Transforming healthcare for women and newborns

The Women’s Strategic Plan 2016-2020
Cover photo: the Women’s is proud to care for women through the generations. We would like to thank Marnie Cairns (Great Grandmother to Freddy), Cath Allen (Grandmother to Freddy), Lucy Pepperell (Mother to Freddy) and Freddy Pepperell for allowing us to demonstrate this commitment to women and newborns.

We would also like to thank our patients, visitors and staff for allowing us to use their photos.
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Patients and consumers are at the heart of everything we do.
The Women’s is committed to transforming healthcare for women and newborns. The goal of the Women’s Strategic Plan 2016-2020 is that our patients and consumers are at the heart of everything we do. The strategic plan is made up of four strategic directions plus four areas of strategic focus. Together, these capture the breadth of our work across our clinical streams: maternity, neonatal, gynaecology and women’s cancer and our associated services at Parkville and Sandringham.

**Our strategic goal**

Our patients and consumers are at the heart of everything we do

**Strategic direction**

We will provide an exceptional patient and consumer experience that delivers improved health outcomes for women and newborns

**Area of focus:**

Women in mid life and later years

**Strategic direction**

We will provide state-wide leadership in women’s and newborns’ healthcare

**Area of focus:**

Violence against women

**Strategic direction**

We will invest in our people and our systems to meet the changing needs of our patients and consumers

**Area of focus:**

Mental health

**Strategic direction**

Our research, knowledge translation and innovation will lead and drive better health outcomes for women and newborns

**Area of focus:**

Young women
We are delighted to present the Women’s Strategic Plan 2016-2020, which sets out our exciting directions over the next five years. We have developed our plan to position the Women’s to meet current and future demands, to embrace new opportunities and deliver an exceptional experience of care that improves health outcomes for women and newborn babies in Victoria.

We know that over the next five years demand for our specialist services will continue to grow, and we will manage some of the most complex cases in Victoria. This growth in population and service demand is set against a backdrop of increasing funding pressures in the public health system. We need to concentrate on developing our tertiary services and our specialist expertise, while continuing to serve our local communities.

To meet these challenges, along with new and emerging issues, we need to think differently about how we deliver our care to women and newborns. We will focus our statewide leadership role on supporting other hospitals and the health system more broadly.

Our strategies for managing these challenges are informed by extensive consultations with our staff, community, stakeholders, and leaders.

Our consultations highlighted the importance of our leadership role and advocacy on sensitive and important women’s health issues, the value of our work with vulnerable women with complex needs, and the importance of strengthening our partnerships with other health services in the community. This demonstrates our unwavering determination to create a better society through better health.

Listening to the diverse perspectives and ideas people shared with us about our reputation, our services and our care helped us to shape and refine our strategic priorities for the next five years.

The Women’s Strategic Plan 2016-2020 sets out our overarching goal, strategic directions and areas of focus to support our vision for transforming healthcare for women and newborns in Victoria. Together these will guide the development of our services, inform new initiatives, activities and resource allocation decisions, as well as re-orient and re-focus our approach to care.

Our overarching goal is that our patients and consumers are at the heart of everything we do. We want all women to feel safe, respected and heard and to experience a seamless journey through our services. We understand that our patients are the experts in their own lives. Listening to, and learning from, our patients, their families and their carers is vital to providing high quality and responsive healthcare.

Over the next five years we aim to provide more women and newborns in Victoria with access to care closer to home. We will increase service delivery outside of Parkville and Sandringham by looking closely at where our services might be better delivered. As a statewide leader, we will invest time and resources in partnering with other health services to build local capacity.

Building on our long history of ground breaking discoveries, we will raise our research profile and give greater attention to translating evidence into clinical practice and models of care. We will expand our capacity to share our expertise in person-centred care, research, clinical practice and service delivery locally, nationally and internationally.

Our committed and talented people are instrumental to the success of this plan. Managing and responding to the day-to-day pressures and demands of a busy public hospital, while striving to create exceptional experiences with our patients and consumers, will mean thinking differently.
about how we support our staff and organise our services. We want our workforce to feel energised by the challenges in their work, supported by their colleagues and connected to their purpose in improving women’s and newborns’ health.

The Women’s has a proud history of advocacy on a range of sensitive women’s health issues.

We have long advocated that violence against women is a health issue, and that hospitals have a unique role in identifying women and children at risk and providing support. We will take the lead by sharing our knowledge and expertise with other health services. We will be a champion for young women, engaging them in our local and state-wide partnerships to address health inequities.

We will maintain our innovative model of maternity care for young women while focusing on developing sexual and reproductive health capacity, particularly in regional Victoria.

We will enhance women’s and newborns’ mental health, by integrating mental health into programs and interventions for those mothers, newborns, vulnerable families, women diagnosed with cancer and women at risk of family violence who are in our care.

As part of our role in providing sensitive and responsive care to women at all stages of their lives, we will develop best practice service models that meet the needs of women in mid life and later years.

Our engaged and committed Board has set our goal and strategy. The Board is responsible for ensuring that we provide high quality health services and that our hospital is governed and managed effectively, in accordance with government policy. We have strong leadership and effective governance practices in place to support our commitment to perform to the highest standards over the next five years.

