



Sydney Local Health District Strategic Plan

2025 — 2030



Sydney
Local Health District

slhd.health.nsw.gov.au

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June 2025



Acknowledgement of Country

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

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

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

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

Ngurang Dali Mana Burudi – A Place to Get Better

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

Our story

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

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

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

The Goanna or Wirriga

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

The Whale or Gawura

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

The Eel or Burra

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

Source: Sydney Language Dictionary

Artwork

Ngurang Dali Mana Burudi — a place to get better
The map was created by our Aboriginal Health staff telling the story of a cultural pathway for our community to gain better access to healthcare.
Artwork by Aboriginal artist Lee Hampton utilising our story.

Foreword



A/Prof Karen Crawshaw PSM
Board Chair
Sydney Local Health District



Deb Willcox AM
Chief Executive
Sydney Local Health District

It is our great pleasure to present the District’s Strategic Plan (2025-2030), which provides the overarching framework for delivering healthcare to our growing and diverse community over the next five years.

Our Vision, **Excellence in Health and Healthcare for All**, reflects our leadership in healthcare and our continued aspiration to collaborate with consumers, communities, our Aboriginal and Torres Strait Islander communities, our strategic partners, and our NSW Health colleagues to deliver truly exceptional care, advance health, promote social justice and equity, and support world changing research and innovation. Financial sustainability, high quality performance and environmental responsibility underpin our approach.

This is our first Strategic Plan since the COVID-19 pandemic and it reflects the strength of our resolve to build a safer, more resilient, more compassionate health service, and to continue to inclusively meet the needs of the many diverse and growing communities we are proud to serve. We want everyone to feel welcome, respected and safe when seeking healthcare. We are an organisation that is truly dedicated to eliminating racism.

Our Strategic Plan aligns closely with the strategies, plans and policies of NSW Health particularly the *NSW Health Future Health: Strategic Framework 2022- 2032*, with a focus on involving patients in their own care, ensuring safe care, recognising the importance of partnerships, and increasing the quantum of care delivered in the community, at home and virtually (Appendix D).

Our strategy has been developed with the generous input of over 1,300 staff, executive and community members. We have engaged our stakeholders in multiple ways: through community workshops, staff forums, surveys and through our councils, senior executive and partner discussions. These views have been carefully analysed and are reflected throughout the strategy (Appendix B).

Our Strategic Plan has seven Focus Areas, and each Focus Area contains a set of priorities, goals and strategies.

We very much look forward to working together to achieve this Plan and to continuing to serve our diverse communities through delivering kind, compassionate, inclusive care and true *excellence in health and healthcare for all*.

Our focus areas are:

- Our Services
- Our Communities, Partnerships and Environment
- Our Patients, Families, Carers and Consumers
- Our Staff and Education
- Our Research, Innovation and Commercialisation
- Our Facilities and Digital Health Infrastructure
- Our Sustainable Future

Introduction

Sydney Local Health District is a leading health service within Australia and NSW. It is one of 15 local health districts in NSW. The Royal Prince Alfred Hospital (RPA) has been ranked, over several years, both as the number one hospital in Australia and amongst the very best in the world. Concord Hospital is also a leading hospital, and our other major facilities rank very well within Australia, evidence of our world class people services, education, research and facilities. We are a health service where we want everyone to feel welcome, safe and respected.

The communities that we serve are highly diverse, ageing, and growing rapidly, with very significant urban developments planned across our District. As with the rest of the nation, our community is living longer, with changing burdens of disease. However, disparities in health status, frequently driven by the social determinants of health, present significant challenges. We recognise, respect and value the range of identities, experiences, cultures, languages, and lifestyles in our community. This diversity helps generate new ideas and innovations. We will continue to work with and advocate for our most vulnerable communities and people.

The District is proud of its innovation, our truly excellent clinical and community-based services and the strength of our education and research. We provide a large number of tertiary and quaternary services across our principal referral hospitals, which serve communities across the State and beyond.

We established the first virtual hospital in Australia (RPA Virtual Hospital) and have the only standalone tertiary dental hospital in NSW. We have strong and enduring partnerships with the tertiary education and research sector, including our 140-year collaboration with the University of Sydney. Our research and education is firmly embedded in our clinical care and is world class and in some cases world leading. We are immensely proud of our prestigious history and our culture of clinical excellence, innovation, partnership, and healthcare leadership.

We continue to be a very high performing district, based on the performance measures set by NSW Health. In the coming five years we will strive for even better healthcare outcomes for our community, higher levels of performance, more innovation and stronger environmental and financial sustainability.

We have a large, active, Aboriginal and Torres Strait Islander population with whom we walk to ensure their lived experience guides our collective endeavour to close the gap. We are proud of our strong partnership with Aboriginal community-controlled agencies.

The future of healthcare is rapidly changing with increasing expectations and pressures on public health services. Medical, therapeutic and information technology advances are transforming our models of care, which increasingly include artificial intelligence, robotics, smart technology, remote monitoring, novel devices, new surgeries and interventions, advanced medical and pharmaceutical therapies, and precision and personalised medicine. We will continue to innovate, pilot and lead to ensure that our communities have access to the most contemporary, evidence-based healthcare.

Over the next five years we will actively collaborate and contribute to the Single Digital Patient Record, which will transform our digital systems, workflows, and our clinical care.

We are a health system that partners to support people to stay well in the community, strongly focused on equity, prevention, population health and health protection. Over the coming five years our out-of-hospital care and care in the community will expand. The burden of chronic disease in our community is an increasing challenge. To be sustainable we need to vigorously address modifiable risk factors and continue to shift care from our hospitals into our community, into homes and into virtual care. Strong partnerships with primary care, aged care and disability care are essential to this endeavour.

Our Vision

Excellence in Health and Healthcare for all

Our diverse and highly skilled staff strive every day to deliver care that is innovative and truly patient, carer and family centred. We are committed to ensuring the physical, psychological and cultural safety and wellbeing of our workforce, empowering them to work to their full potential. We want our workplaces to be very positive environments that enable the highest quality care. An inclusive and diverse workforce promotes better outcomes for our people and the communities we care for. We will support our leaders and managers to be compassionate, kind and highly capable.

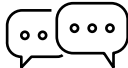
Through our clinical service provision, infrastructure and capital works, procurement, education, research, and innovation, we aim to contribute significantly to the local, state, and national economy while also achieving our financial and environmental sustainability goals.

Our Values

Collaboration



Openness



Respect



Empowerment



Our Strategic Plan development process

The Sydney Local Health District Strategic Plan (2025–2030) was developed between 2023 to 2025 through a highly inclusive consultation and engagement process which involved over 1,300 clinicians, staff, consumers, executive and key stakeholders.

The Sydney Local Health District Planning Unit initially reviewed best practice plans of high performing organisations and reviewed evidence, the literature, and state and national policies and plans. These policies were iteratively reviewed during the planning process. The architecture of the Plan was developed to align with the *NSW Health Future Health Strategy*.

For more details about the consultation process, see Appendix B.





Our Strategic Framework






Our Strategic Framework outlines our Plan’s seven focus areas and the associated strategic goals.

| | | Focus area | Strategic goal |
|---|---|--|---|
|  | 1 | Our Services | Safe high-quality care is delivered across all settings |
|  | 2 | Our Communities, Partnerships and Environment | People are healthy and well |
|  | 3 | Our Patients, Families, Carers and Consumers | Patients and carers have positive experiences and outcomes that matter |
|  | 4 | Our Staff and Education | Our staff are engaged, highly skilled and well supported |
|  | 5 | Our Research, Innovation and Commercialisation | Research, innovation and commercialisation is advanced and underpins service delivery |
|  | 6 | Our Facilities and Digital Health Infrastructure | Our welcoming and well-connected services support quality service delivery |
|  | 7 | Our Sustainable Future | Our District is environmentally sustainable and is governed and managed sustainably |

Strategic Plan Summary

| Focus area | | | |
|---|--|---|--|
|  Our Services |  Our Communities, Partnerships and Environment |  Our Patients, Families, Carers and Consumers |  Our Staff and Education |
| Goal | | | |
| 1 Safe high-quality care is delivered across all settings | 2 People are healthy and well | 3 Patients and carers have positive experiences and outcomes that matter | 4 Our staff are engaged, highly skilled and well supported |
| Strategic priorities | | | |
| <div>1.1 Delivering safe, high-quality care with excellent outcomes</div> <div>1.2 Shifting care from hospitals into virtual, non-inpatient and community settings</div> <div>1.3 Strategically investing in and embedding new medical and surgical innovations and technologies</div> <div>1.4 Improving mental health and wellbeing services</div> <div>1.5 Ensuring our service system is integrated, balanced and aligned</div> <div>1.6 Developing precision and personalised healthcare</div> <div>1.7 Leveraging from the models of care developed by rpaVirtual to expand virtual care</div> <div>1.8 Improving services for older people and people living with disability</div> <div>1.9 Making progress Towards Zero Suicides</div> <div>1.10 Improving care targeting our diverse and priority populations and rural, regional and remote populations</div> | <div>2.1 Measurably improving the health of our Aboriginal and Torres Strait Islander communities</div> <div>2.2 Empowering our communities to improve health and wellbeing</div> <div>2.3 Targeting chronic disease prevention and early intervention</div> <div>2.4 Partnering with CESPHN to support primary healthcare and improve health</div> <div>2.5 Preparing for pandemics and other threats to population health</div> <div>2.6 Supporting health equity and addressing the social determinants of health</div> <div>2.7 Ensuring the best start to life from conception through to age five</div> <div>2.8 Developing youth health services</div> <div>2.9 Supporting people to live more years in full health</div> <div>2.10 Advocating for healthy urban planning and development</div> | <div>3.1 Embedding consumer and community engagement and partnership in all aspects of the District's business</div> <div>3.2 Ensuring patient outcomes and experiences inform decision making, policy and planning</div> <div>3.3 Growing kindness and compassion in the delivery of care</div> <div>3.4 Supporting improved health literacy and access to information</div> <div>3.5 Providing targeted access strategies for CALD communities</div> <div>3.6 Collaborating with our LGBTIQ+ communities to ensure gender affirming access and care</div> | <div>4.1 Supporting a healthy, engaged workplace culture</div> <div>4.2 Embedding an organisational culture dedicated to the elimination of racism</div> <div>4.3 Attracting and retaining a highly skilled workforce</div> <div>4.4 Building safe and innovative workplaces</div> <div>4.5 Ensuring our workforce reflects our diverse communities</div> <div>4.6 Empowering and educating our staff to be innovative, highly skilled and achieve their full potential</div> <div>4.7 Promoting strong, compassionate, creative, transformational leaders</div> |

| Focus area | | |
|--|--|--|
|  Our Research, Innovation and Commercialisation |  Our Facilities and Digital Health Infrastructure |  Our Sustainable Future |
| Goal | | |
| 5 Research, innovation and commercialisation is advanced and underpins service delivery | 6 Our welcoming and well-connected services support quality service delivery | 7 Our District is environmentally sustainable and is governed and managed sustainably |
| Strategic priorities | | |
| <div>5.1 Embedding research, innovation, translation and commercialisation into clinical care and service delivery</div> <div>5.2 Supporting the development of the Sydney Biomedical Accelerator (SBA) and our innovation precinct</div> <div>5.3 Supporting an organisational culture that prioritises research and innovation</div> <div>5.4 Building partnerships and capacity to support research, innovation and commercialisation</div> | <div>6.1 Supporting the development of the Single Digital Patient Record and providing innovative and secure digital services</div> <div>6.2 Redeveloping priority healthcare facilities at RPA, Canterbury Hospital, the Sydney Biomedical Accelerator and Burudiyara, the Forensic Mental Health Service</div> <div>6.3 Planning and seeking funding for our highest priority healthcare facilities: Concord Hospital (Stage 2), Canterbury Hospital (Stage 2), RPA (Stage 2) and Community based health services</div> <div>6.4 Ensuring our assets are appropriate, accessible, achieve best value and are respectful of the Aboriginal heritage and the heritage of our health service</div> <div>6.5 Advocating for improved staff and community access to health facilities</div> | <div>7.1 Achieving statewide targets for safe and timely access to care</div> <div>7.2 Providing healthcare leadership in environmental sustainability to address climate change</div> <div>7.3 Achieving financial sustainability</div> <div>7.4 Ensuring strong, ethical and transparent governance</div> <div>7.5 Further developing processes to support philanthropy</div> <div>7.6 Further developing data and information to support innovation and excellence</div> <div>7.7 Ensuring efficient, value for money procurement and contract management</div> |

Strategic Plan Summary

Each Focus Area for the District has a Strategic Goal, and each Strategic Goal has a set of strategic priorities, as outlined in Figure 2. The highest priority strategies are coloured. The outcome measures¹ for the highest priority strategies (shaded) are provided in Appendix A.

