

# Annual Operational Plan *2008 – 2009*



The following pages present Hunter New England (HNE) Health's Strategic Objectives and our annual Area Operational Plan for 2008/2009. 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, 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 on a quarterly basis.

**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

COURAGE

COMMITMENT

**Focus Area: Communities and Patients**

To achieve our vision, the key outcomes we must deliver are:

- ❖ Communities that feel empowered in relation to health
- ❖ Improved health and well being for all
- ❖ Reduced gap in health and well being between Aboriginal and non-Aboriginal people
- ❖ Improved equity of access to services
- ❖ A quality health service experience
- ❖ Reduced health disadvantage Explore and design implementation of standardized clinical

**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

**Focus Area: Internal Networking and Processes**

To deliver the required community outcomes, we need to excel in:

- ❖ Person-centred care and continuous service review
- ❖ Effective clinical networks
- ❖ Safe and evidence-based healthcare
- ❖ Disease prevention and health promotion across all service areas
- ❖ Organisational risk management

**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
- ❖ Effective management of resources and assets for maximum health benefit

**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
- ❖ Attracting and retaining the required high quality staff
- ❖ Developing competence, capability, individual accountability and performance
- ❖ Effective consultation and communication
- ❖ Ensuring a safe working environment
- ❖ Demonstrating innovative healthcare

**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>				<table border="1" style="margin: auto;"> <tr> <th colspan="2">Risk Rating</th> </tr> <tr> <th style="width: 50%;">Current</th> <th style="width: 50%;">Target</th> </tr> <tr> <td style="text-align: center; background-color: yellow;">R</td> <td style="text-align: center; background-color: green;">V</td> </tr> </table>	Risk Rating		Current	Target	R	V
Risk Rating											
Current	Target										
R	V										
<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	Baseline Year	Annual	<ul style="list-style-type: none"> <li>Work with health service managers and community engagement groups to adapt the current Community Engagement Framework on an as needed basis to address gaps and recognize regional/ community variations</li> <li>Develop a standardised consistent approach to informing patients about their rights and responsibilities and the support structures available to them</li> <li>Provide Local Health Advisory Committees, Community Forums on Health and the Area Health Advisory Council with ongoing support and tools to enhance engagement and consumer advocacy</li> </ul>	Dir C&SE	Dec						
Patient survey: - Enough say about treatment - Patient experience with being provided with adequate information	Baseline Year	Annual		Dir CG, Dir C&SE	Dec/Jun						
				Dir C&SE	Sep						

<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> <table border="1"> <tr> <td><b>Current</b></td> <td><b>Target</b></td> </tr> <tr> <td style="background-color: red; color: white; text-align: center;"><b>D</b></td> <td style="background-color: orange; color: black; text-align: center;"><b>H</b></td> </tr> </table>	<b>Current</b>	<b>Target</b>	<b>D</b>	<b>H</b>
<b>Current</b>	<b>Target</b>								
<b>D</b>	<b>H</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 birth weights less than 2,500g	7.3%	Annual	<ul style="list-style-type: none"> <li>• Monitor compliance with Smoke Free Health Services Policy and processes</li> <li>• Continue implementation of Good for Kids program</li> <li>• Commence the development of an evidence-based staff wellness strategy</li> <li>• Achieve full implementation and target take-up rates of the NSW Health Breastfeeding Policy into all HNE clinical units</li> <li>• Continue implementation of the Area Wide Falls Strategy</li> </ul>	CE Dir PHPP Dir WD Dir N&M	Dec/Jun				
Potentially avoidable death rate per 100,000 population (aged less than 75 yrs)	<174	Annual			Mar				
Percent smoking (16 yrs and over)	< 19%	Annual		Dir PHPP, Dir P&CN	Sep/Mar				
Percent overweight or obese (16 yrs and over)	≤ 55%	Annual							
Number people hospitalised as a result of a fall (65+yrs)	<206	Monthly							
Breastfeeding rate	50%	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>Reduced gap in health and well being between Aboriginal and non-Aboriginal people</b>				<table border="1"> <tr> <td colspan="2"><b>Risk Rating</b></td> </tr> <tr> <td><b>Current</b></td> <td><b>Target</b></td> </tr> <tr> <td><b>A</b></td> <td><b>D</b></td> </tr> </table>	<b>Risk Rating</b>		<b>Current</b>	<b>Target</b>	<b>A</b>	<b>D</b>
<b>Risk Rating</b>											
<b>Current</b>	<b>Target</b>										
<b>A</b>	<b>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>						
Ratio of Aboriginal to non-Aboriginal potentially avoidable deaths (aged less than 75yrs)	1.0	Annual	<ul style="list-style-type: none"> <li>Implement integrated approach to chronic conditions in Aboriginal people</li> <li>Implement the HNE Aboriginal Maternal Infant Health Strategy enhancement plan across Clusters under the joint auspices of the Women's Health and Maternity Services Network and Primary and Community Network</li> <li>Implement Aboriginal Health health promotion initiatives as outlined in the Area's Statement of Intent provided to NSW Health in May 2008</li> <li>Implement key strategies from the Aboriginal Health Plan</li> <li>Establish Aboriginal and Torres Strait Islander Strategic Leadership Committee to oversee Area-wide initiatives i.e. implementation of the Cultural Respect Strategy and the Aboriginal Health Plan</li> </ul>	Dir P&CN, Dir PHPP	Dec/ Jun						
Ratio of Aboriginal to Non-Aboriginal low weight (<2500g) births	↓ 5%	Annual		Dir N&M, Dir P&CN	Mar						
				Dir PHPP	Dec/ Jun						
				Dir PHPP	Dec/ Jun						
				Dir PHPP	Sep/ Mar						