We have developed our strategic plan in a dynamic and evolving policy environment. We are confident that it will adapt to new and emerging issues, shifts in government policy priorities, or new opportunities that might emerge over the next five years.

The Board and Executive thank our patients, consumers, community members, staff and partner organisations who have made a tremendous contribution to the development of this Plan. We are grateful for the time, insights and reflections shared with us through our consultations.

Lyn Swinburne AM
Board Chair
Royal Women’s Hospital

Dr Sue Matthews
Chief Executive Officer
Royal Women’s Hospital
We remain committed to using the social model of health to reduce inequities in healthcare.
For more than 160 years, the Women’s has led the advocacy and advancement of women’s health and wellbeing across Victoria and further afield.

Our origins as the first hospital in Australia for women who were pregnant, vulnerable and often destitute and our founders’ commitment to evidence based medicine has created a proud legacy of excellence in care for the most disadvantaged in our community.

This culture has endured through more than a century of transformations in health and health care as well as major changes in the social, economic and legal status of women.

Our Declaration, which reflects the principles and philosophies fundamental to our hospital, captures the essence of who we are and what we do.

We will care for women from all walks of life

We will lead health research for women and newborns

We will innovate healthcare for women and newborns

We recognise that sex and gender affect women’s health and healthcare

We are committed to the social model of health

In everything we do, we value courage, passion, discovery and respect.

We will be a voice for women’s health

The Women’s Declaration
Our role and reputation

The Women’s is Australia’s first and largest specialist hospital dedicated to improving the health of all women and newborns. We are recognised as a high performing hospital in Victoria, and a leader with a reputation for excellence in women’s and newborns’ health.

The Women’s provides specialist women’s and neonatal healthcare. We are a state-wide tertiary hospital for women and newborns with complex needs, as well as a local hospital for women and newborns living in the inner north and west of Melbourne and in and around Sandringham. We provide maternity, neonatal, gynaecology and women’s cancer care.

We are a major teaching hospital, internationally recognised for our research and a source of trusted health information for women; our website attracts two million visitors a year.

We are a significant provider of professional development and secondary consultations in women’s health and newborn care to midwives, nurses, general practitioners (GPs) and other specialists. Health practitioners from around Australia draw on our expertise in areas including pregnancy and drug use, and newborn observation techniques to support attachment and infant health.

The Women’s is committed to the social model of health, which recognises that a broad range of environmental, socioeconomic, psychological and biological factors impact on health. We have developed a range of distinctive programs and services, offering support beyond medical interventions.

These include women’s health information services, the Women’s Alcohol and Drug Service (WADS), CASA House (our Centre against Sexual Assault), our Family and Reproductive Rights and Education Program for women who are affected by female genital mutilation, and Badjurr-Bulok Wilam, our Aboriginal health unit. Under our strategic plan, we will protect and promote the unique expertise and contribution of these programs and services.

Governance

The Women’s is led by an experienced and dedicated Board, committed to meeting the highest standards of governance.

The Board’s oversight of performance and compliance is strengthened by a range of committees supporting financial management, audit and corporate risk, clinical governance, philanthropy, research and workforce matters. In addition, two committees provide advice in specific areas to the Board.

The Community Advisory Committee has a diverse range of consumer members to provide feedback and advice on engaging the community in service improvement and innovation. The Primary Care and Population Health Advisory Committee has membership from a range of partner organisations, to advise on greater integration with the primary care system, and academics with expertise in population health issues affecting our local and statewide communities.
We are trusted leaders in women’s health and the care of newborns.
Demographic changes will drive innovation in how we plan and deliver our services.
Our sites

Our clinical services are primarily based at our purpose built hospital in Flemington Road, Parkville.

In October 2013 we became a multi-campus hospital with the transfer of the management of maternity and gynaecology services at Sandringham and District Hospital from Alfred Health. This partnership with Alfred Health was developed to provide improved access to specialist expertise in maternity care and women’s health for women living in the Bayside area.

Analysis of projected population growth and demographic shifts indicate that over the next five years, demand for our specialist services will grow beyond our current capacity (particularly for maternity services at Parkville).

During the life of this strategic plan we will introduce a range of strategies and initiatives to actively manage this demand, including increasing the efficiency of our outpatient services. We will continue to develop partnerships that focus on building the capacity of local health services to provide women and newborns with high quality care.

As of 2015, we provide community-based health services in a range of locations around the central business district (CBD) of Melbourne, the inner north and west of Melbourne, including:

- CASA House, our Centre against Sexual Assault, is based in the Queen Victoria Centre in the Melbourne CBD
- co-located antenatal care with cohealth and Merri Community Health at sites in Moonee Ponds, Kensington and Fawkner
- childbirth education classes in maternal and child health centres, community health and council-run child and family services in North Melbourne, St Kilda, Brunswick, Fawkner and Moonee Ponds
- timely, expert care to women experiencing homelessness, through the Central City Community Health service in the city, in partnership with cohealth.

We also work closely with community based GPs who are shared care affiliates to provide antenatal care in the community.

