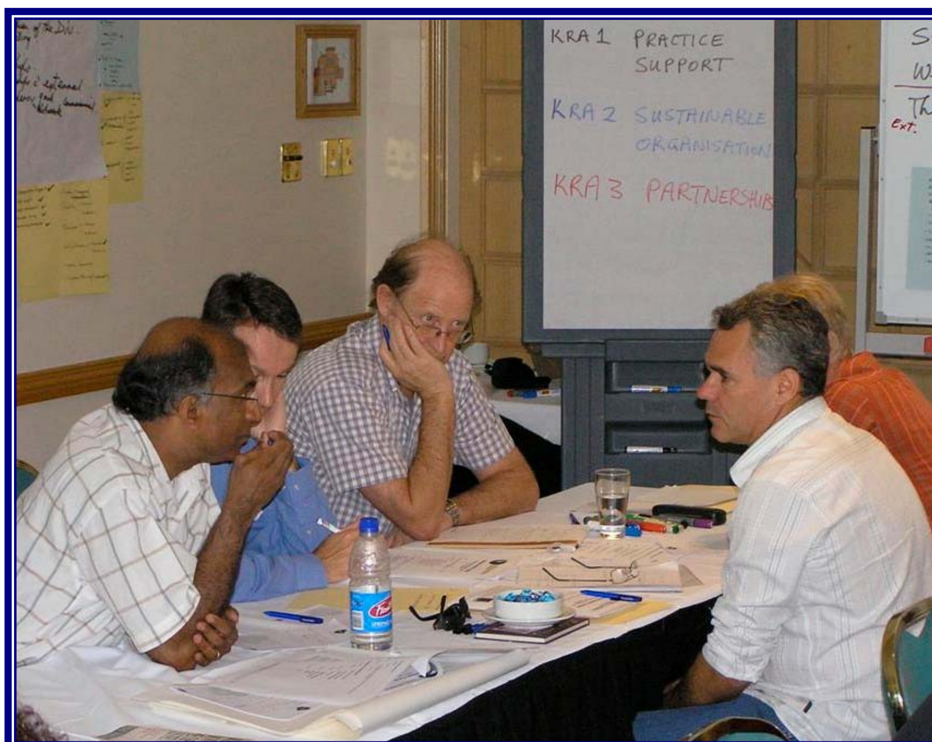
Improving the health of the community

CANNING DIVISION OF GENERAL PRACTICE LTD

Strategic Planning Workshop

The Vines Resort, Middle Swan
24 – 25 March 2007



OUTCOMES REPORT

Prepared by: **Bessen Consulting Services**

Introduction

A strategic planning workshop was held at the Vines Resort, Middle Swan on 24 – 25 March 2007 for senior staff and Board members of the Canning Division of General Practice.

Aim

The aim of the strategic planning initiative was to build agreement on clear, strategic directions and measurable outcomes for the organisation.

By the end of the workshop, participants had:

- reviewed progress over the past two years;
- articulated a clear vision for the organisation;
- clarified purpose and values;
- determined the strategic position of the organisation;
- established key result areas;
- set clear goals and strategies for the next three years; and
- agreed on the next steps.

Participants

The participants were:

- Campbell Anderson
- Dr Nick Bretland
- Dr Ivor Desouza
- Dr Gary Fernandez
- Peter Johnston
- Catherine McCloy
- Dr Neda Meshgin
- Rod Redmond
- Wendy Rose
- Erika Silfo
- Dr Kanwal Singh
- Alessandra Sippl
- Dr N Srigandan
- Dr Joe Thomas
- Matt Tweedie

EXECUTIVE SUMMARY

Review of progress

Participants compared the Division in April 2005 (then) with the Division in March 2007 (now).

The responses were:

Then:

- stressful;
- turmoil;
- culture of distrust within the Board;
- tense;
- lack of direction;
- lack of communication within the Board;
- high risk; non secure;
- high staff turnover.

Now:

- cohesive;
- focussed;
- improved communication at all levels;
- more relaxed;
- clearer direction;
- trust is building well;
- risk managed; more security;
- more harmonious relationships:
  - Board and staff,
  - Division and GPs.

