

# SWSLHD Guide to Business Plans

August 2015



**Health**  
South Western Sydney  
Local Health District

# Acknowledgement

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## Introduction

In December 2013, the South Western Sydney Local Health District (SWSLHD) Strategic and Healthcare Services Plan – *Strategic Priorities in Healthcare to 2021* and SWSLHD Corporate Plan 2013-2017 – *Directions to Better Health* were released. These plans identify the strategic directions, strategies and actions required to achieve the SWSLHD vision of **Leading care, healthier communities**. They also respond in part to service developments, targets and key performance indicators (KPIs) in the annual *Service Agreement between the Secretary NSW Health and South Western Sydney Local Health District*.

The two SWSLHD plans and other local plans provide a framework through which directions and actions will be implemented across hospitals and community health facilities, clinical streams, services and business units.

This Guide aims to help managers develop and report on an annual Business Plan; align local plans to the SWSLHD vision, mission, strategic directions and corporate areas of action; and ensure consistency of purpose across the District. It provides:

- the planning context in SWSLHD
- business plans and their value
- the components of a SWSLHD Business Plan
- steps for undertaking business planning
- practical tools such as Business Plan Template and Reporting Template
- common terminology and examples of strategies, actions, KPIs and progress reporting

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# Context for Business Planning

State and local plans (and other relevant documents such as policy) inform how health services in NSW are planned and delivered.

## 1. New South Wales Government Plans

The main strategic plan for the NSW Government is *NSW 2021: A Plan to make NSW number one*. It identifies specific goals, targets and actions for each NSW Government department.

The direction for NSW health services can be found in NSW Ministry of Health plans including the *NSW State Health Plan: Towards 2021*. NSW Ministry of Health service agreements, policy and guidelines further define and direct service delivery and operation.

## 2. SWSLHD Plans and Policies

Focusing on the SWSLHD vision of **Leading care, healthier communities**, the SWSLHD Strategic and Healthcare Services Plan and the SWSLHD Corporate Plan outline the directions and actions that SWSLHD will take over the coming 5-10 years. In addition, other plans and agreements have been developed which focus on specific priorities for the District. These include plans in asset development, research, information technology and workforce; and policies at a District and local level which guide practice.

To ensure that all services are linked to the strategic directions, in 2014 health facilities in SWSLHD (hospitals and Community Health, Population Health, Mental Health and Oral Health services) were required to develop an operational plan to guide service improvement and ensure effective and efficient services. In addition, each Clinical Stream was required to develop a statement on Clinical Stream service development priorities. These plans focused on the next five years and respond to the strategic priorities of the District and the eight SWSLHD corporate areas of action.

- Providing high quality health services
- Community partnerships
- Seamless networks
- Developing our staff
- Research and innovation
- Enhancing assets & resources
- Supporting business
- Efficiency and sustainability

These plans can be accessed on the Publications page of the SWSLHD internet site at <http://www.swslhd.nsw.gov.au/publications.html>.

Commencing 2015/16, all departments and services are required to develop an annual business plan to guide business at a local level. The Business plans will also respond to broader facility directions and local needs.

Further information about these plans is provided in Appendix 1.

# Business Plans

Business plans translate a vision for the future into reality by clearly describing the strategies that a service (or department) will take over the short-medium term to achieve the strategic direction of the organisation. The value of a business plan is that it ensures that every service and department is “pulling together” in the same direction.

Business plans help executives, managers, teams and staff by:

- Providing coordination and direction - with everyone having a unified understanding of the District and facility’s strategic direction
- Motivating all employees and creating a culture of team engagement, ownership and achievement
- Supporting better decision making - by helping anticipate and address future problems and risks before they arise, and considering alternatives and evaluating the implications of decisions
- Creating confidence – about the direction you are going, how you will get there and what success will look like
- Meeting service expectations – by identifying timeframes for action and aligning resources appropriately
- Reducing uncertainty and helping teams prepare for desired changes

## How will you know if you have a good business plan?

A good plan	A poor plan
<ul style="list-style-type: none"> <li>▪ Strategies and actions respond to District or facility needs <u>and</u> local issues</li> <li>▪ There are initiatives which are highly relevant to the service/department</li> <li>▪ Most, if not all strategies are implemented</li> <li>▪ Most, if not all key objectives are addressed</li> <li>▪ Most, if not all key stakeholders participated in the development of the plan, leading to commitment and ownership of the plan</li> <li>▪ Adequate time was set aside to develop the plan</li> <li>▪ Objectives and timeframes are realistic</li> <li>▪ Sources of funding were identified and forthcoming</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strategies do not respond to District, facility or <u>service</u> needs and local issues</li> <li>▪ The plan was produced in a hurry</li> <li>▪ There are too many strategies</li> <li>▪ Responsibility for actions is not clearly identified</li> <li>▪ There is no system for ensuring that actions are followed up</li> <li>▪ The right people have not been involved in planning and have not been identified for implementation</li> <li>▪ Strategies require additional resources which have not been agreed to</li> </ul>

## Developing the Business Plan

All departments and services are required to have a Business Plan to address the coming financial year (12 months). The business plan will identify the strategies and actions to be implemented by the service to meet local strategic priorities and contribute to achievement of the SWSLHD strategic direction and vision. Importantly, it will be developed in consultation with staff and senior facility managers.

