SUMMARY OF STRATEGIC DIRECTIONS

Strategic & Healthcare Services Plan
Strategic Priorities in Healthcare Delivery to 2021

Corporate Plan 2013 - 2017
Directions to Better Health

Leading care, healthier communities
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These factors present us with significant challenges if we are to continue to provide high quality services into the future. Therefore, the District has given considerable attention to planning and developing services to meet increased demand.

Over the past 12 months we have consulted extensively with consumers, residents, SWSLHD services and Board and external agencies to identify priority areas for service development. This broad consultation of more than 500 people has resulted in the SWSLHD Strategic & Healthcare Services Plan – Strategic Priorities in Healthcare Delivery to 2021 and also the SWSLHD Corporate Plan 2013-2017.

These Plans identify the strategies needed to achieve our Vision and Mission of promoting the health of the residents of the District and the delivery of quality health care services.

This Summary of Strategic Directions provides an overview of the priority strategic directions and corporate areas of action that SWSLHD services will address over the next five – ten years.

Improving the provision of integrated care with the South Western Sydney Medicare Local and partner organisations is a key focus of the strategic plan. We will be concentrating greater effort towards helping people avoid ill health by providing children with the best possible start in life, closing the health gap in Aboriginal communities and enhancing programs which address smoking, obesity, healthy eating and drinking and falls prevention.

For those who do need health care services we will be growing speciality centres of excellence and bringing them closer to new communities. We shall further embed research and education in service delivery and strengthen our partnerships with other health providers.

We would like to thank all those who provided feedback on the District’s strategic and corporate plans either, online or at the community and staff forums. Your valuable contributions have helped us concentrate our efforts in these priority areas to realise our vision of leading the way in healthcare for healthier communities.

Professor Phillip Harris AM
Chair
South Western Sydney Local Health District Board

Amanda Larkin
Chief Executive
South Western Sydney Local Health District
Executive Summary

South Western Sydney Local Health District (SWSLHD) provides health care services and supports to improve the health of more than 900,000 people living in seven local government areas (LGAs) of South West Sydney and the Southern Highlands.

This is provided through six public hospitals, thirteen major community health centres, a range of smaller community facilities and partnerships with five Affiliated Health Organisations and twenty five non-government organisations.

SWSLHD has a young age profile, with fertility rates higher than the NSW average and a higher proportion of people aged 0-14 years. However, in the decade to 2021 those aged 70+ will increase by 50%. Cultural diversity is evident with 36% of the population born overseas and around 50% speaking a language other than English at home, much higher rates than the NSW average. Close to 40% of NSW humanitarian arrivals (refugees) have settled here.

Significant pockets of social disadvantage are located here, with 4 of the 10 most disadvantaged LGAs in metropolitan Sydney and 14 of the 20 most disadvantaged suburbs in Sydney. Social disadvantage is associated with poorer health, resulting in many population groups with high need.

SWSLHD faces fundamental challenges in service delivery into the future including high population growth overall and in older age cohorts; providing faster access to care; rising costs; addressing health disadvantage and high rates of poorer health; attracting a skilled workforce; providing sufficient infrastructure for demand; and ensuring safety and quality.

A values framework underpins all activities, headlined by a Vision of Leading care, healthier communities, upholding the CORE values of the NSW health system, a Mission emphasising collaborative, innovative and equitable practice and a core set of Principles for service development.

Innovation and collaboration will be key drivers in achieving priority strategic directions of:

- Partnering with external providers to deliver public health care
- Enhancing service networks and growing centres of excellence
- Shared access to unified information for all the health care team
- An integrated focus on primary prevention for patients and communities
- Embedding education and research within service delivery

To achieve the Vision and move forward on the priority strategic directions, corporate strategic action will focus on achievement in eight core areas - providing high quality health services; community partnerships; seamless networks; developing staff; research and innovation; enhancing assets and resources; supporting business; and efficiency and sustainability.

The framework of the strategic and corporate plans will flow through to facility, clinical stream, service and business planning. This process will be progressed, monitored and reviewed through the SWSLHD corporate governance framework, with oversight from the Board, Clinical and Quality Council, the LHD Executive and underpinning committee structures.
Introduction

Under section 10 of the Health Services Act 1997 there is a clear legislative imperative for Local Health Districts to investigate and assess health needs, plan future development of health services, consult and plan jointly with the Ministry of Health and other relevant organisations and facilitate community involvement in planning. Under section 28 of the Act, local health district boards are required to ensure strategic plans guide the delivery of services and approve those plans.

The SWSLHD Board endorsed a strategic planning process early in 2012 that would build from a baseline of planning under previous administrative structures; be grounded in the advice of clinicians and staff across the LHD; involve structured consultation with the LHD’s consumer and community networks and more broadly with community members; consult with government and non-government organisations participating in health related activities; and reflect the guidance of the Ministry of Health.

Planning has addressed the spectrum of LHD activities, identifying service development directions for clinical streams, for facilities, for priority population groupings and for the corporate and organisational domains. Two plans have been produced:

- Strategic & Healthcare Services Plan – Strategic Priorities in Healthcare Delivery to 2021
- Corporate Plan 2013-2017 – Directions to Better Health


The Plans were prepared following consultation with a range of stakeholders including the SWSLHD Board, senior SWSLHD clinicians and managers, local general practitioners, consumer and community networks and local agencies. Initial needs assessment and issues identification was undertaken in 2012 consulting the SWSLHD Community Participation Network, carers, general practitioners, government agencies and non-government organisations. The community, LHD staff and health practitioners had the opportunity to comment on the draft Plans in May and June 2013, either in writing, through an online survey or by participation in one of ten regional forums. All up, around 500 people participated across both stages of consultation.

The Plans have now been endorsed by the governance structures of SWSLHD - the Board, the Clinical and Quality Council and the LHD Executive. The adoption of these Plans is tangible evidence that SWSLHD is meeting its responsibility for appropriate consultation and engagement with clinicians, patients and communities on the design and delivery of health services.
Profile of Services we Provide

**SWSLHD is one of 17 NSW Local Health Districts with legislated responsibility to provide care and treatment for sick and injured persons and to promote, protect and maintain the health of the community.**

It provides health care services and supports to improve the health of people living in the local government areas (LGAs) of Bankstown, Fairfield, Liverpool, Campbelltown, Camden, Wollondilly and Wingecarribee. These LGAs cover 6,243 square kilometres, with urban, rural and semi-rural areas and sites identified for significant urban growth and environmental protection. At the end of 2013 it is estimated that around 910,000 people will live here.

