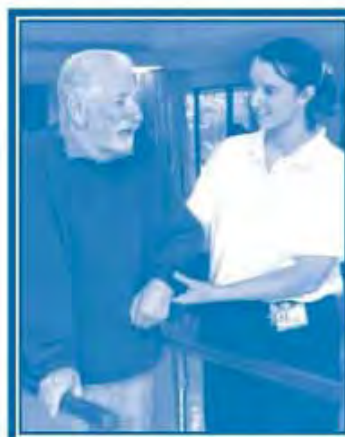




Hornsby Ku-ring-gai Health Service

Business Plan

July 2004 - June 2006



Caring for a healthier community

HORNSBY KU-RING-GAI HEALTH SERVICE

BUSINESS PLAN JULY 2004 – JUNE 2006

FOREWORD

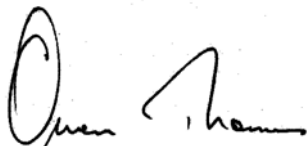
The Business Plan for Hornsby Ku-ring-gai Health Service has traditionally been a planning and management tool aimed at keeping us, as an organisation, focused on key strategies.

This year we have broadened the scope of the Business Plan by providing (in Part A) an overview of our local population and the key factors which have an impact on health. We have also included, in a more structured way, input from consumer and community representatives and local councils.

The Business Plan has been written to span a two-year period, commencing July 2004. It is envisaged however, that we will update Part B in twelve months time to remove the strategies that have been accomplished and add in new challenges.

I hope you find the information in the Business Plan useful and that it is helpful in providing direction for us, as an organisation, to tackle the things that will enhance, in partnership with our community and other key agencies, both the provision of health care services and the health of our community.

That together we may achieve Better Health, Good Health Care,

A handwritten signature in black ink, appearing to read 'Owen Thomas', written in a cursive style.

Owen Thomas
General Manager
September 2004

HORNSBY KU-RING-GAI HEALTH SERVICE

BUSINESS PLAN JULY 2004 – JUNE 2006

PART A: Our community and their health

1.0 INTRODUCTION

The Hornsby Ku-ring-gai Health Service (HKHS) Business Plan for July 2004 – June 2006 contains key strategic and business activities related to the continued provision of efficient and effective health care services.

HKHS is committed to quality and safety and to improving the health outcomes for the people of Hornsby and Ku-ring-gai local government areas (LGAs). HKHS participates in accreditation by the Australian Council of Health Standards (ACHS).

This business plan addresses a broad range of activities across the continuum of health care and aims to meet the needs of the community by providing clear, comprehensive direction to HKHS as an organisation. Major influences on the health of the population have been highlighted in ***bold italics*** throughout Part A.

2.0 THE COMMUNITY

2.1 GEOGRAPHY

The Hornsby Ku-ring-gai (HK) sector is comprised of the LGAs of Hornsby and Ku-ring-gai and covers an area of approximately 595 km². The HK sector covers the area bounded by the Hawkesbury River (northern boundary), Lindfield (within the southern boundary) and Pennant Hills, Cherrybrook and Epping (within the western boundary).

There is a major business and retail hub at Hornsby, with smaller business and retail hubs at Gordon and Pennant Hills. A large proportion of the northern and eastern parts of the Hornsby LGA is forested.

The southern and eastern parts of the sector are well served by rail and road transport (see Figure 1). There are a number of small isolated communities in the northern part of the sector. These communities have variable, but mostly limited access to public transport.

HKHS provides a wide range of both hospital and community based health services from its main campus of Hornsby Ku-ring-gai Hospital and throughout the community, also illustrated within Figure 1.

2.2 POPULATION

2.2.1 Current and Projected Future Resident Population

At the 2001 Census, the estimated resident population of the Northern Sydney area¹ was 785, 063 persons. This represents an increase of 4.3% since the 1996 Census. The estimated resident population of the HK sector is 255,721 people (NSW Health population projections, 2000). This represents 33.2% of the Northern Sydney area population and 4% of the NSW population.

The HK sector is currently characterised by:

- moderate population density (mostly between 1,000 and 4,000 people per square kilometre) in the southern one-third of the sector;
- low population density (mostly less than 1,000 people per square kilometre) in the northern two-thirds of the sector, with the exception of some localities immediately proximal to the railway line where population density is moderate;
- small pockets of higher population density (greater than 4,000 people per square kilometre) in the Hornsby and Epping localities.

Figure 2 illustrates the population density across the Hornsby Ku-ring-gai sector.

¹ Northern Sydney area consists of the local government areas of Hornsby, Hunters Hill, Ku-ring-gai, Lane Cove, Manly, Mosman, North Sydney, Pittwater, Ryde, Warringah and Willoughby

Figure 1 Hornsby Ku-ring-gai Hospital & Community Health Centres

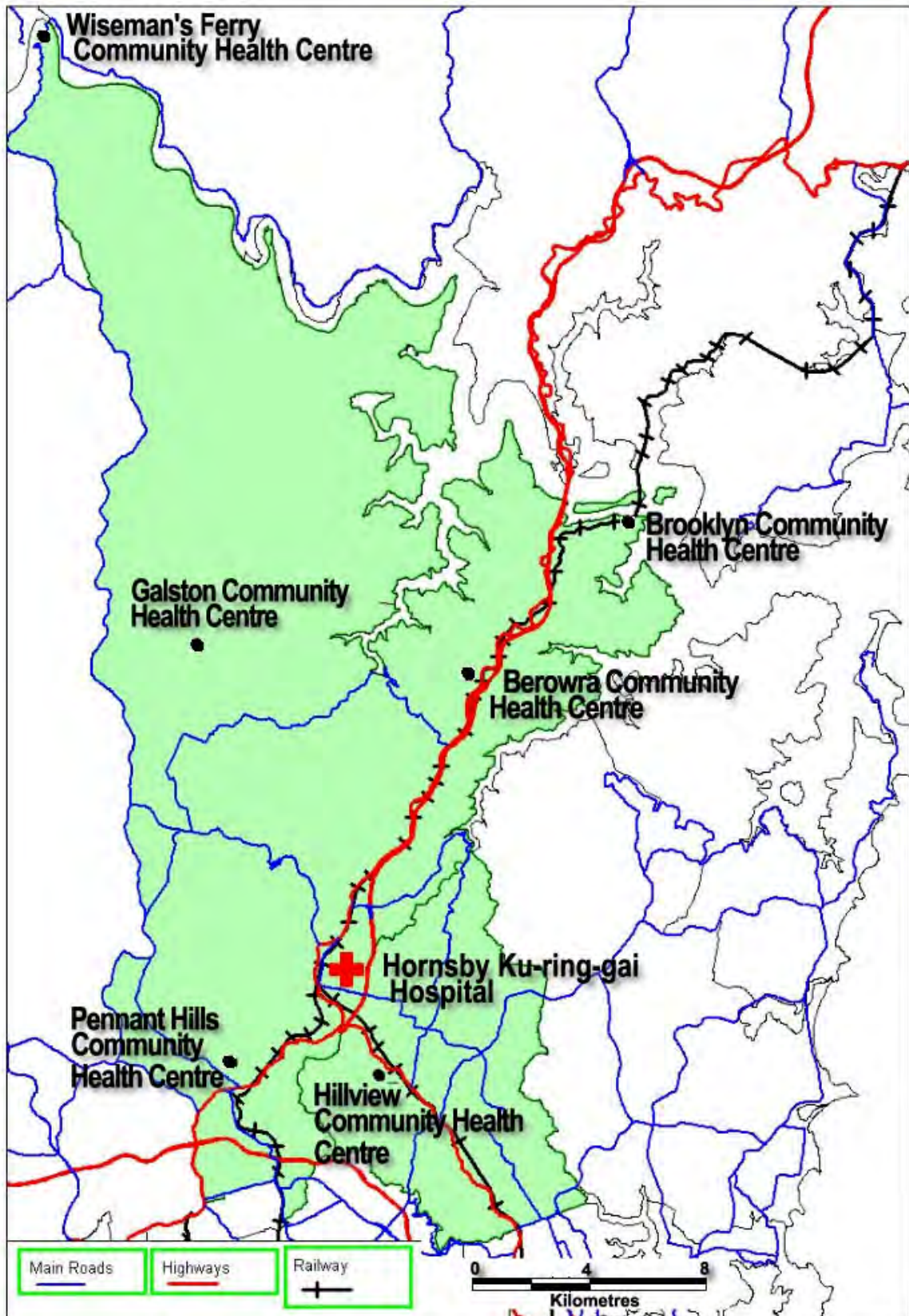
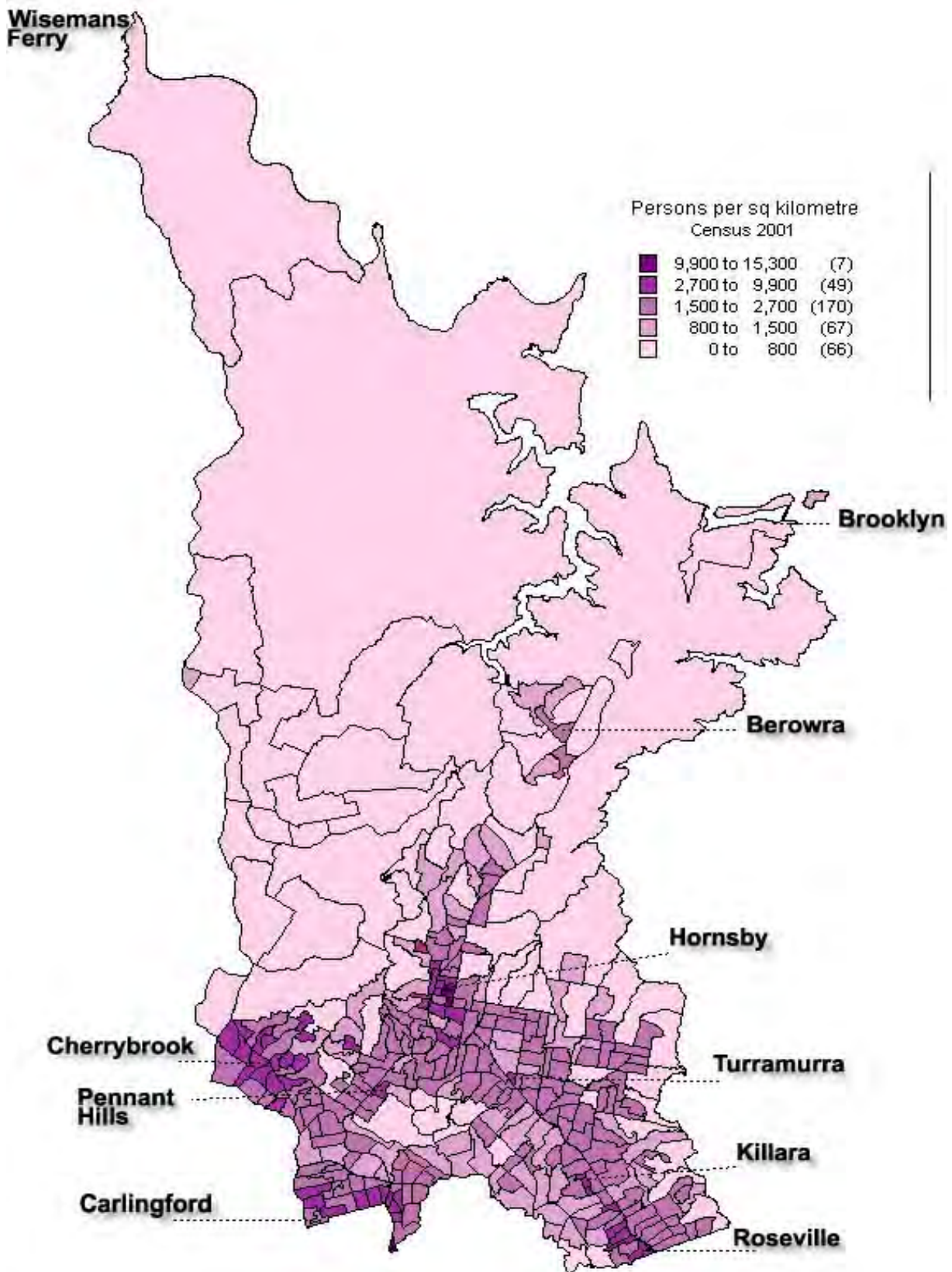
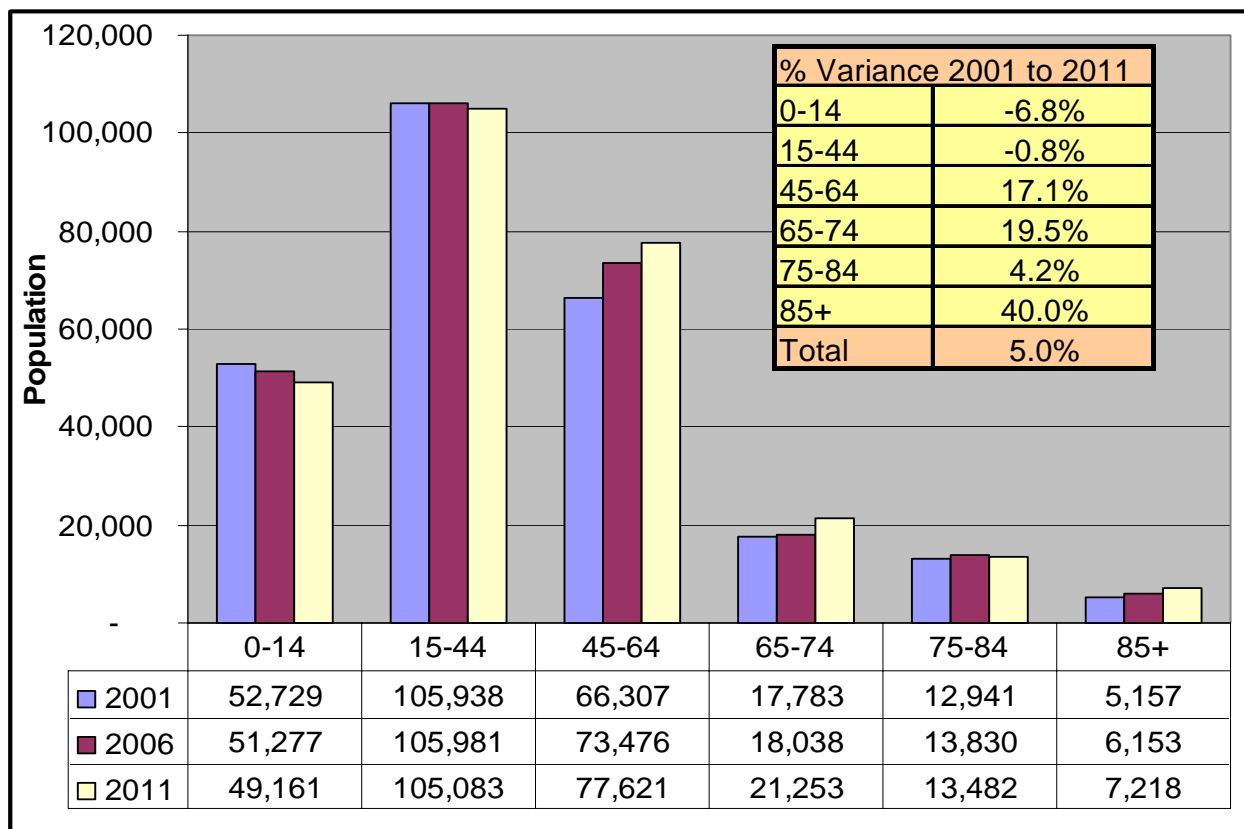