A business plan is not intended to be lengthy. To assist managers, a **Business Plan Template** is available to support services in developing a business plan (available at <http://www.swslhd.nsw.gov.au/planning/>). Each business plan has two parts:

1. **Summary information** about the service (or department) including its role, activities, location, department structure including number of staff, annual budget, key achievements and the main challenges facing the service.
2. An **action plan** which is aligned to the SWSLHD Corporate Plan, the Facility Operational Plan and local service needs. The action plan describes:
  - The broad **strategies** that will be implemented and **actions** required to enable the strategy to be achieved. Strategies will align with the strategic priorities in relevant plans identified in Section 2, priority actions/initiatives arising from formal processes e.g. Accreditation and important initiatives identified by the service or team which are broadly consistent with the strategic direction.
  - The **staff member responsible** for implementing actions/initiatives
  - **Key performance indicators** (KPIs) i.e. measures of performance that will be monitored regularly
  - **Timeframes** for completion
  - The **link** or identification of the SWSLHD Corporate Action (or directions from other plans) that the initiative seeks to address e.g. Corporate Area of Action (CAA) 1.1

Common terminology, handy tips and examples of strategies and actions have been included in Appendix 2, 3 and 4.

The steps to take in developing a business plan are described in the following table. The table also provides an initial time frame. This information has been included as a guide only. You may be able to develop your plan in a shorter time frame, particularly if your service is relatively small. Ensure that there is discussion and agreement about what action is required, who is responsible and when actions will be completed.

Steps to take in developing a business plan	Initial Timeframe
<p><b>Step 1. Establish a small planning team to lead the planning process</b></p> <ul style="list-style-type: none"> <li>Establish a planning team with a leader (usually the manager) and 2-3 staff (e.g. deputy, senior nurse/allied health (to gather information, review documents, etc.))</li> <li>Clarify the purpose of the business plan</li> <li>Identify key stakeholders e.g. staff, patients, Aboriginal liaison staff, Executive, etc. and how and when they should be involved</li> <li>Identify information required and source documentation</li> <li>Confirm the planning process and timeframes</li> </ul>	1 <sup>st</sup> week – allow 1 hour
<p><b>Step 2. The planning team considers the current environment</b></p> <ul style="list-style-type: none"> <li>List major changes impacting on the department/service <ul style="list-style-type: none"> <li>internally e.g. from SWSLHD, the facility, patients and customers</li> <li>externally from Government, professions, industry, etc.</li> </ul> </li> <li>Review relevant documents to identify actions, targets or key performance indicators (perhaps 2-3 per team member). Consider : <ul style="list-style-type: none"> <li>SWSLHD strategic, corporate and other plans; relevant facility operational or clinical service development plans; and previous business plans</li> <li>Accreditation, RCA or audit recommendations; or NSW Health policy</li> <li>Data reports e.g. activity, waiting times, customer profile, expenditure</li> </ul> </li> <li>Summarise key issues/requirements including responsiveness to priority populations e.g. Aboriginal people.</li> </ul>	1 <sup>st</sup> or 2 <sup>nd</sup> week – allow 2-3 hours
<p><b>Step 3. Consult with staff and other stakeholders</b></p> <ul style="list-style-type: none"> <li>Hold a planning meeting with stakeholders <ul style="list-style-type: none"> <li>Provide an overview of the meeting aims</li> <li>Present and discuss the findings from Step 2 including the SWSLHD vision, etc.</li> <li>Together identify major department service issues, gaps &amp; challenges</li> <li>Discuss how your service meets SWSLHD and facility directions</li> <li>Brainstorm and identify key actions required and initial priorities</li> </ul> </li> <li>Consult with other relevant stakeholders e.g. IMTD, Aboriginal Health</li> </ul>	2 <sup>nd</sup> – 3 <sup>rd</sup> week – allow 1 hour
<p><b>Step 4. The planning team finalises priorities from steps 2 and 3</b></p> <ul style="list-style-type: none"> <li>Review preliminary priorities against strategies identified in Steps 2 &amp; 3 including newly funded initiatives, analysis of your environment, etc.</li> <li>Finalise priorities based on the SWSLHD performance agreement, District and local priorities, budget &amp; resources i.e. don't include doubtful strategies</li> </ul>	3 <sup>rd</sup> - 4 <sup>th</sup> week – allow 1 hour
<p><b>Step 5. Draft the plan using the <i>SWSLHD Business Plan Template</i></b></p> <ul style="list-style-type: none"> <li>Profile your service or unit</li> <li>Complete the action plan <ul style="list-style-type: none"> <li>Incorporate <u>about 10 strategies</u> into the template. Be clear, concise, realistic and avoid unnecessary jargon</li> <li>Identify how you will measure success; who will lead each action; when the initiative will be completed (consider times proposed in existing plans and be realistic); and which SWSLHD plan the initiative links to</li> <li>Indicate how you will <u>monitor</u> progress and report to the Executive and staff</li> </ul> </li> </ul>	4 <sup>th</sup> -5 <sup>th</sup> week – allow 3 hours
<p><b>Step 6. Circulate the draft business plan to obtain feedback</b></p> <ul style="list-style-type: none"> <li>Initially to committee members and then to other stakeholders e.g. via team or executive meetings. Encourage discussion about timeframes and responsibilities</li> </ul>	5 <sup>th</sup> -6 <sup>th</sup> week
<p><b>Step 7. Finalise and distribute the plan</b></p> <ul style="list-style-type: none"> <li>Based on feedback, finalise the Plan and release it to staff and the Executive</li> </ul>	6 <sup>th</sup> - 7 <sup>th</sup> week

