

# Annual Operational Plan *2006 – 2007*



The following pages present Hunter New England Health's Strategic Objectives and our annual Area Operational Plan. The plan details the initiatives/actions that will be implemented over the coming year to ensure we achieve the strategies outlined in the Area Strategic Plan.

### **HNE HEALTH'S STRATEGY OBJECTIVES**

Our Vision, Purpose, Key Focus Areas and Strategic Objectives are presented as a one-page summary (see next page).

Our Key Focus Areas are those areas that we consider are critical to achieving our Vision. For each Key Focus Area, Strategic Objectives are identified to ensure the Area remains focussed on the most important issues and needs.

### **HNE HEALTH'S OPERATIONAL PLAN**

For each of our Strategic Objectives, the Operational Plan presents the initiative/actions that will be implemented over the coming year to achieve the strategies in the Area Strategic Plan. The Executive responsible for particular initiatives/actions and timeframes for implementation are identified. As with the Area Strategic Plan, the performance measure/s that will inform the Executive about the Area's performance in relation to the Key Objectives are also included.

Again, as with the Area Strategic Plan each Objective is risk-rated using the HNE Health Risk Matrix (see Appendix 1), which is based on the NSW Health Severity Assessment Code (SAC). In rating the strategic objectives the consequences and likelihood of not achieving an objective and the impact on service provision and outcomes for the community were considered. The risk ratings identified for each strategic objective signify the priority placed on achieving each objective and where we want to be as an organisation in relation to the objective in five years time.

The objectives and measures in both the Area Strategic Plan and Annual Operational Plan are aligned to enable continual review of performance ensuring our five-year strategic directions will be achieved.

Progress on and performance of the Annual Operational Plan will be monitored and evaluated on a monthly basis by the Area Executive Team, through the performance reporting process. Review of progress in implementing the Plan will occur as part of Area Executive Team meetings in August, November, February and May.

The Performance Agreement between Hunter New England Health and NSW Health is a separate reporting process, although the key areas requiring greatest improvement identified in the Performance Agreement are also in the Area Strategic and Annual Operational Plans with specific initiatives to progress improvement and achieve the targets set.

Hunter New England Health supports the management of the Area Strategic Plan, the Annual Operational Plan and Performance Agreement through identified software that is accessible to all HNE staff via the Balanced Scorecard site on the intranet. This software contains data that is updated on a daily basis to ensure information to support decision-making is current.

**STATE VISION: Healthy people, now and in the future**  
**HNE HEALTH VISION: Healthier communities: Excellence in healthcare**  
**HNE HEALTH PURPOSE: Working with our communities to deliver quality health services**

## OUR VALUES

- TEAMWORK
- HONESTY
- RESPECT
- ETHICS
- EXCELLENCE
- CARING
- COMMITMENT
- COURAGE

**Focus Area: Communities and Patients**  
 To achieve our vision, the key outcomes we must deliver are:

- ❖ Communities that feel empowered in relation to health (C&P 1)
- ❖ Improved health and well being for all (C&P 2)
- ❖ Reduced gap in health and well being between Aboriginal and non-Aboriginal people (C&P 3)
- ❖ Improved equity of access to services (C&P 4)
- ❖ A quality health service experience (C&P 5)
- ❖ Reduced health disadvantage (C&P 6)

**Focus Area: External Partners**  
 To deliver the required community outcomes, we need to excel in:

- ❖ Engaging our partners in improving the health of our communities (EP 1)

**Focus Area: Internal Networking and Processes**  
 To deliver the required community outcomes, we need to excel in:

- ❖ Person-centred care and continuous service review (IN&P 1)
- ❖ Effective clinical networks (IN&P 2)
- ❖ Safe and evidence-based healthcare (IN&P 3)
- ❖ Disease prevention and health promotion across all service areas (IN&P 4)
- ❖ Organisational risk management (IN&P 5)

**Focus Area: Resource Accountability**  
 To deliver the required community outcomes, we need to excel in:

- ❖ Prioritisation and allocation of resources to best meet health needs (RA 1)
- ❖ Effective management of resources and assets for maximum health benefit (RA 2)

**Focus Area: Our People, Culture and Capability**  
 (Employees and Contracted)  
 To achieve the desired community outcomes and sustain our ability to change and improve, we need to excel in:

- ❖ Always demonstrating our shared organisational values and culture of service (OPCC 1)
- ❖ Attracting and retaining the required high quality staff (OPCC 2)
- ❖ Developing competence, capability, individual accountability and performance (OPCC 3)
- ❖ Effective consultation and communication (OPCC 4)
- ❖ Ensuring a safe working environment (OPCC 5)
- ❖ Demonstrating innovative healthcare (OPCC 6)

## Abbreviations

AET	Area Executive Team
CE	Chief Executive
Dir AN	Director Acute Networks
Dir C&SE	Director Communication and Stakeholder Engagement
Dir CG	Director Clinical Governance
Dir Clin Ops	Director Clinical Operations
Dir Corp Serv	Director Corporate Services
Dir N&MS	Director Nursing and Midwifery Services
Dir P&CN	Director Primary and Community Networks
Dir PHPP	Director Population Health Planning and Performance
Dir WD	Director Workforce Development

