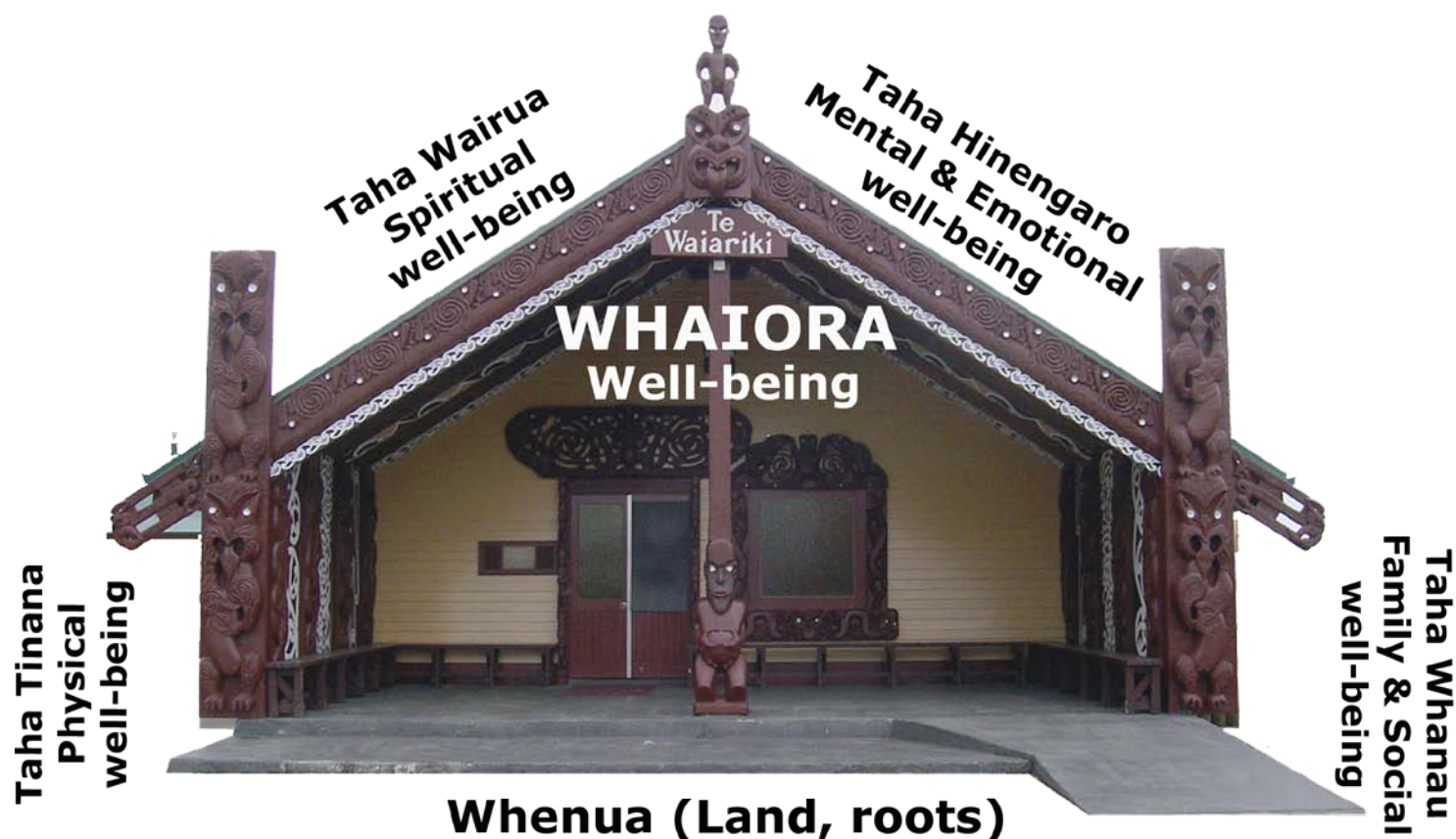


Strategic Plan

2013-2016





Whaiora Home Care Services

Whaiora', literally translated means 'in pursuit of, or the search for: life, safety and good health.' Whaiora Homecare Services Inc (WHCS) was established in September 1988, at a time when Maori were given the opportunity to take greater control of and involvement in delivering home based support services to meet the specific needs, priorities and outcomes required to improve the health and wellbeing of Māori people in the Otara Community.