## Implementing and Monitoring the Plan

All services need to ensure that their business plan is being implemented and that they have systems (e.g. through the staff meeting or via regular meetings with responsible managers) which allow progress to be monitored. Remember that you want your manager and staff to know what has been achieved and contribute to progress. Regular reports to staff can help in changing or reinforcing behaviour. Display the results in a common area such as the staff room and discuss them at staff meetings to encourage the team to achieve the desired results.

Services are required also to report on a regular basis about their progress in implementing the business plan to the Facility Executive. The frequency of reporting will be determined by the facility Executive.

- For each strategy, there will need to be a report on progress. Use the KPIs to guide comments and include the results and time e.g. *90% achieved March 2015; review completed Aug 2015; lift installed Dec 2015; service fully operational July 2015.*
- Be brief - do not provide a background to the strategy – assume that the facility Executive has read the business plan
- If progress is slower than expected, report this and indicate the corrective action being implemented e.g. *Compliance at 65%. Data has been analysed and corrective action implemented including discussion at staff meeting, targeted education.* Use discussions with the Executive to progress strategies which are delayed.

Reporting on progress should be simple, clear and easy for everyone to understand. Each quarter will be progressively reported so that by the end of the financial year progress across the year will be easy to see. Examples of strategies and progress reports are provided in Appendix 4.

To assist managers, a **Business Plan Reporting Template** is available to support services in reporting on progress (available at <http://www.swsld.nsw.gov.au/planning/>).

# Appendices

## Appendix 1: NSW Government and SWSLHD Plans

### New South Wales Government Plans and Policy

The NSW Government strategic plan *NSW 2021: A Plan to make NSW number one* sets the State Government's direction for change. It includes two specific goals for health:

**Goal 11: Keep people healthy and out of hospital**

**Goal 12: Provide world class clinical services with timely access and effective infrastructure**

These goals reflect decisions of the Council of Australian Governments (COAG) and include targets and priority actions for the NSW Health system. *NSW 2021* also includes other goals and priority actions to which NSW Health services contribute. These are:

**Goal 13: Better protect the most vulnerable members of our community and break the cycle of disadvantage**

**Goal 17: Prevent and reduce the level of re-offending**

To support this direction, Regional Action Plans have been developed to encourage agencies to work together to achieve the outcomes sought by the NSW Government.

The *NSW State Health Plan: Towards 2021* provides a strategic framework which brings together NSW Health's existing plans, programs and policies and sets priorities across the system for the delivery of 'the right care, in the right place, at the right time'. Other NSW Ministry of Health plans of relevance to SWSLHD services include targeted plans such as *Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24*, the *10 year Work Professionals Plan* and the *NSW Aboriginal Health Plan 2013 – 2023*.

The Ministry also issues and regularly updates policy and guidelines which describe and define service operation.

Each Local Health District in NSW has an annual service agreement with the Secretary NSW Health. This agreement sets out the service delivery and performance expectations for funding and other support for the local health district. A copy of the current agreement for SWSLHD can be found at <http://www.swslhd.nsw.gov.au/publications.html>

### SWSLHD Plans

All staff contribute to achievement of the SWSLHD vision of

***Leading care, healthier communities***

To progress achievement of this Vision and establish the future direction, two strategic planning documents have been developed:

- The SWSLHD Strategic and Healthcare Services Plan – *Strategic Priorities in Healthcare to 2021* identifies service development directions over the next ten years. It includes the context in which planning is occurring; models of care for clinical streams; detailed clinical stream directions; strategies to address equity issues of priority groups; directions for service enablers; service development directions for facilities; a summary of the Corporate Plan directions; and the implications for infrastructure development. The Plan identifies eight priority strategic directions for SWSLHD, which will be driven by a culture of innovation and collaboration. Specific strategies which will be utilised to pursue these directions are also identified.
- The SWSLHD Corporate Plan 2013 - 2017 - *Directions to Better Health* has been developed within the framework of service developments, targets and KPIs identified in the annual *Agreement between the Secretary NSW Health and SWSLHD*. It includes approximately 150 strategies for the short-medium term (5 years) under eight areas of corporate action. These are: high quality care, seamless networks, community partnerships, efficiency and sustainability, developing staff, enhancing assets & resources, research and innovation and supporting business.