About Sydney Local Health District

Sydney Local Health District (the District) encompasses the Local Government Areas (LGAs) of the City of Sydney (western part), Inner West Council, Canterbury-Bankstown (Canterbury part), Canada Bay, Burwood, and Strathfield. The District covers 126 square kilometres, and has the highest population density in Australia, with 5,550 residents per square kilometre.

The District is responsible for the health and wellbeing of 700,000 local residents, a large number of people who travel to use our tertiary and quaternary services and more than a million additional people who come to our District every day to work, study and visit. It is a rapidly growing District with very significant planned urban developments. Our population is rich in cultural and social diversity, it is growing, ageing and has increasing numbers of people with chronic and complex health issues who require public healthcare.

Located in the heart of Sydney, the District is part of a very large and dynamic research, education and technology precinct, with over 160,000 students and more than 150 research institutes and centres of excellence. The District actively partners with, and contains the home campuses of, the University of Sydney, the University of Technology (Sydney), Notre Dame University and a number of TAFE colleges.

The District is a leader in healthcare and a top performing District in Australia. 74% of the public hospital care required by our residents is provided locally, reflecting a high level of self-sufficiency. Over a third of the District’s services are provided to people living outside of our District, reflecting the breadth and depth of our tertiary and quaternary healthcare services.

The District employs 13,480 staff of whom 72% are women and 42% are aged under 35 years. We pride ourselves in equipping our staff with strong skills, competencies and capabilities. Each year we educate a further 5,280 undergraduate and postgraduate students.

Research, innovation and education underpin our service delivery, with an annual tally of 1.838 publications, 796 clinical trials and 528 grants worth over \$840 million (2023/24).

The Sydney Local Health District annual budget is \$2.183 billion.

Our Principal Referral Hospitals

- Royal Prince Alfred (RPA) Hospital
- Concord Repatriation General Hospital (Concord Hospital or CRGH)

Our Major Metropolitan Hospital

- Canterbury Hospital

Our Specialist Hospitals

















- Balmain Hospital – an aged care and rehabilitation specialist hospital.
- RPA Virtual Hospital – a major virtual hospital.
- Concord Centre for Mental Health – a tertiary mental health facility.
- Professor Marie Bashir Centre for Mental Health – a tertiary mental health facility.
- Sydney Dental Hospital – a tertiary oral health facility.
- RPA Institute for Rheumatology and Orthopaedics (IRO) – a tertiary bone and joint hospital.

Our Community-Based Health Services

Our community-based health services are provided face-to-face and virtually, in the home, in community settings and in community health centres.

- Public Health
- Youth Health
- Interpreter Service
- Child Health and Development
- Sydney District Nursing
- Community Mental Health
- Community Aged Health
- Homelessness Services
- Population Health and Health Promotion
- Planned Care for Better Health
- Aboriginal Health
- Diversity Hub including CALD, LGBTIQ+
- Sexual Assault
- Drug Health
- Oral Health
- Sexual Health and Blood Borne Viruses
- Child Health and Wellbeing
- Child Protection Services
- BreastScreen
- RPA Virtual Community Services
- Integrated Chronic Care (rpaVirtual)

Our Annual Activity

| Current Activity | | 2023/24 |
|---|--|----------------------------------|
|  | Emergency Department presentations | 179,912 |
|  | Balmain GP casualty attendances | 12,000 |
|  | Presentations to hospital by ambulance | 47,837 ²² |
|  | Discharges from our hospitals | 162,581 |
|  | Babies born at RPA and Canterbury hospitals | 4,817 |
|  | Operations performed in our hospitals | 39,273 |
|  | Non-admitted patient service events | 1,548,095 |
|  | People cared for by Community Health Services | 40,200 |
|  | People supported through our Mental Health services | 11,400 |
|  | Episodes admitted by rpaVirtual | 9,768 |
|  | Non-admitted service events for rpaVirtual ²³ | 101,660 |
|  | Oral Health occasions of service provided to adults | 64,729 |
|  | Hours of interpreter services across 101 languages | 57,026 |
|  | Active Clinical Trials | 796 |
|  | Unique Research publications | 1,858 |
|  | Research grants | 528 grants worth \$842.2 million |

Source: Performance Unit, Year in Review 2024, and Sydney Local Health District Research Department

Our Growing Daily Activity

| On an Average Day in our District | 2023/24 | 2030/31 |
|--------------------------------------|---------|---------|
| Inpatients in our facilities | 1,856 | 2,001 |
| Emergency Department Presentations | 493 | 531 |
| Presentations by Ambulance | 131 | 141 |
| Operations performed | 164 | 176 |
| People attending outpatients* | 3,544 | 3,820 |
| People cared for by Community Health | 538 | 580 |
| People cared for by rpaVirtual^ | 424 | 547 |
| People provided interpreter service | 209 | 225 |

Source: Performance Unit, Year in Review 2024, DPE 2022 High Series Pop. Projections CAGR used to forecast, *Excludes community health and rpaVirtual.^ Non-admitted service events.

Table 1:
Current Activity 2023/24

Our District-wide Services

Our District-wide services provide care across our facilities. Each District-wide service leadership team directly manages the services within its portfolio and provides advice on its future priorities, directions and care delivery models across the District. Our District-wide services, are also responsible for contributing to clinical improvement, service development and risk management, and ensuring safe, high-quality patient and family-centred care. These include:

- Digital Health and the Single Digital Patient Record
- Drug Health
- Oral Health
- Mental Health
- Pathology
- HealthShare
- Public Health
- Virtual Care
- Population Health
- Community Health

Our Clinical Streams

Our Clinical Streams provide expert, professional, and strategic leadership including through advising on the future priorities, directions and services within the Stream. Streams are also responsible for contributing to clinical improvement, service development and risk management, and ensuring safe, high-quality patient and family-centred care. These include:

- Aged Health, Endocrinology and Rehabilitation
- Anaesthetics and Pain
- Cancer & Palliative Care
- Cardiac Services
- Critical Care and Respiratory
- Gastro and Renal
- Medical Imaging
- Medicine
- Surgery
- Women’s Health, Neonatology, Children and Young People

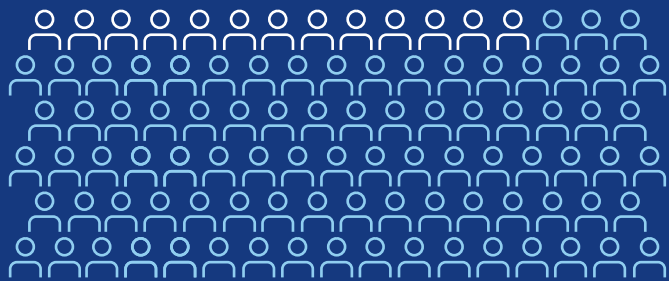
Our Tertiary and Quaternary Services

The District has many services which are provided on a supra LHD or state-wide basis. These include:

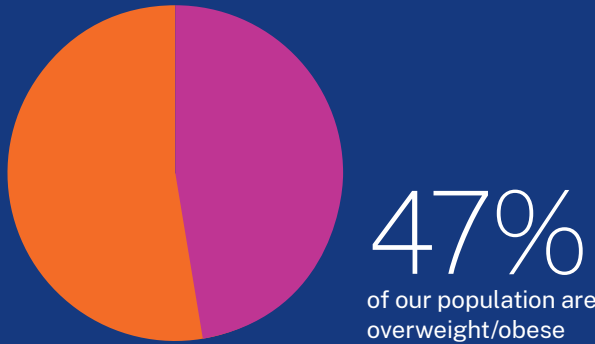
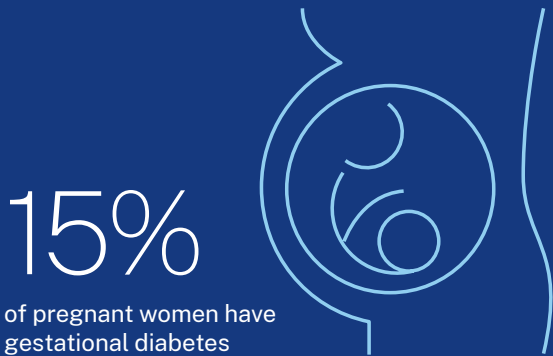
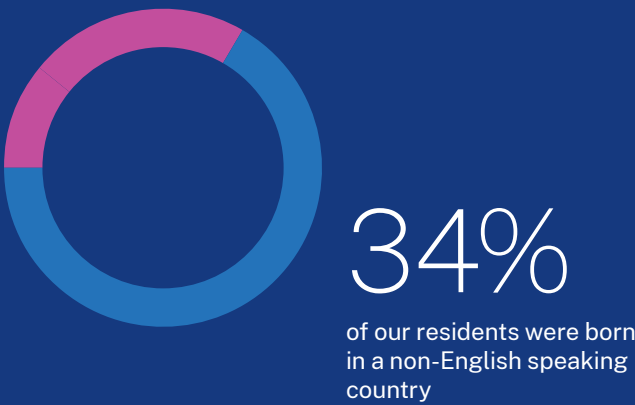
- The Australian Liver Transplant Centre
- The State Burns Unit
- Kidney transplantation
- Organ retrieval
- Blood and marrow transplantation
- Chimeric Antigen Receptor T and NK Cellular Therapy
- Haemophilia services
- Cardiovascular and cardiothoracic surgery services
- Neurosciences
- Neurosurgery and neuro-intervention
- Neuropathology
- Genomics and gene therapy
- Complex cancer and haematological care
- Advanced gastrointestinal surgery
- Bone and soft tissue sarcoma
- Intensive care
- Extracorporeal Membrane Oxygenation Retrieval (ECMO)
- Interstitial lung services
- Robotic surgery
- Complex imaging
- Specialised pathology
- Tertiary mental health
- Neonatal intensive care
- High risk maternity
- Complex gynaecology
- Specialist palliative care
- rpaVirtual services including the virtualADULTS service which delivers virtual urgent care and the Wound Care Command Centre.

Who are we?

By 2036
13.3%
of our population will be aged
over 70 years



Our District has over
700,000
residents



Over
21,000
people currently
live in social housing



Life expectancy in the District is
84 years for men
89 years for women

Over
100,000
children live in our District



Our Partners in Care

- Primary and specialist care providers.
- The Central and Eastern Sydney Primary Health Network (CESPHN).
- Community-based services and organisations.
- NSW Health Pillars, other Local Health Districts, affiliated health agencies, other government agencies.
- NSW Ministry of Health, NSW Health Pathology, NSW HealthShare, Health Infrastructure, e-Health, Single Digital Patient Record Authority, NSW Ambulance, Health Protection NSW.
- Health organisations providing collaborative care to our patients/residents, including the Chris O’Brien Lifehouse (Cancer Care) and the ICON Group (Radiotherapy).
- Aboriginal Community Controlled Health Organisations.
- Universities, colleges, tertiary institutions, and schools.
- Medical Research Institutes and Centres.

Our Research and Innovation

Sydney Local Health District has a well-established reputation as a leader in health and medical research, clinical trials, and innovation across the healthcare continuum. Research is embedded into our clinical care and our community-based healthcare. The District has world class research groups in biomedical, clinical, public health, population health, community health and health services research.

The District has well established research-related partnerships with government, private organisations, advocacy bodies and industry. In collaboration with the University of Sydney, Sydney Health Partners, our Medical Research Institutes and other affiliations, we will continue to grow our national and international leadership in health and medical research, innovation, research translation and commercialisation.



Our Education

The District invests in a wide range of education to support our staff and our students to provide the very best care to our patients, their families, and our communities.

Through Sydney Education, the University of Sydney Clinical Schools, the University of Tasmania, and through our affiliations with a wide range of university and higher education partners we support our staff, and undergraduate and post graduate health professionals, to develop skills, knowledge and competencies for today and for the future.

Our Community

The District population is rapidly growing. Our population is expected to reach 819,540 by 2036, an increase of 17.4%¹. Urban consolidation policies, not yet factored into population projections, are likely to result in a further significant increase in this forecasted population.