<b>FOCUS AREA:</b>	<b>Communities and Patients</b>				
<b>OBJECTIVE:</b>	To achieve our vision, a key outcome we must delivery is: <b>Communities that feel empowered in relation to health</b>				<b>Risk Rating</b> Current Target <b>K L</b>
<b>DESTINATION STATEMENT:</b>	People in our communities have confidence in working with us on health service issues and feel enabled to take responsibility for managing their own health				
<b>Measure:</b>	<b>Target</b>	<b>Reporting Timeframe</b>	<b>Initiatives/Actions</b>	<b>Responsibility</b>	<b>Time frame</b>
Participant satisfaction with Community Engagement Framework process and outcomes	80%	Annual	<ul style="list-style-type: none"> <li>Develop a tool and process to collect data for the measure</li> <li>Implement a range of communication strategies to facilitate action on issues raised at community forums: <ul style="list-style-type: none"> <li>Communicate minutes of the Local Health Advisory Committees (LHAC), Health Forums, and Area Health Advisory Council (AHAC) via both the HNE intranet and HNE internet sites</li> <li>Develop and implement a process to review any issues or trends arising from LHAC, Health Forums and AHAC</li> <li>Ensure all Cluster Managers are reviewing minutes of the LHAC, Area Health Forums and AHAC for local issues and trends</li> <li>Establish a process to report identified issues and trends to AET</li> <li>Post summaries from AET on the HNE intranet and HNE internet site</li> </ul> </li> <li>Facilitate meetings between chairpersons of LHAC, Health Forums and AHAC to: <ul style="list-style-type: none"> <li>Discuss and clarify variable roles and functions</li> <li>Establish communication between groups and communication pathways with a) Clinicians b)Community</li> </ul> </li> <li>Engage isolated rural communities and remote indigenous communities in health services development and delivery: <ul style="list-style-type: none"> <li>By working with the communities of Toomelah and Boggabilla</li> <li>Through consultation processes for specific plans/projects eg, Aboriginal Health Services Plan, Tingha MPS</li> </ul> </li> <li>Provide training for staff in how to effectively engage and involve consumers/ communities</li> <li>Facilitate health advocacy training for community members</li> </ul>	Dir C&SE Dir C&SE, Dir Clin Ops          CE, Dir C&SE.          Dir PHPP          Dir C&SE Dir C&SE	Feb 07  Dec 06  Dec 06  Dec 06 Dec 06  March 07 March 07  June 07          June 07 June 07
Extent to which people report feeling able to take responsibility for managing their own health	Baseline Year	Annual	<ul style="list-style-type: none"> <li>Advocate for questions related to people's confidence in managing their own health to be included in the NSW Dept of Health Chief Health Officer's Survey</li> <li>Develop training packages to educate staff in the provision of information/ instruction to patients on self management, in particular chronic diseases</li> <li>Introduce "wellness" programs for people identified as having significant chronic disease risk factors (including criteria for referral, management plans, health coaching skills).</li> <li>Identify existing self management support options and establish a community based network of self management programs/training</li> <li>Up skill staff in the prevention and management of chronic disease as indicated in the Chronic Disease Plan</li> </ul>	Dir PHPP  Dir P&CN  Dir P&CN  Dir P&CN  Dir P&CN	Dec 07  March 07  June 07  June 07  June 07

<b>FOCUS AREA:</b>	<b>Communities and Patients</b>				
<b>OBJECTIVE:</b>	To achieve our vision, a key outcome we must delivery is: <b>Improved health and well being for all</b>				<b>Risk Rating</b> <b>Current Target</b> <b>B D</b>
<b>DESTINATION STATEMENT:</b>	People in our communities are healthier and have fewer health risks				
<b>Measure:</b>	<b>Target</b>	<b>Reporting Timeframe</b>	<b>Initiatives/Actions</b>	<b>Responsibility</b>	<b>Time frame</b>
Percent Non-Aboriginal birth weights less than 2,500g	6.5%	Quarterly	<ul style="list-style-type: none"> <li>Develop an Area wide approach to completing Social Impact Assessments</li> <li>Finalise the development of the Pandemic strategy</li> <li>Implement strategies for all health facilities to become smoke free environments</li> <li>Implement planned strategies for 2006/2007 for the Area-based Services Strategic Implementation Support Trial (ASSIST) Child Obesity Project</li> <li>Implement the Falls Injury Prevention Program</li> <li>Develop a staff wellness strategy</li> </ul>	Dir PHPP Dir N&MS Dir PHPP, Dir WD Dir PHPP	June 07
Potentially avoidable premature mortality (less than 75 yrs)	Baseline Year	Annual			June 07
Percent smoking (16 yrs and over)	16.7%	Annual			Nov 06
Percent alcohol risk (16 yrs and over)	35.1%	Annual		Dir PHPP Dir WD, Dir PHPP	June 07
Percent overweight or obese (16 yrs and over)	53.7%	Annual			June 07
Percent adequate physical activity (16 yrs and over)	48.4%	Annual			June 07
Number suspected suicides of patients in hospital or within 7 days of contact with a mental health service	Baseline year	Annual			
Rate of hospitalisation for patients with fractured neck of femur (65yrs and over): Male	1,909	Quarterly			
Rate of hospitalisation for patients with fractured neck of femur (65yrs and over): Female	2,617	Quarterly			

<b>FOCUS AREA:</b>	<b>Communities and Patients</b>					
<b>OBJECTIVE:</b>	To achieve our vision, a key outcome we must delivery is: <b>Reduced gap in health and well being between Aboriginal and non-Aboriginal people</b>				<b>Risk Rating</b> Current Target <b>A D</b>	
<b>DESTINATION STATEMENT:</b>	The health and well being of Aboriginal people, relative to non-Aboriginal people, is improved					
<b>Measure:</b>	<b>Target</b>	<b>Reporting Timeframe</b>	<b>Initiatives/Actions</b>	<b>Responsibility</b>	<b>Time frame</b>	
Percent gap between Aboriginal and Non-Aboriginal mortality	↓ 5%	Quarterly	<ul style="list-style-type: none"> <li>Develop an Aboriginal Health Plan, in consultation and partnership with the local Aboriginal people, to effectively meet prioritised needs in a culturally appropriate manner</li> <li>Commence the roll out of cultural awareness and respect training and incorporate in staff mandatory training</li> <li>Implement strategies to monitor and ensure the utilisation of the Aboriginal Health Impact Statement</li> </ul>	Dir PHPP	May 07	
Percent gap between Aboriginal and Non-Aboriginal births less than 2,500g	↓ 5%	Quarterly			Dir PHPP, Dir WD	Nov 07
Percent Aboriginal births less than 2,500g	Baseline Year	Quarterly			Dir PHPP	April 07
Rate (per 100,000) of separations for cardiovascular disease	Baseline Year	Annual				
Rate (per 100,000) of separations for diabetes	Baseline Year	Annual				
Rate (per 100,000) of separations for Alcohol related disease	Baseline Year	Annual				
Rate of Aboriginal people requiring removal and restoration of teeth (per 100,00)	Baseline Year	Annual				

