

**SOUTH WESTERN SYDNEY  
AREA HEALTH SERVICE**

**HEALTH IMPROVEMENT/  
HEALTH SERVICE  
PLANNING KIT**

Prepared by Division of Planning  
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## EXAMPLES:

- Example of a proforma used for collection of information for a Clinical Services Plan
- Example of a GANTT chart for the PASS Strategy
- Extract from Macarthur Disability Action Plan 1999-2001 – an example of formatting to gain the reader's attention
- Extract from Stroke: A Strategic Plan for Improving Health – an example of an Executive Summary and use of case studies
- Extract from Managing Emergency and Elective Workloads in SWSAHS Hospitals – an example of strategies and performance indicators

# INTRODUCTION

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The purpose of health improvement/service plans is to provide a clear direction for the provision of health services which meet the needs of a specific population for a stated planning period and achieves measurable health improvements and outcomes, consistent with achieving **Better Health, Good Health Care**.

This purpose seeks to bring together two important aspects of planning in health. That of **health improvement planning** (which generally takes in a population focus eg children) and **services planning** (eg the organisation and delivery of health services for children). It is considered that by combining these two concepts the objectives and strategies you identify will be comprehensive and evidence based.

Plans may focus on:

- A particular **population** group, such as Aboriginal people or children;
- A particular **health issue**, such as mental health or coronary heart disease;
- A particular **type of service**, such as surgery, allied health or catering.

This Kit aims to assist you in developing a plan and will cover the following areas:

- Running a planning process
- Writing up a plan - including content and a suggested format
- Implementing the plan and strategy development
- Setting priorities

Developing a plan is an important part of ensuring that the services we provide are appropriate to the needs of the target group. The plan provides an opportunity to explicitly state your goals and objectives for improving health and how you are going to go about achieving this.

There are many documents and references regarding planning processes and plan development. The SWSAHS Division of Planning has put this Kit together to provide most of the information you will need to develop a plan, as well as some helpful hints.

Please do not hesitate to contact the Division of Planning should you wish to discuss information in the Kit or if you require any assistance in developing your plan.

If this is the first planning process you have had responsibility for, it is recommended that you consider approaching someone who is experienced and can give you support, provide guidance when needed, and act as a mentor.

The Division has a Web Page on the SWSAHS Intranet that contains a range of information such as demographic data (including population projections by age group and Sector Health Service) and Area Health Service maps that you may need for your plan.

Different ways of presenting information have been used in the Kit. You might like to consider these formats when finalising your plan.

You can also contact the Division in the following ways:

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# THE PLANNING PROCESS

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It is important to spend time before starting a planning process in developing an understanding of the **issues** - why a plan is needed and the desired outcome of the process. For example, a plan may not be the answer if the real issue is about improving communication or developing a shared purpose in a service. However, a plan is the answer if it is a question about developing a strategic framework for a service or identifying and agreeing on priorities for service developments.

It is important to identify the necessary **tasks, critical points** and **time frame** for preparation of a plan to maintain momentum. It is a risk that you will become distracted (and potentially “bogged down”) by large amounts of data and information and spend all your time on this aspect of the plan. It may be necessary to accept some degree of uncertainty and identify what information will be required to provide better information for future planning. You should remain strategic in focus, remember what the ultimate objective is and keep to the agreed scope of the plan.

The following steps are suggested as a guide to commence, manage and complete the development of a plan. People familiar with project management will recognise many of the elements of this type of approach in the following steps.

# THE PLANNING PROCESS

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## steps in the process

1. Identify the **aim, objective** and what will be the **final product** of the planning process (eg development of a plan for children).
2. Consider the **stakeholders** who will need to be involved, or consulted, in the planning process (eg consumers, staff who provide or use the service, General Practitioners, Commonwealth, State and local government agencies and non government organisations (NGO)).
3. Convene a representative **Steering Committee** (or Reference Group) as required to oversight and guide the development of the plan. Develop clear Terms of Reference for the group.
4. **Review** progress from the last plan, where one exists. This will provide valuable information regarding what was and was not achieved.
5. Identify the key demographic and epidemiological **information** required and the sources of this information.
6. Identify and collect **other** relevant **information** (eg Commonwealth and State health plans or policies; existing SWSAHS or Sector service/health improvement plans for the service area; related local plans (such as immunisation, neonatal or child mental health for children); local Government Social Plans; NGO plans).
7. Identify the key **outcomes** to be improved. This will assist in taking an evidence-based approach. Outcomes can consider health, clinical and service organisation.