Trends

Participants identified the following trends that will influence the Division over the next 5 - 8 years:

- ageing population;
- increase in chronic disease;
- environmental factors;
- energy concerns;
- workforce issues;
- financial pressures;
- technology changes;
- integration of Health Care.

Vision

As an organisation, we will grow. We will increase our size through natural growth and possible amalgamations. We will grow our service provision and increase the types of services provided to GPs and through GPs, to patients.

We will increase our emphasis on Primary Health Care and maintain our focus on GPs as the leaders in the coordination and management of multi-disciplinary care.

We will broaden our interaction with stakeholders and develop strong relationships and partnerships with other organisations. Our increase in power and influence as a Division will enable us to act as effective brokers and move towards a diversified income base.

We will develop a commercial culture and build corporate structures appropriate to best serve our members.

Mission

After significant discussion, the mission was agreed as:

To support the General Practitioner in the delivery of comprehensive Primary Health Care.

Values

Participants agreed on the following value set to be upheld by the Division in all its dealings:

- Integrity;
- Excellence;
- Diligence;
- Respect;
- Flexibility.

Opportunities

The highest priority opportunities for the Division were seen as:

- Increases in GP participation and promotion.
- Service delivery fees broaden source of funding.
- Increased partnerships and collaborations.

Key Result Areas

The key result areas were agreed as:

- Practice support;
- Sustainable organisation;
- Partnerships.

Goals and Strategies

Goals and strategies were developed for each of the key result areas.

Next Steps

The following steps were agreed:

- Document back to Canning Division;
- Briefing to the Board to convey the culture of the planning workshop, with review and sign-off as appropriate;
- Change Board agenda and meeting processes to reflect the strategic directions;
- Implementation Plan put to the Board by the CEO;
- Major briefing with full staff meeting.

OUTCOME ONE: PROGRESS REVIEW

Review of the current situation

To review the current situation, participants compared the general attitude within the Division in April 2005 (then) and where the Division sits currently (now).

Combined response

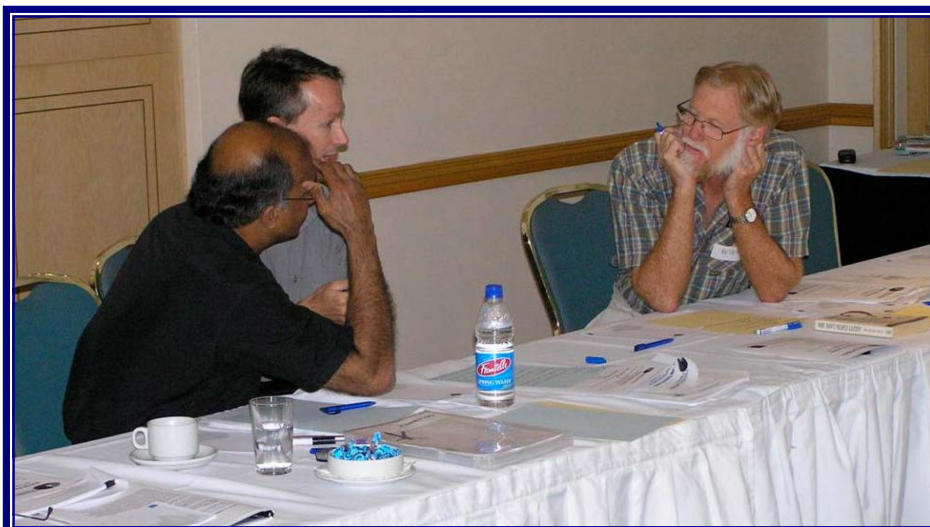
The combined response was:

Then:

- stressful;
- turmoil;
- culture of distrust within the Board;
- tense;
- lack of direction;
- lack of communication within the Board;
- high risk; non secure;
- high staff turnover.

Now:

- cohesive;
- focussed;
- improved communication at all levels;
- more relaxed;
- clearer direction;
- trust is building well;
- risk managed; more security;
- more harmonious relationships:
  - Board and staff,
  - Division and GPs.