The number and range of clinics we provide beyond our hospital sites at Parkville and Sandringham will increase over coming years as we explore different ways of delivering more of our care, closer to women’s homes.
Our community

Our community is made up of women who come from 190 countries, speak 96 different languages and follow 70 different religious faiths. The composition of the community we serve is changing but the underlying diversity in the culture, language and background remains characteristic of our patients and consumers.

For much of our 160 year history the inner city has been characterised by socioeconomic disadvantage, shaping our culture of care for the most vulnerable in our community, and our role in developing new services to fill gaps in other parts of the health system.

Our local areas, particularly around Parkville, have become increasingly affluent as growing numbers of tertiary educated professionals settle in the inner city. While the inner city still has a concentration of public housing, the cost of renting or buying a home means that culturally diverse and financially disadvantaged families are increasingly likely to live in the outer suburbs or in growth areas of Melbourne.

Our role providing maternity and gynaecology care to women living in the local communities surrounding Parkville and Sandringham is balanced with our responsibility to provide specialist maternity, neonatal and women’s cancer and gynaecology care to women and newborns from across the state.

For pregnant women with heart disease, for example, or babies born prematurely from 24 weeks, it is vital that they can access the specialist care and support that we provide. A growing proportion of the tertiary care that we provide at Parkville is to women and newborns who live in the suburbs to the west and north-west of the city, and often have multiple and complex social and medical needs.

When medically ready, women and newborns are transferred to other hospitals so that they can be closer to home and we can continue to admit and care for patients who need our specialised services.

Over the life of this strategic plan, these changes in the demographics of the local and tertiary areas we serve, along with continued population growth, will drive innovation in how we plan and deliver our services. More women and newborns who come to us for short episodes of specialist care will be transferred back to a secondary level hospital.

Putting patients and consumers at the heart of everything we do will lead to more flexible and responsive approaches. This will include reviewing the optimal setting for delivering services and increasing our engagement with those health professionals who have an ongoing involvement in the life of women, babies and their families.
Women will have a voice in care planning and decisions about their health.
We are committed to further develop our models of care to respond to changes in our community.
Equity, diversity and cultural responsiveness

We are committed to further developing and refining our models of care so that our services are responsive to the needs of our diverse community.

We have identified four areas that will be a focus for this strategic plan. These four areas are: strengthening the programs and support we provide to women in our care who have experienced violence, improving young women’s access to health information and health services, enhancing mental health care for women and newborns and better understanding the needs of women in mid life and later years.

We will continue to focus on issues of persistent inequity in healthcare as well as identifying and responding in new areas.

We will continue to care for vulnerable women, many of whom may be newly arrived migrants, refugees and asylum seekers. Many newly arrived women have experienced traumatic events in their lives, and face cultural and language barriers when accessing healthcare.

Ensuring our services are culturally sensitive and responsive to the often complex needs of these women and their families is an ongoing priority.

The Women’s is committed to closing the gap in health status between Aboriginal and non-Aboriginal women and babies. Each year we care for more than 300 Aboriginal and Torres Strait Islander women and newborns.

Badjurr-Bulok Wilam at the Women’s is a service that employs Aboriginal Health Workers to provide culturally appropriate support and advocacy services to these women and their families, as well as linking them back into services in their community.

We are helping to build a workforce of Aboriginal and Torres Strait Islander nurses and midwives, through the Aboriginal Nursing and Midwifery Cadets, Students and Graduates at the Women’s Program.

We are working to increase our understanding of the patient experience for women with disabilities and using these insights to improve the quality and responsiveness of our service.

We are also sharing our expertise with other health professionals around Victoria. We partner with the Victorian Aboriginal Community Controlled Health Organisation to deliver workshops in maternity care to health professionals across the state. This workshop is delivered as part of the Women’s statewide, multidisciplinary Maternity Services Education Program.
Community engagement

Community engagement is central to our vision of women having a voice in their care.

We want women to have a voice in care planning and decisions about their health. We will continue to work closely with our patients and consumers, with guidance from our Community Advisory Committee (CAC).

This committee advises us on how we can improve our systems and practices so that our healthcare meets the needs of our communities and the diverse views of women are taken into account in the hospital’s decision making processes.

Gaining deeper insights into our patients’ and consumers’ expectations of our care and services, along with their experiences, is a priority in this plan. Actively listening to and learning from our patients, their families and carers about how we can improve our services and social support will be fundamental to strengthening our culture of person-centred care and creating exceptional experiences.

Our partners

Providing an exceptional patient and consumer experience will drive greater engagement with hospitals, the primary care sector and academic centres of research.

We will extend our work with health professionals who have an ongoing relationship with women and families, particularly in community hospitals, general practice and maternal and child health services, to improve continuity of care for our patients. Our Primary Care and Population Health Advisory Committee is a vital forum for fostering our relationships with Primary Care Networks and community health services like cohealth, as well as our links with La Trobe University, University of Melbourne, Inner Melbourne Community Legal Service and other centres of excellence.

The relocation of the Peter MacCallum Cancer Centre to the Parkville precinct is part of the Victorian Comprehensive Cancer Centre (VCCC). The VCCC has been created to improve collaboration between partner organisations and to develop a strategic program of work that integrates research, education and clinical care to substantially improve outcomes for patients with cancer.

