

HNE Health

Operational Plan 2011/12



Health

Hunter New England
Local Health District

The following pages present Hunter New England (HNE) Health's Strategic Objectives and Annual Operational Plan for 2011/12. The Plan details the initiatives/actions to be implemented over the coming year.

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 HNE Health remains focussed on the most important issues and needs.

HNE HEALTH'S OPERATIONAL PLAN

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

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

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
- ❖ 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

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	Title
CE	Chief Executive
CIO	Chief Information Officer
DCYPFS	Director Children, Young People and Families Services
Dir AH	Director Allied Health
Dir CG	Director Clinical Governance
Dir C&SE	Director Communication and Stakeholder Engagement
Dir Fin	Director Finance
Dir MHS	Director Mental Health Services
Dir N&M	Director Nursing and Midwifery
Dir OAN	Director Operations: Acute Networks
Dir OP&CN	Director Operations: Primary and Community Networks
Dir WD	Director Workforce Development



OBJECTIVE	To achieve our vision, a key outcome we must deliver is: Communities that feel empowered in relation to health
DESTINATION STATEMENT	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

MEASURES	TARGETS	REPORTING TIMEFRAME
Percent Patient experience: Enough say about treatment Non- Aboriginal (Overnight Inpatient)	70.227%	Annual
Percent Patient experience: Enough say about treatment Aboriginal (Overnight Inpatient)	≥31%	Annual
Percent Patient experience: Would recommend this service to friends and family Non- Aboriginal (Overnight Inpatient)	≥28%	Annual
Percent Patient experience: Would recommend this service to friends and family Aboriginal (Overnight Inpatient)	28%	Annual

INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- In collaboration with the HNE Health Governing Board, identify key strategies from the community engagement mapping exercise and develop a Community Engagement Framework that is innovative, flexible and identifies opportunities to gauge community involvement	Dir C&SE	Dec, Jun
- Develop action plans from the results of the Patient Experience Tracker System (PETS) survey to increase both Aboriginal and Non-Aboriginal patient satisfaction and improve patient outcomes	Dir OP&CN/Dir OAN	Sep, Mar,



OBJECTIVE	To achieve our vision, a key outcome we must deliver is: Improved health and well being for all
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DESTINATION STATEMENT	People in our communities are healthier and have fewer health risks
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MEASURES	TARGET	REPORTING TIMEFRAME
Percent smoking 16 years and over	<17.3%	2nd Yearly
Percent overweight or obese 16 years and over	< 55%	2nd Yearly
Time to therapy Thrombolysis	Baseline year	6 Monthly
Rate people aged 65+ years hospitalised as result of fall (per 100,000 pop >65 years of age)	320	Quarterly
^{T1} Percent unplanned readmissions within 28 days	<6.03	Monthly
^{T2} Percent unplanned Mental Health readmissions within 28 days	13%	Monthly
^{T2} Number Mental Health ambulatory contacts YTD	360,034	Monthly
SM Number avoidable admissions (for select DRGs)	Baseline year	Monthly
SM Percent birth weights less than 2,500g Non-Aboriginal	≤7%	Quarterly
SM Percent children fully immunised at 12-15 months	92.6%	Quarterly

NB: Measures from 2011/12 HNE Health Service Agreement included:

T1 = Tier 1 Measure

T2 = Tier 2 Measure

SM = Service Measure

INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
<ul style="list-style-type: none"> - Finalise the Infectious Disease Emergency Response Plan and ensure all services have processes in place to activate the Plan as the need arises - Progress the early identification of falls risk for Aboriginal and Non-Aboriginal people as per HNE Health Falls Injury Prevention Strategy: <ul style="list-style-type: none"> • Inpatient –Acute. Including patients presenting to Emergency Departments • Community • Residential Aged Care Facilities 	Dir N&M Dir OAN / Dir OP&CN Dir OP&CN Dir OP&CN	Dec, Jun Dec, Jun Dec, Jun Dec, Jun



INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
<ul style="list-style-type: none"> - Progress vaccination/immunisation programs targeting: <ul style="list-style-type: none"> • Refugees • Staff • Opportunistic Patients • Undergraduates • Children • School Program • Aboriginal Population 	<ul style="list-style-type: none"> Dir N&M Dir N&M Dir N&M Dir N&M DCYPFS CE Dir OP&CN 	<ul style="list-style-type: none"> Sep, Dec, Mar, Jun Sep, Dec, Mar, Jun Sep, Dec, Mar, Jun Sep, Dec, Mar, Jun Sep, Dec, Mar, Jun Sep, Dec, Mar, Jun Sep, Dec, Mar, Jun



OBJECTIVE	<p>To achieve our vision, a key outcome we must deliver is:</p> <p>Reduced gap in health and well being between Aboriginal and non-Aboriginal people</p>
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DESTINATION STATEMENT The health and well being of Aboriginal people, relative to non-Aboriginal people, is improved

MEASURES	TARGET	REPORTING TIMEFRAME
Percent Aboriginal inpatients with chronic disease followed up within 48 hours post discharge	90%	Monthly
Potentially Aboriginal avoidable death rate per 100,000 population (aged less than 75 yrs)	≤167	Annual
Percent Aboriginal unplanned readmissions within 28 days	<6.46	Quarterly
Number Aboriginal avoidable admissions (for select DRGs)	Baseline year	Quarterly
SM Percent Aboriginal birth weights less than 2,500g	≤13.6%	Quarterly
SM Percent Aboriginal children fully immunised at 12-15 months	87.1%	Quarterly

NB: Measures from 2011/12 HNE Health Service Agreement included: **SM** = Service Measure

INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- Further develop the Cultural Redesign Program and continue implementation of the Cultural Respect Education Program	Dir OP&CN	Dec, Jun
- Improve Aboriginal identification and quality of Aboriginal Health data	Dir OP&CN	Sep, Dec, Mar, Jun
- Maintain focus on cultural redesign at individual service level through specific strategies in service level operational plans	Dir OP&CN	Dec, Jun



OBJECTIVE	To achieve our vision, a key outcome we must deliver is: Improved equity of access to services
DESTINATION STATEMENT	Within our LHD, people with a clinical need have access to the appropriate services, that meet their needs, with in a reasonable timeframe

MEASURES	TARGET	REPORTING TIMEFRAME
Percent Access to Paediatric Intensive Care Beds	Baseline year	6 Monthly
Percent readmission rates to Intensive Care	Baseline year	Quarterly
Percent Emergency Admission Performance - Aboriginal	80%	Monthly
Number Category 1 Ready for care (Medical) patients waiting > 30 days	0	Monthly
Number Category 2 Ready for care (Medical) patients waiting > 90 days	0	Monthly
Number Category 3 Ready for care (Medical) patients waiting > 365 days	0	Monthly
^{T1} Number Category 1 Ready for care (Surgical) patients waiting > 30 days	0	Monthly
^{T1} Number Category 2 Ready for care (Surgical) patients waiting > 90 days	0	Monthly
^{T1} Number Category 3 Ready for care (Surgical) patients waiting > 365 days	0	Monthly
^{T1} Percent off stretcher time < 30 mins	90%	Monthly
^{T1} Percent ED Triage 3 treated within 30 mins	80%	Monthly
^{T2} Percent Mental Health Emergency Admission Performance	75%	Monthly
^{T2} Number patients staying in ED > 24hrs	0	Monthly
^{T2} Number Mental Health presentations staying in ED > 24 hours		Monthly
SM Percent Emergency Admission Performance - Total	80%	Monthly
SM Percent planned surgical patients admitted within clinically appropriate time Category 1	Baseline year	Monthly
SM Percent planned surgical patients admitted within clinically appropriate time Category 2	Baseline year	Monthly
SM Percent planned surgical patients admitted within clinically appropriate time Category 3	Baseline year	Monthly
SM Oral Health –Adult treatment code C patients seen within 6 mths	70%	Monthly



MEASURES	TARGET	REPORTING TIMEFRAME
SM Percent ED patients admitted, referred or discharged within 4 hrs of presentation	Baseline year	Monthly
SM Percent emergency representations to ED within 48 hrs	Baseline year	Monthly