Individual responses

The individual responses to the question were as follows:

Then (2005)	**Now (2007)**
Group One: • turmoil; • stressful; • poor communication; lack of reporting information; • frustration and mistrust; • activity; projects without direction; • management: – different style, – autocratic; no sharing of information, – no security.	• less turmoil; • cross communication at all levels; • improving with funding agencies; Government; • management positive; restructures; • longer contracts for staff members; • risk management implemented (HR); • management processes working • HR policies; continuity of staff; • Governance: – direction, – Board education and maturity.
Group Two: • stressful; • uneasy coming to work; • no planning; ad hoc management; • at the “cross roads”; • insular and controlled; dictated by grantors; • resentful; “how did we get into this mess?”; • fragmentation in the Board and Division / staff; • “Fort Knox” type Division; • uncomfortable when voicing opinions; • “in shock” organisation: – no systems, – no trust, – no plan, – demoralised staff and Board.	• more relaxed; • look forward to work; • we have direction now; more involved; • still at the “cross roads” but now we have traffic lights; • still insular and still controlled by the grantors; • very happy with the way things are; • feel more part of the Board and Division; • “open” and a sense of belonging; • still uncomfortable voicing controversial opinions; “I’m being heard”; • business systems in place; • trust is building well; • in a position to plan the company future for the next four years; • it’s here and now to make the decisions; • more mature.

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Group Three:

- conflict;
- confusion;
- no discipline;
- tension;
- overwhelmed;
- lack of trust;
- not safe;
- high risk;
- high staff turnover;
- lack of transparency;
- exciting;
- soap opera;
- 3 - 4 hour Board meetings;
- process forced growth and maturity within CDGP;
- cleansing process.

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- discipline;
- focused;
- cohesive;
- relaxed;
- teamwork;
- trust;
- structured;
- clearer definition of roles and responsibilities;
- risk managed;
- more stable workforce;
- improved transparency and communication;
- “boring”;
- home in time for “The Bill”.

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Group Four:

- turmoil;
- culture of distrust of the Board;
- focussed on internal problems;
- stagnating;
- no clear business direction;
- negative feelings;
- lack of cohesion;
- individual programs ran well;
- CAG was planned and set up;
- GP support minimal or lacking;
- Division / GP communication lacking.

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- clearer direction:
  - service delivery,
  - business;
- more harmonious relationships:
  - Board and staff,
  - Division and GPs;
- mutual respect exists;
- still some lack of understanding by staff of Board;
- clearer direction;
- more cohesion;
- individual programs still run well (some lack of integration);
- CAG importance is recognised but its role is under scrutiny and review;
- GP support and communication is improving;
- still insufficient “marketing” of the Division.

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Reflection

Participants agreed on the following differences:

- more processes are in place;
- more systems are in place;
- the house is in order;
- greater cooperation and cohesion;
- more harmony;
- a greater willingness to self examine;
- moved to a more representative management;
- external focus is becoming more important;
- walls are breaking down.

OUTCOME TWO: OUR VISION

Vision

The participants answered two questions regarding their vision for the Division:

> *What are the major trends that will be evident in 2015?*
>
> *Given good fortune and the support needed, what will CDGP look like in 2017?:*
>
> – *what's it doing?*
> – *who's involved?*
> – *what will be happening?*

Trends

Combined response

The combined response for question one was as follows:

- ageing population;
- increase in chronic disease;
- environmental factors;
- energy concerns;
- workforce issues;
- financial pressures;
- technology changes;
- integration of Health Care.

Individual responses

The individual responses were

Group One:

- ageing population;
- ageing workforce;
- higher expectations;
- breaking down of primary / tertiary health roles;
- up-skilling of workforce;
- primary care teams;
- different primary care funding;
- focus on primary care efficiency;
- outsourcing;
- keeping people out of hospital;
- increased practice costs for General Practice.

Group Two:

- IT critical and integral to existence;
- ageing population;
- increased chronic disease;
- "super" clinics (decrease of the sole practitioner);
- paperless Practices / Division;
- integration of health care;
- alternative fuel (energy) sources;
- will there be a Division?;
- increased self responsibility for health;
- daylight saving.

Group Three:

- ageing population:
  - chronic disease,
  - fewer people to support this group;
- financial strain on health:
  - competition for funds,
  - efficiency;
- energy:
  - global warming,
  - transport;
- environmental factors;
- technology:
  - advanced,
  - more automated;
- world population pressure;
- increased unemployment in the workforce;
- sustainability of Primary Health Care.