Since its inception, WHCS has extensively developed its internal capabilities, external relationships and contracts with the Ministry of Health and the District Health Boards to meet a diverse range of client health needs. This has extended to include: ACC clients', Long Term Chronic Health and a small number of user pay client's, with reduced independent functioning that required on-going support at home.

It is timely (in its 25 Year of operation), that WHCS chart a new direction for the next 3 – 5 years in order to consolidate its achievements and leverage from existing capabilities and client/consumer demands to deliver services which contribute directly to the vision of:

"..... services that are unique to Whaiora, while catering to the diverse needs and aspirations of Urban Māori and all other ethnic groups of south Auckland"

Whaiora Home Care Services Strategic Plan 2013-2016

The *geographical coverage* area covers the Counties Manukau Districts of South Auckland and into Central Auckland for Ministry of Health Clients'.

Staff and Governance: WHCS is an Incorporated Society comprising 15 society members; six of whom form the working sub-committee. The operational body of WHCS consists of an administrator, a financial controller, an IT systems analyst, a full time coordinator and a General Manager. Home support workers' are recruited, (or nominated 'family members'), trained and carefully selected to work with clients' in their own homes.

Through the Society, the legal authority of WHCS; management report regularly on their operations to ensure that the organisation is competently managed, sound in financial planning and accountable to the stakeholders, their communities and to all the funding agencies.

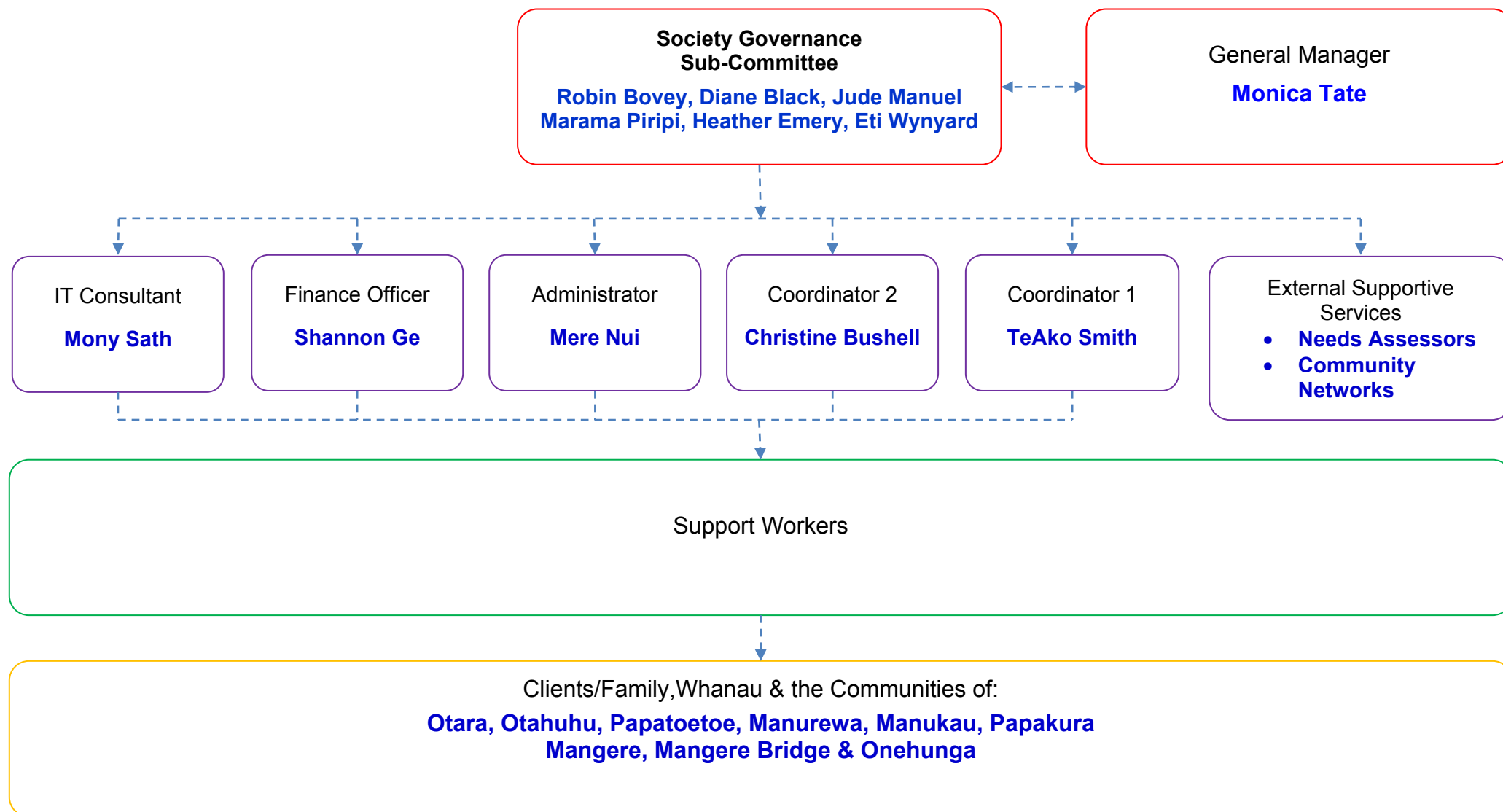
An Executive Committee is elected from the members of the Society to govern, control and direct the interests of the organisation of WHCS. The Strategic planning is the formal process that the Board will use to communicate direction, strategies and objectives. It is a lengthy process that involves gathering the information, analysing the data received from the many sources and looking at whether there are opportunities or threats that may hinder the process required to get there (for the stakeholders). A review of the current situation will typically cover but will not be limited to the following:-

