Area⁶. Consistent with State trends, the number of babies born and the overall fertility rate of Canterbury area has decreased slightly since 2010.

Table 3
Canterbury region: comparison
of births and fertility rate between 2010 and 2015

	2010	2015	% Change
Number of births	2,568	2,497	-2.8%
Total Fertility Rate	2.3	2.1	-9.1%

Source: SLHD Planning Unit (2018) A Picture of Health: Sydney Local Health District Health Profile. At: https://www.slhd.nsw.gov.au/planning/pdf/SLHD_Health_Profile.pdf Accessed: 19/11/2018

Health Status Indicators

The health status of culturally and linguistically diverse populations, including people born overseas, can vary according to a range of factors. This includes birthplace, fluency in English, the process of migration, stage in the life course, whether the person is part of an established, emerging or refugee community and each person's balance of protective and risk factors. Risk factors that can impact on the health of people include:

- Language and communication barriers
- Lack of knowledge of the NSW health system
- Isolation, lack of social and family support networks
- Cultural stigma and shame around mental illness
- Previous poor or negative experiences with the health system
- Past and ongoing experience of trauma.

Within the Canterbury Hospital catchment, a range of these risk factors are evident. However, many of the health status indicators of Canterbury residents between 2013 and 2015 indicate better health status than that of NSW overall. However, people aged between 25–34 years currently have had the highest hepatitis B notification rates in Sydney Local Health District⁷. A selection of health status indicators related to the Canterbury area is presented in Table 4.

The trends in Table 4 may be reflective of the cultural and religious diversity of residents, particularly the low rates of smoking and alcohol attributable hospitalisations; however, the socio-economic disadvantage is reflected in indicators such as body mass index and diabetes. For example, significantly more Canterbury area residents were hospitalised for diabetes in 2012/13 to 2013/14, when compared with NSW hospitalisation rates⁸.

Focus areas

The following are key strategies related to improving our engagement with the local community for the next five years:

- Engaging in a purposeful and strategic way with community organisations, partners and relevant stakeholder groups to ensure high-quality care, excellent communication and health improvement
- Strengthening our relationships and partnerships with non-government and local organisations and groups; the Canterbury-Bankstown Council and Central and Eastern Sydney Primary Health Network (CESPHN).

Other areas of focus as part of Sydney Local Health District's initiatives include Can Get Health.

Can Get Health in Canterbury is a health equity initiative undertaken in partnership with the CESPHN and the University of NSW. The aim of this project is to strengthen the capacity

of the primary healthcare system in Canterbury to contribute to reducing risks of inequity in health in the population and contributing to strengthening the social and physical environments that protect and promote health.

Canterbury Hospital is also supporting the Find the Canterbury 50 campaign. The campaign has been established by the local Roselands Lantern Club and BreastScreen NSW to encourage women in the Canterbury area to undertake breast screening. The goal is to identify people earlier and thus reduce the risk of poorer health outcomes.

Integral to supporting Canterbury's local population is the establishment of community-based health facilities to provide prevention, early intervention and community-based care.

The hospital has a strong connection with the community and has developed a Community Council to advise on and support its quality of care. This direction is further supported by Canterbury Hospital's Community and Consumer Engagement Framework.

Key priorities for our community, partnerships and environment

- 1

Deliver high quality and safe care aligned to the health needs of the local community
- 2

Support new, innovative models of care
- 3

Explore opportunities to improve the integration of clinical services in collaboration with other services and agencies

Table 4
Summary of Health Indicators for the Canterbury area

Indicator	Canterbury	NSW	Difference	Trend from 2010
Smoking attributable deaths; 2013; spacially adjusted rate per 100,000 population.	50.7	66	Significantly lower (p<0.05%)	Decreasing
Smoking attributable hospitalisations, 2013–2015; smoothed number of separations per year;	713.7 (sSMR = 82.1)	(100)	Significantly lower (p<0.05%)	Stable
High body mass attributable hospitalisations; 2013–15; Smoothed number of separations per year	725.1 (sSMR = 621.4)	(100)	Significantly lower (p<0.05%)	Decreasing
High body mass attributable deaths; 2013; Smoothed number of deaths per year	45.0 (sSMR = 93.8)	(100)	Not significantly different to overall NSW average	Decreasing
Alcohol attributable hospitalisations, 2013–15; smoothed number of separations per year	700.4 (sSSR = 67.8)	(100)	Significantly lower (p<0.05%)	Increasing
Alcohol attributable deaths, 2012–13; smoothed number of deaths per year	20.6 (sSMR = 85.1)	(100)	Not significantly different to overall NSW average	Decreasing

1 Public Health Observatory, SLHD (May 2018). *The cultural, social and economic characteristics of the Canterbury Region of Sydney Local Health District*; Page 5.