# THE PLANNING PROCESS

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## steps in the process

8. Undertake a **needs analysis**. You will need to identify the key service utilisation and projected demand data and the source of this information. Information collected in steps 4,5 and 6 and stakeholder consultation will all be required for this step.
9. Identify the **time frame** for the project. This includes setting of time frames for review of documents and receipt of comments from the Steering Committee and stakeholders.
10. Develop a **consultation strategy**. This may require convening a planning day, organising small groups or meetings with key stakeholders. This could involve a meeting schedule for the Steering Committee. You will need a process to seek, collate and incorporate comments on drafts of the plan from the Steering Committee and other areas within SWSAHS. Consider how you will resolve any conflict or difference in opinion to ensure the planning process continues productively.
11. Develop a **communication strategy** to inform people of the planning being undertaken and the final product. For example, through newsletters and the Intranet.
12. Identify the **approval process** following completion of the plan (eg submission to the Area Executive Team and Board of Directors).

# WRITING THE PLAN

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## introduction

Often the most difficult part of the process is actually “writing” the plan.

**O**ne option is to have one person write the plan with drafts distributed for comments to the Steering Committee and other stakeholders. These comments can be incorporated into subsequent drafts of the document until a final draft is produced which is signed off by the Steering Committee.

**A**lternatively, a number of people in a smaller working group can take responsibility for writing particular sections of the plan. You will need a rigorous editing process so that the document “flows” and reads as a cohesive document.

**B**y setting headings and adopting and adapting the following suggested format, writing the plan becomes more of a process of “filling” sections in with the relevant information. This can make the writing process much less daunting.

**I**ncorporating comments from stakeholders is important in writing up the plan. You will need to assess comments and often adapt them when including them in the document. You will find that people will often make useful suggestions in regard to the format and structure of the plan, as well as the content. It is important to provide feedback to people as to how their comments have been addressed in the process.

The following information represents a checklist of information to be considered in the development of the plan. It may not be appropriate or relevant to the particular plan to present all available information in the final plan. It is often useful to summarise information in the document, attach it as Appendices or refer the reader to the source document. This prevents the plan becoming too long.

# WRITING THE PLAN

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## plan content

The plan should consider factors that affect the health of the SWS population and identify how health services should be provided for a specified time period. It should be consistent with the **SWSAHS Strategic Directions Statement and Implementation Plan 1998-2003**.

The philosophy and practices of **health improvement** and a focus on **health outcomes** should underpin the Plan.

### 1. Information Phase

This phase involves collection of a range of information and data to assist you in identifying the issues that need to be considered.

#### (a) **Characteristics of SWSAHS**

This section considers the characteristics of SWSAHS and its resident population.

- **Introduction** to the Area Health Service and context of the service within the SWSAHS, statutory obligations, statement of the purpose of SWSAHS and of the service, organisational structure
- Borders, local government areas, **geographic analysis** including transport networks, distance, density of settlement (isolated or dense) that affect health service access, topography
- **Demographic analysis** including population size and age distribution, projected population, ethnicity, Aboriginality, employment status, socio-economic status and other characteristics that are relevant to demand and health improvement

#### **A Proforma**

is one way of collecting data in a structured way.

An example of a proforma related to Acute Services is attached.

You can develop or adapt a proforma to suit your specific information needs.

- **Epidemiological analysis** including current and trends regarding morbidity and mortality, incidence of specific disease/disability in the community relevant to the Plan

## (b) Supply

This considers all the **relevant providers** of health services, and incorporates a **review** of available resources including physical (profile of facilities and services provided in them), human (workforce) and financial (budget).

