Strategic Plan

2016-2018

Version 1

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STRATEGIC PLAN 2016-2018

Document Ownership and Authorisation for Changes:

Name	Position / Department
Name	Position / Department

Document History:

History of editing and release of this document:

Version	Amendment	Date	Responsible	Comments / Reason for Change
0.1	Initial Draft	19/07/16	NA	Prepare framework
0.2	2nd Draft	13/09/16	Managers	Reviewed and updated
0.3	3rd Draft	27/09/16	Managers	Reviewed
0.4	4th Draft	13/10/2016	RR/KC	Tabled and reviewed at Board meeting
0.5	5th Draft		RR/KC	Final draft formatted with slight changes
1	Final	08/12/2016	RR/KC	Tabled and passed by the Board

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1. Executive Summary

Dear colleagues, stakeholders and friends of Arche Health.

While our next two year strategic plan is an important part of setting the direction for the future of Arche Health limited, it is also another step in our mission to improve the health and wellbeing of the community in metropolitan perth.

Its success relies on the work of all the staff to achieve the strategic objectives, whether working as member of a team or in collegiate group, with a shared sense of vision, direction and responsibility for achieving our goals.

I have great confidence in our staff continuing to work together in an effective quality framework that will allow us to build on the strengths of our current good reputation and to strengthen our position for the future.

Continuing development in our clinical services section including Belvidere Health Centre and headspace Armadale provides us with a unique opportunity to demonstrate to our funders, federal, state and local government the importance of establishing primary care infrastructure in communities with service gaps that best enable ways to develop self reliance within these communities and to build a well informed and supported social infrastructure.

Our challenge is to first build effective healthcare services and then make it work, so we can sell the philosophy to government as a new responsive service model ofcare that attends to pressing fiscal and health circumstances. We work with an often challenging financial, legislative and regulatory context, with obligations to our community that can cause conflicts of purpose between these competing priorities.

This strategic plan is a guide as to how we will innovate and mould our organisation for the future, while recognising our ongoing obligations to our funders to continue to provide safe, quality and accessible services, within the limits of the funding they provide. It is never an easy challenge to innovate and respond to community needs with limited funds, but one we will try to meet every day. I wish us all well in our next two year journey in delivering on the strategic plan path we have set together.
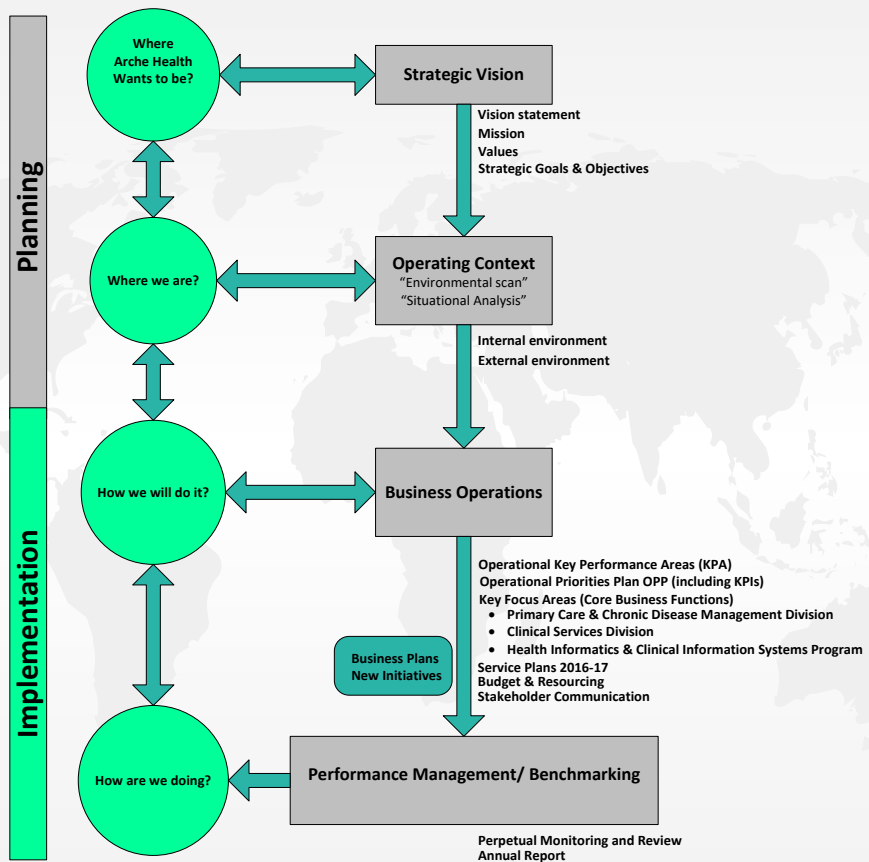
Regards,