Our expert contribution to cancer care is just one of the many advantages of the Women’s location in the Parkville precinct, where specialist health care, research, education and professional development is clustered. The development of this precinct will boost our collaborations with partners in the VCCC and the University of Melbourne in research knowledge translation and service development.
Seeing services through the eyes of our patients and consumers will set a new standard for care.
We are committed to fostering a positive person centred workplace culture.
Our workforce

Our committed and talented workforce is passionate about providing healthcare and support to our diverse communities of women and newborns.

The Women’s culture is evident in a shared sense of purpose and the respect, commitment and compassion of our people. Our core values of courage, passion, discovery and respect are widely embraced by staff across our organisation.

As of 2015, we employ more than 2,200 staff. Of these, 51 per cent are nurses and/or midwives, 20 per cent are doctors, 11 per cent are allied health professionals and the remaining 18 per cent are corporate and support staff. Women make up 89 per cent of our workforce; 53 per cent are part-time and the rest are either full-time (30 per cent) or casual (17 per cent).

Ensuring that the profile of our staff is aligned with future demands and changes in clinical practice and service activity is an important part of our workforce development over the life of this plan.

Health professionals are instrumental to the quality care we provide. We are committed to fostering a positive person-centred workplace culture, where innovation, leadership, excellence and achievement is encouraged, acknowledged and rewarded. Our annual Staff Awards recognise and celebrate the outstanding contributions made by our staff to the hospital and our community. In recent years the Women’s has consistently ranked highly in the annual Victorian public service People Matters Survey, outperforming all other Melbourne metropolitan public health services surveyed in staff satisfaction measures.

Ensuring our workforce has the right mix of skills and attributes to deliver an exceptional experience with women and families over the next five years is vital to the success of this plan. Our renewed focus on patients and consumers will be accompanied by greater expectations of sensitive and timely communication and a greater emphasis on partnering with families and carers in the delivery of care.

We will refresh and revise our workforce strategy to ensure our workforce profile is aligned with growth and changes in clinical practice and service activities, and to identify those skills required to deliver our new and emerging strategic priorities.

We are actively engaged in developing the next generation of health professionals to care for women and newborns, through our partnerships with educational institutions and other healthcare providers. We will develop and implement diversity and equity initiatives to support our workforce, in particular our older staff and working parents. We will continue to devise and implement strategies to attract new graduates and experienced professionals, support early career health professionals, and look after the wellbeing of staff at all ages and stages of life.

Feedback from our staff consultations highlighted the importance of ongoing professional development opportunities. We will continue to develop and update our organisation-wide approach to education to ensure our staff are equipped to meet the healthcare needs of women and newborns. To be part of the Women’s team is to be instrumental in forging progress.
Our volunteers

Our volunteers are essential to creating a welcoming and professional environment for the hundreds of women and their partners, families, carers and visitors who come through our doors every day.

More than 250 dedicated hospital and community volunteers and auxiliaries undertake a wide variety of roles to support our patients.

These roles include:

• assisting our patients and visitors to find their way around our hospitals
• providing patient support through conversation, art and music
• cuddling and settling babies when parents are not able to be at the bedside
• providing clerical support in patient service areas and research services
• assisting with events
• creating ‘Baby Bundles’ to distribute to women and their babies through the Women’s Support Service, Women’s Alcohol and Drug Service and maternity wards.

Volunteers provided significant assistance to the development of this strategic plan by surveying more than 700 patients, families and visitors as part of our ‘Have Your Say’ consultations.

Over coming years the number of people volunteering at the Women’s will increase and their contribution will expand into a wider range of activities.

The Women’s Foundation

The Women’s Foundation draws on the deep affection in the Victorian community for the Women’s, raising funds to support our vital work with women and newborn babies.

Our philanthropic partners, donors and supporters are integral to the Women’s community. We are fortunate to have corporate partners, staff, current and former patients and families who organise fundraisers, create special funds or leave bequests for the benefit of the Women’s.

Donations of equipment in specialised areas of care, grant funding for research and innovation, and investment in our leadership activities are just some of the ways that the generosity of the philanthropic community supports the Women’s to advance healthcare for women and newborns.

Volunteers also make an important contribution to the achievements of the Women’s Foundation.

The work of the Women’s Foundation will be closely aligned with our strategic directions and areas of strategic focus.

Drawing upon the generosity of community supporters, donors, charitable trusts and patients present and past, the Foundation’s strategic priorities will concentrate on developing short and long term opportunities for philanthropic support to accomplish the goal of the Women’s Strategic Plan.
Our philanthropic partners, donors and supporters are integral to our advances in health care.
Our plan builds on strong foundations and is the culmination of consultation with our people, partners and consumers.
Our future

Challenges and opportunities: Increasing demand for our services, together with responsibility for managing women and newborns with some of the most complex health care needs in Victoria, means we need to think differently about the ways in which we provide our care.

Forecasts, based on modelling of trends in our service activity and predicted population growth, indicate that increased demand for our services (particularly in Parkville), together with funding pressures, will be a major challenge over the next five years. Forecasts for activity growth predict that we will be managing more than 8,000 births at Parkville by 2021, with flow-on effects in our allied health and support services.