2 Public Health Observatory, SLHD (May 2018). *The cultural, social and economic characteristics of the Canterbury Region of Sydney Local Health District*; Page 5

3 SLHD Planning Unit (2018). *A Picture of Health: Sydney Local Health District Health Profile*. At: www.slhd.nsw.gov.au/planning/pdf/SLHD_Health_Profile.pdf Accessed: 19/11/2018

4 Lesley Muir (2013). Aboriginal people of the Cooks River valley. *The Dictionary of Sydney*; City of Sydney Council. Website: dictionaryofsydney.org/entry/aboriginal_people_of_the_cooks_river_valley. Accessed: 16/11/2018.

5 Public Health Observatory, SLHD (May 2018). *The cultural, social and economic characteristics of the Canterbury Region of Sydney Local Health District*; Page 6

6 SLHD Planning Unit (2018) *A Picture of Health: Sydney Local Health District Health Profile*. At: https://www.slhd.nsw.gov.au/planning/pdf/SLHD_Health_Profile.pdf Accessed: 19/11/2018

7 SLHD Planning Unit (2018) *A Picture of Health: Sydney Local Health District Health Profile*. At: www.slhd.nsw.gov.au/planning/pdf/SLHD_Health_Profile.pdf. Accessed: 19/11/2018. Page 45.

8 SLHD Planning Unit (2018) *A Picture of Health: Sydney Local Health District Health Profile*. At: www.slhd.nsw.gov.au/planning/pdf/SLHD_Health_Profile.pdf. Accessed: 19/11/2018. Page 46.



Our services



Canterbury Hospital provides emergency medicine, cardiology and cardiac rehabilitation, intensive care, medical and surgical subspecialties, maternity, paediatrics, special care nursery, drug health, oral health, diagnostic services, allied health and outpatient services. The hospital also has onsite an after-hours General Practice service, provided through an external service provider that is located adjacent to the Outpatients Department. The private clinic bulk bills patients and allows the community to access a local alternative to the hospital's Emergency Department.

Table 5 below provides a summary of activity for Canterbury Hospital in 2017/18.

Canterbury Hospital has a very busy Emergency Department with 45,838 presentations⁹ in 2017/18¹⁰. The maternity service delivered 1,701 babies¹¹ in the 2017/18 financial year.

There are a wide variety of non-admitted patient services provided by Maternity, Drug and Alcohol, Mental Health, Chronic Care and Orthopaedics and an expanding Hospital in the Home program. Other outpatient services continue to develop with stronger standardised models of care being established for a number of chronic conditions.

Canterbury Hospital services the residents from suburbs within the Canterbury area, with some inflows from nearby Bankstown, and the southern suburbs of Rockdale and Hurstville (Figure 4).

- Residents of Canterbury area receive just over 15% of their total healthcare at Canterbury Hospital. The major outflows to other hospital facilities were:
- Royal Prince Alfred Hospital for Obstetrics, Gynaecology, General Medical, General Surgical, Urology, Gastroenterology and tertiary services
 - Concord Repatriation General Hospital for Acute Psychiatry, Interventional Cardiology, Gastroenterology, Neurology (including stroke), Palliative Care, Intensive Care, Mental Health and Orthopaedics services
 - Sydney Children's Hospitals Network (SCHN) for specialist Paediatric services

- Bankstown/Lidcombe Hospital (South Western Sydney Local Health District) for Gastroenterology, General Surgery, Cardiology and Respiratory Medicine.
- Canterbury Hospital has developed networks to support Aboriginal people in receiving the appropriate management of chronic disease through participation in a 48 hour follow-up program, as part of the District-wide follow-up for Aboriginal chronic disease referrals; timely referral to the Senior Aboriginal Palliative Health Worker for palliative care services; and access to the Yaana Muru for post-natal follow-up and an Aboriginal midwife home visit.