- The internal environment – factors inside the organisation i.e. governance, management and the Team, as well as existing business systems, policies and procedures and practices, determining where the organisation wants to be in 3-5 years? Vision, Mission, Values etc.,
- The external environment – factors outside the organisation i.e. political (contracting, funding), economic social, cultural, environmental trends – changes in the sector, policy, structure and key people
- SWOT analysis – strengths, weakness, opportunities and threats;
- PEST analysis – political, economic, social and technological trends
- Barriers to entry and exit for competitors, clients' or consumers'
- Surveys sent out to Stakeholders. Using questionnaires
- Focus groups – meetings with cross section of people to gather information, their views etc.,
- Workshops – meetings to discuss ideas and other future activities

The operational annual work plan is put in place after the AGM, held in October. The Plan, is scheduled with confirmed meeting dates and activities, policies and procedures, review safety meetings, performance management as well as in-service training for all support workers' of WHCS, and suggested actions where gaps in development areas have been identified i.e. *indemnity Insurance, a succession plan for the executive and senior management.*

The Strategic Plan is the result of extensive consultation with key stakeholders, including clients/consumers, staff, providers, funders and mana whenua. While the ideas should come from the Board, the plan itself maybe drafted up by other sources within the community e.g. councils before the implementation of the Strategic Plan is successfully executed.

WHCS – Organisational Chat



Philosophy

“To offer services that are unique to Whaiora, while catering to the diverse needs and aspirations of Urban Māori and all other ethnic groups of south Auckland”

Our Vision

Our Mission

“To benchmark home support services, giving people with disabilities opportunities to enjoy the benefits that will contribute to their dignity, safety and inclusion in everyday life at home”

Our Values

Through the Tiriti o Waitangi (and based on a Kaupapa Maori model of Te Whare Tapa wha), we believe our services to be:

- responsive and innovative to individual diversity, disability, lifestyle, spirituality & culture – taha wairua
- respectful of the rights and responsibilities of all clients – their independence, dignity & self esteem – taha hinengaro
- safe, efficient and reliable, delivered by trained support workers’ who are monitored for competency levels – taha tinana
- supportive and empowering family/whanau in decision making about their needs, goals and aspirations – taha whanau
- sensitive, appropriate and ‘tika’, acknowledging the Māori holistic approach to the spiritual, social, emotional and physical needs of a client – the concept of te whare tapa wha
- accessible, affordable and culturally appropriate to the ‘given population’ and the dynamic and diverse nature of the of South Auckland communities

Strategic Goals

"Services designed to enhance and promote the independence and recovery of people with disabilities at home and in the community"

1. To consolidate existing operations and increase current services to all clients - high quality policies, systems and processes ("Market Penetration") - tikanga and values throughout all levels of the organization in Year 1.

