[insert organisation name/logo]

Strategic and Operational Planning Policy

Document Status: **Draft or Final**

Date Issued: **[date]**

Lead Author: **[name and position]**

Approved by: **[insert organisation name] Board of Directors on [date]**

Scheduled Review Date: **[date]**

Record of Policy Review

Review Date	Person Initiating/Leading Review	Other People Consulted

Triggers for Policy Review (tick all that apply)	
☐ Standard review is timetabled.	☐ Internal / organisational factors
☐ A gap has been identified	☐ A stakeholder has identified a need, eg by email, telephone etc
☐ Additional knowledge or information has become available to supplement the policy.	☐ A serious or critical incident has occurred, requiring an urgent review.
☐ External factors	☐ Need for consistency in service delivery across programs and organisations.
☐ Policy is no longer relevant/current due to changes in external operating environment.	☐ Separate, stand-alone policy is now warranted
☐ There are changes to laws, regulations, terminology and/or government policy.	☐ A near miss has occurred, requiring a review to prevent a serious/critical incident in the future
☐ Changes to funding environment, including requirements of funding bod(y)ies	
☐ Other (please specify).	

Additional Comments	[*for example, policy now covers details related to new legislation*].

Strategic and Operational Planning Policy

1. Purpose and Scope

The purpose of this policy is to provide guidance to **[insert organisation name]** to be well prepared for the future. Development, implementation and review processes of the Strategic Plan are described. The Strategic Plan applies to the entire organisation.

2. Definitions

Strategic planning is a formal process for defining the organisation's direction and involves making decisions on allocating resources to lead the organisation from where it is now to its projected desired future. A strategic plan is a 3 to 4 page document that explains what **[insert organisation name]** wants to achieve in the future and how it plans to get there.

The strategic plan lets people know:

- why the organisation exists (its purpose or vision and mission)
- how staff, consumers, board members, volunteers and students are expected to behave (the values)
- what **[insert organisation name]** is going to focus on over the next three to five years (the goals and targets)
- how **[insert organisation name]** is going to achieve its goals and targets (action planning)

An operational plan is an internal document that is designed to support the implementation of the longer term strategic objectives and more immediate objectives of established **[insert organisation name]** programs (e.g., consumer programs) and support functions (e.g., administration, finance, quality improvement, learning & development, occupational health & safety and human resources).

3. Principles

Strategic planning enables **[insert organisation name]** to adapt itself as the environment changes, providing a clear focus for members of the organisation to work towards common goals.

The process for strategic planning includes participation from staff, Board members, students, volunteers, consumers, carers and other stakeholders.

4. Outcomes

The Strategic Plan will articulate the overall vision and major objectives which are determined to meet **[insert organisation name]**'s mission over the next three to five years.

5. Functions and Delegations

Position	Task/Delegation
Board of Directors	Endorse Strategic and Operational Planning Policy. Comply with Strategic and Operational Planning Policy. Develop and Review Strategic Plan
Management	Comply with Strategic and Operational Planning Policy. Ensure organisation complies with Strategic and Operational Planning Policy. General Manager / CEO: a) Ensure that the Strategic Plan is clearly articulated b) Develop effective change management processes c) Cost strategic goals and incorporate them into the operational plan d) Set out steps, organise resources, and delegate tasks to achieve strategic goals e) Report to the Board on implementation progress f) Make recommendations to the Board on strategic changes g) Development, implementation and monitoring of an annual Operational Plan.
Staff	Comply with Strategic and Operational Planning Policy.

6. Risk Management

All staff, Board members, students and volunteers and are made aware of this policy during orientation.

The Board of Directors ensures mechanisms are in place for decisions and actions relating to Strategic and Operational Planning to be transparent and fair.

Staff members with Strategic and Operational Planning functions are provided with ongoing support and professional development.

7. Policy Implementation

Board members, staff, students and volunteers are aware of **[insert organisation name]** procedures for Strategic and Operational Planning through orientation and induction processes.

This policy and supporting documents are reviewed as part of the organisation's quality improvement program.

8. Policy Detail

[insert organisation name] will develop a strategic plan every three to five years, and an annual operational plan.

The **[insert organisation name]** Strategic Plan incorporates needs analysis, resource planning and service evaluation.

 [insert organisation name] develops its strategic and operational plans with the participation of stakeholders such as staff, consumers, carers, other service providers and representatives of its community.

[insert organisation name] regularly monitors strategic and operational outcomes and reviews its plans in conjunction with all relevant stakeholders. Based on the results of monitoring and review, strategic and operational plans may be adjusted.

8.1 Strategic Planning Cycle

[insert organisation name] uses the strategic planning cycle shown below.