The District population is also rapidly ageing. 9.5% of our residents are currently aged over 70 but this is projected to increase to 13.3% by 2036; a total of 42,976 extra older persons.² There are currently 4,000 people living in Residential Aged Care Homes (RACHs) and approximately 10,000 of our residents are currently living with dementia³. 11% of our residents are unpaid carers⁴.

Each year around 7,790 babies are born in our District⁵. In 2024, there were 4,940 babies born at either RPA or Canterbury Hospital⁶. There are over 100,000 children living in our District⁷.

There are more than 7,800 Aboriginal and Torres Strait Islander people (1.2%)⁸ living in Sydney Local Health District. Redfern remains one of the most recognised and historically significant urban Aboriginal places in Australia.

Our District is rich in cultural and social diversity with significant numbers of refugees, asylum seekers newly arrived immigrants and special humanitarian entrants. 34% of our residents were born in a non-English speaking country, and 47,150 residents speak little or no English⁹. The most common languages spoken at home in our District are Chinese, Arabic, Greek, Korean and Italian¹⁰.

A feature of the District’s social diversity is our proud lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) community.

Our District includes the main campuses of the University of Sydney, The University of Technology (Sydney), the University of Notre Dame and a large TAFE service and a number of other educational facilities. Consequently, the District is home to a very large number of international and local students.



Our population is
expected to reach
819,540
by 2036



On average, people living in the District are in good health compared to the rest of NSW, however, there are considerable internal disparities in health status. 21% of our residents live with a mental health problem¹¹, 7% report having a long-term health condition¹², 8% have diabetes, and 15% of pregnant women have gestational diabetes¹³. 47% of our population are overweight or obese and 32% of adults do not exercise enough¹⁴.

Life expectancy in the District is 84 years for men and 89 years for women¹⁵, however, Sydney Local Health District is characterised by significant socio-economic diversity, with pockets of both extreme advantage and disadvantage. Areas of high disadvantage (deciles 1-3) are concentrated in the south and the west, and areas of relatively low disadvantage (deciles 8-10) concentrated in the north and eastern parts of the District.

People who are the most disadvantaged experience a lower life expectancy than the general community.¹⁶ Those who are most disadvantaged have lower incomes, less education, or live in poor housing. Around a third of our population lives in rental accommodation¹⁷. Shortages of affordable housing including affordable rental dwellings in the District has significant consequences for our workforce, the students attending the many tertiary education facilities and our local community.

In Sydney Local Health District there are more than 80,000 people living in overcrowded conditions. There are 21,000 people living in social housing in some of the most densely populated social housing estates in Australia¹⁸.

Our District has a large homeless population (almost 10,000 people), and many people who sleep rough (approximately 680)¹⁹. 44% of Boarding Houses registered with NSW Fair Trading in NSW are located within our District (463 Boarding Houses with 3,460 residents)²⁰; there are also many unregistered Boarding Houses. Homelessness is correlated with significantly poorer mental and physical health.

Relative Social Disadvantage Across the District

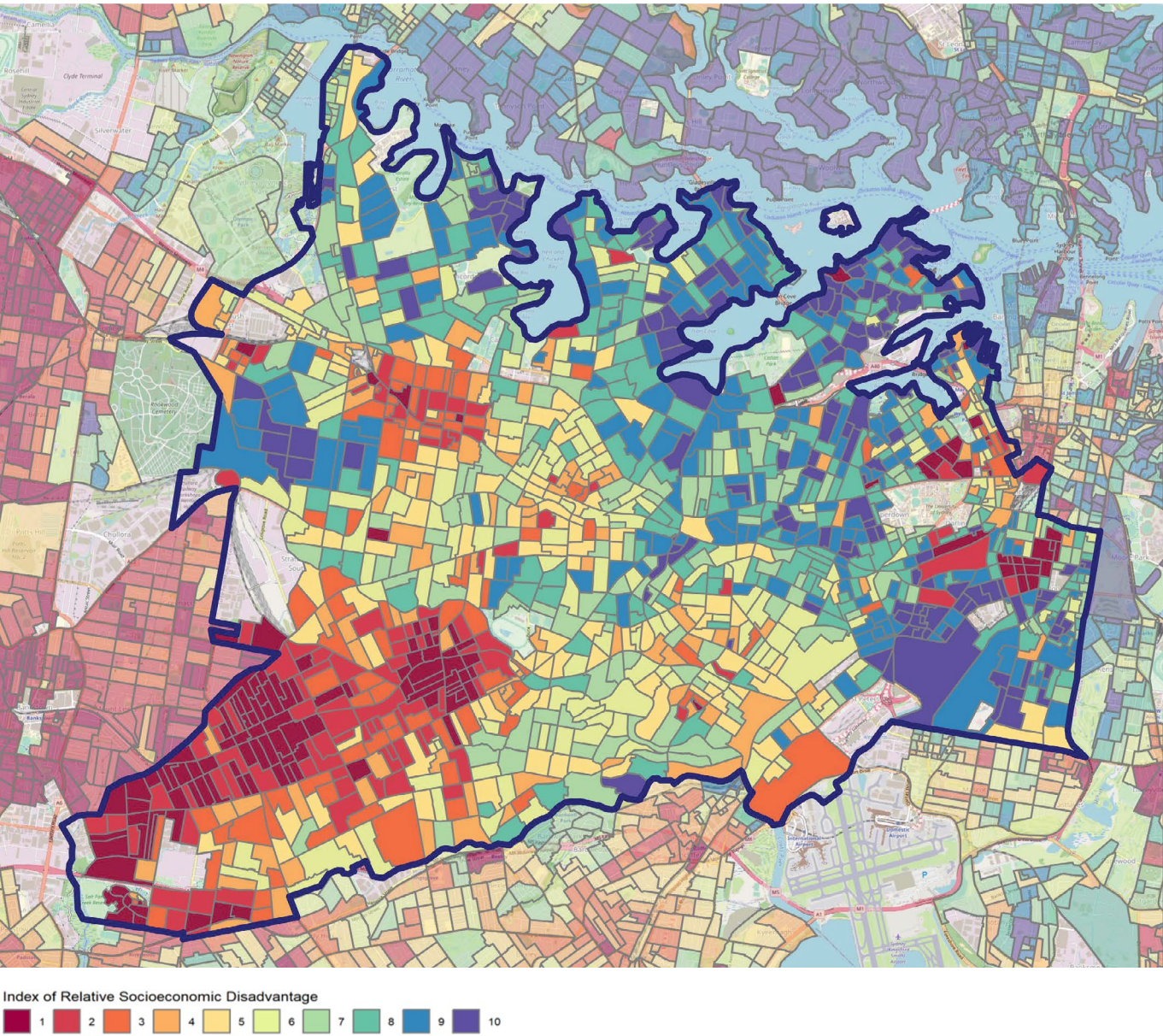


Figure 3: Index of Relative Socioeconomic Disadvantage Decile by Statistical Area 1, 2021.²¹

More than
7,800
Aboriginal and Torres Strait
Islander people are residents.

Our Services

Safe high-quality care is delivered across all settings



We are committed to ensuring everyone feels welcome, respected and safe in our health services.



Sydney Local Health District's local population is rapidly growing, diverse, ageing and has increasingly complex needs. In the coming years, the rise in life expectancy in our community will be accompanied by a rise in chronic disease, complex illnesses and disabilities. The increased volume of demand, together with an exponential growth in medical and digital technologies and new evidence-based approaches to healthcare will pose significant challenges for the future delivery of health services. Our models of care will need to continue to adapt to this dynamic and complex environment.

Safe care is our highest District priority and achieving and improving our service delivery requires a collective effort across our organisation, our staff, patients, carers, families, and communities. Integral to safety is strong clinical governance, robust risk frameworks, well-integrated consumer partnerships, a commitment to value-based care and effective data, measurement, monitoring, and research.^{24, 25}

We will focus strongly on our Aboriginal and Torres Strait Islander populations and our diverse priority populations including those with lower socio-economic status, older people and people with disability, who frequently experience poorer health, poorer access and greater health inequality. We are committed to ensuring everyone feels welcome, respected and safe in our health services.

Our services are networked across the District from primary to quaternary care, with multiple partners at every level of this system. We will ensure our service roles are well defined, aligned, integrated, and remain highly adaptive to respond to the increasing demand and complexity of care delivery.

In the next five years we will deliver more of our care in the community. Our services will include more highly personalised interventions and therapeutics and more prevention and earlier intervention. We will more strongly connect care and shift care, wherever possible, from hospitals to ambulatory and virtual care, into communities and into people's homes. Two thirds of the disease burden is potentially manageable outside the hospital setting.²⁶

Shifting care requires effective, accessible, and affordable primary care, supportive aged and disability care, conjoint planning, and specialist primary care within the District. As many of these services are provided or funded by the Commonwealth, active collaboration and advocacy will be needed to ensure the community is well served.

The District provides significant tertiary and quaternary services, and in the future, we will trial more innovative medicine, surgeries, precision medicine, genomics, technologies, including artificial intelligence. Sydney Local Health District currently leads, and will continue to lead, nationally in advanced therapeutics including, for example, cell and gene therapies, complex maximally and minimally invasive surgeries, robotics, imaging and novel medical interventions and procedures.

Over the next five years, the Single Digital Patient Record and multiple digital and informational innovations will support more evidence-based integrated, and home-based care. Our digital health strategy outlines the approach to digitally connecting with partners and patients/consumers and strategies to address increasingly sophisticated cyber threats. We will continue to embrace the digital and virtual health revolution and collaborate and communicate more with our partners and patients to transform care across all settings.

| 1.1 Delivering safe, high-quality care with excellent outcomes | 1.2 Shifting care from hospitals into virtual, non-inpatient, and community settings | 1.3 Strategically investing in, and embedding, new medical and surgical innovations and technologies | 1.4 Improving mental health and wellbeing services |
|---|---|--|--|
| Strategies | Strategies | Strategies | Strategies |
| <p>Ensuring services meet and exceed National Safety and Quality Health Service Standards and other relevant accreditations and performance requirements.</p> | <p>Collaborating with primary care, supporting Urgent Care Centres, developing virtual urgent care services and implementing expanded demand management strategies to support more efficient Emergency Department care and increased care in the community.</p> | <p>Strategically investing, within a research and governance framework, in medical technologies including new drugs and immunotherapies, surgical and procedural equipment, devices, robotics, imaging, diagnostics, decision support tools, AI, and genomics.</p> | <p>Strengthening strategies to prevent, intervene early, and enhance mental health and wellbeing.</p> |
| <p>Applying the NSW Aboriginal Cultural Engagement Audit Tool across all facilities and services and implementing change based on this assessment.</p> | <p>Expanding community-based health services, including rpaVirtual, Aged Health and services for people with disability, Community Mental Health services and chronic care to facilitate the shift in care.</p> | <p>Prioritising the further development of high-quality medical imaging services across the District.</p> | <p>Prioritising investment in community-based mental health including to support community connectedness, care in diverse settings, living skills, and community rehabilitation.</p> |
| <p>Strengthening a systemic approach to clinical audit, quality improvement and the evaluation of health outcomes and services.</p> | <p>Increasing the community care supporting priority populations, including Aboriginal and Torres Strait Islander communities, CALD communities, homeless people, LGBTIQ+ populations, aged populations and people with disability.</p> | <p>Trialling innovative and first in country interventions, surgeries, therapies and models of care within a research framework. including Chimeric Antigen Receptor – T and NK Cellular Therapy, gene therapies, biological therapies, complex surgery and procedural services.</p> | <p>Ensuring that all health services integrate mental health and physical health.</p> |
| <p>Expanding and improving medication and opioid stewardship initiatives to improve health outcomes.</p> | | <p>Growing the depth and breadth of specialised state-wide services and tertiary and quaternary services across our principal referral centres.</p> | <p>Investing in mental health acute care, child and adolescent care, and older people’s care.</p> |
| <p>Ensuring our systems and procedures identify and respond to risks of harm.</p> | | <p>Extending medical technology and remote monitoring to non-inpatient and community settings including Residential Aged Care Homes (RACHs) and people’s homes.</p> | <p>Developing innovative mental health models of care and partnerships to enhance demand management, including digitally enabled strategies, and crisis care options.</p> |
| | | | <p>Supporting carers of people with lived mental health experience.</p> |
| | | | <p>Supporting mental health consumers and their carers to participate in the co-design of programs, policies, services, and facilities.</p> |