### Public Sector Health Providers

- **Hospitals** - location, role delineation/service profile, bed numbers, bed days, separations ([overnight, day only, tertiary and non tertiary], cost weighted separations, average cost per weighted separation)
- **Community Health services** - service types, locations, non-inpatient occasions of service
- **Aged Care Hostels and Nursing Homes** - State and Commonwealth
- **Other support services** such as pathology, information services, biomedical engineering as appropriate

### Private For-Profit Sector Health Providers

- **Hospitals**
- **Other facilities** such as day procedure centres, major medical centres
- **General Practitioners (GPs)**

### Private Not-For-Profit Sector Health Providers

- **Non Government Organisations (NGOs)** which may either be funded by NSW Health or SWSAHS or which provide significant health or health related services

### Other State And Commonwealth Human Agencies

- **Local Government**, and **Departments** of: Community Services; Ageing and Disability; Juvenile Justice; Housing; and Employment, Education and Training which may be involved in providing health related services

## (c) Demand

This section considers the estimated **future demand** for services. This means that your planning will recognise and address the implications of changing demand and how this impacts on how the service will and should be provided. Demand can be estimated through a number of processes including:

- **Historical demand** – utilisation patterns by service related groups (SRGs), services used, their location and quantity
- **Current demand**
- **Projected demand**, including assumptions regarding changes in service delivery
- **Stakeholder consultation**. Unless there is specific requirement to undertake a stakeholder consultation process you should generally try to access information that is available from sources such as health surveys, local government consultations, and established community support groups.

## 2. Analysis Phase

In this phase, the information and data collected in the Information Phase is analysed and the implications for services identified. You will need to consider the following areas:

- (a) **Strategic Directions** for the service at a National and State level including NSW Health.
- (b) **Strategic Issues** for SWSAHS.

This section considers the implications for the service and SWSAHS priorities overall as identified in the **SWSAHS Strategic Directions Statement and Implementation Plan 1998-2003** and **Area Operations Plan**.

In this step you should also refer to **previous plans** where they exist.

You should state what has and has not been **achieved** and consider the reasons for this.

This will guide you in the Implementation Phase of the planning process.

This phase requires you to:

- I identify and explore the **implications of items (a) – (d)** (including patient flow analysis) for the future funding, organisation and delivery of health services for residents. This ensures that health improvement and health gain underpin any decision regarding the preferred service response and considers the evidence that supports the recommended service response.
- I identify service gaps and deficiencies, overlaps, need for changes, potential/opportunities for improvement and **priorities for action**.
- I include **impact statement** for selected stakeholders.
- I include consideration of **SWSAHS principles** of equity, efficiency and effectiveness and acceptability in analysis of the issue and determining the preferred service response.

### 3. Action Plan Phase

This phase involves the **development of strategies** to address the issues identified in the Information and Analysis Phases. It is suggested that you do not limit the number of strategies that are proposed at this stage in the planning process as there is a risk that you may miss good suggestions. However, you will need to consider the **priority, resources implications, time frame** and **responsibilities**, as well as the actual ability to implement the strategies, when finalising the plan.

This process will enable you to limit the number of strategies eventually included in the plan. Suggestions on how to assess and prioritise strategies are included in the section on *Implementing the Plan*.

#### **(a) Develop Strategies**

In the section you are required to develop proposals/strategies to address strategic issues identified.

**D**evelop an **overview** or **brief rationale** for the objectives/goals and how they link to the seven key challenges for SWSAHS

**D**evelop **strategies** for their achievement and how progress will be measured

**D**evelop an **implementation schedule** and responsibility

**I**dentify **resource implications** such as funding, staffing, education and training, service development and asset development

**D**evelop a **review process** to provide regular feedback regarding implementation of the Plan

## **Format of the Plan**

Once you have collected and analysed information and agreed on the strategies to be included, it is time to commence writing up the plan. The following is a suggested format for a health improvement/service plan. Remember you can adapt the format to suit your particular plan.

