Business Performance Improvement Plan

March 31, 2017

**Executive Summary**

The Business Performance Improvement Plan looks at all operational aspects of the Comox Valley Child Development Association and identifies areas for improvement, prioritizes recommendations, and offers strategies to address the identified issues. The plan addresses areas that have been identified in specific plans, and also adds some new recommendations gleaned in the analysis of the agency’s performance most recently.

Priority areas for performance improvement in this plan are:

1. Family Centred Practice – the CVCDA has maintained a commitment to Family Centred practice for many years. Improvement can be realized by making this commitment more explicit. This will involve integrated strategies of staff training and communications (ensuring that all families understand the meaning and relevance of family-centred practice).
2. Outcome Measurement – A shared outcomes framework has been adopted by all early intervention programs. Challenges have been encountered in tracking and measurement of these outcomes. Improvement can be realized by strategies to revise data collection mechanisms and to increase input from stakeholders.
3. Code of Ethics – An active Ethics committee is reviving an organizational wide approach to ethics. The current Code of Ethics is dated and needs updating. Improvement can be realized by a complete revision of the Code of Ethics.
4. Administrative Restructuring – The administrative structure has not kept pace with the growth of service delivery in the organization. The Board has recently revised the administrative infrastructure and will be hiring a new senior leader as Director, Finance and Administration. Improvement will be realized in the successful recruitment to this position and a period of adjustment to the organization.
5. Facility Planning – The CVCDA facility is not meeting the needs of our service delivery. Offices are crowded and family friendly meeting spaces are scarce. The Board has agreed on a new Capital Plan and expansion of our existing facilities. Improvement will be realized through movement towards the successful realization of this plan. This will be a primary focus for the Board and Executive Director in the next 2 – 3 years.

Although not prioritized as an area for improvement, it is important to identify that the maintenance of the many strategies that are sustaining high quality service delivery and business practices will always be a priority.

The Business Performance Improvement Plan (BPIP) is the product of a high level synopsis and integrated analysis of all CVCDA plans, policies, procedures, publications and protocols.

The resulting BPIP is intended to be an overview and summary and is not intended to replace the detailed plans listed above.

**Review of previous BPIP:**

The last Business Performance Improvement Plan prioritised seven main areas for improvement:

1. Outcomes – track and measure individual outcomes for effectiveness, review program outcomes for effectiveness of service in relation to performance goals and performance improvement.
2. Parent Survey – revise and provide feedback to stakeholders.
3. RFP for updated website.
4. Keep intranet photos of children and youth who are at risk for ‘elopement’ up-to-date. Program Managers for CIP and TAP will review photos on a monthly basis and revise as needed.
5. Review and update the Code of Ethics, expand to include marketing and fundraising.
6. Fund Development.
7. Develop ‘ready to go’ promotional materials, create video content.

**Analysis**

Significant progress was made in most areas, while moderate or minimal progress was made in others.

1. Outcomes. Significant progress has been made in this area. A new shared program outcomes framework for all early intervention services has been developed, supported by revised service planning documents. There is still work to be done on the tracking and measurement of these outcomes.
2. Parent Survey. This has been revised and migrated to an online platform. Response rates are extremely low and alternate processes for receiving feedback (e.g. focus groups) have been developed.
3. A new website has been developed.
4. Children’s photos and Elopment procedures are up to date.
5. The Code of Ethics still needs to be expanded. An active Ethics Committee has committed to this task in 2017.
6. Fund Development is an ongoing focus of our Board and they are actively engaged in a variety of fund raising activities. The focus moving forward will be on capital fund raising to support the renovation and addition to our buildings.
7. Promotional and information materials have undergone significant revision. This includes website, brochures and parent handbook. The emphasis of the revisions has been to use accessible language that is common across all publications and emphasizes our commitment to Family Centred practice as a foundational principle.

