



MayShaw

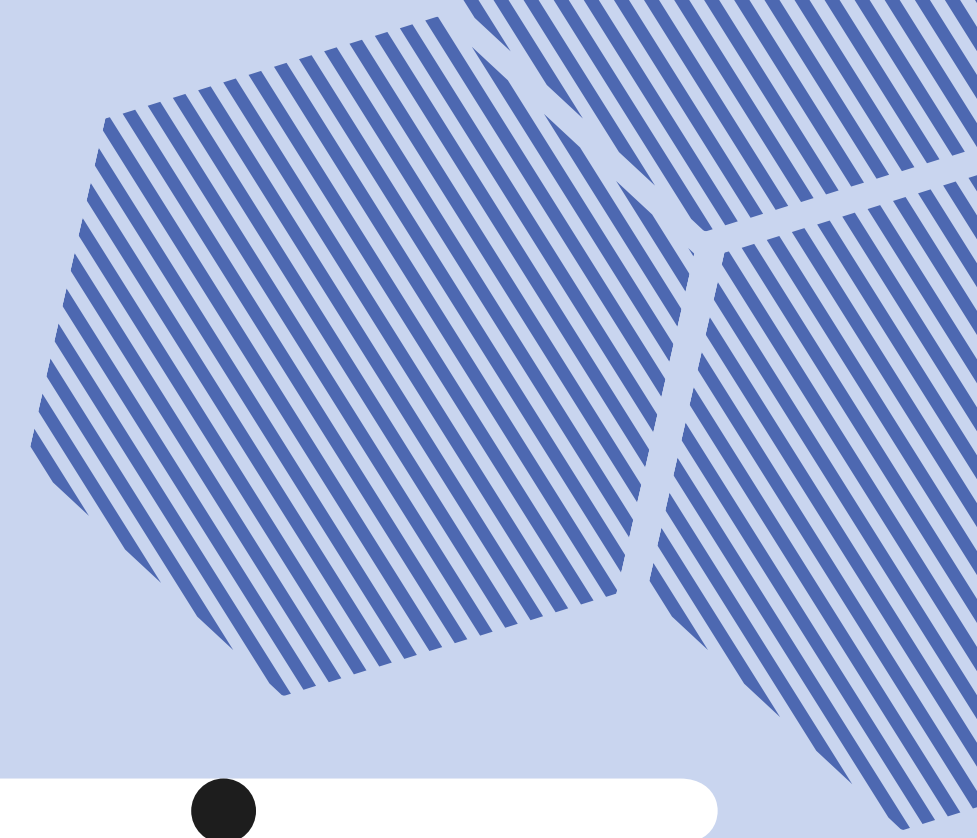
Health and Aged Care for Living

Strategic Plan

2023-2028

Strategic Plan

Past, Present and Future



2023-2024

Over the past year May Shaw has progressively worked through enhancements of its organisational capacity foundations with a particular strategic focus on:

- Accredited services to Quality Standards
- Consumer care and safety outcomes
- Quality & staff training
- HR, industrial relations and workplace health & safety
- Finances & financial model
- Governance & leadership
- Communications & marketing

2025

These initiatives will continue and can be mapped against the organisation KRAs. There will continue to be significant focus in the context of the May Shaw excellence model.

2026

May Shaw's expansion and growth facilitate provision of health and wellbeing services that reflect the needs of people across a wide sector of the community.

2027

May Shaw are leaders in their expansion of excellence and leadership in regional health and wellbeing.

2028

May Shaw growth enhanced by further strategic planning and growth reflected in the purpose and values.





Introduction

This document summarises the strategic pathways designed to enable May Shaw's future sustainability and continuity as a key contributor to Tasmania's rural and regional community health and wellbeing.

It is based on the principles of delivering and facilitating the healthcare continuum and the structured integration of physical and mental health and wellbeing as the basis of people's livelihoods and life transitions.

The conclusions that underpin this positioning are embedded in the value of the local continuum of integrated care being reflective of local need, culture and management.

This is a formal transition to a health & wellbeing "in place" enterprise.

May Shaw has a system to deliver this care model in rural settings.

Our Future

Our operating model enables us to understand and explain the connections, interdependency, and dynamics of how our enterprise works to deliver our vision in the context of the experience, expectations, culture and characteristics of our community and client base.

This has provided the framework for the design of our strategy and will be used to systemically structure our implementation and evaluation.

Evaluate processes are now a necessary part of the system and a shaper of the trajectories and outcomes.

Our Growth trajectory is:

- Highlighted in our *vision*; and focus on excellence
- Delivered through our *integrated care & supports value chain*; and
- A specific focus on *daily living supports and contemporary living options*.

Fiona Onslow-Agnew / Bill Costin





Our Values

Our values guide future choices and our behaviours; we value:

Collaboration

Communicating with honesty and integrity and partnering with each other and our communities.

Equity

Celebrating inclusivity and diversity within our communities.

Respect

Earning respect and trust by valuing individuals, families and, communities with honesty and dignity.

Leadership

To have the courage to provide leadership, governance and management at all levels of our organisation and communities.

OUR PURPOSE

To provide accessible, high quality and supportive health and aged care.

OUR VISION

To support our communities to celebrate life in every stage.

OUR MISSION

Working with our communities to provide responsive and innovative health and aged care by creating an environment which supports people to be where they belong.