Figure 2 Hornsby & Ku-ring-gai Local Government Areas persons per square kilometre, 2001



Graph 1 examines the estimated resident population (ERP) for the HK sector 2001 to 2011 by age range.

Graph 1 Estimated Resident Population and Projections for the Hornsby Ku-ring-gai Sector (2001 to 2011), 2003



Source: NSW Health Revised Interim Projections, June 2003

The following has been identified:

- between 2001 and 2011, the population of Hornsby Ku-ring-gai is expected to grow from 260 855 to 273 819 people or 5.0%;
- the group aged 15-44 years currently represents the largest ERP within HK. This will decrease by 0.8% between 2001 and 2011;
- between 2001 and 2011, the number of men and women aged 45 to 64 years will increase by 19.5%, the number of men and women aged 65 to 74 years will increase by 4.2% and those aged 85 years and over living in Hornsby Ku-ring-gai will increase by 40.0%;
- **the greatest percentage growth in population will be among people aged 85 years and over. This age group is expected to make increasing demands on acute health care services as well as non-acute services, community and nursing home care and;**
- between 2001 and 2011, the number of children the 0 to 14 age group will decrease by 6.8%.

2.2.2 Population Projections by LGA

A steady population growth of 3.6% is expected in the Ku-ring-gai LGA, over the next decade to 2011, while the population of the Hornsby LGA is expected to grow by 7.7% in the same time period.

2.2.3 Population Projections by Age and Sex within Northern Sydney area

The population of the Northern Sydney area by age and sex is outlined below in Table 1.

There is a lower proportion of males in the Northern Sydney area (48.7%) than in NSW (49.5%), largely due to a higher than expected number of women aged 65 years and over.

Females outnumber males in the Northern Sydney area, with the exception of children and young people aged 0-14 years.

Table 1 Estimated resident population for Northern Sydney area and NSW by age and sex for 2006

| Age Group | Northern Sydney area | | | | NSW | | | |
|-----------------|----------------------|---------|---------|----------------|-----------|-----------|-----------|----------------|
| | Males | Females | Total | % Age to Total | Males | Females | Total | % Age to Total |
| 0-14 | 70,952 | 67,440 | 138,392 | 17.0% | 678,515 | 643,944 | 1,322,458 | 19.2% |
| 15-44 | 173,687 | 175,559 | 349,246 | 43.0% | 1,461,760 | 1,447,233 | 2,908,993 | 42.1% |
| 45-64 | 103,466 | 107,012 | 210,478 | 25.9% | 864,104 | 864,229 | 1,728,334 | 25.0% |
| 65-74 | 25,864 | 28,314 | 54,177 | 6.7% | 239,347 | 253,923 | 493,270 | 7.1% |
| 75-84 | 17,547 | 24,361 | 41,908 | 5.2% | 147,266 | 191,322 | 338,588 | 4.9% |
| 85+ | 4,237 | 14,196 | 18,433 | 2.3% | 28,028 | 85,430 | 113,458 | 1.6% |
| Total | 395,753 | 416,881 | 812,635 | 100.0% | 3,419,019 | 3,486,081 | 6,905,100 | 100.0% |
| % Male & Female | 48.7% | 51.3% | | 100.0% | 49.5% | 50.5% | | 100.0% |

Source: NSW Health Revised Interim Projections, June 2003

2.2.4 Cultural and Linguistic Diversity within the Northern Sydney area and Hornsby Ku-ring-gai

Within the Northern Sydney area, there are significant culturally and linguistically diverse (CALD) communities. These communities and their residents are characterised by great diversity and vary substantially in characteristics such as length of residence, English language proficiency and socioeconomic status.

Most CALD communities experience relative socioeconomic disadvantage, especially in the areas of occupational status, unemployment, income and English proficiency. Difficulties are also experienced by CALD communities in accessing health services due to a lack of information about available health services, language difficulties and cultural norms about health and health interactions.

In addition to the above issues, refugee communities in the Northern Sydney area are often at a further disadvantage as a result of adverse experiences in their country of origin, during flight, or whilst in their country of asylum. These experiences often result in a range of physical and psychological health problems. In the last five years, refugee communities have tended to settle in the Hornsby, Ryde and Warringah areas.

Since 1986, the Northern Sydney area has experienced consistently higher growth in the population born in a non-English speaking country, compared to the Australian-born population.

For the area covered by the Northern Sydney area as a whole, the population speaking a language other than English at home increased from 114, 406 people (15.9%) in 1996 to 129, 243 (17.5%) in 2001. This represents an increase of 13%. Approximately 11% of the total NSW population of speakers of languages other than English at home is represented within the Northern Sydney area.

Table 2 Top 10 languages other than English spoken at Home for all persons within Hornsby Ku-ring-gai sector and Northern Sydney area

| Language | Hornsby | Ku-ring-gai | Hornsby Ku-ring-gai total | Northern Sydney area total | % of NSW population resident in Northern Sydney area |
|------------------------------|--------------|--------------|---------------------------|----------------------------|--|
| Total est. residents | | | 244 842 | 737 202 | 12 |
| Languages other than English | | | 45 105 | 134 615 | 11 |
| Cantonese | 6,710 | 4,769 | 11 479 | 26 292 | 22 |
| Mandarin | 2,896 | 1,690 | 4 586 | 12 387 | 19 |
| Korean | 2,260 | 1,341 | 3 601 | 8 170 | 27 |
| Italian | 1,498 | 719 | 2 217 | 11 760 | 12 |
| Japanese | 1,785 | 276 | 1 230 | 5 675 | 51 |
| Arabic (inc. Lebanese) | 1,230 | 457 | 2 061 | 5 386 | 4 |
| Armenian | 1,062 | 269 | 402 | 4 960 | 66 |
| Greek | 672 | 596 | 940 | 4 692 | 5 |
| German | 355 | 875 | 1 268 | 3 935 | 18 |
| Spanish | 737 | 366 | 1 103 | 3 588 | 7 |

Source: *Ethnicity Profile of the Northern Sydney Area, 2004*; ABS, *2001 Census of Population & Housing, Customised Data*

In the Northern Sydney area, the HK sector has the largest number of residents speaking a language other than English at home. The largest Cantonese, Mandarin and Korean speaking language groups are in the HK sector.

While Cantonese, Mandarin and Korean represent the top languages other than English spoken by Hornsby Ku-ring-gai residents at home, it is interesting to note the comparatively lower number of speakers of these languages who report low proficiency in English.

Table 3 Top 10 Languages spoken at home by residents who report low proficiency in spoken English

| Language | Total Hornsby Ku-ring-gai residents speaking this language who report low English proficiency | Total Northern Sydney residents speaking this language who report low English proficiency |
|-------------------------------|---|---|
| Cantonese | 1 791 | 4 743 |
| Mandarin | 1 011 | 2 763 |
| Korean | 1 054 | 2 644 |
| Japanese | 274 | 1 462 |
| Italian | 209 | 1580 |
| Arabic (inc. Lebanese) | 209 | 595 |
| Persian | 177 | 489 |
| Spanish | 84 | 291 |
| Chinese (not further defined) | 81 | 267 |
| Russia | 74 | 181 |

Source: *Ethnicity Profile of the Northern Sydney Area, 2004; ABS, 2001 Census of Population & Housing, Customised Data*

Almost one third of all residents in the Northern Sydney area were born overseas, of which 60% were from a non-English speaking background. The proportion of all those born overseas increased from 30.2% in 1996 to 31.9% in 2001. This proportion of residents born overseas within the Northern Sydney area is much higher than for NSW ie. 31.9% of residents in the Northern Sydney area compared to 24.9% for NSW.