Mr Rodney Redmond
Chief Executive Officer
Arche Health Ltd.

2. Strategic Planning & Development Framework

**Arche Health Limited
Strategic Planning & Development Framework**

Strategic Plan 2016-2018

ArcheHealth
making sense of care

Planning

Where Arche Health Wants to be?

Strategic Vision

**Vision statement
Mission
Values
Strategic Goals & Objectives**

Where we are?

Operating Context
"Environmental scan"
"Situational Analysis"

**Internal environment
External environment**

Implementation

How we will do it?

Business Operations

**Operational Key Performance Areas (KPA)
Operational Priorities Plan OPP (including KPIs)
Key Focus Areas (Core Business Functions)**
- **Primary Care & Chronic Disease Management Division**
- **Clinical Services Division**
- **Health Informatics & Clinical Information Systems Program**

**Business Plans
New Initiatives**

**Service Plans 2016-17
Budget & Resourcing
Stakeholder Communication**

How are we doing?

Performance Management/ Benchmarking

**Perpetual Monitoring and Review
Annual Report**

Updated: 18/7/2016

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3. The Operating Context

3.1 Current Environment

Arche Health currently serves a diverse community in the south metropolitan Perth with significant unmet needs in a region experiencing an unprecedented rate of growth. Access to services as well as managing demand, already presents a challenge and this will become increasingly so over the coming years. Coverage of a large geographical area and population growth will generate a continuous challenge to achieve adequate organisation flexibility in service and infrastructure management in multiple locations.

3.2 Future Environment

Arche Health is operating in a dynamic and uncertain environment in primary care, and anticipates continuing high levels of change over the life of this strategic plan. These anticipated changes would take the form of:

- Commonwealth-State Government relations that will impact on health and community service systems.
- Some reduction in funding levels for existing programs.
- New funding and service paradigms that increasingly focus on individuals and outcomes.
- Re-tendering with associated requirements for partnership and a possible increase in competition.

4. Benchmarking

Arche Health will benchmark its performance against industry leaders and will furthermore adopt and be guided by the following three principles:

- **Quality**
- **Customer Satisfaction**
- **Continuous Improvement.**

AH's organisational benchmarking theory is built on upon **performance camparison**, **gap identification**, and **changes in management processes**. It is intend that regular reviewing of benchmarking will

- Help AH to understand where its strengths and weaknesses are depending upon changes in supply, demand and market conditions.
- Enable AH to realise what level(s) of performance is really possible by looking at others, and how much improvement can be achieved.
- Help AH to improve its competitive advantage by stimulating continuous improvement in order to maintain excellence in sector performance against increase competitive standards.
- Help to better satisfy the customers' needs for quality, cost, product and service by establishing new standards and goals.
- Promote changes that deliver improvements in quality, productivity and efficiency; which in turn bring innovation and competitive advantage.

- Is a cost effective and time efficient way of establishing a pool of innovative ideas from which the most applicable, practical examples can be utilised.
- Improves the motivation of employees to feel self cufillment in their impact.