**Review of Quality Improvement Plan – CARF**

The Quality Improvement Plan was developed from CARF accreditation recommendations and suggestions following the 2014 survey. The most recent plan includes the following:

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| --- | --- | --- |
| **Standard Number for Recommendation** | Action to be Taken | **Status** |
| A.6.a.(7)(a) through A.6.b.(2)(b) | Expand the written Code of Ethics to include prohibition of waste, fraud, abuse and other wrongdoing along with written procedures to deal with allegations of violations of the Code of Ethics, including a no-reprisal approach for personnel reporting, and time frames for prompt consideration and timely decisions. | Waste and fraud procedures completed.  Respectful workplace policy and procedures completed.  Code of Ethics requires renewal |
| F.6.a. | Convert the financial plan to policy within a framework of corporate policies and procedures. | Completed |
| H.8.f.(8) | Expand critical incident written policies to include use and possession of weapons | Completed |
| I.6.c.(1) through I.6.c.(4) | Complete written contracts and annual assessments of all contracted personnel to assess performance and ensure compliance with agency policies, procedures, and CARF standards | Completed. No contract personnel as of May 2017 |
| M.6.a  M.6.b.(1)  M.7.a. through M.7.d. | Set and measure business function performance indicators and service delivery performance indicators for each service seeking accreditation | Ongoing. Indicators set, continuing to work with measurement |
| N.1.b.(1)  N.1.b.(2)(a)  N.1.b.(3) through N.1.c.(3) | Complete written analysis of performance indicators for business functions and service delivery.  Communicate performance information to persons served, staff and stakeholders | Ongoing  Undone |
| A. 17.a., b. & c. | Expand written policy regarding agency role related to medications used by children served | Completed |
| B.10.a. through B.10.c. | Consistently prepare an exit survey for every child served | Completed |
| C.4. | Document that use of all medications by children served  is reviewed annually | Completed |
| C.5.a. through C.5.c. | Develop written procedures that address purchase, handling shortages on weekends, transportation and delivery, and off-site use of medications | n/a |

**Analysis:** Majority of items have been completed. Ongoing work on establishing effective mechanisms for measurement and communication of performance to stakeholders.

**Review of Current Status and Priority Recommendations for Action**

### Strategic Plan

The CVCDA’s Strategic Plan is looked to as a guiding document for Program and Business Improvement. The format was substantively revised in 2015. Previously, the emphasis of the plan was on identifying strengths, weaknesses and opportunities for the organization. While the revised form includes a SWOT analysis, and maintains a long term focus, it articulates more specific short and medium term goals, allowing the Board and staff to assess progress from one year to the next.

**Analysis:** The Strategic planning process includes sessions with both Board and staff annually. Goals and objectives are identified in five areas: Programming; Personnel/Organizational; Partnerships; Facility; and Financial. Each of these areas has goals focused on maintaining existing quality and strength of the organization as well as focused on future growth. Over the past two years, the majority of goals in each area have been fully or partially met.

**Recommendations:** Moving towards our annual planning process that takes place in May each year, the following areas will be identified for focus and improvement:

* Continued maintenance of quality programming with increased strategies to deepen family-centred practice. This includes additional inter-disciplinary training for staff, as well as policies and processes that facilitate family centredness.
* Communications. Much has been done to enhance a strategic approach to communications in the organization, but more is needed. The Board has struck a Communications subcommittee that has been tasked with developing an organizational Communications strategy. The strategy will guide communications activities and processes in the future.
* Administrative Infrastructure. The administration of the agency needs to be revamped in order to keep up with the growth in programs. A new senior administrative manager will be hired in the summer of 2017. This person will work with the Executive Director and the Board to redesign administrative processes.
* Facility. The lack of space and age of the facility is a growing stress on service delivery. A capital plan has been developed and the campaign for funds is underway. There is also a need to maximize use of existing space in the period prior to the new building being available (approximately two years).