Data from the Australian Bureau of Statistics and the Department of Health and Human Services forecast a 22 per cent increase in the number of women of childbearing age living in our local area, with particular growth hotspots in Melbourne and Maribyrnong. This is compared to the statewide rate of 13 per cent growth. Changes in demographics, costs and rates of private health insurance influence demand for our services.

Alongside this growth we can expect to see an increase in chronic and complex conditions, including mental illness, obesity and cancer, combined with greater social complexity and an increased focus in areas such as the health impacts of violence against women.

Health inequities, both within and between communities, are projected to increase.

Demographic shifts in our local areas mean that we will also see a growing number of health consumers with heightened expectations of public health services. More women will want and expect choice, flexibility and value in health service delivery; they will be better informed, will want more options and are more likely to move between public and private service providers.

Equipped with more information and a higher level of health literacy, many women will expect to be more active participants in their care journey. Less accepting of a ‘one-size-fits-all’ approach, women will want services to be tailored to their individual and family circumstance.

The relocation of the Peter MacCallum Cancer Centre to the Parkville precinct brings significant changes to the Women’s program of cancer care, as chemotherapy services will be provided at Peter MacCallum from July 2016.

These changes offer new opportunities for the Women’s to expand and share our specific expertise, including enabling women to preserve their reproductive capacity, understanding the impacts on children and partners of diagnosis and treatment and managing the effects of treatment on women’s sense of self and quality of life. This expertise is an example of the gender lens that the Women’s brings to healthcare and that we will share more broadly to improve health outcomes for women and their families.
Advancements in health research and technology will continue to re-shape and redefine the delivery of healthcare, driving changes in our models of care. Digital connectivity will offer more opportunities for collaboration among health professionals as well as direct engagement with our patients. Advances in pharmaceuticals, surgical techniques and diagnostic testing will offer new opportunities to deliver improved outcomes.

Keeping pace with rapid changes in technology will be a challenge. In the medium term, individualised health monitoring devices will offer new ways to deliver care. The Women’s will have the potential to provide more complex care well beyond the walls of the hospital, including care in the home. More of our patients will be equipped to share and receive health information to support diagnosis, treatment and monitoring.

In the longer term, genomics (personalised medicine) will change the way health services are delivered. This will include using genetic markers to match treatments to patients, or to identify genetically at-risk women for preventative treatment.

All of these developments will have resource implications for the Women’s, and are the dominant forces shaping the environment in which we will implement our strategic plan. These challenges present us with opportunities to develop new approaches to service delivery.

We need to be clear about our role, and be both innovative and flexible in how we respond to and manage these current and future challenges.

Our focus will be on our tertiary role and developing our specialist services, with our core commitment to providing an exceptional patient and consumer experience, driving innovation and improvement. Our care for women from all walks of life, but particularly vulnerable and disadvantaged women, will continue to be essential part of our leadership in the health system.

Learning directly from the experiences of women and their families, we will organise care to better support women’s ongoing relationships with health professionals and social support services. This includes delivering more of our current and future services outside of Parkville and in, or close to, women’s homes.

We will also bring a sharper focus on the non-clinical aspects of our organisation and the business services we provide. Our person-centred culture will focus on listening to, and caring about women and our colleagues.

As a statewide leader, we will invest time and resources in partnering with other health services to build local capacity to care for women with complex social and medical needs.

We will strengthen our relationships with Primary Care Networks and community health services as part of exploring opportunities for greater integration with this sector. In these partnerships we will share expertise and offer opportunities for reciprocal learning and joint research as well as service development.

We recognise that Sandringham is the community’s hospital, well-known to GPs and the community as the place women go for maternity and gynaecology care.
Advancements in health research and technology will continue to re-shape and redefine the delivery of healthcare.
We will foster a culture that enables research to flourish.
We will enhance those aspects of Sandringham that are highly valued by families, our staff, and community-based health professionals. These include timely access to quality care, a commitment to contemporary best practice, a focus on good outcomes and flexibility in the models of care.

Our Sandringham workforce will have more access to support and professional development. There will also be options for staff at Parkville to work at Sandringham and vice versa.

We will increase our engagement with community-based health professionals, particularly GPs, and strengthen our models of care to increase access to a known health professional.

In support of these outcomes we will invest in communications and information technology so that our infrastructure and processes facilitate continuity of care and smooth transitions between primary care providers and the hospital.

We will consider all avenues for building capacity, including reviewing the physical capabilities of our hospital at Parkville to determine options for the best use of space.

Decentralised models of care offer the potential to better leverage our tertiary expertise; building capacity in other hospitals through sharing our expertise, skills, knowledge and research will be a priority.

This shift to greater integration and community-based service delivery will drive improvements in our systems for communication and secondary consultations.

We will enhance our leadership profile through increased attention to benchmarking, particularly in regards to our specialist care and research activities.

The Women’s financial strategy will continue our longstanding focus on stability and sustainability.

We will explore new ways of achieving efficiencies and maximising returns on our asset base, so that we can invest in initiatives to improve the experience of our patients and consumers. Priorities for investment include developments in information technology such as clinical information, communication systems and equipment.

The move towards a greater reliance on digital technology for clinical care, health information, corporate support systems, teaching and learning will require a new range of skills in our workforce.