More than 33% of the District’s services are provided to people living outside our District



| | | | |
|---|---|---|---|
| <div>1.5 Ensuring our service system is integrated, balanced and aligned</div> <div>Strategies</div> <div> <p>Optimising patient flow by strengthening the delineation and networking of services, increasing demand management strategies, ensuring adequate capacity in community-based care and supporting digital integration.</p> <p>Ensuring our District has digital networking and data sharing capability to support population health, clinical care, research and education.</p> <p>Enhancing core community and hospital services including, for example, emergency services, intensive care, diagnostic services, demand management, Sydney District Nursing, pharmacy, and interpreters.</p> <p>Developing evidence based, integrated and innovative models of care for primary care, the early years, Aboriginal Health, oral health, aged health, chronic and complex care, cognitive disorders, disability, youth health, infectious diseases, drug health, end of life and palliative care.</p> <p>Improving surgical and procedural capacity, surgical networking and new models of care.</p> <p>Continuing to support End of Life Care including the Voluntary Assisted Dying service.</p> <p>Identifying and addressing low value interventions, duplicate tests, treatments and clinical variation and disinvesting in low value care.</p> </div> | <div>1.6 Developing precision and personalised healthcare</div> <div>Strategies</div> <div> <p>Evaluating new genomic therapeutics within a research framework, in collaboration with consumers and partners, to guide timely future developments in precision healthcare.</p> <p>Embedding clinical genomics and other “omics” across all clinical specialities, streams, and services to improve diagnosis and clinical care incorporating bioinformatics and AI, genetic counselling, enhanced biostatistics, and genomics technology.</p> <p>Establishing and rolling out innovative education, training, and research in personalised healthcare across the health service and in primary care.</p> <p>Partnering with the NSW Health Pathology clinical genome and exome sequencing service to support the sequencing, management and sharing of genomic data.</p> <p>Exploring digital platforms to streamline analysis pipelines and workflows, including cloud computing and integration of AI.</p> <p>Partnering with industry and academia to translate emerging “omics” into clinical models of care.</p> <p>Expanding genetic and cellular therapies to treat congenital conditions, rare diseases, and cancers, including Haemophilia and Thalassaemia, with targeted clinical trials.</p> </div> | <div>1.7 Leveraging from the models of care developed by rpaVirtual to expand virtual care</div> <div>Strategies</div> <div> <p>Investing in and upscaling virtual models of care and digital tools and programs as an integral component across clinical settings and services to enable a shift in care to community settings.</p> <p>Collaborating with primary care providers, other metropolitan districts, and with rural, regional, and remote partners to provide a range of targeted virtual services, including, for example, virtual emergency care and the virtualADULTS service, the Wound Command Centre and virtual ICU.</p> <p>Supporting expanded virtual care in priority populations, including Aboriginal and Torres Strait Islander communities CALD and aged populations, through virtual hubs, hardware loans, in-language support, and virtual navigators.</p> <p>Developing a District Virtual Care Strategy.</p> </div> | <div>1.8 Improving services for older people and people living with disability</div> <div>Strategies</div> <div> <p>Improving the accessibility to aged health and disability services, supporting community engagement, optimising patient functionality, and providing family and carer support.</p> <p>Collaborating with partner agencies to ensure restorative health and wellbeing care and the provision of wrap around services.</p> <p>Enabling people living in RACHs, supported accommodation and disability accommodation to receive healthcare, whenever possible, in their place of residence including through outreach and virtual care.</p> </div> |
| <div>  <div> More of our care will be provided in the community. Our services will include more highly personalised interventions and therapeutics and more prevention and earlier intervention. </div> </div> | | | |



1.9 Making progress Towards Zero Suicides

Strategies

Working closely with communities, CESP HN, families, carers, people with lived experience and other partners to make progress in supporting people who are in distress, suicidal or at risk of self-harm.

Developing an evidence-based, “culture as treatment” focus on suicide prevention in Aboriginal and Torres Strait Islander communities in collaboration with Aboriginal Community Controlled Organisation partners.

Continuing to develop community resilience, risk identification, crisis care and systems and practices to reduce suicides across the District with a focus on priority populations. This includes supporting the Suicide Prevention Outreach Team and the expansion of the Safe Haven program.

Implementing Towards Zero Suicide initiatives.

1.10 Improving care targeting our diverse and priority populations and rural, regional and remote populations

Strategies

Improving care for priority populations including people experiencing homelessness, people with disability, people living with dementia, and people living with mental health or drug health conditions.

Improving health service access for CALD communities, refugees, and asylum seekers, including expanding interpreters and cultural support worker services, providing translated material, online information, staff education, community engagement and other targeted strategies (see Goal 3.5).

Providing an inclusive, welcoming, and safe environment for the LGBTIQ+ community with co-designed, gender affirming care, including the appropriate recognition of preferred identities (see Goal 3.6).

Undertaking targeted strategies to transform our care to support the health of Aboriginal and Torres Strait Islander communities (see Goal 2.1).

Partnering with rural and regional Local Health Districts to support their delivery of high-quality clinical care, virtual care, consultation, and tertiary services.



‘We need to reduce the silos between hospital and community; for the patient there is no distinction.’

Staff member, Strategic Plan staff consultation

Our Communities, Partnerships and Environment

People are healthy and well



We prioritise the delivery of prevention, health promotion, and health protection.



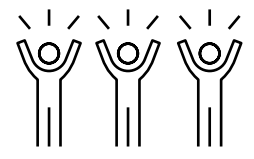
The District continues to rebalance our health service and innovate to prioritise the delivery of prevention, health promotion, and health protection. Improving the health of our community also serves to reduce the significant pressure and costs experienced across our health services.

Our current and future commitment is to promote the best start to life, address chronic ill-health and the burden of disease, reduce inequity, and ensure that we are well prepared to address emerging health threats²⁷. Our collaborative approach will tackle both the modifiable risk factors contributing to ill-health as well as the wider social and environmental determinants of health and wellbeing. Equitable, evidence-based prevention and health promotion will include a combination of program delivery at scale with partners in key settings, and interventions targeted to support our diverse priority populations.

We will continue to build on our achievements in Aboriginal health and work closely with our Aboriginal communities to close the gap and address disparity in life expectancy and choices. We will build on our formal relationships with the Redfern Aboriginal Medical Service and community organisations to embed voice, truth telling, cultural safety and shared decision-making. The District will not tolerate racism in any form.

The District will continue to work closely with the Central and Eastern Sydney Primary Health Network (CESPHN) to deliver and advocate for more accessible and affordable primary care. This is critical as the affordability and accessibility of community-based primary care services and other private health services has very significant implications for public demand for emergency services and other public health services in an environment with fiscal constraints.

Significant strategies will continue to be advanced to prevent and respond to infectious and communicable diseases, roll out vaccination programs, improve oral health, protect our environment, reduce tobacco and vaping usage, promote healthy eating and living and ensure a healthy built environment. Improving mental health and suicide prevention continue to be of critical importance.



Empower communities to recognise ill-health early and respond early



2.1 Measurably improving the health of our Aboriginal and Torres Strait Islander communities

Strategies

Continuing to partner with the Aboriginal Medical Service Redfern and the Sydney Metropolitan Local Aboriginal Health Partnership and community organisations to ensure shared decision-making, equity, and self-determination and to implement community-devised models of care and priorities that consider all determinants of Aboriginal health and wellbeing.

Focusing on closing the gap through targeted prevention, early detection and care prioritising preconception, early years, oral health, chronic diseases, drug and alcohol, young people, ageing, domestic and family violence, cancer, kidney health, sexual health, emergency care, mental health and suicide prevention, palliative care and end of life care.

Recognising the centrality of Voice and Truth Telling in improving health, through community engagement, history telling, cultural programs and strengthening the approach to Connecting with Country.

Continuing to build a welcoming and culturally strong health service. Strategies include cultural assessment and improvement plans, mandatory staff education, employment of Aboriginal and Torres Strait Islander staff, development of targeted workforce roles, the display of flags and artworks, the integration of agreed languages and the naming of facilities.

Supporting employment, business growth and economic prosperity through a strong Aboriginal workforce strategy, life skills education, support for Aboriginal community organisations, and procurement processes.

Implementing the Sydney Local Health District Aboriginal Health Strategic Plan and Aboriginal Workforce Strategy.

Further developing the role of the Aboriginal Elders Group to assist in providing advice to the District on important cultural and spiritual issues.

Recognising the importance to the community of women's business and men's business and identifying selected positions accordingly.

Developing a strong focus on Aboriginal patients from rural, regional and remote areas, including through collaboration with rural and regional local health districts and rural and regional Aboriginal and Torres Strait Islander organisations.

Developing, in collaboration with the Aboriginal Health Unit, Aboriginal Health Impact Statements to ensure that the health of Aboriginal and Torres Strait Islander people is considered in all new and revised policies, plans, programs, and strategies.

Building and embedding Aboriginal research governance, systems and capacity to lead research to close the gap.

2.2 Empowering our communities to improve health and wellbeing

Strategies

Consulting regularly with communities and consumers about the most effective strategies and approaches for improving health and implementing identified strategies and approaches. This includes engaging with community leaders, Elders, religious leaders, advocacy groups, schools, and local communities.

Undertaking early identification and screening for risk factors and emerging issues, with a particular emphasis on Aboriginal and Torres Strait Islander populations and other priority communities.

Co-designing and delivering, in collaboration with local communities, a range of local neighbourhood hubs and pop-up clinics/services to provide education, health promotion, and service delivery.

2.3 Targeting chronic disease prevention and early intervention

Strategies

Developing evidence-based prevention and health promotion services and strategies, targeting priority populations and focused on:

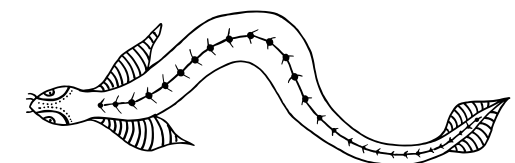
- Reducing tobacco use and nicotine addiction, including vaping.
- Reducing alcohol and other drug harm.
- A healthy diet.
- Increasing physical activity.
- Increasing cancer screening and prevention.
- Improving immunisation coverage.

Supporting early intervention and screening strategies including for cancer, sexually transmissible infections, heart disease, diabetes and respiratory diseases.

"Making every encounter count" such that the promotion of health is integrated into all health service encounters.



We work closely with our Aboriginal communities to close the gap and address disparity in life expectancy and choices.







2.4 Partnering with the Central and Eastern Sydney Primary Health Network (CESPHN) to support primary healthcare and improve health

Strategies

Collaborating with CESPHN and consumers/communities to undertake needs assessments and plan services and strategies.

Working together to devise collaborative strategies to implement the National 10 Year Primary Health Plan and National Preventive Health Strategy.

Collaboratively co-commissioning strategies and services to support health and wellbeing.

Collaborating to support professional development for primary care providers.

Further developing HealthPathways as a key strategy to streamline care.

Connecting through digital health to integrate care across primary care, private healthcare providers, universities, research institutions, partners and innovation precincts.

2.5 Preparing for pandemics and other threats to population health

Strategies

Developing an “all hazards” emergency preparedness strategy to strengthen and improve our disaster/pandemic response with a strong focus on equity, Aboriginal and Torres Strait Islander communities, and priority populations.

Collaborating with general practice and other partners, to ensure a high level of community vaccination across all age groups with a particular focus on childhood immunisations, influenza, pneumococcal, COVID, shingles, RSV and related vaccinations and ensuring the vaccination of people living in residential aged care homes, disability housing and people experiencing homelessness.

Embedding lessons learned from the COVID-19 pandemic response to maintain outbreak preparedness and inform future capability.



2.6 Supporting health equity and addressing the social determinants of health

Strategies

Collaborating with the broader health and social care system to develop strategies to influence housing and homelessness, poverty alleviation, and build community capacity.

Identifying and understanding health inequities, the determinants of health inequalities, and monitoring changes over time.

Investing strategically in geographical areas and neighbourhoods with high socio-economic disadvantage and/or rapid urban development e.g., Redfern, Waterloo, Canterbury, Glebe, Marrickville, and Riverwood.

Collaborating with partners to prevent, intervene early and respond to violence, abuse and neglect and enhance capacity to provide trauma informed responses and support recovery.