NB: Measures from 2011/12 HNE Health Service Agreement included:

T1 = Tier 1 Measure

T2 = Tier 2 Measure

SM = Service Measure

INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- Implement NSW Health Policy Directives for Inter-facility transfers.	Dir N & M	Sep, Mar
- Implement the Local Health Districts Escalation Pathways for Maternity Patients	Dir N&M	Sep, Mar
- Implement Patient Flow Portal across the LHD	Dir N&M	Dec, Jun
- Address recommendations from the Patient Flow Unit Evaluation Report	Dir N&M	Sep, Dec, Mar, Jun
- Implement new models of care at Belmont and Kurri Kurri Hospitals under sub acute funding	Dir OP&CN / Dir OAN	Dec, Jun
- Prepare for the management of patients through ED within 4 hours of presentation	Dir OAN	Sep, Mar
- Develop and implement 'Pathways to Health Initiative'	Dir OAN	Mar
- Continue to implement the Keep Them Safe initiative	DCYPFS / Dir OP&CN	Dec, Jun
- Develop linkages for integrated primary care particularly with General Practitioners and Aboriginal Community Controlled Health Services	Dir OP&CN	Dec, Jun



OBJECTIVE	To achieve our vision, a key outcome we must deliver is: A quality health service experience
DESTINATION STATEMENT	People who come into contact with us are confident that we consistently deliver safe, effective, appropriate services

MEASURES	TARGET	REPORTING TIMEFRAME
Number AC60 (High priority recommendations) following ACHS surveys	0	Annual
Percent Patient Experience: Overall Satisfaction Non-Aboriginal	↑ NSW average	Annual
Percent Patient Experience: Overall Satisfaction Aboriginal	↑ NSW average	Annual

INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- Implement the National Accreditation Framework including the new ACHS accreditation standards	Dir CG	Dec, Jun
- Develop and implement a system of reporting to Executive Leadership Team and Healthcare Quality Committee on actions and outcomes from AC60 recommendations	Dir CG	Dec, Jun



OBJECTIVE	To achieve our vision, a key outcome we must deliver is: Reduced health disadvantage
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DESTINATION STATEMENT	The gap in health and well being between disadvantaged groups and the general population is reduced
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MEASURES	TARGET	REPORTING TIMEFRAME
^{T2} Number connecting care: Enrolled patients YTD	3,611	Quarterly
SM Number connecting care: Enrolled Aboriginal patients YTD	Baseline year	Quarterly

NB: Measures from 2011/12 HNE Health Service Agreement included: **T2** = Tier 2 Measure **SM** = Service Measure

INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- Commence implementation of the Equity Framework	CE	Dec
- Enrol 1,800 people in the Connected Care Program in Tamworth and Newcastle	Dir OP&CN	Dec



OBJECTIVE	To deliver the required community outcomes, we need to excel in: Engaging our partners in improving the health of our communities
DESTINATION STATEMENT	Our partnerships deliver benefits to people across Hunter New England through shared goals, clearly agreed responsibilities and effective outcomes

MEASURES	TARGET	REPORTING TIMEFRAME
GPAC average satisfaction score	≥4	Annual

INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
– Develop MOUs with ADHC to address gaps in service provision for all disability groups across the LHD	Dir AH	Sep, Dec, Mar, Jun
– Establish formal relationships with Medicare Locals and: <ul style="list-style-type: none"> • Identify high priority joint projects to progress • Develop shared or collaborative models of service delivery 	Dir OP&CN Dir OP&CN	Sep, Dec Mar, Jun
– Develop a robust service performance agreement signed by both boards of the CMN and HNE Health	CE	Dec
– Work with HSS to: <ul style="list-style-type: none"> • Establish qualitative KPIs for HSS and negotiate competitive prices for services provided • Comply with food accreditation and compliance requirements 	Dir Fin / CIO Dir AH	Mar, Jun Sep, Mar
– Formalize relationships with the ‘four pillars’: <ul style="list-style-type: none"> • Bureau of Health Information • Clinical Excellence Commission • The Institute of Clinical Education and Training • Clinical Innovation and Enhancement Agency 	CE CE CE CE	Sep, Mar Sep, Mar Dec, Jun Dec, Jun
– Formalize relationship with Pathology North	CE	Dec
– Evaluate the 2007 - 2011 Partnership Strategic Plan with Aboriginal Community Controlled Health Services of Hunter New England	CE	Jun



