

**Central Coast Community Women's Health Centre OPERATIONAL PLAN 2017-20**

<b>Goal</b>	<b>Theme</b>	<b>Key area of focus</b>	<b>Initiative</b>	<b>Success measure</b>	<b>Owner</b>	<b>Due date</b>	<b>Budget implication</b>	<b>Linked with goal in SP?</b>
<b>1 Incorporate feminist philosophy throughout practice</b>	Quality Assurance	Feminism	1.1 Include feminism within all recruitment practices and partnership arrangements including for volunteers	1.1.1 All recruitment materials incorporate feminist practice for paid and unpaid workers  1.1.2 All interviews include a question regarding feminism  1.1.3 Inclusion of feminist philosophies in all MOUs and external facilitator contracts	Manager	Ongoing		
	Quality Assurance	Feminism	1.2. Inclusion of feminist discussion around practice.	1.2.1 Feminist discussion held at every workers meeting and team meeting  1.2.2 Feminist discussion incorporated into all group work and counselling	Manager Coordinators Counsellors	Ongoing		
	Quality Assurance	Feminism	1.3 Representation at Interagency meetings – feminist voice	1.3.1 Workers attend a range of interagency meetings and	Delegated workers	Ongoing		

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				present the organisation in a feminist context				
<b>2 Support healthy lifestyles, including nutrition &amp; physical activity</b>	Quality Assurance	Physical health and wellbeing	2.1 Provide a range of physical activity, nutrition and health promotion activities and groups	2.1.1 Provide a minimum of one physical activity group per term at each centre (12 per year overall)  2.1.2 A minimum of 570 clients attend physical activity/health promotion groups per year  2.1.3 Incorporate nutrition and exercise education into regular groups  2.1.4 90% of clients report improved skills and knowledge from physical activity groups, nutrition and health promotion activities	Groups Coordinator with Manager to oversee  Individual centre coordinators	Ongoing each term	Cost of facilitators	

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	Quality Assurance	Physical health and wellbeing	2.2 Conduct Women's Walking Groups in conjunction with Heart Foundation official agreement	2.2.1 Walking groups occur once a week for 30 weeks per year at a minimum of one centre  90% client satisfaction	Centre coordinators	Ongoing		
	Growth	Physical health and wellbeing	2.3 Work in partnership with other relevant organisations to arrange health promotion activities	2.3.1 Provide a minimum of one health promotion activity per year per centre.  90% client satisfaction	Groups Coordinator with Manager to oversee  Individual centre coordinators	Ongoing	Potential cost	
<b>3 Promote good mental health and social wellbeing</b>	Quality Assurance	Mental health and wellbeing	3.1 Provide counselling to women experiencing a range of issues including sexual assault, domestic/family violence, adult survivors of childhood abuse/sexual assault, depression, anxiety, relationships, family and parenting, grief/loss, self-	3.1.1 A minimum of 900 counselling sessions per year  3.1.2 80% of clients complete an evaluation  3.1.3 90% of clients indicate an improvement in mental and emotional health and wellbeing	Counsellors  Counselling/Group Coordinator	Ongoing		

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			esteem, identity, isolation and reproductive health	3.1.4 90% of clients report that the service helped them with their issue  3.1.5 90% of clients report satisfaction with the service				
	Quality Assurance Growth Community Engagement	Mental health and wellbeing	3.2 Deliver psycho-educational/therapeutic support group programs for women	3.2.1 Provide a minimum of ten therapeutic and psycho-educational groups per year  3.2.2 Conduct a minimum of one outreach group per year with young women  3.2.3 Conduct a minimum of one group per year specifically for young women at any one of our centres  3.2.4 Co-facilitate a group with an Aboriginal worker	Group facilitators Counselling/Group Coordinator	Ongoing each term  30 June 2018  30 June 2018		

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				3.2.5 A minimum of 480 clients attending therapeutic groups per year 3.2.6 80% of clients complete an evaluation 3.2.7 90% of clients indicate an improvement in mental and emotional health and wellbeing 3.2.8 90% of clients report satisfaction with the service				
	Quality Assurance Growth Community Engagement	Mental health and wellbeing	3.3 Deliver social support group programs for women	3.3.1 Provide a minimum of 18 social support groups per year 3.3.2 A minimum of 960 clients attend social groups per year 3.3.3 80% of clients complete an	Group facilitators Counselling/Group Coordinator Centre coordinators	Ongoing each term		

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				evaluation 3.3.4 90% of clients indicate reduced social isolation from their attendance at the group 3.3.5 90% of clients report satisfaction with the service				
<b>4 Provide reproductive and sexual health prevention, screening, treatment, education and provide women with options for managing fertility</b>	Quality Assurance	Clinic	4.1. Provide a Women's Health Doctor's Clinic and a Well Women's Clinic providing breast examination, cervical cancer screening, provision of reproductive and sexual health information, promoting prevention and testing for sexually transmitted infections (including syphilis, Gonorrhoea & Chlamydia), contraception advice, pregnancy option information and	4.1.1 A minimum of five clinics per week. 4.1.2 A minimum of 4000 individual occasions of service for clinic 4.1.3 Maintenance of a minimum of three GPs 4.1.4 Maintenance of MOU with FPA 4.1.5 Maintenance of MOU with CCLHD for clinic at PWHC 4.1.6 Approach	Doctors Clinic staff Manager Board	Ongoing          30 Sep 17 30 Sep 17		