Continuing to focus on intersectoral approaches to health issues such as chronic disease, dementia, diabetes, obesity, drug, alcohol, and to support priority populations.

Providing dedicated equity expertise and capacity in the District, updating the Sydney Local Health District Equity Framework and developing associated tools, governance, and monitoring processes.

Undertaking selected equity focussed health impact assessments and equity checks.

Ensuring streamlined District strategies are in place to provide care for people who are Medicare ineligible including for example, asylum seekers and people on temporary visas.

2.7 Ensuring the best start to life from conception through to age five

Strategies

Collaborating with partners to implement “start to life” policies and plans²⁸.

Supporting Aboriginal child and family health initiatives to close the gap in collaboration with the Aboriginal Medical Service, Redfern.

Developing neighbourhood wellness hubs²⁹ and pop-up clinics to support community connectedness, local access and engagement.

Supporting developmentally vulnerable children, children at risk of violence, abuse, and neglect, those who are in out of home care or children with parents who have drug health or mental health issues, including through Naamuru Parent and Baby Unit.

Further developing the Sydney Institute for Women, Children, and their Families, as a central hub for research, education and policy related to the health and social wellbeing of women, children, and their families.



2.8 Developing youth health services

Strategies

Developing a Youth Health Action Plan, with a focus on priority populations, in collaboration with young people and key partners.

Planning for mental health services for young people with a focus on acute, complex and community mental health issues.

Establishing improved pathways to support young people transitioning from paediatric to adult health services.

Expanding and developing youth-specific health services across the District, utilising innovative approaches such as peer workers, champions, and navigators.

2.9 Supporting people to live more years in full health

Strategies

Supporting strategies to optimise the health and wellbeing of older people, people living with disability and those with cognitive impairment and their carers. This includes supporting age and disability friendly environments, combatting negative stereotypes, ensuring well integrated care to prevent, slow or reverse the decline in health.

Improving the support for people to remain in their own homes and, whenever possible, resume active participation in their communities and families, through population health strategies, community-based care and community engagement.

Further enabling people living in RACHs, supported accommodation and disability accommodation to receive healthcare, whenever possible, in their place of residence including through nursing services, outreach and virtual care.

2.10 Advocating for healthy urban planning and development

Strategies

Advocating for a healthy, accessible urban environment through actively engaging the community and our clinicians in improved liveability, public and active transport, affordable and social housing, quality employment, social cohesion and connectivity, social infrastructure, environmental health and equity.



Approximately 10,000 of our residents are currently living with dementia.

‘The health of
Aboriginal communities
is everyone’s business
and responsibility.’

Staff member, Strategic Plan staff consultation



Our Patients, Families, Carers and Consumers

Patients and carers have positive experiences and outcomes that matter

Our commitment is that people of all backgrounds, cultures, experiences and identities are welcome, and everyone always receives our highest quality care.



We have a deep and ongoing commitment to compassionate, culturally appropriate, patient, carer, and family-centred care which “empowers people to partner with clinicians to manage and make decisions about their own care and ensures that everyone is treated with dignity, kindness and respect”³⁰. Integral to this is excellent communication, strong leadership and governance, a positive culture of inclusion and kindness, and the active collection of, and response to, feedback³¹. Our commitment is that people of all backgrounds, cultures, experiences and identities are welcome, and everyone always receives our highest quality care.

Our District is socially, linguistically, culturally, gender, age and socio-economically diverse. We highly value the diverse identities, lifestyles, and cultures while also recognising that there may also be disparity in the health, life expectancy and choices available to some people in our District, particularly our priority populations³². Our populations, patients, their families and carers need to be able to communicate with us in a variety of languages, formats and in a manner that has meaning and relevance to them.

In collaboration with our Aboriginal and Torres Strait Islander populations, we are deeply committed to closing the gap, celebrating culture and heritage, health improvement, social justice, connecting with Country, building a strong, highly valued Aboriginal health workforce and ensuring Aboriginal representation and shared decision-making across our governance structures.

We celebrate our proud lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) community and will continue to actively work together to promote rights-based, gender-affirming, inclusive, person-centred healthcare that is free of stigma and discrimination.

There is no doubt that ageing, disability and chronic disease will be significant challenges for our society with populations living longer but not necessarily with better health. We are a health service that will continue to strive to ensure access, respect, support and deliver care that maximises individual and social capabilities.

Shared decision-making involves patients being partners in care but also includes consumer and community involvement in the planning and design of healthcare in service delivery, governance, strategy, research, education, and health improvement and protection. It means that multiple views and perspectives inform our approach.

We recognise the benefits associated with patient-centred care including decreased mortality, decreased readmission rates, improved adherence to treatment regimens³³ and improved health outcomes. Access, quality, safety, and patient experience will continue to be regularly monitored. Our person-centred care, increasingly delivered in the community, will need to be trauma-informed, evidence-based, focused on human rights, free from discrimination and respectful of lived experience.

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| <div> 3.1 Embedding consumer and community engagement and partnership in all aspects of the District's business </div> <div> Strategies </div> <div> Implementing the Sydney Local Health District 'Partnering with Consumers and Communities Strategic Plan'. </div> <div> Engaging a diverse range of consumers and community members in co-designing policy, planning, service delivery, safety and quality processes, information provision, digital services, research, and evaluation. </div> <div> Providing training for consumers, families, and carers to enable them to meaningfully participate. </div> | <div> 3.2 Ensuring patient outcomes and experiences inform decision making, policy and planning </div> <div> Strategies </div> <div> Embedding patient reported measures and feedback across the patient journey, with results communicated transparently. </div> <div> Providing regular opportunities for consumers and carers, Aboriginal and Torres Strait Islander people, LGBTIQ+ communities, people with disability, older people and other priority populations to provide feedback that translates into change. </div> | <div> 3.3 Growing kindness and compassion in the delivery of care </div> <div> Strategies </div> <div> Promoting respectful, inclusive, kind and culturally safe care, through workforce education, mentoring and manager accountabilities. </div> <div> Developing a District framework for engaging and managing volunteers that reflects the value of volunteers, their capacity for supporting diversity and their potential roles and reporting lines. </div> | <div> 3.4 Supporting improved health literacy and access to information </div> <div> Strategies </div> <div> Expanding and developing District websites that are high quality, up to date and easy to navigate. </div> <div> Supporting improved access to health information and health promotion through a range of digital health strategies and platforms including social media, in-language media, apps, patient portals, and face-to-face programs. </div> <div> Educating staff in communicating and delivering care for people with diverse health literacy levels. </div> |
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| 3.5 Providing targeted access strategies for Cultural and Linguistically Diverse (CALD) communities | 3.6 Collaborating with our LGBTIQ+ communities to ensure gender affirming access and care |
|---|---|
| Strategies | Strategies |
| Improving service navigation and transitional care through appointing navigators, peer workers, cultural support workers, health literacy navigators, interpreters, bilingual staff, and advocates. | Providing targeted co-designed information and health promotion in a variety of formats, online and via patient portals. |
| Providing targeted, co-designed, multilingual and plain English information and health promotion in a variety of formats, online and via patient portals. | Regularly engaging with the LGBTIQ+ communities to ensure our services, strategies, workforce, research and governance respect, celebrate and reflect gender diversity. |
| Regularly engaging with CALD communities to ensure our services, strategies, workforce, research and governance respect and reflect cultural and linguistic diversity. | |
| Supporting the Canterbury Leaders Forum to ensure ongoing feedback, especially related to CALD community health and access considerations. | |



We celebrate our proud lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) community.

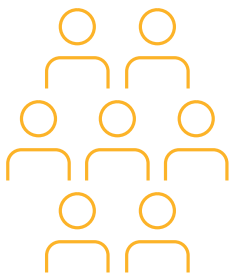


Our Staff and Education

Our staff are engaged, highly skilled and well supported



We want and expect our staff to feel safe and supported, and to think, learn and grow with us.



Every day the staff employed in Sydney Local Health District make a difference to the lives of others. We want to ensure our workforce is supported, fully engaged and involved at all levels of our organisation and that their skills, perspectives and knowledge are valued in the planning, delivery, monitoring and evaluation of care. We will continue to highly value the “staff voice”.

We are an organisation that is deeply committed to the elimination of racism and ensuring that staff and patients/consumers of all backgrounds, beliefs, experiences and identities feel welcome, safe and respected. We will build anti-racism systems and processes, and we will support everyone's capacity to confidently respond to negative attitudes and behaviours including racism and discrimination.

Over the coming five years our healthcare environment will change as care shifts into new settings, with advances in medical and information technology, new scientific developments, an increasingly complex and ageing patient/consumer mix, more integrated models of care, changing community expectations of staff and an increasing demand for healthcare. Our models of care will be updated and redesigned with the ongoing integration of new evidence and research, bringing new roles and new approaches to the workplace.

Our aim in the next five years is to empower our workforce to:

- notice what our patients/consumers need and prefer and safely respond
- be adaptable, agile, resilient and digitally skilled
- work to their optimum scope of practice
- be clinically and culturally capable
- respect and represent our diverse communities and colleagues

- embrace professional learning opportunities
- ensure evidence and research underpins care
- invest in personal and colleague wellbeing
- enable a positive, energetic and innovative workplace culture.

We want and expect our staff to feel safe and supported, and to think, learn and grow with us. We want them to be highly skilled, digitally capable, resourceful, empowered, creative and diverse. We want our leaders and managers to be supportive, compassionate and to demonstrate a high level of competency and skill.

We want to attract and retain highly skilled staff who put people first and help build the work practices for the future. Strategies to ensure a sustainable workforce increasingly need to factor in external issues such as housing affordability and costs of living and health service developments such as medical and information technology changes, major redevelopments, and the significant forecast future health demand.

The skills, competency, diversity, wellbeing, and safety of our large workforce is integral to our overall goal of achieving exemplary high-quality patient and family centred care, and ensuring the health service is optimally placed for the exciting challenges of the future.



4.1 Supporting a healthy, engaged workplace culture

Strategies

Supporting positive workplace cultures that actively engage staff in decision-making, in planning services, models of care and in monitoring and evaluating service delivery and care.

Ensuring workplaces provide positive support and education to staff and trainees/students. This includes promoting access to emotional and psychological support, colleague care, threat and error management, supporting staff who are carers and supporting those experiencing violence, abuse, and neglect.

Developing, implementing, and expanding a range of healthy workplace initiatives for staff. This includes exercise and nutrition programs, social events, ensuring outdoor spaces and areas are available, management of fatigue, education, and promoting a healthy environment.

Expanding “MDOK” to all staff across the District with a strong emphasis on “human factors”.

Implementing workplace programs and policies to support flexible working arrangements.

Supporting high quality innovative performance through education, recognition and awards.

Reviewing and responding to *People Matter Employee Survey* results and providing our workforce with ongoing feedback and engagement opportunities throughout the year.

Ensuring a workplace culture that is not tolerant of bullying, sexual harassment, discrimination, racism, aggression, or other harmful behaviours.

4.2 Embedding an organisational culture dedicated to the elimination of racism

Strategies

Expanding the respect, understanding, accountability and knowledge of staff to confidently identify and respond to racism through targeted education, modelling good practice and building anti-racism cultures.

Enabling systems and structures that reflect Aboriginal ways of knowing, being and doing.

Ensuring incident and complaints management for effectively monitoring and responding to institutional and interpersonal racism.

‘The culture you want is about caring, collaboration, great listening and great problem solving using amazing knowledge.’

Community member at a Strategic Plan consultation





4.3 Attracting and retaining a highly skilled workforce

Strategies

- Supporting Sydney Local Health District to be the employer of choice, with a strong value proposition, branding that highlights our clinical and research excellence and strategies for recruiting high quality staff.
- Supporting recruitment through positive student experiences, educational initiatives, school programs, student placements and employment programs.
- Ensuring equitable and efficient recruitment, onboarding, performance, and talent management.
- Developing initiatives that support entry, re-entry, retention, career progression and development including education, coaching, mentoring, supervision, rotations, and preceptorship.

- Developing strategies to identify and address workforce shortages across all staffing categories.
- Promoting effective succession planning and building talent pipelines to ensure sustainable management and service delivery.
- Enabling workforce planning through accessible workforce data and information systems.
- Undertaking planning to ensure a sustainable future workforce to meet the forecasted demand for healthcare, including that required to staff the redeveloped RPA Hospital, Canterbury Hospital and the Forensic Mental Health service.