OBJECTIVE	To deliver the required community outcomes, we need to excel in: Person-centred care and continuous service review
DESTINATION STATEMENT	We focus on the needs of those who receive our care and regularly evaluate how well we meet those needs

MEASURES	TARGET	REPORTING TIMEFRAME
SM Percent complaints acknowledged within timeframe (5 days)	100%	Monthly
SM Percent complaints resolved within timeframe (35 days)	≥80%	Monthly

NB: Measures from 2011/12 HNE Health Service Agreement included: **SM** = Service Measure

INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- Address recommendations from the HNE Health Surgical Services Framework and the Rural Surgical Futures Project	Dir OAN	Sep, Dec, Mar, Jun
- Complete the roll out of Essentials of Care Program across HNE Health, in particular Mental Health Services	Dir N&M	Dec, Jun
- Develop and establish an Emergency Department Volunteers Program including: <ul style="list-style-type: none"> • Governance • Policies and procedures • Position descriptions 	Dir N&M Dir N&M Dir N&M	Sep, Dec, Mar, Jun Sep, Dec, Mar, Jun Sep, Dec, Mar, Jun
- Continue to focus on Garling improvements to sustain achievements and finalise outstanding recommendations	Dir CG	Dec, Jun
- Implement the Carers Strategy	Dir OP&CN	Dec, Jun



OBJECTIVE	To deliver the required community outcomes, we need to excel in: Effective clinical networks
DESTINATION STATEMENT	Clinical, administrative and support staff have structures and processes to work together to deliver coordinated, consistent healthcare

MEASURES	TARGET	REPORTING TIMEFRAME
Percent Network/Stream members that feel the Network/Stream has promoted collaboration amongst clinicians	≥69%	Annual
^{T2} Percent follow-up within seven days - Mental Health acute post-discharge community care	70%	Monthly

NB: Measure from 2011/12 HNE Health Service Agreement included:

T2 = Tier 2 Measure

INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- Work to align and improve connectivity and accountability between Clinical Networks/Streams and operational managers	DCYPFS	Dec, Jun
- Develop a governance model for Children, Young People and Families (CYP&F) Health Services to include roles, responsibilities, functions, accountabilities, reporting and KPIs in line with NSW KIDS direction	DCYPFS	Dec, Jun
- Develop strategies for clinician involvement in decision making	DCYPFS	Dec, Jun
- Continue to implement the HNE Primary and Community Health Framework 2010 - 2013	Dir OP&CN	Dec, Jun



OBJECTIVE	To deliver the required community outcomes, we need to excel in: Safe and evidence-based healthcare
DESTINATION STATEMENT	We ensure our care is based on best practice and minimises harm

MEASURE	TARGET	REPORTING TIMEFRAME
Percent red blood cells used according to NH&MRC guidelines	100%	Quarterly
Percent compliance with time out (OT)	100%	Monthly
Number patients with hospital/health service acquired pressure wounds Cat 3&4	0	Monthly
Number medication related incidents SAC 1&2	0	Monthly
Number deaths as a result of a fall in hospital	0	Monthly
Number patient falls (SAC 1&2)	0	Monthly
^{T1} Number staphylococcus aureus bloodstream infections (per 10,000 occupied bed days)	2	Monthly
^{T2} Number central line associated bloodstream infections per 1000 catheter line days	≤1.8	Monthly
^{T2} Number incorrect procedures resulting in death or major loss of function – Operating Theatre	0	Monthly
SM Rate Clostridium Difficile infections (per 1,000 separations)	Baseline year	Monthly
SM Rate rapid response calls per 1,000 separations	100%	Monthly
SM Rate cardio-respiratory arrests per 1,000 separations	Baseline year	Monthly
SM Percent compliance with hand hygiene protocols	>Previous year	Quarterly