<b>FOCUS AREA:</b>	<b>Communities and Patients</b>					
<b>OBJECTIVE:</b>	To achieve our vision, a key outcome we must delivery is: <b>Improved equity of access to services</b>				<b>Risk Rating</b> Current Target <b>J R</b>	
<b>DESTINATION STATEMENT:</b>	Within our Area, people with a clinical need have access to the appropriate services that meet their needs. with in a reasonable timeframe					
<b>Measure:</b>	<b>Target</b>	<b>Reporting Timeframe</b>	<b>Initiatives/Actions</b>	<b>Responsibility</b>	<b>Time frame</b>	
Community Health clients average waiting times in days to assessment	Baseline year	Monthly	<ul style="list-style-type: none"> <li>Continue to improve information systems to support the management of patients across services by: <ul style="list-style-type: none"> <li>- Rolling out PAS/UPUI and CHIME across Northern</li> <li>- Rolling out EDRS across Southern</li> <li>- Supporting Statewide initiatives eg, implementation of EHR</li> </ul> </li> <li>Develop an Area Transport Plan</li> <li>Develop a strategy to expand the Referral Information Centre (RIC)</li> <li>Identify appropriate opportunities to increase outreach of specialty services as close as possible to where people live when new/replacement specialists are appointed or when service models/plans are developed/reviewed.</li> <li>Complete clinical service plans for: Renal, Drug and Alcohol, Aboriginal Health, Children, Young People and Families</li> </ul>	Dir Corp Serv	June 07	
Number community health clients waiting greater than 30 days for first treatment	Baseline year	Monthly				
Mental Health community care hours	67%	Quarterly				
Potentially avoidable hospital separations (per 100,000) for ambulatory care sensitive conditions - Non-Aboriginal	< 2,334	Monthly			Dir P&CN Dir Clin Ops Dir Clin Ops	Nov 06 March 07 June 07
Potentially avoidable hospital separations (per 100,000) for ambulatory care sensitive conditions Aboriginal	< 5,987	Monthly			Dir PHPP	June 07
Percent allied health patients first seen for assessment within benchmark	81.0%	Monthly				
Number patients in identified acute hospitals awaiting aged care placement	Baseline year	Monthly				
Percent emergency triage benchmarks achieved	100%	Monthly				
Percent emergency access performance	80.0%	Monthly				
Number urgent medical and surgical waits greater than 30 days	0.0	Monthly				
Number medical and surgical ready for care (RFC) greater than 12 months	0.0	Monthly				
Acute inpatient length of stay (mental health)	Baseline year	Monthly				
ED access block (mental health)	Baseline year	Monthly				
Percent unplanned mental health readmissions within 28 days	Baseline year	Monthly				
Percent callers who receive a first contact resolution through HNE Contact Centre	Baseline year	Quarterly				

<b>FOCUS AREA:</b>	<b>Communities and Patients</b>				
<b>OBJECTIVE:</b>	To achieve our vision, a key outcome we must delivery is: <b>A quality health service experience</b>			<b>Risk Rating</b> <b>Current</b> <b>Target</b> <span style="background-color: orange;">L</span> <span style="background-color: green;">V</span>	
<b>DESTINATION STATEMENT:</b>	People who come into contact with us are confident that we consistently deliver safe, effective, appropriate services				
<b>Measure:</b>	<b>Target</b>	<b>Reporting Timeframe</b>	<b>Initiatives/Actions</b>	<b>Responsibility</b>	<b>Time frame</b>
Patient satisfaction score	Baseline Year	Annual	<ul style="list-style-type: none"> <li>Develop, implement and drive, on behalf of the Dept of Health, the state wide patient satisfaction project to meet the needs of all clinical areas</li> <li>Implement Maggie /redesign programs timetabled for 2006/2007</li> <li>Meet accreditation timetables across all health facilities</li> </ul>	Dir CG, Dir PHPP Dir Clin Ops Dir N&MS	March 07
Percent facilities/services accredited by ACHS, RGMC, NATA, or Commonwealth Aged Care Accreditation	100%	Annual			June 07 June 07

<b>FOCUS AREA:</b>	<b>Communities and Patients</b>				
<b>OBJECTIVE:</b>	To achieve our vision, a key outcome we must delivery is: <b>Reduced health disadvantage</b>				<b>Risk Rating</b> <b>Current</b> <b>Target</b> <span style="background-color: red; color: white;">A</span> <span style="background-color: red; color: white;">D</span>
<b>DESTINATION STATEMENT:</b>	The gap in health and well being between disadvantaged groups and the general population is reduced				
<b>Measure:</b>	<b>Target</b>	<b>Reporting Timeframe</b>	<b>Initiatives/Actions</b>	<b>Responsibility</b>	<b>Time frame</b>
Percent gap in mortality between low SES and high SES	Baseline Year	Annual	<ul style="list-style-type: none"> <li>• Finalise the development of programs that specifically targets the needs of disadvantaged people and identify options to improve their health outcomes: <ul style="list-style-type: none"> <li>- Identify and prioritise disadvantaged population groups/geographical areas of health disadvantage</li> <li>- Develop appropriate measure of health status</li> <li>- Determine underlying causes of health disadvantage</li> <li>- Identify strategies</li> </ul> </li> <li>• Implement approved health programs and services for refugees in Tamworth and Armidale</li> </ul>	Dir PHPP	June 07
Gap in health status for rural vs metropolitan	Baseline Year	Annual		Dir N&MS	Dec 06

<b>FOCUS AREA:</b>	<b>External Partners</b>				
<b>OBJECTIVE:</b>	To deliver the required community outcomes, we need to excel in: <b>Engaging our partners in improving the health of our communities</b>				<b>Risk Rating</b> Current Target <b>K N</b>
<b>DESTINATION STATEMENT:</b>	Our partnerships deliver benefits to people across Hunter New England through shared goals, clearly agreed responsibilities and effective outcomes				
<b>Measure:</b>	<b>Target</b>	<b>Reporting Timeframe</b>	<b>Initiatives/Actions</b>	<b>Responsibility</b>	<b>Time frame</b>
Partnership satisfaction score: General Practitioners (GPs)	Base Line Year	Annual	<ul style="list-style-type: none"> <li>Work with the Divisions of general practice and GPs to develop and establish models of integrated care ie, Integrated Primary Health Care Centres (IPHCC), for mental health services</li> <li>Develop an agreed consultation framework with GPs</li> </ul>	Dir PHPP, Dir P&CN  CE, Dir PHPP	June 07  Dec 06
Partnership satisfaction score: Universities	Baseline Year	Annual	<ul style="list-style-type: none"> <li>Complete development of the Joint Business Plan with the Universities of Newcastle and New England for clinical practice development</li> <li>Develop strategies in partnership with the universities to ensure their programs are relevant and appropriate to meet current and future service models and workforce needs</li> <li>Continue involvement with Toomelah and Boggabilla initiatives</li> <li>Implement later phases of the Social Impact Assessment</li> <li>Participate in the local groups established to implement "Two Ways Together" plan</li> <li>Establish a forum/s to meet second yearly with groups of local councils</li> <li>Identify and take on opportunities for leadership roles in RCMG</li> <li>Develop a measure to assess HNE involvement in the RCMGs' activities and projects</li> <li>Develop a framework for engaging with business communities, Dept of Health, media, and other health service providers</li> <li>Develop tools for partnership surveys</li> </ul>	CE, Dir WD  Dir WD, Dir N&MS  CE, Dir PHPP Dir PHPP Dir PHPP	June 07  June 07 June 07 June 07 June 07 June 07 June 07 June 07
			<ul style="list-style-type: none"> <li>Lobby to become a transaction centre/health support cluster as part of the development of Statewide Shared Corporate Services</li> <li>Lobby to be the lead site for the Statewide application of HRIS</li> </ul>	Dir Corp Serv  Dir WD	June 07  June 07