### **1. Foreword**

The foreword is written at the end of the planning process. It is a short statement from the Chair of the Area Health Service Board of Directors or Chief Executive Officer commending the plan, stating why a plan has been developed and what is hoped to be achieved as a result of the plan.

### **2. Executive Summary**

Write this at the end of the planning process. It should summarise the key challenges, goals, service objectives, strategies and recommendations.

This is an important part of your plan as it is the main point of contact between you and your audience. It is the most often read section and is usually the part of the plan used for information sharing, such as through the Intranet.

### **3. Glossary of Terms**

A list and explanation of terms used in the document.

### **4. Abbreviations**

A list and explanation of any abbreviations used throughout the document.

### **5. Introduction**

The introduction to the plan should outline the general context, purpose and key objectives of the Plan and describe the planning process used including consultation mechanisms.

### **6. Operating Environment**

This describes and analyses the environment in which the service operates and should include demography, geography, epidemiology and service utilisation.

### **7. Current Service**

This should describe the current service issues and analyse any service deficiencies, gaps or overlaps. In addition, current service provision or models that have demonstrated benefit should also be considered.

### **8. Proposed Service and Opportunities for Health Gain**

This section should provide a clear direction for the provision of health services to meet the needs of the specific population for a stated planning period, and achieves measurable health improvements and outcomes, consistent with achieving **Better Health, Good Health Care.**

This section should identify the preferred service response and provide a description of the appropriate level, mix, volume and distribution of services to provide integrated, accessible, comprehensive, cost-effective and efficient services.

## **9. Identification of Strategies, Outcomes and Implementation**

This section will:

- Identify the key challenges for the service and links these to the seven key challenges for SWSAHS identified in the Area's Strategic Directions Statement;
- Identify the service objectives addressing the key challenges;
- Consider available evidence in identifying the proposed strategies which will contribute to the achievement of service objectives;
- Consider the continuum of care from prevention, acute management, rehabilitation to community care and palliation; and
- Consider linkages with other government and non-government agencies.

Each strategy should identify implementation requirements, responsibility, time frame and performance indicators to evaluate success of the strategy and achievement of the service outcome.

## **10. Appendix - Review of Previous Plans**

A summary of the review of the implementation of any previous plan is included in the Appendix. The review identifies strategies not implemented and assesses the reasons for this. The result of the review is used to inform the section of analysis of current services and development of strategies.

# WRITING THE PLAN

## making the plan easy to read

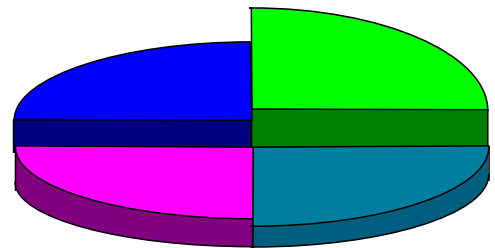
There are a number of ways to make the plan easy to read. Probably the simplest is by breaking the plan into separate sections with headings indicating the content. The length of the plan is also an important factor. Keep it as short as possible and use simple “plain English” language and avoid jargon.

Case studies and vignettes can also assist in ensuring that important areas are

Similarly placing key information in **boxes** can assist in drawing the reader's attention to this information

emphasised and provide one way of breaking up large sections of information.

Maps, graphs, tables and charts can all be used to convey large amounts of information in a concise and easy to understand way.



**Important points** or **conclusions** can be drawn from the information and discussed in the plan.

You may wish to experiment with different formats to see which best suits your particular purpose.

Some examples of different formats from plans are attached at Appendix 1

# IMPLEMENTING THE PLAN

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## putting it all together

**Resource requirements** for strategies and **local commitment** are the two key elements in implementing plans. **Consultation** and **communication** are the two main ways of ensuring local commitment to achievement of the plan and ownership of the process and the final product.

**W**hile you may have considered many **strategies** during the planning process, you should limit the number of strategies in the final plan. Generally, only strategies that are achievable, are evidence based (where possible), and have been confirmed as a high priority (particularly by those who have designated responsibility for their achievement) should be included. This will make implementation and monitoring of outcome easier.