4.4 Building safe and innovative workplaces

Strategies

- Ensuring a compassionate and environmentally safe workplace through targeted evidence-based investments in work health and safety.
- Providing staff with opportunities to contribute ideas for workplace and healthcare improvement and innovation e.g. The Pitch and Think Tanks.
- Engaging staff in ensuring efficient workflow and ergonomic practices.
- Strengthening the Sydney Local Health District proactive focus on workplace health and safety through the implementation of a comprehensive workplace safety program 'SLHD Safe and Healthy Plan'.
- Providing modern educational infrastructure including education centres, simulation rooms, virtual reality, study rooms, tutorial rooms and digitally enabled spaces.
- Improving digital systems and capabilities through virtual desktops and tap-on tap-off technology, increased mobility enablement, improved communications platforms, accessible analytics, and tech bars.

4.5 Ensuring our workforce reflects our diverse communities

Strategies

- Celebrating and strengthening diversity across all levels of the workforce, including people with disability, people with mental health conditions, women, Aboriginal and/or Torres Strait Islander people, LGBTIQ+ people, and CALD populations.
- Ensuring a balance of women in senior leadership positions.
- Supporting pathways into the workforce, education and career progression for priority populations including Aboriginal and Torres Strait Islander people, refugee and CALD communities, people with long-term disability, LGBTIQ+ people, veterans, carers, and people living in unstable housing.
- Supporting and expanding innovative education and workforce roles, including peer support workers, people with lived experience, navigators, bilingual educators, bicultural workers, peer educators and Extend workers.



Our Staff and Education Goals and Strategies

4.6 Empowering and educating our staff to be innovative, highly skilled and to achieve their full potential

Strategies

Providing education that maximises the skills and capabilities of our staff and connects them with career pathways.

Providing opportunities for career development and service integration through cross credentialling, micro-credentialling, selective secondments, traineeships, and the flexible rotation of staff within the District.

Promoting digital literacy and competency in using new and rapidly evolving medical and informational technologies, including artificial intelligence, remote monitoring, apps, and diagnostic and interventional technologies.

Supporting and educating staff to adapt to change, new models of care, new roles, interdisciplinary models, extended scope of practice, and changing workplaces.

Continuing to build the confidence and competency of our healthcare professionals to deliver culturally safe, rights-based, gender affirming, trauma-informed, inclusive, and respectful care for Aboriginal people, CALD, LGBTQ+, people with mental health issues, people with dementia, those living with disability, and other diverse members of our community.

Strengthening Sydney Education and collaborating with Health Education and Training Institute (HETI), professional colleges, and universities to provide high quality education and training to clinicians, employees, managers, and students.

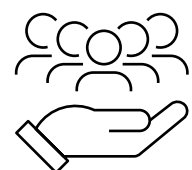
Embracing interdisciplinary, innovative models of education to support face-to-face and online learning through digital systems, virtual reality simulation, remote learning, and community-based education.

Partnering with consumers in the co-design and implementation of education including lived experience and patient stories.

4.7 Promoting strong, compassionate, creative and transformational leaders

Strategies

Providing education and a range of mentoring and development strategies to maximise the skills and capabilities of our leaders and managers.



Every day the staff employed in Sydney Local Health District make a difference to the lives of others.



Our Research, Innovation and Commercialisation

Research, innovation and commercialisation are advanced and underpins service delivery



Over the next five years we will significantly expand our research facilities, technology, and infrastructure.



Our research is world class and in a number of areas, world leading. Our vision is to be a world leader in research, innovation, commercialisation and research translation and to improve health and wellbeing while generating social and economic benefits.

Research and innovation will continue to be embedded into all aspects of our clinical and community care, our culture and our business. Our workforce will be supported and educated to undertake quality research and evaluation.

The next five years will see us purposefully advance discovery, research, clinical trials, innovation, and commercialisation. This will occur in partnership with consumers, communities, universities, research institutes, biomedical and biotechnological industry, and local, state, and national agencies. We will build on international collaborations dedicated to progressing solutions for major health issues, develop understanding of advanced therapeutics and improve health and health outcomes for our broader community. We will support collaborations such as Sydney Health Partners, and our medical research institutes and centres to enable research and its translation.

The development of research strategies for clinical streams, facilities, services and departments will be encouraged across the District. Integral to embedding research will be collaboratively working with our consumers and communities at all stages of research.

Over the next five years we will significantly expand our research facilities, technology, and infrastructure.

We will better utilise clinical, bioinformatic and population health data and maximise the research potential of the Single Digital Patient Record (SDPR) to inform research from its development through to its evaluation.

Infrastructure requirements for quality research are wide ranging and include biobanks, AI, wet and dry laboratories, robotics and dedicated spaces for clinical trials staff and research units. It also requires the digital and medical infrastructure that is integral to health service provision such as access to inpatient and ambulatory facilities, pathology, pharmacy, imaging and genomics.

Together with our long-standing partners the University of Sydney and the Centenary Institute, the District will continue to jointly lead the development of the Sydney Biomedical Accelerator (SBA), a transformative, \$780 million shared research infrastructure complex, with state-of-the-art wet and dry laboratories, biobanks, core research facilities, novel manufacturing capability and strong industry engagement.



Our Research, Innovation and Commercialisation Goals and Strategies

5.1 Embedding research, innovation, translation and commercialisation into clinical care and service delivery

Strategies

Providing opportunities for staff across all facilities and disciplines to participate in research, quality improvement, knowledge sharing, translation, and innovation.

Further expanding the clinical trials portfolio across the District and within facilities to provide consumers with access to new and cutting-edge treatments.

Developing a research hub at Concord Hospital to support clinical trials and research studies.

Ensuring the active participation of consumers, carers, families, and communities, including those from priority populations, in research governance, the development of research questions, research co-design, implementation, evaluation and performance monitoring.

Ensuring research excellence, innovation and achievements are celebrated in the District, through our partnerships, events, Think Tanks, forums, media, social media, branding, signage, kiosks, websites, and webinars.

Collaborating with targeted industry groups, research institutes, other health agencies and partnerships to accelerate research, development, translation, and commercialisation.

Working collaboratively with Aboriginal researchers, staff, and communities to lead, develop and co-design research, particularly research that will assist in closing the gap.

5.2 Supporting the development of the Sydney Biomedical Accelerator and our innovation precinct

Strategies

Continuing to collaborate with the University of Sydney and the NSW Government in the design, development, and construction of the Sydney Biomedical Accelerator (SBA) as a world-leading biomedical research and innovation facility.

Ensuring strong cross-District governance, networking and integration of the SBA and its core facilities.

Continuing to support the development of Tech Central, as the world leading technology, biomedical and innovation district and the focal point of Sydney's innovation and technology communities.

Continuing to strengthen innovation in the Camperdown neighbourhood within Tech Central, in collaboration with universities, research institutes, industry, start-ups, and other stakeholders, as a leading national health and medical research, education, and innovation precinct.

Further growing the research, education and health precincts across the District including at Concord and Canterbury Hospitals.

‘Improve inclusiveness in research and understand lived experience is the expertise community and consumers bring to research.’

Staff member, Strategic Plan staff consultation





**Our Research, Innovation and Commercialisation
Goals and Strategies**

5.3 Supporting an organisational culture that prioritises research and innovation

Strategies

- Continuing to showcase research and innovation.
- Developing research plans and strategies for all District facilities, clinical streams, departments, and services.
- Continuing to develop and implement policies, processes and performance metrics in the District to advance research.
- Ensuring District resources support research including ethics, governance, media and communications, finance, workforce, digital health, performance, planning and capital infrastructure.
- Supporting existing, and developing new, research institutes, centres and collaborations in the District.
- Supporting Sydney Health Partners in its goal of translating research into better health outcomes.

5.4 Building partnerships and capacity to support research, innovation and commercialisation

Strategies

- Providing support, mentoring and infrastructure to grow research and innovation. This includes education in data management, statistical analysis, grant submission, grant management, and pathways to commercialisation.
- Expanding the range of conjoint positions, research managers, internships, higher degree opportunities and development opportunities for staff across disciplines to grow research, innovation, and commercialisation.
- Developing strategic partnerships to advance, develop and commercialise products and innovations, including providing health startup incubation, commercialisation, and procurement pathways.
- Developing and expanding research-supportive digital systems and platforms including clinical trial management, clinical registries, data connectivity, and real time data analytics.
- Establishing and growing a District commercial portfolio, including developing a District strategy for the management of intellectual property and commercial partnerships.



Research and innovation will continue to be embedded into all aspects of our clinical and community care, our culture and our business.



Our Facilities and Digital Health Infrastructure

Our welcoming and well-connected services support quality service delivery



Our facilities will be culturally safe, built and designed to value our Aboriginal communities, the needs of people with disability and cognitive issues and other priority populations.



Welcoming, safe, trauma-informed, accessible, and comfortable spaces provide patients, caregivers, staff and community members with a better experience³⁵. The District is committed to providing infrastructure that supports safe, transformative healthcare, is “wellness-oriented”, accelerates virtual care and advances whole of system digitisation. Our infrastructure will support best practice infection control.

Our facilities will be culturally safe, built and designed to value our Aboriginal communities, the needs of people with disability and cognitive issues and other priority populations with diverse access and care needs. Our facilities will be green, sustainable, easy to navigate and reflect a strong Connection to Country.

State-of-the-art contemporary spaces will be adaptable to new and changing models of care, new technology and digital innovation and facilitate research, education, and clinical excellence. New virtual and digital infrastructure will transform the settings, models and requirements for the delivery of future healthcare.



6.1 Supporting the development of the Single Digital Patient Record and providing innovative and secure digital services

Strategies

Collaborating with eHealth NSW and the Single Digital Patient Record Implementation Authority to locally deliver the Single Digital Patient Health Record.

Improving secure platforms to communicate about care provision, including with patients/consumers, general practitioners, imaging providers, pathology providers, specialist services, universities, research organisations, partners and innovation precincts.

Developing personalised digital patient journeys in collaboration with consumers and carers, including patient portals, digital referrals, appointment management, check-in and queue management, patient reported measures and enhanced connection with clinicians.

Continuing to implement and improve corporate and business systems that support productivity and clinical care.

Continuing to strengthen the District’s cyber defences and maturity against the NSW Cyber Security Policy.

6.2 Redeveloping priority healthcare facilities

Strategies

Constructing high quality healthcare facilities, in accordance with government funding, to meet patient and community demand including:

- Royal Prince Alfred Hospital (Stage One)
- Canterbury Hospital (Stage One)
- Sydney Biomedical Accelerator (SBA) (in collaboration with the University of Sydney and the Centenary Institute);
- Burudiyara Forensic Mental Health Service.



6.3 Planning and seeking funding for our highest priority healthcare facilities

Strategies

Seeking funding and submitting proposals for our highest priority infrastructure projects to meet growing healthcare demand including:

- Stage Two Redevelopment of Concord Hospital
- Stage Two Redevelopment of Canterbury Hospital
- Stage Two Redevelopment of RPA Hospital
- New HealthOne and community-based facilities at Canterbury, Waterloo, Riverwood, and Concord/Homebush.

Planning for high priority mental health facilities in accordance with the Sydney Local Health District Mental Health Strategic Plan:

- Community Mental Health Residential Rehabilitation Services: Canterbury, Redfern, and Rozelle
- Acute adolescent inpatient services
- Acute older person services
- Acute adult services
- Refurbishment of Rivendell.

Commencing planning for refurbishment and upgrade of:

- Balmain Hospital
- Sydney Dental Hospital and Oral Health Services
- RPA Virtual Hospital
- Community-based facilities
- Ambulatory care.

‘Promote staff wellbeing with initiatives such as outdoor spaces, greener environments, meeting spaces, healthy food outlets.’

Staff member, Strategic Plan staff consultation



6.4 Ensuring our assets are appropriate, accessible, achieve best value and are respectful of the Aboriginal heritage and the heritage of our health services

Strategies

Achieving best value for our assets, maintaining and further developing hospitals, community health and other healthcare facilities, equipment, and technology in accordance with the Sydney Local Health District Asset Strategic Plan.

Co-designing healthcare facilities with consumers to be safe places of healing and to be respectful for all patients, consumers, carers and families.

Conserving our heritage buildings and respecting the history of innovation and excellence in healthcare delivery.