### Accessibility and Cultural Competency and Diversity:

The Accessibility Committee has developed, implemented and monitored both the Accessibility and the Cultural Competency and Diversity plans.

The Committee has prioritized improving the “family friendliness” of the building, and of all promotional materials.

Considerable activity has been undertaken to update the furnishings and look of family meeting spaces and to have more space available for children to play. A plan has been developed to realign the washroom spaces to improve access to change tables and breastfeeding spaces.

A loading zone has been designated in front of the building to improve access and traffic calming equipment has been purchased for the front and side of the building.

The promotional material has been updated, using common language across all platforms and articulating “Family Centred” practice as the foundational principle of the CVCDA.

In respect to Cultural Competency, the committee has introduced regular communications with all staff. The “Cultural Corner” celebrates diversity. As the CVCDA is located on the traditional territory of the K’omox Nation, a priority has been placed on building cultural competency in respect to Aboriginal cultures. The committee has hosted regular webinars on Cultural Humility and plans an activity at each Staff Planning Day to enhance understanding of Aboriginal cultures and the impact of colonialism. As well, the CVCDA celebrates with the community on Aboriginal Day each year.

The Committee commissioned a new welcome sign that illustrates the diversity of individuals that access the CVCDA.

**Analysis:** Significant progress has been made in all areas of these plans. Building projects are limited by resources available, but the committee has worked to find affordable and realistic options to improve accessibility.

### Recommendations:

* Complete washroom realignment (July 2017)
* Update new website with all revised promotional materials (June 2017)
* Continue “Cultural Corner” (Ongoing)
* Explore improving accessibility of Telephone answering system (May 2017)
* Develop alternate mechanisms to parent survey to receive feedback from families on accessibility (Summer 2017)

### Occupational Health and Safety:

The Occupational Health and Safety Committee monitors workplace safety on behalf of both the staff and the families we serve, in addition to the community partners that use our space. Since the development of an integrated O, H & S plan (completed in November of 2012), the committee has maintained a consistent schedule of ensuring that all aspects of the plan are kept up to date and that O, H & S procedures and requirements are completed on time.

The most recent enhancements to the O, H & S plan include:

* Respectful workplace (Sept. 2014)
* Working Alone with a Child (May 2015)
* Dogs in the Workplace (Dec. 2016)
* Personal Vehicle Usage (Dec. 2016)
* Swimming and Watercraft Use (pending final approval by Board)

**Analysis:** The OH&S Committee has made excellent progress in setting and addressing recommendations in a timely manner.

**Recommendations:** Much of the work of the O, H & S committee is ongoing in nature, ensuring that safety drills and inspections are up to date and that certifications for First Aid and Non-Violent Crisis Intervention are current. Items for specific improvement in upcoming year are:

* Ensuring a Respectful Workplace. While overt incidences of bullying, harassment or disrespect have been non-existent, and generally the CVCDA is a respectful environment, there has been some undercurrent of tension between service providers who come from different theoretical perspectives. The O, H & S committee can develop strategies to further a culture where these differences are acknowledged and valued.
* Increase efficiency of Critical Incident reporting by putting documents on line.

### Critical Incidents and Complaints:

As per our Health and Safety procedures and CARF standards, written procedures are in place for determining what constitutes a critical incident, how investigations are to be conducted, how documentation is to be completed, who is responsible for completing documentation, who is to be notified, who reviews incident reports and when, and where written documentation of incidents is to be kept.

**Analysis:** The majority of incidents at the CVCDA continue to be safety and /or behaviour related and connected to specific individuals with a known history of aggressive or non-compliant behaviour. In all safety incidents, staff followed procedures to respond and report. In each safety incident, appropriate resources (first aid equipment, staff) were available and utilized. Reports were filed in a timely manner.

**Recommendations (See Critical Incident Analyses):**

* Make Critical Incident documentation available on line to increase efficiency.

### Code of Ethics:

### The Ethics committee is active in promoting the understanding and application of the organization’s Code of Ethics across all areas of practice.