1. Review Previous Strategic Goals

- Ascertain whether or not strategic goals were met, identify factors contributing to the outcome, and consider relevance for contributing to the development of new strategic goals.

2. Consult and Assess

- Gather information on current/anticipated community needs and preferences
- Collate information such as:
  - up-to-date relevant community demographic data (e.g., Australian Bureau of Statistics)
  - themes from service evaluations, <u>Feedback and Complaints Register</u>, satisfaction surveys and any other stakeholder feedback
  - views on projected needs of people who may access **[insert organisation name]**'s services through mechanisms such as surveys interviews and focus groups with consumers, carers, funders, staff, volunteers, students and other service providers.
  - up-to-date relevant human resources demographic data such as:
    - age, gender and qualifications
    - ethnic composition, languages spoken and Aboriginal population
    - turnover.

3. Develop & Prioritise Strategic Goals

- Board and senior management meet to:
  - discuss issues raised from information gathering and goal review;
  - discern the appropriateness of various options; and,
  - agree on priorities.
- The CEO drafts a written plan which reflects the results of the above meeting.
- The draft Strategic Plan may be put to consumers, carers, funders, staff, volunteers, students and other service providers for comment.
- The draft Strategic Plan, along with comments from stakeholders, is submitted to the Board.

4. Board Considers, Revises and Accepts Plan

- The Board makes final modifications and formally endorses the Strategic Plan.
- The Strategic Plan is communicated to stakeholders at the level of detail, and in a manner, appropriate to each group.

5. Strategic Goals Linked into Operational Plan

- The CEO ensures the strategic goals are linked to the Operational Plan.

6. Strategic Objectives Resourced, Time-Lined and Delegated

- A Board subcommittee finalises priorities, responsible parties, timeframes, resources and develops relevant, achievable and measurable goals.

7. Strategic Outcomes and Progress are Monitored

- Consumers and their carer(s) have their needs and feedback taken into account as part of the monitoring process.
- The Board reviews implementation progress at each regular Board meeting.
- The Board may make strategic changes if such changes more effectively enable **[insert organisation name]** to realise its mission.

8. Continuous Quality Improvement

- The strategic planning cycle is monitored to:
  - Ascertain variability and problems in the process
  - Ascertain root causes of identified problems
  - Recommend improvements
  - Implement, monitor and evaluate the improvements.

8.2   Operational Planning

The CEO will ensure that **[insert positions]:**
- are provided with strategic objectives relevant to their position.
- identify activities to be completed in the coming financial year to progress allocated strategic objectives and meet routine operating needs.
- invite relevant staff, volunteers, consumers and carers to contribute to annual program review and planning. Where a meeting is arranged, the agenda will include items such as:
  - Review of progress on relevant strategic and operational objectives
  - Review of program aims and associated evidence based practice,
  - Key performance indicators, consumer, carer, volunteer, other provider and staff satisfaction results, information from the Feedback and Complaints Register;
  - Review of OH&S issues, incidents and injuries over past year
  - Review of participation and unmet needs of potential and actual consumers and carers
  - Review of interaction with other relevant agencies including Aboriginal, ethnic and cultural organisations;
  - Discuss succession planning for relevant positions
  - Discuss what is working well
  - Discuss how the program could improve in:
    - recovery oriented practices
    - expressing organisational values
    - what is done, and how it is done.

- develop time-lined, resourced, delegated action plans to meet allocated strategic objectives and meet routine operating needs

The action plans from each key area are combined to form the **[insert organisation name]**'s annual Operational Plan

The CEO will:
- approve, reject or modify proposed action plans.
- negotiate and allocate resources for the implementation of the Operational Plan during the annual Budget preparation process.
- ensure that the Operational Plan is integrated into the Planned Improvements of **[insert organisation name]**'s quality improvement work plan.

The implementation of the Operational Plan will be monitored by the CEO.

Based on the results of monitoring, the Operational Plan may be adjusted by the CEO or delegate.

9. References

9.1 Internal

Governance and Management Policy
Leadership Policy
Quality Improvement Policy

9.2 External

Legislation
N/A

Websites

Mercy Community Services (2011). Operational Planning. http://www.mercyservices.org.au/images/stories/PDFs/Policies_page/C/C.03_Operational_Planning.pdf accessed 5th May, 2011.

Mercy Community Services (2011). Strategic Planning. http://www.mercyservices.org.au/images/stories/PDFs/Policies_page/C/C.02_Strategic_Planning.pdf accessed 5th May, 2011.

SLA (2001). Strategic Planning Handbook. http://www.sla.org/pdfs/sphand.pdf accessed 5th May, 2001.