6.5 Advocating for improved staff and community access to health facilities

Strategies

Promoting improved staff and community access to health facilities including improved:

- public transport
- housing affordability
- liveability and urban amenity

‘Blend community into the design of health facilities to ensure that our facilities and services are safe places of wellbeing and healing.’

Community member at a Strategic Plan consultation



Our Sustainable Future

Our District is environmentally sustainable and is governed and managed sustainably

Our governance will provide strategic leadership that is fair, ethical, socially responsible, and transparent.



Our sustainable future requires strong professional governance and fiscal responsibility to support high levels of performance, the delivery of value-based care, wise procurement, effective asset management and a sound response to climate change.

Our governance will provide strategic leadership that is fair, ethical, socially responsible and transparent. Within a strong risk framework, we will promote performance and financial accountability, efficiency, sustainability and effectiveness to safeguard the highest quality patient- and family- centred care. Fundamental to our governance will be stronger processes for engaging our consumers and our diverse communities. This includes building on our formal relationships with the Redfern Aboriginal Medical Service and community organisations to embed voice, cultural safety and shared decision making.

In the next five years, we will act through a whole of health service strategy to mitigate the negative effects on our communities of climate change while addressing our own environmental footprint and carbon emissions and ensuring the further greening of our District. We will engage our staff across the District in sustainability. We will support a circular economy model, and work with our Aboriginal and Torres Strait Islander communities to strongly connect and design with Country. We ambitiously aim to build on our achievements to strive towards net zero by 2030.

Reliable, accessible data, including cross-sector linked data, will further support the delivery and evaluation of quality patient centred care. Increasingly, performance data will include more qualitative measures of patient and staff experience, and the impact of our strategies on individuals, groups, and populations.



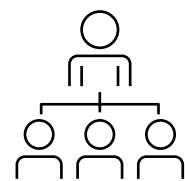


7.1 Achieving statewide targets for safe and timely access to care

Strategies

Improving robust clinical, financial, performance, strategic and change management performance across the District.

Developing and reviewing strategic, operational and performance plans aligned to the District Strategic Plan to ensure its implementation across the system.



Fundamental to our governance will be stronger processes for engaging our consumers and our diverse communities.

7.2 Providing healthcare leadership in environmental sustainability to address climate change

Strategies

Driving an organisational culture that incorporates environmental sustainability as a matter of routine, making sustainability everyone's business.

Improving environmental sustainability through clinician and staff engagement and involvement.

Systematically mitigating and responding to the known health impacts of climate change including impacts on vulnerable and priority populations.

Collaborating across agencies and with communities to support urban planning for a healthy sustainable built environment and socially connected community.

Preferencing models of care, service and system strategies that align to sustainability principles.

Implementing a carbon accounting system to track progress towards carbon neutrality.

Working with the Aboriginal and Torres Strait Islander community to embed principles of Connecting with Country, designing with Country, and ensuring sustainable land use.

Ensuring greatly improved sustainability of District facilities and infrastructure e.g., install solar panels and rainwater tanks, deliver efficient green technology, "green" our facilities and campuses, increase digital infrastructure, and leverage cloud services.

Introducing, streamlining, and evaluating sustainability strategies that focus on energy, water, procurement, transport, food and nutrition, waste and recycling and the built environment.

7.3 Achieving financial sustainability

Strategies

Ensuring positive financial performance as measured by NSW Health.





7.4 Ensuring strong, ethical and transparent governance

Strategies

Ensuring quality clinical, financial, performance and strategic governance across the District.

Providing the highest quality, transparent risk governance, management, reporting system and culture which routinely identifies, and documents risks, supports risk assessment, acts to reduce risk, and reports transparently on elimination and mitigation measures.

Providing renewed governance and support of priority service and population health issues, in partnership with consumers and communities, through District board committees, steering committees, task forces and working parties.

Maintaining digital and cyber security governance, planning, education, risk management and critical incident management in collaboration with statewide agencies.

Ensuring research, ethics and commercialisation is governed by the highest standards and advances research and innovation.

Continuing to advance Aboriginal Health through shared governance and structures that empower voice and truth telling including the Aboriginal Health Steering Committee, Aboriginal representation at the Board level and at every governance level in the District.

Ensuring a high standard of governance, mentoring and accountability for Non-Government Organisations (NGOs) funded through the Sydney Local Health District.

Collaborating to develop a regional governance arrangement to implement national, state, and local prevention and health promotion strategies.

7.5 Further developing processes to support philanthropy

Strategies

Further developing systems, processes and infrastructure to enhance community and corporate partnerships.

‘Access to green space, public transport, affordable housing and good food is important to our health and our family’s health.’

Community member at a Strategic Plan consultation





Our Sustainable Future Goals and Strategies

7.6 Further developing data and information to support innovation and excellence

Strategies

Continuing to support modern data infrastructure, processes and workforce capabilities to enable our data to be safely, securely and more efficiently used for business intelligence, operational and clinical analytics, research, and public and population health.

Ensuring robust financial, performance, contract, research, and outcome metrics drive high performance, responsible decision making, quality strategy and positive clinical and research outcomes.

Continuing to build financial and performance literacy in District managers to support value-based capability across the system.

Reviewing all finance, performance and patient reported measures to ensure that health outcomes are prioritised.

Ensuring Closing the Gap is incorporated into all appropriate performance measures.

Incorporating targets to reduce health inequities, and support inclusion and fairness in District services.

7.7 Ensuring efficient, value for money procurement and contract management

Strategies

Partnering with the NSW MoH to ensure sustainable, robust, and socially responsible strategies for procurement and consumption including for medical supplies, technology, equipment, and corporate supplies.

Ensuring the processes for appointing vendors are efficient and support the timely uptake of new models of care and technologies.

Ensuring that purchased and co-commissioned services provide best value for money.








Appendices



Appendix A

Outcome measures for high priority strategies

| Focus area | | | |
|---|--|---|--|
| Our Services  | Our Communities, Partnerships and Environment  | Our Patients, Families, Carers and Consumers  | Our Staff and Education  |
| Goal | | | |
| 1 Safe high-quality care is delivered across all settings | 2 People are healthy and well | 3 Patients and carers have positive experiences and outcomes that matter | 4 Our staff are engaged, highly skilled and well supported |
| Strategic priorities | | | |
| 1.1 Delivering safe, high-quality care with excellent outcomes <ul style="list-style-type: none">Ongoing full accreditation of all facilities, with all actions in the National Standards metExcellent performance against the NSW MoH Performance Framework KPIsFinancial sustainability across all services and facilitiesImprovement on the 2024 World and Australian ranking of Sydney Local Health District Hospitals 1.2 Shifting care from hospitals into virtual, non-inpatient and community settings <ul style="list-style-type: none">Increased investment in prevention, screening, virtual care, demand management, ambulatory care and community based health services 1.3 Strategically investing in and embedding new medical and surgical innovations and technologies <ul style="list-style-type: none">Increased number of innovative and first in country interventions, surgeries and technologies within a research framework 1.4 Improving mental health and wellbeing services <ul style="list-style-type: none">Increased community based Mental Health ServicesImplementation of the Mental Health Strategic Plan | 2.1 Measurably improving the health of our Aboriginal and Torres Strait Islander communities <ul style="list-style-type: none">Improvements in Close the Gap measures and MoH KPIsImplementation of the Aboriginal Health Strategic Plan 2.2 Empowering our communities to improve health and wellbeing <ul style="list-style-type: none">Improvements in metrics associated with preventable health risk factors | 3.1 Embedding consumer and community engagement and partnership in all aspects of the District's business <ul style="list-style-type: none">Increased number of consumers participating in governance, forums and committeesImplementation of the 'Partnering with Consumers and Communities Strategic Plan'. 3.2 Ensuring patient outcomes and experiences inform decision making, policy and planning <ul style="list-style-type: none">Exemplary patient experience and outcomes as measured by the BHI and local Patient Reported MeasuresEvidence that outcomes from Patient Reported Measures surveys have resulted in plans for improvements | 4.1 Supporting a healthy, engaged workplace culture <ul style="list-style-type: none">Improvements in metrics measured in staff surveys such as "People Matter"Implementation of the Workforce Strategic Plan 4.2 Embedding an organisational culture dedicated to the elimination of racism <ul style="list-style-type: none">Improvement in relevant metrics in staff surveys such as "People Matter" |

| Our Research, Innovation and Commercialisation  | Our Facilities and Digital Health Infrastructure  | Our Sustainable Future  |
|---|---|---|
| | | |
| 5 Research, innovation and commercialisation is advanced and underpins service delivery | 6 Our welcoming and well-connected services support quality service delivery | 7 Our District is environmentally sustainable and is governed and managed sustainably |
| | | |
| 5.1 Embedding research, innovation translation and commercialisation into clinical care and service delivery <ul style="list-style-type: none">Increase in the number of research grants, clinical trials and publications10% increase in the number of higher degree studentsImplementation of the Research Strategic Plan 5.2 Supporting the development of the Sydney Biomedical Accelerator (SBA) and our innovation precinct <ul style="list-style-type: none">SBA is built and occupied | 6.1 Supporting the development of the Single Digital Patient Record and providing innovative and secure digital services <ul style="list-style-type: none">Implementation of the Single Digital Patient Record 6.2 Redeveloping priority healthcare facilities at: <ul style="list-style-type: none">RPA Hospital, Canterbury Hospital, the SBA and Burudiyara Forensic Mental Health Service 6.3 Planning and seeking funding for our highest priority healthcare facilities <p>Plans and funding proposals are submitted for:</p> <ul style="list-style-type: none">Concord Hospital (Stage 2)Canterbury Hospital (Stage 2),RPA Hospital (Stage 2)Community-based facilitiesCommunity Mental Health facilities | 7.1 Achieving Statewide targets for safe and timely access to care <ul style="list-style-type: none">Positive performance against the NSW Health KPIs 7.2 Providing healthcare leadership in environmental sustainability to address climate change <ul style="list-style-type: none">Implementation of the Environmental Health and Sustainability PlanSignificant achievement towards net zero carbon emissions 7.3 Achieving financial sustainability <ul style="list-style-type: none">Positive performance against the NSW Health finance KPIs |

Appendix B

Process for developing the strategic plan

Sydney Local Health District Board Meetings and Workshops

The planning and consultation process was overseen by a Strategic Plan Executive Steering Committee chaired by the District Board Chair and the Chief Executive, with membership comprising the Director Planning and four members of the Senior Executive team.

The District Patient, Family, Consumer and Carer Committee approved the process and was regularly informed and involved throughout the consultation period.

In February 2023 the District Board, Senior Executive and Clinical Directors held a half-day workshop to determine the plan’s architecture, vision and purpose, key principles, strategic issues, priorities, and directions for the next five years. A review and progress against the previous Strategic Plan formed a part of the workshop.

The outcome from this workshop was an initial set of strategies which was designed to be tested, revised, and amended/expanded during the staff consultation. This initial set of strategies was considered and approved by the Chief Executive and Board.

Initial Board/Clinical Directors/Senior Executive Workshop

Executive Steering Committee Meetings

Final Board/Senior Executive Workshop

Staff Consultations (N = 500)

From March to the end of May 2023 a comprehensive staff consultation was undertaken. Face to face forums, workshops and consultations were attended by well over 500 clinical and non-clinical staff. A staff survey was also conducted.

Staff were provided with a written report of the consultation they attended for comment and amendment. These reports were thoroughly coded and analysed and used as the basis for amending the initial set of strategies.

Concord Repatriation General Hospital (CRGH):
Face-to-face forums

Sydney Local Health District – all staff:
Online evening consultation

Canterbury Hospital:
Face-to-face forum

Balmain Hospital:
Face-to-face consultation

rpaVirtual:
Online consultation

RPA Hospital:
Face-to-face consultation

Community Health Services:
Face-to-face consultation
Online consultation

Mental Health Services:
Online consultation

Oral Health Services:
Hybrid face-to-face and online consultation

Staff Survey: A survey for all Sydney Local Health District Staff was open during the staff consultation period.

Community Consultations (N = 400+)

From June to October 2023 a comprehensive community consultation was undertaken. This included well attended face-to-face forums, workshops and consultations targeted to consumers, priority populations and communities, involving over 400 people. In addition, an online community/consumer survey was conducted.