Group Four:

- increase in preventative focused medicine on the GP side;
- high prevalence / number of chronic diseases;
- climatic changes:
  - global warming,
  - new technology,
  - work environment;
- water shortages and demand for drinking water;
- increased reliance on and demand for government services;
- user pays and superannuation changes;
- shift towards fund holding models in General Practice;
- workforce issues – more for less;
- CDGP:
  - merging of Divisions,
  - bigger player in the scheme of things.

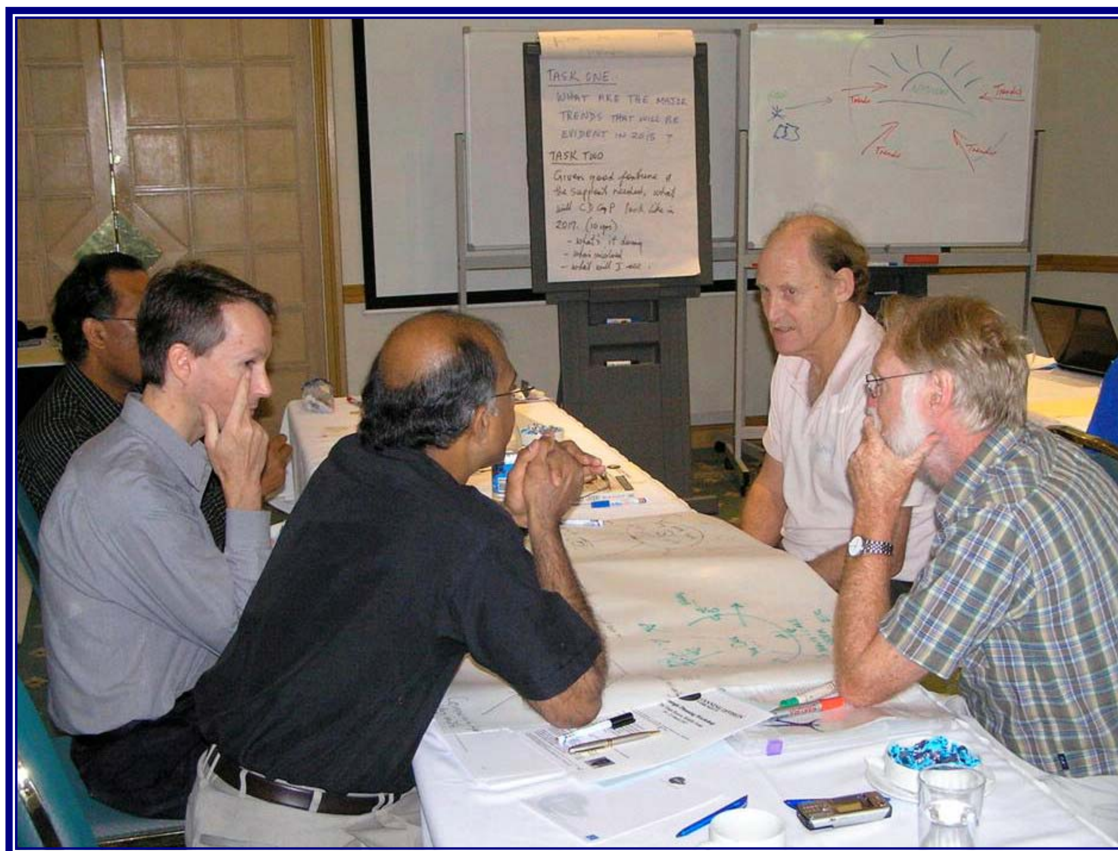
Our Vision

As an organisation, we will grow. We will increase our size through natural growth and possible amalgamations. We will grow our service provision and increase the types of services provided to GPs and through GPs, to patients.

We will increase our emphasis on Primary Health Care and maintain our focus on GPs as the leaders in the coordination and management of multi-disciplinary care.

We will broaden our interaction with stakeholders and develop strong relationships and partnerships with other organisations. Our increase in power and influence as a Division will enable us to act as effective brokers and move towards a diversified income base.

We will develop a commercial culture and build corporate structures appropriate to best serve our members.



Combined response

For question two, the participants listed their top three common elements of the vision. The responses were:

Group One:

- growth – as a company we will grow;
- Primary Health Care focus;
- move away from the control of government funders.

