Build People First Culture

To address manpower issues, we are committed to developing measures that enhance professional competencies and boost staff morale, such as:

- Recruit more supporting staff and modernize patient care equipment in hospital wards to enable more professional time to be spent on direct patient care
- Strengthen training and career development opportunities for professional and supporting staff, including overseas scholarships for frontline professionals
- Enhance occupational safety and health in hospitals
- Conduct a comprehensive review of staff engagement strategies

Maintain Financial Sustainability

We will continue to refine the "Pay for Performance" internal resource allocation system to drive more effective financial resource management and service delivery improvement. Discussions will be held with the Food and Health Bureau on formulating a longer term funding arrangement for HA from 2012-13 onwards, taking into consideration growing service demand and manpower requirement as well as service improvement factors.

Budget Allocation

he Government is increasing the recurrent provision for HA by \$2.74 billion in the coming year. The financial provision indicated by the Government for 2011-12 is around \$36,827 million, representing an increase of 7.6%. With the additional funding, more patients will benefit from HA services. For instance, we will be able to provide around:

- 36,900 additional hospital episodes,
- 145,000 additional clinical specialist outpatient attendances, and
- 140,400 additional day hospital, allied health and community outreach attendances.



Hospital Authority Annual Plan 2011-2012 An Overview

enHAncing health



Introduction

he Hospital Authority (HA) delivers a comprehensive range of subsidized preventive, curative and rehabilitative services to ensure every citizen has access to affordable health care. The Annual Plan outlines the major programs and activities that HA will focus on for the next 12 months. The planning process involves extensive input from frontline staff, cluster management and head office executives, with guidance from members of the HA Board and Committees.

Planning Context

nnual Plan 2011-12 is the third annual plan to outline the actions for implementing HA's Strategic Service Plan 2009-2012. The 3-year Strategic Service Plan sets out the service directions and strategies for addressing our key challenges in terms of demand management, guality and safety, and workforce issues through achieving the following strategic intents:

- Better able to manage growing demand
- Better service quality and safer services
- Nurture a skilled and high performing workforce

Key Objectives and Programs



- Implement a planned response to manage growing service demand
- Improve continuously service quality and safety
- Keep modernizing HA
- Build people first culture
- Maintain financial sustainability

Implement a Planned Response to Manage **Growing Service Demand**

To better manage growing service demand, we will increase service capacity in priority areas and develop service models to better manage chronic diseases. Priorities include the following:

- Districts with rapid growing demand: A total of 21 additional beds will be provided in New Territories West Cluster, at Pok Oi Hospital and Tuen Mun Hospital. Obstetric and neonatal services in Kowloon East Cluster will also be enhanced to fill service gaps.
- Life threatening diseases: Enhancement of provision for life threatening diseases including haemodialysis service for patients with end-stage renal disease, cardiac service, clinical oncology service, palliative care for advanced cancer and end-stage organ failure patients, and expansion of Cancer Case Manager Program.
- Mental health: We will strengthen mental health services through extending the case management program, and setting up crisis intervention teams to provide enhanced support for high risk patients. We will also expand the service targets of the Early Assessment Service for Young Persons with Psychotic Disorders (EASY) program by including adults. Child and adolescent psychiatric service for autism and attention deficit hyperactivity disorder (ADHD) will also be enhanced.
- Chronic disease management: In accordance with the primary care development strategy of the Government's healthcare reforms, we will enhance chronic disease management through a multidisciplinary, case management and empowerment approach; develop the Community Health Centre model of care, and promote further the family doctor concept in our general out-patient clinic services.
- Public-private partnership (PPP): We will continue to provide 3,000 additional cataract surgeries through the private sector under shared care arrangement.

Keep Modernizing HA

We will introduce new technologies and treatment options with proven cost-benefit and update modern clinical practice. Examples are:

Improve Continuously Service Quality and Safety

We will put in place new measures to strengthen our safety culture. improve clinical governance, and reconfigure services. Examples include:

 Continue to improve drug safety, which includes expanding pharmacist coverage at general out-patient clinic pharmacies and enhancing the aseptic dispensing service.

• Enhance the sterilization service for operating theatres.

• Extend the operating hours of CT and MRI services.

• Wider provision of Haemopoietic Stem Cell Transplant (HSCT) and enhanced laboratory testing for patients with chronic hepatitis or diabetes.

• Widen the HA Drug Formulary to incorporate cancer drug capecitabine as a special drug and expand patients' access to 8 classes of drugs for diabetes mellitus, chronic obstructive pulmonary disease (COPD), psychiatric illness, cardiovascular disease, glaucoma, hepatitis, renal disease and thalassaemia major.

• Plan and commission the design and infrastructure of the Centre of Excellence in Paediatrics.