5. Best Practices

- **Genuine local community engagement to maximise participation**, including by ethic and practice of community involvement.
- **Collaborative approaches** that see primary health care services working with (a) other service sectors e.g. housing (b) other primary health care or community-based health service delivery organisations, whether government or non-government and (c) other levels of the health care system, particularly hospitals / specialists;
- **Delivery of core primary health care programs** vital to the long-term health of the community including but not restricted to (a) maternal and child health and (b) chronic disease detection and management;
- **Evidence-based approaches** that are reflective, based on a continuous quality improvement approach and that involve the local community in adapting what is known to work elsewhere to local conditions and priorities;
- **A multidisciplinary team approach** that crucially involves the employment of local community members, and that includes continuous training and support;
- **Approaches which harmonise with local Aboriginal and marginalized groups**, and in particular regionally organised service delivery and outreach services to dispersed and hard to reach populations;
- **Adequate and secure resourcing** to allow focus on the management and delivery of non-acute care.
- **Innovation/Sustainability**

6. Gap Analysis that enlightens our Business Model

We approach service planning and delivery in the communicy by:

- engaging in the marketplace to fill identified gaps in serivce delivery;
- avoiding service duplication to harness finite resource in the community.
- measuring our performance to reflect on our commitment.

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7. Our Strategic Vision

Our vision is the long term desired change we aim to achieve as an organisation. Our mission is what we do in order to achieve this vision I.e. the reason why we exist. Our organisational values reflect our culture and guides our behaviour in serving the community.

7.1 Vision Statement
To be recognised as a provider of high quality primary health care and ancilliary services that meets the needs of the community.

7.2 Mission
Shaping Community health through innovative quality primary health care.

7.3 Values
The core values that guide us are:

- **Care**
- **Committement**
- **Collaboration**
- **Excellence**

8. Key Focus Areas of Business

8.1 Primary Care & Chronic Disease Management Division
Aboriginal Health, Allied Health; Mental Health; Aged Care

8.2 Clinical Services Division
General Medical Practice, Allied Health and Medical Specialist Services Health Information Systems
Primary Healthcare ICT solutions – Development and meaningful use of Canning Tool.

STRATEGIC PLAN 2016-2018

9. Strategic Goals & Objectives

9.1 Client focused

To empower clients and the community by building their capacity to achieve positive health outcomes.

9.2 Quality of service

To improve services through evidence-based practice within a quality framework.

9.3 Valued Employees

To establish a diverse workforce and provide a safe and environmentally friendly workplace.

9.4 Strategic Partnerships

To establish strategic alliances that enable Arche Health to fulfil its mission.

9.5 Resource Efficiency

To utilise, develop and increase resources for service delivery optimisation.

10. Operational Key Peformance Areas (KPAs)

In order to capture opportunities and thrive in the current environment, Arche Health has identified two themes to underpin strategy: **responsiveness** and **growth**. These themes will be achieved by focusing on the following key performance areas:

- **Business Viability**: ensure that AH remains a financially robust and viable organisation that services its communities through a sustainable mix of programs and services.
- **Workforce innovation and leading practice**: work more innovatively and effectively, demonstrate outcomes, ensure learnings are shared and celebrated.
- **Accountability**: actively cultivate and promote a culture that recognises and respects the importance of doing what we say we will do by striving to fulfil its obligations to the community efficiently and in accordance with best practice.
- **Effective Partnerships:** develop and maintain partnerships that are strategic, relevant and enable better responses to community need.

The KPAs and objectives are set for the life of the Plan and the strategies and associated milestones have variable timeframes to support adaptation to changing circumstance and staged achievement of key performance indicators (KPIs).

11. Operational Priorities Plan

A crucial step in the planning process is translation of strategic goals and objectives into a specific set of operational priorities. This is achieved through development of an Operational Priorities Plan (OPP). The Operational Priorities Plan (OPP) provides the link between the Strategic Plan and the **detailed business plans of each team** within the different sections of the organisation.

KPA 1: Business Viability

Strategic Intent: Ensure AH remains finanacially robust and viable organisation that services its communities.