Table 4 Overseas born population in Northern Sydney area by LGA

| Local Government Area | Number of overseas born |
|-----------------------|-------------------------|
| Hornsby | 43 269 |
| Ku-ring-gai | 31 476 |

* includes English and non-English speaking countries of birth

Source: *Ethnicity Profile of the Northern Sydney Area, 2004; ABS, 2001*

Amongst the Hornsby Ku-ring-gai population born in a non-English speaking country, residents born in Hong Kong or China predominate. In Hornsby LGA for example, residents from Hong Kong make up 2.4% of the population and Chinese-born residents make-up 2.1%.

Table 5 Main country of birth for those from non-English speaking backgrounds by LGA for Northern Sydney area residents

| Rank | Hornsby | Ku-ring-gai |
|------|-------------|-------------|
| 1 | Hong Kong | Hong Kong |
| 2 | China | China |
| 3 | India | Korea |
| 4 | South Korea | Malaysia |
| 5 | Malaysia | India |

Source: *Ethnicity Profile of the Northern Sydney Area, 2004; ABS, 2001*

2.2.5 Aboriginal and Torres Strait Islander residents

In the Northern Sydney area there are approximately 1800 Aboriginal and Torres Strait Islander residents. This is 1.5% of the indigenous population in NSW overall. The number of Aboriginal & Torres Strait Islander residents is probably under-reported.

The population structure of Aboriginal & Torres Strait Islander residents in the Northern Sydney area differs from that of the health region as a whole. There is a higher proportion of Aboriginal & Torres Strait Islander residents in the younger age groups, with 87% being under the age of 50 years. This compares with 69% of the general Northern Sydney area population in the same age group.

Table 6 Aboriginal and Torres Strait Islander residents by sex and LGA in Hornsby Ku-ring-gai sector

| LGA | Male | Female | Total |
|-------------|------|--------|-------|
| Hornsby | 220 | 227 | 447 |
| Ku-ring-gai | 43 | 65 | 108 |

Source: *Ethnicity Profile of the Northern Sydney Area, 2004; ABS, 2001*

3.0 HEALTH AND LIFESTYLE FACTORS

Smoking, physical activity, nutrition, being overweight, alcohol and drug use, sexual practice and sun protection have all been identified as important lifestyle factors influencing health today. Many of these risk factors have been identified as significantly contributing to the total burden of disease in Australia today (NSH Public Health website, 2004).

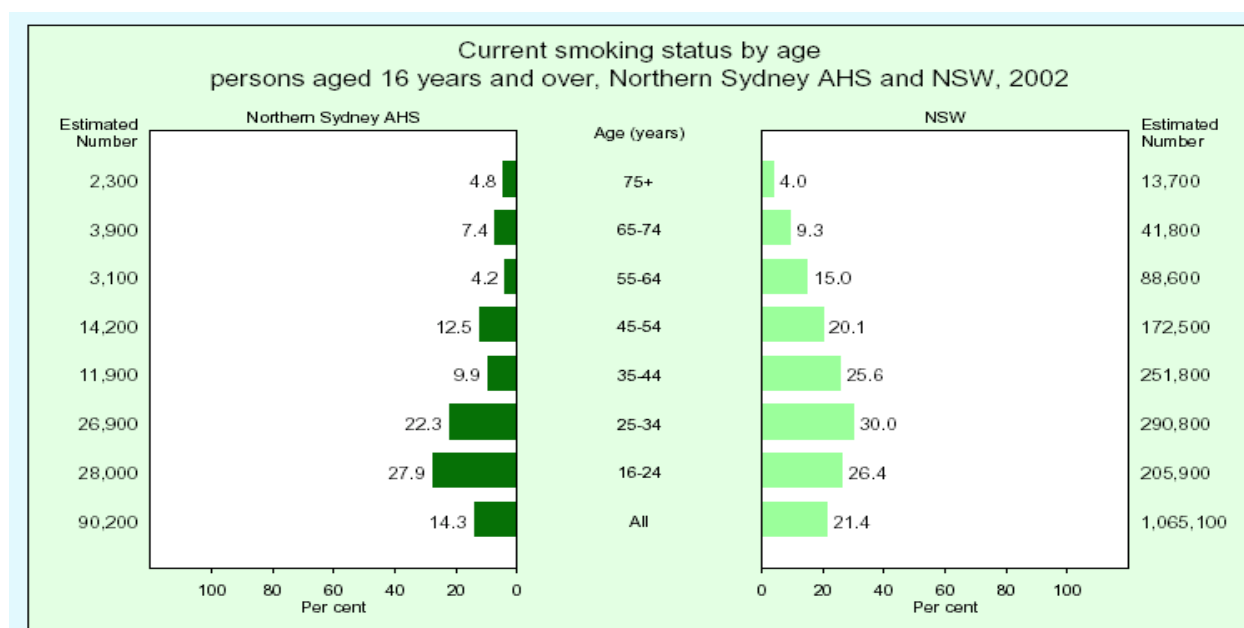
3.1 Smoking

Tobacco smoking is the risk factor responsible for the greatest burden of disease overall, followed by physical inactivity and harmful use of alcohol.

In the Northern Sydney area in 2002, significantly fewer residents aged 16 years or over were current smokers (14%) compared to 21% in NSW. **31% of females aged 16 to 24 years smoked. This was above the NSW average for this age group (27%) and contrasted with all other age groups. Prevalence in males of the same age was 25%** and similar to that of NSW.

The proportion of smoke free households where smoking was either not allowed at all or only outside was higher in the Northern Sydney area (89%) in 2002, than in NSW for the same year (81%).

Graph 2 Current smoking status by age for persons aged 16 years and over, Northern Sydney area and NSW, 2002



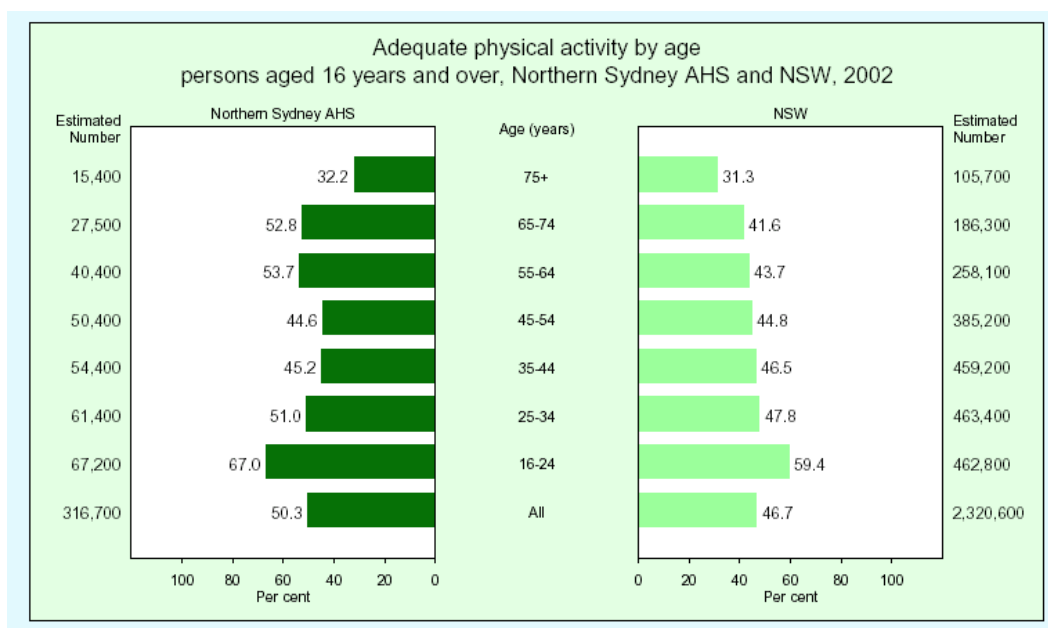
Source: Northern Sydney Public Health website, 2004

3.2 Physical activity

Inadequate physical activity is defined as less than a total of 150 minutes of moderate physical activity per week. This accounts for 7% of the burden of disease and injury across Australia and is known to increase the risk of cardio-vascular disease, cancer, diabetes, injury and mental illness.

The overall prevalence of adequate physical activity in Northern Sydney area is 50%. This is comparable with NSW. In Northern Sydney, younger people aged 16 to 24 years and older people aged 55 to 74 years were more likely to have adequate levels of activity compared to the same age groups in NSW.

Graph 3 Adequate physical activity by age for persons aged 16 years and over, Northern Sydney area and NSW, 2002



Source: Northern Sydney Public Health website, 2004

3.3 Nutrition (fruit and vegetable consumption)

The guidelines recommend between 2 and 3 serves of fruit per day according to age. Northern Sydney area residents ate similar levels of fruit to those for NSW overall (47% and 45% respectively).

However, **fewer Northern Sydney area residents ate the recommended intake of vegetables compared to NSW overall (13% and 16% respectively)**. In the Northern Sydney area vegetable consumption is higher in older people, except for those residents aged 45 to 54. These residents eat less vegetables than their counterparts across the state, with only 2% of males in this age range eating the recommended levels.

3.4 Overweight and obesity

Being overweight or obese is becoming an increasing public health problem for both adults and children throughout NSW. In NSW, more than half of all adults aged between 45 and 74 years were classified as overweight or obese.

Being overweight is classified as those with a Body Mass Index (BMI) of between 25 and 29 and obesity is classified as those with a BMI of 30 or more.

Being overweight or obese accounts for 4% of the burden of disease across Australia. These risk factors are directly associated with hypertension and raised blood cholesterol level, which in turn are risk factors for stroke and cardiovascular disease.

Females in the Northern Sydney area were significantly less likely to be overweight than those in NSW (27% compared to 38%). **At 55%, males in Northern Sydney were comparable with the whole of NSW, however this still represents a substantial proportion of the community.**

Females showed a trend of increasing overweight with increasing age but remained below the state average for all age groups. Males showed a lower prevalence than NSW for men aged between 45 and 54 years but **a sharp increase to 75% for those aged between 55 and 64 years. This was well above the NSW level of 62%.**

Trend analysis from 1997 to 2002 indicated an increase in males categorised as from 46% in 1997 to 55% in 2002 (for those classified as overweight) and females increased from 35% to 41%.

3.5 Alcohol Consumption

Risk taking behaviour in drinking alcohol includes either daily drinking, drinking more than four standard drinks for males and two for females per day or consuming more than six (male) and four (female) standard drinks on any one occasion or day.

Males in the Northern Sydney area were comparable with the NSW overall in alcohol risk taking (37% and 39%) respectively, **while females in the Northern Sydney area reported a higher prevalence (39%) compared to NSW (30%).**

Females in the Northern Sydney area aged 16 to 24 years had the highest prevalence of alcohol risk taking behaviour at 74% compared with 47% for NSW. Prevalence in Northern Sydney area for males in the same age group was comparable with NSW at 50 and 48% respectively.