<b>FOCUS AREA:</b>	<b>Internal Networking and processes</b>				
<b>OBJECTIVE:</b>	To deliver the required community outcomes, we need to excel in: <b>Person-centred care and continuous service review</b>				<b>Risk Rating</b> <b>Current    Target</b> <b>J            L</b>
<b>DESTINATION STATEMENT:</b>	We focus on the needs of those who receive our care and regularly evaluate how well we meet those needs				
<b>Measure:</b>	<b>Target</b>	<b>Reporting Timeframe</b>	<b>Initiatives/Actions</b>	<b>Responsibility</b>	<b>Time frame</b>
Percent Maggie and Clinical Services Redesign Programs' recommendations implemented within timeframes: High Priority Medium Priority Low Priority	90 75 55	Quarterly Quarterly Quarterly	<ul style="list-style-type: none"> <li>Complete the evaluation of the Maggie Program.</li> <li>Evaluate Belmont Birthing Centre as an innovative model of care</li> <li>Undertake/complete the following Maggie Projects: <ul style="list-style-type: none"> <li>Manning ED</li> <li>Mater Access Block</li> <li>Transfer of Care Coordination</li> <li>Community Adult Mental Health Phase 1</li> <li>Community Adult Mental Health Phase 2</li> <li>Implementation of the Statewide Cardiology Project Solutions - Projects A&amp;B</li> <li>Booked Surgical Patient Journey</li> <li>Aboriginal Patient Journey</li> </ul> </li> </ul>	Dir Clin Ops Dir N&MS Dir Clin Ops	Oct 06 June 07 July 06 July 06 Aug 06 April 07 June 07 Nov 06 June 07 June 07
Patient satisfaction score: Patient centred care	Baseline Year	Annual			June 07 June 07
Percent complaints resolved within 35 days	80.0%	Quarterly	<ul style="list-style-type: none"> <li>Analyse complaints data and determine trends of complaints</li> </ul>	Dir CG	March 07
			<ul style="list-style-type: none"> <li>Ensure that there is a policy framework and a mechanism to ensure that general clinical ethical issues and individual patient situations are considered in a patient-centric way, based on evidence and organisational values</li> </ul>	Dir CG	June 07

<b>FOCUS AREA:</b>	<b>Internal Networking and processes</b>				
<b>OBJECTIVE:</b>	To deliver the required community outcomes, we need to excel in: <b>Effective clinical networks</b>			<b>Risk Rating</b> <b>Current    Target</b> <b>B            H</b>	
<b>DESTINATION STATEMENT:</b>	Clinical, administrative and support staff have structures and processes to work together to deliver coordinated, consistent healthcare				
<b>Measure:</b>	<b>Target</b>	<b>Reporting Timeframe</b>	<b>Initiatives/Actions</b>	<b>Responsibility</b>	<b>Time frame</b>
Number managed clinical networks launched within timeframes	7	6 Monthly	<ul style="list-style-type: none"> <li>Implement Phase One Area Clinical Networks</li> <li>Determine Area Clinical Network Phase Two plans and timeframes</li> </ul>	Dir Clin Ops, Dir PHPP	Dec 06
Number Managed Clinical Networks operational within 6 months of launch	5	6 Monthly			<ul style="list-style-type: none"> <li>Develop Area Clinical Network evaluation strategy</li> </ul>

<b>FOCUS AREA:</b>	<b>Internal Networking and processes</b>				
<b>OBJECTIVE:</b>	To deliver the required community outcomes, we need to excel in: <b>Safe and evidence-based healthcare</b>				<b>Risk Rating</b> <b>Current</b> <b>Target</b> <span style="background-color: red; color: white; padding: 2px;">D</span> <span style="background-color: orange; color: black; padding: 2px;">K</span>
<b>DESTINATION STATEMENT:</b>	We ensure our care is based on best practice and minimises harm				
<b>Measure:</b>	<b>Target</b>	<b>Reporting Timeframe</b>	<b>Initiatives/Actions</b>	<b>Responsibility</b>	<b>Time frame</b>
Percent KPIs achieved for: Infection Control Falls Prevention Quality Use of Medicines Patient Identification/Correct Site/Side Pressure wounds	Baseline year	Annual	<ul style="list-style-type: none"> <li>Implement programs for these areas of national focus on quality and patient safety HNEH-wide, based on evidence and external benchmarks</li> </ul>	Dir CG	April 07
Percent blood and blood products KPIs achieved	Baseline year	Annual	<ul style="list-style-type: none"> <li>Participate in the Transfusion Medicine Project to ensure appropriateness and safety of blood and blood products</li> </ul>	Dir CG	June 07
Percent TASC KPIs achieved	Baseline year	Annual	<ul style="list-style-type: none"> <li>Implement the "Towards a Safer Culture" program for 2006-2007</li> </ul>	Dir CG	June 07
Percent clinical policies with reference to current evidence-based practice levels:	Baseline year	Annual	<ul style="list-style-type: none"> <li>Implement the new HNEH policy framework, ensuring references to evidence-based practice and external benchmarking are routinely included</li> <li>Commence a review of all clinical policies to ensure that there are HNEH policies that cover core clinical practice elements</li> </ul>	Dir CG Dir CG	Dec 07 June 07
Percent services conducting routine death audits	Baseline year	Annual	<ul style="list-style-type: none"> <li>Rollout a program to undertake death audit within all services</li> </ul>	Dir CG	March 07