Key priorities for our services

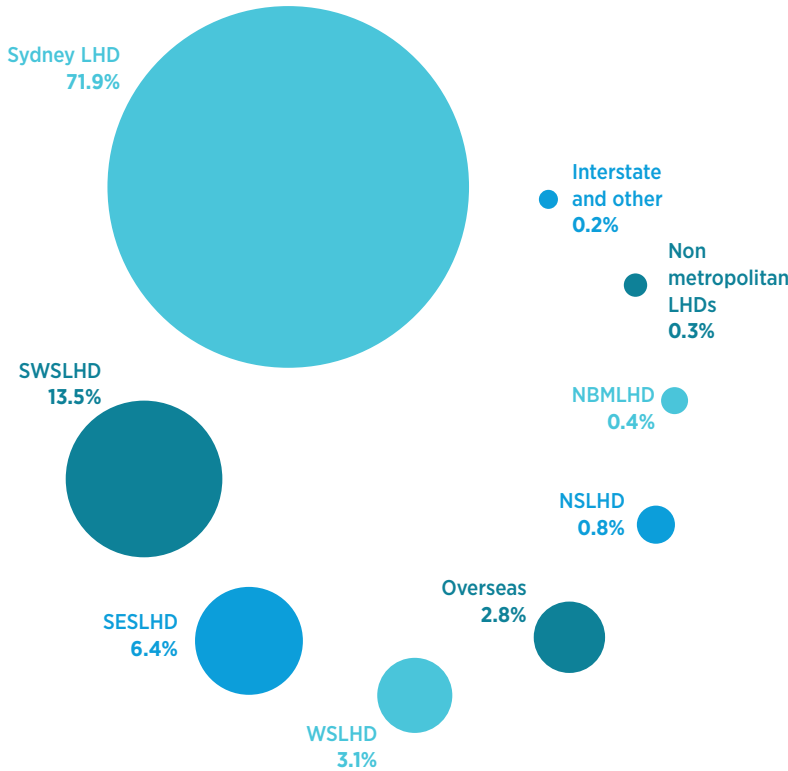
- 1 Identify opportunities to improve or re-design services
- 2 Investigate opportunities to improve the integration of health services
- 3 Support innovation and performance to drive service improvements

Table 5
Canterbury Hospital –
Summary of key activity 2017/18

Overview of hospital activity	2017/18
Separations	20,113
Percentage of same day separations	30.6%
Total acute bed days	57,069
Average overnight acute length of stay	3.5
Daily average of inpatients	226
Bed occupancy rate	74.8%
Non-acute bed days	4,588
Non-admitted patient services	48,439
Surgical procedures performed	6,677

Source: FlowInfo 17.1 (Acute and Non-acute patients; excludes HiTH, ED only, Renal Dialysis, Chemotherapy and Unqualified Neonates). Ministry of Health; STARS, SLHD Performance Unit

Figure 4
Canterbury Hospital
Inflows by total separations 2017/18



Source: FlowInfo 18.0 (excludes Non-acute, HiTH, ED only, Renal Dialysis, Chemotherapy and Unqualified Neonates).

Table 6
Canterbury resident acute inpatient flows 2017/18

SLHD flows	
Canterbury	27.6%
Royal Prince Alfred	10.8%
Concord	8.0%
Chris O'Brien Lifehouse (public patients)	0.7%
Tresillian (P/W)	0.3%
RPAH Institute of Rheumatology and Orthopaedics	0.3%
Balmain	0.1%
Thomas Walker	0.01%
Total Internal SLHD Flows	47.8%

Outflows	
NSW Private Hospitals	30.0%
South Eastern Sydney Local Health District	9.1%
South Western Sydney Local Health District	7.7%
Sydney Children's Hospitals Network	2.7%
Other	2.7%

Source: FlowInfo 18 (excludes Non-acute, HiTH, ED only, Renal Dialysis, Chemotherapy and Unqualified Neonates).

9 EDAA V18.0, NSW Ministry of Health
10 STARS, SLHD February 2019
11 FlowInfo 17.1, NSW Ministry of Health

Our staff



There is currently over 710 full-time equivalent (FTE) staff working at Canterbury Hospital¹². This FTE is made up of a headcount of over 870 health workers with the majority of staff employed on a permanent basis (78%).

Nursing staff comprise the largest occupational group making up 57% of the workforce, with a total of 505 nurses working at the hospital. Canterbury also has a growing number of midwives employed within Maternity at Canterbury Hospital.

Canterbury Hospital's workforce is predominantly female (76%). There is a comparatively younger profile overall with 35% aged under 35 years compared to 21% aged over 55.

Over 23% of the staff of the Canterbury Hospital identify as being from a CALD background compared to the overall Sydney Local Health District rate of 17.8%.

Consistent with the District priorities, Canterbury Hospital has a commitment to increase the Aboriginal workforce. In June 2018, 2.4% of our workforce identified as Aboriginal. Of the Aboriginal workforce, the majority (61%) was in a permanent position. Canterbury Hospital continues to value Aboriginal contributions to the organisation by promoting a positive cultural identity through provision of training, education, support and ongoing career opportunities to Aboriginal staff

in our workforce. Canterbury Hospital recognises that an increase in Aboriginal workforce will help to break down barriers in accessing healthcare such as reducing discrimination and providing safe and culturally appropriate health care for Aboriginal people

To ensure our workforce is continuously supported to provide the highest level of patient and family centred care possible, Canterbury is keen to ensure that:

- Workforce recruitment, education, development, employee support, and workplace culture are addressed
- Employees have the necessary skills and support to undertake their roles and to cope with, and manage, change
- Our workforce reflects our District's Aboriginal population.