Group Two:

- Division still relevant – encompassing Primary Health Care;
- diversification of funding sources;
- multi disciplinary care with GP management and coordination.

Group Three:

- expansion of the organisation:
  - size,
  - partnerships,
  - type of services provided (GP, patients);
- focus on primary care with GPs as leaders:
  - need to upskill GP leadership,
  - need to engage GPs in our view;
- increase in partnerships with a resultant increase in power and influence for the Division.

Group Four:

- interaction with a wider range of stakeholders;
- bigger organisation – amalgamation;
- brokerage – have the ability to do it.

Group Five:

- coordination of Primary Health Care;
- relationship with other stakeholders and organisations;
- service provision.

Individual responses

The individual responses were:

Group One:

- focus:
  - Primary Health Care,
  - expanded to include all care out of hospital;
- Centre of Excellence:
  - administration (no duplication),
  - broker / management,
  - up-skilling of GP, (RN / NP / PA), AHP, Admin staff;
- greater role for Physician Assistant;
- GP as a specialist in chronic disease and acute care;
- hub and spoke model with wireless; communication;
- primacy of public funding;
- public listed / corporate GP;
- financial viability of GP.

Group Two:

- Primary Health Care organisation;
- members;
- Board;
- constitutional corporation;
- partners:
  - government,
  - community,
  - commercial
- advocate for Primary Health Care;
- provider of Primary Health Care services;
- part of a network of similar companies;
- smaller network with less companies;
- State based office obsolete;
- care coordinator;
- commercial culture;
- profile and marketing;
- assist GPs to be the point of care coordination across the continuum of care from birth to death.

Group Three:

- one central organisation – “The Division”;
- super-clinics;
- Primary Health Care:
  - coordination,
  - provision,
  - multi-disciplinary;
- more:
  - user pays,
  - interaction with insurance companies,
  - business sector ownership and involvement,
  - pharmaceutical company interaction,
  - community involvement,
  - linkage with Aged Care,
  - linkage with hospitals,
  - shareholding,
  - in home service (teleservice);
- less:
  - sole practitioners,
  - focus on GPs,
  - government funding;
- changes to make up of the Board that reflect changing stakeholders;
- access as a major issue.

OUTCOME THREE: MISSION AND VALUES

Mission

Each of five groups produced a mission statement to encapsulate the purpose of the Division.

Combined response

The responses emphasised the following elements:

- primary focus is the General Practitioner;
- must support General Practice;
- must incorporate Allied Health;
- must reflect a team approach.

Agreed response:

To support the General Practitioner in the delivery of comprehensive Primary Health Care.

Individual responses

The individual responses were as follows:

Group One:

The mission of the CDGP is to provide leadership and support to General Practice to improve the coordination and provision of Primary Health care to enhance the health of the local community.

Group Two:

The mission of the CDGP is to provide representation of and support to General Practice in the delivery of Primary Health Care.

Group Three:

Improve community health by support, leadership, advice, assistance and education of General Practitioners in the planning and delivery of Primary Health Care.

Group Four:

The mission of CDGP is to provide leadership and support to Primary Health Care providers.

Group Five:

CDGP will provide coordinated, quality Primary Health Care to General Practice and the community.

Values

Combined response

The participants agreed on the following set of values:

- **Integrity** by which we mean transparency, honesty, trust and accountability;
- **Excellence** by which we mean quality, Best Practice and professionalism;
- **Diligence** by which we mean commitment;
- **Respect** by which we mean caring;
- **Flexibility** by which we mean responsiveness, willingness to collaborate.

It was agreed that the values would need to reflect the mission statement as well as support and work with the statement.

Individual responses

The individual responses were:

Group One:

- transparency: open processes;
- Best Practice: we strive for excellence in everything we do;
- quality: maintenance of systems and processes in accordance with the chosen standards;
- responsiveness to community needs;
- diligence: no stone unturned / complete effort;
- honesty: see transparency;
- accountability: see transparency.

Group Two:

- respect: in all that we deal with;
- accountability: in all our dealings;
- professionalism: upholding standards;
- willingness to collaborate.

Group Three:

- transparency: governance, reporting;
- trust;
- quality: in all we do, high standards;
- Best Practice: professionalism, clients;
- respect for all;
- commitment: to clients, stakeholders and staff;
- caring.