Objectives	Strategy	Milestones	Performance indicators	Responsibility
1.1 Grow the organisation through service diversification and innovation	(a) Broaden the scope of funding sources from both the public and private sector. (b) Ongoing review of programs to ensure optimal efficiency and viability. (c) Using feasibility studies to establish new and innovative primary health care services.	• Alternative funding and service deliverymodels developed and selectively trialled by June 2018. • Program review and risk assessment to be completed and presented to the board by December 2016. • Feasibility studies to be in progress by December 2016	• Increased program portfolio and funding revenue by June 2017 • Established business partnerships and strategic alliances • All programs and services financially viable and achieving service targets by March 2017.	Board, CEO, Executive. .
1.2 Assure the organisation structure best supports operations and achievement of strategic objectives.	Review organisation structure in anticipation of possible organisational changes.	• Review brief completed January 2017. • Review recommendations implemented February 2017.	• Strategic objectives met • KPIs met	Board, CEO
1.3 Plan for and develop facilities/services to meet the needs of the community	a) Establish and expand on the physical resources and service development of the organisation (b) Consider further property acquisitions (c) Reconfigure clinic (BHC) as a ''*Medical Home*".	• Commence Belvidere Health Centre capital works project January 2017 • Property due diligence to be undertaken by March 2017.	• BHC refurbished extension to be completed by June 2017. • The Medical Home concept at the BHC to be operational by July 2017. .	CEO, Executive

KPA 2: Workforce innovation and leading practice

Strategic intent: Work more innovatively and effectively, demonstrate outcomes, ensure learnings are shared and celebrated.

Objectives	Strategy	Milestones	Performance indicators	Responsibility
2.1 Enhance our workforce	(a) Empower the workforce to meet service demands and establish future commercial viability.	• Review and update induction and establish mentoring plans commencing January 2017 • Implementation of systems training at staff meetings • Develop Staff satisfaction surveys • Establish procedural manuals and/or video procedures for all programs.	• Staff Survey undertaken once every year which consistently shows staff satisfaction and opportunities. • Staff retention % (excluding natural attrition) • Number of students undertaking clinical practicums in our frontline services.	Executive.
2.2 Demonstrate that services and programs deliver effective outcomes.	(a) Establish Arche Health as a recognised quality service provider	• Accreditation to QIC, NSMHS and AGPAL.	• Accreditation to be achieved by March 2017	CEO, Executive, Managers
	(b) Develop and implement program and service evaluation methodologies that provide evidence of client / population health outcomes.	• Programs from across departments are selected for outcome evaluation/ action research and methods agreed by June 2017	• achievement in respect of client outcomes is publically recognised.	CEO, Executive Clinical Governance Committee (CCC).
	(c) Develop research partnerships with a focus on outcomes.	• Major research partnership with opportunities identified and funding application(s) lodged.	• At least one major (funded) research partnership with a University focused on better outcomes for clients is underway.	
	d) Engage in comparative benchmarking of outcomes in selected program areas.	• Benchmarking processes for selected programs identified and agreed by December 2016 for implementation from in 2017.	• Evidence of benchmarking to support quality improvement activities	CEO, Executive

Objectives	Strategy	Milestones	Performance indicators	Responsibility
2.3 Equitable access to targeted prevention programs.	Identify & provide prevention programs relevant to the health needs of the community	• Project planning in response to identified need. • Seek family, community, key stakeholders input when planning new initiatives and have this as a requirement in the planning process.	• Measure community ownership of program.	CEO, Executive
2.4 Ensure emerging ICT technologies are used to best serve business needs.	Identify cost effective opportunities for use of ICT Tools, social media and smart technology to support service delivery.	• Information technology development opportunities to be considered by March 2017	Evidence of IT use with regards to service delivery including program delivery and promotion.	CEO, Corporate Manager.

KPA 3: Accountability

Strategic intent: Actively cultivate an internal organisational culture and an external reputation that recognises and respects the importance of doing what we say we will do on time and in the best way possible.