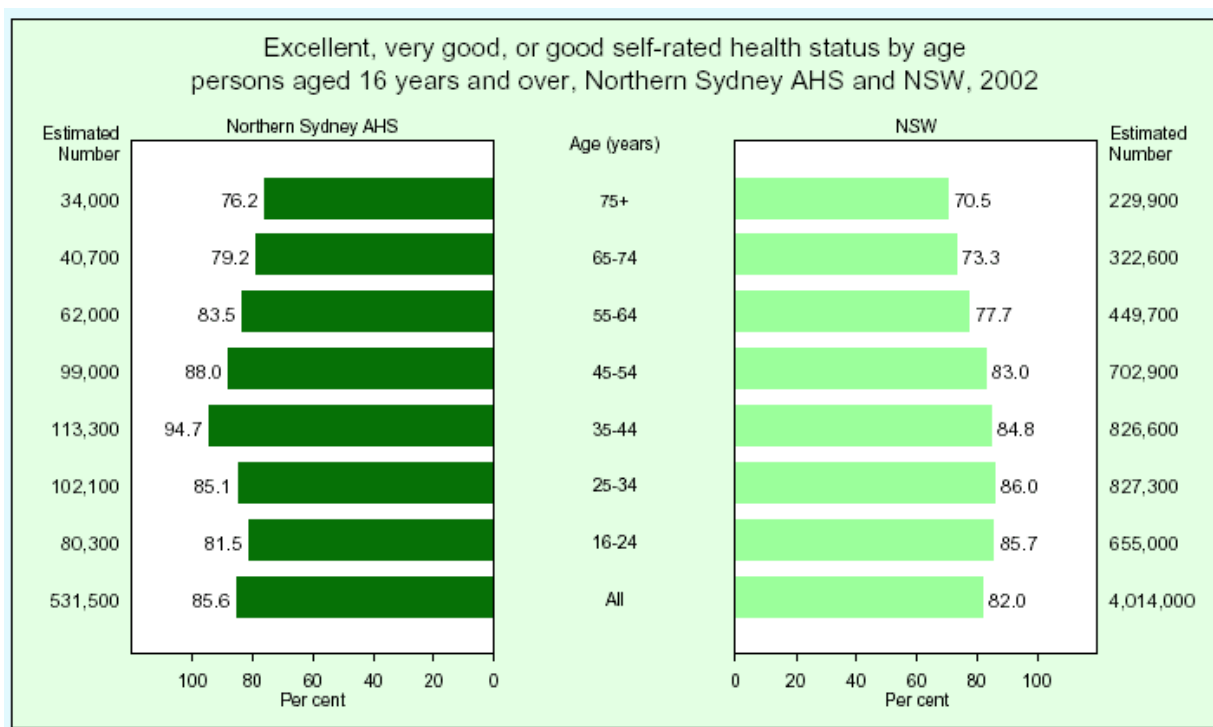
3.6 Top 10 Hospital admissions (separations) for Hornsby & Ku-ring-gai residents, 2002-2003

| Separations | Public | Private | Total |
|----------------------------|--------|---------|-------|
| Renal Dialysis | 1 847 | 6 636 | 8 483 |
| Diagnostic GI Endoscopy | 1 066 | 6 901 | 7 967 |
| Orthopaedics | 2 018 | 3 838 | 5 856 |
| Chemotherapy | 419 | 3 791 | 4 210 |
| Non Sub Speciality Surgery | 1 897 | 1 968 | 3 865 |
| Gynaecology | 814 | 2 981 | 3 795 |
| Obstetrics | 1 662 | 1 859 | 3 521 |
| Ophthalmology | 506 | 2 754 | 3 260 |
| Urology | 686 | 2 034 | 2 720 |
| Respiratory Medicine | 1 364 | 1 270 | 2 634 |

Source: NSH Area Planning, 2004

3.7 Self-reported Health Status

Graph 4 Excellent, very good or self-rated health status by age for persons aged 16 years and over, Northern Sydney area and NSW, 2002



Source: Northern Sydney Public Health website, 2004

While data is yet to be confirmed for Hornsby Ku-ring-gai residents, previous studies appear to suggest that poorer self-rated health status is co-related with impairment to hearing, vision, musculo-skeletal function (pain) and mental health disorders (eg. depression).

4.0 FINANCIAL AND ACTIVITY INDICATORS

For the financial year July 2003 – June 2004, HKHS received a total budget of \$ 67 271 000 including 2003-04 enhancements of \$5 807 911 for the establishment of a 10 bed Emergency Medical Unit, a 6 bed High Dependency Unit, an Acute Care of the Elderly Ward and a Rapid Emergency Assessment Team.

Total revenue was \$10 014 000. Net Operating Costs was \$68 567 000. There were significant adjustments made to reduce overall net cost of services.

Broad performance and activity indicators at HKHS for the financial year July 2003 – June 2004 were as follows:-

| | |
|---|--------|
| Total Hospital Separations | 17 442 |
| Total Births | 920 |
| Total Bed Days | 78 599 |
| Daily average beds occupied (including acute Mental Health services) | 214.8 |
| Length of stay (days) | 4.51 |

PART B: Strategies, actions and performance

INTRODUCTION

Building on our understanding of our local population, Part B of the Hornsby Ku-ring-gai Health Service Business Plan describes the main initiatives planned for the next twelve to twenty-four months.

The framework used for development of the Business Plan incorporates the seven goals developed by the former Northern Sydney Area Health Service.

These goals are as follows:-

- 1 Our communities are informed and involved in health issues including the development, delivery and evaluation of services;
- 2 The mix of health services we provide and the partnerships we develop best meet the needs of our communities;
- 3 Our systems of care are person centred, safe and effective;
- 4 We provide an environment that values and supports staff through workplace innovation, staff development and participation;
- 5 Our capital and service infrastructure supports person centred, safe and effective care;
- 6 As an organisation we contribute positively to society, beyond our primary role as a care provider, through ecologically sustainable development and promotion of relationships that enhance social capital and;

7 We are accountable to the communities we serve.

Within the Ku-ring-gai Health Service Business Plan for July 2004 – June 2006 we have included the strategies and goals planned by the Northern Sydney Area Health Service for reference. We have then supplemented this with local strategies, goals and actions developed by staff at Hornsby Ku-ring-gai Health Service. Consequently, Area level initiatives and then Hornsby Ku-ring-gai Health Service initiatives are presented under each goal. The NSH Area level content is shaded in grey, as a contrast.

Work is also underway on developing a “Balanced Scorecard’ that, it is hoped, will simplify the reporting on key issues and help keep us focused, as an organisation, on those things which have the most significant impact on improving the health of our community.

Goal 1 Our communities are informed and involved in health issues including the development, delivery and evaluation of our services

NSH Business Plan Contents

| Code | Objective | Strat Code | Strategy | Plan Links | Performance Indicators | Time | Strategy Leader | Support | Govern |
|------|---|------------|---|---|--|--------|-----------------|---------|--------|
| 1.1 | The community is appropriately involved in decision making within NSH | 1.1.1 | Consumer and community participation framework developed and implemented within NSH | Board Performance Agreement Partners In Health – sharing and making decisions together, NSW DOH | Area framework for consumer and community involvement developed | Dec 04 | | | |
| | | 1.1.2 | Sector business plans reflect community consultation and involvement in relevant projects and clinical service planning and delivery | | 100% of sector business plans reflect intention to involve the community in relevant projects and clinical service planning and delivery | Aug 04 | | | |
| | | 1.1.3 | Area wide survey of the level of community and consumer satisfaction with involvement in decision making in projects and clinical service planning and delivery | | 80% of surveyed consumers/communities are satisfied with the level of involvement and decision making within NSH | Jun 05 | | | |
| 1.2 | The community is informed of the services we provide | 1.2.1 | A Plan is developed and implemented to increase community access to information on health issues and health services we provide in NSH | Ethnic Affairs Priority Statement Health Promotion | Area plan to increase community access to information on health issues and services is developed | Dec 04 | | | |
| | | 1.2.2 | Mechanisms are established to enhance communication and collaboration between Area and community consultation groups and committees including Area CCC | | Mechanisms are established and implemented to enhance communication and collaboration between Area Executive and community consultation groups and committees including Area CCC | Dec 04 | | | |

HKHS Business Plan Contents

| Code | HKHS Strategy | HKHS Objective & Action | Time | Plan Links | HKHS Performance Indicators | Staff Responsible | Support | Governance |
|------|---|--|--------------------------------------|------------|---|--|---------|------------|
| A1 | Develop and implement consumer & community participation action plan, policy and process in response to Area framework . | <ul style="list-style-type: none"> Create working group to develop HKHS consumer and community participation action plan in response to and following release of Area framework. To include consideration of CALD communities, diversity of consumers, internal and consumer training needs etc. Implement HKHS consumer and community participation plan for 2004-2006. | Feb - Apr 05 May 05 - ongoing | NSH 1.1 | <ul style="list-style-type: none"> Working group formed and meeting regularly. Consumer and community participation framework and action plan written. Consumer and community participation framework and action plan/consultative process implemented eg. Creation of consultation committee with relevant stakeholders represented, regular committee meetings occurring, consultation results forwarded to HKHS Executive. Number of consumers participating in HKHS committees, working groups etc. | GM* CCP Working Group GM* CCP Working Group | Exec | Exec - HR |
| A2 | Integrate consumer and community participation with capital and services planning major projects. | <ul style="list-style-type: none"> Include consumer and community reps in the planning and implementation of major HKHS Capital Projects (eg Redevelopment Project Stage I, Psychiatric Emergency Centre) and in major service planning exercises (eg. Business Plan Development, Clinical Services Plan Development) and in related evaluation processes. | Aug – Ongoing | NSH 1.1.2 | <ul style="list-style-type: none"> HKHS action plan/consultative process includes recommendations for incorporating consumer and community participation into planning and implementation of relevant projects. Number of consumers participating in HKHS planning committees/forums. | GM* CCP Working Group | Exec | Exec - HR |
| A3 | Promote awareness of hospital and community health services to the community and increase community access to information on health issues and health services. | <ul style="list-style-type: none"> Include incorporation of increased community access to information on health issues and services within development of HKHS consumer and community participation action plan. Incorporate community choice in communication modes and methods of increasing access to | Feb – Apr 05 | NSH 1.2.1 | <ul style="list-style-type: none"> Action plan/consultative process includes recommendations for incorporating consumer and community participation into the planning to provide increased community access to information on health issues and services at HKHS. Relevant consultative process conducted to assess community information needs, and to plan strategies, method of increasing | GM* CCP Working Group Clin Ev Man | Exec | Exec - HR |

| | | | | | | | | |
|--|--|--------------|--|--|---|--|--|--|
| | | information. | | | community access to relevant information. Relevant strategies and action implemented. Community reports increased access to information on health issues and health services at HKHS eg. assessed via website.survey. | | | |
|--|--|--------------|--|--|---|--|--|--|

Goal 2 The mix of health services we provide and the partnerships we develop, best meet the needs of our communities