SWSLHD delivers a comprehensive range of public funded health services from health promotion and prevention to emergency care, acute and sub-acute care, rehabilitation and palliation. These services are clustered into 17 groupings of health specialties, referred to as Clinical Streams and Networks. Public health services are also provided by the not-for-profit sector, as Affiliated Health Organisations. The major facilities in the network of public healthcare are:

<table>
<thead>
<tr>
<th>Hospitals</th>
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<tbody>
<tr>
<td>Liverpool</td>
</tr>
<tr>
<td>Bankstown-Lidcombe</td>
</tr>
<tr>
<td>Campbelltown</td>
</tr>
<tr>
<td>Fairfield</td>
</tr>
<tr>
<td>Bowral and District</td>
</tr>
<tr>
<td>Camden</td>
</tr>
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<table>
<thead>
<tr>
<th>Major Health Centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bankstown</td>
</tr>
<tr>
<td>Bowral</td>
</tr>
<tr>
<td>Cabramatta</td>
</tr>
<tr>
<td>Campbelltown</td>
</tr>
<tr>
<td>Carramar</td>
</tr>
<tr>
<td>Hoxton Park</td>
</tr>
<tr>
<td>Ingleside</td>
</tr>
<tr>
<td>Ingleburn</td>
</tr>
<tr>
<td>Liverpool</td>
</tr>
<tr>
<td>Miller</td>
</tr>
<tr>
<td>Narellan</td>
</tr>
<tr>
<td>Prairiewood</td>
</tr>
<tr>
<td>Rosemeadow</td>
</tr>
<tr>
<td>Tahmoor</td>
</tr>
<tr>
<td>Bundeena</td>
</tr>
<tr>
<td>Cabramatta</td>
</tr>
<tr>
<td>Campbelltown</td>
</tr>
<tr>
<td>Ingleburn</td>
</tr>
<tr>
<td>Ingleburn</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Affiliated Health Organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Braeside Hospital</td>
</tr>
<tr>
<td>Carrington Centennial Care</td>
</tr>
<tr>
<td>Karitane</td>
</tr>
<tr>
<td>STARTTS</td>
</tr>
<tr>
<td>South West Sydney SCARBA Service</td>
</tr>
</tbody>
</table>

Some services, such as mental health, drug health and oral health are located within hospitals and health centres. Smaller services, such as early childhood health services are located in many suburbs. Figure 1 shows a District map with the location of major health facilities.

The network of public health care in SWSLHD provides a high volume of services in hospitals and health centres, in people’s homes and in the community. Annually there are over 230,000 patients in Emergency Departments (ED), 200,000 hospital inpatients, about 2.42 million outpatients, around 41,000 surgical operations and over 10,000 births. Around 12,000 staff contribute to care, as well as teaching over 800 clinical students. Many services are also provided in partnership with other government and non-government organisations.

On a typical day in 2012, SWSLHD provided care for

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1,872 patients in hospital beds</td>
<td>507 patients discharged</td>
</tr>
<tr>
<td>611 people attending emergency departments</td>
<td>105 operations, including 38 emergency operations</td>
</tr>
<tr>
<td>29 babies born</td>
<td>5,937 outpatient, ambulatory and community services</td>
</tr>
</tbody>
</table>

SWSLHD works with a multitude of partners to optimise health benefit to individuals and create healthier communities. Partners include primary health care providers, agencies providing first point of contact for individuals with a health issue, agencies with a role in prevention and community well being and public sector human services agencies. Core partners include the South Western Sydney Medicare Local, Tharawal Aboriginal Medical Service, Gandangara Local Aboriginal Land Council medical services, Local Councils and 25 Health funded non-government organisations.
Figure 1: Map of major health facilities and local government areas in SWSLHD
The regional distribution and age structure of the SWSLHD population at the 2011 Census was:

<table>
<thead>
<tr>
<th>LGA</th>
<th>0-14 % of Pop</th>
<th>15-44 % of Pop</th>
<th>45-69 % of Pop</th>
<th>70-84 % of Pop</th>
<th>85+ % of Pop</th>
<th>Total Pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bankstown</td>
<td>40,921</td>
<td>77,844</td>
<td>48,843</td>
<td>14,312</td>
<td>3,843</td>
<td>185,762</td>
</tr>
<tr>
<td>Camden</td>
<td>16,396</td>
<td>30,162</td>
<td>16,715</td>
<td>6,789</td>
<td>747</td>
<td>71,980</td>
</tr>
<tr>
<td>Campbelltown</td>
<td>34,786</td>
<td>68,305</td>
<td>43,324</td>
<td>15,342</td>
<td>1,379</td>
<td>152,762</td>
</tr>
<tr>
<td>Fairfield</td>
<td>39,672</td>
<td>82,234</td>
<td>54,353</td>
<td>13,320</td>
<td>2,587</td>
<td>192,166</td>
</tr>
<tr>
<td>Liverpool</td>
<td>44,479</td>
<td>84,026</td>
<td>47,258</td>
<td>9,462</td>
<td>1,683</td>
<td>186,908</td>
</tr>
<tr>
<td>Wingecarribe</td>
<td>8,994</td>
<td>15,088</td>
<td>16,791</td>
<td>3,314</td>
<td>482</td>
<td>47,425</td>
</tr>
<tr>
<td>Wollondilly</td>
<td>10,479</td>
<td>18,820</td>
<td>13,016</td>
<td>2,111</td>
<td>421</td>
<td>45,109</td>
</tr>
<tr>
<td>Total SWSLHD</td>
<td>195,727</td>
<td>376,481</td>
<td>240,300</td>
<td>55,169</td>
<td>11,998</td>
<td>879,674</td>
</tr>
</tbody>
</table>

By 2013 the population grows to 910,000. By 2021, the regional distribution and age structure will be:

<table>
<thead>
<tr>
<th>LGA</th>
<th>0-14 % of Pop</th>
<th>15-44 % of Pop</th>
<th>45-69 % of Pop</th>
<th>70-84 % of Pop</th>
<th>85+ % of Pop</th>
<th>Total Pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bankstown</td>
<td>45,203</td>
<td>83,516</td>
<td>51,933</td>
<td>16,401</td>
<td>4,388</td>
<td>201,440</td>
</tr>
<tr>
<td>Camden</td>
<td>29,874</td>
<td>51,601</td>
<td>33,722</td>
<td>8,811</td>
<td>1,962</td>
<td>125,970</td>
</tr>
<tr>
<td>Campbelltown</td>
<td>42,083</td>
<td>78,968</td>
<td>49,557</td>
<td>13,551</td>
<td>2,167</td>
<td>186,225</td>
</tr>
<tr>
<td>Fairfield</td>
<td>42,076</td>
<td>84,533</td>
<td>56,726</td>
<td>17,177</td>
<td>3,854</td>
<td>204,366</td>
</tr>
<tr>
<td>Liverpool</td>
<td>55,071</td>
<td>60,584</td>
<td>14,581</td>
<td>2,860</td>
<td>1,781</td>
<td>53,727</td>
</tr>
<tr>
<td>Wingecarribe</td>
<td>9,546</td>
<td>15,151</td>
<td>18,690</td>
<td>3,817</td>
<td>697</td>
<td>53,501</td>
</tr>
<tr>
<td>Wollondilly</td>
<td>12,195</td>
<td>21,630</td>
<td>15,161</td>
<td>3,817</td>
<td>697</td>
<td>53,501</td>
</tr>
<tr>
<td>Total SWSLHD</td>
<td>236,048</td>
<td>435,212</td>
<td>286,374</td>
<td>82,895</td>
<td>17,709</td>
<td>1,058,238</td>
</tr>
</tbody>
</table>