### They have introduced a framework for ethical decision making that staff can use, or be supported to use, in the face of an ethical dilemma. The committee has facilitated Lunch and Learns that apply the framework to real life examples from individuals’ practice.

### In addition, the committee has provided a confidential box where staff can identify ethical dilemmas and reach out to committee members for support.

### The current Code of Ethics, while still applicable to the work of the organization, is dated in its use of language and structure. The committee has prioritized a complete update of this document over the next year.

### Analysis: The Ethics Committee has had a significant impact in raising the awareness of all staff in respect to ethical issues and has developed a valuable tool in the Ethical Decision Making Framework.

### Recommendation: The revision and updating of the Code of Ethics to reflect current practice and language is a priority for the upcoming year.

### Outcomes Management:

Recognizing that Outcomes Management was an area identified for improvement in previous BPIPs, significant effort has been directed towards developing an Outcomes Framework that can be shared across programs.

Program outcomes use the Walker grid and focus on effectiveness, efficiency, access, and stakeholder input/satisfaction. In addition, the agency has developed agency outcomes that focus on community relations and professional development.

**Analysis:** Considerable time has been paid by the Program Managers and Executive Director over the last two years to develop an outcomes framework that can be used across programs and that each program feels is a valuable tool for measuring the impact of their services. This has included a complete revamp of the process and documentation for Individual Service Planning, integrating processes that adhere to our foundational approach to family-centred practice. This work has been a significant development for the organization.  
However, the process has become somewhat stalled through measurement challenges. These challenges come from three main areas: barriers within the data collection system (Nucleus); staff workload which results in uneven documentation and data collection; lack of data, especially when it comes to the input from families who have accessed services.

**Recommendations:**  The next steps along the continuum of towards improved Outcomes Management are:

* Annual review of Outcomes Framework – this is done at a summer time all day meeting of Program Managers.
  + Revise the “ask” of parents to complete the online survey. This will include the language of the request as well as the mechanisms used (e.g. more focus groups).
  + Continue to work with Nucleus Labs to devise more efficient ways for inputting and reporting on Program Outcomes.
  + Continue to work with staff to encourage daily work processes that prioritize data collection.

**Risk Assessment and Management:**

The Board of Directors meets annually to review the risks that the agency might face over both the short term and long-term. The risks are categorized and assessed for both their potential for harm to the agency as well as their likelihood of actually occurring. The Directors then make recommendations to prevent or mitigate the potential damage they might cause.

**Analysis:** Risks are generally addressed with good business practices (e.g. maintaining adequate insurance), solid financial management, adherence to the Code of Ethics, establishing and maintaining excellent relationships with funders and donors, strong media relationships, adherence to personnel policies and practices, pro-active building and grounds maintenance, and thorough Occupational Health and Safety policies.

**Recommendation:** Continue existing practices

**Privacy and Personal Information Protection Plan:**

British Columbia’s *Personal Information Protection Act* (PIPA) sets out the ground rules for how private sector and not-for-profit organizations may collect, use or disclose information. It strikes a balance between the person’s right to control access to and use of their personal information, with an organization’s need to collect and use that personal information for legitimate and reasonable purposes. The CVCDA ensures its commitment to these regulations by integrating the ten, internationally accepted, privacy principles across our practices.

**Analysis:** Having a designated person (Privacy Officer) to deal with both internal and external requests for access to information has proven to be an effective strategy to maintain consistent and appropriate responses.

The addition in 2016 of an on-line privacy training through the Ministry of Children and Family Development now ensures that all staff have at least an introductory privacy training.

**Recommendation:** At present, the Executive Director acts as the Privacy Officer. Within the upcoming administrative restructuring, the possibility of incorporating this role into another position will be considered.

### Technology:

As information technology is an integral part of business strategies and practices the agency must proactively plan to avoid potential threats and ensure uninterrupted access to the technological systems in place. This has become increasingly important as the CVCDA has integrated a “paperless” policy and as more and more of our families and stakeholders rely on technology as their primary means of communication.