2. Delivering services to a greater number of clients through collaboration with GP's, and strong relationships with all local government agencies, NASC, and Community Networks – ("Market Expansion") Year 2

'Working in partnership with people with disabilities, allowing them to participate in their own needs, while protecting their rights and cultural values'

3. Diversifying services based on internal strengths, strong reputation and taking advantage of all opportunities presented and forming possible partnerships/alliances, which may leverage other contractual services to better reflect the needs and the opportunities occurring within the greater part of South Auckland. Year 3

Strategic Internal & External Priorities

INTERNAL	EXTERNAL
Having a sound and accessible, complaints management system <i>Every complaint is an opportunity for improvement</i>	GREAT REPUTATION Longstanding integrity since 1988
to ensure that WHCS has an adequately Trained Workforce – building internal capabilities - Trained Support workers' L2/L3	Demonstrate Service Quality to gain Certification to NZS 8158:2012 - March 2013
Having a united, trained and competent workforce - willing to attend and fully participate in ongoing training developments Strong commitment and a good understanding of the kaupapa Maori model of Te whare Tapa Wha service delivery	Safe Workplace Achieve Tertiary ACC WSMP – 2014 Being flexible in meeting objectives
Client satisfaction – accountable to best practice, the community, and stakeholders as well as Funding Agencies	DHB/MOH endorsement of our services – number of referrals, good rapport with the NASC
Promoting creativity and innovation in management practices and delivery of services	Kaupapa Maori Framework – TOW and commitment to tikangā Māori practices, matauranga and philosophy in the provision of service delivery
Effective Business Risk Management Plan 2012 Introduction of comprehensive HR Management System, IT specialist, skills within the organisation	Efficient & Effective Organisation Quality Management Systems Central Link in the new Care System for quick and accurate information, reporting and monitoring, narrative, benchmarking stats
Effective Linkage Between Exception Reporting & Business Risk Management Plan 2012	RSM Prince Auditing to unqualified Opinion, Financial Policies in Place - Control over Business Risks – 2012, and accountable systems, good management and accounting skills enabling survival of 25 years - 2013
Retention of Fully trained support workers' / great career pathways L2/L3	Marketing meeting expansion expectations Improved capacity to manage in the face of competing obligations
Full document review / Introduction of comprehensive new Policy & Procedure	Meeting & exceeding recognised minimum standards

Elaboration of Strategic Priorities

OBJECTIVES	ACTION PLANNING	ACHIEVED & DATE
1. Effective Management process systems to deal with Complaint – one form for all accidents/incidents, complaints/compliments	<ol style="list-style-type: none"> 1. Introduction of user friendly Complaints & Compliments 2. That all support workers' become familiar with the new form 3. Support workers' education on client Rights & Responsibilities 	<p>8.09.12</p> <p>Ongoing</p>
2. Adequately Trained Workforce – careerforce L2/L3 <ul style="list-style-type: none"> • Confident s/workers • support workers' safe at work • good communication skills 	<ol style="list-style-type: none"> 1. To access training New Criteria NZS 8158: 2012 2. To access robust Health & Safety Training (WIP) 3. To put as many support workers' as possible through Career Force training - 2013 4. That this be work-based training [no home work] 5. To continue monthly In-service training for all support workers'- ongoing 	<p>March 2013</p>
3. Happy Workforce [linkage with External Goal 3] <ul style="list-style-type: none"> • Full support workers' participation 	<ol style="list-style-type: none"> 1. Management to become fully familiar with the Care System 2. Support workers' well being is the focus of the ACC WSMP program 3. Health & Safety Training for all support workers' – ACC resources available 4. To introduce amendments to Health & Safety Policy Manual 5. To elect Health & Safety Representatives 6. To provide additional training for representatives 7. To provide regular supervision & performance appraisal 8. Fair reward for great support workers' performance 	<p>October 2012-13</p> <p>Ongoing</p>
4. Client Satisfaction <ul style="list-style-type: none"> • Reduced no of incidents/accidents 	<ol style="list-style-type: none"> 1. Well trained support workers' – training schedule posted 2. To introduce upgraded welcome / information pack 3. User friendly feedback mechanisms 4. Surveys yielding good information [acted upon] 	<p>September 2012</p>
5. Very Sound Policies and Procedures	<ol style="list-style-type: none"> 1. Ethnicity planning to be introduced 2. Needs assessors kept fully aware of our kaupapa 	
6. Updated Business Risk Management Plan 2012	<ol style="list-style-type: none"> 1. Current updates to society members 2. Plan to be updated at each quarterly Service Review Meetings 3. Feedback on amendments to policies – NZS Home & Community 8158:2012 	<p>Ongoing</p>
7. Good leadership and management of the Service (Governance Manual (Nov 12))	<ol style="list-style-type: none"> 1. Maintain good relations with all Health Professionals, client & all stake holders 2. Attendance at conferences & seminars – update information/changes 3. To continue accessing available funding - training 	