Canterbury Hospital recognises that discriminatory attitudes have an impact on the health outcomes of Aboriginal people and people from a CALD background, and that discrimination in all its forms (personal, casual and institutionalised) must be identified and actions must be taken to eliminate it.

As part of this, focus areas include:

- Better identification of Aboriginality, which is an essential aspect in providing services to Aboriginal people
- Encouraging all staff to complete the mandatory Sydney Local Health District Respecting the Difference cultural training and monitoring compliance rates
- Encouraging all staff complete cross cultural training.

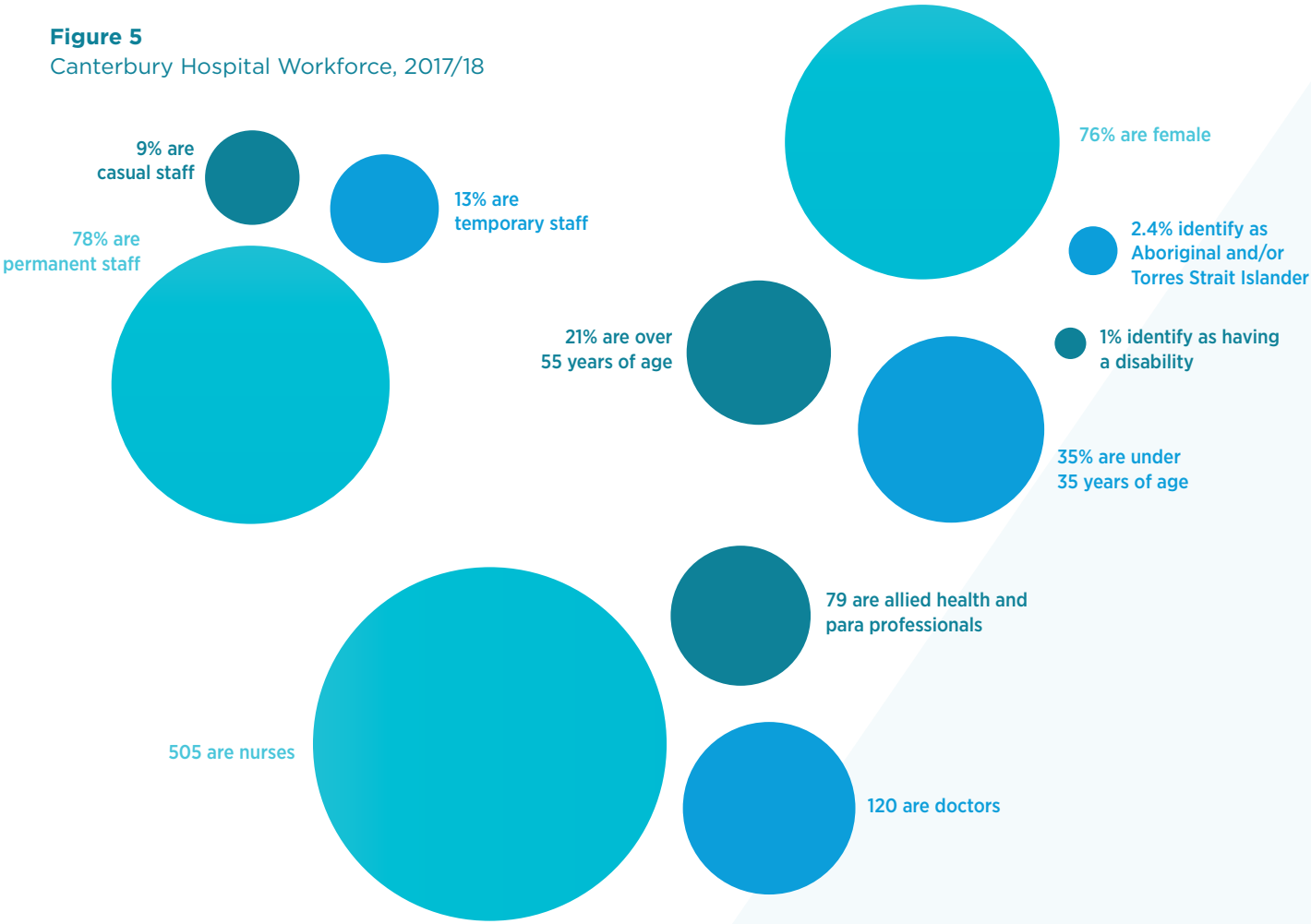
Key priorities for our staff

- 1 Enhance staff safety, health and wellbeing
- 2 Recruit and retain an engaged and diverse workforce