We will need our people to be adept at managing change and comfortable working in a sector that is dynamic and constantly evolving. We will continue to emphasise the importance of continuous learning and provide a safe and stimulating environment for health professionals to learn and grow.

The generous support of philanthropists and the fundraising activities of the Women’s Foundation will be central to the success of our strategic plan.

By providing grants for research, making donations for medical equipment that is at the cutting edge of technology and seeding funds to develop and test new ideas, our donors and supporters reinforce the Women’s role as a leading innovator in women’s health and newborn care.
Our goal is that patients and consumers are at the heart of everything we do.

Hospitals have historically developed on the basis of a provider-driven system of care – in many cases resources, systems and processes are planned around the needs of the organisation rather than the patient, and clinicians are seen as the experts.

Our strategic plan aims to transform the experience that women and families have of our services. This means reorienting our perspective from a provider-driven to a person-centred model.

Over the next five years we will focus on our patients’ and consumers’ experiences of our care, our services and the environment in our hospitals. Seeing services through the eyes of our patients and consumers will set new standards for our care.

This will involve consciously adopting the patient’s perspective, and recognising that they are the experts in their own lives, or that of their newborn’s. We will improve our routines and practices through listening to our patients. This will require some significant cultural shifts in how we deliver care, as well as changes to our systems and processes.

Thousands of women from all walks of life come through the doors of our hospitals every year as patients, together with their newborns, partners, families, carers and friends. Health professionals, researchers and consumers access our health information online, over the phone or in person. We want to ensure that all of our services and access points are responsive to what our patients and consumers need.

We are confident that our strategic plan provides us with the roadmap for achieving our goal.
We recognise the different health challenges that women face throughout their lives.
We need to think differently about the ways we provide our care.
Our four strategic directions are pivotal to achieving our vision of transforming healthcare for women and newborns in Victoria. They position us to anticipate and respond to our immediate challenges, as well as to embrace new opportunities and innovative ways of delivering high quality and responsive healthcare with more women and newborns in Victoria over the longer term.

**We will provide an exceptional patient and consumer experience that delivers improved health outcomes for women and newborns**

**We will provide state-wide leadership in women’s and newborns’ healthcare**

**Our research, knowledge translation and innovation will lead and drive better health outcomes for women and newborns**

**We will invest in our people and our resources to meet the changing needs of our patients and consumers**
Strategic direction: patient and consumer experience

We will provide an exceptional patient and consumer experience that delivers improved health outcomes for women and newborns.

The Women’s is proud of our reputation for delivering excellence in patient outcomes. In 2015, clinical data confirmed the quality and safety of our services and survey results showed the majority of patients rated their experience of the Women’s very highly.

Listening to our people, patients, their partners, families and carers, and other consumers, will continue to be the central element of the Women’s strategy over the next five years.

We will engage with our diverse communities, with a focus on those experiencing inequities in health outcomes. This feedback will set the standard for our clinical care.

Improving outcomes against this new benchmark will mean deepening our understanding of our patients’ and consumers’ experiences, their expectations and preferences. It will mean resourcing and supporting our people to think differently about clinical practice, how we deliver our services, our management and leadership and the systems supporting our workforce.

Our patient and consumer experience strategy and framework will provide a disciplined and practical approach to creating exceptional experiences and is integrated in to the Women’s Strategic Plan in order to sustain transformation and momentum.

Objective
Inspire and embed a commitment to creating exceptional experiences in everything we do.

Actions
Create a vision and ongoing strategy and framework to innovate, measure, evaluate and improve our patients’ and consumers’ experiences. Development of the framework will include:

• developing a clear understanding and an agreed vision of our patients’ and consumers’ optimal experience
• conducting research, training and engagement to gain deeper insight into our patients’ and consumers’ experiences
• developing and implementing our Patient and Consumer Experience Measurement Program
• developing and rolling out initiatives that support and empower our people to be the best that they can be
• developing an environment that supports innovation to provide exceptional experiences for our patients and consumers.
We will provide state-wide leadership in women’s and newborns’ healthcare.

The Women’s has a unique role in state-wide leadership and advocacy and we will share our expertise in specialist maternity, neonatal, gynaecology and women’s cancer care to build greater capacity across the health system.

Over the next five years we will magnify the Women’s gender lens, capturing and promoting that unique knowledge and perspective we have as a leading women’s hospital. We will share our understanding of how sex and gender affect women’s health and healthcare, to strengthen system planning and service capacity.

We will continue to support government with policy advice and leadership in women’s health and newborn care, with a focus on building service capacity and advising on priorities for system improvement.

This will include informing the development of government policy by contributing to forums, inquiries and reviews. In partnership with health services, particularly in regional areas, we will strengthen local service capacity so that women and newborns can access excellent care closer to home.

We will explore innovative approaches and opportunities for sharing and promoting our specialist expertise across the health system, including the use of technology. We will review our models of care to identify services that could be better delivered in a community setting.

Our staff, community members, partners and peers want the Women’s to amplify our voice on sensitive and important women’s health issues. These include violence against women, sexual and reproductive health, women’s and infant’s mental health and maternity care for vulnerable women, including Aboriginal and Torres Strait Islander women.