**Resource requirements** are always an issue in planning processes. It is acknowledged that resource constraints may present particular challenges, but this should not be an excuse for making no progress towards the optimum service provision or model identified in the plan. Changes can often be achieved by providing the service in a more directed and organised fashion, or by making decisions to invest in proven interventions and disinvesting in services not demonstrating a health benefit. It may also be a case of shifting the allocation of existing resources from one aspect of care to another. This is where taking a health improvement approach is integral to decision making.

**I**n considering how the plan can be implemented, you can start to **group the objectives** and **strategies** you have identified based on a combination of factors, such as, time frame, “ease” of implementation, and resource requirements. For example, achievement of cultural change in a service or organisation is usually difficult and a long-term strategy. Convening an interest group to promote education and information sharing is generally easy, does not have additional resource implications, and can be achieved in the short term.

Consistent with this type of approach, optimum models of care or service configurations can be achieved in an incremental fashion. This means that there is agreement regarding the **ultimate objective** and any changes in the interim are directed at supporting the achievement of the ultimate objective. Considering the advantages and/or disadvantages of a staged approach will be of assistance in achieving change.

In the Analysis Phase of the plan development, you will have considered the utilisation of existing **resources** and identified the outcome of any extra resources sought.

For example:  
If the analysis indicates the preferred outcome is not being achieved by current practice, you should have identified why this is the case and how current practice can be improved. If a service is not delivering improved health for people then you must ask, why not? If the service cannot demonstrate any contribution to better health, then you need to determine whether this is an effective place to continue to invest valuable resources.

After considering how resources are currently being used and what can be achieved with the current level of resources, there will be strategies which require **additional resource requirements**. These strategies must be supported by evidence of appropriateness and effectiveness. This will assist in broader decision making regarding resource allocation within SWSAHS and consideration of potential sources of funding for additional resources. A plan that only requests additional resources without consideration of the use of existing resources **WILL NOT** gain Area Health Service approval.

# DEVELOPING STRATEGIES

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The previous section has already discussed some issues regarding the number of strategies and ways of grouping them. The implementation section of the plan includes the **what, how, who** and **when** of achieving the service objective and are the key components of any plan. The resources required to achieve this are also included in this section.

Strategies can be **grouped** according to the Key Challenge, "ease" of implementation, relative priority, time frame and resource requirements. The interdependencies of strategies should be considered in sequencing, as there is no point in identifying a strategy dependent on the successful outcome of another earlier than that strategy.

A suggested **format** for this part of your plan is provided below. Each of the headings is discussed in more detail following the table. Again it is important to adapt the format to suit your particular plan. The information that you include in this part of your plan will vary in its specificity depending on the level of the plan.

For example:  
 a high level plan outlining strategic directions for an Area-wide service will contain broader information than a plan for Emergency Department services.

Ref	Objective	Strategy	Performance Indicator/s	Time Frame and/or Target Date	Responsibility	Resources
<b>Key Challenge 1: Working with our community and staff to develop a shared sense of responsibility</b>						
1.1						
1.2						
1.3						
<b>Key Challenge 2: Working in partnership with other agencies to improve health</b>						
2.1						
2.2						

## (a) Key Challenges

SWSAHS has identified the major issues or key challenges likely to have the most impact on SWSAHS over the next five years. These are:

1. Working with our community and staff to develop a shared sense of responsibility and direction;
2. Working in partnership with other agencies to improve health;
3. Ensuring that people in SWS access health services according to need;
4. Making the best use of and fairly allocating existing and incoming resources;
5. Developing effective and efficient health services, which focus on improved health outcomes;
6. Attracting, developing and retaining the best staff; and
7. Becoming a learning/teaching organisation.

In the plan context, the key challenges are a broad statement of the desired result of your plan. This format provides one way of aligning your objectives and strategies with the strategic directions for SWSAHS.

Where a strategy links to one or more of the Key Challenges for SWSAHS, the strategy should be listed with the Key Challenge on which the strategy will have the greatest influence.