### Targeted Plans

Other plans and agreements which drive SWSLHD activities and business include:

- The *SWSLHD Asset Strategic Plan 2014* which outlines key infrastructure requirements and priorities for the District
- *SWSLHD Surgical & Procedural Care in South West Sydney - Service Development Directions to 2021* which outlines options for the operational changes, models of care, clinical services and realignment of surgical services across SWSLHD
- *SWSLHD Workforce Plan 2014 – 2021* which outlines local directions for workforce development and growth
- *Integrated Primary and Community Care (IPCC) Development Plans for the South West Growth Centre* which outlines the preferred model of care for the South West Growth Centre.
- The *Research Strategy for SWSLHD 2012-2021* which outlines the strategic directions and actions required to build a stronger and vibrant health research culture in the District
- *SWSLHD Consumer and Community Participation Framework 2012* which identifies the structure and elements of consumer participation in the District
- *Service Development Priorities Statements* which have been developed by each clinical stream for the coming 3-5 years
- Plans developed by the former Sydney South West Area Health Service which have yet to be succeeded by SWSLHD plans e.g. *SSWAHS Aboriginal Health Plan 2010 – 2014*, *SSWAHS Maternity Services Plan 2009 – 2013* and *SSWAHS Youth Health Plan 2009 - 2013*

Most of these plans are available on the SWSLHD Publications webpage at <http://www.swslhd.nsw.gov.au/publications.html>.

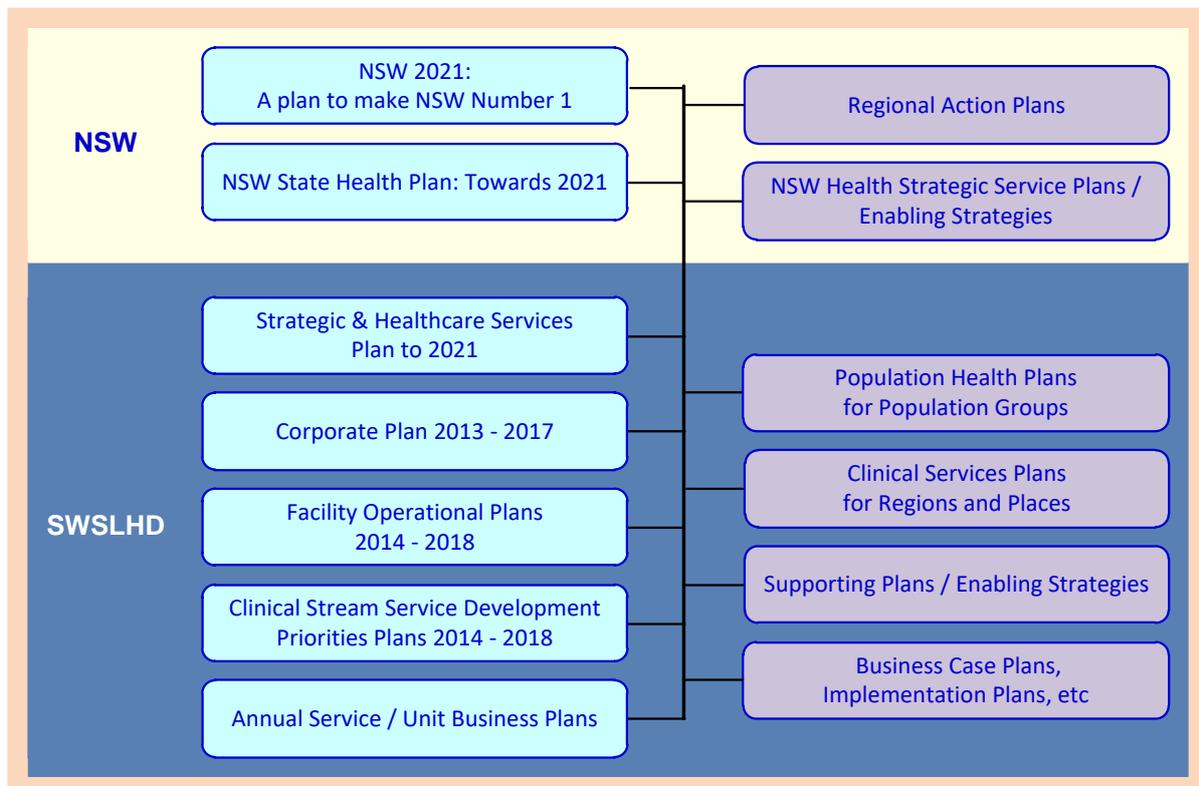
### Facility Operational Plans

All SWSLHD facilities i.e. Hospitals, Community Health, Population Health, Mental Health, Oral Health and Drug Health developed an Operational Plan in 2014. Each Operational Plan focuses on

the next five years and identifies priority initiatives and actions which support achievement of the SWSLHD Corporate Plan and address local priorities. The strategies in the Plan include facility-wide strategies and may include department or service specific strategies. Each Facility Executive team monitors the progress of the plans and formally reports to the SWSLHD Executive every three months.