<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>			<table border="1"> <tr> <td colspan="2"><b>Risk Rating</b></td> </tr> <tr> <td><b>Current</b></td> <td><b>Target</b></td> </tr> <tr> <td><b>J</b></td> <td><b>K</b></td> </tr> </table>		<b>Risk Rating</b>		<b>Current</b>	<b>Target</b>	<b>J</b>	<b>K</b>
<b>Risk Rating</b>											
<b>Current</b>	<b>Target</b>										
<b>J</b>	<b>K</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 waiting time from referral to treatment	Baseline Year	Annual	<ul style="list-style-type: none"> <li>Report on progress and revise on the Area Transport Plan</li> <li>Complete implementation plan for area wide Contact Centre and progress implementation in accordance with AET approval</li> <li>Develop a budget and implementation plan for the introduction of bariatric surgery and weight management clinics</li> <li>Establish an Ambulatory Care Taskforce to develop and implement a change management plan to address issues around specialist outpatient clinics</li> <li>Reduce waiting times for oral health in line with both state and commonwealth funding opportunities</li> <li>Develop innovative models of recruitment and employment of allied health professionals in partnership with Divisions of GPs</li> <li>Ensure continued access to specialist cancer outpatient clinics in Tamworth</li> <li>Develop an agreed service model and performance management system for Community Health</li> </ul>	Dir Corp Serv Dir Clin Ops	Sep/Mar Sep/Mar						
Number urgent medical and surgical waits greater than 30 days	0	Monthly		Dir N&M, Dir AN	Sep						
Number urgent medical and surgical waits greater than 90 days	0	Monthly		Dir Clin Ops	Sep/Mar						
Number Non Aboriginal avoidable hospital admissions	350	Monthly		Dir P&CN	Dec/Jun						
Number Aboriginal avoidable hospital admissions	25	Monthly		Dir P&CN Dir Clin Ops Dir P&CN	Mar Sep Jun/Sep						

<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>			<table border="1"> <tr> <td colspan="2"><b>Risk Rating</b></td> </tr> <tr> <td><b>Current</b></td> <td><b>Target</b></td> </tr> <tr> <td>L</td> <td>V</td> </tr> </table>		<b>Risk Rating</b>		<b>Current</b>	<b>Target</b>	L	V
<b>Risk Rating</b>											
<b>Current</b>	<b>Target</b>										
L	V										
<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 Survey: - Overall	87%	Annual	<ul style="list-style-type: none"> <li>Develop a process to action and manage recommendations from the Patient Survey</li> <li>Evaluate actions taken to manage and address accreditation recommendations</li> <li>Disseminate recommendations and commendations from accreditation, including public disclosure of survey outcomes, to improve quality of service and procedures around the accreditation process</li> </ul>	Dir CG	Sep						
Percent HNE Health services accredited without high priority recommendations	Baseline Year	Annual		Dir CG Dir CG	Dec/Jun Dec/Jun						