Barriers to Achievement of Strategic Priorities

BARRIERS TO ACHIEVEMENT	GOALS / OBJECTIVES	SUPPORT FACTORS
The client group – demand for more complex needs, receiving services in their own homes – lack of available employees, without reasonable levels of supervision – dementia clients'	1. Transparent and Accessible Complaints Management System	Dedicated person/s to follow up on complaints to ensure transparency and client safety
Client needs versus goals to achieve - timeframe Support workers' with English as second language Support workers' with high illiteracy rate training requirements (HBSS) Turnover of support workers' – no guaranteed income, travel is still an issue	2. Adequately Trained & Competent Workforce support workers' safe at work	Dedicated training day each month Induction Program in place Subsidised Career Force program offered. Good trainers/resources available
Difficult client group [high needs] - Dementia Working weekends, relief support often unavailable – use of the s/worker's own vehicle transient nature of the workforce considerable 'risk to the delivery of HBSS	3. Satisfied Workforce – stable support workforce [linkage with External Goal 3] <i>Full support workers' participation</i>	Bulk of Service supported by dedicated support workers' who have long employment history with the service
Diverse range of clients Resistance to the promotion of independence among clients Unrealistic expectation by clients (pc's trade off) Insufficient support workers' for weekend care	4. Client Satisfaction	Wonderful support workers'- well trained Good roster systems – Good reliable, temporary, back-up support for weekend rosters – manager's mobile service
Difficulty recognising linkage between exception reporting and recognising business risk	5. Effective Business Risk Management Plan in place	Use of a digital system – Power Point Good communication/consultancy Ease of update at service review
Aging admin staff – often unable to work longer hours – Long hours for the current GM Unable to write policies (delegated to GM)	6. to ensure that for the service has capable admin staff that attend to the day-to-day running of the Service	Long standing service – 10 – 24 & 1/2 years Loyal and long serving support workers'

Measuring and Reporting

Financial Performance Indicators

Regular meaningful checks on progress against direction, objectives and strategic priorities are critical to maintaining confidence that we are on the 'Right Track'. This can also be achieved by measuring the financial and non-financial performance indicators as well as reporting regularly on a monthly, quarterly or annual basis. This shall include but is not limited to the following:-

- Year to date actual expenditure against budget
- Year to date increases in revenue against the budget
- variances above 10% requiring explanation
- the cash position and
- return on funds invested

Client Focused Performance Indicators – Non financial performance

Statistical logging of quality indicators will enable us to better assess trends and opportunities for improvement.

POSITIVE INDICATORS

Satisfaction Surveys of:

1. Consumer Rights: (seven criteria; standard 1.1) freedom from abuse and neglect (five criteria; 1.7), complaints (three criteria; 1.9),
2. Organizational Management: Service Management (two criteria; standard 2.2), quality and risk management (five criteria; 2.3), adverse events (four criteria; standard 2.4)
3. Human Resources: Orientation (induction, ongoing development and competency (six criteria; 3.2)
4. Service Delivery: Service Agreement (three criteria; standard 4.1), promoting, supporting independence (four criteria; standard 4.2), implementation of individual service plan (three criteria; standard 4.5), review of service delivery (five criteria; standard 4.11).