Objectives	Strategy	Milestones	Performance indicators	Responsibility
3.1 Inform the Board about performance and risk.	Design and regularly report to the Board on a meaningful set of performance and risk indicators that are effectively integrated with operational reporting	• Draft Integrated reporting framework designed by Dec 2016 • Evaluation of first version completed by Jan 2017. • Revised comprehensive integrated reporting framework designed by March 2017 for implementation from July 2017.	• Board performance review indicates high levels of relevant organisation knowledge and satisfaction with reports received by end of 2017. • Effective reporting systems reflect the needs of the funder and the organisations financial and organisational management.	CEO, Board.
3.2 Consumers to be treated with dignity, compassion and Respect.	Regularly conduct feedback surveys on clients/carers, stakeholders and the community to assess their satisfaction with services and to take action to address concerns.	• Client satisfaction surveys undertaken annually or more frequently when required. • Survey results regulary evaluated and recorded .	Improved client care & communication and improved health service outcomes measured.	CEO, Managers

3.3 Improve reporting to community	Utilise more efficiently, communication platforms i.e. newsletter, website and social media etc, to update clients, members and community on Arche Health's activities and achievements.	• Develop a simple communication plan to efficiently utilise communication resources that best inform the community.	Annual client and consumer surveys indicate they are regularly made aware of Arche Health's activities and general performance.	CEO, Managers
3.4 Improve Performance Management against relevant KPIs	Fully review Arch Health's performance management systems and processes.	• Review completed by December 2016. • Standard of performance review to be included in staff survey – refer: KPI 2.1 .	Meaningful KPIs are established for all program and executive staff. Staff and managers are satisfied with the standard of performance review.	CEO, Managers

KPA 4: Effective partnerships

Strategic intent: Develop and maintain partnerships that are strategic, relevant and enable better responses to community need.