<b>FOCUS AREA:</b>	<b>Internal Networking and processes</b>				
<b>OBJECTIVE:</b>	To deliver the required community outcomes, we need to excel in: <b>Disease prevention and health promotion across all service areas</b>				<b>Risk Rating</b> <b>Current    Target</b> <b>A            D</b>
<b>DESTINATION STATEMENT:</b>	We embrace all opportunities to prevent disease and promote healthy lifestyle choices				
<b>Measure:</b>	<b>Target</b>	<b>Reporting Timeframe</b>	<b>Initiatives/Actions</b>	<b>Responsibility</b>	<b>Time frame</b>
Percent patients with at risk behaviour provided risk reduction care	Baseline Year	Annual	<ul style="list-style-type: none"> <li>Develop a schedule for reviewing all plans and performance reports to ensure that disease prevention and health promotion initiatives are included</li> <li>Undertake a clinical redesign program with the Children, Young People and Families Clinical Network to embed disease prevention and health promotion strategies focussing on immunisation, tobacco use and obesity</li> </ul>	AET  Dir Clin Ops, Dir PHPP	June 07  June 07

<b>FOCUS AREA:</b>	<b>Internal Networking and processes</b>				
<b>OBJECTIVE:</b>	To deliver the required community outcomes, we need to excel in: <b>Organisational risk management</b>				<b>Risk Rating</b> <b>Current</b> <b>Target</b> <b>K</b> <b>N</b>
<b>DESTINATION STATEMENT:</b>	We recognise potential risks, eliminate them where possible, work to mitigate others and determine the level of risk we are prepared to accept				
<b>Measure:</b>	<b>Target</b>	<b>Reporting Timeframe</b>	<b>Initiatives/Actions</b>	<b>Responsibility</b>	<b>Time frame</b>
Number high priority recommendations outstanding	Baseline Year	Quarterly	<ul style="list-style-type: none"> <li>Continue the implementation of the Risk Management Framework including the finalisation and roll out of the electronic Risk Register</li> <li>Ensure all high priority recommendations outstanding, are attended within timeframes established and incorporated into an electronic actions tracking system</li> <li>Implement the NSW Clinical Quality and Patient Safety Performance Agreement</li> <li>Develop a process to identify status and progress of all Root Cause Analyses</li> </ul>	Dir Corp Serv AET	June 07 March 07
Percent Root Cause Analysis (RCA) recommendations implemented within stated timeframe	Baseline Year	6 Monthly		Dir CG	June 07 Dec 06
Percent SAC 1 RCAs completed within timeframes (as of 1 August 2006)	Baseline Year	6 Monthly		Dir CG	

<b>FOCUS AREA:</b>	<b>Resource Accountability</b>				
<b>OBJECTIVE:</b>	To deliver the required community outcomes, we need to excel in: <b>Prioritisation and allocation of resources to best meet health needs</b>				<b>Risk Rating</b> <b>Current    Target</b> <b>A            D</b>
<b>DESTINATION STATEMENT:</b>	Resources are allocated to meet identified health needs according to agreed priorities				
<b>Measure:</b>	<b>Target</b>	<b>Reporting Timeframe</b>	<b>Initiatives/Actions</b>	<b>Responsibility</b>	<b>Time frame</b>
Percent high priorities initiatives/actions in service plans implemented within agreed timeframes	60%	Annual	<ul style="list-style-type: none"> <li>Introduce a structured process for allocating resources based on strategic priorities identified in the Area Strategic Plan and clinical services plans, through performance reports/reviews or clinical redesign projects, from recommendations following RCAs/accreditation, etc.</li> </ul>	AET	March 07
Percent of mental health population needs budgeted for	80%	Annual			

<b>FOCUS AREA:</b>	<b>Resource Accountability</b>				
<b>OBJECTIVE:</b>	To deliver the required community outcomes, we need to excel in: <b>Effective management of resources and assets for maximum health benefit</b>				<b>Risk Rating</b> <b>Current</b> <b>Target</b> <span style="background-color: red; color: white; padding: 2px;">D</span> <span style="background-color: orange; color: white; padding: 2px;">L</span>
<b>DESTINATION STATEMENT:</b>	We have systems to ensure that our funding, facilities and other resources support effective health service delivery				
<b>Measure:</b>	<b>Target</b>	<b>Reporting Timeframe</b>	<b>Initiatives/Actions</b>	<b>Responsibility</b>	<b>Time frame</b>
Clinical equipment expenditure as percent of total replacement value	17.5%	Monthly	<ul style="list-style-type: none"> <li>Roll out E-procurement strategies</li> <li>Complete implementation of the Billing system</li> <li>Complete stock take and assessment of all building stock</li> <li>Develop a coherent framework that better links service planning, asset management, capital funding and resource allocation across HNE</li> <li>Implement clinical systems services as prioritised in the Area Information Services Clinical Systems Plan</li> <li>Complete the merging process for all corporate functions</li> <li>Ensure managers use information available on finance, activity and performance to inform and effect operational decision making by supporting management accountants in the cute hospitals and clusters</li> <li>Manage capital works projects within timeframes and budgets</li> </ul>	Dir Corp Serv	March 07
Maintenance expenditure as a percent of total replacement value	2.0%	Monthly		Dir Corp Serv	Jan 07
Net Cost of Service (NCOS) percent variance	0.0%	Monthly		Dir Corp Serv	Dec 07
Percent budget spent on administration	Baseline year	Quarterly		Dir Corp Serv	June 07
Percent high priority initiatives in Information Technology Plan implemented within timeframes	Baseline year	6 Monthly		Dir Corp Serv	June 07
Percent Capital works projects on time and on budget	Baseline year	6 Monthly		Dir Corp Serv	June 07