## (b) Objectives

Objectives are the things that need to be done to achieve or address the Key Challenge.



For example:  
an objective related to Key Challenge 1 might be: informing the local community of the benefits of immunisation

## (c) Strategies

Strategies describe how you intend to implement your objective.



For example:  
conduct information sessions in the local shopping centre

## (d) Performance Indicators

Performance indicators show progress in relation to the strategies so that you know whether you have achieved your objective.

A performance indicator defines the measurement of a piece of important or useful information about the performance of a service. It can be expressed as a percentage, index, rate or other comparison, be monitored at regular intervals and compared to other standards (or benchmarked).

Good indicators are relevant, reliable, unambiguous, understandable and useable

It can become confusing as people may measure outcome, output and process indicators. These terms are also often used interchangeably. However, outcomes generally refer to the highest level of achievement, such as health improvement.

Because it is difficult to measure health outcomes and to isolate the actual contribution of particular interventions to a change in outcome, people often measure outputs or processes. It is generally accepted that these outputs and processes assist in achieving the desired outcome.

**Output indicators** generally refer to the product of a process.

For example:  
hospital separations, non inpatient occasions or number

**Process indicators** generally refer to the course of action undertaken.

For example:  
development of a plan or convening of groups

The main thing to remember is that the point of including an indicator is so you can measure performance. It is recommended that you not get too caught up in the definition of indicators, but ensure that you are measuring something that will enable you to know if you have been successful or not.

For example:  
developing best practice guidelines may be a strategy. You could identify an indicator that measures success by having a guideline finalised. Yet what is actually important in achieving better health outcome is that the guideline is incorporated into practice. This may be a better indicator of success.

## (e) Responsibility

The trend in a number of SWSAHS plans has been to include all the people who may be involved in the strategy under this heading. However, this often means that the person who is actually responsible is not clearly identified. →

For example:  
a strategy to improve the management of dementia patients presenting to the emergency department may involve the support of a number of people in developing a clinical protocol. However, the Director of the Emergency Department is ultimately responsible. It is suggested that you only include the person who has **genuine responsibility for the strategy**

When allocating responsibility, it is important to remember that your plan may be one of many and that people will need to balance the requirements of your plan with may other demands on their time and attention. This can be partially addressed by good communication with those who will have responsibility for achieving particular strategies and the proposed time frame.

## (f) Time Frame

The time frame section of the plan often includes a target date for when something should have happened. However, this does depend on your plan's implementation commencing when your plan is published. An alternative approach is to identify the likely length of time that a strategy will take. This can involve a target date but enables the person who is responsible to judge when this can best be implemented. →

For example:  
development of a clinical protocol may take 6 to 8 weeks. The person responsible can decide how this can be implemented in relation to a target date of 2000 for development of the protocol.

It is often useful to take a project management approach to develop an understanding of the overall time frame and time commitment for the implementation of the strategies included in the plan. →

For example:  
listing each strategy on a **GANT** chart will identify the time frame and most appropriate sequencing of strategies so that they all do not commence at the same time and strategies dependent on another follow that strategy. An example of a GANTT chart is provided.

## (g) Targets

As indicated, depending on your requirements target dates can be used in the time frame part of your plan. Setting target dates is also a way of providing an end point to your plan.

However, targets, other than target dates, can be identified for other objectives and/or strategies.

For example:  
% of patients seen,  
no. of consultations,  
time to receive care

Where objectives and performance indicators are quite specific then there is less need for a target to be identified.

For example:  
an objective of achieving 98% of triage 1 cases in Emergency being treated within 2 minutes by December 2000 would not need a target date.

However, development and implementation of a Human Resources strategy would probably benefit from having a target identified.

## (h) Resources

Again this part of the plan can be completed in a number of ways. Various approaches can involve either quite specific costing details, indications of additional staff requirements, or a statement as to whether the strategy will be achieved within existing resources or will require additional resources.