<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>			<table border="1"> <tr> <th colspan="2">Risk Rating</th> </tr> <tr> <th>Current</th> <th>Target</th> </tr> <tr> <td style="background-color: red; color: white;">A</td> <td style="background-color: red; color: white;">D</td> </tr> </table>		Risk Rating		Current	Target	A	D
Risk Rating											
Current	Target										
A	D										
<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>						
Premature mortality rate adjusted	Baseline Year	Annual	<ul style="list-style-type: none"> <li>Finalise the development of an Equity Framework for the Area that outlines a consistent approach to consideration of equity, identifies priority groups/communities and recommends strategies to address their health disadvantage</li> </ul>	Dir PHPP	Dec						

<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>			<table border="1"> <tr> <td colspan="2"><b>Risk Rating</b></td> </tr> <tr> <td><b>Current</b></td> <td><b>Target</b></td> </tr> <tr> <td style="background-color: orange;">L</td> <td style="background-color: yellow;">N</td> </tr> </table>	<b>Risk Rating</b>		<b>Current</b>	<b>Target</b>	L	N
<b>Risk Rating</b>											
<b>Current</b>	<b>Target</b>										
L	N										
<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>						
External partnership evaluation score: Overall	Baseline Year	6 Monthly	<ul style="list-style-type: none"> <li>Continue to work with General Practitioners on integrated primary healthcare initiatives e.g. Health One</li> <li>Develop and conduct processes to assess level of engagement with nominated partners - Divisions of General Practice and NGOs</li> <li>Achieve agreed outcomes in key projects across government departments such as Two Ways Together</li> <li>Continue to work with HMRI and University of Newcastle to progress HMRI building</li> <li>Establish effective and value for money Service Performance Agreements supported by comprehensive transitional management plans and promote an effective decision making framework to govern the activities of Health Support</li> <li>Revise MOU/Performance Agreement with Calvary Mater Newcastle</li> </ul>	Dir PHPP Dir PHPP Dir PHPP Dir Clin Ops Dir Corp Serv, Dir WD Dir Clin Ops	Dec/Jun Mar Dec/Jun Sep/Mar Sep/Dec/ Mar/Jun Sep						

<b>FOCUS AREA:</b>	Internal Networking and processes				
<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</b> <b>Target</b> <span style="background-color: #FFD700;">K</span> <span style="background-color: #FFD700;">L</span>
<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>
Patient survey: Coordination of care	75.8%	Annual	<ul style="list-style-type: none"> <li>• Implement the Clinical Ethics Framework</li> <li>• Implement Innovation and Reform visioning workshop outcomes</li> <li>• Implement agreed Innovation and Reform projects:                             <ul style="list-style-type: none"> <li>- Avoidable Admissions/Chronic Disease</li> <li>- Aboriginal Children's Patient Journey</li> <li>- Productive Ward</li> </ul> </li> <li>• Implement the Essentials of Care Project across HNE</li> <li>• Identify relevant support structures and communicate information to consumers about the support structures available to provide them with the emotional support needed as part of their care</li> </ul>	Dir CG CE CE  Dir N&M  Dir AN	Mar Dec/Jan Sep/Dec/ Mar/Jan  Sep/Dec/ Mar/Jan  Jun

<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>			<table border="1"> <tr> <th colspan="2">Risk Rating</th> </tr> <tr> <th>Current</th> <th>Target</th> </tr> <tr> <td style="background-color: orange;">H</td> <td style="background-color: yellow;">N</td> </tr> </table>		Risk Rating		Current	Target	H	N
Risk Rating											
Current	Target										
H	N										
<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>						
Percent network/stream members that feel the network/stream has assisted in promoting collaboration amongst clinicians	80%	Annual	<ul style="list-style-type: none"> <li>Implement recommendations from evaluation of the Area Clinical Networks/Streams programs</li> <li>Develop a process to involve Area clinical Networks/Streams in the rollout of area-wide recommendations from RCAs where appropriate</li> </ul>	Dir Clin Ops, Dir PHPP Dir Clin Ops, Dir CG	Dec/Jun  Mar						