<b>FOCUS AREA:</b>	<b>Our people, culture and capability</b>				
<b>OBJECTIVE:</b>	To achieved the desired outcomes and sustain our ability to change and improve, we need to excel in: <b>Always demonstrating our shared organisational values and culture of service</b>			<b>Risk Rating</b> <b>Current    Target</b> <b>K            R</b>	
<b>DESTINATION STATEMENT:</b>	Staff and communities consider that our every day actions at all levels within the organisation are consistent with our stated values				
<b>Measure:</b>	<b>Target</b>	<b>Reporting Timeframe</b>	<b>Initiatives/Actions</b>	<b>Responsibility</b>	<b>Time frame</b>
Patient satisfaction score: Staff values and attitudes	Baseline year	Annual	<ul style="list-style-type: none"> <li>Develop a framework for a staff climate survey</li> <li>Promote and increase knowledge and acceptance within the organisation and with our partners of the HNE Vision, Purpose, Values and Key Objectives – our strategic directions</li> </ul>	Dir WD	March 07
Staff climate score: Values	Baseline year	Annual		Dir WD	June 07
Staff climate score: Cooperation within and between teams	Baseline year	Annual	<ul style="list-style-type: none"> <li>Develop and implement effective leadership models that identify leadership talent consistent with our strategic directions</li> <li>Market and promote Hunter New England Health as a preferred employer</li> <li>Review Orientation Programs for new staff to guarantee an Area wide approach</li> </ul>	Dir WD	Jan 07
				Dir WD	June 07
				Dir WD	April 07

<b>FOCUS AREA:</b>	<b>Our people, culture and capability</b>				
<b>OBJECTIVE:</b>	To achieved the desired outcomes and sustain our ability to change and improve, we need to excel in: <b>Attracting and retaining the required high quality staff</b>				<b>Risk Rating</b> <b>Current</b> <b>Target</b> <b>C</b> <b>H</b>
<b>DESTINATION STATEMENT:</b>	We have the right people with the right skills, in the right place, at the right time				
<b>Measure:</b>	<b>Target</b>	<b>Reporting Timeframe</b>	<b>Initiatives/Actions</b>	<b>Responsibility</b>	<b>Time frame</b>
Percent positions actively recruited for clinical positions (Allied Health, Nursing and Medical)	Baseline Year	Monthly	<ul style="list-style-type: none"> <li>Further develop the Vocational Education and Training in Schools Program (VETS)</li> <li>Develop integrated workforce data</li> <li>Design, develop and implement the Hunter New England Health Workforce Development Plan</li> </ul>	Dir WD Dir WD Dir WD	March 07 Oct 06 Sept 06
Percent total staff who are Aboriginal	2.6%	Quarterly	<ul style="list-style-type: none"> <li>Implement the new Human Resource structure, to include a senior Aboriginal Employment Coordinator's position</li> </ul>	Dir WD	Oct 06
Staff turnover rate	Baseline Year	Monthly	<ul style="list-style-type: none"> <li>Identify Aboriginal workforce management gaps and strategies as part of the Workforce review in the Aboriginal Health Services Planning process</li> </ul>	Dir WD, Dir PHPP Dir WD	June 07 Mar 07
Number of nurse practitioners		Annual	<ul style="list-style-type: none"> <li>Create lead role innovation strategies in workplace relations, workplace safety and workplace effectiveness</li> <li>Continue with the merger of services for OH&amp;S and insurable risk</li> <li>Develop and implement an Area-wide innovative strategic recruitment and retention plan</li> <li>Develop proactive strategies for attracting people into areas of skills shortage</li> <li>Work with the universities of Newcastle and New England to establish new places in the Medical School</li> <li>Rollout the Staffing Service (central rostering service)</li> <li>Establish and fill additional nurse practitioner positions as per plan</li> </ul>	Dir WD Dir WD Dir WD CE, Dir WD Dir WD Dir N&MS	June 07 June 07 June 07 June 07 June 07 June 07

<b>FOCUS AREA:</b>	<b>Our people, culture and capability</b>				
<b>OBJECTIVE:</b>	To achieved the desired outcomes and sustain our ability to change and improve, we need to excel in: <b>Developing competence, capability, individual accountability and performance</b>				<b>Risk Rating</b> <b>Current</b> <b>Target</b> <b>K</b> <b>R</b>
<b>DESTINATION STATEMENT:</b>	Our staff develop their skills, accept responsibility for their decisions and actions, and are supported to optimise their performance				
<b>Measure:</b>	<b>Target</b>	<b>Reporting Timeframe</b>	<b>Initiatives/Actions</b>	<b>Responsibility</b>	<b>Time frame</b>
Percent staff with current performance plans	100%	Annual	<ul style="list-style-type: none"> <li>Evaluate the nurse practitioner role</li> <li>Ensure professional development frameworks (ie, for nursing and other staff) are aligned to current and future needs</li> <li>Implement the Rural Nurses exchange program</li> <li>Roll out the Management Development program across the Area</li> <li>Develop and implement a performance management framework that provides for all staff and Visiting Medical Officers to have a current performance plan that facilitates effective, timely feedback and clearly articulates their accountabilities</li> <li>Develop an organisational framework in which staff/people capability is aligned to current and future organisational needs</li> <li>Implement Credentialing framework</li> </ul>	Dir N&MS	May 07
Management Confidence Assessment score	Baseline year	Annual		Dir WD, Dir N&MS	Dir N&MS
				Dir WD	April 07
				Dir WD	June 07
				Dir WD	Dec 06
				Dir WD	Dec 06

<b>FOCUS AREA:</b>	<b>Our people, culture and capability</b>				
<b>OBJECTIVE:</b>	To achieved the desired outcomes and sustain our ability to change and improve, we need to excel in: <b>Effective consultation and communication</b>				<b>Risk Rating</b> <b>Current</b> <b>Target</b> <span style="background-color: red; color: white; padding: 2px;">D</span> <span style="background-color: orange; color: black; padding: 2px;">K</span>
<b>DESTINATION STATEMENT:</b>	We have structures and communication systems that effectively involve staff in decision-making processes and ensure that knowledge is shared				
<b>Measure:</b>	<b>Target</b>	<b>Reporting Timeframe</b>	<b>Initiatives/Actions</b>	<b>Responsibility</b>	<b>Time frame</b>
Climate survey score: Employee engagement	Baseline Year	Annual	<ul style="list-style-type: none"> <li>• Develop a progressive 5 – 6 year program to undertake staff climate surveys</li> <li>• Establish and maintain effective working relationships between individuals, staff associations and Hunter New England Health</li> <li>• Develop strategies to enhance communication and consultation with staff <ul style="list-style-type: none"> <li>- Area Executive Team visiting across the Area</li> <li>- Staff climate survey</li> <li>- Area Management Forums</li> <li>- Communication strategy for each Cluster and Hospital Group</li> <li>- Clinical Governance road show</li> <li>- On plans and policies</li> </ul> </li> <li>• Ensure OH&amp;S committees and staff consultative committees are functioning effectively</li> </ul>	Dir WD Dir WD  Dir WD, Dir C&SE  Dir CG  Dir WD	June 07 June 07  Nov 06 June 07  Jan 07 June 07 Jan 07 March 07