The SWSLHD Planning Hierarchy on the next page demonstrates the relationships between plans developed by the NSW Government, NSW Ministry of Health and SWSLHD including those developed by facilities and individual services.

### SWSLHD Planning Hierarchy



## Appendix 2: Tips to help in developing a business plan

### Keep it focused

A good business plan ensures strategic alignment that drives your service towards achieving strategic priorities and actions/initiatives to improve patient outcome and service delivery. Keeping the plan focused and precise will assist staff in understanding the direction the service is heading in, how it is going to be achieved and the outcomes desired.

Business Plans should include targeted areas for improvement, change management or risk management for the upcoming year's activities, not core business or every day activities.

### Think and plan SMART

All actions should be SMART:

**S**pecific – precise or specific behaviour/outcome that is linked to rate, number percentage or frequency

**M**easurable – there is a reliable system in place to measure progress towards the achievement of the objective?

**A**chievable - within a reasonable amount of effort and application and within budget

**R**elevant – that the goal or target is something that can actually be changed, and is important to the organization or service

**T**imebound – can it be achieved within the coming year (or is it clear why it doesn't); is the start or end date clearly defined

For each issue or initiative, ask the questions:      In the Business Plan, this converts to:

What needs to be done?	Strategy
How will we do it?	Actions
Measuring success or completion?	Key Performance Indicator
Who will take prime responsibility?	Responsibility with
When will it be complete?	Timeframe for Completion
How does this Contribute to vision & priorities?	Link (to the SWSLHD Corporate/Facility Operational Plan)

### Identify appropriate measures to monitor performance

Two aspects will take up most of your time: identifying appropriate measures and identifying appropriate actions/initiatives. The correct measure will enable you to track performance towards your target. Identify and then control those measures through developing appropriate actions/initiatives. The right measure will give clear focus on the expected outcomes of your service and drive performance.

Some measures will be in the SWSLHD performance agreement. However, services may still need to develop measures that are specific to their service and contribute to driving the District's strategic direction. Measures may be:

- short term – usually tied to the process i.e. the actions or steps and let you know how you are going. They provide real time feedback that can be acted on quickly. Examples include committee established, review undertaken, etc.

- long term - focus on the desired outcome and let you know whether you were successful. There are a variety of outcome measures such as health or functional status, clinical measures, morbidity and mortality and patient experience with care. Examples of these measures include % satisfaction, % of women attending antenatal care before 20 weeks, reduction in premature mortality or lift installed within timeframe.

Often management focuses on process measures which do not tell you about the success but rather are a measure of activity. Care should be taken to define good outcome measures to use in determining the success of programs and in determining whether improvement programs result in improved outcomes.

Outcome Measures are used to measure the success of a system and can provide an integrated assessment of multiple care processes across the continuum of care. They can focus on the end result like mortality, or an intermediate step such as blood pressure or LDL cholesterol that may lead to a longer-range end result outcome.

*Source Physician Consortium for Performance Improvement ® (PCPI™) Approved by the PCPI, August, 2011*

### Good actions

The strategy identifies the broad initiative that the service is implementing. The actions describe what will be undertaken by individuals, teams or the whole service to improve performance. Well worded actions explain how you are going to meet your strategic priorities, not what you are trying to achieve.

Actions should not be copied from one plan to another as at each level, differences occur in the function and delivery of service. Therefore the action/initiative needs to reflect the individual needs of your service. Actions/initiatives should be brief, usually one sentence, and written so that anyone reading the action/initiative can easily understand what is to occur to improve performance.

A correctly worded strategy and actions will give clarity, importance and assurance to the reader. Strategies and actions that are worded incorrectly can come across as vague, ambiguous and without authority. For example, avoid using words like "increase" and "ensure" which do not define what will actually be done to address the problem. Instead use words like "implement", "develop", "provide".