NSH Business Plan Contents

| Code | Objective | Strat Code | Strategy | Plan Links | Performance Indicators | Time | Strategy Leaders | Support | Governance |
|------|--|------------|--|--|---|--------|------------------|---------|------------|
| 2.1 | Develop an Area-wide clinical services delivery plan including capacity management | 2.1.1 | Develop an Area-wide clinical services delivery plan including capacity management | RDF Episode funding Policies, Healthier People 2005, Strategic Resources Plan, Clinical Governance for NSH Implementation Plan | Relevant data set incorporated into methodology of clinical services plan | Dec 04 | | | |
| | | | | | Relevant data collected, analysed and incorporated into the clinical services plan (eg. activity trends, clinical grouping, SRP, population health, key drivers, costing data, outcome data, risk data) | Dec 04 | | | |
| | | | | | Review and implement clinical governance framework in NSH | Dec 04 | | | |
| | | | | | Identify Area wide service streams for NSH | Dec 04 | | | |
| | | | | | Area wide service delivery plans developed for all service streams that incorporate the continuum of care | Jun 05 | | | |
| | | | | | Service delivery plans for each service stream to include top ten processes of care (by cwt or volume) details regarding current and future models of care, staffing and funding requirements | Jun 05 | | | |
| | | | | | Prioritise and implement top | Jun 05 | | | |

| | | | | | | | | | |
|--|--|-------|--|---|--|--------|--|--|--|
| | | | | | five care processes for each service stream delivery plan across NSH | | | | |
| | | 2.1.2 | Identify priority setting mechanism for allocating resources to area wide service stream in NSH | | Priority setting mechanism developed and implemented for allocating resources to area wide service stream in NSH | Jun 05 | | | |
| | | 2.1.3 | Partnerships with key service partners are enhanced and developed in NSH to improve patient care | | Develop a framework and philosophy for an Area-wide approach to partnerships | Jun 05 | | | |
| | | 2.1.4 | Develop and implement capacity management reforms across the Area | Access issues at NSH Public Hospitals, NSW Health | Key strategies to improve hospital and community capacity and patient flow are implemented and evaluated | Jun 05 | | | |
| | | | | | Strategies to manage long waits are implemented and long waits are reduced by 10% | Jun 05 | | | |
| | | 2.1.5 | Develop a workforce and a medical workforce plan | | Workforce plan developed and implemented | Dec 04 | | | |
| | | | | | Medical workforce plan developed and implemented | Dec 04 | | | |

HKHS Business Plan Contents

| Code | HKHS Strategy | HKHS Objective & Action | Time | Plan Links | HKHS Performance Indicators | Staff Responsible | Support | Governance |
|------|---|--|---|---------------------|--|--|--------------------------------------|--|
| B1 | Plan HKHS role, future service mix and service development in line with future population needs | <ul style="list-style-type: none"> Develop HKHS Clinical Services Plan for HKH in cooperation with work being done across NSH/CCH on Area Clinical Service Plan and addressing HKHS service mix, issues of critical mass, shared services with Central Coast | Oct 04 – Mar 05 | NSH 2.1 | <ul style="list-style-type: none"> Clinical Services Plan finalised. Implementation program developed. | GM* | Project Officer Exec | CSP Steering Comm |
| B2 | Improve HKHS capacity, access block management, efficiency and flexibility of bed management | <ul style="list-style-type: none"> Develop and implement HKHS Capacity Management Plan for Winter 2004. Conduct external consultancy review of ED and implement key recommendations. Review and improve patient access to telemetry services Review and improve access to coronary care through development of a plan to provide appropriate and timely access for patients requiring coronary care Increase utilisation of Acute Post-Acute Care service Improve management of patients under relevant chronic and complex care initiatives through implementation of standards for CAL and Cardiac Failure under NSW Clinical Service Framework. | Jul – Sep 04 Jul – Nov 04 Mar 05 Apr 05 Nov 04 - June 05 June 05 | | <ul style="list-style-type: none"> Capacity Management Plan implemented and evaluated. Access Block performance to target. Action Plan developed and major recommendations implemented. Protocols for initiation and cessation of telemetry established Telemetry and monitoring capacity established in surgical wards Plan developed and implemented Patients requiring coronary care access an appropriate bed within eight hours Increase number of HKHS patients referred to and accepted by APAC compared to 2003-04 Demonstrate compliance with standards for CAL and Cardiac Failure under NSW Clinical Service Framework Increase number of referrals to community respiratory and cardiac programs | DMS* DNS Dep DNS DMS* Dir ED NUM ED DMS DDNS* DMS* DMS* DMS* DMS* DNS* | DNS DNS DNS DNS | Exec – Q&S Exec – Q&S Exec – Q&S Exec – F&A Exec – Q&S |
| B3 | Refine and continue to develop clinical governance framework across HKHS. | <ul style="list-style-type: none"> Implement elements of the HKHS Organisational Restructuring process, designed to support and | Dec 04 | HKHS Organisational | <ul style="list-style-type: none"> Recruit Chair of Care of Older Persons. | GM* | DMS DNS DC&AH | Exec – Q&S |

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| | | <p>enable improved Clinical Governance.</p> <ul style="list-style-type: none"> Further develop the role of the Clinical Review Committee to provide oversight of the Patient Safety and Quality programs undertaken by all Clinical Depts. | Mar 05 | Restructuring Proposal | <p>Increase support for DMS role.</p> <p>Proposal to establish Chair of General Medicine.</p> <p>Reconfigure HKHS Executive Committee</p> <p>Implement other elements of HKHS Organisational Restructuring proposal as agreed with Area Executive</p> <ul style="list-style-type: none"> Terms of Reference and composition of Clinical Review Committee reviewed and amended. <p>Patient Safety and Quality indicators for each Clinical Dept clarified and reporting arrangements established.</p> | Mgr Q&S | Dir, RACS Dir, WCAFH | Exec – Q&S |
| B4 | Improve management of patients requiring High Dependency Care and those presenting with Stroke. | <ul style="list-style-type: none"> Establish a 6 bed High Dependency Unit adjacent to ICU Review existing practices for management of stroke patients and develop proposal for Stroke Unit. Establish fully operational stroke service in accordance with NSH Stroke service network including recruitment, development of protocols, provision of effective stroke care Conduct Stroke clinical quality audit (“National Sentinel Audit of Stroke”, Royal College of Physicians, UK) and benchmark to assess changes to quality of stroke patient care | <p>Jul 04 – ongoing</p> <p>Feb 05 – June 05</p> | NSH 2.1 | <ul style="list-style-type: none"> Establishment of HKHS High Dependency Unit. Appointment of HKHS Clinical Director of Neurology. Implementation of Stroke Clinical Pathway. Establishment of Stroke Unit. Appointment of additional clinical staff Development and implementation of stroke unit protocols Conduction of Stroke Clinical Quality audit with a focus on benchmarking results | <p>DMS* DNS</p> <p>DMS Director of Stroke Service*</p> | GM | Exec – Q&S |
| B5 | Improve management of long wait patients, including surgery and other clinical services. | <ul style="list-style-type: none"> Review Operating Theatre list allocations and provide increased capacity for services with greatest | Nov 04 | | <ul style="list-style-type: none"> Decrease long wait patients to no greater than 51 by June 2005 | DMS DNS* | GM | Exec – Q&S |

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| | | <p>unmet demand.</p> <ul style="list-style-type: none"> Review other services with extended waits and develop strategies to reduce patient delay (eg speech pathology, ACAT). Implement Area ophthalmology network | <p>Dec 04</p> <p>Mar 05</p> | | <ul style="list-style-type: none"> Waiting times for identified services reduced by 50%. Ophthalmology services provided in accordance with Ophthalmology network plan. | <p>DMS DC&AH*</p> <p>DMS*</p> | | |
| B6 | <p>Explore capacity for effective health promotion/early intervention activity throughout HKHS acute services in line with population need.</p> <p>Increase organisational focus on health promotion, early intervention and illness prevention throughout core/acute services and in line with high priority population need.</p> | <ul style="list-style-type: none"> Explore the need and capacity for health promotion and prevention activity throughout relevant HKHS services, in line with population needs and integrated with/supported by Area Health Promotion, Public Health, Council etc eg. Smoking cessation. Develop relevant strategies, options and action plan. Implement one-two health promotion/prevention projects (subject to resourcing needs), relevant to local needs and integrated with core HKHS services and other relevant stakeholders. | Nov 04 – July 05 | | <ul style="list-style-type: none"> Development of health promotion/prevention strategies and action plan in line with local needs. Implementation of one health promotion/prevention project. Implementation of second health promotion/ prevention project. | <p>DC&AH*</p> | GM | Exec – Q&S |
| B7 | <p>Improve HKHS liaison and linkage with General Practitioners</p> | <ul style="list-style-type: none"> Implement eDRS in EMU. Evaluate eDRS in EMU eg. via satisfaction survey. Build awareness of HKHS patients appropriate for Home Medication Review by GPs eg. via in-service education, internal newsletter articles. | Sep 04 – Jun 05 | | <ul style="list-style-type: none"> Number of discharge summaries sent to GP's from acute, rehabilitation and midwifery wards. Percentage of discharge summaries sent to GP's as above compared to total discharges for above services. Number of GPs reporting improved satisfaction with HKHS discharge communication. Number of education sessions and internal media articles building awareness of Home Medication Review. Number of (appropriate) GP home | <p>DMS*</p> <p>Dir, RACS DNS DC&AH</p> | Exec | Exec - HR |

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| | | <p>Identify and refer appropriate HKHS patients for Medicare Home Medication Review.</p> <ul style="list-style-type: none"> Strengthen liaison with Division of General Practice eg. by participation by HKHS staff on relevant Division of GP committees, Aged Care GP Panels, GP Shared Care Palliative Care Program, participation in guest speaker program at quarterly GP meetings. Develop appropriate HKHS strategies (eg. to reduce number and time of patients waiting for nursing home) in response to Division of General Practice survey of residential aged care facilities. | | | <p>medication reviews requested by HKHS staff.</p> <ul style="list-style-type: none"> Number of HKHS staff on Division of GP Committees. <p>Number of Division of GP staff on relevant HKHS Committees.</p> <p>Number of presentations from HKHS staff to Division of GP educational programs and meetings.</p> <ul style="list-style-type: none"> HKHS received and considered RACF Feedback resulting in appropriate action taken. <p>HKHS strategies implemented and feedback given to the Division of GPs and RACF's.</p> | | | |
| B9 | Improve management of orthogeriatrics and falls patients | <ul style="list-style-type: none"> Develop and implement falls prevention strategies throughout HKHS in accordance with NSW DOH Falls initiative. | Jun 05 | | <ul style="list-style-type: none"> Plan developed and approved by HKHS Exec Plan implemented Falls risk clinic established at HKHS | Staff Specialist Geriatrician * | DMS DNS | Exec – Q&S |
| B10 | Improve appropriateness and quality of patient care through use of Advanced Care Directives | <ul style="list-style-type: none"> Develop strategy and action plan for the growth in use of Advanced Care Directives within HK sector Promote use of GP Advanced Care Directives (ACD's) to HKHS patients and carers eg. via distribution of brochures throughout HKHS, information in HKHS newsletter. | | | <ul style="list-style-type: none"> Develop and implement plan <p>Information on Advanced Care Directives distributed throughout HKHS and Community Health Centres.</p> <p>Information on Advanced Care Directives publicised throughout appropriate internal media.</p> | DRACS* | DMS DNS | Exec – Q&S |
| B11 | Improve efficiency of service provision to acute patients through focus on acute funding casemix model | <ul style="list-style-type: none"> Conduct quarterly review of patient flows and performance re acute DRGs and speciality clusters and implement required changes to service provision Provide quarterly feedback to Casemix Committee | Oct 04 – June 05 | | <ul style="list-style-type: none"> Achieve or better NSW benchmark price per cost weighted separation under the acute funding model | DMS* | Exec | Exec – F&A |