9.3 Quality and Accreditation Standards

EQuIP4

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 3.1: The governing body leads the organisation's strategic direction to ensure the provision of quality, safe services.

Criterion 3.1.1: The organisation provides quality, safe care through strategic and operational planning and development.

EQuIP5

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 3.1: The governing body leads the organisation's strategic direction to ensure the provision of quality, safe services.

Criterion 3.1.1: The organisation provides quality, safe health care and services through strategic and operational planning and development.

Health and Community Service Standards (6th edition)

Provided by Quality Improvement Council (QIC)

Standard 1.1: Governance: The organisation's governance structure builds a collective sense of purpose and direction that enable the organisation's mission, values, goals and service priorities to be identified and met.

Evidence Questions: What is the evidence that:

- the strategic directions of the organisation are identified, documented, communicated, used for decision-making and resource allocation, and routinely reviewed?
- reporting arrangements are in place to ensure the governance structure is well informed for monitoring , planning and decision-making.

Standard 2.1: Assessing and planning: Assessment and planning are undertaken at individual and community levels to ensure services and programs are responsive to identified needs.

Evidence Questions: What is the evidence that:
- communities, consumers and stakeholders are engaged in planning?

- services and programs are developed to respond to identified needs?
- service and program planning is linked to the organisation's strategic priorities?

9.4   National Mental Health Standards

Criterion 3.1: The organisation has processes to actively involve consumers and carers in planning, service delivery, evaluation and quality programs.

Criterion 3.2: The organisation upholds the right of the consumer and their carer(s) to have their needs and feedback taken into account in the planning, delivery and evaluation of services.

Criterion 4.2: The organisation whenever possible utilises available and reliable data on identified diverse groups to document and regularly review the needs of its community and communicates this information to staff.

Criterion 4.3: Planning and service implementation ensures differences and values of its community are recognised and incorporated as required.

Criterion 5.4: The organisation evaluates strategies, implementation plans, sustainability of partnerships and individual activities in consultation with their partners.

Criterion 6.17: Consumers are engaged in development, planning, delivery and evaluation of the organisation.

Criterion 7.14: The organisation actively seeks participation of carers in the policy development, planning, delivery and evaluation of services to optimise outcomes for consumers.

Criterion 8.3: The organisation develops and regularly reviews its strategic plan in conjunction with all relevant service providers. The plan incorporates needs analysis, resource planning and service evaluation. This should be developed with the participation of staff, stakeholders, consumers, carers and representatives of its community.

Criterion 8.5: Identified resources are allocated to support the documented priorities of the MHS.

9.5   Recovery Oriented Service Self-Assessment Tool (ROSSAT)

Evidence items are:

Item 1.1:   Management and other workers of the organisation identify the following:
- Emerging best practice regarding recovery orientation
- Potential tools and training
- Potential new technologies to assist in provision of recovery oriented services
- Evaluation tools and frameworks

Item 1.2e: The organisation has a commitment to develop and support an active peer workforce, including roles, responsibilities and remuneration of consumers (e.g. peer workers and consumer consultants) who are employed or engaged by the service.

Item 1.2k: The organisation has a strategy for maximising networking opportunities and partnerships with other organisations.

Item 1.5:   The organisation promotes a culture of respect and shared humanity towards consumers at all levels.

Item 1.10:   The organisation maintains an information system that facilitates the appropriate collection, use, storage, transmission and analysis of data to enable review of services and outcomes at an individual and service level. This is done in accordance with information management and related Commonwealth, State / Territory legislation and Acts.

Item 1.11:   Any research being conducted by the organisation enables consumers to either, design and conduct the research, collaborate as partners and/or be consulted as participants. Ethical issues are considered and addressed and prior to consumers participating in any research, informed consent is obtained.

Item 2.1:   Management supports and encourages workers in adopting recovery oriented service delivery.

Item 2.5:   Leaders advocate, champion and model:
- Human rights informing service delivery
- The consumers' voice as central to care and service provision
- The belief that recovery is possible and probable for every person
- Hopeful and optimistic attitudes in dealing with workers, consumers and carers.

Item 2.6:   Management:
- Is aware of Commonwealth and State policy directions around recovery orientation and integrates these into practice

- Identifies information relevant to the organisation to increase the knowledge base on recovery and recovery oriented practice, including information for consumers, carers and their families.

Item 2.7:   Management identifies opportunities for and engages in partnership building with other community organisations and stakeholders.

Item 3.1:   Shared hope and optimism for a consumer's future drives service provision.

Item 5.4:   Consumers, their families and carers actively participate in quality improvement processes including service evaluation, development and decision making.

9.6 NSW Disability Services Standards (DSS)

8.3: Service users have the opportunity to and support to take part in the planning, management and evaluation of the service.