**Objective**
Work in partnership with health services to build capacity across the health system so that women and newborns receive better healthcare closer to home.

**Actions**
Develop and implement a Leadership Strategy that fosters sector-led service improvement by:

- continuing to grow and share our expertise in specialist maternity, neonatal, gynaecology and women’s cancer care across the health system
- capturing and supporting innovative approaches and developing partnerships to promote our expertise
- reviewing our models of care to identify those services that can be better delivered in a community setting, so that women and newborns can access them closer to home.

**Objective**
Advocate and lead on best practice in women’s and newborns’ healthcare, with a focus on sensitive and complex health issues.

**Actions**
Develop and implement an Advocacy Plan that identifies key priorities for our advocacy work, including:

- the role of hospitals in responding to violence against women
- improving sexual and reproductive health for young women
- expanding services for women’s and infant’s mental health through state-wide and national education services
- developing our care for vulnerable women, including Aboriginal and Torres Strait Islander women.
Strategic direction: research, knowledge translation and innovation

Our research, knowledge translation and innovation will lead and drive better health outcomes for women and newborns.

The Women’s has a long history of ground-breaking research and innovation. Our culture of discovery and our commitment to health and medical research is embedded in our specialist care for women and newborns.

Over the next five years we will strengthen our systems and processes to support research and accelerate the translation of evidence into both standard clinical practice and our models of care. We will encourage and facilitate innovation and take advantage of opportunities in the Parkville precinct, and beyond, to extend our partnerships and promote our expertise.

We will foster a culture that encourages new researchers and enables established researchers to flourish. This will include investing in research programs and training and enhancing opportunities for researchers and clinicians to undertake, lead and participate in research.

Strengthening our capacity to attract research funding will also be a priority. We will give greater attention to raising our research profile, both nationally and internationally, alongside communicating our research to staff and our community.

We remain committed to encouraging and rewarding innovation and new ways of thinking to improve our services and the ways in which we deliver our care.

Objective
Strengthen our research, knowledge translation and innovation to improve the health outcomes of women and babies.

Actions
Develop and implement a Research Strategy that:

- maintains our ongoing commitment to research excellence
- embeds research in our programs and services
- invests in people through research training
- improves our governance and support systems
- develops communications to improve our internal and external research profile
- develops processes to increase research funding.
Strategic direction:
our people and our resources

We will invest in our people and our systems to meet the changing needs of our patients and consumers.

Our workforce is integral to providing high quality, responsive healthcare that meets the needs of our patients and consumers.

Developing and supporting our people to meet the changing needs of our patients and consumers is a key priority in this plan. Over the next five years we will ensure that our workforce has the support and opportunities to be the best that they can be.

We want our people to be clear about the standards and behaviour expected of them and to experience high levels of satisfaction with their work and interactions with their colleagues.

We will focus on improving our systems and processes so that our patients and consumers enjoy seamless access, continuity of care and an exceptional experience.

Improving our financial stability and long term sustainability is essential to our strategy. We will identify opportunities for continuous improvement and efficiency, as well as innovative ways of raising revenue to invest in our priorities and services.

Objective
Develop, empower and support staff to deliver an exceptional patient and consumer experience.

Actions
- Develop and embed education and professional development in creating exceptional experiences across the hospital.
- Train and support staff to provide sensitive practice in response to violence against women.
- Refresh the Workforce Strategy, with a focus on leadership and diversity.

Objective
Strengthen the capacity of our information technology systems and processes to deliver a seamless patient experience and improved decision support for clinicians.

Actions

Objective
Improve our financial stability and long term sustainability.

Actions
- Implement our Three Year Finance Strategy.
- Identify innovative ways of raising revenue through leveraging our current assets.
- Identify opportunities for continuous improvement and efficiency.
As a state-wide leader, we will invest time and resources in partnering with other health services to build our mutual capacity.
We are proud of our history of advocacy and leadership on a range of sensitive, complex and challenging women’s health issues. We remain committed to using the social model of health to reducing inequities in healthcare.

In this plan we have identified four strategic areas of focus, where we will strengthen our current role and raise our profile.

### Areas of strategic focus

#### Violence against women

We will continue to advocate and lead on the role of hospitals in responding to violence against women as a health issue. We will partner with the family violence sector to improve our services and programs and with academics to strengthen the evidence base for clinical care and social support. Using this expertise we will build the capacity of other hospitals to provide sensitive and appropriate responses to women experiencing, or at risk of, violence.

#### Young women

We will be a champion for young women’s health and strengthen our local and state-wide role in partnerships to address inequities in healthcare affecting young women. We will build sexual and reproductive health capacity, particularly in regional areas of Victoria, and improve health literacy by producing and promoting health information targeted to young women.

#### Mental health

Recognising the importance of taking a prevention and early intervention approach to mental health, we will integrate mental health across our care for mothers, newborns, vulnerable families, women diagnosed with cancer and women at risk of family violence.

#### Women in mid life and later years

Providing specialist healthcare to women in mid life and later years is an important, yet little known, part of our role. We will develop best practice models of care and strengthen our partnerships and collaborations to meet their health and wellbeing needs.
Strategic focus:
Violence against women

We will take the lead in addressing violence against women as a health issue.