## Appendix 3: Definitions

Planning	<p>A plan is a map, preparation or an arrangement. Planning defines where one wants to go, how to get there and the timetable for the journey. Planning can also identify the journey's milestones. Complete planning sets out indicators for tracking progress and ways to measure if the trip was worth the investment.</p> <p><i>Source: Health Planners Toolkit, Module 1, The Planning Process. Health System Intelligence Project – 2006.</i></p>
Strategic & Healthcare Services Plan	<p>The <i>SWSLHD Strategic and Healthcare Services Plan – Strategic Priorities in Healthcare to 2021</i> is a comprehensive overarching document which outlines the District's vision and mission and the principles under which planning occurs. It identifies service development directions over the next ten years for facilities, clinical streams and support services and the strategies and infrastructure requirements needed to provide quality health care and services. It also identifies the eight priority strategic directions for SWSLHD.</p>
Corporate Plan	<p>The <i>SWSLHD Corporate Plan 2013 - 2017 Directions to Better Health</i> outlines strategies to be implemented across SWSLHD over the short-medium term (5 years). These strategies are grouped under eight areas of corporate action: high quality care, seamless networks, community partnerships, efficiency and sustainability, developing staff, enhancing assets &amp; resources, research and innovation and supporting business. The plan identifies the timeframe for completion, senior managers responsible for action and expectations for reporting.</p>
Operational Plan	<p>Each facility has an operational plan to guide service development locally over the next five years. The strategies and actions in the operational plan respond to the SWSLHD Corporate Plan, local needs and priorities.</p>
Service Delivery	<p>Health services are the most visible part of any health system, both to users and the general public. Health services can be promotion, prevention, treatment or rehabilitation; delivered in the home, the community, the workplace or in health facilities.</p> <p>Effective health service delivery depends on having some key resources: motivated staff, equipment, information and finance, and adequate medication. Improving access, coverage and quality of health services also depends on the way services are organised and managed, and on the incentives influencing providers and users. In any health system, good health services are those which deliver effective, safe, good quality, personal and non-personal care to those who need it, when needed, and with minimal waste.</p> <p><i>Source: World Health Organisation website accessed 15 June 2012.</i></p>
Key Performance Indicator	<p>Quantitative or qualitative variable that provides a reliable way to measure intended changes. Performance indicators are used to observe progress and to measure actual results as compared to expected results.</p> <p><i>Source: NSW Government Evaluation Framework August 2013</i></p>

Monitoring	A process to periodically report against planned targets (Key Performance Indicators). Monitoring is typically focused outputs rather than outcomes and is used to inform managers about the progress of a program and to detect problems that may be able to be addressed through corrective actions. <i>Source: NSW Government Evaluation Framework August 2013</i>
Outcome	A result or effect that is caused by or attributable to the program <i>Source: NSW Government Evaluation Framework August 2013.</i>
Output	The products, goods, and services which are produced by the program <i>Source: NSW Government Evaluation Framework August 2013</i>
Process evaluation	Evaluation which investigates how the program is delivered, and can be used to continually improve programs by informing adjustments to delivery. <i>Source: NSW Government Evaluation Framework August 2013</i>
Measures	Measures monitor how well we are performing/achieving each strategic priority. The success of implementing the actions/initiatives will impact on the performance of the measure. Examples of measures include: <ul style="list-style-type: none"> <li>• % ED Triage 2 treated within 10 mins</li> <li>• % Staff with current performance plans</li> <li>• % Aboriginal staff as a proportion of the total</li> </ul>
Targets	A Target is the agreed level of performance for each measure that the service will work towards. Targets form part of the monitoring cycle and are used to motivate and drive performance and are set by NSW Ministry of Health or other regulatory bodies. Targets may also be identified from evidence based research or internal or external benchmarking.
Responsibilities	The person(s) (by position) required to co-ordinate, delegate, review and ensure the action/initiative is completed within the designated timeframe.
Timeframes	The time period in which the action/initiative is to be completed.
Qualitative/ Quantitative Data	Qualitative research is used to explore and understand people's beliefs, experiences, attitudes, behaviour and interactions. It generates non-numerical data, e.g. a patient's description of their pain rather than a measure of pain. In health care, qualitative techniques have been commonly used in research documenting the experience of chronic illness and in studies about the functioning of organisations. Qualitative techniques such as focus groups and in-depth interviews have been used in one-off projects commissioned by guideline development groups to find out more about the views and experiences of patients and carers. Quantitative data generates numerical data or data that can be converted into numbers, for example clinical trials or the National Census, which counts people and households. <i>Source: Qualitative and Quantitative Research. www.medicine.ox.ac.uk Accessed 19 June 2012.</i>