Group Four:

- integrity:
  - relationships,
  - transparency;
- commitment:
  - GP,
  - Public Health Care,
  - community;
- excellence:
  - Best Practice,
  - Quality Assurance;
- flexibility:
  - change,
  - external and internal,
  - adaptability;
- honesty;
- spells CHIEF.

Group Five:

- internal transparency: the company conducts its affairs in a transparent manner;
- respect: mutual; the company will show respect in all its dealings;
- professionalism: the company will meet professional standards in all its affairs;
- integrity: the company will be honest in all its dealings.

OUTCOME FOUR: STRATEGIC POSITIONING

Clarifying the Strategic Positioning of the Organisation

Participants were asked to list the top strengths, weaknesses, threats and opportunities for the CDGP.

Combined response

The top three of each area were:

Strengths (build on):	**Weaknesses (address):**
1. Corporate infrastructure. 2. Committed staff. 3. Innovation of programs.	1. Lack of partnerships. 2. Support and participation of GPs. 3. Poor profile and lack of promotion.
Threats (minimise):	**Opportunities (take advantage of):**
1. Competition for funding. 2. Staff turnover issues. 3. Changes in Government and Government thinking.	1. Increases in GP participation and promotion. 2. Service delivery fees broaden source of funding. 3. Increased partnerships and collaborations.

Individual responses

The individual responses were:

Strengths

Group One:

- Governance:
  - systems in place,
  - constitution,
  - ISO accreditation,
  - Board;
  - CPA employed,
  - right company structure;
- innovative:
  - programs,
  - staff – flexible; open to new ideas;
- systems:
  - project management,
  - infrastructure of systems in place,
  - IT people to develop and evaluate systems;
- people – valuing of:
  - experience,
  - knowledge,
  - education and qualifications,
  - maturation;
- CDGP facility:
  - position (geographic location),
  - shop front.

Group Two:

- corporate infrastructure;
- unique expertise (intellectual property);
- strategic planning process.

Group Three:

- IT;
- committed staff;
- programme delivery;
- leading Division in WA.

Weaknesses

Group One:

- stand alone:
  - viability;
  - decreased income;
  - limited influence to stakeholders;
- lack of independence:
  - funders in control,
  - 50 / 50 partnership,
  - size of company,
  - direction of CDGP to the community;
- office space:
  - small, cramped, non confidential;
- sustainability:
  - shortness of contracts,
  - more infrastructure around programs to extend and broaden their scope,
  - CDGP as stand-alone.

Group Two:

- GP participation;
- size;
- lack of profile;
- reliance on short term project funding.

Group Three:

- partnerships;
- GP support;
- linkage of support to GPs and Practices;
- promotion;
- succession planning.

Threats

Group One:

- competition:
  - for funding,
  - against other "like to like" organisations,
  - for new markets;
- change of government:
  - policy which influences funding,
  - priorities of program (eg: Chronic Disease);

- staff leaving:
  - knowledge,
  - corporate memory,
  - staff incentives (competitive wages),
  - work force issues (attracting and retaining quality staff).

Group Two:

- competition for staff and funding;
- DOH State and Federal policy;
- staff turnover, loss of intellectual property and corporate knowledge.

Group Three:

- funding changes;
- long term viability;
- changes in government thinking.

Opportunities

Group One:

- partnerships with:
  - other Divisions,
  - other stakeholders;
- improve promotion to GPs and community;
- Information Technology / Information Management:
  - education,
  - provision of services,
  - development and marketing of software;
- broaden sources of funding and incorporate service delivery fees;
- Allied Health service provision;
- CAG;
- Chronic Health Management;
- act on Needs Assessment.

Group Two:

- increase the size of the organisation;
- increase the profile (community, GP, Government and businesses);
- more partnerships and collaborators, eg:
  - insurance companies (with Aged Care or CDSM),
  - pharmaceutical companies,
  - other NGOs;
- fee for service;
- increase GP participation (planning and delivery);

- commit to vision;
- implement Business and Strategic Plan;
- improve staff induction process and succession planning;
- work towards being a Primary Health Care organisation;
- manage staff effectively.