NB: Measures from 2011/12 HNE Health Service Agreement included:

T1 = Tier 1 Measure

T2 = Tier 2 Measure

SM = Service Measure

INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- Implement the WHO Surgical Safety Checklist according to the NSW Health Framework	Dir CG	Dec, Mar
- Implement and evaluate Between the Flags including the Maternity and Emergency Services components	Dir CG	Dec, Mar, Jun
- Implement governance arrangements in HNE Health Policy Implementation Framework	Dir CG	Dec, Mar



INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- Act on outcomes of Hand Hygiene audits	Dir N&M	Dec, Jun
- Implement the Clinical Excellence Commission (CEC) Sepsis Program	Dir N&M	Sep, Dec, Mar, Jun
- Develop strategies and procedures for measuring, reporting and reducing the incidents of preventable deaths	Dir OAN / Dir OP&CN	Dec, Jun
- Tailor QLD Primary and Community Care Manual to HNE Health environment and implement across HNE Primary and Community Networks	Dir N&M / Dir OP&CN	Dec



OBJECTIVE	To deliver the required community outcomes, we need to excel in: Disease prevention and health promotion across all service areas
DESTINATION STATEMENT	We embrace all opportunities to prevent disease and promote healthy lifestyle choices

MEASURES	TARGET	REPORTING TIMEFRAME
Breastfeeding rate at discharge Non Aboriginal	Baseline year	Quarterly
Breastfeeding rate at discharge Aboriginal	Baseline year	Quarterly
Breastfeeding rate at 6 months Non Aboriginal	56%	Quarterly
Breastfeeding rate at 6 months Aboriginal	Baseline year	Quarterly
Percent families receiving post natal Universal Health Home Visits (UUVH) within 2 weeks of birth non Aboriginal	65%	Quarterly
Percent families receiving post natal Universal Health Home Visits (UUVH) within 2 weeks of birth Aboriginal	65%	Quarterly
Percent clients provided with recommended referrals for identified SNAPIF risks	65%	6 Monthly
Percent clients provided with referrals for ALL identified SNAPIF risks Aboriginal	65%	Annual
Percent clients provided with referrals for ALL identified SNAPIF risks non-Aboriginal	65%	Annual

INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- Continue implementation of Preventative Care Strategies	Dir OP&CN	Sep, Dec, Mar, Jun
- Increase the number of mothers who receive a Universal Health Home Visit (UHHV) within two weeks of discharge to improve support for breastfeeding	DCYPFS / Dir OP&CN	Sep, Dec, Mar, Jun



OBJECTIVE	To deliver the required community outcomes, we need to excel in: Organisational risk management
DESTINATION STATEMENT	We recognise potential risks, eliminate them where possible, work to mitigate others and determine the level of risk we are prepared to accept

MEASURES	TARGET	REPORTING TIMEFRAME
Number approved high priority risk treatments outstanding	0	Monthly
Number of agreed QSA recommendations outstanding	Baseline year	Six monthly
^{T2} Percent coding timeliness – records with valid DRGs	95%	Monthly
SM Percent all Root Cause Analysis (RCA) recommendations implemented within timeframe	100%	Monthly

NB: Measures from 2011/12 HNE Health Service Agreement included: **T2** = Tier 2 Measure **SM** = Service Measure

INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- Develop and implement a web based risk management tool to support the Enterprise Wide Risk Management Framework	Dir CG	Dec, Jun
- Implement recommendations from the Medical Records Coding review	Dir OAN / CIO	Dec, Jun
- Develop an agreed position on the sterilisation of clinical equipment in line with NSW Health Policy	Dir OAN	Sep, Mar
- Undertake ongoing assessments of preparedness for disasters including regular exercise and review of response capacity in collaboration with other emergency service agencies	Dir N&M	Sep, Dec, Mar, Jun
- Develop a process to manage strategic planning for HNE Health	CE	Dec, Jun
- Develop and implement processes to improve alignment of performance reporting	CE	Dec, Jun
- Coordinate systems and processes for the Quality Systems Assessment (QSA) improvement plans to ensure implementation is occurring at health service level and at local facilities.	Dir CG	Sep, Dec, Mar, Jun