NSW 1,376,717 19.10% 2,977,617 41.31% 2,123,179 29.46% 584,873 8.11% 145,256 2.02% 7,207,641

SWSLHD currently has a younger age profile than NSW. Fertility rates are higher than the NSW average in all LGAs except Fairfield, with 22% aged 0-14 years (NSW 19%). People aged 70+ comprise 8% of the population (NSW 10%). By 2021 the proportion aged 70+ will rise to 10%. Cultural diversity is evident with 36% of the population born overseas (NSW 26%), 49% speaking a language other than English at home (NSW 28%) and 37% of NSW humanitarian arrivals (refugees) settling here.

There are significant pockets of social disadvantage, with Fairfield, Bankstown, Campbelltown and Liverpool among the ten most disadvantaged LGAs in metropolitan Sydney and of the 20 most disadvantaged suburbs in Sydney, 14 are within SWSLHD. Social disadvantage is associated with poorer health and the impact is most evident in population groups of high need.

Population groups with high needs arising from health disadvantage

- Aboriginal people and Torres Strait Islanders
- On low incomes, unemployed, of lower education
- People with chronic mental illness & their children
- Homeless or in insecure housing
- Families in contact with the criminal justice system
- Children in care or with a child protection need
- Rural communities with poor access to health care
- People with a chronic illness and their carers
- People living in social housing
- Refugees and recently arrived migrants
- People with drug and alcohol issues
- People with a disability and their carers

Strategic Challenges

**SWSLHD faces fundamental challenges in achieving its vision, mission and principles for health care for the communities of South Western Sydney and the Southern Highlands.**

The most significant challenge is responding to the **population growth** anticipated across the District over the next 10 - 20 years, much of it from new housing estates e.g. the South West Growth Centre (parts of the Liverpool, Camden and Campbelltown LGAs), smaller estate developments in LGAs such as Wollondilly and urban infill in more developed LGAs. The SWSLHD population will grow by 20% in the decade 2011-21, with an additional 179,000 people, a growth rate twice that expected for the rest of NSW.

**Growth in older age cohorts** is even more significant, with those aged over 70 years projected to increase by 50%, much higher than the 35% growth projected for the rest of NSW. There will be a significant increase in demand for health care, as older people use health and hospital services more frequently and for longer periods. As people age, they are more likely to have health issues requiring sustained access to health care e.g. chronic disease, cancer, dementia and injuries associated with falls.

The community expects **faster access** to the care they need, close to home. This includes reduced waiting times for planned and emergency services in hospitals and community health centres, including surgery, outpatient, diagnostic and community health services. To improve access, funding has been tied to performance against National, State and local targets which are outlined in the District’s Service Agreement with the Ministry of Health (MoH), available on the SWSLHD website.

The **cost** of providing health care is increasing rapidly. Rising costs are associated with rapidly changing diagnostic and treatment technology, increasing cost of medications and consumables, increased specialisation and greater patient complexity as the population ages and experiences chronic disease. The most expensive services to provide are those that require hospital admission. Although hospital use has increased over time, costs have been kept in check through increasing efficiency and new technologies and systems (models of care) which allow people to leave hospital earlier. However, the trend to decreased length of stay has plateaued and projections indicate that between now and 2021, more people will be hospitalised and the time most people spend in hospital will slowly increase. This is mainly due to population ageing. As a result more beds will be required, significantly increasing cost pressures on health services, not only in operational costs but also the cost of providing infrastructure such as buildings and equipment.

Improvements in the health of the community overall have not been shared across the population, with a large gap between those with good and poor health. Whilst some of these differences are attributable to factors such as ageing, biology and lifestyle, there is considerable evidence that social factors such as income, employment and education also play a critical role. For many people experiencing **health disadvantage**, the issues are complex and cannot be addressed in isolation of the broader social context. Further, disadvantage compounds as people experiencing health disadvantage almost always experience economic disadvantage. Fairfield, Bankstown, Campbelltown and Liverpool LGAs are among the ten most disadvantaged LGAs in metropolitan Sydney, with disadvantage often concentrated in specific suburbs.
Disadvantage is also reflected in low rates of private health insurance, 30% lower than the NSW average in Campbelltown, Fairfield and Liverpool. Low rates of private health insurance result in the public health system needing to meet the majority of local demand. High costs of accessing GPs also lead to inappropriate presentations to Emergency Departments when people seek free health care.

Common health issues experienced by people who are disadvantaged include high rates of smoking, overweight and obesity, diabetes and late attendance for antenatal care.

Around 12,000 people including medical, nursing, allied health and support staff work in SWSLHD, almost half (48%) are nurses and the workforce is predominantly female and comparatively young, with 34% of staff aged under 35 years. Over the next ten years, SWSLHD will need to compete with other Districts to attract a diminishing pool of health professionals, requiring a flexible response to changes in the way people wish to work, study and progress careers. Providing opportunities for local people to undertake their training locally, in well respected services, will be paramount to supporting and maintaining local employment and a strong health system.

There is insufficient infrastructure in SWSLHD to meet current and future demand, with most hospitals and community health centres already operating at capacity and many running at occupancy rates higher than they were designed for. Although there is progress towards national targets, there are significant waiting times and lists for Emergency Department care, planned surgery and many specialist medical and community health services. Under current models of care, by 2021 almost 900 additional beds or bed equivalents will be needed to cater for increased demand at benchmark levels of provision. In addition to beds, expansion of imaging, laboratory, theatres, specialist endovascular suites, consultation rooms, office space, education, research and hotel areas is required. Technology updates are needed to enable delivery of more innovative, efficient care. With relatively few hospitals, day procedure centres and specialist services in the private sector in South Western Sydney, the public health system is currently required to meet most of the local demand. A challenge will be to engage with private and not for profit health providers collaboratively to meet increased demand.

Compared to NSW as a whole, local residents have comparatively high rates of poorer health, across a range of health and health associated indicators. The death rate (from all causes) is higher than the State average, as are death rates related to cardiovascular disease, diabetes and lung cancer. Local residents show elevated rates of behaviours which are linked to poorer health status and lower rates of health protective factors e.g. higher rates of smoking and lower rates of fruit and vegetable consumption, physical activity and adult immunisation than the rest of NSW. Overweight and obesity rates are slightly above the NSW average and high body mass attributable hospitalisation rates are elevated. Worse rates are also reported for perinatal mortality, birth weight, antenatal care before 14 and 20 weeks gestation and smoking in pregnancy.