Goal 3 Our systems of care are person centred, safe and effective

NSH Business Plan Contents

| Code | Objective | Strat Code | Strategy | Plan Links | Performance Indicators | Time | Strategy Leaders | Support | Governance |
|------|---|------------|--|---|---|--------|------------------|---------|------------|
| 3.1 | NSH has an effective quality and risk management framework to ensure care is safe and effective | 3.1.1 | NSH risk management policy is implemented across the area | NSH Risk Management Policy Easy guide to clinical practice improvement, NSW Health | NSH risk management policy implemented across the area | Aug 04 | | | |
| | | | | | Implementation of NSH risk management policy is evaluated | May 05 | | | |
| | | 3.1.2 | Quality, safety and clinical governance review conducted | NSH Clinical Governance Plan, NSH Clinical Risk Management Policy | Quality, safety and clinical governance review completed | Jul 04 | | | |
| | | | | | Issues and gaps are identified and prioritised in the quality, safety and governance review report | Jul 04 | | | |
| | | | | | An action plan for all key issues and priorities is developed and implemented in NSH | Jul 04 | | | |
| | | 3.1.3 | Review NSH quality and safety plan in NSH | NSW Quality and Safety Plan | NSH quality and safety plan is reviewed and implemented according to the action plan and timeframe outlined in the plan | Dec 04 | | | |
| | | 3.1.4 | Incident Information Management System (IIMS) is implemented in accordance with NSW Health Targets | | | Dec 04 | | | |
| | | 3.1.5 | Implement a consistent and coordinated complaints management system across the Area | NSH Clinical Risk Management Policy | NSW Health Benchmarks for complaints are met | Dec 04 | | | |
| 3.2 | NSH policy system supports safe and effective service operation | 3.2.1 | Implement policy system | | Implement standardised policy and review process | Jun 05 | | | |
| | | | | | Risk related policy system | Jun 05 | | | |

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| | | | | | implemented | | | | |
| | | | | | Policy publication and maintenance system using intranet | Jun 05 | | | |

HKHS Business Plan Contents

| Code | HKHS Strategy | HKHS Objective & Action | Time | Plan Links | HKHS Performance Indicators | Staff Responsible | Support | Governance |
|------|---|---|------------------|--------------|---|-------------------|---------------------------------|-----------------|
| C1 | Develop and strengthen clinical leadership and clinical governance system | <ul style="list-style-type: none"> Review clinical training needs and opportunities across HKHS, using incident reporting system to identify training needs and develop mandatory clinical training for relevant professional groups and services. | Dec 04 | NSH 3.1 | <ul style="list-style-type: none"> Number of clinical quality improvement projects per division/department. Number of morbidity and mortality cases reviewed per division/department. Number of clinical cases peer reviewed per division/department. | Mgr Q&S* | GM | Exec Comm – Q&S |
| | | <ul style="list-style-type: none"> Establish and/or enhance clinical skills and/or professional development program per division/department. | Feb 05 | | <ul style="list-style-type: none"> Number of professional development training courses attended per division/department. Number of projects where Clinical Evidence Support Officer sources information that assists planning and design of quality improvement projects. | | | |
| | | <ul style="list-style-type: none"> Develop and implement clinical training plan across HKHS. | Apr 05 | | <ul style="list-style-type: none"> Clinical training plan developed and implemented. Number of staff participating in mandatory clinical training. | | | |
| C2 | Develop and strengthen clinical risk management system | <ul style="list-style-type: none"> Establish and/or enhance clinical risk management program per division/department. | Nov 04 | NSH 3.1 | <ul style="list-style-type: none"> Number of clinical incidents per department/division. Number of clinical “near misses” | Mgr Q&S* | Exec Dir, RACS Dir, WCAFH | Exec Comm – Q&S |
| | | <ul style="list-style-type: none"> Establish AIMS (Statewide Incident Reporting Database). | Feb 05 | | <ul style="list-style-type: none"> Number of clinical incidents per severity rating level. | | | |
| | | <ul style="list-style-type: none"> Increase number of staff trained in root cause analysis. Report RCA recommendations and actions within HKHS (not just departments) eg Monday memo. Report back to staff on growth or development of clinical risk management/tools to shape culture. | Mar 05 | | <ul style="list-style-type: none"> Number of staff trained in root cause analysis. Number of root cause analyses conducted. Number of medico-legal cases reviewed. Number of cases with recommendations fully implemented following clinical review. | | | |
| C3 | Develop and strengthen integrated clinical and | <ul style="list-style-type: none"> Continue developing, endorsing and implementing required HKHS | Jul 04 – ongoing | Current ACHS | <ul style="list-style-type: none"> Number of new HKHS policies developed, | Mgr Q&S* | GM Exec | P&P Comm, |

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| | <p>corporate governance system:-</p> <ul style="list-style-type: none"> ▪ Building and implementing organisational policy; ▪ Implementing NSH and DOH policy and guidelines ▪ Enhancing committee linkage to HKHS Executive oversight and decision-making | <p>policies.</p> <ul style="list-style-type: none"> • Review HKHS committees, working parties and forums terms of reference, roles and reporting relationships. • Implement ACHS recommendations for current accreditation cycle. | <p>Jun 05</p> <p>Mar 05</p> | <p>accreditation report</p> | <p>endorsed and implemented.</p> <p>Number of NSH policies implemented.</p> <p>Number of DOH policies and guidelines Implemented.</p> <ul style="list-style-type: none"> • Number of terms of reference, roles and reporting relationships reviewed for HKHS committees, working parties and forums. • Number of monthly reports from the following committees to HKHS Q&S Executive:- <ul style="list-style-type: none"> ▪ Clinical Review ▪ OH&S ▪ Counter Disaster ▪ Infection Control ▪ Human Resources ▪ Leadership & Management ▪ Information Management ▪ Continuum of Care ▪ Safe Practice & Environment ▪ Multicultural Access ▪ Staff Consultative ▪ Medical Records ▪ Environmental Management ▪ Liaison Committee Meetings • Number of ACHS recommendations for current accreditation cycle and pertaining to HKHS staff fully implemented | | | Exec |
| C4 | Strengthen OH&S risk management | <ul style="list-style-type: none"> • Implement recommendations from numerical profile. • Deliver continued OH&S training for managers, team leaders and supervisors. • Increase competency of managers, team leaders and supervisors in OH&S risk management. • Conduct OH&S role relevant training needs analysis. • Identify and assess all manual handling tasks. • Update hazardous substances | Jul 04 – Jun 05 | Current Numerical Profile Recommendation Report OH&S Plan 2004 | <ul style="list-style-type: none"> • Number of numerical profile recommendations/OH&S plan actions for current time period and pertaining to HKHS staff implemented per priority ranking. <p>Number of OH&S incidents (non-patient).</p> <p>Number of OH&S “near misses”.</p> <p>Number of new workers compensation claims/workplace rehabilitation cases.</p> <p>Total cost of new workers compensation claims.</p> | OH&S Manager* | GM Exec | OH&S Comm |

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| | | <p>registers.</p> <ul style="list-style-type: none"> Conduct level one hazardous substances risk assessments on chemicals included in hazardous substances registers. | | | <p>Total cost of all workers compensation claims.</p> <p>HKHS achieves 75% or greater in the OHS&R NP audit for 2005/2006 - next audits will be due in Jan - Jun 2006.</p> <p>70% of all Managers, Supervisors, Team Leaders attend at least 2 OHS related manager training courses/modules, one of which must be accident investigation.</p> <p>20% of all Managers, Supervisors, Team Leaders achieve competency in Unit 8 (OHS unit) of the Frontline Management course at certificate IV level.</p> <p>80% of all departments/units conduct employee role relevant training needs analysis.</p> <p>80% of all departments/units identify and assess all manual handling tasks.</p> <p>80% of all departments/units have listed all chemicals in hazardous substances register and conducted a level one hazardous substances risk assessment on chemicals listed.</p> | | | |
| C5 | Coordinate and strengthen complaints management system | <ul style="list-style-type: none"> Review HKHS complaints management policy and process in coordination with Area-wide system and Incident Information Management System (IIMS) Database. Implement revised complaints management policy and process. | Feb 05 | NSH 3.1 IIMS Reporting Database | <ul style="list-style-type: none"> Number of complaints received. Number of complaints resolved within target response time. Number of compliments/positive feedback received. | Pt Rep* | GM Exec | Exec – Q&S |

Goal 4 We provide an environment that values and supports staff through workplace innovation, staff development and participation

NSH Business Plan Contents

| Code | Objective | Strat Code | Strategy | Plan Links | Performance Indicators | Time | Strategy Leaders | Support | Governance |
|------|---|------------|---|------------|--|--------|------------------|---------|------------|
| 4.1 | Staff are valued and supported in a discrimination free work environment within NSH | 4.1.1 | Develop and implement communication plan and key strategies in response to climate survey | | Communication strategy developed and implemented | Jun 04 | | | |
| | | | | | Communication strategy is evaluated for effectiveness | Oct 04 | | | |
| | | | | | Key strategies are implemented in response to climate survey | Jul 04 | | | |
| | | 4.1.2 | Continue to improve and implement performance development system | | Performance development system implemented and evaluated | Jun 05 | | | |
| 4.2 | NSH provides equitable access to training and education opportunities to promote growth and development for all staff | 4.2.1 | Develop clinical and managerial leadership across the Area | | A clinical and managerial leadership program developed | Dec 04 | | | |
| | | | | | Clinical leaders and potential clinical leaders identified across the Area | Dec 04 | | | |
| | | | | | Implement a leaderships program to develop clinical and managerial leaders | Jan 04 | | | |
| | | | | | Clinical leadership program reviewed and evaluated | Jul 05 | | | |
| | | 4.2.2 | Develop and implement a more systematic approach to learning and development (eg. learning council and learning bank) | | Systematic approach to learning and development developed | Jun 05 | | | |
| | | | | | Northern Centre for health improvement established | Jun 05 | | | |
| 4.3 | NSH is committed to developing effective recruitment and retention strategies | 4.3.1 | Equity principles are incorporated in business plans and management of all sectors within the organisation | | All sector business plans have clearly stated employment equity objectives | Dec 04 | | | |