<b>FOCUS AREA:</b>	<b>Our people, culture and capability</b>				
<b>OBJECTIVE:</b>	To achieved the desired outcomes and sustain our ability to change and improve, we need to excel in: <b>Ensuring a safe working environment</b>				<b>Risk Rating</b> <b>Current    Target</b> <b>K            L</b>
<b>DESTINATION STATEMENT:</b>	We actively maintain a safe workplace				
<b>Measure:</b>	<b>Target</b>	<b>Reporting Timeframe</b>	<b>Initiatives/Actions</b>	<b>Responsibility</b>	<b>Time frame</b>
Lost Time Injury Frequency Rate per 1 million man hours worked	13.5	Monthly	<ul style="list-style-type: none"> <li>Conduct annual staff influenza immunisation strategy</li> <li>Implement a comprehensive risk management framework that facilitates progress towards best practice in workplace health and safety throughout the organisation</li> <li>Implement smokefree health services strategy</li> <li>Develop and implement an Area-wide OH&amp;S / Insurable Risk Structure</li> <li>Review implementation of the driver safety policy.</li> <li>Significantly increase meeting attendance via video conferencing/teleconferencing to reduce the amount of driving undertaken by staff</li> </ul>	Dir WD Dir WD,  Dir WD, Dir PHPP Dir WD Dir WD AET	April 07
Severity rate – Number days lost per million hours worked	135	Monthly			March 07
Deposit premium versus benchmark premium	Baseline Year	Annual			Nov 06
Percent staff immunised against influenza: Category A: Category B: Category C:	80% 50% 40%	Annual Annual Annual			Feb 07 Feb 07 March 07

<b>FOCUS AREA:</b>	<b>Our people, culture and capability</b>				
<b>OBJECTIVE:</b>	To achieved the desired outcomes and sustain our ability to change and improve, we need to excel in: <b>Demonstrating innovative healthcare</b>				<b>Risk Rating</b> <b>Current Target</b> <b>N N</b>
<b>DESTINATION STATEMENT:</b>	We are recognised nationally and internationally for innovation in clinical, organisational and support services				
<b>Measure:</b>	<b>Target</b>	<b>Reporting Timeframe</b>	<b>Initiatives/Actions</b>	<b>Responsibility</b>	<b>Time frame</b>
Percent growth in external research and demonstration funds attracted	Baseline Year	Annual	<ul style="list-style-type: none"> <li>Expand and maintain the research ethics database to include all research projects</li> <li>Develop and implement a planned proactive approach for ongoing management of research</li> <li>Develop and implement new state-wide surgical audit program as a pilot site for NSW Health</li> <li>Establish a mechanism for the initiation/review of innovative models of care</li> <li>Work with Newcastle University and the community to implement recommendations from the HMRI Review</li> </ul>	Dir PHPP Dir PHPP	June 07 June 07
Number external awards of recognition achieved	Baseline Year	Annual		Dir CG  Dir Clin Ops Dir Corp Serv	June 07  June 07 June 07
			<ul style="list-style-type: none"> <li>Review policy and procedure to facilitate the introduction of new procedures and innovation including evaluation procedure</li> <li>Continue to be at the forefront of piloting and implementing innovative projects</li> </ul>	Dir CG  Dir CG	June 07  June 07

**APPENDIX 1 CORPORATE RISK MATRIX ENHANCED WITH COMMUNITY, REPUTATION, PARTNERSHIP, EQUIPMENT AND PRODUCT DESCRIPTORS  
CONSEQUENCES TABLE**