For example:  
a service plan dealing with tobacco control should be able to be quite specific in resource requirements. A plan dealing with improving cancer outcome may need to be more general given the large scope of the issue

Some people identify resource requirements such as training and education although it would be recommended that training and education requirements should be identified as a specific strategy. The level of detail in this part of the plan should reflect the scope of the plan. In general, this section should deal with financial implications.

It is recommended that, as a minimum, information is included as to whether the strategy can be achieved within existing resources or what reallocation of existing resources may be required. If additional resources are required, you should attempt to quantify them as much as possible.

For example:  
three additional primary health nurses, or the estimated capital cost to build a clinic area

# SETTING PRIORITIES

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## 1. Introduction

It is important to use a **transparent** and **open** process to determine priorities and to guide decision making. SWSAHS has adopted four prioritisation principles to aid decision making:

1. Equity
2. Efficiency
3. Effectiveness
4. Acceptability

By applying these principles, we will ensure that we consider issues such as access to services, costs and use of resources, “doing the right thing” and doing the “right thing on the right people” and the views of the community.


## 2. Process

Prioritisation should occur at a number of steps in the plan development. This is key in ensuring attention is focused on what is important and effort is not directed or diverted to matters that are not.

The four criteria of equity, efficiency, effectiveness and acceptability should be considered in the following stages:

- development and prioritisation of options
- development of strategies
- decisions and/or recommendations regarding resource allocation and implementation strategies

The prioritisation process generally involves stakeholders ranking issues, options or strategies according to an agreed scoring methodology and against agreed criteria. This enables a list to be developed which reflects the consensus of stakeholders regarding relative priority.

Some ranking processes also weight individual criteria to provide relativity between criteria that reflect changes in emphasis over time. 

For example:  
provision of community education and information may always be an important criterion for any option

However, if the service actually has good performance in this area, then this may be weighted lower in comparison to a criterion regarding service access that may be particularly poor. It would be hoped that with strategies aimed at improving access this would improve over time and this may then become “relatively” less important. This provides flexibility over time even where the criteria remain the same.

### 3. The Ranking Process

This example of a ranking process involves ranking three options for provision of a clinical service.

1. Commence the service at hospital X in SWSAHS
2. Send patients to a service at a public hospital in another Area Health Service
3. Contract the service from the private sector in SWSAHS

The criteria that have been identified as important considerations in deciding how best to provide the service include the following:

- A: Access to SWS residents (**equity and acceptability**)
- B: Access to service for critically ill inpatients (**equity and effectiveness**)
- C: Part of a comprehensive service to provide effective care (**effectiveness**)
- D: Additional capital cost to provide the service (**efficiency**)
- E: Recurrent cost implications of the service (**efficiency**)

As demonstrated in the table on page 25, criteria A to E have been scored on a scale of 1 to 5, with 5 being the best and 1 the worst. This is the **raw** score. You can develop scoring systems that are specific to the criteria or which have a larger scale (eg 1-10) to give greater sensitivity.

Because some of the criteria are considered more important, these have been weighted higher “relative” to the other criteria. This is the **weighted** score. You can weight criteria out of 10 or a 100 depending on your preference.

As you will note from this example, options 2 and 3 have the same raw score but option 3 scores significantly higher on weighted scores. This demonstrates the value of understanding and identifying the “relative” importance of criteria.

Criteria	Weight	Option 1		Option 2		Option 3	
		Raw	Weighted	Raw	Weighted	Raw	Weighted
A	3.5	5	17.5	2	7	4	14
B	2.5	5	12.5	1	2.5	1	2.5
C	2	5	10	1	2	1	2
D	1	1	1	5	5	5	5
E	1	4	4	3	3	1	1
<b>Total</b>	<b>10</b>	<b>20</b>	<b>45</b>	<b>12</b>	<b>19.5</b>	<b>12</b>	<b>24.5</b>

## 4. The Weighting and Scoring Process

It is possible to skew weighting and scoring processes to deliver the outcome that people generally think would be the best. However, this ultimately defeats the point of having a clear and accountable prioritisation and decision making process. By understanding how this can happen, you can maximise the benefit of going through these processes.