In 2004 VicHealth research identified intimate partner violence as the major cause of preventable death and disease in women aged 15 to 44 years in Victoria. This burden of disease study found that intimate partner violence was responsible for more ill-health and premature death than any of the other well-known risk factors - including high blood pressure, obesity and smoking.

For more than a decade the Women's has been a leader in identifying and responding to violence as a women’s health issue. In addition to family violence and sexual assault services, we have developed sexual assault prevention programs for secondary schools, professional development and resources for health professionals, toolkits for hospitals and a ground-breaking model for integrating health and legal services.

The Women’s is also a partner in health research and an advocate for a systemic approach in hospitals.

Over the next five years the Women’s will bring these components together to strengthen our clinical response to women and newborns affected by violence.

We will partner with the integrated family violence sector to drive innovation and build capacity in other hospitals to identify and respond to violence as a women’s health issue.

Objective
Be the leading hospital in the prevention of, and response to, violence as a women’s health issue.

Actions
The Women’s Preventing Violence Against Women Strategy will build our capacity to identify and respond to violence as a women’s health issue. The Strategy will focus on:

- further developing our services and programs
- improving the pathways, systems and supports for women, families and newborns
- strengthening the evidence base for effective interventions in hospital settings
- developing partnerships to support awareness raising and capacity building in hospitals
- collaborating with the integrated family violence sector on innovations in preventing and responding to violence as a women’s health issue.
Strategic focus: Young women

We will strengthen our approach to improving the health and wellbeing of young women, with a focus on diverse and disadvantaged communities at a local and state-wide level.

The Women’s is committed to improving young women’s access to health information and services that respond to their specific needs and preferences. We want young women to feel that they can trust us with the most sensitive aspects of their healthcare needs, particularly in relation to their sexual and reproductive health.

Up-to-date and accessible health information is essential for young women to make informed choices about their health and wellbeing.

We will maintain our leadership role in sexual and reproductive health and maternity care for young women. We will engage with young women from diverse communities to help us improve our programs and services and to make sure they have an active voice in our hospital and in their care. We will ask young women to identify the best ways for us to provide health information, including the use of digital and social media.

Objective
Strengthen our local and state-wide role in addressing inequities in healthcare for young women.

Actions
Refresh our Young Women’s Strategy to focus on:
• partnering with lead agencies to develop a Sexual and Reproductive Health Framework for Victoria
• further developing sexual and reproductive health capacity in regional areas of Victoria
• extending and improving our maternity model of care for young women
• producing and promoting health information for young women using digital technology.
Strategic focus: Mental health

We will enhance and innovate our mental health care for women and newborns who are patients of the Women’s.

Our Centre for Women’s Mental Health was established in 2006 to provide expert clinical and therapeutic services for women and newborns, to undertake research and provide professional development to health practitioners.

We take a prevention and early intervention approach to support the mental health and wellbeing of women, new parents and infants in our care. Our research focuses on developing and refining evidence-based approaches and interventions across a range of areas.

Over the next five years, we will continue to integrate mental health into our clinical care for women, families and newborns and strengthen our expertise in infant-parent attachment and infant mental health and development.

The Centre’s reputation for clinical excellence will be expanded through research partnerships in the Parkville precinct, the delivery of state-wide and national education programs and the development of guidelines and policy advice.

**Objective**

Strengthen mental health services, programs and interventions for mothers and newborns, vulnerable families, women diagnosed with cancer and women at risk of family violence.

**Actions**

Develop and implement a Mental Health Enhancement Strategy that will:

- identify opportunities for enhanced mental health services for women diagnosed with cancer and their children
- strengthen our response to family violence
- continue to develop our Newborn Observation Program
- strengthen our support for vulnerable families
- extend our reach through advocacy, professional development, research and clinical guidelines.
Strategic focus:
Women in mid life and later years

We will develop best practice models of care that meet the needs of women in mid life and later years.

Women in their mid life and later years will be a new area of focus for the Women’s, as we seek to raise the profile of our services and improve our engagement with this cohort of women.

Forecasts show that this population will increase over coming years, as the baby boomer generation accesses the health system in greater numbers.

Our care for women following their reproductive years is a small but significant area of our services; women come to us for health information and care on a range of issues including breast and gynaecological cancers, chronic pelvic pain, menopause, incontinence and sexual assault support.

Women in this age group are also the mothers and grandmothers of women in our maternity care and babies in our neonatal unit.

Over the next five years we will consult with women in their mid life and later years to ensure they have an active voice in our hospital, our services and in their care.

We will use this feedback to review and improve our health information, our clinical protocols and our models of care. We will also strengthen our engagement with community-based health professionals and the aged care sector, to share expertise and improve service links.

Objective
Strengthen our partnerships and collaborations to improve the health and wellbeing of women in midlife and later years.

Actions
Develop and implement a strategy for women in mid life and later years, including:

- implementing our new model of care for gynaecology
- strengthening our partnerships to support best practice in women’s cancer care
- establishing new relationships with the aged care sector
- raising awareness and building the capacity of community-based health professionals to manage common gynaecological conditions.
In everything we do, we value courage, passion, discovery and respect.