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			clinical pathways for unplanned pregnancies.	CCLHD for clinic at NWHC 4.1.7 Recruitment of a minimum of one new doctor 4.1.8 90% of clients report that the service helped them with their issue				
	Quality Assurance Growth	Clinic	4.2 Incontinence & Pelvic floor chair	4.2.1 A minimum of two pelvic floor clinics per week. 4.2.2 A minimum of 1000 pelvic floor sessions 4.2.3 Successful recruitment of Registered Nurse to run the PFC starting January 2018 4.2.4 Investigate option of expanding the PFC service beyond school terms only 4.2.5 90% of clients report that the	Doctors Clinic staff Manager Board	Ongoing  31 October 2017  30 June 2018		

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				service helped them with their issue  4.2.6 90% of women are provided with health promotion information				
<b>5 Reduce incidence and impact of violence against women</b>	Quality Assurance  Growth  Community Engagement	Domestic Violence and Sexual Assault	5.1 Deliver DV groups, either by ourselves or in partnership with other DFV services	5.1.1 Deliver a minimum of six DV groups per year, either by ourselves or in partnership with other DFV services  5.1.2 A minimum of 48 women complete the groups  5.1.3 Develop CCCWHC own trauma informed DV group  5.1.4 Include DV education in other groups  5.1.5 90% of women report that the service helped	Groups Coordinator  Group facilitators  Manager	Ongoing each term		



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				them with their issue				
	Quality Assurance Growth Community Engagement	Domestic Violence and Sexual Assault	5.2 Community Engagement and Leadership on Domestic Violence and Sexual Assault	5.2.1 A minimum of two events organised per year  5.2.2. A minimum of 12 activities participated in per year  5.2.3 A minimum of five interagency meetings participated in regularly (attend 80% of meetings)  5.2.4 Promotion of the topic on social media	Manager Delegated staff	Ongoing		
	Community Engagement Quality Assurance	Domestic Violence and Sexual Assault	5.3 Lead Day of Action against sexual assault - Event	Annual event held	Manager Delegated staff	31 August 2017		Yes
	Quality Assurance	Domestic Violence and Sexual	5.4 Provide information and referral for Domestic	Access a minimum of 200 women per year	All staff	Ongoing		

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		Assault	Violence					
<b>6 Advocacy</b>	Growth Community Engagement	Advocacy Membership Community engagement	6.1. Advocate on the importance of CCCWHC in the community	6.1.1 Liaison with ministers and MPs to raise profile of CCCWHC  6.1.2 Information in centres on specific issues e.g. gender equity, gender pay gap, financial literacy, women's leadership  6.1.3 Organising community events e.g. IWD  6.1.4 New Year for Women CCCWHC action in 2017  6.1.5 Advocacy in media on events at centres and on specific issues  6.1.6 Engage current members and friends and re-engage former members and	Manager Board Delegated staff	<b>Ongoing</b>       31 Dec 17       30 June 18		Yes

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				friends of CCCWHC				
	Growth Community Engagement	Advocacy Community engagement	6.2 Advocate on issues deemed important and relevant to women's health and gender equity. Advocate to:  Government; Politicians; Media; Community	6.2.1 Advocacy on a minimum of three issues per year e.g. gender inequality, women's leadership, domestic violence, childcare. To take the form of any of: parliamentary submissions, letters to council or politicians, liaison with MPs and patrons, articles in print media or on radio or social media, information posted up in centres	Manager Board Delegated staff	Ongoing		Yes
	Quality Assurance	Advocacy	6.3 Provide advocacy to individual women	6.3.1 Provide a minimum of 80 instances of advocacy to individual women across all three centres	Intake Counsellors Doctors Centre Coordinators	Ongoing		
<b>7 Information</b>	Quality	Information	7.1 Provide information about key	7.1.1 A minimum of ? 400 occasions of	All staff	Ongoing		

**Comment [RN1]:** Need to ensure common agreement on definition of advocacy.

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<b>and Referral</b>	Assurance	Referral	services in the community that may be relevant to a woman's needs e.g. for counselling, child related supports, carer supports, medical and others	information and/or referral each year				
<b>8 Childcare provision</b>	Quality Assurance Growth	Childcare	8.1 Ensure continued provision of childcare at three centres	8.1.1. A minimum of 200 occasions of childcare  8.1.2 A qualified worker in place for every session of childcare  8.1.3 Follow Early Years Learning Framework when planning and in interactions with children  8.1.4 ChildSafe documents reviewed annually	Childcare workers Manager			
	Growth	Childcare	8.2 Increase childcare at outreach centres by one morning per	8.2.1 Childcare is provided one additional morning per week at each of	Manager Board	30 June 18		Yes