<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>			<table border="1"> <tr> <td colspan="2"><b>Risk Rating</b></td> </tr> <tr> <td><b>Current</b></td> <td><b>Target</b></td> </tr> <tr> <td><b>D</b></td> <td><b>L</b></td> </tr> </table>		<b>Risk Rating</b>		<b>Current</b>	<b>Target</b>	<b>D</b>	<b>L</b>
<b>Risk Rating</b>											
<b>Current</b>	<b>Target</b>										
<b>D</b>	<b>L</b>										
<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 unplanned mental health readmissions within 28 days	10	Monthly	<ul style="list-style-type: none"> <li>Complete implementation and report on progress for the following programs                             <ul style="list-style-type: none"> <li>patient ID/correct site procedures</li> <li>quality use of medicines</li> <li>pressure area care</li> <li>falls</li> <li>transfusion medicine</li> <li>infection prevention and control</li> </ul> </li> <li>Develop and implement initiatives that address the Mental Health readmissions within 28 days</li> <li>Implement the agreed strategies to improve management of Blood Products</li> <li>Review policy and procedures for surgical audit across HNEH, including integration of death audits and Collaborating Hospitals Audit of Surgical Mortality (CHASM), and implement the agreed structured audit framework</li> </ul>	Dir CG	Dec/Jan						
Number deaths as a result of a fall in hospital	0	Monthly		Dir Clin Ops	Sep						
Percent Red Blood Cells used according to NH&MRC guidelines	85%	Quarterly		Dir AN, Dir CG	Sep/Mar						
Number ICU related central line associated bloodstream infections per 1000 catheter line days	↓ 20%	6 Monthly		Dir CG	Jun						
Percent of all patients on warfarin who have a target INR documented in their chart	100%	Quarterly									

<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</b> <b>Target</b> <span style="background-color: red; color: white; padding: 2px;">D</span> <span style="background-color: orange; color: black; padding: 2px;">H</span>
<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 Nicotine Dependent patients who accept Nicotine Replacement Treatment	60%	Annual	<ul style="list-style-type: none"> <li>• Drive progress and implementation of the Pandemic Influenza Response Strategy</li> <li>• Continue to develop and implement the Healthier Choices program across HNE Health</li> <li>• Establish an Area Prevention Task force to promote primary and secondary prevention and health promotion across all clinical services</li> </ul>	Dir N&M Dir PHPP, Dir Corp Serv CE	Dec/Jun Dec/Jun  Sep

<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>			<table border="1"> <tr> <td colspan="2"><b>Risk Rating</b></td> </tr> <tr> <td><b>Current</b></td> <td><b>Target</b></td> </tr> <tr> <td><b>L</b></td> <td><b>N</b></td> </tr> </table>		<b>Risk Rating</b>		<b>Current</b>	<b>Target</b>	<b>L</b>	<b>N</b>
<b>Risk Rating</b>											
<b>Current</b>	<b>Target</b>										
<b>L</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>						
Percent approved high priority risk treatment recommendations outstanding	0	Monthly	<ul style="list-style-type: none"> <li>Develop a project to benchmark our performance in key focus areas within NSW, Australia and internationally</li> <li>Review and implement findings, recommendation, directions from                             <ul style="list-style-type: none"> <li>National Health and Hospital Reform Commission</li> <li>Special Commission of Inquiry into Acute care Services</li> <li>Special Commission of Inquiry into Child Protection Services in NSW</li> </ul> </li> <li>Implement sustainable procedures for the management of risks entered into the HNE Health Risk Register</li> <li>Undertake evaluation of the HNE Health Risk Management Framework</li> <li>Include within our plans/programs initiatives aimed at streamlining business processes and reducing 'red-tape'</li> </ul>	Dir PHPP	Mar						
Percent Root Cause Analysis (RCA) recommendations implemented within stated timeframe	100%	Quarterly		CE	Dec/Mar/ Jun						
				Dir CG	Sep/Mar						
				Dir CG	Mar						
				CE	Jun						

<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</b> <b>Target</b> <span style="background-color: red; color: white; padding: 2px;">D</span> <span style="background-color: orange; color: white; padding: 2px;">H</span>
<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 priority initiatives/actions in clinical service plans implemented within agreed timeframe	Baseline year	Annual	<ul style="list-style-type: none"> <li>Refine Asset Strategic Plan through the establishment and action of an Asset Planning Committee</li> <li>Complete the development of the Lower Hunter Master Plan</li> <li>Commence the development of the Greater Newcastle Master Plan</li> <li>Develop a process for identifying areas of potential disinvestment to increase the pool of resources available</li> </ul>	Dir Corp Serv, Dir PHPP CE Dir AN Dir PHPP, Dir Corp Serv	Dec/Jun  Dec Mar Dec/Jun