Group Three:

- partnerships and collaborations:
  - pharmaceuticals,
  - State Government and Commonwealth Government,
  - NGO's,
  - co-location of services,
  - seeking alternative funded services;
- expansion of existing medical and Allied Health services;
- fee for service, eg: IT Nurse:
  - what 'product'? can we sell?;
- influence policy and policy setting:
  - representation on policy making committees,
  - formal and informal networks.

OUTCOME FIVE: KEY RESULT AREAS

Agreed response

The key result areas were agreed as:

- Practice support;
- Sustainable organisation;
- Partnerships.

These areas were drawn from the following groupings:

KRA 1

- Practice support:
  - programs,
  - quality,
  - GP education, etc.

KRA 2

- Sustainability of organisation:
  - profit management,
  - staff support,
  - succession planning,
  - promotion and marketing of the Division,
  - quality systems.

KRA 3

- Partnerships:
  - relationships with external stakeholders (government, network and commercial).

Individual responses

The individual responses were:

Group One:

- Practice support:
  - Training and development,
  - efficiency,
  - care;
- sustainability of the organisation:
  - financially,
  - promotion and marketing,
  - people,
  - succession;
- quality:
  - Board,
  - Accreditation,
  - professionalism;
- partnerships:
  - merge,
  - commercial,
  - Government,
  - network.

Group Two:

- chronic disease;
- Practice support;
- patient education;
- GP education;
- Access:
  - aged care,
  - patients and service;
- workforce support.

Group Three:

- system management (organisation);
- quality:
  - internal,
  - external;
- education:
  - internal,
  - external;

- service provision:
  - practices,
  - community;
- income generation;
- succession planning / sustainability.

Group Four:

- GP and Practice support;
- staff support;
- profit management;
- promotion of the organisation;
- partnership development.

Group Five:

- program management (After Hours, ATSI, etc);
- funding (practice support, IT);
- education:
  - staff,
  - patients;
- quality (reporting):
  - Best Practice,
  - reporting,
  - policies;
- promotion and marketing.

Group Six:

- support general practice in IT / IM;
- employ / broker Allied Health services;
- skilling of Practice staff (support with accreditation);
- continue Allied Health clinics (rationalise);
- aged care strategy;
- develop user pay systems for increasing revenue;
- pharmaceutical strategy.

OUTCOME SIX: GOALS AND STRATEGIES

Participants formed groups to develop a series of goals and strategies to achieve the previously decided key result areas.

KRA 1 Practice support

Goal One: Optimise practice support by reviewing and acting on the recommendations from the needs assessment, focus groups and planning processes and report to the Board by 30 September, 2007.

Strategy One: Establish a joint staff / Board working group.

Strategy Two: Link recommendations from all sources.

Strategy Three: Prioritise recommendations.

Strategy Four: Plan implementation of recommendations including methodology, costing, resources required, etc.

Strategy Five: Obtain Board approval.

Strategy Six: Roll out plan by June 2008.

Goal Two*:* Provide a relevant GP and Practice education framework.

Strategy One: Establish / restructure the Education Committee, with appropriate Terms of Reference.

Strategy Two: Review, prioritise and act on recommendations from the 2005 GP Survey on education topics, needs assessment, focus group.

Strategy Three: Review current education delivery methods.

Strategy Four: Develop partnerships with other education providers.

Strategy Five: Provide recommendations to the Board by November 2007.

Goal Three: Reinforce and promote GPs as the leaders of General Practice teams.

Strategy One: Continuously market General Practice teams with GPs as the leader (tied in with marketing plan).

Strategy Two: Ascertain Expression of Interest for attendance at GP Leadership Training Course by July 2007.

Str*ategy Three:* Provide access to leadership training courses for all GPs by December 2007.

Strategy Four: GPs have commenced participating in leadership training courses by July 2008.

Goal Four: Expand provision of Allied Health Services to General Practices by June 2009.

Strategy One: Investigate priorities of types of AHS, using Focus Group and needs assessment information by June 2007.

Strategy Two: Investigate possible delivery methods by June 2008.

Strategy Three: Develop a Business Case, including financial modelling by September 2008.

Strategy Four: Obtain Board approval.

Strategy Five: Roll out plan by February 2009.

KRA 2 Sustainable Organisation

Goal One: The company will double its size by 2009.

Strategy One: Identify and target Divisions or other organisations:

- geographic,
- strugglers,
- successes,
- prioritise.