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			week	the outreach centres				
	Growth	Childcare	8.3 Explore with new department providing federal funding the possibility of funding being extended to outreach centres	8.3.1 Occasional Care funding is extended to the outreach centres	Manager Board	30 June 18		
<b>9 Provide current range of services at a best practice level</b>	Quality Assurance	Accreditation  Quality standards	9.1 Maintain compliance with clinical and other best practice quality standards, i.e. GPA, QIC, SPP Services Online	9.1.1 Standards monitored and reviewed  9.1.2 Subscription made to SPP online  9.1.3 Schedule developed for SPP implementation  9.1.4 Accreditation maintained	Manager Board  Delegated workers where applicable	31 July 17  1 September 17	Cost of subscription to SPP services online	Yes
	Quality Assurance	Clinical governance	9.2 Define and implement a system of clinical governance	9.2.1 System of clinical governance is defined and introduced to the workers and the Board	Manager Board	31 Dec 17	Potential training costs	
	Quality Assurance	Evaluation	9.3 Evaluation tools remain current,	9.3.1 Results of completed	Manager Counselling/Group	Evaluations reviewed		

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			relevant and best practice	evaluations are reviewed by staff and the Board on a quarterly basis to identify opportunities for improvement	Coordinator Group facilitators	quarterly		
	Quality Assurance	Evaluation	9.4 Review current evaluation tools used for clinic, counselling, groups, social activities	9.4.1 Review of tools completed 9.4.2 New tools implemented	Manager Counselling Coordinator	Review – 31 Mar 18 Implementation – 30 June 18	Cost of expert review Cost of implementation of new evaluation tools	Yes
<b>10 Maintain excellent standard of service delivery</b>	Quality Assurance	Client satisfaction	10.1 Continue to recognise clients as key partners in shaping service development and assessing quality of service delivery	10.1.1 Evaluation tools and participation processes reviewed annually for - Individuals - Groups - Community engagement  Reviewed annually in November/December + feedback	Manager Counselling/Group Coordinator	30 November		

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				shared February 10.1.2 Client and agency feedback processes conducted annually (clients) and biennially (agencies) in November and feedback shared with clients				
	Quality Assurance Growth Community Engagement	Relevance of service	10.2 Continue to remain knowledgeable of goals, initiatives and strategies in other plans	10.2.1 Annual analysis of planning documents against current CCCWHC services undertaken:  NSW Women's Health Framework; NSW State Plan; State DV Plan; Federal DV Plan; NSW Mental Health Plan; Local Government Plans; Multicultural Health Plan; Aboriginal Health Plan; Disability Plan; Any	Manager  Delegated staff where applicable	31 December annually		

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				other relevant plans 10.2.2 Support provided to women in our priority groups; women in these groups were given priority in 90% of cases. Women in these groups experienced a shorter timeframe for access than the average		Ongoing		
	Growth	NDIS	10.3 Register for NDIS and begin implementation of NDIS in centres	10.3.1 CCCWHC is registered for the NDIS	Manager	31 July 2017	ACA membership?	
	Quality Assurance Growth	Client demographic	10.4 Utilise relevant demographic data to ensure that women accessing CCCWHC reflect the population of women on the CC	10.4.1 Annual analysis of local/regional demographic data against current CCCWHC demographic data  Consider in particular: % women from CALD background	Manager Counselling Coordinator	31 December annually		



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				% women who are ATSI % women who are financially disadvantaged % women with a disability % women who are carers % women who are LGBTI % women who are aged under 24				
	Quality Assurance Growth	Client demographic	10.5 Consider how to achieve a balance between new and existing clients	Ongoing discussion Review of any accessibility issues as they arise	Manager Counselling Coordinator	Ongoing		
	Quality Assurance Growth	Centre strategies	10.6 Implement actions from: Community Engagement Strategy Advocacy Strategy Reconciliation Action	10.6.1 Various strategies have identified actions with timelines	Manager Delegated staff where applicable	Ongoing and according to timelines in the individual strategies	Some budget implications – see details of activities in individual strategies/plans	Yes

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			Plan Accessibility Action Plan New Year for Women					
	Quality Assurance Growth	Promotion	10.7 Increase accessibility of CCCWHC promotional material	10.7.1 CCCWHC brochure translated into community languages  10.7.2 Aboriginal brochure also to be developed	Manager	31 December 2017	Cost of translation and printing  Cost of Aboriginal design and printing	
	Quality Assurance Growth	Partnerships	10.8 Maintain existing partnerships and create new ones	10.8.1 Maintain a minimum of four existing partnerships and create two new partnerships each year	Manager Board Other staff where possible	30 June 2018		Yes

**Comment [RN2]:** Should there be a definition of what is meant by partnership or examples of types of partnerships.