Table 7
Canterbury Hospital Professional Grouping, 2017/18

Professional grouping	Headcount	%
Medical	120	14
Nursing	505	57
Administration and Corporate Services	99	11
Allied Health Professionals	65	7
Other Professionals, Para-Professional, Clinical Support	14	2
Scientific and Technical	22	3
Hotel Services	54	6
Workforce total	879	100

Figure 5
Canterbury Hospital Workforce, 2017/18



12 2017/18 Canterbury Hospital Staffing Profile Average



Our research

Canterbury Hospital strives to ensure that research is undertaken that directly improves our patient and family centred care. Sydney Local Health District has a long and proud history of undertaking research in healthcare.

By aligning with the strategic directions of the *Sydney Local Health District Research Strategic Plan 2018–2023*, Canterbury's research will aim to ensure:

- The rapid translation of research into best practice
- The creation of knowledge by leading quality biomedical, clinical, health services and population health research
- An increased investment in research across disciplines including medical, nursing/midwifery, allied health and health service management.

Key priorities for our research

- 1 **Develop research strategies at Canterbury Hospital consistent with the District research strategy**
- 2 **Build capacity to support research and promote participation in research**

Our education



Sydney Local Health District is proud of its comprehensive, innovative and strategic approach to the provision of education and training.

Education and training in health services is particularly important in the context of population ageing, increasing chronic disease, concerns about patient safety, equity and increasing consumer involvement. This diverse context is further challenged by technological developments, changing models of care and an emphasis on translating research and evidence into healthcare.

Education and training refers to the arrangements and programs that are provided to continually build our current and future workforce's knowledge, skills and attitudes. Workforce development plays a crucial role in improving our organisational capability and performance.

An organisation's workforce development program is an important part of providing a supportive and positive work and learning environment and assisting with personal career development. Education and training is one of the key investments the hospital makes in its current and future staff and in its mission to achieve patient and family centred care.

Through utilising the expertise and resources available, both at the District level through the Centre for Workforce Development (CEWD) and at a state level through the NSW Health Education and Training Institute (HETI), Canterbury Hospital will ensure that our staff has the highest level of clinical and professional competencies so as to provide patient and family centred care.

Canterbury Hospital education and training will be focused on:

- Building and maintaining skills and competency for patient and family centred care
- Matching workforce supply and skills with demand
- Being high quality, accessible, innovative
- Being underpinned by equity and CORE values
- Being supported by organisational structures and resources

Key priorities for our education

- 1 **Promote a culture that values and supports educational and professional development**
- 2 **Plan for the integration of state-of-the-art education and development at Canterbury Hospital**



Implementation and governance

The following Action Plan has been developed with specific strategies to achieve the priorities of this Strategic Plan. Four timeframes have been developed to provide a sequential order of completion throughout the Strategic Plan term.

The implementation of this plan will be monitored by Canterbury Hospital's Executive Committee and incorporated as part of the annual Operational Plan. The Executive Team will subsequently report against the achievements of the Operational Plan and Strategic Plan at the end of each financial year to be presented to the Canterbury Clinical Council, and the Sydney Local Health District Board.

Timeframes	
Short term	0–12 months
Medium term	1–3 years
Long Term	4–5 years
Ongoing	Ongoing



Strategic Action Plan 2019–2024

Focus area 1: Our facility

	Timeframe	Responsibility	Outcomes/measures
Priority 1 – Plan for the redevelopment of Canterbury Hospital			
Plan for the expansion of the Emergency Department (ED) <ul style="list-style-type: none">• Develop and finalise plans for the Emergency Department expansion• Engage relevant planning and construction consultants	Short term (0–12 months)	General Manager	An upgraded ED that meets patient and staff requirements, including appropriate spaces for paediatric patients
Complete expansion construction works and commission new Emergency Department services			
Plan for the hospital-wide redevelopment of Canterbury Hospital <ul style="list-style-type: none">• Finalise the Clinical Services Plan and the Master Plan• Develop a plan and design for Renal Dialysis services• Work collaboratively with relevant stakeholders to ensure plans reflect future patient and service need	Long term (4–5 years)	General Manager	The completion of a state-of-the-art facility that is patient and family centred and meets the future health needs of the Canterbury local population
Plan for the upgrade of Ambulatory Care consistent with the outpatient transformation program. This will support the delivery of patient and family centered outpatient services			
Plan for the establishment of a Cultural Lounge for Aboriginal patients, families and carers, as part of the facility planning process for Canterbury Hospital			
Improve hospital amenities to ensure that Aboriginal people feel welcomed <ul style="list-style-type: none">• Development of a cultural garden showcasing Aboriginal designs• Arrange for Aboriginal population flags to be flown at the Hospital entrance• Include more Aboriginal art throughout the facility• Arrange for plaques in Emergency, acute and ambulatory care waiting rooms acknowledging the traditional owners of land	Medium term (1–3 years)	General Manager	A health facility that demonstrates a welcoming environment and recognises the importance of the cultural beliefs and practices of Aboriginal people
Continue to review signage strategies and common areas to ensure they are welcoming and support wayfinding for our diverse community	Ongoing	Director Corporate Services	Improved access to services and facilities by using signage and directions that are clear and fit for purpose
Priority 2 – Continue to improve ICT information accessibility			
Continue the digital transformation of the hospital's eMR and other IT programs as outlined in the Sydney Local Health District ICT Plan	Long term (4–5 years)	Executive Team	Full roll-out of the eMR