Strategy Two: Establish frameworks for amalgamation with a win / win philosophy with target Divisions:

- strugglers,
- successes.

Strategy Three: Conduct initial Business Plans for amalgamation with target Division:

- prioritised,
- meeting with Boards.

Strategy Four: Put a business proposal to the Board for consideration;

- prioritised targets,
- reviewed constitution,
- reviewed Board structure,
- funding models.

Strategy Five: Establish a major partnership to attract significant funding to deliver Primary Health Care services.

Strategy Six: Investigate opportunities to own our own building.

Goal Two*:* The company will hold $850,000 in retained earnings by 2009.

Strategy One: Maintain exciting financial systems.

Strategy Two: Implement FFS IT program by December 2007.

Strategy Three: Increase MBS funding opportunities through the Better Access program to I FTE by December 2007.

Strategy Four: Establish a major partnership to attract significant funding to deliver Primary Health Care services.

Goal Three: Raise the profile of the company with its members, media, government, community and stakeholders.

Strategy One: Implement a Media Strategy with local media by May 2007.

Strategy Two: Invest $40,000 - $50,000 to employ a marketing company to develop a CDGP Marketing Strategy by December 2007.

Strategy Three: Train Board and staff in media by Aug 2007.

Strategy Four: CDGP uniform for Practice visits and representation by December 2007.

Strategy Five: Have a well-designed web site by December 2007.

Goal Four: To limit staff turnover and support the stability of the Board.

Strategy One: Implement a contemporary professional development and appraisal system by June 2008.

Strategy Two: Implement a relationship model for practice support by June 2008.

Strategy Three: Identify and target potential Board members by December 2008.

Strategy Four: Continue GP focus groups to review the strategic plan in May and October each year.

Strategy Five: Induct new staff and Board members into vision, mission and values.

KRA 3 Partnerships

Goal One: To have achieved working partnerships with other Health related organisations by June 2009.

Strategy One: Negotiate with pharmaceuticals and other businesses to increase continuing net support in education and resources

Strategy Two: Negotiate with non-Government health organisations to establish working partnerships and increase net support by two new programs.

Strategy Three: Maintain and improve relationships with Government funders and increase contracted funding by 25%.

Strategy Four: Approach competitive tenderers with the view to potential collaborative tenders for 90% of all public tenders submitted.

Goal Two: To develop our partnership with the community by June 2009.

Strategy One: Identify target agencies to help us achieve our goals.

Strategy Two: Market the organisation to the community:

- shopfront,
- media,
- community events.

Strategy Three: Employ (and fund) community agencies to enhance and enable our programs.

Strategy Four: Identify and network with key business groups and establish a panel to assist us to achieve our goals.

Strategy Five: Negotiate collaborative contracts with target agencies.

Strategy Six: Restructure the CAG to achieve goals and gain Board approval of the new structure:

- identify key players,
- establish panel of players,
- co-opt as required for programs,
- review the constitution.

NEXT STEPS

The following steps were agreed:

- Document back to Canning Division;
- Briefing to the Board to convey the culture of the planning workshop, with review and sign-off as appropriate;
- Change Board agenda and meeting processes to reflect the strategic directions;
- Implementation Plan put to the Board by the CEO;
- Major briefing with full staff meeting.

REFLECTIONS

At the conclusion of the workshop, participants made the following comments:

- found the "round up" very important and reflective;
- "fantastic eye opener" into governance and policy making for the Division;
- productive;
- shared plan;
- excellent input;
- challenging;
- well facilitated;
- challenging;
- exciting;
- various ideas appear to "gel" together
- a very well run workshop which has assisted the Division to identify itself for future actions;
- it was a very informative and introspective workshop;
- a valuable experience in teamwork and strategic thinking;
- very productive;
- feeling that something has been completed;
- looking forward to next steps;
- a well developed process which has moved the Division significantly and as hoped;
- a great, well lead learning process;
- pleased and thorough;
- working together in a shared direction;
- outcomes are achievable; realistic plan;
- this weekend has enabled me to see a future vision for the Division and my role in it;
- long and exhaustive process with a bold and clear finale;
- innovative;
- timely;
- well managed;
- good venue; good food and good wine all of which lead to **success**.