<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> <table style="display: inline-table; border: none;"> <tr> <td style="padding: 0 10px;">Current</td> <td>Target</td> </tr> <tr> <td style="text-align: center; background-color: red; color: white;">B</td> <td style="text-align: center; background-color: orange; color: white;">L</td> </tr> </table>		Current	Target	B	L
Current	Target								
B	L								
<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>				
Maintenance and local capital expenditure as a percent of total replacement value	2.5%	Annual	<ul style="list-style-type: none"> <li>• Implement agreed strategies identified through the 08/09 budget process to:                             <ul style="list-style-type: none"> <li>- Reduce costs</li> <li>- Increase Income</li> <li>- Increase efficiencies</li> <li>- Align budgets with accountabilities</li> </ul> </li> <li>• Develop guidelines to support best practice in relation to diagnostic tests and prescribing practices</li> <li>• Develop and implement a post occupancy evaluation framework for new facilities – evaluation of business cases</li> <li>• Refine clinical costing and episode funding models for acute services in anticipation of future casemix funding initiatives</li> <li>• Develop an Area Asset Management Plan to ensure cost effective maintenance expenditure</li> <li>• Implement and review implementation of a decision-making algorithm for pressure relieving device utilisation</li> <li>• Review and update IT Strategic Plan</li> </ul>	Dir. Corp Serv	Sep/Dec/ Mar/Jun				
Net Cost of Service (NCOS) percent variance	0.0%	Monthly		<ul style="list-style-type: none"> <li>• Dir CG, Dir Clin Ops, Dir Corp Serv</li> <li>• Dir AN</li> <li>• Dir Corp Serv, CE</li> <li>• Dir N&amp;M, Dir AN</li> <li>• Dir Corp Serv</li> </ul>	Sep/Dec/ Mar/Jun Mar Sep Mar Sep Mar				

<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>			<table border="1"> <tr> <td colspan="2"><b>Risk Rating</b></td> </tr> <tr> <td><b>Current</b></td> <td><b>Target</b></td> </tr> <tr> <td><b>K</b></td> <td><b>R</b></td> </tr> </table>		<b>Risk Rating</b>		<b>Current</b>	<b>Target</b>	<b>K</b>	<b>R</b>
<b>Risk Rating</b>											
<b>Current</b>	<b>Target</b>										
<b>K</b>	<b>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 survey: - 'Would recommend this service to friends and family	Baseline year	Annual	<ul style="list-style-type: none"> <li>Develop and implement strategies to embed a culture aligned with, and, knowledge and acceptance of the HNE Health vision, purpose, key objectives and values within the organisation and with our partners</li> <li>Implement a framework that facilitates the implementation of regular staff climate surveys in HNE Health</li> <li>Complete an evaluation of the roll out of the Code of Conduct</li> <li>Continue the roll-out of Aboriginal cultural respect training</li> <li>Develop strategies to monitor, report on and evaluate staff morale and report progress to AHAC six monthly</li> </ul>	Dir WD	Sep/Dec/ Mar/Jun						
Staff Climate Survey: -Values	Baseline year	Annual		Dir WD Dir Clin Ops, Dir WD Dir C&SE, CE	Mar Dec Dec/Jan Dec/Jan						

<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>				<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" style="text-align: center;"><b>Risk Rating</b></td> </tr> <tr> <td style="text-align: center;"><b>Current</b></td> <td style="text-align: center;"><b>Target</b></td> </tr> <tr> <td style="text-align: center; background-color: red; color: white;"><b>D</b></td> <td style="text-align: center; background-color: orange; color: white;"><b>H</b></td> </tr> </table>	<b>Risk Rating</b>		<b>Current</b>	<b>Target</b>	<b>D</b>	<b>H</b>
<b>Risk Rating</b>											
<b>Current</b>	<b>Target</b>										
<b>D</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>						
% Aboriginal staff as a proportion of total	2.6%	Monthly	<ul style="list-style-type: none"> <li>Implement, monitor and evaluate the Aboriginal Employment Strategy</li> <li>Further develop the relationships with and between HNE Health and the University of Newcastle and the University of New England, through the Nursing and Midwifery Leadership Council and representation on the Health Faculty Board</li> <li>Implement Responsive Rostering initiative in line with agreed outcomes of industrial processes</li> <li>Establish Nurse Practitioner positions in chronic diseases</li> <li>Review the role of Clinical Nurse Consultants to ensure consistency in approach across the Area</li> <li>Introduce Australian Apprenticeship Incentives Scheme for Aged care and Acute Care Certificate 3</li> <li>Review the Credentialling and Registration Policies and Processes, and develop and implement strategies to improve same</li> <li>Implement, monitor and evaluate the International Medical Graduates Survey recommendations</li> <li>Develop action plan for clinical placement of junior medical staff</li> </ul>	Dir WD Dir N&M	Mar Dec/Jan						
Rate of unsuccessful recruitment	TBA	Monthly		Dir Clin Ops, Dir WD	Dec						
Staff turnover rate	12.9%	Monthly		Dir N&M Dir N&M	Dec/Jan Jun						
Timeframe taken to recruit	TBA	6 monthly		Dir N&M Dir WD Dir WD Dir WD, Dir Clin Ops	Mar Sep Dec Mar						