The new National Safety and Quality Health Service (NSQHS) Standards have been introduced to ensure all Australians have access to safe and high quality care by addressing factors such as clinical governance, record keeping, infection control, patient deterioration and medication management. Maintaining safety and quality is a particular challenge when services are small, are spread across different localities or where it is difficult to recruit staff.
Values Framework

Our values framework underpins all that we do. We uphold the CORE values of the NSW health system, the foundation stones for building trust with the communities we serve.

We aspire to a vision of proactive improvement in the health of communities. We have adopted a mission statement that articulates our purpose, outlining how we will work collaboratively, innovatively and equitably to deliver better healthcare. We will work to achieve our mission through adherence to a core set of principles for service development.

<table>
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<tr>
<th>CORE Values</th>
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<tr>
<td><strong>Collaboration</strong></td>
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<tr>
<td>Working as one team with patients, carers, the community, and other service partners</td>
</tr>
<tr>
<td><strong>Openness</strong></td>
</tr>
<tr>
<td>Services are transparent and open and explain the reasons for decisions</td>
</tr>
<tr>
<td><strong>Respect</strong></td>
</tr>
<tr>
<td>Everyone involved in patient care or a health project can contribute and their views are heard, valued and respected</td>
</tr>
<tr>
<td><strong>Empowerment</strong></td>
</tr>
<tr>
<td>Staff, patients, carers and the community can make choices and influence outcomes. Systems and processes enable participation, supply necessary information, support delegation and ensure accountability</td>
</tr>
</tbody>
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**Vision**

Leading care, healthier communities

**Mission**

Our mission is to promote the health of the residents of the District and patients using our health services through the delivery of high quality healthcare.

We do this by providing health services that are population based, patient-centred and involve families and carers.

We use evidence to inform health practices; and consult, communicate, engage and collaborate with patients, local communities, agencies and care providers to improve the way we plan and provide health care services and programs.

We strive to deliver services that are respectful of personal dignity and autonomy; and sensitive to the needs of people from different cultures.

We emphasise learning and reflection and are committed to continuous quality improvement and innovation in delivering efficient and sustainable health care.

Our culture enables excellence and accountability, values our people and supports positive leadership and teamwork.
Principles

01 All residents have equity in access to health care services. People who are disadvantaged will be provided with assistance to access services where necessary.

02 Health services across the District will be of high quality.

03 Patients, communities, staff and service providers will be treated with courtesy, dignity and respect. Communication and collaboration will be fundamental to engagement.

04 Health care will be patient and family centred and responsive to the culture and needs of individuals, families and communities.

05 Individuals and communities will be actively engaged in health care and programs. They will be provided with information and supported to make informed choices about their health. Autonomy in decision making will be respected.

06 Population health programs and strategies will be developed with communities and other agencies to improve the health of local communities. Strategies will be multifaceted to increase effectiveness and sustainability.

07 Services will be provided as close to home as possible and integrated across hospitals, community and primary health settings. Networks to centres of excellence and tertiary services will increase access to expertise when required and support timely care.

08 Collaboration and teamwork will occur within all health services and include patients, community members and service partners. New partnerships and opportunities to improve health and health care will be explored and developed.

09 The workforce is valued and will be consulted and included in the development and implementation of initiatives. Personal and professional development opportunities will be provided to enable staff to meet ongoing changes in the health system.

10 Services will be provided in a safe and healthy environment.

11 New models of care, health care practices and technology based on evidence will be used to ensure that patients and communities receive the best and most appropriate service available. Innovation and research will be encouraged to ensure safe and appropriate interventions.

12 Services will be provided in an efficient, sustainable and cost effective manner and will be evaluated and remodelled as required.

13 Environmental sustainability will be fundamental to the design and delivery of clinical and non-clinical services and infrastructure.
Priority Strategic Directions

To meet the significant increase in healthcare demands to 2021 new ways of providing services and new frameworks of operation will be required.

Organisational culture will evolve towards a greater emphasis on and support of innovation and collaboration as key drivers to lead the change required for healthier communities. Eight priority strategic directions (PSD) will underpin service developments, to ensure models of care provide the right services by the right team in the right place at the right time.

PSD 1 - Build capacity to effectively service growing demands for health care

Priority Actions include:

- Re-appraisal of priority projects in the Asset Strategic Plan focussing on non-asset strategies and alternative service models, hospital avoidance strategies and private or not for profit sector involvement in responding to demand growth
- Providing additional, enhanced and new clinical services of greater sophistication and complexity at all hospitals, with role delineation uplift across clinical networks
- Developing a SWSLHD Workforce Plan, to ensure a high quality workforce with an appropriate mix of generalist and specialist skills is available to provide contemporary models of care
- Developing with partner education agencies, more comprehensive educational services for all employees with flexible technology assisted learning using modern state of the art facilities
- Enhanced attention to patient-centred care, meeting National patient safety, quality and performance indicators and implementing initiatives from the CEC and ACI
- Creating systems to plan, implement and evaluate new models of care and emerging technology, with reengineering and disinvestment in current inefficient or ineffective models

PSD 2 - Redesign of services bringing them closer to people and their communities

Priority Actions include:

- Reviewing the range of services, models of care and service delivery mechanisms of Community Health Services, identifying opportunities for community benefit from program provision in partnership with the profit or not for profit sector
- Establishing Regional Integrated Primary and Community Care centres at Oran Park and Leppington, so that residents can access locally a seamless and integrated continuum of services across prevention, primary care and ambulatory specialist care
- Exploring the potential to consolidate the existing matrix of Community Health provision into larger centres providing a greater range of services more efficiently, matched specifically to local health needs and readily accessible by local communities
- Establishing a rolling program for the increased migration of acute ambulatory care and day stay hospital services to community health centres, enhancing local access for communities and mitigating demand at congested hospital sites
PSD 3 - Integrated action with the South Western Sydney Medicare Local

Priority Actions include:

» Ensuring an integrated preventative health strategy is working involving all settings of care, providers of care, tiers and agencies of government and is embedded in community action

» Collaborating to improve access to care providers in the community aiming for extended hours availability across primary care, community health services and specialist outreach services

» Establishing an integrated clinical governance framework with links between Clinical Councils

» Moving towards shared ownership of a core set of indicators to measure the impact of integrated action to improve patient and community health outcomes

» Developing a shared Consumer and Community Framework with SWSLHD community participation networks increasingly engaged in primary care issues

PSD 4 - Partnering with external providers to deliver public health care

Priority Actions include:

» Exploring Public Private Partnership (PPP) opportunities e.g. for diagnostic and interventional laboratories within public hospitals; medical specialist centres in the community; providing public care in high demand specialties in the private sector; privately referred ambulatory care