To avoid this the following process is recommended:

- Identify the criteria to be used in the scoring process first.
- Identify the scoring scale for each criterion. For example, on a scale of 1 to 5 as in the example.
- Agree the relative weightings that will apply to each of the criterion.

**S**core each option according to each criterion. For the previous example, this means that options 1,2 and 3 would all be scored out of 5 for criterion A. The “best” option in relation to criterion A should be given the maximum score with other options scored “relative” to this. Then move to scoring criterion B and so on. This results in the **raw** score. Apply the agreed weightings to give the **weighted** score. This then becomes the final score.

While the previous example indicates clearly the preferred option, this may not always be the case. Where there may be two or more options that score very closely you may need to include additional evaluation criteria, increase the sensitivity of the scoring through a more specific scoring scale or a larger scale, or refer the decision to a higher authority.

# MONITORING PROGRESS

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Once you finalise your plan **monitoring** its implementation becomes important. However, the time to consider when and how this should be done is **during** the development of the plan. You should also consider ways of making monitoring the plan easy at this time. For example, you may already have monitoring systems in place that can be expanded to include the plan or you may want to schedule key dates for review of the plan and identify what particular aspect you want to consider at that time.

Due to a variety of reasons over the life of the plan, some objectives and strategies may not be implemented or may become less important. You should note why not at the time and whether any other action was required. This will enable you to keep some flexibility and to respond appropriately to any unexpected change.

Using **databases** for the strategy part of your plan provides a way of accessing information in relation to the variable in which you are interested at the time.



For example:

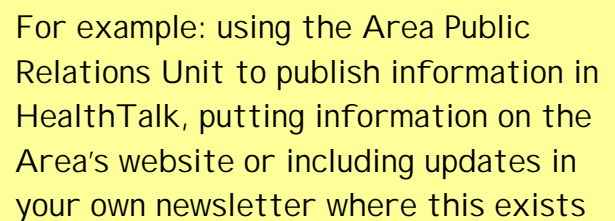
- you may want to print out the strategies that are to be implemented in a particular year or those which are the responsibility of a particular person or group

# FEEDBACK

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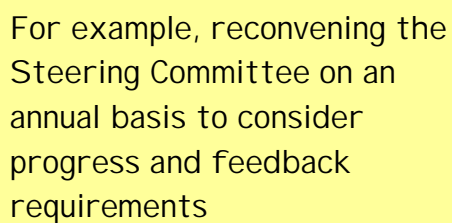
In the section, *Steps in the Process*, **consultation** and **communication** strategies were identified as steps in the planning process. The need to consult stakeholders and review and incorporate feedback was also highlighted as an important part of the development of your plan. In this regard, feedback is something that you seek in order to develop the plan and involve people in the process.

Another aspect of feedback involves you letting people know about the progress of the plan and what has been achieved. This is also part of building commitment to, and broader ownership, of the plan. This means taking opportunities to keep stakeholders, the Area Health Service and other interested parties informed.



For example: using the Area Public Relations Unit to publish information in HealthTalk, putting information on the Area's website or including updates in your own newsletter where this exists

While providing feedback about the progress of your planning process does finish with the completion of the plan, there is a need to provide feedback regarding the implementation of the plan. This could be included as part of the monitoring process of the plan. However, this means that you will need to assign ongoing "ownership" of the plan and responsibility for ensuring feedback occurs.



For example, reconvening the Steering Committee on an annual basis to consider progress and feedback requirements

# CONCLUSION

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**B**eing involved in a planning process can be a very rewarding, and often frustrating, process. Finalising and issuing a plan is a real achievement and represents the reaching of consensus among many people. This does not mean that you will have been able to accommodate all the “wants’ that people have expressed during the process.

**T**he completion of the plan actually indicates the start of the most important challenge. That is how to **implement** the plan and ensure that the people who are its target actually do benefit. This means that you will need to monitor the progress of your plan.

**T**his Kit will be updated to include other examples of plans that you may find helpful. While it is anticipated that the Kit will help you to develop your plan, please do not hesitate to contact the Division of Planning to discuss your particular issues.