	Timeframe	Responsibility	Outcomes/measures
Priority 3 – Support the District priority for a sustainable and holistic health system			
Continue to replace and upgrade essential hospital equipment and facilities as detailed in the Sydney Local Health District Asset Strategic Plan and the facility's local RMR plan	Ongoing	General Manager	The provision of contemporary medical equipment that supports the provision of evidence-based care
Develop and support environmental sustainability and waste management through the implementation of strategies within the Canterbury Hospital and Sydney Local Health District Sustainability Plan	Ongoing	Director Corporate Services	Reduced carbon footprint for our hospital

Focus area 2: Our communities, partnerships and environment

	Timeframe	Responsibility	Outcomes/measures
Priority 1 – Deliver high-quality and safe care aligned to the health needs of the local community			
Work with community representatives and Sydney Local Health District Community Health to establish new community-based health facilities within the Canterbury area	Ongoing	Executive	Community representation/consultation during planning processes Improved prevention and early intervention services, and access to care
Review and refresh Canterbury Hospital's Community and Consumer Engagement framework	Medium term (1–3 years)	General Manager	Revised framework that ensures consumers are partners in planning, design, delivery, measurement and evaluation of systems and services
Continue to engage and develop partnerships and links with the local Aboriginal community in the Canterbury area	Ongoing	Executive	Ongoing and strengthened Aboriginal community engagement and participation in hospital events and service planning
Continue to engage and develop partnerships and links with CALD groups in the Canterbury area, such as the Lebanese Muslim Association, through supporting events such as the Canterbury Hospital Open Day and the Multicultural Leaders Forum	Ongoing	General Manager	Ongoing and strengthened community engagement and participation in hospital events Improved identification of diversity of the consumers and high-risk groups that access care
Priority 2 – Support new, innovative models of care			
Continue to support Can Get Health, the Sydney Local Health District Health Equity Research and Development Unit (HERDU) and SLHD Diversity Programs and Strategy Hub to provide appropriate strategies and programs to improve the health of Canterbury residents	Ongoing	Executive	Improved access to health programs and strategies Improved partnerships with local GPs

	Timeframe	Responsibility	Outcomes/measures
Priority 3 – Explore opportunities to improve the integration of clinical services and collaboration with other services and agencies			
Engage with the Primary Health Network (PHN), local GPs, private allied health providers and community providers to streamline care and improve discharge planning back into the community	Ongoing	Executive	Improved discharge processes and improved transition of care into the community

Focus area 3: Our patients, families, carers and consumers

	Timeframe	Responsibility	Outcomes/measures
Priority 1 – Develop mechanisms for strategic, sustained engagement with the local community			
Continue to develop partnerships with our patients and their carers through planning, design, measurement and evaluation	Ongoing	Executive	Improved health outcomes
Encourage patients to be actively involved in their own care			
Continue to implement the Outpatient Transformation Program to develop more capability and a stronger patient and family centred approach to the delivery of outpatient services	Long term (4–5 Years)	Director Corporate Services	Improved patient and facility/carers experiences
Priority 2 – Support patient and family centered care			
Continue to improve communication with patients and their families about end of life resources and services	Ongoing	Executive	Improved patient and facility/carers experiences
Improve access to interpreter services, multilingual communication and work with the interpreter service to establish a stronger telephone and on-line capability	Ongoing	Executive	Improved patient and facility/carers experiences
Ensure quality and safety is at the core of our culture and that all employees understand our quality and safety goals and accountabilities	Ongoing	Executive	Improved patient and facility/carers experiences and safety reporting measures
Priority 3 – Support innovation and performance to drive improvements			
Ensure the necessary structures and processes are in place to meet the requirements of the National Safety and Quality Healthcare Standards, and other relevant standards	Ongoing	Executive	Achieving NSQHS accreditation
Ensure patient-reported experience measures and patient-reported outcome measures are captured and implemented across all care types, inform improved delivery of care and provide patients with direct and timely feedback about their outcomes	Ongoing	General Manager	Improved patient and facility/carers experiences