» Strengthening partnerships with Ministry of Health (MoH) Pillars and academic institutions

» Exploring options for a partnership arrangement in sub-acute mental health care

» Partnering with Affiliated Health Organisations to increase capacity in sub-acute care

» Working with NSW Kids and Families on development of a tertiary regional paediatric service

PSD 5 - Enhancing service networks and growing centres of excellence

Priority Actions include:

» Strengthening existing well performed service networks e.g. orthopaedics, GI surgery

» Establishing new surgical networks e.g. High Volume Short Stay, hand surgery at Fairfield

» Establishing new centres of excellence e.g. Pelvic Cancer Surgery, Breast Cancer Assessment

» Increasing the role delineation (sophistication and complexity of care) in a number of specialties at Campbelltown Hospital

» Exploring options for leading a multiple LHD network for lower volume complex cancer surgery

» Establishing strong local networks for services previously provided under Inter District Agreements e.g. mental health, oral health, drug health, population health
PSD 6 - Shared access to unified information for all the health care team

**Priority Actions include:**

- Prioritising IT developments to provide all health professionals in the care team with access to the hospital eMR from remote locations e.g. general practice
- Developing a SWSLHD Enterprise Data Integration Model converting de-identified clinical data from multiple sources into reporting modules to support corporate decision making
- Expanding teleconferencing, telehealth, web based technologies, fibreoptic initiatives and social media to improve connectivity of all the health care team, including patients and carers
- Supporting research and education through eMR modules and firewall traversal to Universities
- Exploring web and social media portals for the community and service providers to access a unified service directory and resources in health information, education and health literacy

PSD 7 - An integrated focus on primary prevention for patients and communities

**Priority Actions include:**

- Closing the Gap in Aboriginal communities, in partnership with Aboriginal Land Councils and health organisations, with a focus on overweight and obesity and smoking related harm
- Providing children with the best start in life, through inter-agency partnerships including the provision of sustained home visiting in the first two years of life to vulnerable families
- Reducing the burden of preventable chronic disease through programs addressing smoking, obesity, healthy eating and drinking, food security, physical activity and falls prevention
- Reducing health inequity through primary prevention and multilateral community renewal programs in areas of locational disadvantage and ensuring services address health equity
- Working with planning agencies to develop healthy urban environments promoting safety, social interaction and cohesion, connectivity, active transport and healthy food

PSD 8 - Embedding education and research within service delivery

**Priority Actions include:**

- Creating a stronger research and teaching culture emphasising leadership, recognition of research achievement and retention of high quality academic clinicians
- Ensuring curriculum and workforce development provides quality teaching and learning
- Encouraging collaborative research that focuses on national, state and local priorities
- Growing research capacity through expanded enrolment in post graduate research courses and building clinical trial capability, including governance and support structures
- Increasing the community’s willingness to participate in research and clinical teaching programs
- Using new Clinical Skills and Simulation centres and the South Western Sydney Education Centre, with effective IT links, to develop clinical skills and translate research into practice
Corporate Action

The eight priority strategic directions are fundamental to service development for healthier communities over the next ten years. They can only be achieved with wide ranging action to embed the vision and values framework in the day to day operations of the District. Corporate strategic action will be focussed across eight inter-connected areas, with multifaceted strategies in combination contributing to achievement.

### Eight Areas of Corporate Strategic Action

<table>
<thead>
<tr>
<th>Action Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Providing high quality health services</td>
</tr>
<tr>
<td>02</td>
<td>Community Partnerships</td>
</tr>
<tr>
<td>03</td>
<td>Seamless networks</td>
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<tr>
<td>04</td>
<td>Developing our staff</td>
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<tr>
<td>05</td>
<td>Research and innovation</td>
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<tr>
<td>06</td>
<td>Enhancing assets and resources</td>
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<tr>
<td>07</td>
<td>Supporting business</td>
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<tr>
<td>08</td>
<td>Efficiency and sustainability</td>
</tr>
</tbody>
</table>

These eight areas are the core focus for corporate activity into the future. For each area the focus, objectives and strategies for action are identified. Full details are available in *Directions to Better Health, SWSLHD Corporate Plan 2013-2017*.

---

### Action Area 1 - High Quality Health Services

#### Our ACTION will focus on:

- Ethical conduct
- Respect and dignity
- Maintaining accreditation
- Meeting targets
- Prevention and early intervention
- Interpersonal communication
- Safety and quality
- Managing the patent journey
- Timeliness of care

#### Our OBJECTIVE is to:

1.1 Develop staff communication skills in working with patients, family and service providers
1.2 Ensure patients, carers, visitors, the community and service providers are treated with dignity, respect and in an ethical manner
1.3 Improve the quality and safety of health services
1.4 Improve the patient experience
1.5 Implement early intervention and health promotion and illness prevention strategies

#### Our STRATEGIES will include:

- Communication with Purpose
- Embedding the mission, vision, CORE values and principles in all we do
- NSW Advance Planning for Quality Care at End of Life framework
- Meeting National Patient Safety and Quality Standards
- Infection control strategies
- Oral Health clinical services plan
- Implementing Essentials of Care
- YourSay Workplace Survey
- NSW Implementation Plan for Healthy Culturally Diverse Communities 2012-16
- Horizon scanning for emerging diseases and environmental hazards
- Meeting response targets for complaints
- Screening and early intervention
- Ensuring disaster preparedness
- Patient Care Challenge
- Embedding ethics into all aspects of health service operations
- Implementing Respecting the Difference: Aboriginal Cultural Training
- Developing a tertiary prevention and support model in chronic disease
- Ensuring kids a healthy start to life
- Meeting NEAT and NEST targets
- Creating healthy environments
- NSW Refugee Health Plan 2011-16
- Implementing Health promotion programs — Closing the Gap, obesity, falls, mental health and tobacco
- Preventing transmission of blood borne viruses
- Between the Flags, Sepsis Pathway, Chest Pain Pathway, In Safe Hands
- Strong Clinical Governance framework
- Population Health services plan
Our ACTION will focus on:

» Information portals
» Understanding community values
» Capacity building
» Fund raising

Our STRATEGIES will include:

» Implementing the SWSLHD Community Participation Framework
» Including community and agency consultation at all levels of strategic and service planning
» Adopting new approaches to engaging multicultural communities
» Increasing community participation in research projects
» Improving the fund raising capacity of services and facilities
» Using new technology e.g. social media to reach more people with health information and education

Our OBJECTIVE is to:

2.1 Engage and involve stakeholders in planning, service development and delivery
2.2 Raise the profile of the District locally through timely and accurate information
2.3 Empower individuals and local communities to make informed health choices

Action Area 2 - Community Partnerships
SUMMARY OF STRATEGIC DIRECTIONS

Action Area 3 - Seamless Networks

Our ACTION will focus on:

- Clinical networks
- Patient transport
- Linking with the Medicare Local

Areas of high population need, including:

- Carers
- Disability
- Chronic care
- Mental health
- Child protection
- Aboriginal communities
- Culturally and linguistically diverse communities

Our STRATEGIES will include:

- Participating in NSW and Regional Coordination Management Forums
- Contributing to NSW Government community renewal strategies
- Working with agencies and communities on the social determinants of health
- Contributing to Local Council and Interagency planning, coordination and implementation forums
- Partnering with the South Western Sydney Medicare Local on integrated care strategies such as care pathways
- Developing a framework and models for collaborative work with external agencies and services
- Developing further integrated networks of care
- Developing an equity framework for engagement of high needs populations
- Establishing a framework for development of centres of excellence
- Monitoring the impact on services from devolving Inter-District Agreements
- Working with the Ministry of Health and other LHDs to improve access to services and District self-sufficiency in service provision
- Working with NSW Kids and Families and the Sydney Children’s Hospital Network on networks of care for infants, children and adolescents
- Developing collaborative service models integrating prevention, primary, secondary and tertiary care.
- Implementing strategies to support patient handover and transfer of care that are patient and carer centred
- Developing web based information on service availability, entry criteria and referral mechanisms
- Improving the availability of health related transport for disadvantaged and rural communities
- Developing an SWSLHD Aboriginal Health Plan to apply from 2015 onwards
- Establishing a framework for all services to review models of care for Aboriginal patients
- Implementing chronic disease programs for Aboriginal people to reduce avoidable hospitalisations
- Identifying a best practice framework for meeting the diverse health needs of multicultural communities
- Reviewing the structure of and access to Health Interpreter Services
- Implementing a SWSLHD Disability and Carers Action Plan
- Working with local agencies on a recovery focus in services for people with a mental health condition
- Improving pathways and access to services for people in contact with the criminal justice system
- Enhancing access to health care for rural fringe and isolated areas
- Improving local responses in child protection including Out of Home Care
- Reviewing and updating initiatives in the Youth Health Plan expiring 2013
- Contributing to interagency service development initiatives

Our OBJECTIVE is to:

3.1 Actively participate in regional and local forums to build capacity to respond to emerging needs
3.2 Foster coordinated planning and service delivery in health care
3.3 Improve transfer of care and patient access to services
3.4 Strengthen access and support for high needs groups

Our OBJECTIVE is to:

3.1 Actively participate in regional and local forums to build capacity to respond to emerging needs
3.2 Foster coordinated planning and service delivery in health care
3.3 Improve transfer of care and patient access to services
3.4 Strengthen access and support for high needs groups
## Action Area 4 - Developing Our Staff

### Our ACTION will focus on:

- Workforce planning
- Recruitment processes
- Career and succession planning
- Job design/redesign
- Attracting a high quality workforce
- Valuing and retaining staff
- Performance management
- Education

### Our STRATEGIES will include:

- Developing a Workforce Plan that includes enhancement of staff capacity in primary prevention work
- Reviewing and expanding clinical and non-clinical workforce development programs
- Developing an Aboriginal Employment Implementation Plan to improve employee opportunities and career pathways
- Maintaining a comprehensive educational service with state of the art technology, facilities, flexible learning and study pathways
- Providing models of education that foster inter and intra-disciplinary teamwork
- Developing systems and processes to identify the skill mix for new models of care and managing job redesign
- Implementing leadership programs in collaboration with the NSW Health Education and Training Institute
- Strengthening succession planning by linking performance management to training and mentoring programs
- Working with other agencies to expand educational opportunities and build a professional workforce
- Developing and using workforce information to inform decision making, planning and benchmarking
- Ensuring performance management aligns with service goals and priorities
- Creating a respectful, effective and innovative Work Health Safety environment
- Implementing programs which foster respect and prevent and address bullying
- Supporting career and study pathways through recognised training programs
- Increasing workplace flexibility and addressing workload management
- Promoting career opportunities locally including school based traineeships
- Using the NSW Health YourSay and NSW Public Sector People Matter surveys to improve workplace culture
- Implementing recommendations of the SWSLHD Improving Support for Staff who are Carers
- Working with educational agencies to grow clinical placement capacity
- Reviewing orientation programs including mandatory training

### Our OBJECTIVE is to:

1. Develop a sustainable workforce that reflects and has the skills required to address community needs
2. Create an organisation that people want to work in
3. Develop relationships with potential future employees
SUMMARY OF STRATEGIC DIRECTIONS

Our ACTION will focus on:

» Expanding research opportunities
» Clinical trials
» Best practice models of care
» Building the evidence base

Our STRATEGIES will include:

» Implementing the SWSLHD Research Strategy 2012-2021
» Improving workforce capability to undertake research
» Incorporating a research component into new service developments
» Aligning new research with District and NSW priorities
» Developing new collaborations with the University sector
» Enhancing the capacity of the SWSLHD Research Office to support researchers
» Increasing clinical trial activity
» Expanding translational research
» Strengthening the application of evidence in new models of service delivery
» Developing research infrastructure including facilities, video-conferencing, clinical skills laboratories and funding
» Building the research interest and skills of nursing, allied health, and community health staff and managers
» Implementing local approaches for using staff talents and sharing innovation and excellence
» Developing a program to acknowledge, celebrate and showcase the work of individuals and teams
» Developing a framework to assess, plan for, implement and evaluate new models of care, innovations in practice and emerging health technology
» Increasing participation in quality and innovation award programs
» Implementing clinical redesign programs in priority areas
» Collaborating with universities to promote exchange of ideas through overseas travel and hosting of international experts
» Working with the MoH and Pillars to ensure NSW priorities and new programs are responsive to local needs and are equitably allocated

Our OBJECTIVE is to:

5.1 Foster an innovative culture and research capability
5.2 Support innovation and best practice in prevention and clinical settings
### Action Area 6 - Enhancing Assets and Resources

#### Our ACTION will focus on:

| » Linking service and capital plans | » Facility capital development |
| » Equipment and technology         | » Partnerships with the private sector |
| » Asset maintenance               | » Asset replacement  |
| » Asset disposal                  | » Utilisation review |