The CVCDA has had an in-house Information Technology Coordinator since 2003. The in-house capacity allows us to respond quickly as issues arise, drawing on external consultants as needed.

There has been considerable attention given in the last several years to updating technology, improving the capacity of our servers and enhancing remote access for staff within privacy guidelines. Additionally, the organization has effectively focused on improving our on-line presence. We have a new website (March 2017) and have greatly expanded our presence on social media (both Facebook and Instagram).

**Analysis:** The Technology Plan provides an excellent guide for present and future needs. The Plan supports the Board to build and maintain adequate reserves for capital expenses. In house IT capacity paired with external consultants effectively meets the needs of the organization.

**Recommendations:**

As per the Technology Plan (March 2017), priority recommendations are:

* Continue with regular maintenance and staff training.
* Update all workstations with Windows 10.
* Improve technological capacity for the frequently held presentations and workshops with both updated screens and LCD projector.
* Conference telephone (purchased)
* Enhanced social media presence.

**Finance and Administration**

The CVCDA has continued to grow in recent years. Between 2013 and today, revenues and accompanying expenses have increased by over 25% and staff members have also increased significantly during that period. The Board has been challenged to simultaneously grow the administrative infrastructure, as contract revenues have not kept pace with administrative costs.

In late 2013, a contract Accountant was added to the administrative team to increase the financial capacity of the organization. Until that time the Executive Director had been responsible for all accounting procedures with administrative support from the Accounting/HR Manager. The Accountant improved procedures by updating accounting systems, software and oversight. Additionally she led the process of bringing payroll in-house providing more control and flexibility in all payroll functions.

In spring of 2017, the Board reviewed the administrative infrastructure through researching structures in other like sized organizations and decided to revamp the existing structure, creating a new Director of Finance and Administration. This new position will increase organizational capacity, not only in Finance, but in Human Resources, IT, Office Administration and Facility planning. Importantly, this will reduce the direct reporting responsibilities of the Executive Director (which had grown to over 20 direct reports) and provide effective coverage for the Executive Director in her absence.

An additional focus of the organization over the last year has been on improving Human Resource practices. A new Employee Handbook has been developed and additional attention has been placed on ensuring annual Performance Reviews, including annual checklists and the creation of professional development goals for each employee. With the exception of four exempt employees, the CVCDA is a unionized environment (HSA) and conditions of employment are governed by the relevant collective agreement. The relationship between management and the HSA steward are exceptional.

Succession planning is always in the forefront for the Board. However, over the last four years there has been successful transition of the Executive Director, Occupational Therapy Manager and Supported Child Development Manager. Pending retirements in Infant Development and Community Integration are being planned for through mentorship from within the programs.

**Analysis:** It has been a time of significant organizational change for the CVCDA, most notably in having a new Executive Director join in 2014. This has been a successful transition and quality programming and agency credibility have been maintained, and perhaps enhanced.

The organization is just now implementing a plan to “catch up” administratively through the hiring of a new Director of Finance and Administration. Although there will be a period of adjustment for the organization as this new role is integrated, the anticipated outcome is that there will be expanded capacity in the designated responsibilities and the Executive Director will be freed up to focus in more strategic areas.

**Recommendations:**

* Continue with the plan for restructuring.
* Maintain focus on succession planning across all programs.

### Conclusion:

The CVCDA is a valued and trusted member of the Comox Valley community. By continually maintaining the quality of our services and expanding services as appropriate, the agency will continue to be a leader in providing educational opportunities for parents and caregivers as well as providing excellent care to the community’s most vulnerable citizens.

As part of an ongoing commitment to performance improvement this Business Performance Improvement Plan has identified inter-related key strategies to further enhance service delivery and business efficiency. As part of the annual strategic planning process in May, these items will be discussed by the Board of Directors.