Disinvestment	<p>A health care organisation will disinvest in an asset, service or program as a strategic move, planning to put the proceeds from the divestiture to better use in providing health care and maintaining financial stability. A health care organisation will likely not replace infrastructure or continue to invest in certain services unless it feels it is receiving a return that justifies the investment. If there is a better place to invest, they may deplete certain services and programs and invest in other more profitable ones. With the funding obtained through disinvestment, health care organisations can then review new models of care and service delivery and identify areas for reinvestment to provide future clinical services.</p> <p><i>Source: Investopedia website. Accessed 15 June 2012.</i></p>
Process	<p>Processes can be “high level” and operate across the organisation or “low level” i.e. procedures which contain detailed information. Both are intrinsically linked. The procedural level can be thought of as a detailed breakdown of a step in the process.</p> <p>Processes are cross-functional and define <b>what</b> is done and by whom. They are often depicted in a diagram (such as a decision tree or flowchart) where the work performed is split into logical interrelated steps or “activities”. Processes should always have a “trigger” or start event and a “terminator” or end event that achieves a specific result. All processes should seek to fulfil a successful customer outcome.</p> <p>Procedures define <b>how</b> the work is performed. They are typically documented in a step by step order with detailed descriptions of how the work is to be performed and who is responsible for performing the work</p> <p><i>Source: ‘Processes, procedures, work instructions – what’s the difference anyway?’ The Process Ninja website. Accessed 18 June 2012.</i></p>
CORE Values	<p>The NSW Ministry of Health has four CORE values for the NSW health system. They are: Collaboration; Openness; Respect; and Empowerment.</p>

## Appendix 4: Examples of strategies, actions, KPIs and progress reports

This table provides examples of strategies, actions and key performance indicators (KPIs). It also provides examples of how progress could be reported in the SWSLHD Business Plan Reporting Template. Some of these examples may be relevant to specific departments however it is not expected that services include these examples in their business plans.

Strategy	Action	Key Performance Indicator	Progress Report
Implement Hourly Rounding in the ward	<ul style="list-style-type: none"> <li>Provide staff education sessions</li> <li>Issue policy</li> <li>Trial and evaluate rounding sessions, discuss outcomes with staff</li> <li>Roll out across all wards</li> <li>Evaluate effectiveness by observational audits and staff survey</li> </ul>	No. of falls per month No. of patient complaints No. of hospital acquired pressure injuries Staff survey results Observation audit results	1 <sup>st</sup> quarter: Education sessions completed Aug 2014; policy issued Aug 2015; 2 <sup>nd</sup> quarter: Trial completed in 1 Unit Dec 2014 3 <sup>rd</sup> quarter: progressive implementation 4 <sup>th</sup> quarter: Roll out completed June 2015. 100% reduction in annual falls (2013/14 – 40 falls; 2014/15 – 20 falls). Audits commenced may 2015 – indicate improved performance.
Adopt the patient transport ordering system	<ul style="list-style-type: none"> <li>Support available during implementation</li> <li>Staff forum held to identify issues with system implementation</li> <li>Feedback given to transport service</li> <li>Regular data available on transport turn around</li> <li>Data monitored by XXX committee</li> </ul>	Average response time for allocation Delays in transfer Staff confidence (survey) % staff trained	1 <sup>st</sup> quarter: Training completed Aug 2014. 90% staff confidence in using system 2 <sup>nd</sup> quarter: Staff forum held Nov 2014 3 <sup>rd</sup> quarter: Results given to transport service. Regular monitoring of turn around time established Jan 2015
Establish new outreach services	<ul style="list-style-type: none"> <li>Review service data &amp; profile area of residence, possible alternative service outlets &amp; resourcing requirements</li> <li>Liaise with other relevant services</li> <li>Complete business case</li> <li>Confirm implementation timeframes; negotiate service outlets</li> <li>Promote new service</li> <li>Monitor progress and outcomes</li> </ul>	Model developed Implementation plan developed No of services established in new locations No of clients attending new service Client satisfaction	1 <sup>st</sup> quarter: Service review undertaken July 2014. Liaison with other completed services Sept 2014 2 <sup>nd</sup> quarter: Business case completed; Approval to proceed Dec 2014 3 <sup>rd</sup> quarter: Service outlets negotiated March 2015 4 <sup>th</sup> quarter: 1 <sup>st</sup> outreach service established April 2015. 30 clients June 2015 with client experience interviews undertaken
Implement Energy	<ul style="list-style-type: none"> <li>Establish an energy optimisation program</li> </ul>	Energy contract established	3 <sup>rd</sup> quarter: Meeting held with vendor and negotiation commenced Jan