Our Strategic Conclusions

1. EXCELLENCE AND SUSTAINABILITY IN RURAL HEALTHCARE AND WELLBEING SERVICES

2. GROWTH

2.1 Contemporary Living Environments

2.2 Geographic Expansion

2.3 Develop Related Services





1

Excellence and Sustainability in Rural Healthcare & Wellbeing Services

This builds on the current “hub” characteristics of both the Swansea and Scottsdale locations.

It provides a continuum of integrated care and supports from home-care through GP, allied health, dentistry, emergency response, specialist access and sub-acute beds.

This has a community health and wellbeing focus, with particular focus on transitions associated with ageing, loss of independent capability and increased safety risk.

More specialised care and supports will be available at prescribed periods and through on-line consultation

Key Result Area 1.1

Map need against provision of services, providers and demand

Key Result Area 1.2

Develop key partnerships to provide and fund improved service access

Key Result Area 1.3

Partner with key providers to consolidate services from MS hub (allied health, dental and mental health services)

Key Result Area 1.4

Support, collaborate and retain GP practices at each site, integrating with residential and care services

Key Result Area 1.5

Market the position of excellence in health care

Key Result Area 1.6

Ensure contemporary digital future strategies and governance requirements, capture data to demonstrate community impact and value

13.



2. Growth

2.1 Contemporary Living Environments

People express a preference for remaining in their own homes, even as their capacity for independent living declines. Provision of supports packages to support this has increased'

The traditional long term aged care residency within facility has altered to much shorter residency periods and higher levels of care to meet more complex needs. Notwithstanding, room and ensuite facilities is the minimum expectation.

Expectations of independent living units is for higher standards of facility range and fit-out.

May Shaw operates facilities which tend to not match the design parameters of current market expectations, which despite offering very high-quality care, can negatively impact occupancy.

A mix of renovation and new-build options are available to enable May Shaw to design fit for purpose and expectation living options.

Key Result Area 2.1.1

Expand Home-care package provision

Key Result Area 2.1.2

Establish and document critical & best practice design parameters for provision of care

Key Result Area 2.1.3

Evaluate the opportunity for and viability of renovation of existing facilities

Key Result Area 2.1.4

Evaluate the opportunity and viability of construction of independent living units

Key Result Area 2.1.5

Evaluate the value and benefit-cost of public and public/private investment models

Key Result Area 2.1.6

Understanding our clients' dementia needs and facilitating environments providing contemporary care in dementia support and palliative care



2. Growth

2.2 Geographic Expansion

The sector's traditional approach to geographic expansion as a method of scaling is to merge with other providers.

This carries a legacy risk of inheriting sub-standard infrastructure which then burdens the business model. Conversely, these mergers can provide a high performing workforce and client revenue base.

May Shaw's "Service Scope" & "Living Environments" strategies provide an alternative to the merger model – green fields sites.

This would enable the provision of a health & wellbeing service and living hub which matches specific community needs.

A mix of government and private investment, with May Shaw management may be a funding option.

Key Result Area 2.2.1

Establish relationships in the investment market for May Shaw to grow excellence in integrated rural health care and wellbeing

Key Result Area 2.2.2

Gain an understanding of the demand and supply side market for our services and facilities



2. Growth

2.3 Develop Related Services

Feasibility study to be done into areas of support required at all stages and what May Shaw can then provide services required and developing related services.

Key Result Area 2.3.1

Feasibility assessment reviewing current state and future state developed for alignment.

Key Result Area 2.3.2

Community's engagement measured and reviewed.

Key Result Area 2.3.3

Implement partnerships and enhance relationships in the communities we serve.

Governing, Managing and Delivering

Progressing these strategic directions and pathways within the context of local values and culture requires a complementary internal focus, one which simultaneously maintains existing service quality and supports the growth pathways.

It's about *Understanding, Explaining, Governing & Managing*

- Why, and
- How we do
- What we do



Reporting Framework

Client Outcomes

Satisfaction

To quality care and clinical standards by service type, location, survey

Incidents

Category, resolution

Complaints

Numbers, causality, resolution

Transitions

Turn-over - causality, new clients, care category, locations

Accredited Services Delivery Quality and Performance

Client Support / Care Profile

No. % by service type

Revenue per Client

By service type

Quality

To standards and client survey

Productivity

Labour utilisation, actual to planned, % capacity, cost per client by service type

Safety

Incident category, LTIFR, complaints

Governance and Leadership

Opportunity and Risk

Non-compliances, incidents (FR, Category, resolution) Workers Comp (\$/revenue, claim \$, % payroll), Sick leave, unplanned absence, staff turnover, overtime/normal hours

Vulnerability and Resilience

Client/staff survey results, CPD spend, Change in client numbers, revenue per client, surplus, \$ reserves, solvency

People and Culture

Demographics

Staff profile, tenure mix, role profile, turnover, recruitment profile, age profile

Availability

% Capacity, unplanned absence, overtime by groupings

Capability

Qualifications performance profile

Culture

Staff survey, safety/client incidents, unplanned absence

Finance

Revenue

By program, by client, private/public, community

Surplus

By program, client service/category

Opportunity and Risk

Donations, enterprise income, investment return, fixed & variable cost control

Solvency and Sustainability

Standard Measures

Communications and Marketing

Awareness of May Shaw Service

Community Survey levels of awareness

Reputation

Community Survey Reputation scale – overall, by service, by cohort

Connectedness and Support

Sector/Government partnership and investment

Program of Development

Projects Implemented

Projects reviewed and completed in the timeframes required

Budget

Budgets are met on projects meeting expectations as reported and planned

Planning

\$ and revenue planning implemented with a 5 year projected budget in place