#### Our STRATEGIES will include:

| » Completing funded projects including Campbelltown Hospital Acute Stage 1 redevelopment | » Implementing priority projects and locally funded initiatives identified in the SWSLHD Asset Strategic Plan |
| » Developing educational facilities at Bowral and District Hospital and the SWSLHD Education Centre | » Updating and reviewing the Bankstown-Lidcombe Hospital Clinical Services Development Plan |
| » Master Planning for the Fairfield/Braeside hospitals campus | » Expanding mental health inpatient, outpatient and community capacity |
| » Developing a Community Health Infrastructure Strategy including integrated primary and community care and specialist outreach services | » Undertaking information systems hardware expansion, refresh for eMR and updates to communication systems including telehealth |
| » Working with Health Infrastructure on relationships, responsibilities and processes to ensure capital projects meet local service requirements | » Ensuring SWSLHD priorities are addressed in State system builds undertaken by HealthShare NSW, NSW Health Pathology etc. |
| » Identifying emerging technologies and innovative funding opportunities | » Regular review of models of care for accordance with best practice |
| » Undertaking regular environmental scanning and health service activity projection processes | » Undertaking business planning with non government and the private sector on new ways to deliver services |
| » Implementing an Asset Maintenance, Replacement and Disposal Program | » Utilisation reviews on issues such as the asset life of plant and equipment and optimal use of clinical space |

#### Our OBJECTIVE is to:

- 6.1 Provide physical capacity to address emerging health needs and population increases
- 6.2 Respond to changes in the operating environment
- 6.3 Ensure good stewardship of existing resources
### Action Area 7 - Supporting Business

<table>
<thead>
<tr>
<th>Our ACTION will focus on:</th>
<th>Our OBJECTIVE is to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>» Electronic Medical Record</td>
<td>7.1 Develop integrated and appropriate technology to meet the needs of clinicians, managers and patients</td>
</tr>
<tr>
<td>» Telehealth</td>
<td>7.2 Develop business intelligence and decision support capability</td>
</tr>
<tr>
<td>» Corporate IT systems</td>
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<tr>
<td>» Data and information integration</td>
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<tr>
<td>» Connectivity with primary care</td>
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<tr>
<td>» Voice and data networks</td>
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<tr>
<td>» Business and services planning</td>
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</table>

| Our STRATEGIES will include:                                   |                                                                                 |
| » Developing an Information Management and Technology Plan      | Extending and enhancing the patient-centred eMR functionality                   |
| » Aligning eHealth records with NSW Health Pathology Strategy  | Providing general practitioners and other health care providers with access to the eMR |
|       requirements                                              |                                                                                 |
| » Developing research modules within the eMR and IT enabling   | Providing a single point of contact for patients and the community               |
|       of firewall traversal to university systems               | to access service information and coordination                                   |
| » Expanding teleconferencing, telehealth, web-based technologies| Participating in national and state wide technology developments                 |
|       and fibreoptic initiatives to improve clinical care and   | e.g. pharmacy, rostering, payroll, imaging, risk management, community health     |
|       service networking                                         |                                                                                 |
| » Developing a SWSLHD Data Integration Model to support        | Developing a framework for cascading of District priorities and                  |
|       enterprise business decision making                        | directions to facility, stream and service plans                                  |
| » Ensuring facility, stream and service plans link to the      | Developing business planning capacity to identify the benefits, risks and        |
|       KPIs in the SWSLHD Annual Strategic Priorities and        | financial implications of new proposals and service                               |
|       Performance Agreement                                       | development directions                                                            |

**Image Description:**
- The image shows a computer workstation with two individuals working on computers. The setup includes several monitors and keyboards, indicating a collaborative work environment. The individual on the left is engaged with a desktop computer, while the individual on the right is using a laptop. The environment suggests a professional setting, possibly within a healthcare or business IT context. The presence of multiple monitors and specialized equipment implies a focus on data analysis or technology-driven tasks.
### Action Area 8 - Efficiency and Sustainability

<table>
<thead>
<tr>
<th>Our ACTION will focus on:</th>
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<tbody>
<tr>
<td>» Financial processes</td>
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<td>» Budget management</td>
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<tr>
<td>» Clinical support services</td>
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<tr>
<td>» Asset and energy sustainability</td>
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<tr>
<td>» Corporate governance</td>
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<thead>
<tr>
<th>Our STRATEGIES will include:</th>
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<tbody>
<tr>
<td>» Developing a robust financial framework with reporting mechanisms and delegations ensuring accountability</td>
</tr>
<tr>
<td>» Enhancing capability, understanding and responsiveness to Activity Based Funding (ABF)</td>
</tr>
<tr>
<td>» Developing and implementing a District Efficiency and Revenue Plan</td>
</tr>
<tr>
<td>» Developing tools and capability to provide Financial Impact Statements for major capital developments</td>
</tr>
<tr>
<td>» Meeting financial targets from the Strategic Priorities and Performance Agreement e.g. expenditure, revenue, payment of creditors</td>
</tr>
<tr>
<td>» Implementing recommendations arising from a comprehensive rolling program of audit</td>
</tr>
<tr>
<td>» Implementing the SWSLHD Sustainability Action Plan</td>
</tr>
<tr>
<td>» Participating in NSW Government sustainability strategies e.g. for reduction of energy consumption</td>
</tr>
<tr>
<td>» Expanding availability of sub-acute beds to increase efficiency of acute bed utilisation</td>
</tr>
<tr>
<td>» Supporting and enhancing decision making skills across senior levels of management</td>
</tr>
<tr>
<td>» Implementing strategies to increase staff awareness of statutory reporting requirements</td>
</tr>
<tr>
<td>» Establishing a dashboard to monitor success in work health and safety</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Our OBJECTIVE is to:</th>
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</thead>
<tbody>
<tr>
<td>8.1 Strengthen the financial sustainability of the District</td>
</tr>
<tr>
<td>8.2 Minimise risk</td>
</tr>
<tr>
<td>8.3 Contribute to environmental sustainability</td>
</tr>
<tr>
<td>8.4 Ensure efficiency of services</td>
</tr>
<tr>
<td>8.5 Strengthen governance</td>
</tr>
<tr>
<td>8.6 Ensure work health safety</td>
</tr>
</tbody>
</table>

| » Reviewing and further developing service agreements with NSW Health agencies such as HealthShare NSW and the Ambulance Service of NSW |
| » Maximising ABF funding, achieving clinical coding targets and contributing to State wide costing processes |
| » Enhancing financial capability in managers and staff |
| » Strengthening of procurement capabilities and active participation in MoH contract management initiatives |
| » Developing a framework for managing risk, embedded in governance structures, with risk registers and risk management plans |
| » Incorporating sustainability in asset maintenance and capital development |
| » Reviewing efficiency and effectiveness of services, identifying strategies for reengineering and disinvestment |
| » Supporting and developing the capacity of the Board to provide an effective governance framework for the District |
| » Embedding actions from the Performance Agreement, Strategic Plan and Corporate Plan in operational plans |
| » Establishing a work health safety management system compliant to the NSW Work Health and Safety Act 2011 |
Implementing Strategies and Actions

The Corporate Plan 2013–2017, Directions to Better Health, outlines the range of corporate actions required for progress on the eight priority strategic directions to shape the District’s operations to achieve its vision.