Focus area 4: Our services

	Timeframe	Responsibility	Outcomes/measures
Priority 1 – Identify opportunities to improve and re-design services			
Review and further strengthen sub-specialty clinical services in Endocrinology, Cardiology and Respiratory Medicine	Ongoing	Director Medical Services General Manager	Improved range of clinical services provided on-site
Evaluate and review maternity models of care to maintain best practice and meet the needs of the local community	Medium term (1–3 years)	Director Nursing and Midwifery Services Director Medical Services	Patient and family centred care
Review arrangements for the networking of services with Concord Hospital for Cardiology, Neurology, ICU, Oncology, Radiology and Infectious Diseases	Ongoing	Director Medical Services General Manager	Streamlined access to tertiary-level clinical services
Review arrangements for the networking of services with Royal Prince Alfred Hospital for Maternity, ICU and Surgery and to Sydney Children’s Hospital Network for Paediatrics	Medium term (1–3 years)	Director Medical Services General Manager	Streamlined access to tertiary-level clinical services
Improve access to diagnostic imaging services available onsite at Canterbury Hospital in accordance with the Sydney Local Health District Imaging Strategic Plan	Medium term (1–3 years)	General Manager	Streamlined patient care that supports timely and accurate patient assessment and management
Priority 2 – Investigate opportunities to improve the integration of health services			
Review and further enhance the scope of outpatient and outreach services delivered to meet the needs and demands of the local community to better support prevention and chronic disease management in the community	Ongoing	Executive Team	Improved range and scope of outpatient services for patients in the local community
Expand the number of multi-disciplinary and cross-specialty clinics to better integrate patient care	Medium term (1–3 years)	Executive Team	
Further develop strategies to address the following priority areas identified in the <i>Sydney Local Health District Aboriginal Health Strategic Plan 2018–2023</i> : <ul style="list-style-type: none">• Drug Health Services• Mental Health• Chronic Disease Management and Aged Care• Oral Health Services• Early Years, Children and Young People• Blood Borne Viruses and Sexual Health• Social Determinants of Health	Ongoing	Executive Team	Improved monitoring of strategies to meet the safety and quality priorities for Aboriginal people

	Timeframe	Responsibility	Outcomes/measures
Priority 3 – Support innovation and performance to drive service improvements			
Continue to drive improvements and implement strategies that reduce unwarranted variation and reduce hospital acquired complication rates	Long term (4–5 years)	Executive Team	Improved healthcare outcomes
Explore the opportunity to increase the internal capability of the hospital as follows: <ul style="list-style-type: none">• Performance Unit: to ensure transparent and efficient financial, performance monitoring and Activity Based Management capabilities and to improve service efficiency and reduce unwarranted clinical variation• Patient Safety and Quality Unit: to better support the management of clinical and corporate governance systems and meet the requirements of the NSQHC Standards• Health Informatics Unit: to train and support the clinical workforce in accordance with the growing use of the electronic medical record	Long term (4–5 years)	General Manager	Improved business analytics and intelligence to support decision-making
Improve the collection of data and the capture of the identification of Aboriginal patients in the medical record	Medium term (1–3 years)	General Manager	Improved monitoring of strategies to meet the safety and quality priorities for Aboriginal people



Focus area 5: Our staff

	Timeframe	Responsibility	Outcomes/measures
Priority 1 – Enhance staff health, safety and wellbeing			
Implement strategies that improve workplace culture and staff engagement particularly in areas associated with:		Executive Team Workforce	Improvements in staff surveys Review of programs that support staff wellbeing Education opportunities that support professional and management skills Performance review processes that identify needs for training and development in safety and quality
Supporting resilience and positive supervision of junior medical and health employees	Long term (4–5 years)		
Developing managerial capability to ensure organisation-wide engagement in CORE values and performance management	Medium term (1–3 years)		
Ensuring staff have the necessary skills and support to undertake their role and to cope with and manage change	Medium term (1–3 years)		
Enhancing employee recognition and wellbeing programs that support mindfulness, resilience, work/life balance and healthier lifestyles	Ongoing		
Continue to engage with Patient Care Initiatives that support nursing and midwifery staff with processes that improve workplace culture, staff satisfaction, staff well-being and effective delivery of patient care outcomes	Medium term (1–3 years)	Director of Nursing and Midwifery Services	Staff and patient surveys Review of programs that support staff wellbeing Education opportunities that support professional and management skills
Build additional capacity of nursing and midwifery workforce to ensure it is sustainable	Long term (4–5 years)	Director Nursing and Midwifery Services	Workforce requirements are well defined
Continue to review weekend, after-hours and seasonal activity to ensure the necessary workforce is available to meet the changing demands	Long term (4–5 years)	Executive Team	Workforce requirements are well defined
Review the organisational structure to ensure the appropriate support resources, reporting lines and leadership roles are in place to meets the needs of the organisation to provide safe and high-quality care	Long term (4–5 years)	Executive Team	Improved structures and resources to monitor and manage the operational priorities of the hospital