All community members who attended a consultation/workshop were provided with a written report of the consultation they attended for comment and amendment. The outcome from this comprehensive consumer and community consultation was a third revised set of strategies, which formed the draft Strategic Plan.

Aboriginal and Torres Strait Islander Communities:
A major Aboriginal and Torres Strait Islander consultation was held at NCIE, Redfern in collaboration with the Aboriginal Health Unit.

Consumer Forum (All): Major consumer forum and consultation

Canterbury Leaders Forum

Carers for Persons with Dementia: Face-to-face consultation

In- Language Consultations:
Four in-language consultations in community locations.

- Vietnamese
- Chinese (Cantonese)
- Chinese (Mandarin)
- Arabic

LGBTIQ+ Communities:
Face-to-face consultation
Online workshop

Mental Health Consumer Consultation:
Peer support workers and Mental Health consumers

New and Emerging Communities Forum:
Leaders from selected new and emerging communities

People with Disability:
Online consultation

Young People:
Youth consultation with youth services and young people from across the District.

- Youth survey via organisations and Sydney Local Health District social media
- A stall at the Patient and Family Experience Day at the Symposium to capture the views of the participating young people.

Online Survey Consumer Survey:
Online consumer survey during the period of the community consultation.

Executive and Other Stakeholders (N = 200+)

District Executive, General Managers and others were invited to comment on draft plan

Clinical Streams

The Draft Strategic Plan was sent to Clinical Streams on 14th October 2024. All Streams were offered a workshop or consultation. A number of streams took up this offer and workshops/meetings were held. Comments were logged and incorporated.

- Aged Health, Chronic Care and Rehabilitation
- Anaesthetics and Pain
- Cancer and Palliative Care
- Cardiovascular
- Critical Care
- Drug Health
- Gastroenterology and Liver
- Medical Imaging
- Mental Health
- Neurology, Bone & Joint, Immunology, Plastics and Trauma
- Pathology
- Population Health /Community Health / Integrated Care
- Public Health
- Renal and Urology
- Women’s Health, Neonatology and Paediatrics

Medical Staff Councils, Clinical Councils (N=200+)

The draft plan was circulated and discussed through all facility Medical Staff Councils and Clinical Councils in 2024 and early 2025. Comments were logged and amendments incorporated.

CRGH Medical Staff Council and Clinical Council

RPA Medical Staff Council

RPA and Balmain Clinical Council

Canterbury Medical Staff Council

Canterbury Clinical Council

Balmain Clinical Council

Other Groups

Primary Heath Network

Meetings were held with the Central and Eastern Sydney Primary Health Network and the draft Plan was sent to the Chief Executive and Senior Executive on several occasions.

Ministry of Health and Pillars (various officers) several meetings.

Rural/Regional Health Consultation

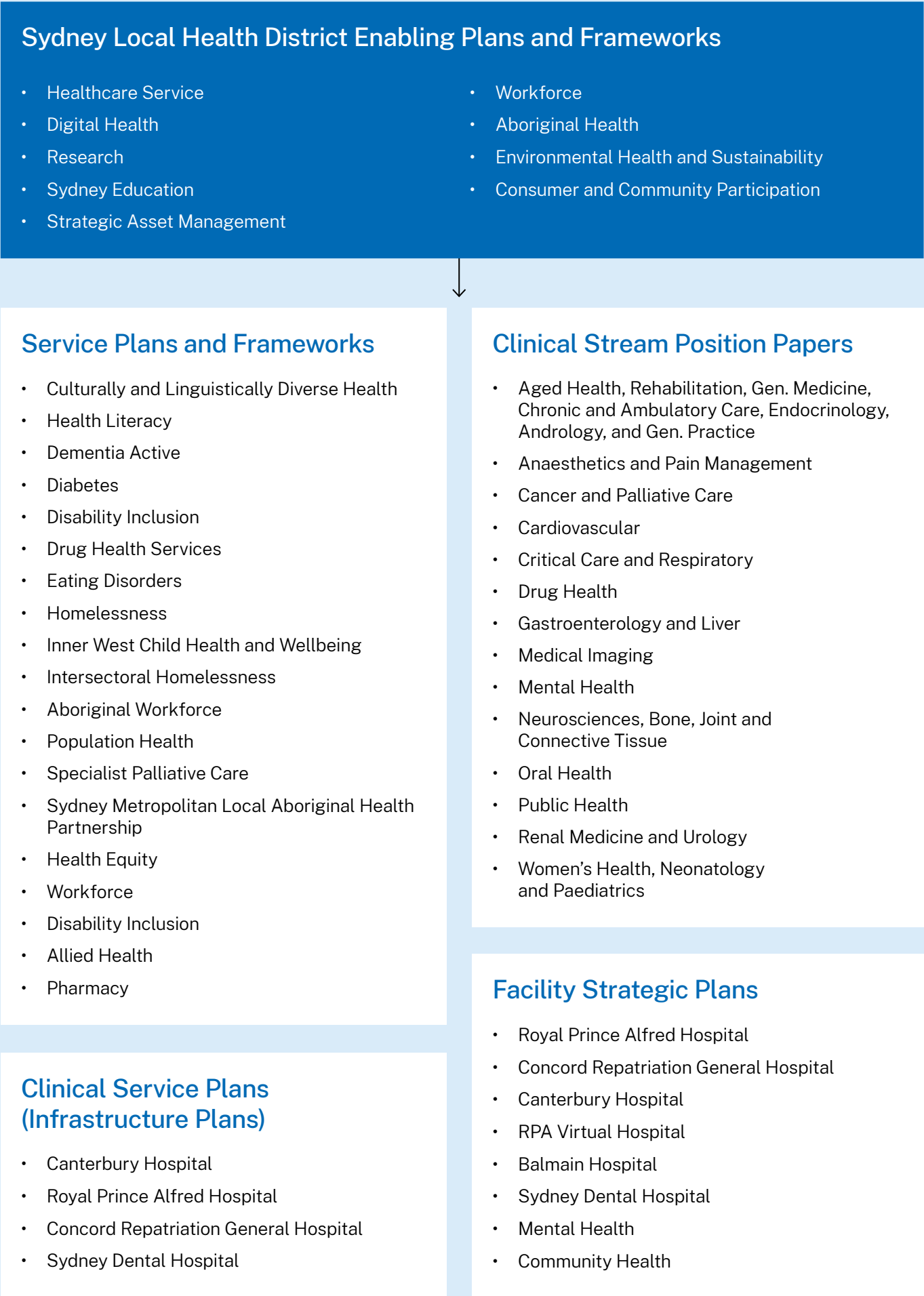
- Meetings with Director, Strategy, Governance and Delivery – Regional Health Division and Senior Policy Officer/Regional Health Division.

Chief Executive and Board Leadership

In April 2025, after a Board/Senio Executive Planning Workshop, the Chief Executive and then the Sydney Local Health District Board considered and approved the Strategic Plan.

Appendix C

Our planning framework



Appendix D

NSW Health Future Health Strategic Framework



Appendix E

Abbreviations

| | |
|----------|---|
| ACCHO(s) | Aboriginal Community Controlled Health Organisation(s) |
| BHI | Bureau of Health Information |
| CALD | Culturally and linguistically diverse |
| CESPHN | Central and Eastern Sydney Primary Health Network |
| CRGH | Concord Repatriation General Hospital |
| ECMO | Extracorporeal Membrane Oxygenation Retrieval |
| ED | Emergency Department |
| HETI | Health Education and Training Institute |
| i-PARVAN | Integrated Prevention and Response to Violence, Abuse and Neglect |
| LGA(s) | Local Government Area(s) |
| LGBTIQ+ | Lesbian, Gay, Bisexual, Transgender, Intersex and Queer |
| LHD | Local Health District |
| NSQHSS | National Safety and Quality Health Service Standards |
| NGO(s) | Non-Government Organisation(s) |
| NSW MoH | New South Wales Ministry of Health |
| RACH(s) | Residential Aged Care Home(s) |
| RPA | Royal Prince Alfred Hospital |
| SEIFA | Socio-Economic Indexes for Areas |
| SLHD | Sydney Local Health District |
| SBA | Sydney Biomedical Accelerator |
| TAFE | Technical and Further Education |



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Sydney Local Health District Homelessness plan

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Sydney Local Health District Homelessness plan

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Future Health

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28

The First 2000 Days of Life, A Blueprint for Action – Maternity Care in NSW, Brighter Beginnings, Integrated Trauma Informed Care, Integrated Prevention and Response to Violence, Abuse and Neglect (i-PARVAN) Framework, and Population Health Strategies

29

Local neighbourhood centres for health improvement, promotion, and service delivery in collaboration with local communities

30

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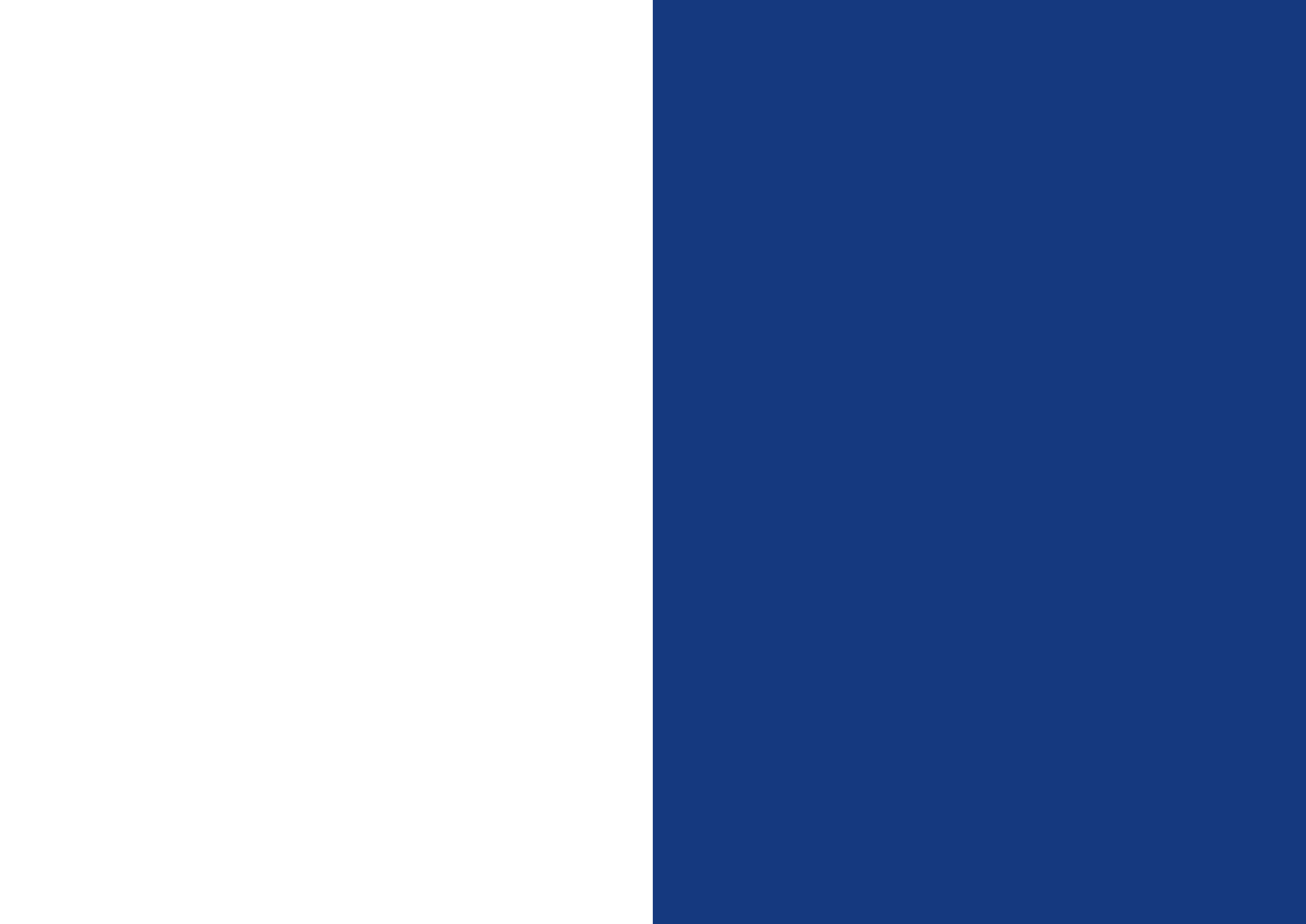
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