HKHS Business Plan Contents

| Code | HKHS Strategy | HKHS Objective & Action | Time | Plan Links | HKHS Performance Indicators | Staff Responsible | Support | Governance |
|------|---|--|--------------------------------------|---------------------------|--|-------------------|------------------|----------------------------|
| D1 | Improve overall attractiveness of HKHS as a place to work, improve staff/professional recruitment and retention | <ul style="list-style-type: none"> Review results of Climate Survey (2003) and develop action plan addressing major challenges for each Dept/Service. Review Performance Development System and implement changes to facilitate improved compliance. | Nov 04 Oct 04 | NSH 4.1; NSH 4.2; NSH 4.3 | <ul style="list-style-type: none"> Each working group surveyed has an action plan developed and relevant issues are being addressed. Follow-up feedback from staff demonstrates key issues have been actioned. By Dec 2004 75% of staff should have participated in Performance Development. By Dec 2005 100% of staff should have participated in Performance Development. | GM HRM* | Exec | Exec - HR |
| D2 | Promote HKHS as a leading organisation in the provision of health care services to and management of complex elderly patients -> improved recognition of service quality, improved recruitment and retention of staff | <ul style="list-style-type: none"> Submit quality initiatives to NSH Quality Awards and Baxter Quality Awards Encourage staff presentations at relevant state and national conferences, health industry forums | Sep – Nov 04 Oct 04 – June 05 | HKHS Goal 2 & 3 | <ul style="list-style-type: none"> Finalist in NSH and/or Baxter Quality Awards Winner in NSH and/or Baxter Quality Awards Number of staff presenting papers at state and national conferences, health industry forums | DMS* DNS* | Exec Exec | Exec – Q&S Exec Q&S |
| D3 | Improve HKHS Orientation program | <ul style="list-style-type: none"> Review HKHS Orientation program. Redevelop HKHS Orientation Program. | Sep 04 Nov 04 | | <ul style="list-style-type: none"> Number of staff/volunteers trained in redeveloped HKHS Orientation program. | HRM* | Exec | Exec - HR |
| D4 | Improve HKHS orientation program for Managers | <ul style="list-style-type: none"> Develop and implement management induction and training program (additional to standard HKHS orientation) – including content on Area Organisational Structure and how to access their services eg. Corporate Supply, Accounts Payable, Finance, ISD etc., Supero. | Jan 05 | | <ul style="list-style-type: none"> Number of new HKHS managers trained in this program. | HRM* | Bus Man Exec | Exec - HR |
| D5 | Improve financial and cost centre management | <ul style="list-style-type: none"> Deliver financial management training to cost centre and trust fund managers. | Jul 04 – ongoing | | <ul style="list-style-type: none"> Number of HKHS managers trained in financial and cost centre management from July 04. | Bus Man* | Exec | Exec – F&A |

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| | | <ul style="list-style-type: none"> Review training effectiveness eg. through client survey. Redevelop training program as required. <p>Implement redeveloped training</p> | <p>Jan 05</p> <p>Mar 05</p> <p>Apr 05</p> | | <ul style="list-style-type: none"> Training formally reviewed eg. Survey conducted. | | | |
| D6 | Increase capacity for NSH Learning and Development to provide on site training at HKHS | <ul style="list-style-type: none"> Review HKHS training sites and develop proposal to improve HKHS training facilities | Dec 04 | | <ul style="list-style-type: none"> Proposal written, approved by HKHS Exec and submitted to NSH Corporate Exec. Increased number of training courses provided by NSH Learning and Development on-site/locally at HKHS. | HRM* | Exec | Exec - HR |
| D7 | Improve support to clinicians in performing required administrative and managerial duties. Improve business planning capacity. | <ul style="list-style-type: none"> Implement Business Management Support Unit/Team including tracking and reporting of selected performance indicators, provision of data and information support to managers and selected committees. Support initiation and conduction of Q&S projects and activities by Q&S department. | <p>Nov 04</p> <p>Ongoing</p> | | <ul style="list-style-type: none"> BMSU/Team tracking allocated performance indicators and reporting back to GM on regular basis eg. six monthly. Q&S Department tracking allocated performance indicators and reporting back to GM on a regular basis eg. six monthly. | <p>Bus Man*</p> <p>Mgr Q&S</p> | GM | Exec – F&A |

Goal 5 Our capital and service infrastructure supports person centred, safe and effective care

NSH Business Plan Contents

| Code | Objective | Strat Code | Strategy | Plan Links | Performance Indicators | Time | Strategy Leaders | Support | Governance |
|------|---|------------|---|---|--|--------|------------------|---------|------------|
| 5.1 | NSH capital needs (equipment, buildings) are determined, planned and managed within available resources | 5.1.1 | Develop ten year equipment replacement plan | | Ten year equipment replacement plan developed | Jun 05 | | | |
| | | 5.1.2 | Develop an asset management and maintenance system plan | NSW Health Framework for AMMS, PMIS | Asset management and maintenance system plan developed | Jun 05 | | | |
| | | 5.1.3 | Develop and implement a capital investment plan | NSW Health Capital Charging policy, Clinical Services Delivery Plan | Capital investment plan developed and implemented | Jun 05 | | | |
| | | 5.1.4 | Utilise formal structures for involvement of consumers/community in design and planning of major capital projects | NSH Framework for community/consumer involvement | Number of capital projects that involved community and consumers in the planning and design of the project | Jun 05 | | | |
| | | 5.1.5 | Align and develop links between all plans (IT, asset management plan) | | Links created between all Area plans | Jun 05 | | | |
| 5.2 | IT systems support clinical care in NSH | 5.2.1 | Implement IT strategic plan, including communication and governance mechanisms to ensure systems support patient care | | IT plan implemented across the area | Aug 04 | | | |
| | | | | | IT communication strategy developed and implemented | Aug 04 | | | |
| | | | | | IT communication strategy evaluated for improving understanding and skills in the use of IT systems to improve clinical care | Jun 05 | | | |
| | | | | | IT governance mechanisms developed and implemented | Aug 04 | | | |
| 5.3 | NSH support services enhances effective and efficient clinical care | 5.3.1 | Develop a community/inter-hospital transport service | | Inter-hospital transport service developed and implemented | Dec 04 | | | |
| | | | | | Community transport service | Dec | | | |

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| | | | | | developed and implemented | 04 | | | |
| | | 5.3.2 | Lead the state in corporate services initiatives and integration | NSW IPART report on shared services | Develop management plan to integrate NSH and CCH corporate services (ie. HR, IT, Finance and Supply) | Jun 05 | | | |
| | | 5.3.3 | Lead the state in food services strategy consortium | | Strategies implemented to improve food services | Jun 05 | | | |

HKHS Business Plan Contents

| Code | HKHS Strategy | HKHS Objective & Action | Time | Plan Links | HKHS Performance Indicators | Staff Responsible | Support | Governance |
|------|--|---|--|------------|--|--|-----------|---------------------------|
| E1 | Develop equitable allocation of resources commensurate with current workloads. | <ul style="list-style-type: none"> Negotiate 04/05 budget allocations with each cost centre manager. Conduct external consultancy Review of Operating Theatres and implement key recommendations. | Sep 04 Nov 04 | | <ul style="list-style-type: none"> Budget and activity targets agreed. Each cost centre performing to target. Action plan developed and major recommendations implemented. | Bus Man* Exec DNS | DNS GM | Exec – F&A |
| E2 | Improve building infrastructure on HKH site. | <ul style="list-style-type: none"> Finalise planning for Redevelopment Stage I (Mat, Paeds, ED) and provide relevant direction/input to building program. Further advocacy for Redevelopment Stage II. Provide relevant direction/input to minor capital works initiatives including refurbishment of Palmerston Unit, Leighton Lodge. | Jul 04 – Ongoing Feb – Jun 05 Jul 04 - Ongoing | | <ul style="list-style-type: none"> PDP signed off and building works proceeding to program. Briefing paper on options for Redevelopment Stage II. Palmerston Unit refurbishment Completed. Plans finalised for Leighton Lodge refurbishment and works commenced. | GM* Exec GM GM Mgr MH BM RACS | Exec | Exec - BEW |
| E3 | Improve managerial capacity and efficiency of HKHS clinicians and managers | <ul style="list-style-type: none"> Review NSH and HKHS delegations system in consultation with cost centre managers. | Jan 05 | | <ul style="list-style-type: none"> Delegations reviewed in consultation with cost centre managers. Relevant changes to delegations requested from Area Finance. | Bus Man* | GM | Exec – F&A |
| E4 | Improve capital asset management in cooperation with relevant Area services | <ul style="list-style-type: none"> Update HKHS Asset Register Develop HKHS Asset/Capital Equipment Plan including relevant maintenance and replacement costings and schedule | Jan 05 | | <ul style="list-style-type: none"> HKHS Asset Register updated, approved by HKHS Exec Comm and submitted to Area Assets Management. HKHS Asset/Capital Equipment Plan written, approved by HKHS Exec Comm and submitted to Area Assets Management. | Bus Man* | GM | Exec - BEW |
| E5 | Improve management of information technology resources at HKHS | <ul style="list-style-type: none"> Complete audit of existing IT resources and capacity at HKHS. Refine HKHS IT management | Oct 04 | | <ul style="list-style-type: none"> Audit completed. Plan finalised, approved by HKHS | Bus Man* | GM | EQUIP IM Comm; Exec |

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| | | strategy in order to plan coordinated hardware replacement and coordination with Area IT re other required supports eg. cabling. | Dec 04 | | Executive Committee and submitted to area IT. Plan implemented. | | | Comm – BEW |
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Goal 6 As an organisation, we contribute positively to society beyond our primary role as a care provider, through ecologically sustainable development and promotion of relationships that enhance social capital

NSH Business Plan Contents

| Code | Objective | Strat Code | Strategy | Plan Links | Performance Indicators | Time | Strategy Leaders | Support | Governance |
|------|---|------------|--|------------|--|--------|------------------|---------|------------|
| 6.1 | NSH contribute to international health system development | | Develop and implement a process for prioritising overseas assistance initiatives | | Process for prioritising overseas assistance initiatives developed and implemented | Dec 04 | | | |
| 6.2 | Improve, develop or establish new partnerships to enhance social capital in the community | | Develop a partnership with local councils and human services to enhance social capital | | Partnerships developed with local councils and human services | Jun 05 | | | |
| | | | | | Service level agreements developed with local councils and human services to improve social capital | Jun 05 | | | |
| 6.3 | NSH supports ecologically sound facility design and system operation | | Implement ecologically sustainable design (ESD) principles, including strategies and natural resource usage targets | | ESD policy developed and implemented | Jun 05 | | | |
| 6.4 | NSH creates opportunities for increasing employment of staff from EEO groups | | Develop employment strategies to address social disadvantage in the community eg. work experience opportunities | | Employment strategies to address social disadvantage developed and implemented | Jun 05 | | | |
| 6.5 | NSH development and activities enhance social capital | | Establish a formal structure within the overall governance framework for community/consumer involvement in examining social impact of RNSH and NB redevelopment projects | | Formal structure established for community and consumer involvement in examining social impact of major NSH capital projects | Jun 05 | | | |
| | | | | | Formal structure implemented in all major NSH capital projects | Jun 05 | | | |