<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>			<table border="1"> <tr> <td colspan="2"><b>Risk Rating</b></td> </tr> <tr> <td><b>Current</b></td> <td><b>Target</b></td> </tr> <tr> <td><b>K</b></td> <td><b>N</b></td> </tr> </table>		<b>Risk Rating</b>		<b>Current</b>	<b>Target</b>	<b>K</b>	<b>N</b>
<b>Risk Rating</b>											
<b>Current</b>	<b>Target</b>										
<b>K</b>	<b>N</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>Implement Performance Management Plans for all staff, including medical clinicians that facilitates effective, timely feedback and clearly articulates their accountabilities and responsibilities</li> <li>Ensure leadership and management frameworks are aligned to current and future service needs</li> <li>Develop and implement Phase 1 pilot of organizational capability framework</li> </ul>	Dir WD  Dir WD  Dir WD	Dec/Jun  Mar  Sep						

<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>			<table border="1"> <tr> <th colspan="2">Risk Rating</th> </tr> <tr> <th>Current</th> <th>Target</th> </tr> <tr> <td style="background-color: #FFD700;">K</td> <td style="background-color: #FFD700;">L</td> </tr> </table>		Risk Rating		Current	Target	K	L
Risk Rating											
Current	Target										
K	L										
<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>						
Staff Climate Survey score: Communication	Baseline Year	Annual	<ul style="list-style-type: none"> <li>Complete and rollout findings of ISBAR Project</li> <li>Build processes to support clinician engagement into development of clinical networks/streams and monitor progress through existing formal engagement structures ie, Clinical Councils and Medical Staff Executive Council</li> <li>Continue to work with/support managers to enhance existing mechanisms that ensure clinicians are engaged and informed about major priorities/ initiatives of the Health Service (including local issues) on an ongoing basis</li> <li>Incorporate sessions into future Area Managers Forums that provide senior managers and senior clinicians with practical tools on how to improve communication skills and other related techniques</li> <li>Develop and rollout improved organisational structure and content model for the Internet/Intranet sites to help improve effectiveness and usability</li> </ul>	Dir CG CE, Dir Clin Ops  Dir C&SE  Dir C&SE  Dir C&SE	Jun Dec/Jan  Dec  Dec  Sep						

<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>			<table border="1"> <tr> <th colspan="2">Risk Rating</th> </tr> <tr> <th>Current</th> <th>Target</th> </tr> <tr> <td style="background-color: #FFD700;">K</td> <td style="background-color: #FFD700;">L</td> </tr> </table>		Risk Rating		Current	Target	K	L
Risk Rating											
Current	Target										
K	L										
<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>Implement and monitor an OH&amp;S action plan – include cost centre mapping</li> <li>Review the injury management process and develop specific strategies to improve the management of injury</li> <li>Complete the Older Workers Research Study</li> </ul>	Dir WD  Dir WD  Dir PHPP, Dir WD	Sep/Dec/ Mar/Jun Sep  Dec/Jun						

<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>Risk Rating</b>	
	<b>Demonstrating innovative healthcare</b>			<b>Current</b>	<b>Target</b>
				<b>N</b>	<b>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 research projects approved by the Hunter New England Human Research Ethics Committee	Baseline Year	6 Monthly	<ul style="list-style-type: none"> <li>Develop measures regarding levels of peer-reviewed research across the Area</li> <li>Develop an intellectual property policy compliance procedure</li> <li>Develop a strategy for capturing markers of innovation e.g. publications, presentations at national and international conferences</li> </ul>	Dir PHPP Dir Clin Ops CE, Dir N&M, Dir PHPP	Dec/Jun
Proportion of Units accredited with an EA or OA for innovation	Baseline Year	Annual			Dec Mar