OBJECTIVE	To deliver the required community outcomes, we need to excel in: Prioritisation and allocation of resources to best meet health needs
DESTINATION STATEMENT	Resources are allocated to meet identified health needs according to agreed priorities

MEASURES	TARGET	REPORTING TIMEFRAME
FTE against budget	Baseline year	Monthly
^{T1} Percent expenditure matched to budget (general fund) YTD	+/- 0.5	Monthly
^{T1} Percent expenditure matched to budget (general fund) June projection	0	Monthly
^{T1} Percent revenue matched to budget (general fund) YTD	+/- 0.5	Monthly
^{T1} Percent revenue matched to budget (general fund) June projection	0	Monthly
^{T1} Percent recurrent trade creditors > 45 days as a percentage of rolling prior 12 months G&S Expenditure	<1	Monthly

NB: Measure from 2011/12 HNE Health Service Agreement included:

T1 = Tier 1 Measure

INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- Implement CHIME upgrade	CIO / Dir OP&CN	Dec
- Implement the new Human Resource Information System and associated business processes and practices.	Dir WD	Dec, Jun
- Complete the 2011/12 budget and identify and prioritise funds for minor capital works	Dir Fin	Sep, Dec
- Investigate options for a new IT platform to replace the Allied Health Management Information System (AHMIS)	Dir AH	Dec, Mar
- Implement the LHD Tele-Health strategy with priority to critical care, ambulatory care, home based care and workforce support services	CIO / Dir OP&CN	Sep, Dec, Mar, Jun
- Implement the New Nurses and Midwives Award 2011 and monitor the following on a monthly basis		
• General Nurse workload (including Mental Health):	Dir N&M / Dir WD	Dec, Jun
• Birth Rate Plus	Dir N&M / Dir WD	Dec, Jun
• Operating Theatre	Dir N&M / Dir WD	Dec, Jun



INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- Introduce processes to manage the approval and implementation of new services including assessing appropriateness and effectiveness	CE	Dec, Mar
- Implement the Enterprise Data Warehouse	CE	Dec, Jun
- Adapt planning processes and identify planning priorities for 2011/12	CE	Sep, Dec



OBJECTIVE	To deliver the required community outcomes, we need to excel in: Effective management of resources and assets for maximum health benefit
DESTINATION STATEMENT	We have systems to ensure that our funding, facilities and other resources support effective health service delivery

MEASURES	TARGET	REPORTING TIMEFRAME
^{T1} Cost Weighted acute separations variance to target	147,152	Monthly
SM Percent patient fee debtors > 45 days as a percentage of rolling prior 12 months patient fee revenue	Baseline year	Monthly

NB: Measures from 2011/12 HNE Health Service Agreement included:

T1 = Tier 1 Measure

SM = Service Measure

INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
<ul style="list-style-type: none"> - Continue to implement strategies that support the quality use of medicines including <ul style="list-style-type: none"> • Antibiotic Stewardship • High risk medicines list and audit use in P&CN hospitals - Implement the Activity Based Funding Transition Plan - Establish management and maintenance processes to monitor recruitment against staff establishment and budget - Identify key financial priorities and report KPIs in relation to priorities monthly - Develop a plan to manage staff rostering issues including: <ul style="list-style-type: none"> • Roll back Balanced Rostering and feedback to Director General on progress • Decentralising Staffing Services (central contact for Locum appointments) • Clarify roster systems for the future • Prepare for State wide rollout of new rostering tool MAPS - Implement recommendations from Staffing Service reviews with respect to rostering guidelines, rostering software, locum management - Establish a strategy for the management of aged care facilities to minimise the impact of recurrent costs 	<ul style="list-style-type: none"> Dir OAN Dir OAN CE Dir Fin / Dir WD Dir Fin Dir N&M / Dir WD Dir WD Dir N&M / Dir WD Dir N&M / Dir WD DirWD Dir OP&CN 	<ul style="list-style-type: none"> Sep, Mar Sep, Mar Jun Dec, Jun Sep, Mar Sep, Dec, Mar, Jun Sep, Dec, Mar, Jun Sep, Dec, Mar, Jun Sep, Dec, Mar, Jun Dec, Jun Dec, Jun



INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- Ensure full implementation of the four Health One services in development - Implement Section 19.2 Exemption for non-admitted services (Health Insurance Act) in eight rural facilities across HNE Health	Dir OP&CN / Dir N&M Dir OP&CN	Sep, Mar Dec, Jun



OBJECTIVE	<p>To achieve the desired outcomes and sustain our ability to change and improve, we need to excel in:</p> <p>Always demonstrating our shared organisational values and culture of service</p>
DESTINATION STATEMENT	Staff and communities consider that our every day actions at all levels within the organisation are consistent with our stated values

MEASURES	TARGET	REPORTING TIMEFRAME
Percent Patient experience: Advocacy Non Aboriginal	Baseline year	Annual
Percent Patient experience: Advocacy Aboriginal	Baseline year	Annual
Rate of bullying and harassment claims accepted per Total FTEs	Baseline year	Quarterly

INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- Implement the HNE Health Respectful Workplace Policy	Dir WD	Sep, Mar
- Establish a mechanism to ensure that current and future workplace culture initiatives are aligned, integrated and appropriately evaluated	Dir WD	Sep, Mar
- Continue to implement strategies to ensure that Excellence principles are embedded in HNE Health's Workplace Culture and to improve health care delivery	Dir WD	Sep, Mar



OBJECTIVE	To achieve the desired outcomes and sustain our ability to change and improve, we need to excel in: Attracting and retaining the required high quality staff
DESTINATION STATEMENT	We have the right people with the right skills, in the right place, at the right time

MEASURES	TARGET	REPORTING TIMEFRAME
Percent Aboriginal staff as a proportion of total	3.0%	Monthly
Percent recruitment completed within 8 weeks	Baseline year	Quarterly
Percent exit interviews attended	Baseline year	Annual
SM Sick leave - Average paid hours per FTE	3.3	Monthly

NB: Measure from 2011/12 HNE Health Service Agreement included:

SM = Service Measure

INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- Align medical recruitment to meet services needs	Dir WD	Sep, Mar
- Develop and implement targeted marketing strategies to fill vacancies	Dir AH / Dir N&M / Dir WD	Dec
- Develop targeted retention strategies	Dir AH / Dir N&M / Dir WD	Sep, Mar
- Expand and sustain a best practice model locum relievers program for rural and metropolitan services for all allied health disciplines	Dir AH	Sep, Dec, Mar, Jun
- Develop and commence implementation of the Allied Health Workforce Plan with a focus on: <ul style="list-style-type: none"> • Extended scope of practice and training (interdisciplinary) • Health Care Assistant Project – models of care • Clinical care ratios 	Dir AH / Dir WD	Dec, Jun
	Dir AH / Dir WD	Dec, Jun
	Dir AH / Dir WD	Dec, Jun
- Engage with the Maternity Reference Group, NSW Health and other consultative bodies regarding the impact of the Bachelor of Midwifery on metropolitan and rural health services	Dir N&M	Dec, Jun
- Evaluate the Aboriginal Employment Strategy 2008 - 2011	Dir WD	Sep, Dec
- Implement NSW Health Aboriginal Workforce Strategy Framework 2011 – 2015	Dir WD	Mar, Jun



INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- Work with Aboriginal Hospital Liaison Officers Steering Group and Aboriginal Hospital Liaison Officers Network to build capacity	Dir WD / Dir OP&CN	Dec, Jun



OBJECTIVE	<p>To achieve the desired outcomes and sustain our ability to change and improve, we need to excel in:</p> <p>Developing competence, capability, individual accountability and performance</p>
DESTINATION STATEMENT	Our staff develop their skills, accept responsibility for their decisions and actions, and are supported to optimise their performance