Strategy	Action	Key Performance Indicator	Progress Report
Performance Strategies	<ul style="list-style-type: none"> <li>Introduce energy efficient lighting</li> <li>Monitoring energy activity and expenditure</li> </ul>	% reduction in energy use	2015 4 <sup>th</sup> quarter: Contract developed June 2015
Placement of Patients with challenging discharges	<ul style="list-style-type: none"> <li>Map current process and identify issues</li> <li>Establish regular review meeting with Ageing Disability and Homecare</li> <li>Inpatient data analysed</li> <li>New process developed</li> <li>New placement process implemented</li> </ul>	Standard policy and process established % reduction in waiting time for placement	1 <sup>st</sup> quarter: Data analysed June/July 2014 2 <sup>nd</sup> quarter: Diagnostic workshops held Oct 2014; Process & issue mapping completed Dec 2014 3 <sup>rd</sup> quarter: Strategies and new processes identified March 2015 4 <sup>th</sup> quarter: Policy & new tools developed May 2015. Policy implemented June 2015. No data available on impact. To be monitored over coming months
Timely access to patients transferred from ED	<ul style="list-style-type: none"> <li>Train staff in use of Patient flow portal</li> <li>Review ward L.O.S. and discharge patterns for past 1-3 years</li> <li>Introduce patient journey boards &amp; identify barriers to discharge</li> <li>Develop escalation processes</li> </ul>	% of patients transferred from ED to the ward/service within 4 hours	1 <sup>st</sup> quarter: All relevant staff trained in portal use and regularly used by Sept 2014 2 <sup>nd</sup> quarter: Weekly monitoring of LOS by Aug 2014. Data analysed and strategy identified Dec 2014 3 <sup>rd</sup> quarter: Strategy implemented Feb 2015. 4 <sup>th</sup> quarter: Electronic journey board installation delayed – revised installation date Nov 2015. Strategies monitored and evaluated. Metrics reported. Baseline (June 2014)- 30% admitted within 4 hours; June 2015 – 60%
Hand-washing Compliance	<ul style="list-style-type: none"> <li>Provide staff feedback on handwashing compliance</li> <li>CNE provide training “blitz”</li> <li>Staff reward established</li> <li>Progress graphed and displayed for staff</li> <li>Regular review in team meetings</li> </ul>	% compliance on audit	1 <sup>st</sup> quarter: Baseline 80%; Training undertaken Aug 2014; Handwashing included on agenda for team meetings Aug 2014 2 <sup>nd</sup> quarter: Staff reward system established 3 <sup>rd</sup> quarter: 90% compliance March 2015 4 <sup>th</sup> quarter: 95% compliance May 2015; 98% compliance June 2015
Compliance with Service Standard No.....	<ul style="list-style-type: none"> <li>Develop audit tool</li> <li>Audit patient medical records, analyse and report on findings</li> <li>Implement recommendations</li> <li>Monitor progress</li> </ul>	Audit conducted % compliance with the standard Recommendations implemented	Literature review completed July 2014 2 <sup>nd</sup> quarter: draft audit tool developed and trialled Nov 2014. 3 <sup>rd</sup> quarter: Audit conducted across all services with 40% compliance. Report with recommendations completed.

Strategy	Action	Key Performance Indicator	Progress Report
			4 <sup>th</sup> quarter: Recommendations implemented May 2015. Preliminary feedback indicates improved performance
Timely response to Security Issues	<ul style="list-style-type: none"> <li>• Revise protocols for security alerts</li> <li>• Review staff allocation</li> <li>• Collect trend and monitor data</li> <li>• Conduct staff forums on issues/barriers to timely response</li> <li>• Develop strategies to address issues and barriers with security teams</li> <li>• Conduct education program</li> <li>• Monitor response performance</li> </ul>	Protocols and education program developed % of security staff trained Response time	1 <sup>st</sup> quarter: Protocols reviewed Sept 2014; 2 <sup>nd</sup> quarter: Staff allocation reviewed Nov 2014; Security data reviewed and analysed Dec 2014 3 <sup>rd</sup> quarter: Staff focus group Feb 2015 4 <sup>th</sup> quarter: Training developed and delivered to all security staff April 2015. Response Time May 2015: 5 minutes; Baseline May 2014: 10 minutes
Initiate a health research project	<ul style="list-style-type: none"> <li>• Conduct a research planning workshop and scope feasibility of projects and potential partners</li> <li>• Develop a research proposal and submit it to the Research and Ethics Office for approval</li> <li>• Commence research project</li> </ul>	No. of research proposals submitted to the SWSLHD Research and Ethics Office (R&EO) Research study approved	1 <sup>st</sup> quarter: Workshop held Aug 2014; 2 <sup>nd</sup> quarter: Unit research priorities identified Nov 2014; 3 <sup>rd</sup> quarter: One research proposal under development; to be submitted to the R&EO in April 2015 4 <sup>th</sup> quarter: One research proposal submitted to the R&EO May 2015; research has not yet commenced as approval not received ytd.
Implement revised workload allocation for Hotel Services Staff	<ul style="list-style-type: none"> <li>• Review and analyse cleaning staff workloads</li> <li>• Identify and address additional training requirements</li> <li>• Reallocate tasks and workloads</li> <li>• Monitor satisfaction of cleaning staff &amp; task completion</li> </ul>	Workload review completed % of cleaners satisfied with new rosters/tasks Number of complaints from facility units: Baseline: 20 complaints month	1 <sup>st</sup> quarter: nil 2 <sup>nd</sup> quarter: Review of workloads completed Dec 2014; staff satisfaction survey – 40% 3 <sup>rd</sup> quarter: Education and training needs identified February 2015; training provided March 2015 4 <sup>th</sup> quarter: New rosters implemented April 2015; staff satisfaction survey June 2015 – 90%; Complaints – 5 in June 2015



**Health**  
South Western Sydney  
Local Health District