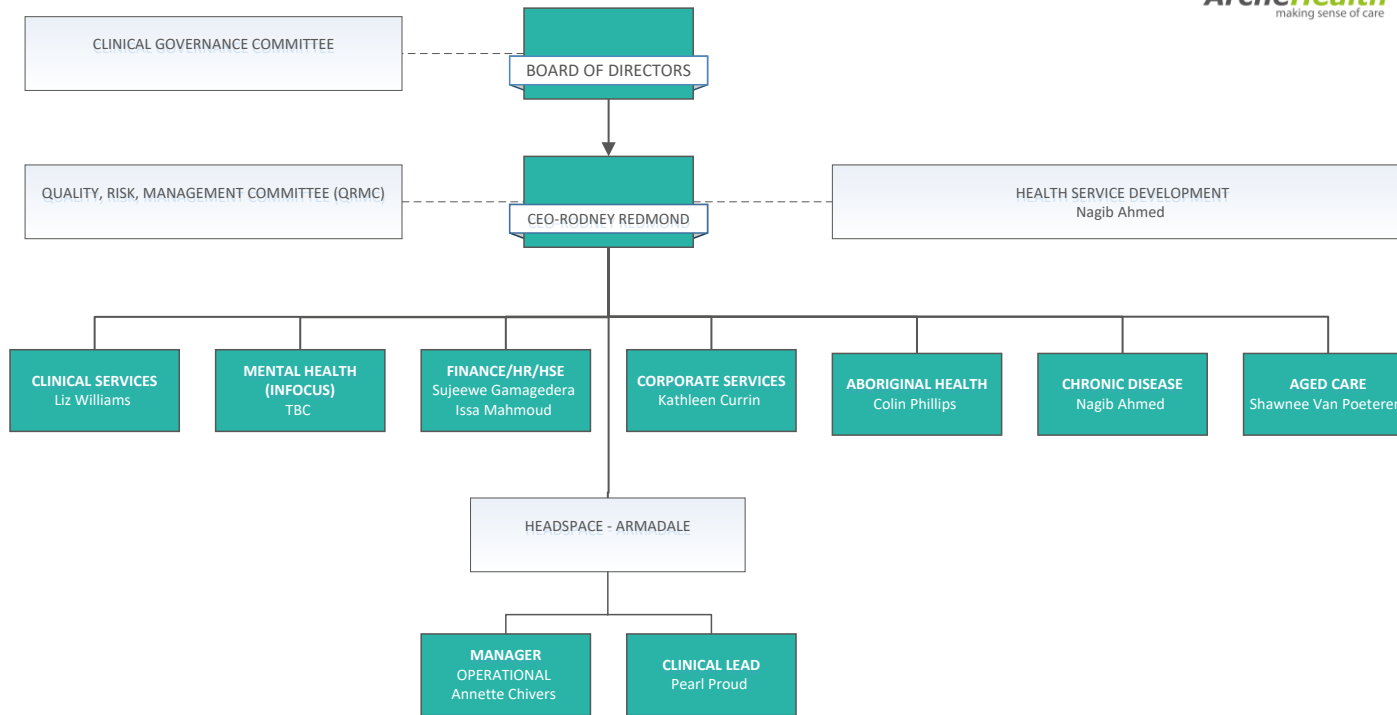| Objectives	Strategy	Milestones	Performance indicators	Responsibility
4.1 Increase Arche Health focus on prioritised, intentional partnerships	a) Map partnerships to: • Identify effective relationships and gaps • link partnership opportunities to unmet community need and/or strategic opportunity • provide criteria to prioritise partnership effort. • Review stakeholder engagement and communication plan.	• mapping completed by December 2016. • Have clear criteria on how to approach strategic partnerships. • Stakeholder engagement and communication plan reviewed.	• Stakeholder feedback consistently identifies Arche Health as a preferred partner. • Demonstrated outcomes achieved through effective partnership. • Number partnership established. • Robust, usable, and measureable stakeholder engagement and communication plan and action in place.	CEO, Executive
	b) Agreed mechanisms and responsibilities identified and implemented for development of partnerships.	• Identified on operational plans.		
4.2 Utilise co-location opportunities to enhance partnerships.	Design partnership approaches into arrangements and business models	• Establishment of co-location partnerships in service delivery across business focus areas.		
4.3 Enhance program security through strategic partnerships.	Partner strategically to enhance capacity to gain funding.	• Maintain existing programs for retender with renewed focus around partnerships. • Successful funding of other services through partnership	Arche Health demonstrates significantly increased income as a result of successful joint tenders and joint ventures.	CEO, Board, Executive

12. Moving Forward into 2016-2018

The context for Business Planning in Arche Health for 2016-2018 includes:

- Become a regional employer of choice in primary healthcare.
- Build effective partnerships with private sector/ others and optimise health resources.
- Develop culture of information and knowledge management.
- Improve the health of the Aboriginal and Torres Strait Islander population.
- Improve the health of the general population.
- Innovate approaches to enhance activity/ reputation as provider of clinical service choice for patients and their healthcare professionals.
- Consicuosly measure the provision of high quality customer experiences.
- Strengthen links/ integration with local community based health services and facilities.
- Strengthen the culture of living within our means to weather any storm of upcoming uncertainties.

13. Arche Health Organisation Structure

ARCHE HEALTH ORGANISATIONAL STRUCTURE

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CLINICAL GOVERNANCE COMMITTEE ----- BOARD OF DIRECTORS

QUALITY, RISK, MANAGEMENT COMMITTEE (QRMC) ----- CEO-RODNEY REDMOND ----- HEALTH SERVICE DEVELOPMENT
                                                                          Nagib Ahmed
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CLINICAL SERVICES	MENTAL HEALTH (INFOCUS)	FINANCE/HR/HSE	CORPORATE SERVICES	ABORIGINAL HEALTH	CHRONIC DISEASE	AGED CARE
Liz Williams	TBC	Sujeewe Gamagedera Issa Mahmoud	Kathleen Currin	Colin Phillips	Nagib Ahmed	Shawnee Van Poeteren

HEADSPACE - ARMADALE

MANAGER	CLINICAL LEAD
OPERATIONAL Annette Chivers	Pearl Proud