	Timeframe	Responsibility	Outcomes/measures
Priority 2 –Recruit and retain an engaged and diverse workforce			
Implement strategies that recruit and retain the highest quality employees through <ul style="list-style-type: none">equitable and efficient recruitment processeson-boardingrobust performance management processes	Medium term (1–3 years)	Executive Team Workforce	Composition of Canterbury Hospital workforce Staff survey
Develop and implement a Canterbury Hospital Workforce Strategy that reflects the future needs of the hospital and supports the strategies within the <i>Sydney Local Health District Workforce Plan 2016–2020</i>	Short term (0–12 months)	General Manager Workforce	Workforce strategies have a strong rationale
Support strategies that increase the numbers of the Aboriginal workforce and support the current workforce	Ongoing	Workforce	Improved visibility of Aboriginal workers and cultural presence
Continue to review senior medical staff arrangements to strengthen clinical leadership and governance arrangements across all specialties	Ongoing	Director Medical Services	Patient and family centred care

Focus area 6: Our research

	Timeframe	Responsibility	Outcomes/measures
Priority 1 – D Develop research strategies at Canterbury Hospital consistent with the District research strategy			
Increase internal resources of the hospital to support research projects	Long term (4–5 years)	General Manager	Improved translation of research into patient care
Link our clinicians to senior researchers and research institutes across the District to build the capacity and to support emerging researchers	Ongoing	General Manager	Improved translation of research into patient care
Support the rapid translation of research into practice through encouraging evidence-based care	Ongoing	General Manager	Improved translation of research into patient care
Priority 2 – Build capacity to support research and promote participation in research			
Improve the engagement between Canterbury Hospital and Sydney Research	Long term (4–5 years)	General Manager	Improved translation of research into patient care
Continue to collaborate with other hospitals and educational institutions undertaking research and clinical trials	Long term (4–5 years)	General Manager	Improved translation of research into patient care
Engage consumers and the local community where possible in research projects	Medium term (1–3 years)	General Manager	Improved translation of research into patient care
Ensure representation at relevant research forums, conferences and symposiums for research projects undertaken at Canterbury Hospital	Medium term (1–3 years)	Executive Team	Improved translation of research into patient care

Focus area 7: Our education

	Timeframe	Responsibility	Outcomes/measures
Priority 1 – Promote a culture that values and supports educational and professional development			
Continue to support and encourage staff and managers to participate in professional development through available courses, conferences and scholarships particularly those offered through the Centre for Education and Workforce Development (CEWD)	Ongoing	Executive Team	Improved staff skills and workforce retention
Continue to provide ongoing opportunities for clinical placements for nursing and midwifery, allied health and medical students	Ongoing	Executive Team	Improved staff skills and workforce retention
Work with CEWD to provide more on-site courses at Canterbury Hospital where feasible and to ensure equity and core values underpin all education and training activities	Short term (0–12 months)	General Manager	Improve workforce skills and capabilities
Further develop links with The University of Sydney and the Concord Clinical School with a view to developing a sub-clinical school at Canterbury	Ongoing	General Manager Director Medical Services	
Priority 2 – Plan for the integration of state-of-the-art education and development at Canterbury Hospital			
Plan for additional education infrastructure and technologies to be made available for staff (i.e. Training Rooms, Lecture Theatres, SIM rooms, Clinical School)	Long term (4–5 years)	General Manager	Improved facilities for education and staff development
Allocate resources to assist in developing advanced clinical trainee positions	Long term (4–5 years)	Director Medical Services	Improved workforce retention and skills
Develop strategies to support an increased presence of academic roles within Canterbury	Long term (4–5 years)	Director Medical Services	Improved workforce and research capabilities
Continue to review the necessary clinical skills of Allied Health staff to manage specialist inpatient and outpatient services	Medium term (1–3 years)	General Manager Heads of Department	Improved workforce capabilities



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