It provides the pathway that links the aspirations of the future with the reality of the present. Implementation of corporate actions will proceed subject to funding availability and within the framework of service developments, targets and KPIs identified in the SWSLHD annual Service Agreement with the Ministry of Health. Implementation will be progressed, monitored and reviewed through a number of processes under the oversight of SWSLHD governance committees.

Consistent with the Corporate Governance Standards for NSW Health, the Board has mandated that the framework of the strategic and corporate plans flow through to facility, clinical stream, service and business planning. This will ensure that all the District’s Plans are aligned and linked to the directions outlined in the Strategic and Healthcare Services Plan, Strategic Priorities in Health Care Delivery to 2021. Figure 2 outlines how strategic direction flows from Vision to operational activity.

The Corporate Plan 2013-2017 identifies for each strategy an Executive Sponsor and Manager responsible for implementation. The SWSLHD Executive Management Team will annually review progress, drawing in part from the performance reports prepared for the SWSLHD annual Service Agreement with the Ministry of Health. An annual report on implementation will be required from the Executive Sponsor and Responsible Manager for strategies not covered by the current Service Agreement. The Corporate Plan will also provide guidance on local priorities that may be suitable for inclusion in the Service Agreement for subsequent financial years. The Executive Management Team annual review will also consider new and emerging NSW Government and local priorities and whether they are adequately reflected within the Corporate Plan.

The eight Corporate Areas of Action from the Framework for Corporate Strategic Actions for SWSLHD will provide the scaffold on which facility, service and business plans are built. This will ensure that at all organisational levels, drilling down to business and operational plans, there is a clear indication of how a service/unit will contribute to achieving the eight organisational goals of high quality care, seamless networks, community partnerships, efficiency and sustainability, developing staff, enhancing assets and resources, research and innovation and supporting business. Templates will be developed so that consistency in the planning approach and outputs can be achieved across all levels of the organisation.

Implementation of service development directions in Infrastructure will proceed under the umbrella of the SWSLHD Asset Strategic Plan (ASP). The ASP includes detailed investigation of the functionality and opportunities of the existing asset base in meeting the future services profile identified in the Strategic and Healthcare Services Plan. This includes consideration of non-asset strategies, asset disposal opportunities and the potential for delivery of an expanded asset base through public private partnership (PPP) style arrangements.

Developments in clinical models of care will be progressed under the oversight of the SWSLHD Clinical and Quality Council. It will review current models of care and assess refinements and future developments in models of care within the construct of right services, right team, right place and right time.
Figure 2: Flow of strategic direction from Vision to operational activity

**Vision**

Leading care, healthier communities

**CORE Values**

Collaboration  Openness  Respect  Empowerment

**Mission**

Our mission is to promote the health of the residents of the District and patients using our health services through the delivery of high quality healthcare.

We do this by providing health services that are population based, patient-centred and involve families and carers.

We use evidence to inform health practices; and consult, communicate, engage and collaborate with patients, local communities, agencies and care providers to improve the way we plan and provide health care services and programs.

We strive to deliver services that are respectful of personal dignity and autonomy; and sensitive to the needs of people from different cultures.

We emphasise learning and reflection and are committed to continuous quality improvement and innovation in delivering efficient and sustainable health care.

Our culture enables excellence and accountability, values our people and supports positive leadership and teamwork.

**Priority Strategic Directions**

<table>
<thead>
<tr>
<th>Build capacity to effectively service growing demands for health care</th>
<th>Redesign of services bringing them closer to people and communities</th>
<th>Integrated action with the South Western Sydney Medicare Local</th>
<th>Partnering with external providers to deliver public health care</th>
</tr>
</thead>
<tbody>
<tr>
<td>» Asset Strategic Plan</td>
<td>» Review of community health</td>
<td>» Integration Unit</td>
<td>» Public Private Partnerships</td>
</tr>
<tr>
<td>» Workforce Development Plan</td>
<td>» IPCCs Oran Park &amp; Leppington</td>
<td>» Care pathways</td>
<td>» NGO &amp; Affiliated Health Orgs</td>
</tr>
<tr>
<td>» Increase role delineation in some services</td>
<td>» Decant ambulatory hospital services to the community</td>
<td>» Preventative health</td>
<td>» Pillars inc. NSW Kids and Families</td>
</tr>
<tr>
<td>» New models of care</td>
<td></td>
<td>» Integrated planning</td>
<td>» Academia</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Enhancing service networks and growing centres of excellence</th>
<th>Shared access to unified information for all the health care team</th>
<th>An integrated focus on primary prevention for patients and communities</th>
<th>Embedding education and research within service delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>» Existing e.g. orthopaedics</td>
<td>» IT link primary/community care</td>
<td>» Closing the Gap</td>
<td>» SWS Education Centre</td>
</tr>
<tr>
<td>» New networks e.g. HVSS, hand surgery, stand alone endoscopy</td>
<td>» Enterprise data integration</td>
<td>» Best start in life for children</td>
<td>» E-Learning</td>
</tr>
<tr>
<td>» New CoE e.g. pelvic cancer surgery, breast cancer assessment unit</td>
<td>» Research &amp; education</td>
<td>» Preventable chronic disease</td>
<td>» Ingham IAMR</td>
</tr>
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<td></td>
<td>» Social media</td>
<td>» Healthy environments</td>
<td>» Implement Research Strategy</td>
</tr>
</tbody>
</table>

**Corporate Areas of Action**

<table>
<thead>
<tr>
<th>High quality health services</th>
<th>Seamless networks</th>
<th>Research &amp; innovation</th>
<th>Supporting business</th>
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<tr>
<td>Community partnerships</td>
<td>Developing our staff</td>
<td>Enhancing assets &amp; resources</td>
<td>Efficiency &amp; sustainability</td>
</tr>
</tbody>
</table>
Abbreviations

ABF  Activity Based Funding
ACI  Agency for Clinical Innovation
ASP  Asset Strategic Plan
CEC  Clinical Excellence Commission
CoE  Centre of Excellence
CORE Collaboration, Openness, Respect, Empowerment
eMR  Electronic Medical Record
ED  Emergency Department
GIT  Gastro Intestinal Tract
HVSS High Volume Short Stay (surgery)
IIAMR Ingham Institute for Applied Medical Research
IT  Information Technology
KPI  Key Performance Indicator
LHD  Local Health District
LGA  Local Government Area
MoH  Ministry of Health
NEAT National Emergency Access Targets
NEST National Elective Surgery Targets
NGO  Non Government Organisation
NSQHSS National Safety and Quality Health Service Standards
NSW  New South Wales
Pillars NSW Statutory health corporations including the Agency of Clinical Innovation, Bureau of Health Information, Cancer Institute NSW, Clinical Excellence Commission, Health Education and Training Institute and NSW Kids and Families
PPP  Public private partnerships
SWS  South Western Sydney
SWSLHD South Western Sydney Local Health District