MEASURES	TARGET	REPORTING TIMEFRAME
Percent Tier 3, Tier 4 staff with current performance plans	≥98%	Annual
Percent Allied Health staff spending 75% time in clinical care	Baseline year	6 Monthly
Number Mental Health staff undertaken Assessment, Planning and Treatment training	Baseline year	6 Monthly
Percent staff completed DETECT face to face training	Baseline year	Quarterly

INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- Develop strategies to better manage: <ul style="list-style-type: none"> • clinical supervision • inter disciplinary education 	Dir N&M / Dir AH / Dir WD	Dec, Jun
	Dir N&M / Dir AH / Dir WD	Dec, Jun
- Implement the Mental Health Core Skills - Assessment, Planning and Treatment (APT) Training Program for all Mental Health clinical staff	Dir MHS	Dec, Jun
- Partner with relevant clinical directors to develop strategies to improve participation rates of senior medical workforce in performance review and development	Dir WD	Dec, Jun
- Prepare for the 5 year credentialing of Visiting Medical Officers staff	Dir WD	Sep, Dec, Mar, Jun
- Review and consider options for rationalising mandatory training for all staff	Dir WD	Sep, Dec, Mar, Jun
- Improve accountability and compliance of mandatory training scheduling, recording and reporting	Dir WD	Sep, Dec, Mar, Jun
- Review and report accuracy of training records in Pathlore	Dir WD	Sep, Mar
- Review basic physician training program and implement agreed recommendations	Dir OAN	Dec, Jun
- Implement strategies to sustain DETECT education and training for all staff	Dir CG / Dir WD	Sep, Mar
- Prepare for the introduction of the National Aboriginal Health Worker registration	Dir WD	Sep, Mar



- Develop and roll out a formal Rural Generalist Training Pathway in collaboration with regional training providers and the Health Education and Training Institute.	Dir WD / Dir OAN / Dir OP&CN	Mar, Jun
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OBJECTIVE	To achieve the desired outcomes and sustain our ability to change and improve, we need to excel in: Effective consultation and communication
DESTINATION STATEMENT	We have structures and communication systems that effectively involve staff in decision-making processes and ensure that knowledge is shared

MEASURES	TARGET	REPORTING TIMEFRAME
Percent staff trained in ISBAR	Baseline year	Quarterly

INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- Explore availability of resources to establish a framework for an interdisciplinary approach to clinical handover	Dir CG	Dec, Mar
- Ensure ISBAR is sustainably implemented across HNE Health	Dir CG	Sep, Mar



OBJECTIVE	To achieve the desired outcomes and sustain our ability to change and improve, we need to excel in: Ensuring a safe working environment
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DESTINATION STATEMENT	We actively maintain a safe workplace
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MEASURES	TARGET	REPORTING TIMEFRAME
SM Percent workplace injuries (of total workforce)	Baseline year	Monthly

NB: Measure from 2011/12 HNE Health Service Agreement included: **SM** = Service Measure

INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- Assess implications of the new Work Health and Safety Act and develop appropriate management and education strategies	Dir WD	Sep, Dec, Mar, Jun
- Implement the Workers Compensation and OHS Performance Reporting Systems	Dir WD	Sep, Dec, Mar, Jun
- Develop strategies to achieve a reduction in workers compensation activity e.g. open claims, cost of claims and length of LTI	Dir WD	Sep, Dec, Mar, Jun
- Implement strategies to reduce the incidence of bullying and harassment	Dir WD	Dec, Jun



OBJECTIVE	<p>To achieve the desired outcomes and sustain our ability to change and improve, we need to excel in:</p> <p>Demonstrating innovative healthcare</p>
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DESTINATION STATEMENT	We are recognised nationally and internationally for innovation in clinical, organisational and support services
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MEASURES	TARGET	REPORTING TIMEFRAME
Number facilities accredited with an EA/OA on any standard	16	Annual

INITIATIVES/ACTIONS	RESPONSIBILITY	RESPONSE TIMEFRAME
- Implement the Research Governance Framework	Dir N&M	Sep, Mar
- Promote the availability of scholarship funding grants to assist services to implement innovative evidence-based changes that translate good ideas into practice	CE	Sep, Mar