HKHS Business Plan Contents

| Code | HKHS Strategy | HKHS Objective & Action | Time | Plan Links | HKHS Performance Indicators | Staff Responsible | Support | Governance |
|------|---|---|-----------------|------------|--|-----------------------------|---------|----------------|
| F1 | Develop partnerships with local councils and human services to enhance social capital | <ul style="list-style-type: none"> Contribute to the development of this area initiative as appropriate to Hornsby and Ku-ring-gai LGAs. Suggested actions involve health promotion programs, community needle disposal systems for diabetics. | Mar 05 | | <ul style="list-style-type: none"> Number of initiatives, relevant to HKHS community health needs, involving partnerships and liaison with Hornsby Shire Council/Ku-ring-gai Shire Council. Health related outcomes of participation in relevant initiatives with Hornsby Shire Council/Ku-ring-gai Shire Council. Number of initiatives, relevant to HKHS community health needs, involving partnerships and liaison with other relevant organisations eg. NGOs, private hospitals. Health related outcomes of participation in relevant initiatives with other relevant organisations eg. NGOs, private hospitals. | DC&AH* | GM Exec | Exec Comm - HR |
| F2 | Improve HKHS waste management | <ul style="list-style-type: none"> Investigate streamlined universal waste recycling with Area and relevant local councils. | Feb 05 | | <ul style="list-style-type: none"> Daily clearance of waste from HKHS. | Mgr Environmental Services* | | |
| F3 | Incorporate the principles of ecologically sustainable design in HKHS redevelopment projects | <ul style="list-style-type: none"> Include ecological assessment in HKHS redevelopment projects. | Ongoing | | <ul style="list-style-type: none"> Ecological assessment included in HKHS redevelopment projects. | Project Directors | | |
| F4 | Support equity of social and employment opportunities within local community. | <ul style="list-style-type: none"> Explore relevant government funding/grants sources. Develop employment strategies and plan to address social disadvantage within our local community eg. with traineeships for CALD locals. | Mar 05 | | <ul style="list-style-type: none"> Employment strategies and plan written, approved by HKHS Executive and submitted to Area HR. Plan implemented. Other relevant performance indicators identified and met, as relevant to resulting plan. | HRM* | Exec | Exec Comm - HR |
| F5 | Strengthen existing community relationships ie. with volunteers, service clubs, community groups. | <ul style="list-style-type: none"> Develop HKHS guest speaker program to local service clubs and community groups. | Sep 04 – Jun 05 | | <ul style="list-style-type: none"> Number of guest speaking engagements performed by HKHS staff to local service clubs and community groups. | Comm Rel's Man* | Exec | Exec Comm - HR |

Goal 7 We are accountable to the communities we serve

NSH Business Plan Contents

| Code | Objective | Strat Code | Strategy | Plan Links | Performance Indicators | Time | Strategy Leaders | Support | Governance |
|------|--|------------|---|---|---|---------|------------------|---------|------------|
| 7.1 | We are accountable for achieving our strategic objectives | 7.1.1 | Develop and implement a Balanced Scorecard, linked to DOH dashboard indicators and NSH business plan | NSW Health Dashboard Indicators, NSH Strategic Plan 2003-06 | Balanced Scorecard approach developed and implemented at Area and sector levels in NSH | Jul 04 | | | |
| | | | | | Key performance indicators, business plan and performance agreement indicators aligned to NSH goals | Jul 04 | | | |
| | | | | | System for regular review and update of NSH key performance indicators is developed and implemented | Oct 04 | | | |
| | | | | | Regular reports are provided to NSH Executive and Board regarding progress and performance | Jul 04 | | | |
| 7.2 | NSH performance targets are met by Area and sectors | 7.2.1 | All units are aware and understand their performance targets | | All units meet agreed performance targets | Ongoing | | | |
| | | 7.2.2 | Activity, resource and outcome performance agreements are developed between Area and all sectors | | Performance Agreements are developed between Area and three sectors | Jul 04 | | | |
| 7.3 | Community is aware of health service performance | | Develop a framework for reporting to the community including the expansion of the annual report to include Balanced Scorecard | | Community reporting framework developed | Dec 04 | | | |
| 7.4 | Ensure budgeting process is objective and reflects key processes of care | 7.3.1 | Improve the resource allocation/budget process to enhance objectivity and linkages to clinical processes | Priority setting mechanisms for NSH | Priority setting mechanism that optimises resource allocation is developed and implemented within NSH | Dec 04 | | | |
| | | | | 2004-05 Budget allocation framework | Meet agreed budget allocation | Ongoing | | | |
| | | | | | %cash result variation | Ongoing | | | |

HKHS Business Plan Contents

| Code | HKHS Strategy | HKHS Objective & Action | Time | Plan Links | HKHS Performance Indicators | Staff Responsibility | Support | Governance |
|------|--|--|----------------------------|------------|---|--|--|-----------------|
| G1 | Improve organisational performance management and tracking of ongoing performance. | <ul style="list-style-type: none"> Develop and implement 2 year business plan. Report progress to Executive on quarterly basis. Implement specialised monthly Executive Committee meetings focusing on Finance and Information Management. | Jul – Sep 04 Nov 04 | | <ul style="list-style-type: none"> 2 year business plan written, approved by HKHS Exec Comm and submitted to NSH Corp Exec. 2 year business plan approved by NSH Corp Exec and implemented at HKHS. Number of goals achieved per quarterly/ Report. Business plan and number of goals achieved available to community. Commencement of Executive Committee – Finance & Information Management meetings. | GM* GM* BMSU* GM* GM* | Proj Off Q&S Dep Bus Man | Exec Comm – F&A |
| G2 | Improve reporting to the community on achieving our strategic objectives. | <ul style="list-style-type: none"> Implement reporting systems for HKHS, following the development of the NSH Balanced Scorecard. | Jun 05 | | <ul style="list-style-type: none"> Balanced Scorecard approach developed and implemented. Process for reporting to Community determined. | GM Bus Mgr* | | |
| G3 | Improve community feedback collection and capacity to use feedback for improvement of services/in line with consumer/community need. | <ul style="list-style-type: none"> Incorporate community feedback capacity into HKHS website. Develop alternative means of collecting community feedback for improvement of services eg. Satisfaction surveys, volunteer administered telephone surveys where appropriate. | Feb 05 | | <ul style="list-style-type: none"> Number of suggestions, complaints or compliments received via HKHS website. Number of suggestions, complaints or compliments received via alternative communication methods. Number of these suggestions, complaints or compliments actioned (with some sort of tangible result eg. Change in practice, review of policy or procedure). | Clin Ev Man* | Pt Rep GM Exec | Exec Comm-HR |

Abbreviations, Acronyms and Codes

| | |
|-----------------|--|
| Bus Man | Business Manager |
| Clin Ev Man | Clinical Evidence Manager |
| DCAH | Director of Community & Allied Health |
| DMS | Director of Medical Services |
| DNS | Director of Nursing Services |
| DDNS | Deputy Director of Nursing Services |
| Dir, RACS | Director of Rehabilitation & Aged Care Services |
| Dir, WCAFH | Director of Women's, Children & Family Health |
| Exec | Members of the HKHS Executive Committee |
| GM | General Manager |
| HRM | Human Resources Manager |
| Proj Officer | Project Officer for Organisational Restructure, Business Planning & Clinical Services Plan |
| Pt Rep | Patient Representative |
| Mgr Q&S | Manager Quality & Safety |
| ACAT | Aged Care Assessment Team |
| CAL | Chronic Airway Limitation |
| CALD | Cultural and Linguistic Diversity |
| CCC | Consumer and Community Council |
| CCP | Consumer & Community Participation Working Group |
| Comm | Committee |
| DOH | Department of Health |
| ED | Emergency Department |
| eDRS | Electronic Discharge Reporting System |
| EMU | Emergency Medical Unit |
| Exec Comm – BEW | Executive Committee – Building, Equipment & Works |
| Exec Comm – HR | Executive Committee – Human Resources |
| Exec Comm – F&A | Executive Committee – Finance, Administration & Information Management |
| Exec Comm – Q&S | Executive Committee – Quality & Safety |
| HDU | High Dependency Unit |
| HKHS | Hornsby Ku-ring-gai Health Service |
| ICU | Intensive Care Unit |
| IMMS | Incident Information Management System |
| NSH | Northern Sydney Health |
| OH&S | Occupational Health & Safety |
| RDF | Resource Distribution Formula |
| SRP | Strategic Resources Plan |

* The individual in this position is responsible for leading and reporting progress towards the relevant goal to the General Manager.

APPENDIX

The HKHS Business Plan was developed through consultation with a variety of HKHS Executive, managers and community members. A business planning forum was held on 25th August 2004 where the draft business plan was reviewed by those present. As an ice-breaker activity and to encourage creativity and a big picture view within the business planning forum, participants were asked for feedback on their dream for HKHS and its future in ten years time.

While a wide variety of ambitions, goals and dreams were reported, the major themes from this feedback were around:-

1.0 Building a healthier community; that HKHS might focus on a more holistic interpretation of health and service provision, not just on acute services.

“Focus on health, not illness”

“Invest more to prevent illness through education and raising awareness... (building) a long term solution.”

“More preventative health services ie. health promotion, so people decrease need for hospital.”

“The population of Hornsby and Ku-ring-gai will have significantly fewer preventable health diseases and will receive high quality care for those health problems that are unavoidable from our well-resourced health service.”

“Better screening and early intervention services for children and families, as they are our future generation. Prompt health service(s) for those in need. A healthier and more informed population.”

“Good health is not just linked to the financially advantaged but provided to all social (groups).”

“That we are able to reach all of the people who need our services and to teach people that prevention is better than cure.”

“The population in our community will become more proactive with regard to taking charge of their own health with preventative measures.....”

2.0 Collaboration with parties such as Councils, NGO's, consumers

"True collaboration between NGO's and government departments and community that will provide positive and productive outcomes that address the community needs"

"Sharing of knowledge and experience between service groups – non-government organisations, local government, health, education"

"Close integration with the community and GP's"

3.0 Adequate budget

"A budget that reflects the needs of the establishment and not one that is such a tight fit causing us to make do and risk decreased quality of care."

"That the budget cover(s) replacement/cover for staff on annual leave etc... so that patient care is not compromised and to prevent an increase in staff stress levels."

"Free appropriate health care for all as required and when required (ie. no waiting lists and adequate resources/budgets to be able to achieve this)."

4.0 Better staffing so that:-

a) staff are less stressed

b) the quality of care is improved

"Ensure that we have adequate staffing levels to enable us to provide care services without constant stress on staff and crisis management"

“The staff work under a lot less pressure. That the staff are supported professionally and personally. That the public hospital system has more money injected into it instead of taken away. The staff feel satisfied with their day-to-day work instead of constantly having to prioritise. Priorities leave gaps in care.”

5.0 Rebuild. Current buildings and IT are major problems

“I dream that we work in a physical environment that is not so run down and decrepit. The poor workplace is demoralising and doesn't respect staff or the patients they serve.”

“Coordinate health care services in better facilities”

“A completely redeveloped hospital building infrastructure. Develop more community health centres to service remote communities with the Central (Coast) Area Health Service....”

“Redevelopment to replace acute wards in Lumby, adequate storage, high-tech support for clinical and clerical staff, nursing, cleaning and wardsmen (in order to) embrace a culture of teamwork (“let's do it” instead of “it's not my job”)...”

“A more hygienic, attractive and safe environment in which to care for our patients. The wards of 1A, 1B, 2A and 2B are too crowded for patients and (there is) no space for staff to sit and write notes. I would envisage a working environment that is more attractive clean and spacious for all to work more effectively in. No wonder there is cross-infection where the elderly are highly at risk...”

“Adequate and up-to-date equipment. There is not enough equipment on a ward level and lots of the equipment is out of date.”

“That all community health centres are linked to the hospital with the latest computer technology.”

“To be well-resourced and trained in the use of information technology...”

6.0 Desire to be at the forefront of health care provision

“I would love the work of Hornsby Ku-ring-gai Hospital staff to be recognised widely in the public arena so that everyone knows that HKHS is a fantastic and great place to be cared for.”

“That HKH is the centre of all round excellence.”

“(That HKHS would be) a state or world leader in the provision of quality aged care in acute services and the community.”

7.0 Determine role and then focus. Build up strengths in those areas.

“The core business of HKH is identified (ie. clinical) and that HKHS becomes the leader and innovators of the decided business.”