	<b>Serious</b>	<b>Major</b>	<b>Moderate</b>	<b>Minor</b>	<b>Minimum</b>
<b>CLINICAL CONSEQUENCE</b>	<p>Patients with <b>Death</b> unrelated to the natural course of the illness of the illness and differing from the immediate expected outcome of the patient management or:</p> <p><b>Suspected suicide</b> <b>Suspected homicide</b> <b>National Sentinel Events</b></p> <p>-Procedures involving the wrong patient or body part -Suspected suicide in hospital -Retained instruments -Unintended material requiring surgical removal -Medication error involving patient death -Intravascular gas embolism -Haemolytic blood transfusion -Maternal death associated with labour and delivery -Infant discharged to the wrong family</p>	<p>Patients suffering a <b>major permanent loss of function (sensory, motor, physiologic or psychologic)</b> unrelated to the natural course of the illness and differing from the expected outcome of patient management or any of the following:</p> <ul style="list-style-type: none"> <li>• Suffering significant disfigurement as a result of the incident</li> <li>• Patient at significant risk due to being absent against medical advice</li> <li>• Threatened or actual physical or verbal assault of patient requiring external or police intervention</li> </ul>	<p>Patients with <b>Permanent reduction in bodily functioning (sensory, motor, physiologic, or psychologic)</b> unrelated to the natural course of the illness and differing from the expected outcome of patient management or any of the following:</p> <ul style="list-style-type: none"> <li>• Increased length of stay as a result of the incident</li> <li>• Surgical intervention required as a result of the incident</li> </ul>	<p>Patients requiring Increased level of care including:</p> <ul style="list-style-type: none"> <li>• Review and evaluation</li> <li>• Additional investigations</li> <li>• Referral to another clinician</li> </ul>	<p>Patients with <b>No injury or increased level of care or length of stay</b></p>
	<p><b>Community:</b> Childhood vaccination coverage of target groups fall below levels where epidemics can occur. Inadequate planning and preparation for the Avian Influenza Pandemic. Failure to reduce the risk of Chlamydia transmission in the community. Failure to reduce the gap in health and well being between Aboriginal and Non-Aboriginal people.</p>	<p><b>Community:</b> Failure to reduce childhood obesity rates. Inadequate compliance with Smoke Free Environment Act and Tobacco Regulations in terms of Public Health Act. Failure to use Population Health information in agency decision making . Breakdown in organisational capacity to identify, assess and respond to Aboriginal Health priorities.</p>	<p><b>Community:</b> Failure to influence main stream managers to take responsibility for integrated service delivery to the Aboriginal Population which results in core business issues not being incorporated into appropriate operational committees and expert working groups.</p>	<p><b>Community:</b> Heightened Community Concern, Cluster Manager review leading to service improvement.</p>	<p><b>Community:</b> Community inconvenience not related to safety, quality or clinical outcomes</p>
	<p><b>Reputation and Partnerships:</b> Loss of Reputation or Image. External Investigation or Ministerial Inquiry</p>	<p><b>Reputation and Partnerships:</b> Public Outrage, Media Outcry. NSW Health Inquiry. Failure to meet health service standards and loss of accreditation.</p>	<p><b>Reputation and Partnerships:</b> Loss of Consumer Confidence. CE Internal audit or review. Regulatory Breach or High Priority Improvement Notice.</p>	<p><b>Reputation and Partnerships:</b> Heightened Consumer Concern, Review or assessment that identifies system deficits that need /rectification.</p>	<p><b>Community and Partnerships:</b> Consumer annoyance or not related to safety, quality or clinical outcomes</p>
	<p><b>Staff:</b> Death of staff member related to work incident, or suicide, or hospitalisation of <b>3</b> or more staff</p>	<p><b>Staff:</b> Permanent injury to staff member, hospitalisation of <b>2</b> staff, or lost time or restricted duty or illness for <b>2</b> or more staff or pending or actual WorkCover prosecution, or threatened or actual physical or verbal assault of staff requiring external or police intervention</p>	<p><b>Staff:</b> Medical expenses, lost time or restricted duties or injury / illness for <b>1</b> or more staff</p>	<p><b>Staff:</b> First aid treatment only with no lost time or restricted duties</p>	<p><b>Staff:</b> No injury or review required</p>
	<p><b>Visitors:</b> Death of visitor or hospitalisation of <b>3</b> or more visitors</p>	<p><b>Visitors:</b> Hospitalisation of up to <b>2</b> visitors related to the incident / injury or pending or actual WorkCover prosecution</p>	<p><b>Visitors:</b> medical expenses incurred or treatment up to 2 visitors not requiring hospitalisation</p>	<p><b>Visitors:</b> Evaluation and treatment with no expenses</p>	<p><b>Visitors:</b> No treatment required or refused treatment</p>
	<p><b>Services, Equipment and Products:</b> Complete loss of service or output. Unserviceable equipment or products that could lead to patient death. Loss of essential services.</p>	<p><b>Services, Equipment and Products:</b> Prolonged reduction in full scope of service provision. Unserviceable or poorly design equipment or products that could lead to patient injury.</p>	<p><b>Services, Equipment and Products:</b> Interrupted reduction in service provision. Unserviceable equipment or products that could lead to inappropriate therapy, misdiagnosis, surgical intervention or increased length of stay.</p>	<p><b>Services, Equipment and Products:</b> Minor disruption in service provision. Unserviceable equipment or products that could lead to additional patient investigations, compromised sterility, incomplete or unclear instructions</p>	<p><b>Services, Equipment and Products:</b> No loss of service. Unserviceable equipment or products that pose no risk to patients, staff, visitors or the health service.</p>
	<p><b>Financial: loss of or</b> damage to assets or investments with replacement value Greater than \$1M</p>	<p><b>Financial</b> damage to assets or loss of investments with replacement value \$100 – \$1M</p>	<p><b>Financial:</b> damage to assets or loss of investments with replacement value \$10K – \$100K</p>	<p><b>Financial</b> damage to assets or loss of investments with replacement value \$5- Less than \$10K</p>	<p><b>Financial:</b> damage to assets or loss of investments with replacement value No cost.</p>
	<p><b>Environmental and Disaster Management:</b> Toxic release off-site with detrimental effect. Fire requiring evacuation</p>	<p><b>Environmental and Disaster Management:</b> Off-site release with no detrimental effects or fire that grows larger than an incipient stage</p>	<p><b>Environmental and Disaster Management:</b> Off-site release contained with outside assistance or fire incipient stage or less</p>	<p><b>Environmental and Disaster Management:</b> Off-site release contained without outside assistance</p>	<p><b>Environmental and Disaster Management:</b> Nuisance releases</p>

**CORPORATE CONSEQUENCE**

## LIKELIHOOD TABLE

Probability	Definition
Frequent	Is expected to occur again either immediately or within a short period of time (likely to occur most weeks or months)
Likely	Will probably occur in most circumstances (several times a year)
Possible	Possibly will recur – might occur at some time (may happen every 1 to 2 years)
Unlikely	Possibly will recur – could occur at some time in 2 to 5 years
Rare	Unlikely to recur – may occur only in exceptional circumstances (may happen every 5 to 30 years)

## ACTION REQUIRED TABLE

RISK ESCALATOR/ACTION REQUIRED
<p><b>Extreme Risk Escalate risk to Chief Executive</b>  <b>SAC1</b> immediate action required – Reportable Incident Brief (RIB) for all SAC 1 incidents must be forwarded to the DoH within 24 hours. A Privileged Root Cause Analysis (RCA) investigation must be undertaken for all Clinical SAC 1 incidents with a report being submitted to the DoH.</p> <p><b>High Risk Escalate risk to Director</b>  <b>SAC2</b> need to notify senior management. Detailed investigation required. Ongoing monitoring of trended aggregated incident data may also identify and prioritise issues requiring a practice improvement project.</p> <p><b>Medium Risk Escalate risk to Service or Hospital Manager</b>  <b>SAC3</b> management responsibility must be specified – Aggregate data then undertake a practice improvement project. <b>Exception</b> – all financial losses must be reported to senior management</p> <p><b>Low Risk Escalate risk to immediate supervisor</b>  <b>SAC4</b> manage by routine procedures – Aggregate data then undertake a practice improvement project</p> <p>NB:  RIB reports are completed for SAC 2, 3 or 4 incidents if there is the potential for media interest or they require direct notification under legislative reporting or policy directives.</p>

## CORPORATE RISK MATRIX Determine the consequences before the likelihood of an event occurring

CONSEQUENCE \ LIKELIHOOD	Serious	Major	Moderate	Minor	Minimum
Frequent	A	B	J	P	S
Likely	C	D	K	Q	T
Possible	E	H	L	R	U
Unlikely	F	I	N	V	X
Rare	G	M	O	W	Y