Plus a minimum of one of the following, selected on the basis of most relevance to the Provider:

- medicine management (four criteria; standard 4.6)



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- infection prevention and control (two criteria; standard 4.7)
- equipment, aids and enablers (two criteria; standard 4.8)
- nutrition and safe food management (four criteria; standard 4.9)
- skin integrity (two criteria; standard 4.10)
- challenging behaviours (three criteria; 4.12)

Chosen quality indicators have been selected to match those that the District Health Boards are presently working on for their benchmarking of community services against the updated NZS 8158: 2012 Home & Community Support Sector Standards

Versus

1. LOGGING OF EXCEPTION REPORTING

Statistics will enable benchmarking in three areas

- a) Historical [looking at how we have performed over the years] Analyse, look at financials
- b) Against desired values [what we expect of ourselves as a minimum standard] i.e. did we resolve complaints/incidents
- c) Against other similar services – performance
- d) Standards of quality
- e) Areas for improvement and
- f) opportunities for growth

Method: Quick & Easy Stats clear documentation that will track absenteeism due which may include but is not limited to the following:

- a) Infection rates / incidences
 - Chest infections/colds
 - Incidences of diarrhoeal disease
 - Scabies

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Information is anticipated to reveal in more detail what infections support workers' face each day, as well as competencies from a rehabilitative perspective for clients. [*What do we face: how well do we deal with it*].

b) Admissions to hospital

Tracking admissions to hospital is anticipated to reveal weaknesses. Strengthening of these weaknesses will evolve as clinical pathways are developed in conjunction with:

- District Health Boards, Registered Nurses, NASC
- Consultants/GP's, Community Networks,
- Kaumatua & other advisors within our wider community i.e. Diabetes, Dialysis networks

c) Incidences of challenging behaviour

Data will be collected under the following headings

- Inappropriate touching of support workers' (harassment by client/family member)
- Inappropriate suggestions towards support workers'
- Requests for help beyond service scope i.e. s/worker taking on family responsibilities
- Swearing & or yelling at support workers' or support workers' enduring discriminatory statements
- Hitting or injured by client

d) Falls & skin tears

This will help reveal clients with special needs earlier so that extra preventative measures may be instigated earlier. It is also expected to yield information helpful in providing optimal care. Tracking incidences looks towards zero as a desired value, inspiring protective devices / interventions or in-service education i.e. reporting and being prepared or trained

e) Accidental injuries

This will enable WHCS to look at ACC's Patient Handling Guidelines. It will also be helpful to the service to assess, who is being injured, time of injury, mode of injury, day of the week etc in an effort to reduce harm to both clients and support workers'.

2. SUPPORT WORKERS' FOCUSED PERFORMANCE INDICATORS

- a) Support workers' attaining further qualifications e.g. NZQA recognised courses completed – 20 December 2013
- b) Support workers' retained by the service for more than five years – good stats available
- c) Support workers' matching clients according to ethnicity

Versus

- d) Support workers' turn over [tracked by computer scheduling files, recorded and files kept
- e) Support workers' injured and having to be away from work [Desired Value = good prevention - zero].
- f) Number of ACC Claims annually [Desired Value = good prevention - zero].

3. FUNDER FOCUSED PERFORMANCE INDICATORS

- a. Recognising opportunities for improvement out of the results of MOH/DHB audits :

Understanding the terms of the contract

- 1. Performing as expected
 - 2. Recognising the 'new' designated auditing bodies (CAB's), who will report directly their findings (electronically), of non-conformities, and all other deficiencies to the DHB –determining provider certification status
 - 3. Number of Corrective Action or recommendations to address and implement.
- b. The attainment of NZS 8158: 2012 - the current updated standard, mandatory for Providers to be certified against the Health and Disability Services Standard, by August 2013.
 - c. Achieving ACC's WSMP recognised as excellence in Health & Safety – 1 Sept 2012 – Aug 2014
 - i.e. Business efficiency by reducing ACC levies
 - Striving towards being a good employer – joint participation and accountability (management and employees)

4. COMMUNITY FOCUSED PERFORMANCE INDICATORS



Whaiora Home Care Services Strategic Plan 2013-2016

Responding to the needs and requirements of the communities within the Counties Manukau Locality:

Positive Indicators:

1. Surveillance audits of client care and satisfaction, consumer rights
2. Well-established reputation, integrity in the (HBSS), industry
3. Numbers of Hui /Meetings, Initiatives held by the service within the community
4. Positive media exposure

Versus

Negative Indicators:

1. Number of OSH Investigations/complaints received, with no resolutions, feedback etc.,
2. Number of Referrals received/declined or not acceptable, outside contractual period of 72 hours
3. No support workers' available for high needs clients' over the weekend
4. The lack of referrals to the organisation because support workers' were not available, the client needs were too high, transport was a problem?
5. Number of incidents/accidents